DE GRUYTER OPEN

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

Motives and barriers of migration to Saxony: the case of migrating health professionals from Czechia

Martin Dolejš[1*] – Birgit Glorius[2] – Vladan Hruška[1]

[1] *Department of Geography, Faculty of Science, J. E. Purkyně University in Ústí nad Labem, Czech Republic,*
**martin.dolejsjep.cz*

[2] *Institute for European Studies, Chair of Human Geography of East Central Europe, Chemnitz University of Technology, Chemnitz, Germany.*

Abstract: The regime change in the former German Democratic Republic and its reunification with the Federal Republic of Germany at the beginning of 1990s launched significant social and economic changes which resulted i.a. in high out-migration rate and secondary also rapid demographic ageing of the populations of the states of former Eastern Germany including Saxony. As a consequence, there is a lack of health professionals in Saxon hospitals which is going to be solved by the in-migration of medical staff from abroad. The geographical location of the Federal state of Saxony predetermines representatives of Saxon hospitals to look for missing health care labour in Czechia and latest statistics demonstrate that this could be a successful way to stabilize or even increase the personnel numbers of Saxon health care providers. The aim of this article is not only to bring some basic data about the migration of Czech health professionals to Germany, but especially to focus on processes which facilitate or hinder such kind of mobility, influence the rate of success of their integration both into the work team and German society and form the prospects of their permanent stay in Germany. Ten interviews with Czech health professionals were conducted in order to fulfill these ambitions. As a result, crucial barriers and recommendations for improvements concerning the migration decision making, their integration and sustaining in the migratory destination are presented.

Key words: Labour migration, health care, motivation, Saxony, Czechia

Highlights for public administration, management and planning:
- German employers could establish programs for after-work leisure activities in order to improve social integration of Czech health professionals.
- Czech-Slovak health professionals' communities at the workplace can both facilitate and threaten successful integration of medical newcomers.
- Previous experience with short-term work and study internships of Czech health professionals serve as a good precondition for a future job in Germany.
- For a long-term integration of Czech doctors, employers, employer associations and the German state should provide specific consultancy on career tracks and self-employment opportunities.
- The bilateral acceptance of official documents and certificates can still be improved.

Received: 24 Oct 2016 – Received in revised form: 15 Dec 2015 – Accepted: 29 Dec 2016

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

1. Introduction

Demographic ageing and its consequences for population and labour markets are topical issue throughout the European Union. Regions with ageing and shrinking populations face many problems related to public infrastructure, but also shortages concerning the supply of labour force, especially in those sectors that are most demanded by an ageing population, such as medical services and health care (European Commission 2014, Zaidi 2008).

In Germany, demographic ageing is most visible in the Eastern, former socialist, part of Germany, due to large internal East-West migrations after the revolution of 1989. Between 1990 and 1993, more than 400,000 people left the Federal state of Saxony, which makes 8.5 per cent of its 4.7 million inhabitants. Until 2013, the population number decreased by 15 per cent (4.7 million to 4.0 million) (StBA 2014). Emigration was highly segregated by age, education and gender, leading to an extended peripheralization process of geographically remote and rural regions. As mostly younger and better educated people (among them a high proportion of women) left, the remaining population represented growing proportions of elderly people (Glorius 2015). This fact is an important framing element for our study, as an ageing population has increased needs for medical treatment, and on the other hand, the supply for qualified health personnel cannot be met out of the local, shrinking, population. Furthermore, the ageing process also touches the medical professionals themselves, leading to growing difficulties to replace those doctors who retired. Already in the years 2008 to 2012, over half of all general practitioners retired without finding proper replacement. Among the specialized doctors, the share was 28 per cent (SSSV 2013). Given the fact that the medium age of resident physicians in Saxony was 51 years in 2013, we can expect sharply increasing difficulties to replace those general practitioners who enter retirement age during the next ten years (Ärzteblatt 2013). Also in hospitals, recruitment problems are tangible, especially in smaller hospitals and more peripheral regions. One possible solution for this problem is to attract doctors from abroad for a position in a Saxon hospital, for example from neighbouring Czechia.

While survey data from the Saxon Chamber for Medics (SLÄK) suggest that foreign doctors are well integrated and quite content with their job, those data poorly reveal how the decision for migration was taken, which prerequisites were important, how the integration into job and social life actually succeeded, and – last but not least – how sustainable the migration decision is, considering further moves, either back home or to another country or region.

In order to gain more detailed insight into this field of interest, geographers from the Jan Evangelista Purkyně University in Ústí nad Labem and Chemnitz University of Technology developped a collaborative border-spanning research project and carried out fieldwork with the help of students from both Universities. In this paper, we will present the results from a series of qualitative interviews carried out with Czech health professionals who either worked in a hospital in Saxony at the time of the interview or who returned home, thus enabling us to catch the reflections on the prior migration experience.

Our paper is organized in five sections: following the introduction (Chapter 1) we give an overview of conceptual approaches which seem to touch the question of migration motivation, the role of geographical proximity for mobility processes, integration success and considerations whether to stay or to return (Chapter 2). Chapter three will give some statistical facts and figures on the representation of foreign, notably Czech, health professionals in Saxony in order to lay the foundation for the following elaboration on our qualitative data (Chapter 4). Chapter five will round up and give some general conclusions.

2. Conceptual Approaches of Migration, Stay and Return

International migration is embedded in manifold societal conditions and dependent on individual expectations and decisions. In order to understand the complexity of migration decisions, it is useful to conceptualize migration as a process that passes several stages (Kalter 1997): The first stage covers the initial considerations whether to

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

migrate or not and the decision-making process towards migration. The second stage includes the exploration of possible migration destinations until the migration is actually carried out, and the third stage concerns social integration at the place of destination. If we consider migration as an open ended process, we can expand this model and consider further stages, such as a review of integration success and considerations upon further moves, which will again contain the stages of preparation, decision, and (re)integration.

From a micro-perspective, we can assume that an individual constantly evaluates the current living situation and may compare advantages and disadvantages of his/her current residential location with possible alternatives. If the evaluation of actual „place utility“ reveals decreasing satisfaction which drops below a certain level of tolerance, this may result in a migration decision (Wolpert 1965, p. 161). However, the decision to migrate is embedded in the social field of the individual and framed by economic, cultural, social and regulatory aspects on meso- and macro-level (Hoerder et al. 2007, p. 32).

From the geographical point of view, the role of socio-spatial proximity of source and destination regions is a crucial aspect, as geographical and social proximity ease migration decisions and facilitate multiple forms of mobility, such as commuting or multilocal livelihoods (Nienaber & Kriszan 2013). In the case of cross-border relationships, the border can be interpreted as geographical resource for those willing to generate value out of asymmetric cross-border interactions (Sohn 2014b). Due to income asymmetries, mobility flows are uneven and tend to flow from low income to high income regions, leading to increasing asymmetries in border relations. We can observe these kinds of border relations throughout Europe, such as between France, Germany and Switzerland (Sohn et. al. 2009), between Germany, France and Luxemburg (Wille 2015), or between Poland and Germany (Krätke 1999, Opilowska & Roose 2015).

Regarding our empirical case, the condition of cross border integration needs to be considered, which is actively shaped by the strategic behaviour of actors. Following Sohn (2014a: 597f), we can differentiate between 1) the ‘geo-economic’ model, where actors focus on generating value out of asymmetric cross-border interactions, and 2), cross-border integration as a project of territorial convergence, which is derived by hybridization, innovation or via territorial and symbolic recognition. Whereas the first model will result in increasing cross-border socio-economic disparities, the second model can be interpreted as border-transcending place-making processes leading to convergence of both sides of the border, whereby mutual understanding and trust and the willingness to cooperate essential are crucial elements (ibd.).Most theories dealing with international migration are implicitly or explicitly focused on the issue of labour migration, thus conceptualizing economic rationality as crucial element of the migration decision. Following the human capital approach of Sjastaad (1962) migration decisions depends on the assumption that the prospective future income in the destination country augments the prospective income in the source country. Migration thus is understood as a result of individual search and optimizing processes. A migration decision is more likely the greater the wage gap, the lower the unemployment rate and the higher the chances of finding a job in the destination country. Also, the age of the migrant and the prospective migration costs are relevant. The individual amount of skills and social capital are considered to be decisive aspects to overcome uncertainty in the decision making process, as they influence possible job and career opportunities.

Looking at the field of EU migration, we can pursue a significant shift in migration processes concerning the age and educational profile of EU free movers. In the years before EU-accession of Central and Eastern European countries, the majority of migrants was rather less skilled and pursued temporary, income generating migratory projects while families were staying at home. However, the share of younger and well trained EU migrants considerably increased since 2004. Based on Starks (1991) approach of New Migration Economics, we can address the majority of pre-accession migrants as “target earners”, while the strategies of post-accession migrants seem

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

more heterogeneous. Considering their mostly young age, we can assume that one important goal of migration is the increase of cultural capital in forms of knowledge and skills. This is especially true for student mobility, which has an increasing significance in the context of EU integration. Besides the motives of (economic or cultural) capital acquisition, student mobility is also a way to gain new experiences and favour personal growth (King & Ruiz-Gelices 2003; Williams & Baláž 2005, Marcu 2015). Furthermore, the migration experience in the context of Erasmus can fuel further migratory episodes in life (Parey & Waldinger 2011), applying skills and social capital that have been built up during prior migratory stays.

The significance of the meso-level of migration processes is addressed by approaches like the social network theory or the transnational approach. Both emphasize the relevance of cross-border social networks for the continuity of migration flows. Migrant networks are understood as social relations between previous, current and potential migrants, groups and organizations in the countries of origin and countries of destination which are constituted by kinship, friendship or other social relationships (Faist 1997, p. 69-70). Migrant networks reduce the costs and risks of migration and thus increase the likelihood of international mobility. Migrant networks are also relevant for remigrants, as ongoing social connections with persons and institutions in the country of origin facilitate reintegration (Cassarino 2004, p. 21).

The transnational perspective in migration research reaches further in the analysis and evaluation of social networks, proposing that the continuous exchange of ideas, money, products, symbols and cultural practices leads to the development of transnational social spaces as basic reference frame for migrants' daily life (Pries 1997). Being embedded into a transnational social space, migrants have more biographical resources than non-migrants; this makes them more flexible towards further mobility and life cycle steps (Nowicka 2013). As a research perspective, the transnational approach has significant consequences in terms of research design and patterns of interpretation. A study of migration decisions and integration trajectories from a transnational perspective must consequently accept the provisional nature of migration and related decisions. Regarding the qualitative assessment of migration decisions, the analysis should not solely consider arguments of economic rationality, especially when it comes to questions of social integration. Instead, we need a new typological model that is ready to retrace reflections and interpretations of migrants from a transnational perspective.

So far, approaches are rare that analyse migratory decisions in the context of biographical status passages. The connectivity of mobility and life course decisions is striking for the group of young adults like students or job starters, as they constitute an age group which generally displays the highest degree of mobility. A number of qualitative case studies are addressing this issue, mainly referring to the integration process and further biographical perspectives of young migrants from Central and Eastern European transformation countries. All of those studies point to the difficulties assessing the duration of the migratory stay and the return probability, as many young migrants are placing those decisions in the context of further biographical decisions (Trevena 2013; Pietka et. al. 2013; Anacka et. al. 2013). Therefore, decisions whether to stay, return or move on need to be conceptualized as part of individual risk management, which means balancing one's biography in the context of possible opportunity structures of the states concerned while avoiding throwbacks of the individual biographical strategy (Scheibelhofer 2009, p. 20). Risk perception and risk tolerance differ largely on the personal level. Risk assessment is carried out on the basis of prior experiences in combination with personal characteristics such as future strategies, cultural capital, family constellations or the personal affinity towards taking risk. Baron and Kerr (2003) point to the relevance of peer group behaviour for decision making processes. Adopting their group polarization theory, peer group behaviour may have a relevant impact on the individual risk assessment and on decisions resulting from this assessment (Baron & Kerr 2003). Not only economic risks are considered (pay gap, transferability of cultural

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

capital), but also social and cultural risks (social integration, family separation).

Summing up and applying those considerations to our research field, we will consider the migratory decision as an open ended process, with at least three points of interest, which are 1) the original migration decision and its rationalization, 2) the experiences at the migration destination concerning successful integration at work place and organization of social life, and 3) how those experiences influence return decisions. Considering the variety of theoretical approaches elaborated above, we will pay specific attention to the rationalization of the migration decision and perceptions of successful integration in the words of the migrants. We can assume that migrants will address rational considerations such as economic success and increase of skills as migration motivation, that they will reflect on the role of geographical proximity for their migration decision, and that they will report on the use of social and cultural capital from former migration as important prerequisite for planning and pursuing the migratory stay. Concerning quality of integration and further migration decisions, that they will pay specific attention to their social integration at place of migration and back home as well as the importance of emotional aspects if it comes to the question of staying in Germany, returning to Czechia or moving on to other countries.

3. Czech health professionals in Saxony: facts and figures

It is worth starting with considerations about what might be special in the migration of health professionals, compared to other professions. Vavrečková et al. (2008a) argue that doctors, IT specialists, research and development (R&D) professionals and technical engineers are among the most demanded qualifications on the European labour market. However, there is only scarce data on labour migration of specific professions from the Czech Republic to Germany, but also in general. As a rare example for primary data in this field, Vavrečková et al (2008b) examine the tendency of R&D professionals and technical engineers to migrate. Implementing a questionnaire survey with 523 PhD students from Prague and 418 engineers from entire Czechia, it was found that the former group has much bigger tendencies to migrate than the latter (53 % of PhD students consider moving abroad in comparison with only 20 % of technical engineers). Most preferred countries were the UK, USA and Canada, followed by Germany. The absence of relevant data constrains us from quantifying migration of IT specialists to Germany. However, the last available representative data from 2001-2004 report increasing numbers of Czech IT specialists who are residing in Germany (increase from 148 to 352 professionals) (Marešová & Drbohlav 2007). Both on the Czech and the German side there is a lack of IT specialist on the national labour markets (according to Grafton Recruitment company, 20,000 IT specialists are needed in Czechia, Český rozhlas 2016). Moreover, not only due to this fact, Czech IT specialists have significantly over-average salary, which could weaken migration ambitions.

Contrary to the above mentioned professionals, the situation of Czech doctors and their attitudes to work in Germany is much more discussed and medialised in Czechia. Therefore there are more studies researching their situation (e.g. Vavrečková et al. 2008, Holt 2011, Hruška et al. 2016, Savaryová 2016).

Since the full access of Czechia to the EU labour markets at 1 May 2011, the number of Czech doctors increased significantly in Saxony. In 2014, 2,167 foreign doctors from 90 different countries were employed in Saxony; among them, Czechia was the most important source country, followed by Slovakia, Poland, Romania and the Russian Federation (SLÄK 2015) (Figure 1). While the number of Polish doctors was already high at the time of EU accession, the number of Czech and also Romanian doctors especially increased since the years 2010/2011.

The vast majority of foreign doctors in Saxony is employed in hospitals, only 12 per cent were settled with own medical residences in 2014 (SLÄK 2015). Czech doctors are significantly younger than German doctors, with an average age of 35.9 years among Czech hospital doctors (compared to 45.8 years of German hospital

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

doctors), while the average age of resident Czech doctors was 44.2 years and thus more close to the age of German resident doctors (SLÄK 2014). Many of those younger foreign doctors are migrating to Germany/Saxony to pursue further specialized education in their profession (cp. SLÄK, without year).

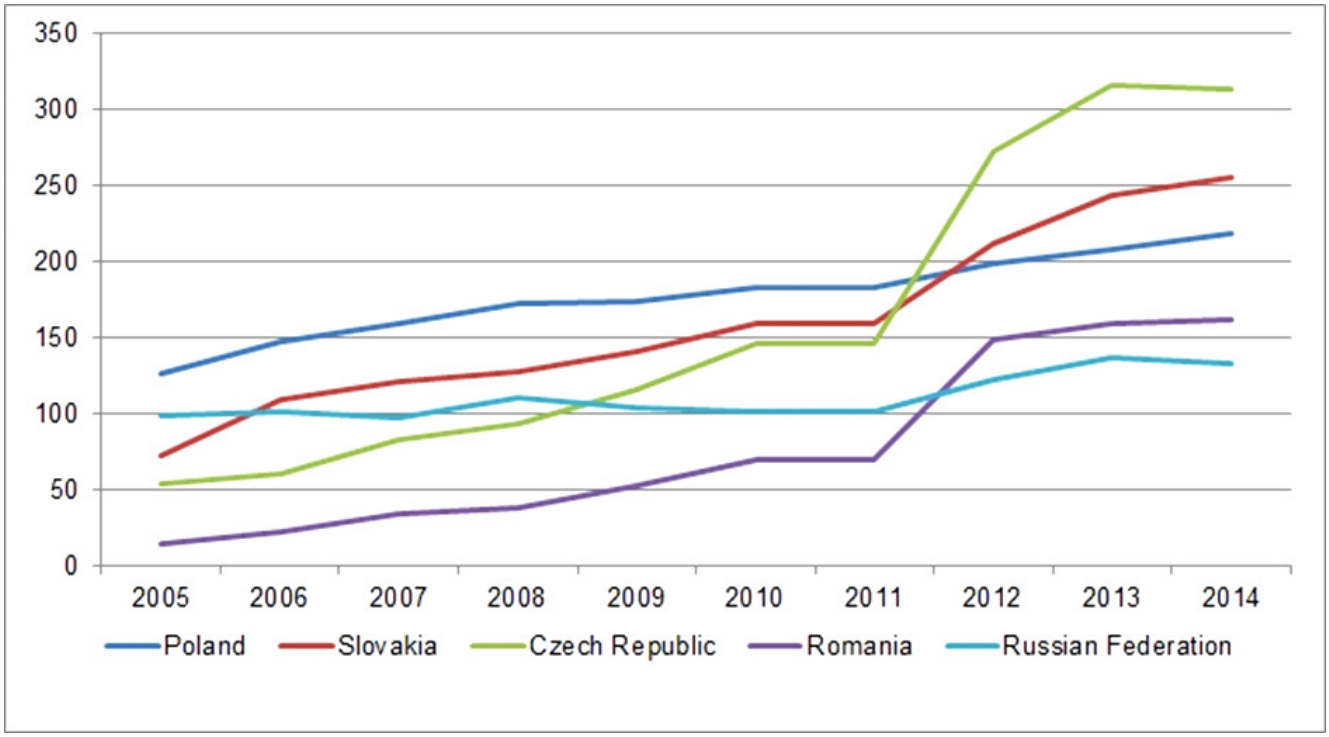

Fig. 1 – Number of foreign doctors from five most important source countries in Saxony 2005-2014 (Source: SLÄK 2015; own design)

With regard to the locational choice of immigrant doctors it seems significant whether only urban agglomerations benefit from immigration, or whether the supply shortages in the rural-peripheral areas of Saxony can be mitigated. With regard to the general figures we can observe that the large agglomerations, especially the cities of Dresden and Leipzig as sites of medical schools and numerous specialized hospitals, benefit most from the immigration of foreign doctors. In 2014, around one quarter of all foreign doctors in Saxony was located either in Dresden or in Leipzig. However, further analyses reveal that also the border regions exceptionally benefit from the immigration of doctors (see Table 1). Every tenth foreign doctor worked in Görlitz county which borders Poland and Czechia. Also in counties solely bordering Czechia, there was a high share of foreign doctors. This coherence is even more obvious if we narrow our observation to the location of Czech doctors in Saxony. All counties bordering Czechia have a high share of Czech doctors. Every third Czech doctor in Saxony works in the counties of Görlitz and Sächsische Schweiz-Osterzgebirge, and one quarter either in the counties of Erzgebirgskreis or Vogtlandkreis, which are all bordering Czechia. On the other hand there is only a marginal representation of Czech doctors in those counties which are less close to the border, such as counties of Leipzig, Nordsachsen and Meißen. Even in the city of Leipzig with its large and attractive labour market for doctors, there are only two per cent of Czech doctors present. Obviously, the question of distance between home and migration location seems to have significant influence on the locational choice of Czech health professionals in Saxony.

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

Table 1 – Foreign doctors and Czech doctors per county as share of all foreign/Czech doctors in Saxony, 2014 (source: SLÄK 2014; own design)

County or Municipality	Share of foreign doctors at all foreign doctors in Saxony, 2014, in per cent	Share of Czech doctors at all Czech doctors in Saxony, 2014, in per cent
Bautzen	6.3	4.4
Chemnitz, City	8.4	8.5
Dresden, City	12.0	8.9
Erzgebirgskreis	9.3	13.7
Görlitz	10.2	19.8
Leipzig, City	12.8	2.0
Leipzig	2.8	0.0
Meißen	3.8	3.1
Mittelsachsen	5.4	7.5
Nordsachsen	3.8	0.3
Sächsische Schweiz-Osterzgebirge	7.8	14.3
Vogtlandkreis	8.4	11.3
Zwickau	8.9	6.1

4. Results from a qualitative inquiry on migration and integration processes of Czech health professionals in Saxony

4.1 Interview process and procedure

The main motives and barriers of Czech health professionals related to labour migration to Germany (Saxony) was researched via semi-structured interviews (Hendl 2005). The sample of the medical staff was selected with the precondition of experience (current or past) with life and work in the above mentioned region. The structure of interviews aims to answer the questions concerning motivation for migration, issues related to labour migration to Germany (job search, administrative load), their acceptance by German colleagues and broader society, financial issues, etc. This particular approach follows the prior quantitative research (see Hruška et al. 2016) in order to better understand the complexity of the studied phenomena and verify the presumptions that result from the analysed quantitative data.

For the sake of interviews objectives, we developed an interview guide that comprised the general fields of interest, rather than using a questionnnaire with standardized questions and answer sets (see Table 2, 3). This particular approach was chosen in order to provide sufficient space for the opinions and remarks made by the interview partners.

Contacts for the interviews were gathered via direct addressing of hospitals in Ústí nad Labem, Chemnitz and in other localities in the Czech-German border region. The direct addressing of the hospitals was found ineffective due to rejection of the request and generally low willingness to collaborate. On the other hand the use of social networks proved to be very effective in finding potential interview partners thanks to the possibility to address special groups (e.g. Czechs living in Germany). Lastly the contacts were gathered from individual social networks of the research team members. As a result, ten interview partners were found and interviewed by three Czech and two German researchers.

Health professionals who agreed to participate in our research were interviewed face to face or via videoconference. All participating interview partners had enough room for their remarks and personal statements. The interview followed a common structure using the interview guide (Table 2), with supplemental questions. The interviews were recorded with the permission from the side of interview partners and subsequently transcribed. The above mentioned topics were coded in the text in the form of item – statement.

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

Table 2 – General topics of the interviews (source: own design)

• General information about interview partners – age, specialization, eventually work experience from Czechia.
• Motivation – main push and pull factors for leaving Czechia.
• The process of job search – strategies chosen; difficulties; help of family members, friends and relatives who have been already working in Germany; etc.
• Administrative concerns – formal necessities before the travel and after in Germany.
• Support – quality of institutional support (e.g. services of agencies, high schools, universities etc.).
• Language skills and competences – level of language skills and competences before dislocation, essential level of German language for job performance.
• Acceptance at the workplace – signs of ethnic discrimination, integration in the team.
• Acceptance in society - private life issues, integration in society, activities in leisure time.
• Comparison – situation in the Czech and German health service, salaries, organization of work.
• Future plans – permanent or temporary stay in Germany, reasons for leaving or staying in Germany.
• Suggestions – improvements and recommendations (administrative burden, integration, language skills etc.).

Table 3 – Structure of the interviewed group (source: own design)

	Sex	age	reason for stay in Germany	specialisation
interview partner A	female	25	Erasmus internship	gynecology, obstetrics
interview partner B	female	29	work	general practitioner
interview partner C	male	29	work	anesthesiology
interview partner D	male	33	work	orthopedics
interview partner E	female	32	work	nurse - gynecology
interview partner F	female	24	work	nurse - neurosurgery
interview partner G	female	27	work	cardiology, angiology
interview partner H	female	49	work	emergency medicine
interview partner I	male	ca. 26	work	general pract./ surgeon
interview partner J	male	ca. 31	work	radiologist

4.2 Motivation

A significant part of the interviewees addressed the migration motivation and the decision making process. According to the interviewed group the main push factors that influence the decision for dislocation are worse financial conditions (wage) and excessive overtime workload in Czech hospitals. Part of the group stated that higher number of staff and better management in German hospitals certainly led to a better relation to patients due to the possibility to dedicate more time on personal communication. The preference to work abroad was partly reasoned also by better medical equipment in German medical facilities in particular branches. According to some interview partners, this is finally related to higher work efficiency. Other pull factors for labour migration of health professionals are higher demand on German labour market in sense of job opportunities, assertion of specialists

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

and accessibility of modern health procedures, specialised medical equipment and generally education and self-development of medical staff. This experience is described in positive sense by interview partner J as follows:

"There is a difference when we consider personal assertion, number of job opportunities and various specializations." (interview partner J)

Thus, the motivation of our interviewees can be explained partly by human capital approach (Sjastaad 1962) and shift in motivation for post-accession migrants (Stark 1991). The higher demand for medical personnel together with higher salary creates the conditions for personal migrating decision by first and emphasize on assertion (personal growth) by later.

An interesting finding was the significance of prior experiences living in Germany (internships via study or work programmes like Erasmus etc.), which was frequently mentioned as a driving factor for a subsequent long-term stay in Germany. This finding goes in line with conclusions by Parey & Waldinger (2010), who estimated the probability of subsequent work abroad to rise by 15 percent points for students with prior experience with international mobility (Erasmus), compared to their peers. Participation in these programmes is tightly connected with (improvement of) language skills, which are one of the crucial preconditions for labour migration. The border character of the Ústí Region, the proximity (accessibility) of the Saxon labour market, and the existing cross-border linkages between labour markets and institutions also play an important role, as illustrated by the following quote:

"After the internship in Dresden, I decided to come back to Germany in future." (interview partner F)

4.3 Process of job search abroad

The most common way of searching for job opportunities was via direct contact to the medical facility by e-mail. Most of the interview partners had similar experience:

"I found the web pages of the German medical facilities where I wanted to work, then the names of Chefarzt[1] *and finally I wrote an e-mail to one of them."* (interview partner G)

The second most common way of job search was response to vacancy advertisements. Lots of medical schools in Czechia are cooperating with partners abroad (potential employers), especially in the border-region. After the graduation at medical high school, students have an opportunity to be immediately employed abroad. The interest in such cooperation describes interview partner F:

"Our school was visited by a manager of nursing home with job offers. After graduation from secondary nursing school I took up the offer from a nursery home at Freiberg ." (interview partner F)

On the other hand, the efficiency of employment agencies' services was worse than expected and sometimes led to minimal or unsuitable results:

"In the beginning, I have used the service of the employment agency. The offers were not suitable for me, so I started to look for a job by myself." (interview partner B)

Concerning locational choice, the geographical proximity of the latter workplace to the home region in Czechia was frequently mentioned as a reason why interviewees searched for jobs in Saxony rather than turning to other German regions with higher salaries. By this, the migrant doctors were able to keep up their social networks in Czechia and pay frequent visits to family members at home.

4.4 Administrative issues and support of migrants

The topic of bureaucracy, formal demands and administrative processes were also discussed with interview partners. The flexibility of communication and bureaucratic processes between prospective employee and local authorities was perceived as problematic. The example of such negative experience is testified by interview partner C:

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

"Authorities in Germany are totally inflexible and not prepared for any unusual or non-standard tasks, e.g. when foreigners apply for a job." (interview partner C)

Part of the administrative load, same for all prospective employees, is connected with the translation of the official documents. Along these documents (university diploma, certificate of ability for performing health care work, birth certificate, etc.), there is the obligation to register for the German health insurance system and open a German bank account. Interview partner B drew our attention to these obstacles on the Czech side for freshly graduated doctors:

"I had to obtain some statement from the Ministry of Health that proved my integrity. All documents must have been officially stamped and translated into German language. First, I was waiting to obtain the official release of university diploma, then I had to translate the diploma from Latin to Czech and then again from Czech to German." (interview partner B)

According to one interview partner the administrative process can be markedly pushed forward by obtaining the residence permit in Germany. All processes can be facilitated by Czech health professionals who already work and live in Saxony. The use of these local contacts (friends, relatives) or social network is mostly mentioned for its efficiency as a source of help and information:

"Czech doctors who experienced the work abroad were helping me during the process of finding and securing job in Germany." (int. partner J)

4.5 Language skills

As it was already mentioned, language barrier seems to be the most important obstacle for foreigners looking for a job in Saxon hospitals. It is necessary for them to prove their communication ability at least on the level of B2 of the Common European Framework of Reference for Languages. Such level of German language skills is perceived by the Saxon hospitals' representatives as a necessary point of entry for employment …

„I got a certificate of the B2 level. This is probably the most important thing at the recruitment interview." (interview partner G)

… but also from the practical point of view B2 level is crucial for the general adjustment and integration into the German work environment.

„B2 level is really the minimum in order to be able to understand the people around you, especially as in Germany there are so many different dialects." (interview partner C)

Therefore also Saxon hospitals are interested in increasing German language skills of their foreign employees and offer an opportunity of German language classes. These classes should also eliminate initial fears of health professionals who are looking for a job in Saxony and are worried about their communication skills in German.

„Some friends told me that some clinics are really interested in hiring Czech doctors. Therefore they arrange language courses for them." (interview partner J)

Courses of German language for health professionals are provided in Czechia i.a. by the Goethe Institute. Most of the interview partners know about this opportunity, but only a minority of them has already used this opportunity. Some of the job seekers passed language courses finishing with B2 certificate. However, most of the interview partners who started to work in Germany immediately after they had graduated had previous experience with German language due to various internships in Germany.

4.6 Acceptance of foreign health professionals at the workplace and in society

No one of the interview partners complained about any long-term problems related to their integration into the work team. For some interview partners this is especially valid if Czech and Slovak doctors and nurses are compared with those from Poland.

„I can say that the Czechs and Slovaks are popular in Germany. Certainly more than the Poles and other Eastern nations." (interview partner G)

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

The acceptance of Czech health professionals was trouble-free also regarding the attitudes of patients (for more see Hruška et al. 2016) according to one of the interview partners:

„German patients have accepted me hearty. Maybe the reason is, that I took on patients in the state they couldn't complain." (inter. partner H)

Their positive reception can be partly caused by the fact that one tenth of doctors working in the Saxon health care come from foreign countries (SLÄK 2016), , which might have led to a cultural adjustment process on the side of German patients. However, the higher presence of Czech and Slovak colleagues in hospitals is double edged as this exacerbates their integration into the everyday life in Saxony. Czechs and Slovaks form a relatively closed community at the workplace and this fact has a negative influence on both improving language skills and interactions with German colleagues. On the other hand, this can be also a reaction on the similar attitudes of German health professionals which showed also relatively reserved feelings to their foreign colleagues. Two interview partners demonstrate experience with this integration problem:

„Integration into the German society was hard. With your Czech colleagues you can communicate in your mother tongue. But well, that does not really contribute to break through the Czechoslovak circle and integrate with Germans." (interview partner J)

„In my opinion Germans are quite reserved. Integration was quite difficult especially due to the work - we didn't have much time left for making new friends." (interview partner C)

Moreover, many of Czech health professionals working in Saxony visited their families and relatives in Czechia when having days off instead of spending free time with their German colleagues. This could be regarded as another reason for their insufficient or slow integration.

To bring this part to conclusion – integration into the German society is complicated, especially at the beginning of the migratory stay, mostly due to intensive professional commitment and sometimes also due to insufficient language skills.

„First, the language keeps you away from the integration into the working team. But since I have overcome this handicap, there is no problem. They will accept you warmly." (interview partner I)

After a while, the situation is improving due to establishment of new contacts both at and off the workplace. From this point of view, meeting new people out of the Czech-Slovak community is very important.

4.7 Future plans

Separation from relatives and family will be always a task which each migrant must face. Most of the interview partners are young people who may be ready to move to Germany permanently. But also those people are visiting their families and relatives in Czechia in their free time. Due to the higher salary they receive in Saxony, the relative distance measured in travel costs is shrinking:

„For us (in Czechia – authors' comment), it is maybe hard to imagine that a person travels 500 km to see his parents, but if you earn € 3,000 per month, it is not such a problem to buy a flight ticket." (interview partner A)

One of the interview partners tried to solve the problem of separation by daily commuting, but due to the long additional time required for this activity, she decided to quit the job. Other Czech health professionals perceive the work in Germany only as a temporary mean in order to acquire further professional skills and build up financial means for their future plans in Czechia.

4.8 Suggestions and recommendations

Each interview partner who had any previous experience with a study or work internships in a German hospital emphasizes their benefits. According to their opinion, previous experience with working abroad is the best prerequisite for getting a job in another country.

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

„I would recommend to attend practice in Germany or Austria as much as possible, for example in Erasmus, or simply write to the clinic and ask for the opportunity to practice." (interview partner G)

Concerning possible improvements in the administration and integration process or education system, interview partners recommended reduction of administrative burden related to the necessity of authorized translations of Czech documents to German language. They suggest the introduction of uniform medical certificates which would be valid within the whole EU. Attention should be also paid to the improvement of quality and accessibility of professional language education of (future) medical staff, both at high schools/universities and German hospitals. For a successful integration of migrant workers, a better offer of common leisure activities organised by hosting hospitals would be useful.

„Employers did a good step with organising language courses. If they organised some events for employees which would made the integration easier, that would be great." (interview partner J)

5. Discussion and conclusions

Following the theoretical background of migratory processes mentioned in the chapter on conceptual approaches to migration, stay and return, the results will be divided and discussed in three individual sections that reflect (1) preconditions and process of decision making over the issue of migration on micro (Wolpert 1965), meso and macro level (Hoerder et. al. 2007), (2) the integration process of migrants and (3) sustainability of migratory choice, followed by some final remarks

Economic reasoning of the migratory decision based on the human capital approach (sensu Sjastaad 1962) plays its part in the results of our research. Higher salary was present as one of the strong decisive factors, and the fact of high demand for employees on the Saxon side can contribute to classic economic reasoning as well. Together with the proximity of the Saxon labour market for Czech job seekers, Czech health professionals help to meet this demand very significantly as it was demonstrated by the quantitative data (Czech doctors dominate the statistics about foreign health care personnel in Saxony and their presence is especially important for regions located at the Czech-German border). Both on the micro- and on the macro-level, their migration behaviour might contribute to increasing cross-border socio-economic disparities, as pointed out by Sohn (2014a).

On the other hand the condition of higher demand for health care personnel could also be observed on the Czech side. Regarding the motivation from the standpoint of negative experiences (push factors), the excessive workload (often mentioned in our results) in Czech hospitals, together with insufficient salary led to i.a. escalation of the protest (Holt 2011) that fuelled the labour emigration in 2010 - 2012 (see Figure 1). This particular situation and perceived continuously worse state of the Czech health care system can be described by Wolpert (1965) as crossing the level of tolerance for the personal utility of the current place followed by a decision to leave.

The results indicate that there is significant difference between Starks (1991) "target earners" and individual strategies of interview partners. Most of the interview partners prefer to perceive their stay as an open question and their motivation is often driven by a prior temporary migration episode (Erasmus, internship) where they were introduced to the German work and social environment. Based on this prior experience, the opportunity to gain medical specialist degrees and to gain knowledge of e.g. better equipment and work processes became important motivations for their decisions to work in Saxony. We can conclude that the researched group found the opportunity to increase their cultural capital in form of knowledge and skills as a strong motive for their decision to migrate, and that their decision was largely facilitated by prior experiences and geographical proximity, which both are elements of an integrating border region.

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

The migration and integration process of our interviewees is largely facilitated by friends or relatives creating one's social network, like it was conceptually grounded by social network theory (Faist 1997, Cassarino 2004). However, in case of Czech health professionals, the construct of social network could be perceived as double edged. Czech and Slovak colleagues significantly facilitate the first steps of Czech health professionals in Germany, due to their help with administrative tasks both in hospital and at local authorities, finding accommodation etc. The negative aspect of the social network is based on the composition of its members. Some interview partners criticised the formation of Czech-Slovak speaking groups at the workplace, as this behaviour might hamper integration into the German society. Another issue related to the social integration of Czech doctors and nurses is that their migratory stay is first and foremost of professional nature. Thus, as it was already reported, there is often not enough time and opportunities for establishing deeper relations to colleagues after work.

The question of successful integration is crucial for the issue of sustainability of the migrants stay. Some of our interviewees already set up a basis for a permanent stay (marriage with a German national), some of them perceive the work in Germany as a good opportunity to quickly build up financial capital for their future plans after their return to Czechia. Three of our ten interview partners already came back home mostly due to family reasons. These findings only illustrate possible future plans of Czech medical staff; however their more representative expression and proportional presence within the group of Czech health professionals in Germany require further research.

From the geographical point of view, the question if migration of Czech health professionals to Saxony leads to territorial cohesion or rather to increasing disparities within the border-region cannot be answered sufficiently. On the one hand, there is the tendency of brain drain and of a rather instrumental usage of border resources (sensu Sohn 2014a). However, the interviews revealed that border-spanning institutional co-operation and migratory links in the border region already exist and are under constant transformation, which could lead to new and more innovative models of cross-border co-operation. The social and cultural proximity of institutions and the increasing intercultural understanding on the individual level may pave the way towards a model of territorial convergence of the Czech-German border region.

Notes

[1] Meaning „doctor in chief"

[2] City in the county Mittelsachsen, close to the Czech border.

Acknowledgements

Many thanks to students of both universities who participated on the research project, namely: Astrid Bretthauer, Alisa Eggert, Marcus Gerschler, Alena Gold, Moritz Christopher Götz, Jens Eisenhardt, Lisa Hadaschik, Eliška Hašová, Klára Jirotková, Kai Kuchenbecker, Veronika Lowke, Lucie Němcová, Michal Prekop, Jan Rozkovec, Christin Schob, Zdeňka Smutná, Petra Vídenská.

References

Anacka M, Matejko E, Nestorowicz J (2013) Ready to move: Liquid return to Poland. In: Glorius, Birgit, Grabowska-Lusinska, Izabela; Kuvik (eds.), Mobility in Transition. Migration Patterns after EU-Enlargement, Amsterdam: Amsterdam University Press, pp. 277-307.

Ärzteblatt (2013) Sachsen: Land und Kassen kämpfen gegen Ärztemangel (Saxony: State Administration and health insurances are fighting against shortage of doctors), June 10, 2013. URL: http://www.aerzteblatt.de/nachrichten/54715 (accessed 25.09.2016). (in German)

Baron R, Kerr N (2003) Group processes, group decisions, group action. Buckingham/UK: Open University Press.

Cassarino J (2004) Theorising Return Migration: a revisited conceptual approach to return migrants. EUI Working Papers, RSCAS No. 2004/02.

Český rozhlas (2016) V Česku chybí až 20 tisíc IT specialistů i přesto, že pozice patří mezi nejlépe placené (20,000 IT specialists are needed in Czechia despite their very good salaries). URL:

http://www.rozhlas.cz/zpravy/domaciekonomika/_zprava/v-cesku-chybi-az-20-tisic-it-specialistu-i-presto-ze-pozice-patri-mezi-nejlepe-placene--1634208 (accessed 07.12.2016). (in Czech)

European Commission (2014) Population ageing in Europe. Facts, implications and policies. Brussels.

Faist T (1997) Migration und der Transfer sozialen Kapitals oder: Warum gibt es relativ wenige internationale Migranten? (Migration and social capital transfer or: Why there are relatively only few international migrants?). In: Pries, Ludger (Hrsg.), Transnationale Migration (Soziale Welt, Sonderband, 12), Baden-Baden: Nomos, pp. 63-83. (in German)

Glorius B (2015) Ärzte für Sachsen – Fachkräftezuwanderung als Lösungsansatz für demographische Probleme? (Doctors for Saxony – Qualified Immigration as approach for the solution of demographic problems?) In: Geographische Rundschau 9/2015, pp. 26-33.

Holt E (2011) Czech doctors resign en masse. The Lancet, 377(9760), pp.111-112.

Hendl J (2005) Kvalitativní výzkum – základní metody a aplikace (Qualitative research – methods and application). Portál, Praha. (in Czech)

Hoerder D, Lucassen J, Lucassen L (2007) Terminologien und Konzepte in der Migrationsforschung (Terminologies and concepts for migration research). In: Bade, J. K.; Emmer, P. C.; Lucassen, L.; Oltmer, J. (eds.): Enzyklopädie – Migration in Europa. Paderborn: W. Fink Verlag, pp. 28-53. (in German)

Hruška et al. (2016) Přeshraniční mobilita zdravotnického personálu z Česka do Saska: základní data, bariéry a příležitosti (Cross-border mobility of health care personnel from Czechia to Saxony: elementary data, barriers and opportunities). Chemnitzer Beiträge zur Humangeographie online, URL: https://www.tu-chemnitz.de/phil/ europastudien /geographie/Publikationen/ChHG/ChHG_online_2_2016.pdf (accessed 25.09.2016). (in Czech)

Kalter F (1997) Wohnortwechsel in Deutschland. Ein Beitrag zur Migrationstheorie und zur empirischen Anwendung von Rational-Choice-Modellen (Residential mobility in Germany. Contribution to the migration theory and empirical application of the model of rational choice). Opladen: Leske/Budrich. (in German)

King R, Ruiz-Gelices E (2003) International student migration and the European 'Year Abroad': effects on European identity and subsequent migration behavior. In: International Journal of Population Geography 9/3, pp. 229-252.

Krätke S (1999) Regional integration or fragmentation? The German-Polish border region in a new Europe. In: Regional Studies 33 (7), pp. 631-641.

Mabogunje AL (1970) Systems approach to a theory of rural-urban migration. In: Geographical Analysis 2 (1), pp. 1-18.

Marcu S (2015) Uneven mobility experiences: Life-strategy expectations among Eastern European undergraduate students in the UK and Spain. Geoforum, pp. 5868-5875.

Marešová J, Drbohlav D (2007) Fenomén pendlerství – z Chebska do Bavorska a zpět (stav a podmíněnosti) (The phenomenon of cross-border commuting – from the Cheb region to Bavaria and back (situation and conditionalities). Demografie 49, pp. 96-107. (in Czech)

Nienaber B, Kriszan A (2013) Entgrenzte Lebenswelten: Wohn- und Arbeitsmigration als Ausdruck transnationaler Lebensentwürfe im deutschluxemburgischen und deutsch-polnischen Grenzraum (Borderless Everyday Live: Residence and Labour Migration as an Expression of Transnational Lifestyles Along the German-Luxembourgish and the German-Polish Borderregions. (in German)

Nowicka M (2013) Successful Earners and Failing Others: Transnational Orientation as Biographical Resource in the Context of Labor Migration. International Migration, 52, 1: 74-86.

Opilowska E, Roose J (2015 eds.) Microcosm of European Integration. The German-Polish Border Regions in Transformation. Baden-Baden: Nomos.

Parey M, Waldinger F (2011) Studying Abroad and the Effect on International Labour Market Mobility: Evidence from the Introduction of ERASMUS*. The Economic Journal 121 (551), pp.194-222.

Pietka E, Clark C, Canton N (2013) 'I know that I have a university diploma and I'm working as a driver': Explaining the EU post-enlargement movement of highly skilled Polish migrant workers to Glasgow. In: Glorius B, Grabowska-Lusinska I, Kuvik A (eds.), Mobility in Transition. Migration Patterns after EU-Enlargement, Amsterdam: Amsterdam University Press, pp. 133-154.

Pries L (1997) Neue Migration im transnationalen Raum (New migration in transnational space). In: Pries L. (ed.), Transnationale Migration (Soziale Welt, Sonderband 12), Baden-Baden: Nomos, pp. 15-44. (in German)

Sächsische Landesärztekammer (Saxon Chamber of Medics) (SLÄK) no date given: Kurzfassung Befragung: Ausländische Ärzte in Sachsen. Barrieren erkennen und Integration fördern (Short version survey: foreign doctors in Saxon. Detect barriers, support integration). URL: http://www.slaek.de/media/dokumente/05slaek/publikation/studiebroschur/109_Befragung_auslaendische__rzte_in_Sachsen_kurz.pdf (accessed 25.09.2016). (in German)

Sächsische Landesärztekammer (Saxon Chamber of Medics) (SLÄK) (2014): unpublished data. Dresden. (in German)

Sächsische Landesärztekammer (Saxon Chamber of Medics) (SLÄK) (2015): Arztzahlen in Sachsen. Anteil der Ärztinnen und ausländischen Ärzte steigt. Pressemitteilung Nr. 22/2015 (Number of doctors, share of female and of foreign doctors on the rise. Press releas No. 22/2015). Dresden. URL: https://www.slaek.de/de/04/pressemitteilungen/2015/022-Arztzahlen.php (accessed 25.09.2016). (in German)

Sächsische Landesärztekammer (Saxon Chamber of Medics) (SLÄK) (2016): Arztzahlen in Sachsen - Anteil der ausländischen Ärzte steigt weiter (Numbers of medics in Saxony – Share of foreign doctors on the rise). URL: https://www.slaek.de/de/04/pressemitteilungen/2016/024_Arztzahlen_in_Sachsen_.php/ (accessed 02.05.2016). (in German)

Sächsisches Staatsministerium für Soziales und Verbraucherschutz (Saxon Ministery for Social Affairs and consumer protection) (SSSV) (2013): Beantwortung der Kleinen Anfrage Nr. 5/11974 zum Thema „Schließung von ärztlichen Praxen in Sachsen“ (Answer to the short inquiry No. 5/11974) concerning „closure of GP residences in Saxony“). Dresden. (in German)

Savaryová K (2016) Odliv mozků do zahraničí – teorie a praxe „brain drain“ (Brain drain abroad – theory and practice of brain drain). Diploma thesis. VŠE v Praze. (in Czech)

Statistisches Bundesamt (Federal Statistical Office) (StBA) (2014): Bevölkerung und Erwerbstätigkeit, 1946-2012 (Population and Employment, 1946-2012). Wiesbaden. (in German)

Straubhaar T (2001) Ost-West-Migrationspotential – Wie groß ist es? (East-West migration potential – How large is it?). (HWWA Discussion Paper 137). Hamburg. (in German)

Scheibelhofer E (2009) Understanding European Emigration in the Context of Modernization Processes. Current Sociology, 57 (1), pp. 5-25.

Sjastaad L A (1962) The costs and returns of human migration. In: The Journal of Political Economy 70 (5), pp. 80-93.

Sohn C (2014a) Modelling Cross-Border Integration: The Role of Borders as a Resource. In: Geopolitics 19 (3), pp. 587-608.

Sohn C (2014b) The Border as a Resource in the Global Urban Space: A Contribution to the Cross-Border Metropolis Hypothesis. International Journal of Urban and Regional Research 38, pp. 1697-1711.

Sohn C, Reitel B, Walther O (1999) Cross-Border Metropolitan Integration in Europe: The Case of Luxembourg, Basel, and Geneva. In: Environment and Planning C: Government and Policy 27/5, pp. 922-939.

Stark O (1991) The migration of Labor. Cambridge: Cambridge University Press.

Trevena P (2013) Why highly educated migrants go for low-skilled jobs: A case study of Polish graduates working in London. In: Glorius B, Grabowska-Lusinska I, Kuvik A (eds.), Mobility in Transition. Migration Patterns after EU-Enlargement, Amsterdam: Amsterdam University Press, pp. 169-190.

Vavrečková J, Baštýř I, Michalička L, Drbohlav D, Musil, J (2008a) Riziko možného odlivu kvalifikovaných odborníků z České republiky do zahraničí. Závěrečná zpráva projektu 1J 019/04 DP2 (Risk of possible outflow of qualified professionals from the Czech Republic abroad. Final report of the project 1J 019/04 DP2). VÚPSV, v.v.i. Praha. (in Czech)

Vavrečková J et al. (2008b) Riziko odlivu vědeckých, výzkumných a vývojových pracovníků z České republiky do zaharaničí v kontextu významu vědy a výzkumu v současné společnosti (Risk of outflow of research and development professionals from the Czech Republic abroad in the context of the importance of science and research). VÚPSV, v.v.i. Praha. (in Czech)

Wille C (2015 ed.) Lebenswirklichkeiten und politische Konstruktionen in Grenzregionen. Das Beispiel der Großregion SaarLorLux: Wirtschaft – Politik – Alltag – Kultur (Lived realities and political constructions of border regions. The example of SaarLorLux: Economy – Politics – Everyday Life – Culture). Bielefeld: transcript. (in German)

Williams A M, Baláž V (2005) What Human Capital, Which Migrants? Returned Skilled Migration to

GeoScape 10(2) - 2016: 62–77 doi: 10.1515/geosc-2016-0006 Available online at www.degruyter.com

Slovakia From the UK. In: International Migration Review 39, pp. 439-468.

Wolpert J (1965) Behavioral aspects of the decision to migrants. In: Paper in Regional Science 15 (1), pp. 159-169.

Zaidi A (2008) Features and Challenges of Population Ageing: The European Perspective. Policy Brief March (I) 2008. Vienna: European Centre for Social Welfare Policy and Research.

