



During the European Public Health Conference in Dublin, Ireland, we had the pleasure of talking with Marius Ungureanu, MD, PhD, the new president of the EUPHA Health workforce research section. We asked him about the section's future plans and his position on some of the burning issues of today's state of the health and care workforce in Europe and beyond.

EUPHANxt: Congratulations! Let's start with a brief introduction to your presidency. Could you tell us a little about yourself and the first steps you plan to take in the section?

M.U: Thank you! Indeed, I have taken over as the president of the Health workforce research section (EUPHA-HWR). I work in Cluj-Napoca, Romania, and am the chair of the Department of Public Health. I am engaged in teaching and research, and health and care workforce research is one of my main activities. I am privileged to be elected president, but I am not new to the section. I've been involved with the section for six years since its creation in 2017.

I have been working closely with the previous team, and I owe a debt of gratitude to Dr Ellen Kuhlmann, who was the previous section president, as well as to other board members, including Professors Gilles Dussault, Ronald Batenburg, Milena ŠantrićMilićević, and others. They sustained the section during this period, and our new leadership team will build on their accomplishments. Our leadership team includes two vice presidents, Michelle Falkenbach and Professor Tiago Correia, who are excellent professionals. Our aim is to build on the work done so far and take advantage of the momentum the health and care workforce issue has received in Europe and globally.

Many reports and information are available regarding the challenges faced by people in Europe and worldwide, along with possible solutions. WHO Europe's recent report titled *Health and care workforce in Europe: time to act* highlights these issues and presents solutions. As a section, we aim to actively participate in this ongoing discussion and contribute the necessary research and evidence to aid policy implementation. Despite the imperfections in our data, we have enough to drive action. Our mandate as a section is to facilitate this evidence-generating process and support policymakers in Europe and worldwide, as many of the present challenges are very similar.

EUPHANxt: Many organizations are currently dedicated to drawing attention to and raising awareness about the importance of health and care workforce research. Is Europe experiencing specific health and care workforce issues, and what are they?



M.U: If we talk about Europe, we must consider two different layers. One is the broad region of 53 member states, as defined by the WHO. The other is the European Union, comprised of 27 member states. The challenges faced in these two understandings of Europe are similar, and only sometimes different. Regarding the European Union, one of the key challenges is related to the mobility of health professionals. The principle of freedom of movement is at the core of the European Union, and we must be aligned with it. However, we must also ensure that this free mobility does not inequitably affect people's access to health services. WHO Europe's report reveals that only a few countries are attracting most of the mobile health and care workforce. We must pay attention to the ethical implications of this and ensure that it does not result in inequitable access to health services. The WHO has issued the *Global Code of Practice on the International Recruitment of Health Personnel* to encourage countries to consider the ethics of this issue. One of the biggest challenges for Europe and the European Union is to manage this mobility ethically to work for the best interests of everyone involved. A lot of work has already been done on this issue, and policy options are available to ensure that health professional mobility benefits everyone, including the sending and receiving countries and the individuals involved.

EUPHANxt: *You are coming from Romania, a country that has put in a lot of effort to maintain its workforce. We want to ask you about the scale of the issue in your country and hear your thoughts on some of the solutions implemented so far.*

M.U: The health and care workforce drain significantly impacts the accessibility, timeliness, and quality of health services. It leads to the so-called *desertification* of health systems, which is already seen in Romania and other neighboring countries. For example, although Romania has more medical graduates than the European Union average, the density of medical doctors is lower, resulting in a paradox. Many medical graduates choose to work abroad, finally leading to a shortage of doctors in the country. The motivators for health and care workforce mobility include *push* and *pull* factors, and countries in the Balkan region, like Romania, can focus on the latter to attract and retain medical professionals.

The salaries of medical professionals in Romania have significantly increased in recent years. However, financial incentives are not the only factor contributing to their decision to stay. Several other factors, such as working conditions, professional growth opportunities, and corruption exposure, also play a crucial role. To retain health professionals, decision-makers must make the health system more attractive overall. As



I previously mentioned, imposing any restrictions on health professionals' freedom of movement is against the European Union's principles.

EUPHAnxt: *Many believe that artificial intelligence could help alleviate the issue of health and care workforce shortages. What do you think about that?*

M.U: I firmly believe that technology can be a valuable tool for healthcare professionals, especially for technical aspects of care. However, I don't think it can ever replace the importance of human interaction in healthcare. Therefore, the education process for healthcare professionals should prioritize building communication skills and fostering trust and empathy within the health system. These skills, which focus on the human side of the professional-patient interaction, will become even more critical as technology advances in healthcare services.

EUPHAnxt: *We would like to offer advice to our younger colleagues and future public health professionals. What would you say to a young doctor considering a career in public health?*

M.U: Public Health is a vast field that encompasses doctors specializing in public health and other specialties such as epidemiology and hygiene. Furthermore, it is crucial to acknowledge the importance of those working in public health services and policies with diverse backgrounds in public health policies and services, psychology, social, and political sciences, among others. I highly encourage individuals who believe they can positively change the healthcare system to consider public health as it is multidisciplinary and multifaceted. Although it may not be an easy field to excel in and not as glamorous as other clinical areas of health, it can provide great satisfaction in the long run. I like a proverb: *The best moment to plant a tree was 20 years ago, but the second-best moment is right now.* We can see that our health systems are struggling, and we cannot change what has not been done in the past. However, we can start doing something better right now. It is more important than ever for the younger generation to get involved and contribute to changing the current situation. Public health is one of the best places to start making a difference!

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