

Retention of immigrant health professionals on the medical labour markets in Finland, Sweden, Norway, Iceland and Denmark: A scoping review

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BACKGROUND AND AIM

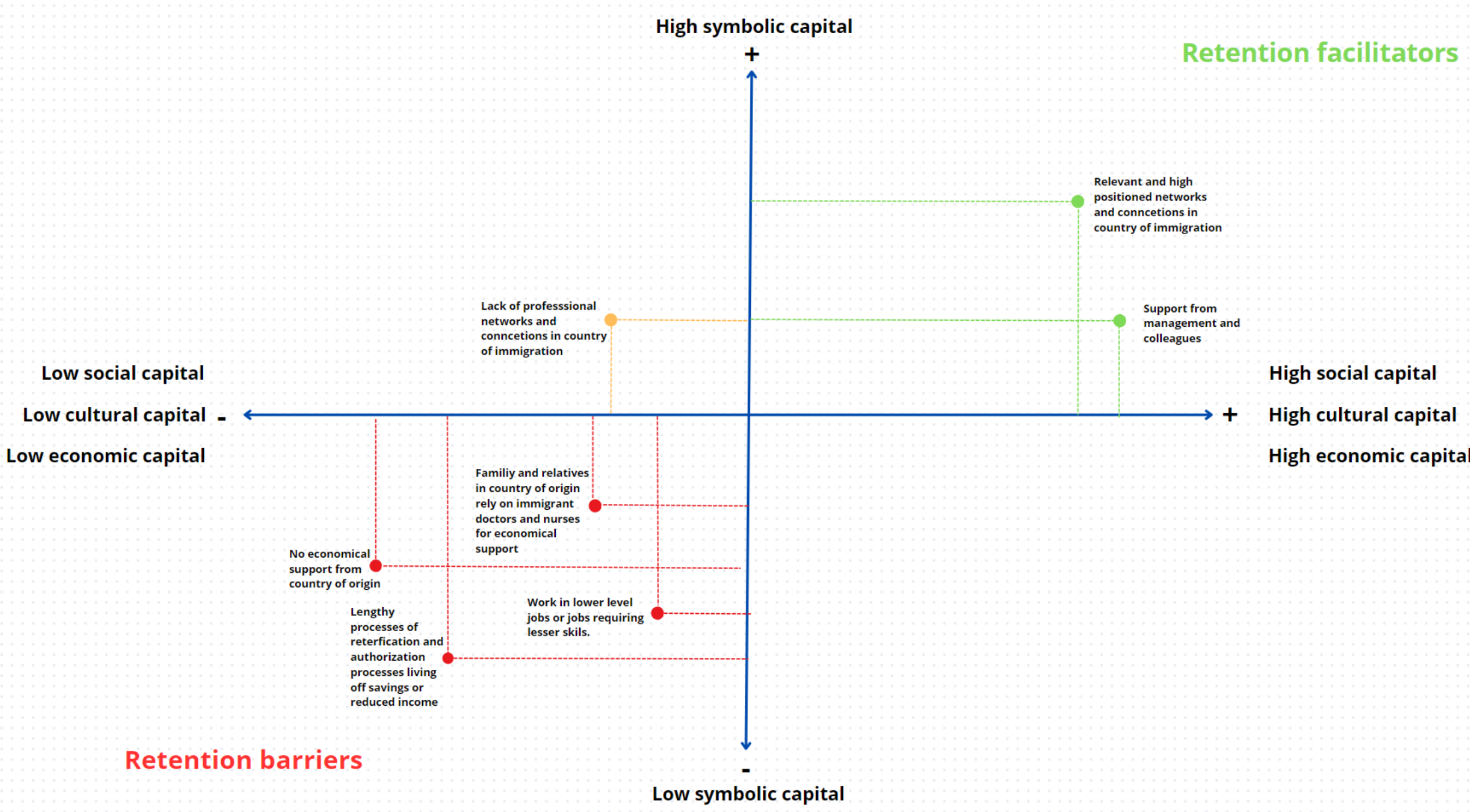
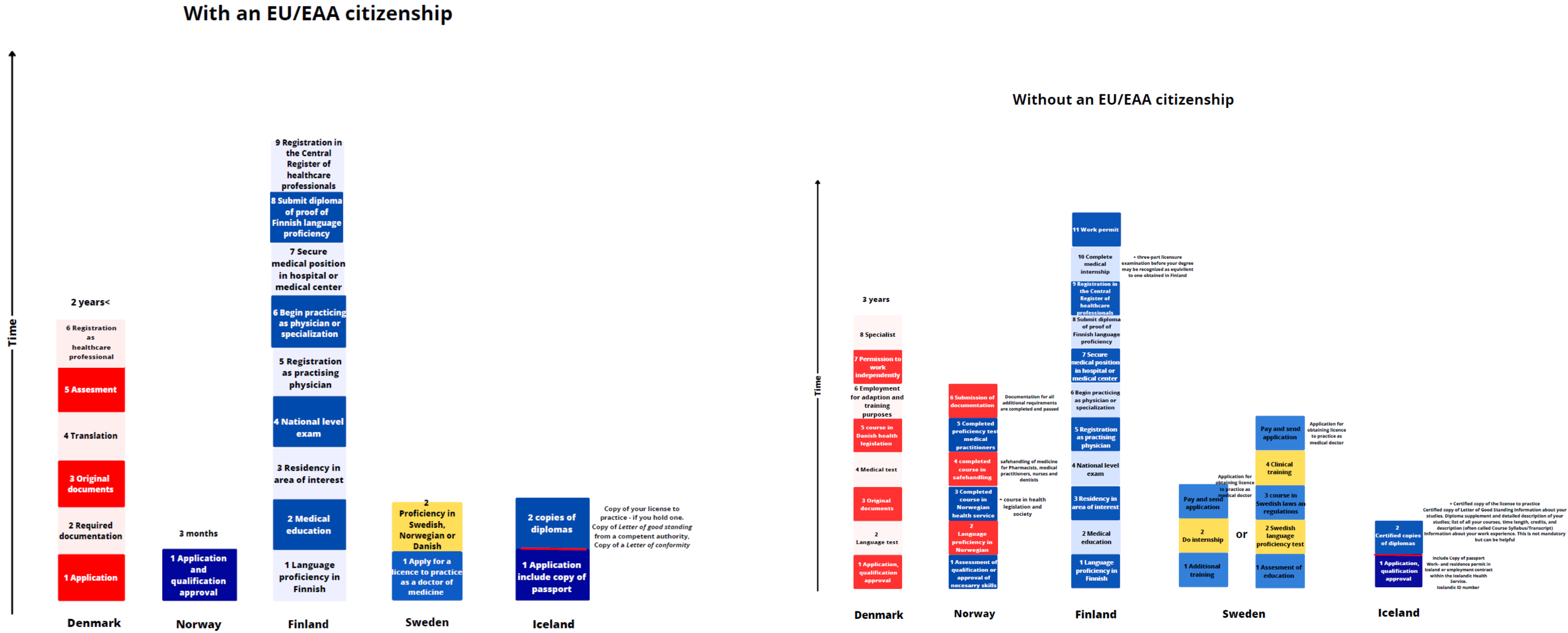
- Nordic countries have experienced a significant increase in immigrant medical doctors and nurses.
- The Nordic public health sector seem challenged in retaining immigrant doctors and nurses
- Peer-reviewed publications were identified to examine the facilitators and barriers to retention of immigrant doctors and nurses in Nordic countries and to find research gaps assisting in the planning of future studies.

METHODOLOGY

- A search for peer reviewed publications was conducted on internet-based databases of PubMed, Ovid Medline and ScienceDirect.
- A thematic analysis was conducted utilizing Pierre Bourdieu’s concepts of field, doxa, capital and habitus.

FINDINGS

- 37 publications were included in the review.
- There are systems barriers to the retention of immigrant doctors and nurses: the accreditation process takes 3-5 years and is economically expensive and emotionally exhausting.
- System’s barriers are especially visible when comparing the accreditation process retention of EU/EAA immigrant doctors and nurses with Non-EU/EAA immigrant doctors and nurses
- Structurally, immigrant doctors’ and nurses’ cultural and cross-cultural capitals are often not acknowledged, and they possess low levels of social and symbolic capitals.
- Immigrant doctors and nurses face cultural and social challenges in relation to both patients and colleagues and community integration.



CONCLUSIONS

- The career paths of immigrant doctors and nurses are different from their non-immigrant colleagues.
- This shows in the unequal career advancements, types of jobs offered and access to medical labour market: immigrant doctors and nurses have fewer opportunities for jobs in attractive geographical areas, specialties, and contacts to “attractive” patients and job advancements.
- Knowledge about immigrant doctors’ and nurses’ potential on the medical labour market, in the health sector and in local communities is limited. Such knowledge is critical to address obstacles and improve public health and to inform comprehensive and inclusive human resources policies.