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## **Abstract**

This study seeks to evaluate the barriers to employment in the UK which limit the mobility of EU nations between EU member states. Three objectives were set which consist of the following: identify the ability of doctors and nurses to move between EU countries, identify the main stakeholders of the UK's healthcare industry and identify mobility barriers present in UK hospitals. The literature suggests that the main type of professional migrants going to UK hospitals consist of permanent settlers and temporary professional transients. There are numerous push and pull factors that drive professional doctors and nurses to come to the UK. Examples of these push and pull factors consist of the following: higher wage, better career opportunities, more economic stability, good working conditions and limited educational opportunities. International migration can be beneficial to societies and economies but there are a number of problems which limit its effectiveness. Examples of these problems consist of the following: brain drain, oversupply of professionals, cultural conflicts and difficulty to integrate in a new society.

A critical theory philosophy was adopted in this study. A qualitative research model was used and primary data was collected from management, native and migrant professionals. One case study was selected, which consists of a hospital and interviews were conducted on the population noted above. An intensive and opportunistic sampling strategy were adopted and the qualitative data was analysed by referring to the framework developed by Miles and Huberman (1994). Measures were adopted to safeguard the ethical principles of confidentiality and integrity. The reliability and validity of the study were maintained by adopting the following methods: investigator responsiveness, methodological coherence, sampling adequacy, theoretical sampling, and active analytical stance and saturation. The main themes stemming from the primary data comprise the following: conflict between the native and professional migrants, role of the human resource department, difficulty for professional migrants to translate their skills in the hospital and cultural barriers present in the hospital. The generalisability of this study is weak due to limited sample diversity and it is recommended that additional studies are conducted in hospitals in the UK. The barriers identified in this study comprise the following: communication barrier, cultural barrier, educational barrier, social barrier and limited information barrier. These barriers hinder the ability of professionals to move between the UK and other EU countries and adversely affect the quality of service provided to the two main stakeholders of the hospital, which consist of the customers and the UK government.

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## 1. Introductory Chapter

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### 1.1 Background of Study

The European Union (EU) is the largest economic and political union in the world. The key pillars of the EU encompass free movement of goods, services, capital and labour (Shimmel, 2006, p. 761). The literature suggests a number of benefits associated with international migration. For example, international migration can solve the issue of staff shortage in certain industries, can promote skills development and increase standard of living of migrant workers (Dubois et al., 2006, p. 41). However international migration can also lead to problems. Brain drain is an issue that occurs frequently in the health industry. Brain drain arises when there is a shortage of professionals like doctors and nurses because a considerable number of these professionals are migrating to another country. For example, Ghana is facing a shortage of professional health workers because they are going to more prosperous countries like the United Kingdom (UK) (Martineau et al., 2004, p. 1).

The World Migration Report (2000) states that international migration is a critical factor that shapes the world. In 2000 it was estimated that approximately 150 million individuals have migrated (International Organisation for Migration, 2000, p. vii). A more recent report shows considerable increase in the number of international migrants. For example, in 2010 the expected number of international migrants amounted to 214 million, which reflects a 64 million increase from the estimates made in 2000 (United Nations, 2009, p. xviii).

The migration of health professionals has gained considerable importance in the past years especially with the expansion of the EU. European countries like the UK are employing numerous staff from other countries. The UK is facing an increasing rate of migrants from Eastern and Central member states due to the 60% income gap (Dubois et al., 2006, p. 42). One of the reasons why individuals residing in Eastern countries like Romania and Croatia go to the UK is in order to attain a higher wage. Migration of nurses from Ireland to the UK also occurred in the past because the United Kingdom economy was stronger than that of Ireland. Therefore, Irish nurses migrated to England in order to enhance their skills and attain a better standard of living. However when the Irish economy started to get stronger Irish nurses went back to Ireland. Indeed, one of the present outflow countries of health professionals is Ireland (Dubois et al., 2006, p. 47). The UK is still facing inflow of nurses and health

professionals from numerous countries within the EU and outside the EU. For example, there is an inflow from member state countries like Malta and Lithuania. Physicians from Malta are going to the UK and doctors from Lithuania are migrating to the United Kingdom in order to attain the aforementioned benefits. The UK is also facing an inflow of health professionals from non-EU countries like the Philippines, South Africa, Australia and India (Dubois et al., 2006, p. 49).

Table 1: Countries with Highest number of International Migrants in 2010

Rank	Country or area	International migrants as			
		Migrant stock (thousands)	a percentage of country's population	a percentage of world's migrants	Cumulative percentage
1.	United States of America .....	42 813	13.5	20.0	20.0
2.	Russian Federation .....	12 270	8.7	5.7	25.7
3.	Germany .....	10 758	13.1	5.0	30.8
4.	Saudi Arabia .....	7 289	27.8	3.4	34.2
5.	Canada .....	7 202	21.3	3.4	37.5
6.	France .....	6 685	10.7	3.1	40.7
7.	United Kingdom .....	6 452	10.4	3.0	43.7
8.	Spain .....	6 378	14.1	3.0	46.7
9.	India .....	5 436	0.4	2.5	49.2
10.	Ukraine .....	5258	11.6	2.5	51.7

Source: United Nations, 2009, p. xix

Table one provides a summary of the key global migrant countries. The UK is ranked seventh and the percentage of migrant workers in line to the total population in the UK amounts to 10.4%. This indicates that this country is a key player in international migration and comprises a good population to study in order to address the research problem and research questions outlined in this chapter.

## 1.2 Research Problem

International migration is an important aspect but unfortunately the current levels of migration in the EU are relatively low, particularly when compared to the optimal levels needed to ensure economic efficiency (Zimmerman, 2009, p. 18). The World Migration Report (2013) also addresses issues of international migration by stating that there are inappropriate "*frameworks at national and local levels*" and there is limited understanding and appreciation of the contributions derived from international migration (International Organisation for Migration, 2013, p. 23).

One of the main factors behind this is that political factors and nationalist sentiments tend to focus on labour mobility as an issue rather than a source of benefits. Specifically, rather than focus on the relatively low levels of labour migration between EU member states, the majority of the political focus has been on the increases in migrant labour flows inside the EU. The attention of the media has meant that these increases are often perceived as being very large, and having potential negative impacts on national employment, social standards, and even on national identities (Geddes, 2003, p. 150). This trend has been particularly pronounced with the enlargement of the EU, first from 15 to 25 member states in 2004 and more recently with the accession of Romania and Bulgaria. These new member states, including Poland, Estonia and other former Soviet republics, are generally poorer than the current members states. This is creating tensions as migration from the new EU members is seen as taking jobs away from residents of the existing members (Zimmerman, 2009, p. 102).

Merit has been provided to the argument outlined in the previous paragraph, especially in the Baltic States where the Eastern enlargement of the EU led to high levels of migration from Latvia, Lithuania and Estonia because individuals from these countries looked to move to wealthier countries like the UK. However evidence indicates that initially high labour migration flows decreased from 2006 because the benefits of migration dropped off and only increased in response to local economic shocks such as the economic recession experienced by the Baltic States (Randveer and Room, 2009, p. 15; Eamets, 2011, p. 5). This literature implies that even in the countries where workers make the most of the free movement of labour regulations, the impact is not as large as might be assumed from the media and public perceptions. Furthermore, evidence indicates that the vast majority of labour migrants are temporary and unskilled, who take short term jobs to earn some money and then return home once they have built up some earnings and savings (Kahanec and Zimmermann, 2011, p. 225).

### **1.3 Justification of the Study**

In section 1.1 the importance of international migration was highlighted for economies, individuals and societies. Due to such importance international migration is growing. However as noted in the previous section international migration is not growing at the optimal levels necessary for economic efficiency. Therefore it is justifiable that this area is examined more by further research. This area is vast and therefore a particular area of



international migration was examined. This consists of migration of professionals in the UK. In this study emphasis is placed on the professions of doctors and nurses.

#### **1.4 Aim and Objectives of Study**

The aim of the study is to evaluate whether there are barriers to employment in the UK which hinder the mobility of European Union (EU) nations between EU member states. This aim can be divided into the following objectives:

- Identify the ability of professionals like doctors and nurses to move between EU countries either as self-initiated or corporate re-locations.
- Identify stakeholders in the UK's healthcare industry that actively discourage or encourage professional mobility.
- Identify mobility barriers that can be enacted by hospitals in the UK.

#### **1.5 Research Questions**

The research questions are helpful in a thesis because these outline specific targets that guide the researcher in the development of the research model (Kumar, 2005, p. 16). The research questions relevant to this study are outlined below:

1. What barriers to mobility of professionals can be enacted by stakeholders in the UK's healthcare industry?
2. What barriers to mobility of professionals are adopted by hospitals in the UK?
3. What help was provided to doctors and nurses who migrated to the UK from other EU member states?
4. What problems were faced by doctors and nurses who migrated to the UK from other EU member states?

#### **1.6 Outline of the Study**

An outline of the study was highlighted in this section in order to provide an outline of the whole dissertation. A dissertation is a process of a number of key stages. The literature suggests the following main stages: preparation of aim, objectives of study and research questions, examination of key literature relevant to the area selected, preparation of a

research model, selection of an appropriate data collection instrument, and data analysis method. A good quality dissertation is one where there is flow between the key aspects noted above. (Kumar, 2005, p. 8).

In the proceeding chapter attention is devoted to the literature review chapter. This chapter serves to enhance the researcher's knowledge on international migration and helps to clarify the research problem and research methodology (Kumar, 2005, p. 30). In the literature review chapter emphasis is placed on the key drivers of international migration and the main problems of international migration.

The research model of this study is developed in the research methodology chapter where emphasis is placed on the research philosophy, research methodology applicable for this study, population of the study, sample strategy selected for this research, research instrument selected, data analysis technique chosen, ethical principles and validity and reliability of the research (Kumar, 2005, pp. 153 - 154). Therefore, this chapter focuses on the primary data collected and the way it is analysed.

In the fourth chapter, which comprises the data analysis chapter, the primary data collected is analysed in adherence with a suitable technique. This chapter is critical for the conclusion chapter because the main themes are derived in this chapter, which act as a foundation for the conclusion (Kumar, 2005, p. 25).

In the conclusion chapter the main themes derived from the data analysis are analysed with the aim to provide answers to the research questions noted in this chapter. The limitations of the study are outlined in this chapter together with directions for future research.

## 2. Literature Review Chapter

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### 2.1 Introduction - Overview of Sections

In this chapter attention is devoted to the literature relevant to international migration. Before considering the key drivers of migration and its main problems, attention is devoted to an explanation of the key types of migration. The literature review chapter is important because it provides clarity to the research problem, develops the knowledge of the researcher on the area examined, helps in the development of the research model and assists in the data analysis phase (Kumar, 2005, pp. 30 - 31).

### 2.2 Explanation of the Key Types of Migration

The literature suggests six different types of migration which comprise the following: "*permanent settlers, documented labour migrants, undocumented labour migrants, asylum seekers, recognised refugees and externally displaced persons*" (Dubois et al., 2006, p. 43). Permanent settlers consists of individuals that "*are legally admitted immigrants*" and envisage to settle and remain in the country where they migrate (Dubois et al., 2006, p. 43). Professionals like doctors and nurses may fall under the permanent settlers category.

Documented labour migrants can be classified into two categories, which consist of "*temporary migrant workers or temporary professional transients*" (Dubois et al., 2006, p. 43). Temporary migrant workers consist of skilled, semi-skilled or unskilled individuals for migrate for a specific period of time. This time may be stated in their contract or employment. Temporary professional transients encompass professionals who migrate frequently from different countries. These individuals are normally employed with multination organisations. Workers in this category unlike the permanent settlers envisage to return back to their home country once they achieve their objective (Dubois et al., 2006, p. 43). Temporary professional transients engaged in the healthcare industry comprise individuals studied in this thesis.

Undocumented labour migrants consist of individuals that have no legal permission to stay and work in the receiving country (Dubois et al., 2006, p. 43). Probably this category of workers do not form part of the population studied in this dissertation because hospitals do not employ professionals that are residing illegally in the UK.

Asylum seekers are individuals that are seeking refugee status in another country due to persecution problems that they are facing in their home country. Recognised refugees consist of individuals that were able to migrate in order to avoid persecution problems in their home country (Dubois et al., 2006, p. 43). Asylum seekers have not yet migrated and therefore they fall outside the population examined in this study. It is envisaged that the number of recognised refugees is low. Indeed, none were identified in the case study examined.

Externally displaced persons consist of individuals who have left their home country due to economic issues like high rate of unemployment and war. These individuals, despite being similar to recognised refugees, are not considered as refugees because the problem is more generic and is applicable to more individuals residing in that country (Dubois et al., 2006, p. 43). The number of externally displaced persons is also considered low. Indeed, the main population considered in this study is expected to be permanent settlers and temporary professional transients.

### **2.3 Key Drivers that stimulate migration within the EU**

The UK population grew by 1.8 million. The main reason for this increase was due to the inward migration, while the outflow rate has barely changed. There is a substantial increase in the rate of migration in the UK. In fact in the years 2004 and 2005 the net migration accounted for two-thirds of the change in population (Blanchflower et al., 2007 p. 2). The major increase of migration seems to be of citizens from the A8 countries who now obtained free movement rights to work in the UK. Blanchflower et al. (2007, p. 3) posit that the main reason for migrating to the UK consists of higher wages. Buchan (2008, p. 4) supports this notion by stating that the income that the individuals get plays an important part in the migration process. Research in Croatia shows that students of the final-year in medical studies, consider to emigrate if they do not find their desired job in Croatia. The preferred destinations were countries within the EU and the main reason for their choice was because of higher salaries. (Buchan, 2008, p. 4). This literature favours the human capital theory which states that professionals migrate in order to find jobs with a better salary (Iredale, 2002, p. 8).

The exact proportion of individuals coming from the A8 countries who migrated in the EU for the long term, and others who migrated for a short period of time, is not known (Blanchflower et al., 2007, p. 6). Migration may be temporary or permanent, voluntary or forced, as already noted in the previous subsection. Buchan (2008, p. 2) posits that the

enlargement of the EU affected the healthcare industry as evidenced by an increase in the migration of doctors, nurses and other staff. The free movement of people enabled by the EU encourages individuals to travel to other countries because restrictions such as visas are removed (Buchan, 2008, p. 2).

Before migrating, individuals compare the income benefit with the economic and social costs of moving. If the benefits outweigh the cost then the individuals choose to migrate. A difference of 10 per cent increase in the wage will mean a 7 per cent increase in migration. Evidence shows that migration is more common amongst younger and more educated workers. The majority of migrants are from Romania, Poland and Bulgaria (Blanchflower et al. 2007, p. 3). Such an argument is in line with the equilibrium approach. Stilwell et al. (2004, p. 595) contends that around 65% of the "*economically active migrants*" are "*highly skilled*". There are other factors apart a higher wage which influence international migration like for example the network between migrants residing in the UK and potential migrants (Bach, 2007, pp. 385-386). Migrants residing in the UK can diminish the uncertainty of potential migrants by providing additional information on "*employment opportunities, housing and visa requirements*" (Bach, 2007, p. 386).

The literature suggests other reasons apart high wages which stimulate migration of professionals. Buchan (2008, n. p.) posits that professional workers do not move from their origin country to work in another country for ever. They may continue to change countries as time goes by or they may even return to their original country after several months or years. Key drivers that aspire professionals to move consist of the workers' aspirations to have new opportunities and better career prospects (Buchan, 2008, n. p.). This literature implies that the majority of professionals in the UK consists of temporary professional transients.

Another reason for professional workers leaving their countries is due to having lack of health systems in their origin county. The oversupply of workforce is another issue which leads to migration. When there is oversupply of workforce it is difficult for the worker to find a job and thus there is a higher risk of being unemployed (Blanchflower et al., 2007 p. 4). Undersupply of workforce is another pull factor that stimulates professionals to migrate (Buchan, 2008, p. 17). Undersupply leads to excessive work pressure on employees, which may result in employee burnout. Burnout can be defined as an extended response to "*chronic interpersonal stressors on the job*" (Leiter and Maslach, 2001, p. 415). Leiter and Maslach (2001, p. 415) developed an employee burnout model which identifies six main areas that can

stimulate burnout. These consist of the following: “*workload, control, reward, community, fairness and values*” (Leiter and Maslach, 2001, p. 420). Therefore, employees are willing to travel to another country in order to enhance their quality of working life. Another reason of international migration is that citizens believe that people coming from other countries are much better at doing their job especially when they are from developed countries (Buchan, 2008, p. 17). Such an aspect was examined in further depth in the proceeding section when discussing the burgeoning competition arising in the UK and other EU countries.

Individuals migrate to other countries since it enables them to improve their skills, knowledge, career opportunities and standard of living. Many professional workers from Romania who immigrated to other countries, and are working on temporary contracts, feel that the knowledge and skills that they are receiving are of an important benefit to the Romanian health system (Buchan, 2008, p. 4).

The push and pull factors that affect the decision of an individual who is thinking about migrating can be summarised into the following factors (Buchan, 2008, pp. 12-13):

- Low pay in origin country. Higher pay and more opportunities for remittances abroad.
- Poor working conditions in origin country. Better working conditions abroad
- Lack of resources to work effectively in country of origin. Better resourced health systems abroad
- Limited career opportunities in origin country. Career opportunities abroad
- Limited educational opportunities in countries of origin. Provision of post-basic education
- Impact of bad health issues in country of origin like for example HIV and/or AIDS.
- Political stability abroad
- Unstable or dangerous work environment in country of origin.
- Travel opportunities abroad
- Economic instability in country of origin
- Opportunities for aid work.

- Professional development and education opportunities for children abroad.

Dubois et al., (2006, p. 45) classify the push and pull factors recognised by Buchan (2008) and other scholars in accordance to permanent move workers and temporary move workers. In section 2.2 (explanation of the key types of migration) it was noted that these are the two main categories of migrant workers that are relevant to the area studied in this thesis. The key drivers for permanent move workers consist of the following: enhance their standard of living, improve career opportunities and in order to follow spouse or partner (Dubois et al., 2006, p. 45). The key drivers for temporary move workers consist of the following: to serve as a "*working holiday*", to attain new knowledge, due to conditions present in the contract of employment and to acquire "*post basic qualifications*" that can be utilised later in the home country (Dubois et al., 2006, p. 45). The latter reason noted in the previous paragraph is applicable to students that migrate to another country for a temporary period of time (Dubois et al., 2006, p. 45). The reasons of temporary move workers are more targeted to utilise the talent gathered in the home country. This is problematic for the other country because the benefits derived from the migrant professionals are lower than the home country. On the contrary, permanent move workers look for matters like standard of living and career opportunities. Therefore, these individuals are interested to enhance their skills for their own personal benefit and the benefit of the country in which they are residing.

Some people are encouraging others to migrate to other countries so that they can earn a profit from people's desire to work abroad (Mahmoud and Trebesch, 2010, p. 2). In fact some think that the main reason for migration, before the wish for a better life, is the exploitation by criminal organisations (Mahmoud and Trebesch, 2010, p. 2). Apart from those individuals who migrate because it was always their desire to work abroad or because they think that the benefits of working abroad outweighs the cost, there are other people who migrate to other countries against their will. This is called human trafficking. Trafficking of men, women and also children is a humanitarian problem. Studies show that at least 12 million people worldwide are trapped in conditions of forced labour. Human Trafficking is nowadays one of the most profitable businesses in the world. This type of 'business' is unfortunately the one of the most rapidly growing sources of income for organised crime (Mahmoud and Trebesch, 2010, p. 1). It is said that migrations from certain countries are often seasonal, the reason being the poor living conditions and a high rate of unemployment. (Mahmoud and Trebesch, 2010, p. 6). One of the motives provided in human trafficking consists of promising the potential migrants that if they migrate they will find them a

prosperous job (Mahmoud and Trebesch, 2010, p. 7). Mahmoud and Trebesch (2010, p. 7) contend that the majority of the migrants that come with the help of criminal organisations specialise in agriculture, construction and warehouse work. However this does not exclude the possibility of employees specialising in healthcare.

#### **2.4 Problems associated with migration within the EU**

Migration is not the problem itself. Migration is a symptom of deeper problems within the health system. These may be the challenges of retaining health professionals by motivation and adequate pay, retaining the work environment, and the challenges of improving workforce planning to reduce the oversupply or undersupply of health workers. (Buchan, 2008, p. 22). Zimmerman (2009, p. 1) contends that labour mobility is a very important factor and should be a central political objective of member states of the EU. However there are a number of barriers to migration in the EU which are examined in this paper (Zimmerman, 2009, p. 1).

Lucio and Perrett (2009, p. 324) outline the issue of good representation of minority ethnic workers like professional migrants by trade unions. This scholar contends that it is often difficult for trade unions to represent minority ethnic workers and sometimes negotiation strategies fail to take into account the interests of these individuals (Lucio and Perrett, 2009, p. 324). This leads to a number of issues such as fair wage and working conditions.

Migration from Eastern European countries and outside the EU raises various problems for governments, organisations and even the migrants themselves. International migration leads to advantages and disadvantages for the country of origin and the country in which the migrant decided to go. For example, professional workers migrate from a country where there is a high rate unemployment to the UK with the aim to find a good job and enhance the standard of living. This is beneficial for the country of origin because it diminishes the rate of unemployment. However this is problematic if there is oversupply of professionals in the other country because the possibility for native professionals to find a job will be lower (Buchan, 2008, n. p.). Therefore, this may lead to an increase in the rate of unemployment in the UK.

Martineu et al. (2004, pp. 1, 3) identified the issue of brain drain which may result in countries that hold poor working conditions and limited resources like Ghana. Health systems in the countries that lose skilled workers throughout migration apart from suffering



from shortage of staff also suffer from low morale amongst remaining staff, lower quality of work which is an important factor especially for health services and longer wait for customers to access the medical service (Buchan, 2008, p. 1). Stilwell et al. (2004, p. 595) sustain the brain drain issue in the health-care industry by noting that there are specialised areas which are in short supply and are "*being sourced globally*". There are a growing number of professionals that are migrating from poor countries to better educated and richer countries (Stilwell et al., 2004, p. 595). However receiving countries like the UK and the United States also face problems. For example, in United States hospitals employ approximately 5000 foreign doctors each year. However these hospitals reject employment to a number of native professionals that has recently graduated from United States medical schools (Martineu et al., 2004, p. 3). Buchan (2008, n. p.) supports this argument by stating that citizens have the tendency to believe that a foreigner worker is able to do his or her job better than somebody who has the same nationality as theirs. Therefore, migrants may lead to an increase in the rate of unemployment in that particular country (Buchan, 2008, n. p.). De Somer (2012, p. 4) outlines interesting literature relevant to this argument. There is an increase in "*burgeoning competition*" in EU countries with the aim to attract the "*best and brightest migrants*" from other countries in order to stimulate progress and economic growth (De Somer, 2012, p. 4). For example, the UK initiated the Highly Skilled Migrant Programme in order to attract the best migrants (De Somer, 2012, p. 4). This may be a problem for eastern European countries where educational institutions operating in these countries are not accredited in the UK. Williams (2010, p. 11) highlights this problem for nurses by claiming that the minimum standards for nurse education differ across Europe and this leads to labour mobility barriers.

The ministers of education and university leaders in the EU established what is called the Bologna process in 1999 in order to mitigate the issue noted in the previous paragraph. The Bologna process facilitates recognition of qualifications within Europe and promotes similar education in terms of duration across EU countries (Buchan, 2008, p. 3). Veiga and Amaral (2006, p. 283) are critical about the implementation of the Bologna process. These scholars criticise the utilisation of the open method of coordination, which was used to implement this process because it leads to coordination problems. The Bologna process is compound and the implementers in the higher education institutions hold substantial autonomy. The adoption of the top-down linear policy fails to take into consideration the developments occurring in education at national levels, which may lead to implementation issues and discrepancies in the implementation progress between EU countries (Veiga and Amaral, 2006, p. 283).

The EU has also implemented the possibility of developing an EU-wide card system, which provides a "*single point of entry to the EU-wide labour market for highly skilled non-EU workers*" (Buchan, 2008, p. 3). Such system is a strong driver of migration especially for doctors and nurses (Buchan, 2008, p. 3). Makaryan and Galstyan (2013, p. 2) are critical about the power that the EU holds to influence labour mobility. These scholars contend that the lack of a clear regulatory framework "*leads to frequent violations of migrants' rights, inadequate pay for work performed, a lack of decent work conditions and the inability to maximise the benefits of labour emigration*" (Makaryan and Galstyan, 2013, p. 2). The realisation of the issues identified by Makaryan and Galstyan (2013) mitigates the benefits noted above, which are the key drivers to labour migration. The proportions of the long-term temporary professional transients, short-term temporary professional transients and permanent settlers are unclear in the literature. The scale and nature of the migrant being on a long term, short term or permanent scale should be noted as it is an important question for policy makers since it affects the labour market and the whole economy. (Blanchflower et al., 2007 p. 6). Immigrants coming from the A8 countries have improved the working of the labour market, reduced wage and inflationary pressures and have lowered the unemployment rate. (Blanchflower et al., 2007, p.2)

Policy makers should focus on the general human resource policy, planning and practice in health systems. Both local and foreign professional workers should be fair and equitably treated and efficient in developing their skills. Improvement in general human resources policies in the health sector will help in reducing negative effects that migration would have on the health system performance (Buchan, 2008, p. 22).

There are several types of migration, leaving different effects and requiring different types of policy attention, depending on whether the country is a source of or a destination for health workers (Buchan, 2008, n. p.). To adhere to the policy challenges and to control migration, three areas of action are required:

- Refining the available data on the migratory flows of health professionals so that monitoring of trends in flows can be more effective. (Buchan, 2008, n. p.)
- Finding out more possible options to control the process of migration in order to deduct the negative effects on supply of health professionals. (Buchan, 2008, n. p.)

- In all countries where migration is a problem, ensuring that human resource policies, planning and practice in the health sector are effective and thus allow supply to be better maintained. (Buchan, 2008, n. p.)

Policy terms about migration should not be addressed in isolation. The growth of migration and recruitment are complex, covering: individuals' rights, choices and attitudes, governments' approaches to control, smooth and make an effort to limit the outflow or inflow of health professional workers. To reduce any negative effects of migration, policy implications should focus on three related aspects, which comprise: monitoring migration and understanding the trends and flows, identifying reasons for migration, and understanding the aims of migration and what is practicable in relation to the appropriate management of migration (Buchan, 2008, n. p.).

#### **2.4.1 Policies**

Policy-makers must improve the understanding of the reasons of the migration of health workers and occupations if they are to develop policies that effectively manage supply flows (Buchan, 2008, n. p.). It is of utmost important for policy makers to be able to take into consideration the different types of migration which will definitely play an important role in having different policy implications (Buchan, 2008, p. 19). Larger networks and established migration organisations have lowered the cost of migration, thus increasing the possibility that more people are migrating from lower social classes. The less-qualified migrants may be more vulnerable to deception schemes and less able to prepare their journey. Thus there is a prediction that human trafficking rate will increase (Mahmoud and Trebesch, 2010, p. 9).

One of the issues of migrant workers that has not yet been properly addressed by adequate policies is the barrier when migrant workers try to adjust to the life of the country. The EU has identified this issue and tried to adopt policies and procedures to mitigate this problem like for example, the training of migrant workers and their development into European citizens (Taylor, 2001, p. 8). Howe-Walsh and Schyns (2010, p. 260) are critical about the progress in implementing the aforementioned proposals. They contend that the progress was slow and human resource management in organisations plays a critical role in supporting the adjustment of expatriates to the new country, organisation and culture (Howe-Walsh and Schyns, 2010, p. 260).

#### **2.4.2 Management**

To assist in deducting any negative aspect on the supply of individuals, policy-makers should study the aims of the migrants (Buchan, 2008, p. 2). Destination countries like the UK need to have an answer for the below questions in order to enhance migration flow (Buchan, 2008, p. 2):

- Is the inflow sustainable, cost effective of solving shortages of staff, ethically justifiable?
- What are the source countries of inflow? Is inflow permanent or temporarily? How much inflow is flowing to health sector related employment and education, and what percentage is going to non-health related ends. Is inflow controlled effectively?
- How should international flows of health workers be controlled? Should the organisation implement an ethical framework, support government-to-government contracts, support introduction of regulatory compliance?

Migrants may face social personal problems. There are issues of professional and cultural change to be considered. Professional migrants travelling from one country to another although they may speak the language and have the appropriate qualifications, there will be a period of variation to the specific clinical processes and procedure and wider organisational culture in the destination country (Buchan, 2008, p. 13). Other problems in the health industry are relevant to the legislation of "*health professions at national levels*" (Buchan, 2008, p. 13). Moving to another country means that there may be different requirements in respect of qualifications, standards and language competence for a health professional to be able to practise in the country. Moving between countries in the EU may facilitate the above issue, since countries within EU have agreed to recognise each other's qualifications for ease of movement (Buchan, 2008, p. 13). However the impact of the European Commission on this area is still weak. The European Commission is unable to specifically influence migration and mobility via its own actions. It needs to issue directives, which are translated by member states in accordance to their own laws (Carmel, 2013, p. 238). Therefore, the UK may not necessarily grant accreditation to all educational institutions residing in other EU member states, which leads to a problem for professional migrants that hold qualifications from these universities. Certain migrants that have left their country due to bad living conditions and who are willing to work abroad take risks when crossing borders illegally or accepting jobs in the informal sector. In extreme cases, migrants from certain countries

accept unfair working conditions. These jobs are known as the 3D jobs (difficult, dirty, and dangerous). This problem applies to professional migrants who hold qualifications that are not accredited by the UK education authorities like the Qualifications and Curriculum Authority. Migrants accept this type of work because they are willing to do anything to escape from the miserable living conditions they previously had (Mahmoud and Trebesch, 2010, p. 8). Such argument is sustained by Ehrenreich and Hochschild (2002, p. 8) who claim that a strong incentive for migration of citizens living in poor countries is the possibility to enhance their standard of living in more fortunate countries. Organisations need to provide equal treatment and opportunities for international migrants. They need to provide supervised training, language training, cultural orientation and social support to ensure that the migrants can adapt with the organisational policies effectively. Certain organisations may try to recruit migrants in areas where there is shortage of staff (Buchan, 2008, p. 16). The UK has an established set of codes of practice to ensure that migrant workers receive fair and equal treatment and respect (Buchan, 2008, p. 16). Other international associations have set out principles and protocols for recruitment. Destination countries, apart from ensuring that migrants have the appropriate framework in place, need to ensure that they are competent in what they will be doing (Buchan, 2008, p. 16). According to Zulauf (1999, p. 672) this is problematic because a number of female migrants find it difficult to translate their skills into the new working environment due to differences in the education and training cultures.

There may also be corporate issue problems. The organisations in the country where the migrant travels may have the opportunity to solve shortage of staff, but on the other hand will the migrants be efficient and ethical? (Buchan, 2008, p. 17). This is an important issue for professionals that work in the health sector because the quality of the service provided affects the life of the customer. It is of utmost importance to point out that the objective of implementing potential policy measures is not to ban migration inflows or outflows but to try to develop a situation whereby the individuals and countries involved have positive outcomes. The aim of the policy is to encourage possible opportunities and deal with identified challenges.

### **3. Research Methodology Chapter**

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#### **3.1 Introduction - Overview of Sections**

In this chapter the philosophy, model and techniques to gather and analysis primary data are unveiled. These are reflected into the following main sections: research philosophy, population of the study, research model, sampling strategy, case study approach, primary data collection instrument, qualitative data analysis technique, ethical principles and reliability and validity of the research.

#### **3.2 Research Philosophy**

Epistemology comprises an important factor that guides in the research philosophy adopted in the study. Epistemology is composed of the following Greek words: episteme and logos. Episteme means knowledge while logs means the science of (Truncellito, 2007, n. p.). Epistemology is a philosophical factor that comprises the acquisition of knowledge via a number of research methods. In this framework the researcher answers the following questions: What is knowledge? and What knowledge can be known by the researcher? (Opfer, 2008, n. p.).

Guba (1990) outlines four main epistemological paradigms that are normally applied by researchers, which consist of the following: positivism post positivism, critical theory and constructivism (Guba, 1990, pp. 19, 20, 23 and 25). These epistemological paradigms were examined in this section and the most applicable paradigm was selected for this study. In the positivism epistemological paradigm emphasis is placed on objectivity. Researchers that comply with this epistemological paradigm contend that a research is unreliable if there is subjectivity and bias (Guba, 1990, p. 19). In the post positivism epistemological paradigm objectivity is also considered as a central element in a scholarly study but not to the exaggerated extent as in the positivism epistemological paradigm. Scholars that utilise the post positivism epistemological paradigm contend that one cannot attain full objectivity but it is important that objectivity is at a high level (Guba, 1990, p. 20).

Subjectivity is acknowledged and accepted in studies that utilise the epistemological paradigms of critical theory and constructivism. A qualitative research methodology is often adopted in scholarly studies that comply with these epistemological paradigms. In a qualitative methodology the study of truth is in accordance to the perspectives arising from participants in a social process (Gegen, 1985, p. 270). In the critical theory epistemological

paradigm "*a value*" window is adopted by the scholar, which amplifies the perspective and investigation of particular area in the topic examined (Guba, 1990, p. 24). Subjectivity in the constructivism epistemological paradigm is at a higher level in comparison to the critical theory epistemological paradigm. Constructivist researchers posit that truth can only be interpreted and understood subjectively in a specific context (Guba, 1990, p. 25).

The applicability of the positivism and post positivism epistemological paradigms is low for this research due to the considerable emphasis posed on objectivity. In the literature review chapter a number of principles were put forward by scholars. Therefore, a value window as noted by Guba (1990, p. 24) is more applicable for this research. A critical theory epistemological paradigm is more applicable for this study because the researcher takes a more balanced approach towards subjectivity (Guba, 19990, p. 26). Punch (2008, pp. 46 - 47) contends that the constructivism epistemological paradigm may result in a relativistic approach, which comprises a weak study in terms of reliability. Therefore, the epistemological paradigm selection, which consists of the critical theory helps to sustain the reliability of the study. Furthermore, at the end of this chapter measures that were used in this study in order to sustain the reliability and validity of the study are outlined.

### **3.3 Population of the Study**

The aim and objectives of the study outlined in the introductory chapter show that the focus of this research is on the healthcare industry. Therefore, the population of the study is derived from this industry. There are three main types of population that can be adopted in order to answer the research questions set out in the introductory chapter. These consist of the management of the selected UK hospital, native doctors and nurses working in the selected hospital and migrant workers working in this hospital.

The first category of the population, which consists of the management of the selected UK hospital helps to provide information about the barriers to mobility that can be enacted by stakeholders and the support that the hospital provides to migrant workers. The second category of the population, which comprises native doctors and nurses working in the selected hospital can provide information on the barriers to mobility of professionals adopted in UK hospitals and help provided to migrant workers. The third category, which consists of migrant professional workers provides more direct information about the problems that these individuals faced when commencing their work in the UK hospital.

### **3.4 Research Model**

Punch (2008, pp. 234-235) mentions three different research methodologies that can be adopted in a study, which comprise a quantitative research methodology, a qualitative research methodology and a triangulation of quantitative and qualitative research methodologies. In the quantitative research model an alternative or null hypothesis is set at the beginning of the research, which guides the scholar in choosing the appropriate data collection instrument and data analysis method. The data collection instrument may be similar to the ones adopted in a qualitative study but closed questions that are easily translated in numerical form are asked to participants. The data analysis method chosen differs from that of a qualitative methodology. In a quantitative methodology the data analysis method comprises a statistical technique (Punch, 2008, p. 73).

In the qualitative research model instead of focusing on numbers the researcher gathers data which comprises words or pictures. The researcher is not restricted with an alternative or null hypothesis. An exploratory or descriptive approach is adopted where nothing is taken for granted and the researcher emphasises more processes rather than outcomes. An inductive approach is frequently adopted in a qualitative study (Silverman, 2009, pp. 43 - 45).

Triangulation of quantitative and qualitative research methodologies, as hinted by its name, comprises a mixture of quantitative and qualitative research models. There are different types of triangulations that can be adopted in a research. There is data triangulation which consists of utilising multiple sources of primary data. There is theory triangulation which comprises using a mixture of theories to analyse the data. There is investigator triangulation which consists of engaging more than one researcher in the study. Finally, there is methodological triangulation which takes the form of a mixture of quantitative and qualitative research methodologies (Patton, 1990, p. 187).

An appropriate research model was selected for this study, which comprises a qualitative research model. The selection of this research model was based on a number of factors which are outlined below. The adoption of an alternative or null hypothesis was undesirable for this study as advocated in a quantitative research methodology because there are lot of variables that affect international migration. Therefore, restricting to a limited number of variables is dangerous because one may omit important variables that have not been outlined in past studies. Furthermore, the research questions outlined in section 1.5 (research questions) are 'what' questions. What questions are adopted for an exploratory research like



the one at hand. In an exploratory study the researcher has limited information about the topic examined and he or she adopts an exploratory inquiry relevant to the research questions outlined in the introductory chapter (Kumar, 2005, p. 10). In this respect a qualitative research methodology is more feasible for this research.

The approach adopted in a qualitative research methodology is more applicable for this study. In a qualitative research methodology the researcher focuses on the perception of the target population on the topic selected and takes into consideration the social constructs that influence such perceptions (Krathwohl, 1998, p. 23). Therefore, the approach adopted in a qualitative research methodology consists of there is "*something out there to be discovered*" (Krathwohl, 1998, p. 23). This approach is relevant to international migration, which is a complex variable influenced by a number of inter-related levels at national, corporate and personal levels.

Krathwohl (1998, p. 24) outlines a weakness of the quantitative research methodology that influences the reliability of the study. In a quantitative research methodology the researcher focuses on the cause and effect relationship of two variables (Krathwohl, 1998, p. 24). For example, one can examine the impact of international migration on the UK economy. However when one is examining a complex factor like international migration there is the risk that one falls in the post hoc fallacy trap. This arises when the researcher states that one variable is affecting another variable because it is happening before it (Krathwohl, 1998, p. 24). For example, there is an increase in international migration which is followed by economic growth. The researcher may state that international migration positively affects the economy and leads to economic growth. However economic growth is affected by other variables and such a narrow approach adopted in quantitative research fails to take into account of these variables. For example, economic growth may have resulted due to the application of technological advancements which led to an increase in labour productivity (McConnell and Brue, 2008, p. 304). Therefore, a qualitative research methodology is more applicable to this study. Stilwell et al. (2004, p. 599) highlight the need of qualitative studies in order to identify factors that influence health professionals.

As regards triangulation of quantitative and qualitative research, methodological triangulation is not appropriate due to the issues noted above of a quantitative research methodology. Due to cost constraints only one researcher was engaged in this study and therefore investigator triangulation was not adopted. Theory triangulation was used at the data analysis stage in

order to develop a stronger conclusion and enhance the validity and reliability of the study. This factor is examined in further depth when discussing the data analysis technique selected. Data triangulation was applied to a small extent because as noted in section 3.3 (population of the study) information was derived from the following three classes of population: the management of the selected UK hospital, native doctors and nurses working in the selected hospital and migrant workers working in this hospital. However Patton (1990, p. 187) states that data triangulation is adopted when one uses different classes of primary data like for example primary data collected from interviews, primary data gathered from questionnaires and documentation.

Therefore, this study comprised a qualitative research methodology. Silverman (2009, p. 45) outlines serious criticisms about a qualitative research methodology. Critics contend that a qualitative research methodology is a minor methodology that is unable to provide a reliable and valid study (Silverman, 2009, p. 45). This methodological issue is addressed in depth in the last section of this chapter. Measures were adopted in this study in order to ensure a reliable and valid research.

### **3.5 Sampling Strategy**

Miles and Huberman (1994, p. 28) outlined a typology of 16 sampling strategies that can be adopted in a qualitative research. These sampling strategies were evaluated and the most applicable methods were used in this study. An intensity sampling strategy was adopted in this research, which consists of a sampling strategy where a rich case study, which manifests the phenomenon examined is selected (Miles and Huberman, 1994, p. 28). In this respect the case studied selected consisted of a hospital that have employed a number of migrant professionals in the past years. For the purpose of confidentiality the name of the hospital cannot be disclosed.

As noted in section 3.4 (research model) this is an exploratory study. In an exploratory study the researcher is exploring new leads that will be encountered while collecting and examining data (Kumar, 2005, p. 10). An opportunistic sampling strategy is applicable for an exploratory research because in this strategy the researcher is attentive to take advantage of new leads, which are often encountered during the data collection process (Miles and Huberman, 1994, p. 28). For example, while collecting data from the manager it was noted that there is an assistant who was directly engaged in the transition of international workers.

In adherence to the opportunistic sampling strategy this individual was interviewed and rich data was collected.

### **3.6 Case Study Approach**

The case study approach was applied in this research. The case study consists of a hospital operating in the UK. In order to safeguard the confidentiality of participants the name of the hospital will not be disclosed. A pseudonym was used for the hospital, which consists of UK Hospital. Before describing the case study selected the term case study is described. This helps to outline the benefits derived from this approach.

There are a number of scholars like Punch (2008) and Yin (2009) who have defined the term case study. Punch (2008, p. 144) defines a case study as follows:

*“The basic idea is that one case will be studied in detail, using whatever methods seem appropriate. While there may be a variety of specific purposes and research questions, the general objective is to develop as full an understanding of that case as possible.”*

This definition outlines an important benefit of the case study approach. It helps the researcher attain a deep understanding of the case study examined. This is a desirable benefit when one is examining a compound area like international migration.

Yin (2009, p. 18) defines the term case study in greater depth. Yin (2009, p. 18) is critical of definitions of case studies provided by other scholars because these are unable to highlight all the main features of case studies. Yin (2009, p. 18) defines a case study as follows:

*“A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulation fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis.”*

Similar to Punch's (2008) definition, the definition provided by Yin (2009) shows that the case study approach helps to provide a deep understanding of the case study examined with reference to the research aim and objectives. The case study approach also allows the researcher to utilise multiple sources of evidence. Therefore, this approach enables data

triangulation. Therefore, case studies are appropriate for large scale studies. As already noted above data triangulation was not adopted in this study due to cost and time constraint. However the case study approach was used because it is effective to examine a compound area like international migration. Such approach helped the researcher to attain rich qualitative information, which is a key variable for a strong conclusion.

In order to attain rich information it is important that an appropriate data collection method is adopted (Kumar, 2005, p. 8). If an inadequate data collection instrument is selected there is the risk that the primary data collected is unable to provide an adequate answer to the research questions. This aspect is considered in depth in the next section.

### **3.7 Justification of Primary Data Collection Instrument**

The literature suggests three main types of data collection methods, which consist of the following: interviews, questionnaires and observation (Kumar, 2005, p. 118). In this section these data collection methods were examined to select the one most applicable for this study.

Interviews hold three important advantages over questionnaires. Interviews provide flexibility in the data collection process. The researcher can perform probing on interesting factors that participants state during the interview. Probing can be done with questionnaires but it takes more time to collect the data (Kumar, 2005, p. 131).

Interviews are also able to provide richer information to the researcher because it gives a full channel of communication, which consist of verbal and non-verbal communication. The verbal communication consists of what the participant is saying and his or her tone of voice. Non-verbal communication comprises his or her body language (Kumar, 2005, p. 131). This aspect is interesting when one is looking at a sensitive area like labour mobility. Interviews are thus helpful to attain rich information from participants. This benefit is not applicable to questionnaires. Furthermore, questionnaires are not flexible like interviews. Probing can be conducted via questionnaires but it takes more time to collect such information (Kumar, 2005, p. 130).

Interviews are applicable to any kind of population being children, illiterate people and old individuals. This benefit is not applicable to questionnaires because illiterate individuals cannot fill questionnaires (Kumar, 2005, p. 130). This benefit is not highly applicable to this study because the target population comprises professionals working in the healthcare industry. Therefore, the possibility that there are illiterate people in this population is very

low. However the benefits noted above show that interviews are more applicable to this study than questionnaires.

Observation is also a good method that is helpful to collect data. There are different forms of observation approaches like direct observation and participant observation. In direct observation the researcher comes and watches the behaviour of immigrant doctors, nurses or other health workers in hospitals. In participant observation the researcher becomes a participant in the area studies (Punch, 2008, p. 182). Yin (2009, p. 111) contends that participant observation provides access to information, which cannot be gathered from interviews. This type of research instrument helps the researcher to perceive reality from inside the case study rather than outside as an external researcher (Yin, 2009, pp. 111-112). The problems with the adoption of observation is relevant to confidentiality and limited time for data collection. It was difficult to apply participant observation because this study was conducted by one researcher and there was no time available to work in the healthcare industry in the case study selected. As regards direct observation confidentiality issues will arise. For example, patients will be unwilling that there is a researcher observing their treatment. Therefore, interviews comprise the best data collection method for this study. The interview questions asked to participants are outlined in the following subsection.

### **3.7.1 Interview Questions**

The questions addressed to management comprise the following:

- Do you think that the organisational culture supports migrant workers from the EU? Please illustrate your answer with examples.
- What policies are adopted in the hospital that support migrant workers?
- What is the retention rate of migrant workers?
- What barriers to mobility can you identify in the hospital?
- Do conflict arise between native doctors or nurses with migrant workers?

The questions addressed to native doctors and nurses consist of the following:

- Do you think that the organisational culture supports migrant workers from the EU? Please illustrate your answer with examples.

- What is your relationship with migrant workers?
- Do you think that migrant workers are also skilled to provide a good quality service that meets the standards of the hospital?
- What problems do you face with migrant workers?
- Do you prefer to work with native or migrant workers? Give reasons for your choice.

The questions asked to migrant workers comprise the following:

- Do you think that the organisational culture supports migrant workers from the EU? Please illustrate your answer with examples.
- What is your relationship with native workers?
- What problems do you face with native workers?
- Do you believe that the management of the hospital adopt policies that promote mobility of professionals? Please provide examples that illustrate your points.
- What barriers to mobility of professional can you identify?
- Do you believe that policies at national level are being adopted to stimulate mobility of professional in the EU?

### **3.8 Qualitative Data Analysis Technique**

The selection of an appropriate qualitative data analysis technique is critical for a research. Failure to select an appropriate method mitigates the benefits of a qualitative research methodology, case study approach and interviews and leads to a weak study (Punch, 2008, pp. 97-98). The framework developed by Miles and Huberman (1994, pp. 51-76) was used to analyse the data. The main features of this model are described in this section together with its benefits. These scholars contend that the analysis of qualitative data is a continuous process. It is erroneous that the researcher examines qualitative data once it is collected. Qualitative data analysis should commence before the data collection and should be adopted throughout the study. This helps to develop a reliable and valid research, which reflects a strong conclusion (Miles and Huberman, 1994, pp. 55-56).

As already noted above a qualitative research methodology entwined with a case study approach is effective to collect rich data. However a problem that often arises to qualitative researchers consists of information overload. Qualitative researchers end up with lots of information and they are unable to summarise the key points in a meaningful manner. The framework created by Miles and Huberman (1994, pp. 51, 56) solves this problem because the preparation of contact summary sheets, coding and memoing helps to diminish the data into meaningful themes. Furthermore, this model helps to display qualitative data in a way that facilitates the examination of qualitative information. Examples suggested in this model comprise role order matrices and clustered matrices (Miles and Huberman, 1994, pp. 122, 128).

The model created by Miles and Huberman (1994) is mainly composed of five key stages. The first stage suggested by these scholars should occur before collecting the primary data. This consists of developing an initial list of codes (Miles and Huberman, 1994, pp. 58-59). Such an approach ensures that coding "*drives ongoing data collection*" (Miles and Huberman, 1994, p. 64). The initial list of codes is developed by looking at the literature of other scholars, which is outlined in the literature review chapter. Such codes provided guidance to the researcher in conducting probing during the interviews. The initial list of codes is outlined at the beginning of the data analysis chapter.

The second stage of the model created by Miles and Huberman (1994, p. 51) mainly comprises the display of the primary data collected from interviews. It consists of the preparation of the interview transcripts (Miles and Huberman, 1994, p. 51). The interview transcripts consist of raw data and the third stage suggested by Miles and Huberman (1994) is an effective approach to solve the problem of information overload and outline the salient themes of the qualitative data gathered from the interview. This consists of preparing the contact summary sheets, which comprise a single sheet per interview that contains the main themes arising from the interview and the codes used. Additional codes emerged while preparing the contact summary sheets, which reflect new important factors stemming from interviews. The inclusion of additional codes to the initial list of codes is common especially for an exploratory study. The preparation of a contact summary sheet was helpful to link together various chunks of qualitative information together into themes (Miles and Huberman, 1994, pp. 51 - 53).

In the fourth phase of the framework used in this study the researcher examined the contact summary sheets of the participants by placing emphasis on the themes and codes emerging. This led to coding and memoing, which comprise important aspects of the qualitative data analysis that helps to prevent premature analytical disclosure (Miles and Huberman, 1994, pp. 58, 72). Therefore, memoing helps to strengthen the reliability and validity of the research. Memos consist of notes compiled by the researcher, which reflects links of themes and implications emerging from these themes (Miles and Huberman, p. 72). Miles and Huberman (1994, p. 73) suggest that memos are dated in order to highlight the progress of the qualitative data analysis. As already noted above coding is a continuous process which occurs before the collection of primary data and while preparing the contact summary sheets. Coding helps to group qualitative information together and derive the main themes. Coding is in two stages. The first stage occurs while preparing the initial list of codes and preparing the contact summary sheets. The second stage of coding consists of pattern coding where a cognitive map of events and concepts were developed by the researcher (Miles and Huberman, 1994, pp. 69-71).

The fifth stage of the framework created by Miles and Huberman (1994, p. 86) is important for the reliability and validity of the study. It consists of comparing and contrasting the main themes arising from the qualitative data with the aim of providing an answer to the research questions (Miles and Huberman, 1994, p. 86). The answer to the research questions was providing in the conclusion chapter. In the data analysis chapter the comparison and contrast of the main themes was performed.

The main stages of the model developed by Miles and Huberman (1994, pp. 51-76) is summarised in the following stages:

1. Prepare the initial list of codes.
2. Prepare the interview transcripts.
3. Prepare the contact summary sheets.
4. Pattern Coding and memoing of qualitative data.
5. The main themes emerging from the qualitative data are compared and contrasted.



### 3.9 Ethical Principles

In this section attention is devoted to a very important area which consists of the ethical principles that the researcher complied with while collecting the information and writing the dissertation. Confidentiality is an important ethical principle which states that the researcher must safeguard confidential information about participants and ensure that such information is not disclosed to third parties (Crane and Matten, 2010, p. 408). The steps adopted to safeguard confidential information comprise the following: locked interview transcripts and other confidential information in a drawer, used pseudonyms in the dissertation and paid attention that no participant can be identified from the quotes outlined in the data analysis chapter. Howe and Moses (1999, pp. 44-45) outline a risk that participants say confidential information which shows that ethical principles are being infringed. This risk is high for an exploratory study like this one because the interview questions outlined in subsection 3.7.1 are open-ended questions. For example, there is the risk that a migrant worker states that he or she is forced to work excessive hours which are longer than the ones prescribed by the law. In this case there is a dilemma for the researcher because he or she is required to report this incident but at the same time he or she needs to be careful to safeguard the ethical premise of confidentiality (Crane and Matten, 2010, p. 408). In these cases guidance would have been gathered from the ethics committee of the educational institution.

Another important ethical principle that the researcher complied with encompasses integrity. Integrity means that the researcher is honest and fair with participants and readers of the dissertation (Canterbury University, 2006, p. 9). Honesty was reflected by reporting truthfully what the participants said and adopting the measures to sustain the reliability and validity of the study, which are advocated in this chapter. Fairness to participants was provided by granting the appropriate autonomy. The traditional approach to autonomy consists of providing informed consent (Howe and Moses, 1999, p. 41). Wax criticises informed consent by stating that "*is both too much and too little*" for the interpretivist research (In: Howe and Moses, 1999, p. 41). By "too much", Wax implies that informed consent can be an annoyance to the researcher which negatively affects social research. However the fact that informed consent may bring additional work for the researcher provides an inadequate justification for not doing so (Howe and Moses, 1999, p. 41). As already hinted above, ethical principles are very important to ensure that participants are not harmed. By "too little", Wax implies a difference between interpretivist and traditional research. This scholar contends that in interpretivist research the process is progressive and

relationships are consistently negotiated during the fieldwork (In: Howe and Moses, 1999, p. 41). Therefore, an informed consent is not enough and a good level of ethical quality is reached when the relationship has reached parity and reciprocity. This ethical issue was solved in this study by providing informed consent but at the same the participants were granted the right to withdraw from the study at any time without having to provide a reason why they are withdrawing. This right was communicated at the beginning of the data collection to all participants.

### **3.10 Reliability and Validity of the Research**

The criticism outlined by quantitative researchers, which was noted in section 3.4 (research model) of this chapter, was addressed in this section by outlining a number of measures that were adopted to sustain the reliability and validity of the research. In this section attention is also devoted to literature addressing this aspect. Before examining this literature a definition of the terms reliability and validity are provided. A reliable study is a study that is able to provide similar results even if it is conducted by different researchers in diverse time frames (Punch, 2008, p. 95). Validity is achieved when the research model and instrument is capable to measure what it is advocated to measure (Punch, 2008, p. 97). Quantitative researchers contend that a qualitative research is an inferior methodological approach because it is unable to provide a reliable and valid study. A qualitative study should be conducted before a quantitative research in order to help the researcher attain knowledge on the topic examined (Silverman, 2009, p. 45).

Qualitative studies are defended by a number of scholars including the following: Stenbacka (2001), Morse et al. (2002) and Whittemore et al. (2001). Stenbacka (2001, p. 551) defends qualitative studies by stating that reliability is not an appropriate term to evaluate qualitative research. This scholar also states that validity needs to be redefined for a qualitative study (Stenbacka, 2001, p. 551). Guba and Lincoln (1981) claim that a qualitative research should be evaluated by assessing its "*credibility, transferability, dependability and confirmability*" (In: Morse et al., 2002, p. 2).

Whittemore et al. (2001, p. 522) acknowledge the difficulty in maintaining reliability and validity in a qualitative research because the researcher needs to "*incorporate rigor and subjectivity as well as creativity*" in the study. However these scholars outline a number of primary and secondary criteria that can be used to enhance the validity of the study. For example, credibility is a primary validity criterion, which can be attained by reflecting the

truth of claims outlined by participants (Whittemore et al., 2001, p. 530). Morse et al. (2002, p. 13) outlined a number of interesting approaches, which were adopted in this study that can lead to a valid and reliable research. The techniques suggested by these scholars consist of the following: "*investigator responsiveness, methodological coherence, sampling adequacy, theoretical sampling, and active analytical stance and saturation*" (Morse et al. 2002, p. 17).

Investigator responsiveness is mainly the skills of the researcher in collecting the right data and analyse it properly. Flexibility, creativity and an open mind to new themes are important factors that sustain investigator responsiveness (Morse et al., 2002, pp. 17-18). Investigator responsiveness was enhanced in this study by adopting the framework of Miles and Huberman (1994). As already noted above this framework keeps an open mind by adopting a continuous coding system. Flexibility is also encouraged via cross-case synthesis.

Methodological coherence means that there is "*congruence between the research question and the components of the method*" (Morse et al., 2002, p. 18). This was applied in this study because the selection of the research methodology, data collection instruments and data analysis method were based on the aim and objectives of the study and the research questions.

Sampling adequacy means that the right population is selected in the study and appropriate sampling strategies are adopted (Morse et al., 2002, p. 18). Morse et al. (2002, p. 18) highlight the importance of selecting negative cases, which can provide conflicting evidence to other data. Sampling adequacy was attained in this study by examining three types of population in the case study selected. Qualitative information was not only derived from management and native professionals. International staff was also interviewed who may outline negative cases. The sampling strategy was also selected in adherence to the research model.

Thinking theoretically means that the researcher evaluates themes emerging from the qualitative study by referring back to applicable theories (Morse et al., 2002, p. 18). This approach was adopted in this study because major themes were compared with relevant literature. Analytic stance and saturation was attained by adopting cross-case synthesis. Therefore, qualitative data was not only compared with relevant literature but also with the primary data gathered from different participants within the case study.

### **3.11 Summary and Conclusion**

Important factors that build up the research model were considered in this chapter. Attention was devoted to the following factors: research philosophy, population of the study, research model, sampling strategy, case study approach, primary data collection instrument, data analysis technique, ethical principles and reliability and validity of the research. The research philosophy comprised critical theory where an element of subjectivity was included, which reflects the perception of participants. However such perceptions were evaluated in the social constructs present in the hospital. A qualitative research model was selected aimed to gather primary data from the following individuals: management, native professionals working in the hospital and migrant professional workers. Due to time and cost constraints one case study was selected and the primary data collection instrument was limited to interviews.

The selection of the sample was based on the following strategies: intensive sampling strategy and opportunistic sample strategy. The qualitative data analysis method selected consists of the Miles and Huberman (1994) framework. This model was chosen because it strengthens the validity and reliability of the study and helps to mitigate the problem of information overload.

Measures to safeguard the following ethical principles were adopted: confidentiality and integrity. A reliable and valid study was developed by adopting the following methods: investigator responsiveness, methodological coherence, sampling adequacy, theoretical sampling, and active analytical stance and saturation.

## 4. Data Analysis Chapter

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### 4.1 Introduction - Overview of Sections

As already noted in the previous chapter, the framework created by Miles and Huberman (1994) was adopted in order to analyse the qualitative data collected from interviews. One case study was examined in this research, which consists of a hospital operating in the UK. For confidentiality reasons the name of the hospital was not disclosed in this study. Qualitative data was collected from three main categories of participants, which consist of the following: the management of the selected hospital, the native doctors and nurses working in the selected hospital and the migrant professional workers employed in the selected hospital. The five step model of Miles and Huberman (1994) noted in section 3.8 (qualitative data analysis technique) was applied in this chapter. However matters of a highly descriptive nature, which consist of preparing interview transcripts and contact summary sheets, were not disclosed in this chapter.

### 4.2 Initial List of Codes

The initial list of codes which was developed by looking at the research questions and literature considered in chapters one and two of this study are shown below:

Table 1: Initial List of Codes

<b>Code</b>	<b>Description</b>
PERSET	Permanent settler employed in the hospital.
TEPRTR	Temporary professional transient engaged in the hospital.
EXDIPR	Externally displaced person engaged in the hospital.
HIGPAY	Higher pay attained from migration.
BEWOCO	Better working conditions achieved from migration.
BEREHS	Better resource health systems attained from migration.
CAROPP	Increase in career opportunities stemming from migration.

POLSTA	Political stability provided in country of migration.
ECOSTA	Economic stability provided in country of migration.
LAREHC	Lack of resources provided in home country.
QUOWOL	Quality of working life attained from migration.
DECSTR	Decrease in stress achieved from migration.
CRIMIG	Migrants coming with the help of criminal organisations.
BRADRA	Brain drain occurring because a considerable number of health professionals go to another country.
HRMSTM	Human resource management support to professional migrants.
CULBAR	Cultural barrier that professional migrants face.

In section 3.8 (qualitative data analysis technique) of the previous chapter it was noted that additional codes will emerge during the data collection. All these additional codes were not reflected in this chapter. However salient codes were outlined while classifying the main themes in accordance to the research questions.

### **4.3 Qualitative Data Analysis Approach**

In this section the main themes arising from the qualitative data examined is matched to the research questions noted in chapter one. Cross-case synthesis of the main themes arising from management working in the selected hospital, native doctors and nurses employed in the selected hospital and migrant professional workers engaged in the selected hospital was adopted at the end of this section. Therefore, this chapter helped to meet the last two stages of Miles and Huberman (1994) framework, which comprise the following: pattern Coding and memoing of qualitative data, and the main themes emerging from the qualitative data are compared and contrasted.

#### **4.3.1 Participants**

Before conducting the aforementioned steps attention is devoted to the total population of participants from whom qualitative data was collected. The management of the selected hospital that participated in the study amounted to two individuals who for the scope of

confidentiality were indexed as HM1 and HM2. The native doctors and nurses working in the selected hospital that participated in the study amounted to five individuals who were indexed as follows: NS1, NS2, NS3, NS4, NS5. Four migrant professional workers that are employed in the selected hospital participated in this research who were indexed as follows: MP1, MP2, MP3 and MP4. Therefore, the total interviews conducted in this research amounted to 11.

### **4.3.2 Research Question: What barriers to mobility of professionals can be enacted by stakeholders in the UK's healthcare industry?**

#### **4.3.2.1 Management of the Selected Hospital**

The main stakeholder identified by the two participants consists of the customers. Participant HM1 highlighted the importance of a high quality service to the customer due to the substantial responsibility that doctors and nurses hold to the customers. Such point is highlighted in the following quotation:

'Our job is of a fundamental importance because it determines if an individual lives or dies. Therefore, it is imperative that the service quality provided is to high standards. Allow me to stress again that we cannot afford to make mistakes because we will put the life of individuals in danger.'

Transcript from interview with HM1

In line with this argument, participants HM1 and HM2 highlighted the risk of employing migrant professionals with a medical qualification of a university outside the UK. Participant HM2 noted that it is difficult to assess the potential of migrant professionals if you do not have a clear idea of their educational level and experience.

'My fear when conducting interviews of professional migrants is that their technical knowledge is weak and they are incapable to provide good medical care. It is true that I can ask technical questions during the interview but due to time constraints you cannot attain a clear idea of his knowledge.'

Transcript from interview with HM2

This factor can be linked with the issue noted by Brazier et al. (1993, p. 36). These scholars contend that mobility of doctors has been supported by numerous EU directives but this level of mobility is often hindered by institutional barriers and restrictive national policies. For example, there are a number of professional affiliations and qualifications from other EU countries which are not recognised in the UK (Brazier et al., 1993, p. 36). Williams (2010, p. 11) identified a similar problem for nurses because the minimum standards for nurse education differs across Europe and until these standards can be harmonised in an agreed manner, countries will still be able to use these variations in order to create labour mobility barriers.

In view of the above problems, management (HM1 and HM2) prefer to employ local professionals in primary roles and when migrant professionals are employed they are initially engaged in the role of assistants in order to evaluate their knowledge and skills. Therefore, initially migrant workers are unable to attain their target wage, which according to Blanchflower et al. (2007, p. 3) and Buchan (2008, p. 4) is the key driver of migration.

#### **4.3.2.2 Native Doctors and Nurses of the Selected Hospital**

Participants NS1, NS2, NS3 and NS5 recognised the customer as the main stakeholder of the hospital. Participant NS4 stated that the government is the main stakeholder because the work of medical doctors and nurses holds an impact on the economy by affecting the morale and the active number of the working population. All participants agreed that it is imperative that a good quality job is provided and this is the result of effective team effort, technical knowledge and medical skills.

The aspect of team effort was examined through additional probing during the interviews. One of the participants described team effort as follows:

'A group of team members working in a coordinated and timely effort towards one common goal, which is providing a top quality work to the customer.'

Transcript of Interview with NS3

Participants NS1, NS3 and NS5 stated that sometimes it is difficult to work with professional migrants especially new ones because you cannot trust them since your knowledge about their knowledge and skills is limited. This led to an additional coding reflecting trust in



professional migrants, which was termed as TRUPRM. Participants NS2 and NS4 reflected another issue that hinders team effort, which is outlined in the following quotation:

'Some professional migrants find it difficult to communicate in English and sometimes they are unable to cope with our communication especially in cases of emergency. This weakens the coordination necessary in these situations.'

Transcript of Interview with NS4

#### **4.3.2.3 Migrant Professional Workers of the Selected Hospital**

Participants MP1, MP3 and MP4 felt comfortable working in the case study examined. These have been employed with the hospital for over three years. Participant MP2 was a new recruit and he or she was engaged in the hospital for 7 months. Participant MP2 was more critical about the main stakeholder, which he believes is the management of the hospital. This participant claimed that management are a stakeholder because they are directly accountable to outside stakeholders. Therefore, they will seek the direct interest of these stakeholders. The problems that this participant noted are articulated below:

'I had high expectations travelling to UK and exercise my profession. I thought I will be paid a very good wage and will utilise advanced equipment. Indeed, I was delighted when I received the letter stated that I was accepted for this post. Unfortunately I was appointed as assistant with a far less wage than expected. Furthermore, a lot of my colleagues do not trust me and give me mundane jobs. I feel that I am not attaining the skills that I thought that I would achieve.'

Transcript of Interview with MP2

This reflects the issues outlined by the other participants, which comprise a lower wage and trust in professional migrants.

#### **4.3.3 Research Question: What barriers to mobility of professionals are adopted by hospital in the UK?**

##### **4.3.3.1 Management of the Selected Hospital**

Participants HM1 and HM2 were reluctant to provide any information about barriers to mobility of professionals. They claimed that as long as the applicant had the appropriate

qualifications and skills to ensure that no stakeholders are damaged there were no problems to their employment.

In view of this issue it was considered necessary that staff from the human resource department are interviewed. One interview was conducted with an individual who was termed as HR1. His or her status in the human resource department was not outlined in order to safeguard his or her confidentiality. This participant identified one major barrier to mobility which consists of cultural differences. Participant HR1 claimed that this factor was affected both by variables within the hospital and the UK. The following example was provided by the participant:

'Some staff have a reserved personality due to the culture that they are accustomed to in their home country. Therefore, they find it difficult to integrate with native workers once they are employed. This limits their quality of working life.'

Transcript of Interview with HR1

This claim sustains the criticism put forward by Howe-Walsh and Schyns (2010, p. 260) in the literature review chapter and highlights the need that the human resource management plays a more active role in integrating expatriates with native workers in the organisation.

#### **4.3.3.2 Native Doctors and Nurses of the Selected Hospital**

Two barriers in the selected hospital were identified by native doctors and nurses, which consist of communication barrier (NS2 and NS4) and cultural barrier (NS1, NS3 and NS5). Participants contend that professional migrants that come from countries where English is not the main language and have not studied in an English speaking university are unable to communicate effectively. This issue was outlined in the following quotation:

'It is very difficult to work with migrants that come from a non-English speaking country and have not studied here in the UK. They are unable to respond effectively to medical procedures adopted on patients due to a communication barrier.'

Transcript of Interview with NS2

The quotation noted above holds severe implications about the quality of the service provided and the harmony between team members in the hospital. There is the risk that conflict arises between native and migrant professionals. There is numerous literature that discusses the

negative impacts that conflict hold on team member performance and the working environment (Behfar et al., 2008, pp. 170 - 171). Behfar et al. (2008, p. 170) contend that successful teams are those that adopt a proactive approach to conflict resolution and "*pluralistic in developing conflict resolution strategies that apply to all group members*".

As regards the cultural barrier participants NS1 and NS5 outlined the problem of being unable to integrate with their colleagues and develop a good working relationship. These participants claim that such cultural barriers decrease the number of migrant professional participants coming from countries where there are cultural barriers. Participant NS3 takes a more drastic approach as remarked in the following quotation:

'Some professional migrants give me the feel that they do not want to accept our culture but want to impose their culture on us.'

Transcript of Interview with NS3

Such claim is very strong but holds limited theoretical support. There is supporting literature as regards the notion outlined by participants NS1 and NS5. Kingma (2001, p. 209) contends that cultural similarities are an incentive for nurse migration while cultural differences comprise a disincentive.

#### **4.3.3.3 Migrant Professional Workers of the Selected Hospital**

Participants MP1, MP2, MP3 and MP4 also noted that the cultural barrier is the main obstacle that hinders good working relationships with native professionals. This issue can be amplified via the following quotation:

'I am not aware of the cultural norms of native colleagues. Therefore, I do not interact a lot with them in order to avoid that I cultural conflicts occur'.

Transcript of Interview with MP3

Through further probing participant MP3 said that he or she was referring to the organisational culture. Brown (1992, p. 3) provides supporting evidence to the claim of participant MP3. The organisational culture can be examined at three different levels, which consist of the following: "*basic assumptions, values and beliefs, and visible artefacts*" (Brown, 1992, p. 3). The only aspect of organisational culture that is directly visible is the visible artefacts. Basic assumptions are unconscious in individuals and affect the way they

perceive and feel. Values and beliefs are consciously held but are not directly visible by other individuals (Brown, 1992, p. 3).

#### **4.3.4 Research Question: What help was provided to doctors and nurses who migrated to the UK from other EU member states?**

##### **4.3.4.1 Management of the Selected Hospital**

Participants HM1 and HM2 claim that the main support provided to doctors and nurses who migrated to the UK from other EU member states consists of providing equality in terms of wage, growth opportunities, and treatment in terms of resources provided, working hours and other benefits. Reference was made to an important law in the following quotation:

'We provide similar treatment to all our employees and stimulate equality as suggested by the Equality Act of 2010. We do not look at age, gender and ethnicity when selecting and promoting employees. What we look for is the ability to provide high quality service to our customers.'

Transcript of Interview with HM2

In the above quotation reference was made to recruitment and promotion, which are variables present in the Equality Act (2010) (Gov.uk, 2013, n. p.). However this act extends to other factors like the prevention of "*direct and indirect discrimination*" (Gov.uk, 2013, n. p.).

Participant HM2 outlined another measure that he or she adopts to support migrant professionals. This consists of an open door policy where professionals both migrant and native can come and discuss any issues that they are facing with the manager. The type of support outlined by participant HM2 is reflects an important factor of transformational leadership, which consists of "*individual consideration*" (Sadler, 2003, p. 24). The literature suggests that providing individual consideration helps to develop mutual trust and lead to employee engagement. However it is important to note that there are other important factors that should be present to lead to these benefits. For example, the manager should be able to articulate a clear vision that employees agree with it (Sadler, 2003, p. 24).

#### **4.3.4.2 Native Doctors and Nurses of the Selected Hospital**

Participants NS1, NS3 and NS4 state that the main support that they provide to migrant workers consists of answering any questions they have and provide training that migrant workers request. This is evidenced in the following quotation:

'I have never denied any support that migrant workers requested from me. Indeed, I always make it a point with new arrivals that if they need any help they are free to ask.'

Transcript of Interview with NS4

On the job training is an effective training approach that helps employees to simultaneously learn and enhance their expertise (Armstrong, 2005, p. 564). However literature relevant to human resource management show that a system should be in place for employee development. It is true that the aforementioned attitude is supportive but it is not an effective way for employee development. The literature suggests that a performance appraisal system helps to identify weaknesses by evaluating the performance of employees. Such weaknesses are noted by management and appropriate training techniques are adopted (James, 1999, p. 177).

#### **4.3.4.3 Migrant Professional Workers of the Selected Hospital**

Participants MP1, MP3 and MP4 claimed that native doctors and nurses provided support by showing their willingness to answer any questions and provide on the job training where necessary. However participant MP3 was critical about this type of support by stating the following:

'It is true that native doctors and nurses are willing to help us but this is not always possible. They are always busy with work and I am reluctant to stop them and ask them questions.'

Transcript of Interview with MP4

This highlights the criticism noted in the previous subsection that an appropriate system like performance appraisal should be in place in order to enhance employee development.

Participants MP2 and MP3 commented on the open door policy adopted by management. These participants were favourable that management are always willing to discuss problems that they may have. However participants MP2 and MP3 claimed that they were not willing to discuss personal problems that they were facing. Further probing was conducted on this

point in order to identify what type of personal problems he or she was referring to. These are articulated in the following quote:

'I am willing to discuss issues in understanding certain standards but I am not going to discuss with the manager problems that I am facing with the behaviour of certain staff.'

Transcript of Interview with MP2

Therefore, the effectiveness of the open door policy is limited to support professional migrants.

#### **4.3.5 Research Question: What problems were faced by doctors and nurses who migrated to the UK from other EU member states?**

##### **4.3.5.1 Management of the Selected Hospital**

Participants HM1 and HM2 referred to the same point raised in the first research question noted above. They claimed that it is difficult to assess professional migrants with qualifications from educational institutions outside the UK. One of the sampling strategies selected in section 3.5 (sampling strategy) consist of the intensity sampling strategy. This strategy was selected in order to gather rich information from the case study (Miles and Huberman, 1994, p. 28). Therefore, additional probing was conducted by the researcher.

The issue of conflict between native professionals and migrant professionals was raised by participant HM1 with the help of additional probing. He or she claimed the following:

'I have encountered three situations where conflict occurred between native professionals and migrant professionals. In all cases the individuals were nurses. I immediately intervened by discussing the issue with the individuals involved separately first. In the first two cases I provided some recommendations and it worked. In one case one of the staff members had to be transferred to another department due to the conflict.'

Transcript of Interview with HM1

Additional probing was conducted to see if the issue was due to cultural conflict. Participant HM1 said that all the three conflict incidents were not due to cultural conflict. He or she claimed that such conflicts occurred due to different personalities. Rahim (2011, p. 15) outlines the following definition of conflict, which sustains the notion of HRM1: "*Conflict is an interactive state in which the behaviours or goals of one actor are to some degree*

*incompatible with the behaviours or goals of some other actor or actors*". However this does not necessarily mean that conflict is always the result of personality differences. Conflict may also occur due to opposing interests and beliefs that may occur due to diverse cultural norms (Rahim, 2011, p. 15). Participant NS2 identified another source of conflict in subsection 4.3.3.2 (native doctors and nurses of the selected hospital), which arises due to communication problems between native and migrant professionals. Therefore, the comments of HM1 are a bit restrictive to a factor that is affected by a wide array of variables.

#### **4.3.5.2 Native Doctors and Nurses of the Selected Hospital**

As regards additional problems all the participants in this category (NS1, NS2, NS3, NS4 and NS5) referred to one common problem, which consists of difficulty to adopt to a new life style. One of these participants described this problem as follows:

'A common problem that migrant professionals face in UK is adjusting to this new life style. A lot of these professionals are in their 30s and 40s and they are used to a different life style. It is often difficult for them to adapt to this new life style and some of them have to go back to their country because of this.'

Transcript of interview with NS5

The issue noted above is a social factor that not only reflects the hospital examined. Such inability to adjust to the new life style may be due factors like diverse cultural norms in the UK, different weather in England and different style of living. The case study approach adopted in this study implies that emphasis was placed on the case study selected. Therefore, these external factors are not examined in depth. However these factors can be linked to the role that the human resource department of the hospital should place in order to help migrant professionals. Armstrong (2005, p. 38) states that the role of the human resource function is to adopt measures aimed to provide support "*on all matters*" to employees. Therefore, if there is this problem which is leading to professional migrants returning back home it is the responsibility of the human resource department to adopt measures to mitigate this issue.

#### **4.3.5.3 Migrant Professional Workers of the Selected Hospital**

Participants MP1, MP2 and MP4 claimed that the major problem that they face consists of the difficulty to find a good place to live in. One of these participants articulated this issue as follows:

'In London the rent is very expensive. I ended up renting a small apartment at a very high price, which is eating a considerable sum of the remuneration that I am receiving from the hospital. This decreases the viability of working here. Furthermore, it was very difficult to find this place and I had no support from the hospital on such matter.'

Transcript of Interview with MP2

This quotation highlights again the issue noted in the previous subsection that the human resource department provides limited support to migrant workers. This matter is examined in further depth in the conclusion chapter.

Participant MP3 outlined another problem that he or she faced when deciding on whether to work in another country or not. This participant claimed that going to another country is a difficult choice because there are a lot of variables to consider like the following: needs of the family, ability to attain a fair wage, attain adequate working conditions, help to develop medical skills and fit in a new society. These factors are surrounded by considerable uncertainty. The literature sustains this notion by stating that a salient issue of occupational mobility comprises lack of clear information around what jobs are in demand, in what industry and region (Business Europe, 2004, p. 10). This increases the uncertainty of individuals interested to work in other EU countries. Belot (2007, p. 416) shows that such uncertainties cannot be considered lightly because many employers are often unwilling to provide information for professional jobs in other EU nations due to the high level of institutional regulations in most developed European countries.

#### **4.4 Cross-Case Synthesis**

Two approaches adopted to enhance the validity and reliability of the study comprised investigator responsiveness, and analytic stance and saturation. Comparing and contrasting the main themes stemming from the three types of population examined in this study is an effective way to implement these approaches.



The management of the selected hospital (HM2) claimed that the open door policy adopted is an effective way to support all staff including migrant professionals. Migrant professionals (MP2 and MP3) mitigated the effectiveness of this approach by stating that they were not willing to discuss personal problems that they were facing. This outlines the need that additional effort should be placed by management in order to support international migration into the hospital. The human resource department of the hospital can help managers to provide this additional support.

Native doctors and nurses working in the hospital (NS1, NS2 and NS4) claimed that they supported migrant professionals by answering any questions they have and provided on the job training necessary to develop migrant professionals. However this aspect conflicts with a barrier noted by native doctors and nurses working in the hospital (NS2 and NS4). This comprises the communication barrier where migrants that come from non-English speaking countries are unable to communicate effectively with native doctors and nurses. Therefore, if there is a communication barrier how can professional migrants comprehend the on the job training provided? Furthermore, if conflict occurred between these individuals, professional migrants will be reluctant to ask questions. This implies that this type of support is weak and is unable to facilitate international migration.

The management of the selected hospital (HM1 and HM2) claimed that they supported professional migrants by avoiding any discrimination in remuneration provided, growth opportunities, and treatment in terms of resources provided, working hours and other benefits. However the same participants stated that due to service quality issues they prefer to employ local professionals in primary roles and when migrant professionals are employed they are initially engaged in the role of assistants in order to evaluate their knowledge and skills. This may be interpreted as indirect discrimination. It is true that the service quality is of utmost importance because mistakes may be fatal for customers. However management is not adopting appropriate measures during the selection of new professionals. Armstrong (2005, p. 187) outlines a number of methods that can be used to evaluate the competency of individuals like workshops, functional analysis and repertory grid analysis. In workshops the candidate may be asked to evaluate the case of a past customer by looking at his or her medical history and recommend appropriate medication or procedures (Armstrong, 2005, p. 188).

#### **4.5 Conclusion - Main Themes Stemming from the Study**

Four main themes emerged from this study which were explored in further depth in the conclusion chapter. The first theme comprises the conflict that was occurring between the native and professional migrants. The second theme encompasses the role that the human resource department should play in order to integrate expatriates with native professionals. The third theme consists of the difficulty that professional migrants face to translate their skills in the hospital. The fourth theme is relevant to the cultural barrier present in the hospital where professional migrants are not aware of the cultural norms of native colleagues.

## 5. Conclusion Chapter

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### 5.1 Introduction - Overview of Sections

In this chapter the implications stemming from the main themes identified in the data analysis chapter are outlined and examined in line to the relevant literature. Before discussing the implications of the study attention is devoted to the limitations of the study. Areas where further studies can be conducted are outlined and finally the answers to the aim and objectives of the study are highlighted at the end of this chapter.

### 5.2 Limitations of the Study

There are two main limitations of the study which are examined in this section. In this thesis a single case study approach was adopted due to time and cost constraints. The literature suggests that a multiple case study approach is better than a single case study approach (Eisenhardt and Graebner, 2007, p. 27). From multiple case studies the "*theory is better grounded, more accurate and more generalisable*" (Eisenhardt and Graebner, 2007, p. 27). Multiple cases allow the research to compare and contrast the themes emerging from different cases, which helps to enhance the reliability and validity of the study (Eisenhardt and Graebner, 2007). Multiple case studies also permit a wider exploration of the research questions and "*theoretical elaboration*" (Eisenhardt and Graebner, 2007, p. 27). Despite these limitations, Siggelkow (2007, p. 20) contends that single case studies are able to provide rich information to the researcher. Flyvberg (2006, p. 219) refutes the notion that one cannot generalise from a single case study and states that this is a misunderstanding about case study research. This scholar claims that generalisability is affected by the type of case study selected and how it is chosen (Flyvberg, 2006, p. 226). One can entwine this factor with the methodological coherence adopted in this study as noted in section 3.10 (reliability and validity of the research). Therefore, despite the aforementioned limitations this study is still reliable and valid.

The generalisability issue can be examined in further depth, which leads to the second limitation of this study. Punch (2008, p. 255) posits that the generalisability of qualitative studies are related to how much "*are the conclusions transferable*" to other settings. This is evaluated by looking at the following three factors: the diversity of the sample selected, the thickness of the context examined and "*the level of abstraction*" in the data analysis stage (Punch, 2008, pp. 255-256). The diversity of the sample selected is weak because only one

sample was selected out of a range of 2,300 hospitals in the UK (NHS, 2014, n. p.). The thickness of the context examined is strong because three categories of population in the case study selected were examined, which consist of the management of the selected hospital, the native doctors and nurses employed in the selected hospital and the migrant workers engaged in the selected hospital. Furthermore, the opportunistic sampling strategy led to an additional category of population, which consists of staff engaged in the human resource department. The level of abstraction in the data analysis stage is also strong due to the data analysis framework selected. Therefore, generalisability is weak in only one aspect leading to a strong external validity (Punch, 2008, p. 255).

### **5.3 Implications of the Study**

The communication barrier present in the hospital is leading to a high risk of conflict between native and migrant professionals. The management working in the hospital also claimed that conflict occurred due to personality differences. Conflict is harmful for the hospital and adversely affects the quality of the work provided to customers. Conflict decreases the effectiveness of professional staff in their ability to reach a common aim (Donnelly et al., 1995, p. 363). Conflict also decreases the quality of working life of employees and it may lead to an increase in labour turnover (Kulkarni, 2013, p. 141). Therefore, conflict may result to a decrease in the desired amount of staff and in a negative working environment. It is true that management are intervening quickly when a conflict arises as outlined by participant HM1 in the previous chapter. However the communication barrier is not acknowledged by management. One of the professional migrants had to be transferred to another division due to the conflict. This may be because the issue was not due to interpersonal conflict but due to the communication barrier. Therefore, measures should be adopted to handle this issue.

Professional migrants are facing an educational barrier in the hospital. This can be linked with the study conducted by Zulauf (1999). Zulauf (1999, p. 672) contends that a considerable number of migrants struggle to overcome the problem of differences in education and training cultures of the countries they come from. This can be linked to the issue that is present in recruitment and selection where professional migrants with qualifications from universities with limited accreditation are given assistant positions. It is important that the human resource department intervenes in this area and adopts measures to evaluate candidates well in the recruitment and selection process.

The human resource department plays another central role in helping professional migrants to integrate with native professionals and adjust to the new lifestyle present in the UK. This is a compound factor and this study helped to identify important areas where solutions can be adopted. For example, native professionals claimed that they are not aware of the cultural norms of their native colleagues. Part of the induction training provided to new professional recruits can take the form of an explanation of the cultural norms present in UK and in the hospital. Curran (2005, p. 28) states that the organisational culture is like an iceberg. What is visible to new staff and management is the actions and behaviours of employees. What drives these actions and behaviours is under the water level and is not visible by new staff and management (Curran, 2005, p. 28). This justifies the adoption of the aforementioned training. The human resource department can also adopt measures to help professional migrants to adjust to this new life style. For example, social activities can be adopted where professional migrants meet with native ones and they bring traditional food of their country. This helps to build friendship and also discuss cultural differences present in the countries. The study conducted by Bach (2007, p. 386) outlines a possible reason why professional migrants in the selected industry are facing the problem to adjust to this new life style. This scholar contends that there is a network between migrants planning to come to the UK and migrants that are already residing in the UK. The migrants residing in the UK provide important information to potential migrants, which helps to decrease uncertainty. Furthermore, they can act as friends, helping to adjust to the new life style if they go to the UK (Bach, 2007, p. 386). There is the possibility that such a network is weak for the interviewed participants. Therefore, social activities like the one mentioned above are very effective to facilitate this transitional period for migrant workers.

One may claim that the suggestions provided in the previous paragraph are a waste of money for temporary professional transients. In section 2.3 (key drivers that simulate migration within the EU) it was noted that temporary professional transients move to another country for the following reasons: to gain a working holiday, to attain new knowledge, due to conditions present in the contract of employment and to achieve post basic qualifications that can be utilised later in the home country (Dubois et al., 2006, p. 45). Therefore, their aims are beneficial mainly to themselves and their home country. However if the above activities are performed they will provide a good impression of the UK and the hospital, which will lead to positive word of mouth advertising. Therefore, if there are professionals in their

home country seeking to be permanent settlers they will be stimulated to come to the UK due to such positive comments.

#### **5.4 Areas for Further Research**

The aspect of barriers and problems in international migration can be examined in further depth by conducting more research. More hospitals in the UK can be examined in order to enhance the generalisability of the study. The hospitals selected should be outside of London in order to strengthen the sample diversity, which is an issue noted in section 5.2 (limitations of the study). Other EU countries can also be examined like Germany and France. Studies show that Germany receives inflow of doctor migrants from Greece, Turkey, Iran and the Soviet Union and France receives inflow of nurse migrants from Belgium (Dubois et al., 2006, p. 48). The research model adopted in this study can be used as a methodological framework.

The key implications noted in the previous section can also be examined by conducting further research. For example, the role of the human resource department of hospitals in the UK can be analysed in further depth by performing qualitative studies.

#### **5.5 Answers to Aim and Objectives of the Study**

There are barriers to employment in the case study examined which take the following forms: communication barrier, cultural barrier, educational barrier, social barrier and limited information barrier. These barriers hinder the ability of professionals to move between the UK and other EU countries. Furthermore, these barriers decrease the number of permanent settlers who are the individuals that provide the highest contribution to the hospital and the UK economy. The main stakeholder consists of the customers. The following barriers namely the communication barrier is leading to quality issues which negatively affect the service provided to the main stakeholder. This also adversely affects another stakeholder noted by participants, which consists of the UK government.

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## **REFLECTIVE REPORT**

### **Scope of Reflective Report**

The scope of this report is to outline my learning experience in preparing the dissertation titled, “Barriers to highly skilled Labour mobility in the United Kingdom health sector”. This report is classified in accordance to the main chapters of the thesis, which consist of the following: introductory chapter, literature review chapter, research methodology chapter, data analysis chapter and conclusion chapter. Finally, attention is devoted to what I have learned from this study.

### **Introductory Chapter**

Initially I regarded the dissertation as an impossible project. An 18,000 words thesis together with a 2,000 words reflective report seemed too much for me. The tutor kindly suggested that I divide the dissertation into a number of manageable tasks. Such an approach was very helpful and I started with the introductory chapter, which was divided into the following sections: background of the study, research problem, justification of the study, aim and objectives of the study, research questions, and outline of the study.

The introductory chapter is a very important chapter because it guided me through the whole dissertation. The most important matters that guided me through the whole research process consist of the aim and objectives of the study and the research questions. International migration is an important and very vast topic. The setting of the aim of the study, which consists of evaluating whether there are barriers to employment in the United Kingdom (UK) to professional migrants was helpful to set a target. The objectives were also useful to set clearer targets. The first objective, which comprises identifying the ability of professionals like doctors and nurses to move between EU countries either as self-initiated or corporate relocations outlined the importance of considering factors like education required, skills necessary and finance available. The motives of international migration were also related to this objective. The second objective which consists of identifying stakeholders in the UK's healthcare industry that actively discourage or encourage professional mobility hints towards the need to identify individuals and/or entities that promote or limit international migration in the UK. The third objective which comprises identifying mobility barriers that can be enacted by hospitals in the UK highlights the need to identify issues that limit the growth of international migration for doctors and nurses. These objectives were fine-tuned into four

research questions, which were central for the data analysis and conclusion chapters. Such matter will be considered in further depth when discussing these two chapters.

The identification of the aim and objectives of the study was facilitated by performing some background reading on international migration in the UK health sector. The research problem was also helpful to a specific issue that was examined in this study. This comprises barriers that limit international migration within EU member states. The outline of the study was also helpful to set up a framework composed of a number of tasks of the remaining chapters.

### **Literature Review Chapter**

The reading and examination of the literature was not only conducted when I was preparing the literature review chapter. The literature was also considered while preparing the data analysis chapter and the conclusion chapter. This approach was adopted in order to comply with an important measure targeted to enhance the validity and reliability of the study. This measure is suggested by Morse et al. (2002) which consists of theoretical sampling. Thinking theoretically means that the researcher evaluates themes emerging from the qualitative study by referring back to applicable theories (Morse et al., 2002). Therefore, when the main themes were identified in the data analysis chapter these were compared to literature present in the literature review chapter and with additional literature derived from secondary research.

The Internet provides a more convenient way to conduct secondary research because one can download articles in the comfort of his house. However it also leads to a problem that I faced, which consists of information overload. The first measure that I thought of adopting in order to mitigate this problem was to select the most recent articles, which consist of articles published from 2008 onwards. However such approach is risky because one may fail to consider old theoretical models which are relevant and good for this study. Therefore, two additional criteria were set, which comprise the following: consider articles that had a high number of citation by other scholars and evaluate articles in terms of their relevance to this study.

The Internet search helped to identify a good number of literature. Furthermore, I identified an important source which consists of Buchan (2008). This document was utilised considerably in the literature review chapter because it was recently published and it is highly

relevant to this study. It focuses on migration of health service professionals. Even though Buchan (2008) is a very good source, I was cautious in using it in the data analysis and conclusion chapters where theoretical search was also conducted, because excessive use of this source while analysing the qualitative may lead to bias in the way data is interpreted. Therefore, additional literature was considered in the data analysis and conclusion chapters in order to enhance the validity and reliability of the study.

The literature review chapter helped to provide a theoretical understanding of the topic examined, which was useful when the interview questions were set and the initial list of codes were adopted in the data analysis chapter. Furthermore, the literature review helped in the research methodology.

### **Research Methodology Chapter**

I have never conducted a research of this scale and therefore at the beginning of this chapter I was quite lost. Kumar (2005) was very helpful because this textbook outlined in simple English the steps necessary to conduct a research. The sections of the research methodology chapter started developing with the help of this book.

I started with the population of the study because it provided an insight from whom the information will be collected. The research philosophy was then considered, which was followed by the research model. In the research model emphasis was placed on three main methods which comprise the quantitative research methodology, the qualitative research methodology and triangulation of quantitative and qualitative research methodologies. The selection of the qualitative methodology was based on arguments put forward by different scholars, which comprise the following: Punch (2008), Krathwohl (1998), Silverman (2009) and Kumar (2005) and Patton (1990).

Once the qualitative research model was selected I had a clear model to use, which acted as a yardstick for the sample selection and the data collection instrument. The aim and objectives of the study also played a very important role in the selection of the sample and the data collection instrument. In the research methodology chapter another suggestion provided by Morse et al. (2002) was used in the preparation of the sections of the research methodology chapter, which consists of methodological coherence. Methodological coherence highlights the need of "*congruence between the research question and the components of the method*" (Morse et al., 2002, p. 18).

Yin (2009) provided a good insight of case study research and the case study approach was adopted because it had important benefits for this study. The case study approach helped to gather rich qualitative information on a complicated topic like international migration. I had been in contact with three hospitals residing in London and due to cost and time constraints only one hospital (case study) was selected. Before collecting the primary data from the management of the selected hospital, native doctors and nurses of the selected hospital and migrant professional workers attention was devoted to ethical principles in order to ensure that no participant was harmed in any manner. I felt that confidentiality and integrity were the most important ethical principles. The interviews proceeded very smoothly and I think there was a steep learning curve during the data collection. I realised that icebreaker activities are very effective to stimulate conversation. I started using a joke of a lost researcher in order to break the ice.

### **Data Analysis Chapter**

The data analysis model selected, which consists of the Miles and Huberman (1994) framework was very helpful because it provided a systematic approach on how to examine qualitative data. Initially I felt as if I was not able to see the wood for the trees. All the qualitative data present in the interview transcripts confused me. The preparation of the contact summary sheet was a key step because it helped me to understand well the concept of coding. A significant number of codes emerged during the data analysis stage. In order to have all the codes in front me I printed all the codes on an A3 paper with a font 10 Calibri Body. I started linking the codes together in order to develop the main themes, which served as pillars for the conclusion chapter.

The research questions played a very important role in the identification and classification of the main themes. I felt that the interview process was also helpful to provide more reality to the study. Listening to the replies of participants and investigating important themes via probing helped to show that some of the theoretical principles that I read in the literature review are a reality in the UK healthcare industry.

When the themes started emerging I was very happy because what was advocated in section 3.8 (qualitative data analysis technique) and the strengths of case study research and interviews were becoming a reality. An interesting aspect that I did not consider while preparing the literature review chapter consists of the conflict between native and migrant workers due to weak communication and other factors. It was interesting reading about



conflict while doing the data analysis chapter and linking such literature with the qualitative data emerging from my study. I think this factor shows that the selection of an exploratory qualitative study was a good choice.

### **Conclusion Chapter**

I am happy with the implications of the study noted in the conclusion chapter because these are unveiling important themes, and appropriate recommendations are also provided. At the beginning of the research I did not envisage that such interesting themes will emerge. It is true that the reading of the literature, collection and analysis of the qualitative data required time and effort, but it was worth the try.

The findings of this research are showing barriers that other researchers have already noted: for example educational barrier and income barrier. However I believe that important implications emerged from this research. For example, the role of the human resource department emerged as vital in order to decrease barriers to international migration. Important implications on the difficulty of migrant professionals to identify cultural norms present among native doctors and nurses emerged. The induction programme is a helpful training medium that was recommended to mitigate the aforementioned issue. Social activities also resulted as an effective solution that can help migrant professions in the transitional period of migration. This research also helped to identify specific motives and barriers for the health sector in the UK.

### **Skills Acquired from Study**

I think that this study was beneficial because it helped me to enhance important skills that I can use in the working environment. These skills consist of the following: communication skills (verbal and written), research skills, ability to think philosophically and qualitative data analysis skills. Verbal communication skills were developed by asking questions to participants during the interview and communicating with my tutor. Written communication skills were mainly developed while writing the dissertation. Research skills were developed at different stages, which comprise conceptualising the aim and objectives of the study, and the research questions in adherence to the area examined, researching for the literature, developing the research model, selecting the sampling strategy and the data collection instrument and more.

The ability to think philosophically was mainly developed while preparing the research philosophy. The preparation of the data analysis and conclusion chapters was helpful to

developing data analysis skill. I think that the preparation of a dissertation is a very good learning process that helps in developing salient skills.

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