

PREDNOSTI I NEDOSTACI INTEGRACIJE U EVROPSKU UNIJU: ISTRAŽIVANJE MEĐU STUDENTIMA PRVE GODINE MEDICINE U SRBIJI

ORIGINALNI RAD

ORIGINAL ARTICLE

ADVANTAGES AND DISADVANTAGES OF THE INTEGRATION TO THE EUROPEAN UNION: THE SURVEY AMONG MEDICAL FRESHMEN IN SERBIA

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SAŽETAK

Cilj: Cilj studije je bio da se ispituju faktori povezani sa pozitivnim stavom prema pristupu Evropskoj uniji (EU) među studentima prve godine medicine u Srbiji.

Metode: U periodu od 2010. do 2021. godine, u okviru modula za učenje na daljinu „Medicina i društvo“, ukupno 1333 bruceša Medicinskog fakulteta Univerziteta u Beogradu (1333/1940, odnosno stopa odgovora 68,7%) je odgovorilo na pitanja u polustrukturiranom upitniku koji je ispitivao njihovu percepciju prednosti i nedostataka integracije u EU. Povezanost pro-EU stava (u odnosu na one protiv –EU ili neopredeljene) sa uočenim prednostima i nedostacima predstavljena je korišćenjem odnosa šanse (OR) i 95% intervala poverenja (CI).

Rezultati: Ukupno 48,5% ispitanika je bilo za EU integracije, 42,7% je bilo neodlučno, a 8,9% je bilo protiv integracije Srbije u EU (tj. 585, 525 i 107, respektivno). Ispitanici muškog pola su imali 55% veću verovatnoću da budu u grupi sa Pro - EU stavom (OR: 1,55, 95% CI:1,14-2,10), kao i ispitanici koji su bili u stanju da identifikuju prednosti EU integracije kao što je lakša mobilnost (OR: 2,87, 95% CI : 1,80-4,57), veća raznovrsnost mogućnosti za posao (OR: 2,06, 95% CI: 1,45-2,93), i oni koji nisu smatrali da je konkurencija na tržištu zdravstvene zaštite EU nedostatak integracije u EU (OR: 8,56, 95 % CI: 1,79-40,92). Pro - EU stav je bio manje verovatan među ispitanicima koji su identifikovali visoku učestalost emigracije doktora medicine kao nedostatak EU integracija, za 45% (OR: 0,55, 95% CI: 0,36-0,84).

Zaključak: Tokom poslednje decenije, udeo srpskih bruceša medicine sa proevropskim i neodlučnim stavom ukazuje na potrebu jače međunarodne inicijative EU i domaćih aktera. Prednosti kao što su lakša mobilnost, konkurencija na tržištu zdravstvene zaštite EU i razne mogućnosti zapošljavanja promovisu integracioni stav, za razliku od emigracije lekara.

Cljučne reči: EU, student, stavovi, Srbija

ABSTRACT

Aim: The study aimed to identify factors associated with pro-integration attitudes to the European Union (EU) among Serbian medical freshmen to promote integration.

Methods: In the period from 2010 to 2021, within the scope of the distance learning module “Medicine & Society”, a total of 1333 freshmen of the Faculty of Medicine of the University of Belgrade (1333/1940, i.e., response rate 68.7%) has responded to the semi-structured questionnaire inquiring their perception of the EU integration advantages and disadvantages.

The association of the pro-EU attitude (vs cons-EU / undecided) with perceived advantages and disadvantages was presented using the odds ratio (OR) and 95% confidence interval (CI).

Results: A total of 48.5% of respondents were pro-EU integration, 42.7% were undecided and 8.9% were cons-EU (i.e., 585, 525, and 107, respectively) integration of Serbia. The pro-EU attitude was 55% more likely among male respondents (OR: 1.55, 95% CI:1.14-2.10), among respondents who were able to identify advantages of EU integration such as easier mobility (OR: 2.87, 95% CI: 1.80-4.57), variety of job opportunities (OR: 2.06, 95% CI: 1.45-2.93), and among those for whom competition at the EU healthcare market is not a disadvantage of the EU-integration (OR: 8.56, 95% CI: 1.79-40.92). The pro-EU attitude was less likely among respondents who identified high emigration of medical doctors as a disadvantage of the EU integration, by 45% (OR: 0.55, 95% CI: 0.36-0.84).

Conclusion: During the last decade, the share of Serbian medical freshmen with pro-EU and undecided attitudes suggests the need for a stronger international initiative of EU and national actors. Advantages such as easier mobility, competition in the EU healthcare market, and a variety of employment opportunities promote an integrationist attitude, in contrast to the large emigration of medical doctors.

Keywords: EU, student, attitudes, Serbia

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UVOD

Prošlo je manje od tri godine od podnošenja aplikacije do potvrđivanja statusa Srbije kao kandidatske zemlje od strane Evropskog saveta u martu 2012. godine, i obrazlažućih i bilateralnih pregleda tokom jeseni 2013. godine [1]. Nakon početka pregovora o pristupanju u januaru 2014. godine [2], do sada je otvoreno 12 od 35 poglavlja, dok su dva privremeno zatvorena (poglavljia 25 - nauka i istraživanje i 26 - obrazovanje i kultura). Međutim, pregovaračka poglavljia 2 (Sloboda kretanja radnika), 19 (Socijalna politika i zapošljavanje) i 28 (Zaštita potrošača i zdravlje) još uvek nisu otvorena [1].

Opšti stav u Srbiji prema integraciji u Evropsku uniju (EU) oscilira prema dinamici procesa evropske integracije, od pozitivnog do negativnog [2]. Najviši nivo opšte podrške integraciji u EU zabeležen je 2009. godine nakon što je stanovništvo doživelo liberalizaciju viznog režima, ali je ova podrška značajno opala u narednim godinama, s obzirom na to da je samo 41% ispitanika u 2012. i 55% u 2018. godini imalo pozitivan stav [1]. Trenutna međunarodna politika Srbije je u korist evropske integracije [3], a retorika vlade raspravlja o mogućim koristima harmonizacije domaćeg regulatornog i zakonodavnog okvira sa stečevinom EU, odnosno celokupnom zakonodavstvu EU.

Značajan deo ne-EU medicinskih studenata razmišlja o radu u nekoj od zemalja EU nakon diplomiranja [4]. Njihovi glavni razlozi za rad u EU su problemi s kojima se suočavaju u zemlji, poput nezadovoljstva standardom života, visoke stope nezaposlenosti mladih zdravstvenih radnika u Srbiji, relativno niske plate i prekovremeni rad. U potrazi za boljim životom, većom slobodom kretanja, profesionalnim napretkom i uživanjem u prednostima šireg tržišta zdravstvene zaštite nego u Srbiji, mladi medicinski diplomci mogli bi videti EU kao privlačnu priliku za život, studije i rad [5]. Sličan uticaj na pro-EU stavove primećen je i u drugim zemljama kandidatima za EU, poput Turske [6]. Stoga, poznavanje dinamike pregovaračkog procesa sa EU može uticati na formiranje stavova zdravstvenih radnika prema integraciji u EU. Cilj studije bio je identifikovati faktore koji utiču na stav prointegracije prema Evropskoj uniji (EU) među srpskim studentima medicine kako bi se promovisala integracija.

METODE

Stavovi prema integraciji u EU ispitivani su među brutošima integrisanih medicinskih studija na Medicinskom fakultetu Univerziteta u Beogradu (MFUB). Anketa je sprovedena tokom najdinamičnijeg perioda integracije u EU u periodu od 2010/11 (aplikacija za članstvo u EU) do 2021/2022 (1).

INTRODUCTION

Less than three years passed from the submission of the application to the confirmation of Serbia's status as a candidate country by the European Council in March 2012, and the explanatory and bilateral screenings in autumn 2013 [1]. After the start of [2] accession negotiations in January 2014, 12 out of 35 chapters have been opened so far, and two have been temporarily closed (chapters 25 - science and research and 26 - education and culture). However, negotiating chapters 2 (Freedom of movement of workers), 19 (Social policy and employment), and 28 (Consumer protection and health) have not yet been opened [1].

The general attitude in Serbia towards integration into the European Union (EU) oscillates according to the dynamics of the European integration process, from positive to negative [2]. The highest level of general support for EU integration was recorded in 2009 after the population experienced the liberalization of the visa regime, but this support dropped significantly in the following years, as only 41% of respondents in 2012 and 55% in 2018 had a positive attitude [1]. The current international policy of Serbia is in favor of European integration [3], and the government's rhetoric discusses the possible benefits of harmonizing the domestic regulatory and legislative framework with the acquis of the EU, that is, the entire legislation of the EU.

A significant portion of non-EU-medical students is contemplating working in some of the EU countries upon graduation [4]. Their main reasons for working in the EU are the problems they face in the country, such as dissatisfaction with the standard of living, the high unemployment rate of young health workers in Serbia, relatively low wages, and overtime work. In search of a better life, greater freedom of movement, professional advancement, and enjoying the benefits of a wider healthcare market than in Serbia, young medical graduates could see the EU as an attractive opportunity to live, study, and work [5]. A similar influence on pro-EU attitudes was observed in other EU-candidate countries, such as Turkey [6]. Therefore, the knowledge of the dynamics of the negotiation process with the EU can influence the formation of the attitude of the health workforce towards EU integration. The study aimed to identify factors influencing the attitude of pro-integration to the European Union (EU) among Serbian medical freshmen to promote integration.

METHODS

The attitudes toward EU integration were surveyed among freshmen at the integrated medical studies at the Faculty of Medicine of Belgrade University (FMUB). The survey was conducted during the most dynamic

Ukupna stopa odgovora bila je 68,7% (odnosno 1333 ispitanika od ukupno 1940 bruceša). Ispitanici su bili svi bruceši koji su pohađali modul učenja na daljinu "Medicina i društvo" na medicinskim studijama na MFUB-u (oko 50 do 150 bruceša godišnje).

Instrument istraživanja bio je polustrukturirani upitnik, sa dva glavna pitanja: 1. "Definišite svoj stav u vezi sa integracijom Srbije u EU: da li ste za, protiv ili neodlučni i zašto" i 2. "Razmislite o vašim očekivanjima od pridruživanja EU iz različitih perspektiva i opišite prednosti i mane integracije u EU". Analiza sadržaja primenjena je kako bi se bruceši grupisali u tri grupe koje predstavljaju broj studenata sa stavom za EU, protiv EU i neodlučnih. Zatim su istraženi pol (muški i ženski), i šest širokih kategorija prednosti integracije u EU (lakša mobilnost, obrazovne mogućnosti, pristup inovativnim tehnologijama zdravstvene zaštite, učešće u EU projektima, raznovrsne mogućnosti zapošljavanja i bolja dostupnost zdravstvene zaštite), i nedostaci integracije u EU (teškoće u zaštiti lokalnih kulturnih vrednosti, pretnje zdravstvenoj sigurnosti zbog opuštenih prekograničnih kontrola, teškoće u zaštiti nacionalnih finansija, omogućena emigracija medicinskih doktora, jaka konkurencija na tržištu zdravstvene zaštite EU, i zahtevna administracija na tržištu zdravstvene zaštite EU).

Pored deskriptivne statistike, sprovedene su bivarijantne i multivarijantne logističke regresione analize, koristeći stav za EU kao zavisnu varijablu nasuprot stavu protiv EU / neodlučnom stavu. Značajne varijable iz bivarijantne analize testirane su u multivarijantnom modelu regresije kako bi se identifikovali faktori povezani sa stavom za EU. Rezultati regresionih analiza predstavljeni su kao odnosi verovatnoće (OR) sa intervalom poverenja od 95% (CI) i smatrani su značajnim ako je p-vrednost manja od 0,05. Analize su rađene pomoću softverskog paketa IBM SPSS Statistics verzije 22.

REZULTATI

U najdinamičnijem periodu integracije u EU, 36,6% ispitanika bili su za integraciju u EU, dok je 49,4% bilo neodlučno, a 14,0% bilo je protiv integracije Srbije u EU (tj. 488, 658 i 187, redom).

Tabela 1 pokazuje da su muški bruceši bili za 52% više skloni (OR: 1,52, 95% CI: 1,15-2,03) da imaju stav za EU integraciju. Stav "za" bio je verovatniji među brucešima koji su prepoznali prednosti integracije u EU, kao što su lakša mobilnost (OR: 2,14, 95% CI: 1,36-3,37), bolji pristup zdravstvenoj zaštiti u EU (OR: 2,89, 95% CI: 2,05-4,06), raznovrsne mogućnosti zapošljavanja u EU (OR: 2,38, 95% CI: 1,17-3,19), i bolji pristup tehnologijama zdravstvene zaštite u EU (OR: 1,99, 95% CI: 1,25-3,19). Stav "za" EU integraciju bio je manje vero-

period of EU integration in the period from 2010/11 (application for EU membership) to 2021/2022 [1].

The overall response rate was 68.7% (that is 1333 respondents out of a total of 1940 freshmen). Respondents were all freshmen who attended the distance learning module 'Medicine & Society' at medical studies at FMUB (approximately between 50 and 150 freshmen per year).

The survey instrument was a semi-structured questionnaire, with two main questions: 1. 'Define your attitude regarding the EU integration of Serbia: are you pro, cons or undecided and why' and 2. 'Think about your expectations from joining the EU from different perspectives and describe the advantages and disadvantages of EU integration'. The content analysis was applied to group freshmen into three groups representing the number of students with *pro-EU*, *cons-EU*, and undecided attitudes. Then, explored were sex (males and females), and the six broad categories of the advantages of EU integration (easier mobility, educational opportunities, access to innovative health care technologies, participation in the EU projects, variety of job opportunities, and better health care accessibility), and disadvantages of EU integration (difficulties to protect local cultural values, threats to health safety due to relaxed cross-border control, difficulties to protect national finances, enabled emigration of medical doctors, strong competition at the EU healthcare market, and demanding administration at the EU healthcare market).

In addition to descriptive statistics, bivariate and multivariate logistic regression analyses were performed, using the pro-EU attitude as an outcome variable versus the *cons-EU* / undecided attitude. Significant variables from the bivariate analysis were tested in the multivariate regression model to identify factors associated with the pro-EU attitude. The results of regression analyses were presented as odds ratios (OR) with a 95% confidence interval (CI) and they were considered significant if the p-value was less than 0.05. The analyses were done by IBM SPSS Statistics software package version 22.

RESULTS

In the most dynamic period of EU integration, 36.6% of respondents were *pro-EU*, while 49.4% were undecided and 14.0% were *con-EU* (i.e., 488, 658, and 187, respectively) integration of Serbia.

Table 1 shows that male freshmen were by 52% more likely (OR: 1.52, 95% CI: 1.15-2.03) to have a pro-EU attitude. The pro attitude was more likely among freshmen who identified advantages of EU integration such as easier mobility (OR: 2.14, 95% CI: 1.36-3.37), better healthcare access in EU (OR: 2.89, 95% CI: 2.05-

Tabela 1. Obrazloženje varijabli stavova medicinskih brućoša za integraciju Srbije naspram kontra/neodlučnih u Evropskoj uniji (n=1333)**Table 1.** Explanatory variables of medical freshmen's attitude pro integration of Serbia vs cons/undecided in the European Union (n=1333)

Varijable / Variables	Analiza bivarijantne logističke regresije / Bivariate logistic regression analysis OR (95% CI)	Analiza multivarijantne logističke regresije / Multivariate logistic regression analysis OR (95% CI)
Pol, broj brućoša / Sex, n of freshmen		
Ženski / Female	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Muški / Male	1.34 (1.04-1.74)	1.52 (1.15-2.03)
Prednosti evropskih integracija, broj brućoša / Advantages of EU integration, n of freshmen		
<i>Lakša mobilnost / Easier mobility</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	1.91 (1.44-2.55)	2.14 (1.36-3.37)
<i>Obrazovne mogućnosti / Educational opportunities</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	1.35 (1.05-1.73)	0.66 (0.43-1.01)
<i>Bolja dostupnost zdravstvene zaštite / Better healthcare accessibility</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	1.60 (1.27-2.03)	2.89 (2.05-4.06)
<i>Raznovrsnost radnih mogućnosti* / Variety of job opportunities*</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	1.53 (1.22-1.93)	2.38 (1.71-3.32)
<i>Pristup inovativnim tehnologijama zdravstvene zaštite* / Access to innovative healthcare technologies*</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	2.72 (1.98-3.73)	1.99 (1.25-3.19)
<i>Učešće u projektima EU / Participation in EU projects</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	0.75 (0.60-0.94)	0.93 (0.67-1.29)
Nedostaci integracije u EU, broj brućoša / Disadvantages of EU integration, n of freshmen		
<i>Teškoće u zaštiti nacionalnih finansija / Difficulties in protecting national finances</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	0.51 (0.37-0.68)	0.54 (0.36-0.82)
<i>Omogućena emigracija medicinskih doktora / Enabled emigration of medical doctors</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	0.51 (0.37-0.70)	0.52 (0.33-0.81)
<i>Teškoće u zaštiti lokalne kulture / Difficulties in protecting local culture</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	0.66 (0.45-0.95)	1.16 (0.70-1.92)
<i>Jaka konkurencija na tržištu zdravstvene zaštite EU / Strong competition in the EU healthcare market</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	/
Da / Yes	0.51 (0.27-1.16)	/
<i>Pretnje zdravstvenoj sigurnosti zbog opuštenih kontrola prelaska / Threats to health safety due to relaxed cross-border control</i>		
Da/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	1.00 referentna kategorija / 1.00 reference category
Da / Yes	0.34 (0.21-0.57)	0.84 (0.42-1.67)
<i>Zahtevna administracija EU / Demanding EU administration</i>		
Ne/ Ne znam / No/ I do not know	1.00 referentna kategorija / 1.00 reference category	/
Da / Yes	0.64 (0.19-2.11)	/

vatan među ispitanicima koji su opazili nedostatke integracije u EU, kao što su teškoće u zaštiti nacionalnih finansija i omogućena emigracija medicinskih doktora, za 46% (OR: 0,54, 95% CI: 0,36-0,82), i za 48% (OR: 0,52, 95% CI: 0,33-0,81) manje verovatni da će imati stav "za" EU integraciju.

DISKUSIJA

U ovoj studiji, više od trećine ispitanika bili su izričito za EU, za razliku od osmine protiv. Nalaz da je gotovo polovina ispitanika neodlučna u vezi sa integracijom Srbije u EU ukazuje na to da ili izbegavaju "politizovane diskusije" ili "nisu dovoljno informisani da bi imali eksplicitan stav". Druga nedavna studija takođe pokazuje da manjina lekara zapravo smatra zastupanje fundamentalnim za medicinski profesionalizam [6]. Međutim, lekcije iz istorije su da je "medicina društvena nauka, a politika ništa drugo nego medicina u velikom obimu [7]" i da "iako mnogi lekari, u suštini naučnici, nalaze političko zastupanje neprijatnim, ono je zapravo neophodan deo posla" [8]. Nalazi ove studije sugerišu da je potrebno mnogo uraditi kako bi se bolje informisalo o koristima koje EU integracija može doneti medicini kao naučnoj disciplini i zdravstvenoj nezi kao praksi, kao i razvoju radne snage u oblasti zdravstva. Predlažemo da iskoristimo trenutak da dalje promoviramo EU integraciju, s obzirom na to da je do sada Srbija otvorila 22 poglavlja od ukupno 35. Ovom studijom mi zastupamo izlazak iz medicinskih eho komora i stažiranje u medicini i javno zdravlje kao oblasti društvene akcije za održivi razvoj u ovom nesigurnom okruženju.

Prednosti poput lakše mobilnosti i većih mogućnosti zapošljavanja u EU posebno su važne za budući razvoj mladih profesionalaca, koji izgledaju željni sticanja savremenog znanja i veština i sticanja novih iskustava koja ih čine proevropski orijentisanim, kao što je visok broj lekara iz Rumunije i Bugarske koji su emigrirali u EU [4] nakon što su ove zemlje postale članice EU. Brucoši s pro-EU stavom ne očekuju neuspeh srpskog poslovanja na tržištu zdravstva EU, pokazujući poverenje bilo u utvrđenim propisima ili u dobrom poslovanju domaćih kompanija. Međutim, prema najnovijem izveštaju Evropske komisije, srpska ekonomija je samo umereno spremna za konkurenciju na evropskom tržištu [9].

Nalazi studije ne bi trebalo generalizovati, jer je uzorak uključivao samo brucoše upisane na online kurseve, tako da su brucoši bez ličnih računara i oni koji preferiraju učenje u učionici isključeni. Međutim, ispitana veza između pro-EU stava i percipiranih prednosti i nedostataka EU integracije pokazala je da medicinskim studentima treba da razviju kompetencije kako bi bili aktivni u promovisanju prava na kvalitetnu zdravstvenu zaštitu kao u EU.

4.06), variety of job opportunities in EU (OR: 2.38, 95% CI: 1.17-3.19), and better access to healthcare technologies in EU (OR: 1.99, 95% CI: 1.25-3.19). The pro-EU attitude was less likely among respondents who perceived disadvantages of the EU integration such as difficulties in protecting national finances and enabled emigration of medical doctors by 46% (OR: 0.54 95% CI: 0.36-0.82), and by 48% (OR: 0.52, 95% CI: 0.33-0.81) less likely to have pro-EU integration attitude.

DISCUSION

In this study, more than one-third of the respondents were explicitly pro-EU, in contrast to one-eighth of the cons-EU. The finding that almost half of the respondents are undecided about the integration of Serbia into the EU indicates that they either avoid "politically charged discussions" or are "not sufficiently informed to have an explicit position". Another recent study also shows that a minority of physicians consider advocacy fundamental to medical professionalism [6]. However, lessons from history are that 'medicine is a social science, and politics is nothing else but medicine on a large scale' [7] and that 'while many doctors, scientists at heart, find political advocacy uncomfortable, it is a required part of the job' [8]. This study's findings suggest that much has to be done to better inform about the benefits that EU integration could bring to medicine as a science, health care as a practice, and health workforce development. We suggest seizing the momentum to further promote EU integration, as by now, Serbia has opened 22 chapters out of a total of 35. With this study, we advocate stepping out of medical echo chambers and experiencing medicine and public health as fields of social action for sustainable development in this uncertain environment.

Advantages such as easier mobility and greater job opportunities in the EU are particularly important for the future development of young professionals, who seem eager to acquire modern knowledge and skills and gain new experiences that keep them pro-European, as, a high number of physicians from Romania and Bulgaria emigrated to EU after these countries joined EU [4]. Freshmen with a pro-EU attitude do not expect the failure of Serbian business in the EU health market, showing confidence either in established regulations or in the good performance of domestic companies. However, according to the latest report from the European Commission, the Serbian economy is only moderately ready to be competitive in the European market [9].

The findings of the study should not be generalized, because the sample included only freshmen enrolled in online courses, so freshmen without personal

U zaključku, tokom poslednje decenije, udeo srpskih medicinskih bruća s pro-EU i neodlučni stav ukazuje na potrebu za jačom međunarodnom inicijativom EU i nacionalnih aktera. Prednosti poput lakše mobilnosti, konkurencije na tržištu zdravstvene zaštite EU i raznolikih mogućnosti zapošljavanja promovišu integracioni stav, suprotno velikoj emigraciji medicinskih doktora. Imajući u vidu potrebu da se razmotre karakteristike domaćeg konteksta za napredak evropske integracije [10], i velike teorije evropske integracije za razumevanje politike identiteta zemalja kandidata za pristupanje EU [10]. Kako bi mogli bolje informisati o toku radnji za usklađivanje srpskog pravnog okvira sa kvalitetom zdravstvene zaštite i tržištem rada EU, daljnje studije trebalo bi da istraže očekivanja studenata zdravstvene nege, pacijenata i zdravstvenih radnika od usklađivanja nacionalne regulative sa telom zakona EU.

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computers and who prefer learning in the classroom are excluded. However, the examined link between the pro-EU attitude and the perceived advantages and disadvantages of EU integration showed that medical students need to build competencies to be active in promoting the right to quality health care such as in the EU.

In conclusion, during the last decade, the share of Serbian medical freshmen with pro-EU and undecided attitudes suggests the need for a stronger international initiative of EU and national actors. Advantages such as easier mobility, competition in the EU healthcare market, and a variety of employment opportunities promote an integrationist attitude, in contrast to the large emigration of medical doctors. Given the need to consider the characteristics of the domestic context for the progress of European integration [10] and grand theories of European integration for understanding the identity politics of the accession EU countries [10]. To be able to better inform the course of action for aligning the Serbian legal framework with the healthcare quality and the EU labor market, further study should explore the healthcare students', patients', and health workers' expectations from harmonization of the national regulation with the EU body of law.

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