

Factors motivating nurses to professional migrations as exemplified by Poland, Czech Republic, Slovakia and Hungary

(Czynniki motywujące pielęgniarki do migracji zawodowych na przykładzie Polski, Czech, Słowacji i Węgier)

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Abstract – Introduction. Currently, most European Union countries suffer from a shortage of medical staff, especially nurses. The main causes of this phenomenon are: the migration of staff to countries offering better working and living conditions and resigning from profession before retirement.

The Aim of the Study. The aim was to recognize the factors motivating for professional migration among nurses from Czech Republic, Poland, Slovakia and Hungary.

Materials and Methods. The diagnostic survey was carried out by means of a questionnaire prepared by the authors. 732 nurses from the following European countries were enrolled in the study: the Czech Republic (N=100, 13.7%), Poland (N=282, 38.5%), Slovakia (N=276, 37.7%) and Hungary (N=74, 10.1%).

Results. Most respondents admitted that the biggest problems in their profession were: earnings inadequate to the requirements, liability, and workload (n=423, 57.8%), lack of recognition of work effects (N=147, 20.0%), lack of support from management (N=106, 14.5%).

Conclusions. More than half of the respondents are not satisfied with the pay for their work. Interest in professional migration depends on age and professional experience. Younger nurses with a shorter experience are more interested in professional migration. Professional migrants are more frequently Polish and Hungarian nurses than their Czech and Slovak colleagues.

Key words - nurses, migration, motives, Poland, Czech Republic, Hungary, Slovakia.

Streszczenie – Wstęp. Obecnie większość krajów Unii Europejskiej odczuwa niedobór personelu medycznego, a zwłaszcza pielęgniarek. Głównymi przyczynami tego zjawiska jest migracja personelu do krajów oferujących lepsze warunki pracy i płacy oraz przedwczesne odchodzenie z pracy w wyuczonym zawodzie.

Cel pracy. Poznanie czynników motywujących do migracji zawodowych pielęgniarek z Czech, Polski, Słowacji i Węgier.

Materiał i metody. W badaniach metodą sondażu diagnostycznego, zastosowano autorski kwestionariusz ankiety i uczestniczyło w nich 732 pielęgniarki z krajów europejskich: Czech (N=100, 13,7%), Polski (N=282, 38,5%), Słowacji (N=276, 37,7%) i Węgier (N=74, 10,1%).

Wyniki. Większość ankietowanych przyznała, że największymi problemami w ich zawodzie są: wynagrodzenie nieadekwatne do stawianych wymagań, odpowiedzialności i obciążenia pracą (n=423, 57,8%), brak uznania efektów pracy ((N=147, 20,0%), brak wsparcia kierownictwa (N=106, 14,5%).

Wnioski. Ponad połowa ankietowanych nie jest zadowolona z wynagrodzenia za wykonywaną pracę. Zainteresowanie migracją zawodową zależy od wieku i stażu pracy. Pielęgniarki młodsze z krótszym stażem w większym stopniu są zainteresowane migracją zawodową. Migracją zawodową w większym stopniu są zainteresowane pielęgniarki polskie i węgierskie niż Czeszki i Słowaczki.

Słowa kluczowe - pielęgniarki, migracje, motywy, Polska, Czechy, Węgry, Słowacja.

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- A. The idea and the planning of the study
- B. Gathering and listing data
- C. The data analysis and interpretation
- D. Writing the article
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I. INTRODUCTION

Recently, socio-political and economic situation has led to increased migration flows worldwide. This fact is reflected in the data from 2015, which claim that the number of migrants amounted to about 243 million – that is more than 3% of the world's population. In comparison, it is worth recalling that in 2000 the number of migrants amounted to 172 million, and in 1990 - 154 million [1,2].

The migration of the population is a natural phenomenon present at all historical times, almost all over the world. In the literature of the topic there are two groups of factors influencing the scale of the process:

- push factors - causing the desire to leave a place,
- pull factors - causing the desire to come to a place, creating a system of incentives and new alternatives for a person.

Migration may be aggravated, e.g. by poor economic situation in the place of residence (economic migration), or political situation which threatens migrants (political migration). The main reason for the migration of medical staff is better pay and working conditions offered by richer countries. For migrating physicians and nurses, it is a great opportunity, but countries drained from skilled professionals face a threat of deterioration in so far difficult situation in human resources in health care [3].

At present, most European Union countries suffer from a shortage of professionally active medical staff, especially nurses. The main causes of this phenomenon are the migration of staff to countries offering better working and living conditions and resigning from the profession before retirement. Increase in the migration of nurses worldwide is linked to numerous facilitations in national and international law. In the European region, the most important docu-

ments are the Treaty provisions on the establishment and development of the European Economic Community [4]. Many countries in the world have introduced special visa regulations for nurses to facilitate their influx (USA, Switzerland, Australia), while in other regions the free movement of nurses is possible thanks to treaties on bilateral or international economic cooperation [5].

In recent years there has been an increase in the demand for nursing staff, which is linked to the growing needs and the increasing number of people requiring care. Richer countries attract nurses with wide range of job offers and satisfactory earnings. Accession of East European countries to the EU in 2004 and the recognition of nursing diplomas thus facilitated the mobility of nurses and decisions on professional migration [6, 7].

The World Health Organization 2009 report on the migration of medical staff in Europe indicates that the main reasons for migration are the pull factors: higher pay, possibility to increase qualifications, and promotion prospects. Push factors include low wages and difficult working conditions. An important factor in the report and deciding on professional migration is also the ability to speak languages [8].

One of the most important indicators of the situation of nurses in individual countries is the ratio of nurses per 1000 inhabitants. The available data from the World Health Organization (WHO, 2007) indicate that the rate for Europe amounted to 7.43.

The richest countries: Norway (14.84), Ireland (+ 12.0), and Iceland (13.63) have the highest ratio. These countries have become a frequent target for nurses to migrate because of high position in nursing, good employment conditions and promotion prospects. In the other European countries, the following indicators were recorded in 2003: Germany (9.72), Czech Republic (9.71), Austria (9.38), Hungary (8.85), France (7.24), Slovenia (7.21) Belgium (5.83), Italy (5.44), Slovakia (6.77), Poland (4.9), Portugal (4.36), Romania (3.89). The countries with the highest rates are also the most common migration destinations for nurses from Central and Eastern Europe [9].

Aim of the study. The aim of the study was to recognise factors motivating for professional migration among nurses from the Czech Republic, Poland, Slovakia, and Hungary.

II. MATERIALS AND METHODS

The research was conducted after obtaining the consent of the Bioethics Commission at the University of Rzeszow No. 10/03/2014 dated 19 March 2014. The diagnostic survey was carried out by means of the questionnaire prepared by the Polish authors and after translation into Czech, Slovak and Hungarian it was also conducted in these three countries. Statistical analyses were made using the STATISTICA software. The obtained results were subjected to a statistical analysis with a chi-square test for which the significance level $p=0.005$ was adopted. The study involved 732 nurses from selected European countries: the Czech Republic (N=100, 13.7%), Poland (N=282, 38.5%), Slovakia (N=276, 37.7%), and Hungary (N=74, 10.1%). The research was carried out simultaneously in all the countries mentioned. The results showed that more than half of the respondents are urban residents (58.8%), most nurses (77.2%) have a family, and one in five is single. The majority of the respondents have undergraduate (48.3%) and secondary school education (36.4%). Higher education is declared by 15.3%, with the highest proportion of Masters among Hungarian nurses (59.5%). Every tenth nurse is in a managerial position (12.3%).

Comparing the employment status in individual countries, the highest number of nurses working for a limited period of time is in Poland. Younger nurses (30 years and less) are more likely to be employed for a limited period of time. Job stability increases with age (Table 1 A,B).

Table 1A. Socio-demographic characteristics of surveyed nurses

		Czech Republic		Poland		Slovakia		Hungary		Total	
		N	%	N	%	N	%	N	%	N	%
Sex											
	female	93	93.0	261	94.3	250	90.6	68	91.9	676	92.5
	male	7	7.0	16	5.7	26	9.4	6	8.1	55	7.5
Place of residence											
	Urban	69	69.0	134	47.9	163	59.5	62	83.8	428	58.8
	Rural	31	31.0	146	52.1	111	40.5	12	16.2	300	41.2
Education											
	Secondary	73	73.0	33	11.7	131	48.5	27	36.5	264	36.4
	Undergraduate	26	26.0	212	75.4	68	25.2	44	59.5	350	49.3
	Master's degree	1	1.0	36	12.8	71	26.3	3	4.1	111	15.3
Family situation											
	Has family	82	82.0	209	74.4	207	75.5	64	87.7	562	77.2
	Single	18	18.0	72	25.6	67	24.5	9	12.3	166	22.8

Table 1B. Socio-demographic characteristics of surveyed nurses

		Czech Republic		Poland		Slovakia		Hungary		Total	
		N	%	N	%	N	%	N	%	N	%
Has family		82	82.0	209	74.4	207	75.5	64	87.7	562	77.2
Single		18	18.0	72	25.6	67	24.5	9	12.3	166	22.8
Position											
	Head nurse	5	5.3	14	5.0	37	14.9	30	40.5	86	12.3
	Unit nurse	89	94.7	267	95.0	212	85.1	44	59.5	612	87.7
Type of work contract											
	Indefinite period of time	80	80.0	148	53.0	220	80.0	67	90.5	515	70.8
	Limited period of time	17	17.0	124	44.4	54	19.6	7	9.5	202	27.8
	Specific task contract	2	2.0	7	2.5	1	0.4	0	0.0	10	1.4

III. RESULTS

Most respondents admitted that the biggest problems in their profession were: earnings inadequate to the requirements, responsibility, and workload (n=423, 57.8%), lack of recognition of work effects (N=147, 20.0%), lack of support from management (N=106, 14.5%). Low salaries were the biggest problem among nurses in all four countries, with the most dissatisfaction level in Polish (75%). The results demonstrated that nurses also appreciate non-financial incentives, Hungarian nurses largely lack motivation from supervisors (32.4%), and for Polish nurses (26.6%) it was also important to recognize the work effects, which was also important for Slovak nurses (20,3%).

The respondents were asked about their attitude to the workplace and plans to continue working in the profession. Apart from the question about recommending workplace as attractive for prospective job seekers in the profession of a nurse, there were statistically significant differences in acceptance rates for the other statements in the table below. As for the desire to change job in the country, it was less common in the Czech Republic and Slovakia (about 25%) than in Poland and Hungary (about 45-50%). The willingness to work abroad was declared by nearly 40% of the respondents from Poland and slightly less from Hungary, while only 20% from Slovakia and only 6% from the Czech Republic. The desire to continue working was most common among Czech respondents, though - surprisingly - also in this country was the highest number of subjects willing to retrain (Table 2).

74% of the respondents are not interested in professional migration.

Younger nurses were significantly more likely to consider working abroad. This proportion among the oldest respondents was clearly lower.

Also along with the length of the professional experience decreased the desire to go abroad and look for better career opportunities. The least educated (secondary education) nurses were the least willing to go abroad. In this group the percentage considering this possibility amounted to 14%. In the case of university-graduates, it increased to 30% and even more (Table 3).

Table 2. Problems at work and attitude towards the profession

	Czech Republic		Poland		Slovakia		Hungary		Total
	N	%	N	%	N	%	N	%	N
Problems at work									
Earnings p=0,0000	49	49.0	210	74.5	124	44.9	40	54.1	423
Employment prospects p=0,0435	0	0.0	12	4.3	18	6.5	2	2.7	32
Employee relations p=0,1030	8	8.0	22	7.8	21	7.6	0	0.0	51
Lack of respect and appreciation of the effects of work p=0,0000	14	14.0	75	26.6	56	20.3	2	2.7	147
Shift work p=0,7179	2	2.0	10	3.5	8	2.9	1	1.4	21
Lack of motivation by supervisors p=0,0001	14	14.0	37	13.1	31	11.2	24	32.4	106
Relationships with patients and their families p=0,5045	2	2.0	7	2.5	4	1.4	0	0.0	13
Other p=0,0033	9	9.0	3	1.1	13	4.7	4	5.4	29
Attitude towards the profession									
Recommending work p=0,9313	54	54.0	150	53.2	142	51.4	37	50.0	383
Willingness to change job in the country p=0,0000	24	24.0	126	44.7	81	29.3	35	47.3	266
Desire to go abroad to work p=0,0000	6	6.0	112	39.7	53	19.2	25	33.8	196
Desire to continue work p=0,0005	67	67.0	125	44.3	122	44.2	38	51.4	352
Desire to retrain p=0,0000	44	44.0	64	22.7	107	38.8	28	37.8	243

Table 3. Interest in professional migration

	yes		no		Total
	N	%	N	%	N
Country p=0,0000					
The Czech Republic	6	6.0	94	94.0	100
Poland	112	39.7	170	60.3	282
Slovakia	53	19.2	223	80.8	276
Hungary	25	33.8	49	66.2	74
Age p=0,0002					
<30	72	36.5	125	63.5	197
30-39	58	27.9	150	72.1	208
40-49	51	22.6	175	77.4	226
>50	14	14.4	83	85.6	97
Education p=0,0000	N	%	N	%	N
Secondary	38	14.4	226	85.6	264
Undergraduate	123	35.1	227	64.9	350
Master's degree	33	29.7	78	70.3	111
Professional experience p=0,0000	N	%	N	%	N
<5	65	40.1	97	59.9	162
5-14	47	28.1	120	71.9	167
15-24	48	23.4	157	76.6	205
>24	32	16.9	157	83.1	189

The nurses from Poland assessed their financial situation as the worst, next were the Slovak peers. Differences in the responses of the respondents from different countries were highly statistically significant.

A slightly higher proportion of the respondents with families considered their financial situation as bad (44% vs. 34%). This dependence was on the verge of statistical significance (the value of *p* test probability is greater than 0.05 but less than 0.10).

More than every fifth nurse with master's degree determined their financial situation as good. Meanwhile, the percentage of positive responses among the less educated respondents was lower and amounted to about 10%.

Nurses at managing positions perceived their material situation slightly better compared to unit nurses (Table 4).

Table 4. Financial situation self-assessment

	good		average		bad		
Country (<i>p</i> =0,0000***)	N	%	N	%	N	%	Total
Czech Republic	19	19.0	70	70.0	11	11.0	100
Poland	20	7.2	110	39.4	149	53.4	279
Slovakia	41	15.0	128	46.9	104	38.1	273
Hungary	5	6.8	32	43.2	37	50.0	74
Education (<i>p</i> =0,0019**)							
secondary	29	11.1	133	50.8	100	32.8	262
undergraduate	32	9.2	156	44.7	161	46.1	349
master's degree	24	22.0	47	43.1	38	34.9	109
Yes	17	20.0	39	45.9	29	34.1	85
No	64	10.6	283	46.7	259	42.7	606
Familial state (<i>p</i> =0,0933)							
Has family	61	11.0	253	45.4	243	43.6	557
Single	24	14.5	84	50.9	57	34.5	165

IV. DISCUSSION

Increasing demand for medical staff in highly developed countries is connected e.g. with aging of a society and medical progress that allows treatment and longer lifespan for the sick and the disabled. Medical professionals are desired and searched in the labour market, and shortages of staff are often complemented with qualified personnel from other countries where earnings and working conditions are worse. The richer countries have long been complementing staff shortages by migrant workers - the migrants from poorer countries, for whom immigration and work provide the opportunity for a better life and continuous work in a profession. This subject has been raised in a large number of studies, our research concern the professional situation of nurses from selected Eastern European countries and their motives for professional migration.

Nurses' Early Exit Study conducted in 10 European countries (Belgium, Finland, France, the Netherlands, Germany, the United Kingdom, Italy, Poland and Slovakia and apart from EU in Norway) shows that in Eastern Europe there are many nurses ready to leave the country in order to continue their profession abroad. In Slovakia, 21% of nurses consider such decision at least a few times a month, while in Poland it is 12% [5].

A.S. Ujvarine et al. conducted similar research in Hungary. Their study showed that Hungarian nurses are much less interested in migration - 14.6%. The authors assume that this may be due to worse language skills [10].

In turn, Aiken et al. point out that primarily younger nurses are interested in migration, as confirmed our research. Similar results also obtained Simon et al. in the study conducted among German nurses and the study of Gurkova et al., however, similar studies conducted by Jabłońska among Polish nurses did not confirmed them [11, 12, 13, 14].

The above mentioned study of Elena Gurkova showed statistically significant differences between satisfaction with the profession and the intention to go abroad to work. In addition, this study demonstrated that Czech nurses indicated higher job satisfaction than their Slovak counterparts. This translates into less interest in professional migration. [13]. Similar trends were also confirmed in our research, and in Gurkova's research 6% of Czech nurses (Gurkova 2014) and 19.2% of Slovakian (Gurkova 2012) declare their willingness to go abroad [15, 16]. Interest in professional migration of nurses in our survey was as follows: Czech Republic 6%, Poland 39.7%, Slovakia 19.2, Hungary 33.8%. Other Polish studies confirm that a significant number of nurses, that is every fifth (21, 5%) in Jabłońska's study, is interested in professional migration [14].

The problems most often mentioned in the study group were low salaries disproportionate to the requirements, workload and professional liability. These factors can contribute to the decision to migrate professionally among nurses. The studies by other authors confirmed this. Other authors also point to other factors of dissatisfaction with work: the relationships between the therapeutic team and with patients' families in Slovenian nurses (Lober 2015), interpersonal relationships and supervisor's motivation, Slovak studies (Gurkova 2012), interpersonal relations and shift work in Czech results (Gurkova 2014), earnings and shift work in Albanian nurses (Zahaj 2016) [15, 16, 17, 18].

Currently, professional migration of medical staff is a normal phenomenon and has a wide reach. EU regulation has greatly facilitated the professional mobility of nurses in Europe, the problem of qualifications recognition has disappeared, and the only factor today are language skills. Rich countries tempt with a wide range of employment offers, better working and living conditions and the possibility to improve qualifications. Less affluent countries have to challenge systemic solutions to address the growing problem of nursing staff shortages.

V. CONCLUSIONS

- The basic problems in nursing work are: low salary, lack of respect and recognition of the results of the work and lack of motivation by the supervisors.
- Interest in professional migration depends on age and professional seniority. Younger nurses, with shorter work experience, are more likely to be ready for professional migration.
- Polish and Hungarian nurses are more interested in professional migration than their Czech and Slovak colleagues.

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