

Doctors leaving Albania



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The opinions, findings, conclusions and recommendations expressed in this publication are of the respective authors and do not necessarily represent those of Friedrich Ebert Foundation.

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This study stemmed from the need to analyse the current situation and find ways to stop this medical brain drain in Albania, as well as to implement new health strategies to stop this new professional haemorrhage.

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“Together for Life” hopes that the findings, conclusions and recommendations of this study will be useful to all stakeholders engaged in the phenomenon of medical brain drain in Albania.

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ACRONYMS

MHSP	Ministry of Health and Social Protection
HC	Health Centre
SHC	Specialized Health Centre
RH	Regional Hospital
MH	Municipal Hospital
UH	University Hospital
PC	Private Clinic
PH	Private Hospital

CHAPTER I

INTRODUCTION

1.1 PREFACE TO THIS STUDY

“Together for Life” conducted the baseline study “Doctors leaving Albania” during the period April-July 2018, in the framework of the project “Mapping of drivers pushing doctors to leave Albania”, supported by Friedrich Ebert Foundation.

The purpose of this study was to assess the factors leading to doctors’ departure from Albania. Latest data published by the Order of Doctors indicate a rapid increase in the number of doctors who obtain Good Standing Certificate which serves them in their performance appraisal in the host countries.

As a result, “Together for Life” hopes this study will help health institutions in Albania take appropriate measures towards stopping this phenomenon.

1.2 PHENOMENON OF DOCTORS LEAVING ALBANIA

Emigration is a well-known term in Albania for centuries. However, emigration of doctors after the 1990s followed the trend of a large part of the Albanian population who left the country, regardless of their education; but, doctors are leaving in huge numbers in recent years.

From the data obtained from the Order of Doctors, it turns out there is an increase in the number of doctors who are requesting the Certificate of Good Standing¹. This certificate issued by the Order/Chamber/Association of Doctors certifies that the doctor is registered, exercises the profession and that there are no disciplinary measures against him/her during the exercise of the profession.

Data show that the number of doctors who requested this certificate has been increasing in the last five years 2013-2017:

- In 2013, this certificate was issued to 76 general doctors;
- In 2014, this certificate was issued to 128 general doctors;
- In 2015, this certificate was issued to 124 general doctors and 19 specialized doctors (143 doctors in total);
- In 2016, this certificate was issued to 165 general doctors and 43 specialized doctors (208 doctors in total);
- In 2017, this certificate was issued to 175 general doctors and 32 specialized doctors (207 doctors in total).

¹ Gazeta Shëndet+, no. 115, dated 25 January 2018, pg. 15-16 (See link <https://shendeti.com.al/shifra-te-reja-2013-2017-3-fishohet-numri-i-mjekeve-te-larguar/>)

This certificate can be used only abroad².

Statistical data indicate that the number of doctors requesting the certificate to leave Albania is each year either the similar or higher than the number of doctors graduating from the University of Medicine which is 150.³

The number of Albanian doctors graduated in Albanian schools and actually working in Germany is 521⁴, according to the German Chamber of Doctors. Such a figure shows the high percentage of Albanian doctors who left for Germany and their need to have a structured organization.

As a result of massive migration and other factors, Albania has the lowest rate of healthcare coverage for the population, with 1.2 doctors per 1,000 inhabitants.⁵

On the other hand, this will greatly influence in the decline of the academic level in Albania, but also the quality of healthcare. Albania, not only now, but for many years is paying a high price for emigration. Many people, especially in villages and rural areas, have to cope with difficulties due to lack of healthcare services in their areas.⁶ However, the lack of medical specialists in recent years has also affected regional hospitals and university centres.

Lack of job satisfaction, opportunities for further professional education, career development, poor working conditions, political pressure, exposure to verbal and physical violence are among the factors that have urged doctors to leave Albania⁷.

1.3 OFFICIAL RESPONSE TO THE PHENOMENON

This wave of doctors leaving Albania is an important part of the *brain drain*⁸ phenomenon, i.e. highly qualified people leaving the country. For this reason, Albanian governments in succession have taken various steps to address the deficiencies in our system.

During 2006-2011, under the “brain return” program, 62 persons holding scientific grades returned to Albania, however, some of them left again⁹.

The lack of doctors in remote districts and areas in recent years has forced the Ministry of Health and Social Affairs to offer bonuses to doctors who accept to work in cities where specialized doctors are needed, with bonuses ranging up to 250,000 ALL over the salary. In January this year¹⁰, the Ministry called on doctors willing to work in regional or municipal hospitals to apply

² This document is requested by doctors when they apply for long-term or short-term specialization, and when they intend to work abroad.

³ Fatmir Brahimaj, President of the Order of Doctors, Gazeta Shëndeti, 2 March, 2017.

⁴ Marsela Ceno, founder of the Association of Albanian Doctors in Germany, Gazeta Shëndeti, 15 September 2018.

⁵ National Strategy on Health 2016-2020, pg.11

⁶ De Soto H., Gordon P., Gëdeshi I., Sinoimeri Z. (2002) Poverty in Albania. A qualitative Assessment. fq.47

⁷ Why do Albania Doctors Emigrate, European Journal of Interdisciplinary Studies, Jan-Apr 2017, Vol 7, Nr.2

⁸ Emigration of highly qualified professionals from a certain country.

⁹ Gëdeshi I., King R. (2018) Research study into brain gain: Reversing Brain Drain with the Albanian Scientific Diaspora, fq.52.

¹⁰ Notice 26 January 2018, MHSP, public call to doctors: Apply for the bonus 2.5 million ALL.

for an employment period from 6 months to 1 year, with the right to renewal, on defined terms and conditions.

The absence of doctors in Albania has become worse in recent years, due to their departure towards other countries. Doctors need to learn the language and then complete the documentation, in order to find employment in other countries, with the majority setting their eyes on Germany, as the quickest alternative due to the relaxed procedures.

For this reason, the Ministry of Health and Social Affairs launched the competitions for specialized doctors this year, hoping to fill the vacancies left by the outgoing doctors in the coming years.¹¹ However, there are no guarantees that these newly graduated doctors will stay in Albania and will not follow on the footsteps of their colleagues who opted to leave.

Another very delicate issue for doctors in Albania - raised by the Order of Doctors - is the criminal proceedings against doctors. The President Fatmir Brahimaj stated that “20 doctors were sent to prison in the last two years in Albania, whereas the United States with 70 times the number of doctors had only 3 doctors convicted”¹². The situation of judicial proceedings against doctors continues also in 2018. The doctors’ negative image has undermined patients’ trust and has increased the pressure and job insecurity among white coats.

For this problem, the only response by the Ministry of Health was to select the Doctor of the Month based on performance, nothing more.

1.4 DOCTORS MIGRATION AND GLOBAL SITUATION

Migration of doctors and other health professionals internationally is not a new phenomenon. However, it has attracted more attention in recent years, due to concerns that it could aggravate the shortage of qualified health personnel in certain countries, especially in some developing countries currently suffering from the critical lack of labour force. Therefore, the World Health Assembly developed and adopted the Global Code of Practice on the International Recruitment of Health Personnel in May 2010. It introduces an instrument to promote a more ethical recruitment of health personnel, urging states to meet their personnel needs themselves, while recognizing the basic right of any person to migrate.¹³

Regarding the number of doctors trained abroad, there are big differences among the OECD member countries. In 2013, the doctors trained abroad ranged from less than 3% in Turkey, Poland, Estonia, the Netherlands and the Czech Republic to more than 40% in Israel and New Zealand. The very high share of doctors trained abroad in Israel reflects not only the importance of immigration in this country, but also the big number of licenses issued to persons born in Israel and trained abroad.

¹¹ MHSP Statement, 21 April 2017

¹² Statement by the Order of Doctors, Gazeta "Shëndeti Online", 11 January 2017.

¹³ OECD (2015), “International migration of doctors”, in Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris.

Since 2000, the number and mobility of doctors trained abroad increased in many countries, leading to an overall increase in the number and density of doctors. Sweden has had a huge soaring in the number of doctors coming from abroad, with most of these doctors trained abroad are from Germany, Poland and Iraq. The number and mobility of doctors trained abroad grew also in France and Germany, albeit at a slower pace. In France, this increase is partly attributed to the fact that this country recognizes the qualifications of doctors trained abroad who were already working in this country, and the of those from the new EU member states, particularly from Romania.

In absolute terms, the US has so far the highest number of doctors trained abroad, with over 200,000 of them in 2013. It is followed by England with over 48,000 doctors trained abroad in 2014.

Nearly 50% of doctors trained abroad in the US come from Asian countries, with India accounting for the highest number so far, followed by the Philippines and Pakistan.

This is also the case in England, with many doctors trained abroad come from Asia, India topping the list, but also from European countries.

1.5 SUMMARY

Migration in almost all developing countries is a very significant concern, in both economic and political terms, as it specifically entails human migration from developing countries to more developed ones. From the practices and problems present in different countries, we conclude that the reasons behind this international migration vary from one country to another, with some minor differences. But, it is worth noting that the economic, professional, political and personal factors are almost the same for all countries that have passed or are going through the brain drain phenomenon.

CHAPTER II

METHODOLOGY

1.6 OBJECTIVES

This study aims at providing an analysis on the causes that lead doctors to leave Albania for other countries. This analysis may serve the Ministry of Health and Social Affairs as a basis for actions to stop this phenomenon in the future.

1.7 COVERAGE

The study was conducted in all the 12 regions of Albania:

- Berat
- Durrës
- Dibra
- Elbasan
- Fier
- Gjirokastra
- Korça
- Kukës
- Lezha
- Shkodra
- Tirana
- Vlorë

1.8 TARGET GROUPS

- Doctors in health centres
- Doctors in specialized health centres
- Doctors in regional hospitals
- Doctors in municipal hospitals
- Doctors in university hospitals
- Doctors in private clinics
- Doctors in private hospitals

1.9 METHODOLOGY

This study was developed and implemented based on a combined methodological approach:

- Desk research (review of documentation and reports)
- Quantitative study

The methodology used gives us the opportunity to have a deeper insight of the current situation, in terms of rationales, perceptions, attitudes and behaviours of doctors as the main actors and, at the same time, the amount/volume of these outcomes.

The gender perspective is fully preserved and addressed, as well as all forms of diversity.

1.10 DESK RESEARCH

This phase of the study focused on reviewing official documents and strategies, existing reports, studies and data on the phenomenon of doctors leaving the country, and the official response to this phenomenon in Albania and around the world.

1.11 QUANTITATIVE REVIEW

The quantitative phase was conducted in the form of face-to-face interviews (F2F) at the doctors' workplace and online interviews. Interviews were administered using a structured questionnaire. The data collection was conducted in April - July 2018. The profile of respondents during this phase was: doctors working throughout Albania in public and non-public health institutions.

TABLE 1: SAMPLE SIZE AND DISTRIBUTION		
Region	Total	1000
	Berat	35
	Dibra	16
	Durrës	70
	Elbasan	65
	Fier	65
	Gjirokastra	45
	Korça	67
	Kukës	15
	Lezha	25
	Shkodra	56
	Tirana	507
	Vlora	34
Age	< 30 years old	263
	31-40 years old	284
	41-50 years old	257
	>51 years old	196
Gender	Female	642
	Male	358

1.12 QUANTITATIVE TOOLS

The questionnaire was designed with the purpose to gather information on doctors' perceptions, attitudes, behaviours and experiences on their work. The questionnaire contains:

1. Filtering questions about age, sex and employment;
2. Opinions on the current situation (main problems in the health system, in their workplace, and expectations for the future);

3. Attitudes on the phenomenon of doctors leaving;
4. General opinions and levels of satisfaction with their work and managers;
5. Demographic questions (education, civil status);

Prior to finalizing the tool and starting work on the ground, a pilot phase was launched to test the functionality and degree of understanding of the questionnaire.

1.13 TECHNICAL DETAILS OF THE QUANTITATIVE STUDY

"Together for Life" carefully selected and trained a team of ten interviewers experienced in quantitative study management, two field supervisors experienced in guiding and monitoring interviewers, and a field manager ensuring that all instructions and dissemination are properly implemented. This team was directly supported by the project leader and assistant.

The entire team was trained specifically on the procedure and questionnaire of this study. The first day of training took place ahead of the pilot phase, and the second day of training after the pilot phase/before fieldwork. Training included the scope and topics of this study, key definitions, sample and procedures, as well as the ethical aspects of interviewing doctors.

The average duration of interviews was 15 minutes.

All respondents were clearly informed that their responses would remain anonymous and secret and that would be processed only for statistical purposes.

After the physical check of the questionnaires, data entry was performed by experienced operators using a special program (SPSS).

1.14 LIMITATIONS

In the preparation of this report, the authors are aware that there are limitations, mainly related to the resistance of doctors in almost all regions to give correct responses.

Despite the fact that the questionnaire did not collect personal data, a significant number of doctors refused to give details about the workplace, the region where they work, amongst others, claiming that such information would identify them. Also, certain questions intended to assess the performance of managers were met by resistance from doctors to give an opinion. This is reflected also in the results which include the percentage of non-responses by doctors.

Hesitation to speak openly on what doctors consider problematic can be considered as the main limitation of this study.

"Together for Life" hopes that in future studies doctors will be more open to speak about their job satisfaction or dissatisfaction.

CHAPTER III

FINDINGS OF THE QUANTITATIVE PHASE

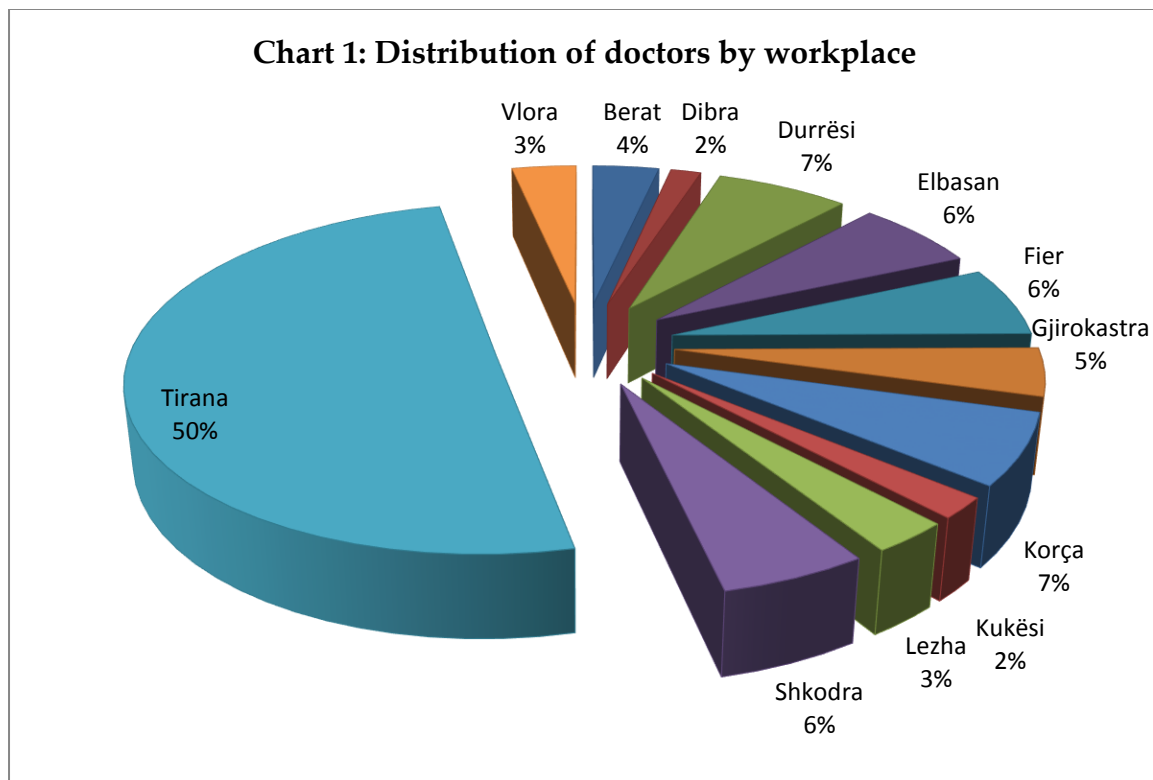
Findings of the quantitative phase

This chapter presents the analysis of quantitative and qualitative data collected by all the groups involved in the study. "Together for Life" conducted the survey with 1000 doctors in the twelve regions of Albania. According to the Order of Doctors, there are 5,827 doctors in Albania, of whom 3,347 (or 57%) work in the Tirana region.

1.15 DISTRIBUTION OF DOCTORS BY WORKPLACE

In order to get the most accurate data, half of the questionnaires were conducted in the Tirana region, while the rest was divided based on the number of doctors in the regions, giving priority to the regions with more doctors.

TABLE2. DISTRIBUTION BY WORKPLACE		
Workplace	Frequency	Percentage
Berat	35	3.5%
Dibra	16	1.6%
Durrës	70	7.0%
Elbasan	65	6.5%
Fier	65	6.5%
Gjirokastra	45	4.5%
Korça	67	6.7%
Kukës	15	1.5%
Lezha	25	2.5%
Shkodra	56	5.6%
Tirana	507	50.7%
Vlora	34	3.4%



1.16 AGE-GROUP OF INTERVIEWED DOCTORS

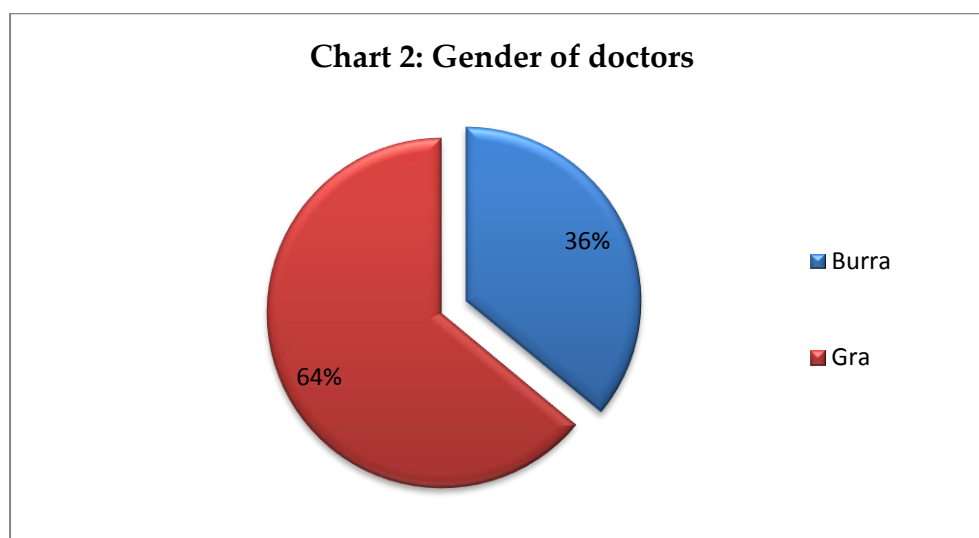
The respondents practicing the doctor's profession in public and private health centres and hospital in various areas of Albania were interviewed by random sampling. The youngest age group of doctors ranges from below 30 years old ($n = 263$) accounting for 26% of the total number of doctors, to the age group 31-40 ($n = 284$) accounting for 28% of the total number of doctors ($n = 257$) make up 26% of the interviewed, and the age group over 51 ($n = 196$) represents 20% of the total number of doctors interviewed at health centres, public hospitals and in non-public hospitals and clinics(*Table 2*).

TABLE 3. DISTRIBUTION BY AGE-GROUP

Age-group	Frequency	Percentage
Younger than 30 years old	263	26%
31 – 40	286	29%
41 - 50	257	26%
> 51	194	19%

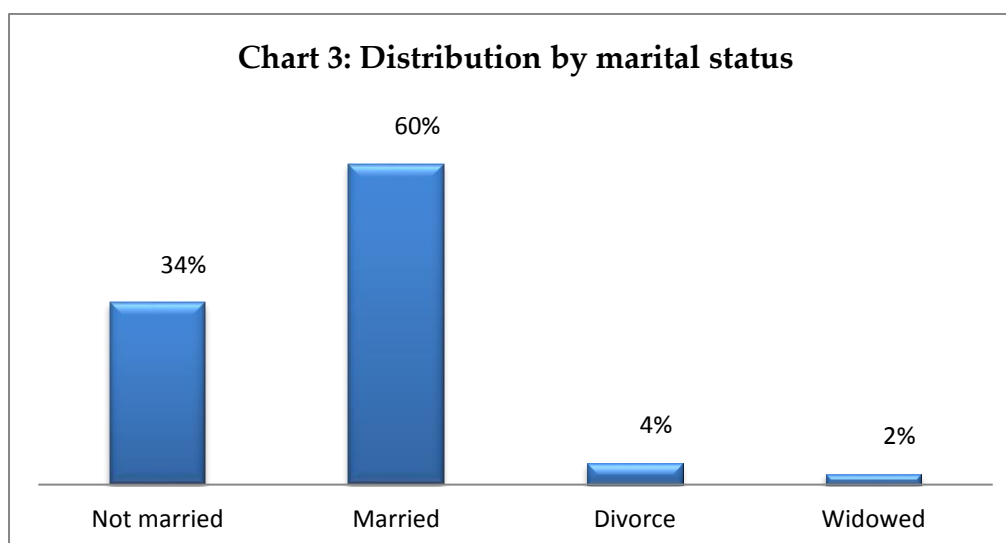
1.17 GENDER OF INTERVIEWED DOCTORS

Throughout the interview, efforts were made to keep gender balance. By gender, there were 642 female respondents or 64%, and 358 male respondents or 36%.



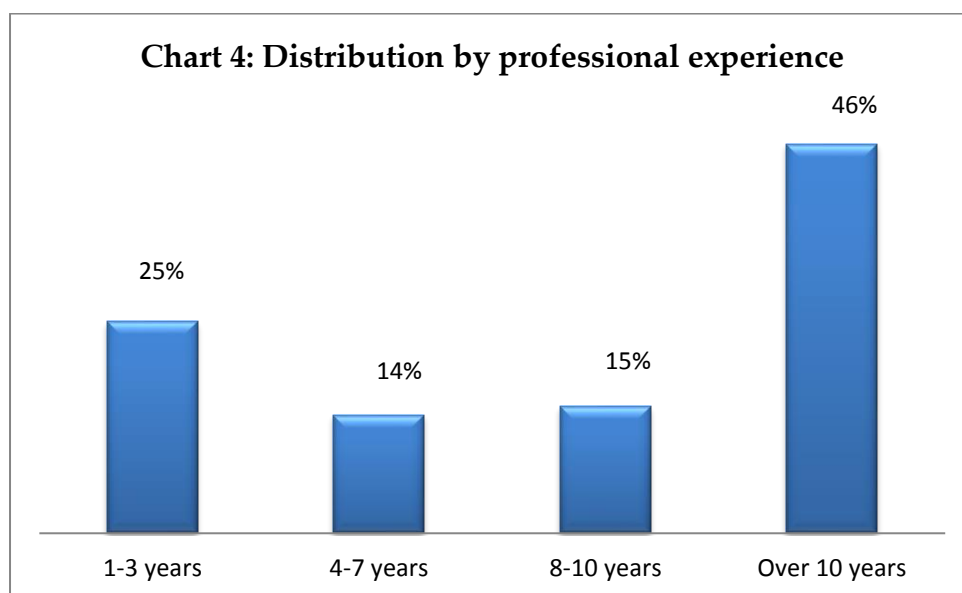
1.18 MARITAL STATUS OF INTERVIEWED DOCTORS

Asked about their marital status, it turns out that (n=340) doctors or 34% were not married, (n=600) or 60% were married, (n=44) or 4% were divorced, and (n=16) Or 2% were widows (*Chart 3*).



1.19 PROFESSIONAL EXPERIENCE OF INTERVIEWED DOCTORS

Doctors were asked also about their working years (seniority). It turned out that 25% of them have 1-3 years of professional experience, 14% of the respondents have 4 (four) to 7 (seven) years of professional experience, 15% of the doctors have 8 (eight) to 10 (ten) years of experience, whereas 46% of the doctors have over 10 years of experience in providing health services in health centres, regional hospitals, municipal hospitals or university hospitals in the country (*Table 4*).



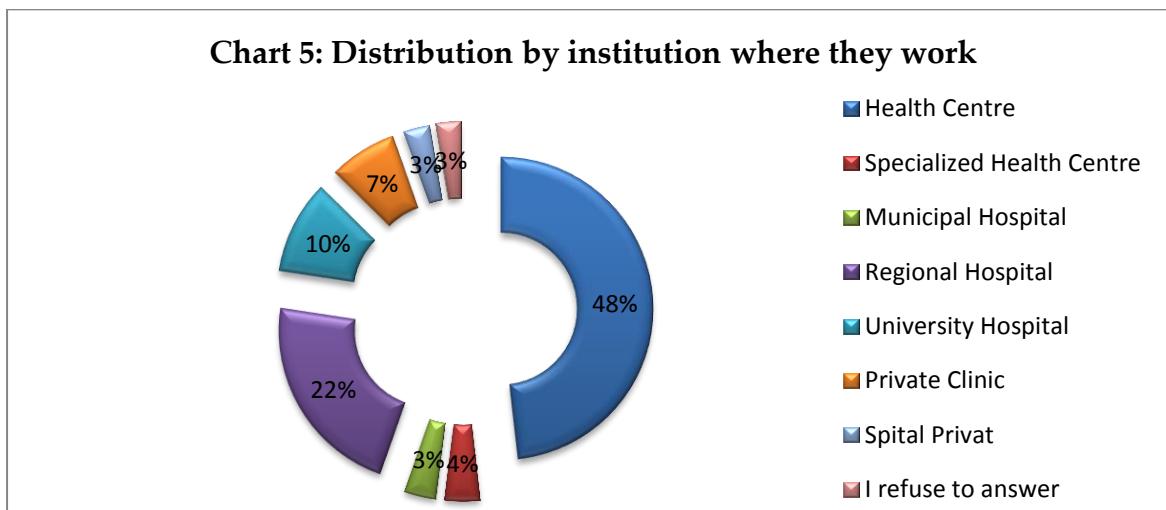
1.20 PROFESSIONAL EDUCATION OF INTERVIEWED DOCTORS

Doctors were asked about their professional education. The data show that 536 respondents are general doctors, 350 are specialized doctors and 82 are doctors holding scientific grade (Doctor of Science or PhD). Meanwhile, 32 doctors refused to give their education attainment level. (*Table 4*).

TABLE 4: DISTRIBUTION BY PROFESSIONAL EDUCATION		
Education	Frequency	Percentage
General doctor	536	54%
Specialized doctor	350	35%
Doctor with scientific grade (DSc, PhD)	82	8%
I refuse to answer	32	3%

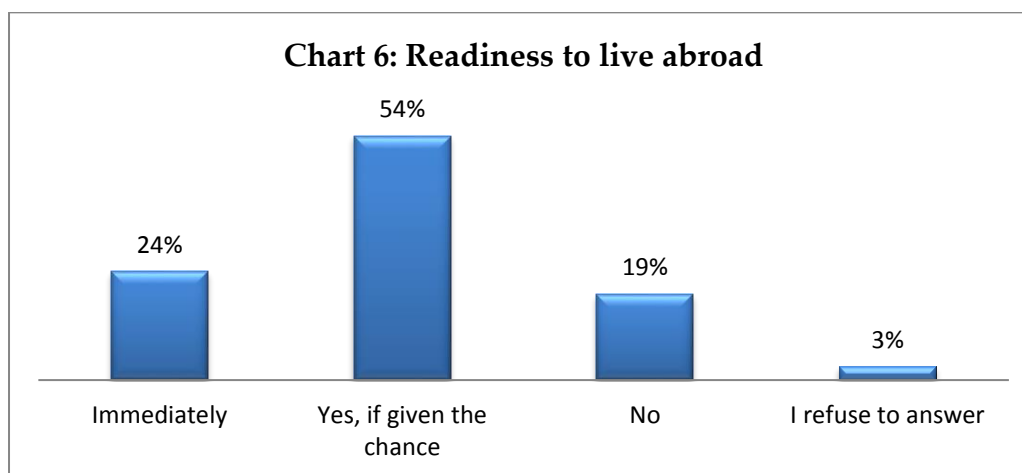
1.21 DISTRIBUTION BY HEALTH INSTITUTION WHERE DOCTORS WORK

Distribution of respondents according to the health institution where they work shows that (n = 482) or 48.2% are employed at Health Centres, (n = 38) or 3.8% work at the Specialties Centres, (n = 34) or 3.4% work at Municipal Hospitals, (n = 220) or 22% work at Regional Hospitals, (n = 100) or 10% of them work at University Hospitals; (n = 72) or 7.2% work at private clinics and (n = 28) or 2.8% work at Private Hospitals, while (n = 26) or 2.6% refused to answer on the workplace.



1.22 READINESS TO LIVE ABROAD

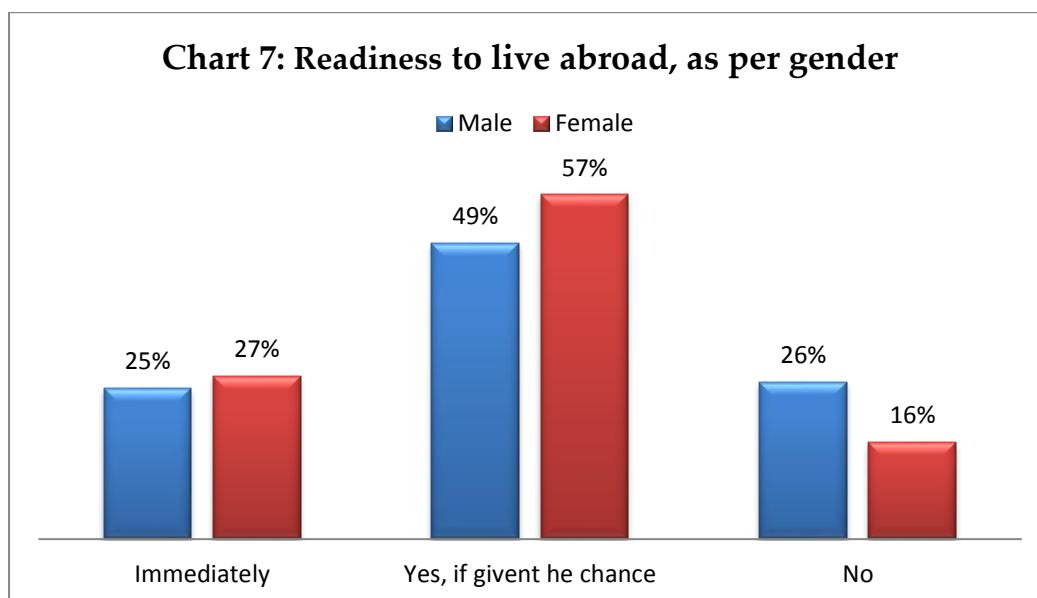
The most important question for doctors placed at the top of the questionnaire was "Are you ready/willing to try to live in another country?". It turns out that 24% of doctors are ready to leave immediately from Albania, 54% of doctors would leave if given the chance, while 19% say they do not want to leave. Only 3% of doctors refused to answer this question (see chart below).



1.22.1 READINESS TO LEAVE AS PER GENDER

In terms of gender, it turns out that 25% of men and 27% of women are ready to leave immediately, while 49% of men and 57% of women would leave if given the chance. These figures show a higher predisposition of women to leave the country.

This tendency is also seen in the negative answer. 26% of men say they do not want to leave Albania, as opposed to 16% of women who say they do not want to leave for another country (*see chart below*).



1.22.2 READINESS TO LEAVE AS PER WORKPLACE

Meanwhile, In terms of workplace, it turns out that 16% of doctors working in health centres would leave immediately, 63% would leave if given the chance and 21% say they would not leave Albania.

From the doctors working in specialized health centres, 35% would leave immediately, 50% would leave if given the chance and 15% would stay in Albania.

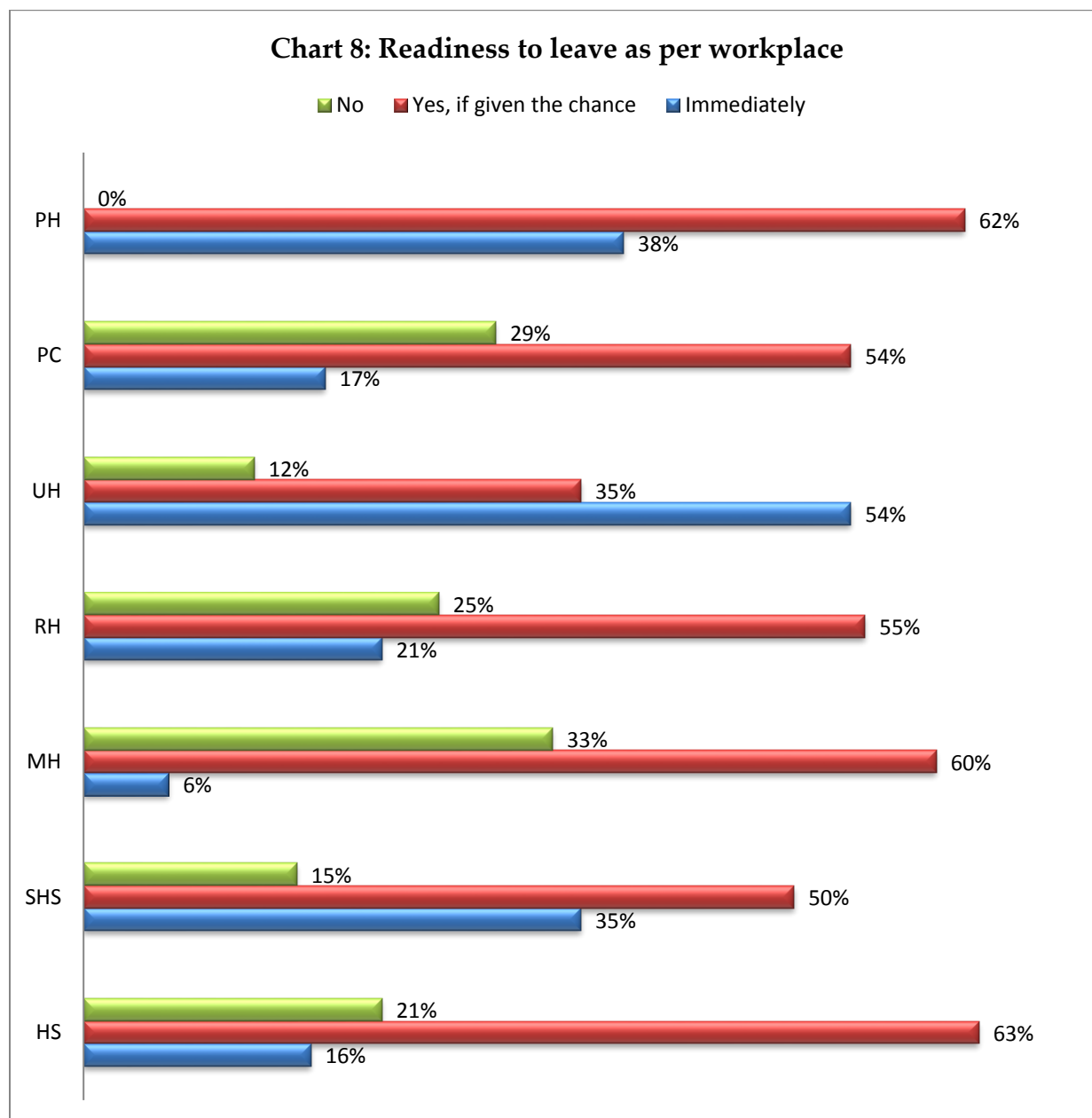
From doctors working in municipal hospitals, only 6% would leave immediately, 60% would leave if given the chance and 34% do not want to leave.

From doctors working in regional hospitals, 21% would leave immediately, 55% would leave if given the chance and 25% do not want to leave.

The situation is different with doctors working in university hospitals. 54% of them are ready to leave Albania immediately. 35% would leave if given the chance and 12% say they do not want to leave.

Meanwhile, the situation in private health institutions is more or less the same. 17% of doctors working in private clinics would leave immediately, 54% would leave if given the chance, while 29% do not want to leave. Predisposition to leave Albania is even higher among doctors working in private hospitals. None of them expressed the desire to stay in Albania, while 38% stated they would leave immediately and 62% say they would leave if given the chance.

The chart below gives a clearer picture of the readiness to leave according to workplace.



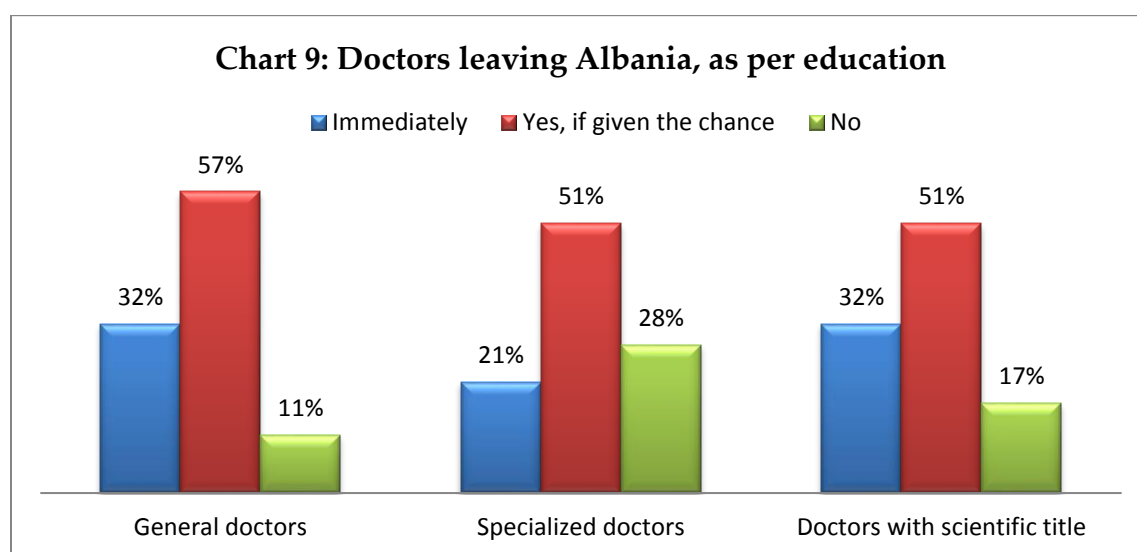
1.22.3 READINESS TO LEAVE AS PER DOCTOR'S EDUCATION

Another important issue to consider is the educational attainment of leaving doctors. Thus, it turns out that among doctors with scientific grades (DSc, PhD), 32% would leave immediately, 51% would leave if given the chance and only 17% would not leave.

Meanwhile, among specialized doctors, it turns out that 21% of them would leave Albania immediately, 51% would leave if given the chance, while 28% do not want to leave.

Among the general doctors, 32% express the desire to leave Albania immediately, 57% say they would leave if they were given the chance, and only 11% say they do not want to leave.

These figures are presented in the chart below:

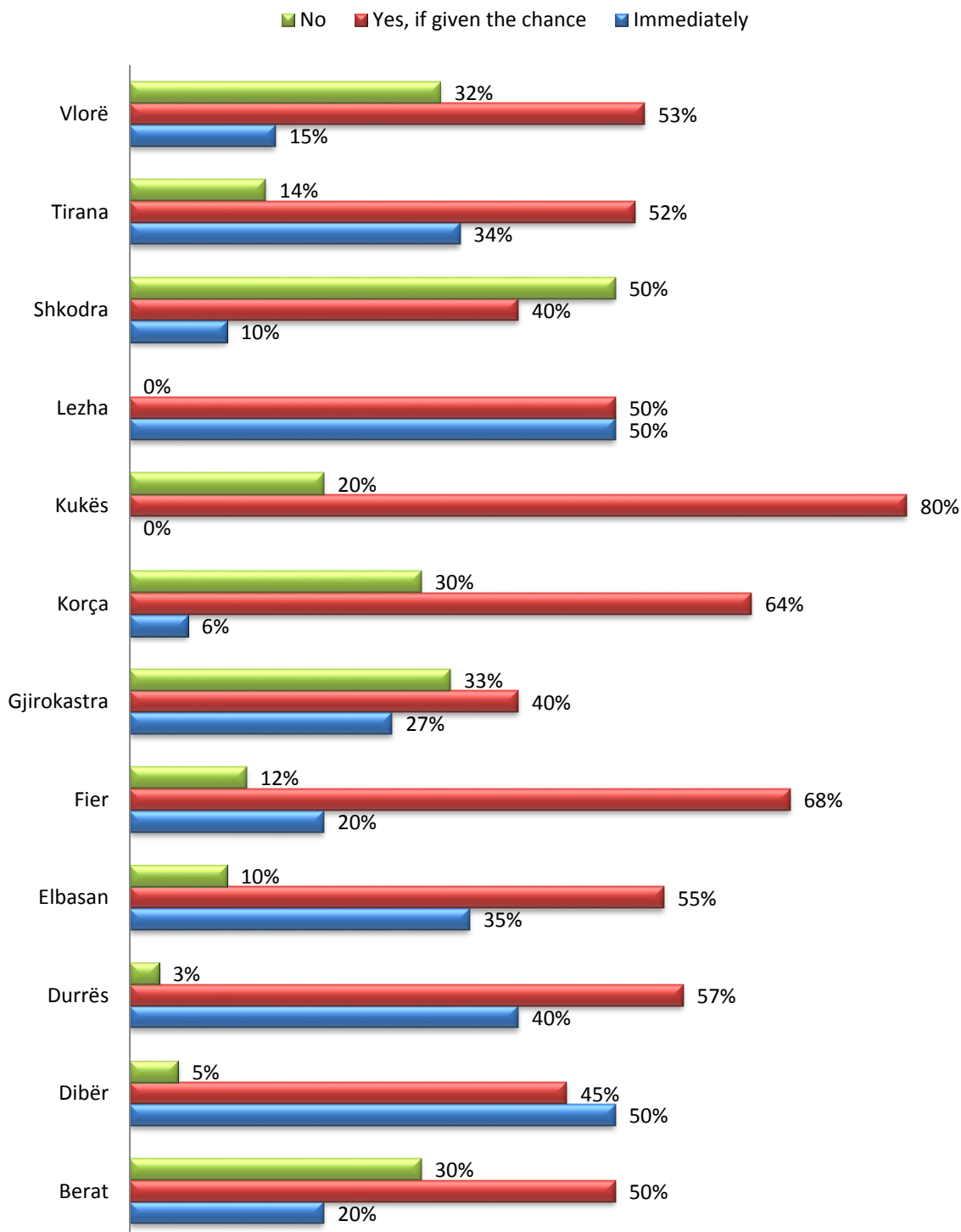


It is noted that general doctors and those with scientific grades have a greater tendency to leave, while specialized doctors have a greater tendency to stay compared to others - with 28% not wanting to leave. Still, even in this case, 51% of them say they are willing to leave if given the chance.

1.22.4 READINESS TO LEAVE AS PER REGION

At regional level, it turns out that the doctors preferring to leave Albania are mostly from the regions of Durrës, Lezha and Dibra, whose willingness to stay in Albania is 3%, 0% and 5% respectively. Meanwhile, the less inclined to leaving the country are the doctors from Kukës region - as none of them would immediately leave Albania; however, 80% of them would leave if given the chance. On the other hand, Shkodra region stands out from the other regions, with 50% of doctors responding that they do not want to leave Albania.

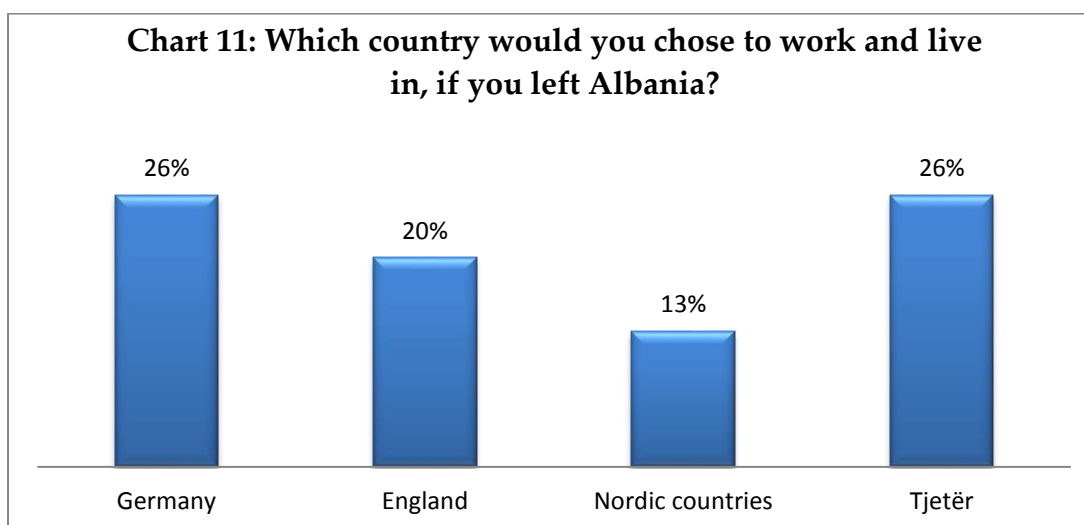
Chart 10: Readiness to leave as per region



1.23 COUNTRY OF PREFERENCE TO WORK AND LIVE IN

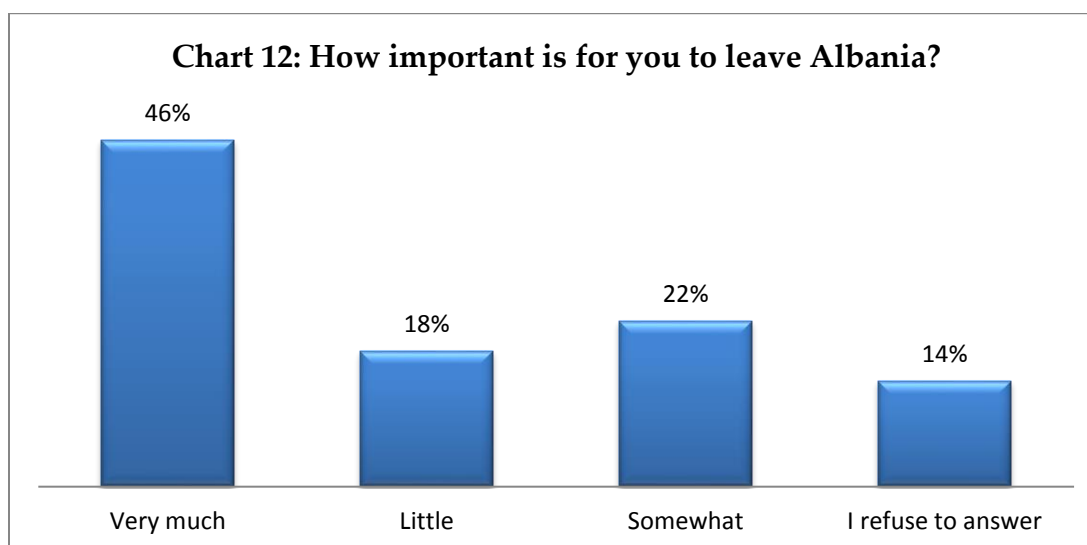
Doctors who responded "Immediately" or "Yes, if given the chance" were also asked in which country they would prefer to stay. Germany ranks first from the responses, followed by England, Nordic countries and other countries.

It is worth noting that Germany is the first choice for all those who responded "Immediately" to leaving Albania. This shows that the relaxed procedures for doctors influences in the selection of this country as an immediate alternative.



1.24 IMPORTANCE OF LEAVING THE COUNTRY

When asked how important is for doctors to leave Albania, it turns out that it is very important to 46% of them, 18% responded that it has little importance and 22 of the respondents said it is somewhat important. Also, 14% of the doctors refused to answer this question.



1.25 ROLE OF HOSPITAL MANAGERS IN DOCTOR'S WORK

A set of questions on their workplace and professional aspects were designed in order to understand the causes that lead them to leave Albania. Hence, doctors were asked about the role of their institution manager in their professional growth. The responses to the question "How does your institution manager influence in your professional growth?", 35% of doctors rated it good, 23% rated it somehow, 16% said that the manager does not play a role and 3% did not know. However, a significant number of doctors (22%) refused to answer this question.



Also, doctors were also asked about the role of their institution manager in staff qualification. The question "What is the role of the manager in the qualification of staff?", 33% of doctors answered "important", 24% think "somewhat important", 19% think that the manager plays no role, 14% say they do not know, and 10% of doctors refused to answer this question.



1.26 CAUSES PUSHING DOCTORS TO LEAVE ALBANIA

Causes contributing to doctors leaving Albania are divided in: environmental, financial, service and management causes.

For the question "What are your reasons for leaving Albania?", doctors were asked to give not only one reason, but as many as they thought to have an impact. Finally, their responses were as shown in the table below (*Table 5*).

TABLE5: DISTRIBUTION AS PER FACTORS PUSHING DOCTORS TO LEAVE ALBANIA	
What are your reasons for leaving Albania?	Percentage
Environmental factor	
Better working conditions	50%
Job certainty (balance)	30%
Life certainty (balance)	24%
Financial factor	
Financial support	54%
On-the-job training	29%
Country with high living standard	36%
Service factor	
Quick services	15%
Trust in doctors	33%
Staff professionalism	22%
Quality of services	25%
Management factor	
Comfort at workplace	22%
Staff correctness	21%
Seriousness at work	47%

There seem to be several factors behind the desire to leave Albania:

As regards the working environment factor, namely the working conditions, 50% of doctors think that the desire to leave Albania comes from the better working conditions in the host country, 30% of them think that the job security (balance) is another important factor and 24% link their departure to the life certainty (balance).

As regards the financial factors, it turns out that financial support is the driver for 54% of doctors wishing to leave the country. 29% think that on-the-job training is a factor for moving to another country, and 36% thinks that a country with a better living standard drives their desire to leave Albania.

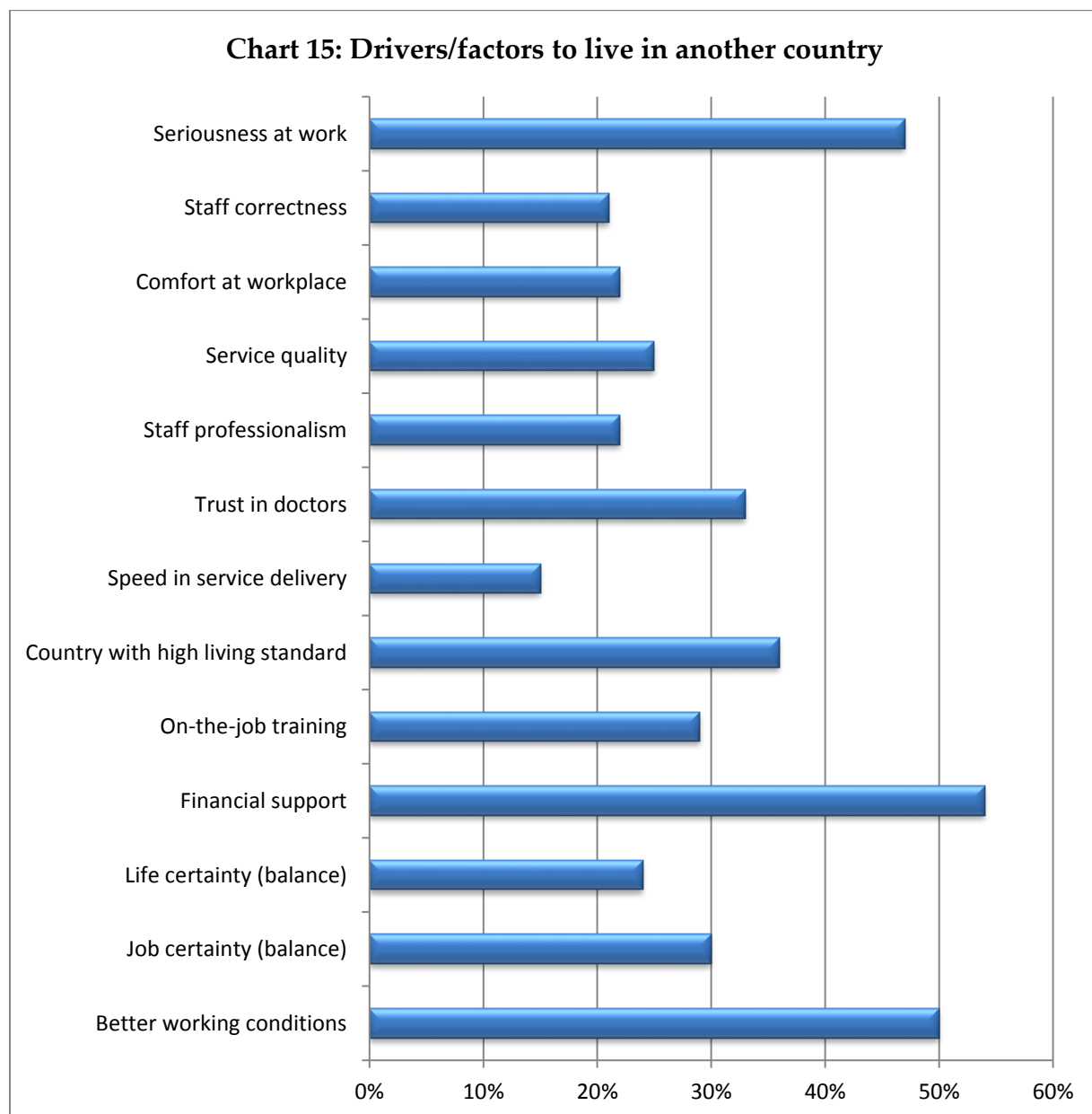
As regards the service factor, 33% of respondents believe that trust in doctors is higher in other countries and that pushes them to leave Albania, 22% think that staff professionalism is the

reason, 25% consider the service quality factor to be the main cause, while 15% associate it with the speed in service delivery.

As regards the management factor, 47% of respondents stated that lack of seriousness at work forces them to leave Albania, while 22% rated work comfort and 21% staff correctness.

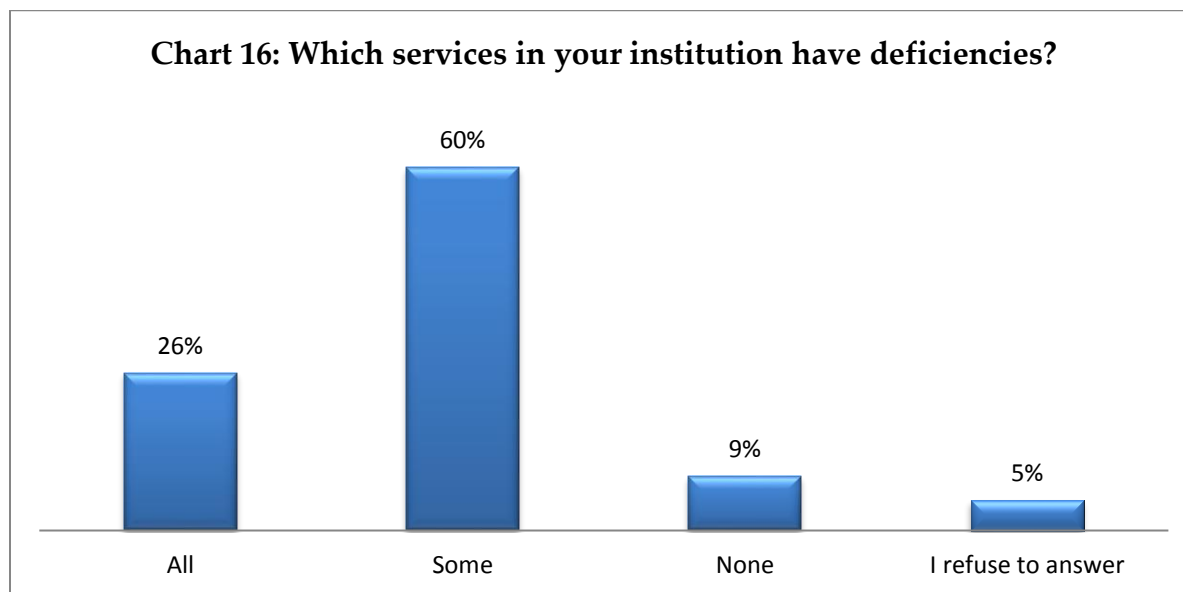
Taken comprehensively, the responses indicate three main factors pushing doctors to leave the country and considered important by 50% of them: seriousness at work (47%), better working conditions (50%) and financial support (54%).

The graphic representation of these causes/reasons presents the following picture:



1.26.1 DEFFICIENCIES IN HEALTH INSTITUTIONS

For 50% of doctors, better working conditions constitute a cause/reason to leave. In this view, doctors were asked about potential service deficiencies in the institution they work.



It turns out that 26% of the doctors state that their institution has deficiencies in all services, while 60% state that the institution they work at deficiencies in some services.

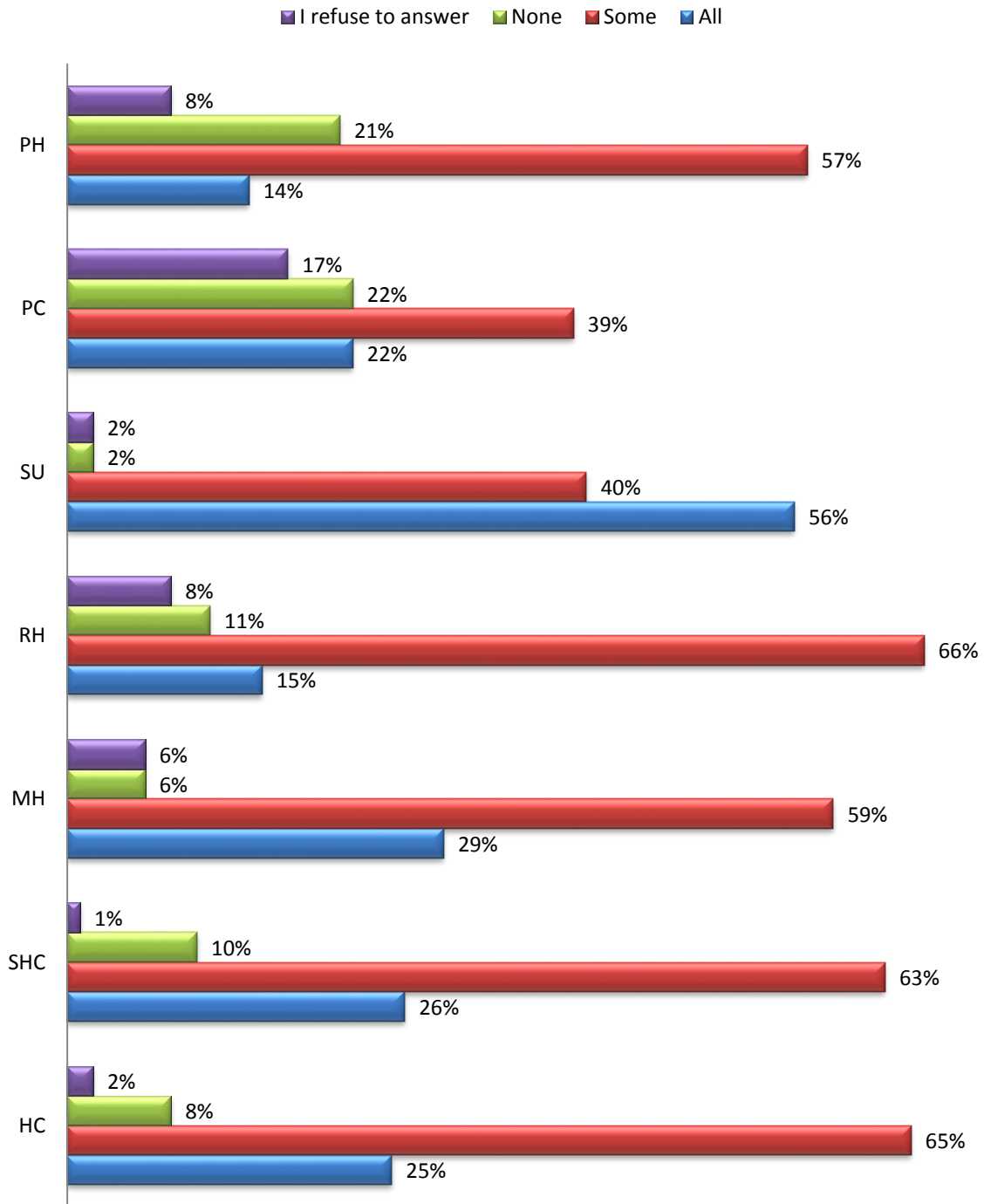
Only 9% of doctors state that there are no deficiencies in any of the services, while 5% of doctors refused to answer that question.

1.26.1.1 *SERVICE DEFFICIENCIES AS PER WORKPLACE*

In order to have a clear overview of service deficiencies in all health institutions, the answers were analysed according to the doctors' workplace. It is easily noticed that most doctors report deficiencies in some services. Anyway, answers provided by doctors of university hospitals differ from others'. Unlike all other doctors, 56% of doctors working in university hospitals declare that all service have deficiencies. 40% declare shortcomings in some services and only 2% report no service deficiencies.

On the other hand, although it is claimed that private services have better conditions, it turns out that doctors working in private clinics and those working in private hospitals state deficiencies in services. However, the percentage of those who deny deficiencies is higher than doctors working in public health institutions; this is true also for the percentage of doctors who prefer not to answer to this question.

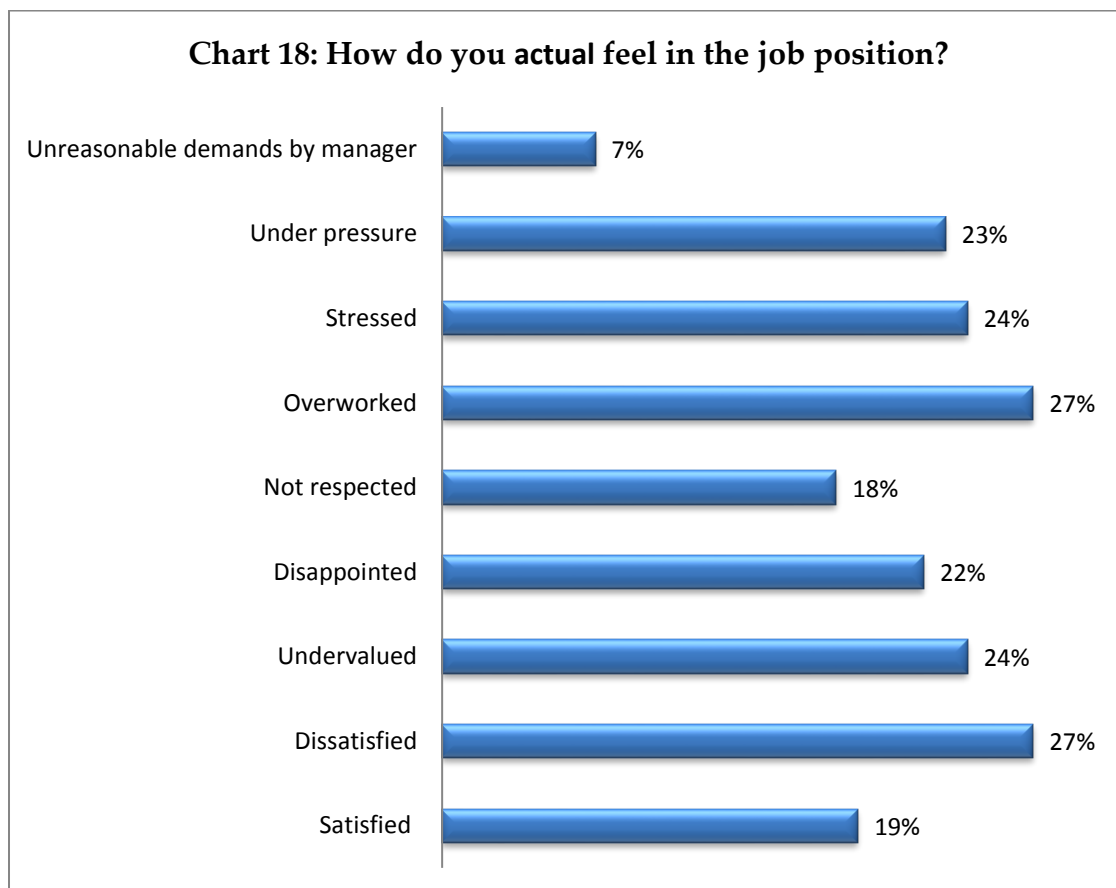
Chart 17: Service deficiencies as per workplace



1.26.2 SENSATIONS AT JOB POSITION

Doctors were also asked about their sensations at the job position. So, all doctors were put in front of some alternative related to how they feel at the workplace. They were asked to choose one or several alternatives that described their situation.

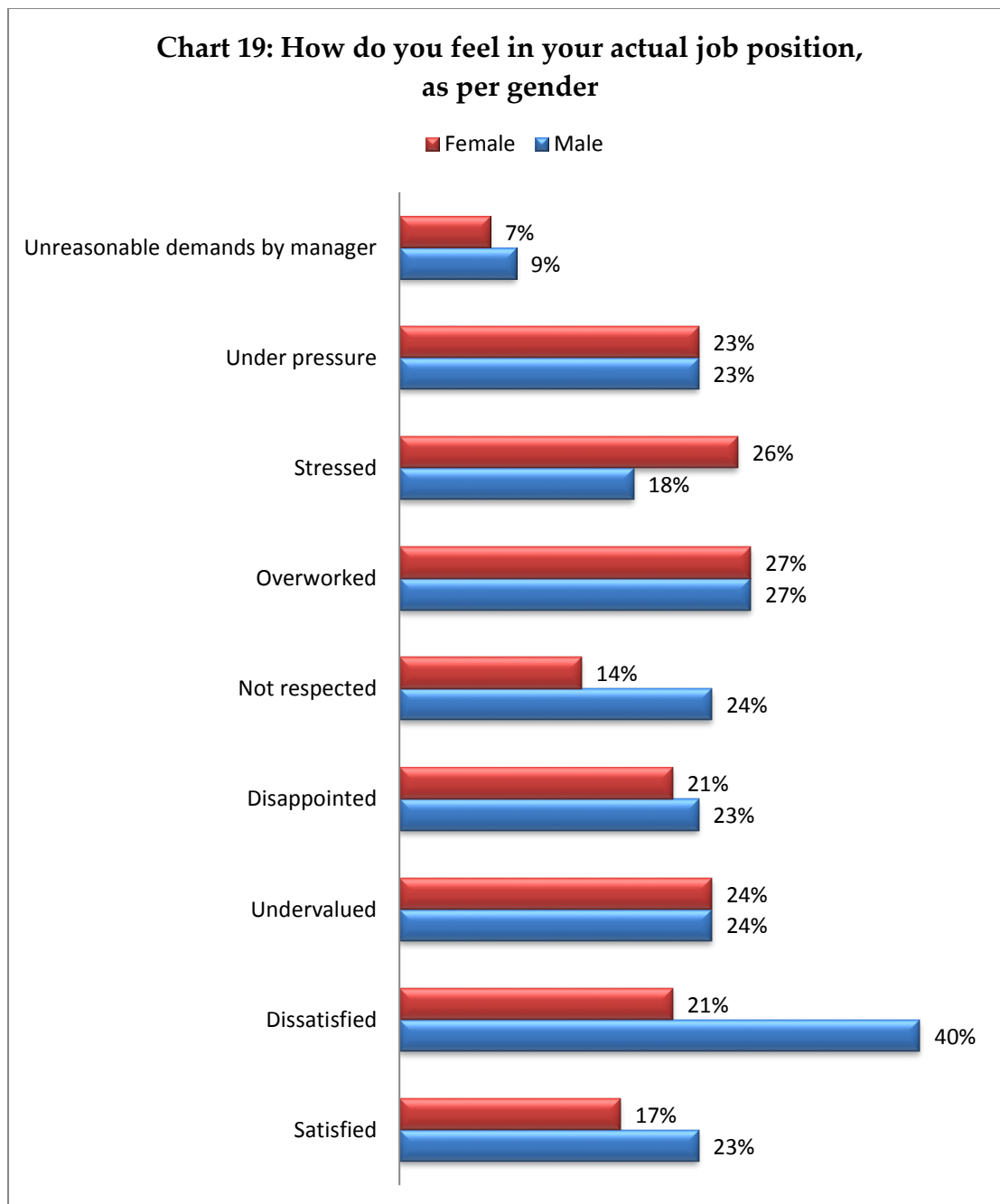
The result was that only 19% of doctors were satisfied at their workplace. The rest stated that they feel under pressure (23%), stressed (24%), dissatisfied (27%), overworked (27%), disappointed (22%), undervalued (24%) and not respected (18%). A small percentage responded that the manager makes unreasonable demands.



As noted, most doctors feel overworked and dissatisfied.

1.26.2.1 SENSATIONS AT JOB POSITION AS PER GENDER

This issue was looked into under the gender aspect.

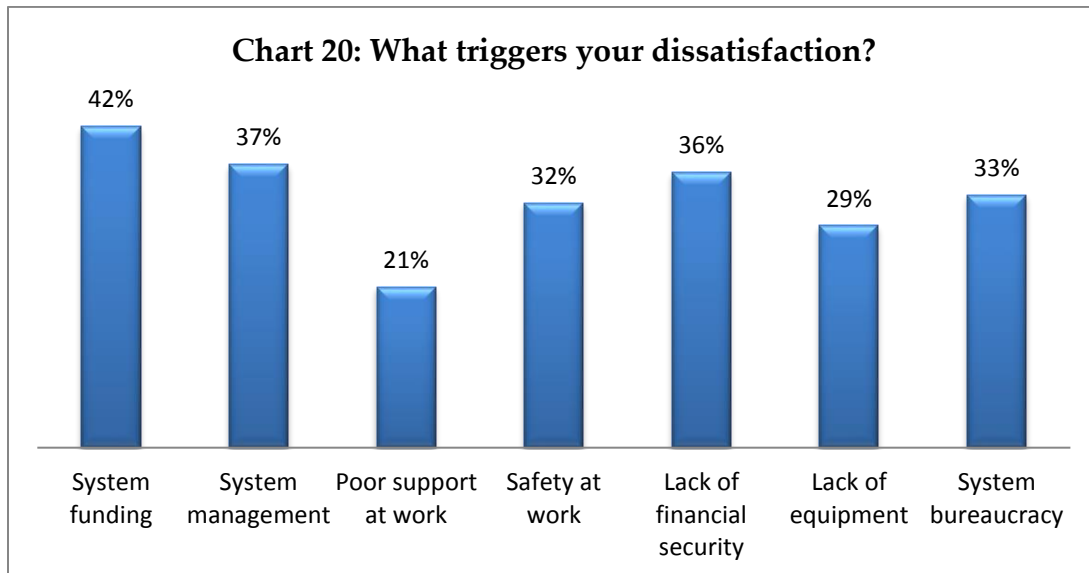


As the chart shows, the most dissatisfied are the males, 40% of whom respond that they are dissatisfied at work, 24% feel not respected and undervalued, and 27% feel overworked. However, male doctors are also the ones having the highest percentage of satisfaction (23%).

On the other hand, female doctors have the highest stress level. 26% of them state to be stressed, against 18% of male doctors. Their satisfaction level is also lower, at 17%.

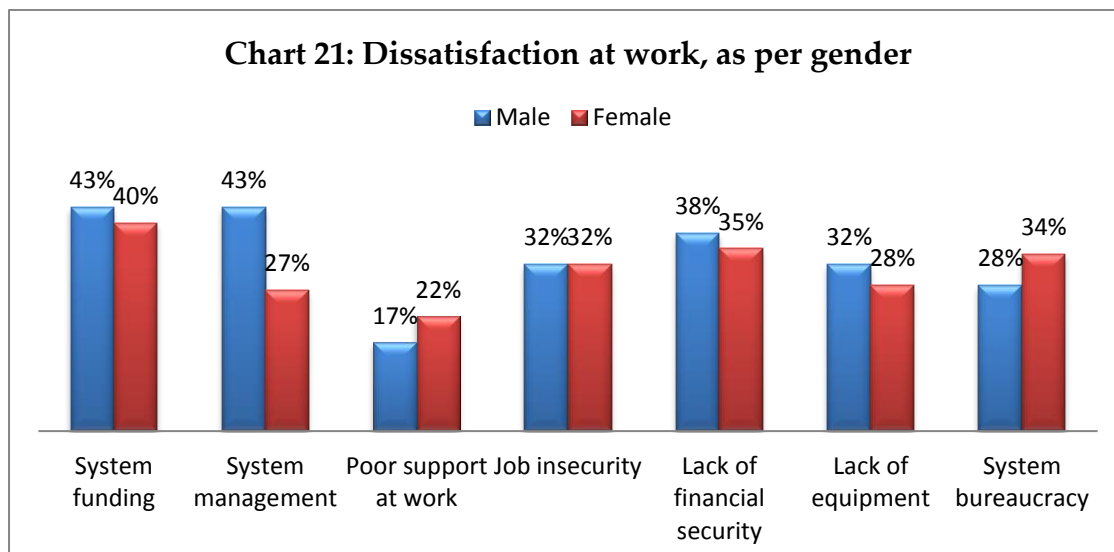
1.26.3 DISSATISFACTION AT THE WORKPLACE

Asked what contributes to their dissatisfaction with the health system (multiple choice question), it turns out that 42% of doctors are dissatisfied with system funding, 37% are dissatisfied by poor system management, 36% are dissatisfied by the lack of financial security and 33% of them are dissatisfied with system bureaucracy.



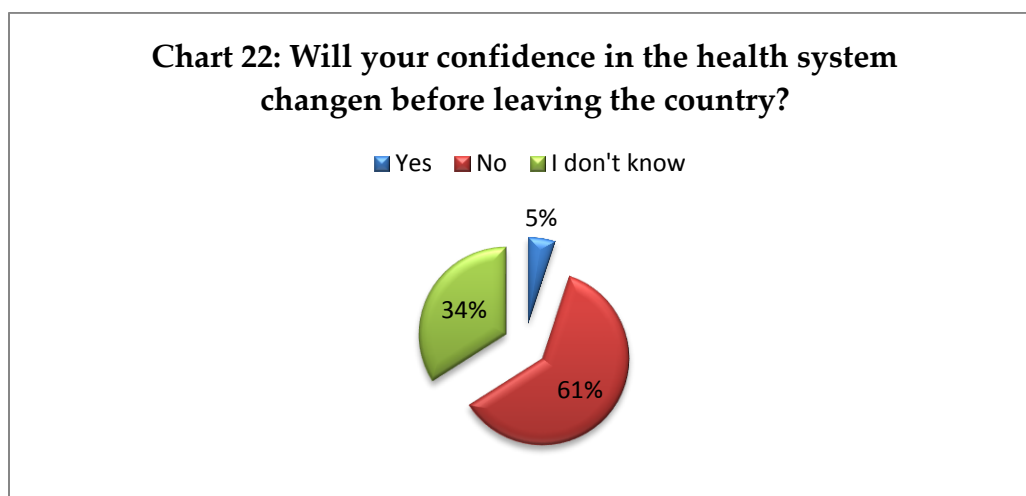
1.26.3.1 DISSATISFACTION AT WORKPLACE, AS PER GENDER

Disappointment varies by gender too. It turns out that males are more critical of the system. Male doctors express more dissatisfaction from system financing (43%), system management (43%), lack of financial security (38%) and lack of equipment (32%). Meanwhile, female doctors express more dissatisfaction with system bureaucracy (34%) and poor support at work (22%). It is noticed that both sexes feel the same job insecurity (32%).



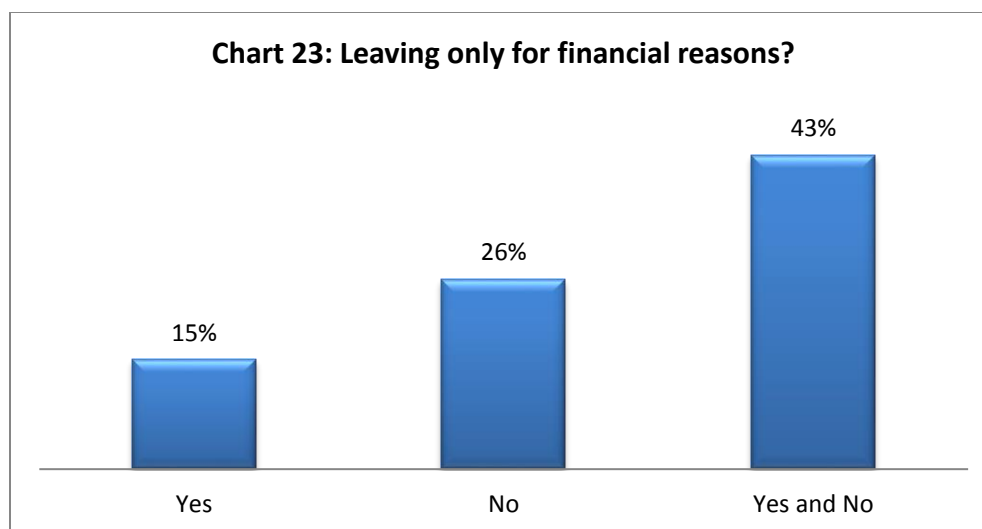
1.26.4 CONFIDENCE THAT HEALTH SYSTEM WILL CHANGE

Doctors were also asked if their confidence in the health system would change before they left the country. From the resulting answers, it turns out that 51% of respondents think their confidence will not change, 28% of doctors don't know if their confidence in the system will change before leaving, and only 5% stated that their conviction might change before leaving.



1.26.5 LEAVING FOR FINANCIAL REASONS

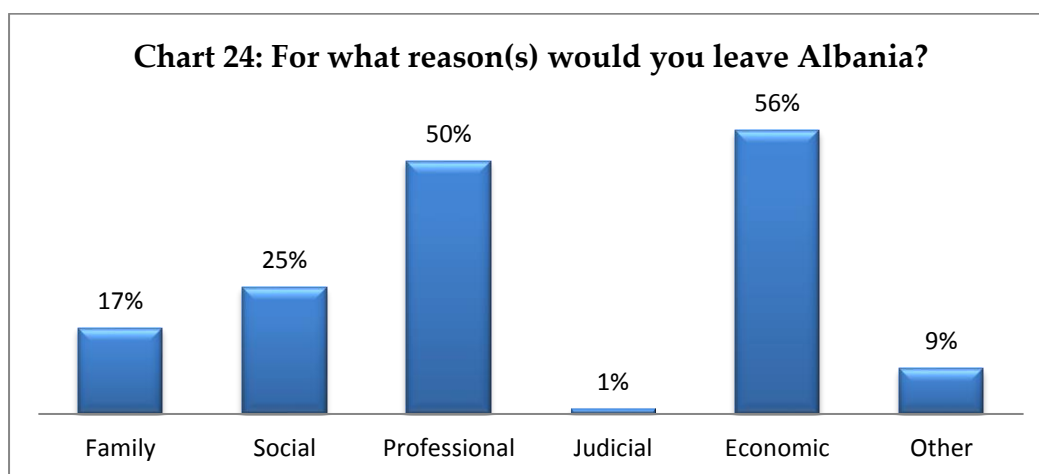
As stated above, financial support is a cause to leave for 54% of doctors. Asked whether the desire to leave the country is only for financial reasons, 43% of doctors said "yes and no", 26% stated that there is more to it than just financial reasons, and 16% responded that it is only for financial reasons.



1.26.6 LEAVING FOR VARIOUS REASONS

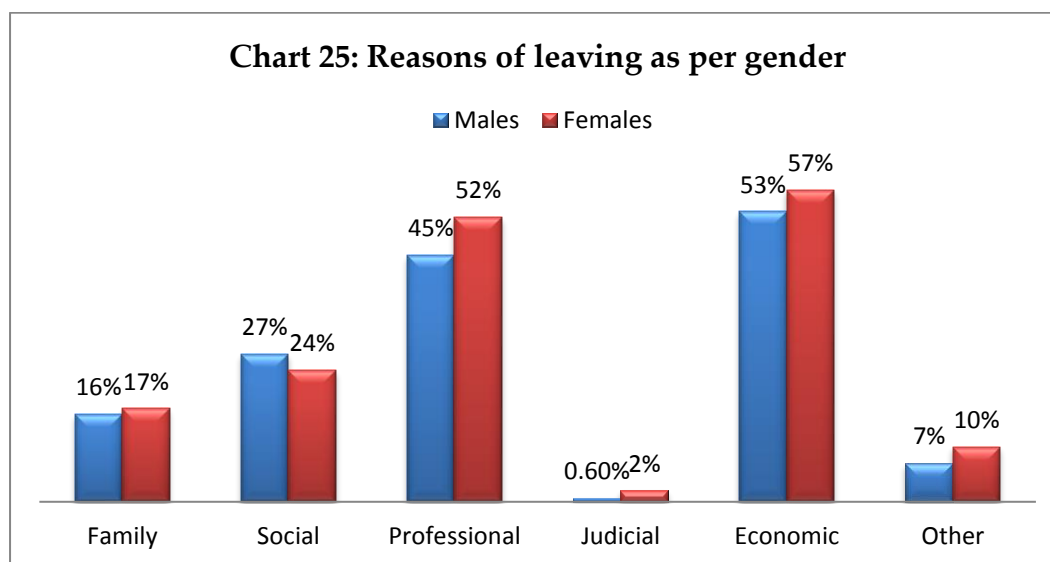
Doctors were asked to list some other reasons for living the country. They were again asked to choose all alternatives they deemed reasonable and urging them not to live anymore in Albania.

So, it turned out that the main reasons for doctors are economic (56%) and professional (50%). Family and social causes/reasons seem to be in second place.



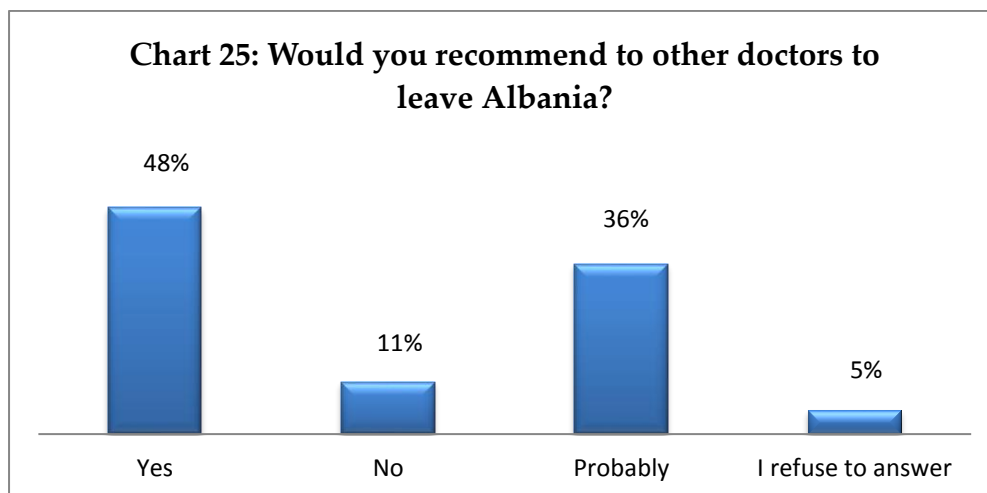
1.26.6.1 REASONS OF LEAVING AS PER GENDER

Even when this question is put under the gender perspective, it turns out that the economic and professional reasons are more decisive for females, with economic reasons 57% and professional reasons 52% respectively. As for social reasons, males (27%) account for a higher percentage than females (24%), albeit by a narrow margin.



1.26.7 RECOMMENDATION TO LEAVE ALBANIA

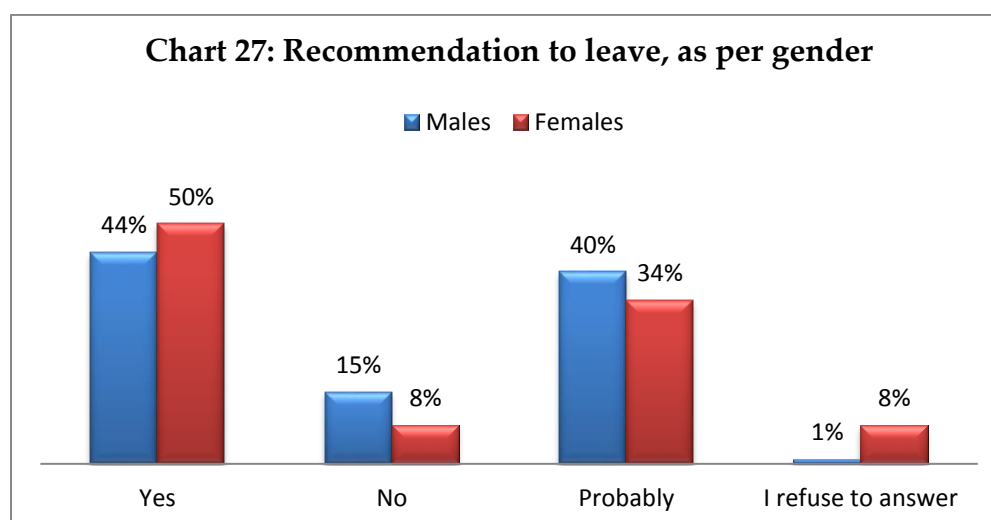
As for the question whether doctors would recommend leaving Albania their colleagues, the collected responses suggest that 51% would recommend to other doctors to leave, 37% responded "probably" and 11% said they would not recommend leaving Albania to other doctors. 5% of doctors did not answer this question.



1.26.7.1 RECOMMENDATION TO LEAVE ALBANIA, AS PER GENDER

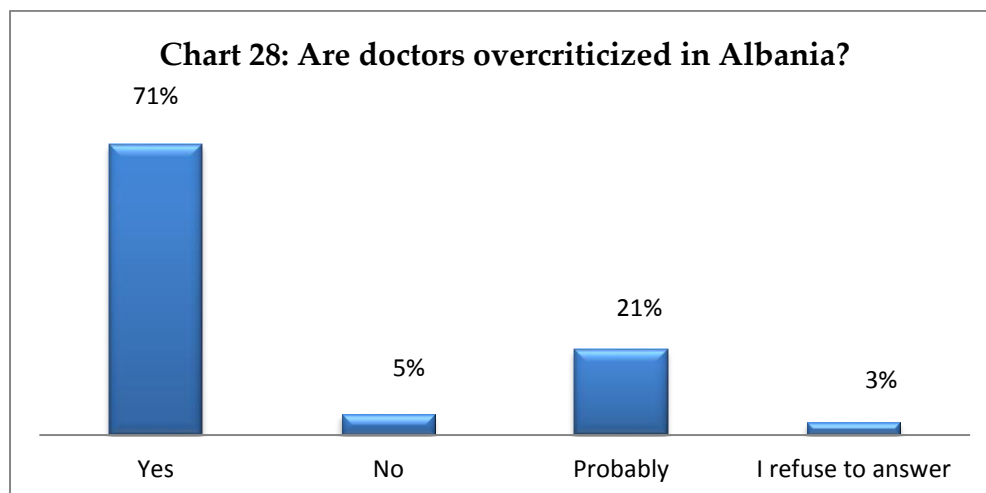
Even when this question is put under the gender perspective, again it turns out that female doctors are more predisposed than male doctors to recommend leaving Albania, with female doctors 50% and male doctors 44%.

On the other hand, the percentage of male doctors who would probably recommend leaving Albania is higher than female doctors (40% versus 34%).



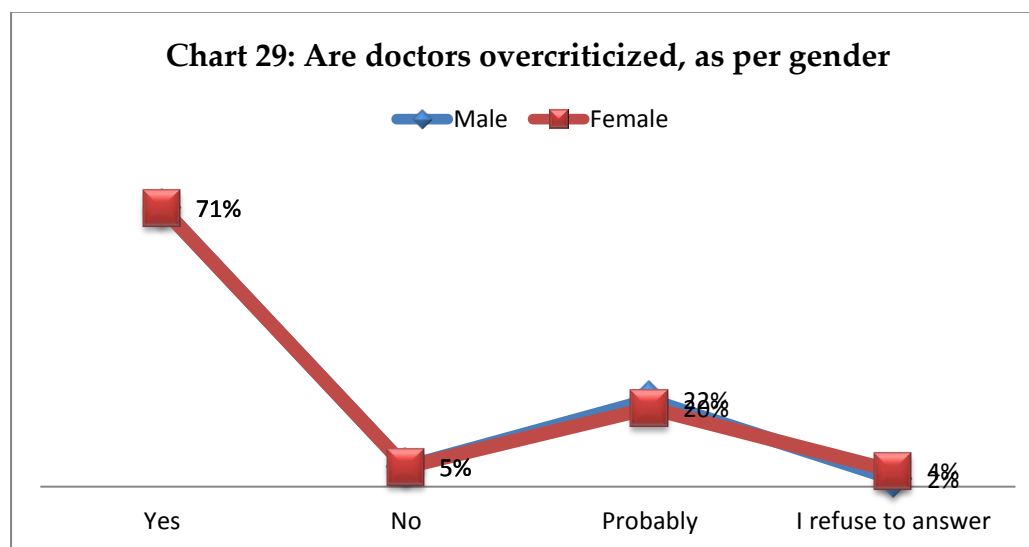
1.26.8 CRITICISM AGAINST DOCTORS

Trust in doctors represented a cause for leaving Albania for 33% of doctors. Consequently, doctors were asked if they are criticized more than they should in Albania. It turned out that 71% confirmed it and only 5% denied that they are criticized more than they should. On the other hand, 21% of doctors responded “probably”.



1.26.8.1 CRITICISM AGAINST DOCTORS AS PER GENDER

This question was put under the gender perspective, but it turned out there was no difference in perception of criticism between male and female doctors. 71% of both sexes think that doctors are criticized more than deserved and 5% of both sexes think doctors are not criticized. This shows a similar perception of behaviour towards doctors in Albania, regardless of gender.

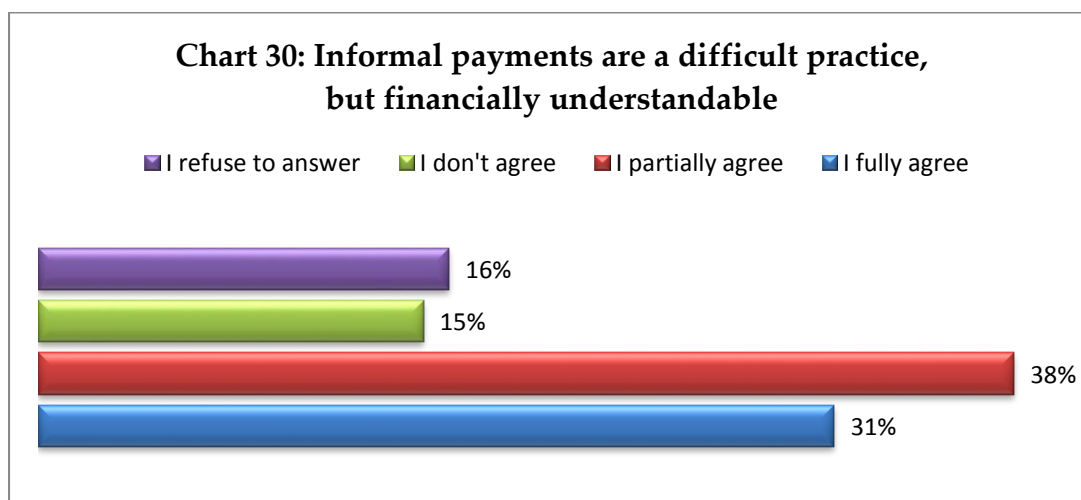


1.26.9 INFORMAL PAYMENTS

The issue of informal payments was another question asked to doctors. Being that informal payments are a commonplace practice in the health sector in Albania, doctors were asked how they consider this income. They were given a statement and were asked if they agree. For the statement “informal payments are a difficult practice, but financially understandable”, it turned out that 31% of doctors fully agree, 38% partially agree and only 15% disagree. Meanwhile, 16% of doctors refused to answer this question.

TABLE 6: DISTRIBUTION BY THEIR OPINION ON THE PAYMENTS GIVEN BY PATIENTS		
Practice of informal payments... to what extent do you agree: :		
		Percentage
<i>it is a difficult practice, but financially understandable</i>	I fully agree	31%
	I partially agree	38%
	I don't agree	15%
	I refuse to answer	16%

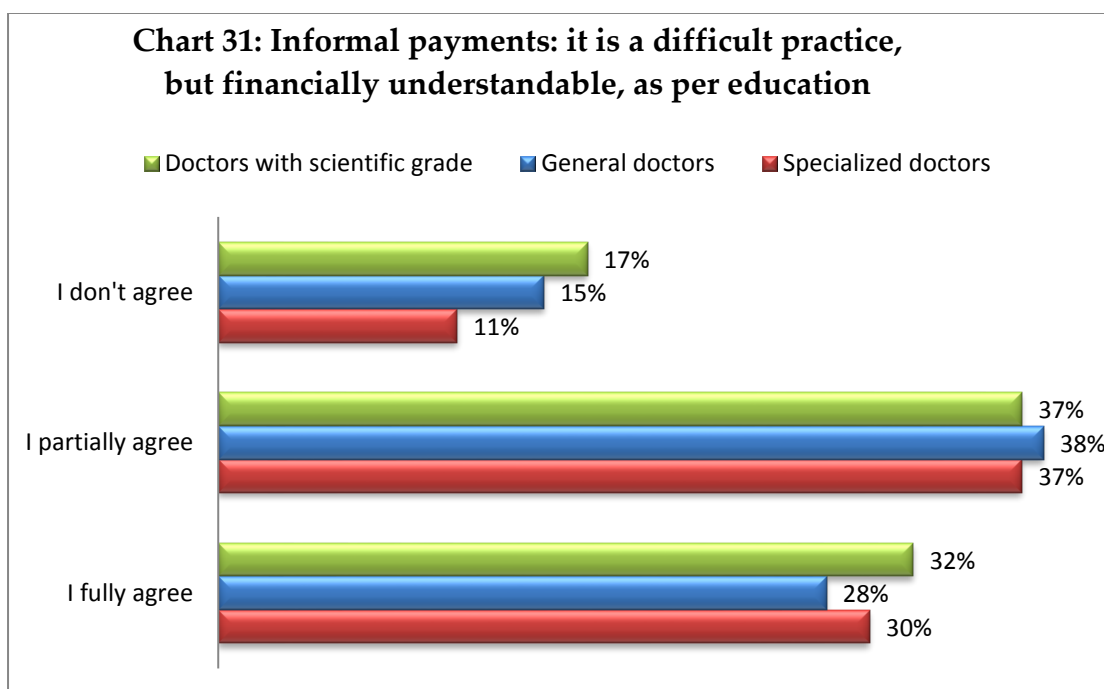
Responses to this question are presented graphically below:



So, responses about the unlawful phenomenon of informal payments indicate that 31% legitimate this practice due to lack of financial motivation.

1.26.9.1 INFORMAL PAYMENTS AS PER DOCTORS' EDUCATION LEVEL

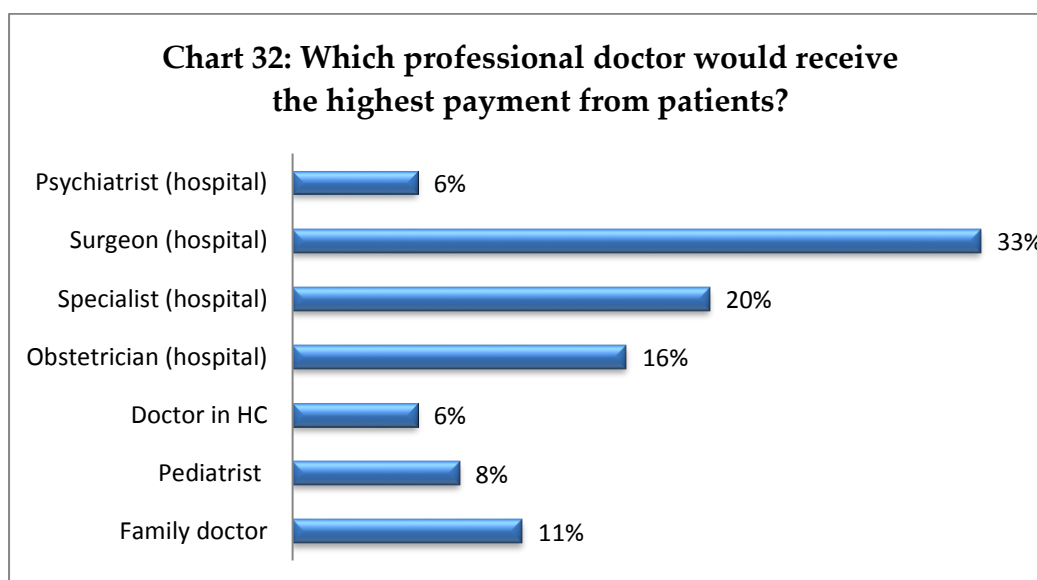
This statement was put at the backdrop of doctors' education level, and it turns out that the majority agrees and a minority disagrees, regardless of their education level.



So, 37-38% of all doctors partially agree to this statement, regardless of their education level.

1.26.10 PATIENTS' PAYMENTS TO DOCTORS

The doctors were also asked about which medical practitioner would possibly receive the highest payment from patients. From the responses collected, it turns out that most doctors think that patients would give a higher payment to a surgeon (33%), a hospital specialist (20%), and a hospital obstetrician (16%). Meanwhile, the lowest payment is perceived to be received by doctors in a health centres and a hospital psychiatrist, namely 6%.



In view of the informal payments obtained from patients, doctors were asked to state how many doctors receive a lot of informal payments from patients, how many receive averagely and how many receive little.

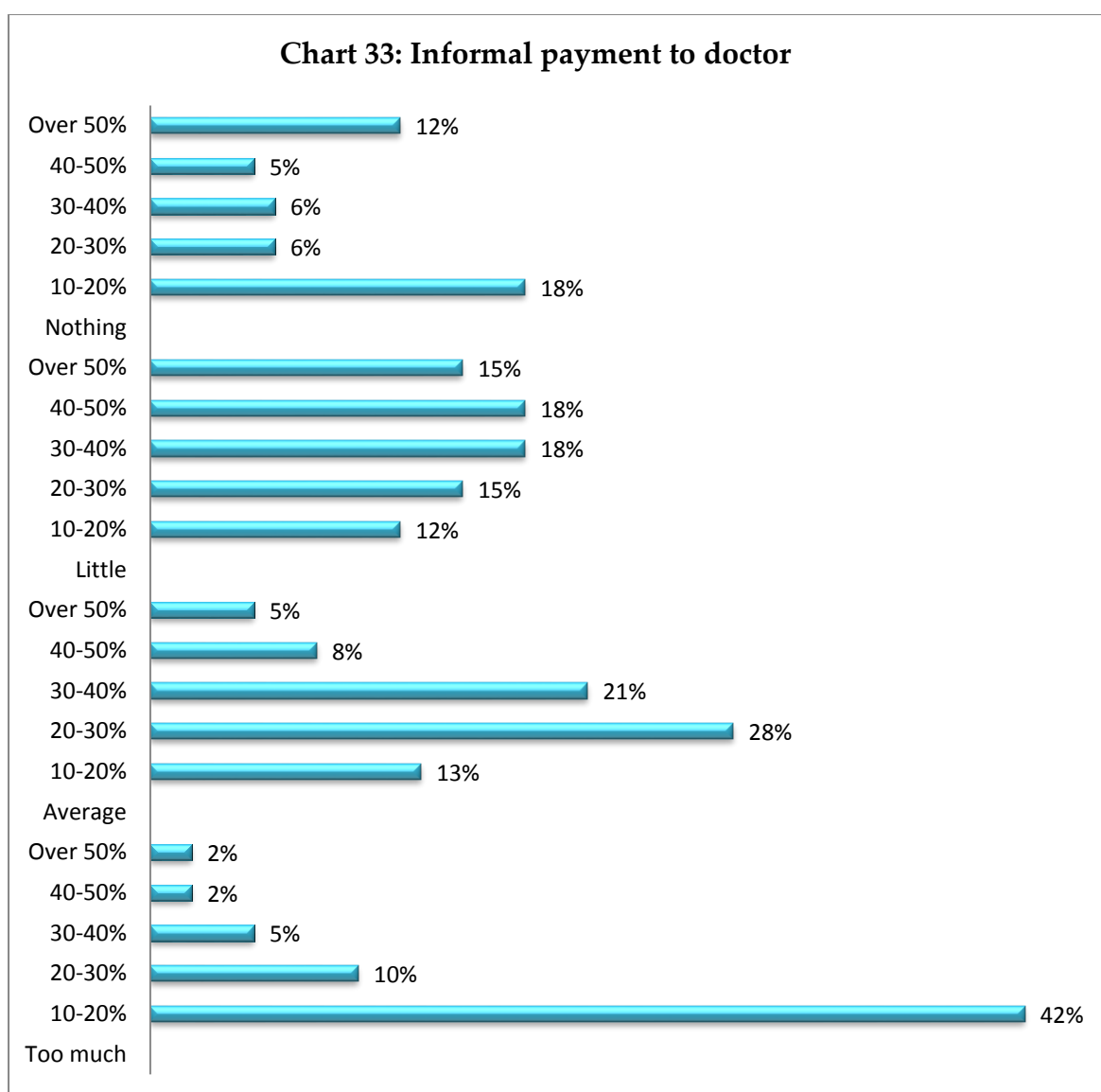
From their responses, it turns out that 42% of doctors think that only 10-20% of doctors receive a lot of informal payments, 10% think that 20-30% of doctors receive a lot of such payments from patients, 5% think that 30-40% of doctors receive a lot informal payments and only 4% think that over 40% of doctors receive a lot of informal payments from patients.

Meanwhile, 13% of doctors think that patients give an average informal payment to 10 to 20% of doctors, 28% think that patients give an average informal payment to 20-30% of doctors and 21% think that patients give an average informal payment to 30-40% of doctors.

The table below gives an overview of the doctors' opinions about informal payments given by patients.

TABLE7: DISTRIBUTION ACCORDING TO % OF INFORMAL PAYMENTS THEY RECEIVE FROM PATIENTS	
According to various surveys, the informal payment given to the doctor is divided disproportionately among doctors: someone takes more, someone takes less. In your opinion, how many doctors obtain too much and how many obtain little?	
	Percentage
Too much	
10-20%	42%
20-30%	10%
30-40%	5%
40-50%	2%
Over 50%	2%
Average	
10-20%	13%
20-30%	28%
30-40%	21%
40-50%	8%
Over 50%	5%
Little	
10-20%	12%
20-30%	15%
30-40%	18%
40-50%	18%
Over 50%	15%
Nothing	
10-20%	18%
20-30%	6%
30-40%	6%
40-50%	5%
Over 50%	12%

The chart below shows the situation of informal payments given to doctors by patients.



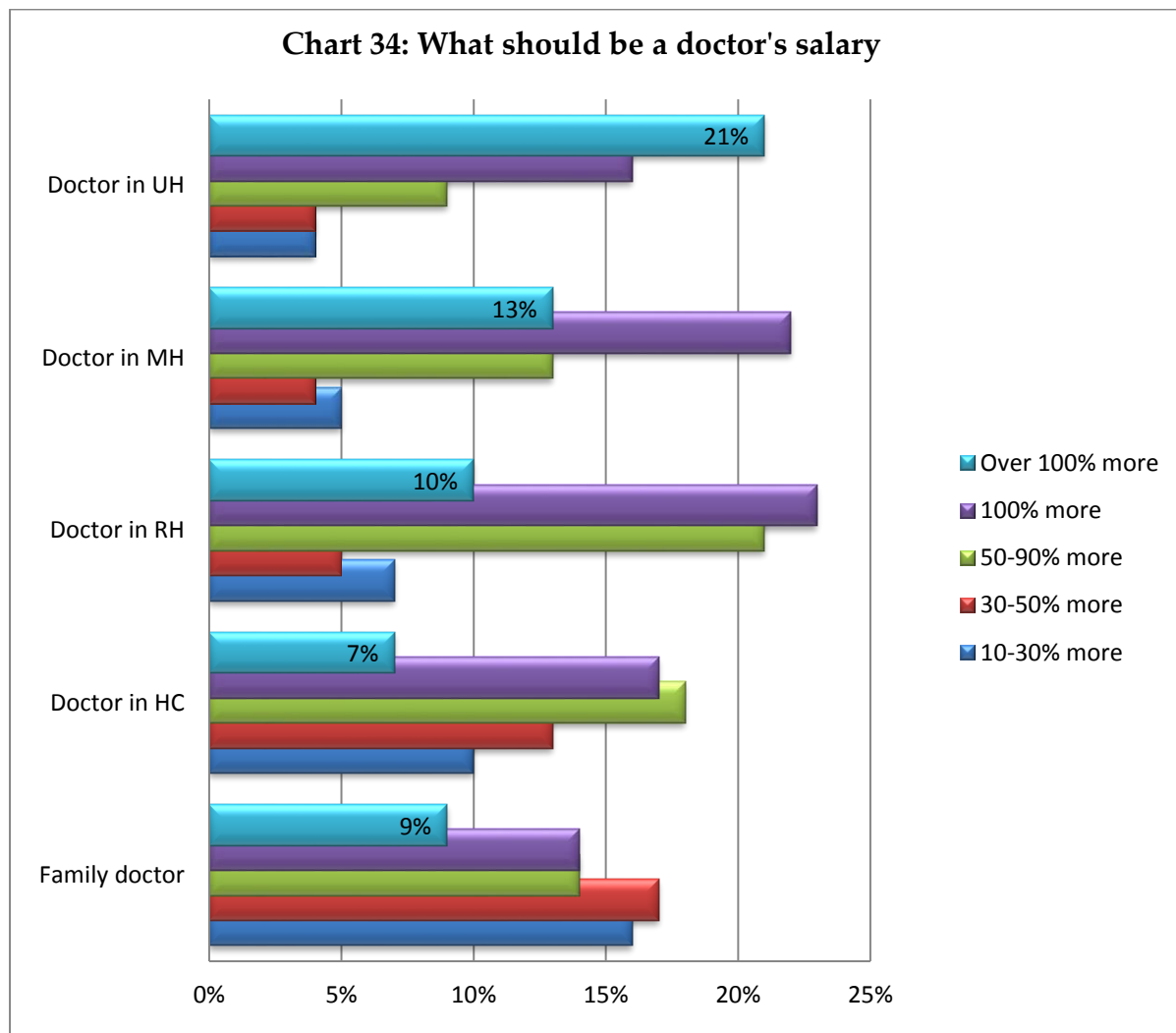
So, when asked if the informal payment is divided among doctors proportionately and whether doctors obtain too much or too little, and how many (%) obtain too much or little, the collected responses indicate that: only 10-20% of doctors in our country receive too much; 20-30% receive average informal payments; 40-50% receive little and 40-50% get virtually nothing.

1.26.11 WHAT SHOULD THE SALARY BE TO PREVENT INFORMAL PAYMENTS

In reference to a hypothetical situation where salaries would be increased in the health system, respondents were asked what would be the respectable net salary for a doctor in order not to accept informal payments. Collected responses show that:

- for a family doctor, the best salary would be an increase of 30% to 50%;

- for a doctor in Health Centre, the best salary would be an increase from 50% to 90%;
- for a specialized doctor in a regional hospital, the best salary would be a 100% increase;
- for a doctor in a municipal hospital, the best salary would be an increase of up to 100%;
- for a doctor in a university hospital, the best salary would be an increase by over 100% over the actual salary.

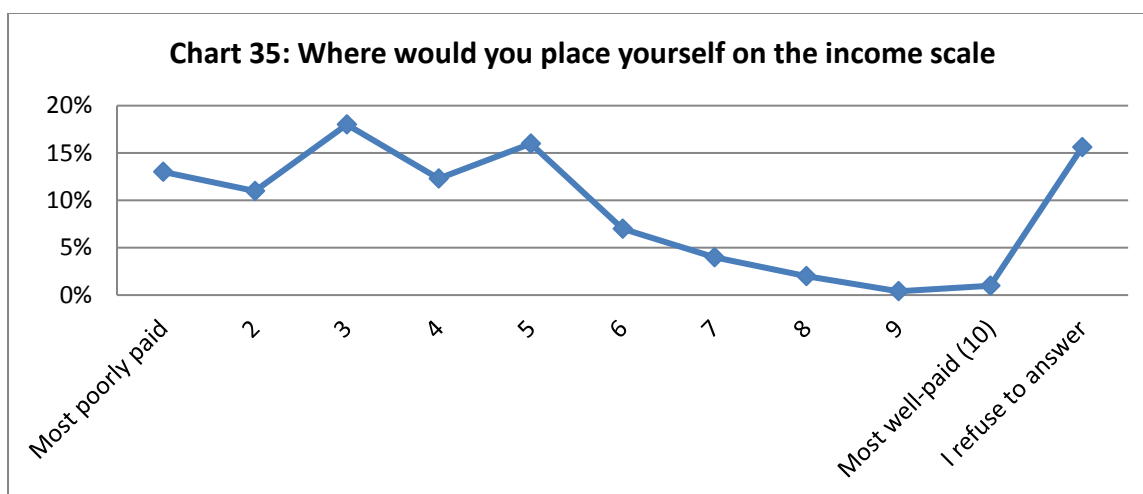


1.26.12 DOCTOR'S PERCEPTION OF THEIR ACTUAL SALARY

Regarding the question on how would a doctor rate his/her own financial income from 1 (lowest rate) to 10 points, the resulting responses show that 13% of doctors rate their salaries as 1, i.e. poorly paid. Only 1% rates their financial income by 10, i.e. well-paid in the health system.

It is noted that the majority of doctors (77%) rate their income level from 1 to 6. Meanwhile, 6% rate them between 7 and 8, and only 1.4% of the doctors rate their income as high, i.e. from 9 to 10.

15.6% of doctors preferred not to answer.

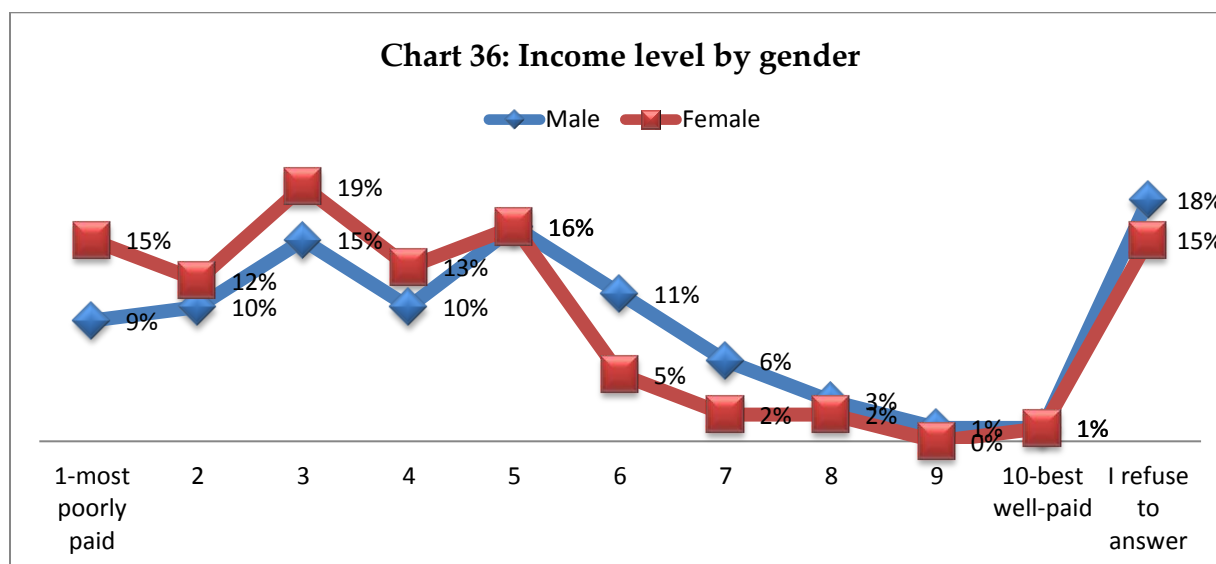


1.26.12.1 DOCTOR'S SALARY UNDER GENDER PERSPECTIVE

In gender percentages, it turns out that female doctors place themselves at lower salaries than their male colleagues. Thus, 80% of female doctors rate their salaries from 1 to 6, 4% rate them 7-8 and only 1% rate their salaries as high. 15% of female doctors refused to answer.

On the other hand, 71% of male doctors rate their salaries from 1 to 6, 9% rate them average as 7-8, while 2% consider themselves to be well-paid. However, compared to female doctors, male colleagues do not respond to a higher percentage (18%).

However, the data show that there is a higher level of dissatisfaction over salaries among female doctors compared to their male colleagues.



1.26.13 CHANGE OF CONDITIONS IN THE FUTURE

Another important question to doctors was if they think that professional conditions will change in the future. The table below shows their responses which indicate that doctors are sceptical about such change.

TABLE8: DISTRIBUTION ACCORDING TO PROFESSIONAL CONDITIONS FOR CHANGE	
Do you think that professional conditions will change in the future in Albania?	Percentage
Factor: System Management	
Never	20%
Sometimes	15%
Probably	27%
I don't know	8%
Factor: Job satisfaction	
Never	9%
Sometimes	20%
Probably	22%
I don't know	8%
Factor: Job security	
Never	11%
Sometimes	13%
Probably	22%
I don't know	23%
Factor: Working conditions	
Never	5%
Sometimes	11%
Probably	26%
I don't know	12%
Factor: Living quality	
Never	8%
Sometimes	10%
Probably	21%
I don't know	13%
Factor: Relations	
Never	4%
Sometimes	12%
Probably	24%
I don't know	13%

When doctors were asked whether they think that professional conditions will change in the future in Albania, data collection and processing shows that - with regard to the system

management factor, only 27% of doctors think that this factor will improve at some time in the future, and only 8% of them do not know if it will change.

As regards the factor ‘satisfaction at work’, doctors think that job satisfaction will probably improve in the future, but 9% of them are pessimistic and think that it will never improve.

As regards the factor ‘job security’, 23% of doctors still do not know how secure they will be in Albania and whether this will change in the future, while 11% of them think that this factor will never change.

As regards the factor ‘living quality’, 21% of doctors think that maybe this will change in the future in Albania and 8% of them do not think this will ever change.

As regards the factor ‘relations in profession and society’, 24% of doctors say that maybe this will change, 4% of them think that this will never change and 13% of them do not know if there will be changes in the future.

1.26.14 IS ALBANIA’S FUTURE SAFE

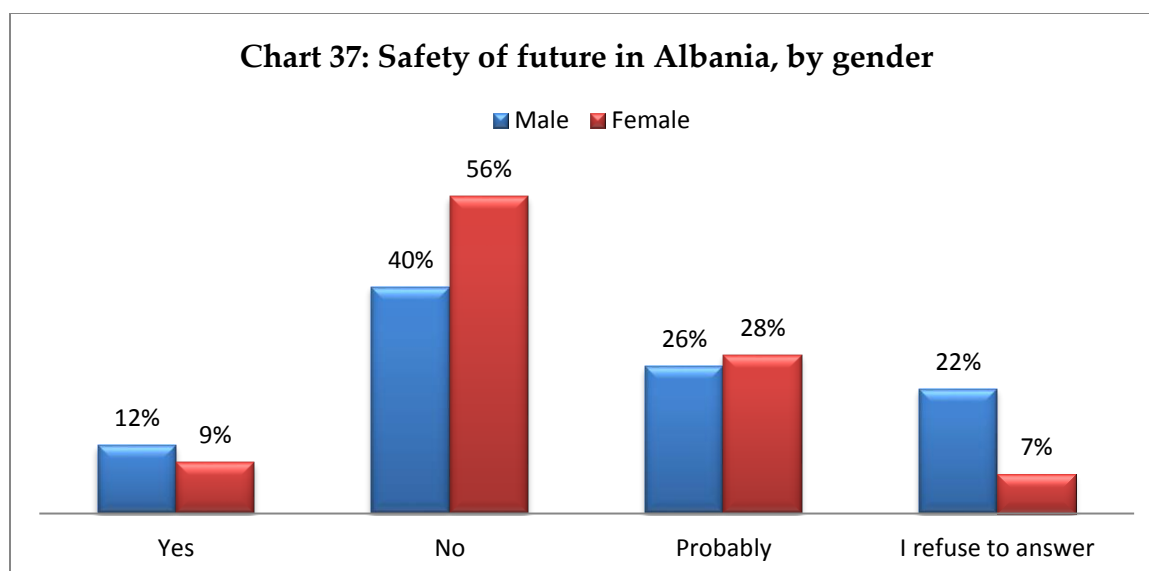
Asked whether the future in Albania is safe, the processed interviews showed that: 50% of doctors are pessimistic about the future; they think the future will not be safe in Albania; 27% think that maybe this future will be safer; only 10% of them are of the opinion that the future will be safer in Albania.

TABLE 9: DO YOU THINK THE FUTURE IN ALBANIA IS SAFE?	
	Frequency
Yes	100
No	503
Maybe	271
I refuse to answer	126

1.26.14.1 SAFETY OF FUTURE BY GENDER

Broken down by gender, it turns out that 56% of female and 40% of male doctors believe that the future will not be safe. In addition, only 9% of female doctors and 12% of male ones think that the future will change and will become safe. Also, 28% of female doctors think that maybe the future will be safe, as compared to 26% male doctors.

Male doctors have the largest percentage of respondents refusing to answer (22%).



1.27 STATEMENTS BY DOCTORS DURING COMPLETION OF THE QUESTIONNAIRE

This media attack on doctors does nothing but push doctors not to act if a patient is in critical condition and might die in his/her hands. Who would like to face the police and be treated as a criminal?

(Gynaecologist, Tirana)

The regulatory authority between the doctor and the patient is always the government. It has the duty to guarantee that patients receive proper services and ensure proper working conditions to doctors to work as they should.

(Paediatrician, Tirana)

They deliver training courses to us, but never consult us about what training we really need for our work. So, we participate in training courses simply to get those points we need, without obtaining the knowledge we really need.

(Surgeon, Tirana)

Our government does not take on its responsibilities, but simply confronts people with doctors. People have no insurance, they give informal payments and the government accepts this situation in order not to increase salaries. In a country where the ruled do not function, doctors are under the pressure of the population. Doctors are suffering from this system. Doctors are even taking on responsibilities that are out of their control. There are endless physical conflicts and doctors keep quiet. Some cases become a big thing on the media, in some others doctors keep quiet. This pressure is not because of doctors' fault, but for the fault of this dysfunctional system.

(Obstetrician-gynecologist, Tirana)

Even when doctors return to Albania, they are denigrated with contempt; they must not seek equal working conditions for everyone, because it sounds like they are asking for something impossible and this comes as a surprise. It is easier for them to give bonuses, rather than ensure equality among doctors. Doctors do not leave for money, because they have a certain social and economic status. Doctors leave because here they are denigrated.

(Cardiologist, Fier)

Work organization in hospitals is a total chaos. Hospital managers have not yet managed to resolve the issue of work organization. Even worse, the competent institutions which should at least intervene as mediators to resolve these problems - such as the Ministry, have done nothing to fix the situation.

(Surgeon, Durrës)

Transparency is missing! Sure, we have a limited budget, but even that small budget is not consulted with doctors how it must be spent; besides, investments lack vision and are made to address present issues, and health policies lack in continuity.

(Nephrologist, Tirana)

The most valued doctors we have are trained abroad. We are part of a superficial, empirical people, we are unable to discover deep and original things. Our task is to get the best of the civilized world and to implement it in our country. You cannot have science when the basics are missing (Before dealing with science, art, you must have a shelter, clothes and food, Marx said). If you fail to apply contemporary protocols for diagnostics, treatment and disease monitoring, you cannot do science. If you rely on literature and declare the source, there is no reason to call it plagiarism. We have no practical and mental ability to do science. Distinguished Albanians scientists were either born in the US or the EU, or have gone there.

(Haematologist, Tirana)

How can a doctor grow professionally in Albania? Education in our country is zero, while costs are too high to go abroad. And with the salary we get, it is not worth the trouble to grow professionally. It is an economic issue, because we want to provide for our families, it is also a dignity issue, as informal money does not make us feel dignified.

(Cardiologist, Durrës)

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions stemming from the findings of the different study phases (quantitative research and desk review), and the recommendations for improving the situation.

The health system in Albania has still a lot to improve. Doctors leaving Albania remains a persistent concern, experienced by 78% of doctors (24% are willing to leave immediately, while 54% would leave if given the chance).

There is a greater tendency among female doctors (84%) to leave the country, compared to male doctors (74%).

The situation is most problematic in university centres, where doctors have the biggest tendency to leave the country immediately (54%), while the lowest is in municipal hospitals (but, the sample in these hospitals was smaller).

It is noted a tendency by doctors with scientific grades to leave the country, 40% of whom consider it important.

The key causes that push doctors to leave Albania for another country include: seriousness at work, financial support and better working conditions.

Seriousness at work is ranked among the main reasons for doctors to leave. It comprises several important aspects such as: respect for others, effective communication, successful team work, and efforts for professional development and for doing the best. Meanwhile, 50% of doctors state that lack of seriousness at work pushes them to leave Albania for another country.

Trust in the doctor and higher living standard represent in other countries are important factors that push doctors to leave.

Most doctors complain that they have shortages in services, 26% of whom claim deficiencies in all services and 60% in some services. It is worrying that the ones complaining most about shortages/deficiencies are the doctors in university hospitals, 56% of whom claim deficiencies in all services and 40% in some services. It seems that even doctors working in private clinics or hospitals have the same problem, given that a significant percentage of them confirm deficiencies in services.

Doctors in Albania feel dissatisfied, overworked, undervalued and stressed.

It turns out that the most dissatisfied are the male doctors, with 40% of them. On the other hand, female doctors feel more stressed (26%).

System funding, system management and lack of financial security seem to be the main causes of dissatisfaction among male doctors. On the other hand, for female doctors, the biggest problems are system financing and bureaucracy and lack of financial security.

Job insecurity is another important factor to both male and female doctors, with 32% of them speaking about insecure employment.

In fact, 71% of doctors state that they are over-criticized in Albania. Both male and female doctors share this opinion.

The situation looks pessimistic with 61% of doctors stating that their confidence in the health system will not change before leaving the country; this is a worrying figure.

Economic and professional reasons are the top causes pushing doctors to leave Albania. Only 1% of doctors say they would leave for judicial reasons. It is noted that the number of female doctors who want to leave for economic, professional and judicial reasons is higher than that of men.

It turns out that 48% of doctors would recommend/advice their colleagues to leave Albania.

Referring to informal payments, a significant number of doctors agree that despite the fact that this practice is difficult, it is financially understandable.

Doctors suggest an increase in their salaries - to stop informal payments - ranging in:

- 30-50% higher for family doctors;
- 50-90% higher for doctors in health centres;
- 100% higher for doctors working in municipal and regional hospitals;
- Over 100% higher for doctors working in hospital universities.

They also believe that their salaries are low. In fact, 77% of doctors place themselves among the most poorly paid in the health system, against 1.5% who rank themselves as high-income professionals.

In the end, 50% of doctors believe that Albania's future is not safe. This figure consists of 56% female doctors and 40% male doctors, confirming that female doctors are more predisposed to leaving the country, as compared with their male colleagues.

Job insecurity among white coats was noticed also during the completion of the questionnaire. Doctors strongly resisted to filling in the questionnaires by fear of being identified, albeit it is used for a research study.

Conclusions

Based on the findings and conclusions of the study, taking into consideration the need to prevent and reduce the phenomenon of doctors leaving, below are some key recommendations for actions to be taken by institutions to improve the situation in the health system, specifically:

1. Invest in health infrastructure

It is important to make investments in health services at institutions. Investments will increase service quality and will reduce tensions between doctors and patients.

2. Review the legal framework on medical mistakes

Many doctors feel unsafe and unprotected from human medical mistakes. It is important to review the legal framework on these mistakes, so that doctors are not attacked for any kind of mistake.

3. Provide professional and academic development opportunities

It is important to consult doctors on continuing education. Although this education exists, there is no prior consultation with doctors regarding the most important topics to them at professional and academic level, so that this education meets the current needs of doctors. Also, fees for this education (including training courses or conferences) must be borne by the competent institutions that hire these doctors and benefit from their qualifications.

4. Improve internal management in health institutions

Management in health institutions still leaves to be desired. It is important that the Ministry of Health and Social Protection take measures to improve this situation. Preliminary consultation with doctors and institutional managers is important to ensure that investments are made where needed and where the situation is most urgent.

5. Improve doctors' image and reduce tensions between patients and white coats

Shortages/deficiencies in health services and conviction of a big number of doctors have led to increased confrontations between patients and doctors in the health system. It is important that the Ministry of Health itself and its subordinate institutions work to improve the image of doctors, ensure them a safe and secure working environment because of the very nature of their work. Various campaigns can be launched for this purpose.

6. Introduce policies that make doctors as linking bridges between Albania and the countries where they work (abroad).

Since the attempts of the Albanian government to return the 'brain' prove to be unsuccessful, it is recommended to draft policies that use doctors working in foreign countries as liaisons between Albanian institutions and institutions where they work and contribute. This is indispensable in preventing a deficient academic level of the next generation, due to the big number of doctors leaving, including those with scientific grades. Such an attempt of using Albanian doctors abroad would be fruitful also due to the connection that these doctors have with their country (they maintain ties to Albania where they have their relatives, even spiritual ties) and their contribution would be more valuable and more fruitful compared to external experts who know the Albanian reality less.