



## Original article

## To which countries do European psychiatric trainees want to move to and why?



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## ABSTRACT

**Background:** There is a shortage of psychiatrists worldwide. Within Europe, psychiatric trainees can move between countries, which increases the problem in some countries and alleviates it in others. However, little is known about the reasons psychiatric trainees move to another country.

**Methods:** Survey of psychiatric trainees in 33 European countries, exploring how frequently psychiatric trainees have migrated or want to migrate, their reasons to stay and leave the country, and the countries where they come from and where they move to. A 61-item self-report questionnaire was developed, covering questions about their demographics, experiences of short-term mobility (from 3 months up to 1 year), experiences of long-term migration (of more than 1 year) and their attitudes towards migration.

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**Results:** A total of 2281 psychiatric trainees in Europe participated in the survey, of which 72.0% have 'ever' considered to move to a different country in their future, 53.5% were considering it 'now', at the time of the survey, and 13.3% had already moved country. For these immigrant trainees, academic was the main reason they gave to move from their country of origin. For all trainees, the overall main reason for which they would leave was financial (34.4%), especially in those with lower (<500€) incomes (58.1%), whereas in those with higher (>2500€) incomes, personal reasons were paramount (44.5%). **Conclusions:** A high number of psychiatric trainees considered moving to another country, and their motivation largely reflects the substantial salary differences. These findings suggest tackling financial conditions and academic opportunities.

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## 1. Introduction

Worldwide, a shortage, misdistribution and misutilisation of health workforce has been reported in the majority of the World Health Organization (WHO) member states [1].

In psychiatry, recruitment has been problematic in some countries, where there is a shortage of psychiatric trainees, whilst other countries experience the reverse challenge, with too many training places [2–5]. This imbalance in the supply and demand of professionals has been a complex and major concern, often overcome by international recruitment [6].

Psychiatrists can move between countries, and whilst it is true that these flows have escalated the shortage of psychiatrists in the countries where they move from, the “donor countries”, these movements have also relieved the lack of professionals in the “host countries” where they move to [7].

This migration of highly skilled professionals from developing countries is widely referred to as “brain drain”, suggesting the loss of human resources in services in donor countries [6], which results in “brain gain” in host countries [8], or if these migrants return, in a “brain circulation”.

To date a few studies have suggested that qualified skilled health professionals migrate to high income developed regions with a principal financial driving factor, as well as to advance their careers [9–12]. These reasons are usually referred to as “push factors”, pushing people to move from the country where they live in, and “pull factors” that explain why the country where they move to is attractive for them. However, despite this long recognized reality, little is known about the reasons for why psychiatric trainees in Europe would take the step and move to another country.

To address this lack of understanding on why junior doctors migrate, we have focused on studying how frequently psychiatric trainees have migrated or want to migrate, their “push and pull factors”, and their “host and donor countries”.

This study aimed to:

- assess the proportion of psychiatric trainees that have already moved country and;
- the proportion of those who would consider such a move in the future;
- explore their reasons to stay and leave the country;
- report the countries where they come from and where they move to and;
- examine their individual profile, such as demographics and socioeconomic characteristics.

## 2. Methods

### 2.1. Study design

This Brain Drain Study has been an international cross-sectional survey of psychiatric trainees. The study builds on the network

generated by the European Federation of Psychiatric Trainees (EFPT), the umbrella organization of the national trainees associations in psychiatry in Europe. The driving force behind this study was a shared awareness of the frequency and impact of workforce migration on the mental health care service provision. The European countries not represented in the survey were those not able to identify a National Coordinator who would take over the responsibility of the study.

The questionnaire was developed by the members of the EFPT Research Working Group to fit the study population. This was a 61-item self-report survey, covering questions about:

- demographics;
- experiences of short-term mobility, defined as 3 months up to 1 year;
- experiences of long-term migration, defined as more than 1 year;
- their attitudes towards migration.

The survey was piloted among the members of this group.

### 2.2. Data collection

The questionnaire was circulated in each country by National Coordinators, either as an online survey (<http://www.surveymonkey.com>) and/or as paper questionnaires. Translated versions of the questionnaire were used: in Belarus (Russian), France (French), Greece (Greek), Israel (Hebrew), Italy (Italian), and in Romania (Romanian), as considered required. In all other countries the questionnaire was distributed in English, as psychiatric trainees were deemed by their National Coordinators to have sufficient command of English to reliably answer the questions.

The survey was conducted according to the principles of good scientific practice, which was supported by a national ethics commission consent in Switzerland.

The only inclusion criteria was being a psychiatric trainee, defined as a fully qualified medical doctor enrolled in a nationally recognized specialist training programme in psychiatry. All participants were asked to give informed consent before initiating the questionnaire, which was self-administered anonymously. The participating countries were Albania, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, Cyprus, Croatia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The Netherlands, Turkey, United Kingdom and Ukraine.

Data was collected in 2013–2014 approaching all trainees in some countries, and using random and non-random sampling in others. Ad hoc samples on national congresses or educational events were chosen to reach out to trainees, as well as national contact e-mail databases where available (Table 1).

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