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**THE QUALITY OF PROFESSIONAL LIFE
OF MEDICAL PERSONNEL AND TENDENCY OF WORKING ABROAD**

Abstract

In Romania, healthcare system seems to support a never-ending process of reconstruction. Like other countries, critical problems of our medical system are, synthetically: shortage, maldistribution and misutilisation of personnel. The phenomena of nurse migration for developed states with a view of working abroad constitute an interesting theme now when, starting to 2007, free circulation of people (one of the four fundamental rights of EU) will allow to Romanian citizens to travel in all states of Union also for tourism but also for working, studying or living. Confrontation with problems caused by system's failure, the lack of labour's satisfaction- a consequence of fact that medical profession haven't the same social dignity (and social recognition commensurate with their contribution to society), the lack of motivation determines, sometimes, medical personnel to opt for a better remunerated job in a foreign country.

Keywords: healthcare system, nurse migration, quality of medical act, professional satisfaction, professional motivation, shortage, migration tendency

¹ Authors' contribution :

- Viorel Rotilă coordinated the study, participated in the design of the study, drafted the manuscript
- Luminița Munteanu conceived of the study, participated in the design of the study, performed the statistical analyses and helped to draft the manuscript, translated the study in English
- Gina Bordeianu participated in the design of the study ,performed the statistical analyses and helped to draft the manuscript
- Fănică Gheorghită and Iuliana Hamza participated in the design of the study

PREMISES

In Romania, healthcare is an area that suffers from many years because its policy of reorganization didn't prove efficiency. General, the changes requests additional operations, efforts and, sometimes, stress; at the same time, people must be motivated to accept and apply these changes. In social conversions also interfere general, collective motivations that are settle on the basis of people's interests. Although between these two categories of motivation are many connections and interactions, these aren't confused and interchangeable. To be accepted and applied and to give the intended results, the reform's program must content, near the organizational substantiations respecting the necessity of changes also arguments to convince the organization's members that stipulated changes will allow a better satisfaction of individual's interests. If changes presume additional efforts, economical, psychosocial reorientations, then natural, people wonder what did they obtain instead of this effort.

Confrontation with problems caused by system's failure, the lack of labour's satisfaction- a consequence of fact that medical profession haven't the same social dignity (and social recognition commensurate with their contribution to society), the lack of motivation determines, sometimes, medical personnel to opt for a better remunerate job in a foreign country. Are many cases when nurses take this decision and the reasons could be: financial, professional, ethical. Each of them weighs in a decision of this type that means, finally, a major change of life's road. Consider two important categories of matters that affect the medical system: the reform and the migration for work, this study

was initiated by the Federation "Sanitary Solidarity" from Romania and intended to underline the necessity of measures followed from data's analyses, and to underlie a general policy of medical system, also a policy of human resources.

Because the subjects of investigation were employees of medical system, this study present the situation from this view, excluding the beneficiary's view that must be, in our opinion, a theme for a separated study.

THE OBJECT OF STUDY

Explorer: This study offers the possibility to identify the problems, causes of them and to appreciate the migration tendency

Description: Describe the characteristics of this professional category, place of labour and its safety, economical standard in relation with effective income realised by salary, the degree of professional satisfaction, professional motivation the quality of medical act in relation with poverty. To find the causes which determine the migration tendency, the problems of their activity.

Explaining: Show the correlations between the factors involved in generation of the present situation of medical system in Romania, the motivation of some attitudes and actions

Improvement: Going from mechanisms of generation of present situation, it can be identify the methods of intervention in order to ameliorate and presented solutions for the identified problems.

THE OBJECTIVES OF RESEARCH

Regarding to these theoretical grounds, this research purposes to put face to face two realities of medical system: the

appreciation of professional life accorded by medical staff and the migration tendency of this professional category. The study wants to investigate how much the professional satisfy felt by nurse's overlap the migration's tendency to work in one of the countries that makes more generous offer.

Going to basic concepts, the research purpose the next objectives:

-To study the appreciation's degree of quality of professional life.

-To overtake how the medical staffs are implicated in problems lifted up by the medical reform process.

-To overtake the correlation between the desire of working abroad and slight appreciation of professional life.

THE SAMPLE

The amount of personnel working in health system content in this study is 802, from three counties of country, selected by groups of age, gender and type of employer according to their weight in the system

HYPOTHESIS

The present research starts from next general hypothesis: we presume that slight appreciation of professional life quality it caused, in an important measure, by failures registered in medical reform, by defective management but also by the lack of professional motivation, remuneration level, other forms of appreciation of working importance from chiefs, colleges, patients, public opinion.

To detect a several facets of problem at issue as for practical necessities, we formulate the next working hypothesis which orientate the formulation of items:

H1: We anticipate that the level of appreciation given by medical personnel from quality of its professional life is in a significant correlation with next variables: income attained, job's safety, working relationship (with chiefs but also with colleagues), working conditions

H2: We presume that lack of motivation (professional, economical, psychosocial) of medical personnel due to the lack of interest for changes in the Romanian health system and orients to consider the possibility of working abroad.

H3: We presume that between a slight appreciation of professional life quality and medical personnel orientation to abroad for favourable offers exist a positive correlation.

METHODOLOGY OF RESEARCH:

802 employee of healthcare system constituted the lot of subjects

The questionnaire – self-completed – was applied in medical units, keeping the correlation with the distribution of personnel on types of medical units. The subjects were asked for choose one or more variants of answer and argue the answers given to open questions. Even the questionnaire is an instrument of working preponderant quantitative, it was indented to surprise some qualitative aspects through formulation of open-questions.

DATA'S ANALYSE AND INTERPRETATION

The processing of results obtain after the application of research instrument was made by statistical procedures way included in SPSS for Windows, version 11.01.1, SPSS Inc, 1989-2002.

Distribution by gender

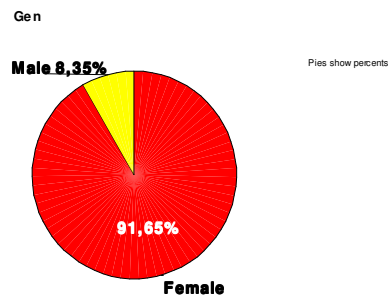


FIG. 1

As it was expected, female personnel represented the biggest weight of subjects, according to structure of human resources in this system.

Distribution by age

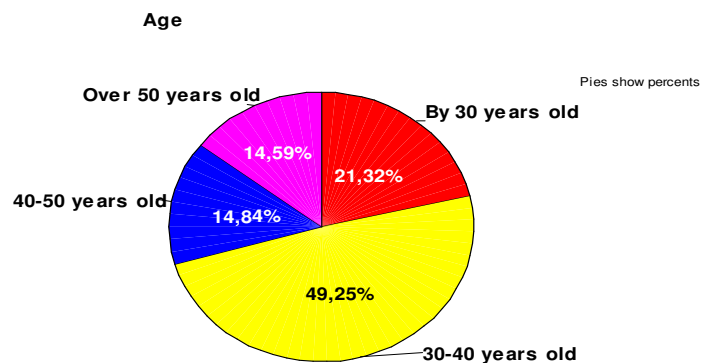


FIG. 2

The group of age most represented in the sample included ages between 30 and 40 years old (49,3 %); the population up 40 years old represented 70,3 % from the whole. Data's analyses disclose the fact that more than a half of subjects graduated a college and 5,1 % has a university degree.

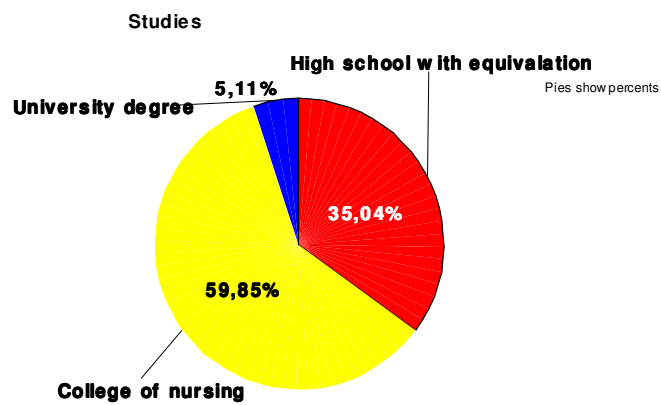


FIG. 3

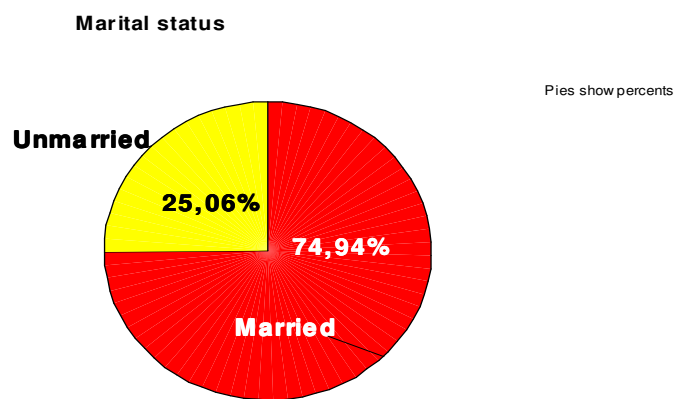


FIG. 4

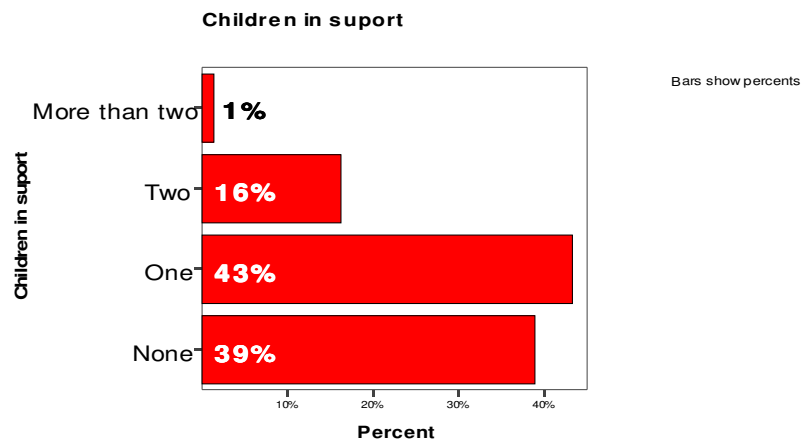


FIG. 5

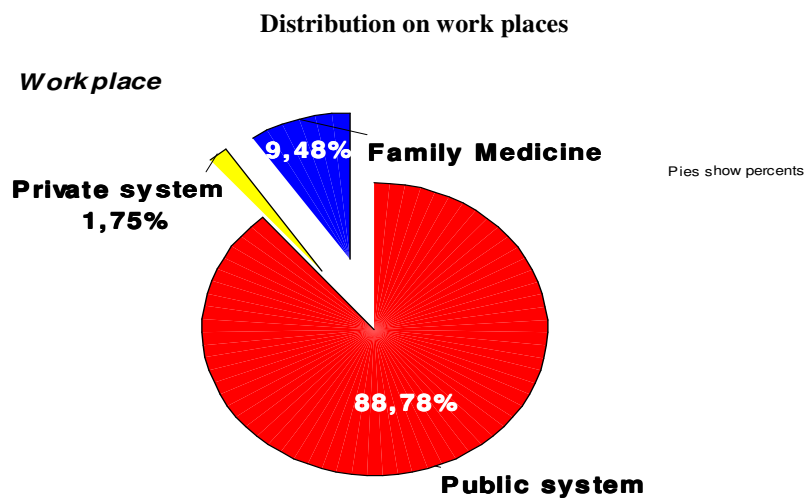


FIG. 6

A percentage of 88,9 work in the public system of state; **in Romania, private system isn't very developed.**
 9,8% works in primary medicine area (Medicine of Family)

How do you appreciate, in this moment, economical standard of your family?

Economical standard

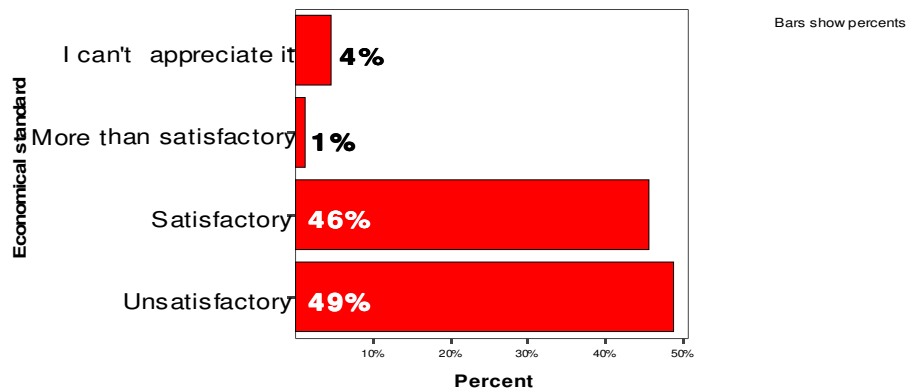


FIG. 7

The analyse of frequency due to these observations:

- A big part of subjects (48,8%) appreciated their economical standard like unsatisfactory- an understandable result if we see the level of remuneration in this system.
- 45,5 % consider their economical standard satisfactory and only 1,2% more than satisfactory
- 4,5 % can't appreciate economical standard

Do you appreciate that your monthly income resulted exclusively from salary allow you a comfortable life?

Did income determined a confortable life

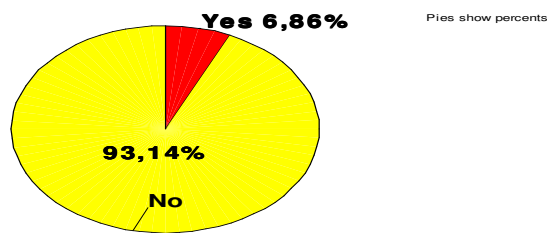


FIG. 8

Most of subjects (93,1%) appreciated that income assured exclusively from salary can't assure a comfortable life (51,2% within this category considering their economical standard unsatisfactory)

It can be observed that even 46,7% appreciated their economical standard like satisfactory and more than satisfactory, this variable isn't in a positive relation with income obtained exclusively from salary.

INCOME vs ECONOMICAL STANDARD		Economical standard				
		Unsatisfactory	Satisfactory	More than satisfactory	I can't appreciate it	
Did income determined a comfortable life	Yes	Count	11	34	5	5
		% within Did income determined a comfortable life	20,0%	61,8%	9,1%	9,1%
		% within Economical standard	2,8%	9,3%	50,0%	13,9%
	No	Count	380	331	5	31
		% within Did income determined a comfortable life	50,9%	44,3%	0,7%	4,1%
		% within Economical standard	97,2%	90,7%	50,0%	86,1%

Tab. 1

It is remarkable that 50 percent of those who consider their economical standard “ more than satisfactory” and only 9,3 percent of those who considers it “satisfactory” answer that income obtained exclusively from salary allow them a comfortable life. This suggests the existence of other sources of income more substantial (husband's income or supplementary activities)

HEALTH STATUS

Do you have a personal good health, allow you to use your capacity of working?

Health status	
	Percent
Yes, I have a good health	93%
No, I have chronic diseases	2,6%
HTA	1,6%
TBC	0,1%
HVB (viral hepatitis)	0,6%
Cardio-vascular diseases	0,7%
Renal disease	0,2%

Rheumatics diseases	1,1%
Diabet	0,5%
Endocrinology's diseases	0,2%
Without specification	1,7%

Tab. 2

The biggest part of subjects has a good health (93,0); the diseases specified were: cardiovascular, hepatitis, rheumatics, renal, endocrinology.

SAFETY OF WORKPLACE

Do you consider that your workplace is secure?

SAFETY OF WORKPLACE	Percent
Yes, without argumentation	22,3%
Professional, I'm well trained	3,7%
The distance from other hospital is large	0,2%
Appreciation of institution for employees efforts	0,5%
My salary is minimal and not interesting for other colleagues	0,4%
Public institution of state	10,2%
Needs of sanitary system regarding personnel	1,6%
Close to retirement	1,4%
Working contract for indeterminate period	1,6%
Residence in locality, I now patient's problems	0,2%
Healthcare is an indispensable branch	2,0%
My profile is for the future	2,4%
I have seniority	1,4%
TOTAL YES	48%
No without argumentation	19,1%
General instability	21,3%
Orientation of patients to private zone for better condition	0,2%
Working contract for a determinate period	1,9%
Small institution, possible reorganization	4,7%
The employer "make the law"- anytime may exempt from us	2,1%
Insufficient funds for salaries	0,9%
Only interests of politicians matter- not reality of system	0,9%
A reduced experience in present profile	0,1%
Lacks of system and bad condition for activity	1,1%
Risk of contamination	0,6%
TOTAL NO	52%

Tab. 3

It is remarkable that less one half of subjects (48 percent) consider their workplace safe; more invoked arguments being: public system of state, seniority in work, well training in profession. The difference of 52 percent represented by negative answers was argued in principal by: economical and political instability (21,3%). Without argument were accounted 22,3 percent of affirmative answers and 18,1 percent of negative answers.

RELATIONSHIP

How do you appreciate relations with your colleagues?

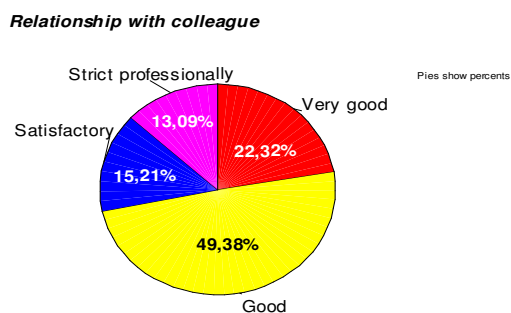


FIG. 9

Regarding a good appreciation of working relationship, we consider this factor as insignificant in motivation for working abroad.

How do you appreciate in your professional environment the relation between colleagues?

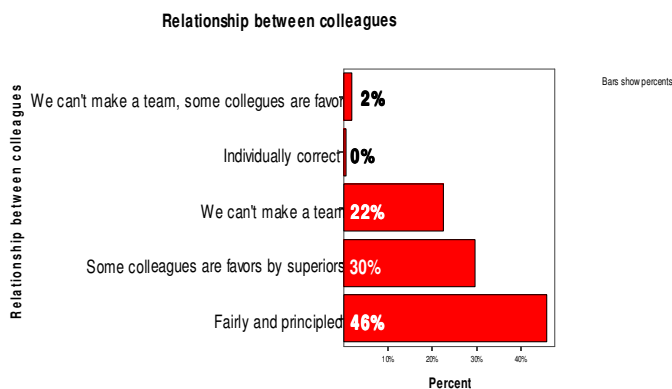


FIG. 10

But, if we take into consideration the answers, we can ask: “What means for subjects “good working relations”?”

Relationship with colleagues *vs. Relationship between colleagues			Relationship between colleagues				
Relationship with colleagues	Very good		Fairly and principled	Some colleagues are favored by superiors	We can't make a team	Individually correct	We can't make a team, some colleagues are favored
		% Within Relationship with colleagues	77,1%	14,0%	8,4%	0,6%	
		% Within Relationship between colleagues	37,6%	10,5%	8,3%	25,0%	
		% Within Relationship with colleagues	45,2%	30,3%	22,5%	,3%	1,8%
		% Within Relationship between colleagues	48,8%	50,6%	49,4%	25,0%	50,0%
		% Within Relationship with colleagues	16,4%	47,5%	30,3%	1,6%	4,1%
		% within Relationship between colleagues	5,4%	24,5%	20,6%	50,0%	35,7%
		% within Relationship with colleagues	28,6%	32,4%	37,1%		1,9%
	% within Relationship between colleagues	8,2%	14,3%	21,7%		14,3%	

Tab. 4

The manner of appreciation in this case put us a dilemma: in the same time subjects appreciate that their relationship with colleagues are very good (14%), good (30,3%) and satisfactory (47,5%) but some colleagues are favours from superiors. Therewith, such as consider that their relationships are good (22,5%), satisfactory (30,3%) and strict professionals (37,15%) have the opinion that they couldn't be a team. This aspect is problematic because in healthcare sector working in team is a key factor of an operative activity.

It is obviously the subjectivity of answers if we are regarding to such as consider their relationship with colleagues very good (77,1%), good (45,2%) and satisfactory (16,4%) appreciated relationship between colleagues fairly and principled. The other has negative appreciations (discreet or serious) for relationship between colleagues, fact that may suggest an

overestimate of self-capacity to relation with other or an underestimation of the same colleagues' capacity.

Relationship with superiors

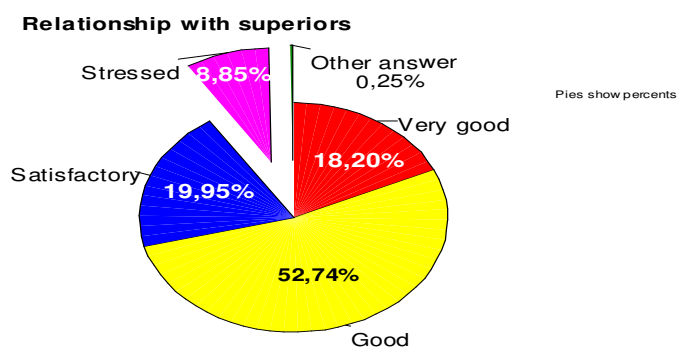


FIG. 11

It is remarkable that only 8,85 5 of subjects appreciated there relation with superiors as stressed, most of them appreciated from "satisfactory" to "very good".

Promotion possibilities

Did your job offer you the possibility of promotion?

Promotion opportunities

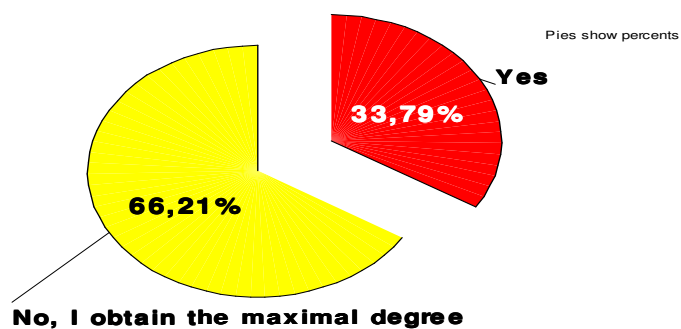


FIG.12

We consider that must be observed the fact that 66,21% of subjects reach the maximum of promotion (the maximal degree for nurses is the “principal degree”). The ages group’s distribution shows that 43,3 % of subjects by 30 years already reach their professional degree.

Age vs. Promotion opportunities			Promotion opportunities	
			Yes	No, I obtain the maximal degree
AGE	By 30 years old	Count	97	74
		% Within Age	56,7%	43,3%
		% Within Promotion opportunities	35,8%	13,9%
	30-40 years old	Count	130	265
		% Within Age	32,9%	67,1%
		% Within Promotion opportunities	48,0%	49,9%
	40-50 years old	Count	28	91
		% Within Age	23,5%	76,5%
		% Within Promotion opportunities	10,3%	17,1%
	Over 50 years old	Count	16	101
		% Within Age	13,7%	86,3%
		% Within Promotion opportunities	5,9%	19,0%

Tab. 5

The next table shows that even reaching the maximal degree depends on studies level it keep an alarming cote of 48,8% in case of subjects detaining a university degree. It confirms the conviction that must be reconsidered new professional routes within system and expended frame of hierarchic levels for all types of profession followed, of course, by an adequate retribution.

PREOCCUPATION FOR PROFESSIONAL UPDATES

Are you interested about professional updates? (Training courses, seminars, speciality publications, medical updates)?

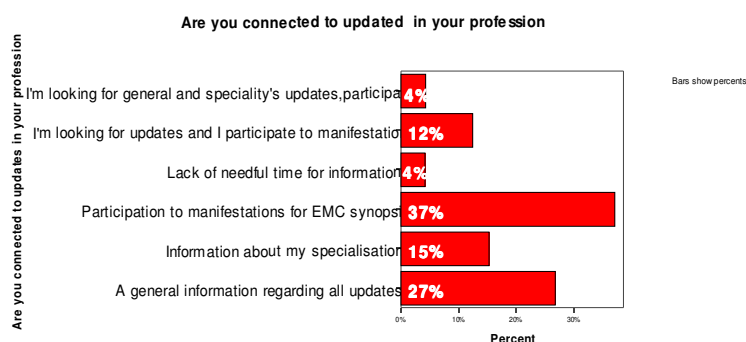


FIG. 13

Only 27 % of subjects assert their preoccupation for a sustained informing, while 37,0% asserts that participate to professional manifestation purely for accumulation of EMC² score. It may be observed the preoccupation for general - 26,8%, or speciality updates- 15,2%. The most of subjects limits their professional training to requirements of EMC Programme, in fact to obtain the dictated score for deliverance of free practice authorisation.

A well paid job but insecure is better than a bad paid but secure? Vs. Is migration an opportunity of financial attainment?			Is migration an opportunity of financial attainment?	
			Yes	No
A well paid job but insecure is better than a bad paid but secure?	Yes	Count	240	17
		% Within A well paid job but insecure is better than a bad paid but secure?	93,4%	6,6%
		% Within Is migration an opportunity of financial attainment?	32,7%	25,0%
	No	Count	274	30
		% Within A well paid job but insecure is better than a bad paid but secure?	90,1%	9,9%
		% Within Is migration an opportunity of financial attainment?	37,3%	44,1%
	I don't know	Count	220	21
		% Within A well paid job but insecure is better than a bad paid but secure?	91,3%	8,7%
		% Within Is migration an opportunity of financial attainment?	30,0%	30,9%

Tab. 6

² EMC is a form of medical continuous training. The accumulated score as part of this program allow to keep the right of practice for medical personnel

EMPLOYEES RIGHTS

Your employee's rights are respected?

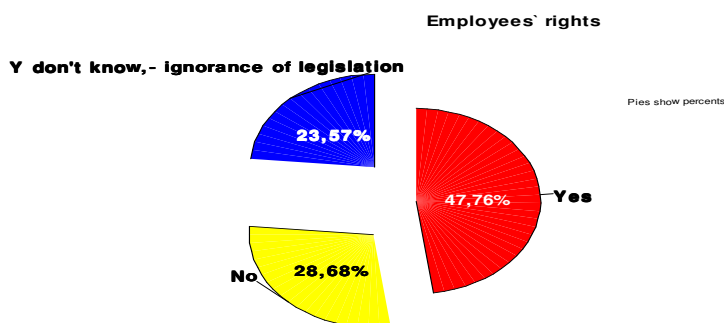


FIG.14

We consider small the percentage of those who appreciated that their employee's rights are respected even an important part of subjects didn't know the legislation (23,57%). Because here is regard the labour legislation whose ignorance is invoked, we think that is necessary a study regards the knowledge of medical legislation, indispensable for a good exertion of profession.

The answers analyse shows that the employee's rights are respected: 47,6% in public sector, 46,0% in Medicine of Family and 64,2% in private system.

Workplace * Employees' rights		Employees' rights		
		Yes	No	I don't know
Public system	Count	339	202	171
	% within Workplace	47,6%	28,4%	24,0%
	% within Employees' rights	88,5%	87,8%	90,5%
Private system	Count	9	5	
	% within Workplace	64,3%	35,7%	
	% within Employees' rights	2,3%	2,2%	
Family Medicine	Count	35	23	18
	% within Workplace	46,1%	30,3%	23,7%
	% within Employees' rights	9,1%	10,0%	9,5%

Tab. 7

Workplace vs. Employees` right

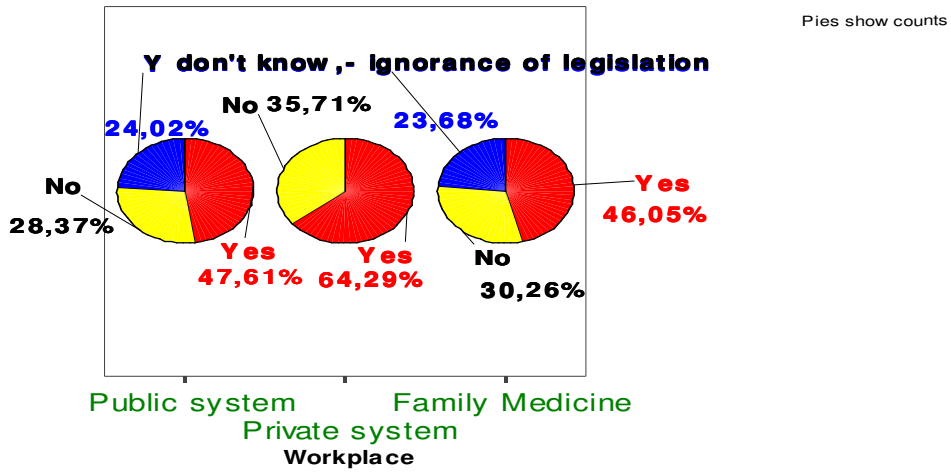


FIG. 15

WORKING PROGRAMME

How do you appreciate your present working programme?

Working program

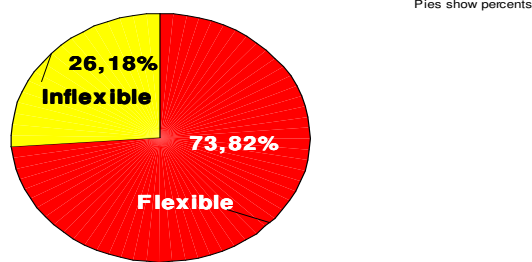


FIG. 16

HEALTHCARE SYSTEM WORKING

How do you appreciate, from inside, the working of healthcare system?

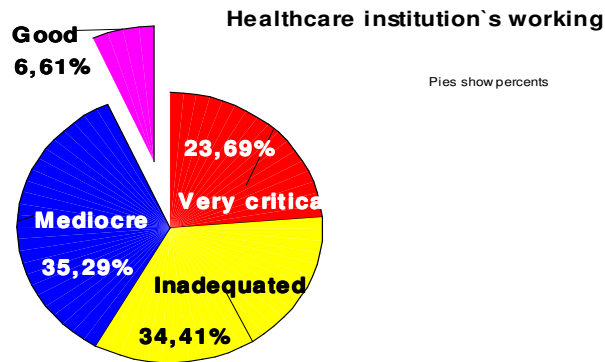


FIG. 17

The appreciation gave by employees of healthcare system is one of the worst: while only 6,5 % have a good opinion about system working, 23,7% consider it critically, 34,5% inadequate and 35,3% mediocre.

How do you appreciate the present situation of healthcare system relative to last years?

Present situation of system comparative with last years

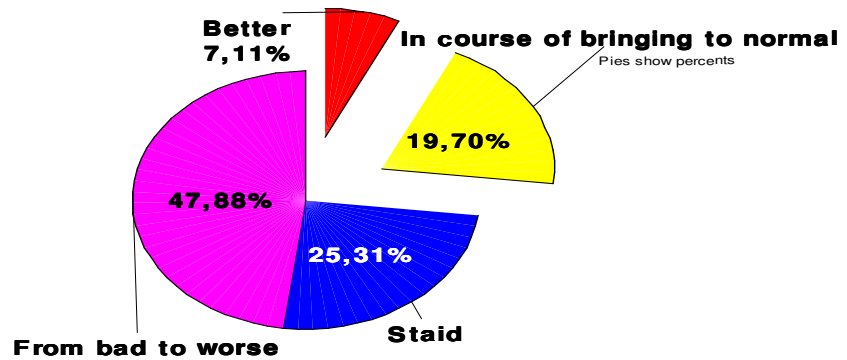


FIG. 18

Preoccupation for system's changes * Healthcare institution's working			Healthcare institution's working			
Preoccupation for system's changes			Very Critical	Inadequate	Mediocre	Good
			Higher degree of attention	Count	41	68
	% within Preoccupation for system's changes		22,5%	37,4%	30,8%	9,3%
	% within Healthcare institution's working		21,6%	24,6%	19,8%	32,1%
Lower degree of attention	Count		37	101	126	20
	% within Preoccupation for system's changes		13,0%	35,6%	44,4%	7,0%
	% within Healthcare institution's working		19,5%	36,6%	44,5%	37,7%
Lack of interest for reform	Count		104	91	81	14
	% within Preoccupation for system's changes		35,9%	31,5%	28,0%	4,8%
	% within Healthcare institution's working		54,7%	33,0%	28,6%	26,4%
Information from mass media and discussions with colleagues	Count		7	15	18	2
	% within Preoccupation for system's changes		16,7%	35,7%	42,9%	4,8%
	% within Healthcare institution's working		3,7%	5,4%	6,4%	3,8%
All sources information -despite the feeling of no results	Count		1	1	2	
	% within Preoccupation for system's changes		25,0%	25,0%	50,0%	
	% within Healthcare institution's working		0,5%	0,4%	0,7%	

We can observe that almost a half of subjects (47,88%) consider present situation badly then in the past while only 7,11% consider it better, 19,7% -bringing to normal and 25,31-staid. The conclusion after analyse of this two questions is: appreciation regarding the evolution of system's condition is negative scarcely inside of it.

PREOCCUPATION FOR SYSTEM'S CONVERSION

Do you were preoccupied for changes involved by healthcare reforming process?

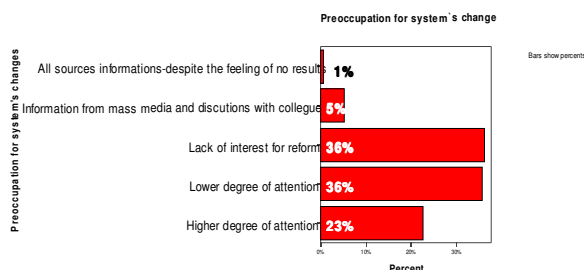


FIG. 19

The lack of preoccupation for system's changes (36,0%) and a diminishing degree of interest (35,45 proved by medical personnel) relative to interest for reform declared by 22,7% of subjects may be interpreted as a consequence of this unending process, started many years ago but without tangible results.

Must be point out that in category of those uninterested in reform, a big weight have those who appreciate present situation badly or staid.

Tab. 8

The most of those preoccupied for system changes consider healthcare institution's working starting from "very critical" to "mediocre", only 9,3% consider it "good". More than a half (54,7%) of those who appreciate system's situation as very critical are lacked of interest for reform. We think that here is a problem because an ignorance of reform's aims (at least) due to an inappropriate appreciation of state; people may have a different image about conversion and can appear a discrepancy between expectation and reality. A right appreciation of difficulties and risks supposed by a process like this can be a key of solution.

The lack of interest for changes in healthcare system organisation may be correlate with perception about present situation of system relative to past: while 6,5 5 appreciated "better" and 23,0% "bringing to normal", a percentage of 29,5% considers it staid and 39,45-worst.

Must be point out that in category of those uninterested in reform, a big weight have those who appreciate present situation badly or staid.

HEALTHCARE SYSTEM WORKING

Which is, in your opinion, the major cause of problems in Romanian healthcare system?

	Frequency	Percent
Lack of adequate funds	222	27,7
Incoherent sanitary policy	241	30,0
Bad administration of existing funds	77	9,6
Insufficient funds, bad administration, incoherent policy	78	9,7
Insufficient funds and their bad administration	26	3,2
Bad administration of human resources	16	2,0
Bad administration of resources, funds, incoherent policy	14	1,7
Bad administration of funds and human resources	5	0,6
Lack of funds and bad administration of human resources	4	0,5
All variants	119	14,8

Tab. 9

In subject's opinion, the major cause of problems in Romanian healthcare system is represented either an incoherent sanitary policy (30%) or a lack of adequate funds (27,7%). A part of subjects (31,7%) amalgamate the causes considering that problems are both a result of an incoherent sanitary policy and lack of funds, resources or their inappropriate administration.

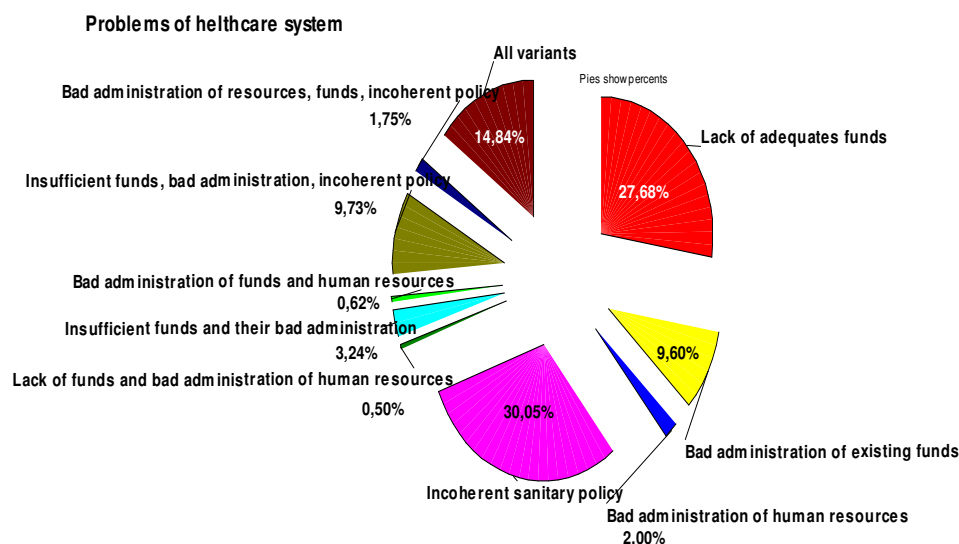


FIG. 20

QUALITY OF MEDICAL ACTS

Working condition offer the possibility of a quality medical act? Motivate your answer.

	Frequency	Percent
Yes (simple)	25	3,1%
Yes, without argumentation	107	13,3%
Yes, we have materials and equipment	35	4,4%
Yes, quality is gave by instruction and conscience	9	1,1%
Yes, motivation is more important then work conditions	7	0,9%
Yes, external checking confirms the quality	1	0,1%
Yes, my workplace obliges to quality	4	0,5%
Yes, private system offers quality in healthcare	2	0,2%
No (simple)	57	7,1%
No, multiple lacks (materials, stuff, medication)	208	25,9%
No, without argument	158	19,7%
No, sanitary stuff are lacking	108	13,5%
No, the equipment is lacking	27	3,4%

No, drugs are lacking	13	1,6%
No- insufficient personnel	12	1,5%
No, deficiency in sanitary legislation and organization	11	1,4%
No, bureaucratism reduces the time for patient	7	0,9%
No, inadequate working climate	6	0,7%
No- lack of motivation	5	0,6%

Tab10

Alarming for patient's fate and for nation health, 76,3% of subjects consider that present condition of labour didn't offer the possibility to perform a high quality medical act.

Which are the biggest lacks, regarding labour condition, met in your practice usually?

Lacks met in usual activity		
	Frequency	Percent
Shortage of personnel	121	15,1%
Lack of drugs	75	9,4%
Lack of sanitary stuff	101	12,6%
Inadequate infrastructure	115	14,3%
Lack of drugs and stuff	80	10%
Shortage of personnel, lack of stuff, inadequate infrastructure	3	0,4%
Lack of stuff, shortage of personnel	33	4,1%
Shortage of personnel, inadequate infrastructure	22	2,7%
Lack of stuff, inadequate infrastructure	31	3,9%
Shortage of personnel, lack of drugs, inadequate infrastructure	8	1%
Lack of drugs, stuff, inadequate infrastructure	63	7,9%
Shortage of personnel, lack of drugs and stuff	30	3,7%
Shortage of personnel, lack of stuff, drugs, inadequate infrastructure	118	14,7%
Shortage of personnel, lack of drugs	2	0,2%
Total	802	100%

Tab. 11

DECISION IN PROFESSIONAL LIFE

In your position do you have the possibility to influence the decisions concerning your professional activity?

Can you influence your professional life management decisions

Pies show percents

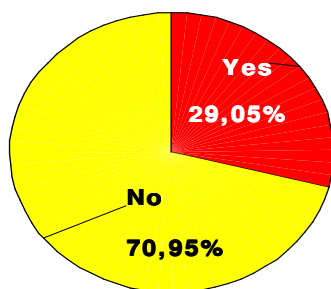


FIG. 21

According to results, in vision of 70,9% of subjects, nursing personnel hasn't the possibility to influence the decisions concerning their professional life.

Relationship with superiors vs. influence in management Of professional life decision		Can you influence your professional life management decision		
		Yes	No	
Relationship with superiors	Very good	Count	58	88
		% within Relationship with superiors	39,7%	60,3%
		% within Can you influence your professional life management decision	24,9%	15,5%
	Good	Count	123	300
		% within Relationship with superiors	29,1%	70,9%
		% within Can you influence your professional life management decision	52,8%	52,5%
	Satisfactory	Count	41	119
		% within Relationship with superiors	25,6%	74,4%
		% within Can you influence your professional life management decision	17,6%	20,9%
	Stressed	Count	10	61
		% within Relationship with superiors	14,1%	85,9%
		% within Can you influence your professional life management decision	4,3%	10,7%
Other answer	Count	1	1	
	% within Relationship with superiors	50,0%	50,0%	
	% within Can you influence your professional life management decision	0,4%	0,2%	

Tab. 12

The cross table's analyse denotes that influence of decision concerning professional life isn't dependent on nature of relationship with superiors; the percentage of negative answers in that direction being preponderance even in case of good and very good relationship.

The analyse of appreciation confer by employer to employee for his service crossing with appreciation of subjects regarding working of system disclose the fact that are enjoying the appreciation of employer:

-Only 37,4% of those who appreciate working of system very critical

-41,4% of those who appreciate working of system inadequate

-49,1% of those who appreciate working of system mediocre.

Healthcare institution's working * Employer's appreciation for nurses activity			Employer's appreciation for nurses activity	
Healthcare institution's working	Very critical	Count	Yes	No
			71	119
		% within Healthcare institution's working	37,4%	62,6%
		% within Employer's appreciation for nurses activity	19,7%	27,0%
	Inadequate	Count	115	161
		% within Healthcare institution's working	41,7%	58,3%
		% within Employer's appreciation for nurses activity	31,9%	36,5%
	Mediocre	Count	139	144
		% within Healthcare institution's working	49,1%	50,9%
		% within Employer's appreciation for nurses activity	38,5%	32,7%
	Good	Count	36	17
		% within Healthcare institution's working	67,9%	32,1%
		% within Employer's appreciation for nurses activity	10,0%	3,9%

Tab. 13

Crossing variables "sex" and "working programme" shows a little difference between female (73,4%) and male (77,6%) regarding the flexibility of working programme. One of explication may be the fact that women are more involved in familiar duties than men.

Sex vs Working programme			Working programme	
			Flexible	Inflexible
Sex	Female	Count	540	195
		% within Sex	73,5%	26,5%
		% within Working programme	91,2%	92,9%
	Male	Count	52	15
		% within Sex	77,6%	22,4%
		% within Working programme	8,8%	7,1%

Tab. 14
PROFESSIONAL MOTIVATION

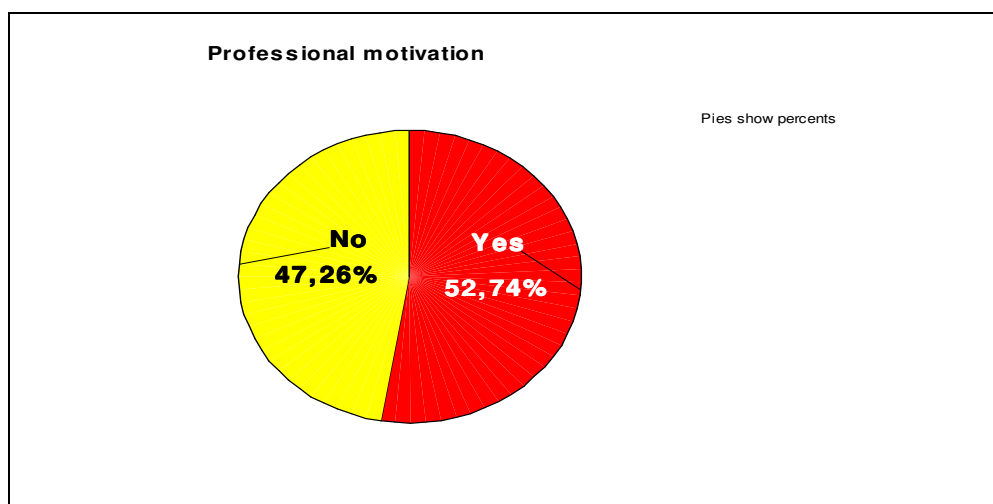


FIG. 22

The professional motivation analyse comports multiples and diverse variables which must be considerate in a holistic pattern. The study of variables elected in our operational scheme due to next interpretation: nursing personnel feels a professional motivation in a percentage of 52,7% and a professional satisfaction in a percentage of 63,8% (here are subsumed and those who are very satisfied). The perception of subjects is that the appreciation of employer for the employee's labour is low (45%) while patients prove, generally, appreciation for such as care them.

Professional satisfaction vs Present situation of system comparative with last years			Present situation of system comparative with last years			
			Better	In course of bringing to normal	Staid	From bad to worse
Professional satisfaction	Very contented	Count	19	40	64	125
		% within Professional satisfaction	7,7%	16,1%	25,8%	50,4%
		% within Present situation of system comparative with last years	33,3%	25,3%	31,5%	32,6%
	Contented	Count	21	73	62	108
		% within Professional satisfaction	8,0%	27,7%	23,5%	40,9%
		% within Present situation of system comparative with last years	36,8%	46,2%	30,5%	28,1%
	Rather contented	Count	16	42	65	127
		% within Professional satisfaction	6,4%	16,8%	26,0%	50,8%
		% within Present situation of system comparative with last years	28,1%	26,6%	32,0%	33,1%
	Discontented	Count	1	3	12	24
		% within Professional satisfaction	2,5%	7,5%	30,0%	60,0%
		% within Present situation of system comparative with last years	1,8%	1,9%	5,9%	6,3%

How much satisfaction do you feel, generally, for way you deploy your professional activity?

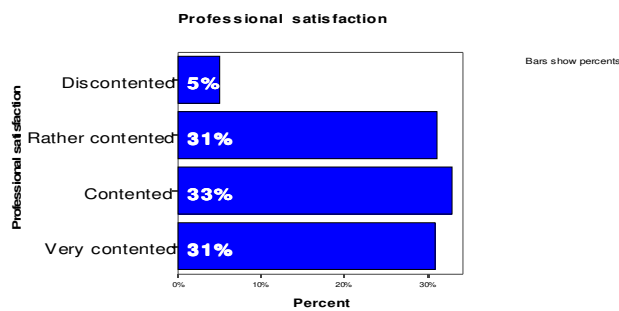


FIG. 23

Although our analyses point out some deficiencies, most of subjects are satisfied about the way they deploy their activity. It's hard to explain how get this satisfaction along with hardly working of healthy institutions.

Tab. 15

We can observe that 50,4% of those who are very satisfied about the way they deploy their activity and 40,9% of those who are satisfied, consider – in the same time- that situation of system is bad to worse. This fact may signify that it is created a kind of separation on type:” I do my job, others are culpable for problems”, a sort of lack of identification with their own institution.

Only 7,7% of those who are very satisfied about their professional activity and 8% of those who are satisfied consider the present situation better than in the past, fact that confirms the separation vis a vis system's difficulties.

In your professional activity are you enjoying of patients' appreciation?

Patient's appreciation

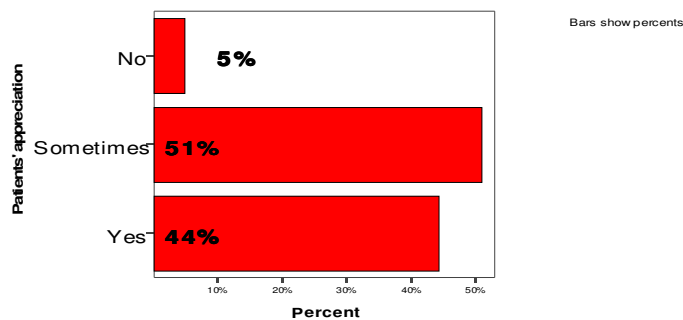


FIG. 24

We can ascertain that subjects perceive a certain break interfered between nursing personnel and patients.

Did your employer prove, any way, the appreciation for labour you perform in institution?

Employer's appreciation for nurses activity

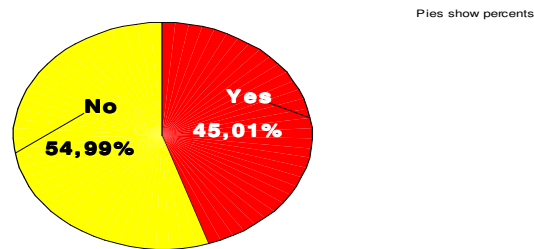


FIG. 25

In your opinion, a bad paid job but secure is better than a well-paid job but insecure?

A well paid job, but insecure, is better than a bad paid job, but secur

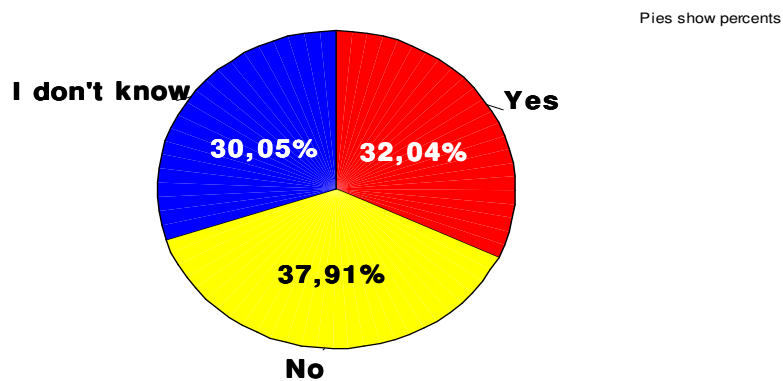


FIG. 26

We may observe a mutation of mentalities regarding to workplace pertain; gradually, job safety is outmatch by retribution level offered by workplace.

MIGRATION TENDENCIES

Would you be tempted by idea of working abroad for a more attractive salary?

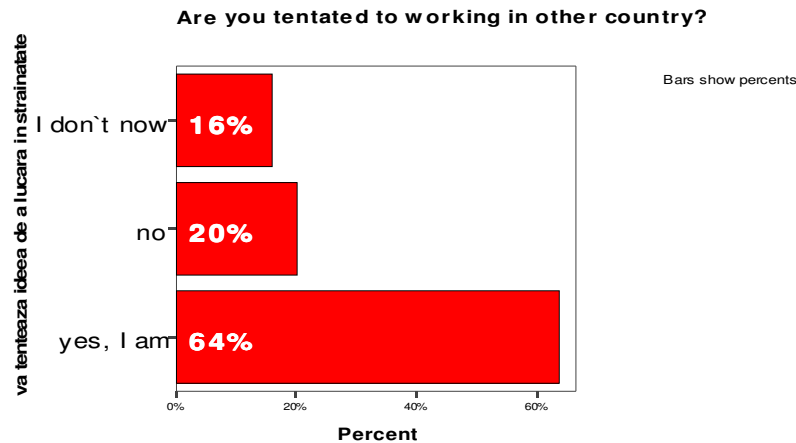


FIG. 27

It may be observed that 63% of subjects take into consideration the variant of working abroad. This situation, in correlation with possibility of working in legal conditions (that it means recognition of diploma, qualification and degrees obtained in one country, equal conditions of employment to those of local nurses in posts requiring same level of competency, and involving the same duties and responsibilities) may due next years to an acute shortage of personnel in this sector.

Do you have colleagues working abroad in legal conditions?

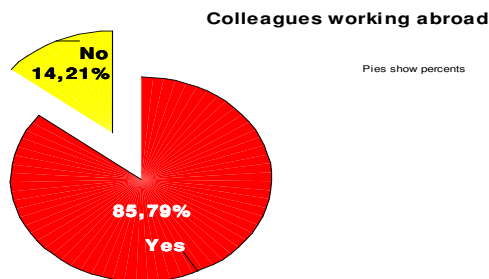


FIG. 28

The answers to this question denote, indirectly, the big number of those who choose the way of working in a foreign country. Besides that situation can represent a way of influence for decision to go. The issue in debate being the legal migration in labour interest, it is natural that people appeal in small degree to informal sources as shows the answer of subjects at this item.

What reasons determined you to choose the decision of working abroad?

Reasons for working abroad

	Frequency	Percent
Bigger salary	301	37,5%
Wish of performance in profession	32	4,0%
A new, modern attitude in profession	11	1,4%
Multiple specialization	12	1,5%
Need of professional recognition	13	1,6%
Better work conditions	40	5,0%
Other reason	5	0,6%
Performance of healthcare system abroad	2	0,2%
None reason	31	3,9%
Multiple answer	4	0,5%
Bigger salary, wish of performance	14	1,7%
Bigger salary, perform, multiple spec, need of profess recogn	7	0,9%
Bigger salary,performance,modern attitude,better work cond	22	2,7%
Bigger salary,perform,multiple specialization, need of recogn	1	0,1%
Salary,perform,multiple spec,better work condition	11	1,4%
Salary,perform,need of profess. recogn, better work cond,	12	1,5%
Salary,perform,modern attit,multiple spec, need of recogn	3	0,4%
Salary,perform,modern attit,multiple spec,better work condit	9	1,1%
Salary, perform,multiple spec, need of recogn,better cond	5	0,6%
Salary, perform,modern attit, need of recogn,better workcond	12	1,5%
All variants of answer	81	10,1%
Bigger salary, better work conditions	90	11,2%
Bigger salary, multiple specialization	7	0,9%
Bigger salary, need of recognition, better condition	24	3,0%
Bigger salary, wish of performance, modern attitude,	9	1,1%
Bigger salary, performance, better work conditions	21	2,6%
Bigger salary, modern attitude, multiple specialization	4	0,5%
Wish of performance, modern attitude, need of recognition	4	0,5%
Bigger salary, multiple specialization, better work conditions	15	1,9%
Total	802	100%

Tab. 16

The correlation of variables “economical standard” and “temptation of working abroad” due to conclusion that those who are unsatisfactory by their economical standard are more tempted to working abroad (about 11%) then those who answer “satisfactory” and “more than satisfactory”.

ECONOMICAL STANDARD vs TEMPTATION FOR WORKING ABROAD		Are you tempted to work abroad		
		Yes	No	I don't think
Count		278	66	47
% within economical standard		71,1%	16,9%	12,0%
% within temptation for working abroad		54,3%	41,0%	36,4%
Count		214	84	67
% within economical standard		58,6%	23,0%	18,4%
% within temptation for working abroad		41,8%	52,2%	51,9%
Count		6	2	2
% within economical standard		60,0%	20,0%	20,0%
% within temptation for working abroad		1,2%	1,2%	1,6%
Count		14	9	13
% within economical standard		38,9%	25,0%	36,1%
% within temptation of working abroad		2,7%	5,6%	10,1%

Tab. 17

AGE vs TEMPTATION FOR WORKING ABROAD			Are you tempted to work abroad?		
			Yes	No	I don't think
AGE	Up to 30 years old	Count	122	21	28
		% within age	71,3%	12,3%	16,4%
		% within temptation for working abroad	23,8%	13,0%	21,7%
	30-40 years old	Count	249	74	72
		% within age	63,0%	18,7%	18,2%
		% within temptation for working abroad	48,6%	46,0%	55,8%
	40-50 years old	Count	78	25	16
		% within age	65,5%	21,0%	13,4%

		% within temptation for working abroad	15,2%	15,5%	12,4%
Over 50 years old		Count	63	41	13
		% within age	53,8%	35,0%	11,1%
		% within temptation for working abroad	12,3%	25,5%	10,1%

Tab. 18

It is remarkable that temptation for working abroad is relatively at same level up to 50 years old, a little rise for group " up to 30 years old ", after that it is registered a decrease by 8 percent for "30-40 years old group". For 40-50 years old group it is observed a rise by 2,5 percent. Seeing that the most part of subjects is female, the oscillation can be explained (in any size, but here we believe it is necessary to investigate more profoundly) by children's growth. When children grow the parent take this kind of decision more easily. It is essential a deeply research in the context of "age" with all implications involved in correlation with migration temptation.

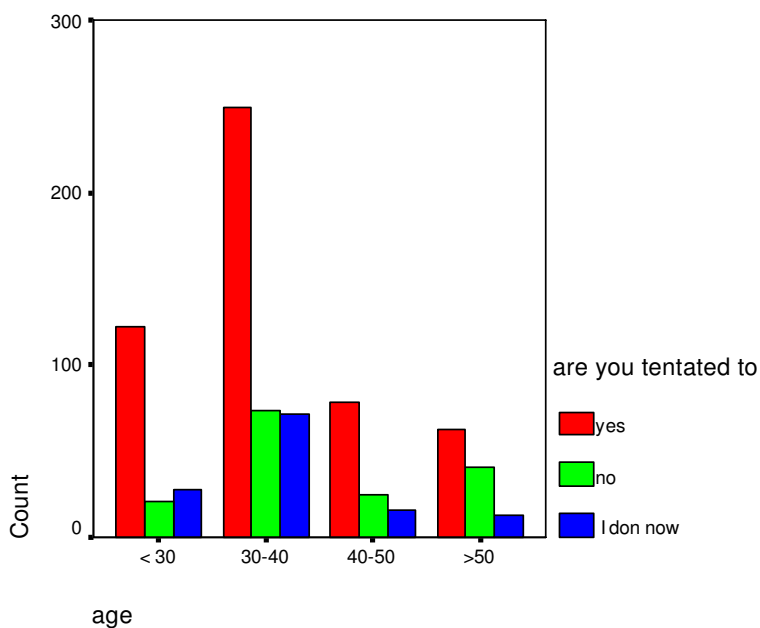


Fig. 29 tentated inlocuit cu tempted

What reasons hinder you to take the decision working abroad?

Reasons which hinder from working abroad	Frequency	Percent
Age	115	14,3%
Family's obligations	396	49,4%
Fear of unknown	104	13%
Low adaptation capacity	14	1,7%
Other reasons	10	1,2%
Health status	7	0,9%
Distrust	1	0,1%
It's a financial investment that I can't make	9	1,1%
Affective reasons	3	0,4%
The straighten of system	2	0,2%
None of reasons	22	2,7%
I don't think to go	2	0,2%
Age and family obligations	51	6,4%
Family obligations and unknown fear	42	5,2%
Age and unknown fear	9	1,1%
Family obligations, fear by unknown, low adaptation capacity	7	0,9%
Family obligations, low adaptation capacity	4	0,5%
Fear by unknown, low adaptation capacity	4	0,5%

Tab. 19

The analyse of table above shows that family obligations are denounced as main reason by those with one child in support (60,5%) and those with two children (60,3%) while for people without children, family obligations represent 32,3%. Here are involved reasons like fear by unknown (23,3%) but also age (16,6%).

Is migrations an opportunity of financial attainment?

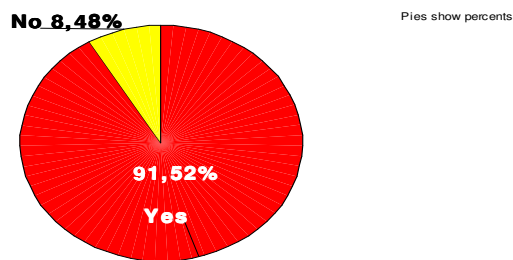


Fig. 30

Do you consider that the option for working abroad constitutes an opportunity for financial achievement (in a short time) that involved some personal sacrifices?

REASONS WHICH HINDER FROM WORKING ABROAD * CHILDREN IN SUPPORT			Children in support			
			None	One	Two	More than two
Reasons which hinder from working abroad	Age	Count	52	36	23	4
		% within Reasons which hinder from working abroad	45,2%	31,3%	20,0%	3,5%
		% within Children in support	16,7%	10,4%	17,6%	33,3%
	Family obligations	Count	101	210	79	6
		% within Reasons which hinder from working abroad	25,5%	53,0%	19,9%	1,5%
		% within Children in support	32,4%	60,5%	60,3%	50,0%
	Fear by unknown	Count	73	26	5	
		% within Reasons which hinder from working abroad	70,2%	25,0%	4,8%	
		% within Children in support	23,4%	7,5%	3,8%	
	Low adaptation capacity	Count	9	3	2	
		% within Reasons which hinder from working abroad	64,3%	21,4%	14,3%	
		% within Children in support	2,9%	,9%	1,5%	
	Other reasons	Count	5	4	1	
		% within Reasons which hinder from working abroad	50,0%	40,0%	10,0%	
		% within Children in support	1,6%	1,2%	,8%	
Health status	Count	5		2		
	% within Reasons which hinder from working abroad	71,4%		28,6%		
	% within Children in support	1,6%		1,5%		
It's a financial investment that I can't make	Distrust	Count	1			
		% within Reasons which hinder from working abroad	100,0%			
		% within Children in support	,3%			
	It's a financial investment that I can't make	Count	7	2		
		% within Reasons which hinder from working abroad	77,8%	22,2%		
		% within Children in support	2,2%	,6%		

Affective reasons	Count	2		1	
	% within Reasons which hinder from working abroad	66,7%		33,3%	
	% within Children in support	,6%		,8%	
The straighten of system	Count	1	1		
	% within Reasons which hinder from working abroad	50,0%	50,0%		
	% within Children in support	,3%	,3%		
None of reasons	Count	13	7	2	
	% within Reasons which hinder from working abroad	59,1%	31,8%	9,1%	
	% within Children in support	4,2%	2,0%	1,5%	
I don't think to go	Count	1	1		
	% within Reasons which hinder from working abroad	50,0%	50,0%		
	% within Children in support	,3%	,3%		
Age and family obligations	Count	16	23	11	1
	% within Reasons which hinder from working abroad	31,4%	45,1%	21,6%	2,0%
	% within Children in support	5,1%	6,6%	8,4%	8,3%
Family obligations and Fear by unknown	Count	14	24	3	1
	% within Reasons which hinder from working abroad	33,3%	57,1%	7,1%	2,4%
	% within Children in support	4,5%	6,9%	2,3%	8,3%
Age and Fear by unknown	Count	4	4	1	
	% within Reasons which hinder from working abroad	44,4%	44,4%	11,1%	
	% within Children in support	1,3%	1,2%	,8%	
Family obligations, fear by unknown, low adaptation capacity	Count	3	3	1	
	% within Reasons which hinder from working abroad	42,9%	42,9%	14,3%	
	% within Children in support	1,0%	,9%	,8%	
Family obligations, low adaptation capacity	Count	1	3		
	% within Reasons which hinder from working abroad	25,0%	75,0%		
	% within Children in support	,3%	,9%		
Fear by unknown, low adaptation capacity	Count	4			
	% within Reasons which hinder from working abroad	100,0%			
	% within Children in support	1,3%			

Tab. 20

It is remarkable fact that 60% of people with one or two children and 50 % of those with three or more children consider that family obligations may constitute a reason that hired the departure in a foreign country for a labour contract while only 32,4 of those without children have the same opinion. Also, it must be observed that family obligations reported to number of children are involved adjacent to other reasons, in concordance with high percentage of those who denounced it like an obstacle for working abroad, respectively 49%)

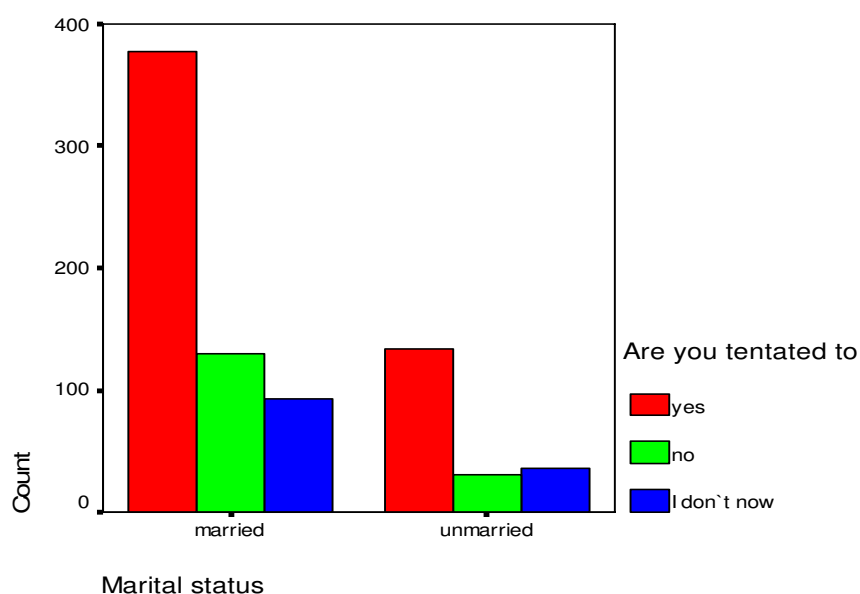


Fig. 31

MARITAL STATUS vs TEMPTATION OF WORKING ABROAD			Are you tempted to work abroad?		
			YES	NO	I don't think
MARITAL STATUS	Married	Count	378	130	93
		% within marital status	62,9%	21,6%	15,5%
		% within temptation of working abroad	73,8%	80,7%	72,1%
	Unmarried	Count	134	31	36
		% within marital status	66,7%	15,4%	17,9%
		% within temptation of working abroad	26,2%	19,3%	27,9%

Tab. 21

Unmarried people are more tempted to go for labour abroad (66,7%) then married people (62,9%), the differences between these two categories of subjects being small. It must be considerate that within the people tempted to work abroad 73,3% is married and only 26,2% unmarried.

If you would opt for a job in a foreign country, you would appeal at which of next sources of information?

Information sources		
	Frequency	Percent
Office of Workforce Migration(OWM)	395	49,3%
Mass media publicity	1	0,1%
Firm's offer	133	16,6%
Information from colleagues already gone	88	11%
Other sources	23	2,9%
Internet	4	0,5%
I don't appeal	19	2,4%
OWM and offers from employer's firms	42	5,2%
OWM and information from colleagues	33	4,1%
Offers from firms and information from colleagues	21	2,6%
All mentioned sources	11	1,4%
OWM, offers from firms, information from colleagues	16	2%
OWM, information from colleagues, other sources	13	1,6%
Firm's offers, information from colleagues, other sources	3	0,4%

Tab. 22

We observe the preference for official sources of information (49,3 % of answers), next place are situated firm's offers (16,6%), and then – as an informal way – information from colleagues already leaved (11%)

A well paid job but insecure is better than a bad paid job but secure vs Migration opportunity as a financial achievement			Is migration an opportunity of financial achievement?	
			Yes	No
Yes	Count	240	17	
	% within A well paid job but insecure is better than a bad paid job but secure	93,4%	6,6%	

A well paid job but insecure is better than a bad paid job but secure	No	<i>% within Migration opportunity as a financial achievement</i>	32,7%	25,0%
		Count	274	30
		% within A well paid job but insecure is better than a bad paid job but secure	90,1%	9,9%
	I don't know	<i>% within Migration opportunity as a financial achievement</i>	37,3%	44,1%
		Count	220	21
		% within A well paid job but insecure is better than a bad paid job but secure	91,3%	8,7%
		<i>% within Is migration opportunity as a financial achievement?</i>	30,0%	30,9%

Tab. 23

Among the subjects who consider that working abroad is an opportunity for financial achievement, 29,9% believe that a bad-paid job but secure is better than a well-paid job but insecure while 34,1% consider that a well-paid job, even insecure, is better. It is notable that a great number of subjects appreciated that a bad- paid job but secure isn't better than a well-paid job but insecure. This fact may be considered as an orientation of subjects especially for financial aspect of the offer, or confidence in own professional capacities that allow them to find a new job (only if is necessarily).

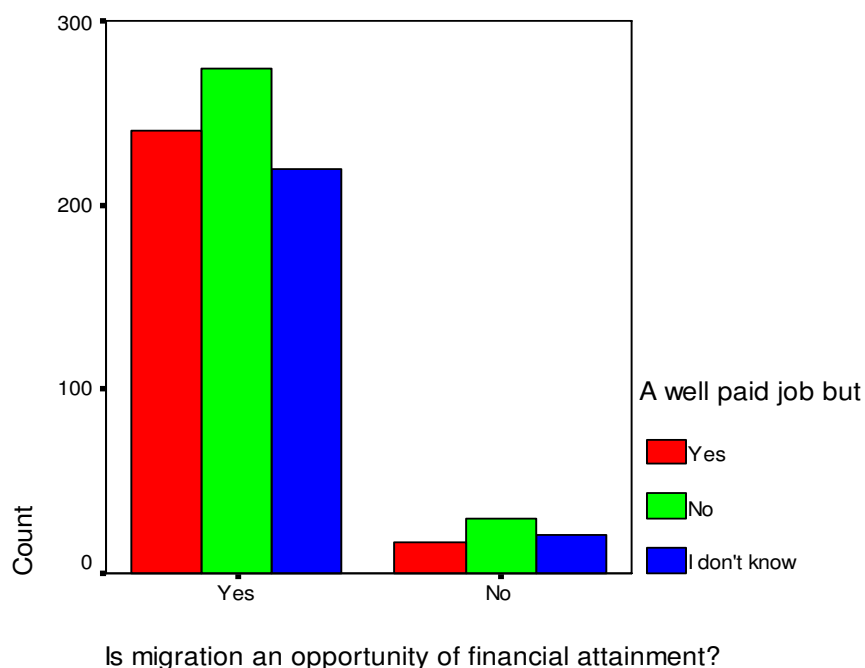


Fig. 31

Information sources * Colleagues working abroad		Colleagues working abroad		
		Yes	No	
Information sources	Office of Workforce Migration(OWM)	Count	338	57
		% within Information sources	85,6%	14,4%
		% within Colleagues working abroad	49,1%	50,0%
	Mass media publicity	Count	1	
		% within Information sources	100,0%	
		% within Colleagues working abroad	,1%	
	Firm's offers	Count	114	19
		% within Information sources	85,7%	14,3%
		% within Colleagues working abroad	16,6%	16,7%
	Information from colleagues already gone	Count	73	15
		% within Information sources	83,0%	17,0%
		% within Colleagues working abroad	10,6%	13,2%
	Other sources	Count	18	5
		% within Information sources	78,3%	21,7%
		% within Colleagues working abroad	2,6%	4,4%
	Internet	Count	4	
		% within Information sources	100,0%	
		% within Colleagues working abroad	,6%	
	I don't appeal	Count	16	3
		% within Information sources	84,2%	15,8%
% within Colleagues working abroad		2,3%	2,6%	
OWM and offers from employer's firms	Count	37	5	
	% within Information sources	88,1%	11,9%	
	% within Colleagues working abroad	5,4%	4,4%	
OWM and information from colleagues	Count	32	1	
	% within Information sources	97,0%	3,0%	
	% within Colleagues working abroad	4,7%	,9%	
Offers from firms and information from	Count	15	6	
	% within Information sources	71,4%	28,6%	

	colleagues	% within Colleagues working abroad	2,2%	5,3%
	All mentioned sources	Count	11	
		% within Information sources	100,0%	
		% within Colleagues working abroad	1,6%	
OWM, offers from firms, information from colleagues	Count	15	1	
		% within Information sources	93,8%	6,3%
		% within Colleagues working abroad	2,2%	,9%
OWM, information from colleagues, other sources	Count	12	1	
		% within Information sources	92,3%	7,7%
		% within Colleagues working abroad	1,7%	,9%
Firm's offers, information from colleagues, other sources	Count	2	1	
		% within Information sources	66,7%	33,3%
		% within Colleagues working abroad	,3%	,9%

Tab. 24

The analyze on counties shows that working abroad is appreciated as a good opportunity of financial achievement in a short time but which requests personal sacrifices –(globally, 91,5%).

Migration as an opportunity of financial achievement? vs County		County			
		Galati	Calarasi	Prahova	
Is migration an opportunity of financial achievement?	Yes	Count	241	338	155
		% within Is migration an opportunity of financial achievement?	32,8%	46,0%	21,1%
		% within County	87,6%	91,6%	98,1%
	No	Count	34	31	3
		% within Is migration an opportunity of financial achievement?	50,0%	45,6%	4,4%
		% within County	12,4%	8,4%	1,9%

Tab. 25

CONCLUSIONS:

The study wants to appreciate how the employees of healthcare system feel the quality of their professional life in the context of healthcare system reform and, in the same time, to identify a contingent relation between that and the tendency of migration for working.

This present research has in view, through items formulated in questionnaire, to discover the most acute problems of this professional category and also the mood that animated them. The discrimination of variables in multiples variants of answer permitted a nuance interpretation (even more complicated) of answers.

The results of interpretation due to next conclusions:

- The appreciation of healthcare system made by employees is alarming: while only 6,5 % have a good appreciation about system working, 27,7 % considers that disastrous, 34,5 % inappropriate and 35,3 % mediocre;
- The healthcare reform didn't present interest for medical personnel because didn't prove with palpable results positive changes in system, more than that, present situation being felt even worst than preceding; so, we can observe that almost half of total (47,88 %) consider that the present condition of system is badly then in the past, while only 7,11 % consider that better, 19,7 in course of redirection and 25,31 % unchanged.
- Concerning for patient's situation and for nation's health, 76,3 % considers that conditions of present didn't offer the possibility for

perform an adequate medical act from point of view of quality.

- With reference with causes of dysfunctions in healthcare system, firstly is situated the incoherent sanitary policy (30 %), succeeded by missing of adequate funds (27,7 %); these causes are mixed with others. It is noticeable that "a bad management of existing funds" is appreciated as a main cause of dysfunctions only by 9,6 % of subjects while the government indicates this as a major cause.
- Regarded the lacks of system, the hierarchy is:
 - Insufficiency of medical personnel-15,1 %
 - Inadequate infrastructure-14,3 %
 - Lack of sanitary stuff- 12,6 %
 - Lack of needful drugs- 9,4 %

Important proportion are occupied by combinations of these causes:

- Lack of sanitary stuff and needful drugs- 10 %
- Insufficiency of medical personnel, lack of sanitary stuff and needful drugs, inadequate infrastructure- 14,7 percent
- -The biggest proportion of questioned subjects (93,1 %) appreciated that the income obtained exclusively by salary can't assure a comfortable life; among these 51,2 % considers their economical standard unsatisfactory.
- -It may be observed that 91,52 % consider working abroad an opportunity for financial realisation, 64 % taking in plan the variant of

migration for a job. We appreciate that this situation in correlation with possibility of employment in legal conditions in a foreign country may due to an acute shortage of personnel for next years.

- The main motive that determines the migration for working is possibility of obtaining a better payment for their labour. However, the fact that only 37,5 % consider a biggest salary the unique motive, the others prospecting a variety of motives, disclose a diversification and an hierarchy of their needs; it means that material factor isn't only that must be retain. We can point out that "better working conditions" represents one of reasons.
- 52 % considers their job insecure, 21,3 % of them invoke economical and political instability, changes of healthcare system; 18,1 % didn't give any reason.
- The study, even centred upon quantitative aspects, disclose some problems in working relationship field, existing a problematic understanding of idealistic deployment of these relations (see interpretation of data)
- It is remarkable that an important percentage of subjects appreciated that a job well remunerated but insecure is better than a job secure but meagre remunerated. It can be interpreted as an orientation with predilection for the financial aspect of offer or as a thrust in own professional capacities that permit to find easiness a new job.

The phenomena of nurse migration for developed states with a view of working abroad constitute an interesting theme now, when integration of Romania in European Union became almost certitude. Free circulation of people, one of the four fundamental rights of EU, will allow to Romanian citizens to travel in all states of Union also for tourism but also for working, studying or living. In this sense, is necessary a common preoccupation of all members through a most efficiently administration of migratory phenomena. The impact of working migration will be feeling both in the origin country and in the destination country.

According to Study no.5 "Migrations phenomena from view of adhesion of Romania to EU"³, "contribution" of Romania's migration to flows of persons at regional and national level, also socio-economical effects about destination country's economy will remain reduced. The evolution of last period contradict this conclusion, considering that at least for certain states (Italy, Spain) the contribution of Romanian migratory is one significant, that trains in the same time, important economical and social mutation in destination places. However, appear the problem of proper assurance with human resources in the origin country of migrants because, according to statistics in healthcare system exist a shortage concerning covering with medical staff. On macro-economical level, Romanian healthcare system confront with a severe nursing shortages – denounced especially by employees' organizations and employers (hospitals managers, mostly). This situation often affects the quality of medical act that

³ Studies of Impact, (Pais II), Romanian Institute from Romania, 2004- coordinator: prof. Daniela-Luminita Constantin

gamble to fall in mediocrity in context of major lacks.

Relative to EU which policy of medical resources is involved in fixing number of students and graduates of and also fixing the structure on specialities for specialty institutions, in Romania, the medical density is diminishing; it is ascertain a deficit of 35,6 % between us and EU and of 38,4% between us and Central and East European Countries.

Romania has a small cover of population with dentists, pharmacists, nurses and midwives followed from comparison with statistical dates from these states.

Critical problems of Romanian healthcare system in matter of personnel are, synthetically: shortage, maldistribution and misutilisation of personnel. Besides these are problems reported by the majority of members states of the World Health Organization.

After analysing and interpretation of dates was observed a positive correlation between the quality of nurses' professional life and the tendency (looked as a aim, a disposition, a propensity) of them to working abroad meaning that a professional life felt like unsatisfactory rise the tendency of migration.

With globalization, the mobility of workers – including health professionals – has been facilitated. The migration flows have never been as great. The combination of push factors in a wide range of source countries and the seductive pull factors offered by destination countries leads to an ever increasing carousel movement of nurses around the globe – all searching for a better life.

Migration represent a temptation when the offer is better and exists opportunities. One of

these opportunities is the adhesion of Romania to EU

The option for workplaces better remunerated that offer the chance to practice in dignity due to an imbalance in the human resources field, especially concerning old-stager and well-prepared nurses. Studies indicate after 1990 an increased international mobility of qualified staff and the impact for origin country diversifies in comparison with branch, occupation or migration type (temporary, permanently, circular). Healthcare institutions begin to confront with shortage of nursing personnel, fact that involved medical services under optimal standards. For the moment this deficit is replaced by new graduated but it must be considered that persons that leave their jobs are well trained and old-stager, their departure meaning important emptiness. Professional experience needs years of practice. Otherwise said, the staff deficit turn into experience deficit.

Our government was forced by financial constraints to reduce health facilities despite the people needs for medical services. In this moment over the discontent of population subjoin professionals' dissatisfaction and that determine orientations to migration for jobs well remunerated. In the same time, some governments and private agencies have initiated massive recruitment campaigns for foreign nurses. These campaigns delay effective local measures that would improve recruitment, retention and long-term human resource planning. For our government, the recognition at the right time of this problem may offer the possibility to develop an adequate policy on this sense.

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