

Public-private migrations of anaesthesiologists: time to act

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The anaesthesiology workforce in South Africa (SA) and other low- to middle-income countries (LMICs) falls significantly below the density of at least ten anaesthesiologists per 100 000 population, recommended by the World Federation of Societies of Anaesthesiologists.¹ In 2024, the number of registered anaesthesiologists on the Health Professions Council register stood at 2 074, giving the anaesthesiologists-to-population density of three per 100 000.² This figure is the country's overall density, with even lower densities in the rural provinces, as Tiwari et al.³ reported. The ratio needs further interrogation concerning the distribution of anaesthesiologists between the public and private sectors in SA to understand its true significance. The South African Society of Anaesthesiologists, whose members are the majority of practising anaesthesiologists in SA, reports an 80:20 split in the private practitioner membership, with roughly 80% of anaesthesiologists working in the private sector.⁴ It is of concern that the 80% working in the private sector serve about 16% of the SA population. This maldistribution of the anaesthesiology workforce will likely narrow access to care and widen inequalities. This will adversely affect achieving sustainable development goals 3 and 10, which promote health and equality for all.⁵ This gives impetus to understanding the factors influencing anaesthesiology migration from the public to the private sector.

In this edition of SAJAA, Kolling, Scribante, Perrie, and Green-Thompson publish a study titled "The perceptions of the working environment of anaesthesiologists migrating from the public to the private sector in a developing country: an exploratory qualitative study". This study uses Herzberg's Motivation-Hygiene Theory to explore and categorise factors influencing migrations from the public sector to the private sector. According to the theory, hygiene factors refer to systemic issues that cause job dissatisfaction, and motivator factors refer to individual factors that enhance job satisfaction. The study included 12 participants, anaesthesiologists, who had left public hospitals up to three years before the study. Among the hygiene factors, the participants identified poor general facility upkeep, workloads, resources, and complex work relationships within and with other departments. Among the motivator factors, the participants highlighted recognition of hard work and more flexibility to allow staff to focus on work of personal interest. Overall, the study emphasised both hygiene and motivator factors as essential to address and stem the tide of public-private migrations.

The authors acknowledged the uniqueness of the context in which the study was conducted, which could limit the generalisability of the findings; however, the setting is the largest metropole in SA, hosting several practising anaesthesiologists, making these findings worth noting. The timing of the interviews in relation to resignation from the public sector could influence the participants' views and recall of facts and experiences due to, among others, success or failure in private practice.

A deeper analysis of demographics' impact on the anaesthesiologists' perceptions of the public sector environment would have been of value. In this case, a participant from a disadvantaged background could prioritise systemic factors differently as push factors for leaving the public sector.⁶ Another critical consideration today is the availability of posts and remunerative packages in the public sector. Again, socio-demographic characteristics and financial stability could influence the choice between secure full-time public work versus free-lance work in the private sector. Further exploration of the impact of having a senior position in the public sector as a stabilising factor is warranted, as there are fears of saturation of the private sector.⁷

The study's findings should be considered in the context of its period (2014 to 2017). Global developments and paradigm shifts in specialist training emphasise that technical and non-technical competencies in healthcare workers are essential to practising in specialist roles effectively. In 2019, Kalafatis et al.⁸ described the non-technical competencies most applicable in the South African setting, given its complexity and uniqueness, with inputs from anaesthesiology university programme leaders. These include leadership, humaneness, professionalism, and adaptability to the context, among other factors. There is a greater emphasis on team dynamics and resolving complex health system problems. The anaesthesiologists in Kolling's study most likely would have been better prepared to deal with the highlighted health system challenges in the current climate. This paradigm shift will enable us to navigate a future with more complex challenges and fewer resources.

This progressive study will inform further interventions to address the public-private migration issue. Parallels can be drawn from previous studies on international migration in South African anaesthesiologists. However, international migration is the worst outcome due to the more permanent loss of human capital and tax revenue. Given that migration to private is seen

as a risk factor for international migration, this study's findings need to be interrogated. The reasons for migrating from public to private or international destinations are similar. In Fletcher-Nkile et al.'s⁷ study, the participants emphasised the importance of public-private partnerships, training opportunities for professional growth, and a generally patriotic attitude as key to stemming international migrations.

The National Health Insurance (NHI) Bill, signed in 2024 in SA, presents an opportunity to plan an equitable health system to achieve universal health coverage. SA anaesthesiologists must proactively discuss and plan how the NHI will work in their discipline. Partnerships between the private and public sectors will be the plan's backbone; thus, addressing some perceptions towards the public sector will be paramount to achieving universal health coverage and sustainable development goals.

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