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Original Research

Rehabilitation-specific challenges and advantages in the integration of migrant physicians in Germany: a multiperspective qualitative interview study in rehabilitative settings

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ABSTRACT

Objectives: In Germany, rehabilitative healthcare institutions increasingly rely on migrant physicians to meet their staffing needs. Yet until now, research on the integration of migrant physicians has focussed entirely on the acute care setting. This study is the first to address the specific advantages and challenges to integration in the field of rehabilitative medicine where a high number of migrant physicians work. From the experiences of migrant physicians and their colleagues, we provide actionable suggestions to counteract potential sources of conflict and thereby improve the integration of migrant physicians in the German workforce.

Study design: We conducted a qualitative interview study.

Methods: We conducted 23 interviews with a total of 26 participants occupying a variety of roles in two different rehabilitation centres (maximum variation sampling). Interviews were recorded, transcribed verbatim and parsed through thematic analysis.

Results: Our research revealed advantages and challenges to integration in three distinct areas: rehabilitative care institutions, competencies of migrant professionals and interpersonal relations. The first set of issues hinges on the work processes within rehabilitative hospitals, professional prospects there and the location of the institutions themselves. Second, migrant physicians may encounter difficulties because of limited linguistic skills and country-specific knowledge. And finally, aspects of their interactions with care teams and patients may constitute barriers to integration.

Conclusions: Some of the factors influencing the integration of migrant physicians are the same in both rehabilitative and acute medicine, but the rehabilitative setting presents distinct advantages and challenges that are worthy of study in their own right. We outline

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several measures which could help overcome challenges to the integration of migrant physicians, including those associated with professional relationships. Further research is needed to develop concrete support programmes.

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Introduction

In World Health Organization rankings of medical care, Germany receives one of the highest rankings worldwide.¹ Yet a closer look reveals an oversupply of physicians in metropolitan areas and a shortage in rural areas, affecting both in-patient and out-patient care.^{2–4} To alleviate the shortage of personnel, it has become a common practice for rural institutions to actively recruit physicians from abroad.^{5–7} As a consequence, of all the member countries of the Organisation for Economic Co-operation and Development (OECD) countries, Germany has seen the highest increase in foreign-trained personnel as a percentage of practicing physicians, with the number of migrant physicians in the German healthcare system doubling in the past decade.⁸ In 2016, 19% of all physicians in German hospitals were not of German citizenship.⁹ The nationalities most represented among foreign physicians in 2016 were Romanian, Greek, Syrian and Austrian.¹⁰

This makes the integration of migrant physicians in the workplace a pressing concern which is not without its challenges. Academic interest in the integration of migrant physicians has grown in Germany over the past few years, yet it still lags behind other countries such as the USA, Canada, Australia, Scandinavia or the UK, where there is a longer tradition of reflecting on these issues. One reason for this discrepancy might be that Germany has long refused to consider itself a 'country of immigration' and has therefore expended limited resources thinking about integration.¹¹ Eventually, after the influx of Syrian refugees in 2015, German politicians did call for a better integration of migrant physicians into the German healthcare system.¹²

Integration, however, is a vague concept whose use varies with context. The present study focusses on professional integration, assuming that it can be called 'successful' when migrants not only have access to jobs but can also thrive in the workplace.¹³ We are also interested in social integration because of its significant impact on health (and thereby possibly on work performance¹⁴), which implies the formation of meaningful social relationships.¹⁵

Studies conducted in Germany^{16–20} and elsewhere^{21–24} have provided information on barriers to successful (mostly professional) integration by outlining the difficulties faced by migrant physicians joining a new healthcare setting. For Germany, difficulties have been described with institutions (e.g. delayed licensure and high workload), relationships with colleagues and patients (e.g. discriminatory comments, rejection and misunderstandings) and limited setting-specific competencies of migrant physicians (e.g. regarding language, system, but also clinical and cultural knowledge).^{16,17,19} Those studies have all been conducted in acute care settings, while rehabilitation has so far received only scant academic attention.

Rehabilitation fulfils a specific role in the German healthcare system: financed by public pension insurance, rehabilitation centres are set up to help patients recover and return to the labour force (functional health in the terminology of the International Classification of Functioning (ICF)^{25,26}). Most rehabilitation in Germany takes place in in-patient settings (83%).²⁷ To achieve treatment goals, physicians need to understand not only a patient's medical profile but also the psychosocial factors impacting his or her condition.²⁸ Young physicians are less likely to join rehabilitation centres or what is described as 'social medicine' in general, causing a chronic shortage of physicians in this field.²⁹ Furthermore, because of their historical connection to health resorts, almost all rehabilitation centres are situated in remote, often economically disadvantaged areas,³⁰ a further barrier to recruiting young physicians from within Germany.³¹ Thus, rehabilitation centres have become heavily reliant on migrant physicians.

The primary aim of this study is to consider the integration of migrant physicians in Germany from the perspective of the advantages and challenges specific to rehabilitative care. We have focussed our attention on rehabilitative institutions because of the lack of research on migrant physicians outside of acute care. To the best of our knowledge, no other study of this kind has been conducted in Germany or elsewhere. Most international studies on the integration of migrant physicians have either been quite general in scope^{24,32,33} or focus on particular migrant groups^{34,35} or specific issues such as communication.^{36,37} They have generally discussed cultural or institutional barriers to integration, rarely considering factors which may facilitate integration.

Many of the challenges described in studies conducted in acute care will also arise in the context of rehabilitative medicine such as delayed licensure or disparaging comments. These challenges have been extensively documented in the literature and all healthcare institutions, including rehabilitative hospitals, should take them into account when designing support measures for migrant physicians. However, we do not attempt to reproduce the same findings here. Instead, our study focusses on 'rehabilitation-specific' challenges, which are linked to specific features of rehabilitation and therefore do not arise in acute settings or are more severe in rehabilitative medicine. Furthermore, we consider aspects of work in rehabilitative care centres which may facilitate integration of migrant physicians. We also describe which reasons motivated migrant physicians to join this particular field. We hope that by considering rehabilitation-specific benefits and barriers to integration as well as motivating factors for choosing rehabilitation, public healthcare institutions will be better equipped to design support measures for migrant physicians. Finally, we provide concrete suggestions for how to improve the integration of migrant doctors in the German healthcare system beyond acute care and thereby

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