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EDITORIAL

This is the second issue of the fourth volume of *Czech Journal of Social Sciences, Business and Economics* (CJSSBE) published in summer of 2015.
As in the previous three years of its existence, the main aim of CJSSBE remains to facilitate the transmission of new scholarly discoveries in the fields of social sciences, business and economics to the broader audience. Hence, our journal offers a platform that supports scholars in building upon intellectual treasures and advancing our understanding about various fields of research in novel and meaningful ways. Capitalizing on this effort, we now focus on furthering our scope and consolidating our position in both conceptual developments and practical applications in the fields covered by the scope of this journal.
Four original research papers appearing in the first issue address a number of topics in the fields of social sciences, business and economics.
The first paper deals with the problematique of legalization and comprehensive legislation on domestic violence in the various countries of the European Union. The second paper focuses on the tourism in the Czech Republic, namely with the implementation and regional deployment of hotel management systems by accommodation facilities in the Czech Republic. The third paper is about shadow economy in Ukraine. Finally, the fourth paper is dealing with the medical professionals’ emigration using an example of contemporary trends and threats in Lithuanian health care sector.
We trust that you will enjoy reading the present issue, and we look forward to presenting you our next issue in autumn of 2015.

Wadim Strielkowski  
*Editor-in-Chief*

Inna Čábelková  
*Editor*

Evgeny Lisin  
*Editor*
DOMESTIC VIOLENCE AND ABUSE OF WOMEN AS ONE OF THE MAJOR PROBLEMS OF THE SOCIAL POLICY OF THE EUROPEAN UNION

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Abstract

The paper points to the issue of both the legalization and comprehensive legislation on domestic violence in the various countries of the European Union. With the legalization of this component of social policy there is a need to rely on international conventions and documents, since in the current system of family policy, each country stems out from its own legal regulation. The overall comparison of the selected countries of the European Union and their view of the issue creates another part of this paper. Possible modifications of laws or amendments or the establishment of changes governed by the European institutions represent one of the most effective forms of how to innovate and deal more with this issue that affects a high percentage of the population of every country in the world.

Keywords: legislation and legal regulation, European institutions, social and family policies, issue of the victims of domestic violence, the rights of citizens.

Introduction

Despite the fact that violence against members of families has been there from the beginning of mankind, only since 1997 the European Union began pointing out more at this issue and now seeks to define it systematically and commenced to implement the measures in the areas of combating this form of violence. Until now, however, the Union has not fully elaborated in detail the issue of such abuse in the area of legislation and refers to documents and conventions of the Council of Europe and the United Nations.

In the current legislation of the European Union, there are several documents dealing with legislation of abused persons or with domestic violence in general as well as with the subsequent punishment for people who cause this violence to their loved ones. A very important legal regulation of the protection of fundamental rights and freedoms is the Convention on the Protection of Human Rights and Fundamental Freedoms, which was signed by the Council of Europe in Rome in 1950 and entered into force three years later. The convention deals with the Universal Declaration of Human Rights and the European Court of Human Rights.

At present, human rights and social policy aims at the Lisbon Treaty, which entered into force in 2007, as it enshrined in the Charter of Fundamental Rights of the European Union? Despite that basic law and regulations which are binding for every Member State of the Union, in each country there is a big difference in protecting abused persons and punishing bullies. Some countries that are increasingly engaged in social policy have elaborated this
area in detail and have all governed by the laws while other states even today take this issue more benevolently and solve it pretty marginally in their jurisdictions.

**Law on domestic violence and violence against women in the European Union**

The legislation focusing on domestic violence in the European Union is enshrined in several documents and international conventions. Regarding individual Members of the Union, there is no great progress that would lead to the improvements and would optimize the situation. Although measures have been adopted in the form of hot lines for victims, still not much has been done in the field of legal and social assistance. In practice we see that there is violence committed in the domestic environment, where the offender is not punished, because the sanctions to him are not provided by the law.

According to Mesochoritisová (2011) if you want to define one of the first steps of the implementation of the legislation concerning the issue of the violence against women, you can follow a protocol to the Convention on the Elimination of All Forms of Discrimination against Women of 1999. In the event of a breach of this convention in a country that has signed this document, there is outlined a possible intervention of each citizen to the competent body of the European Union.

If we talk about domestic violence, it is to a large extent performed by men against women, however about 15% of domestic violence is performed by women on men. Caban (2007) describes that, in general, domestic violence against women can be defined as an unfair abuse of physical, psychological, social, or economic power of a man (a partner) to the wife (a partner) who is unable to protect herself because she is not equal in terms of physical, mental, economic or social power.

The Open Society Foundation (2011) points out the fact from the UK, where the violence that women experience in marriage, cost employers up to 2 billion euros a year, cost to state is worth more than 4 billion euros but from a sociological and psychological perspective the price for human and emotional suffering that arises to the victims is around 25 billion euros per year.

Buskotte (2008) claims that among the biggest myths we include the assumption that the men are usually not to be blamed for the violence because they are too overworked and that it is the alcohol to be deemed responsible for the violence. And a completely misguided assumption is that a woman is to be accused for the whole situation because she had provoked a man to the use of violence and did not take steps to settle the conflict.

The United Nations points out that the police, as a judicial unit, should have greater responsibilities in the protection and creation of effective solutions for victims of violence. Several previous studies have shown that even in the actual training that addresses the issue of violence the police did not pay sufficient time to the victims of violence after having reported the case. Another very important factor that negatively affects victims of violence is that the police poorly informs and cooperates with the prosecution. Currently, there are jurisdictions where the police hesitate to break into the homes of aggressors and the privilege to enter private premises is limited by civil rights, which are anchored in a common legislation of the European Union. As a result this prevents from the entry of police into the house and as a consequence the police come to the place of domestic violence late and thus indirectly allow the aggressor to escape or the victims of violence to suffer grievous bodily harm.

Mátl (2008) claims that among the most important documents for the European System of Justice dealing with violence is the Vienna Declaration. There are various guidelines for the areas in which a State may intervene. Among its main tasks there is the development of effective legislation, supervision of its application, creation of competent programmes and
documents to help the victims of violence and funding research, education, public awareness and cooperation with non-governmental organizations focusing on this issue.

The Parliamentary Assembly of the Council of Europe recommends that EU Member States include in their legislation a feature enabling to prevent from the entry of an aggressive husband to the common household and also to implement the illegality of marital rape. Another point in this document is a proposal for the implementation of the assistance centres for the victims, for a financial support and assistance from NGOs, cooperation between various ministries dealing with social policy, programmes aimed at prevention and protection and training of medical personnel.

To a large extent State legal standards doubt the issue of persecution or stalking of the victims. The majority of the EU Member States recognize the right to international protection limited to a case when the State where the victim resides, is not able to provide this individual protection against the aggressor. Regarding the law at the national level in the field of protection of that issue, all the EU Member States stem out from what has been published in the Official Journal, which is approved by the Council of the European Union, the European Parliament and the European Commission. Already in 2010 the European Commission signed the Strategy for Equality between women and men 2010-2015. This strategy is relevant also today. Another document, which seeks to highlight the issue of abuse of women and especially their protection, is the Action Plan on the Stockholm Programme, which was in force in the years 2010 - 2014 and is currently analysed in terms of its coherence and flexibility, but also effectiveness in helping the victims of domestic violence.

**Comparison of the law of the selected EU Member States**

Each Member State of the European Union should focus in the context of social policy at the national level on the possibility of establishing national action plans to promote the protection of victims of domestic violence and the possibility of working more effectively with the victims of domestic violence with non-governmental organizations. Another very important factor is that the state pursues more for the establishment of such social policy that would lead to the elimination of violence and increase penalties for aggressors. Up to now, no Member State of the Union has elaborated this issue in detail, although in every country there are some differences, which are anchored in the legislation at national level.

For a greater clarity, we will describe social policy legislation focused mainly on the area of domestic violence against women in the Czech Republic, Italy, Hungary, Austria and Slovak.

**Czech Republic**

Until 2004, when the Czech Republic joined the European Union, it belongs to the group of countries where there was a zero tolerance for signs of domestic violence. In the past NGOs provided the assistance in resolving this issue, because this area was not allocated in the legislation of other state organizations. The original Act of 1961 was amended in 2004 and subsequently in 2006 the law on protection against domestic violence was adopted on which built both the police as well as social agencies.

Durdík (2008) explains that the purpose of this legislation is to ensure the protection of vulnerable people, providing accessible information to address their difficult situation and trying to foster them in the actual decision making.

According to the legislation a person that is suspected of the aggression should be isolated from the victim of domestic violence until the case is resolved. In practice, the courts have the opportunity to inspect the police files and even on that basis they decide on guilt and
punishment. The files mainly relate to the violence originating from the divorce between the aggressor and the person abused. To address a preliminary measure a period of maximum two days after the submission of the proposal is determined and the confirmation of the content of the interim measure takes a month at maximum. The protection of the victim from the abuser is ensured by the police. When it assesses the situation as a risky one, the police can pass the information to the misdemeanour commission and start prosecuting the aggressor.

The victim of domestic violence has the right to a lawyer and the opportunity to be represented throughout the trial. Also social, legal and psychological assistance is assigned to the victim. The assistance to victims of domestic violence are mainly provided by non-profit organizations such as the White Circle of Safety, Dona line, Koordona - A Coalition of Organizations Against Domestic Violence, Bona line and others.

This year, the Government adopted the National Action Plan for the Prevention of Domestic Violence, which is for the time being in force for the period of 2015 - 2018. The aim is to prevent sexual abuse, bullying, focusing on children as secondary victims of domestic violence and the introduction of continuous hotline to help the victims.

At present the Czech legislation is focused precisely on the area of domestic violence as one of the main priorities of its social policy.

**Italy**

Until 2011, it was not possible to obtain comprehensive data on violence committed at home. Several governmental organizations had disparate and fragmented information and therefore we can say that the social system in the field of domestic violence is at a very low and neglected level. Overall, domestic violence is a very marginal issue in the Italian legislation. The most important law is the Act of 1996 on sexual violence, which after the amendment of the law was changed to a crime against morality.

Garcia Herrero (2006) says that this law is not to be understood only as a law against moral behaviour, but should be expanded and be focused on overall family violence at any level.

Analysing the state-of-play led to the innovation and increase in the number of general practitioners, police, judges and specialists in criminology. The latest document concerning the issue of domestic violence and especially the violence against women is presented as Agenda 2015. The primary goal is to improve the status of victims of domestic violence and their protection.

Overall, Italy has a very weak and little elaborated legislation on the issue of equality between men and women. Today, Italian women do not have the same economic opportunities, access to education, access to work in research and scientific projects and position in society, as their male counterparts. Not only the improvement of the position of victims of domestic violence, but also the equality between the sexes can occur only through a policy based on international cooperation and through enhancing the transcription of international law.

**Hungary**

The initial definition in the legal provisions concerning the topic of domestic violence were compiled from various amendments and laws of the European Union, which focused, in terms of social policy, on gender equality. Initial comprehensive law that deals with domestic violence was ratified in 2001.
The overall situation in the field of domestic violence in Hungary defined Heisece and Werner (2014) as an alarming one due to inadequate police protection and an insufficient number of asylums in the country. The problem of the country lies in the fact that the government is trying to eliminate all forms of discrimination, and the law concentrates only on racial discrimination. The overall policy of the state is set to deal only with racial issues and minorities. Little attention is paid at the issue of domestic violence, and the issue of battered women has almost never been engaged. Another very negative element of the abuse and domestic violence represents the fact that the victim must clearly prove that the crime has been committed, which may result in delays in the overall legal action by several months, and, what’s more, in a possible threat from the aggressor.

As a positive feature, one can consider the act of 2002 on equal treatment. Moreover, the Hungarian parliament ratified in 2013 the Council of Europe Convention on preventing and combating violence against women and domestic violence. The new act defines a more severe punishment for aggressors of domestic violence. Overall, the state still has many shortcomings in the area of social policies on domestic violence, but in the last five years this issue has been getting at the forefront of the law making, although very slowly. The country is trying to address it actively and to adopt effective amendments to the legislation.

**Austria**

The issue of domestic violence is very closely anchored in the Austrian legislation. Alongside one can say that this is the most sophisticated model among the Member States of the European Union. In many social sectors it is Austria that has become a pioneer. Austria specializes in the issues of strengthening the rights of victims in the judicial process and social and psychological assistance to the victims of crime. All the above areas are anchored in its law and regulations and therefore they are binding for the whole country. At the same time in the enactment of new regulations the legal system enjoys full support and assistance of the Ministry of Justice. The ministry not only supports new laws that both eliminate threats of aggressors to continue to commit crimes as well as improve the position of victims in society and in their personal lives, but also financially supports the organizations contracted to train the representatives of judges, police officers, doctors and others who come into contact with the partakers of domestic violence.

In 1997 came into force an act on protection against domestic violence that creates one of the basic law underlying the successive amendments. In this law there is clearly defined either a ban on entry of the aggressor into the contemporary home or the regulation of the protection and defence against violence in the family. The government spends annually considerable funds for intervention points for the victims of domestic violence and their network is very dense throughout the country.

Another very important step is that the Austrian legislation provides that the victim is to be interrogated by a person whom he trusts, and that this person will ensure comfort during the interrogation. In practice, this has a very the result as the entire course of the investigation has improved and accelerated.

In Vienna, several institutions deal with the prevention and the overall issue of domestic violence. These include specialized police officers, expert departments of municipal authorities. Several times annually is held training for social workers and psychologists. Furthermore, there are continuously introduced hotlines for the victims of domestic violence and on top of that there are built a few day centres for victims of domestic violence and an asylum.
Since 2009 has been in effect a new act that imposes higher criminal sanctions on aggressors who commit domestic violence repeatedly. This law still allows for victims of domestic violence to have an advocate for free and exemption from court charges, if they have a low income. From this year, the state has provided also a psycho-social assistance in the course of civil judicial actions.

The Austrian legislation dealing with the issue of domestic violence is meticulous in detail and the law and amendments have experienced a positive response in practice. Moreover, the country is constantly working to streamline the whole area of social policy and support its residents living in difficult life situations.

**Slovakia**

In 2002, several amendments to the law on domestic violence have emerged. Those were based on the law of 1963. The amendments dealt with the issue of compensation to victims of violent crimes, assistance to the victims of domestic violence, the law on misdemeanours and offences, and other areas of social policy.

The latest amendment to the law on domestic violence provides that the aggressor cannot enter the actual place of living of their victims in effort to interrupt the ongoing violence in the stage of the incident where the victim is exposed to the greatest threat of violence.

Bútorová and Filadelfiová (2005) build on the fact that the key means of the domestic violence is an effective intervention of the police forces. The importance of the law on the police force is also highlighted by foreign laws and documents. For this reason, the act on the police force of 1993 is considered very important as it enables very effective police action against the aggressor.

As in the Czech legislation, even here the court decides on the basis of provisional measures no later than within a month. Following amendments to the Act the punishments for aggressors were tightened and the latest amendment of the Act also covers both the treatment and protection of victims. Other points addressed by the amendments to the Act, is the definition of spouse divorces where one partner becomes an aggressor, the definition of the status of former common-law husbands and wives, their children and the property. The revision of the law on human dignity broadened the issue with a rape and violence against physically weaker person.

The current legislation is based on a national action plan that focuses on prevention and elimination of violence in the home and is valid for years 2014 - 2019. The aim of this plan is to create a nationwide policy on the prevention of violence. Other partial objectives are the improvement of the status of victims of domestic violence and the support from the society.

Although Slovak legislation is moving in a very positive way in the social sector and the area of support for victims of domestic violence, there are still some older acts waiting for the amendment and supplement to address the current problems. At present, preparations began on the amendment process of a number of acts covering the issue, but the process requires a ratification of the Istanbul Convention. An example of from practice can be implementation of this prerequisite in the revision of the Family Act, which is currently largely discussed not only by professionals, but also by the general public, where it is appropriate to resolve the issue of the contact between the child the violent parent. In practice, the establishment of a continuous hotline for victims of domestic violence as well as the completion of asylums and crisis centres have to be resolved.

**Conclusions**
The issue of abuse in the home environment is considered as a serious social and societal problem. For this reason, the social policy of the European Union and each Member State must seek to improve and streamline the current legislation. In practice the policy should focus on the issue of the status of the victim in society, their mental and physical injury, and effective help not only to the victim but also to other members of the household, in which the violence emerged.

Another very important element is that the victims of the violence could be shortly after the event integrated into society without any negative attention, and that they should be provided with a corresponding standard of living. On the other hand, it is very important to take a decisive action against the aggressor, and especially to increase penalties in case of the aggressor, who has repeatedly committed the crime and has already been punished for it.

All Member States are approaching the issue seriously, although some legal regulations are at a higher level and are more detailed and sophisticated while others have a lot of shortcomings. In practice, as the biggest problem we see lacking systemic approach and coordinated security within a systematic primary prevention in the field of domestic violence. Some EU Member States have more that system more sophisticated; the best ones are Austrian and Scandinavian. However, there are also very weakly elaborated systems of assistance to victims of domestic violence, the worst among them in Romania and Bulgaria.

Overall, however, we can say that the legislative treatment of domestic violence is at a high level in each Member State and thus the entire European Union has this issues within its social policy elaborated at a high level from a legal point of view. Of course, as any other economically and socially advanced region, Europe aims at modernizing, updating and improving laws and international documents.

References


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IMPLEMENTATION AND REGIONAL DEPLOYMENT OF HOTEL MANAGEMENT SYSTEMS BY ACCOMMODATION FACILITIES IN THE CZECH REPUBLIC

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Abstract

Among the key prerequisites for a successful implementation of management practices in the hospitality industry belong, without any question, hotel information systems that provide relevant data for the control and both strategic as well as tactical decisions. Modern information systems have become a regular feature of the most accommodation facilities. The basic functions of the hotel management systems include collection, preservation and processing of data, data analysis and subsequent implementation of specific procedures. Czech market offers a range of hotel systems, which vary in terms of cost, royalties, services, functions, available modules, available interfaces and other characteristics. The aim of the submitted paper is to evaluate the current status of the implementation of hotel management and supporting systems used in practice by Czech accommodation facilities. The emphasis will be put on the analysis of regional representation of hotel management systems as well as the application of information systems in the context of the management of cost and capacity in advance. The methodological approach to solution-seeking is based on the results of a survey of more than a hundred of hotel facilities in the Czech Republic.

Keywords: property management system, revenue management system, yield management, revenue management, Czech Republic

JEL Classification: M21, I23

Introduction

Growing competition in the environment of a globalized economy boosts the demand for efficient functioning of businesses in the area of the tourism and hotel industry. Modern hotel management systems are becoming common part and a necessary equipment of the quality accommodation facilities in the Czech Republic. Many products are mainly promoted via easy handling of its modules focused on the activities connected with reception and reservations and they contain only a limited number of outputs. The options of more detailed customer segmentation analysis, prices, booking in advance, forecasts, work with high-quality databases and so on lead to a better utilization of the available capacity with the highest average price of accommodation achieved.
Accommodation facilities are increasingly using more sophisticated products of the companies that offer both hotel systems (PMS), but also other important systems that support and streamline decision-making processes of the management and increase the possibility of the control. These systems allow a person responsible for managing revenues (revenue manager) more accurate and faster decision making in tactical and strategic issues. They provide him, in particular, with information necessary for daily yielding. The aim of the paper is to evaluate the current status of the implementation of hotel management and supporting systems used in practice by Czech accommodation facilities. The emphasis will be put on the analysis of regional representation of hotel management systems as well as the application of information systems in the context of the management of cost and capacity in advance. The methodological approach to a solution-seeking is based on the results of a survey of more than a hundred of hotel facilities in the Czech Republic. A pilot survey based on questionnaire method of data gathering can be seen as the primary research.

**Hospitality industry technologies of use for revenue management needs**

Tourism business is characterized by specific conditions. Among them, most authors add a fixed capacity, transience of services and sale in advance, variability of forces of demand and its possible prognosis, high proportion of fixed costs, possibility of market segmentation and product differentiation (Indrová 1997, Morrison, 1995). From this definition we can deduce certain methods and tools for optimizing revenue. These mainly concern optimal price setting in line with the principles of revenue management. Application of revenue management is not possible without quality statistical inputs and outputs. The processing of such data significantly promotes the use of hotel management systems. Technology and information systems and their application in hospitality become normal part and the necessary equipment of the most accommodations in the Czech Republic. Many products are mainly promoted via easy handling of their modules focused on the activities connected with reception and reservations, and contain only a limited number of outputs. They also allow a more detailed analysis of customer segmentation, pricing, booking in advance, forecasts, and work with high-quality databases that lead to better utilization of the available capacity together with the highest average price of accommodation achieved. The essential features of modern information technologies also include the integration of data or even the integration of the entire information systems. In the field of hospitality there are implemented complex systems that incorporate reservation system, accounting, restaurant management system, warehouse management, etc. Information systems are designed for the collection, maintenance, processing and provision of both information and data (Beranek, 2013). The rapid development of information technology has opened a space for a quick reaction to market changes for service industries (Krizek and Neufus, 2011).

In the Czech Republic there are around twenty hotel systems on offer, both of Czech and foreign origin and the new constantly arrive. There are big differences in terms of cost, royalties, services, functions, available modules, interfaces, etc. possible. When choosing a hotel system it is necessary to take into account the size of the accommodation, category and class, the annual utilization, cost and especially the requirements of the management on the quantity, quality and fast availability of information in an understandable form. The use of modern information systems and technologies in revenue management is absolutely an indispensable phenomenon that is developing rapidly. Revenue management is a method used to optimize corporate income, while using optimal capacity and maximum prices and that method requires a large amount of input information.
Revenue management in the hotel industry in the Czech Republic has been perceived as emerging since the late 1990s mainly due to the incorporated know-how of international chains of hotels and airlines. Pricing policy based on principles of revenue management is faced by clients for a long time. This pricing policy broke through also in the accommodation sector. At the turn of the millennium a gradual establishment of revenue management took place largely in four-star and five-star hotels. A more significant development has been taking place only in recent years along with the growing experience of management. The importance of revenue management to optimize the functioning of accommodation facilities is confirmed by both Czech and foreign professional publications. However, a universal definition of revenue management for hospitality does not exist. Hayes and Miller define revenue management as a set of activities which ensure that the pricing policy correlates with a willingness of target customers to pay. With the help of detailed customer behaviour tracking and analysis of data the ideal product for a variety of distribution channels can be built. The main cause of convincing results of the revenue management is considered the transition from cost pricing to demand-creation rate. They emphasize the power of demand versus the perception of the value of the customer (Hayes Miller, 2011). Indrová, Voříšek simplify the concept of revenue management as selling the right spots to the right customers at the right price (Indrová, 1997). Based on current experience it would be appropriate to add yet another characteristic, namely the right distribution channel with the lowest commission efficiency.

Revenue management in the hospitality industry represents a more complex managerial approach to revenue management than yield management. Revenue management extends into the broader field of the actions taken by a revenue manager. These are primarily in marketing area, however the costs associated with rooms selling (commissions, costs of technology) and additional revenue are taken into account. Yielding is part of revenue management, a kind of a tactical tool that is aimed at optimizing sales. Revenue management on the other hand is a strategic tool of corporate governance. Basic revenue management techniques include: market segmentation, forecasts of demand (forecasting), a flexible pricing policy (dynamic pricing), targeted overbooking (smart overbooking), allocation and capacity management (yielding) and the analytical work with technologies and systems.

The main task of the RM enables, on the basis of historical data for demand, occupancy, income and other factors, their analyses and namely on predictions of their future development, to make the right pricing and other business decisions that will achieve revenue maximization and optimal utilization of the capacity. Revenue managers build their activities mainly around the outputs from the property management system, and ideally also a revenue management system. Property Management System (PMS) represents a basic hotel management system that allows revenue managers to take tactical and strategic decisions. Mainly it provides the necessary information for subsequent decisions on pricing optimization, etc. The most famous PMS used in the Czech Republic include Micros Fidelio, Micros Opera, Hores, HotelTime, Previo, Mefisto, Protel, etc.

A kind of connecting property management system is becoming more and more common on the Czech market and a revenue management system is no longer the domain of international hotel chains only. Increasingly, it is implemented by independent accommodation operators of medium size (average size in the Czech Republic is reflected rather than an international comparison). It seems like an effective solution to implement the system in premises of about 70 rooms and more. The reason for that is relatively high cost, demand for sophisticated staff and involvement of a specialized revenue manager. Revenue management system makes available the data extracted from two or three sources, it acquires data about online prices of competing hotels, and as a novelty on the market there appeared a combination of data obtained from an online reputation systems, which have a direct impact on price making and
the price itself. Among the most famous online reputation portals used in the Czech Republic belong TripAdvisor, Trivago, Czechadvisor, etc.

This information mix of data extracted into revenue management system in real time, allows to generate the necessary information to help the revenue manager, reservation staff, reception staff, banquets personnel and trade staff, to take efficiently and quickly managerial decisions on how and when is best to sell, what will be the size of demand, including pricing recommendations combined with a segment of customers, on distribution paths, a group-ceiling room category, length of stay, percentage of targeted overbooking and more. Given data inputs lead to the optimization of occupancy in maximizing the average price of accommodation, which ultimately has a positive effect on RevPAR (“revenue per available room“ recalculated net revenues from accommodation per a room available).

At least two technological solutions - channel manager and rate checker contribute to faster and more accurate application of revenue management. Channel manager can be defined as the management of online distribution channels. Nowadays hotels use many distribution channels. Usually it is the management of between 5 and 15 Online Travel Agencies plus its own booking system on the web pages of a given hotel. This is a time-consuming and somewhat routine work where quite a large space for human error exists. This tool will ensure the elimination of a human error and therefore price parity on all sales channels at all times, as well as a significant time-saving. Rate checker is a strategic optimizer of prices, which effectively monitors the price competition in the online channels. This tool helps the revenue manager to track online the prices of their selected competitors for any time period on any page of Online Travel Agencies.

Use of hotel management systems in the Czech Republic

The following part will evaluate the current state of implementation of hotel management and supporting systems used in practice by Czech accommodation facilities. The emphasis will be put on the analysis of regional representation of hotel management systems as well as the application of information systems in the context of the management of cost and capacity in advance. As the data base is used a questionnaire survey that took place from November 2014 to February 2015.

Chart 1: Distribution of respondents and hotel systems at a regional level
Over 500 accommodation facilities were interviewed, mostly three- and four-star hotels of the size of at least 20 rooms and 40 beds, respectively. In total 147 completed questionnaires were used. A pilot survey verified the structure of the questionnaire and confirmed problems with the willingness of the entrepreneurs to communicate information from their business activities. At the same time the need for continuous training of entrepreneurs in that area was confirmed as many of them encountered the concept of revenue management for the first time. The analysed sample contains from 87% the data from hotels and 13% the data from B&Bs, of which about one third were part of the hotel chains. A relatively high share can be explained by the fact that a significant part of the questionnaires came from hotels located in Prague and that there were expansions and mergers of hotel systems into the regions (e.g. CPI Hotels – representation of Clarion hotels).

The bulk of the accommodation facilities analysed is based in the capital city of Prague. The survey shows that the use of the hotel management system is very widespread. More than 90% of the analysed facilities use a form of a hotel management system. Less than 10 per cent share of facilities still applies typical hotel sheets. An interesting finding is that 37% of the accommodation facilities use also further hotel supporting systems that make management decisions faster and more accurate. Most often these are Channel Manager (a system for everyday yielding) and Rate Checker (a system for monitoring the prices of competitors).

When looking at the regional distribution of accommodation facilities, we find out that 50% of the responses involved facilities located in the areas of Prague and Central Bohemia. The reason for that dominance of these regions was a type of hotel facilities on which the survey focused. Accommodation facilities ranked as three and four-star hotels prevail here. In the regions outside Prague there is evident, on the contrary, a higher proportion of different types of accommodation facilities (boarding houses, hostels, motels, campgrounds, etc.). The highest representation in the use of Property Management Systems shows the region of Prague, which is to be expected given the number of multinational chains and big accommodation facilities.

**Chart 2:** Dissemination of PMS ranked on quality of accommodation facilities
Another area examined by the survey is the dissemination of the Property Management System according to the quality of accommodation facilities. In Chart 2 we can observe the distribution of individual PMS and their representation in terms of quality of accommodation facilities. The chart shows that only the Opera, Fidelio and Protel systems are used in the five-star and the vast majority of four-star or four-star superior hotels. As for the Opera, this system can also found in a three-star hotel, but it is a facility of the size of average of 101+ rooms belonging to a Czech chain of hotels. Also the Hores Plus system is not doing bad as it has an overwhelming representation among three-star hotels. Very similarly are doing Mephisto and Previo systems, where Previo has also a representation among two-star accommodation facilities. Regarding the ComArr system, that is mainly used by the Euroagentur managing its hotels in the country. One unexpected trait can be observed with the PMS called HotelTime, however having taken a closer look it was found out that the given five-star hotel was a one-room hotel. Less surprising were the results of the distribution of PMS made in Excel and customised software. Here we see a significant excess of three- and even two-star hotels.

As far as the satisfaction with the Property management system is concerned, 80% of the existing users are satisfied, 9% of the asked did not comment, and the remaining 11% provided short comments or a kind of direct reservations. The most common shortcomings noted in the survey were the following: system obsolescence, insufficient support in the form of management reports for the needs of revenue management, inability to link to some other external systems, technical deficiencies, inadequate customer support, etc.

**Chart 3:** Use of revenue management techniques supported by hotel property management systems
In order to clear up the use of hotel property management systems, it is essential not only to specify the extent to which the systems are implemented but also whether they positively impact the area of management revenue. In this respect, just a smaller part of the respondents provided their view in the survey (48 respondents in total). The reasoning of a tiny participation in the survey was that they were unable to answer certain questions in a relevant manner. In a number of the questionnaires there were answers such as I do not know; I am not able to quantify, etc. Chart 3 illustrates the fact that revenue management techniques within the hotel management systems are most often used to implement an active pricing policy and to work actively with the capacity available in relation to the time ahead.

**Chart 4:** Consequent effects of the application of the revenue management principles in accommodation facilities
Less than half of the respondents use the property management systems to set customer/market segmentation, targeted/smart overbooking and demand projections/forecasting. Quite surprising was the low utilization of segmentation, which is considered an absolutely crucial step in revenue management. Conversely a pretty predictable is a dismissive approach to smart overbooking as this technique is among the most demanding ones in terms of feasibility.

Chart 4 shows that the vast majority of responding accommodation facilities cannot exactly quantify the effects of application of revenue management techniques in the context of the use of hotel management systems. More than 90% of the respondents stated that they did not know the effects or did not notice any differences. A possible explanation may be that the survey was carried out in the period of the fading economic recession on the Czech market. For this reason, the demand for services amounted lower values, which had a negative impact on the availability, the price and the average RevPAR. However, these conclusions cannot be considered as a relevant argument against using revenue management techniques. In Chart 4 one can also see that respondents who work with key indicators, monitor them and are able to quantify the economic effects indicate that there has been an increase both in the average occupancy rates as well as in the RevPAR, specifically between 30 to 42%.

Conclusions

Currently, there is no need to argue about the need to use Property management systems in the hospitality practice. Hotel systems will facilitate and improve the work and above all reduce the time required for recording, storing and subsequent use of hotel data and feedback control. Property management systems are becoming one of the key techniques for optimizing profit within the revenue management. The necessity of the use of property management systems in the hospitality practice also demonstrated the undertaken research. The vast majority of respondents of the questionnaire survey assessed positively the use of property management systems, although there are some reservations about the quality of systems in terms of lack of customer support, the impossibility of links to other external systems and product obsolescence. Quite a surprising finding is the fact that less than ten percent of the interviewed Czech accommodation facilities do not work with any hotel management systems.

On the basis of a questionnaire survey we can say that the most sophisticated property management systems are mostly used by large accommodation facilities and the hotel chains in the Czech Republic. In these collective accommodation facilities there is generally higher demand for follow-up of the statistics and outcomes on the side of the management. Conversely, small and medium-sized collective accommodation facilities utilize systems that in terms of the content focus primarily on the smooth running of the reception and operation of the facility. Some small collective accommodation facilities use manual records or a simple monitoring of its vacancy via a spreadsheet editor. The size of accommodation is not directly related to the expensiveness and complexity of the acquired property management system. The results of the research can be explained by the fact that larger hotels are usually operated by more demanding executives who prefer more sophisticated systems.

When analysing the effects of property management systems on the application of the principles of revenue management, it was found out that a high percentage of responding collective accommodation facilities were unable to quantify the benefits for key economic indicators (such as average price of accommodation, vacancy, additional increases in revenues, RevPAR, GOPPAR, etc.). Revenue management practices are within the property management systems used for active and dynamic pricing policy, work with the available
capacity overbooking, including the relation to real time and customer segmentation. The existing systems together with user competence so far have not contributed to the widespread use of hotel management systems in terms of demand forecasting.

Acknowledgements

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References

- Beránek, J., Kotek, P. (2007), Řízení hotelového provozu, MAG Consulting s.r.o., Praha
- Indrová J., Voříšek T. (1997), Yield Management a jeho uplatňování v hotelnictví, VŠE Praha
- Koch, R. (2010), Pravidlo 80/20 – Umění dosáhnout co nejlepších výsledků s co nejmenším úsilím, Management Press, Praha
- Petrů Z. (2007), Základy ekonomiky cestovního ruchu, IDEA SERVIS, Praha

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INFORMAL MARKET AS A RESULT OF SHADOW ECONOMY

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Abstract

The analysis of the informal market and its impact on the economy of Ukraine is done in the article. The impact of the shadow economy on economic processes at macro and micro levels is significantly different, which was proved. Studies have also shown a significant impact of the informal market on all stages of the production and distribution: at the stage of forming production factors, use of labor in the informal sector, the distribution of finished goods and supplying for the user. The example of grain informal market in Ukraine presented the scope and trend of this economic phenomenon.

Keywords: informal market, shadow economy, the dynamics of economic development

JEL classification: L66, O17, P2A

Introduction

Shadow economy is present as an integral component in the structure of the economy of any country: with different economic development, and its level is determined by several factors, among which the main one is the level of economic development. Issues on shadow economy have been long studied in economics, but recently the number of publications aimed at solving this problem has increased. In the economic literature there is no single definition of the shadow economy. Most often the shadow economy is understood as current unregistered economic activities which are not included in official estimates of GDP. Here are the definitions of the shadow economy represented in the scientific papers.

Analysis of recent research and publications

The shadow economy is the economic activity and the income from it that avoid government regulation, taxation and control (Kostin, 2011). For example, F. Smith defines the shadow economy as the market production of goods and services, legal or illegal that is not included into official estimates of GDP (Smith, 1994). Shadow economy can be defined as an economy unrecorded by official statistics and uncontrolled by society production, consumption, exchange and distribution of wealth (Zakharchenko and Holovchenko, 2011). Based on the above it can be concluded that there is characteristic of the shadow economy as the lack of official records, and uncontrolled processes of production and distribution. The shadow economy can be seen both on macro and micro levels. The impact of the shadow economy on economic processes at macro and micro levels is significantly different.
At the macro level shadow economic activity is analyzed in terms of its impact on the structure of the economy, production, distribution, redistribution and GDP consumption, employment, inflation, economic growth and other macroeconomic processes. At the micro level attention is focused on the study of economic behavior and decision-making entities of the shadow economy, business enterprises, some illegal markets (Zakharchenko and Holovchenko, 2011; Boiko, 2013; Iackymchuk, 2013; Piankova, 2014).

Thus, we can conclude that the shadow economy has a negative impact on the functioning of economic systems at any level (enterprise, region, state), and most of the regular economic processes (formation and income distribution of productive activities, trade, investment, economic growth), i.e., on ensuring the economic security of the system (Dyuzhilova, 2012). The represented views of scholars on the shadow economy allow to analyze it in terms of:

- economic activity, which is contrary to law and is a combination of illegal economic activities;
- unrecorded by official statistics and not state-controlled production, consumption, exchange and distribution of wealth (Dyuzhilova, 2012; Kostin, 2011).

Economic activities contrary to the legislation are related to activities prohibited by the state, and become a threat to the economic security of the country, public health and so on. These activities include processing counterfeit vodka production, manufacturing falsified products, etc.

Not included into official statistics and not state-controlled production of goods and services form the shadow markets. Such production is carried out:

- at officially registered production facilities where the products are sold by shady schemes outside the official market of manufactured goods. It is legitimate activities that are carried out with deliberate distortion of results (purposefully decreasing norms of products output of raw material), which reduces the tax burden by means of tax evasion and other charges, and provides illicit enrichment of companies’ owners or management;
- at the production facilities that do not have official registration. In this case the production is in violation of technological regimes, failure to comply with the requirements for product quality, etc.

Koriakina (1990) recognizes activities allowed within a state, in which production of goods and services is done but not recorded officially, as a type of shadow economy. Unaccounted or unregistered economic activity all activities that have no specific standard sources of statistical data which cover these activities (Bloem, 2000).

The article is aimed at studying the impact of the shadow economy on the functioning of economic systems and processes, such as formation and distribution of income from production activities, trade, investment, economic growth in Ukraine.

**Main results of the study**

The level of shadow economy in Ukraine is higher than in the EU. Thus, if the average EU level of shadow economy was 18.4% of GDP in 2013, in Ukraine it was 45%. This analysis of the shadow economy in the presented EU countries, Canada, the US and Japan suggests reducing shadow economy in 2013, compared to 2012, while the figure for Ukraine shows growth, and the forecast for 2015 – even higher growth. The lowest level of the shadow economy to GDP is in the US – 6.6% (2013). In 2013 the highest level of shadow economy in the EU was in Bulgaria and Romania – 31.2% and 28.4% of official GDP, respectively. These numbers are more than 4-4.5 times higher than the same in the United States. However, these countries show a trend towards gradual reduction of the shadow economy level (Figure 1).
According to the official data, in Ukraine the level of shadow economy was 45% of GDP in 2013 – 59.433 million euros (Moiseenko, 2014). Other sources indicate that the level of shadow economy in Ukraine was 58.1% (Schneider, 2014). Some scholars suggest that the threshold level of shadow economy should not exceed 30% of GDP (Dudin, 2011), others argue that critical limit, at which the economy is ungoverned, is the level of the shadow economy about 50% of GDP.

**Figure 1.** The level of the shadow economy of certain countries, % of GDP

![Graph showing the level of shadow economy in certain countries](image)

**Source:** prepared by the authors according to (Schneider, 2014).

A study of the dynamics of shadow economy in Ukraine for 6 years according to the calculations of foreign experts, based on official statistics, shows that the official statistics is lower than the calculations of foreign experts, sometimes by more than 10 percent points (Figure 2).

Apparently, the level of shadow economy has significantly increased within recent years. There are several ways to identify the main reasons for the growth of the shadow sector:

- military operations in Eastern Ukraine, which led to a reduction in production, loss of markets;
- imbalances of the financial system, which leads to the growth of balance of payments deficit, formation of debt for delivered raw materials, and goods shipped;
- growing distrust in financial institutions;
- increasing administrative pressure;
- price fluctuations;
- increased loss of production;
- excessive tax burden;
- high level of corruption and bureaucracy.

Discussions about the role of shadow economy in economic development continue. But still a consensus of scientists on the issue has not been formed. Thus, shadow economy is often considered an essential element for the economic system of any country, and in the post-Soviet economies, it has a special role – as an important tool to support economic and social balance.
Regarding this point of view, shadow economy creates the conditions for business and population survival. Shadow economy facilitates covering the shortage of legal markets, provide people with goods and services at discounted (relative to the legal market) prices. However, participants of shadow market cannot guarantee the required quality of products and services.

**Figure 2: Dynamics of shadow economy in Ukraine, % of GDP**

Source: prepared by the authors according to (Vinnychuk and Ziukov, 2013)

Defining the role of the shadow economy as part of ensuring market equilibrium A. Kireyenko and Y.Ivanov note that this feature of shadow economy is the most dangerous: it means that criminal behavior of economic entities is the condition of business and population survival. Thus, the real behavior of the population and state authorities is only partially regulated by formal laws (Kireyenko, 2013).

Despite the fact that the shadow economy is primarily characterized negatively, there is a point of view that shadow economy acts as a regulator of economic processes and leverage of leveling distribution and accumulation. The positive role of shadow economy is in increasing the competitive advantage of shadow sector enterprises, which gives those engaged in shadow business the opportunity to receive certain revenues, decreases level of real unemployment in the country.

The negative role of shadow economy is in damage to the country (shortfall of revenues for the state budget and, consequently, lower levels of social protection), reduced competitiveness of legally operating companies (higher spending and, thus, prices of goods),
reduces the efficiency of the economy in general (slows down the reproduction process, makes inefficient economic policy, stimulates corruption component in management), distorts the structure of the economy, reduces investment attractiveness of doing business in the country and so on.

The level of shadow economy can be studied in several ways, which are described in the economic literature, including "electric" method, monetary method, loss ratio of the enterprises, 'spending-retail sales' method. Below there are estimates of the shadow economy in Ukraine, according to the data of 2013 and 2014 (Table 1).

**Table 1** The shadow economy level, the percentage of official GDP

<table>
<thead>
<tr>
<th>Methods for determining the size of shadow sector</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Electric&quot; method</td>
<td>30%</td>
<td>39%</td>
</tr>
<tr>
<td>Monetary approach</td>
<td>34%</td>
<td>42%</td>
</tr>
<tr>
<td>Personal spending - retail sales</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>Unprofitable enterprises</td>
<td>29%</td>
<td>34%</td>
</tr>
</tbody>
</table>

**Source:** Own calculations

Various options for determining the size of the shadow market demonstrated growth of its level in 2014, compared to 2013. The results show that Ukraine crossed the threshold limit; according to various estimates the informal sector generates 34 to 57 percent of GDP in Ukraine.

Regarding the above mentioned macroeconomic data, the level of the shadow sector is studied on the example of grain market. On the base of statistical data we calculate the capacity of the shadow market of bread and bakery products in Ukraine. In the work of I. Ladyko and L. Ladyko (2013) calculations of shadow production of bread and bakery products are presented. Using the proposed methodology we extended the period of calculation for the years of 2011-2013 (Table 2).

**Table 2:** The dynamics of the shadow market of bread and bakery products in Ukraine

<table>
<thead>
<tr>
<th>Indexes</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Dynamics of production of bread and bakery products in Ukraine to 2003, %</td>
<td>100</td>
</tr>
<tr>
<td>5. The share of &quot;shadow&quot; market in the market of bread and bakery products in Ukraine, MFN, %</td>
<td>43.0</td>
</tr>
<tr>
<td>6. Average estimated size of the &quot;shadow&quot; market</td>
<td>1815</td>
</tr>
<tr>
<td>7. Dynamics of the &quot;shadow&quot; market of bread and bakery products in Ukraine to 2003, %</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Source:** extended calculations on the base of Ladyko & Ladyko (2013)

According to the calculations, the shadow market share of bread and bakery products gradually increased – in 2003 it was 43-44.4%, and in 2012 it already was 59.3 - 61.7%.

**Conclusions**
Our results suggest that the shadow economy affects the production process at every stage of the reproductive processes: at the stage of production factors – unrecorded purchase of raw materials, long-term assets used in the production and distribution of goods of shadow market, using labor in the informal sector (illegal employment, illegal salary); production, which is not recorded by official statistics and is not included into official control procedures, the distribution of finished products (shadow schemes of the illegal trade for maintaining final consumption, illegal export and import).

As it was noted, the shadow economy creates a informal market of goods and services. Thus there is a breach of the functioning of markets, namely the profit motive, reducing capacity (diminish ability), the principle of competition, the principle of exclusive rights, the principle of rejection ability. The growth of the shadow component of commodity markets as a result of disruption of normal principles of market makes enterprises of legal sector less attractive, causing them to use shadow schemes to achieve higher levels of efficiency.

References

- Dudin M. (2011), The impact of the shadow economy of Ukraine on its economic security, Дудин М.М. Вплив тіньової економіки України на її економічну безпеку. М.М.Дудін // Бізнес-інформ. 2011. №12, С. 4-14]
- Dyuzhilova O. (2013), The shadow economy as a threat to economic security of Russia. / Дюжилова О.М. Теневая экономика как угроза экономической безопасности России. / О.М.Дюжилова, И.В. Вякина // Вестник ТвГУ. Серия: Экономика и управление (2). С. 23-27


• Iackymchuk, T. (2013), Ukrainian Companies of Food Industry: Investment Activity and Factors Affecting the Results, Economics and Sociology, Vol. 6, No 2, pp. 82-93.


• Vinnychuk I., Ziukov S. (2013), Shadow economy in Ukraine: modeling and analysis, Business Systems and Economics Vol/3 (2), P.141-152

• Shadow economy of Ukraine broke the record / http://korrespondent.net/business/financial Теневая экономика Украины побила многолетний рекорд// Корреспондент.biz, 15 мая 2015

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MEDICAL PROFESSIONALS’ EMIGRATION: CONTEMPORARY TRENDS AND ALSO THREATS IN LITHUANIAN HEALTH CARE SECTOR

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Abstract

After Lithuania's independence restoration, emigration from this country started and is still one of the most important social phenomena in Lithuania. The consequences of migration of health professionals in Lithuania are perceived rather negatively. External migration of Lithuanian health professionals is seen as a loss of investments made in the process of preparing healthcare personnel. Medical or healthcare related studies are expensive and they are offered to Lithuanian citizens for free, whereas the skills and knowledge passed to students might be used in other countries, where work opportunities are much better than in Lithuania. The EU framework within which Lithuanian health professionals move at the moment might be also treated as a facilitator of decisions about mobility. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level, without daily worries about bills, money for clothes, money to support the family, to invest in professional development. Salary of our physicians is not low, but keeping in mind, that physician’s work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. In other countries the medical professions are respected, have higher position in the hierarchy of respected professions. It is partly not the case in Lithuania, since only specific categories of health professions are respected, while others seem to occupy much lower positions in the social hierarchy.

Keywords: emigration, health care, medical personnel, EU, Lithuania

JEL classification: I1, J6, J8

Introduction

After regaining independence, Lithuania started the reforms in the health care system focused on improving population’s health, establishing consumer choice and improving the quality of care. In order to conduct the planned reforms, it was necessary to replace the old model based on narrow specialties with one of integrated primary care focused on general practitioners. The reforms of the health system occurred alongside major structural changes in Lithuania (see Veryga et al., 2009).

Migration might be regarded rather beneficiary for Lithuanian health care system than damaging. The experience of short-term work abroad brings into Lithuania new ideas, knowledge and strong motivation to work in Lithuania as a home country after working abroad. The negative impact of migration is the fact that usually young people migrate, while older people stay, and this means higher level of expenses in the health system. If migration of health professionals does not stop, there will be a problem of the lack of specialist in the future, for the next generations. The negative impact has also migration which is one way,
and which in fact deprives Lithuanian health system of qualified workers. And according to some of the experts, this is the problem of emigration of health professionals from Lithuania. The lack of particular qualifications in the health care system cause that those who stayed work more, because they want or have to in order to achieve higher salaries, and the risk of mistakes, accidents at work might be increased. There might be various patterns distinguished while observing migration of Lithuanian health professionals. However, leaving Lithuania in order to work abroad also took place before the EU enlargement in 2004. Of importance was also the economic aspect of this mobility, however, the cost of emigration at that time might be higher, and thereby the expected profits from migration could be not as much attractive as in the framework of freedom of movement and work within the EU after the accession (see Dussault et al., 2010). One of the patterns assumes that health professionals join their families or spouses already settled abroad or spouses who found work abroad. Another scenario assumes that spouses performing the same or similar (medical) profession accompany their partners. They might also decide to leave their country together. Therefore, migration appears in a context of a family. However, for young people it might be rather individual project, whereas the course of emigration episode might strictly depend on whether a young health professional decides to establish a family abroad or not and whether the relationship is built with a co-national or natives from the country of destination (see Pukas, 2008). The policies, which indirect influence health workers migration, are the following: labour policies (affecting the working conditions in general, job security, employees’ rights, etc.); development policies (which affect labour market and economic development in the country); health care policies (health care reforms, which affect numbers of health care personnel and also health workers content with health system organization and management).

Along with the EU enlargement a new phase in labor emigration from the East Europe States has started (see Glinos et al., 2011). As in other countries of the region official data on migration do not reflect the real scale of international mobility and this is mainly due to very restrictive definition of migrant applied. Similar to other countries of the region, there is no data available on exact numbers of health professionals who emigrated (see WHO report, 2006). Any estimation is extremely difficult due to illegal and legal flows of health professionals as well as legal and illegal involvement in work performance in destination countries (see Dussault, 2012). According to international databases, migration rates of Lithuanian physicians equalled 0.016% all registered and practising physicians in Lithuania. At the same time, migration rates for other countries of the region were much higher; in case of Poland it equalled 0.055%, for Hungary 0.064%, for Slovakia 0.039% and for the Czech Republic 0.036% (see European Commission 725 final report, 2008). Emigration of health professionals from Lithuania and from the East Europe States has become intensified in recent 5 years (see Siyam et al.). This article focuses on the problem of medical professional’s emigration from Lithuania. The objective of this paper is to highlight the complexity of the causes and the consequences of medical professional’s emigration from Lithuania and present arguments of this phenomenon. The following methods of investigation have been applied: analysis of scientific literature, analysis of documents. In general, this study was divided into two main research problems. The first one was focused on the health care system in Lithuania as working environment. The second problem concerned the patterns of mobility of health professionals from Lithuania.

**Essential health care system reforms in Lithuania**

Major problems faced by the Lithuanian health care system are the lack of funds for the health sector and the continued orientation of health services towards specialized and hospital
services, despite continuous efforts to attract attention of both patients and health service providers to the importance of primary health care. There is also a problem of disproportionate development of particular sectors in medicine, harmful competition between medical centers in the biggest Lithuanian cities and not effective management. Despite some positive changes, there is still lack of long-term vision of health system development and reforms. Due to changing governments many initiatives are discontinued, and in fact efforts are wasted. Health services delivered to patients are covered from Compulsory Health Insurance Fund by Patients' State Fund. Patients should not pay for health services from their pocket directly, since the health insurance tax they pay is directed to Patients' State Fund and these are health care units that claim money from this fund. Total expenditures on health constituted about 5.8 per cent of GDP. The health insurance system is based on a combination of insurance contributions and tax revenues. The private health care services are mostly outpatient services and they are paid for out-of-pocket. The health sector includes 5-7 per cent of private capital. Creating of opportunities for introduction of voluntary insurance and creating framework for establishing private health care units are regarded main challenges for the Lithuanian health system. This is believed to allow for increasing the level of health system funding, improvement of health services accessibility and quality. As for now, due to the lack of clear policy of health care financing as well as lack of private insurance, the health care system in Lithuania is expensive and to some extent irrationally managed and organized.

The condition of health system in Lithuania requires some improvements, especially in the area of management, organization, health service quality. Undoubtedly, this system is based on highly specialized personnel, which is a big advantage of the system, however not always used adequately. Disproportionate development of particular sectors of medicine might be regarded as a serious problem of Lithuanian health system. Another problem of the Lithuanian health system is the necessity to make difficult, painful choices between juridical, bureaucratic issues and patients' interests. In general, health professionals do not have problems with unemployment. Despite the low level of funding, insufficiently developed private health sector, persistence of factors inhibiting the introduction of voluntary health insurance, the health system in Lithuania has still several strong points distinguishing it against other European countries: higher than in the wealthiest EU countries level of involvement of patient organizations, well developed legislation regarding health system, respect for patients’ rights (but underdeveloped legislation concerning health professionals’ rights as employees). However, sometimes due to inadequate implementation of regulations or simply due to irrational organization and management of the health system, accessibility of medical services remains unsatisfactory (see Jankauskienė, 2009).

As far as admission of foreign health professionals is concerned, in theory Lithuanian authorities do not put any special entrance barriers, apart from the procedure of recognition of qualifications. Thus, if a person might be admitted to the territory of Lithuania, he or she may also start economic activity in the health sector in Lithuania as soon as his or her competences and qualifications are recognized according to the state and EU rules. Lithuanian language knowledge would be undoubtedly an asset, and without language competences practicing in the health care sector might be very difficult and may make contact with patients and being trusted impossible. Nevertheless, both the society and the authorities are not very much open towards immigrant health workforce. The key stakeholders interviewed in the project, are convinced that only migrants from the East would come to Lithuania, because only they would be able to accept very low salaries. Other foreign health professionals are present in the health care system only for a short time, or they decide on long-term engagement with the Lithuanian health care system if they have established families in Lithuania. In general, doctors are not satisfied with working conditions, they feel
insecure, especially if medical mistakes are concerned. Conditions of work depend on financial policy, and intention to save money usually affects working conditions. The managerial skills are also of importance in this context. Working time is not well regulated. The working hours are established but the real working time of physicians usually depends on the number of patients to be served. Physicians usually work more than they are required to do or they leave work earlier and provide medical service elsewhere. Since 1st October 2009 the minimum working time for full-time staff accounts for 38 hours a week. In fact, working time of physicians was lengthened but the salaries remained at the same level. The level of preparation, education of medical staff might be assessed positively. This might be confirmed by the fact of high interests in employing health professionals educated in Lithuania by employers from foreign countries. In the context of rapidly developing medicine, Lithuanian educational system relatively well manages to update and refresh the content of medical courses. Physicians have to renew the licenses every 5 years. Accreditation Office under the Ministry of Health issues the licenses. Due to the strict requirements for licensing, Lithuanian licensed health professionals are regarded highly-qualified. In Lithuania, there is an attitude towards medicine as a field of lifelong learning. Lithuania prepares sufficient number of health professionals. The minor exceptions would be mental health specialists, for whom the demand is higher than number of educated specialists of this kind. Also more public health specialists will be required in Lithuania in the nearest future. Due to the increasing significance of public health, resulting from high position that is granted to public health by the EU, the demand on public health specialists will increase.

With regard to the system used by policymakers for planning of the health professional workforce, it might be pointed to the “Strategic health care and pharmaceutical human resources in Lithuania planning programme for 2003-2020” approved in 2003 by the Order No. V-802 of the Minister of Health of 31 December 2003, amended in 2005. To date this planning programme is a key document on the basis of which health care staff planning policy is made. However, according to the key stakeholders there is no rational planning policy implemented. There are several inconsistencies within the system that make any planning activities difficult. For instance, universities offering education in medical or health care related subjects would like to be independent from the government and the Ministry of Health. Both universities and the governmental bodies do not necessarily agree upon the limits of admissions to medical studies and an expected demand for health professionals. There is also a lack of relevant tools to measure particular aspects of human resources in the health care sector. Nevertheless, there are some documents stating how health professional workforce should be planned. The main problems in the Lithuanian health care system are:

- inadequate organization and management of the system; lack of basic order and clarity; absence of systemic approach to health system in Lithuania; lack of adequate vertical but also horizontal management; lack of political will to make decisions; resistance to risk and take responsibility of particular decision; destabilizing work in progress through frequent changes of the government and heads of the Ministry of Health;
- disproportionate distribution of health professionals, especially physicians in the country: sufficient or even too high numbers in the cities, and shortages in the province, villages;
- relatively very low wages, making health professionals to take several jobs (which affects negatively the opportunities for professional development, further education, quality of services) or to accept informal payments; still to low level of financing and ineffective use of funds; savings on the expense of ordinary workers; too high pressure on family doctors, who are expected to have too many functions; their work makes sense only if they work with a team and in cooperation with different specialist;
- inadequate protection of doctors’ rights as employees’ rights; sense of insecurity in legal proceedings due to disproportionate law concerning physicians’ work and responsibility
(legal framework is much more favorable to the patient than to the employee); too much bureaucracy, paper work, especially in case of doctors and nurses;
• emigration of doctors and nurses, neglected by state institutions, emphasized by professional associations;

The main challenges for the health care system in Lithuania are as follows:
• introducing balanced system of health care financing; there must be an increase in the health system funding and the funds must be used and distributed rationally;
• there must be knowledge-based and empirical-based analysis of the available and required in the future human resources and technical resources in the system; applying systemic approach to the whole health care system: family medicine, ambulatory health care, nursing and hospitals;
• public policy should assure the harmonious development of all health sectors; better relationship between health specialist and the society, contributing to creating a better image of health care system should be created;
• the hospital network must be changed and there must be strengthen a primary health care; incentives for health professionals to encourage them to work in small towns should be created; the gap between elite medicine and daily health services of small towns must be decreased;
• there must be regulation of the scope of each profession’s responsibilities; damage compensation law must be elaborated.

Reasons of migration and lessons learnt in foreign countries

Similarly as in other countries of the region, there is no data on exact numbers of emigrated health professionals available. Any estimation is extremely difficult due to, among others, unregistered flows of health professionals as well as legal and illegal involvement in work performance in countries of destination. The most popular destinations for Lithuanian health professionals include Sweden, Norway, Denmark, Germany, the United Kingdom, and the USA. These countries are characterized by high level of wages, perceived better social security, satisfactory working hours, clearer organization of work and more attractive opportunities to increase qualifications. Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. It is important to emphasize the role of family status, professional experience, previous migration experience or experience of studies abroad in decisions on migrating or not, which might be particularly observed in individual stories of migrants. This also prompted to study the strategies of migration (in terms of length, character, degree of organization, awareness of the future job before leaving) at individual level and all the factors (both personal and external) leading to changes of these strategies.

The EU framework within which Lithuanian health professionals move at the moment might be also treated as a facilitator of decisions about mobility. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level, without daily worries about bills, money for clothes, money to support the family, to invest in professional development. Salary of our physicians is not low, but keeping in mind, that physician’s work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. Physician’s expenditure are higher, because they should buy new literature, look decent, attend cultural events, finally, they need the own home here and now. Inadequate, since too low, remuneration for medical professionals is accompanied by insufficient respect for some medical specialists. In other countries the medical professions, such as physicians and nurses, are respected, have higher position in the hierarchy of respected professions. It is partly not
the case in Lithuania, since only specific categories of health professions are respected, while others seem to occupy much lower positions in the social hierarchy. Although medical field is regarded professional area requiring high qualifications, some occupations are respected to a significantly lower extent than others, like surgeons or oncologists. The only thing that “spoils” the prestigious image of physicians is actually bribe taking that is frequently associated with this medical profession. In general, the low respect for medical professions may also affect the atmosphere of work in the country and motivation to migrate and start working abroad. In case of nurses, more responsibilities followed by higher salary may mean more respect expressed by the decision makers and patients.

According to the Economic migration regulation strategy, competence of the Ministry of Health in the migration policy implementation includes two tasks: increasing of health care workers’ wages and development of health care professionals working conditions. The Ministry of Health aims to decrease emigration of medical workers. On 15 October 2004 the Minister of Health signed an order approving the Strategy for Implementation of Goals and Objectives of the Health Care Reform. The vision of strategy anticipates that with the improvement of the overall economic situation in the country and development of the EU integration processes, funding of the health care system will increase, medical equipment would be upgraded and working conditions for health care workers would improve as well as their remuneration would increase. This plan provides for the increase of salaries of medical workers as one of the four priority activities. The remaining three activities are the public, especially children and youth, health promotion, education, disease prevention; improving health care quality and early diagnosis of diseases; restructuring of health care system. In 2008 the new Health Care Institutions bill version as well as amendment projects of separate articles of the Health System Law were prepared. These projects aim to fill the gaps in the legislation related to functioning of health care institutions work in order to eliminate ineffective and impracticable provisions of the legal acts. The Health Insurance Law’s amendment bill was also prepared in 2008 and this project introduces a separate health insurance contribution through the separation of this contribution from the formerly personal income tax. The above mentioned policies may have an impact on the condition of the health system in Lithuania and consequently on the conditions of work experienced by health professionals, their salaries and possibly their decisions on migration (see Padaiga et al., 2011).

In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Migration of health professionals might be also the result of the lack of adequate calculation of the demand for health professionals. The universities in Lithuania prepare too many new physicians and other medical specialists, who then cannot find the job or who are dissatisfied with the salary and then they decide to migrate. It seems that entering the profession after completing studies or other levels of education may not be easy for the health professionals. Emigration of health professionals from Lithuania has become intensified in recent 5 years, which is rather linked to the Lithuania’s accession to the EU. Health professionals in Lithuania noticed that in this period their colleagues and acquaintances started thinking about migration and some of them actually left Lithuania. In many cases this was supposed to last relatively short and was aimed to earn money that would then constitute a reserve after the return to Lithuania. However, in some cases this experience was prolonged and not planned long-term or permanent migration became the part of health professionals’ lives. All in all, despite many disadvantages migration seems to be not the very first measure to improve someone’s living condition or professional status. Migration is not so simple process, when during one day you pack the
luggage and go. It is a whole process beginning in the head. Till physical act of migration there is a very long period. The period of thought is very hard. And this is why foreign healthcare system offering much more attractive conditions of work must also wait for Lithuanian health professionals and will be attractive enough for the minority only.

After Lithuania's independence restoration, emigration from this country started and is still one of the most important social phenomena in Lithuania. In many countries Lithuanian communities are established. Currently, the World Lithuanian Community involves 40 Lithuanian communities from various destinations. At present, more than one million people of Lithuanian origin are living abroad. There are Lithuanian communities in Poland, Belarus, and Kaliningrad Region of the Russian Federation with long traditions of cultivating the Lithuanian lifestyles in these countries. Communities of Lithuanians abroad have created a consistent system for preservation of national identity, Lithuanian schools, centers of Lithuanian culture, parish houses, various founds and archives. They also publish periodicals and books in their native language, organize ethnic festivals, and sport events. According to available data and qualitative research the most popular destination countries for Lithuanian health professionals include Sweden, Norway, Germany, and the United Kingdom. These countries are characterized by high level of wages, better social security, satisfactory working hours, clearer organization of work and better opportunities to increase qualifications. Recruitment agencies from these countries are playing a significant role as well. They are looking for health professionals through job offers in specialized medical journals and websites as well as through direct contacts with health professionals who might be interested in taking up jobs in other countries (see Starkienė et al., 2008). The mentioned destination countries are also developed countries with high living standards. Norway became a country of destination quite recently, however its role as a receiver of health professionals is increasing in global terms. Of significance in decisions on migration or not as well as on decisions where to migrate are also family and friendship ties, social networks, which serve as a channel of information and experience exchange. The experience of health professionals in the country of destination may play an important role in final decision making of health professionals still practicing in their countries of origin. In this context it is important to note recent activities of Lithuanian government aimed at significant increase of earnings of medical professionals. The fact that salaries were apparently raised sharply meant that the authorities are willing not only to encourage a sufficient number of health professionals to stay in Lithuania, but also to stay in the profession. In fact, migration to other professions, also in the health care system, has constituted a significant problem for the sector. One of the trends of the mobility within the sector was related to leaving, for instance, public health sector and moving to pharmaceutical one, where the salaries and conditions of work seemed to be more attractive for health professionals. And, actually, the estimated maximum flow concern the medical drain by the pharmaceutical sector, where work is better paid and where a very active recruitment approach is applied. However, the flow to pharmaceutical sector concerns more young specialists who do not have workplace yet and are still searching for suboptimal, "the best", in terms of workload, payment etc., place of work. It should be noted that maximum of that flow took place about the year 2000 and presently such a direction in mobility of health professionals is almost invisible. Gradual increase in earnings is probably one of most important factors responsible for the fact that despite of very high migration potential as stated before the EU-enlargement, recent mobility of Lithuanian medical professionals remains at very low level (much lower than number of certificates issues as well).

An attractive factor pulling Lithuanian health professionals to work abroad may me some organizational solutions that limits the workload and make the work performance more pleasant. For instance, it is usually thought that there is too much paper work in Lithuania. In
In many countries there is software used, there are templates and documentation does not take so much time. There is sometimes lack of managerial skills visible. There is no need for separate migration policy encouraging or inhibiting migration of health professionals in Lithuania and there is no such existing. The issue of migration of health professionals should be addressed by the overall social policy, and this rather influences the migration processes. Primarily, the working conditions and salaries must be improved in order to make Lithuanian health professionals more attached to the health system in Lithuania. According to the experts’ opinions, there should be some agreements worked out between the sending and receiving countries. Such an agreement would assume the reimbursement of education costs of health professionals (receiving country should pay to sending country). Thus health care system suffering from shortages of health professionals would pay for education of which cost is pre financed by the sending country. Among the factors encouraging migration of health professionals, there are:

- unsatisfactory wages (low wages in Lithuanian health care system in comparison to wages offered in destination countries);
- unsatisfactory workload (weak interface between workload and remuneration, particularly as compared to expectations concerning workload and wages abroad);
- unequal competitive opportunities and individual, subjective feeling that in foreign health care system the conditions are better; better funding of health care systems in other countries;
- insecure social guarantees and searching for better social conditions;

Sometimes situation of a family might be an important factor (marriage, reunification, children’s well-being). If a potential destination country, having shortages in health care professionals, performs active recruitment, there are also bigger chances that Lithuanian health worker will be attracted by such actions. Additionally, physicians justify their preference for migration through motivation to work as a physician, and not as an administrator or an office worker. However, the economic motives seem to be the most important. International migration in Lithuania is rather not a significant, high or topical, because proportion between numbers of issued certificates and numbers of health professionals who declared their departure is low. Taking into account how many persons take certificates, how many persons are graduated yearly, how many persons retire or die, this number of emigrants is regarded ridiculous. The number of physicians who retire or die during a year is higher than number of physicians who leave Lithuania. On average 1-2 percent of all doctors leaves Lithuania per year. This number is insignificant. According to the statement of the representative of Ministry of Health, there are no data on exact numbers of emigrated health professionals, and any estimation are extremely difficult due to illegal and legal flows of health professionals as well as legal and illegal involvement in work performance in countries of origin. As a consequence, situation with statistics on mobility of health professionals in Lithuania is similarly bad as in other countries of the region (see Janulyte et al., 2011). The main obstacles preventing migration are very high requirements in destination countries, exceeding even good qualifications obtained on Lithuanian universities. Lack of language knowledge seems to be one of the most important factors making people rather stay than leave for another country. The entry barriers for Lithuanian health professionals in Western countries of Europe are rather high, since the license itself is not enough and professional qualifications must be recognized. Of importance might be also the established, secure position of health professionals in the health care system in Lithuania. As some experts claim, health professionals might be also attached to their home country, are patriots and share idealistic vision of work in health sector. Importantly, 90 per cent of health professionals in Lithuania are women and they might be often involved in family life and
running homes along with professional career. This might be the reason why they are not very mobile in both internal and international terms.

The issue of emigration of doctors and nurses from Lithuania is neglected by state institutions, but professional organizations tend to emphasize this subject. International migration of doctors may have positive impact on doctor’s experience. International experience of returned migrant health professionals may improve working conditions and efficiency of work performance due to sharing good practices and experiences acquired abroad. Lithuanian health care system is not open towards students or health workers from abroad unless they know Lithuanian. In general the society is also not so open towards doctors from abroad. It is even resistant towards resident doctors. It is rather impossible to attract health professionals from abroad to periphery of Lithuania. Only single cases of health specialists from abroad, educated in Lithuania decide to stay after completing studies and residency. Usually they stay because of marriages.

After Lithuania’s accession to the EU, the volume of emigration from Lithuania to EU countries increased. The main destinations are Ireland, United Kingdom, Scandinavian countries (Denmark, Sweden, Norway). These countries are characterized by high level of wages, perceived better social security, satisfactory working hours, clearer organization of work and more attractive opportunities to increase qualifications. Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. The most mobile are health professionals for whom the requirement of knowledge of the foreign language is minimal: anesthesiologists, rescue specialists, surgeons, radiologist, laboratory assistant (technician). The concrete professions and specializations are deficit in the destination countries, which mean that for instance anesthesiologist or surgeons will easily find a job in their profession. Other specialists prone to migration are cardiologists, surgeons, good midwives, deontologists, pathology specialists. The fact that those who migrate are usually the best qualified health professionals is very painful for the health system in Lithuania. Moreover, those who migrate are also young health specialist which is an additional loss for the Lithuanian health system. They do not see good opportunities for further development in Lithuania and are not very welcomed by older specialists who achieved some top points in their professional careers and with established position in the system they do not have so many reasons to complain on the salaries and conditions of work.

In theory, young physicians are equal actors on the labour market. The problem of brain drain in the context of migration is present in reflections about health care system in Lithuania, however to a much lesser extent in the state authority representatives, who do not see any problems with brain drain if Lithuanian health professionals decide to migrate, but return, and the volume of migration to other countries is very low. Medical studies are usually free and graduates are interested in going abroad which means that money invested in their education are not returned through medical services they deliver, because they are delivered abroad. There was a plan to enforce an obligation for residents to work for some time in Lithuania until they will return the cost of education. This idea was, however, heavily criticized by young people (see Labanauskas, 2006).

After the reduction of funding of the health system and cuts in salaries, the recruitment companies intensified their operations in Lithuania. For instance, recruitment agencies from Norway, Germany search for German-speaking mental health practitioners and family doctors. Also France and Austria answered immediately to worsened condition of the health section in Lithuania, and lowered salaries of health professionals. The issue of emigration of doctors and nurses from Lithuania is neglected by state institutions, but professional organizations tend to emphasize this subject. International migration of doctors may have positive impact on doctor’s experience. International experience of returned migrant health professionals may improve working conditions and efficiency of work performance due to
sharing good practices and experiences acquired abroad. Among factors encouraging Lithuanian health professionals to consider external migration there might be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state’ point view, migration of health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory. Existing social networks play an important role in taking decisions on migration in case of health professionals. Health care workers usually run a stable, settled life, but they may decide to go abroad if they are invited by their former colleagues, already settled in foreign countries. Among factors encouraging Lithuanian health professionals to consider external migration there might be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state’ point view, migration of health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory.

In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Migration of health professionals might be also, as some interviewees claim, the result of the lack of adequate calculation of the demand for health professionals. The universities in Lithuania prepare too many new physicians and other medical specialists, who then cannot find the job or who are dissatisfied with the salary and then they decide to migrate. It seems that entering the profession after completing studies or other levels of education may not be easy for the health professionals. Emigration of health professionals from Lithuania has become intensified in recent 5 years, which is rather linked to the Lithuania’s accession to the EU. Health professionals in Lithuania noticed that in this period their colleagues and acquaintances started thinking about migration and some of them actually left Lithuania. In many cases this was supposed to last relatively short and was aimed to earn money that would then constitute a reserve after the return to Lithuania. However, in some cases this experience was prolonged and not planned long-term or permanent migration became the part of health professionals’ lives. Young health professionals are often very well informed about work opportunities, salaries and conditions of work abroad. Thus, they try to make rational choices. They are goal oriented; they want to achieve stability and financial security faster and in better conditions. However, they may also be ‘trapped’, if they decide to use special schemes of employment abroad. It is better to be employed according to the law of the destination country and directly by the foreign employer, without intermediation of recruitment agencies, for which sending health professionals to other countries is just a profit-able business, not always very beneficiary for individual health professionals. Working directly for foreign employer may guarantee better conditions of work, higher salary, and full social security due to local laws. On the other hand, among migrating health professionals from Lithuania there are persons with relatively stable and satisfactory position in the native health care system, middle-aged, with adult children. For them migration, especially short-term, to a particular destination, on a known basis, is a kind of valuable experience and a way to acquire savings. It seems that in the case of this group the role of recruitment agencies might be much bigger than in the case of young health professionals whose choices might be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals. Migration of health professionals might be also the result of the lack of adequate calculation of the demand for health professionals. The universities in Lithuania prepare too many new
physicians and other medical specialists, who then cannot find the job or who are dissatisfied with the salary and then they decide to migrate. It seems that entering the profession after completing studies or other levels of education may not be easy for the health professionals. In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Extremely dangerous migration is migration of narrow medical specialty, like hematologist. Of importance might be also migration of those specialties, which are not represented sufficiently in the number of trained health specialists. For instance, Lithuania does not prepare enough mental health specialists for itself, and since this specialty is not prestigious, there is also demand for specialist in mental health abroad, in the UK or in the Scandinavian countries, which may mean that Lithuanian mental health professionals might be attracted by higher salaries and better development opportunities. Postponing or giving up return may also stem from the fact that health professionals coming from Lithuania become very attached to the new place of living, feel comfortable and see the future of their families just in the destination country. More often, though, Lithuanian health professionals would prefer to work abroad only, achieve some economic stability and be able to live in their home countries. Among factors preventing health professionals from migration, which was found in both phases of the study, there are mainly:

- entry barriers in Western European countries regarded as very high;
- established, secure position in the health care system in Lithuania;
- attachment to the country and/or family based in Lithuania.

The main obstacles preventing migration are very high requirements in destination countries, exceeding even good qualifications obtained on Lithuanian universities. Lack of language knowledge seems to be one of the most important factors making people rather stay than leave for another country. The entry barriers for Lithuanian health professionals in Western countries of Europe are rather high, since the license itself is not enough and professional qualifications must be recognized. Of importance might be also the established, secure position of health professionals in the health care system in Lithuania. As some experts claim, health professionals might be also attached to their home country, are patriots and share idealistic vision of work in health sector. Importantly, 90 per cent of health professionals in Lithuania are women and they might be often involved in family life and running homes along with professional career. This might be the reason why they are not very mobile in both internal and international terms. According to some experts, the role of recruitment agencies is insignificant or not yet known as far as health professionals are concerned, however in personal health services delivered abroad such agencies seem to play quite an important role. The main sources of information about job offers abroad are members of the family of friends and former workmates, colleagues. Very often information about work opportunities abroad comes from medical media, such as magazines and papers. Job offers are addressed to various professions, i.e. nurses, family doctors, surgeons, anesthetists, gynecologists.

One of the pulling factors for Lithuanian health professionals could be also the legal and organizational aspect of taking up jobs in healthcare systems abroad. Along with the Lithuania’s accession to the EU, work opportunities abroad became much wider for Lithuanian health professionals. The procedure of recognition of qualifications took much less time, which made work abroad more attractive. Possibility to find job on someone’s own seemed also very promising and might encourage people to start changes in their professional careers, even if they seemed to be not so intensive. Young health professionals are sometimes encouraged by their friends and acquaintances to migrate. They are informed about great opportunities of work and professional development abroad. Simultaneously, they are
encouraged to learn languages and to use the services of recommended recruitment agencies. However, these are the potential migrants and persons encouraging them to live who are more initiative. Active recruitment has not appeared in this study a significant element of the mobility of Lithuanian health professionals. On the other hand, among migrating health professionals from Lithuania there are persons with relatively stable and satisfactory position in the native health care system, middle-aged, with adult children. For them migration, especially short-term, to a particular destination, on a known basis, is a kind of valuable experience and a way to acquire savings. It seems that in the case of this group the role of recruitment agencies might be much bigger than in the case of young health professionals whose choices might be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals. It seems that the most important factors attracting health professionals to decide on work abroad are the following:

- Possibility to earn more and focusing on fair performance of the tasks, without rushing from one place of work to another; well-balanced working time;
- Varied offers of professional development, e.g. for young health professionals, PhD students, qualification courses, languages courses;
- Emphasis put on development on individual and global (progress in medicine as a science) level felt in everyday work through putting efforts to enable both patients and the healthcare system benefit from work performed by individual health professionals;
- Emphasis on communication skills as important element of work performance and work organization; respect for medical professions, expressed by decisions makers and the society; orientation of the healthcare system towards guaranteeing the best conditions of work for health professionals who would do their best in the process of patients treatment;
- Treatment of each patient as a process agreed upon by group of specialists, which allows in exchange of experiences and extending practical knowledge faster; opportunity to attend high-level conferences, bringing new knowledge, not only possibility to meet others and have some food; possibility to have qualifications fully and efficiently applied through proper organization of the system and work of the personnel;
- Possibility to experience work in other cultures; possibility to look at the experiences from Lithuania from a new perspective of work abroad; possibility to contribute to the improvement of the management in the healthcare sector, which is still not very probable in Lithuania in general, since there management in the healthcare system is based on politics rather than on evidence-based knowledge.

In some cases these are family reasons that constitute the most important factors prompting health professionals to leave their country. Thus, spouses, siblings or parents already based abroad or having residence permits (or dual citizenship) in particular countries were sometimes the reason of decisions made by health professionals on staying abroad rather than coming back to Lithuania. Although such decisions assumed only short-term stay, it often occurred that health professionals stayed abroad much longer. It was primarily assumed that Lithuanian health professionals decide to leave for another country if they had a very concrete, attractive job offer abroad. If their spouses also worked in the health care sector, it was more probable that they decided to migrate together or with the company of their families, namely children. Young people who have “nothing to lose” did not search for jobs in Lithuania and tried to initiate their professional career abroad. They usually migrated alone and were ready to stay longer. Simultaneously, opposite patterns could be observed among older health professionals, with established professional position and with one’s own families based in Lithuania.

The most important positive aspects of work abroad are usually salaries along with satisfactory working conditions, including time of work. Lithuanian health professionals appreciate the fact that they may work on regular basis, e.g. 7.5 hours a day, having good
conditions and atmosphere of work. Relationships and mutual respect among the healthcare personnel abroad means also much too Lithuanian health professionals, who are usually adjusted (and often tired with) to certain hierarchy in healthcare system in Lithuania and to very low respect for other professions than physicians. Health professionals who decided to work abroad permanently describe their experiences from work in the Lithuanian healthcare system from their new perspective. Importantly, the picture of these experiences is often not positive. Practical and political aspects of this system functioning seem ridiculous. Irrational distribution of healthcare staff and irrational organization appear as the main disadvantages of the system. For the Lithuanian health professionals, first months in healthcare system abroad might be quite difficult. What is usually seen by them later as advantages, it is usually shocking at the beginning. It often relates to organization of work, hierarchy and communication channels in the system. Nevertheless, it should be emphasized that despite all the factors that seem to be very attractive abroad may not mean more than attachment to the home country. Importantly, one of the lessons learnt abroad is the fact that staying away from the home country might be an exhaustedly hard emotional work. Thus, the conditions of work and stay abroad must be really encouraging in order to compensate the missing home country, friends, family, mentality and habits.

Conclusions

The emigration of Lithuanian health professionals is caused by better job opportunities. First of all, health professionals go abroad to take up jobs for fixed term. Sometimes they go to another country for educational purposes and then they find a job. However, the outflow of Lithuanian health professionals was expected to increase dramatically after Lithuania joined the European Union in 2004, due to the forthcoming free movement of employees and economic gap between Lithuania and EU. As it was already mentioned, the accession raised fears of medical “brain drain” causing severe consequences for the functioning of national healthcare system. These concerns were partly motivated by surveys of health professionals’ intentions to emigrate, which were held before the enlargement. Importantly, emigration of health professionals from Lithuania is not a mass scale phenomenon. The stories of the interviewed health professionals confirm that economic motivation is an important factor taken into account in decision-making related to migration. Moreover, migration plans change often, which may cause that primarily assumed short-term emigration, becomes a permanent one, while the expected permanent stay of successful health professional from Lithuania finishes with return to Lithuania due to attachment to home country. Health professionals with migration experience followed various paths that finally led them to work abroad. However, these are usually acquaintances, friends, colleagues or members of the family who are very helpful in passing information about the offers of work or further training abroad. It seems that personal contacts are also the main source of information about work opportunities in Lithuania as well. Among the individual consequences of migration there might be indicated the following: financial stability, important experience acquired, improved language and communication skills and possibility of increasing specialist qualification. In a systemic perspective, the consequences of migration of health professionals in Lithuania are perceived rather negatively.

References

- Pukas, M. *Lithuanian Health-Care Professionals Migration Study* [thesis] (2008), Kaunas University of Medicine.

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Czech Journal of Social Sciences, Business and Economics: Academic Ethical Guidelines

Ethic Statement

The publication of an article in a peer reviewed journal is an essential model for our journal. Therefore, it is necessary to agree upon standards of expected ethical behaviour for all parties involved in the act of publishing: the author, the journal editor, the peer reviewer and the publisher. Our ethic statements are based on Committee on Publication Ethics, COPE’s Best Practice Guidelines for Journal Editors (http://publicationethics.org).

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The editor is responsible for deciding which of the articles submitted to the journal should be published. The editor may be guided by the policies of the journal's editorial board and constrained by such legal requirements as shall then be in force regarding libel, copyright infringement and plagiarism. The editor may confer with other editors or reviewers in making this decision.

Fair play

An editor at any time evaluate manuscripts for their intellectual content without regard to race, gender, sexual orientation, religious belief, ethnic origin, citizenship, or political philosophy of the authors.

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The editor and any editorial staff must not disclose any information about a submitted manuscript to anyone other than the corresponding author, reviewers, potential reviewers, other editorial advisers, and the publisher, as appropriate.

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Unpublished materials disclosed in a submitted manuscript must not be used in an editor's own research without the express written consent of the author.

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Contribution to Editorial Decisions

Peer review assists the editor in making editorial decisions and through the editorial communications with the author may also assist the author in improving the paper.

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Any selected referee who feels unqualified to review the research reported in a manuscript or knows that its prompt review will be impossible should notify the editor and excuse himself from the review process.
Confidentiality

Any manuscripts received for review must be treated as confidential documents. They must not be shown to or discussed with others except as authorized by the editor.

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Reviews should be conducted objectively. Personal criticism of the author is inappropriate. Referees should express their views clearly with supporting arguments.

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Reviewers should identify relevant published work that has not been cited by the authors. Any statement that an observation, derivation, or argument had been previously reported should be accompanied by the relevant citation. A reviewer should also call to the editor’s attention any substantial similarity or overlap between the manuscript under consideration and any other published paper of which they have personal knowledge.

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Authors of reports of original research should present an accurate account of the work performed as well as an objective discussion of its significance. Underlying data should be represented accurately in the paper. A paper should contain sufficient detail and references to permit others to replicate the work. Fraudulent or knowingly inaccurate statements constitute unethical behavior and are unacceptable.

Data Access and Retention

Authors are asked to provide the raw data in connection with a paper for editorial review, and should be prepared to provide public access to such data (consistent with the ALPSP-STM Statement on Data and Databases), if practicable, and should in any event be prepared to retain such data for a reasonable time after publication.

Originality and Plagiarism

The authors should ensure that they have written entirely original works, and if the authors have used the work and/or words of others that this has been appropriately cited or quoted.

Multiple, Redundant or Concurrent Publication
An author should not in general publish manuscripts describing essentially the same research in more than one journal or primary publication. Submitting the same manuscript to more than one journal concurrently constitutes unethical publishing behaviour and is unacceptable.

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Proper acknowledgment of the work of others must always be given. Authors should cite publications that have been influential in determining the nature of the reported work.

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Authorship should be limited to those who have made a significant contribution to the conception, design, execution, or interpretation of the reported study. All those who have made significant contributions should be listed as co-authors. Where there are others who have participated in certain substantive aspects of the research project, they should be acknowledged or listed as contributors.

The corresponding author should ensure that all appropriate co-authors and no inappropriate co-authors are included on the paper, and that all co-authors have seen and approved the final version of the paper and have agreed to its submission for publication.

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If the work involves chemicals, procedures or equipment that have any unusual hazards inherent in their use, the author must clearly identify these in the manuscript.

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All authors should disclose in their manuscript any financial or other substantive conflict of interest that might be construed to influence the results or interpretation of their manuscript. All sources of financial support for the project should be disclosed.

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When an author discovers a significant error or inaccuracy in his/her own published work, it is the author’s obligation to promptly notify the journal editor or publisher and cooperate with the editor to retract or correct the paper.

**Concluding Remark**

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