



MIGRATION OF HEALTHCARE WORKERS FROM ESTONIA:  
the potential extent of migration, its influence on the needs of  
healthcare workers and political choices

Summary

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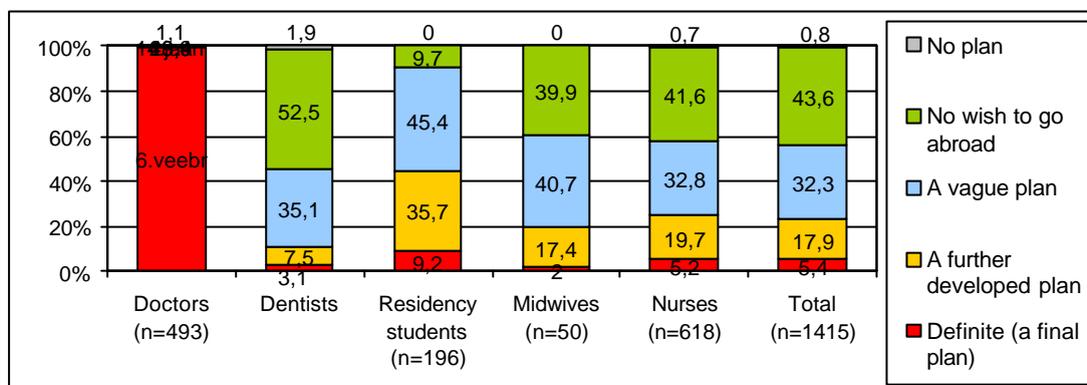
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## The wishes of Estonian healthcare workers to go abroad

The potential size of emigration in the future is assessed on the basis of opinion questionnaires conducted among healthcare workers and students in the period of November 2003 to January 2004. Employees and residency students were questioned via mail and university students during their classroom studies. In order to question employees, a sample was drawn up on the basis of a random selection of employees registered in the Healthcare Workers' Register in November 2003. All residency and regular students, who were at least in their second/third year of studies, were also questioned. Altogether questionnaires were sent to 2,587 employees and residency students, 1416 (56 %) completed questionnaires were received in response.

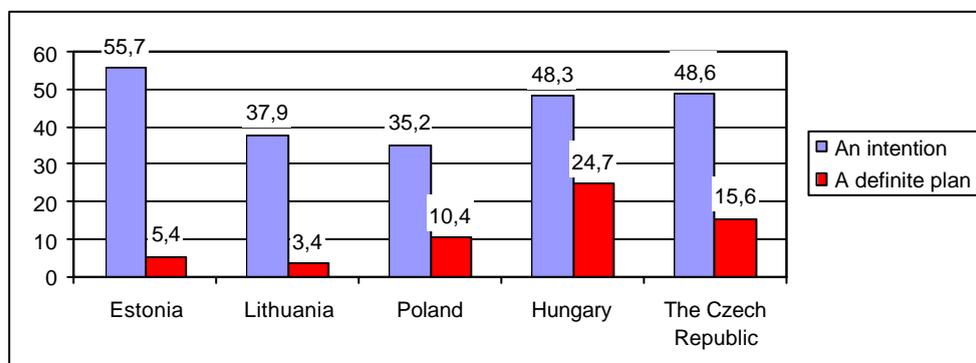
The results of the questionnaire reveal that 5.4 % of Estonian healthcare workers have a definite wish to go to work abroad. The number of those definitely wanting to start work abroad is slightly higher among residency students and lower among dentists and midwives.



**Drawing 1.** The ratio of healthcare workers wishing to work abroad, rated according to the definiteness of their plan (% of healthcare workers)

*The source: source data of the questionnaire conducted among healthcare workers, calculations of the authors*

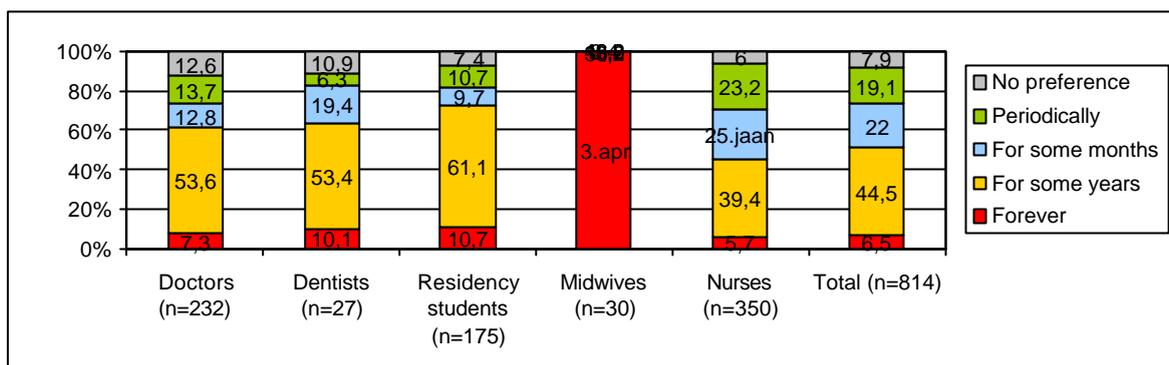
Compared to other new EU member states, Estonia has a larger number of those who intend to go to work abroad; however, the number of those with a definite plan is lower. In this light, active recruitment from abroad is essential and promotes more uncertainty.



**Drawing 2.** The ratio of healthcare workers wishing to work abroad in the states that conducted the questionnaire (% of healthcare workers)

*The source: Borzeda et al, 2002, p. 103; calculations of the authors*

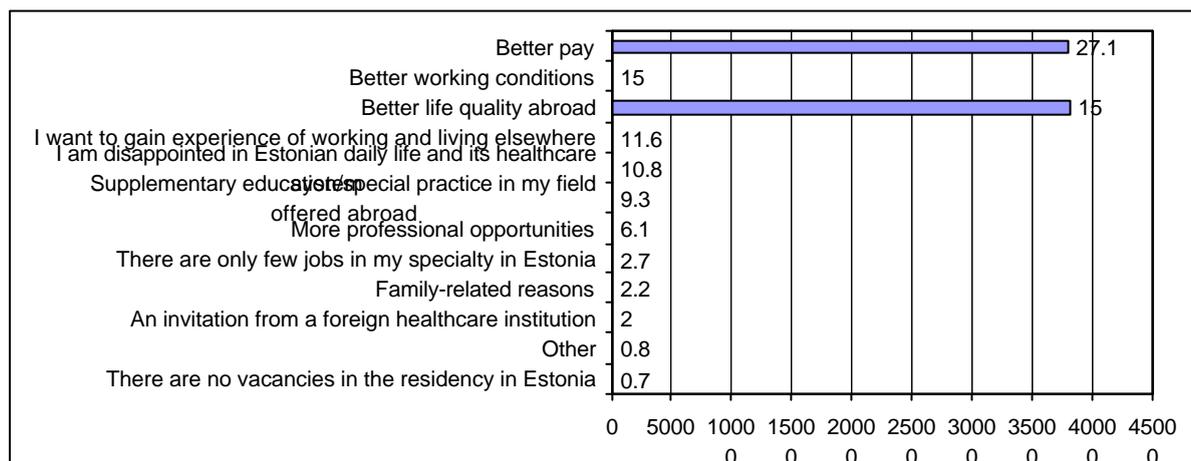
Most of those wishing to work abroad would like to leave temporarily, most often for a few years. Only 6.5% of those that want to work abroad would like to leave forever.



**Drawing 3.** Preference of a working period among healthcare workers wanting to work abroad (% of healthcare workers wanting to work abroad)

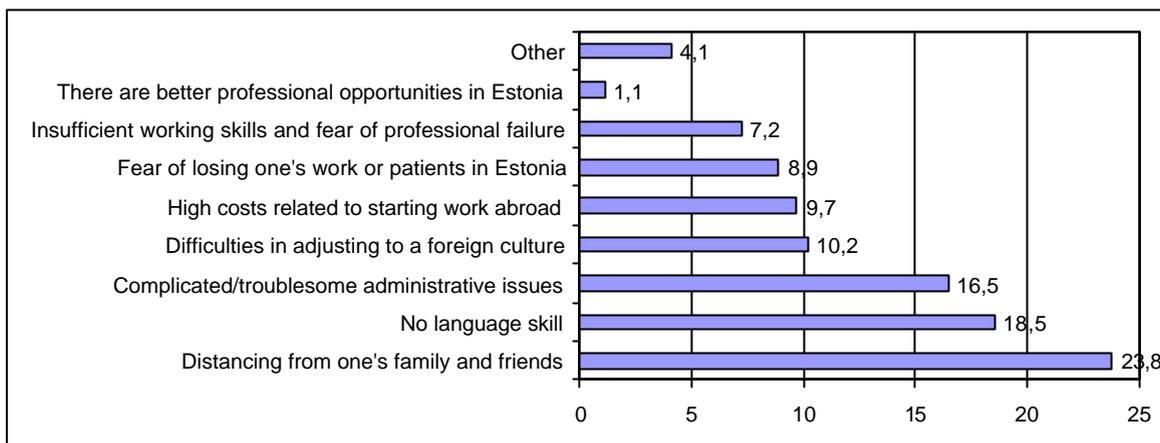
*The source: source data of the questionnaire conducted among healthcare workers, calculations of the authors*

The main reasons for wanting to work abroad and main hindrances to executing the plan among healthcare workers are similar to those of the rest of the population (cf. Kallaste and Philips 2004). The main reason is pay and the main hindrance family and social relations in Estonia.



**Drawing 4.** Breakdown of reasons to work abroad, regardless of the order of importance in which they were listed (%)

*The source: source data of the questionnaire conducted among healthcare workers, calculations of the authors*



**Drawing 5.** Breakdown of hindrances to work abroad, regardless of the order of importance in which they were listed (%)

*The source: source data of the questionnaire conducted among healthcare workers, calculations of the authors*

In order for a person to move abroad to work there, his or her pay in the destination country should naturally be higher than the income he or she earns in his or her native country. Compared to the present pay, one fourth of those wanting to work abroad want to get a net salary that is three to four times higher than here. A quarter of the employees agree to go abroad only if their pay is at least six times higher than it is now.

To see how satisfied people are with their pay at their present job, they were asked what the “fair pay” for their present job would be. Most employees feel that the fair pay for their present work is lower than the salary for which they would agree to go abroad. This shows the realistic views that one should earn at least enough to cover one’s resettling costs when moving abroad. Nearly 60 % feel that the fair pay for their work would be 1 to 2 times higher than it is now, and one fifth believe that the pay should be 2 to 2.5 times higher.

## **Estonian healthcare workers and their needs**

In Estonia there are presently 3.18 doctors and 6.06 nursing employees per 1,000 residents. Compared to other countries, the number of doctors is average and the number of nurses is significantly lower than the average. In 2000, the average number of doctors in the OECD countries was 2.9 and the number of nurses 8.2 per 1,000 residents. The Ministry of Social Affairs has set an aim that Estonia should have 3 doctors and 8 nurses per 1,000 people. This means that the number of doctors already meets the aim and the number of nurses is lower than planned. We presume that in forming the educational needs, it is derived from the assumption that the above-mentioned aim can be fulfilled by the year 2015. The need for employees is prognosed per 20 years, taking into consideration the population prognosis of the Statistical Office of Estonia.

The number of healthcare workers going to work abroad is estimated on the basis of questionnaire data, presuming that:

- All those who said they had a definite plan to work abroad will actually do so;
- Those with a definite plan to emigrate will leave within five years;
- In the next years there will be new people with a definite plan to move abroad;
- The ratio of those emigrating will be constant during a longer perspective;
- 90 % of those wishing to leave only temporarily will return in an average of 5 years

As Estonia's economic growth is quicker than that of the migration destination countries, the ratio of those emigrating should decrease. On the other hand, the number of Estonian healthcare workers residing abroad is increasing and the related social network enhances an increase in migration.

The impact of migration is relatively greater in the case of the ratio of nurses who wish to work abroad (nearly 5 % of nurses) due to two factors:

- it is more probable that those going abroad are young people that have just completed their education;
- to replace one person that has left abroad, the state must order approximately 1.2 persons, because many students later decide not to work in their profession.

If the aim is 8.0 nurses per 1,000 people by the year 2015, the relative influence of migration will remain the same, but the additional order for educating students necessary for achieving the aim will become more important. The number of nurses educated per year (without considering migration) should be 770 nurses per year up to 2010. Thereafter, to keep the achieved level, 320 new nurses should be educated per year initially; later the number would decrease by a few percent per year according to the decrease in the general population. It is obviously impossible to increase (more than double) the number of people educated in such a short time. Therefore it is necessary to decrease the number of nurses dropping out of school and staying away from their professional work by means of other political instruments, including better pay and improving other working conditions. Migration increases the number of people to be educated by 10%, given that the same migration pattern applies to those that have just graduated, and new people will be trained instead of those having emigrated.

The formation of ratio of doctors in the near future is significantly more influenced by the age of doctors than it is by the age of nurses. Nearly one fourth of doctors are over 60 years old and the ratio of those under 40 is approximately one fifth. At the same time, residency students have expressed a rather definite wish to work abroad, as compared to the representatives of other vocations. The co-influence of these two factors will probably lead to a reduced ratio between doctors and people in the near future. As the education cycle of doctors lasts for nearly 10 years, it is impossible to respond quickly to the short-term lack of specialists by increasing the number of people educated. The increased order for educated specialists will influence the number of doctors in approximately 10 years; however, some of the doctors emigrating now will have returned by that time. To keep the level of doctors at the required ratio of 3.0, when there is no migration, the order for doctors having completed their main studies should be 180 places in the next few years (under the described conditions, this would mean that approximately 160 students complete their studies in the residency); afterwards the number would decrease according to the prognosed decrease in population. If migration is considered, the order for new specialists should already initially be 20 % higher than in the case where migration is not considered, so as to respond as early as possible; later the order will fall back to the level of 10 %, influenced by migration. This means that the order for specialists in the next few years is nearly 200 people, but the number will quickly fall to 120 by the year 2020 and thereafter stabilize at 110. The order for qualified doctors having completed their main studies has been for 100 to 110 people thus far.

#### 4. Political choices

If one wishes to cover the lack of healthcare workers caused by migration by training more specialists, it must be taken into consideration that the impact can only be seen in several years, as the education cycles are rather long. The additional need to train workers due to migration is approximately 10 %. Training more personnel means fighting the consequences of emigration, but such activities fail to eliminate the reasons for emigration or influence the stimuli for emigration. In addition, it means wasting the resources meant for training specialists for the state.

In order to cover the lack of healthcare specialists caused by migration, it is possible not only to decrease emigration and train more specialists, but also to make better use of the existing resources and/or recruit personnel from foreign countries. Making better use of the existing resources means that the people having studied healthcare work would not start work in other fields of activity, and if such people are presently off the labor market, they would return as quickly as possible. Making better use of the existing resources is positive both in decreasing the lack of specialists caused by migration and in making better use of all state resources. However, to make the existing healthcare workers return to the field of healthcare, it is necessary to influence the same factors that influence the decision to work abroad, i.e. salaries and other work conditions.

Measures that may be considered in order to manage the migration are the following:

- Preferential development of the healthcare sector and stronger state support to the sector (higher salaries, investments, favorable loans, etc.);
- Reorganizing the healthcare sector (reorganizing management structures, increasing effectiveness of service-providing, regulations of work time and work conditions);
- Migration tax (full or partial compensation for study-related costs to the state by the employee or the destination country);
- Tax and other benefits for returning employees (e.g. giving them a dwelling place, guaranteeing a job);
- Managing active recruitment via state-level agreements.

Measures that can be used to influence the extent of migration constitute a change in the stimuli for emigration. On the basis on questionnaire results, the main stimulus for emigration is the salary, and the second one better work conditions. As it is impossible to raise only the salaries of people wanting to work abroad, all salaries must be increased. This means that the above-mentioned migration management measure is a very expensive one. It would be cheaper and more to the aim to influence the work conditions of only those people that definitely want to work abroad. For example, there is a clearly distinguishable group of young people, who want to go abroad. Therefore, youth-aimed measures would be more effective from the standpoint of migration management. For example, the work conditions (salaries) of residency students might be altered, or the state could consider repaying the student loan of healthcare workers and providing young specialists more additional training.

An alternative in cutting down the positive stimuli would be implementing negative stimuli in emigrating. For example, to repay the study-related costs of all those that wish to work abroad. Implementing such a measure would restrict the freedom of movement of people and bring along the so-called issue of fairness: to which extent should the same measure be implemented in the case of other state-educated people going to work abroad? There are also certain technical problems related to enforcing such a “tax”: what is the period during which

payments should be made, to which extent should the costs be repaid, how can they be collected, etc? However, this measure does not address the reasons of migration.

In order to avoid negative impacts of active recruitment, various inter-state agreements have been made that define the channels and conditions of recruitment. The so-called good conduct rules that have been implemented in Great Britain, for example, follow the same principle. According to these rules, it is now allowed to actively recruit new labor from developing countries and those lacking labor. However, a foreign healthcare worker may be employed if she or he herself or himself asks for the specific job. Concluding such agreements would make it easier to manage the emigration process on the state level, it might also decrease active recruitment policy from Estonia by other countries. Such agreements might also define the possibilities for Estonian healthcare workers to practice and temporarily work in other countries, and the necessary channels for doing so.

In order to manage migration, it is necessary to gain proper data on healthcare workers educated and trained in Estonia. Presently, there is no overview of how many educated healthcare workers have gone abroad and how many work outside the field of healthcare. A potential solution in gaining a better overview would be to reorganize the Healthcare Workers' Register, so that it would also show why some specialists have stopped working in their field of activity.