

## ORIGINAL ARTICLE

## AN EXPLORATORY STUDY OF FACTORS INFLUENCING PAKISTANI PHYSICIANS' RETENTION AND RESETTLEMENT CAREER DECISIONS

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**Background:** The recruitment, retention and migration of health workers is a global phenomenon. The literature shows push factors associated with leaving rural areas and developing countries in general are explored in depth. However importantly, some health workers behave differently and decide to stay in or return to a developing country. Less is known about the reasons/ pull factors of this groups' decision making. **Methods:** This paper aims to explore the perceptions of Pakistani physicians regarding their career decisions to remain in their country, or resettle back after working abroad for some time. Thirteen Pakistani physicians were interviewed via telephones who were working in Pakistan and Australia. **Results:** The motivation for Pakistani physicians to remain or resettle back into their country stems from the perceived better quality of life in Pakistan compared to the better standard of life overseas. Other reasons include a perceived differentiation between locals and non-locals abroad and the availability of a permanent job in Pakistan. **Conclusion:** The main factors that contributed to Pakistani physicians' retention and resettlement decisions were mostly personal and family or societal factors and there was a minimal role for professional or health system related factors in their career decisions, except for the availability of permanent jobs in Pakistan.

**Keyword:** Recruitment; Retention; Migration; Resettlement; Career decision-making; Doctors/physicians; Pakistan

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## INTRODUCTION

The recruitment, retention and migration of health workers from rural to urban areas within a country and from one country to another is a global phenomenon that affects the health systems in both the developing and developed countries.<sup>1-3</sup> The Joint Learning Initiative (JLI)<sup>4</sup> and the World Health Organization (WHO)<sup>5</sup> published major reports in 2004 and 2006 respectively to bring global attention to human resources for health (HRH) issues that includes the international migration of health workers especially of doctors and nurses from countries having weak health systems; increased workload on remaining health workers due to HIV/AIDS epidemic especially in sub-Saharan Africa; and the 'chronic underinvestment in human resources' in the previous decades due to the economic stabilisation programs pursued in those countries.<sup>4</sup> Both these reports called for increased attention to the situation of health workers.

Despite renewed global attention to HRH issues and the huge magnitude of global medical migration, a literature review shows that the major focus is on the exploration of the reasons for individual doctor's migration.<sup>6-13</sup> However, original research studies that explored the reasons/ pull

factors for physicians' retention and resettlement in developing countries especially the positive pull factors are limited.<sup>14-16</sup>

According to Oman, Moulds and Usher, "less has been published on the reasons doctors in developing countries actively choose to remain in their challenging and difficult jobs, often experiencing considerable professional fulfilment."<sup>10</sup> Similarly, Henderson and Tulloch<sup>15</sup> are of the view that in order to maintain an adequate workforce that meets the health needs of the population, it is important to understand the factors that contribute to health workers retention in resource constrained Pacific and Asian countries. Awases *et al.*, while presenting the justification for their multi-country study in Africa on health professional migration, were of the view that "the issues that influence retention and return of health personnel are not well understood. This is an area of concern that has been echoed by most of the countries in the Africa region".<sup>6</sup> Furthermore, Brown and Connell<sup>7</sup> have noted that there has been some resettlement of skilled overseas migrants into their countries of origin of the South Pacific Nations of Fiji, Samoa and Tonga; however, they believed that in the health sector there is a lack of research that look into this return migration of health workers.

Pakistan is a developing country that represents the third largest number of physicians working in the developed world.<sup>17</sup> Although, there is limited literature available that address the causes of Pakistani doctors' migration decisions, studies that are focused on Pakistani doctors' retention and resettlement career decisions are even more limited. According to Shah *et al.*<sup>18</sup>, there is a lack of research that looks at the factors that contribute in the retention of health personnel, especially physicians, in developing countries including Pakistan. Therefore, it is critically important to explore the factors that influence Pakistani physicians' career decisions to remain in their country and not migrate, or resettle back into their country after working abroad for some time. It is important to understand factors that influence these retention and resettlement career decisions in order to develop strategies that help physicians' retention and resettlement to their countries of origin.<sup>19,20</sup>

The research paper is based on the results of a larger exploratory study conducted during 2008–2010, which is freely available online.<sup>21</sup> This larger study sought to explore the perceptions of Pakistani physicians regarding their career decisions to remain in their country, migrate abroad or resettle back into their country after working abroad for some time. This study addressed four specific aims. These aims were to i) explore the perceptions of Pakistani physicians regarding their career decision to remain in their country and not move overseas; ii) explore the perceptions of Pakistani physicians regarding their career decision to migrate abroad; iii) explore the perceptions of Pakistani physicians regarding their career decision to initially go abroad and then resettle back to their country and iv) identify the problems encountered by Pakistani physicians during the process of resettlement back into their country after working abroad for some time. This paper will specifically aim to explore factors associated with Pakistani doctors' decisions to remain or resettle in their home country. The paper will argue that these factors may be generalizable to other developing countries and further research is needed in this field. This aim is consistent with the first and third aims of the larger study.

## MATERIAL AND METHODS

The methods employed in this study were described in detail in Arif<sup>21</sup> and Arif *et al.*<sup>22</sup> A hermeneutic phenomenological research design was chosen to understand the phenomenon of Pakistani physicians' career decisions to remain or resettle to Pakistan after a period abroad. A total of thirteen Pakistani physicians were interviewed via telephones between September 2008 and July 2009 using an interview

schedule. These Pakistani physicians who were working in Pakistan and Australia at the time of study were recruited using a combination of both purposeful and snowball sampling strategies. Thematic analysis was used to analyse the data.

## RESULTS

As stated above, the results in this paper are focussed only on the first and third aims of the larger study. These two aims were to i) explore the perceptions of Pakistani physicians regarding their career decision to remain in their country and not move overseas; ii) explore the perceptions of Pakistani physicians regarding their career decision to initially go abroad and then resettle back to their country. The factors that affected Pakistani physicians' career decisions for both aims are divided into three categories as themes and subthemes: personal characteristics and family factors, health system factors and societal factors. In some of the categories, no factor was identified by the participants during their discussions.

### **Findings for Aim One: Factors influencing Pakistani physicians career decisions to remain in their country and not move overseas**

The main reasons identified by the study participants for staying in Pakistan were identity and belonging, a desire to serve their own people, family attachment, having a permanent job in Pakistan, less difference between local and overseas earnings for specialists and a perception of differentiation between locals and non-locals abroad (Table-1).

#### **Personal characteristics and family factors**

##### ***Identity and belonging***

Almost all the respondents expressed a strong sense of identity and belonging to their country, culture and place of birth and this was one of the strongest reasons for not going abroad and remaining in their country or for resettling back into their country. Even those who migrated abroad were of the view that they would prefer to work in their country and culture if provided with the right opportunities and support. A female gynaecologist who went abroad for her postgraduate training and had resettled back into Pakistan expressed her feelings of attachment to her country in the following words:

*So, these conditions of lawlessness, underpaid jobs etc, all these things bother you; otherwise, everyone wants to come back to Pakistan. I can say this with conviction that everybody wants to go to their own home, their country. Nobody wants to live away from their own country, because here we have our roots. (Physician resettler 3)*

A young radiologist stated that after his graduation in Pakistan he did not have any intentions of going abroad especially to the Western countries, because of the cultural differences. He was of the opinion that one remains happier in his/her own country even if you earn much less than you earn in a different country and culture.

*... from the very start I did not have any intention to go to Western countries because I don't feel very easy in that culture.* (Physician stayer 3)

*If here I get two thirds or even a half of (what I earn) outside, then one remains more happy in his own country compared to abroad.* (Physician stayer 3)

These physicians were of the view that those who settle abroad permanently, especially in Western countries, become part of that culture and as a result lose their own culture and identity.

*Our doctors who went abroad in the 50s and 60s and whom I meet while I am travelling, or sometimes when they come here; once they went abroad, they could never come back, neither could they remain available for any national service, nor did their kids have any relationship with their country. Within 2-3 generations they became a write-off from Pakistan. So, to me this is a tragedy for the people who settle abroad.* (Physician stayer 4)

*... the civilisation of the West amalgamates them and incorporates them within itself and eventually engulfs them, and then their identity, their culture, their religion and the rest of their identity vanishes away.* (Physician stayer 4)

### **Desire to serve own people**

For the majority of the respondents a desire to serve their own people was one of the main reasons for staying in their country. They all had a very strong desire to serve their own people and community. This theme was very prominent in the conversations of one male and one female *stayer*. They had never thought of going abroad and they wanted to provide services to their people and community. The female respondent made the following comments when specifically asked about her decision to stay and not go abroad.

*... we think that our people here need us more. I mean the professionals.* (Physician stayer 2)

The majority of the study respondents approved of Pakistani physicians going abroad for training or to work for some time but were not in favour of settling abroad permanently. They were of the opinion that there is a need for qualified doctors in Pakistan and that they need to return a perceived obligation to their country by serving its people. A radiologist working in Pakistan put it in the following words:

*... there are debts of your country. You have to give back to the community. If the nation is spending 6-7 million PKR to make a doctor, then if that doctor goes abroad and starts enjoying a luxurious life in the West and forgets that in his own country children are dying and there is a need of their skills, then he has to be accountable on the day of judgement in front of God.* (Physician stayer 4)

### **Family attachment and support**

Another very important reason that had influenced staying Pakistani physicians to avoid going overseas was their intimate attachment with their families and the support that they received from their family members. For them, their attachment to their families was a strong tie to Pakistan. For example, a female participant decided not to go abroad because she had a very strong attachment with her family, especially with her parents. According to her, she could not live without her family. She explained that she had never thought of going abroad.

*Well, I can't live without my family. I can't even imagine that I will go abroad. Especially for me leaving my parents is very difficult. It does not really matter whether you join your family or not on happy occasions but it is very difficult to reach home from abroad in events such as deaths. Therefore, I am not in favour of going abroad and especially if someone's parents or some other relative is sick. Thanks to God that my parents are healthy but I can't leave them even for short time.* (Physician stayer 1)

The study respondents, especially the females, were very appreciative of the moral and material support available to them from their extended families in Pakistan. A female gynaecologist with four children, a government job and doing an evening private practice explained it in the following words.

*If I was not in a joint family [where all brothers, their children, unmarried sisters and parents live together in one house], then maybe I would not have done anything.* (Physician stayer 2)

Another female trainee in the speciality of General Medicine when asked about her views regarding her salary structure from a government job mentioned the financial support that she was getting from her family in the following words:

*Personally, I get a lot of support from my home. Therefore, I don't have any such problem. And that's why I have not even thought whether this is more or less.*  
(Physician stayer 1)

### Health system factors

#### **Having a permanent job in Pakistan**

Having a permanent job in their home country was mentioned by most of the Pakistani physicians as one of the deterrents to migrating abroad. While elaborating on the reasons for his decision to stay in Pakistan, one of the respondents said that he was selected as a consultant when he was very young and that by staying in Pakistan he was assured of a promising career and other benefits.

However, at the time of the study, in order to improve efficiency in the government departments, the government had introduced a contract employment policy in place of permanent jobs, mainly on the advice of the international lending/funding agencies. As a result of this contract policy, the above-mentioned benefits were withdrawn from government jobs leading to job uncertainty. This in turn led to a decrease in overall job satisfaction and, as a result, more doctors started looking for other avenues including going abroad.

*But now this thing is lacking. The chap who does his FCPS or does a fellowship from abroad, when we hire him we create a band of uncertainty around that. Because of that if he/she is doing a government job, he/she is doing it not very willingly and it is the same situation for our new entrants where we give them contractual jobs and this hurts their ego. That was the requirement of our funding agencies who suggested these things to improve efficiency in our departments that we should give people contractual jobs and do this and that. Those experiments were not successful. We changed those intact systems abruptly and now because of that we have problems.* (Physician stayer 4)

#### **Less difference between local and overseas earnings**

The study participants were of the opinion that Pakistani doctors, especially the specialists with a good private practice (which most of the public sector doctors do in the evening), earns almost the same

amount of money as their overseas counterparts. Therefore, after doing their postgraduate training and establishing their private practices, these doctors do not see much benefit economically in going abroad. One of the study respondents, after completing his postgraduate studies, commenced his private practice and was satisfied economically with his job. According to this young radiologist:

*You will remain abroad for five years but in those five years your own practice will be very well-established. Now, I am saying that I am satisfied economically with my job ... now economically there is not much difference for me. So that's why personally I don't think about going abroad.* (Physician stayer 3)

A Pakistani physician who now works as a general practitioner in Australia was of the same opinion and mentioned that specialists earn almost the same amount of money compared to their counterparts in the developed world, if not more. Therefore, in his opinion, this could be one of the reasons for some of the Pakistani doctors to remain in their country. He explained:

*The specialist income is almost comparable with incomes in the western world. Dollar for dollar they are comparable but the incomes of general practitioners are very low. So, yeah that can be a reason for quite a few doctors if they stayed back. I can understand that.* (Physician leaver 1)

### Societal factors

#### **Perception of differentiation between locals and non-locals**

This study found that among those respondents who stayed in Pakistan there was a strong perception of differential treatment between immigrants compared to local born nationals in foreign countries. They mentioned this as one of their reasons for not going abroad. One respondent stated that one of the reasons for not going abroad was the general differentiation between locals and non-locals in the Middle East and the presence of negative perceptions of other cultures in Western countries. According to this respondent, these beliefs were based on their interactions with their friends and colleagues who were living abroad.

#### **Findings for Aim Two: Factors influencing Pakistani physicians career decisions to initially go abroad and then resettle back to their country**

The respondents' identified and discussed three important factors that influenced their decision to

return to their country after staying overseas for a varied length of time either for their postgraduate studies or work. These were having a permanent job in Pakistan, quality of life versus standard of living and the perceived difference experienced between locals and non-locals abroad (Table 2).

#### Personal characteristics and family factors

##### *Quality of life versus standard of life*

This was a significant finding in which the respondents made a distinction and comparison between the quality of life and standard of life abroad and in their country. One Pakistani surgeon who spent around twelve years in the UK and is now working in Pakistan, while giving his reasons for resettling in Pakistan, stated that the standard of life was good abroad but the quality of life is good here.

When this respondent was asked about the differentiation between quality of life and standard of life, he replied that standard of life means the material part of life such as a car and a house, while quality of life represents the social aspect of life such as family, friends, culture and language.

*Standard of life means that you have every facility in life, like there [UK] we had a good house with a garden and we used to travel in a Mercedes and here [Pakistan] we travel in a Baleno [Suzuki car]. So, this was the difference. Quality of life means the satisfaction that you get. I mean here we used to chat with our friends. Here we have job satisfaction. Then here you can help your friends or the help that you get from friends. Those things are not there. There is individualism over there. The things that give you satisfaction are not there. So, the quality of life is better here. (Physician resettler 1)*

This respondent further elaborated that quality of life depends on many things such as friends, family, environment, city and government and that it is difficult to achieve quality in your life on your own. It is something which is present there in your own country.

Quality of life was also mentioned as a reason for coming back to Pakistan by a female Pakistani physician. According to her, when she was abroad she missed her home, brothers and sisters and parents. She gave birth to her twins while abroad and experienced feelings of loneliness and lack of family support while she was abroad.

*Then you miss your home, your brothers and sisters are here [Pakistan], your parents are here ... my kids' birth took place there in*

*loneliness. Nobody was there with me. There was no one ... I am lying alone all day, having vomiting with twins, lying in hospital for one month on drips. So there was no one who could make something for you, feed you something. Then two kids together. Then when they grow up a bit, you have family support like your mother, your aunt or your sister has arrived to help you. Both my kids were crying and I went into post-natal depression and there was nobody to look after my kids ... There was no family support at that time and that was my critical time. (Physician resettler 3)*

She further explained that abroad she used to miss her family when she could not unite with them on important occasions such as religious festivals or family emergencies such as at the time of her sister's surgery. She explained.

*Then there are occasions of happiness and sorrow, there is Eid [Muslims religious festivals twice a year]. They were all being spent there. Over there, there are people but you do not enjoy it like when you have family, your sisters and brothers. Then, when you have a problem back home, like my sister's operation (surgery), you can't come on leave immediately. So, all these things were very painful for me. So because of that I thought that, no, I have to go to Pakistan and I will raise my kids there and will work in Pakistan. (Physician resettler 3)*

This phenomenon of better quality of life in their home countries was also evident from the discussion of those Pakistani physicians who had migrated from Pakistan and were working in Australia.

A Pakistani physician who is now working in Australia, when asked about his advice to the new Pakistani medical graduates regarding migration to other countries replied that migration is a give and take decision. He explained that abroad you may find a good career and financial prospects but on the other hand you leave your family, friends and culture. In his own words:

*Obviously this is a give and take situation. If you go to some other place where you find a lot of good things, where you have much better chances for career and professional development, where you are financially well-off, but by the same token you leave your family, your brothers and sisters and friends and culture. You have to sacrifice*

*everything and compromise. So, you have to think about how far you can go. How much you can sacrifice and leave. (Physician leaver 2)*

The above finding shows that quality of life is a broad and complex construct that includes personal characteristics and family factors such as family, relatives and friends and also wider societal elements such as one's surroundings, language, culture, city and government.

### **Health system factors**

#### ***Having a permanent job in Pakistan***

The study participants perceived that if a physician has a permanent job in Pakistan and then goes overseas for training or work, there are more chances that he/she will come back to his country. This shows that having a permanent job in their country acts as an incentive for resettlement in Pakistan. A Pakistani doctor who spent six years in a Middle Eastern country stated that he came back because of his family and job in Pakistan. This participant further explained that because of changed policy in recent years, the government has made most of the medical jobs on contract only and no permanent jobs are being offered to young doctors. He therefore felt that in recent years young doctors who go abroad will try to settle there permanently. In contrast, he said that those having a permanent job were more likely to resettle in Pakistan.

*As I told you, if someone goes there at a young age, then they will try to settle and they become settled there. And those people who go late or especially if they have some service [job] here or have family here, then they come back. Especially those who have some service, then they definitely come back and the other people rarely come back because they think what will we do there [Pakistan]? They rarely come back and if they do, they go back [leave] again. (Physician leaver 4)*

### **Societal factors**

#### ***Feeling of differentiation between locals and non-locals***

This was another theme commonly mentioned by the study respondents which influenced their decision to resettle back into their country. According to a female respondent who went overseas for her fellowship and is now working in Pakistan, she developed a strong perception of differentiation between locals and non-locals based

on her experience while living abroad. She said that while living abroad no matter what you do, you are not treated as a first class citizen. She acknowledged the good environment that she had been working in over there, but even then, based on her experience, she was of the opinion that she could not become a first class citizen. As a result of these negative feelings, she decided to return to her country. She explained this in the following words.

*Um ... I had to come to Pakistan. Whatever we do over there, we are still a second class citizen. So there is no such thing. Like, I went for my IVF training from Manchester to St. Mary's and my consultant recommended me and I was chosen as one of the candidates. So, I was one of the candidates and the other was English. So, in that there was a paid job and one unpaid job. His and my qualifications were equal and my experience was more than him and I had worked more in infertility but he was given the paid job. So, I asked them, 'why didn't you give me this paid job?' They told me that it was 'because you are not a British'. So this is too much, no matter what you do, you are not treated as a first class citizen. Yes, we do work over there and we work in a very good environment but even then we can't become a first class citizen. (Physician leaver 3)*

Another Pakistani female physician who came to Australia for her postgraduate training and was working as a trainee registrar narrated a few instances of differentiation due to her cultural outfit both in the hospital and in the market place. This, she said made her quite depressed and she decided to go back to her country after completing her postgraduate education. A male Pakistani surgeon who spent some time in a Middle Eastern country and returned back to Pakistan described his experience as 'very bad'. He pointed out the differentiation among locals and foreigners and even among expatriates based on colour and country of origin.

*Their system is almost totally rotten especially if you are living as an expatriate. Over there, injustice is at its limit. Are you local or an expatriate? If you are an expatriate, then is your colour white or black? Your passport is of which category? There is a difference in salary and attitude and how they allocate your duties. It makes a lot of difference. Then in the general*

*population, especially the locals, they look down upon you. (Physician resettler 2)*

Another Pakistani radiologist who spent six years in the Middle East expressed somewhat similar views and complained against the lack of insurance for doctors, unnecessary investigations over patient's complaints and its lengthy disposal procedures in courts against expatriate doctors. According to this respondent, these issues keep you under constant tension and stress.

*The problem is that in the Middle East there was no such thing as doctor's [indemnity] insurance ... Because of that everybody was afraid, doctors were very scared. I mean if something minor happened, for example if you wrote that the liver was 2 cm high by mistake [in the radiologist report], he will go to someone else [another doctor] and will then say that this doctor does not know anything and will then complain against you and then an investigation will start and you would be stressed because of that. (Physician stayer 4)*

## DISCUSSION

### Factors influencing Pakistani physicians' retention and resettlement decisions

#### *Quality of life versus standard of life*

A key finding of this study is that the motivation for Pakistani physicians to remain or resettle back into their country stems from the perceived better quality of life in Pakistan compared to the better standard of life overseas. The study results indicate that quality of life is a broad and complex construct that relates to inner self fulfilment. It depends on both personal and family factors and also societal factors. The personal and family factors that improve quality of life include factors such as identity and belonging to country and culture, a sense of attachment with family and friends and a desire to serve one's own community. Likewise, the societal elements that enhance quality of life are factors such as living in one's own city, government and people. Furthermore, the study participants believed that the factors that enhance quality of life cannot be achieved on their own and it is something that is present in your environment and place of origin. On the other hand they were of the opinion that the standard of life pertains to the material part of life, including factors such as a good salary, a house, a car and so on. Contrary to quality of life, the study respondents argued that standard of life can be

improved by increasing one's material achievements.

Overall there is limited research that looks at quality of life in migrant and non-migrant physicians both in Pakistan and in other countries. However, there is some literature that supports the results from this study. This finding is consistent with the results from a survey about final year medical students' retention and migration intentions in Karachi, Pakistan.<sup>23</sup> This survey found that the major factors in the medical students' intentions to stay in Pakistan included their family ties, the desire to serve their nation and the desire to settle in Pakistan.

Recent literature from Pakistan also indicates that the most important reasons for Pakistani doctors to remain in their country and not migrate abroad are mostly personal and family reasons. For example, in a quantitative study by Hossain et al.<sup>24</sup> that looked at the migration intentions of Pakistani medical students, the authors found that the most important reasons for staying in Pakistan were to serve their country and to stay close to their parents and families. In another quantitative study with medical students and internees by Sheikh et al.<sup>25</sup> has also found similar reasons such as, strong family ties, better way of life, and desire to serve their country as some of the main reasons for those who intended to stay in Pakistan. Similarly, Malik et al.<sup>26</sup> has also found similar results in their study.

Similar findings about staying and not going abroad were also reported in the literature from other developing countries, for example, Makasa<sup>27</sup> described his reasons for staying in his country Zambia and not moving abroad. This author described living with his family and friends with the accompanying social and cultural benefits and the support that he received from them, the joy of serving his own poor people and community and the gratitude that he received from them as the main reasons for staying. Similarly, Akl et al.<sup>9</sup> in their study with final year medical students in Lebanon, found similar personal and family reasons for not going overseas but remaining in their country. Likewise, Oman, Moulds and Usher<sup>28</sup> studied Fijian specialist doctors who stayed in their country and did not migrate overseas. Despite facing work related problems, they mentioned a desire to serve their own people, their strong belief in God that kept them going, their commitment to their families and friends and a strong attachment to their country and culture as the reasons for their retention in their country. Similar personal and family reasons were also identified by Sri Lankan specialist doctors

concerning their decisions to stay in their country and not migrate abroad.<sup>29</sup> Furthermore, Fisher and Fraser<sup>30</sup> in their 'rural pipeline' model for recruitment and retention of health professionals to rural health careers have also indicated that medical students belonging to rural areas, because of their attachment to place, are more likely to remain and practice in rural areas. Similarly, Tolhurst<sup>31</sup> in her 'Landscape of Fulfilment' framework has explored the importance of 'place identity' and 'significant others' such as parents, extended family and even friends in rural doctors' career decision-making which has similarities with this study.

This study also found that similar personal and family factors that improve quality of life are at play in Pakistani physician's resettlement decisions after working and living abroad for some time. According to Gadit, "a person remains happy in the environment of upbringing and birth and develops emotional attachment and identification,"<sup>32</sup> Therefore, according to Taj and Aly,<sup>33</sup> some Pakistani doctors who initially go overseas for their personal ambitions and family obligations return to their country in search of self-satisfaction and contribute in the development of medicine in Pakistan. Furthermore, according to Gadit,<sup>32</sup> anecdotal evidence suggests that the bond of migrant Pakistani doctors remains intact with their country of origin and that there is a lifetime urge to go back and settle in Pakistan.

This finding is consistent with studies from other developing countries. For example, a survey by Akl *et al.*<sup>34</sup> has found an association between willingness of Lebanese doctors working in US to return to Lebanon if their spouses are Lebanese citizens indicating the importance of family factors in their resettlement decisions. Similarly, Asampong *et al.*<sup>15</sup> and Motlathledi and Nkomazana<sup>19</sup> has found similar personal and family reasons for health professionals' resettlement decisions in Ghana and Botswana respectively. In another recent study by Konstantinou<sup>35</sup> with Cypriot physicians about their migration and resettlement decisions have found similar results. The study found that the main reasons for Cypriot physicians return migration to Cyprus upon achievement of their financial and professional objectives abroad were: an ideal work/life balance, a great family environment and overall high quality of life.

### ***Perception of differentiation between locals and non-locals***

The data from this study suggest that a perception of differentiation between locals and foreigners

and even among expatriates based on their country of origin and their passport in some countries was found to be a factor that affected Pakistani physicians' staying and resettlement decisions. This perception amongst the study participants who were staying in Pakistan and did not go overseas was based on their interactions with their colleagues working abroad. Among the repatriated physicians this feeling of differentiation was the result of their actual experience when they were living abroad. Furthermore, the study also showed that this feeling of differentiation was reported by doctors who worked in both the Anglo-Saxon and Middle Eastern countries alike.

While, there is very little literature available on this issue in the Pakistani context, a study by Sheikh *et al.*<sup>13</sup> has reported the perception of racism, lack of availability of top positions and presence of favouritism abroad as some of the deterrent factors that compel Pakistan medical graduates to stay in Pakistan. Similarly, literature from other developing countries such as Africa and Lebanon has found a perception of differentiation among locals and non-locals abroad as a reason why physicians stay in their countries and not go abroad.<sup>9,27</sup>

Furthermore, this study revealed that this differentiation could be related to professional issues such as difficulty in finding a suitable training position or post-training employment or to the everyday life situations where people are discriminated and treated differently based on their complexion and the way they are dressed. Gadit<sup>32</sup> is also of the view that, Pakistani doctors who migrate to the Middle East receive much lower remunerations and other incentives compared to their colleagues from Western countries with comparable qualifications.

This finding is consistent with studies from other countries which have reported on differentiation between local and non-local medical graduates in Western countries.<sup>32,36,37</sup> Nasir<sup>38</sup> found that international medical graduates (IMGs) in family practice residences in the US received fewer responses to requests for residency information than their local counterparts. Similarly, Miller *et al.*<sup>39</sup> reported that, compared to the US medical graduates, foreign graduates reported more difficulty in finding a clinical position after completing their residencies. It is important to note that these other studies<sup>37-39</sup> have found the presence of differentiation between local and non-local doctors abroad. However, they have not explored this issue as it relates to physicians' retention and resettlement decisions as has been done in this study.

### Having a permanent job in Pakistan

In addition to the above personal and family or societal factors that contributed to the Pakistani physicians' retention and resettlement decisions, Pakistani physicians interviewed for this study also perceived that having a permanent job in Pakistan acted as an incentive for them to remain in their country rather than go abroad. It also acted as a major resettlement attraction for those who returned to Pakistan after working abroad for some time. Importantly, this was the only health system factor identified in this study which contributed to Pakistani physicians' retention and resettlement decisions. However, as indicated by some of the respondents in this study, since the early 1990s the government has abolished the provision of a permanent jobs policy and medical appointments are made on a contract basis, thereby removing the only health system incentive available to these physicians for remaining or resettling in Pakistan.

The above finding is supported by Shafqat and Zaidi<sup>40</sup> in Pakistan. According to this study, the main reasons for resettlement of around forty graduates of the Aga Khan Medical College, Karachi, who went abroad for further studies included their family ties, a desire to raise children in a familiar culture and an emotional need to be at home. However, these authors are of the opinion that the key factor that affected these physicians' resettlement decisions was the availability of attractive career prospects with their former institution in Pakistan with salaries which permitted a comfortable lifestyle. Some recent studies from other developing countries have also found job security as an important factor influencing physicians and other health workers retention decisions. De Silva *et al.*<sup>29</sup> has attributed high retention rate (87%) of Sri Lankan specialist doctors due to their job security, social recognition and a comparable income, mainly through private

practice, to their counterparts in the high-income countries. In Senegal, Nagai *et al.*<sup>41</sup> found that health workers recruitment and retention in rural areas were improved by providing them permanent contracts. Similarly, another study from Lebanon has found that job security has significantly improved health human resources retention in primary health care centres.<sup>42</sup>

The potential limitations of this study included the small sample size and the issue of generalizability. However, the purpose of the study was not to obtain representativeness or generalizability of the findings, but rather to obtain rich, valuable data sampling a diverse range of participants.

According to Arif *et al.*<sup>22</sup> physicians' career decisions to stay, move abroad or resettle back into their countries is a dynamic and complex phenomenon and these decisions are influenced by multiple personal and socio-economic factors. It is anticipated that the findings of this study will assist in better understanding the factors that help physicians to remain in their country and those who want to resettle back into their country after living and working abroad for some time. There is a need for workforce policy to be preventative and address the positive pull factors that motivate Pakistani physicians to stay or resettle back into their country. This has implications for policy in order to achieve equitable access to a sustainable health workforce for all of Pakistan.

Apart from the personal and family factors, an important area that begs attention and will help in physician retention and resettlement is the abolishment of the contract employment policy and provision of a permanent employment career structure for the doctors. According to the results of this study, the availability of a permanent physician position was a major incentive for those who preferred to stay in Pakistan.

**Table-1: Factors influencing Pakistani physicians' retention career decisions**

| Factors influencing Pakistani physicians career decisions to remain in their country and not move overseas |   |
|--|---|
| Category   | Factor  |
| Personal characteristics and family factors  | <ul style="list-style-type: none"> <li>• Identity and belonging</li> <li>• Desire to serve own people</li> <li>• Family attachment and support</li> </ul> |
| Health system factors  | <ul style="list-style-type: none"> <li>• Having a permanent job in Pakistan</li> <li>• Less difference between local and overseas earnings</li> </ul>     |
| Societal factors   | <ul style="list-style-type: none"> <li>• Perception of differentiation between locals and non-locals</li> </ul>   |

**Table-2: Factors influencing Pakistani physicians' resettlement career decisions**

| Factors influencing Pakistani physicians career decisions to initially go abroad and then resettle back to their country |   |
|--|---|
| Category   | Factor  |
| Personal characteristics and family factors  | <ul style="list-style-type: none"> <li>• *Quality of life versus standard of life</li> </ul>                  |
| Health system factors  | <ul style="list-style-type: none"> <li>• Having a permanent job in Pakistan</li> </ul>                        |
| Societal factors   | <ul style="list-style-type: none"> <li>• Feelings of differentiation between locals and non-locals</li> </ul> |

\*A broad construct that includes both personal and family and societal factors as discussed further in this article.

## CONCLUSION

The major conclusion from this study is that the main factors that contributed to Pakistani physicians' retention and resettlement decisions after training or working abroad were mostly personal and family or societal factors and there was a minimal role for professional or health system related factors in their career decisions, except for the availability of permanent jobs to these physicians in Pakistan.

## Recommendations for further research

An important area of further research would be to further test and refine the factors that influence Pakistani physicians to remain or resettle back into their country using a larger and more representative sample of physicians in Pakistan as well as overseas. Another important area of investigation would be to conduct a qualitative study to explore the perceptions of other important stakeholders on physician retention and migration issues in Pakistan, such as the Ministry of National Health Services, Regulations and Coordination (NHSRC) and the provincial departments of health, the Pakistan Medical Commission (PMC), the College of Physicians and Surgeons Pakistan (CPSP) and the health consumers, as this study only focused on the views of the physicians. Such research would further help in developing evidence-based health human resource policy and planning in Pakistan.

## AUTHORS' CONTRIBUTION

MA conceptualized this research and carried out data collection, analysis and drafted the manuscript. JF and MC helped in the design and study supervision and reviewed drafts. All authors read and approved the final draft.

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