



Determinants of intention to work abroad of college and specialist nursing graduates in Serbia



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ARTICLE INFO

Article history:

Accepted 24 December 2014

Keywords:

Development
Planning
Education
Nursing health personnel intention
International migration
Nursing Serbia specialties
Unemployment

SUMMARY

Background: In a country with a poor economy and limited job opportunities, the outmigration of students is not commonly perceived as a problem but rather is perceived as a solution to the high unemployment facing young health professionals.

Objectives: Study objectives were to identify the prevalence of intention to work abroad of nursing graduates to point to the predictors of intention to work abroad and predictors of having a firm plan to work in a foreign country.

Design: Descriptive study, a survey.

Settings: College and specialist nursing schools, Serbia.

Participants: 719 nursing graduates from the 2012/2013 school year.

Methods: Voluntarily completed a questionnaire that was designed with regard to similar surveys administered in EU-candidate countries during the pre-accession period. Data were analysed with descriptive and multivariate regression analyses.

Results: Almost 70% (501) of respondents indicated an intention to work abroad. Of the nurses, 13% already had established a firm plan to work abroad. Single graduates and those with a friend or relative living abroad were more likely to consider working abroad than were their counterparts (odds ratios were 2.3 and 1.7, respectively). The likelihood of considering working abroad decreased by 29% when the individuals' financial situation was improved. Factors associated with having a firm plan were previous professional experience in a foreign country, having someone abroad and financial improvement (5.4 times, 4.8 times and 2 times greater likelihood, respectively).

Conclusions: The high prevalence of intention to work abroad suggests the need to place the issue of the outmigration of nursing graduates on the policy agenda. College and specialty nursing graduates and health technicians are prepared to work abroad in search of a better quality of life, better working conditions and higher salaries.

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Introduction

Every healthcare system requires a sufficient number of competent nursing, midwifery and other health professionals to deliver quality healthcare; thus, international health workforce mobility has been increasing for various reasons over the past decade (Freeman et al., 2012). Nurse migration may be an expression of personal or cultural motives, of freedom of choice and human rights, or it may be the result of financial and professional needs and challenges facing nurses in a particular country (El-Jardali et al., 2008). The lack of social recognition,

poor wages, job insecurity, socio-political instability and economic crises may influence changes in patterns of nurse migration (Buchan et al., 2013). The recruitment of foreign-trained health professionals is a regular strategic mechanism that many countries adopt to address their domestic shortfalls in the field of nursing (Wheeler et al., 2013). To identify nursing workforce requirements and practice developments and to direct policy for the control of migration effects on health care provision, more research is needed to understand the needs and challenges facing the nursing workforce (Freeman et al., 2012; El-Jardali et al., 2008). Due to the lack of registration and research or to the relatively small number of migrants, information from source countries (usually less developed) regarding nursing graduates' intention to work abroad is limited (Tjadens et al., 2012).

Nurse migration has received considerable social attention in 2012 in Serbia because it became an EU-candidate country. Such status is

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perceived as an augmented opportunity for employment and education. The purpose of this study is to provide an evidence base for understanding the intention to work abroad, both its magnitude and the reasons motivating nurses, midwives and health technician graduates (i.e., nursing graduates) in Serbia to make the decision to work abroad. Another objective is to determine the predictors of intention to work abroad and the predictors of having a firm plan to out-migrate and work in a foreign country.

Background

The major employer and producer of health workers in Serbia is the state. In 2014, there were 88,326 qualified nurses (including midwives) and health technicians with licenses to practice (Chamber of Nurses and Health Technicians of Serbia), 69% of whom are active in the public healthcare sector (i.e., 58,144 persons, or 812 per 100,000 population) covering 7.1 million people excluding data for Kosovo and Metohija. College or specialist nurses and health technicians supply 10% of all public healthcare personnel (Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”, 2014).

An inequity exists among public healthcare services with respect to nurse staffing across regions in Serbia. For example, per 100,000 people in the Srem district, there are 374 nurses and 19 midwives; in the Kolubara district, there are 478 nurses and 17 midwives; in the Belgrade district, there are 690 nurses and 41 midwives; and in the Bor district, there are 675 nurses and 86 midwives (Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”, 2014). For the period 2003 to 2013, nursing staff increased at 8% (from 551 to 596 per 100,000 people) (Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”, 2014; Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”, 2004). Although most of that increase was due to negative population growth, the share of college and specialist nursing staff increased at 26%.

According to relevant estimates in 2011, the rate of nursing personnel per population in Serbia (632) was lower than the average rate for the European region and for the EU (765 and 835, respectively) (WHO/Europe). Although the rate of midwives in Serbia was lower than the average for the European region (37 vs. 44), it was higher than the average for the EU (WHO/Europe). Comparing Serbia (a prospective source country for nurses) and Romania (a source country for nurses), Serbia had a 15% higher density rate for nurses and a 100% higher rate for midwives than did Romania. It is also estimated that Romania had almost double the average production rate of the European region (41) and the EU (38) with respect to nurse and midwife graduates per 100,000 people (79). The graduation rate in Serbia is similar to that of Romania with 5690 graduates in 2010/11, that is, 79.2 graduates per 100,000 people (Statistical Office of the Republic of Serbia, 2010/2011).

As of 1975, the nursing education in Serbia consisted of general and specific nursing areas (the midwifery educational programme is a specialty within nursing education). Approximately 4000 students enrol annually in 35 schools for secondary education in the field of nursing, the majority of which are public. The implementation of the Bologna Process set in motion the reform of the higher education system in Serbia and initiated the adoption of college degrees for nurses in 2006/2007: a bachelor's degree following basic vocational or academic studies; a master's and a PhD degree. Every year, approximately 1500 graduates enrol in one of eight college vocational study programmes (organised to provide 180 credits in accordance with the European credit transfer system – ECTS), and another 800 enrol in one of eight specialist vocational study programmes (60–120 ECTS-equivalent credits) (Statistical Office of the Republic of Serbia; Law on Higher Education). Although more of these studies are state-based, most students self-finance their education due to the limited number of budgeted positions, and it is estimated that one-third do graduate on time (Statistical Office of the Republic of Serbia, 2014). According

to official reports (National Employment Service of the Republic of Serbia, 2014) for 2013, there are approximately 13,000 qualified unemployed nurses, midwives and health technicians in Serbia or 181 per 100,000 people. Implementation of the Bologna Process has helped establish a permanent dialogue among all stakeholders at the national level and across Europe (Crosier and Parveva, 2013) needed for facilitating the health workforce development, mobility and employability.

Nurse immigration in Serbia is far less pronounced than nurse emigration. The university, for a fee, assesses foreign higher education documents and determines their validity with respect to either the need for further education or the preparedness for employment. To maintain a license to practice, nurses and health technicians are required to participate in continual professional education every year.

With regard to unsatisfactory nursing employment in the country and the benefits of Bologna Process implementation for the nursing workforce in Serbia, this study estimated how large the migration flows may become once the cross-border policies relax and active recruitment expands. A study might be useful for countries with similar problems and understanding factors and predictors may be valuable for developing common policies for migrating health workers for education and employment under the EU umbrella.

Methods

Study Design

This descriptive study was based on a survey designed to ascertain the intent to work abroad of nursing and health technician graduates from college or special vocational programmes (nursing graduates) for the 2012/2013 school year in Belgrade, the capital of the Republic of Serbia. The coordinator of the Health Promotion and Management Module at the Nursing Specialist Vocational Studies at Medical Faculty University of Belgrade and the Director of the High School for Health Vocational Studies in Belgrade approved the questionnaire and its purpose and agreed to conduct the study during the summer semester classes. Of all nursing specialist graduates (95) and all nursing college graduates (742), 719 graduates consented to voluntarily participate in the study upon receiving information on the study objectives and have completed the questionnaire (a response rate of 85% college students and 91% specialist students). The study sample was composed of approximately 90% of all nursing graduates from the most developed part of Serbia, the capital, and represented approximately one-third of all college and specialist nursing graduates in the Republic of Serbia during the study period.

Survey Instrument

Our own questionnaire got insights from the questionnaire used earlier by the French Ministry of Health in Hungary, Poland and the Czech Republic (Borzeda et al., 2002) and the PRAXIS Centre for Policy Studies in Estonia funded by the Estonian Ministry of Social Affairs (Vörk et al., 2004). After translation into Serbian, and cultural adaptation, it consisted of 25 multiple response questions. Questions gather general data (age in years, gender, residency, nationality, marital status, number of children, education, school grades, employment status and household financial situation on a five-point Likert scale), information about factors that enable working abroad (having the ability to speak a foreign language, having a relative or friend living abroad and having been abroad before as a student or for professional reasons), information about both pro- and contra-factors to working abroad, and detailed information about intentions to work abroad.

Statistical Analyses

Statistical analyses included descriptive statistics and sequential logistic regression analysis (odds ratio – OR with 95% confidence

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