World Health Organization
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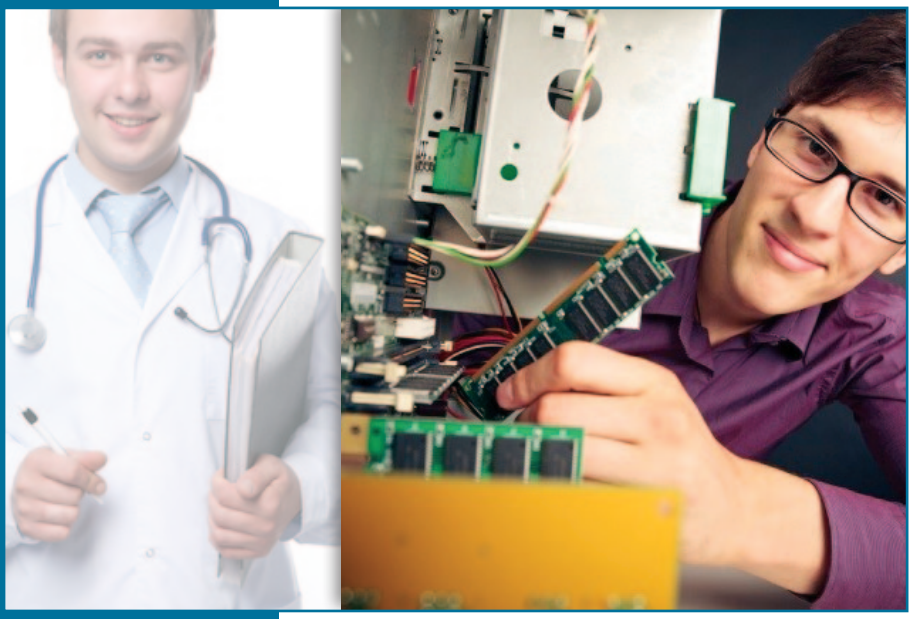
Health Policy Paper Series No. 18

HEALTH WORKERS FROM THE REPUBLIC OF MOLDOVA: CHANGING PROFESSIONS



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By:
Oleg Lozan
Rodica Gramma
Larisa Spinei
Ala Nemerenco

KEY WORDS

INTERNATIONAL MIGRATION
HEALTH MANPOWER – TRENDS
MIGRANT WORKERS
PERSONNEL RECRUITMENT
PUBLIC HEALTH
REPUBLIC OF MOLDOVA

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AUTHOR AFFILIATIONS

Prof. Oleg Lozan
Director of the School of Public Health Management
Vice Rector of the State University of Medicine and Pharmacy “Nicolae Testemițanu”

Dr. Rodica Gramma
School of Public Health Management, associate professor
State University of Medicine and Pharmacy “Nicolae Testemițanu”

Prof. Larisa Spinei
School of Public Health Management,
State University of Medicine and Pharmacy “Nicolae Testemițanu”

Dr. Ala Nemerenco
Project team leader, WHO Country Office in the Republic of Moldova, WHO Regional Office for Europe

ACKNOWLEDGEMENTS

The report was developed under the framework of the biennial collaborative agreements (BCAs) for 2012–2013 and 2014–2015, signed by the Ministry of Health of the Republic of Moldova and the WHO Regional Office for Europe. This publication forms part of the series of work in the area of health policy, launched in 2011 to enhance the health system of the Republic of Moldova, in line with the *National Health Policy 2007–2021*; *Healthcare System Development Strategy for the period 2008–2017*; and *Healthcare System Development Strategy for the period 2012–2017*. This report was drafted under the guidance of Jarno Habicht, WHO representative in the Republic of Moldova.

The report was produced with financial support from the European Union Project, "Better managing the mobility of health professionals in the Republic of Moldova", coordinated by the WHO Office in the Republic of Moldova. One specific objective of the project refers to extending information and knowledge on the migration of health professionals from the Republic of Moldova to provide an improved database to inform the Moldovan authorities' decisions on the management of health professionals. The selection and interpretation of the conclusions reflected in this report belong to the team that drafted the report and do not necessarily reflect the opinions of WHO and the European Commission.

LIST OF ABBREVIATIONS

CPA	Central Public Authority
IOM	International Organization for Migration
LPA	Local Public Authority
NBS	National Bureau of Statistics of the Republic of Moldova
PMSI	Public Medical-Sanitary Institution
SEEHN	South-Eastern Europe Health Network
SUMPhU	State University of Medicine and Pharmacy “Nicolae Testemitanu”

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ABSTRACT

For the period since 1995, there is no evidence about the phenomenon of internal migration in the Republic of Moldova – either migration in general or migration of health professionals from the health system, in particular. It is vital to address this in order to implement mechanisms for retaining health professionals in deprived regions, and to adjust education and employment systems to meet real needs. With the support of the WHO Regional Office for Europe and the WHO Office in the Republic of Moldova, a comprehensive study was conducted on the phenomenon of leaving the health system and abandoning the medical profession in favour of other areas of activity. The study reveals a number of *push factors* (insufficient remuneration, under-motivating working conditions, corruption and nepotism, lack of prospects for professional development, lack of adequate infrastructure, unfriendly attitudes in institutions), as well as *pull factors* from other areas of activity in the country (possibilities for own business, professional development, attractive remuneration, safety, less demanding working regime). The decision to change profession was frequently accompanied by a series of other factors: both material (insufficient salaries, lack of accommodation, lack of infrastructure) and psychoemotional (lack of satisfaction, burnout, lack of support from the administration of institutions). At the same time, selection of other employment did not influence the decision to leave the country as people are motivated by the wish to stay close to their families; the desire to preserve their dignity and avoid the humiliation of searching for a job abroad; the fear of cumbersome procedures for legalizing qualifications and obtaining work and residence permits; and linguistic barriers. The recommendations of the study are structured according to the level and competence of the relevant decision-makers and include important aspects that should be tackled to keep health professionals in the Moldovan health system.

Executive summary

Introduction

A number of qualitative and quantitative results have been published over the last few years, deriving from different studies on migration trends among Moldovan citizens. However, the topic is still insufficiently covered due not only to the multifaceted nature of the migration phenomenon, but also to the imperfect mechanisms used for monitoring and record-keeping. The issue of health professionals' migration is also underexplored, although the presence and magnitude of this phenomenon are confirmed by official data. However, existing migration statistics are limited and present only general information about the number of migrants registered in the last decade. In addition, the available information does not include separate data on categories of specialists (including those with medical backgrounds) hence it is impossible to assess the migration of health professionals.

At the same time, internal migration is surveyed less than international migration: since 1995 there has been no separate record-keeping of the former in the Republic of Moldova. The available data for the previous period, and data from the population census conducted in 2004, reveal a rural–urban outflow with a permanent decrease in the (active) population in rural areas. Also, with no evidence on migration by different categories of specialists, the level of internal migration of the health professions may be determined only through the perspective of general migration.

At system level, the total number of health professionals has maintained a relatively constant limit over the last years. Yet, essential divergences were registered in ensuring that the health system had sufficient human resources, as a result of the flow of specialists from the rural areas. Levels of health professional staffing in the country regions have decreased gradually, despite implementation of a number of mechanisms for additional motivation of experienced doctors and young specialists. In this context, there is an obvious need to survey the turnover of human resources for health in the Republic of Moldova, especially their migration to other areas of activity. In conditions of unplanned migration, it is important to implement mechanisms to retain health professionals in the deprived regions, and to adjust the educational and employment systems to meet real demand for the labour force.

Given the above-mentioned issues, the WHO Regional Office for Europe and the WHO Country Office in the Republic of Moldova have commissioned the School of Public Health Management in the Republic of Moldova to carry out a comprehensive study on Moldovan health professionals who have abandoned the health system for work in other areas. The general goal of this study is to identify the factors driving health professionals' decisions to change profession, in correlation with the general migration phenomenon in the Republic of Moldova, and to identify the factors which could motivate the return to the health system of people with medical backgrounds who work in other areas, and their stay in the country.

Methodology

A complex methodology was used to study the aspects mentioned above: analysis of statistical data was completed with data collected through sociological survey methods (quantitative and qualitative). The qualitative survey included a number of participant groups: (i) people with health backgrounds who do not work according to their qualification; (ii) students in the sixth year of studies and residents of the State University of Medicine and Pharmacy "Nicolae Testemitanu" (SUMPhU); (iii) health professionals; (iv) heads of public medical-sanitary institutions (PMSIs); and (v) representatives of central public authorities (CPAs) and local public authorities (LPAs) – Ministry of Health, municipal divisions of health, rayon councils. The quantitative survey targeted health professionals (with secondary and higher education) who graduated between 1992 and 2012, currently living in the Republic of Moldova but not working according to their professional qualifications.

The data collected through questionnaire-based survey and focus group discussions were completed by analysis of official statistical data. The survey has identified missing official evidence on internal migration of people with medical education. Respondents have unanimously confirmed that health professionals have a high level of training and can easily adjust to other needs in order to work in other areas. The trend of migration to other areas is characterized by the rural–urban vector, following the direction of general migration in the country.

Taking account of the fact that the process of health professionals' migration has lasted for over 10 years, the factors that made them leave the profession may be also conditioned by their length of service in the health system. Hence, in the quantitative study, participants were grouped conventionally in three groups based on their period of activity in the health system. Group I comprises people who have never worked in the health

system since graduating from medical education. Group II comprises people who left the health system after up to 10 years of work in the health system. Group III comprises people who left the health system after more than 10 years of work in the health system. Those who left the health system immediately after graduation consider that medicine is not their professional vocation and preferred to join new professions following additional training. This group registered the highest rate of disappointment in choosing the medical profession (Group I: 55%; Group II: 38.6%; Group III: 35%).

The study also reveals a number of *push factors*, including: insufficient remuneration; under-motivating working conditions; corruption and nepotism; lack of prospects for professional development; lack of adequate infrastructure for their families in rural areas; and unfriendly attitudes in health institutions. Identified *pull factors* include: higher chances of succeeding in other areas; greater possibilities to open their own business; professional and career development; attractive remuneration; safety; and less demanding working regimes. The decision to change profession was frequently accompanied by several factors, both material (insufficient salaries, lack of accommodation, missing infrastructure) and psychoemotional (lack of satisfaction with professional activity, fatigue, lack of support from the administration of institutions). At the same time, choosing a career in another area did not influence their decision to leave the country, some being motivated by the wish to stay with their families; wanting to preserve their dignity and the fear of being humiliated when leaving the country to look for a job; fear of difficulties legalizing their education documents and obtaining work and residence permits; and linguistic barriers.

Both surveys have revealed that the majority of respondents have positive attitudes to a return to medicine. A number of conditions were suggested for this, including: better salaries and working conditions; necessary infrastructure available for families and children; motivating mechanisms for professional development; eradication of corruption in the system; and development of more attractive possibilities and conditions for developing private activities in medicine and freelance activities for health professionals.

Respondents identified an adequate salary as the most important (69%) factor: more than half of respondents with higher education (59.1%) would return to work in the health system if they were provided with a salary of at least 10 000 lei per month and good working conditions with the necessary medical supplies and equipment. Around 76.7% of respondents with secondary medical education would accept a salary of at least 7 000 lei per month, good working conditions and the necessary medical equipment. Some respondents (11%), mainly specialists in paediatrics and family medicine,

would accept working conditions without modern equipment, but require a salary of at least 12 000 lei per month. Specialists in surgery do not accept this last scenario.

Very few respondents (2.2%) show any interest in the allowances provided when young specialists are employed; the majority of respondents consider that current facilities and interventions are not sufficiently attractive and that additional and more motivating offers should be developed. For example, provision of periodic balneary treatments, meals at work, transportation for work purposes, housing (funded by the state rather than the LPA) and allowances for/exemption from utility costs, as well as other special allowances.

The existence of some clear mechanisms and schemes for gradual reinvolvement of those who have not worked in the profession for several years would be a factor in encouraging such people to return to the health system.

The recommendations of the study are structured according to the level and competence of the relevant decision-makers and of the Moldovan decision-makers to whom they refer (CPAs, LPAs, medical institutions, medical education institutions). They include important strategic information for actions to be undertaken in order to retain health professionals in the Republic of Moldova by harnessing their accumulated experience and building the necessary conditions to prevent brain drain from the health system.

I. Introduction

Both international and internal migration are key mechanisms for addressing current economic and social problems, especially when other measures prove insufficient. At the same time, the *World Health Report 2006* (WHO, 2006) notes that settling the problem of health professionals' migration implies the assurance of a balance between people's freedom to choose their place of work and the need to avoid excessive brain drain, as a result of both internal and external migration. International experience has shown that the national health systems in states that succeed in monitoring migration have fewer negative impacts and effects than states with irregular migration.

As a component of the integral process of population migration, the phenomenon of Moldovan health professionals' migration first appeared in the years following the declaration of independence. This increased during the transition period as a result of the escalating socioeconomic difficulties encountered by the population and drastic decreases in the quality of life, especially in rural areas. Some studies (Vremiș & Vlădicescu, 2012) confirm that in 1999 around 73% of the Moldovan population was living in poverty. The economy of the country has been growing since 2000 but the employment rate has continued to decrease: in 2010 only 38% of the population was officially employed.

A number of qualitative and quantitative results have been published over the last few years, deriving from different studies on migration trends for Moldovan citizens. However, the topic is still insufficiently covered, due not only to the multifaceted nature of the migration phenomenon but also to the imperfect mechanisms used for monitoring and record-keeping. The issue of health professionals' migration is also underexplored, although the presence and magnitude of this phenomenon are confirmed by official statistical data.

Over the last 20 years, more than 40% of Moldovan health professionals have abandoned the national health system. The problem of health professionals' migration has become a major concern for the CPAs and so a number of initiatives and partnerships have been launched to tackle this issue. In 2008, the international workshop "Health workforces needs and mobility in the EU and SEE countries", organized by the Southeastern Europe Health Network (SEEHN), was among the first to tackle the impact of health professionals' migration on activity indicators of the health systems and health indicators of the population.

Last but not least, the project "Managing the impact of migration on the healthcare system of the Republic of Moldova" was launched in 2009. With Institute of Migration (IOM) support, this aimed to implement a system for monitoring human resources for health so as to facilitate record-keeping of migration flows. Subsequently, another project was launched within the SUMPhU – "Migrants' capacities for the Moldovan health system development" – implemented within the joint EC–United Nations initiative "Migration for development".

Notwithstanding all these achievements, official statistical information on the migration process is limited: presenting only some general data about the evolution of the number of migrants officially registered over the last decade and their characteristics according to age group, sex, level of education, area of residence and countries of destination. The existing information does not provide separate data by different categories of specialists (including specialists with secondary medical education) hence it is impossible to assess the migration of personnel from the health system.

At the same time, the phenomenon of internal migration is researched less than international migration. Publications in this field show that internal migration is a frequent phenomenon not only for countries with advanced economies but also for developing countries. This is mainly characterized by rural–urban population flows and includes a series of complex economic, social, demographic, environmental and other determinants (Lucas, 1997).

The scientific literature (Bunea, 2012) provides a number of theories explaining the causes of internal migration. According to the *neoclassical theory* of migration, people decide to migrate only if the expected earnings exceed the costs of change (both monetary and non-monetary: e.g. psychological, accommodation, adjustment costs). According to this theory, migration occurs before finding a job in the destination country, when people are not satisfied with what they currently have and decide to change their activity and/or place of residence, considering that they have nothing to lose. The *search theory* (also called the *theory of modern gravitational models of internal migration*) supports the idea that migration occurs when a job is found in the destination country. Actually, in order to understand the complexity of the migration process it is necessary to consider both theories equally as the decision to migrate is taken in two stages: (i) whether to migrate, taking account of the costs and losses involved; and (ii) whether or not to accept another area/place of activity.

Some authors (Borjas, 2001) consider that the migration process has a well-determined structure and direction and its selection may be of two types.

- *Positive selection:* migrants have much higher skills than necessary for their current place of work; the place of destination offers a higher productivity rate for their skills than the origin of migration.
- *Negative selection:* migrants have below-average skills; the origin provides a higher productivity rate for their skills than the destination of migration.

Hence, highly qualified migrants opt for places/destinations that pay for their skills, while less-qualified workers accept conditions offering more modest pay.

Determinants of internal migration incorporate a number of selective influences, including demographic factors such as the *age* and *sex* of those wanting to migrate: the former being a variable factor, the latter being a constant. Migration tends to be higher among young people and increases at the moment that they enter the labour market. In turn, migration decreases as age increases, except when the older people need family support or medical assistance. The rates for women increase more rapidly than the rates for men after the age of 16 years, but then decrease at a slightly lower rate than that for men up to retirement age (van der Gaag et al., 2003).

Certain variables of migration determinants were identified:

- economic (e.g. newly created companies, level of salaries);
- labour market (e.g. employment and unemployment levels and/or rates, changes in working conditions);
- property market (e.g. house prices, construction rate);
- environmental (e.g. population density, urbanization degree, social behaviour of inhabitants, climate conditions, free time and leisure activities);
- political (e.g. government subsidies, local taxes, educational offers, regional urbanistic plans or direct measures, as migration incentives).

The Republic of Moldova holds no records on internal migration in the country since 1995. However, earlier data and the results of the 2004 population census reveal mainly a rural–urban flow directed especially towards the biggest cities in the country (Chisinau and Balti) and contributing to a permanent decrease in the (active) population in rural areas. The report of census results distributed by the National Bureau of Statistics of the Republic of Moldova (NBS, 2015) states that internal migration in the country

results in three administrative-territorial units of the second level receiving population, and 32 units supplying population. From a demographic perspective, migration has had the greatest effect on small villages, which are subject to significant depopulation and ageing. The official statistical data do not reflect fully the real situation because of the different ways and methods of migration used by the population. Also, because the official statistical data present information about the definitive migration of population changing its place of residence, meaning only those people who have the status of immigrant, emigrant or repatriated people. There is no evidence on migration by different categories of specialists, including those with medical backgrounds, therefore the level of internal migration of those with medical education may be established only from the general migration perspective.

The health system has experienced significant repercussions from the migration process driven by low satisfaction levels among doctors and health workers with secondary education working in the public sector, and the limited attraction of activity in the public sector of health (especially in rural areas). Some studies (Galbur, 2010) show that even though the total number of doctors and health workers with secondary education is relatively constant at system level, essential divergences in staffing rates have been registered over the years. These are the result of the flow of specialists from rural areas to rayon centres, and from the rayon centres to Balti and Chisinau municipalities. In addition, graduates of the medical education institutions prefer to work in municipalities. Thus, the rural–urban direction of internal migration becomes obvious (as described in many international sources). This has resulted in gradual decreases in the staffing levels of doctors in country regions, despite implementation of many mechanisms for additional motivation for both experienced doctors and young specialists.

At the same time, cities have been over-saturated with health professionals because of the exaggerated flow of people wanting to stay and live in urban localities. This has led not only to increased competition for employment, but also to increased risk of being unable to find employment according to specialization. Data from the Ministry of Health[1] show that the employment rate after graduation from residency training (according to the set distribution) is very low. In the last five years, the average employment rate for the medical specialties accounted for 59%; the total employment rate, according to the set distribution (including that of pharmacists and dentists) was 49%. Data on graduate employment during the period 2009–2014 are presented below (Table 1).

1 Data provided to survey team by Medical Personnel Management Division of the Ministry of Health of the Republic of Moldova, upon request.

Table 1. Graduate employment after residency training, 2009–2014

No.	Specialty	**Total graduates 2009–2014 No.**	Republican institutions No.	Municipal institutions No.	Department institutions No.	Rayon institutions No.	**Total graduates employed 2009–2014 No.**	**Employment rate %**
1	Anaesthesiology and reanimation	**153**	66	29	3	34	**132**	**86.3**
2	Paediatric anaesthesiology and reanimation	**34**	15	2	-	1	**18**	**52.9**
3	Infectious diseases	**39**	9	4	1	11	**25**	**64.1**
4	Cardiology	**3**	-	1	-	-	**1**	**33.3**
5	Surgery	**113**	10	8	-	42	**60**	**53.1**
6	Paediatric surgery	**41**	8	2	-	10	**20**	**48.8**
6	Dermatovenereology	**29**	1	1	1	5	**8**	**27.6**
7	Clinical pharmacology	**7**	3	1	-	-	**4**	**57.1**
8	Phthisiopneumology	**21**	3	5	-	7	**15**	**71.4**
9	Epidemiology	**45**	15	4	-	9	**28**	**62.2**
10	Rehabilitation/ kinetotherapy	**12**	3	1	-	-	**4**	**33.3**
11	Forensic medicine	**16**	5	-	-	5	**10**	**62.5**
12	Hygiene	**36**	11	10	-	12	**33**	**91.7**
13	Imaging	**90**	22	10	-	11	**43**	**47.8**
14	Family medicine	**307**	4	64	-	133	**201**	**65.5**
15	Internal medicine	**142**	4	25	-	27	**56**	**39.4**
16	Lab medicine	**33**	8	4	-	2	**14**	**42.4**
17	Morphopathology	**22**	7	3	-	6	**16**	**72.7**
18	Microbiology	**37**	7	4	-	6	**17**	**45.9**
19	Neonatology	**21**	8	4	-	1	**13**	**61.9**
20	Neurosurgery	**21**	8	3	-	1	**12**	**57.1**
21	Neurology	**55**	17	4	-	14	**35**	**63.6**
22	Paediatric neurology	**10**	3	1	-	3	**7**	**70.0**
23	Obstetrics and gynaecology	**74**	12	17	-	19	**48**	**64.9**
24	Ophthalmology	**42**	3	5	-	6	**14**	**33.3**
25	Oncology	**49**	16	-	-	4	**20**	**40.8**
26	Otorhinolaryngology	**44**	5	3	-	7	**15**	**34.1**
27	Orthopaedics and traumatology	**38**	14	3	-	18	**35**	**92.1**

No.	Specialty	**Total graduates 2009–2014 No.**	Republican institutions No.	Municipal institutions No.	Department institutions No.	Rayon institutions No.	**Total graduates employed 2009–2014 No.**	**Employment rate %**
28	Paediatric orthopaedics and traumatology	**15**	1	1	-	1	**3**	**20.0**
29	Paediatrics	**114**	11	12	-	41	**64**	**56.1**
30	Psychiatry	**46**	18	2	1	7	**28**	**60.9**
31	Urology	**16**	5	2	-	1	**8**	**50.0**
32	Emergency medicine	**83**	24	1	-	39	**64**	**77.1**
	Subtotal	**1808**	**346**	**236**	**6**	**483**	**1072**	**59.2**
33	Stomatology	**745**	31	21	-	65	**117**	**15.7**
34	Pharmacy	**370**	2	-	-	12	**14**	**3.8**
	TOTAL	**2923**					**1202**	**41.1**

There is an obvious need to survey the outflow of human resources for health to other areas within the country, and to research the factors driving health professionals to change profession, in correlation with the general migration phenomenon in the Republic of Moldova. In conditions of unplanned migration, it is very important to implement mechanisms for retaining personnel in deprived regions, and to adjust educational and employment systems to real staffing needs. At the same time, it is important to identify the factors that could motivate those who have already abandoned the health system to return to the medical professions and to stay in the country.

To answer all these questions, the survey team from the School of Public Health Management suggested the methodology for a complex study of the internal migration of Moldovan health professionals to other areas of activity.

The general goal of the study is to determine the factors which have motivated people with medical backgrounds to abandon the health system in favour of other areas of activity in the Republic of Moldova (*push* factors), as well as the factors which would attract them to return to the health system (*pull* factors).

Specific objectives

1. To study the factors that determined the decision of the health professionals to abandon their profession and to leave the health system.

2. To study the factors contributing to retaining the health professionals in their newly chosen professions outside the health area.
3. To study the factors that have influenced the decision not to migrate and leave the country, but just change profession (*stick* factors).
4. To study the factors that would motivate the health professionals to return to their profession in the health area.
5. To study the opinions of the health professionals, as well as other categories of respondents (including decision-makers), regarding the necessary incentive interventions.
6. To develop recommendations for developing incentive interventions to retain health professionals in their professions and in the health system.

II. Methodology of the study

The methodology of the study implies a quantitative survey applying standardized questionnaires and a qualitative survey through focus group discussions. The results of the qualitative survey served as essential benchmarks for subsequent development of the toolkit for the quantitative survey.

METHODOLOGY OF THE QUALITATIVE SURVEY

Discussions in **focus groups** were used as a survey tool to obtain in-depth information about the specified issue from an endorsed and empowered group. The group interview was used as an investigation technique to allow deep understanding of the problems related to the attitudes, behaviours, opinions, beliefs, knowledge and values of people with higher and secondary medical education concerning aspects such as employment, abandonment, return and retention in the health system. These sources of information not only supplied the descriptive data which are essential in qualitative surveys, but also enabled subsequent analysis and formulation of important findings resulting from the survey.

Six focus groups were organized, comprising:

- people with medical education who do not work according to their qualifications
- students in the sixth year of training at the SUMPhU
- resident doctors
- practising doctors
- heads of PMSIs
- representatives of CPAs and LPAs (Ministry of Health, municipal health divisions, rayon councils).

This sample was surveyed in a prospective way in an attempt to identify why the health workers abandoned their careers in the health area in favour of other areas of activity (*push* factors), and the factors that would motivate their return to the health area (*pull* factors). At the same time, the factors for retaining health professionals in the system, and for influencing them to remain in the country and not to migrate, were also studied (*stick* factors).

Concurrently, the employment preferences and occupational trends for the future licensed doctors were outlined and considered. Opinions were collected from those involved in drafting policies on human resources for health, so as to correlate the level of young specialists' expectations with the actions and intentions planned by decision-makers in the health system.

Applying the survey tools

As a survey tool, the group discussion comprised an introduction/explanation and seven thematic blocks of questions, including explanatory questions. An *interview guide* was used in carrying out the survey, covering the following components.

✓ *Transition questions*

Why do young people come to the faculty of medicine? Why is the medical profession interesting?

✓ *Key questions*

1. How do you assess the prestige of the medical profession in society?
2. When and what determines the selection of the specialty for residency training?
3. What are the expectations of licensed specialists in relation to the human resources' development policy promoted by the authorities?
4. What factors influence a young specialist to remain/work in the health system?
5. What determines a health professional to abandon the profession and accept work in areas other than medicine?
6. What determined your decision not to migrate?
7. What conditions/circumstances prompted doubts or uncertainties regarding the opportunity to work in the public health sector?
8. How do you assess the efficiency of current facilities that the state provides to young specialists?
9. What factors would increase the attractiveness of the public health sector?
10. What factors/conditions would motivate people with medical backgrounds to return to the health system?

✓ *Closing questions*

1. Of all the issues mentioned in the discussion, which is the most important problem for you?

2. Two to three minutes for summarizing what has been discussed – Do you agree? How well have I understood the problem? Did I miss anything? Is there anything you did not have the chance to mention?

The survey was conducted according to a group dynamics management model. Basic techniques were used to support the discussion: pause of several seconds after the involvement of every participant, and insistency: details, topic development, explanation, example, continuation. Around 10 to 15 minutes were reserved at the end of interviews in order to give participants an opportunity to add information on any aspects that were not covered in the interview or not envisaged in the guide.

Interviews were conducted by two moderators; two researchers participated as observers monitoring the nonverbal behaviour of participants. The interviews were recorded with participants' consent, and afterwards transcribed and codified.

Processing and interpreting data obtained

Phenomenological analysis was carried out to identify major issues deriving from the transcription, thereby allowing identification of the different aspects and perspectives of those who participated in the survey. This method helped understanding of the way in which personal priorities and cultural–social–economic conditions influence the beliefs, aspirations and conversations of survey participants.

Data analysis included examination and classification of data by categories, tabulation and recombination of observations within the group interviews, so as to focus on the initial goal of the study.

Descriptive quantitative analysis of focus group structure was performed by codifying and processing the data by sex, age, and activity variables, using SPSS 19 software.

Ethical aspects of the survey

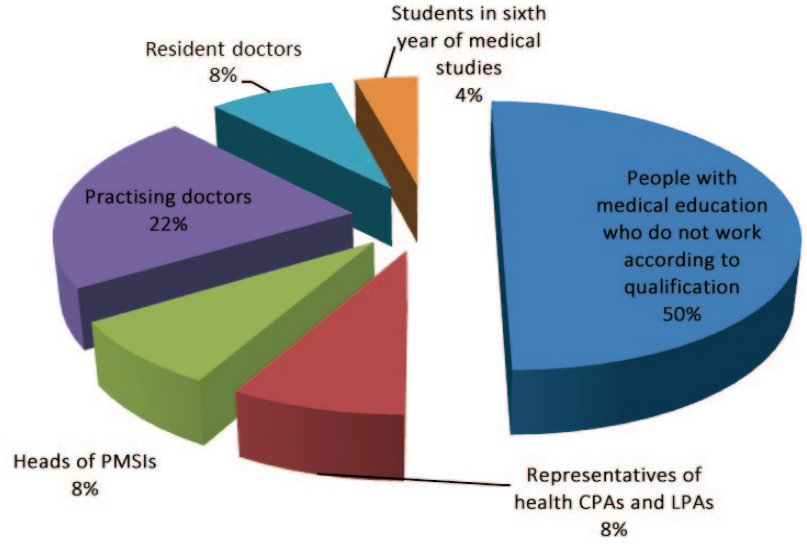
During selection, the criteria for including and excluding participants from the survey were carefully and adequately formulated to ensure representativeness of the surveyed target groups, based on a balanced gender distribution and avoiding discrimination. Before answering the questions, participants signed (and received a copy of) the informed consent form (Annex 1). Participation in the survey was voluntary and unremunerated.

Analysis of the target group

Each of the six focus groups comprised eight participants covering representatives from six categories of respondents, as follows (Figure 1):

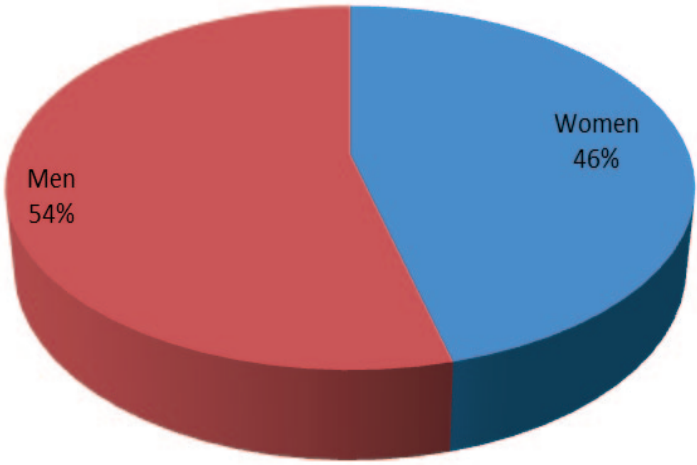
1. people with medical education who do not work according to their qualifications – 24;
2. students in sixth year of training at SUMPhU – two;
3. resident doctors – four;
4. practising doctors – 10;
5. heads of PMSI – four;
6. representatives of CPAs and LPAs (Ministry of Health, municipal health divisions, rayon councils) – four.

Figure 1. Structure of qualitative survey target groups, by category



A relatively equal gender balance was ensured: 54% men, 46% women (Figure 2). The sample of people with medical education who do not work according to their qualifications comprised a 50:50 split between men and women. In general, the insignificant difference in men's favour was conditioned by all other categories of respondents.

Figure 2. Structure of qualitative survey target groups, by sex



Analysis of the survey sample by year of graduation shows a range from 1976 to 2013. The exact distribution is presented in Table 2.

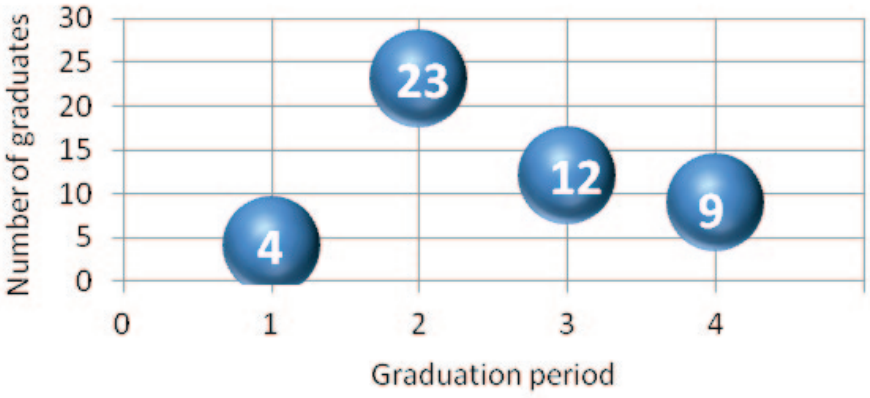
Table 2. Distribution of qualitative survey respondents by year of graduation, 1976–2013

Year	1976	1979	1984	1988	1990	1992	1994	1995	1996	1997	1998	1999	2000	2001	2009	2010	2011	2013
No	1	1	1	1	1	1	6	3	2	1	2	7	6	5	1	4	3	2

A clear picture of the sample structure was obtained by dividing the sample into four distinct subsets by period of graduation from medical faculty (Figure 3):

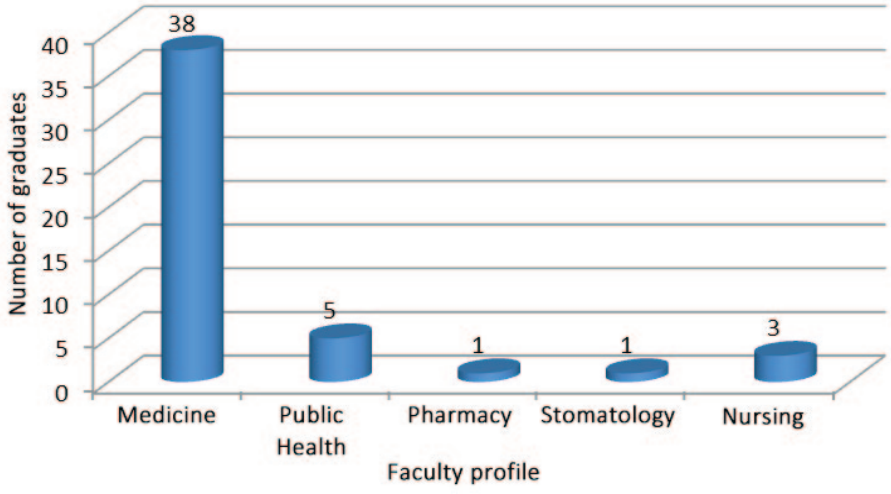
1. graduates from 1976 to 1989 – four (8%);
2. graduates from 1990 to 1999 – 23 (48%);
3. graduates from 2000 to 2009 – 12 (25%);
4. graduates from 2010 to 2013 – nine (19%).

Figure 3. Qualitative survey sample distribution by period of graduation from medical faculty



Analysis of the sample by medical faculty profile shows that: 38 graduated from the faculty of medicine; five from the faculty of public health; one from the faculty of pharmacy; and one from the faculty of stomatology. Three were graduates of secondary medical education (Figure 4).

Figure 4. Qualitative survey sample distribution, by medical faculty profile



METHODOLOGY OF THE QUANTITATIVE SURVEY

The sociological method based on a **standardized questionnaire** with mixed questions was selected as the quantitative method. A transversal survey was developed and the following formula was used to calculate the volume of the representative sample:

$$\mathbf{n = P\ (1 - P)\ (Z\alpha/d)^2,}\ \text{where:}$$

d = distance or tolerance – (d = 0,05);

(1 − α) = confidence level – as an estimated value fitting the distance of the surveyed distance, for the confidence interval of 95.0% for the statistical meaning of the obtained results Zα=1.96;

P = as yet no official evidence or surveys to elucidate the real situation regarding the flow of human resources for health in the Republic of Moldova.

The team determined the representative sample using the official statistical data (CNMS, 2012) on human resources for health, based on the fact that, in the Republic of Moldova, between 2000 and 2012 the number of doctors decreased by 15.7% (2000 – 15 175, 2012 – 12 794) and the number of nurses decreased by 20.2% (2000 – 34 335, 2012 – 27 407). This was 17.95% of total health professionals. Given that the exact number of health professionals who died or retired in this period is not known, the calculations were based on the maximum value of 18.0%, meaning that P=0.18. Hence, by introducing the data in the formula, the required number of people to be included in the survey sample was obtained:

$$n = 0.18 \times 0.82\ (1.96/0.05)^2 = 223 \text{ people}$$

Anticipating a non-response rate of around 10.0%, 250 questionnaires would be necessary for the survey. A total of 252 questionnaires were accumulated, 29 of which were not valid. Thus, the survey was based on interviewing 223 respondents – 123 with secondary medical education; 100 with higher medical education.

Criteria for inclusion

Representatives of the following categories were included in the survey sample.

1. Doctors who graduated from medical university 1992–2012, who currently live in the Republic of Moldova but do not work according to their professional qualifications in the health system.
2. Health professionals with secondary medical education, graduates of medical colleges 1992–2012, who currently live in the Republic of Moldova but do not work according to their professional qualifications in the health system.

Criteria for exclusion

1. Refusal to participate in the survey.
2. Deprived of the right to work in the health area.

Applying the questionnaire in the field

The questionnaire was applied through both the face-to-face standardized interview method and the self-completion method. Participants were able to complete the questionnaires on hard copies, as well as in electronic format. The data were collected from **1 January to 30 July 2014**. Before applying the questionnaire for the survey sample, the survey tools were pretested, standardized and validated in line with the survey objectives. The questionnaire is provided in Annex 2.

Processing and interpreting data obtained

Quantitative analysis of the data collected through the sociological survey method was carried out by codifying and processing the data in Epi Info™ 3.5.3 software, depending on variables such as sex, length of service in the health system, category of health professional, last workplace before respondents left the profession.

During the processing of the obtained data, the hypotheses were confirmed/infirmed in relation to the results obtained.

Ethical aspects of the survey

The criteria for including and excluding participants in/from the survey have ensured the representativeness of the surveyed target groups, based on balanced gender distribution and with no discrimination. The survey participants signed the informed consent form before any involvement in the survey, receiving a copy of the signed form upon

request. Participation in the survey was voluntary and unremunerated. Participants were informed that they could withdraw from the survey at any time without any prejudice caused to them and could refuse to answer certain questions, if they felt uncomfortable to do so.

Limitations of the survey

When implementing the quantitative survey, some difficulty was caused by the lengthy procedure for identifying people who have abandoned their careers in the health system, especially those with secondary medical education. Many had graduated from other faculties, without any evidence or professional networks/associations which would facilitate the process of identifying those meeting the target group criteria. This influenced the structure of the final sample. Identification of the health professionals with secondary medical education was based on: (i) personal contacts of active health professionals who knew of colleagues who have abandoned the health system but remained in the Republic of Moldova; and (ii) participants who responded to a call launched in the social networks.

Thus, the quantitative data collected in the survey imply some limitations, especially in relation to the representativeness of the results for certain specialties. The latter is due to the lack of a centralized database on all health workers who have abandoned the health system and distribution of these data by specialties.

Despite all these limitations, the goal and the objectives of the survey were achieved – a general profile was outlined and the factors determining the migration of health professionals to other areas of activity were described, as were the main characteristics of the health professionals who have abandoned the health system in favour of other areas of activity in the Republic of Moldova. This fact allows for the recommendations and findings of the survey to be considered valid and relevant for taking operational decisions and developing policies on human resources in health in the Republic of Moldova.

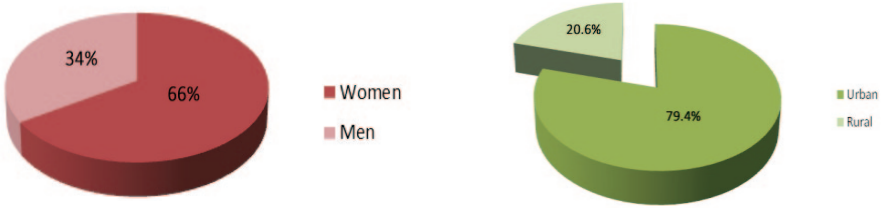
Analysis of the target group

Of a total of 223 respondents, 148 are women (66.0%) and 75 are men (34.0%). This result can be explained by the fact that there have been more female health professionals than male since the training period. Over recent years, admissions to the SUMPhU have

shown an 8:2 ratio of *women to men*.[2] At university level, men account for 23.0% of the total number of national students.

When this survey was conducted, 20.6% of respondents reported a rural locality as their place of residence; 79.4% of respondents lived in urban localities or rayon centres (Figure 5).

Figure 5. Quantitative survey sample structure, by sex and by area of residence



The average age of the respondents is 39.85±8.79 years (inferior limit of 22 years; superior limit of 63 years). Around 61% graduated from medical education institutions in 2002–2012 and 39% graduated in 1992–2002. In order to identify certain migration-determining factors specific to certain periods of time (which might be significant when formulating the final conclusions), the survey lot was divided into three groups based on the duration of participants' activity in the health system (Figure 6).

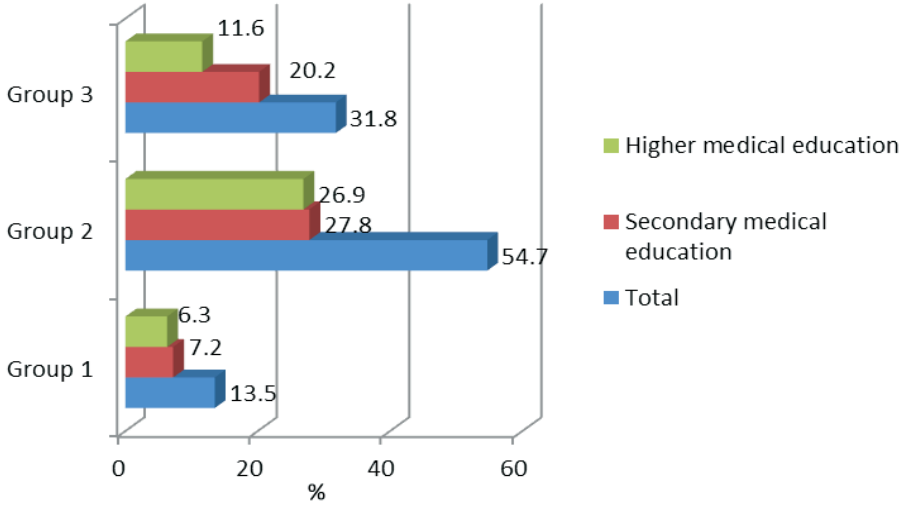
Group I – People with medical education who never worked in the health system after graduation – 13.5% (7.2% with secondary medical education; 6.3% with higher medical education).

Group II – People who have abandoned their career in the health system after up to 10 years of work – 54.7% (27.8% with secondary medical education; 26.9% with higher medical education).

Group III – People who have abandoned their career in the health system after more than 10 years of work – 31.8% (20.2% with secondary medical education accounts; 11.6% with higher medical education).

2 Data provided on request by the Admissions Commission of the SUMPhU.

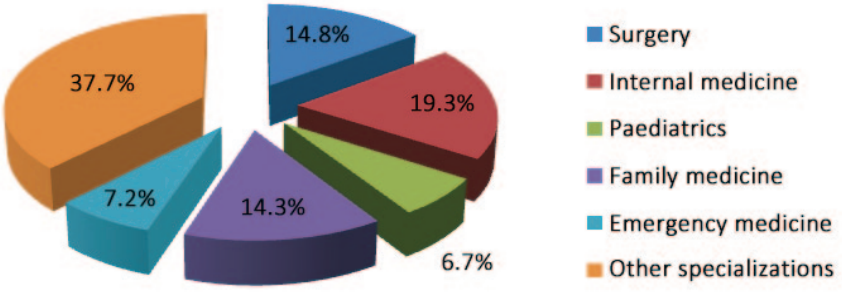
Figure 6. Quantitative survey sample distribution, by work duration and type of education



The study aimed to cover the majority of areas of medical activity, hence the survey included people with secondary and higher medical education from different specialties, as follows:

- surgery – 14.8% (gr. I – 13.3%, gr. II – 11.3%, gr. III – 17.2%)
- internal medicine – 19.3% (gr. I – 10.1%, gr. II – 19.7%, gr. III – 21.3%)
- paediatrics – 6.7% (gr. I – 0 %, gr. II – 12.7%, gr. III – 4.9 %)
- family medicine – 14.3% (gr. I – 13.3%, gr. II – 21.1 %, gr. III – 10.7%)
- emergency medicine – 7.2% (gr. I – 0 %, gr. II – 1.4 %, gr. III – 12.3%)
- other specializations (e.g. public health, laboratory, dental technician, dentistry) – 37.7% (Figure 7).

Figure 7. Quantitative survey sample structure, by medical activity

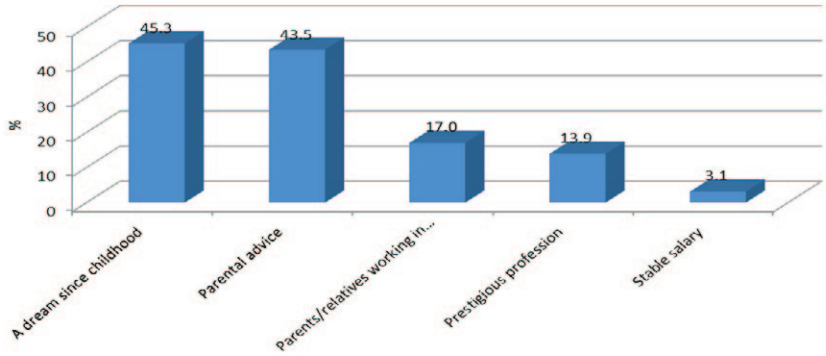


III. Factors influencing decision to become a health professional

As mentioned in the introduction, the decision to abandon the health profession is taken in the context of a number of factors, with detailed evaluation of the resulting costs and expected incomes. At the same time, competition for admission to the medical educational institutions, for both higher and secondary education, has always been one of the highest at the national level. The opinions regarding the choice of medical professions of those who initially attended medical training and subsequently abandoned the health system in favour of other areas of activity were analysed in detail in the quantitative and qualitative surveys.

Around 45% of respondents mentioned that they had wanted to become a doctor since childhood. Some were influenced by the prestigious image and high social position of doctors (13.9%); others by the fact that their parents or other relatives were already working in this area (17.0%). Around 43% of those interviewed said that their decision was influenced by parental advice. A few (3.1%) said that the profession offers stability, and some single answers indicated that the medical profession was selected *"by chance"* or *"to get to know my own body better and to treat myself"* (Figure 8).

Figure 8. Reasons for becoming a doctor (%)



These data are rather interesting for formulating the conclusions regarding the factors leading teenagers to select this profession, and for developing some recommendations on the professional careers guidance provided to young people in lyceums.

Respondents mentioned the following factors as being attractive for young people who chose medicine as their profession.

- ✓ ***Prestigious image in society***

In every focus group discussion, respondents supported the idea that the doctor's profession continues to be considered one of the most prestigious in society. Both those respondents who have abandoned medical careers and those newly employed in the health system have confirmed that this image strongly influences young graduates.

> *"… To be a student at the medical faculty is something special."* (FG3p5/m)

> *"To be a doctor is something prestigious, important, you help saving people's lives, the fact that you wear the white gown means a lot …"* (FG4p6/m)

Those who practise medicine feel high self-esteem due to the peculiarities of the profession: saving lives, easing suffering and holding specialist knowledge. This is a profession in which work results bring huge emotional satisfaction. A person who abandoned his medical activity after more than 10 years of service mentioned with nostalgia: *"The doctor's profession is interesting because it is a profession in which you can manifest yourself as a personality"* (FG5p2n/m). Another said: *"There is still that opinion in society that doctors are like gods"* (FG4p5/m). It was also mentioned that *"doctors represent a 'caste'"* and it is a real honour to be part of it. The prestige of the doctor's profession began long ago when doctors were placed on the same level as priests and other community leaders, representing the elite.

Some participants consider that doctors' prestige has decreased significantly in the conditions of society today. This has been influenced by the precarious economic situation; corruption in, and commercialization of, medical activities; and the low quality of services provided in medical institutions. One respondent who left the health system more than 10 years ago, said:

> *"Probably more respect remains for the doctors in rural areas. Currently, only stomatology is 'prestigious', due to the earnings. The decrease of doctor's professional prestige depends on society. Society is disappointed by the quality of our medicine."* (FG5p3n/m)

Many respondents think that the prestige of the doctor's profession has decreased due to the difficulties that have appeared in the health system – insufficient provision of

financial resources, obsolete equipment and expensive drugs. These problems have been transposed onto the profession's image, including unpleasant situations which are not the direct responsibility of doctors:

> *"I think that about 50% of the population of the Republic of Moldova considers medicine as one of the most prestigious professions, but the other 50% don't respect the medical community at all, hating all the health professionals, who are very corrupt, badly trained, and lazy in their opinion – adjectives that are frequently heard from patients in health centre halls. Besides, the patients frequently accuse the doctors of charging high prices for drugs or the insufficiency of free-of-charge services provided within the health insurance policy."* (FG5p8/m)

At the same time, respondents think that recent policy for training health professionals lets people into the system with a low level of professional knowledge, thus seriously affecting the doctor's image in the Republic of Moldova. They also mentioned that the prestige of the profession has decreased due to the low level of knowledge of some doctors who should not have been licensed to work in the health area.

> *"The majority of my colleagues, who have already graduated, don't have knowledge but also no willingness to work in the health area. Maybe it would be necessary to change students' attitude, corruption and factors which have determined the admission of students to this faculty."* (FG1p6/m)

Another opinion suggests that the prestige of the SMPhU will decrease as the possibility of studying abroad, and young people's willingness to do so, increases:

> *"It is a noble profession, and some people deal with it with perseverance. The University of Medicine remains one of the most prestigious educational institutions in the country, but I would like to mention that because of the undeveloped state and the globalization phenomenon, this principle will gradually disappear."* (FG3p2n/m)

Another conclusion expressed frequently during the discussions referred to the need to implement a stricter system for selecting medical students, based on the practice in European universities.

✓ ***Feeling a vocation for the doctor's profession***

Medicine is also selected because of the noble wish to help people, *"to change something for the better"* that motivates young people to enter the faculty of medicine.

Every group discussion made some mention of the doctor's profession representing, *"a vocation, a special attitude to suffering people"* and *"not everyone is cut out to be a doctor"* and that the system is abandoned frequently by those who understand that they do not like the professional activity, that they need something else and can find their professional ego in other areas. These discussions were attended by people with medical education who currently work in areas such as the law, mass media, IT, engineering and business.

But sometimes this feeling of vocation is felt long after the moment when young people are required to select their future profession:

> *"When coming to the medical school they are still children. I was 16 years old when I came to study. At this age you don't really understand what you like and what you don't like. Moreover, the parents influence the selection of the profession, saying that it is good, clean profession . . . and only afterwards you yourself understand if you like it or not."* (FG4p4n/m)

At the same time, an early vocation for a specific medical specialization does not always persist. A young person with fresh memories about his methods for selecting his residency specialization listed a number of factors that can influence the selection of a future specialization.

> *". . . The health problems he has encountered previously in his life or because of the health problems of some of his relatives (those who suffer diabetes wish to become endocrinologists, those who have suffered trauma wish to become traumatology specialists and so on); influence of faculty staff who have trained them (a charismatic professor with a successful medical career is an example to be followed); influence of relatives or friends in the medical profession, who could help them in subsequent training or in obtaining a better job; dependency on the available places determined by the Ministry of Health versus graduates' competition average."* (FG1p7/m)

A number of respondents confirmed that their earlier plans (held before the fourth year of training) related to selecting a certain profession had changed subsequently as they

gained better knowledge of the reality – including greater responsibility, overloaded work regime and tiring shifts:

> *"Both my parents are doctors, but they were convincing me categorically to not apply for medicine. But I wanted to become a doctor, I wanted to provide medical assistance, to save lives, I had nice dreams. . . . At the very beginning I wanted to be a reanimatology doctor, but now – no way! It implies a lot of responsibilities."* (FG4p8/m)

Thus, if young people are to select the correct specialty they should be made aware of the reality of being a doctor during their years of training: the conditions and responsibilities of the profession they choose.

- ✓ ***Ensuring a prosperous future***

Some survey participants mentioned that people select the doctor's profession because of the initial belief that this will ensure a prosperous future or because there is a subsequent possibility to develop a private business in the area.

> *"There is also the public opinion, based on the situation from Europe and USA, saying that all doctors are well-to-do and live very well."* (FG3p7/m)

> *"This phenomenon is rather widespread due to the considerable increase in the number of private medical clinics."* (FG2p2n/m)

Development of the private sector in medicine has become an attraction factor for some people who wish to work in the health area.

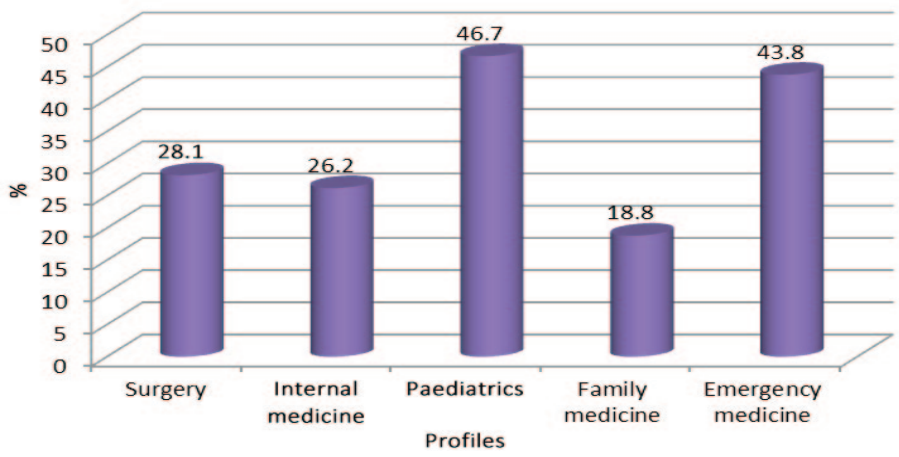
IV. Factors motivating young specialists to work in the health system after graduation

Only 41.0% of respondents confirmed that throughout their training they remained firmly committed to the aim of becoming health professionals after graduation; only 7.0% mentioned that they maintained this optimism until they began their first job.

Around 26% of respondents reported that after graduation they found employment through the Ministry of Health proposals; 9% of respondents interviewed mentioned that they had no other option. Some (around 36%) also identified individual employment in the municipal (Chisinau: 25.6%, Balti: 7.2%) and department sectors (3.1%). Around 15.7% of the specialists went to work in rayon centres. These data confirm the reality of the figures provided by the Ministry of Health (see Table 1).

Analysis of specialties also reveals the share of those who accepted employment according to Ministry of Health proposals, by area of activity. Hence, Ministry of Health offers were accepted by nine of 32 specialists with surgical profiles (28.1%); 11 of 42 specialists with internal medicine profiles (26.2%); seven of 15 specialists with paediatric profiles (46.7%); six of 32 specialists with family medicine profiles (18.8%); and seven of 16 specialists with emergency medicine profiles (43.8%) (Figure 9).

Figure 9. Respondents who accepted employment according to Ministry of Health proposals, by area of activity



Respondents were asked to list, in priority order, the factors which can motivate a young specialist to agree to work in the health system after graduation.

- ✓ ***Satisfaction of working in the chosen profession***

Overall, around 30.0% of respondents mentioned a wish to work in their chosen profession after graduation. At the same time, this indicator is very low for group I respondents (3.3%) and highest for group II respondents (46.5%) who have stated that they would like to work as doctors after graduation.

This factor was mentioned as a priority by the majority of respondents attending the group discussions, using different terms: interest, vocation, love for the profession, satisfaction with performed work, *"At the very first stage there was the professional enthusiasm: hooray! I am a doctor!"* (FG2p2n/m)

It was also mentioned that those who really love their profession will work even though there are only modest salaries. They will ensure a living by accepting work in a number of places (e.g. additional night shifts, second jobs) or collaborating with pharmaceutical companies. At the same time, there was unanimous recognition that all such conditions affect the quality of doctors' work, frequently lead to burnout and affect their health.

On the topic of satisfaction with their selected profession during the residency training, only six participants from the focus groups confirmed that they were able to freely select

their residency specialty. Some confirmed that they had entered the faculty with a clear wish to pursue a specific specialty, but have been disappointed by the reality.

Survey participants confirmed that the selection of specialty is determined by its prestige among doctors (e.g. the role of surgeon is more prestigious than that of family doctor), mentioning that it was practically impossible to gain their preferred specialty because of the highly competitive admission process.

> *"The majority of students want to become surgeons, gynaecologists, ophthalmologists, but for sure not family doctors, and an average grade is not enough to obtain residency in these professions. The main factor would be the financial possibilities, and this is not a secret for anyone . . ."* (FG2p5/m)

Focus group discussions confirmed the opinion that the chance to work in the area close to their vocations represents an extremely important moment for young specialists. Given that residency is a requirement for licensing, and that only a limited number of places are provided, graduates feel obliged to select the specialization imposed on them by the number of places available. In turn, this demotivates them from working subsequently in the system. Around 4.5% of respondents in the quantitative survey mentioned that they hold a licence in a specialization that they had not wanted and hence did not continue to work in the area.

Some respondents considered that many stay in the health system because of a lack of opportunities for new careers in other areas, because they *"do not know how to do anything else."*

- ✓ ***Hope that things will change for the better***

The potential for *future stability* and *safety* in their chosen profession was also mentioned among the conditions that retain specialists in the health system. *"The hope that all the existing problems will get settled soon. We live expecting something, hoping for something . . ."* (FG1p4/m).

Nevertheless, many respondents consider that they bring hope for professional prospects and growth, as they desire careers. The enthusiasm of the young people and their wish to develop as professionals is an important facet that can work as a factor to retain health professionals in the health system, given the creation of appropriate tools.

- ✓ ***Feeling of duty and responsibility (towards family, locality and state)***

A feeling of responsibility was mentioned by 18% of respondents, because they have been trained on the basis of budgetary financing; 13.0% went on to work in the health area because they felt that the population needs health assistance, regardless of locality. The feelings of responsibility and civic attitude are mentioned more frequently by those who have worked in the system for more than 10 years – in group I just one person mentioned the feeling of responsibility and no-one mentioned caring for population health.

An important factor for continuing in a medical career is the **influence/insistence of the family**. Many people will continue to work in the health system only because they would feel ashamed to give up and change profession.

> *"The natural wish to work in the area you were trained for, especially taking into account that during the training all the relatives and the family are so proud of you, proud of the fact that you will become a doctor!"* (FG2p4n/m)

> *"Shame to recognize/to accept that you have studied for 9–11 years in vain, and afterwards to have to leave the system."* (FG4p7/m)

In this context, it was frequently noted that those who feel this way but continue to work in the health area do not work with full commitment. The quality of their professional activity will suffer because of the permanent lack of personal satisfaction, *"like being forced to do something he/she doesn't like"* (FG1p2n/m).

Only 13% of respondents initially wanted to work in their locality/rayon of origin; 3.6% mentioned that they felt a responsibility to do so as their locality of origin lacked a health worker at the time of their graduation. Those in group II show a marked wish to work in the rayon of origin, with the highest rate of positive answers (30%) regarding employment intentions after graduation. This motivating factor was also raised in the group discussions, *"An incentive for me was the rather bad reputation of the hospital in my rayon of origin. I wanted to change something in the system …"* (FG6p8/m).

Around 19% of the total number of respondents who confirmed their employment in the health sector after obtaining a licence mentioned that they returned to work in medical institutions in their locality/rayon of origin. This indicator is highest in group II (41%), which has benefitted from the allowances for young specialists in rural areas.

These findings indicate that the enthusiasm of those who enter the health area with the wish to change the health system for the better should be harnessed and supported via human resources management policies. The early enthusiasm of young people, which motivates their selection of the profession, should be supported and promoted throughout their training until they embark on their residency programmes.

- ✓ ***Hope for the future and potential profit***

Remuneration and potential income (in many cases – illegal payments) were mentioned among the main factors motivating the selection of specialty. The majority of focus group discussions tackled doctors' interest in illegal payments which they have to accept because of the small salaries.

> *"... The salary of a doctor, and especially the salary of a young specialist, is not enough to have a house, to get a car, even the simplest one, not even mentioning a BMW or Mercedes! The banks also don't provide credits when you tell them your official salary, and with two kids! They tell you directly that you are not able to pay back the credit. ... Thus the interest in the patients' money appears . . ."* (FG4p1n/m)

The respondents confirmed that jobs that provide the possibility of illegal payments will always be taken.

Only 3% of the specialists included in the quantitative survey were employed in the private health sector. It should be mentioned that around 8% of the total number of respondents wanted a career in the private sector immediately after graduation – this answer was given quite frequently by groups II and III but never mentioned in group I. This shows the gap between the desire to work in the private sector and the level of fulfilling this wish.

Around 4% of those interviewed mentioned that they were interested in involvement in research and scientific activities after graduation, but did not have this possibility. This indicator is present in all three survey groups.

- ✓ ***Allowances and other benefits***

Only 2.2% of respondents acknowledged that their reason for accepting a job offered through the official distribution of workplaces was solely to benefit from the allowances and facilities provided to young specialists. These were mainly representatives of the

paediatric profile and family medicine (6.7% and 3.1%, respectively) and specialists from other areas (2.4%).

This factor was of no interest during the focus group discussions as the allowances were considered to be unattractive for young specialists allocated to work in rural areas.

Three participants in the focus group discussions confirmed that their selection of residency specialty was influenced by their marriage; four participants were influenced by the birth of a child at a decisive moment for selecting the specialty. These people preferred specialties with more flexible work regimes.

- ✓ ***Work conditions offered when employed***

The environment/climate in a collective/institution is an important factor in attracting young specialists. They consider the acceptance of their working team, and the support of the administration and their peers, to be very important for a young specialist. One respondent mentioned that selection of the specialty is heavily influenced by the *"envisaged place of work or the job provided by the employer"* (FG5p7/m).

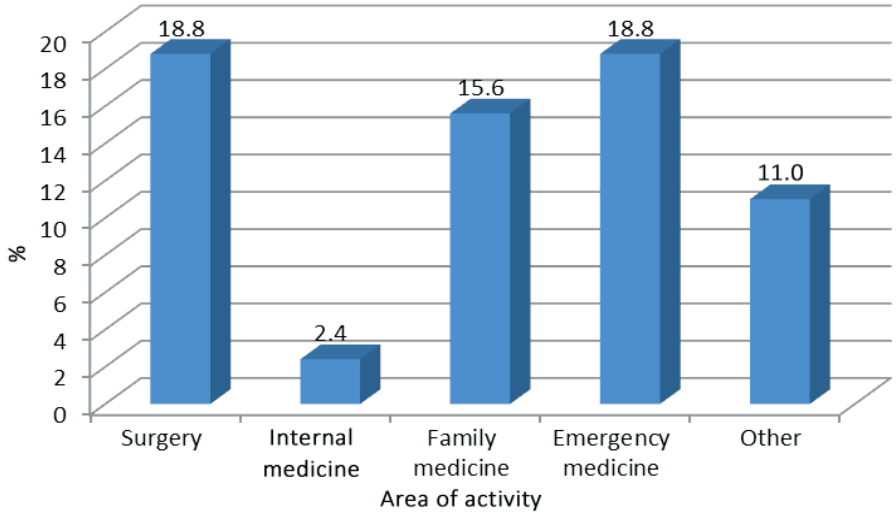
Hence, it is vital to ensure better collaboration between medical institution managers who need staff in certain specialties and the young people who have not yet selected their area of activity. The provision of motivating working conditions would influence students to select specific residency specialties required in the system. This idea was also noted by participants with secondary medical education who confirmed that a young specialist's decision is highly dependent on the employer's offer.

- ✓ ***Lack of motivating factors***

Around 20% of all quantitative survey respondents said that their opinions about their initial choice of profession changed radically; around 19% noted that their pessimism about their future profession arose during training.

One fifth of respondents (19.8%) mentioned that they did not work in the health sector after obtaining their licence because they did not find anything motivating. Hence, they chose another area of activity and continued their training in other specialties. The distribution by profile is as follows – 18.8% in surgery (6 of 32); 2.4% in internal medicine (1 of 42); 0% in paediatrics; 15.6% in family medicine (5 of 32); 18.8% in emergency medicine (3 of 16); and 11.0% in other areas (9 of 82) (Figure 10).

Figure 10. Respondents who identified no motivating factors for employment, by area of activity



In conclusion, the following factors may be considered important in motivating or discouraging young specialists' decisions to work in the health system.

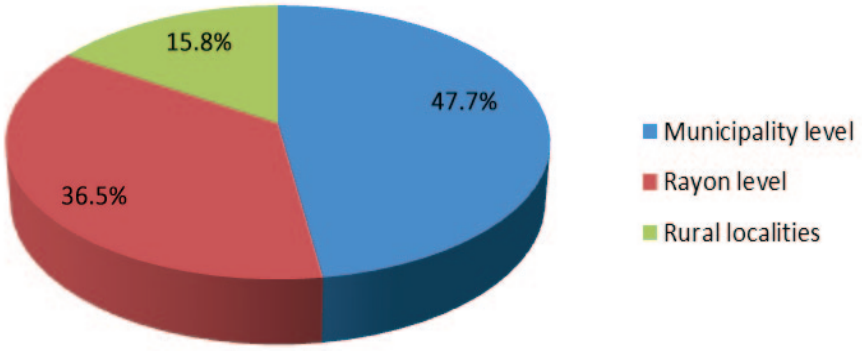
1. Love for the chosen profession; responsibility and feeling of duty to the state, parents, population and locality of origin. Such motivations (mentioned mainly by those who have worked in health for up to, and more than, 10 years) served as a solid argument to work in the health system, even during the transition period when the system encountered serious economic problems. These motivations are fed by a valuable enthusiasm that should be supported by additional programmes and policies for both lyceum pupils and students.
2. Possibility of developing own business. To support this motivational factor at country level, it is necessary to develop additional legal and financial tools that would facilitate the development of private activities in the health system.
3. Lack of motivation. Many graduates refuse to work in an activity that they find neither interesting nor motivating. In the absence of more motivating proposals, some accept jobs from the Ministry of Health's official distribution. This aspect illustrates the fact that young specialists accept a job with little enthusiasm and with a high probability of dropping out when a more attractive offer appears. The Ministry of Health distribution of jobs registers the lowest employment rate for family medicine, which usually refers students to work in rural areas.

4. There is no specific interest in the allowances provided to newly appointed young specialists. This indicates that they are not sufficiently attractive to motivate young specialists to work in rural localities.
5. Many graduates prefer to work in urban localities and decide to find their own jobs. This phenomenon derives from the general trend of internal migration which is dominated by the rural–urban flow. Nevertheless, there is also a high drop-out rate among those who have worked in the sector in urban areas for a number of years. Their decisions to leave the profession are driven by a number of other demotivating factors (e.g. competitive environment, insufficient salary).

V. Factors determining decisions to abandon the health system

The study aimed to establish the relationship between the profession and the working environment when abandoning the health system. At the time of leaving the system, 47.7% of respondents were working in urban localities/municipalities; 36.5% were working in rayon centres; and 15.8% were working in rural localities (Figure 11).

Figure 11. Sample structure by level of activity when abandoning the medical profession



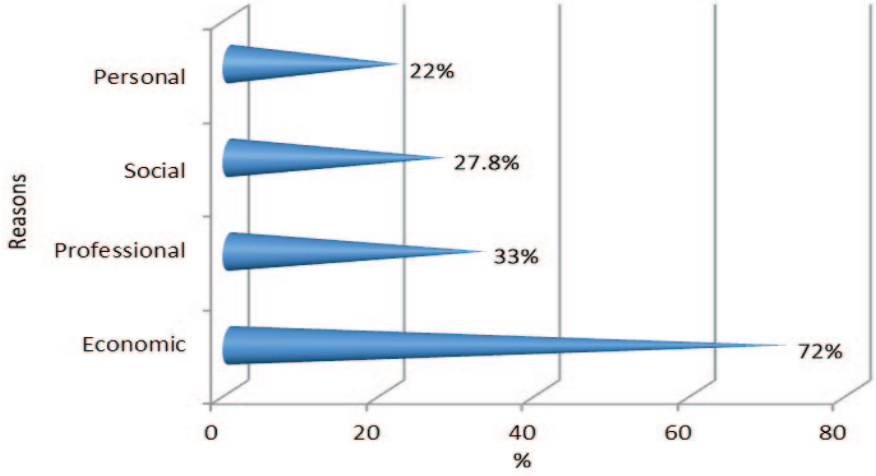
Group III comprises mainly people who have worked in medical institutions in urban localities (64%); group II comprises more people who have worked in rayon centres (61.2%).

When analysing the results obtained, it may be noted that many of those who decided to abandon the medical profession passed through a stage of disappointment with the chosen area of activity. Hence, around 23% of participants mentioned that they already had other job options and were convinced to change profession when they were granted their licences (this indicator being higher for group I – around 43.0%). The idea of moving arose more frequently during the final years of training (28.6% of those with an internal medicine profile – 12 of 42 people).

Respondents were asked to indicate the groups of factors that caused them to decide to abandon medical activity. **Economic factors** (living conditions, accommodation, wages, material well-being) were cited by around 72%; **professional factors** (working conditions, medical equipment, career development, professional satisfaction) were indicated

by 33%; **social factors** (local infrastructure, schools/kindergartens, cultural centres, roads/aqueducts) were mentioned by 28%; and **personal factors** (health, family, other) were indicated by only 22% (Figure 12).

Figure 12. Frequency of factors determining decision to abandon medical activity



Participants of both surveys, including those who have recently joined the system, were asked about the circumstances in which they were tempted and decided to abandon the profession and/or the health system. The causes are discussed in more detail below.

- ✓ ***Insufficient material assurance***

The majority of those interviewed (71.3%) mentioned that the small salary (not enough to cover the minimum needs of the family) had influenced their decision to change professional activity. This indicator is rather constant for all three groups. It is interesting to note that initial choice of the profession was not influenced by the financial aspects which respondents subsequently identified to be important, specifically – material assurance. Only 3.1% of respondents mentioned that they chose medicine because the profession would ensure a satisfactory income or a stable salary. If the original wish to practise medicine was based on some ideals, these were quashed by the unsatisfactory material reality.

Thus, the insufficient salary appears to be a very important factor for abandoning the medical profession. This phenomenon is more characteristic for groups II and III, more so when the respondents understood that they could not ensure material support of

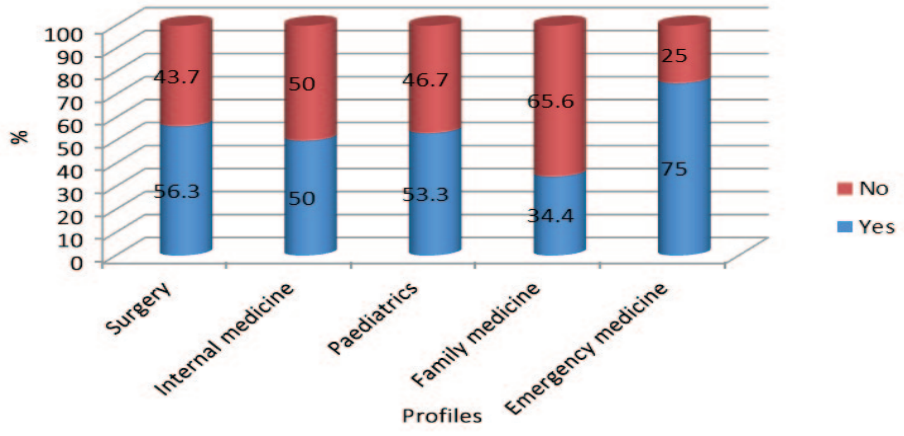
their families (77.5% and 72.1%, respectively). Even though these groups initially held optimistic attitudes towards their professional activity and a real desire to work in the area (as evidenced in Chapter IV), nevertheless they eventually abandoned the medical profession for financial reasons.

The same conclusion can be drawn from analysis of the indicators showing specialists' desire to work in the public sector of health. After obtaining their licences, more than half of respondents (around 53%) were eager for employment in the public sector. This indicator is significantly higher for groups II and III than for group I, the latter comprising those who abandoned the profession immediately after graduation (group II: 75%; group III: 56%; group I: 27%). Nevertheless, subsequently, they abandoned the public health sector because they were not satisfied with the conditions offered.

Analysis by profiles reveals the proportions of those who have abandoned medicine for financial reasons, when they could not ensure the material well-being of their families:

- surgery: 56.3% (18 of 32)
- internal medicine: 50.0% (21 of 42)
- paediatrics: 53.3% (8 of 15)
- family medicine: 34.4% (11 of 32)
- emergency medicine: 75.0% (12 of 16) (Figure 13).

Figure 13. Respondents who abandoned medical activity for financial reasons, by area of activity



Focus group discussions also identified **the gap between the very small income and the very high professional effort** as the most common reason for abandoning the profession.

> *"When I received my first salary, after the residency, it was a shock for me. I told my husband that I will leave medicine, but he was insisting that I think it over and not to take any rapid decision, but it was the deepest crisis at that time and a big disappointment for me."* (FG6p1n/m)

> *"The financial and professional satisfaction is not adequate compared to the efforts undertaken (small salaries, insufficient technical endowment, patients who cannot afford the investigations recommended for a full diagnosis, exaggerated requirements from authorities)."* (FG2p2n/m)

Another important factor mentioned concerns the situation when young specialists understood that they are compelled to take illegal payments from patients. Many did not agree with this situation and subsequently abandoned the profession.

> *"I worked for a short period of time. . . . Afterwards I left for the business sector and I saw that it is senseless to practise medicine. . . . Our system is not organized as it should be. Practically, I would have to take illegal payments so as to survive, and I was categorically against it, therefore I left the system."* (FG3p1n/m)

Many respondents agreed that the current system can almost be seen to favour illegal payments.

> *"They say on TV that they caught a doctor with a bribe of 50 lei taken from a patient. Doctors are corrupt! They are chased away! But why does the situation come to those 50 lei? It is degrading for a doctor to get money from a patient, but the system is like this . . . and the doctor has to. . . ."* (FG5p1n/m)

One person now working outside the health system mentioned that he abandoned the profession because he was not prepared to deal with such a stressful working regime, the enormous responsibility and also the need to have a second job in order to be able to maintain the family.

Hence, medical activity is perceived as an amalgam of personal and professional problems. The former caused by insufficient salaries and high levels of responsibility; the latter by problems with patients, when the lack of equipment and resources compromises

the quality of care that the nurse/doctor is able to offer. This feeling is shared by those with higher medical education and those with secondary medical education.

- ✓ ***Lack of accommodation when getting employed***

Lack of accommodation was indicated as an important demotivating factor by almost 15% of respondents. This was mentioned more frequently by those in group III (21.3%) and less frequently by those in group II (7.0%) who could probably benefit from the accommodation provided within the allowances for young specialists.

> *"It is not easy to rent a house when you have a family and children. … Everyone wants his/her own corner, as it makes you safe and links you to the place where you work. …"*(FG3p4n/m)

> *"The salary of a young specialist who has a family is not enough to get a house … or even an apartment with one room. … And the banks would not give you credit, when you tell them your annual salary! And you don't have the possibility to pay it back? How to divide that small salary? The accommodation is very important. …"* (FG4p1n/m)

The credit option is a real concern for young specialists: they fear that they would not be able to cope with expenses that are so high in comparison to their salaries. In this context, it would be beneficial to have a series of crediting tools with attractive financial conditions for young specialists.

- ✓ ***Another vocation***

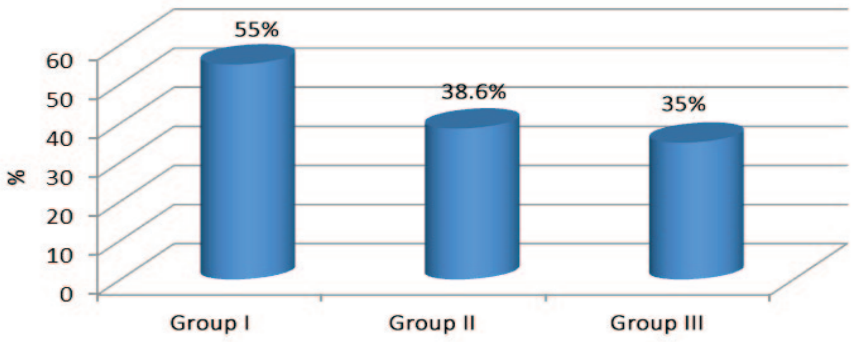
Around 10% of all respondents in the quantitative survey acknowledged that they abandoned medicine because they discovered a vocation for another professional activity. Some mentioned that the idea to abandon the profession began when they were still training: 8% when they were students, and 10% when they were in residency training. Some came to this realization when they started to study under another faculty, when they were still studying medicine.

Detailed analysis of this phenomenon within the set groups shows that negative views of the medical profession arose during the training period. This occurred mainly in group I: around 55% of the group representatives confirmed that their view of the medical profession changed radically, they became more pessimistic and realized that they had

made the wrong choice. This group also shows the highest proportion (33.3%) of people who understood that medicine is not their professional vocation.

Group II (those who have worked in the health system for up to 10 years) shows a smaller proportion holding negative attitudes towards the profession (38.6%). The proportion in Group III is even lower (35.0%) (Figure 14). The share of those who understood that medicine is not their professional vocation is also significantly lower in these two groups (group II: 2.8%, group III: 8.2%).

Figure 14. Respondents who developed negative view of medical profession, by length of service



It becomes apparent that abandonment of the profession by those in groups II and III is conditioned by factors other than lack of vocation and little professional satisfaction. Many of those who do not even start to work in the system after being licensed make this decision during the training period. Hence, some special interventions are recommended at the level of medical training so as to determine the causes of students' disappointment with their chosen profession and offer suitable guidance during, and immediately after, their studies.

This factor is also noted among the results of the qualitative survey.

> *"I have abandoned the profession because I did not have this vocation and I think that some people end up in medicine absolutely by chance."* (FG3p4n/m)

> *"I felt that I didn't like it. . . . It appeared when I was in residency training, and I decided to study law. As soon as I got my diploma I abandoned medicine and I don't want to go back as it is not for me. . . ."* (FG1p2n/m)

> *"I became a doctor because my parents wanted it. I hadn't liked medicine since the faculty, but I finished the studies and I brought them the diploma. … It was not for me. … I left and I don't regret it, I like what I do now."* (FG4p1n/m)

The solution to these problems can also be found among the respondents' answers. Many consider that the young people who enter medicine without fully understanding the essence of this profession should be provided with more contact with the practice in the very first years of training. This would enable them to verify fully their choice to become a doctor and their vocation for this profession.

> *"Maybe the students would find their vocation and specialty more quickly. I had to cope with this when I got to the residency training and I understood that this is not for me. During the training we just attended seminars and the professor brought medical records for us to study, but we needed more practise, because everything was nice and beautiful at the university, but when you go to the hospital, you encounter different problems and you really get disappointed. …"* (FG1p1n/m)

This participant abandoned her work as a family doctor after three years, subsequently starting her own sausage-making business.

Another possible solution raised was provision of adequate professional orientation in lyceums. This would reduce the number of those who end up in medicine by chance.

> *"… I think that some professional orientation activities should be carried out at the lyceum level for pupils to understand if they are good for medicine or for business, or for law. … Professional orientation is zero in our case. If someone would come to schools and tell the pupils that they have a number of places for the current year in their institution and that's it. I really think it is possible to work in this direction."* (FG5p4n/m)

> *"… I know that in the SMPhU there are some services that help the lyceum graduates to orient themselves more correctly when selecting a profession. Something like this should be introduced for medicine as well!"* (FG5p6/m)

Many respondents consider that the problem also arises from recent policy regarding medical training in the country. This is not the best as it is focused on quantity rather than quality: promoting many students over the years, even though their performance is very poor. Respondents think that young people enter the faculty with the main goal of obtaining the diploma and not always of becoming a doctor.

"I really think that probably something also exists in our system of doctors' training, because we are initially admitted to the faculty, and I don't mean only the faculty of medicine, but all the faculties in higher education. So we go to a faculty and we know that we have to finish the studies with a diploma, but we don't have the flexibility or maybe the flexibility exists and we just don't use it as it is used abroad. If I have studied for one or two years, I have accumulated credits, but I don't have the possibility to continue my education next year. I take a break, I work for a while, I want to see what is going on, if indeed I am following the right path or maybe have to reorient myself. In our case, this vision is a little bit more rigid and set within some limited standards. When I start working, only then do I understand that maybe I do not belong in medicine and that I should reorient myself. Meaning that first I want to be an epidemiologist, paediatrician or something else. … If we had more flexibility and mobility to switch from one faculty to another, from one university to another, I think that this would have helped us more." (FG3p8/m)

By organizing medical training in stages, with opportunities to practise after every stage, young people would be able to make informed decisions on whether or not they want to continue studying medicine – an idea welcomed by many respondents.

It is rather difficult for medical students to choose their specialty without any direct contact with real practice.

"My father was a doctor and I was seeing myself in this system as well, he was a family doctor, while me, after the second year of training, I thought about urology. When I told my father, he told me that the best specialty from his point of view was family medicine. Later, when studying other disciplines, I changed my mind and started to think about forensic medicine. During the training different attractions appear for different areas, and this did not happen just to me." (FG2p6/m)

"I consider that the earlier the practise, the longer the sustainability of the activity. I don't understand why they don't let the students from the fourth, fifth and sixth years practise in medical teams, this would be of help for them!" (FG2p7/m)

Some survey participants think it beneficial when young people go to the faculty after graduating from medical college. This is a very good experience, which provides the students with the possibility to work in the system and to discover much earlier whether medicine is their vocation.

"Many of my colleagues from the medical college changed profession after graduation. Some of them went to teaching, economy, foreign languages. Due to different reasons … or because they did not like working in the hospital and did not want to go to the medical

university, as it involves too many years of study, and it is difficult … others wanted better paid jobs." (FG4p4n/m)

A general practitioner described how starting work as a feldsher in the ambulance team had subsequently caused him to opt for a residency in emergency medicine (FG6p7/m).

A number of those interviewed mentioned that it should be possible for young people to undertake fee-paying residencies in their desired specialty when they are unable to obtain a residency through competitive entry. This possibility would also respect young specialists' freedom and right to choose. The results of the study show that more than half of participants who have abandoned the profession mentioned that their residency specialty was wholly determined by the average of their academic results registered during their studies. This had proved a large demotivating factor in their decision on continuing in a health career, *"I chose from what was available at the moment"* (FG6p4n/m).

Several respondents mentioned that they had submitted applications to the faculty of medicine and stomatology (because of the average at the final exam) but were admitted to the faculty of public health. The latter was not the area of professional practice they had envisioned.

- ✓ ***Unsatisfactory conditions and unhealthy working environment***

Dissatisfaction arising from unsatisfactory working conditions was reported by one fifth of all respondents (19.7%), noting: obsolete equipment, pressurized working regime, numerous obligations and responsibilities, and frequent night shifts. Unsatisfactory working conditions were mentioned more frequently by group II – around 62% working in rayon centres and 16% in rural areas.

Group III comprises more people working in urban localities and fewer in rayon centres, and mentions unsatisfactory working conditions comparatively more rarely (around 19.0%). Among the causes for abandoning the health system, Group III mentioned disloyal competition conditions among doctors. This indicator accounts for 13.5% for the entire sample, and 21.0% for group III. Hence, in conditions of oversupply of doctors in urban localities, the environment within medical institutions is affected by unhealthy competition between health professionals, leading to burnout of some health professionals and abandonment of the place of work.

Around 9.0% of respondents confirmed that they abandoned work (or decided to leave a particular area) when they encountered indifference to the problems of the young specialists from the management of medical institutions. Indifference and non-cooperation of decision-makers in medical institutions where respondents worked, or had to work, influenced their decision to leave. This indicator is highest in group II (8.5%). This factor is also mentioned in the qualitative survey, *"… It is one thing when you study, and it is totally different when you start to work in a team where you are not welcomed as a colleague"* (FG1p1n/m).

Working as young specialists, some respondents stated that they felt marginalized, subject to restrictions (such as the freedom to take certain decisions), and that this was frustrating and demotivating.

> *"I was working as a family doctor within a territorial association. I felt so ashamed when I had to run from one floor to another so as to get some signatures or stamps on certain papers, to come up with explanations to the management, why I decided this way and not the other. I was always under stress and unsatisfied with the work and with the working environment. I did not feel like a doctor, but like a slave of the institution's administration. They were treating me as if they were my masters. … I did not resist and I left. …"* (FG6p1n/m)

It was important for this doctor to use her leadership skills but she was just ignored in the medical environment. She abandoned the profession and subsequently started her own business. During the interview, this doctor mentioned that she is eager to return to medicine and would do so if allowed to have her own business, to practise as a freelancer.

Some respondents mentioned the psychoemotional dissatisfaction caused by working with patients with unrealistic expectations or from socially vulnerable groups. They consider that their professional involvement and efforts were not appreciated adequately.

> *"I did not like the conditions, first of all. The salary was not adequate for the working conditions I had and the general attitude from the patients. For instance I was working in a hospital where many socially vulnerable patients were coming, and the conditions, the entire environment … made me leave and look for another faculty."* (FG1p2n/m)

Some respondents suggested that work in areas involving seriously ill patients (e.g. reanimation, oncology, surgery) affects health professionals' psychoemotional well-being,

but this is hard to avoid in difficult situations where patients cannot be saved because essential equipment and drugs are not available.

Respondents also mentioned dissatisfaction with health system authorities' attitudes to human resources management. Those who work in the system characterize it as indifferent.

> *"The system is closed and encounters a number of problems. The specialists see what is happening in primary health assistance, it is a disaster! While at the very top there is total silence! There are no doctors and they will not work in the system in such conditions, especially in the rural area!"* (FG2p5/m)

Respondents also consider that health professionals are waiting for the authorities to make significant and efficient changes. Some feel that current reforms to the system are not performed for the good of health professionals, but actually against them.

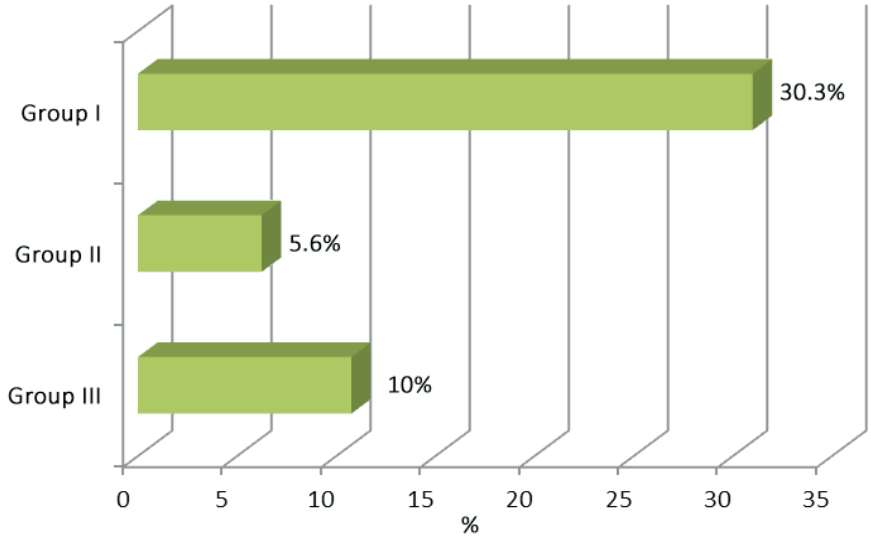
> *"The reforms should focus on the well-being of the doctor as well, not only on the well-being of the patients. … The people working in the Ministry should have worked in the system as doctors for at least 10 years, doctors that have consulted/treated patients, but not those who have no clue about what is happening in practice. …"* (FG2p1n/m)

> *"Only two out of the 10 people from my group are working in the system! And no-one is paying any attention to this situation? All of us have left the system disappointed. …"* (FG3p2n/m)

- ✓ ***Lack of prospects***

Around 20.0% of respondents mentioned the reduced chances for career development as a demotivating factor. This factor was frequently mentioned by those who had been practising for more than 10 years (group III: 30.3%) and significantly less by the representatives of group II (5.6%); 10.0% of those who had never worked in the system (group I) consider that there are no chances for career development or professional prospects (Figure 15).

Figure 15. Perceptions of reduced chances for career development and professional prospects, by length of service



At the same time, 3.6% of health professionals reported that they had left the system because they really wanted to work in the capital city, but had not been able to find a job. They considered that employment in other localities offered no career prospects.

Around 5.0% consider that the chances of working in a prestigious organization are dependent on nepotism, making it impossible to get a job on the basis of objective professional competition.

The geographical location (village, rayon centre, municipality) of medical institutions was also mentioned among the conditions which raised some doubts on continuing to work in the health system.

> *"While you are young with no family and no children, you may accept working in more modest conditions. But when children appear, you want to offer them a better school, better living conditions. There is no developed infrastructure in rural areas, hence young families will look for possibilities to migrate to the city, be it in medicine or other areas. . . ."* (FG3p2n/m)

This explanation was given by a doctor who changed profession before his child's birth as the locality in which he worked had no kindergarten and no developed infrastructure. He launched his own business in Chisinau when he was refused employment in the city.

"They sent me to a village according to the official distribution, I have invoked different reasons why I could not go to that place – house, wife and child, everything was here in Chisinau, while I had to leave for the south of the country. I had to go to the south of the country and we negotiated a lot, and they just told me that I had to bring a certain amount of money and everything would be solved. Of course I refused and left to go to another area of activity." (FG6p4n/m)

During the discussions, it was mentioned that those with higher medical education have special and multilateral training and a high level of intelligence which provides them with tempting opportunities to work in other areas offering much higher incomes.

- ✓ ***Other reasons***

The study revealed several other reasons for leaving the health system (2.6% of the total number of factors) included family situation, personal circumstances and **health problems**. The latter was identified in 30% of the answers provided for this topic and was cited as the main factor for changing professional activity by 7.0% of all participants. This indicator is identical for all three groups but mentioned more frequently by those who have worked in surgery and emergency medicine. This correlation can be explained by the over-demanding working conditions mentioned above. This factor was also identified during the group discussions. Two participants acknowledged that they had to leave the health system when they found this activity too tiring and started to experience health problems. They opted for less demanding jobs with more free time.

Another reason for leaving was the wish **to emigrate** (6.6% of all respondents). This was mentioned more frequently by those in group I (12%). Around 16% of respondents from group III stated that they went abroad for a while and started to work in other areas on their return. Their reasons for leaving were additional income sources and the wish to accumulate sufficient funds to launch a business outside the medical sector.

A participant in the qualitative survey mentioned that, following restructuring, she had been **made redundant from the institution** where she was initially working, without any proposal for requalification. This motivated a radical change in her area of activity. This case suggests that the policies related to human resources for health should be improved and enhanced with additional provisions.

Respondents also mentioned **the negative image of doctors in society** – they are viewed as corrupt and dishonest. This perception has affected them from a moral point of view and, to a certain extent, contributed to their decision to change profession.

The opinions expressed in this chapter lead to the ***following conclusions*** regarding the factors which motivate health professionals to leave the health system.

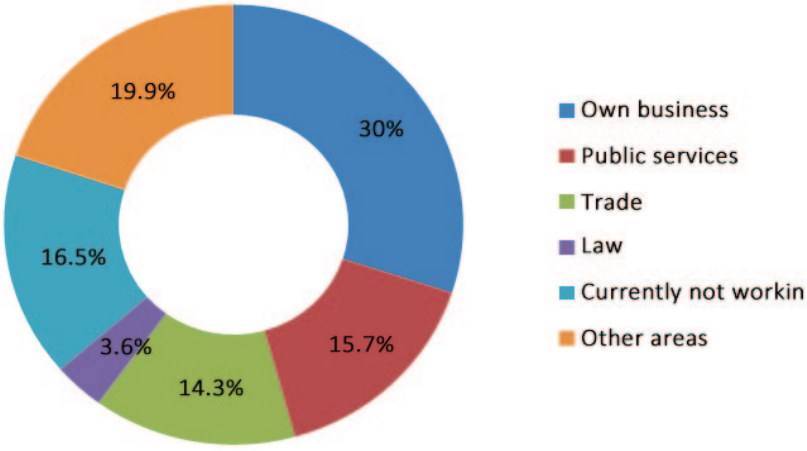
1. Economic factors. A large majority of respondents identify these as the most important factors in the decision to leave the health system, including salaries that fail to cover the minimum consumption needs of the family. The survey groups mentioned initial optimistic attitudes towards their chosen profession and a desire to work in the health area, with a number of graduates willing to work in the public sector of health once licensed. In spite of this, they abandoned the system and profession for financial reasons. These same factors make some people leave to practise abroad and save the amounts necessary for personal investments (e.g. property, own business).
2. Lack of accommodation. This demotivating factor is mentioned frequently by those who have worked in the system for more than 10 years (group III). This was mentioned less often by people from group II, who had the possibility of benefitting from the allowances provided to young specialists. The existence of some preferential financial tools and advantageous credits for young specialists was welcomed by all respondents.
3. Lack of vocation for the medical profession. This is an important factor: many of those who have abandoned a career in health recognize that they made the wrong choice of profession during the training years, and this was the main reason to change profession. This decision is more characteristic for those who have not worked in the health system after graduation, who decided immediately to go to another faculty and master a new profession. Some people had a vocation for a specific medical specialty but were demotivated by the impossibility of choosing this specialty for residency training, preferring to leave the medicine profession.
4. Disappointment with the medical profession. Although the reasons for choosing the medical profession and studies in the health field are based on idealistic and patriotic values, young people show high levels of disappointment during the years of study. In this respect, certain interventions are required to identify factors which cause a negative view of the profession and to guide these young people during and after their studies.

5. Unsatisfactory working conditions, including obsolete equipment. This factor is mentioned by one fifth of the total number of respondents who worked in rural areas and rayon centres.
6. Physical and mental health problems. In some cases, the medical activity implies excessive physical and mental pressures caused by over-demanding working conditions, frequent night shifts and numerous obligations and responsibilities. Some specialists leave the health system as personal health problems prevent them from continuing to work in the over-demanding regime.
7. Poor workplace culture. Survey participants who have worked in urban localities and some of those who have worked in rayon centres are frequently dissatisfied with the unhealthy environments of the medical institutions. These include disloyal competitiveness, unfair competition and managements indifferent to the problems of young specialists. Non-cooperative attitudes of decision-makers had caused specialists in group II to abandon their medical careers.
8. Refusal to work in rural localities. This is driven by the perception that such employment deprives young specialists of professional career development. Health professionals want good working conditions and career prospects which are more likely to be provided by the medical institutions in urban areas. There is a persisting opinion that prestigious jobs are allocated via unofficial links and nepotism, making it impossible to be recruited through objective criteria for professional competition. This perception demotivates young specialists. Respondents also mentioned unfulfilled desires for involvement in research activities and the small chance of pursuing a scientific career.

VI. Factors which would motivate health professionals return to the health system

Analysis of the activity areas of those included in the study reveals the following distribution at the time the survey was conducted – entrepreneurial activities (30.0%); public services (15.7%); trade (14.3%); law (3.6%); unemployed or not in paid employment (16.5%); and other areas of activity (19.9%). The latter includes: teaching and psychology (6.6%); finance and accounting (2.6%); television and other mass media (1.3%); IT (1.3%); and other areas such as agriculture, construction, light industry, nongovernmental organizations or the church (8.1%) (Figure 16).

Figure 16. Respondents' areas of activity at the time of the survey

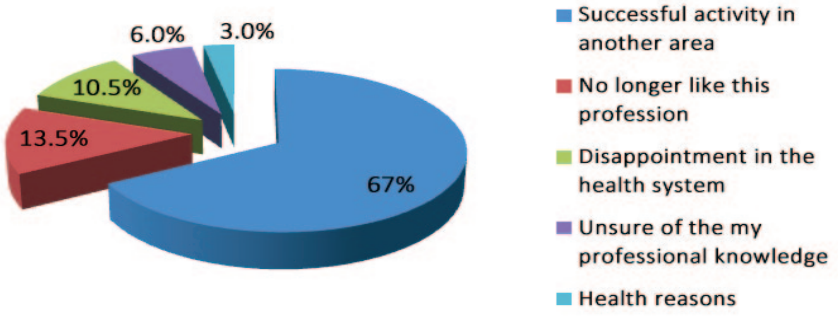


Around 32.0% of respondents stated that they do not ever intend to return to the health system, giving the following reasons:

- successful professional activity in another area – own business (67.0%);
- do not like this profession anymore (13.5%) – highest response rate among those in group I (16.7%);
- disappointment in the health system (10.5%) – mentioned by groups II and III;

- unsure of my professional knowledge, have not practised for a long time (6.0%) – identified in group III only;
- health reasons (3.0%) (Figure 17).

Figure 17. Reasons determining respondents' decisions not to return to the health system



During the focus group discussions, those who stated that they left the profession due to lack of a vocation admitted that nothing would motivate their return to the health system.

A participant who has worked in another area for more than 10 years said, *"I don't think that anything would motivate me to return, others might be motivated by better remuneration, but not me."* (FG5p1n/m). Another said:

> *"I don't think I would go back to the system, the financial factor was never decisive for me. Yes, it exists, by it's probably in third place. I have invested a lot in my personal development, I have graduated from the second faculty, I am really satisfied with what I currently do, I have a motivating salary, but I won't say that if my salary decreases I would resign. Anyway, I would not go back to medicine. …"* (FG3p4n/m)

Similarly, a respondent who abandoned medicine immediately after graduating from residency training, subsequently opening his own restaurant, explained, *"I like what I do now. … I have found my true profession. I can afford what I and my family want. Medicine means stress, night shifts, patients who die . . . it is not for me, no way"* (FG4p1n/m).

Some of the respondents who have left the medical profession consider that a return to the system would mean a limitation of freedom, *"When comparing things, I would say*

that it is similar to a bird that you let out of the cage, and afterwards you call it back . . .” (FG2p1n/m).

One respondent suggested that patients can benefit when those who find no professional satisfaction abandon the health system,

> *“Yes, the people who remained in the country and don’t practise medicine represent a loss for the system to a certain extent, but, at the end of the day, they also bring benefits to the state. . . . While for patients – this is not a loss. If the person is satisfied with the work he/she currently does and if he/she doesn’t cope with medicine, it is OK. . . .”* (FG6p3n/m)

Some respondents confirmed the possibility of returning to the system. On average, two to three participants in every focus group who are not currently working in the health system recognized that they have never abandoned the idea of returning to their profession.

> *“I work in the food industry, I am producing nonalcoholic beverages, I am rather satisfied with my current professional activity, as from a financial point of view I have succeeded in becoming more independent, and actually this was the reason I left medicine after working in the health system for 10 years. But my soul is still in the health area. I really hope to go back to medicine someday. . . .”* (FG2p2n/m)

> *“Sometimes I wake up during the night because of the feeling . . . the dream that I am performing surgery . . . It is a kind of nostalgia. . . .”* (FG3p2n/m)

Respondents identified several different factors that would increase the attractiveness of the profession and motivate some health professionals to return to the system.

- **Salary increase** was mentioned in all the group discussions.

> *“I work in another area, I am pleased with the salary which is five to six times higher than that of a doctor. I have worked here for more than 10 years, but it is not my area and I don’t feel ‘at home’ here, if I could be sure that I can work as a doctor with a decent salary, I would go back immediately!”* (FG6p1n/m)

> *“I have a relative who graduated from medical education with me, but currently she is not working in the system. She tells me that she can’t imagine going back to the small salary, meaning that the main factor to leave the sector was the financial one. . . . She did not say categorically that she would not return, that she doesn’t like it, that she*

would never go back or that she would not be able to be a doctor again, meaning that she is positive and she would like to work again in the health area, but every time she is stopped by the small salaries." (FG4p7/m)

"The doctor's salary should be 10 times higher than the minimum consumption basket!" (FG5p3n/m)

"It is necessary to have a motivating salary for all health professionals. The minimum salary of a young doctor should not be less than 7000 lei per month." (FG5p2n/m)

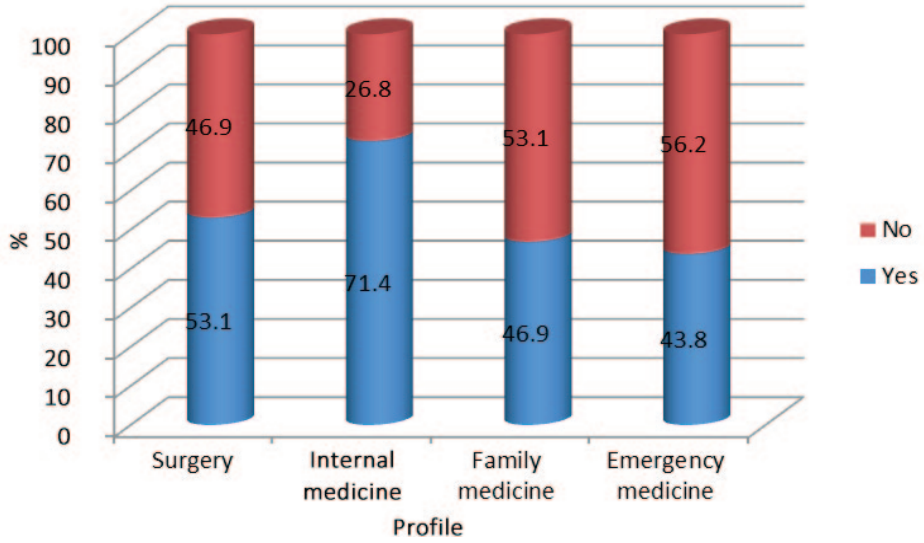
"It is natural for a human being to try to meet some demands and the financial part should really motivate him. . . ." (FG6p5n/m)

One respondent mentioned that salaries are small because the state appraises medical activity too cheaply. Medical practice should be appreciated at its real value, as in the private sector.

"It is necessary to increase the prices for the medical consultation/procedures. Consultations with specialist doctors should not be cheaper than 100 lei. Some medical activities are extremely cheap, for instance wart removal costs 20 lei in a state institution in Moldova, while in Romania it costs €50–120. What else on the market would cost 20 lei in the current economic conditions?" (FG5p2n/m)

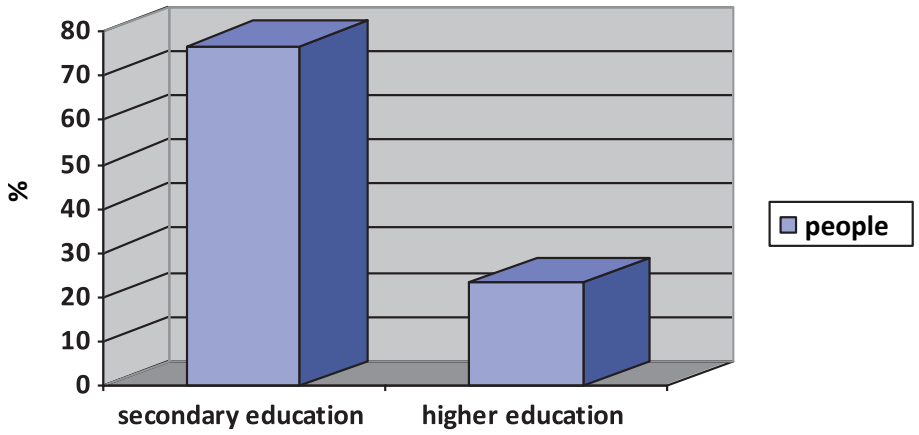
Given that salary was mentioned as an important factor in the qualitative survey, the quantitative survey included different answer options to identify the most appropriate value of the optimal salary considered motivating for health professionals. Around half of all respondents (49.3%) mentioned that they would work in the health system for a salary **of at least 10 000 lei per month, better working conditions and necessary medical equipment**. This option was selected by more than half of those with more than 10 years of service in the health system (55.0%), and is also preferred by those with higher medical education (59.1%) and secondary medical education (40.9%). This option is also favoured by 85 people (77.3%) from urban areas and 25 people (22.7%) from rural areas. By profile, this was selected most frequently by specialists in internal medicine – 71.4% (30 of 42), followed by 53.1% in surgery (17 of 32), 43.8% in emergency medicine (7 of 16) and 46.9% in family medicine (15 of 32) (Figure 18).

Figure 18. Respondents who would accept work in the health system for a salary of at least 10 000 lei per month, better working conditions and necessary medical equipment, by profiles



Around one fifth of those interviewed (19.3%) would accept work for a salary **of at least 7000 lei per month, better working conditions and necessary medical equipment**. Of these, only 4.1% were insistent on employment in Chisinau. This indicator reaches the highest level (22.5%) in the answers provided by group II. This option was selected by 29 people (67.4%) from urban areas and 14 people (32.6%) from rural areas; mainly by people with secondary medical education (76.7%) and a few with higher medical education (23.3%) (Figure 19).

Figure 19. Respondents who would accept work in the health system for a salary of at least 7 000 lei per month, better working conditions and necessary medical equipment, by level of education

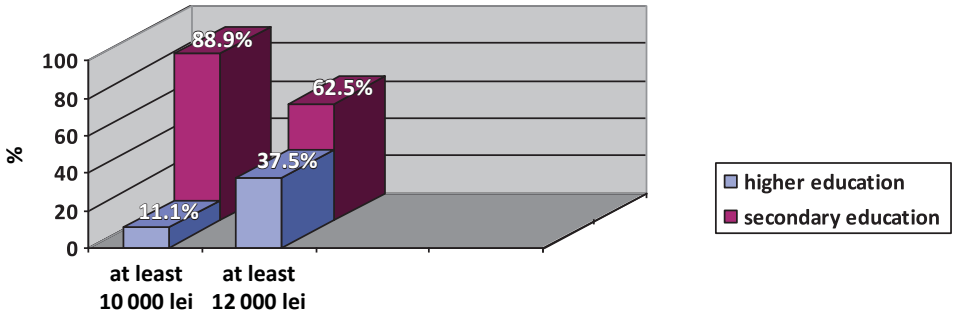


It is important to note that around 15% of the total number of respondents would accept work in the health sector **regardless of the working conditions**, but with a **motivating salary**. Of these, only 4.0% mentioned a salary of ***at least 10 000 lei per month***, the majority indicated ***at least 12 000 lei***.

The representatives of group II focused on salary size, without any specific requests re working conditions: 22.5% recorded a positive answer. Such an option attracted only three people (6.5%) who had worked in rural localities; among specialists, the largest shares were found in paediatrics (26.7%) and family medicine (11.1%). Specialists in surgery would not accept a higher salary without adequate medical equipment: only one person of 32 (3.1%) marked this option.

Medical personnel with secondary education were also more likely to accept no change in working conditions: eight people (88.9%) with secondary medical education and only one (11.1%) with higher education would accept *a* **salary of at least 10 000 lei per month regardless of the working conditions**. And 15 people (62.5%) with secondary medical education and nine people (37.5%) with higher medical education would accept **a salary of at least 12 000 lei per month, regardless of the working conditions** (Figure 20).

Figure 20. Respondents who would accept work in the health system for a satisfactory salary, regardless of working conditions, by level of education



Around 16.5% of respondents do not consider that the size of the salary would motivate their return to the health system. The share of this answer is higher (32.1%) among those who have never worked in the system (group I).

The general situation regarding motivation to return to the health system according to salary and working conditions is presented in Table 3.

Table 3. Salaries and conditions under which graduate health professionals would be motivated to return to the health system

	TOTAL		Level of education				Area of residence			
	No.	%	Higher		Secondary		Urban		Rural	
			No.	%	No.	%	No.	%	No.	%
At least 10 000 lei per month, better working conditions and necessary medical equipment	110	49.3	65	59.1	45	40.9	85	77.3	25	22.7
At least 7000 lei per month, better working conditions and necessary medical equipment	43	19.3	10	23.3	33	76.7	29	67.4	14	32.6
At least 12 000 lei per month, regardless of working conditions	24	10.8	9	37.5	15	62.5	17	70.8	7	29.2
At least 10 000 lei per month, regardless of working conditions	9	4.0	1	11.1	8	88.9	4	44.4	5	55.6

	TOTAL		Level of education				Area of residence			
	No.	%	Higher		Secondary		Urban		Rural	
			No.	%	No.	%	No.	%	No.	%
Do not consider size of salary to be motivating	37	16.6	15	40.5	22	59.5	29	78.4	8	21.6
Total	**223**	**100.0**	**100**	**44.8**	**123**	**55.2**	**164**	**73.5**	**59**	**26.5**

- **Prospects for professional growth** was mentioned as a priority factor by respondents in both surveys.

> *"An important factor would be the possibility of career growth. I get bored doing the same thing, I want to improve myself. . . . I consider this to be rather important."* (FG6p6/m)

Respondents mentioned that they would like a clear policy on professional development which, in turn, would ensure equal treatment for all graduates of residency training.

> *"The system should be focused on those who are going to work tomorrow, and it will not be possible to keep them with €200 or hospital night shifts every other night in order to survive. . . ."* (FG4p3n/m)

One participant mentioned that he had had direct experience of the corruption phenomenon when seeking promotion. He had been very disappointed by this, *"The competitiveness in the system should be real and not based on nepotistic relations"* (FG3p2n/m).

Respondents (e.g. FG1p3n/m) also mentioned that doctors would like to undertake foreign internships and professional mobility projects supported by the state and public authorities. This would be an important motivation to remain in the system.

- **Increased possibilities and freedom to develop within the private sector** was frequently mentioned by participants.

> *"It would be nice to have some incentives for doctors from the state so as to initiate private business."* (FG3p1n/m)

A respondent who currently runs his own business mentioned, *"If I were to return to the health system, it would be only if I could establish a private institution"* (FG1p1n/m). Many participants in the discussion – those who work in the system – think that the best answer is to accumulate jobs in both public and private sectors, *"This would offer the*

possibility to grow from a professional point of view, to work in more favourable conditions, and to use modern equipment in daily activity" (FG4p7/m).

There is an impression that work in private medical institutions offers health professionals the professional satisfaction that they do not find in public medical institutions. The provision of freedom and support to develop this sector could be an attractive factor for health professionals.

- **Reductions in pressure on doctors.** This factor is mentioned frequently by respondents. They think that doctors have too many tasks and responsibilities, and little time to communicate with patients or to improve their own knowledge.

  "Decreasing doctors' strain, especially the ones working in ambulatory conditions. For instance, in the private sector you can discuss with the patient and consult with him for as long as necessary, while in the state structures this time is very limited for a qualitative consultation." (FG1p1n/m)

It was suggested that the workload of doctors should be reduced, especially for those working in family medicine.

- **Development of some mechanisms to provide additional facilities** to those who work in the health area. The health professionals would like the state to provide certain facilities, given that they work in a difficult profession that leads to burnout and can involve harmful conditions and risks. The topic of security at work was also discussed as doctors have to be protected by a guard/policeman in case of attack by aggressive people.

  "The state does not provide any protection to the health professionals – better health insurance, as doctors are more frequently in contact with infectious patients; facilities/allowances for utilities/transport; doctors' security: there are still attacks against health professionals at work, and other…" (FG1p4/m)

  "For young specialists who agree to work in the institutions outside the municipalities, it is necessary to provide decent housing from the very start and not to leave this to the local public authorities, which do not fulfill their obligations in this respect. It is also important to provide them with a car for their job and a motivating salary." (FG2p8/m)

- **Improvements in working conditions** is another factor frequently mentioned in discussions.

A respondent who has worked as a nurse in a rural locality considered that, *"There should be improved working conditions especially in the rural localities and rayon centres"* (FG2p3n/m).

> *"The working conditions should be better. The doctors' offices/medical clinics should be endowed with modern equipment for diagnosis and treatment. We should have equipment to work with, and not have to work out how to repair the obsolete devices from soviet times. …"* (FG3p3n/m)

- **Initiation of some policies to encourage and promote public perception of doctors.**

Many respondents mentioned that doctors currently experience criticism and a stereotyped negative image. This is highly demotivating and affects professional satisfaction.

> *"We would like to have more active promotion from the state and civil society of the positive image of a DOCTOR, because lately society is actively discussing only corruption, professional incompetence, mistakes. … In different TV shows you just hear about corrupt doctors, incompetent doctors … as if we are the enemies of society and everyone forgets about the other 99% of health professionals from the public sector of health who honestly fulfill their doctor's oath and work hard. …"* (FG3p6/m)

- **Development of some support mechanisms and training programmes** for people wishing to return to the health system.

Some participants who abandoned the system many years ago expressed their concerns and doubts about being able to return to work in the system. Their return should be facilitated by introducing mechanisms and schemes to gradually re-involve them in medical activity.

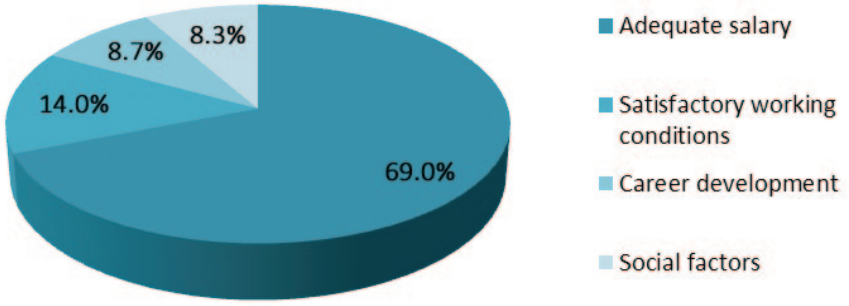
> *"For me to come back, I think I would have to work at least half a year so as to decide for sure if I stay on or not. I want to be sure that things have really changed, as I don't want to go back to a job from which I actually ran away. …"* (FG2p2n/m)

Based on the factors identified during the qualitative survey, the quantitative survey provided respondents with the possibility to list, in priority order, the five factors that would motivate them to return to the health system.

- Motivating factors ranked **first** (Figure 21):

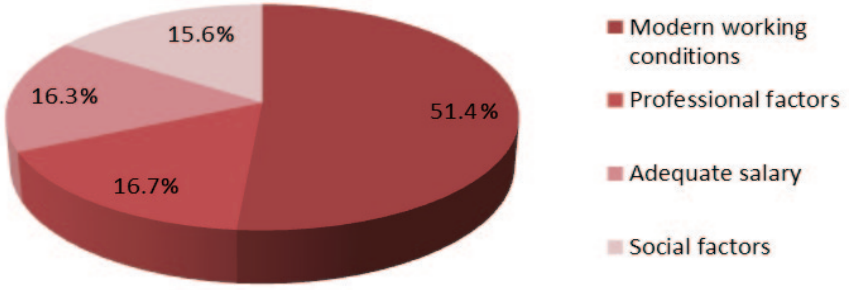
- adequate salary (69.0%);
- satisfactory working conditions (14.0%);
- career development, adequate professional appreciation (8.7%);
- social factors: such as privileges, preferential credits for opening a private practice, integrity of the family unit, infrastructure, accommodation (8.3%).

Figure 21. Factors ranked first for motivating return to the health system



- Motivating factors ranked **second** (Figure 22):
- modern working conditions: modern equipment, security at work (51.4 %);
- professional factors: career development, improved image, collaborative teams and competent managers (16.7%),[3] adequate salary and motivating financing (16.3%);
- social factors: accommodation, assurance of transportation for work purposes, geographical access, special allowances (15.6%).

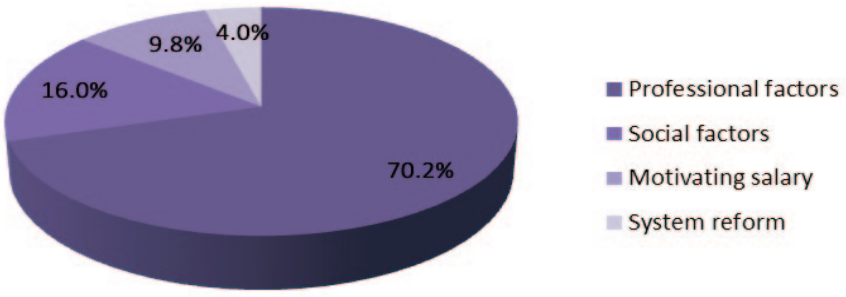
Figure 22. Factors ranked second for motivating return to the health system



3 Around half of the respondents mentioned the importance of efficient institutional management and an appropriate human resources policy.

- Motivating factors ranked in **third place** (Figure 23):
- professional factors: adequate working conditions, modern equipment, less demanding work regime with lighter workload, fair recruitment and competition, possibility for professional development and career promotion, foreign internships, professional satisfaction (70.2%);[4]
- social factors: infrastructure, conditions for development of family and children, accommodation (16.0%);
- motivating salary (9.8%): it may be noted that some respondents consider the salary to be less important than other circumstances that would motivate their return to the system;
- system reform: including malpractice insurance, accommodation, possibilities for freelance professional activity (4.0%).

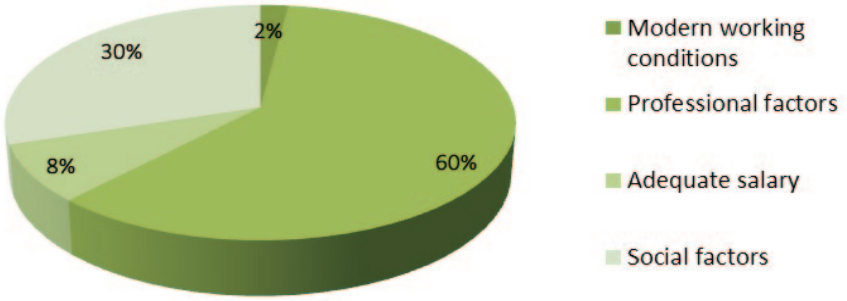
Figure 23. Factors ranked third for motivating return to the health system



- Motivating factors ranked in **fourth place** (Figure 24):
- professional factors: protection of employees' rights, ensuring labour security, less demanding work regimes, non-discrimination at work, friendly team and good relations with managers, adequate conditions for professional development and secure future (60.0%);
- social factors: provision of some privileges and facilities such as meals at work and periodic balneary treatments, accommodation (30.0%);
- adequate salary and material well-being (8.0%);
- modern working conditions (2.0%).

4 It should be mentioned that 16% of these conditions are attributed to changes in human resources management in the institutions, such as friendly institutional atmosphere, adequate managerial ethics, change of attitudes.

Figure 24. Factors ranked fourth for motivating return to the health system



- Motivating factors ranked **fifth**:

- more possibilities for professional affirmation, career development, private work, fair competition, transparent and correct professional relations, protection and safety at work. Respondents also expressed desires for abolition of corruption and for some real reforms in the health system.

Analysis of the results obtained allows formulation of the ***following conclusions*** regarding the factors that would influence and motivate health professionals to return to their profession.

1. An adequate salary was identified most frequently within the factors that respondents ranked first.
2. Salary of at least 10 000 lei per month, with good working conditions and necessary medical equipment is considered to be a motivating factor for return to the health system by one fifth of all the respondents, the majority of whom have higher education.
3. Salary of at least 7000 lei per month, with good working conditions and necessary medical equipment would be acceptable to the health professionals with secondary medical education.
4. Salary of at least 12 000 lei per month without modern equipment may be accepted mainly by the specialists in paediatrics and family medicine. At the same time, specialists in surgery abstain from accepting the condition of a higher salary without adequate medical equipment. Those with experience of working in rural localities would not return to the system without assurance of adequate working conditions, even with a motivating salary.
5. Modern working conditions, modern equipment and assurance of security at work are motivating factors for the large majority of respondents.

6. Professional satisfaction is a strong motivation for those with medical education who wish to develop their careers, together with some motivating prospects for professional development, foreign internships, fair recruitment and competition, malpractice insurance. In many questionnaires, respondents described demotivating factors such as working in stressful environments; conflict with administrations which did not protect employees' rights; and feeling exploited in their jobs.
7. The study identified a group of people who are unsure about returning to medicine. In order to take such a decision they would need some guarantees regarding additional state support, some motivating reforms related to human resources and implementation of adequate policies in medical institutions to develop human resources. Some hesitate to resume medical activity because they have been out of the system for a long time and are unsure of their knowledge. Provision of suitable training and work integration programmes would be a factor in supporting the intention to return to the health system.
8. In order to consider re-employment in the health system, respondents would appreciate more state-provided facilities to counter the heavy demands of medical work. More allowances would be welcomed, including periodic provision of balneary treatments, provision of meals at work and transportation for work purposes.
9. Respondents frequently mentioned that they would appreciate more motivating conditions and possibilities for developing private practice and freelance professional activities. Proposals were suggested for advantageous credits for health professionals who would like to develop private practice.
10. Ensuring adequate infrastructure is one of the important motivating factors. This includes suitable conditions for the education and development of children, accommodation and geographical access to the workplace.
11. The study identified a group of people who would not return to the health system under any condition because they have a successful career/business and have found their vocation in other areas (e.g. mass media, IT, law). For some people, their health condition represents a serious barrier for working in the over-demanding health system that they have abandoned previously.

VII. Factors which influenced decision to remain in Republic of Moldova

The family was among the first of the factors which kept respondents in the Republic of Moldova. Many mentioned that they could not leave their children and family and just go abroad. Others were concerned about the health of aged parents who need their support.

Another important factor was **the perception of personal dignity**, including an individual's **patriotic dignity**.

> *"I just could not leave and be the slave of someone. . . . I would rather do something here, at home, even though not in medicine. . . ."* (FG5p1n/m)

> *"I don't want Italians to look at me as if I'm second-hand. . . . No place is like home but your real home. You are a foreigner abroad, they look at you like an alien. . . ."* (FG4p1n/m)

> *"It is like patriotism or something like that . . . maybe I did not feel the financial need . . . I don't know. . . Probably if we had a bad financial situation, maybe the patriotism would have been forgotten."* (FG6p1n/m)

Many participants mentioned that those who emigrate encounter huge **problems with legalization of their medical education and specialty** and have to work in health jobs with lower qualifications (caregivers, nurses) or in other areas, *"It is a huge loss of time and effort!"* (FG3p1n/m).

> *"We can't afford to waste the years. . . . You graduate from medicine and residency at almost 30 years old. If you leave for abroad, the legalization procedure lasts for three to four years or even more. Or you have to work illegally, and no way as a doctor. . . . It is better to do something here! Being close to your family and children. . . ."* (FG5p3n/m)

The emigration procedure is often illegal and involves **lengthy and cumbersome procedures to obtain residence and work permits** – all of which decrease the willingness to migrate. Many respondents said that they know of cases where people have had to borrow money to pay the high costs of emigrating to countries where they worked illegally

and hard in order to repay their debts at home. Such precedents have caused some reluctance among some people who had intended to emigrate.

One participant described the case of a relative who emigrated illegally.

> *"He borrowed €6000 to leave for abroad. But he could not find a job. . . . He lived in very difficult conditions there. They paid the debt back after three years. And all this time he could not come back home, not a single time! All of them were suffering, the wife, children, parents . . . it is not worth it!"* (FG1p3n/m)

Many of those interviewed also identified **the linguistic barrier** as a factor impeding emigration.

VIII. Opinions on recent motivational interventions

This topic elicited similar answers from those who have abandoned the profession and those who have recently started work in the system. Many respondents confirmed their impression that the state has little interest in solving the problems of health professionals in the country. Respondents consider that it is necessary to have major additional interventions related to **payroll policy**, **creation of optimal working conditions** and **the development of better appreciation of the doctor's role in society**.

Some participants were unaware of the existence of policies for the development of human resources for health in the Republic of Moldova.

> *"Before you asked this question, I did not even know that such policies exist! The truth is that the major problems encountered by the health workers (small salaries, extreme working conditions in some institutions in the country etc.) have not been solved, although they have existed since long ago, and as long as health professionals are not motivated (both financially and professionally), I think that no development will occur."* (FG3p7/m)

Unfortunately, disappointment and pessimism are deeply rooted in the attitude of this young specialist, who must soon decide whether or not he will work in the system.

Two other respondents were also unaware of the incentives provided to young specialists. When the moderator offered details about the allowances provided by the state, they said that such facilities would never motivate them to work in a village.

> *"… I would categorically not go to work in a village with such conditions! I was brought up in a village and I know what village life means. It does not suit me, first of all the existing infrastructure."* (FG1p6/m)

Another participant (FG3p3n/m) noted that the decision to work in a village is highly dependent on the doctor's partner. There is a real problem when the partner is not working in the health area and has no prospects of finding suitable employment in the rural locality. Such a situation had led this participant to abandon the profession.

The subject of state allowances for young specialists working in rural areas initiated fierce discussions. The majority of participants (46 of 48) are in agreement with the opinion of a respondent who abandoned the health system many years ago: *"The initiatives are good, but not enough"* (FG1p3n/m).

> *"They are not enough. I don't know a person who would get a decent dwelling in the locality he/she was distributed to and no person who would be able to buy a house based on the salary offered, even by saving money for 10 years."* (FG3p1n/m)

It seems that there is not enough information or enough awareness about existing policies to support young specialists, nor of the success stories of young specialists who are satisfied with the support provided by the state or LPAs.

Another problem shared is the perception that the facilities provided are covering, rather than solving, the real problems of young specialists. These young people encounter multiple barriers, with no tools to promote their professional development.

> *"There are medical teams where 90% of the doctors are of retirement age, and young people cannot progress! At the very beginning of the medical career some professional allowances and material facilities should be provided (guaranteed by law)."* (FG4p3n/m)

> *"This 30 000 lei looks like a trap. . . . I am not in favour of the idea that the doctor should be brought to the village at any price. For instance, the infrastructure is more developed in the rayon centres, why not live in the rayon centre and just go and work in the village? And if they are sent to villages on a compulsory basis, it is necessary for all of them to go, with no exceptions. There should be an obligation for all doctors to work for a certain period of time in rural areas."* (FG4p5/m)

The young specialists would accept work in rural areas (especially in rayon centres) if there was the necessary infrastructure, and the means to travel to remote localities. At the same time, it is necessary to ensure some mechanisms for promoting those who decide to work in villages and rayon centres for certain periods of time.

Only two people gave a positive assessment of the allowances that the state provides to young specialists. One participant in group discussions (currently working in central public administration) mentioned that he benefited from the allowances available to those accepting official distribution to a rural area. He considers it a real incentive for a new specialist with a salary of 1800 lei to receive an additional 800 lei per month over

three years. It should be noted again that this statement prompted fierce discussions with other participants who did not agree with such incentives.

The special allowances are considered to be very welcome at the initial stage of the medical career. However, once the three-year term of the allowance has expired, young specialists are no longer motivated or supported to continue their careers with further support from the state or LPAs.

> *"In three years the situation of a young family does not change so much, the salary is still small, the demands are increasing, children appear… The specialist has to be supported and provided with possibilities to improve the living conditions of his/her family."* (FG5p5/m)

> *"My brother benefited from this offer but, after three years, nothing motivated him to stay. He stayed there for three years, benefited from that assistance and that's it, after the three years the rural locality could not motivate him to remain further. I would say that it is the responsibility of the state and local public administration to stimulate and improve the conditions."* (FG1p5/m)

IX. Discussions and conclusions

Results identified in both surveys were used to formulate the general conclusions. Hence, the following conclusions are based on participants' discussions in focus groups in the qualitative survey and statistical data obtained in the quantitative survey.

➢ *Factors motivating work in the health system*

1. Love for the medical profession is a motivating feeling which is mentioned frequently in respondents' answers. The feeling drives the initial decision to select the profession and is dependent on a number of factors such as the influence of family and parents; examples of some personalities promoted through the educational system and mass media; influence of friends; evaluation of the profession against young people's cultural norms and values; fashions in professions; and the prejudices related to a profession. All of these circumstances motivate the vocational orientation of the young people, as well as their interest in the career they can develop. Just over 45% of study participants mentioned that the medical profession had been a *"dream since childhood"*. The prestigious image of the profession, and the influence of some people who were practising medicine, also had important impacts; around 44% of the young people had opted for medicine due to parental guidance. Amongst those who have abandoned medical careers after working in the system for some time, half mentioned their love for the profession which they had had to leave for different reasons. This phenomenon is mainly reported among those who have worked in the profession for more than 10 years, even when the health system encountered serious economic problems.

Hence, love for the profession may be a motivating factor for some of the people who have abandoned the profession for other than vocational reasons. The creation of adequate conditions could increase the probability of their return to the health system.

At the same time, the young people show high rates of disappointment over the training years (group I: 55%; group II: 38.6%; group III: 35%). There is an obvious need to implement some strategic interventions for monitoring the factors which change young people's view of their chosen profession and the conditions which would motivate them to remain in the specialty, with correct guidance both during their studies and after graduation.

2. High rates of positive answers are registered for **the initial desire of graduates to return to their locality of origin** due to the feeling of duty and responsibility to their parents. This is a phenomenon which is mentioned more frequently by those who worked in the health system for up to 10 years (41%) but, due to different factors, grew disappointed and abandoned the work. Nevertheless, given that the majority of young people who study at the medical faculty originate from rural regions,[5] some additional programmes and motivations should be developed to feed this enthusiasm to go back to work in their localities of origin, according to the needs of the health system.

3. Many respondents were initially attracted by **the prospect of a prestigious and successful career** in their specialty, this being frequently mentioned as a motivating factor. Nevertheless, the high failure rate of employing newly licensed specialists according to the Ministry of Health distribution (41%), and the fact that over one third (36%) of respondents preferred to make their own efforts to obtain employment in the municipalities, indicate that specialists hesitate to work in rural areas. Answers to the open-ended questions mention that the chance to have a career exists only in the medical institutions in municipalities.

➢ *Factors motivating abandonment of medical activity*

The factors which determined the decisions of Moldovan health professionals to abandon the profession and leave the health system may be divided into two groups: (i) ***material***; and (ii) ***psychoemotional***.

Material factors

1. Insufficient salary to cover the minimum consumption requirements of a family is the factor mentioned most frequently (71.3%) by respondents. This is in line with the 1932 assertion of John Hicks, the Nobel award-winner, that differences among the net economic advantages, especially salary differences, are the main causes inducing migration (Flatau, 2002).

The groups reflected optimistic attitudes to their chosen profession and the desire to work in the area, and many were willing to work in the public health system after being

5 Data provided by the Admission Commission of the SUMPhU show that, before 2014, 30% of places were allocated to young people from Chisinau and Balti municipalities; 70% to young people from rural regions.

licensed (53%). Nevertheless, they subsequently abandoned the system due to financial reasons. The same factor conditions some of the respondents who have abandoned the profession to live abroad (6.6%) in order to gather a certain amount of money for personal investments (e.g. property, own business).

The gap between the **very small salaries** and **the substantial professional effort required** was frequently mentioned in the group discussions. Those who have graduated in medicine consider that this work involves a lot of responsibility, a very intense work regime and huge effort, but that all of this is not adequately remunerated. The main specialties identified were those concerning work with vulnerable groups of patients and in rural areas. The remuneration does not meet the needs for a decent living (e.g. to cover costs of accommodation, car, maintenance of children) matching the social status expected for a person with medical education.

2. Lack of accommodation is a demotivating factor mentioned frequently (15%) – more often (21.3%) by those who have worked in the system for more than 10 years (group III) but less frequently (7%) by group II who are able to benefit from certain perks provided to young specialists. Obviously, families of young specialists receiving insufficient salaries and lacking accommodation experience significant decreases in the quality of living. In turn, this motivates abandonment of the poorly remunerated activity which does not cover their cost of living.

Additional interventions regarding the provision of some specific credits with special conditions to enable health professionals to buy their own homes are welcome.

3. Lack of infrastructure and adequate conditions for living, educating and raising children in rural regions. Many specialists abandon the profession in search of better living conditions for their families.

Migration within the health system is influenced by the trend of the general internal migration phenomenon focused on the **rural–urban** flow. Data presented by some migration surveys (Galbur, 2011) were used to elucidate the causes of more intense migration from rural areas. In 2006, only small numbers of the rural population had access to: water supply system (12%), sewerage system (6%), central heating system (4%), hot-water supply system (1%); or to local roads in relatively good condition (2%). In addition, 31% of households had cars, 10% had computers and only 3.5% had Internet connections. All these data show that the main reasons for population migration from rural areas are, above all, social.

4. **Unsatisfactory working conditions** in which **obsolete equipment** is a priority factor in decisions to abandon the profession. Health professionals want to be satisfied with their professional activity, to work in well-equipped medical offices/clinics with modern devices for diagnosis and treatment.

5. Some respondents had been constrained to abandon the health system as a result of the optimization process and the resulting **redundancies** in some medical institutions. Without any provision of options for re-employment/requalification, these people had to make radical changes to their area of activity. In this context, it is necessary to improve human resources policies within the optimization process in the health system.

6. **Family influence.** This occurs when a health professional leaves the profession because their partner is unable to find suitable employment in the allocated region.

Psychoemotional factors

1. **Lack of vocation** for the medical profession. Many of those who have abandoned the system have found themselves in other professions in which they feel fully satisfied. Their choice of the medical faculty was a mistake that they have now corrected.

Vocation for the chosen profession is a factor which motivates continuing professional activity over a lifetime. Around 10% of the respondents acknowledged that they abandoned medicine because they discovered a vocation for another professional activity. This conclusion is more characteristic among those who abandon the profession immediately after graduation and do not practise at all (33.3%). Around 13.5% of respondents no longer like medical activity and are firmly convinced that they will not return to the profession. They have successful activities and careers in other areas (e.g. mass media, IT, law, church).

It is well-known that choosing a profession without any real knowledge of the individual skills and competences required induces the risk of a false socioprofessional identity. A Romanian study (BIG Media Realati Publice SRL, 2011) carried out in a sample of 500 employees reveals the following surprising results regarding employees' perceived satisfaction with their chosen profession. About 70% of the employees with higher education involved in the study mentioned that, if initial professional counselling to guide them to other faculties had been available at the very beginning of their careers, they would have chosen another profession. The study revealed that only 25% of those interviewed were working in the area only because they have studied medicine. These figures reveal the

need for a vocational test for young people choosing a profession or considering a career change. Thus, career planning should involve specific activities such as school orientation, professional orientation, career counselling.

Young people should not be deterred by the prospect of discovering that they lack the requisite skills for the medical profession at the very beginning of their medical education. It is vital to develop some mechanisms for vocational reorientation and professional mobility by creating a system for recognition of the university training years. This possibility would encourage young people to change the profile of their training from the university stage. This would avoid significant investments of time and resources incurred from abandoning the health area only after obtaining the licence.

At the same time, the study has identified some cases in which respondents had wanted to follow a specific medical specialty but had been unable to do so because of the high level of competition. Young graduates are compelled to opt for another specialty and are demotivated about their future career. Thus, **the lack of possibility to select a desired specialization/residency** was also indicated as a reason for abandoning the profession. This highlights the need for some analysis of the possibility of enabling free choice of specialty for residency training, including fee-paying options.

At the same time, some respondents (5%) reported that places at all the prestigious organizations are dependent on unofficial relations (nepotism), making it impossible to find employment according to objective criteria of professional competition.

2. Lack of professional satisfaction. The small salaries condition some health professionals to accept illegal payments from patients. Many of those who have abandoned the system consider this to be degrading and a contradiction of their personal values and principles, hence they prefer to look for some other sources of income.

The lack of financial resources and equipment, and the unsatisfactory working conditions, provoke feelings of guilt about the patients whom the health professionals cannot help, including some who die because they lack the necessary facilities. Such guilt and feelings of professional burnout have led some respondents to abandon the profession.

3. Lack of professional development prospects. The young specialists perceive work in rural regions to have no prospects, hence they want good working conditions and careers in urban medical localities. Some respondents (9%) admitted that they accepted jobs under the Ministry of Health distribution as, at that time, they had no other offers.

However, in these circumstances, the job was abandoned immediately when a more motivating offer appeared, implying internal migration.

4. Intensive regime, tiring working regimen and exploitative work. These demotivating conditions were frequently mentioned by the respondents who worked in rural localities and rayon centres (19.7%). The responsibilities of health professionals who are away or of insufficient number are shared between the available personnel. This leads to significant increases in their duties.

In order to be able to maintain a family, many health professionals have to take on second jobs and accept additional duties (e.g. extra night shifts). These conditions can affect their health status, leading to permanent **fatigue**. When health problems appear, some people opt for less demanding activities in other areas which allow them more free time and easier working conditions. Thus, 7% of the specialists included in the study left their medical careers because of health problems that emerged.

In this context, there is an obvious need for psychological assessment of employees. This should also monitor their professional satisfaction level and identify any need to develop new standards for health professional activity in order to decrease the effort demanded and prevent burnout.

5. Unfriendly attitude of administration and collective of institutions.

As young specialists, respondents mentioned that they felt marginalized, facing some restrictions in their freedom to take certain decisions. This was both frustrating and demotivating. Some participants (9%) said that they were disappointed with not only the administration's indifference to the problems of the young specialists, but also the non-cooperative attitude of decision-makers in their current or potential medical institution. Such an environment leads to moral depletion of the personnel, which may lead to the decision to leave professional activity in such stressful and conflictual conditions.

Some participants (21%) who worked in urban areas and rayon centres mentioned the **unhealthy environment, unfair competition and disloyal competition** in the institutions in which they worked.

All these data suggest the need for reforms in the institutional management system. These would include evaluation of employees' needs and opinions; continuous monitor-

ing of the institutional climate; and recruitment for managerial positions undertaken on the basis of transparent and competitive tenders.

➢ *Factors which would motivate health professionals' return to the health system*

1. Adequate salary. Salaries account for the largest share (69%) of the factors ranked first by respondents. The work of the health professional should be appreciated at its real value, according to the specialist's involvement and efforts. An increased salary is acceptable on condition that the medical institutions are provided with modern equipment. Over half of the respondents with higher education (59.1%) would return to work in the system for a salary of at least 10 000 lei per month, good working conditions and the necessary medical equipment; 76.7% of respondents with secondary medical education would accept a salary of at least 7000 lei per month, good working conditions and the necessary medical equipment.

Some respondents (11%), mainly the specialists from paediatrics and family medicine, would accept working in medicine without being assured of modern equipment but a salary of at least 12 000 lei per month. This condition is not accepted by the representatives of the surgical profile.

2. Adequate working conditions – modern equipment, especially in rural localities, and security of the working place. These are ranked second (51.4%) in the order of priorities. It is necessary to develop some new standards for doctors' activity, which would **decrease the effort demanded** and **prevent burnout** of doctors. Health professionals seek satisfaction from their professional activity and therefore need medical offices/clinics equipped with modern devices for diagnosis and treatment.

3. Adequate infrastructure in rural localities is ranked third in the order of priorities (30%). Respondents mentioned the conditions necessary to raise and educate children; suitable accommodation; and better geographical access to the workplace.

4. Professional satisfaction represents a serious motivation for the majority of people with medical education: ranked third by 70.2% of respondents. They want successful careers including motivating prospects for professional development, foreign internships, fair and competitive recruitment, and malpractice insurance.

Study participants mentioned the need for a clear system-level policy on competition-based professional growth and promotion which would ensure equity to all those involved in the health system and prevent the corruption and nepotism phenomena. Respondents also mentioned initiating some policies for improving and promoting **public perceptions of doctors**. They consider that their stereotyped image and negative attitudes towards the medical profession are highly demotivating.

5. Programmes and schemes for gradual re-involvement. About 6% of respondents have doubts regarding a return to medical activity – they are not sure of their knowledge in an area in which they may have not worked for many years. In the same context, they have mentioned that they are afraid of the cumbersome procedure for return. The existence of some **training programmes, mechanisms and schemes for gradual re-involvement in the system** would encourage people to decide to return to the health system.

6. Participants mentioned that they would consider re-employment in the health system in return for a number of **incentives provided by the state**. Given the high demands of medical activity, they would welcome benefits such as accommodation (provided by the state rather than LPAs); allowances/tax exemptions for utility services and other special benefits; provision of balneary treatments; meals at work and transport for work purposes. It should be also mentioned that only a few respondents (2.2%) were interested in the allowances provided to young specialists. This indicates that these facilities are not attractive enough to tempt young specialists to work in rural areas and it is necessary to develop some additional offers.

7. Possibilities and more attractive conditions for **development of private and freelance professional activity** were identified by 8% of respondents. The *"feeling of freedom"*, mentioned in the qualitative survey, was pointed out by those who would like their own business. Respondents also specified that some specific credits providing special conditions to health professionals willing to launch private activity in medicine should become readily accessible. To support this motivational factor at the country level, it will be necessary to develop some additional financial and legal tools that would facilitate the private activities in the health system.

8. Those who have abandoned the medical profession because of a lack of vocation identified no circumstances that would prompt their return to the health system.

➢ *Factors which retain the health professionals in other areas*

Analysis of the surveys' results has identified the following factors motivating respondents to work in other areas.

1. **Better financial assurance and financial status** in their current area of work. This was mentioned by the majority of respondents. Many prefer to remain in non-medical areas of activity as long as their salaries are higher than those in the health system. Moreover, some would like to return to the health system, but are concerned that they will not have the necessary material assurance.

2. **Feeling of freedom** and **opportunity to apply leadership skills**. These are important factors in professional satisfaction from working for oneself. The majority of such respondents recognize that this is due to the fact that they are on their own, independent and able to use management skills that they would like to apply in the health system. However, current conditions for developing private health practices are not motivating.

3. **Professional growth and career.** Some participants mentioned that they have succeeded in building a good career in their current area of work, but had no prospect of professional growth when they worked in the health system. The feeling of satisfaction and professional fulfillment is an important factor for continuing a career in newly-selected areas of activity. In this context, it is possible to determine a vocation for another profession.

4. **Less demanding working regime.** This is an important factor for people who have experienced health problems as a result of over-demanding work in the health system. Some people opted for jobs with more free time and less involvement in order to be able to dedicate themselves to their families and to solve their health problems.

➢ *Factors which influence the decision not to leave the country, only to change profession*

1. **Desire to stay with family** – not to leave relatives and to stay close to parents. During discussions, respondents mentioned that they feel too attached to their families and relatives to be able to leave them. Some participants identified their children as the

most important reason for staying in the Republic of Moldova; others cited care and concern for their parents who are in need of help.

2. Self-respect, a sense of dignity and the fear of being humiliated when emigrating to look for what is generally a non-qualified job. The unpleasant experiences of other people who have emigrated have influenced some participants in their decision not to emigrate.

3. The fear of the difficult **procedures for recognition of education and specialty** obtained in the Republic of Moldova. Some respondents mentioned that they do not want to go through lengthy procedures of tests, exams and/or requalification in medicine. They consider them too complicated, requiring investment of much time and many resources.

4. Unwilling to become involved in illegal migration, followed by **lengthy and humiliating procedures** for residence and work permits. Such activities also involve huge risk, as many are unsuccessful (e.g. huge debts incurred to pay for illegal migration must be paid off by working illegally abroad).

5. Linguistic barriers. Some participants consider that lack of knowledge of the language of the destination country acts as a demotivating factor in the decision to migrate.

➢ *Opinions of health professionals and other categories of respondents (including decision-makers) regarding fulfilled motivational interventions*

1. Many participants have supported the idea that the state shows no obvious interest in settling the problems of health professionals in the Republic of Moldova. At the same time, the existing policies for supporting young specialists are not well-known; neither are the success stories and cases where young specialists are really satisfied with the support provided by the state and LPAs.

2. The majority of participants agree that the incentives offered by the state are welcome, but insufficient. Although positively appreciated by several participants, the large majority of respondents consider that the amounts concerned are not motivating in the current economic conditions and do not meet the real needs of a young family.

Additional major interventions in payroll policy are required in order to create optimal working conditions, and to improve and enhance the role of doctors in society.

3. In many cases, LPAs do not fulfill their promises and obligations towards young specialists. The income of a young family of health professionals is insufficient to buy or rent accommodation and a family is not able to settle in a rural locality over the three years in which the facilities are provided. In this context, additional policies and interventions are necessary to provide young specialists with accommodation.

4. Young specialists encounter multiple barriers in their professional development. It was agreed that there are no tools for promoting young specialists. Prospects and mechanisms should be created to promote those who work for specified periods of time in rural areas which lack suitable conditions and infrastructure.

5. There are no motivational interventions and mechanisms to support young families in which one partner is not a doctor or is distributed to a different locality. Lack of a job for one partner is a factor that makes the other refuse the job proposed in the official distribution.

X. Recommendations

By analysing the results of both surveys and deriving parallel conclusions from the qualitative and quantitative surveys, the following recommendations may be made for different decision-makers in the health system. These could have a significant impact on diminishing the negative effects of migration from the health system in the Republic of Moldova.

CPAs / Ministry of Health

1. Identification of additional funds and development of attractive payroll mechanisms for health professionals in order to increase the level of remuneration of specialists working in the health system, based on both the real economic needs for maintaining a family and the volume of work performed.

2. Development of legal provisions and additional programmes for motivating young graduates to return to work in their localities of origin, according to the needs of the health system.

3. Development of some attractive tools and additional facilities for encouraging specialists to work in rural areas. These could include provision of transport to enable doctors to travel daily to rural practices from accommodation in the rayon centres/localities with a more developed infrastructure.

4. Promotion and facilitation of the process to develop private services in the health system, providing specialists with a higher level of freedom to work on their own via direct contracting with the NHIC and patients. Development of some financial tools (e.g. credits with special conditions, partnerships) and additional legal tools to facilitate and support private activities in the health system.

5. Continuous development of working conditions in the medical institutions and investment in modern equipment, especially in rayon and rural institutions.

6. Development and implementation of a clear policy for management of human resources for health – describing opportunities for professional growth and promotion of specialists on the basis of equity and fair competition. Implementation of some

motivating provisions in the policy for supporting human resources (e.g. internships abroad, financing of participation in prestigious professional events).

7. Development of a legal basis to strengthen the security and protection of health system employees; promotion of the mechanisms for malpractice insurance.

8. Proposal of additional facilities for health professionals working in rural areas and in over-demanding working regimes, such as: periodic provision of balneary treatment, provision of meals at work, subsidized utilities and other special allowances.

9. Organization of a structure/agency to promote the return and reintegration of doctors into the system through the provision of training programmes and reintegration mechanisms and schemes. These would provide counselling to health professionals who intend to return to their previous profession; identify their needs and wishes; and facilitate the bureaucratic reintegration procedure.

10. Improvement of human resources policies within the optimization process implemented in the health system. Identification of opportunities to requalify redundant health professionals, based on their expectations.

11. Development of some tools to assess (for example) levels of satisfaction and dissatisfaction among personnel in medical institutions, or unhealthy environments in working teams. Initiation of some programmes to train psychologists for counselling in hospitals, including identification of psychological problems encountered by health professionals (especially burnout syndrome), dissatisfaction with the performed work and unhealthy team environments. Introduction of this position as a binding function in the personnel establishment of all medical institutions by organizing the psychological service in all medical institutions.

12. Promotion of correctness in development of procedure for selecting managers of medical institutions, based on transparent and competitive tenders. Those appointed to management positions should prove knowledge of human resources' management and attend periodic training in this area.

13. Development and approval of regulations on the recruitment of health personnel. These should be compulsory and promote transparency, fairness and equity in recruitment and employment.

14. Initiation of appropriate campaigns to promote doctors' image in society. Campaigns are necessary to promote existing policies for development of human resources for health, and the success stories of young specialists satisfied with support received from the state or LPAs.

Ministry of Education

15. Development of some mechanisms to enable young people to change vocation and to introduce possibilities for professional mobility and transfer to other universities and colleges (according to the student's wish and registered results) by creating a system to recognize years of university training.

16. Development of some practices of professional counselling and mechanisms for vocational selection of students for medical faculties and colleges before and during the admission process. Career planning should involve aspects such as school orientation, professional orientation and career counselling. Development/proposal of some psychological tests to test the aptitude of those applying to become health professionals.

LPAs

17. Provision of specific programmes to attract and motivate young doctors and nurses to take employment in the labour force according to rayon needs (e.g. provision of some scholarships for students/residents interested in working in rayon medical institutions; allowances/tax exemptions for utilities, transport, accommodation expenses).

18. Identification of possibilities to employ partners of health professionals who work outside the health system.

19. Provision of personal transport to enable specialists to work in rural areas but live with their families in rayon localities with more developed infrastructure.

20. Active involvement in improvement of working conditions in medical institutions as founders, and through investment in medical equipment for diagnosis and treatment.

Administrations of PMSIs

21. Active collaboration with university deans to identify intended residency specializations of new students. Students will be able to pursue their chosen specialty on condition that they subsequently work in that specialty within the rayon concerned.

22. Development of some internal institutional policies for motivating, promoting and developing young specialists' careers and monitoring and supporting their integration into their teams.

23. Continuous development of adequate working conditions and investment in necessary equipment. Enhancement of security services to ensure health professionals' safety in medical institutions.

24. Provision of periodic training for representatives of medical institution management and human resources units on aspects related to management of human resources. Periodic monitoring of employees' satisfaction levels and establishment of some tools for internal communication between managers and employees. Organization of psychological support service for personnel to aid prevention of burnout syndrome in health professionals and settlement of internal conflicts, for example.

Medical Education Institutions / SMPhU / Medical Colleges

25. Student involvement in volunteering practices from the first year of training (colleges or university) in order to provide early possibilities to determine their vocation for medicine and whether they can cope with the peculiarities of this profession.

26. Identification of factors which change young people's positive vision into a negative opinion about their chosen profession during the training period. Development of some policies to promote positive images of the profession and motivations for remaining in this profession.

27. Provision of opportunities to enable young people to undertake fee-based residency training in their chosen specialty rather than accept places in other specialties offered by the state.

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Annex 1

Informed consent of participant in the study (Information form)

Dear Sir/Madam,

You are kindly invited to participate in the study *"Moldovan health workers who left the profession and work in other areas in the country"* aiming to determine the factors which have motivated people with medical backgrounds to abandon the medical profession in favour of other areas of activity in the country, as well as the factors which would attract your return to the health system.

The study is conducted by the team of the School of Public Health Management of the State University of Medicine and Pharmacy "Nicolae Testemitanu".

You are invited to participate in the study as a person with a medical background who has abandoned work in the health system in favour of other areas of activity in the country.

The study involves a questionnaire-based survey, with some questions envisaging free answers.

The study does not imply any risks for the participants. The questionnaires will be anonymous, without any participant identification data. We assure you that the private data used during the surveys will remain confidential.

The informed consent forms, giving your forename, surname and usual signature will be collected separately, before the actual distribution of the questionnaires, so as to make it impossible to identify the questionnaires on the basis of the informed consent forms. The data collected will be entered on a password-secured electronic database, accessed only by the members of the working group conducted the study. The results of the surveys will serve as the basis for developing the study report, without disclosing data which would allow either direct or indirect identification of the survey participants.

If you feel uncomfortable with any questions in the questionnaire from a psychological point of view, you may skip those questions or cease the questionnaire.

Participation in the survey is voluntary and unremunerated. You may withdraw from the survey at any moment without prejudice.

To obtain additional information about the survey or to notify us of any problematic aspects related to conduct of the study, please contact Larisa Spinei, University Professor, Doctor Habilitatus in Medical Science on 022 209924 or Rodica Gramma, University Lecturer, on 022 200340.

Informed consent
(Acceptance form)

Name of the study: *Moldovan health workers who left the profession and work in other areas in the country*

Name and address of the centre conducting the study: SUMP "Nicolae Testemitanu" School of Public Health Management, *194 B, Ștefan cel Mare și Sfânt Avenue*.

I, the undersigned,_____
forename and surname

_____
current place of work / activity

confirm that:

- I have read and understood the study information form
- I know that my participation in this study is voluntary and that I can withdraw from the study at any moment without any explanation
- I know that withdrawal from the study will not affect me in any way
- I understand that my personal data may be reviewed in confidence by those who monitor the study and the Ethics Committee of the study.

I AGREE TO PARTICIPATE IN THE STUDY *"Moldovan health workers who left the profession and work in other areas in the country"*

_____
Signature of the participant in the study Date:

_____
Signature of the investigator

Annex 2

QUESTIONNAIRE

for doctors/nurses who do not work in the health system

No	Description of the characteristic	Variables of the characteristic	Code
1.	Domicile		
2.	Age		
3.	Gender	Male Female	1 2
4.	Medical education	Higher Secondary	1 2
5.	What is your length of service in the health system?	Less than 1 year 5–10 years More than 10 years I did not work according my specialty after graduation	1 2 3 4
6.	In what year did you leave the health system?		
7.	What were your reasons for deciding to become a doctor / nurse?	It was a dream of mine since childhood and adolescence My parents advised me to become a doctor Parent or relatives are doctors Social position of doctors and appreciation of doctor's prestige in society Doctor's profession ensures a prosperous future Doctor's profession ensures career prospects Doctor's profession ensures stable salary Doctor's profession ensures satisfactory financial income Other reasons _____	1 2 3 4 5 6 7 8 9

No	Description of the characteristic	Variables of the characteristic	Code
8.	Did your view of the doctor/nurse profession change during the years of training?	Did not change	1
		Changed radically	2
		I became more optimistic	3
		I became more pessimistic	4
		I was always firm in my decision to become a doctor	5
		I understood that I had made a wrong decision	6
		It is difficult to say	7
		Other options _____	8
9.	When did you first have the idea to leave the work in the health system?	In the last years of university training I realized that I didn't like it	1
		In the residency training, the profession was not satisfying	2
		I was disappointed after a period working in the system	3
		When I could not cover the material needs of my family with the remuneration I received	4
		When I developed health problems	5
		When I understood that another profession is my vocation	6
		When I saw the authorities' inaction and indifference to young specialists' problems	7
10.	In what area were you licensed?	Surgery profile	1
		Internal medicine profile	2
		Paediatric profile	3
		Family medicine	4
		Emergency medicine	5
		I was licensed in the specialty I wanted	6
		I was licensed in a specialty I did not want	7
		I had no chance to obtain the desired specialty because of competition for admission to residency	8
		Other options	9
11.	What were your intentions after getting the licence?	To work in the public sector of health	1
		To work in the private health sector	2
		To work in scientific research	3

No	Description of the characteristic	Variables of the characteristic	Code
		To work in areas other than health	4
		I had more options	5
		I had no options	6
		I was sure that I would not work as a doctor	7
		I was sure that I would emigrate	8
		Other options _____	9
12.	How did your professional work continue after getting your licence?	I got employed according to the Ministry of Health proposal	1
		I got employed in Chisinau	2
		I got employed in Balti	3
		I got employed in a rayon	4
		I got employed in my locality of origin or that of my partner	5
		I got employed in the department health sector	6
		I got employed in private health sector	7
		I got employed in area other than health	8
		Other options, I applied to another faculty	9
			10
13.	What motivated you to work in the health system after getting your licence?	Acknowledgement of the fact that I was trained on the basis of budgetary financing	1
		I liked being a doctor	2
		I understood that the population needs health assistance, regardless of area and locality	3
		I wanted to work in my rayon of origin	4
		Responsibility to the population of my village which currently has no doctor	5
		I worked for just three years so as to respect the Ministry of Health distribution	6
		I worked for three years to benefit from the facilities provided to young specialists	7
		I had no other employment possibilities	8
		I did not work in the public sector of health after graduation because nothing motivated me sufficiently	9
		Other options _____	10

No	Description of the characteristic	Variables of the characteristic	Code
14.	If you worked in the health system and decided to leave it, please select your area of practice in the medical profession	Rural (village) Rayon centre Urban (municipality) Other answer	1 2 3 4
15.	What demotivated you from working in the health system?	Unsatisfactory working conditions Strong and disloyal competition among doctors Reduced chances for career development Impossibility of getting employment in Chisinau Chances for employment and promotion are dependent on influential people Lack of accommodation Small salary in comparison to the minimum consumption basket Poor image of doctors in the public sector of health Realized that doctor's profession is not what I like doing Indifferent and non-cooperative attitude of people with decision-making power in the health institution Other options _____	1 2 3 4 5 6 7 8 9 10 11
16.	For what level of remuneration would you accept work in the health system?	At least 10 000 lei per month, regardless of working conditions At least 12 000 lei per month, regardless of working conditions At least 7 000 lei per month, good working conditions and necessary medical equipment At least 10 000 lei per month, good working conditions and necessary medical equipment At least 7 000 lei per month, but only in Chisinau I would not accept this for any salary Size of the salary is not a priority for me Other options _____	1 2 3 4 5 6 7 8

No	Description of the characteristic	Variables of the characteristic	Code
17.	Which factors led you to leave work in the health system?	Professional (working conditions/medical equipment / career development, professional satisfaction)	1
		Social (locality infrastructure/schools/kindergartens/ cultural centre /roads/aqueducts, etc.)	2
		Economic (living conditions/ accommodation / salary/ material well-being)	3
		Personal (health/family)	4
		Other options _____	5
18.	List five conditions which would lead you to return to the health sector?	1._____	1
		2._____	2
		3._____	3
		4._____	4
		5._____	5
		I would never go back to the health system, because _____	6
19.	What is your current area of work?	Trade	1
		Own business	2
		Law	3
		Public services	4
		Other _____	5

THANK YOU FOR YOUR TIME!

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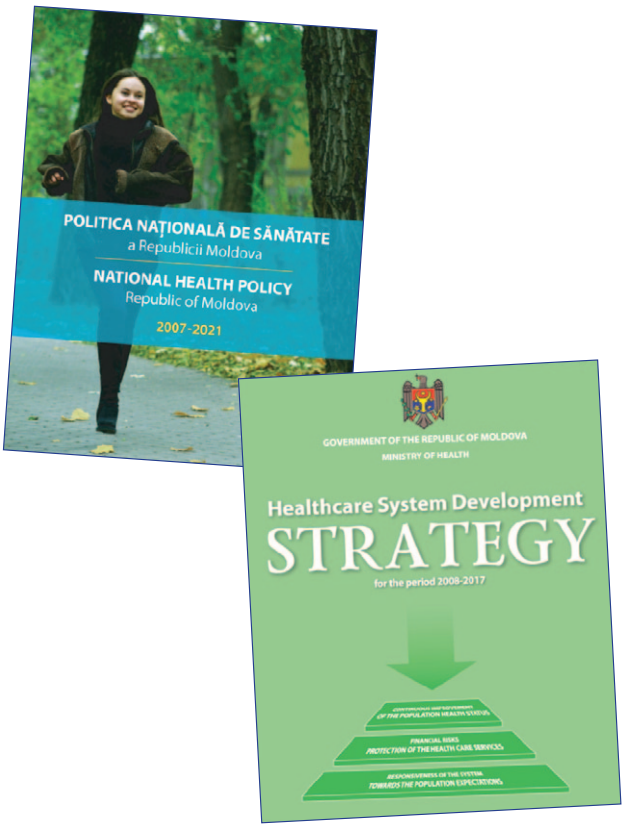

WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø Denmark
Tel.: +45 45 33 70 00; Fax: +45 45 33 70 01
E-mail: postmaster@euro.who.int