

Factors Associated with Migration of Bangladeshi Doctors Abroad

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Abstract

Background: Physicians' migration is a global problem with significant impact on health and economy. Migration to developed countries seems to be an adored destination for the physicians of developing countries like Bangladesh and on the other hand tolling the finance and education system of the developing countries. **Methods:** This qualitative study was conducted among 10 emigrant physicians of Bangladesh selected by snow ball sampling. Data were collected by in-depth interview using interview schedule over a period of 12 months from July, 2023 to June, 2024. The responses were recorded in audio visual recording with the permission of interviewee and it was immediately transcript by the interviewer and the responses were analyzed with Atlas.ti. The themes and subthemes were identified and responses regarding each of them were separately coded and important verbatim were recorded. Data were presented in narrative form. **Results:** Data were collected focusing on five major issues: factors for migration, challenges after migration, satisfaction with the decision of migration, advice to a doctor who intends to migrate and suggested changes for curriculum. The discussion regarding the factors for migration revealed five major themes: sociopolitical factors, academic factors, economic factors, family related factors and personal factors. Socio-political theme was further divided into subthemes during discussion as political and bureaucratic dependency, interference in career progression poor working condition and insecurity in professional environment. Academic theme was discussed under the sub themes as: career pathway, academic guidance, standard and practical oriented training & examination system and protocol based treatment. Regarding economic them, two major sub themes were revealed, payment during training period and fixed salary not related to workload. Family related theme was extracted into schooling of children, health care for family, provision for quality family time, social support for working mother. Personal factors that were discussed during the sessions were social attitude to junior doctors, differential attitude to the doctors and lack of general modesty and empathy. **Conclusions:** The insight obtained from the study is a basic framework upon which an extensive quantitative study can be launched and strategies to fight this phenomenon of migration.

Key Word: Factors Associated, Migration

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Introduction

Migration of skilled professionals from developing countries to developed ones is a global phenomenon that has significant implications for both the source and

destination countries. Migration is occurring from the countries in sub Saharan Africa where there is 10% of world population burdened with 24% world disease burden¹. In Nigeria, physician to

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population ratio is 0.28 per 1000 population whereas in UK Nigerian physicians were 6th largest group of all international medical graduates and In the USA, in 2007, there were almost three thousands Nigerian physicians whereas there was only 35000 doctors in Nigeria to serve 135 million people ¹. In the US, under production of physicians has reached such a state that it is not expected to be met in next 20 years ².

The impact of migration process of the doctors bring both negative and positive impact upon the home country and the host country. Aluwihare looked into the impacts in the context of Sri Lanka, and it was found that, economic loss, loss of tax paying citizens and employment generating citizens as well as service-related impact like reduced physician-to-population ratio was evident³. Physician migration also hampers both undergraduate and postgraduate medical education as the critical mass of specialized physicians required to build up a specialty is difficult to accumulate. Astor et al. conducted a study in India, Pakistan, Philippines, Nigeria and Columbia among five groups: health professionals working in medical universities, government officials, representative of NGO, physicians of different specialties working in rural and urban locations and found that more than 50 % respondents from Pakistan, Nigeria and Philippines agreed that migration of physicians was responsible for the shortage of the physicians to build a sustainable health care system which was opposed by the opinion from India (40.9% disagree) and Columbia (only 4% agreed)⁴. On the other hand, Rahman and Khan, in their article mentioned some of the positive impacts⁵. A profession which have the potential for migration and higher salary would invite larger population in that profession and ultimately not all will

succeed to migrate which will end up into larger remaining professionals in the country. Another positive effect of migration is that remaining professionals get an advantage in career progression and income as there is less competition. Skilled professional personnel can help the home country by financial support, sharing advanced knowledge, technical support, management skill and entrepreneurship ⁶.

A number of studies have been conducted to look into the factors for migration. In Sub-Saharan Africa, lack of post graduate training, underfunding of health facilities, poor career opportunities, poor remuneration, civil unrest and personal insecurity of the home countries were important push factors ⁷. In the Iranian study, better living standard, absence of interdisciplinary discrimination, better education were found to be important factors ⁸. In Turkey, working condition, social lifestyle, opportunity to research and development and quality of the medical schools were the main factors ⁹. In Egypt, push factors that is factors prevailing in the home country played a more important role than the pull factors that are prevailing in the host country and professional domain was found to be most significant domain of consideration by the physicians ¹⁰. In Pakistan, Aly and Taj found that higher salary, higher training and technical advancement, reaction against poor government management carried most weight¹¹.

This cross-sectional descriptive type of study was conducted in qualitative approach among migrated physicians to reveal the factors associated with migration of Bangladeshi physicians abroad.

Methods

This study was a cross sectional descriptive type of study done in qualitative approach from 1st July, 2023 to 30th June, 2024. The ethical approval of the protocol was taken from Institutional Review Board of Centre for Medical Education and individual consent regarding interview and recording the response was obtained from the interviewee. Data were collected from emigrant Bangladesh doctors living abroad. Snow ball sampling method was applied and all the doctors who emigrated and gave consent to the study were included. Those who were not interested or responses were not complete were excluded from the study. Data were collected through in-depth interview from a total 10 respondents using interview schedule.

Initial data collection commenced with in-depth interview at the convenience of the interviewee. The interviewee was briefed regarding the purpose of the study and details of using the gained information along with policy for confidentiality. Permission was taken for recording the response in recording option of audio-visual media. The interview schedule was used to conduct the interviews. Contact numbers and messenger ID were taken after the interviews for necessary clarification related to any obscure point.

Data derived from in-depth interview was scrutinized immediately after the meeting and converted into written text. Then the

Themes:

Factors for migration

Sub-themes:

Socio-political factors

Academic factors

Economic factors

Personal factors

Family related factors

Satisfaction following migration.

Challenges following migration

Advice to young doctors regarding migration

Opinion regarding medical curriculum

result were analyzed using Atlas.ti and a spread sheet of theme, sub themes and verbatim were prepared. Then the results of the interview were summarized in a narrative form and verbatim written as appropriate.

Results

In-depth interviews were conducted among total 10 participants, among them 6 were male and 4 were female. Four participants graduated from M Abdur Rahim Medical College (Former Dinajpur Medical College), 3 of them graduated from Dhaka Medical College, 2 of them from Chittagong Medical College and 1 participants graduated from Z. H. Sikder Women's Medical College. Six participants were residing in the UK, 2 in Canada, 1 in USA and 1 in Australia. Two of them were working as junior clinical fellow, one in cardiothoracic surgery and the other one in geriatric department, one of them was in 2nd year of GP training, one of them was working as house officer, two of them were serving as general physicians, one as lab technician, one as researcher in cardiology department, and one as consultant neurosurgeon, one of the participant was that time unemployed.

The themes and sub-themes identified in the research through qualitative analysis are as follows:

Issue 1: The factors for migration in abroad

Summary of responses:

Among the interviewee, all pointed socio-political factors as most important factors for migration. Nine out of ten participants thought academic factors were important factors for migration. According to eight participants, economic factors were motivating factors for migration. Family related factors were guiding factors for migration stated by six participants. Five participants mentioned personal factors as their driving force for migration.

Issue 1(a): Socio-political factors for migration

Response summary:

Thirty responses from the participants were recorded indicating that socio-political factors as important determining factors for migration. Mostly revealed themes regarding socio-political factors were political and bureaucratic dependency and interference in career progression, poor working condition, and insecurity in work environment, lack of development in private sector, poor transport facility, and poor social security.

Verbatim related to socio-political factors:

"There is lot of lacking in the infrastructure for health delivery system, for which doctors have to take all the blame from society."

"I was also very unsatisfied at my working place. With FCPS, MS, MRCS, I was asked to do circumcision in Upazilla Health Complex. Well I accepted that, but when I asked for a basin to wash my hand before surgery and surgical gloves, I was not provided with those."

"BCS was only respectable profession for doctors in Bangladesh. But BCS was not an option for me, as I don't have political power or influence."

"I know that I am a neutral person, I will not be able to fit myself into this situation and that is the reason I left this country. If you are a politically active person you will get a promotion, even if you don't have required decent publications."

"It is difficult to get a job even in the private sector, like a clinic, without lobbying."

I was completely uncertain of what will happen after completion of my training. Posting, transfer was so uncertain, too much politicization and administrative bureaucracy were involved in the process."

"In Bangladesh, no consultant ever introduced me as their colleague, so the way they treated me here created a big impact upon my conception of myself."

"People here are accustomed to respect every religion and every opinion, they not only respect religion but they also respect lifestyles like LGBPTQ, they just don't say anything related to religion or any belief (L-Lesbian, G-Gay, B-Bisexual, P-Pansexual, T-Transgender, Q-Queer)."

Issue 1(b): Academic factors for migration

Response summary:

Twenty-nine opinions regarding factors for migration of doctors indicated that academic factors were responsible for their decision of migration. Most important themes were clearly spelled out career pathway, appropriate guidance, standard and practical oriented training and examination system, protocol based treatment procedure and advancement and availability of required intervention in patients care.

Verbatim related to academic factors for migration:

"In western world if you are bright enough, you can complete your graduation by 24 and enter into the process of post-graduation and you can be consultant before 35 years of age. Then you can pursue your dream, work in a subspecialty, and do a Ph.D. And continue your research work."

"I wanted to be trained in the best western hospitals."

"The system in UK is more transparent and pathway is also very clear."

"Memorization plays an important role in medical education in Bangladesh, but here in the UK, physicians and surgeons search in the website in front of the patient and they discuss their confusion and even share them with the patients, so patients are informed stakeholders."

"There is no deviation from protocol here."

"I can do whatever needed for my patient. If he needs a dialysis, I can arrange it at any moment, if he need a MRI, I can do it within couple of hours. I don't need to think twice before suggesting anything that is required."

"Career progression only depends upon your performance and your performance evaluation."

Issue 1(c): Economic factors for migration

Response summary:

Regarding economic factors motivating migration of doctors 22 responses were obtained from the in-depth interviews. Two themes were mostly projected by the interviewee: Standard payment during training period and physicians earning is fixed and not related to the workload, so that there is no point of hurriedness.

Verbatim related to economic factors for migration

"Your earning is fixed and not dependent on how many patients you are seeing, so no need to hurry."

"I will be paid while I am getting my training and the payment is enough for a standard lifestyle. You see this is the most important part of our life and how can we concentrate if we worry about our income?"

Issue 1(d): Family related factors for migration

Response summary:

There were 13 responses in relation to family related factors driving for migration. Most important themes regarding family related factors that came up during interview were schooling of children, health care for family, provision for quality family time, social support for working mother and parental demand for migration.

Verbatim related family factors for migration

"They prepared the children with real life experience rather than memorizing. Their whole education system is amazing."

"I have plenty of time for my family, for my study, for writing books and even a novel. Our society is not supportive towards a working woman with a child."

Issue 1(e): Personal factors for migration

Response summary:

This code encompasses the factors that build participants personal urge to migrate. Eleven responses from the interview regarding personal factors were recorded. Among these factors social attitude to a junior doctor, differential attitude toward a

doctor and lack of general modesty and empathy were mostly revealed themes.

Verbatim related to personal factors for migration:

"If you compare that to life in Bangladesh, at the age of 25 when usually a student completes his MBBS, he finds his life was about to be slaughtered under the knife of a clinic owner, under the knife of professors who will be giving their exam, under the knife of their in-laws, so only the privileged can go through this easily."

"I have face situations as a student as well as teacher in Bangladesh that some of us treated as special. Someone was asked 10 causes of hypercalcaemia and other one is applauded for telling one cause of hyperkalaemia."

Issue 2: Challenges after migration

Response summary:

The interviewee reported 36 responses regarding challenges after migration of physicians. Most important challenges were language and communication, the way of communication to the patients and their family, the way of decision making, financial strain, and the portfolio system for specialty training in UK and scarcity of residency in Canada, living away from the hometown.

Verbatim related to challenges after migration:

"The first challenge was English, not only English as a language rather English as a culture, as a way of communication was a shock."

"In Bangladesh we used to dictate our patients what need to be done. But here you cannot dictate to anyone, you can explain, you can inspire but you cannot dictate. You will act as a partner in treatment not as a commanding officer."

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"I need to build a portfolio that will contain the medical jobs I attended under the supervision of a consultant and signed by him, an audit report, and different procedures I have conducted including managing even home care for my patients."

"In Canada we realized that many of the doctors have completed the licensing exam but they are waiting for residency for years together, two years, four years some of them 7 years, so we thought that it will be a lot easier for us if we go to some jobs which are related to medical but not exactly physicians."

"As there is little place for mistakes in this system, job is really stressful."

"There is a dropout ratio of almost 20% in undergraduates. Even in postgraduate level there is no compromise in standards if you fail to attend that certain level you will be simply kicked out of the system, even at the level of FRCS which a person usually takes at the age of 35-38 and after 4 attempts if you fail you will be thrown out."

Issue 3: Satisfaction

Response summary:

All the interviewee stated that they were satisfied with their decision to migrate in response to a close question. 13 responses revealed the perspective of satisfaction among the interviewee. The perspectives were satisfaction with adequacy of treatment, satisfaction of the patient, adequacy of payment and honor of the doctors.

Verbatim related to satisfaction:

"My patients are satisfied, I maintain the standard and I am satisfied with the pay, in Bangladesh patients are not satisfied, system is annoyed with you due to lack of your commitment and you are not happy with any of them because of your poor payment."

"I would be starting my private practice from next January and my charge for each patient will be equivalent to 30-35 thousands taka."

"I bought my first Mercedes after first month of salary."

"In the UK I think people love doctors and they treat a doctor next to GOD. While in Bangladesh I never used to introduce myself as a doctor among general people as I would be criticized in many ways."

Issue 4: Advice to a doctor who intend to migrate

Response summary:

During in-depth interview, the participants provided a total 7 responses as advices to a doctor who intend to migrate. Advices mostly covered thorough knowledge of the health care system of host country, time is an important issue: the earlier the better, struggle is inevitable, financial preparedness is essential and residency seems to be difficult especially in Canada.

Verbatim related to advising a doctor intends to migrate:

"You first know every details of the health system you want to migrate, you think before you take a step, consider your financial strength and career path and once you are decided don't delay."

"Chance of matching for residency is better you start early. So you need to plan it as early as possible."

"They will require six months to 1 year to get themselves prepared for this new environment."

Issue 5: Suggesting changes in curriculum

Response summary:

A total of 23 responses were obtained regarding change of curriculum. Opinions ranged from national level policies like Bangladesh Journal of Medical Education 2025; 16(2); Noman et al., publisher and licensee Association for Medical Education. This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited.

establishing new medical colleges and de-politicization of medical colleges, changes in entrance system: premedical school, change in medical education: small group teaching over large group teaching, assignment based and task oriented teaching, integrated teaching, change of evaluation pattern which will be more objective, prioritization in communication skill and allocation for research.

Verbatim related to suggestion for changes in curriculum:

"Medical colleges cannot be erected here and there and everywhere."

"Medical colleges should be free of political influence."

"We were too young to understand all that in that age. Here in US students go through a 4 years of undergrad of human biology before they enter into the medical education. So they are more matured when they enter."

"Large group teaching is avoided here in the UK, rather small group teaching is encouraged."

"Important culture of teaching in the UK is feedback. Following the feedback enlightened me what I did good and what I did not."

"More assignment based education rather than memorization."

"Competent of practical work."

"Lacking of our medical education is relevance, which is I did not have any idea when I was memorizing action potential why do I need this? Students need to learn in an integrated manner of teaching."

"What is the point of teaching us something that is not required at everyday practice and ignoring something that is required at every step?"

"Standardization of examination procedure. I felt that standard of examination across different medical

colleges is not at all same. I don't want examinations to be hard but fairness should be ensured."

"A standard guideline and protocol of treatment should be provided and followed for each disease."

"What is lacking in my opinion is appropriate communication."

"We need to dedicate our resources to research in more abundance."

Discussion

In the present study, among the interviewee, all pointed socio-political factors were most important factors for migration. Nine out of ten participants thought academic factors were important factors for migration. According to eight participants, economic factors were motivating factors for migration. Family related factors were guiding factors for migration stated by six participants. Five participants mentioned personal factors as their driving force for migration.

Mostly revealed themes regarding socio-political factors were political and bureaucratic dependency and interference in career progression, poor working condition, and insecurity in work environment, lack of development in private sector, poor transport facility, and poor social security. Schumann et al. in their qualitative research among the Egyptian physicians willing to migrate, socio-political factor was analyzed¹⁰. Socio-political factors were divided into sub themes: political climate, crime and violence and prospects for one children, all were significant 'push' factors according to the respondents. Bezuidenhout et al. conducted a qualitative study among South African physicians who have migrated, the study revealed that among socio-political factors high crime rate (75.9%), feeling of restlessness regardless of working

condition (55.2%), better schooling of children (50%), racial discrimination (44.8%) were mentioned as driving force for migration¹².

Regarding economic factors motivating migration of doctors 22 responses were obtained from the in-depth interviews. Two themes were mostly projected by the interviewee: Standard payment during training period and physicians earning is fixed and not related to the workload, so that there is no point of hurriedness. Otubu in their study in Nigeria found that 55.1% respondents thought that lack of appropriate job opportunity was important to very important factor regarding migration out of Nigeria¹.

There were 13 responses in relation to family related factors driving for migration. Most important themes regarding family related factors that came up during interview were schooling of children, health care for family, provision for quality family time, social support for working mother and parental demand for migration. Otubu in their study in Nigeria found that 41.3% of the respondents stated that family desire to leave the country was an important to very important factor for their decision to migrate¹. Schumann et al.¹⁰ in qualitative study among Egyptian physicians who intend to migrate reveal that social support in form of presence of relatives abroad was a contributing factor for migration. Bezuidenhout et al. in their qualitative study among South African physician found that family living in abroad was mentioned as a cause for migration by 17.9% respondents¹².

Regarding personal factors influencing migration, eleven responses from the in-depth interview regarding personal factors were recorded. Among these factors social attitude to a junior doctor, differential attitude toward a doctor and lack of general

modesty and empathy were mostly revealed themes. In the Nigerian study conducted by Otubu, 41.3% of the respondents felt that it was their personal desire to leave the country as an important to very important factor¹. Bezuidenhout et al. in their qualitative study among South African physicians, it was revealed that 'personally wanted to experience something new' was opted by 58.6% respondents¹².

In the present study, twenty nine opinions regarding factors for migration of doctors indicated that academic factors were responsible for their decision of migration. Most important themes were clearly spelled out career pathway, appropriate guidance, standard and practical oriented training and examination system, protocol based treatment procedure and advancement and availability of required intervention in patients care. In the qualitative study done in Nigeria by Otubu, 75.9% respondents thought facilities for post graduate training in Nigeria was inadequate¹. 86% of the respondents gave their opinion that facilities for advanced training required for career progression was inadequate in Nigeria. 82% of the respondents concluded that research facilities in Nigeria was not up to the mark. Majority of the respondents, 60% and 52%, felt that it was not easy to keep up with the recent development and were encouraged to attend international

conference respectively. Professional factor was found as a key factor for migration among these participants. In a similar type of qualitative study done by Schumann et al. among Egyptian physicians¹⁰, it was found that lack of training and adequacy of technology were very important factor for migration among the respondents. In another qualitative study done by Bezuidenhout et al. among South African migrated physicians, 41.4% respondents mentioned professional development as driving factor for migration¹².

Conclusion

Socio-political factors were highly weighted as factors contributing for migration, among all the factors, social security was mostly valued. Better salary and better employment were found to be most important economic factors. Future of the siblings and better financial support to the family were valued among family related factors. Among personal factors, exploring new places and pursuit of personal dreams were found to be most important. All the academic factors were highly agreed upon and among them favorable educational environment was most weighted.

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