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journal homepage: www.elsevier.com/locate/jbusresDeterminants of migratory flow in Europe: A fuzzy-set approach[☆]Alfredo Juan Grau Grau^{*}, Federico Ramírez López

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ABSTRACT

This article examines the variables that explain immigrants' decisions to remain in 18 European countries at three key stages of the European economic cycle: 2006 (economic boom), 2009 (the height of the economic and financial crisis), and 2014 (beginning of recovery). Population variables, environmental and health service variables, and economic variables were considered. Fuzzy-set qualitative comparative analysis (fsQCA) was used to conduct the analysis. The findings indicate that immigration behavior differs according to the stage of the economic cycle. When the economic cycle is in a favorable stage (boom and economic recovery), the GDP growth and land surface area of the receiving country are important drivers of immigrants' decisions to remain in Europe. However, when the European economy is in crisis, population growth becomes an important factor.

1. Introduction

Immigration profoundly affects a country's growth. It is therefore critical for receiving countries to study immigration by analyzing economic, social, and demographic issues. European countries have traditionally been recipients of migratory flows, especially in recent decades. This immigration has affected social protection policies that improve the welfare state. These policies in turn affect public finances by increasing public spending (Preston, 2014).

Prior research has examined immigrants' use of the welfare state in different countries, including Germany (Riphahn, 2004), Ireland (Barrett & McCarthy, 2007), Sweden (Hansen & Lofstrom, 2009), and Italy (Pellizzari, 2011). Life expectancy has generally increased and fertility has generally declined in European countries. Thus, population aging has reduced the labor force participation rate. In addition, the European population has grown considerably, primarily because of immigration (Alho, Alders, Crujisen, Keilman, Nikander, & Pham, 2006; Castro, 2010).

Marmot, Allen, Bell, Bloomer, and Goldblatt (2012) note that health in Europe has improved considerably in recent years because of better living conditions and improved access to health services. However, the terrestrial surface area of a country can be considered a source of its future growth and thus an element that attracts migratory flows (Kim & Cohen, 2010).

Certain studies have found links between GDP growth, better social welfare, and an influx of immigrants (see Boubtane, Coulibaly, & Rault, 2013; Giulletti, Guzi, Kahanec, & Zimmermann, 2013). Yet we have not encountered studies based on fuzzy-set qualitative comparative analysis

(fsQCA) that have examined the determinants of immigration jointly using population variables that relate to the environment, the health system, and the economy. Traditional methods only provide information on the influence of individual variables. In contrast, fsQCA enables the study of how these variables interact and combine to provide alternative routes to an outcome.

The objective of this study was to analyze population factors, economic factors, environmental factors, and health system factors to identify the factors that affect whether immigrants choose to remain in Europe. fsQCA was used to achieve this goal. The main novelty of this research is the study of how immigration affects a group of variables, analyzed separately and jointly, at three key stages of the European economic cycle. These stages are 2006 (economic boom), 2009 (economic and financial crisis), and 2014 (beginning of economic recovery). The goal was to identify whether the joint study of these variables reveals heterogeneous patterns of behavior at these three times. We expected to observe a similar pattern during the stages of boom and economic recovery and a different pattern during the period of economic and financial crisis.

Our findings indicate that during the favorable stages of the economic cycle, GDP growth and land surface area interact and explain immigration. Conversely, during economic crisis, the pattern of immigrants' decisions to remain in Europe differs considerably. The most relevant factor in this stage is population growth.

The rest of the article is structured as follows: Section 2 discusses the key factors of migration flows in Europe and presents the hypotheses. Section 3 describes the method. Section 4 presents and discusses the results. Section 5 provides the primary conclusions.

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2. Framework

2.1. Determinants of migratory flows in Europe

Immigration is highly relevant for European countries. It is therefore of interest to evaluate the key conditions that drive immigrants' decisions to remain in Europe.

FsQCA enables the identification of necessary variables. In this sense, fsQCA resembles traditional models. However, fsQCA also enables analysis of the combinations of variables that jointly affect an outcome (i.e., immigration). Traditional studies fail to do so.

This analysis covered three key stages of the European economic cycle: economic boom (2006), the height of the economic crisis (2009), and the beginning of economic recovery (2014). We addressed a gap in the research by investigating behavior patterns regarding immigrants' decisions to remain in Europe. These patterns are conditioned by the stage of the European economic cycle. We predicted that the patterns during favorable stages of the economic cycle would resemble one another, whereas, during an economic and financial crisis, the relevant factors would differ.

Research has shown that health is a precondition for a country to thrive economically. Consequently, health influences a country's economic performance. The capacity of governments to intervene in the public sector and employ effective initiatives to improve the quality and availability of services such as healthcare depends fundamentally on economic resources (Álvarez-Dardet & Franco-Giraldo, 2006; Grassi & Luppi, 2014). Castro (2010), Sides and Citrin (2007), Singh and Miller (2004) analyzed the direct effect of life expectancy on immigration in Spain, Europe, and the US, respectively.

In recent decades, health in Europe has improved dramatically because of progressive improvements in living conditions (Marmot et al., 2012). European countries have also adjusted their health policies to address their immigrant population, defining mechanisms to include these groups in their health protection programs (Moreno, 2004).

Several papers have addressed the effect of fertility on migratory flows in Europe. By analyzing the relationship between the fertility trend and the integration of the immigrant population, Coleman (1994) found that fertility rates have declined markedly. Coleman (1994) also reports that the fertility rate of most European immigrant populations has declined to levels as low as or below that of the host society. However, immigration could also be perceived as the main driver of the recent increase in fertility in, for example, France (Héran & Pison, 2007).

Sides and Citrin (2007) note that immigration is fundamental to sustaining the economic system because growth in the fertility rate in Europe has declined in recent years. By studying the influence of immigration on European fertility trends, Sobotka (2008) found that the trend is largely due to the influence of the immigrant population. Likewise, the fertility rate of the immigrant population is on average higher than that of the local population and thereby affects the fertility rate of the receiving society (Roig & Castro, 2007).

In many countries across different continents, uncontrolled growth in the population is primarily explained by waves of immigrants, whose population grows with their offspring (Beck, Kolankiewicz, & Camarota, 2003). This growth is thus the effect of immigration (Feld, 2000; Marquez & Schraufnagel, 2013).

Immigration is potentially a way of preventing population decline and slowing the rate of aging, but it can only ever have a modest impact on this process (Berger et al., 2016; Sobotka, 2008; United Nations, 2006). Castro (2010) acknowledges that immigration has provoked one of the most important sociodemographic transformations in recent times. Over a long period, however, it cannot counteract the trend toward demographic aging. According to Alho et al. (2006), the high migration rates recently recorded in demographic projections postpone the likely start of population decline in EU countries until after 2050.

This reasoning may explain the influence of immigration on population changes in many European countries. It therefore highlights the

need to redefine the traditional concept of “replacement migration,” which affects both fertility and population growth (Beaujot, 2003; Coale, 1988; Feld, 2000, 2005; Holzmann, 2005; Lutz & Scherbov, 2003; Smallwood & Chamberlain, 2005).

For 17 European countries, Kim and Cohen (2010) found that a country's land area and location with respect to the sea directly affect the influx of immigrants. They showed that a large land surface area aids the entry of migration, whereas a small land area represents a barrier to migration. They observed significant positive relationships, which indicate that land surface area is a good predictor of migratory flows.

Among other factors, GDP growth helps maintain and promote the social welfare system. Studies have shown a key link between social welfare and immigration, Giuliotti et al. (2013) observed a positive correlation between social welfare and immigration. Conversely, Boubtane et al.'s (2013) study of the OECD countries confirmed that immigration does not affect the economic conditions of the receiving country.

2.2. Causal conditions and hypotheses

Population conditions that relate to the immediate surroundings and type of economy can be involved in this decision to remain in the receiving country. Crucially, these variables have not been studied in the financial literature in the same manner as in this study. Furthermore, they have not been evaluated using fsQCA.

A country with high *life expectancy* (LIEXBIR) generally has good nutrition, hygiene, and general welfare. Economic development, changes in some environmental conditions, improvements in lifestyles, and advances in health and medicine have caused a steady increase in life expectancy across Europe. Accordingly, the 28 EU member states are among the world leaders in life expectancy (Eurostat, 2016d). According to the European Commission (2013), health is a precondition for a country to thrive economically.

Another proposed condition is the *fertility rate* (FERAT). We analyzed whether this condition affects immigrants' decisions to remain in the receiving country. Fertility patterns in Europe have not behaved linearly over time. Prior to 2008, the birth trends had been increasing (0.15 births per woman) until the onset of the crisis. Thereafter, this reversed to a downward trend. Changes in fertility partially respond to changes in the economy. The average delay is less than two years. The uncertainty of an economic crisis can influence fertility. The duration of a crisis affects fertility. In some countries, the duration and severity of a recession may also have an effect. Changes in GDP are mostly positively correlated with changes in the fertility rate (Eurostat, 2016a).

Population growth (POPGRO) was also considered. As discussed earlier, population growth in European countries is primarily due to immigration, which can in turn affect whether immigrants decide to stay in the host country.

The current demographic situation in the EU-28 is characterized by continuous population growth. Since 1992, net annual migration, which reached 0.95 million people in 2014, has been the main driver of population growth in the EU-28. Seemingly, therefore, the likelihood of a general decline or growth of the population in the EU-28 largely depends on migration (Eurostat, 2016f).

The ease of *access to improved healthcare facilities* (IMPHEAL) is a priori expected to positively influence an immigrant's decision to remain in the host country. Good health services that are easily and cheaply accessible are assumed to encourage immigrants to remain. In 2006, common objectives were agreed upon concerning the accessibility, quality, and financial sustainability of European healthcare. Subsequently, the onset of the economic crisis resulted in limited financial resources, exacerbating the difficulties that EU member states faced to ensure the sustainability of their healthcare systems. Special emphasis is placed on improving the efficiency and financial sustainability of the European healthcare system (Eurostat, 2016b).

We also studied whether the surface area (SURAR) of the host country is considered when selecting a country of destination and

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