Session III: Reasons for and solutions against brain drain and professional isolation of health professionals and its effects on health care provision in remote primary care
PrimCareIT
Final Conference - Session III: Possibilities and impact of telemedicine
14.02.2014
Agenda

• Introduction

• Methodology

• Results

  – Reasons for brain drain and professional isolation of health professionals
  – Effects on health care provision in remote primary care
  – Solutions against brain drain and professional isolation of health professionals

• Outlook

  – Strategy paper
  – Conclusion
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Integration into the PrimCareIT project structure

**WP1** Project Management and Administration  
**South Ostrobothnia Healthcare District, Finnland**

**WP2** Communication and Information  
**Vilnius University Hospital Santariškių Klinikos, Litauen**

**WP3** Needs and strategies to counteract brain drain and professional isolation in remote primary health care through tele-consultation and tele-mentoring.  
**Fachhochschule Flensburg, Deutschland**

**WP4** Implementation of tele-consultation for improved professional cooperation and quality in remote primary health care.  
**Blekinge Institute of Technology, Schweden**

**WP5** Implementation of tele-mentoring for career development of health professionals in remote primary health care.  
**Estonian Society of Family Doctors, Estland**

**WP6** Political awareness of strategies to ensure high quality and accessible services in remote primary health care by the means of eHealth.  
**Blekinge Institute of Technology, Schweden**
### Project process

#### Project management (WP1)

#### Information and Communication (WP2)

#### Theoretical background (WP3)
- Country specific literature review
- Country specific expert interviews
- Transnational focus group

#### Implementation of pilot regions (WP4 & WP5)
- Tele-consultation: 7 pilot regions in 5 countries
- Tele-mentoring: 5 pilot regions in 4 countries

#### Strategy development (WP3)
- Development of a transnational strategy paper from the findings on the theoretical background and the pilot regions

#### Political awareness (WP6)
- Early contact to political stakeholders to raise awareness on the PrimCareIT topics in joint political discussion
**Process of work package interlinkage**

- WP3 provides research background
- WP4 and WP5 include results from WP3 into pilot implementation
- WP3 integrates findings into research and transnational strategy paper
- WP3 integrates findings of pilots from WP4/WP5 into strategy paper
- WP3 integrates findings of stakeholder meetings into research
- WP6 uses strategy paper for discussions with stakeholders
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Methodology

January-June 2012

**Literature review**
- literature reviews carried out in all 7 countries
- comparison of the 7 reviews

July-December 2012

**Expert interviews**
- minimum of 10 interviews per countries
- 74 expert interviews in total
- comparison of the interviews

January-June 2013

**Focus group**
- discussion round with one health care representative from each of the 7 countries on tele-consultation and tele-mentoring

Findings of PrimCareIT on:
- Brain drain
- Professional isolation
- Tele-consultation
- Tele-mentoring
Definition of brain drain and professional isolation

**Brain Drain**

- skilled professionals
- who leave their native land
- to seek more promising opportunities elsewhere
  
  (Kwok, V.; Leland, H. (1982): 91)

**Fields of studies dealing with brain drain:**
- Economical Studies (Beine, M.; at all (2000))
- Scientometrics (Laudel, G. (2003))
- Medical Studies (concerning health professional brain drain from 3rd to 1st world countries) (Pang, T.; Lansang MA.; Haines A (2002))

**Professional Isolation**

- an isolation from the professional peers
- that can result in estrangement from the professional identity
- or a feeling to have ‘no one to turn to’ to discuss and share professional issues and ideas
  
  (http://www.sarrahtraining.com.au)

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Professionals feel isolated

Professionals move away
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### Reasons for BD and PI - literature review

#### Economical
- Low salaries
- Lack of professional career opportunities
- Lack of knowledge dissemination in health care
- Lack of educational institutions
- Limited resources
- County government’s support differs
- Large start-up investments to open practice
- Lower remuneration

#### Technical
- Lack of IT-technologies
- Insufficient infrastructure/poor accessibility
- Insufficient labour process organisation
- Lack /or poor quality of working tools
- Provision of certain services impossible
- Insufficient labour process organisation
- High bureaucracy

#### Personal/Social/Organisational
- Geographical remoteness
- More single practices in rural regions
- More single practices in rural regions
- Much responsibility
- Bad image of rural regions
- Risk of being overloaded by work
- Poor working atmosphere in health care
- Inadequate working conditions
- Inadequate working conditions
- Missing job opportunities for partners
- Missing support by colleagues
- High bureaucracy
Reasons for BD and PI expert interviews

**Working conditions**
- Medical doctor’s large job description
- Poor working schedules
- Poor working conditions
- One-sided working content
- Loss and lack of good co-workers
- Population decline

**Social/Organisational**
- Professional isolation
- Low medical profession’s reputation in society
- Lack of social protection
- Illusions about conditions in other countries
- Population decline
Reasons for BD and PI - literature review and expert interviews

Economical
- Lack of professional career opportunities
- Lower remuneration

Working conditions
- Insufficient labour process organisation
- Insufficient infrastructure/poor accessibility

Social/Organisational
- Lack of free time activity options
- Missing support by colleagues
- Missing job opportunities for partners
Effects of brain drain and professional isolation - Literature

- Larger amounts of responsibility
- Decreased quality of care, inequality in health care provision
- Decreased quality of care, inequality in health care provision
- Shortage of workers in the health sector
- Deterioration and additional workload of work conditions for remaining physicians
- Migration in the country as a result for emigration of health professionals
- Loss of training expenses for educating young health professionals
- Longer waiting times
- Increased isolation
- Increased workload for hospitals
Effects of brain drain and professional isolation - Expert

**Patients**
- Increased dissatisfaction by patients
- Decreased accessibility to primary health care
- Decreased quality of care
- Mistakes in the treating process/patient safety
- Longer distances to the closest physician
- Longer waiting times
- Limited choice of physicians
- Negative attitude towards health care system and health care policy by patients

**Professionals**
- Risk of professional isolation for those who stay (+Positive outcome if they come back with more experience)
- Labour force will disappear
- Professionals with highest level of education are most likely to leave
- Higher work load for those staying
- Negative attitude towards health care system and health care policy by professionals
- Problems for GPs to refer patients to specials, if they are missing, to get high quality feedback

**Service**
- Lack of local knowledge among health providers in larger competence areas
- Additional work load for hospitals
- Necessity of new ways of cooperation, since units fade out
- End of or selected local services
- Lack of service provision for primary care, i.e. laboratories
Effects of brain drain and professional isolation - Expert

Effects of professional isolation

- Decrease of quality of care or operations / patient safety
- Prestige decrease of medical profession
- Increase of brain drain
- Increasing dissatisfaction with the health care system
- Influencing the mental health of the isolated (stress, burn out, depression, etc.)
- Professionals stick to old practices, resist change and create protective walls
- Reduced opportunities for professional and personal development
- Patients might think that familiarity creates quality, although it does not

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**Solutions against brain drain and professional isolation**

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<tr>
<th>Financial</th>
<th>Social</th>
<th>Organisational</th>
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<tbody>
<tr>
<td>• increase doctors’ salary</td>
<td>• increase social protection and prestige of doctors</td>
<td>• train other professions that support physicians and nurses</td>
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<tr>
<td>• increase funding directed to health care in general</td>
<td>• develop good working conditions</td>
<td>• increase interaction and communication between health professionals</td>
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<tr>
<td>• establish additional financial support particularly in rural areas</td>
<td>• improve the infrastructure, e.g. transport, schools</td>
<td>• transform service structures from client-based into client-focused</td>
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<td>• establish tele-consultation and tele-mentoring as a possible solution</td>
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establish tele-consultation and tele-mentoring as a possible solution
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Guideline

1. Define and consider challenges and requirements

2. Involve stakeholders into activities at an early stage of the implementation

3. Consider the different financial and legal issues in the different countries health care systems.

4. Purchase equipment

5. Ensure technical support throughout the implementation process

6. Enable well suited training possibilities for the staff
Conclusion

All participating countries strongly believe that tele-consulting and tele-mentoring enhance the working environment for healthcare professionals working in primary health care in rural districts.

It is important to meet the requirements to change the attitude of health professionals and patients towards ICT.

The literature reviews, expert interviews and also the pilots showed that piloting tele-consulting and tele-mentoring counteract brain drain and professional isolation.
Thank you for your attention!