

BRAIN DRAIN: A HARSH REALITY. INTERNATIONAL MIGRATION OF PAKISTANI MEDICAL GRADUATES

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ABSTRACT

Objective: To explore final year students & fresh graduates' intentions to train abroad, identify the influencing factors for this decision and understand their attitudes towards conditions in Pakistan and abroad.

Methodology: Following informed consent, respondents were asked to complete a self administered structured questionnaire to collect demographic and educational information, their plans for post graduation training abroad, factors influencing decision to migrate abroad or stay in Pakistan as well as attitudes towards prospects in Pakistan and abroad. Data was entered and analyzed by SPSS 17.0.

Results: Among the 275 respondents, 176 (60.4%) intended to go abroad for postgraduate training. Professional excellence (25.5%), easier career settlement(10.2%) and financial prosperity(7.6%) were some of the goals respondents wish to achieve through training abroad while required process of certifications i.e. exams and tests(37.5%), expenses(24.4%) and visa problems(21.5%) were identified as barriers for migration abroad. Agreement among various groups (general public, patients, healthcare institutions, academic community) considering doctors trained abroad as more qualified than doctors trained in Pakistan was noted. Respondents showed dissatisfaction regarding job prospects, career progression, and society and government attitude towards doctors as well as living standards in Pakistan. Positive attitudes were identified towards doctors' status, living standards, and ability to cope with working conditions, political and social circumstances abroad.

Conclusion: A significant percentage of medical graduates intend to migrate abroad for post graduate training. Apart from better economic prospects, unhelpful views towards conditions in Pakistan also contribute for increasing trend of migration among physicians from our homeland.

Keywords: International migration; push and pull factors; Pakistan; medical graduate; education

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INTRODUCTION

The migration of health professionals including medical graduates from developing countries to the developed world has increased in recent years threatening the ability of many under resourced countries like Pakistan to meet the healthcare needs of their own population. It has been suggested that push and pull factors motivate workers to leave one country and seek employment in other affluent destinations¹.

International migration of medical graduates is not only a purely economic process. Apart from economic motives that 'push' physicians to migrate, intellectual and emotional fulfillment and professional satisfaction are also important². Also migrants tend to have more close relatives abroad, to have trained abroad and so to have experienced superior working conditions³. Many health professionals in source countries are described as "underpaid, poorly motivated and increasingly dissatisfied and skeptical,⁴ a trend reflected in studies from Pakistan. Fifty five

percent of respondents in a recently published survey, would prefer to be in any other country than Pakistan⁵. Although main reason for migration remains financial, but increase workload, no positive feedback, job insecurity, poor mutual support, hostile attitudes of media have been cited as reasons for unhappiness among doctors in Pakistan leading toward increasing trend of intention to migrate⁵. In the last few decades increasing violence, insecurity and corruption have further contributed.

Pakistan produces over 4000 medical graduates annually. Observation is that while half of them leave the country for the United States, mainly to acquire higher qualifications, many of them never return. A number of surveys and qualitative studies have looked at reasons why doctors migrate or consider migrating out of their countries of origin however this area has been under researched in Pakistan⁶⁻⁹. The current study is to help explore some of the factors that may have influenced the decision of Pakistani medical graduates to either remain or leave the country in near future and their perceptions of working conditions in Pakistan and abroad.

METHODOLOGY

Institutional review Board of King Edward Medical University (KEMU) approved the study. The study was conducted in KEMU & Mayo Hospital Lahore for a period of 6 months in 2010. Following informed consent, the final year medical students and house officers present in lectures and in wards on the data collection days were invited to participate in the study by completing a structured self administered questionnaire. The questionnaire had been piloted on 10 Postgraduate trainees and minor changes were done in view of their feedback. It collected information about participants' demographic (age, gender, socioeconomic status) and educational characteristics, their intentions for migration for postgraduate training abroad and destination country. Various factors which influence medical graduate's motivation to train abroad or stay in Pakistan were also explored (results being reported in a separate paper). The questionnaire used a 10 point scale.

Additional questions about attitudes towards conditions in Pakistan and prospects abroad were also asked. The current paper focuses on this section of the study. Data was entered and analyzed by SPSS 17.0. Descriptive statistics were computed for the data. Chi square test was used to determine association between intention to migrate abroad for post graduation and various factors. For all purposes, P value <0.05 was considered as significant.

RESULTS

Two hundred and seventy five out of four hundred eligible participants approached, responded to the survey (response rate 68.7%). Table 1 presents the demographic and educational characteristics of the participants.

Table 1: Demographic & Educational characteristics of the sample

	N (%)
Age: Mean;(S.D)	23.67(3.45)
Gender	
Male	141(51.3)
Female	129(46.9)
Marital status	
Single	233(84.7)
Married	34(12.4)
Designation	
Final year medical students	153(55.6)
House officers	112(40.8)
Hostellite	136(49.5)
Day scholars	126(45.8)
Residence	
Urban	164(59.6)
Rural	59(21.5)
Socio economic status	
Lower	9(3.3)
Lower middle	63(22.9)
Upper middle	178(64.7)
Upper	20(7.3)
Planned Residency Type	
None(General Practitioner)	22(8.0)
Medical	150(54.5)
Surgical	60(21.8)
Others	38(13.8)

*% is not always equal to 100% because of lack of reply to some questions by all respondents.

One hundred and sixty six respondents (60.4%) intended to train abroad either for a specialty (54.9%) or a subspecialty (5.5%) while 10% were not clear about their future intentions. The United States, United Kingdom, Gulf countries and Australia were the most preferred destinations. While 14.2% intended to return to Pakistan immediately after training, a significant percentage (10%) never intended to return to Pakistan or wished to stay abroad temporarily(37%). Professional excellence(25.5%), easier career settlement(10.2%) and financial prosperity(7.6%) were some of the goals respondents wish to achieve through training abroad while required

Table 2: Factors Influencing Decision for Postgraduation Migration Abroad

INFLUENCING FACTORS	N (%) Affirmative answers
Do you have family members or friends who would assist you if you travel to train abroad?	97(35.3)
Are there doctors in your Institutions that encourage you to train abroad?	125(45.5)
Does witnessing residents travelling to train abroad motivates you to train abroad yourself?	140(50.9)
Do you agree that Pakistani society expects you to train abroad?	94(34.2)
<i>Which of the following groups in the population consider doctors trained abroad as more qualified than doctors trained in Pakistan? (multiple options were allowed)</i>	
• General public	127(46.2)
• I personally consider so	89(32.4)
• Patients	88(32.0)
• Health care Institutions	85(30.9)
• Academic Community	81(29.5)
• None of the above	9(3.3)

Table 3: Respondents Attitudes towards Conditions in Pakistan and Prospects Abroad

Attributes to be associated with intention to migrate	Specific question asked	N (%) respondents answering in affirmative
<i>Respondent's attitudes towards Pakistani conditions.</i>		
• Job Prospects	I am not satisfied with my job prospects in Pakistan.	126(45.8)
• Promotion according to merit	There is little scope in Pakistan according to ability and qualifications.	124(45.1)
• Overall living conditions	Living conditions in Pakistan are becoming unmanageable.	103(37.5)
• Government treatment of doctors	I am unhappy with the way our Government treats doctors.	126(45.8)
• Society attitudes towards doctors	I am unhappy with the negative attitudes of Pakistani public/ society towards doctors.	100(36.4)
• Perception regarding fulfilling medicine ideals.	Working conditions in Pakistan are such that we cannot fulfill the noble ideals of medical profession while working here.	95(34.5)
<i>Respondents' attitudes towards prospects abroad</i>		
• Working conditions	I think I will be able to cope with working conditions abroad.	121(44.0)
• Professional status	Status of doctors is higher in foreign countries than in Pakistan.	111(40.4)
• Social & political conditions	I think I will be able to adjust to social and political conditions abroad.	63(22.9)
• Equal citizenship rights	I think that those who migrate to foreign countries cannot hope to enjoy equal rights of citizenship.	86(31.3)
• Hard work	Doctors have to work much harder in foreign countries than in Pakistan.	77(28.0)
• Job security	Doctors have less job security in foreign countries than in Pakistan.	51(18.5)

process of certifications i.e. exams and tests (37.5%), expenses(24.4%) and visa problems (21.5%) were identified as barriers for migration abroad. Table 2 shows some factors influencing decision by medical graduates for post graduation migration abroad.

Table 3 gives respondents views regarding conditions in Pakistan and abroad. Chi square analysis between intention to migrate and these attitudes however did not reach statistical significance.

DISCUSSION

The study has shown that a large number of medical graduates are very keen to go abroad for post graduate training. These results are in line with previously published studies both from Pakistan and abroad showing an increasing trend of health professionals migration from developing countries to more affluent nations⁸⁻¹¹. This trend of international migration in the field of health poses a potential threat of jeopardizing the already vulnerable healthcare system in Pakistan. The health scenario in the country is hardly encouraging with current physician to patient ratio of 0.473, a very high infant and maternal mortality rate, high burden of infectious diseases as well as a growing epidemic of cancer and cardiovascular diseases¹².

This brain drain is further compounded by the fact that emigrating healthcare professionals are more likely to stay in their host countries¹³. Both “push” and “pull” factors have been suggested as responsible for the migration of health care professionals. Better training opportunities, financial incentives and better living standard are some of the pull factors while unemployment, poor pay and service structure, civil unrest and limited career opportunities have all acted as push factors for physician's migration^{8,14}. Key factors suggested by our respondents for emigrating are the educational quality, better career settlement as well as financial prosperity. Peer pressure and role modeling also appear to be a significant contributory factor in motivating young graduates to migrate. A previous study from Agha Khan University Medical College (AKUMC) in Karachi, Pakistan also highlighted role modeling and peer pressure as one of the important factors motivating for students migration, as two thirds of the faculty at AKUMC has been educated abroad⁸.

We also noticed that a significant proportion of our respondents feel that general public, patients as well as healthcare Institutions etc consider doctors trained abroad as more qualified than doctors trained in Pakistan. Poor self

image of the native country and admiration of things foreign as factors in migration has also been noted in the past literature¹⁵.

It is extremely important to emphasize that physicians' migration is not purely for economic motives only. A large number of respondents indicated strong feelings of resentment and neglect. Poor job prospects, hurdles in career progression, as well as pessimism regarding possibility of fulfilling the ideals of their profession were clearly some of the factors responsible for dissatisfaction among the respondents thus possibly leading to intention to migrate. They were also very critical of the approach of the Government in solving their problems. Similar factors have been shown to be significant in a study of international migration of nurses from the neighbouring country India¹⁶. Prevalent negative social attitudes towards doctors in general as well as poor living conditions further compound the problem. The latter include load shedding of 10-12 hours daily, shortage of gas, petroleum, price hikes etc.

Looking at the respondents attitudes towards prospects abroad, there was clear perception of doctors having a higher status in developed world compared to Pakistan. A significant proportion (40%) was also confident that they will be able to cope with the working conditions comfortably. Literature however suggests that many of migrating physicians have unrealistically rosy and positive expectations of working conditions abroad but sometimes their dreams gets quite shaken¹⁷. A pilot study utilizing e survey approach explored the motives, experiences and perspectives of non UK health and social care professionals highlighted a range of issues which arise as a result of international workforce mobility¹⁸. Many immigrant doctors have to accept non training jobs and opt for less desirable specialties¹⁹. Also according to some studies an international medical graduate(IMG) has to wait 16 months and fill in around 500 job applications before getting one^{20,21}. Work environment is also very stressful mainly because of litigations and doctors have to work hard and learn different ways of communication and other skills in order to cope.

Given the fact that migration of physicians is likely to increase in future, it is high time for a change in healthcare policies in Pakistan to ensure the retention of our medical graduates. All the stake holders need to work together to address the problems identified. Financial incentives are only one aspect of the solution and due to large international wage differentials might not be too realistic. However improvement in living and working conditions, better teaching and training

facilities, smooth career progression pathways and change in society's attitude in general towards medical profession as well as sense of security may act as incentives for medical graduates to remain or return to the homeland. Establishing long term partnership to strengthen and develop clinical training, research and infrastructures in Institutions in developing world by the host countries may be another step forward.

Regarding limitations, our study involved only one medical University with a small sample size and hence results cannot be generalized while good response rate and an effort to better understand the attitudes of physician towards prospects in Pakistan and abroad can be considered as the strengths of the study.

CONCLUSION

A significant percentage of medical graduates intend to migrate abroad for post graduate training. Apart from better economic prospects, unhelpful views towards conditions in Pakistan are also likely to contribute for increasing trend of migration among physicians from our homeland.

We hope that the current study has yielded insights that will assist efforts to address physician shortages in Pakistan and allow new perspectives on strategies to tackle increasing trend of physician migration from Pakistan. Further research is however needed to determine whether interventions to address the factors which are responsible for dissatisfaction and unhappiness among the medical workforce are successful in improving retention of medical graduates in the country.

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CONTRIBUTORS

NI planned the study, did the literature search and data analysis and wrote the manuscript. ZA did the data collection and helped in data analysis. IHH helped in writing and revising the manuscript. MRB did the critical review the manuscript.