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DOCTORS ON THE MOVE: WHY SRI LANKA'S GRADE MEDICAL OFFICERS CONSIDER EMIGRATION

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ABSTRACT

Background: Medical emigration can destabilise health systems. During economic and sociopolitical instability in Sri Lanka, this study assessed factors associated with grade medical officers' intention to emigrate.

Methods: A hospital-based descriptive cross-sectional study was conducted at Teaching Hospital Karapitiya. From 476 grade medical officers, 213 were randomly selected. An online questionnaire developed from the literature, expert input and discussions with emigrated doctors assessed economic, sociopolitical, professional and sociocultural factors. Migration intention was analysed as a composite score and as a dichotomous outcome using correlation, t-tests and chi-square tests.

Results: The primary analysis included 178 respondents; 97 (54.5%) intended to emigrate. Sociopolitical factors were significantly associated with migration intention in both composite ($r=0.231$, $p=0.002$) and dichotomous analyses ($p=0.029$). Economic, professional and sociocultural scores were not significantly associated with migration status. Respondents intending to migrate were younger (mean 39.56 versus 44.23 years, $p<0.001$). Migration intention was also associated with male sex ($p=0.036$), professional qualification ($p=0.039$) and Ministry of Health grade ($p=0.015$).

Conclusion: More than half of surveyed grade medical officers intended to emigrate. Retention strategies should address sociopolitical conditions, professional opportunity, career stage and employment grade, not remuneration alone.

Keywords: Grade Medical Officers; Emigration; Migration Intention; Brain Drain; Sociopolitical Factors; Sri Lanka

1 INTRODUCTION

Migration of health professionals is a global workforce issue, with important consequences for countries that invest substantially in medical education but experience losses of trained personnel to higher-income settings [1-4]. Physician emigration may reduce the availability of experienced staff, increase pressure on remaining workers and weaken the capacity of health systems to maintain equitable access to services [3,5].

Sri Lanka has historically experienced several waves of emigration, and more recent surveys have shown substantial interest in migration among younger and more educated groups [6,7]. At the same time, the country has achieved comparatively strong health outcomes despite modest health expenditure and depends heavily on its skilled health workforce [8,9]. The Sri Lankan Ministry of Health employs a large number of grade medical officers who provide much of the day-to-day medical service across government healthcare institutions.

Existing literature suggests that medical migration is influenced by a combination of economic, sociopolitical, professional and sociocultural factors. Higher salaries, job security and better working conditions may operate as economic or professional pull factors, while political instability, insecurity and reduced quality of life may act as push factors [10-15]. Professional development opportunities and career progression are also commonly reported reasons for doctors to move between countries [13,16]. Social networks, family responsibilities, cultural attachment and community ties can either facilitate migration or encourage professionals to remain in their country of origin [17-20,28,29].

Sri Lankan studies have examined migration intentions among medical students, new graduates and specialists [21,22], but there has been limited research specifically focused on grade medical officers, who constitute a large proportion of the medical workforce. This study therefore aimed to determine factors associated with grade medical officers' decision-making regarding emigration from Sri Lanka, describe migration-intention patterns and provide evidence relevant to retention policy.

2 MATERIALS AND METHODS

2.1 Study design and setting

A hospital-based descriptive cross-sectional study was conducted at Teaching Hospital Karapitiya, Galle, Sri Lanka. The target population consisted of all grade medical officers attached to the hospital. Postgraduate trainees and relief medical officers awaiting government appointments were excluded.

2.2 Sample size and sampling

The target population consisted of 476 grade medical officers. A sample of 213 officers was selected using simple random sampling from a numbered sampling frame. Random numbers were generated to identify selected participants [30].

2.3 Study instrument and construct development

Data were collected using a self-administered online questionnaire in English. Questionnaire items were developed by triangulating findings from the literature review, expert opinion and discussions with medical officers who had already emigrated. Four explanatory constructs were assessed: economic factors, sociopolitical factors, professional factors and sociocultural factors.

The economic construct contained five indicators, the sociopolitical construct five indicators, the professional construct six indicators and the sociocultural construct four indicators. Composite scores were calculated as the mean of the respective items. Cronbach's alpha values were 0.722, 0.761, 0.808 and 0.713 respectively, indicating acceptable internal consistency.

Migration intention was assessed using questions on plans for emigration, preparation for placement examinations and preparation for foreign-language examinations. A composite intention score constructed from these three dimensions had a Cronbach's alpha of 0.715. For a second analysis, migration status was dichotomized into 'migrate' and 'do not migrate' based on the stated plan to emigrate.

2.4 Data collection

The Google Forms questionnaire contained an information sheet, consent section and questionnaire. Email addresses of selected medical officers were obtained through the study setting, and questionnaires were sent electronically. Participants were given two weeks to respond and received a reminder after one week.

2.5 Data analysis

Data were analysed using Microsoft Excel and IBM SPSS version 20. Descriptive statistics were used to summarise participant characteristics and composite factor scores. Normality testing showed that the composite variables were not normally distributed; therefore, Spearman correlation was used to assess the association between the composite migration-intention score and each explanatory factor. For the dichotomised migration-status outcome, independent-samples t-tests were used to compare factor scores and age, while chi-square tests were used for categorical demographic variables. Statistical significance was set at $p < 0.05$.

2.6 Ethical and administrative considerations

Participation was voluntary, and electronic informed consent was obtained through the online form before participants accessed the questionnaire. Data collection was conducted without disrupting routine hospital activities. Administrative permission was obtained from the Director of Teaching Hospital Karapitiya.

3 RESULTS

3.1 Respondent profile

A total of 213 questionnaires were distributed. The primary migration analysis included 178 complete records, while demographic-frequency data were available for 179 respondents.

The mean age reported for the demographic sample was 41.69 years (SD 6.95), and approximately 71% were male. Most were married (94.4%). Grade I officers accounted for 55.3%, Grade II for 36.9% and preliminary-grade officers for 7.8%. The mean working experience was 13.09 years (SD 6.33). Most respondents reported no income source other than salary (73.2%).

3.2 Distribution and reliability of explanatory factors

Table 1: Descriptive statistics and reliability of the study constructs.

Factor	Mean	SD	Cronbach alpha
Economic	4.22	0.669	0.722
Sociopolitical	4.03	0.706	0.761
Professional	3.93	0.730	0.808
Sociocultural	2.57	1.027	0.713
Migration-intention composite	1.84	1.063	0.715

Economic, sociopolitical and professional factors all had relatively high mean scores, indicating that respondents generally regarded them as important considerations in decisions about emigration. The sociocultural factor had a lower mean score. However, a high mean factor score does not by itself establish that the factor distinguishes officers who intend to migrate from those who do not.

3.3 Migration intention

Table 2: Distribution of stated migration plans (n=178).

Migration plan	n	%
No idea of emigrating from Sri Lanka	81	45.5
Planning to emigrate within 1-5 years	33	18.5
May emigrate in the near future	36	20.2
Planning to emigrate within 1 year	28	15.7
Total intending to migrate	97	54.5

More than half of respondents (54.5%) were categorized as intending to migrate. Regarding preparation for placement examinations, 20.8% were currently preparing, 3.9% had applied, 1.1% had already sat an examination and 2.8% had passed an examination. Similar proportions were reported for preparation for foreign-language examinations.

3.4 Association between explanatory factors and migration intention

Table 3: Associations between study factors and migration intention.

Factor	Spearman r with composite intention	p value	Mean: no migrate	Mean: migrate	p value (group comparison)
Economic	0.013	0.864	4.220	4.219	0.991
Sociopolitical	0.231	0.002	3.904	4.134	0.029
Professional	0.020	0.793	3.877	3.976	0.368
Sociocultural	-0.052	0.487	2.638	2.512	0.418

Sociopolitical factors were the only explanatory construct significantly associated with migration intention in both analyses. Economic, professional and sociocultural factor scores did not significantly differ between officers who intended to migrate and those who did not. Therefore, the study supports an association with sociopolitical factors, but it does not demonstrate independent statistical associations for the other three constructs.

3.5 Demographic patterns in migration intention

Table 4: Demographic characteristics significantly associated with migration intention.

Characteristic	Finding	p value
Age	Mean 39.56 years among those intending to migrate vs 44.23 years among those not intending	<0.001
Gender	60% of males vs 42% of females intended to migrate	0.036
Highest professional qualification	Migration intention: MBBS 58%, postgraduate diploma 32%, MSc 59%, MD 73%	0.039
Ministry of Health grade	Migration intention: preliminary 79%, Grade II 63%, Grade I 45%	0.015

Those intending to migrate were significantly younger than those not intending to migrate. A higher proportion of male officers intended to migrate compared with female officers. Migration intention also varied by professional qualification and employment grade. The highest observed proportions were among officers with an MD qualification and among those in the preliminary grade. These are unadjusted associations and should not be interpreted as independent predictors.

4 DISCUSSION

This study found that more than half of grade medical officers in the surveyed tertiary hospital intended to emigrate from Sri Lanka. The finding is consistent with broader evidence that migration interest can be substantial among younger and professionally qualified Sri Lankans and with studies documenting migration intentions among doctors and medical graduates [6,21,22].

The most important analytical finding was the association between sociopolitical factors and migration intention. Officers intending to migrate had higher sociopolitical factor scores, and the relationship remained statistically significant whether migration intention was analysed as a composite measure or as a dichotomous outcome. Previous studies have identified political instability, security concerns, quality of life and the broader social environment as important push factors in physician migration [11,12,21,23].

Economic factors had the highest mean score of the four constructs, indicating that respondents generally considered economic issues important. However, economic scores were virtually identical between officers who intended to migrate and those who did not. Therefore, the study does not support the stronger conclusion that economic factors independently differentiated migration intention in this sample. This distinction is important. Economic dissatisfaction

may be widespread among both groups, while sociopolitical considerations may better explain why some officers move from dissatisfaction to an intention to leave.

Professional factors also had a high mean score but were not statistically associated with migration status. Previous literature has frequently identified training opportunities, working conditions and career development as migration drivers [13,16,24]. The absence of an association in this study may reflect limited variation within a single tertiary-hospital sample, overlap with other factors, or the particular economic and political context in which the survey was conducted.

Sociocultural factors had the lowest mean score and showed a small, non-significant negative association with migration intention. The direction of this association suggests that cultural factors may encourage some doctors to remain in Sri Lanka; however, the statistical evidence was insufficient to conclude that sociocultural factors significantly protected against migration.

Several demographic patterns were noteworthy. Officers intending to migrate were younger, and migration intention was higher among men, officers with an MD qualification and officers in lower Ministry of Health grades. Previous research has similarly reported greater migration interest among younger health professionals and those seeking further career development [21,22,25]. The grade finding may also reflect greater personal and professional attachment among more senior officers. These explanations remain hypotheses because the analyses were unadjusted and the study was cross-sectional.

The high migration intention observed in the sample has implications for workforce planning. Retention strategies focused only on salary may be insufficient. The findings suggest that medical administrators and policymakers should also consider professional opportunity, career stage, workplace support and the wider sociopolitical environment. Policy proposals have included taxing emigrating professionals and using migration as a development tool, but any response should be evidence-based and feasible [26,27].

4.1 Implications for policy and management

The Ministry of Health should monitor migration intention and actual attrition among grade medical officers using routine workforce data. Particular attention may be required for younger and preliminary-grade officers, who showed the highest migration intention in this study.

Retention initiatives should include accessible postgraduate and professional-development opportunities, transparent career progression, supportive working environments and appropriate incentives. Potential policy options include stronger support packages for officers returning from overseas training and expanded postgraduate-education opportunities; however, their feasibility and effects should be evaluated before implementation.

Because sociopolitical factors were the only study construct significantly associated with migration intention, workforce-retention discussions should recognize that some drivers lie beyond the direct control of hospital management or the Ministry of Health. Health-sector leadership can nevertheless advocate for stable, transparent and professionally supportive public institutions.

4.2 Limitations

The study was conducted at a single large tertiary hospital in southern Sri Lanka. Its medical officers were relatively experienced and many were in higher grades; therefore, the findings may not represent grade medical officers working in other parts of the country.

The cross-sectional design identifies associations but cannot establish temporal or causal relationships. Migration intention does not necessarily result in actual emigration. The study relied on self-reported data and a questionnaire developed for this research, although internal consistency was acceptable for all study constructs.

The primary migration analyses used 178 complete records, whereas demographic-frequency data were available for 179 respondents. Accordingly, denominators varied slightly between analyses.

The analyses of demographic factors were unadjusted, and no multivariable model was available to evaluate demographic and explanatory factors simultaneously. Consequently, independent predictors of migration intention cannot be identified from the available analysis.

5 CONCLUSION

More than half of the surveyed grade medical officers reported an intention to emigrate from Sri Lanka. Sociopolitical factors were significantly associated with migration intention, whereas economic, professional and sociocultural factor scores were not significantly different between those intending and not intending to migrate. Younger age, male sex, professional qualification and Ministry of Health grade were also associated with migration intention in unadjusted analyses.

The findings suggest that retention of grade medical officers requires a broader approach than remuneration alone. Professional development, career-stage support and attention to the wider sociopolitical context should be considered when developing medical-workforce retention strategies.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

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Disclosure of conflict of interest

The authors declare no competing interests.

Statement of ethical approval

Formal Ethical approval was waived by the ethics committee of the Cardiff Metropolitan University and administrative permission was obtained from the Ministry of Health, Sri Lanka.

Statement of informed consent

Participation was voluntary and electronic informed consent was obtained before questionnaire completion.

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