



# Phase 3: MoHProf Research at „micro-level“

Funded by



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# Aim

- Structural factors of mobility have been explored at macro level
- Micro: deeper analysis of individual choices (explore STICK, STAY, return factors)
- Collect detailed information on characteristics and driving forces of mobility of HP, mechanisms and strategies observable in this processes
- Analyse sectorial and regional dimensions of mobility



# Main Methodology: Qualitative interviews and case studies

Key informants at previous macro level have been:

- Key officials from MOH, MOL etc.
- Heads of professional health regulatory bodies in health (nursing council, medical council)
- Management of professional associations
- Management of labour unions
- Other national informants



## Key informants at micro level

### (mainly RECEIVING countries)

- Recruiting organizations (key staff in health services that are actively engaged in recruiting and/or employing migrant HP, eg human resource officers, head nurses, chief physicians..)
- Recruitment agencies (if relevant at national level)
- Migrant health workers (sample definition according to professions (MD, nurses, dentists..), origin (EU27, 3. countries), way of recruitment, gender, age groups, family links, education level etc)
- Diaspora organisations
- Other key informants that are relevant at national level



## Key informants at micro level (mainly **SENDING** countries)

- Recruiting organizations/agencies
- HP who are about to migrate (contract signed)
- Returned migrants
- Students at medical/nursing schools
- Other key informants that are relevant at national level



# Key issues (1/2)

- What strategies of mobility (internal and external) do different subgroups of HP apply?
- Typical patterns of mobility for certain professions?
- Which groups (age, specialisation, personal factors) are mobile and which are not? Reasons behind
- What are the legal and organisational basis for employment?
- How is the migration process stimulated (social networks, recruitment agencies, hospitals, regions, recruitment agencies)?



## Key issues (2/2)

- What kind of institutional actors are involved in the mobility process?
- What are the main driving forces behind the decision to migrate/remigrate?
- What are the main STICK factors?
- Impact of characteristics of educational systems on mobility?
- Peculiarities of recruitment practice



# Specific issues (1)

- Cross border migration (NL/AUS/SWE/GER)
- Temporary and/or repeated periodic migration (impact of temporary working and living conditions)
- Bilateral/multilateral agreements: Impact, models of good practice
- Utilisation of remittances by migrants



## Specific issues (2)

- Components of the information system that can be shared between source and destination countries to promote mutually beneficial strategies
- Impact of retention strategies
- Impact of *emigration* on Health care systems at regional/local level
- HP with nursing degree from home country in informal markets (GER/AUS: illegal migrants in home care)



# Overarching questions

- How can the monitoring of health professional migration as basis for effective health workforce planning be harmonized/improved in Europe (and other countries)?
- How can the mobility of HP to the European Union be made mutually beneficial for both sending and receiving countries?
- How can the MS contribute to the strengthening of retention strategies within the source countries (STICK factors like education, training, improvement of working conditions ...)
- How can MoHProf contribute to the monitoring of the forthcoming WHO code of practice on the international recruitment of health personnel?



# ***Round table contribution to general/specific objectives of MoHProf micro research?***

