



Mobility and migration of healthcare workers in central and eastern Europe

Executive summary

Introduction

With EU enlargement to eastern Europe, much attention has focused on the effects of migration from the 10 central and eastern European Member States (referred to in this study as EU10) to the former EU15 countries. While research on the topic has already explored the causes, extent and consequences of the outward migration of one particular group, healthcare professionals, there has been less emphasis on identifying specific common problems (such as shortages of this group in some occupations) and possible solutions for the EU10. However, it is a more complicated task to find solutions as the shortages are due not only to high outward migration, but also to other problems in the health systems of these countries, such as attrition, or regional and occupational imbalances.

This report highlights the key challenges facing the EU10 as a result of the high number of health professionals leaving to work abroad, focusing on specific problems and identifying topics for further research. A thorough analysis of the consequences is critical, since it appears the inflow of third-country nationals or return migration would not make up the shortfall caused by the outflow. However, as this is not equally true for all the countries, the report presents a differentiated picture between the countries concerned. The study draws on the results of two European research projects: Mobility of Health Professionals (MoHProf) and the Health Professional Mobility in the European Union Study (PROMeTHEUS). Three countries have been selected to illustrate the challenges faced by the healthcare sector – Hungary, Lithuania and Poland – and the report focuses on the latest available information for these countries. The three countries vary not only in the scale of outward migration and its trends, but also in how their economies and labour markets have been affected by the crisis.

Policy context

The increasing migration of healthcare professionals from the EU10 is a growing concern in the countries directly affected, and also across the EU as a whole, since this could deepen the already existing disparities between western and eastern European countries. The adverse effects have already been acknowledged in several EU policy documents, including the Commission's 2008 *Green Paper on the European Workforce for Health* which states that 'free circulation can also have negative effects in that it can create imbalances and inequalities in terms of availability of health staff'.

Labour shortages in the health and social care sector affect not only the EU10, but also other Member States. The large outflow of workers from the EU10, however, could certainly exacerbate the situation in this country group. The European Commission's 2012 Employment Package 'Towards a job-rich recovery' recognises how significant the role of the health and social care sectors is in expanding employment opportunities. It also identifies the increasing labour shortages as one of the major EU challenges, combined with 'an ageing health workforce with insufficient new recruits to replace those who are retiring; the emergence of new healthcare patterns to tackle multiple chronic conditions; the growing use of technologies requiring new skill mixes; and imbalances in skills levels and working patterns'.

The mobility of healthcare workers within the EU could help to ease labour shortages in the EU15. But within this context, it is important to focus on the EU10 countries in order to find possible options and solutions for them.

Key findings

The migration of third-country healthcare professionals to most of the EU10 countries is marginal, being much lower than in the EU15 countries. Their migration to Slovenia is higher than any other country in the EU10.

Despite the large outflow and the already visible labour shortages in the EU10 in certain professions, there are no policies currently in place that aim to attract health professionals from third countries. The reason is partly political and partly economic – policymakers are reluctant to opt for this solution because of deteriorating living conditions, a shrinking economy and high unemployment.

In addition, there is a general perception that labour shortages in the healthcare sector should be solved by other means, such as wage increases, improving working conditions and (re)training, as some Member States have already explored. Moreover, there is a pressing need for replacement labour in specific areas of healthcare.

Return migration accounts for a large proportion of migrants in some countries, with family being the main reason cited for returning. This form of migration has intensified in Poland but not to the extent that it had been envisaged. Despite expectations caused by the crisis, no mass return migration has been experienced overall by the EU10.

Although there is some evidence that healthcare professionals who migrate take up positions at a lower level than they are qualified for, the better living and working conditions in the host countries of the EU15 seem to offset this negative aspect. Therefore, return migration cannot be expected on a large scale.

Due to the ageing health workforce and the high demand for new staff in the EU15, it remains to be seen how the EU10 would be able to cope with such challenges as in many of these countries there is no replacement for their ageing health workforce or strategic preparation for this in place, and it seems unlikely that health expenditures could be increased.

Policy pointers

The countries concerned by labour shortages have no choice but to rely on a long-term strategy to solve the problems in their health sector, with possible support from the EU. Such a strategy should be based on sound empirical findings. As the research shows, however, there are substantial problems with collecting data for this across the EU. For this reason, the Commission's Joint Action on Health Workforce Planning and Forecasting is of great significance and its implementation could be key to helping the Member States to define their own long-term strategy.

After identifying the sources of current inefficiencies within the healthcare sector, one of the main objectives of any long-term strategy should be to find the most appropriate means of dealing with the problems. For example, it would be worthwhile to conduct a thorough analysis of the reasons for high differences in total qualification requirements in the health and social work sector across the EU.

The strategy should also address the role of private schemes. The extent to which these schemes in the healthcare sector are to be extended remains to be seen. An accelerated extension may slow down emigration, but this could lead to a widening of social inequalities, which have already been a source of tension in the EU10 Member States. Therefore, long-term strategies should be designed within the context of wider societal implications.

To provide support for designing these long-term strategies, there is a need for a clearer picture on the combined existence of private and public health schemes and the implications for health systems as a whole. Therefore, this issue, including the relationship between the two schemes, should be the subject of further research.

Further information

The report *Mobility and migration of healthcare workers in central and eastern Europe* is available at <http://www.eurofound.europa.eu/publications/htmlfiles/ef1335.htm>

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