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Between "Here" and "There": Toward Understanding Emigration Representations and Perceptions Among Algerian Physicians

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Abstract

The present study explores the motives and perceptions of emigration among physicians working at the University Center Hospital Benflis Al-Tohamy Batna-Algeria. It aims at exploring their representations and views from an Algerian socio-cultural perspective. Data were collected in-situ to grasp the essence of the phenomenon and the conditions under which physicians work and develop their intention to relocate. Purposive and snowballing sampling were chosen to apply the unstructured interview for data collection. Content analysis was used to extract the main themes related to physicians' experiences. The findings reveal that physicians experience a range array of internal and external conditions that feed their desire to move abroad. The main themes related to emigration motivation and perceptions were: working conditions, quality of life, socio-economic incentives, and cultural motives. The study shows that post-migration perceptions of doctors reflect the influence of former emigrants' narratives on non-emigrants, with living conditions being compared "here" and "there", which interestingly nourish migration intentions. The motives that drive the inflow of medical doctors from Algeria should be considered by both policy makers and researcher to develop our understanding and mitigate its deleterious effects.

Keywords: physician's emigration, push factor, experiences, perceptions.

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1. Introduction

Health professionals mobility has become a flourishing industry, escalated extensively by globalizing the health-care labor market (Asongu, 2014; Yeoh et al., 2020). For this reason, a major increase in the demand for health professionals is expected in this decade (WHO, 2016). Byrne et al. (2021) have pointed out that recent years have marked a fierce international competition for medical staff, resulted in labor crisis not only in developed (Zapata et al., 2023), but also poor and developing countries (Joshi et al., 2023). This global competition to attract health workers, mainly physicians, has led to what is known as medical brain drain (MBD), which significantly increased during COVID19 (IOM, 2021; Shaffer et al., 2022).

Physicians are one of most important constitutive parts of health systems. However, many countries such as sub-Saharan Africa struggle to reach and have adequate number of health workers, despite bearing 25% of the global diseases burden (Chikezie et al., 2023). During the COVID-19 pandemic, the most common reason for disruption of health care delivery was the insufficiency of physicians (WHO, 2021). The shortage of physicians is attributed, among other reasons, to migration (Chen et al., 2004). It is estimated that 25% to 32% of doctors practicing in Australia, Canada, United Kingdom, and the United States are foreign trained graduates, mainly from South Asia and Africa (Joshi et al., 2023).

Physicians' mobility has triggered concerns that this influx may abysmally shape the healthcare sector and, in turn, population's health accessibility (Stilwell et al., 2004). It may result in ill health, high rates of mortality, weakened health profession education, low quality of health services and financial loss (Chikezie et al., 2023). In this regard, the state of internal instability of the health system in source countries due to physicians' emigration instigated an ongoing debate loaded with severe language and accusations to developed countries such as: robbery and siphoning (Johnson, 2005; Patel, 2003); raiding and poaching (Hooper, 2008); vacuum cleaner (Bach, 2006) exploitation (Heath, 2007) aggressive and covert recruitment (Aluwihare, 2005); and colonialism (Benatar, 2007). However, there exists a contentious argument between proponents of international health mobility, who highlight the advantages for individuals in improving their career prospects and income potential, and opponents who allege that wealthier countries in the North are unethically attracting labor from some of the most impoverished nations in the world, because they cannot afford to lose healthcare personnel (Bach, 2006).This makes us fall into a crude paradox between the right of physicians to mobility and the right of individuals to obtain health care (Benatar, 2007). Many parties called for demanding a more prudent attitude from developed countries that are deliberately recruiting health

workers from developing countries with severe paucity of trained staff (The Lancet, 2005). It is for this reason that the WHO (2010) launched a code of practice to manage recruiting physicians at the global level. Nevertheless, Countries have faced numerous challenges in implementing the aforementioned code due to issues such as lack of coordination, comprehensive data on health personnel migration, and a lack of shared understanding of workforce migration and planning.

2. Literature review

Physicians' emigration has been a subject of interest and socio-political debate for many researchers. For instance, Botezat and Ramos (2020) suggested that physicians from African regions are particularly attracted to countries that offer higher wages, and to those where the density of physicians is relatively low. However, physicians from Central and Eastern Europe prefer countries with better healthcare services and medical technology, whereas Asian physicians seem to prefer to emigrate to countries with better educational systems. In a recent systematic review on factors of emigration, Toyen-Thomas et al. (2023) revealed that the main drivers of emigration are categorized on two distinct levels: the macro level and the meso level. Poor wages and security problems were the main macro-level factors of emigration of physicians. Career prospects, good work environment and job satisfaction were the main drivers of leaving the country on the meso-level. These main factors appear to have remained relatively constant over the past five decades and did not differ between health workers who had emigrated and those who intended to emigrate.

African countries are among the countries most affected by physicians' emigration. It is worth noting that Nigeria was the largest exporter of physicians to South Africa and other European countries such as England, and the United States. Onah et al. (2022) attributed this influx to three major reasons: poor wages, growing insecurity and inadequate diagnostic facilities. The same study concluded that physicians working in the public health facilities are less satisfied than their counterparts in the private sector. Physicians in their thirties are more willing to emigrate than those who are older. Similar results were reported in Adebayo and Akinyemi (2022) study conducted in same country. However, family ties were the single most important factor deterring resident physicians from emigrating. In South Africa in particular, factors such as high crime, violence and social pressure have been linked to medical brain drain (Oberoi & Lin, 2006; Rasool et al., 2012). Academic literature spanning decades has reported the damage that physicians' emigration does to health services in such

countries that have a global population share of 13.76%, but only a 1.3% share of healthcare staff (Eaton et al., 2023).

In some Eastern European countries, the mass exodus of physicians is worrisome. According to Apostu et al. (2022), the number of hospital beds, the number of immigrants, high unemployment rates, and poor income levels were factors that prompted physicians from Romania to work abroad. The researchers also examined the impact of public policy measures on the migration decision and recommended a systemic and multidimensional changes to address this issue. In another study, Séchet and Vasilcu (2015) investigated the reasons of emigration of Romanian physicians practicing their professions in three French regions. The results revealed that the gap in professional revenues between Romania and France besides ensuring better education and training opportunities for their children influenced their decision to emigrate. Most of the participants, especially women, expressed their desire to settle permanently in other countries. Romania faces many challenges in terms of physicians shortage compared to other EU countries and health spending levels (Siyam et al., 2019). Ireland, too, has witnessed high rates of emigration. The most important reasons for doctors' migration were dissatisfaction with working conditions and opportunities for career advancement (Clarke et al., 2017).

It seems that Asian countries, especially South Asia, are an important source of doctors. Astor et al.'s (2005) study on medical brain drain from Colombia, the Philippines, India, Pakistan, and Nigeria showed differences in motives for migration from one country to another. However, the most important common factors related to emigration were the desire for high income, increased access to advanced technology, the search for public security, stability, and improved future prospects for children. The study also showed the roots of this mass exodus are deep and difficult to change. The research asserted that physicians from India seem to view emigration as a form of escape from bureaucracy and daily stress. It is also associated with a sense of adventure, duty, curiosity, poor family circumstances, and historical factors, especially colonial relations; for example the UK provided awareness of opportunities for Indians able to migrate (Vaughan & Carey, 2002). The culture of medical migration, the sense of adventure, and curiosity seems to be a wide spread motives among physicians from other countries such as Lebanon and Syria (Akl et al., 2007; Arabi & Sankri-Tarbichi, 2012).

Most research findings did not reduce the factors of emigration into one single factor, for they are forked and intersectional motives. Moreover, the differences in results regarding the context is obvious, this indicates that the area of study is pivotal in generating the desire to leave the home country.

The theoretical framework behind this analysis is the model of push and pull factors proposed by Everst Lee (Lee, 1966) Which is a revised version of Ravenstein's laws of migration. This framework posits that the decision to migrate is influenced by several factors, including those related to the area of origin, the area of destination and the intervening obstacles such as distance, physical barriers, and immigration restrictions, as well as personal reasons (de Haas, 2008). According to Lee (1966), migration typically occurs in distinct "streams" that follow specific paths from certain locations of origin to specific destinations. This is not only because opportunities are concentrated in specific areas, but also because the knowledge and information that flows back from the destination helps future migrants in their journey (de Haas, 2008). Furthermore, as Massey (1998) asserted, a comprehensive understanding of migration should take into account four fundamental aspects of international mobility: the structural factors in developing countries that encourage emigration; the structural factors in developed countries that pull migrants; the motivations, objectives, and ambitions of the individuals who respond to these factors by migrating internationally; and the social and economic structures that emerge to link regions of out-migration and in-migration.

Nevertheless, this push and pull model has been a subject to a radical criticism due to its limitation in understanding migration. For instance, De Haas For instance, De Haas (2021) argued that this model is misleading in understanding the processes of migration as a social phenomenon, because it fails to explicitly define the role and interactions of the push and the pull factors. We summarized the critiques by the following: Similarly, Carling and Schewel (2018) pointed out that migration is the outcome of two interconnected factors: the aspiration to migrate and the ability to migrate, not only the push and pull factors. Portes and Rumbaut (2014) posited that this model lack the ability to elucidate why substantial migration occurs from specific countries, whereas other countries facing similar or even more severe conditions are unable to produce it.

While acknowledging these critiques, the push-pull model still has explicative strength by providing significant analytical rigor (Castles et al., 2005) with its intuitive and empirically grounded principle that structural forces influence migration processes (Van Hear et al., 2018). In this study, even if this model provides only a comprehensible list of migration motives, it is evident that they are useful for policy-makers to act upon them to reduce these migration factors (de Haas, 2008).

In the Algerian context, physicians' emigration seems to follows the global brain drain trend. Despite the significant increase in the number of Algerian doctors since independence, there is still a dire need to have adequate number matching the rapid growth of population. In 1962, Algeria had 1,279 physicians,

including 342 Algerians and 937 foreigners, with a rate of one doctor for 7,835 individuals (NOS, 2011). In 1966 there was an increase in health care coverage, the number of physicians per individual reached 8,738. However, the decline started from 1977 (3948), 1987 (1,303), 1998 (985), 2008 (721), 2019 (649), 2020 (658), and 2021 (636). These numbers should be read carefully because these changes are closely related the demographic shift in Algeria. In 1966 Algeria had 12.096.000 of population, in 2021 it increased to reach 46.552.000 inhabitants. The annual growth rates of health workers between 1966 and 1987 ranged from 11% to 19.7% annually depending on the specialization, then decreased between 1987 and 2019 to stabilize at around 5% (Outaleb & Beldjoud, 2024).

Even though there is an increasing rates of doctors in Algeria, on the one hand, they are not distributed equally across the country. On the other hand, these numbers do not match neither with the WHO (2006) norms of 23 health care professionals per 10,000 populations nor with the ILO (2014) threshold of 34 health care professionals for 10,000 populations. Moreover, Algeria is witnessing a rapid demographic growth which makes health coverage more challenging.

The global "brain drain" played a role in this shortage of medical personnel in Algeria (Boslaugh, 2013). The country witnessed unprecedented rate of emigration. In 2021, 1,200 physicians emigrated to France (JORF, 2021). In 2023, 1400 physicians left Algeria to France after passing the "*Epreuve de Vérification des Connaissances*" test in medicine. (CNG, 2023). This wave of emigration poses a major challenge for preserving the appropriate performing of the healthcare system.

Although this physicians' emigration phenomenon has become increasingly visible, little is known about the factors of emigration among physicians from Algeria. In light of the paucity in studies addressing this issue, the current study aimed to brings us in more direct contact with physicians who already have the intention to emigrate, and advance the current understanding of their perceptions and representations of motives that contribute to developing the aspiration to emigrate.

Thus, to achieve our aims the following section of the paper provides a thorough description of the methodology adopted to carry out the study. The next section however presents a discussion of the main findings. Ultimately, the conclusion and policy implications will follow.

3. Method

This study is qualitative in nature as it aims at gaining an in-depth understanding of the motives and perceptions regrading physicians' emigration.

The current study was carried out at the University Center Hospital (UCH): Benflis Al-Tohamy Batna, which attracts patients from various cities in the country. The choice of this hospital was made after interviewing few doctors in our exploratory study, in which they expressed their intention to leave the country.

In terms of data collection, unstructured interview has been used. Only those who showed emigration intention were selected. The interview incorporated the following questions:

1. How do you perceive the actual factors of emigration as a physician?
2. Can you explain your experience as a physician working under conditions that push you to emigrate?

The interviews were conducted between April 23, 2024 and Mai 25, 2024. Each interview lasted between 30 and 45 minutes, and participants were informed that they were free to stop whenever it suits them. Data were collected using interviews with fifteen physicians working at the UCHBatna. By this, we got relevant data which mirror the actual experience of the phenomenon under investigation. The responses of participants were recorded using the phone while they express their thoughts after asking permission for recording. The recordings were transcribed in verbatim way to be analyzed.

Accordingly, the participants in this study were physicians working at the hospital with more than 5 years' experiences. Participants were chosen from services that witnessed de facto emigration of physicians. Against this, the purposive sampling method has been used. Purposive sampling is 'a nonprobability sampling procedure' where the researcher selects his sample on the basis of their fit with the objectives of the study and specific inclusion and exclusion criteria (Daniel, 2011). Since finding physicians as a study sample is a hard task, the study also used snowballing sample where the researcher made use of participants as referral sources, each participants suggest another one as a potential interviewee (Luborsky & Rubinstein, 1995). The data gathering continued until saturation. The interview was conducted after selecting the adequate time with the participants.

Fifteen participants agreed to take part in the interview. Participants' information is summarized in Table 1.

To analyze data, qualitative content analysis was used. It focuses on contextual meaning of the text and categorize a considerable amounts of text into an efficient number of categories that represent similar meaning (Weber, 1990). The categories were extracted based on the researcher judgment and on the overall research question (Braun & Clarke, 2006). This study followed the deductive approach where the categories were identified by their relation to the theory (Braun & Clarke, 2006). This research was guided by the six steps proposed by Zhang and Wildemuth (2005) suggestions. After transforming the

data into written text, data were prepared to be read and re-read to get a sense of the whole (Erlingsson & Brysiewicz, 2017), we defined the unit of analysis as individual themes to be coded, then we developed categories and coding scheme deductively which are derived from the study theoretical framework and previous research. The next step in analyzing data was to text the coding scheme on a sample of text, this ensured the validity of our coding scheme earlier. Through a process of assessment of inter code agreement the consistency of coding was checked. After ensuring sufficient consistency, the coding rules were applied to all body of text. In the following step, the consistency of the coding of the whole was checked. We also drew conclusions from the coded data by making sense of the identified themes. As a final step, the findings were reported.

Table 1. Participants' information.

Category	**Sample**
Total number	15
Gender	5 women 10 men
Family status	3 single 12 married
Specialty	5 general practitioners 7 medical-surgicals 3 medicals
Age range	31-55
Years of experience range	05-17

Trustworthiness and the credibility of the study was ensured by comparing the interviews against each other. Furthermore, we applied 'member checking', by paraphrasing, echoing, and seeking further explanation from the participants. This allowed the interviewers to confirm and correct their interpretations of the words. Also a peer briefing process was conducted during coding development process to reduce the bias of a single research (Gray, 2004).

4. Findings

4.1. Coding framework

Although the push-pull model has been subject to many criticisms regarding its potential to enhance our understanding of migration, it will be used in this study partially with caution. It is useful for policy-makers to grasp the main motives of migration in order to mitigate them in the future. By relying

on the motives related to the Algerian context without resorting to the pull factors.

The coding framework contains four main themes as shown in Table 2. These themes have sub-themes that reflect the perceptions and experiences of physicians of the factors that incentive them to emigrate. Although these themes overlap they represent different dimensions.

Table 2. Main themes and sub-themes.

	Push Factors			
Themes	**Working Conditions**	**Quality of life**	**Cultural**	**Socio-economic Factors**
Sub-themes	Workload and Stress Marginalization Lack of Safety and Security Bureaucracy	Low Standard of Living	Sense of adventure	Low salary And poor remuneration Housing

4.1.1. Working conditions

Most of the participants (P) agreed that working condition under which they practice are not supportive to continue working in the local health system. Working conditions are much stressful and tiring, nerve-wracking, and straining. Considering migration, according to this, is a rational decision as physicians seek refuge in a less stressful place overseas. As reported by our participants:

> "I think that working in Algeria is more stressful and nerve-wracking… there are many patients waiting for treatment, barely finish treating one person when others enter the waiting room. The problem is also with the patients themselves, and even their relatives, as everyone believes that they have priority in receiving treatment. Therefore, we often work amidst shouting and sometimes skirmishes between patients". P 3.

The increasing number of patients do not match with the rate of physicians, this put a heavy burden on them. One of the interviewee said:

> "Sometimes people believe there are many physicians and medical graduate students to do this job, but in fact it is surprising that there is really a shortage in medical staff… This is why most of us experience more workload and more stressful periods, … I cannot take this much workload ... I am suffering from straining". P 1.

The majority of physicians believed that they have been marginalized by the government. The later has recently implemented many legislations to address the departure of healthcare professionals. However, these regulations have not been grounded in the actual priorities and needs of physicians. This situation created a sense of alienation, sense of not belonging, and under-valorization. For instance, the decision of physicians to migrate is not solely based on the prospect of a high wage. There are additional factors that need consideration, including the desire for job security and the improvement of the general quality of life. This is evident in the following participants' statements:

> "Our problem is that we lost trust to our government because it keeps us away from its decisions and promises. Let me give you a concrete example, during the Covid pandemic they promised us to compensate our efforts but until now we didn't get anything.". P 1.

Physicians seems to complain about mobility restriction implemented by the government, because emigration is considered to be a part of their vouched right, but this restriction serves as fuel for more migration.

> "Emigration is a solution to my problem, but the government now ceased to give authentication of certificates, why! I am free to move. it is a repression… the more they create constrains for us the more we are willing to emigrate. I suppose that we deliver a high quality services to this society why they treat us in such way" P 4.

Although security is a warranted right, the recurrent violence physicians exposed to during their work fed their desire to emigrate abroad. Being a health worker under this security circumstance made physicians live in a situation of continuous threats, fear and endure psychological related problems. For instance, some participants said:

> "Emigration in fact is an ambition for me, … among motives that make me intend to leave is that patients and their family sometimes make us feel insecure… How come a doctor doing his job to be threatened by various arms, this is a recurring scene that we are almost familiar with. Most of the time we witness or hear of attacks on our colleagues. This poses a danger to us. … in this way I go to work with endless fear". P 9.

Forms of violence may be verbal or physical, that made physicians experience humiliation while they deliver health care to patients. One of our interviewee reported:

> "Sometimes our life is threatened more than our patient, I have almost eighteen years as a doctor here, helping people and saving lives then I am assaulted by those I help, without the intervention of those responsible for protecting the employees... Everyone knows how often this scene is repeated... Although there are reforms in this regard, the criminal mentality is complex and its solution is not simple. The only solution is to leave to more secured place… we know that other countries have this kind of issues but not as complicated as in this country". P 12.

According to some participants, bureaucracy is a salient issue that they encounter in their everyday practices. There is a lack of clarity in terms of hierarchical organization that poses the problem of equity where the administrative stuffs intervene in decision making related to physicians concerns. Most of our participants confirmed that bureaucracy is a dilemma they explained:

> "It is strange in management that the person in charge is someone who has no medical education. There is some arbitrariness in the use of authority, and there is great injustice imposed on medical staff. This obliged us to resort to a country that respects doctors… In this country the hierarchical structure in not clear, it is somehow messy.". P 7.

Furthermore, the right of physicians to have a set of fixed program to work with is violated by the administration, which does not care about this right, but rather pushes the doctor to work hours outside his working hours under various pretexts, as illustrated by one of the interviewee:

> "emigration is a project related to numerous impetuses … There are some responsibles who do not care about implementing the procedures as dictated by the law, but it is related to the responsible mood and personal relationships, and also related to favoritism or conflict with the doctor or any other employee… Also the lack of clarity in laws regarding the shift work in which health institutions operate. This causes me problems. All of this means violating the rights of the doctor as a soldier on the first lines". P 3.

4.1.2. Socio-economic factors

Participants agreed that emigration is associated with low salary. The salaries that physicians earn are insufficient compared to their efforts to provide health care and years of study and experiences, for this reason they felt that seeking other opportunity in other countries is the best solution. The unequal

payment in comparison with other high income countries make them feel the chasm between what they do and what they get, this gap was a source of frustration and the sense of failure. Several participants cited:

> "My friend in Saudi Arabia earn more than me double fold what I earn here…. If I compare other physicians' salary from well developed countries to my salary, I feel like I'm wasting my time. It's true that I have moral and humanitarian obligations, but there are also rights that we shouldn't ignore. I've worked hard for years for this profession and I deserve to be in a better position, and this is what I actually intend to achieve in another country.". P 2.

There seems to be a deep gap for doctors between what is hoped for and what is reality in terms of salary and what maintains the dignity of their families financially:

> "With my salary I cannot establish a family… While I expected that I would improve my circumstances and my family's circumstances, especially since I went through difficult financial problems during my university studies… There is always a gap between expectation and reality. Perhaps this is the most important reason for my constant thinking about emigration, and I consider it the only refuge now… it is a great failure and waist of years". P 3.

Remuneration as a compensation, benefits, and bonus is one of the most important issue mentioned by respondents. It is considered to be an integral part of entitlement and right of physicians. Most of participants expressed this feeling of negligence, violation, loosing trust with the policy makers, and inattention. As stated by many of our interviewees:

> "If we talk about emigration a lot of things come to my mind, … We were promised to have our payment for work during Covid 19, until now, we got nothing, now we are losing faith in the authorities… Even if we were compensated financially, the value of what we sacrificed during that time is not negligible or simple... We put our lives on the line so that others could live.". P 6.

Participants identified housing as a major challenge in their career. Some of them linked it to equity, where some have houses although retired and active health workers still struggle for a house. Some participants linked housing to dignity and felt ungratefulness of efforts they put in ensuring health to citizens. As many of our participants mentioned:

> "To take a simple example, I cannot work comfortably while deep inside thinking about housing. I am a doctor and I still do not have my own house… My colleagues in Gulf countries or in Europe have no issue with this, they keep advising me to leave Algeria, but I just wait for the right moment". P 2.

Continuing to work without a home makes doctors hope for more stability abroad, as is evident in the interview with one of the doctors:

> "How not to think about emigration and until now, I still move from my birth city to this city for work, although there are houses here that I may live in… as you see that houses there, they are taken by retired doctors and we have the priority to have them". P 14.

4.1.3. Quality of life

According the interviewee, physicians are not satisfied with living standards which do not match their level of aspiration related to their families, hopes, and ambitions. This was expressed by terms like: trap, prison, unknown future and insurmountable challenges. This is made more clearly in the participants' statements:

> "I cannot fulfil my ambitions in this country, I am feeling like… I am trapped. What I want now is more opportunities in country such as Germany or the UK. Working and living there opens up many horizons for me in many ways, even the standard of living is more satisfying in terms of psychological comfort and not just the financial aspect". P 4.

When physicians find themselves in a closed system where they cannot develop themselves and their knowledge, the only way to break this constraint is to emigrate to a country where such an ambition can be achieved. An interviewed doctor stated:

> "The opportunity to develop oneself is limited… Algeria needs a lot to improve its infrastructure that enables us to live as citizens and as doctors, so that we can ensure a decent living and a comfortable life in which we can achieve all our ambitions… but what a prison… So your question about emigration is a question about a choice to chase a dream". P 3.

4.1.4. Cultural

Non-pecuniary motives also were salient. Some respondents have a sense of adventure. They stated that emigration aspiration is also related to fulfilling the desire and the feeling of discovering more about other countries. Some physicians considered emigration as a part of human tendency to satisfying their personal desires. According to some respondents:

> "As a doctor I used to travel with my family since childhood, so it is all about that feeling of traveling… besides the need for exploring opportunities in other countries, but this does not mean that I am satisfied with the situation in Algeria". P 5.

Satisfying physicians' own desires by exploring other parts of the world is perceived as a motive of emigration, but this is not isolated from the aforementioned motives of emigration, as is evident in the following statement:

> "I love working abroad, this allows me to discover more about countries, and live like a human being who seeks other's lands… The fact that I love this feeds my intention to leave Algeria as it limits my ambitions". P 4.

From the interviews, emigrations motives and perceptions reflect the other side of the coin which is post-migration experience. It appears that the post-migration experience is perceived as one in which the obstacles rooted in the country of origin can be overcome. Through freedom, opportunities for international work, self-development and better opportunities in the global health market, doctors with potential are among the most sought-after workers in the market. Most doctors perceive destination countries as a haven, just like refugees seeking to fulfil their financial, professional and family ambitions.

Interestingly, some of the interviewed doctors referred to the experiences of some of their emigrant colleagues, and it seems that there is an influence from their experiences and a desire to emulate them by comparing the situation in Algeria with that of other countries. This illustrates the positive perception of migration as a channel towards a better horizon.

5. Discussion

The aim of our research was to understand how physicians perceive and experience push factors of emigration from Algeria. Based on this we conducted a qualitative research in the university hospital center of Batna using

interviews with physicians and analyzed using content analysis. The findings asserted that physicians' experiences and perceptions toward push factors seems to be filled with discontent, exasperation and dissatisfaction. Furthermore, physicians need more supportive endogenous and exogenous context under which they can work with more feelings of attachment and recognition to surpass the feelings of negligence and marginalization.

Our findings revealed that physicians complained about working conditions such as stress, luck of security inside the hospital, and bureaucracy. These condition have a significant influence as motives of emigration according to physicians' perceptions This is in line with most previous researches (Botezat & Ramos, 2020; Clarke et al., 2017; Séchet & Vasilcu, 2015).

Violence in work place against health workers exacerbated emigration intention among physicians. In this regard, recently, the Algerian authorities have enacted laws to criminalize assaulters and protect health workers, given the high rate of violence in hospitals. It must be noted that both Algeria and, for instance, France endure violence arising from the direct contact between patients, along with their families and health workers which generates psychic overload for these workers(Scherer et al., 2018). The violence is also attributed to the lack of triage process done by health workers, as well as the lack of resources, scarce training of support staff, difficulties in admissions and transfers to other services, endless waiting, "clogging" due to the intense presence of family members and the saturation of reception capacity (Scherer et al., 2018).

On the other hand, quality of life and low living standards are propelling forces of emigration. Most physicians criticized the precarious conditions under which they work because they have become unsuitable for practicing medical profession. However, the restrictions and personal circumstances that they suffer from prevent them from realizing their desire to resort to an alternative solution such as emigration (Benfifi, 2024; de Haas, 2008). It is common among physicians to encounter high overwhelming burnout, exhaustion and low professional quality of life (Ibrahim et al., 2022).

Similarly, socio-economic motives such as low income, low standards of living, weak remuneration and housing problem, are impelling factors that physicians experience while being in their home country. Furthermore, the pattern of emigration seems to follow the African trend in seeking high salary as evidenced by Botezat and Ramos (2020). It is for these reasons, according to Dodani and LaPorte (2005), the wide gaps between the source and the host countries make medical brain drain difficult to manage, and slight improvement in healthcare wages in source countries are unlikely to affect substantially the stock of healthcare migrants.

Furthermore, our study confirmed the relationship between the sense of adventure and emigration where some physicians are pushed by inner desire and aspiration of discovering the wealthiest countries (Humphries et al., 2021).

In this study, we argue that not only the accumulation of a set of factors spur the aspiration to emigrate, but also the co-occurrence of these factors have a profound influence. As it has been evidenced, the accumulation of different critical conditions in individual' life course creates a state of instability in his life which leads him to search for better opportunities in other countries (Comolli et al., 2024). Additionally, factors of emigration are considerably related and interdependent, which means that the aspiration to cross the border is temporal and spatial context-based.

As Dodani and LaPorte (2005) made it clear, it is about time to confess that health worker' mobility is an integrated part of life in the 21st century. However, we must also accept the fact that health workers' mobility from low and middle income countries to high income countries jeopardizes health systems in source countries.

6. Strengths and limitations

By uncovering the perceptions of our participants, we had a picture of how physicians perceive emigration, their motives and the experiences they go through to prompt their intention to leave. The study also pointed out some of the most important elements that decision-makers should pay more attention to as acknowledged by doctors themselves.

Although push-pull model is important for further research related to migration return (Carling et al., 2015) and connects migration aspirations to other important concepts such as spatial preferences, place utility and geographical imaginaries (Carling & Schewel, 2018), however, the decision to relocate is not based solely on the push and pull factors, but also on the relative opportunities and/or obstacles that other possible destinations simultaneously exhibit (Botezat & Ramos, 2020). Thus further research using De Haas (2021) aspiration and capability framework would strengthen our understanding. On the other hand, the subjective perceptions of our participants are related to the context of the study, in this case the results are not generalizable.

7. Conclusion

The present research suggests that emigration is a response to various problems anchored in the Algerian context. Several factors contribute to the

emergence of this physicians' emigration phenomenon: (1) working conditions: workload and stress, marginalization, lack of safety and security, bureaucracy. (2) Quality of life: low standard of living and dissatisfaction with living conditions. (3) Socio-economic: low salary, housing poor remuneration. (4) cultural factors which includes sense of adventure. The overlapping push factors of emigration from Algeria shaped migration landscape in recent years and contribute significantly in the hemorrhaging of physicians. This tendency has the potential to shape the future of health care regarding the losses that health system incurs.

In this regard, it is crucial to shed light on this challenges and implement some measures to stop this physicians' emigration phenomenon or at least mitigate its repercussions. Policy makers should engage in more executive solutions such as initiating a dialogue that incorporate physicians as the main agent to take more dynamic and concrete action after hearing the voice of all parts.

This study provided a qualitative analysis on how physicians experience factors that push them to move abroad, however, it is remarkable that although they showed the desire to emigrate, they did not realize this desire. In this regard, there is still a need to address the question about why some physicians realize their emigration aspirations whereas others don't, although they work under the same push factors. On the other hand, there is a need for further longitudinal research that investigate life course events to deeply understand how migration aspiration is shaped.

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