

PERSONAL WELLBEING, WORK ABILITY, SATISFACTION WITH LIFE AND WORK IN PSYCHIATRISTS WHO EMIGRATED FROM CROATIA

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SUMMARY

Background: A significant number of citizens, including a great proportion of doctors, both psychiatrists and doctors of other specialties, decided to emigrate from Croatia after Croatia entered the EU in 2013. Aim of research was to investigate possible differences in satisfaction with life and work between 3 groups: emigrants psychiatrists (EP), emigrants physicians of other specialties (E), and psychiatrists currently working in Croatia (C).

Subjects and methods: Personal Wellbeing Index (PWI), Work Ability Index (WAI) and some qualitative research questions were used in an anonymous online survey which was conducted in autumn 2019. Link to the survey was shared on different social networks, while 138 physicians were approached directly by e-mail. Response rate: 87% for EP group (representative sample for group of psychiatrist emigrants from Croatia), 48% for E group, and 28% for C group. In total, 62 physicians, 44 of them emigrants (20 EP and 24 E). This study was voluntarily led. Psychiatrists from our sample emigrated mostly to Scandinavia in 65% of cases and to West Europe in 30% of the cases. Other physicians emigrants from our sample emigrated to Middle Europe in 29%, to West Europe in 25%, and to Scandinavia in 42% of the cases.

Results: Satisfaction with standard of life, future security and life achievements are significantly higher in EP than in C. Satisfaction with integration in community and satisfaction with close relationships are significantly higher in E than in EP. WAI score of the 3 groups placed them all in the same category "good work ability". For all emigrants and their family members, major challenges after emigration were found to be communication (language), integration into the community, and loss of friends and family connections. 70% of emigrants plan to return to Croatia in the future, depending on better living conditions (income), change in the political situation in Croatia (reduction of corruption), and change in people's mentality.

Conclusions: This voluntary study showed high satisfaction with life and good work ability among psychiatrists who emigrated from Croatia, together with some challenges for them and their family members with language, work, integration into the community, and loss of friends and family connections. Majority plan to return to Croatia depending on political and economic changes in Croatia.

Key words: Personal Wellbeing - work ability - emigrants - psychiatrists - physicians - Croatia

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INTRODUCTION

After Croatia entered the EU in 2013, a significant number of citizens, including a great proportion of doctors, both psychiatrists and doctors of other specialties, decided to emigrate from Croatia.

There are both economic and noneconomic factors that are relevant for emigration decisions (Drazenovic et al. 2018). For highly educated emigrants, reasons for emigration are often found to be a general feeling of alienation in the community, inability to develop professionally, and an unstimulating work environment, while economic situation is more prominent as a reason for emigration with emigrants who don't have a university degree (Galic et al. 2019). 77% of Croatian people assess the current situation (perception of their social status in

Croatia), bad and very bad according to Pilar's Barometer of Croatian Society (Pilar's Barometer of Croatian Society (2014, 2015 or 2016). Such developments raised emigration-related issues to the forefront of public debate in Croatia. Drawing on a mixture of anecdotal evidence, ad hoc surveys and social network posts, the media predominantly engaged in painting and propagating a bleak picture of the "Croatian exodus" (Drazenovic et al. 2018). Croatian newspapers are full of personal accounts of Croatian emigrants and their explanations and reasons for emigration and possible solutions for repatriation (Deutsche Welle 2019, Galic 2019), as well as accounts of Croatian doctors working abroad praising health care organisations in EU countries and high living standard which is facilitated with their education (Nacional 2016).

The migration of physicians from less developed to more developed countries is not a new phenomenon (Bundred & Levitt 2000). Although the public seems to believe that the main motives for migration of doctors are of financial nature, however, previous studies have shown that such migration of doctors is not only for better salaries but that “Brain push” is equally important (Bundred & Levitt 2000). Brain push exists in all authoritarian countries, where people are forbidden to engage in criticism of any kind and are not even allowed to express skepticism. Intellectuals do leave such environments. Doctors use their qualifications as a passport to freedom, intellectual and emotional fulfilment, and professional satisfaction (Bundred & Levitt 2000). Some physician emigrants perceive having their competences undervalued due to their country of origin or due to being educated abroad (Sturresson et al. 2019) and feel that they, as a group are hierarchically positioned lower in the medical field than physicians trained in the country of emigration. Some emigrants experience a variety of barriers to entering and advancing within the field that may be related to discrimination (Sturresson et al. 2019). Previous studies have shown that for optimal entry into the labour market, it is vital for immigrants to learn the language and obtain a job or internship in the field as soon as possible (Sturresson et al. 2019).

Aim of research was to investigate possible differences in personal wellbeing and work ability between emigrants (emigrants psychiatrists (group EP) and emigrants physicians of other specialties (group E)), compared to psychiatrists currently working in Croatia (group C).

SUBJECTS AND METHODS

Methods

An anonymous and voluntary online survey was conducted in autumn of 2019. Personal Wellbeing Index (PWI), Work Ability Index (WAI), and additional questions as well as qualitative research questions were used. An online survey was used to gather information from subjects. The questionnaire included 105 questions. The link to the online survey was shared on social networks (Facebook groups) while 138 physicians were approached directly by email. Respondents agreed to participate by using the link. Participants were informed that they have the right to skip or not answer any of the questions. This study was led completely voluntarily.

Response rate varied amongst groups, with 87% for EP group, 48% for E group, and 28% for C group. In total, 62 physicians, 44 of them emigrants (20 EP and 24 E) were surveyed. All subjects who began the survey completed it with a couple of missing values, except for one subject who didn't reply to 90% of the questions and was therefore exempt from the research. Their characteristics are described in the Results section.

Subjects

The subjects are divided into age groups: up to 35 years of age, 36-50 years of age, and above 50 years of age. The gender was not explored. Countries of emigration of the subjects were categorized into regions (north, middle, south, east, and west Europe) in consideration for subjects' anonymity due to the expectedly small sample.

Table 1. Sociodemographic data of emigrants (groups E and EP)

	Emigrants (groups E and EP)	Group C
Age	15.2% above 50 years of age, 78.3% of 36-50 years of age, 6.5 % up to 35 years of age	55% above 50 years of age, 45% of 36-50 years of age, 0% up to 35 years of age
Age at the time of emigration	4.3% above 50 years of age, 67.4% of 36-50 years of age, 28.3% up to 35 years of age	/
Current marital status	In a marital union/in a non-marital union 80.4%, divorced 6.5%, single 10.9%, widowed 2.2%	In a marital union/in a non-marital union 75%, divorced 5%, single 10%
You currently live...	In a family union/ with children 60.9%, in a family union/without children 17.4%, alone with children 8.7%, alone 13%	In a family union/with children 50%, in a family union/without children 25%, alone with children 10%, alone 15%
Highest degree of education (groups E and EP)	Specialization 14%, Mr. Sc/Dr. Sc (PhD) 30%, sub-specialization 21%, Dr. med. without specialization 39%	Specialized psychiatrist 22%, Mr. Sc/Dr. Sc (PhD) 16%, sub-specialization 72%
Child's/children's age at the time of emigration	Up to 5 years of age 32%, 6-10 years of age 35%, 11-15 years of age 4%, above 16 years of age 19%	/
Years spent in emigration	2-5 years 80.4%, 0-1 years 10.9%, 6-10 years 4.3%, more than 10 years 4.3%	/

Table 2. Additional inquires in regard to work and working conditions

	Emigrants (groups E and EP)	Group C
What is your working schedule?	Full-time 58%, partially full working hours 2%, on-call while in residency of duration of 24 hours 26%, self-set working schedule 7%, vicarage 7%	Full-time 95%, partially full working hours 5%, on-call while in residency of duration of 24 hours 45%, self-set working schedule 5%, vicarage 0%
How many days on average do you annually spend in payed professional development?	1-5 days 45%, 6-10 days 36%, more than 10 days 18%.	1-5 days 50%, 6-10 days 30%, more than 10 days 10%, 0 days 10%
How many days on average did you annually spend in payed professional development before emigration?	1-5 days 51,2%, 6-10 days 25.6%, more than 10 days 11.6%, 0 days 11.6%	/
Which function are you currently fulfilling?	Doctor without any managing function 62.8%, section manager 25.6%, director 11.6%.	Doctor without any managing function 50%, section manager 40%, director 5%, vice institute leader 5%
What is your legal weekly working schedule excluding overtime?	36-40 hours 81.4%, more than 40 hours 14%, less than 35 hours 4.6%.	36-40 hours 50%, more than 40 hours 50%, less than 35 hours 0%
What was your legal weekly working schedule excluding overtime before emigration?	36-40 hours 67.4%, more than 40 hours 32.6%, less than 35 hours 0%	/
How many overtime hours do you complete in a week on average	1-5 hours 40%, 6-10 hours 25%, more than 10 hours 30%, none 5%	1-5 hours 40%, 6-10 hours 25%, more than 10 hours 30%, none 5%
How many years of work experience have you completed in total as a medical specialist?	More than 10 years 41.9%, less than 10 years 58.1%.	More than 10 years 85%, less than 10 years 10%
How many hours in total do you spend on work commute every day?	Up to 1 hour 81.4%, up to 2 hours 11.6%, more than 2 hours 7%.	Up to 1 hour 68.4%, up to 2 hours 31.6%, more than 2 hours 0%
How many hours in total did you spend on work commute before emigration?	Up to 1 hour 60.5%, up to 2 hours 32.6%, more than 2 hours 7%.	/

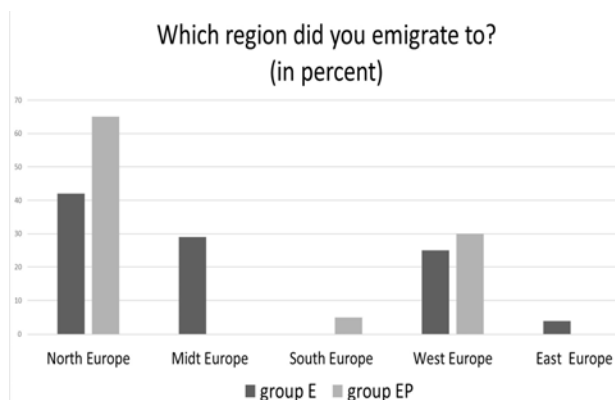


Figure 1. Countries of emigration

Sociodemographic data for emigrants (groups E and EP)

In Table 1. sociodemographic data of all emigrants (groups E and EP) is jointly shown.

In the complete surveyed group of physician emigrants, 43.2% were psychiatrists and 56.8% physicians of 11 different specialties (anesthesiologist, GP, orthopedist, radiologist, internist, urologist, neurologist, ophthalmologist, oncologist, pediatrician, ORL). All subjects are employed currently and were employed before emigration. The information on the country of emigration (groups E and EP) is presented separately in Figure 1.

The Personal Wellbeing Index (PWI) (Cumminis et al. 2003)

The PWI scale contains seven items of satisfaction with different life domains; standard of living, health, achievements in life, relationships, safety, integration into community, and future security. Each of the seven domains can be analyzed as a separate variable, or the domain scores can be summed up to yield an average score which represents 'Personal Wellbeing'. Previous studies using the PWI have shown that there are substantial differences in average scores across cultures. While the mean scores in developed countries, such as Australia, the Netherlands and Austria, are typically around 75 points on a standardized 0–100 point scale, they are significantly lower in developing countries such as Croatia (Kaliterna & Prizmic-Larsen 2014). In our research we used a version of a response scale 1 to 5 (1=not satisfied at all, 5=very satisfied), while in other research a response scale of 0 to 10 was used. When comparisons are to be made with other data, our scale was converted to the standard 0-100 format by the use of a specific formula. In our research, PWI ranges (mean) were calculated for each question in accordance to questioned groups and compared with the data of the same type from a national Croatian research (Pilar's Barometer 2016).

The Work Ability Index (WAI) (Tuomi et al. 1998)

The Work Ability Index (WAI) is an instrument used in occupational health care and research to assess work ability of workers. The WAI questionnaire (7 questions) covers the following dimensions: current work ability compared with lifetime best; work ability in relation to the demands of the job; the number of diagnosed illnesses or limiting conditions from which participant suffers; estimated impairment owing to diseases/illnesses or limiting conditions; the amount of sick leave taken during the last year; prognosis of own work ability in 2 years' time. WAI is scored by summing the points received for each item. The best possible rating on the index is 49 points and the worst is 7 points. The WAI questionnaire was translated, validated, and standardized prior to being used for studies on the Croatian population (Golubic 2010).

Additional questions

Additional questions were used to examine non-economic factors of emigration as well as what is perceived as important for the quality of life. At the end of the online questionnaire, the participants were provided with a possibility to leave a short vignette with their personal story, and were offered the possibility to receive the published study results through email.

Statistical analyses

Analyses was carried out on a question-by-question basis. Descriptive comparisons were made. The mean responses of the three groups of participants were calculated and compared using independent two-tailed t-tests and dependent two tailed t-tests (in each group before and after emigration). Data were analyzed by the use of SPSS 25.0. The level of statistical significance was set at $p < 0.05$, and all confidence intervals were set at the 95% level. The number of cases of missing values was extremely small, but all missing values were replaced with series means. The analysis of qualitative data predominantly involved coding or categorizing of the data (Wong 2008). Coding merely involved subdividing the huge amount of raw data, and subsequently assigning it into categories. Coding was done manually. Qualitative data was categorized and the percentage response to each category was calculated by the use of Microsoft Excel.

Ethics Statement

We declare that this research project and all procedure was executed in accordance with the ethics guidelines of National Committee on Research Ethics København Denmark (Det Ethiske Rad og National Videnskabsetisk Komite Kobenhavn, Denmark).

RESULTS

Personal Wellbeing Index – Adult

Following are questions/variables in which statistically significant differences between groups EP, C and E were identified in accordance to the PWI questionnaire after an independent t-test was run: Statistically significant differences between group EP and group C found in PWI questions 1, 3, and 7 (Figure 2).

PWI 1 - *Satisfaction with standard of life* ($t = -4.187$, $p < 0.000$); PWI 3 - *Satisfaction with life achievements* ($t = -6.081$, $p < 0.000$); PWI 7 - *Satisfaction with future security* ($t = -3.673$, $p < 0.001$). In PWI questions 1, 3, and 7, group EP is significantly more satisfied and feel more secure than group C. Statistically significant differences between group C and group E found in PWI questions 1, 3, 4, 6, and 7.

PWI 1 - *Satisfaction with standard of life* ($t = 6.098$, $p < 0.000$); PWI 3 - *Satisfaction with life achievements* ($t = 8.032$, $p < 0.000$); PWI 4 - *Satisfaction with close relationships* ($t = 2.656$, $p < 0.011$); PWI 6 - *Satisfaction with integration into community* ($t = 2.618$, $p < 0.012$); PWI 7 - *Satisfaction with future security* ($t = 4.816$, $p < 0.000$).

In PWI questions 1, 3, 4, 6, and 7, group E is found to be significantly more satisfied and feel more secure than group C. Statistically significant differences between group E and group EP found in PWI questions 4 and 6.

PWI 4 - *Satisfaction with close relationships* ($t = 2.068$, $p < 0.045$); PWI 6 - *Satisfaction with integration into community* ($t = 2.97$, $p < 0.005$).

In PWI questions 4 and 6, group E is found to be significantly more satisfied than group EP.

There was no statistically significant difference found in PWI 2 between any of the groups.

Following are questions/variables in which statistically significant differences between the before and after emigration for group EP, where the subjects assessed subjectively, were identified in accordance to the PWI questionnaire after an independent t-test was run:

Statistically significant differences between the before and after emigration for group EP found in PWI questions 1, 3, 5, and 7.

PWI 1 - *Satisfaction with standard of life* ($t = 7.017$, $p < 0.000$); PWI 3 - *Satisfaction with life achievements* ($t = 5.165$, $p < 0.000$); PWI 5 - *Satisfaction with feeling of security* ($t = 5.947$, $p < 0.000$); PWI 7 - *Feeling of security for the future* ($t = 6.015$, $p < 0.000$).

Subjects of group EP are significantly more satisfied with their standard of life, achievements in life, and the feeling of safety both currently and for the future, after emigration.

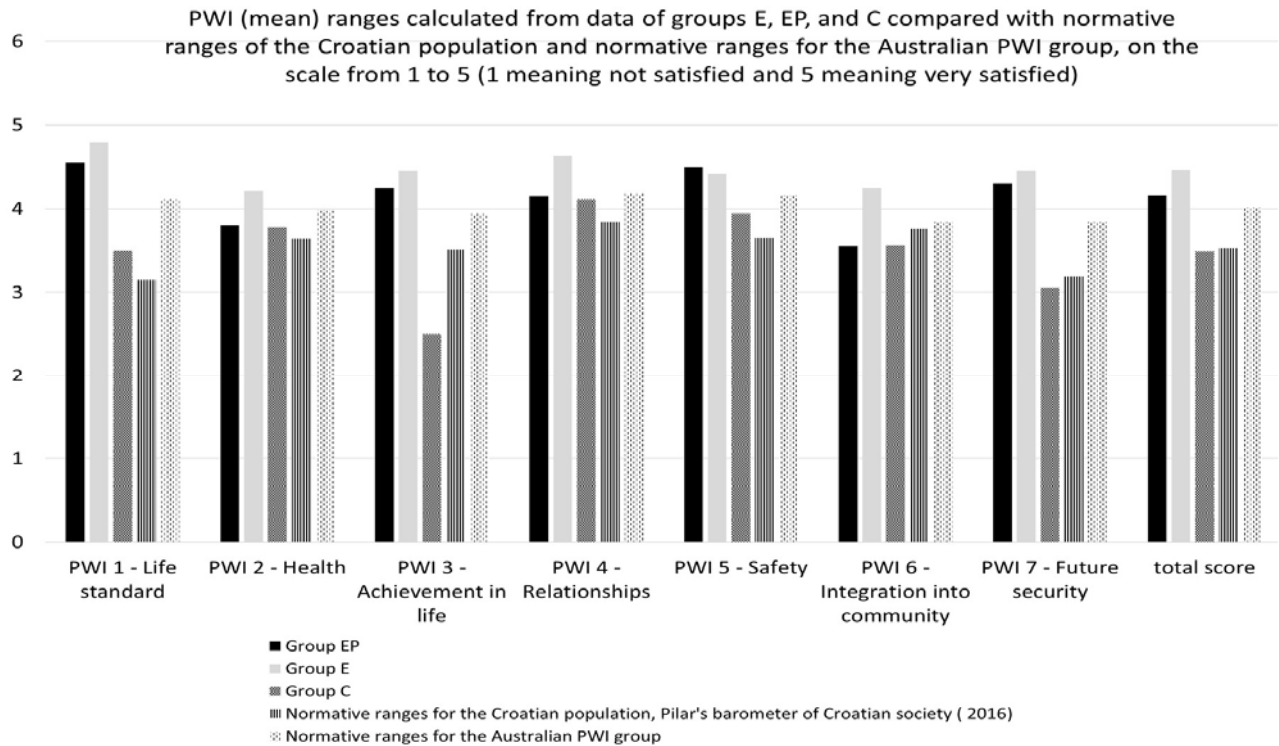


Figure 2. PWI ranges (mean)

Work Ability Index

Group EP had a WAI score of 41.8, while group E had a score of 42.9, and group C had a score of 40.7. WAI score of the 3 groups placed them all in the same category of “good work ability” due to scores of 37–43 points classifies as good work ability. According to the WAI questionnaire, those with good work ability should receive instructions on how to maintain their good work ability. The working conditions of all subjects (groups E, EP, and C) are displayed in Table 2.

Results of analysis of additional and qualitative questions

Emigrants’ work: 74% of emigrants are satisfied with the support they receive from their new work colleagues in their post-migration workplace. 47.8% are satisfied with the support they receive from their colleagues from Croatia after emigration. 28.2% considers the maintenance of connections with their colleagues from Croatia is significant for the quality of their life. 71.8% of emigrants are satisfied with the support they receive from their friends from Croatia after emigration. 87% of emigrants are satisfied with the current situation at their workplace. Only 10.9% of emigrants were satisfied with the situation at their workplace before emigration. 65.7% considers the situation at their workplace significant for the quality of their life. 50% of emigrants considers their current work life to be meaningful, interesting, and exciting, while 25% work to “bring the food to the table”.

Language proficiency immediately after migration on a scale of 1-5, where 1 corresponds to ‘insufficient for working and living in the country’ and 5 means ‘excellent verbal and comprehensive abilities’: 13% answered with 1, 28.3% answered with 2, 32.6% chose 3, 15.2% marked 4, and 10.9% answered with 5.

Current language proficiency on a scale of 1-5, where 1 corresponds to ‘insufficient for working and living in the country’ and 5 means ‘excellent verbal and comprehensive abilities’: 60.9% answered with 4 and 39.1% answered with 5.

How important was language proficiency for deciding to emigrate on a scale of 1-5, where 1 corresponds to ‘not important’ and 5 means ‘very important’: 13% answered with 1, 13% answered with 2, 6.5% answered with 3, 23.9% answered with 4, and 43.5% answered with 5.

Emigrants’ health: 80.4% of emigrants had no problem with health before emigration. 65.2% of emigrants are currently satisfied with their physical appearance. In the post-migratory period 33.3% of emigrants gained 5 kilograms, 17.8% gained 6-10 kilograms, 6.7% gained more than 10 kilograms, 17.8% lost 5 kilograms, 6.7% lost 6-10 kilograms, and 17.7% maintained their weight.

Answers to the question “Do you feel that you have been under stress (feeling tense, restless, worried, insomnic, ect.) during the last 3-6 months?” for group EP (emigrants psychiatrists) and group E (emigrants physicians of other specialties) in comparison to group C (psychiatrists currently working in Croatia) are showcased on figure 3.

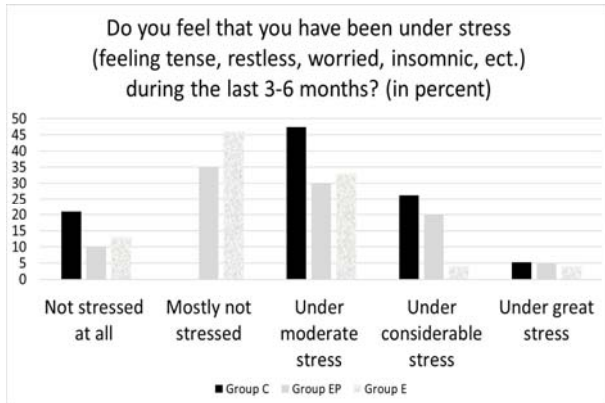


Figure 3. Responses to question “Do you feel that you have been under stress?”

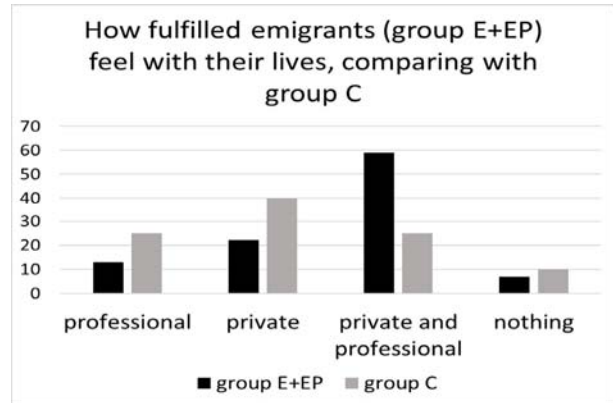


Figure 4. A sense of fulfillment in life

Emigrants’ private life: 89.1% of emigrants are satisfied with the support they receive from their family from Croatia. 91.3% of emigrants consider that the support of their family from Croatia is important for the quality of their life.

A description of emigrants’ current life situation/fulfillment, of the emigrants group (groups E and EP) in comparison to psychiatrists currently living and employed in Croatia (group C) is shown in Figure 4.

The difference between answers of groups EP and C in the following questions were additionally explored: “How capable are you currently in managing physical,

psychological (levelness, control), and interpersonal tasks at work (with patients, colleagues, superiors)?”, “Have you been physically active in the last 3-6 months”. No statistically significant differences between the responses of groups EP and C have been found in the above questions, however a statistically significant difference was found in the responses to “Have you felt trustful about your future in the last 3-6 months?” ($t=2.703, p<0.01$).

Satisfaction with aspects of additional questions for before and after emigration of emigrants (groups E and EP) is shown on Figure 5.

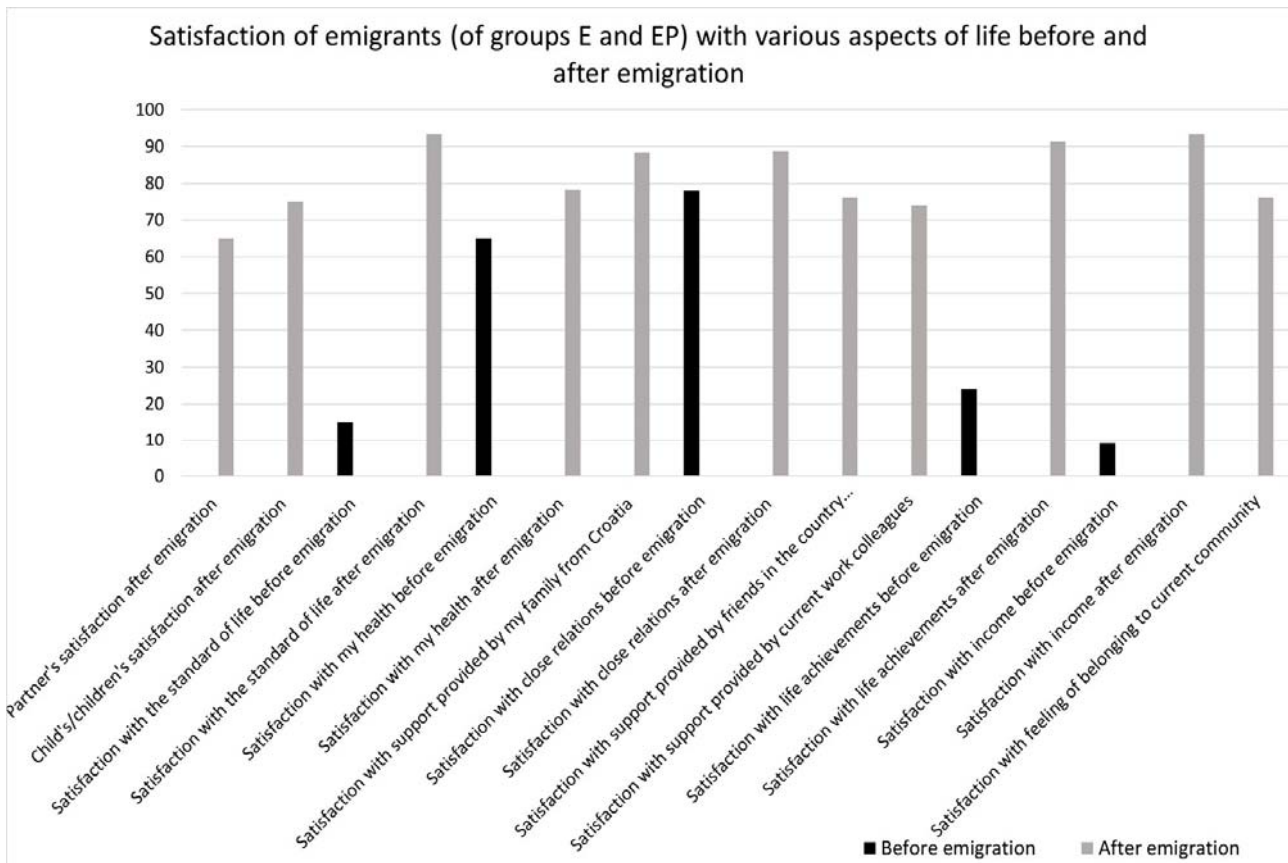


Figure 5. Satisfaction with aspects of life before and after emigration of emigrants

Response categories of emigrants to the qualitative question “My greatest satisfaction after emigration is seen in...” in percentage of responses can be seen in Figure 6.

A question on how satisfied emigrants are with the support they receive from their colleagues at work has shown that emigrants psychiatrists are less satisfied than doctors physicians of other specialties. 54% emigrant physicians of other specialties (group E) and only 40% emigrant psychiatrists (group EP) have been found to be very satisfied with the support they receive from their work colleagues, while 21% emigrants (group E) and 26% emigrant psychiatrists (group EP) have been found to be unsatisfied with the support they receive from their work colleagues. A question on how satisfied emigrants are with the support they receive from newly established friends in the country of emigration has shown that

emigrant psychiatrists are more dissatisfied than other emigrants. Altogether, 65% of emigrant psychiatrists (EP) is satisfied with the support they receive from newly established friends, in contrast to emigrant physicians of other specialties out of which 79% are satisfied. In 65% of the cases of group E the partner is satisfied with emigration, and in 67% of the cases of group EP. The partner is dissatisfied and unhappy in 13% of group E subjects and in 29% of group EP subjects. The estimate of children's satisfaction with emigration has shown that children are satisfied in 67% cases of group EP subjects and in 85% of the cases of group E subjects. In group EP, 20% of the children have been found to be dissatisfied and unhappy.

Categories of the qualitative question posed to emigrants (groups E and EP) “My biggest problem after emigration is...” are shown in percent on Figure 7.

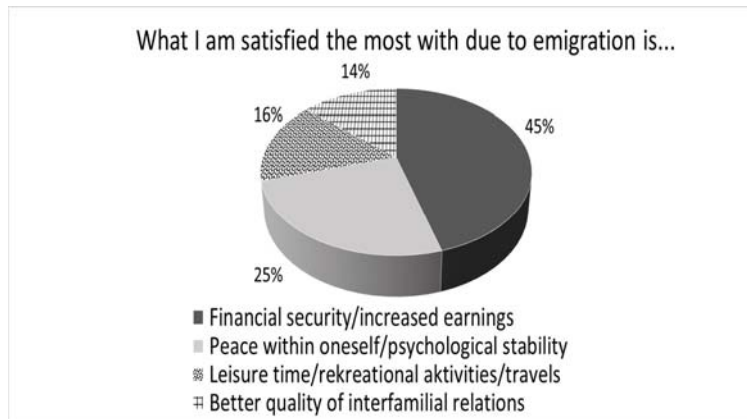


Figure 6. My greatest satisfaction after emigration is seen in.... (in percent)

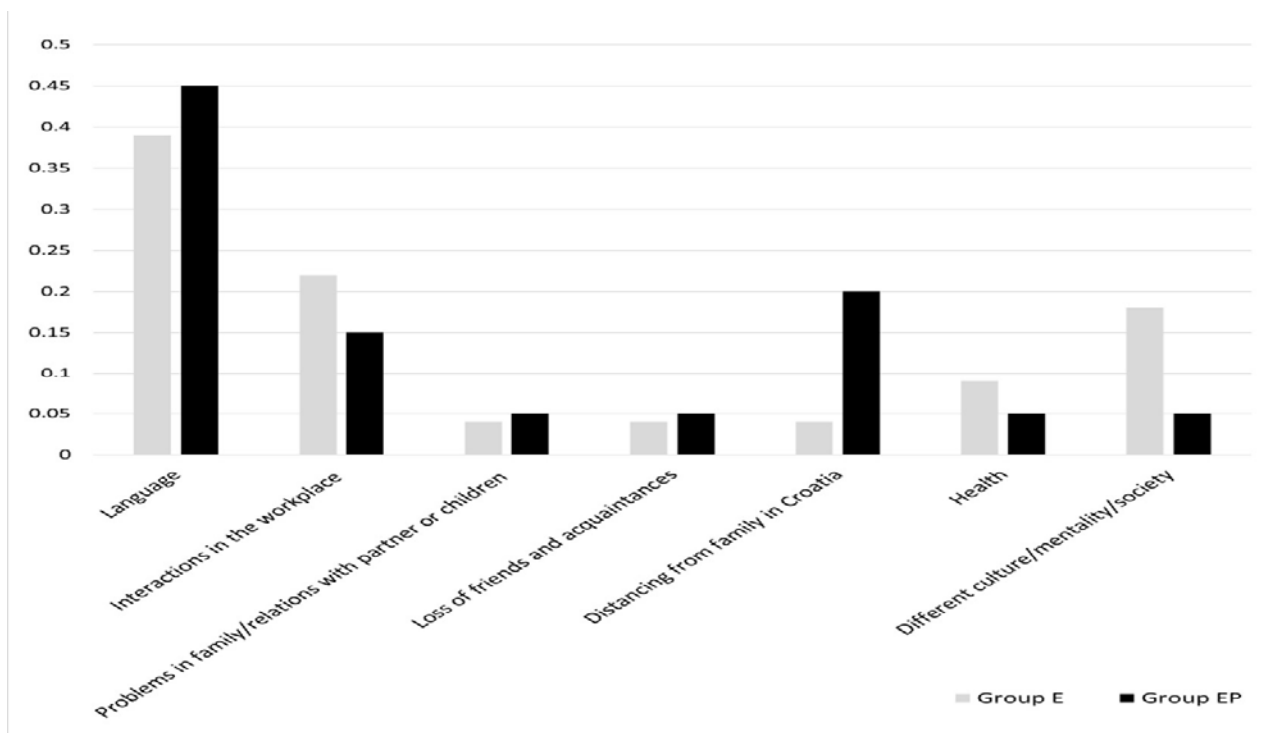


Figure 7. My biggest problem after emigration

On Figure 8, categories of the qualitative question posed to emigrants (groups E and EP) “The biggest problem of my partner and child/children after emigration is...” are shown in percent on Figure 8.

The significance of various aspects of life for the quality of emigrants’ (groups E and EP) lives is shown on Figure 9.

70% of emigrants have been found to be willing to return to Croatia if they were offered a netto monthly

salary above 30,000kn, while 29.3% would return for a netto monthly salary of 20,000-30,000kn, and 0.7% would return for a netto monthly salary below 20,000kn. 48% of emigrants (groups E and EP) plan to return to Croatia when they retire, 9% plan to return in 2-5 years, and 32% don't plan to return to Croatia. Emigrants’ (groups E and EP) plan for returning to Croatia is shown on Figure 10.

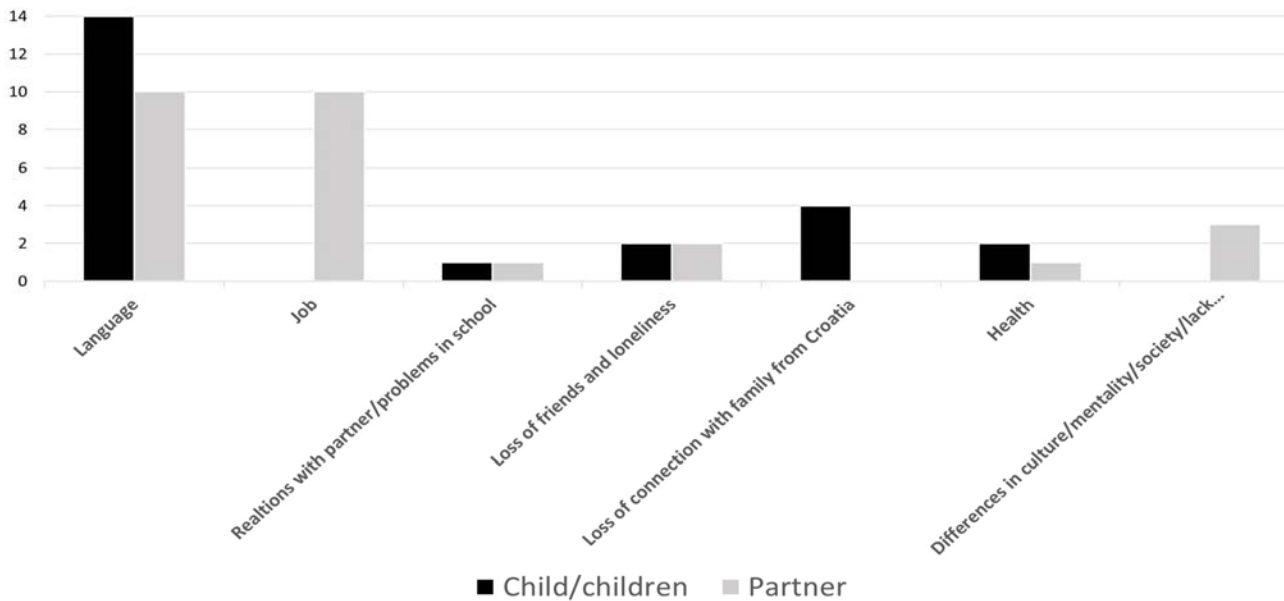


Figure 8. The biggest problem of my partner and child/children

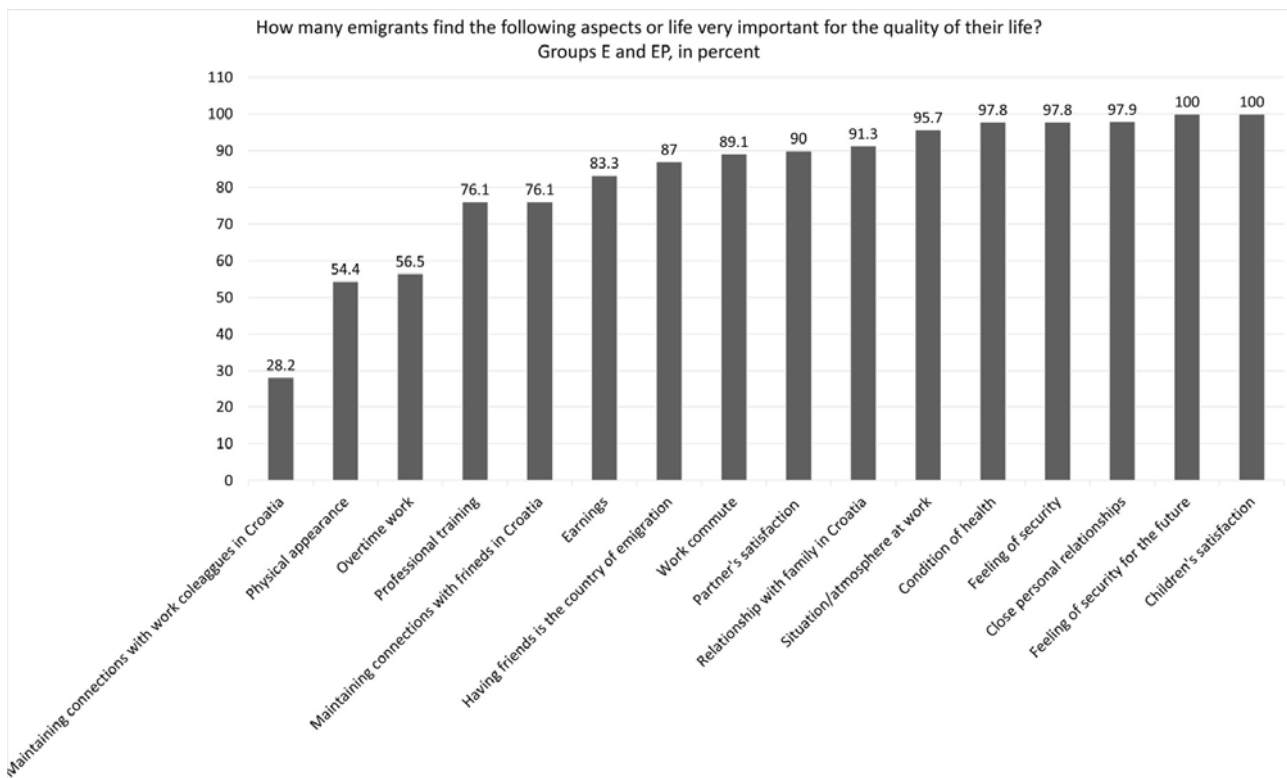


Figure 9. The significance of various aspects of life for emigrants’ (groups E and EP) quality of life

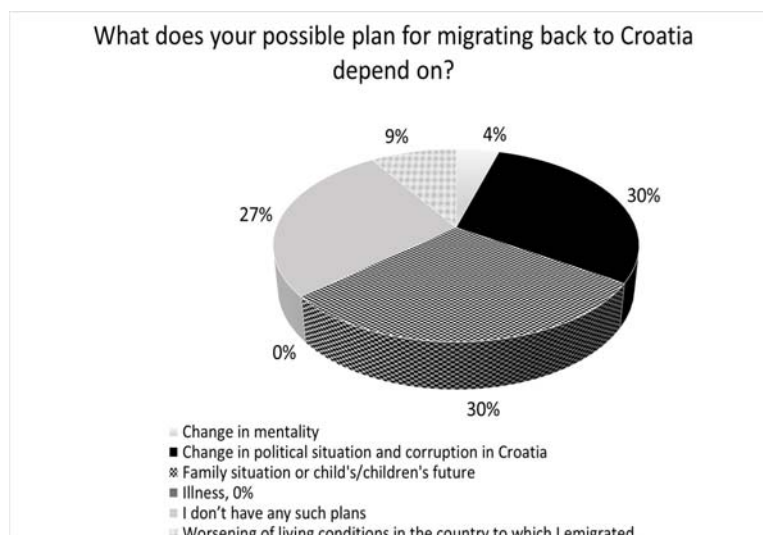


Figure 10. What does the return to Croatia depend upon

According to their own assessment, it has altogether paid off to emigrate for all emigrants, while 86.7% of emigrants stated that it has “paid off above all expectations”. At the end of the online questionnaire, the participants were provided with a possibility to leave a short vignette with including a personal account.

The following 4 vignettes have been contributed by subjects:

Vignette 1: “I thought that the fact that I feel myself cosmopolitan will help me to overcome all cultural and mindset differences in new environment. It had never occurred to me that conceptualization of life and culture itself can be to such an extent connected to language and its nuances. I think that in all sorts of medical profession, more of less, language is a tool. Integration is, in a way, distant process from acceptance. This applies to both sides, emigrants and hosts. Process to gain a sense of belonging can be painful.”

Vignette 2: “I haven't worked as a psychiatrist in Croatia because I moved to work abroad right after my specialization. I think that that is why I have felt more tired after work than I had felt during my specialization in Croatia. I have also missed hanging out with colleagues because at my new job I was surrounded mostly with nurses. After work I didn't have anything that I could use as a relief from stress at work, like a hobby or just coffee with my friend. And I missed the sun...”

Vignette 3: “At an age of 12 my family emigrated from Croatia. The world felt like it was falling apart as I was forced to leave everything behind, including family, cherished relationships, and my home. In that foreign place, any attempts at integration seemed pointless.

Now, 5 years later, the standard of life I enjoy is undoubtedly much greater than it would have been if I had remained in Croatia, and the scope of my educational opportunities infinitely larger. Now, 5 years later,

I feel like I belong nowhere, neither in my homeland nor in the country I migrated to.” (an emigrant doctor's family member).

Vignette 4: “My process of emigration and integration was followed by daily ups and downs, as much professionally as in my private life. Based on my previous life experience I didn't expect that it would be easy. Knowledge and learning about the new culture and new language were my first priority. With normal planning of life and with normal goals you can have a nice life here.” (an emigrant doctor's family member).

Results of the answers to the additional questions from the group of psychiatrists who live and work in Croatia (C)

95% psychiatrists living and working in Croatia knows those who emigrated, as well as in 85% have friends which emigrated in the same period and remain in contact with. Only 25% of Croatian psychiatrist is satisfied with their contacts with colleagues which emigrated from Croatia.

65% of psychiatrists working and living in Croatia are satisfied with their current situation in the workplace. 50% finds their professional life fulfilling, interesting and exciting while 25% consider work as an obligation. In regard to the future plans to leave Croatia, 60% have no plans to emigrate, 30% responded with maybe but without a clear plan, 10% have a plan to emigrate in the near future. Possible plans are connected to the family situation (22%), financial situation (28%), political/national security and corruption (22%), while 28% do not intend to emigrate.

In respect to the question on grading how former knowledge of foreign language affect decision regarding emigration did: 28% answered a lot, not at all was answered by 72%. On how relevant contacts and experiences of colleagues emigrants were to Croatian psychia-

trists when making a decision regarding emigration, on a scale where 1 was irrelevant and 5 was very relevant, 27.8% have answered 1; 5.6% have answered 2; 22.2% have answered 3; 22.2% have answered 4 and 22% have answered 5. Comparison between emigrant group (E+EP) with group of psychiatrists who live and work in Croatia, according to life fulfillment, is presented in the figure 4.

We aimed to conduct this research on doctors who emigrated but then returned back to Croatia as well. We sent questionnaires to 10 subjects from which 3 responded, so the sample was too small to lead to any conclusions.

DISCUSSION

In our study we covered a subject of physicians who have emigrated from Croatia following the start of Croatian membership in the EU (2013 and onwards), therefore it represents economic migration. All our sample represents physicians who were actively employed both before and after migration. Most of them were 36-50 years of age, with 6.5% being younger than 35. According to the latest data from the Croatian Medical Chamber 570 physicians emigrated from Croatia, amongst them 305 were on the specialist register; anesthetists (53), internal medicine specialists (34), psychiatrists (33), radiologists (26), gynecologists (22) and general surgeons (18), of those who have emigrated from Croatia since the 2013 (HLK 2016). The most common countries of destination were United Kingdom, Germany, Ireland, Austria and Sweden (HLK 2016). According to latest data from the National board for statistics, most common destination for Croatian migrants (not only physicians) is still Germany (56.1%). However, psychiatrists from our sample emigrated mostly to Scandinavian countries and the countries of Western Europe. That may be linked to the higher demand for certain specialties in those countries. The partner of the respondents is dissatisfied and unhappy in 13% of group E subjects and in 29% of group EP subjects. That may be contributing to our other findings that EPs are significantly more dissatisfied with the relationships with the close ones from the rest of the E. The main issues for the partners came up to be the language and employment. In our study, 70% of the children were under 10 years of age, which corresponded to younger age of Es. Children of EPs were happy following the migration in 67% of the cases, whereas in the rest of the sample that was the case in 85% of the cases. Previous research had shown that child's age of emigration influenced their further success in education and adaptation to school (Fallesen 2017), but also child's sex as well (Van Ours & Veenman 2006). Children who emigrate in the older age, have proportionally more difficult adaptation to school, and it's particularly difficult for children who emigrate after the age of nine (Böhlmark 2008).

In our study, the main problems for children of emigrants were language, loss of friendships and loneliness, as well as break in the family relations. 19% of our sample had children older than 16 years of age. Previous studies have shown that loneliness is one of the typical emotional problems which individuals encounter during adolescence (Cavanaugh & Buehler 2016). Studies so far have also shown that children who come from the families in which parents are of the same nationality, have more difficulties adapting to the new society and that such families are prone to social isolation (Van Ours & Veenman 2008). In our study 80% of our sample were married and 69.6% lived with their families or their children. Other studies have also shown that in this process of emigration from Croatia, the whole families are the ones leaving, rather than just one family member, as that was the case in the 1950's when one family member would emigrate in search of work, whilst the rest of the family would be left behind (Galic 2019).

The problems emigrants and their families encounter may be explained by the various stages of migration and related processes. Stages of migrations have been identified as: pre-migration (assess, reasons, sudden or planned, preparation), migration (when, age on arrival, reversibility), post-migration (aspiration, achievement, culture shock, cultural bereavement, culture conflict, acculturation). Duration of post-migration adjustment may last a long time, perhaps even across generations (Buhgra et al. 2018). 80% of our sample are emigrants who have lived abroad for 2-5 years so far, with 11% who have just emigrated within the past year. It might be of interest to test those emigrants in another 10 years perhaps, and compare results, concerning the emigration factors mentioned (Buhgra et al. 2018), which do change over time. Other studies so far (Fugl-Meyer 2002) have shown that emigrants have lower standards of general quality of life, but also that they don't differ significantly from the population of origin concerning the closest relationships (sexual life, relationship with the partner and family relationships). Another study has shown that emigrants who had irreversibly lost part of their social network, and most commonly don't manage to replace those by new relations within the new surroundings, that increases the importance of quality of close relationships (Foroughi et al. 2001). Our study has shown that emigrating psychiatrists are much more dissatisfied with the support they receive from the new friends in the country of immigration, than the rest of the emigrants. Perhaps that can help to explain why emigrating psychiatrists are less satisfied with their sense of belonging to the new community compared to the rest of the emigrants. Previous studies have shown that by leaving the country of birth, one loses a significant part of the social network, which would have been a source of support before that; and additionally, on arrival to a new country, one has to adapt to a new culture which is a source of additional stress, and there is a demand to develop new social net-

works (Kovacev & Shute 2004). That is more pronounced in the first generation of immigrants, and often even more emphasized in particular groups, like refugees or adolescents. Move to another country on its own doesn't have to be linked to increased stress levels, but however, the quality of life of immigrants is also linked with discrimination that group might experience. Jasinskaja-Lahti 2006 and Mirsky et al. 2002 have found that social support reduces stress related to migration, but also that merely spending longer time in the country of immigration doesn't necessarily lead to a reduction of that stress. Social support is vital in various life circumstances and particularly in the times of increased levels of stress, irrespective of the sources of stress (Sincek and Vuletic, 2011). Preliminary results of the other studies conducted so far have shown that, contrary to the satisfaction with friendships which was rated similarly as before the migration, satisfaction with other aspects of life was actually rated as higher than before (social life, free time, family life and optimism). That is particularly the case in terms of rating the optimism in regards to the future of the offspring, which was rated as significantly higher in the "new" life (Galic 2019).

Data relating to our sample suggest that emigrants attend paid continuous professional development significantly more than prior the migration; and as much as psychiatrists in Croatia do, as well as the peers in the country of immigration (Ugeskrift 2019). The confounding factor may be the relatively young age of the emigrants compared to Croatian psychiatrists. However, our study has also shown that emigrating psychiatrists end up working on the jobs with less responsibilities than their Croatian counterparts. That may possibly be related to the age difference between the two groups. Other studies have shown that Croatian emigrants are more satisfied with the various aspects of their work when compared to the average of Croatian population: apart from the professional relations, all other professional aspects are rated as less satisfying in the Croatian context (Galic 2019). WAI score of all the 3 groups in our research placed them all in the same category "good work ability". In the previous studies (Golubic 2010), WAI was satisfactory in all Croatian hospitals, Only 32% of all participants had sustainable work ability (Golubic 2010).

70% emigrants would return to Croatia only if their nett monthly salary would be more than 30.000 kunas; and only 0.7% for the nett monthly salary of less than 20.000 kn. According to the official data from the Ministry of healthcare, average nett monthly salary of a surgeon without any managerial functions in Croatia is 12.115 kuna; adding three on call shifts increases that amount by another 2.000 kn roughly. Consultant in internal medicine on the other hand, with three on call shifts a month, earns 13.302 kn nett monthly salary, whereas a trainee without any on calls just 7.905 kn (Vecernji list 2019). In our study, on the list of 16 questions "How important in respect to quality of life is..." earning are

taking the 11th place with a score of 83.3%. According to preliminary results of the study "It's better out there" (Galic 2019), it states that the majority of Croatian citizens, 80% of them, would come back to Croatia but under two conditions, for better earnings (improvement of economic situation) and with reduction in corruption. That study is yet to be published. Differences in earnings between countries are one of the most important causes for migrations, but are not the only one. Research has shown that a significant percentage of migrants don't change their place of residence just on the assumption that they'll have bigger earnings (Massey 2001).

Social network with colleagues at work and colleagues from Croatia

Response rate in our study varied a lot amongst groups, from 87% for EP group which was representative, to very small RR in groups E and C. The question is why didn't more people answer the survey? Respondents from the group E saw the online survey as a post in the Facebook group. The questionnaire for C group was sent directly to the email address to the psychiatrists who work and live in Croatia. Maybe it could be explained by the fact that psychiatrists who live and work in Croatia are only in 25% cases satisfied with collegial contacts with colleagues who emigrated from Croatia. On the other hand, according to the results from our study (group E and P) to the question "How much for your quality of life is important to keep in touch with colleagues from Croatia?", it has been shown that it is important to emigrants in only 28.2% cases, that is, it is the least important to quality of life of all the other asked questions which considered quality of life. However, 47.8% is satisfied with support from their work colleagues from Croatia (after emigration). Only half of respondents from Croatian sample consider contacts with emigrants and their experience important for their decision for emigration.

95% of psychiatrists who live and work in Croatia know psychiatrists who emigrated. Maybe this mutual loss and disinterest for keeping contacts with colleagues between emigrants and psychiatrists in Croatia is in correlation with the fact from our study that emigrants don't plan to come back to work in Croatia (48% emigrants (E+EP group) plan to come back to Croatia in retirement, 9% in 2 to 5 years and 32% don't plan to come back), so they are oriented to making new business contacts in the land they work and live in. 74% of emigrants are satisfied with the support of new colleagues at new working place (after emigration). Equally, Croats who live and work in Croatia, who answered the survey, mostly don't plan to emigrate from Croatia. Maybe that's why they don't find experiences from their colleagues emigrants so important. Only 44% of Croatian psychiatrists said that experiences from their colleagues emigrants are very important for their decision for emigration.

Health

International as well as Croatian research shows that health is the best predictor of wellbeing. (Dolan et al. 2008, Prizmić et al. 2011). Even though no differences in regard to satisfaction with health were found between the groups of our research (emigrants, Croatian psychiatrists), differences are visible in answers regarding health prior to and after emigration, in which they are more satisfied with their health after emigrating. 80.4% of emigrants had no problems with health prior to emigration. 65.2% of emigrants is satisfied with their physical appearance. 59.8% of emigrants gained weight after emigrating and 24.5% lost weight. Body weight variations could be understood as stress reactions where majority of people reacts by increased food consumption Migration is and can be a very stress-inducing phenomenon (Bhugra 2014) and research hitherto has shown that burnout was significantly positively associated with higher fast food consumption within emigrant doctors population (Alexandrova-Karamanova et al. 2016). There is general scientific evidence on the huge impact of mental stress (either in or not in association with impaired sleep) may play significant on enhanced appetite, cravings and decreased motivation for physical activity. All these factors contribute to weight gain and obesity, possibly via decreasing the efficacy of weight loss interventions (Geiker et al. 2018). Regarding stress, our research has shown that psychiatrists have higher stress levels than other groups but emigrated psychiatrist have less stress in last 3-6 months compared to colleagues in Croatia. It would be interesting to see if doctors are under stress because of emigration itself, life conditions, work in foreign language or because of stressful job itself. Hitherto the literature has shown that in 1/2 of those under stress job is the primary cause of stress. In 95% of cases job is one of stress inductors (Morten 2018). Objective measures of overtime work as well as objective measures of workload correlated clearly with subjective work-related stress and strain (Sturm 2019). Research on representative sample of Croatian population (Prizmić Larsen et al. 2011) showed that health was the most valued among other factors, such as family relations, friends, physical safety, even acceptance from people in their life environment, life achievements and material status. Material status is the only category in which people were less satisfied than their health (Japac & Šućur 2007). On the list of 16 questions on how much something is important for quality of life, in our research, 97.8% placed health on fifth place of importance. We can speculate that this relatively low categorization of health is due to the fact that our sample consists of relatively young population that is relatively healthy. On the other hand, 65% of emigrants showed satisfaction with their health before emigration and 80% after emigration.

As an answer to qualitative question on the biggest problem after emigration 5% of emigrants name health. Our research on importance of physical appearance for

life satisfaction shows that physical appearance is on the 15th place (of 16 places in total) with only 54.4%, which is in accordance to other research (Diener & Oishi 2004) where it was observed that majority of people consider happiness as more important than high income, good health or attractiveness.

Researches up till now show that people who estimate their general health as good or great have higher level of subjective wellbeing as opposed to those who assessed their health as bad. It is important to emphasize that personal assessment of health is more connected to happiness than doctors assessment i.e. professional assessment of health (Okun et al. 1984).

Language, communication and difficulties in integration

Language barriers in doctor-patient interactions are still an understudied phenomenon. This is particularly true concerning interactions with immigrant physicians who are learners of the patient's language; there is a lack of research even though labour migration is increasing internationally and sometimes insufficient language competence leads to a considerable impairment of informed consent (Borowski et al. 2019). Emigrants in our research emigrated in their adulthood. Reaching fluent speaker level in language is difficult in adulthood. The "critical period" hypothesis that was put forth in the 1960's was based on then-current theories of brain development, and argued that the brain lost "cerebral plasticity" after puberty, making second language acquisition more difficult as an adult than as a child (Lenneberg 1967). Our research has shown that 70% of emigrants considered knowing the foreign language as important. The same result can be seen in population of psychiatrists who live and work in Croatia when answering considering the importance of knowing foreign language in the decision to emigrate.

On the other side, language seem to be the main problem the emigrant population, their partners and children once they emigrated. As much as 40% of emigrants estimate knowledge of the new language immediately after emigration as insufficient to work and live in a foreign country, and as little as 25% speaks and understands well after emigration. Average stay period of our respondents is 2-5 years, and language knowledge in this moment indicates that all speak and understand foreign languages proficiently. We can ask ourselves if the emigrants and Croatian doctors, that still live and work in Croatia, underestimated language knowledge in the process of emigration? It is left to further discussion if that was negative impact of recruitment agencies claims that new language can be mastered in 5 months for people aged between 35-50. Our research has shown that there is a significant difference between psychiatrists and other specialties in the group of migrants in integration satisfaction and it can be speculated that the language, which is their main tool, can be the reason.

Plan for return to Croatia

According to our research the majority of emigrants (E +EP) intends to return to Croatia, 48% when they retire, 9% in 2-5 years. 32% (ca 1/3) has no intention to return to Croatia. Plan to return to Croatia among emigrants (E+EP), in ca 1/3 cases, depends on change of political situation and corruption, for 1/3 it depends on family situation and plans of children and in the last 1/3 of cases it depends on change of mentality in Croatia. Results of our research regarding doctors plans of return to Croatia is in accordance with preliminary results conducted on national sample (Galic 2019), in which more than four fifths of respondents don't reject the possibility of return to Croatia, and as crucial changing points for return they point out improvement of states economic situation and reduction of corruption. Highly educated people mention reduction of general sense of intolerance in society as a crucial point for return, more often (Galic 2019). The „new wave“ of emigrants left Croatia because of sociopolitical and economic reasons whereby the sociopolitical ones outweigh the others (especially the perception of corruption) (Juric 2018). New emigrants are satisfied with wages, jobs and life as a whole; they do not regret leaving, and majority does not plan to return (Juric 2018).

CONCLUSION

The results of this study showed high satisfaction with life and good work ability among psychiatrists who emigrated from Croatia, after Croatia entered EU together with some challenges for them and their family members in language, job and integration in community, loss of friends and family connections. Majority has a plan of returning in Croatia depending on political and economic changes in the country.

Contribution of individual authors:

Emma Gruber, design of the study, literature searches, interpretation of data, first draft, collaborative manuscript writing, approval of the final version.

Iris Sarajlic Vukovic, literature searches and analysis, collaborative manuscript writing, approval of the final version.

Martina Musovic, literature searches and analyses, approval of the final version.

Davor Moravek, literature searches and analyses, approval of the final version, collaborative manuscript writing.

Branka Starcevic, literature searches and analyses, collaborative manuscript writing, approval of the final version.

Sanja Martic Biocina, literature searches and analyses, approval of the final version.

Rajna Knez, design of the study, literature searches, collaborative manuscript writing, approval of the final version.

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