



**Medicine Department and community program**

**The Reasons Of Migration Of Doctors  
and Its Impact On The Health System  
At Bahri And Ibrahim Malik Hospitals ,  
2022.**

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الاية

بسم الله الرحمن الرحيم

قال تعالى :

وَلَقَدْ ءَاتَيْنَا دَاوُدَ وَسُلَيْمَانَ عِلْمًا<sup>ط</sup> وَقَالَا الْحَمْدُ لِلَّهِ  
الَّذِي فَضَّلَنَا عَلَى كَثِيرٍ مِّنْ عِبَادِهِ الْمُؤْمِنِينَ

صدق الله العظيم

(سوره النمل الآية 15)

## **Dedication**

We dedicate this work to our loving fathers and mothers whom always been a supporter at all time which make us able to get such success and honour.

## **Acknowledgment**

First all we praise and thank Allah. We wished to thanks the faculty of Medicine. We also graduate to all the staff at the department for provision of experiences and technical supported. In particular, we grateful to our supervisor Safa Sayed Ahmed Hassan Nasr for skilful guidance, enthusiasm and never-ending patience and supported.

## **Abstract**

**Background:** Migration of physicians is a growing global phenomenon affecting the capacity of developing countries' healthcare systems, especially in Africa, Sudan has been particularly affected by the migration of physicians.

**Objective:** To identify the reasons of migration of doctors and its impact on the health system in Khartoum 2022.

**Material and method:** This is a cross sectional hospital based study conducted at Khartoum state and included 130 graduated Doctors who intending to travel outside Sudan , all data were gathered by administered questionnaire and were analyzed by SPSS.

**Result:** the result show that 54% of the participants think that migration phenomenon is a threat, 61% of the participants think of migration, 44% of the participants think that promote family situation is the most common reason for migration, 87% of the participants are not pleased with their current income, 96% of the participants think that migration has an impact on prevalence of disease and mortality.

**Conclusion:** The study concluded that majority of Sudanese doctors are attended to migrate, it seems logical that doctors would be less likely to emigrate if they were comfortable in their home country.

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# **CHAPTER ONE**

## **Introduction**

# CHAPTER ONE

## Introduction

### 1.1 Background:

Migration of skilled health care professionals in general, and physicians in particular, has become a global movement phenomenon <sup>(1)</sup>. The physician brain drain, or the migration of physicians out of low- and middle-income countries is driven by a number of factors such as poor working conditions, burnout, and better opportunities <sup>(2)</sup> the routes of migrating physicians can show specific patterns and directions. For instance, physicians from Pakistan move to the UK, UK physicians move to Canada, and Canadians move to the USA <sup>(3)</sup>, thereby build a chain where physicians are continuously moving from one country to another which has a perceived higher living or health care standard. This migration pattern has been named in the literature the “medical carousel phenomenon” <sup>(4)</sup>. Migration takes place along the wealth gap, commonly from less-developed to more-developed countries and regions around the world <sup>(5)</sup>. This phenomenon has a significant impact on the quality of healthcare systems in the source countries, the “home countries of the professionals who travel to work abroad” as well as destination countries “that recruit or accept health professionals”. The driving forces behind the how and why migration occurs are complex in nature and continuously evolving. While the physicians’ migration phenomena have several features in common, new facets still continue to emerge and become unrevealed <sup>(6)</sup>.

### 1.2 Problem statement:

International migration of health professionals has recently attracted hot debates when effects of brain drain on developing country health systems started to be documented and reflected in international forums, In Sudan, medical migration has been known and on the rise since 1960s. The country loses health professionals, mainly doctors to Gulf Area, the UK and Ireland as main destinations. It is recently estimated that over 60 percent of Sudanese physicians practice outside the country; out of the over 3000 annual medical graduates in Sudan, around 800 are estimated to be lost for out-migration each year .

### **1.3 Rationale:**

Migration of physicians is a growing global phenomenon affecting the capacity of developing countries' healthcare systems, especially in Africa, Sudan has been particularly affected by the migration of physicians; physician emigration represents a unique loss of resources for low- and middle-income countries that includes the loss of direct financial investment and the loss of lives. Lack of recent studies of this public health aspect lead us to do this research.

### **1.4 Objectives:**

#### **1.4 General objective:**

To identify the reasons of migration of doctors and its impact on the health system in Khartoum 2022.

#### **1.4 Specific objectives:**

- To identify reasons for doctors emigrate abroad and travel.
- To identify the impact of doctors migration on the health system in Khartoum.

**CHAPTER TWO**  
**Literature review**

## **CHAPTER TWO**

### **Literature review**

#### **2.1 Migration**

Migration can be defined as the process of going from one country, region or place of residence to settle in another. Also, urban-rural migration within the same country is not being discussed here. Migrants may move en masse or singly. For example, people who migrate for economic or educational reasons may move singly and at a latter date be joined by their families, whereas people who move due to political reasons may move en masse but with or without their families <sup>(8)</sup>. Although not all people who migrate are from ethnic minority groups, it is of note that a significant proportion is. The multicultural nature of British society is supported by the 1991 census. Ethnic categories were first used in the UK in the 1991 census, at which time over three million people, or approximately 5.5% of the general population, were from ethnic minority (non-white) groups <sup>(9)</sup>. Of these, 30% described themselves as black, black African or other and 28% described themselves as Indian; however, by the 2001 census the categories of ethnic ascription had increased and the proportion of ethnic minorities had increased to 7.9%. The minority ethnic population in the UK grew by 53% between 1991 and 2001, from 3 million people to 4.6 million people respectively. Indians were the largest minority group, followed by Pakistanis, people of mixed ethnic backgrounds, black Caribbeans, black Africans and Bangladeshis <sup>(10)</sup>.

##### **2.1.1 Classification of migration**

Migration can be classified in a number of ways; e.g., by the reasons for the migration, the social class and education of the migrating people, the duration of relocation and the geographic distribution of the resettlement. Further, a distinction can be made in the classification of migrants according to whether their contact with the 'majority' or 'dominant' culture is deemed voluntary. Migrants can be classified as immigrants and sojourners when the change in their location results in contact voluntarily, whereas refugees are deemed to change their location involuntarily <sup>(11)</sup>. For example, immigrants choose to migrate, and thus be in increased and regular contact with the 'majority' culture in preparation for migration, for potential economic and/or educational advancement, whereas refugees are forced to migrate, and thus be in contact with the 'majority' population involuntarily, to escape persecution. Additionally, rural-urban migration has been associated with economic and educational reasons for relocation, whereas migration across nations has been associated with economic, educational, social and political reasons <sup>(12)</sup>.

### **2.1.2 Process of migration**

The process of migration has been described as occurring in broadly three stages. The first stage is pre-migration, involving the decision and preparation to move. The second stage, migration, is the physical relocation of individuals from one place to another. The third stage, post migration, is defined as the "absorption of the immigrant within the social and cultural framework of the new society". Social and cultural rules and new roles may be learnt at this stage <sup>(13)</sup>.

The initial stage of migration may have comparatively lower rates of mental illness and health problems than the latter stages, due to the younger

age at the initial stage of migration and the problems with acculturation and the potential discrepancy between attainment of goals and actual achievement in the latter stages <sup>(14)</sup>. It is worth noting that the stages are often not discrete and merge into one another.

### **2.1.3 Migration of health workers**

The emigration of health workers from poor countries is aggravated by rich countries that are seeking to improve their staffing numbers at a pace which is not met by their own training schemes. This imperative is being exacerbated by the ageing of populations in rich countries and by the increased specialisation of their workforce, both of which factors are driving up demand for health workers. This has led to the situation where, for example, in the UK over a third of registered doctors are not originally from the UK and nearly half of nurses are from overseas. Current data from the UK General Medical Council (GMC) shows that out of 255 141 doctors registered in the UK, only 173 275 (63.3%) trained in the UK, while the remaining 36.4% is made up of: 9.2% from India; 3.8% from Pakistan; between 1% and 2% each from South Africa, Nigeria, Ireland, Italy, Greece, Egypt and Germany; and under 1% each from Sri Lanka, Romania, Iraq, Poland, Australia, Sudan, Spain, Hungary, Czech Republic and Bulgaria <sup>(15)</sup>.

## **2.2 Previous studies**

A qualitative study was conducted based on social constructivism epistemology. In five focus group discussions, there participated a total 12 residents and 6 final-year medical students from 7 different training and workplace locations in Egypt. The participants provided information about their motivation and planning for migration. The thematic analysis indicated that the migration within the study's participants results from a specific weighting of push and pull factors. Push factors are considered to be more important than pull factors. Factors related to professional development play a leading role. The route of migration towards Germany is mainly determined by the low income, low hurdle registration and licensing requirements in this destination country compared to other countries <sup>(16)</sup>.

Another study conducted to estimate the economic cost for LMICs due to excess mortality associated with physician migration. To do so, they use the concept of a value of statistical life and marginal mortality benefit provided by physicians. Uncertainty of their estimates is evaluated with Monte Carlo analysis. The study estimates that LMICs lose US\$15.86 billion(95% CI \$3.4 to \$38.2) annually due to physician migration to HICs. The greatest total costs are incurred by India, Nigeria, Pakistan and South Africa. When these costs are considered as a per cent of gross national income, the cost is greatest in the WHO African region and in low-income countries <sup>(17)</sup>.

The study was conducted over three consecutive years: 2013, 2014, and 2015 at the University of Medicine and Pharmacy “Iuliu Hatieganu” Cluj-Napoca, Romania. The self-administrated questionnaire included 19 questions regarding students’ emigration intentions, All the 957 license-degree students participated in the study. In this study, 84.7% of subjects planned on seeking employment abroad after graduation. A large number of the students who have participated in the study have already started preparing for emigration, 21.7% of those who wished to migrate had already performed at least one Erasmus mobility in their country of choice, 44.5% have been enrolled in a language course, and 42.7% have searched for jobs on the Internet <sup>(18)</sup>.

This study assessed the emigration intentions of doctors undergoing residency training at the premier tertiary healthcare center in Nigeria and the factors that influence these intentions. A semi-structured questionnaire was used to identify the factors that influence the emigration intentions. A total of 244 resident doctors completed the questionnaires and 10 participated in the IDIs. Overall, 57.4% of the respondents had emigration intentions and 34.8% had made various attempts at emigrating. Major factors that encouraged resident doctors to emigrate to developed countries included better working and living conditions, good salary and the opportunity for career advancement in destination countries <sup>(19)</sup>.

**CHAPTER THREE**  
**Materials and methods**

## **CHAPTER THREE**

### **Materials and methods**

#### **3.1 Study design:**

Cross sectional hospital base study.

#### **3.2 Study area:**

The study was conducted in bahry and Ibrahim malek hospitals in Khartoum state.

Khartoum State is located in the center of Sudan. It is bordered on the northeast by the River Nile State, on the northwest by the Northern State, and from the east and southeast, with the states of Kassala State, Gedaref State and Gezira State. That is, the state of Khartoum is located in the northeastern part of the center of the country in the heart of Sudan at the confluence of the two Niles, the White Nile and the Blue Nile, to be the River Nile.

#### **Khartoum State Hospitals**

There are many and varied hospitals in the seven localities of the capital and its suburbs, Khartoum, Omdurman, Khartoum North, East Nile, Jabal Awliya, Umbada and Karary, from public and specialized hospitals to hospitals supervised by the government, whether state or central, and private. The most important departments responsible for managing the tasks of government hospitals, including medicines, medical staff, planning, coordination and control, where the number of hospitals in the

state of Khartoum is (54) hospitals that provide service to the public 24 hours a day, including about (40) hospitals that have emergency and casualty departments and provide emergency and casualty services 24 hours.

Bahri Hospital is a hospital in Sudan located on Saied Ali street .

Ibrahim Malik Teaching Hospital is a hospital in Sudan is situated nearby to the community center " dar abnaa nori " and alforkaan mosque, alsahafa east 40 square.

Ibrahim malik hospital become established in 1977 .

### **3.3 Study population:**

All graduated Doctors who intending to travel outside Sudan

### **3.4 Study period:**

From July to November 2022.

### **3.5 Inclusion criteria:**

House officers and Doctors who passed the permanent exam from both genders.

### **3.6 Exclusion criteria:**

Doctors who work under stress, Doctors working on a short-term locum basis and who working during night shift.

### **3.7 Data collection:**

A self-administrated questionnaire was designed to collect data from the study group. Annex (1)

### **3.8 Sampling method:**

Non Probability convenience sample

### **3.9 Sample size:**

The sample size was calculated according to the following equation:

$$n = N \times p(1-p) / (N-1) \times (D^2 / Z^2) + P(1-P)$$

n=Sample size

N=population size=194

Z=confidence level at 95%= (1.96)

D=error proportion= (0.05)

P= Probability=50 % (20)

$$n = ((0.50 \times (1-0.50)) / (((-1) \times (0.0025 / 3.8416)) + (0.50 \times (1-0.50)))) = 130$$

### **3.10 Data analysis:**

All data was entry by Statistical Package for Social Sciences (SPSS).Version 27.

### **3.11 Ethical consideration**

The approval was taken by Ethical Committee of the College , Bahri and Ibrahim Malik Hospital's administrators , and verbal consent was taken from each participant.

### **3.12 Personal Ethical**

- free to participate .

- you have the right to continue or not .
- confidentiality .
- withdrawal

# **CHAPTER FOUR**

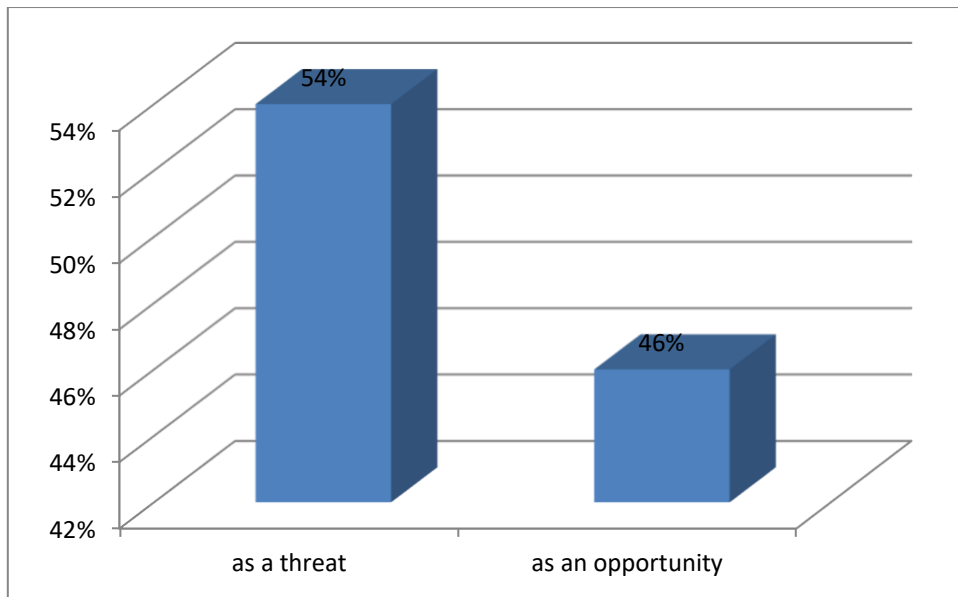
## **Result**

## CHAPTER FOUR

### Result

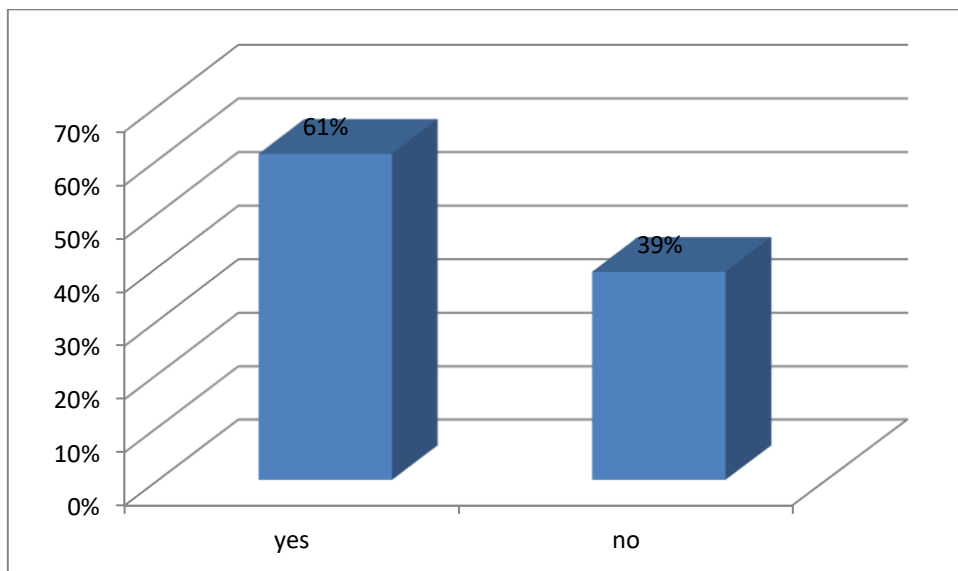
**Table (4.1) demographic data**

		<b>Frequency</b>	<b>Percentage</b>
<b>Gender</b>	Male	62	47.7%
	Female	68	52.3%
<b>Age</b>	25-35 years	16	12.3%
	36-46 years	31	23.8%
	47-57 years	46	35.4%
	Above 57 years	37	28.5%
<b>Hospital</b>	Bahri	77	59.2%
	Ibrahim Malik	53	40.8%
<b>Years of experience</b>	5 years and less	35	26.9%
	6-10 years	63	48.5%
	More than 10 years	32	24.9%
<b>Classification carrier pathway</b>	House officer	22	16.9%
	Medical officer	36	27.7%
	registrar	30	23%
	Specialist	33	25.5%
	Consultant	9	6.9%
<b>Qualification</b>	B.Sc	71	54.6%
	M.Sc	32	24.6%
	PhD	27	20.8%
<b>Marital status</b>	Single	44	33.8%
	Married	86	66.2%
<b>Monthly income</b>	50000-100000	77	59.2%
	150000-200000	34	26.2%
	More than 2000000	19	14.6%
<b>Working hours per week</b>	15-25	8	6.2%
	26-35	38	29.2%
	More than 35	84	64.6%



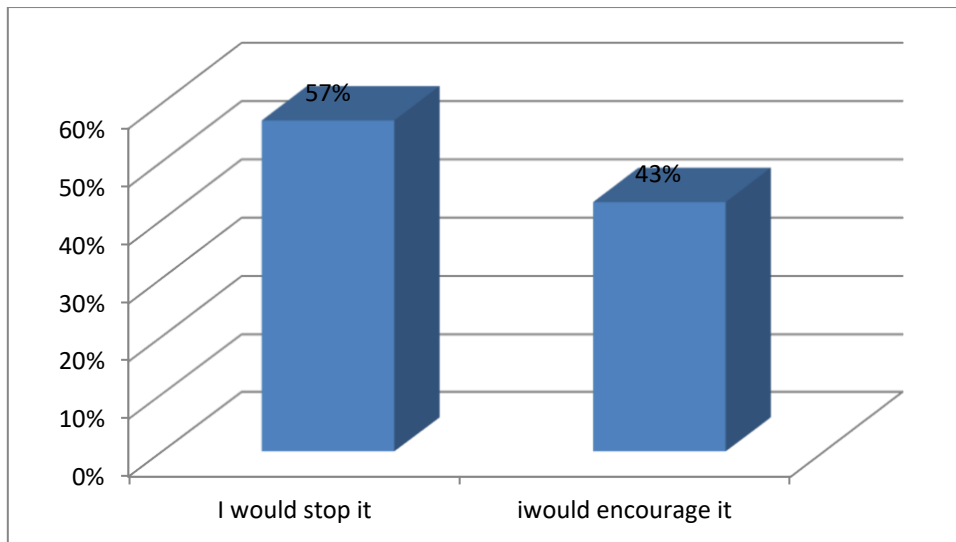
**Figure (4.1) participants respond about how they perceive the migration phenomenon**

The figure show that 54% of the participants think that migration phenomenon is a threat



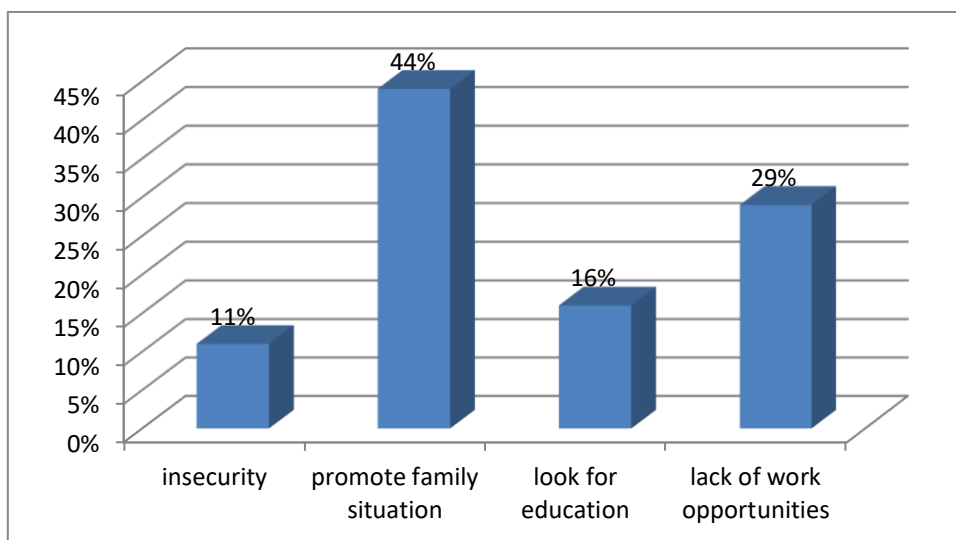
**Figure (4.2) participants respond about thinking about migration**

The figure show that 61% of the participants think of migration



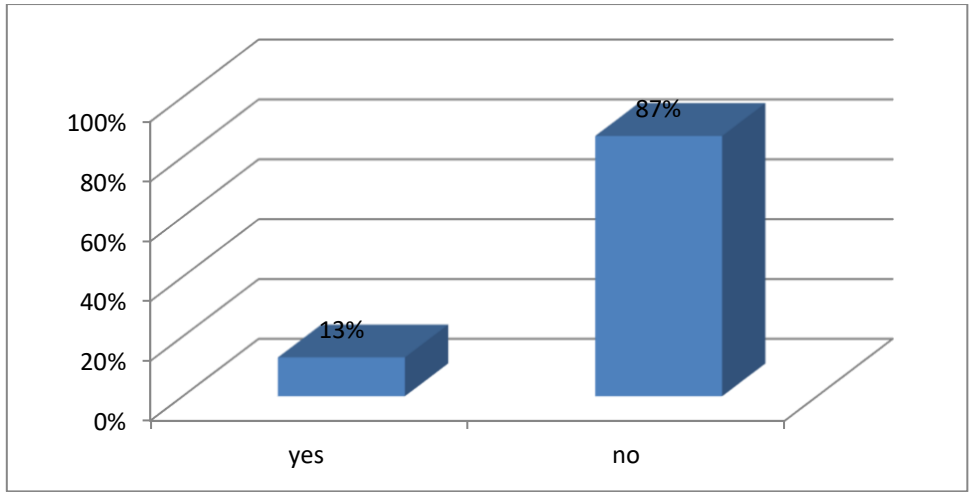
**Figure (4.3) participants respond about if they had a chance to stop migration**

The figure show that 57% of the participants would stop migration if they had a chance



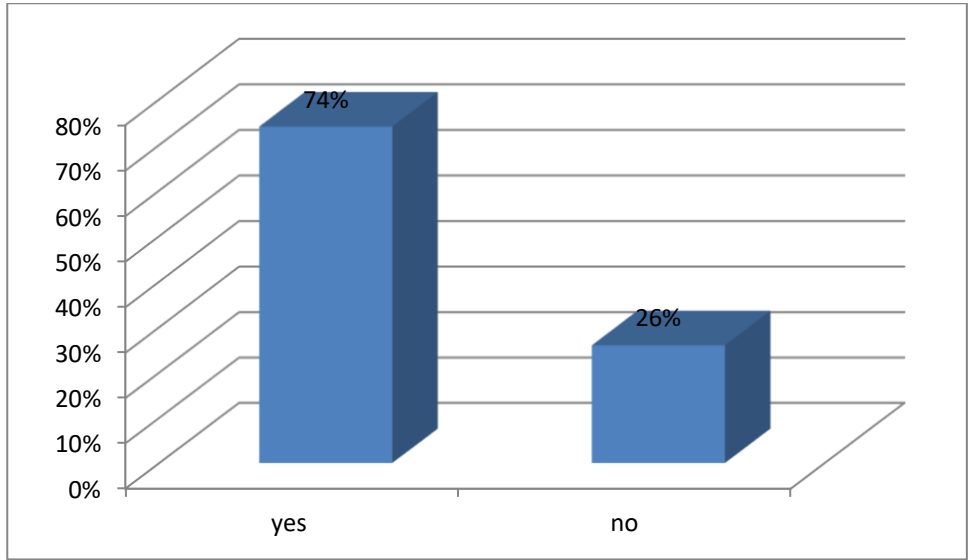
**Figure (4.4) participants respond about reason of migration**

The figure show that 44% of the participants think that promote family situation is the most common reason for migration



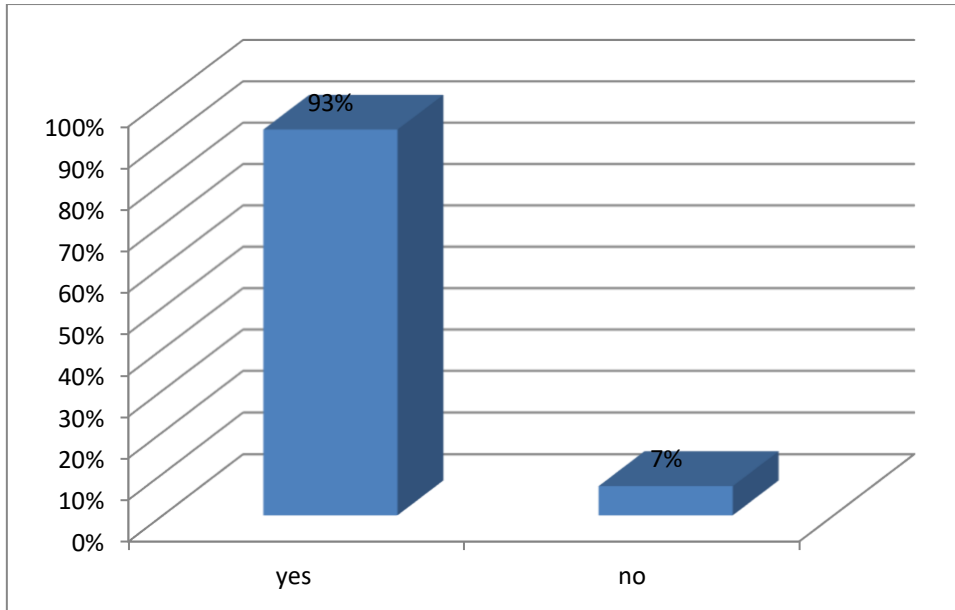
**Figure (4.5) participants respond about if they pleased with their current income**

The figure show that 87% of the participants are not pleased with their current income



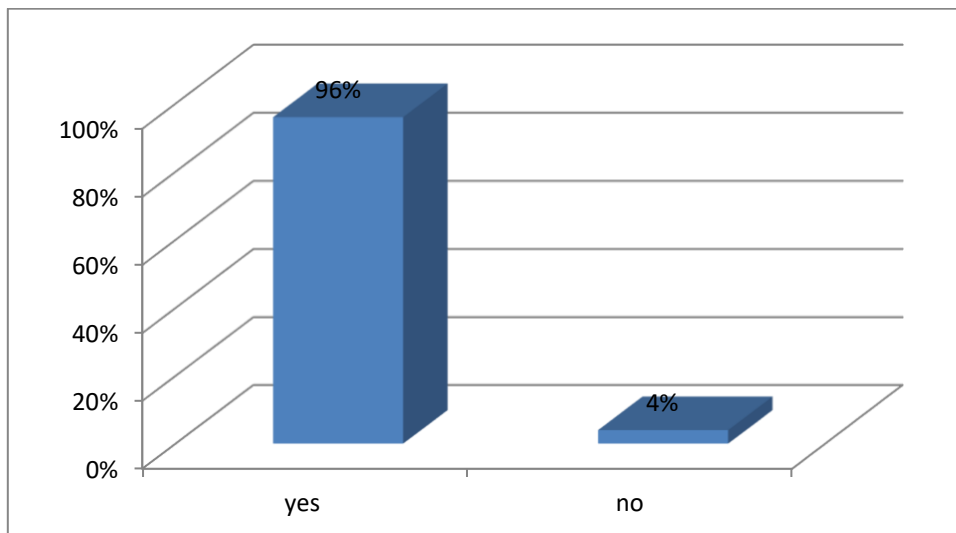
**Figure (4.6) participants respond about if they have another job beside doctor**

The figure show that 74% of the participants had another job beside doctor



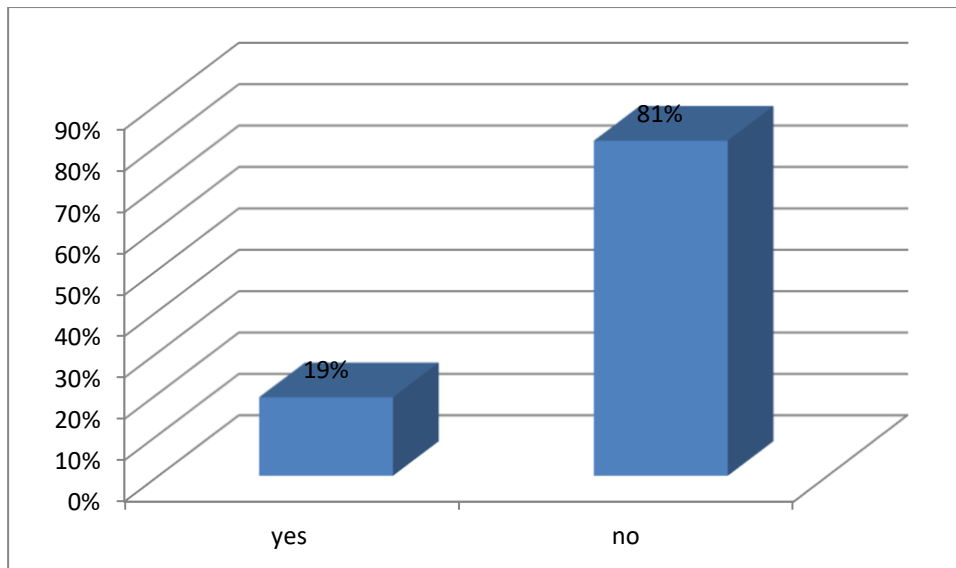
**Figure (4.7) participants respond about migration has an impact on the availability of medical care**

The figure show that 93% of the participants think that migration has an impact on the availability of medical care



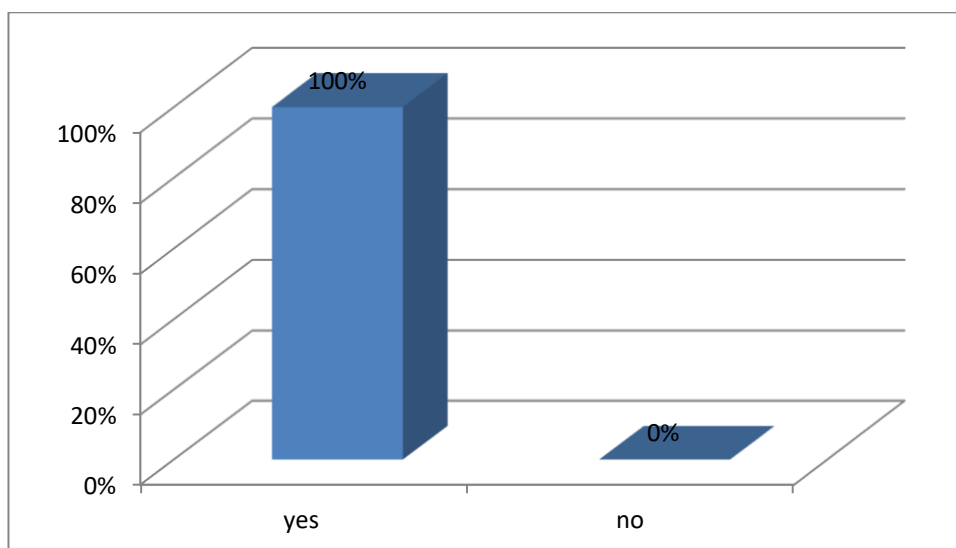
**Figure (4.8) participants respond about migration has an impact on prevalence of disease and mortality**

The figure show that 96% of the participants think that migration has an impact on prevalence of disease and mortality



**Figure (4.9) participants respond about if they had a relative that travel aboard to receive treatment due shortage of doctors**

The figure show that 81% of the participants had no relative that travel aboard to receive treatment due shortage of doctors



**Figure (4.10) participants respond about migration of doctors has an impact on prevalence of disease and death rate during corona virus**

The figure show that all the participants think that migration has an impact on prevalence of disease and death rate during corona virus

## **CHAPTER FIVE**

### **Discussion, conclusion and recommendations**

#### **5.1 Discussion**

In the present study, 54% of the participants think that migration phenomenon is a threat; migration really does represent a threat to national security. Common responses to this question are that migration can be a vehicle for importing terrorists and criminals, or for spreading infectious diseases, 61% of the participants think of migration, 87% of the participants are not pleased with their current income. Better income, improved working conditions and enhanced living conditions may attracted them to destination countries and encouraged them to emigrate, 44% of the participants think that promote family situation is the most common reason for migration, Therefore, family ties can be seen as a factor that can both encourage or deter doctors from emigrating. 96% of the participants think that migration has an impact on prevalence of disease and mortality, Moreover, there is a need of strategies to ensure the return of health professionals or any policy to ensure an adequate supply or retention of the health workforce to manage the exodus.

The current study is agree with previous studies conducted in (Egypt, India, Romania, Nigeria) revealed that majority of them intended to migration, poor salary was reported as the most influential factor promoting

international migration, in Nigerian study, respondents also reported that their concerns for the future of their immediate family members, especially their children and spouse and the encouragement received from family and friends were part of the reasons they intended to emigrate <sup>(16-17-18-19)</sup>.

## **5.2 Conclusion**

### **The study concludes that:**

- Majority of the participants think that migration phenomenon is a threat, think of migration, think that promote family situation is the most common reason for migration, think that migration has an impact on prevalence of disease and mortality.

## **5.3 Recommendations**

- Better income, improved working conditions and enhanced living conditions may stop their intention to emigrate.
- The government will need to invest more in the health system as well as basic infrastructure and build a more equitable and egalitarian society.
- Policymakers and health system managers should also be mindful of creating a conducive work environment, providing equitable remuneration given the context and other non-monetary motivation.
- Key informant interviews with administrative and management level cadres may have provided additional information from the perspective of managers on possible strategies or efforts to address the emigration of resident doctors.

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## Annex 1 Questionnaire

### Questionnaire

نحن الطالبات ( إيمان و سهيلة و دعاء) بكلية نبتة الجامعية ، نقوم ببحث عن أسباب هجرة الأطباء و

(تأثير ذلك علي النظام الصحي في ولايه الخرطوم ، 2022).

نتوقع بمشاركتك أنت و المشاركين الآخرين أن نتحصل علي نتائج تفيد في (تحسين النظام الصحي في

(. ولاية الخرطوم و معرفة أسباب الهجرة لحل مشاكل الأطباء

. هذا الإستبيان سوف يستغرق فقط دقائق

و نحن إذ نأمل في مشاركتك معنا في هذا البحث ، نؤكد لك علي سرية المعلومات مع التأكيد على أنه

. لن يتم منحك أى قيمة نقدية مقابل المشاركة في هذا البحث

.كما نؤكد لك إمكانية الإنسحاب في أى وقت تشاء ، و دون إبداء توضيح اسباب الإنسحاب

1) Hospital:

1- Ibrahim malik

2- Bahri

2) Gender :

1- Male

2- Female

3) Age :

1- 25 years and below

2- 26-35

3- 36 and more

4) qualification :

1- B.SC

2- M.SC

3- M.D

4- P.H

5) Calcification Career Pathway :

1- House officer

2- Medical officer

3- Registrar

4- Specialist

5- Consultant

6) Experience:

1- 5 years and less

2- 6-10 years

3- 11 and more

7) Marital Status :

1- Single

2- Married

8) Monthly Income :

1- 50.000

2- 150.000 - 200.000

3- 250.000 - 300.000

9) Number Of Working Hours Per Week:

1- 15-25

2- 26-35

3- 36 and more

10) How Do You Perceive The Migration Phenomenon?

1- As a threat

2- As an opportunity

11) If You Had The chance , Would You Stop Migration Or Would You Encourage It?

1- I would stop it

2- I would encourage it

12) Did You Think About Migration?

1- Yes

2- No

13) According To The Last Question ,

If Yes , why?

1- Conflict , Insecurity

2- Promote family situation

3- Look for education

4- Lack of work

14) Do You Currently Get Salary From

Your Work In Hospital?

1- Yes

2- No

15) Are You Pleased With Your Currunt Income?

1- Yes

2- No

16) Do You Have To Work Another Job Beside Your Currently Work As A Doctor To Promote Your Income?

1- Yes

2- No

17) Do You Think Migration Has An Impact On The Availability Of Medical Care?

1- Yes

2- No

18) Does Migration Of Doctor Affect On Prevalence Of Diseases And Mortility?

1- Yes

2- No

19) Does Any Of Your Relatives Have To Travel Abroad To Receive Treatment As A Result Of Shortage Doctors?

1- Yes

2- No

20) For Example , Do You Think That During The Corona Pandemic , The Death Rate Increased Due To Migration Of Doctors Which Decrease In Medical Care?

1- Yes

2- No