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Healthcare workers' mobility from non-OECD countries to Portugal: a case-study approach

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Abstract

Labor mobility has become one of the eventual consequences of globalization and economic integration. The continuous growth of globalization and the gap in terms of living standards between countries have resulted in the movement of professionals.

The present research is aimed at adding new qualitative information about the pushing factors of medical labor mobility from non-OECD countries to OECD countries, and the choice of Portugal as a destination country. Using a case-study approach we identify factors that explain why Portugal is attractive for immigrants who have chosen it as a country to live and stay permanently. Identifying these factors may be useful for policy makers to define public policy instruments in order to attract high-skilled workers.

Keywords: labor mobility; healthcare workers; OECD-countries; non-OECD countries; Portugal

Contents

Acknowledgement	ii
Abstract	iii
Contents	iv
List of Figures.....	vii
List of Tables.....	viii
List of abbreviations	ix
1. Introduction.....	1
2. Literature review	5
2.1. Labor mobility in a global overview	5
2.2. Labor mobility from non-OECD countries to OECD countries	15
2.3. Portugal as a destination country.....	22
3. Methodology and data collection.....	24
4. Findings.....	30
4.1 Case study1. Source country - Ukraine	32
4.1.1 A country profile – Ukraine.....	32
4.1.2 Country issues	33
4.1.3 Organizational issues and scope of work	34
4.1.4 Individual issues.....	37
4.2 Case study 2. Source country - Moldova.....	40
4.2.1 A country profile – Moldova	40
4.2.2 Country issues	41
4.2.3 Organizational issues and scope of work	42
4.2.4 Individual issues.....	43

4.3 Case study 3. Source country - Russia	45
4.3.1 A country profile – Russia.....	45
4.3.2 Country issues	46
4.3.3 Organizational issues and scope of work	47
4.3.4 Individual issues.....	49
4.4 Case study 4. Source country - Brazil	52
4.4.1 A country profile – Brazil.....	52
4.4.2 Country issues	53
4.4.3 Organizational issues and scope of work	54
4.4.4 Individual issues.....	55
4.5 Case study 5. Source country - Venezuela	57
4.5.1 A country profile – Venezuela.....	57
4.5.2 Country issues	58
4.5.3 Organizational issues and scope of work	59
4.5.4 Individual issues.....	60
4.6 Case study . Source country - Guinea-Bissau	62
4.6.1 A country profile – Guinea-Bissau.....	62
4.6.2 Country issues	63
4.6.3 Organizational issues and scope of work	64
4.6.4 Individual issues.....	65
5. Discussions	68
5.1 Why to leave the country of origin? The most relevant driving forces of medical labor mobility revealed through the interviews.....	68
5.2 Why come to Portugal? Portugal as a destination country	72
6. Conclusions and future work	78

6.1 Conclusions of the research.....	78
6.2 Limitations of the research and suggestions for the future investigation	81
References	82
Appendix 1	87
Appendix 2	91
Appendix 3	95
Appendix 4	99
Appendix 5	110
Appendix 6	116
Appendix 7	123
Appendix 8	131
Appendix 9	139
Appendix 10	145
Appendix 11	151
Appendix 12	157
Appendix 13	163
Appendix 14	169

List of Figures

Figure 1. Migration of doctors in the European region (red arrows indicate two-way flow).....	166
Figure 2. Medical brain drain, data by region	199
Figure 3. Medical brain drain rates from Sub-Saharan Africa to the 16 OECD countries for the years 1990 and 2000	221
Figure 4. Employed nurses and doctors in OECD by place of birth, based on population censuses around 2000.....	2222
Figure 5. Physical location map of Ukraine	3232
Figure 6. Physical location map of Moldova	4040
Figure 7. Physical location map of Russia.....	4545
Figure 8. Physical location map of Brazil	5252
Figure 9. Physical location map of Venezuela.....	5757
Figure 10. Physical location map of Guinea-Bissau.....	6262
Figure 11 . Physical location map of Portugal	7272

List of Tables

Table 1. Immigrant population resident in Portugal by nationalities in 2001	2424
Table 2. The interviewees list	2626
Table 3. Link between the variables discussed in the literature review and questions included in the interview guide	2727
Table 4. A country profile (Ukraine).....	32
Table 5. Ukraine: sum up of main labor mobility pushing factors.....	3838
Table 6. A country profile (Moldova)	4040
Table 7. Moldova: sum up of main labor mobility pushing factors	4343
Table 8. A country profile (Russia)	4545
Table 9. Russia: sum up of main labor mobility pushing factors	5050
Table 10. A country profile (Brazil).....	5252
Table 11. Brazil: sum up of main labor mobility pushing factors.....	5656
Table 12. A country profile (Venezuela).....	5757
Table 13. Venezuela: sum up of main labor mobility pushing factors	61
Table 14. A country profile (Guinea-Bissau)	6262
Table 15. Guinea-Bissau: sum up of main labor mobility pushing factors	6666
Table 16. A country profile (Portugal).....	7272
Table 17. Portugal: sum up of main characteristic that interviewed doctors gave value to	7575

List of abbreviations

GPI - Global Peace Index

EEA - European Economic Area

IMO - International Migration Outlook

IOM -International Organization for Migration

MDGs - Millennium Development Goals

MENA - Middle East and North Africa region

MIPEX - Migrant Integration Policy Index

OECD -Organization for Economic Co-operation and Development

PALOP - Portuguese-speaking African countries

USSR - Union of Soviet Socialist Republics

WHO - The World Health Organization

1. Introduction

Labor mobility has become one of the eventual consequences of globalization and economic integration. The continuous growth of globalization and the gap in terms of living standards between countries have resulted in the movement of professionals. The rates of mobility are always changing, and the fact that migratory flows' data description between the countries are poorly documented (WHO, 2010) leads to a challenging difficulty in analyzing mobility.

Many countries nowadays are focused on brain drain. In order to improve its future, they are focused particularly on the brain drain process of high-skilled workers (Docquier, 2006). This term was used to describe the international movement of intelligent, well-educated individuals "from developing countries to developed countries in search of the better opportunities". This phenomenon has impact both on destination and donor countries. For the destination country it is a wisdom gain, but for the donor country it is the process of losing skilled people, literally say losing brains (Dodani and LaPorte, 2005). Actually, it is considered as a net loss in terms of potential development of a country (Moullan, 2014). According to Docquier (2006) the magnitude of brain drain has increased intensively during past few years. He indicated that it is going to increase differences between the countries. This fact is very essential for the country, because the government expects high-skilled employees to contribute to the growth of the country, that, consequently, is expected to lead to the prosperity of the economy. As a result of such policy, this will lead to superior well-being of the country in general (IOM, 2008).

We may speak about the brain drain phenomenon in many professional areas. The movement of high-skilled workers that we are going to analyze in our study is represented by the medical personnel group. Emigration rates of doctors can be compared to that of highly skilled (IMO, 2007). The mobility of the category of medical professionals is the main issue of our research.

International mobility of healthcare workers is not a new phenomenon. It has augmented its importance in the global labor fast-moving world and has attained an increase in interest in recent academic research. This topic was largely discussed in previous literature (Bhargava and Docquier, 2007), García-Pérez et al. (2007), Rechel et al. (2006), Wismar et al. (2011), Astor et al. (2005), WHO reports, OECD reports, IMO reports etc. There are also many debates about issues related with labor mobility of health professionals, and a lot of discussions about current and future mobility trends (Costigliola, 2011). Labor mobility may be related with many different determinants and individual idiosyncrasies. In our research, we are going to categorize and discuss these main elements.

The motivation for this topic was our personal experience. The fact that we are aware of several cases of mobility of healthcare workers with whom we are familiar with, made us wonder what the literature tells about it and incited us to contribute to this topic. The phenomenon of healthcare workers' brain drain is very frequent in modern life. This topic is very relevant, because the movements of healthcare personnel influence on the provision and quality of health services within the countries. Several research on this topic show that the health personnel migration flows are very multidirectional. It has many heterogeneous and homogeneous drivers, as well as multiple benefits and costs of mobility.

We know that the determinants of international mobility are all different in their nature. As long as the healthcare workers are the main group which we are going to investigate, in our research we are going to reveal the main determinants and drivers of mobility, stressing our attention on their differences. Also, we will attempt to explain why some of the drivers are more relevant for the healthcare sector than others by providing explanation in detail. The foregoing discussion will also include some uncommon drivers of health professionals, appropriate only to specific location origins.

This thesis is organized as follows: Chapter II will present a literature review with issues relating to the medical labor mobility. We will start with the most common

factors and determinants of labor mobility and then will move to some individual idiosyncrasies. In Chapter II will describe different labor flows. First, we will pay attention on medical migration in a global overview. And then we will try to explain the motives of medical labor mobility focusing on the movement from less developed countries to OECD countries.

The research methodology is described in chapter III. In order to answer the research question stated above, in our study we are going to cover six in-depth qualitative structured interviews with migrant doctors. The interviews and direct observation were the main instruments of data collection in order to apply the case study methodology. Convenience sampling technique was used when selecting the interviewees because of their convenient accessibility and proximity to the researcher. For the present research we analyzed doctors moving from Ukraine, Russia, Guinea-Bissau, Moldova, Venezuela and Brazil.

Chapter IV will present the findings of the research, describing case studies country by country and analyzing labor mobility factors from three perspectives: country issues, organizational issues and individual issues.

Chapter V will discuss and summarize the most relevant issues why the analyzed immigrant doctors moved from non-OECD countries. Chapter V will also seek to explain the main driving forces for those doctors to choose Portugal, presenting its advantages as a destination country.

Chapter VI will close the research presenting the conclusion and summarizing the factors that explain why Portugal is attractive for immigrants who have chosen it as a country to live and stay permanently. This chapter will also present the limitation of the work and future research suggestions.

This paper seeks to contribute to the literature providing more qualitative data and detailed information about the most relevant aspects in medical labor mobility. The originality and objective of this paper is to use case study approach in order to add relevant and detailed qualitative information about why doctors moved from non-

OECD countries and why between many OECD countries they chose Portugal as destination.

2. Literature review

2.1. Labor mobility in a global overview

The driving forces of labor mobility can be different. One of the reasons to move abroad that attracts migrants' attention is difference in politics (Rechel et al., 2006). Politics represents a huge pile of issues and may be related with many aspects of daily life. One of the most important issues of this subgroup of mobility drivers, that attracts talented people to come, is political stability which immigrants do not have in their home countries (Dodani and LaPorte, 2005). We also could consider the political integration of the countries in various organizations as one of the reason to move. For example the process of Europeanization pushes professionals to move to another European countries in order to be able to work in the free-movement zone. This means that a professional has free open access to international borders of many European Union countries, and an open access to European labor market with wider prospective.

Another aspect we consider is the type of political system, as it reflects how the institutions in a country are functioning and how they are managed (Magnussen et al., 2009). Our concern of political issues in this discussion relates medical sphere. Magnussen et al. (2009) in their paper were trying to show a differential image of healthcare system of Nordic countries¹ with a descriptive analysis. As they noticed, many doctors would like to work in Nordic healthcare sector as it is well defined and internationally recognized. They were trying to understand which are the key success factors of Nordic countries health system and which role politics plays in it. They focused mainly on four countries: Norway, Denmark, Sweden and Finland. Despite being independent nowadays, these countries were perceived as very similar, because historically they were all united by one monarch in the Kalmar union times. As times goes by, the decision for radical reforms has emerged relating many issues. Politicians were always trying to improve constantly the welfare of the countries. Politicians were

¹Nordic countries (the synonym for Scandinavia) consist of five countries : Denmark, Finland, Iceland, Norway and Sweden, as well as their autonomous regions : the Åland Islands, the Faroe Islands and Greenland.

completely realizing that the healthcare sector of the country obviously takes an important place in the development of the country in general. This explains why the healthcare system of Nordic countries has gone through many changing processes since the 90's.

The implementation of recent reforms and policy challenges of Nordic health system were discussed for each country in this paper. The authors were trying to investigate the development of multilevel governing structure of the Nordic countries. Magnussen et al. (2009) indicated that decentralization was the major policy strategy in healthcare system. Mainly, here it is all about the devolution of politics - transfer of power to a local political level. Many decisions and questions about how services should be provided were decided according to the regulation level that was the most common in a country. The financial management mechanism of a healthcare sector was implemented according the redistribution of the power in the Nordic countries. Traditionally, the healthcare sector was sponsored by global budget. But after 1990 reforms, the "macro level expenditure mechanism" was substituted by "micro level management mechanism". It is saying that Nordic countries give more role to local and regional government in the allocation of decisions. The result was reflected very soon on the rapid growth of expensive medical technologies as well as a big government concern about the future costs associated with future investments in medical sector, also taking into consideration the wages of medical staff. For example, Finland places the responsibility of the healthcare sector' requirements at the municipal level. Norway relies on municipal level for primary care, and on regional level for specialized care. Sweden places the responsibility of healthcare sector on country level, while Denmark - on regional level. The approach towards responsibility level varies from county to county, as we can see in this example. As we can observe from daily life, the style of the performance of Nordic model of healthcare sector has attracted attention in many debates. The Nordic model is well known by its main characteristic of providing the highest social welfare state for people. That is why many countries are trying to be oriented towards this direction of "perfectionism". The European policymakers reveal

that the Nordic model for healthcare system reflects a consistent set of parameters across all Nordic countries: "tax-based funding, publicly owned and operated hospitals, universal access based on residency, and comprehensive coverage". The difference in politics and policy implementation between the countries obviously show us the different working styles, as the government effectiveness differs in each particular way.

That is why the government effectiveness in providing reforms of healthcare sector is worth our attention. The authors were explaining and describing the Nordic health system, where they also concluded the internationalization of knowledge and markets, quick shift to high-cost equipment with technological advances, quality of medical services to be the primary concepts for their health professionals. All this was only feasible to implement with a help of structural political reforms that were presented as one of the possibilities to meet the baffling challenges of political sphere.

Other papers, discuss that some countries are famous by its oppressive political climate towards healthcare sector (Pang et al., 2002). This is reflected in the government inefficiency. For example, in the article by Siringi (2001) Kenyan case was described, where the government was always promising to increase the expenses, mainly for the doctors' salaries, just in order to restrain the brain drain flow.

The most common and homogeneous driver for employees in any sector and in any country is related with salary differentials between countries (Costigliola, 2011). Cross-country relative difference in wages between source and destination economies is considered as an important determinant for the "brain drain" process of skilled employees from low income and least-developed countries to rich countries with advanced economies.

In order to ensure a secure financial future, medical staff started to migrate. Many papers discuss the income differences as one of the most powerful moving force. The impact of economic crisis that hit in 2007/2008 massively pushed employees to move eagerly forward in search of new labor market perspectives and fresh job opportunities on another land (Grossmann and Stadelmann, 2011). High-skilled

employees are willing to be evaluated and paid more. It is also true that low-skilled employees are willing to be paid more. But Bartel (1979) discussed this question in her paper, concluding that education has positive effect on the person's movement, thus making high-skilled more mobile. It could be explained by the fact that high-skilled labor realizes that they have more job opportunities abroad because they are qualified and could be paid more in another country. For example, Costigliola (2011) noticed in his study that Romanian and Moldavian doctors can earn 10 times more in France; and Estonian doctor can earn six times more in Finland. Doctors simply would like to have a merit remuneration for the given services. Realizing such possibilities, this category of people sees more incentives to advance the career path and try the fortune abroad.

Medical personnel decides to move to another country not only because of income. Another reason we encountered concerns different working environment and conditions (Edge and Hoffman, 2013) in working standards between countries. It is related with more advanced job conditions (Ribeiro et al., 2014), better equipped hospitals and high technology for diagnosis, the availability of healthcare facilities. Costigliola (2011) described the case when medical doctors were forced to deal with lower quantity of beds than the quantity of patients, to work with old tools and not enough amount of available medicines, or inappropriate conditions in case of complex surgeries. These factors often become a reason for doctors to decide to look for a job in better working environment.

But these are not the only crucial factors of healthcare worker's mobility. One more aspect of mobility we would like to analyze in our research relates to social incentives. Here we may consider professional development and training opportunities (that is a very essential fact for a good medical professional) and, possible promotion opportunities. Another interesting factor we found in the research comprises higher-esteemed professional and social recognition of being a doctor abroad (Costigliola, 2011). Know-how and experience achieved abroad are treasures which can boost the career and change the attitude towards the doctor. More highly esteemed by patients, colleagues and staff alike, doctors feel more appreciated by the society. This aspect

relates just some countries, not all. Mainly this happens when the country lacks some specific medical training, or some specializations of healthcare sector are not sufficiently developed in the country and to overcome this, doctors are going to improve abroad.

However, despite the personal aspirations and professional wishes there is one more reason for doctor's migration. It is a working schedule that does not always satisfy medical professionals. Checic et al. (2013) conducted an analysis of working activity timetable in health sector in Romania. The concern of their research was to study working timetable as a key element of health worker. They were investigating how the working time frame varies in different countries and how it was applied on case. They raised new notion called "Soviet-style working time program". Only some European countries (Romania, Moldavia and Albania) are using this "Soviet-style working time program". Basically it was about the fact that some doctors end up exceeding 30 hours of emergency medical services. The quantity of working hours during the shift was very exaggerated.

The financial crisis pushed employer to ask more from doctors for the same wage, making them work in a non-stop regime. In the case described by Checic et al. (2013), the doctors had big workload and they were poorly remunerated. This is a huge problem to deal with. Due to the financial crisis, recession of the economy and a fear not to become unemployed, the doctors have to keep their job position.

The authors were trying to address the analysis of working time conditions to the European Union Directive no. 2003/88/EC which aims to protect EU employees' rights. This Directive indicates the legal frame with norms of 48 hours per working week and with a right of 11 hours of consecutive daily rest. There was also a note about the excessive night working hours. It is trying to protect the period of time when employee is required to perform tasks. But unfortunately, not all employers obey to the requirements of the European Directive. Some employers exploit the workforce of the employees, causing unpredictable accidents/incidents. Kieselbach et al. (2010) described

a suicide case attributed to working overload that happened in one of the EU member states.

Another issue that we take into consideration is the procedure of recognition of foreign diploma. According to Moullan (2014), the migration of health professionals is growing all around the world. This trend became even more popular in European region since " the inter-European recognition of qualification " was implemented in the year of 2007. But of course not everyone can benefit from the freedom of movement between EU member states. Only EU member states were honored to feel more privileged in this question. Many other countries outside EU zone face some kind of specific requirements in order to prove the authentication of their professional qualification.

This procedure of recognition of foreign diploma also helps to control the inflows and outflows of health workers professionals. Different countries have different reputation about how hard or how easy it is to obtain the recognition of the degree. Recognition of foreign qualification is a lengthy process and not easy to deal with. The accomplishment of the current procedure is very hard due to the bureaucratic complexity of the process. This issue is a great challenge for the immigrant. It is one of the barriers that influences the decision of a healthcare worker whether to move abroad or not. One willing to pass through the procedure of the recognition of diploma should evaluate every small detail very properly. This procedure has a very disturbing reputation as it has different requirements in each particular country. This adds to high-skilled migration movement additional bureaucratic troubles (IMO, 2007) and also the challenge that is related with the language barrier.

However despite all political, socioeconomic and financial issues one more important thing should be also considered as well. To understand deeply what could be the reason of non-will to stay at the source-country job place, we develop other possible reasons that could influence doctors' choice of working location.

Atif et al. (2015) were making investigation about the element that has been neglected during recent years. They classified this factor as a "human element". The authors address our attention to a personal job satisfaction of a doctor. The profession of the doctor was considered as the most sacred and highly reputed through many times (Atif et al., 2015). The general worldwide perception that doctors are very happy with their job is not always a trustworthy fact. Yet some articles are reflecting another reality (Sharma et al., 2014). Some researches show us the results which put under the question the real satisfaction level of medical workers.

Satisfaction or dissatisfaction of the worker is a very important issue that influence the lifestyle and career development of the worker. In the case of the doctors, the aspect of satisfaction level is very relevant because it affects directly the quality of the healthcare system of the country, which leads to the correspondent level of development of the medical sector of the country. In case of being dissatisfied, a person does not feel happy in life. This causes psychological discomfort. In such situations very often arise the feeling of being not in the correct place. The healthcare worker will try to move forward in search for another job possibilities, that very often occur outside the borders of national country.

Atif et al. (2015) revealed in their article that satisfaction level is very low in developing countries. Even though, the satisfaction level of doctors, for example in US, is suffering some changes. It is also low, and only less than 50% of doctors are satisfied with their job. Having studied this question throughout many countries, Atif et al. (2015) revealed the variables that are having impact on the assessment of job satisfaction level between the doctors. In their study they noticed that doctors, wherever they work, are having kind of unique challenges. Mainly they were discussing the occupational and non-occupational variables to assess the job satisfaction. Some stressing events are leading professionals to feel not comfortable. Sometimes it even influences psychological distress between professionals. Also they found some factors between occupational and non-occupational variables. For example, some doctors were indicating that they have difficult and aggressive patients from time to time. Additional

duties at the workplace and permanent additional working hours are just adding complexity to job satisfaction issue. Another were telling that dissatisfaction level is aggravated due to the lack of respect from the public. That was the reason for some doctors to regret about the choice they made while choosing the profession in the youth.

The authors also were trying to indicate some more reasons that could cause dissatisfaction. In their study Atif et al. (2015) provided us with the detailed description and giving an idea of how the level of job satisfaction varies across countries. They described some cases that were appearing specifically in some countries. For example, the doctors working in Pakistan were mainly dissatisfied with service structure and career prospects, despite low income complaints. The portion of these dissatisfied doctors made 92%. They also described another group of people presented by USA doctors, who claimed that they were underpaid for the additionally provided medical services.

Another kind of troubles happen in India, where doctors simply are discouraged and highly dissatisfied with the working environment and difficult environment issues. Facilities inside the many cities of India are underdeveloped. Limited access to fresh water, anti-sanitary living conditions, sewage system, latrines and many other basic amenities are simply out of usage in India (Gupta and Guin, 2015). An immense poverty that is associated with deprivation and socio-economic exclusion of basic human needs serves as one of the major evil for medicine. In such horrible conditions it is possible to find hundreds of known and unknown diseases, that are flourishing on the streets. Lack of basic amenities together with a lack of awareness to take a precautionary measures against infectious diseases deteriorate the health level of the inhabitants. The fact that in some of the Indian states children are not registered until the age of six makes us wonder. The reason for this is that the probability of the child to reach the age of six is low, because the mortality rate is very high. The amount of patients is extremely high, for example for one doctor the average amount of patients constitute 5,000 people. Indian doctors (around 26%) also complain about amount of

working hours, especially regarding night shifts. They described the amount of hours to be extremely exaggerated.

The authors were also trying to catch many regions of the world, that is why they also reflected the situation in New Zealand. They noticed in their study that New Zealander doctors were not satisfied mainly with a workload and current reforms. They agreed and claimed that job satisfaction "enhances with liberty at work, freedom, salary and benefits like bonuses".

Atif et. al. (2015) concluded in their study with the following statement: they revealed that internationally 10.3% of doctors have below average rate of satisfaction, 53.6% have average level of satisfaction, while only 13.3% have an outstanding satisfaction. They were comparing their results with national study, and did the following conclusion: 26% of Pakistan doctors, 26% of Indian doctors and 16% of Australian doctors were not satisfied with their jobs.

Another study that we analyzed relating job satisfaction we found was presented by the international online information network Healthgrouper that has published a report on job satisfaction among doctors in Bulgaria. They concluded the overall rate of job satisfaction to be low. Dimitrova (2013) analyzed this study by presenting a chart that is listing the main variables of the job satisfaction's assessment. The variables are listed in the scale from the most important to the least important. The answers of the doctors are based on a 7- point scale, where 7 means "extremely satisfied and 1 means "extremely dissatisfied", while 4 means "neither dissatisfied, nor satisfied". Dimitrova (2013) was mainly analyzing the following aspects: image among family and friends, relationship with healthcare professionals (exactly nurses), image among patients, relationship with colleagues, overall working climate, autonomy at work, relationship with colleagues outside the workplace, job security, scope of work, public image, additional remuneration, time with family, overall satisfaction, salary, stress, health reform.

Also, we found some interesting and adventurous reason of migration in the article by Costigliola (2011). Some of the doctors decide to migrate because of the personal inspirational wishes. Sometimes doctors simply would like to change the lifestyle for another one. For example, a doctor from Denmark or Sweden could seek for a new job place somewhere on the south of the Europe, because those countries are well-known for the relaxed daily life, warm climate, rich culture and tasty food. Or for example, a Bulgarian doctor could move to Austria, not because of the higher salary, but because of the well-organized infrastructure system or because of the great magnificent mountains. Simply saying, sometimes doctors are just looking for a joy of life and pleasant living conditions.

These were the most frequent reasons that caused skilled labor migratory flows to become a matter of global research concern. Researchers were trying to understand the concepts of health worker's mobility, push and stay factors (García-Pérez et al., 2007), possible difficulties they may face after having arrived to a new country, etc. So, when deciding whether to go abroad, one should account for possible benefits and costs. It is very important to be aware especially of the costs, that could be high monetary costs, or high intangible costs related to relocation of the family, including the question of uprooting the children (IOM, 2008).

2.2. Labor mobility from non-OECD countries to OECD countries

Besides being important to understand why medical workers move, another issue that acquired immense importance in our research is where professionals move to.

To understand and to analyze all these issues it is necessary first to find out how mobility works and what kind of directions it has. Ribeiro et al. (2014) marked out mainly 2 flows of mobility: from east to west, and from south to north.

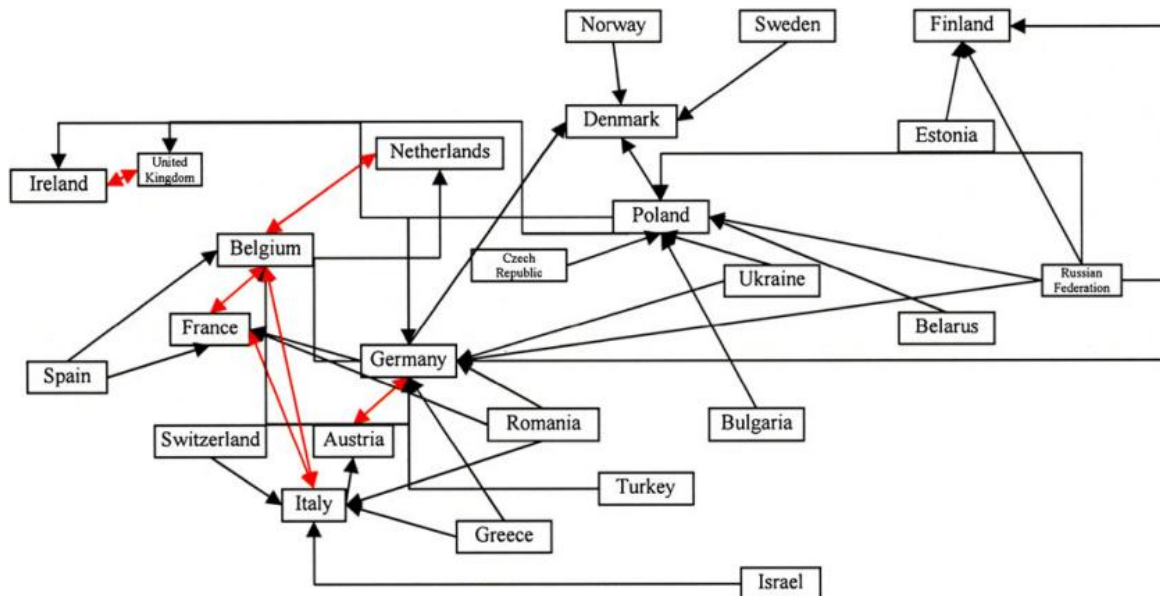
Mainly, it was considered 2 types of direction of mobility of health professionals. First occurs in between OECD² countries as was described by (Bhargava and Docquier, 2007). The second type of mobility is appearing from non-OECD to OECD countries (Atif et al., 2015). Many evidences of these movements have been observed especially during the last two decades.

The increasing mobility of healthcare workers is blooming in between OECD countries. The drivers for the labor mobility are mostly homogeneous. Most common are wages, advanced career opportunities, better working and living conditions. Annual inflows of health professionals in major destination countries of EU-15³ have been increased (Costigliola, 2011). Figure 1 shows not only the flows of doctors from the East to the West, but also a dynamic flows between Western European countries. A share of foreign-born medical professionals in EU countries among doctors between 2000/2001 and 2010/2011 changed from an average of 19.5% to more than 22% (IMO, 2015).

²OECD includes Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States.

³EU-15 comprises Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom.

Figure 1. Migration of doctors in the European region (red arrows indicate two-way flow)



Source: Costigliola (2011)

According to Wismar et al. (2011), these migratory flows are appearing between less advantaged countries and wealthier European Union Member States. The author presented a description of labor mobility from Eastern Europe to Western European countries, especially after the acceptance of some countries to European Union. Here Ribeiro et al. (2014) provided in their research an example of highly-skilled professionals from Eastern Europe that were moving in huge numbers mostly to France, UK, Germany, Canada and USA. A bright example was demonstrated with Poland, a country from which approximately one million of young highly-educated professionals migrated to Western European countries. The main reason of this movement was the fact that Poland became a member of EU.

The growth of migration flows mainly to OECD countries can be easily noticed and the preliminary data indicates that it has strongly augmented for the first time during past years. The total number of migrant doctors and nurses working in OECD countries has grown up by 60% since 2004 (IMO, 2015).

This trend gained a curious attention of many health professionals and provoked a migration trend in many countries around the world. Recently health professionals started to move very intensively. As defined by World Health Organization, the total

number of doctors and nurses migrating from non-OECD to OECD countries in 2010/2011 accounts for 20% of the total number of medical workers of the destination country. For example, comparing with the years of 2000/2001, the share of foreign doctors constituted only 9%. These results showed that the healthcare professionals' labor movement has doubled during the 10 years.

Trying to have a global overview of the labor force movement in healthcare scope, WHO defined Asian countries to be as top first suppliers of emigrant doctors and nurses. Also, the report indicates that small and island countries are characterized with high emigration rates. This is explained by that fact, that the total number of population is not that high, that is why any migration movements outside the borders of the country are associated with the high flee of professionals.

We were also trying to analyze more deeply the flows of mobility of recent years and addressed to (IMO, 2007). We found the data presented in one of the IMO charts that points out the foreign-born doctors and nurses in OECD by main countries of origin (top 25), circa⁴ 2000.

This study reveals that the main and biggest bulk of immigrant healthcare workers working in OECD countries is represented by non-OECD countries. India dominates the chart with a total amount of 56,000 people. Next big portion of foreign doctors in OECD countries were represented by China and the former USSR⁵. China accounts around 15,000 migrated doctors to OECD in the year of 2000, while former USSR accounts 10,000. Also in the chart of top 25 countries that healthcare professionals massively leave are such countries: Philippines, Algeria, Pakistan, Iran, Vietnam, South Africa, Egypt, Morocco, Cuba, Poland, Chinese Taipei, Romania, Syria, Malaysia, Sri Lanka, Nigeria, Lebanon. Regarding the migration of doctors from Russian federation and many newly independent countries after the dissolution of USSR in 1991 we also

⁴from Latin "circum" - at, in, around or of approximately—used especially with dates <born circa 1600>— abbreviation c., ca.

⁵USSR included

Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

found the evidence presented in the study by Wismar et al. (2011). They described this type of mobility as "triggered outflow" of health professionals to western European countries. They indicated that the enlargement of European Union reinforced the migration of high-skilled professionals and give them possibility of free professionals' movement in search of better conditions.

According to another research conducted by Moullan (2014) we found out the proof of aforementioned results with similar outcomes. His analysis was focused on 5 countries: India, Nigeria, Pakistan, Colombia and Philippines. Moullan (2014) concluded the highest emigration rates of doctors to be noticed in India and the Philippines. The Sub-Saharan Africa recorded also a high emigration rate of 19% in 2004.

Bhargava and Docquier (2008) in their research were trying to analyze the medical migration for the different geographical regions. They demonstrated a table (see Figure 2) where they were comparing medical migration in the global context. The figure describes the evolution of medical staff migration during the years of 1991-2004. The main regions of their research were OECD countries, East Asia and Pacific⁶, Eastern Europe and Central Asia, Latin America and Caribbean,⁷ Middle East and North Africa (MENA)⁸, South Asia⁹, and Sub-Saharan Africa¹⁰. As we may notice, the highest

⁶East Asian and Pacific countries: Australia, Brunei, Burma, Cambodia, China (including Hong Kong Special Administrative Region and Macau Special Administrative Region), Fiji, Indonesia, Japan, Kiribati, Laos, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, New Zealand, North Korea, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea, Taiwan, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu, and Vietnam.

⁷Latin America countries: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Falkland Islands, French Guiana, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela.

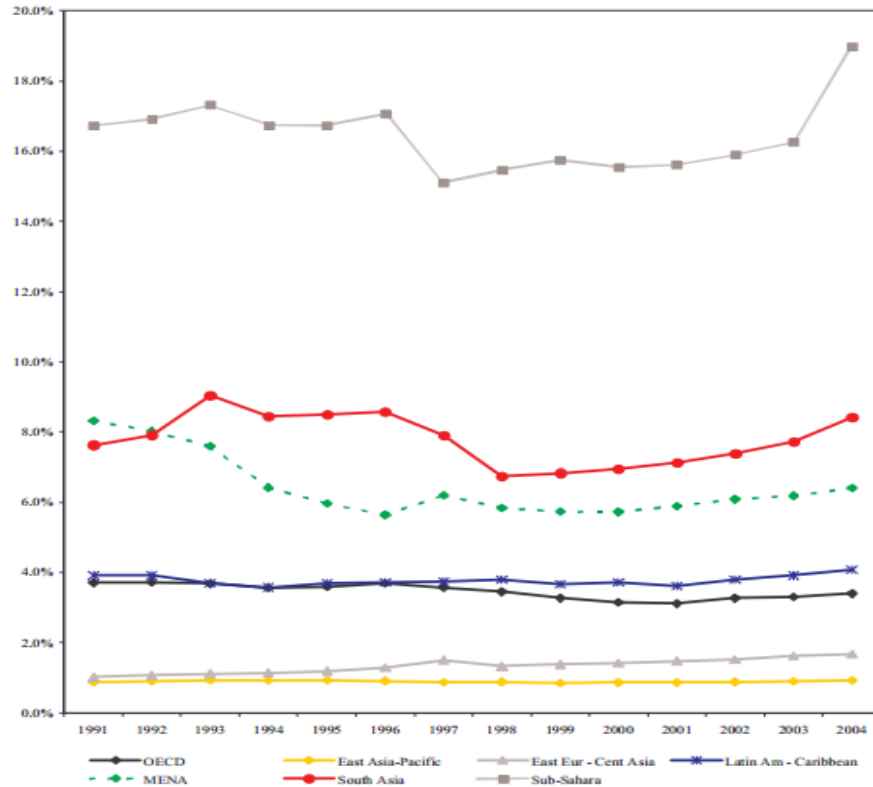
Caribbean countries: Antigua & Barbuda, Aruba, Bahamas, Barbados, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, Saint Barthelme, St. Kitts & Nevis, St. Lucia, St. Vincent, the Grenadines, Trinidad & Tobago, Turks & Caicos Islands, Virgin Islands.

⁸MENA countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Malta, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, West Bank and Gaza, and Yemen. Ethiopia and Sudan are sometimes included.

⁹South Asian countries: Afghanistan, Bangladesh, Bhutan, British Indian Ocean Territory, India, Maldives, Nepal, Pakistan, Sri Lanka.

migration rates are observed in Sub-Saharan countries and South Asia. This was explained by the fact that low-income countries are more affected in terms of labor force movement. The emigration of doctors in developing countries is at increase, adding at the same time difficulties to the healthcare infrastructure of low-income countries.

Figure 2. Medical brain drain, data by region



Source: Bhargava and Docquier (2008)

In the second step of their paper Bhargava and Docquier (2007) explained more deeply in details the migration flow from Sub-Saharan countries. Here occurred one of the most unusual heterogeneous drivers of mobility. This driver relates complex public health issues, and the variable they were studying concerns safety. Here the authors were meaning mainly such aspects: epidemic situations of HIV/AIDS, tuberculosis disease, and more recently Ebola virus and malaria. All possible diseases that African

¹⁰List of eligible countries in sub-Saharan Africa: Angola, Benin, Botswana, Burkina, Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of the Congo, Democratic Republic of the Congo, Cote d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe.

continent may face are extremely dangerous. Here, in Sub-Saharan countries the conditions are very favorable for dangerous disease to flourish. Due to high transmission risk of HIV, poor retroviral treatment, the doctors are not at safe conditions.

For example, the case of tuberculosis and the fact that African region is located in tropical area, causes the hard climate conditions for ill person's recovery with such humidity. Also, African conditions are favorable for mosquito proliferation, especially the specific "plasmodium faliparum species", cow dung flies and other insects that convey the infection, add more attention to the discussed issue. All these horrible diseases and factors had deteriorated very deeply medical and sanitary conditions of health sector in many Sub-Saharan African countries, that due complicated conditions are participating in Millennium Development Goals (MDG) ¹¹program. Unsupportable working environment and high danger incited doctors to emigrate to more developed countries.

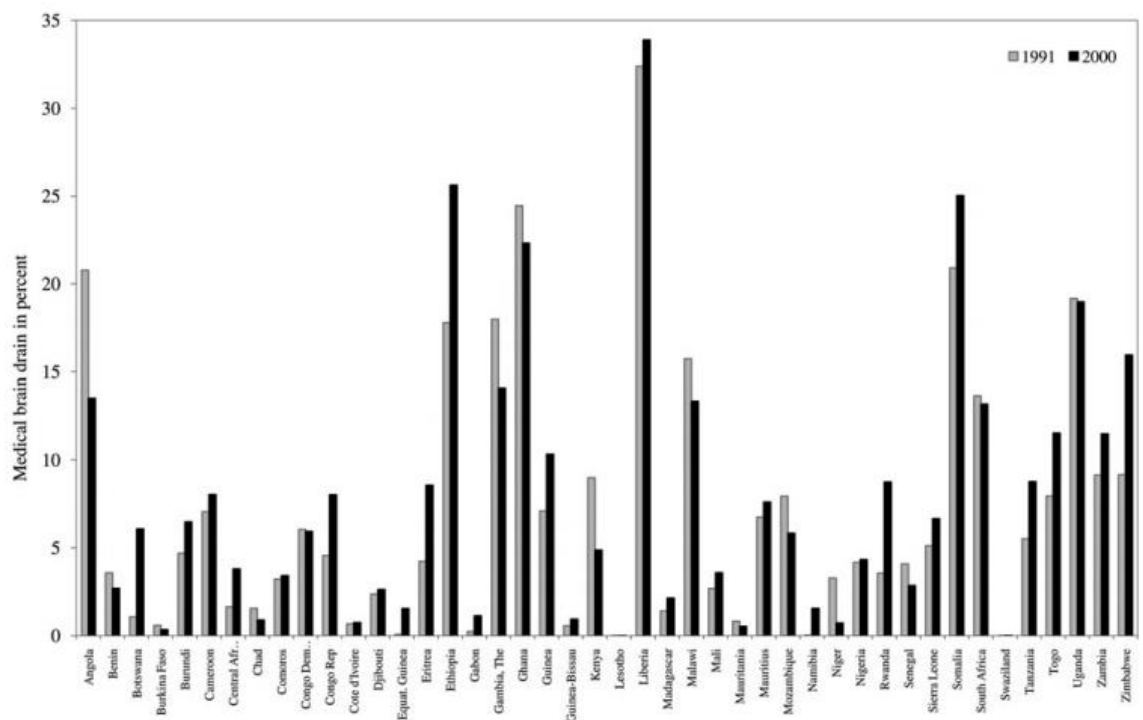
Moullan (2014) noticed in his study that the augmented rates of emigration of health professionals were not only caused by high epidemic rates, but also due to the fact that healthcare system was so basic and underdeveloped, that it was impossible to face and even try to fight with such diseases. Especially the HIV/AIDS pandemic affected all the dimensions of social and economic life, making many skilled people to run away in order not to be in the risk group.

Bhargava and Docquier (2008) were studying this question in deep details in order to present the rates of medical emigration in Sub-Saharan countries. They were taking into consideration such variables as : deaths due to AIDS and HIV prevalence, public health sector expenditure and wages. The main findings revealed that HIV/AIDS extension and low wages were the main significant reasons to provoke medical brain drain. They noticed that a great number of emigrating doctors are moving to OECD

¹¹ The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions-income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environmental sustainability. They are also basic human rights-the rights of each person on the planet to health, education, shelter, and security.

countries, and they decided to focus their study on main 16 OECD destinations: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Ireland, Italy, New Zealand, Norway, Portugal, Sweden, Switzerland, United Kingdom and United States. Bhargava and Docquier (2008) presented in their research for illustrative purpose a figure (see Figure 3) for showing the medical brain drain rates from Sub-Saharan Africa to the 16 OECD countries for the years 1990 and 2000. The figure shows that the emigration of doctors from Sub-Saharan countries are still at the high rates.

Figure 3. Medical brain drain rates from Sub-Saharan Africa to the 16 OECD countries for the years 1990 and 2000



Source: Bhargava and Docquier (2008)

2.3. Portugal as a destination country

Analyzing medical mobility fluctuation in Portugal during last years, we found some articles that prove the escalation of medical labor mobility during recent years. A relevant study for our research was described in the report edited by Siyam and DalPoz (2014). The authors were trying to monitor health workforce migration. The research included statistical data based on population census in 2001. The analysis was presented by providing the following results. The number of foreign-born doctors¹² in the year of 2000-2001 constitutes 4,552 out of 23,131 total quantity. It corresponds respectively to almost 20% of foreign-born doctors. In this research, the data has been estimated based on health professionals (separately for native-born and foreign-born). The statistics shows that between the analyzed list of EU countries, the estimation of foreign doctors in small Portuguese Republic is relatively high comparing with other countries (see Figure 4).

Figure 4. Employed nurses and doctors in OECD by place of birth, based on population censuses around 2000

EMPLOYED NURSES AND DOCTORS IN OECD COUNTRIES BY PLACE OF BIRTH, BASED ON POPULATION CENSUSES AROUND 2000

TABLE 9	Country of residence	Nurses (ISCO 223+323)			Doctors (ISCO 2221)			Year
		Total	Foreign-born	% Total (excluding unknown place of birth)	Total	Foreign-born	% Total (excluding unknown place of birth)	
	Australia	191 105	46 750	24.8	48 211	20 452	42.9	2001
	Austria	56 797	8 217	14.5	30 068	4 400	14.6	2001
	Canada	284 945	48 880	17.2	65 110	22 860	35.1	2001
	Switzerland	62 194	17 636	28.6	23 039	6 431	28.1	2000
	Spain	167 498	5 638	3.4	126 248	9 433	7.5	2001
	Finland	56 365	470	0.8	14 560	575	4.0	2000
	France	421 602	23 308	5.5	200 358	33 879	16.9	1999
	United Kingdom	538 647	81 623	15.2	147 677	49 780	33.7	2001
	Greece	39 952	3 883	9.7	13 744	1 181	8.6	2001
	Hungary	49 738	1 538	3.1	24 671	2 724	11.0	2001
	Ireland	43 320	6 204	14.3	8 208	2 895	35.3	2002
	Luxembourg	2 551	658	25.8	882	266	30.2	2001
	Mexico	267 537	550	0.2	205 571	3 005	1.5	2000
	New Zealand	33 261	7 698	23.2	9 009	4 215	46.9	2001
	Poland	243 225	1 074	0.4	99 687	3 144	3.2	2002
	Portugal	36 595	5 077	13.9	23 131	4 552	19.7	2001
	Turkey	—	—	—	82 221	5 090	6.2	2000
	United States	2 818 735	336 183	11.9	807 844	196 815	24.4	2000

Notes: —, not determined. In Greece, Portugal and Spain, figures for doctors have been estimated based on health professionals (separately for native-born and foreign-born). For reasons of international comparison, people born in Puerto Rico are considered as foreign-born in the United States (i.e. including 3 850 doctors and 6 701 nurses).

Source: Siyam and DalPoz (2014)

¹²p.e. For reasons of international comparison, people born in Puerto Rico are considered as foreign-born in the United States.

One more migration flow of healthcare professionals was described in the same report by Siyam and DalPoz (2014) is worth our attention. It is not common to all EU countries, but is the case for Portugal. Due to the colonial time history, some African countries were under Portuguese governance. As a consequence, it led to contemporary movement of labor force from the former colonies to Portugal. It constitutes that Portuguese-speaking countries are very famous to have a high migration rate to OECD countries. Such countries as Guinea Bissau, São Tomé and Príncipe, and Cape Verde have a migration rate of doctors around 40%. The case of Cape Verde and São Tomé is explained by the fact that these countries do not have medical schools but instead have an agreement with Portugal to train doctors. Consequently, a portion of doctors from Portuguese-speaking countries remain working in Portugal instead of turning back to the native country.

García-Pérez et al. (2007) conducted a survey of professional medical organizations within EEA countries¹³ and got a description about foreign doctors working in Portugal. They were trying to discover from which countries the registered doctors are from. After having analyzed the data, they concluded that Portugal started to increase an amount of foreign doctors. The doctors are mainly from EU countries, from Central and South America, Africa and another free-movement countries.

Analyzing the article of Siyam and DalPoz (2014) we found out that the mobility of foreign doctors in Portugal has raised. The study reveals that the rate became higher in 2011 comparing to the year of 2008. That's why in our research special attention will be given to medical doctors that moved from non-OECD countries to Portugal.

¹³European Economic area countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

* Switzerland is not an EU/EEA country.

3. Methodology and data collection

In order to get additional, detailed and relevant qualitative data about the medical brain drain phenomenon and the relevant determinants of medical labor mobility from non-OECD countries to Portugal, in our thesis we are going to cover six in-depth qualitative structured interviews with migrant doctors.

Interviews and direct observation were the way of the data collection in order to apply the case study methodology.

Convenience sampling technique was used when selecting the interviewees because of their convenient accessibility and proximity to the researcher. However taking into consideration the immigration flow into Portugal, we found that the six country case studies that we analyze belong to the list of most frequent nationalities met in Portugal (Gomes and Baptista, 2003), as we may see in the Table 1.

Table 1. Immigrant population resident in Portugal by nationalities in 2001

Nationalities	2001	
	Qty	%
Angola	31 835	16.7
<u>Brazil</u>	31 304	14.4
Cape Verde	30 623	14.1
<u>Guinea-Bissau</u>	15 095	7.0
France	14 776	6.8
<u>Ukraine</u>	10 747	5.0
São Tomé and Príncipe	8 033	3.7
Germany	7 986	3.7
Spain	7 881	3.6

UK	7 819	3.6
<u>Venezuela</u>	5 116	2.4
Mozambique	4 577	2.1
USA	3 048	1.4
<u>Moldova</u>	2 978	1.4
<u>Russia</u>	2 069	1.0
Romania	2 640	1.2
Switzerland	2 061	1.0
China	2 050	0.9
India	1 535	0.7
Soviet Union	-	-
Other EU	7 800	3.6
Other countries	12 507	5.8
Total	216 830	100

Translated from the source: INE, *Recenseamentos Gerais da População 2001*

For the present research we analyze doctors from the following countries: Ukraine, Russia, Guinea-Bissau, Moldova, Venezuela and Brazil. Our focus is to understand the motivation of each doctor and the factors that led them to prefer Portugal among all other OECD countries.

The structured interviews were conducted with each of the interviewees. A list of the interviewees is presented in the Table 1. The interviews were held over several months. The type of data collection was based on our personal experience and engagement. During the interviews we had a direct contact with interviewees as we were trying to get closer to each doctor and to his personal situation. The interviewees' personal experience and insights are an important part of our inquiry and very critical in understanding the research question. Each interview is approximately one and a half hour long. All six interviews were recorded and

transcribed in the original languages in which they were conducted, which are Portuguese, Russian and English. Later on, all the interviews were translated to the English and analyzed. In order to enrich and clarify some aspects, additional information sources, such as informative articles and documentation analysis were used.

Table 2. The interviewees list

Case study	Interviewee	Country
1	Interviewee 1 (Male)	Ukraine
2	Interviewee 2 (Male)	Moldova
3	Interviewee 3 (Male)	Russia
4	Interviewee 4 (Female)	Brazil
5	Interviewee 5 (Male)	Venezuela
6	Interviewee 6 (Male)	Guinea-Bissau

Source: Author

During the literature review, after having analyzed the nature and motivations of medical labor mobility in general, we paid attention on the labor movement from non-OECD to OECD countries. The final focus of our research was to discover why migrant doctors' chose Portugal, whether they are satisfied with a chance of living in Portugal and if they see Portugal as a country to live, grow and stay permanently. Our purpose is to discover the nature of our interviewees' motivations for mobility, its implications and outcomes.

Taking into consideration the most interesting aspects and factors arisen in the literature review, the interview guide was defined. We decided to analyze during the interviews the most important labor mobility variables that were discussed throughout the literature review. In Table 2 we summarize the chosen variables. Table 2 shows the link between the determinants of mobility discussed during the

literature review and the corresponding questions we included in our interview guide.

Table 3. Link between the variables discussed in the literature review and questions included in the interview guide

Determinant	References	Questions in the interview guide
Wages	Costigliola (2011); Bhargava and Docquier (2008); Magnussen et al. (2009)	Question #16
Working conditions, career prospects and growth	Edge and Hoffman (2013); Ribeiro et al. (2014); Costigliola (2011); Sharma et al. (2014); Atif et al. (2015); Dimitrova (2013)	Question # 17, 19
Workload	Cecin et al. (2013)	Question # 23
Modern equipment and experience	Magnussen et al. (2009)	Question # 20, 21, 22
Political and economical stability	Magnussen et al. (2009); Dodani and LaPorte (2005); IOM (2008); Cecin et al. (2013)	Question # 27
Government effectiveness	Magnussen et al. (2009); Pang et al. (2002); Siringi (2001)	Question # 28
Safety	Bhargava and Docquier (2008)	Question # 18

Recognition of foreign diploma and legislation	Moullan (2014)	Question # 24, 25
Foreign languages	IMO (2007)	Question # 7
Social recognition	Costigliola (2011)	Question # 26
Relocation of the family	IOM (2008)	Question # 32, 33, 34
Individual preferences and satisfaction	Costigliola (2011); Atif et al. (2015)	Question # 29, 30, 35, 36, 37

Source: Author

The questions not mentioned in Table 2 (Question # 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 31) refer to the characterization of the interviewee. The open questions were organized based on the list of determinants in order to obtain the information about interviewees and country profile. The questions are equal for all interviewees (see interview guide in English - Appendix 1, in Portuguese - Appendix 2, in Russian - Appendix 3).

After having conducted and analyzed the interviews, we decided to group the questions into three major concepts that would be interesting to explore for any international medical doctor profile. We used the methodology of open coding. We read through the data several times and then started to create concepts for chunks of obtained data. The concepts (country issues, organizational issues and individual issues) emerged from reading the interviews, and after having identified these main concepts, we started to create the categories.

First we are going to interpret and discuss each concept and main categories inside it. Secondly we will try to reveal why between all OECD-countries, for the interviewed doctors preference was given to Portugal.

The analysis of the obtained data will be presented separately country by country. We will analyze each case study individually. In each case study we will cover the main issues that arise in the identified categories. Finally, we will complement our discussion with a cross-case study analysis.

4. Findings

In this section we present the analysis of the six case studies. All six case studies aim at collecting in-depth information about the main research question, which relates to medical healthcare labor mobility driving forces from non-OECD countries to Portugal. The findings are based on the interviews. As referred in the previous section, the analysis was made based on three concepts:

1. country issues;
2. organizational issues and scope of work;
3. individual issues

We are going to analyze case studies from the macro level, starting with country issues and then moving to micro level, considering the organizational and individual issues.

The first conceptual group is going to analyze country issues and general environmental factors. These issues are related both with the country of origin and destination country, and include: politics, government effectiveness, economic situation in the country of origin, stability and safety levels, legislation and recognition of foreign qualification.

The second conceptual group is going to analyze the organizational issues and the scope of work. We will focus our attention on the differences between source and destination country. This includes: wages differences, working climate and working conditions, workload and amount of working hours, career prospects and professional development, and access to enhanced medical technologies.

The third conceptual group will help us to investigate individual issues of interviewees. This includes: individual preferences and living conditions (weather,

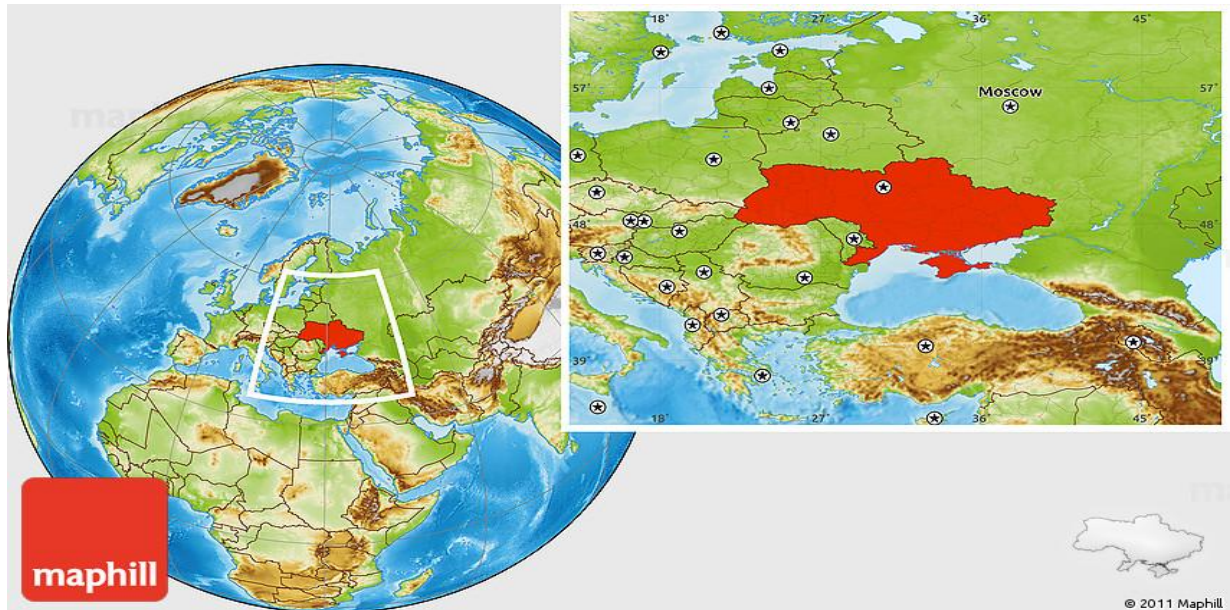
food, mentality), social recognition in the destination country, knowledge of foreign languages, intangible costs related with family uprooting.

In our analysis we are going to stress attention on the most interesting topics that were mentioned in each of the categories during the interviews. We are going to interpret the driving forces of medical labor mobility, and then we are going to compare the main categories across countries.

4.1 Case study1. Source country - Ukraine

4.1.1 A country profile – Ukraine

Figure 5. Physical location map of Ukraine



Source: <http://www.maphill.com/ukraine/>

Table 4. A country profile (Ukraine)

Location	Eastern Europe, bordered on the West by Poland, Slovakia, and Hungary; on the Southwest by Romania and Moldova; on the South by the Black Sea and Sea of Azov; on the East and Northeast by Russia; and on the North by Belarus
Area	603.628 km ² (including Crimean Peninsula, which is under the ongoing territorial dispute)
Government	Unitary semi-presidential constitutional republic
Capital	Kyiv
Population	42.5 million
Languages	Ukrainian, Russian
GDP per capita	2,052\$
Currency	Hryvnia
Literacy level	98 %

Source: <http://www.nationsonline.org/oneworld/ukraine.htm>

4.1.2 Country issues

This case study aims to understand the reasons of a Ukrainian doctor's mobility to Portugal. The interviewee lives in Portugal for 15 years.

Health professional labor mobility has a long history in Ukraine. Since the former USSR times until nowadays, the outflow of healthcare professionals to foreign countries is considered to be significant for Ukraine. Ukrainian medical doctors have shown a high interest in seeking working opportunities abroad.

In the conceptual group of country issues Interviewee 1 revealed that the factors such as critical shortage of goods, budget deficit, trade lack and lack of democracy in the country pushed him to leave Ukraine. The political situation was explained by "*Perestroika times*", a period of "*a big mess*" after USSR dissolution in 1991. The type of politics also played a big role in Interviewee 1 decision to leave, as he indicated that it was very hard and unacceptable for him to live in a communistic ideology.

Communistic ideology, as reported by the Interviewee 1 is that when country has two social classes of people: a working class and capitalist class. The working class or the proletariat is that one, who must work to survive. And the capitalist class is that one, which profits from exploiting proletariat. The political ideology was very unpleasant and oppressive for ordinary people, says Interviewee 1. People were working, putting effort and they were not paid, or paid with ridiculous food products. In such Soviet conditions it was very hard to have a prosperous future, because the political regime would never give you this opportunity.

"The continuous conflict between 2 social classes triggered fundamental changes. People were willing to live better, to transform the society and economic system. But all this was going very slowly. That is why I decided to make some changes and to migrate abroad."

Regarding political and economic stability, Interviewee 1 mentioned that comparing to his country, where the ongoing war is still continuing and lasts already 3 years, Portugal was revealed as a "*stable, warm and absolutely amazing country, where people are*

not thrown on the street". Interviewee 1 also mentioned that peace for him and his family is the most important thing, as the instinct of self – preservation is the first base:

"When I am watching world news and I see that some countries are in the war, I am very sad and worrying. Lately I saw an episode, where people starve to death in Syria, and I started to feel their pain. Some cities are surrounded with land mines and there is no supply of food for the people. Little babies are feed with a mix of water and salt. The adults are eating leaves and insects to survive. Having seen this, you start to evaluate your life".

Regarding legislation issues and recognition of foreign diploma, Interviewee 1 mentioned that it was not that much difficult to make the equivalence although he mentioned that initially it was not easy to get the medical specialization and to subscribe into the Order of Medical Professionals. Interviewee 1 also noticed that his native language is very different from Portuguese, which added some difficulties at the beginning of his tenure in Portugal.

4.1.3 Organizational issues and scope of work

One of the first reasons for Interviewee 1 to move abroad in this conceptual group is wage dissatisfaction that goes along with unemployment rate. Analyzing salary differentials, we noticed that if we compare net Portuguese salary, in relative terms it is somehow more than 10 times higher comparing to Ukrainian one:

"If I compare Portuguese salary to Ukrainian, it is ridiculous. In Ukraine it was 150 Euros per month, in Portugal it's 3000 Euros, or 1700 Euros net of taxes".

He described that in Portugal on the daily-basis job he is doing 40 hours weekly. In Ukraine usually he was working 30 hours weekly. The argument that doctors were working 30 hours weekly was explained by the fact that in Ukraine doctors were working on 2 shifts: from 8 a.m. to 14 p.m., and from 14 p.m. to 20 p.m. However,

regarding additional extra-hours Interviewee 1 indicated that in Ukraine he was very often underpaid, but fearing to lose the job he accepted those unfair conditions.

"As we had lack of doctors, very often we were obliged to stay at work longer, being unpaid. We were accepting these conditions under the fear of being fired...Here in Portugal is another principle: more you work – more you are paid."

What attracted our attention in Interviewee 1 case study was the fact that during USSR period, wages were paid not only with money. The doctors were often paid with food: some canned meal, jam and even alcohol beverages. For Interviewee 1 this was one of the most powerful motivations for mobility. Being unable to provide his family basic needs, he was pushed to some radical changes.

"I need to pay basic bills and to feed my family. To feed with what? Give alcohol to a child?"

Interviewee 1 indicated that the next reason why he decided to leave the country was dissatisfaction with working conditions. The modern equipment, new echography, ultrasound scan, X-ray controller, methodology of diseases' treatment, drugs availability are much more developed in Portugal comparing to Ukraine.

"In Ukraine...sometimes you don't have simple drugs or syringes for the first aid. The medical institutions are not financed at all...Government always tries to save money. The patients tell that the doctors who work on the emergency are angels, because they succeed to save life without anything...Sometimes we need to mix different cheap medical substances to have a necessary chemical fusion, instead of having good one for the injections".

He made an example that doctors in Portugal have all necessary working conditions, availability of drugs and equipment. Even if it happens that the hospital has a difficult patient and lacks some conditions to provide a medical service, the hospital has a helicopter which will deliver the patient as soon as possible to the closest specialized center.

"For example, we often deliver heavy cerebral hemorrhage patients to hospital of São João, which has the best equipment in this area."

Regarding the issue of safety on working place, Interviewee 1 mentioned that in Portugal sanitary conditions are very safe. In Portugal there are less infected people with AIDS/HIV viruses, Ebola virus and so on:

"Virus diseases are everywhere, but we don't have pandemics like in least developed countries".

Interviewee 1 also indicated that besides good working conditions he also appreciated the good working relationship with colleagues and especially with administrative staff.

"When administrative staff is looking for someone to take a shift on Christmas Eve or Easter, or another public holiday...They know that they could easily contact me and I never refuse".

This was explained by religious factors. Interviewee 1 is orthodox and not catholic like most of his Portuguese colleagues, although he feels Orthodoxy and Catholicism to be similar. He mentioned that the secretariat is always contacting him first, as Interviewee 1 is always happy to have additional working hours, fastening at the same time the request of doctors on duty during the catholic religious holidays.

"For example my Easter and Christmas Eve are on the other dates...according to Julian calendar. So, in such situation everyone is happy: secretariat - as it solved a hospital request quickly, and me having additional working hours".

Another aspect that was risen by Interviewee 1 is related with a possibility of career growth. As it was mentioned in the interview, due to the old boy network and corruption rate in Ukraine, some career opportunities were not available for the professionals who don't have "ties". It was difficult to move on the career ladder. He explained that unfair practice of privileging the proximate "cronies" happened often during those times.

“We are suffering in Ukraine from corruption and cronyism¹⁴, so some professionals are unfortunately not at the right places, and sometimes good opportunities pass near high professionals”.

4.1.4 Individual issues

Another aspect that was discussed by Interviewee 1 is related with social recognition of being a doctor. According to his words, doctors in Portugal are more recognized and their social status is higher than in Ukraine.

One more advantageous side when choosing Portugal was ecology. According to his words, Portugal is between one of the greenest, ecologically cleanest and environmentally friendly country in the world.

“For me it is very important, as in Ukraine we had the biggest nuclear explosive disaster in Chernobyl. Around 600,000 people participated in the breakdown elimination of radioactive substances. It had extremely hard consequences on the human health, nature and on the global environment in general. In Portugal we are living in very healthy conditions”.

Also he mentioned that the durability of life of Portuguese inhabitants is on the top range. According to WHO report (2010), life expectancy in Portugal is 78.2 for males and 83.9 for females, comparing to Ukrainian 66.3 for males and 71.3 for females.

Interviewee 1 succeeded in bringing his family from Ukraine to Portugal. The daughter is studying and working, the spouse is unemployed and the adaptation period was not easy.

Interviewee 1 is completely satisfied with the country he chose and he is seeing Portugal as a final destination point:

¹⁴Cronyism – the unfair practice by a powerful person of giving jobs and other favors to friends.

"I like many things: the mentality, kind people, perfect climate, good weather, delicious and nutritious food, fresh seafood. And I was always willing to live near the seaside".

Table 5. Ukraine: sum up of main labor mobility pushing factors

Ukraine	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ Budget deficit ✓ Critical shortage of goods ✓ Trade lack ✓ Unemployment ✓ Lack of democracy ✓ Political changes ✓ Communistic ideology ✓ Transformation of society and economic system ✓ Ongoing war (but it happened later)
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none"> ✓ Wage dissatisfaction and salary differentials comparing to European countries ✓ Difference in the amount of working hours ✓ Unpaid extra hours ✓ Unsatisfied working conditions (old equipment, old methodologies of treatment) ✓ Cronyism

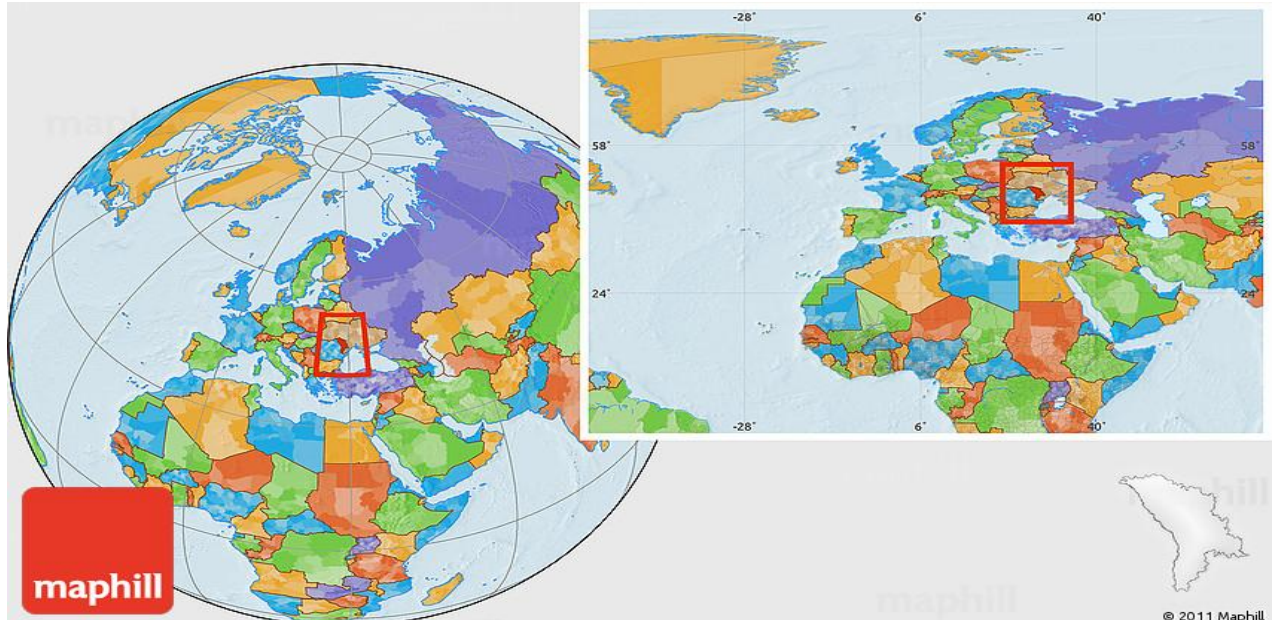
	<p>Individual issues:</p> <ul style="list-style-type: none">✓ Social recognition of being a doctor✓ Psychological stress of being unable to provide family the basic necessities
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Source: Author

4.2 Case study 2. Source country - Moldova

4.2.1 A country profile – Moldova

Figure 6. Physical location map of Moldova



Source: <http://www.maphill.com/moldova/>

Table 6. A country profile (Moldova)

Location	Landlocked country in Eastern Europe, northeast of Romania
Area	33.846 km ²
Government	Unitary parliamentary republic
Capital	Chisinau
Population	2.9 million
Languages	Romanian
GDP per capita	1.712\$
Currency	Leu
Literacy level	96 %

Source: <http://www.nationsonline.org/oneworld/moldova.htm>

4.2.2 Country issues

This case study aims to understand the reasons of a Moldavian doctor' mobility to Portugal (Interviewee 2). This interviewee lives in Portugal for 6 years.

From the middle of 90's the Republic of Moldova was suffering difficult economic and financial situation. During many years Moldova was remaining as a Moldavian Soviet Socialist Republic and due to the political changes, caused by sovereignty declaration and independence from USSR in 1990, the lifestyle of people changed. Many people were living in poor, unstable and horrible conditions, and *"the chances to survive were miserable"*.

In this conceptual group Interviewee 2 revealed that economically he was feeling unstable in Moldavia, and politically he was indifferent.

He declared that general level of safety and peaceful atmosphere are the most important factors for his family. Interviewee 2 migrated to Yemen in order to earn money and spent there 10 years, where he and his wife were working as doctors in traumatology department. He explained that it was very stressful for his family to live in Yemen, where military conflicts were constantly ongoing:

"Yemen is in a gusty air, always wars, protests, insurgencies. Arabic people have hot blood, they are not calm. If something goes wrong - they shoot immediately...and then war. They even have children - soldiers; their religion is strange for me."

The Moldavian doctors underlined that in Yemen they were receiving very good wages, but their life was always at risk. After having passed around *"10 stormy years in Yemen"*, the family didn't decide to return back to Moldavia. The family chose Portugal as a peaceful destination place and relocated there.

Concerning legislation and the question of diploma recognition, Interviewee 2 explained that it was not that much difficult to make the equivalence of diploma, but it took a long time. He noticed that Moldavian language is from the same group of

Romanic languages, and this fact was beneficial for him, as his native language resembled Portuguese a lot. He didn't have major problems in studying Portuguese and adaptation passed easier.

4.2.3 Organizational issues and scope of work

Wage dissatisfaction was one of the motivations for Interviewee 2 to move. As he mentioned, the difference between Portuguese and Moldavian salaries is enormously huge.

" In Moldavia I was earning 20 dollars per month, and here in Portugal I earn 20 Euros per hour".

Taking into consideration that Interviewee 2 works 500-600 hours per month, his liquid salary is around 10,000 - 12,000 Euros per month, that is 500 times higher in relative terms comparing to Moldavian salary.

Regarding working conditions, Interviewees 2 mentioned that they differ absolutely in everything: the conditions of the hospital, old equipment and medical instruments and even absence of medicines in Moldova. He concluded that Portugal has advanced equipment, medical examinations and highly competent consultations. There is no problem with drugs' quality or equipment in Portugal. In Moldova sometimes doctors are working with almost rusty corroded medical instruments, as there aren't better ones.

"Sometimes you would like to help patients, and you have knowledge...but you don't have conditions. This is psychologically difficult. We are invoked to save lifes, but sometimes our hands are bent".

4.2.4 Individual issues

Interviewee 2 mentioned that in Portugal he is feeling more socially recognized, *"appreciated and respected"*. He and his wife, who is also working as a medical doctor, are completely satisfied with the choice of the country. They were dreaming and looking for a warm peaceful country, where they could raise children and spend their senility quietly. Also they mentioned that if the opportunity to work abroad comes, they would accept, but with an intention to come back later:

"I have no intention to leave Portugal. I feel here very well...I would like to spend in Portugal all my life".

Interviewee 2 mentioned that he brought all his family to Portugal. His wife is already working with him in the same hospital as a family doctor. Two children also moved to Portugal. Adaptation period for the family was difficult, but quick. Children were juniors and it was complicated to explain them the reasons for family relocation. Even for Interviewee 2 it was initially difficult. He told that all his friends and parents stayed in Moldova.

Interviewee 2 is satisfied with the choice of the country:

"We like here everything: peace, climate, sun, ocean, food, working conditions. It is even difficult to tell what we don't like".

Table 7. Moldova: sum up of main labor mobility pushing factors

Moldova	Country issues (Moldova): <ul style="list-style-type: none">✓ Difficult economic and financial situation✓ Poor and unstable life conditions
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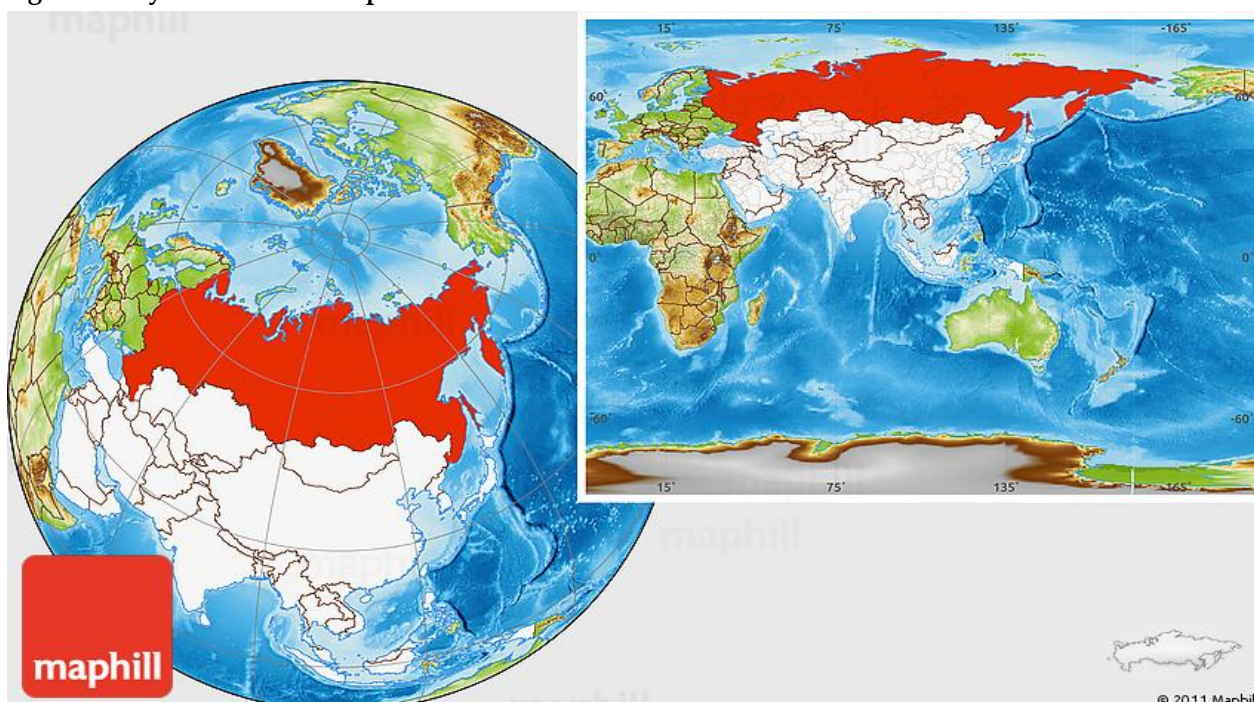
	<p>Country issues (Yemen):</p> <ul style="list-style-type: none"> ✓ War and military conflicts ✓ Civil safety
	<p>Organizational issues and scope of work (Moldova):</p> <ul style="list-style-type: none"> ✓ Wage dissatisfaction ✓ Bad working conditions and absence of medicaments
	<p>Individual issues (Yemen):</p> <ul style="list-style-type: none"> ✓ Constant on job stress (insurgencies, shoots, armed soldiers on the streets, different religion)

Source: Author

4.3 Case study 3. Source country - Russia

4.3.1 A country profile – Russia

Figure 7. Physical location map of Russia



Source: <http://www.maphill.com/russia/>

Table 8. A country profile (Russia)

Location	Northern Asia (that part west of the Urals is included with Europe), bordering the Arctic Ocean, between Europe and the North Pacific Ocean
Area	17.075.200 km ² (Crimea not included)
Government	Federal semi-presidential constitutional republic
Capital	Moscow
Population	143.434.154 million (Crimean population is not included)
Languages	Russian and more than 140 other languages
GDP per capita	7.742\$
Currency	Russian ruble
Literacy level	98 %

Source: <http://www.nationsonline.org/oneworld/russia.htm>

4.3.2 Country issues

This case study aims to understand the reasons of a Russian doctor' mobility to Portugal (Interviewee 3). This interviewee lives in Portugal for 17 years.

The Russian health professional market over last few years has changed. A trend of increasing outflows of medical doctors has been noticed. Previously unemployed doctors started to leg-bail abroad in a search of better life and working conditions.

In this conceptual group Interviewee 3 indicated that during the years he spent in Portugal, he was feeling stable and protected. Concerning general level of safety, Interviewee 3 revealed that Portugal is a peaceful and conflict-free country comparing to Russia.

This is explained by the fact that Russia is constantly included in military conflicts during many years. For example, Soviet - Afghan war (1978 - 1989), military conflicts in Syria and Lebanon (1982), First Chechen War (1991 - 2008), military actions in Tadjikistan (1992 - 1997), military actions with Georgia regarding South Ossetia and Abkhasia (2008), Russian military intervention in Ukraine (2014 - ongoing), Russian military intervention in Syria (2015 - ongoing). All these wars and conflicts took away millions of peoples' life, that is the highest loss for any country.

In economic terms it also caused negative effect on country well-being. Constant political oppression didn't give the feeling of stable future to the Interviewee 3.

Regarding legislation issues Interviewee 3 told that Portugal is a very loyal bureaucratic country, where he passed through the recognition of diploma, but just the second time. It was a challenge for a Russian doctor to overcome language difficulties, but he succeeded.

"I had a big difficulty with Portuguese language, but not with medical knowledge. I succeeded to pass only the second time."

He explained that initially he passed the exam for the equivalence of diploma, but he didn't pass the exam for acquiring precise medical specialization due to language barrier difficulty.

4.3.3 Organizational issues and scope of work

Financial motivation played the first role in the list of pushing factors for migration of Interviewee 3. Despite having an experience of general practitioner during 18 years in Russia, Interviewee 3 revealed that he was extremely there. In relative terms his Portuguese salary differs from Russian one 100 times more.

"In Russia I had a salary of 30 dollars, here I am having 3,000 Euros net of taxes."

Along with wage dissatisfaction goes the issue of working conditions. Interviewee 3 was willing to improve working conditions and to further develop professionally. Interviewee 3 was working in Russia in a hospital with extremely scarce resources, and he was not confident that he would have a working place for the future.

"We didn't have many medicines, first-aid and bending materials, just scarce financing...It was hospital with 25 beds, and despite being so small, later on it was closed because it was not invested sufficiently. The government decreased medical staff 4 times. We had 3 departments: therapy, traumatology and pediatrics. Nowadays it is just an ambulance station."

Regarding the amount of working hours, he mentioned that in Russia he was working 12 hours per day. Also, it was normal to stay longer without being paid, as the workload due to the quantity of patients was high. Interviewee 3 revealed that in Portugal he is busy with long shifts, but he is paid for every extra hour. The long shifts appear in his consideration because of the non-improved organizational structure:

"For example, sometimes the urgency department is full with not urgent patients, while the health centers sometimes are half-empty. Also there is a problem with pediatric departments, where people stay many hours with small children in a line."

Regarding working conditions, Interviewee 3 is satisfied as the hospitals are completely equipped and maintained. Interviewee 3 mentioned that his relationship with colleagues are very friendly and supportive. He mentioned that in Portugal he acquired very rich experience, studied a huge variety of new things that was impossible to investigate in Russia. It is explained by the fact that Russian doctors are having much more theory than practice, due to scarce financial resources.

"...Portuguese doctors are in the top - 10 best knowledgeable doctors worldwide. Especially I would say this about specialized doctors, they are really super professional."

From the words of Interviewee 3, nowadays the medicine in Russia is also developing, the hospitals are growing and developing in big city centers, but not in peripheral areas.

Regarding the safe working conditions, Interviewee 3 mentioned that he is not feeling 100% confident in Portugal, as it is on the first place in Europe for tuberculosis rates. Interviewee 3 explained that he is shocked when he is seeing a person with an active form of TB¹⁵ between the other healthy people, as this is deadly dangerous for the wider public.

"Such patients in Russia are admitted and treated in closed tuberculosis dispensary, early treating centers. Here people are having this disease, because the humidity is high and there are a lot of fungus and mycos in the old moist houses. For me it is unbelievable, to have dangerous patients without hospitalization."

¹⁵The classic symptoms of active TB are a chronic cough with blood-containing sputum, fever, night sweats, and weight loss. Tuberculosis is spread through the air when people who have active TB in their lungs cough, spit, speak, or sneeze. People with latent TB do not spread the disease.

4.3.4 Individual issues

Interviewee 3 indicated that when the question of migration arose, he was offered to go to USA, Israel, Czech Republic and Portugal. He was dreaming to work somewhere in Canada, New Zealand or other English-speaking countries, but it was not possible at that moment. So his first choice out of the real job offer list stopped on USA, but his visa was refused. The reason for this were manifestations, that were going in 1999 against USA. Regarding Israel, Interviewee 3 mentioned that the type of impossibly hot climate was inappropriate for him. Regarding Czech Republic, he felt it as the same Soviet-style country as Russia. Even after the peaceful dissolution of Czechoslovakia in 1993 into Czech Republic and Slovakia, Czech Republic was not that much advanced and developed. Regarding Portugal, he was pleased with the offer of this country, as living conditions were matching Interviewee 3 expectations.

"The motivations were financial but also romantic. I was dreaming to see the world and earn some money."

Interviewee 3 told that the social status of a doctor is much appreciated in Europe. He mentioned that was also well-recognized in Russia, as he was working in a small village.

"In my village I was a small local minister of healthcare, I was really appreciated by people and everyone knew me. Here people do not recognize me on streets like it was at home."

Interviewee 3 is completely satisfied with a choice of the country although his satisfaction level decreased after financial crisis hit. He revealed that he is satisfied with the choice of the country, but not with his current salary.

He likes many things in Portugal:

"I adore the climate, the weather is very pleasant, excellent highways and delicious cuisine. I understood that I like ocean and magnificent European architecture a lot. I love here everything...Portuguese guys are very good, benevolent and sincere...really kind, opened and

always ready for a help. I would say that Portuguese don't have the same mentality as Russians, but by spirit we are very similar."

Interviewee 3 would accept an opportunity to go somewhere temporarily to work abroad in order to get new professional experience:

"My dream is to try to work in English-speaking countries. If I had a possibility, I would try. I was reading the statistics that Holland and Danish doctors migrate to the North, mainly to Canada, USA and England. And for their places doctors from Poland, Turkey, Hungary, Russia and Romania are arriving. This is a round-about policy. All this happens because of the wages."

Interviewee 3 didn't move his family to Portugal, as it was complicated. His family still lives in Russia. During the last 17 years he visited Russia just 3 times, and the rest of the time his family comes regularly to Portugal.

Interviewee 3 revealed that he has no intention to move to another country. Even if he would go work abroad, he ensured that he would be back to Portugal. Also he indicated that he has no intention to return back to Russia.

"Russia now for me is only for fishing or hunting. I don't have any wish to go back to Russia, even when being retired. When being retired, it is medically advised to live under the southern skies. In Russia we have very cold climate during the winter, it is around - 40 degrees with a snowstorms, blizzards. After such winter we have bad bumpy roads. I would go to visit Russia rarely, just because of romantic reasons in order to see 2 meter's snow pile."

Table 9. Russia: sum up of main labor mobility pushing factors

Russia	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ Constant military conflicts with another countries ✓ Frequent wars ✓ Hard economic situation ✓ Unemployment
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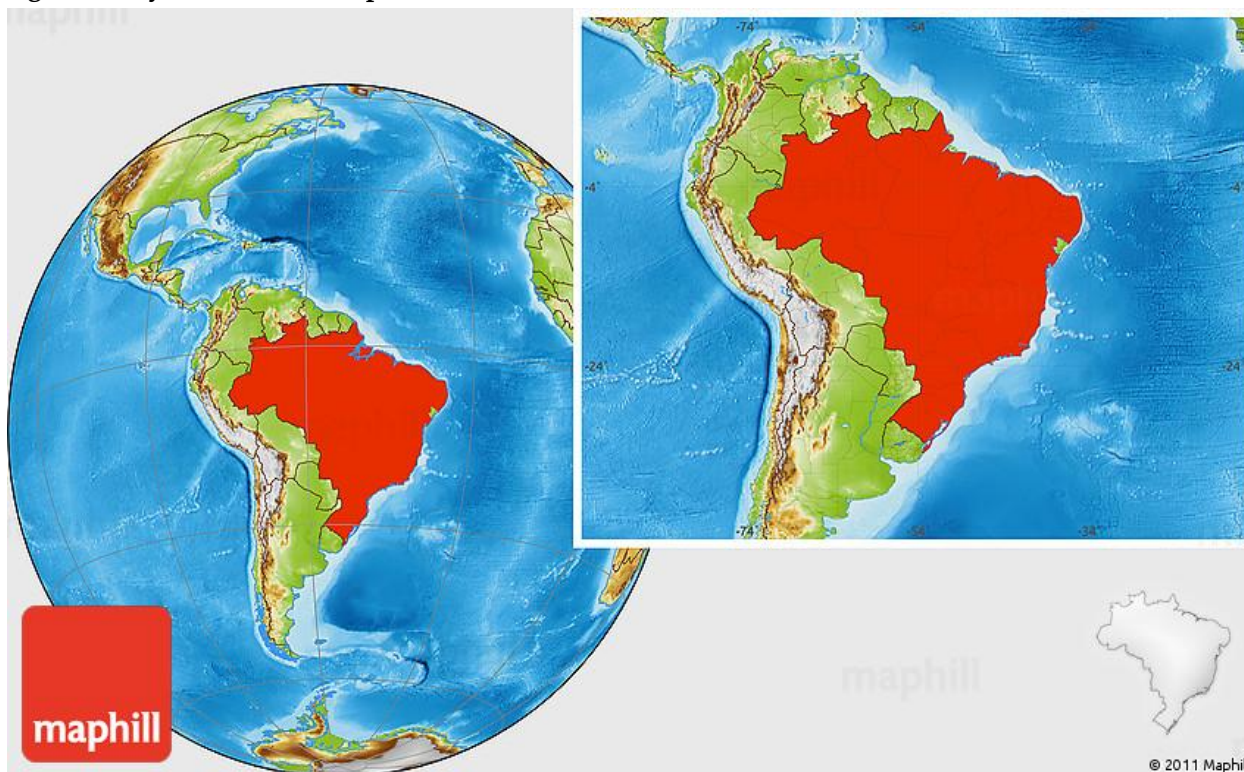
	<ul style="list-style-type: none">✓ Political oppression
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none">✓ Financial motivations and extreme underpayment✓ Working conditions (scarce resources in the hospital)✓ Amount of working hours✓ High quantity of patients due to the lack of doctors
	<p>Individual issues:</p> <ul style="list-style-type: none">✓ Romantic reasons and a wish to travel and work in another country✓ Social status was underestimated✓ Cold Russian climate with blizzards and snowstorms

Source: Author

4.4 Case study 4. Source country - Brazil

4.4.1 A country profile – Brazil

Figure 8. Physical location map of Brazil



Source: <http://www.maphill.com/brazil/>

Table 10. A country profile (Brazil)

Location	Eastern South America, bordering the Atlantic Ocean
Area	8.516.000 km ²
Government	Federal presidential constitutional republic
Capital	Brasilia
Population	206.4 million
Languages	Brazilian Portuguese
GDP per capita	7.447\$
Currency	Real
Literacy level	81 %

Source: <http://www.nationsonline.org/oneworld/brazil.htm>

4.4.2 Country issues

This case study aims to understand the reasons of a Brazilian doctor' mobility to Portugal. This interviewee lives in Portugal for 7 years.

It is generally known that Brazil is the fifth largest country in the world. It is an ethnically diverse country that is made from European, African, Asian and American ancestors. Despite having an image of a friendly country with a slow pace of life, a lack of jobs and meager housing had been reflected in rapidly growing crime rate and poverty. During the interview we were interested to discover which factors could push Brazilian doctors to quit Brazilian borders for emigration.

Interviewee 4 mentioned that one of the reasons for her mobility was the fact that Brazil possesses very high rates of violent crimes. This includes robberies, kidnapping, murders, domestic violence, gang violence and drug trafficking. Brazil is the heavy importer of cocaine and growing murders. The corruption is flourishing, making crime difficult to resist. That is why Interviewee 4 revealed that she likes more Portuguese political environment, as she is feeling more protected in Portugal. The general level of safety was one of the important factors for her migration.

"Portugal for me is much more safe and stable, here we don't have so much crime as in Brazil...It is terrible and difficult to live with this."

Regarding legislation issues and recognition of foreign diploma, Interviewee 4 was oppressed. The first difficulty she faced was the necessity to prove that she is speaking Portuguese. Here occurred some bureaucratic difficulties, where there are no exceptions out of the rules. For Interviewee 4 it was ridiculous to prove Portuguese language knowledge, as people in Brazil are speaking Brazilian Portuguese, that differs just in accent.

" I needed to pass the exam of Portuguese language. Incredible!"

Afterwards she noticed that it was not difficult to do the equivalence of diploma, she was just bored with constant movements and flights from Brazil.

" I needed to come to Portugal many times in order to pass the exams. I needed to do different practical and theoretical exams. It was very boring and difficult just only because of the long distance."

4.4.3 Organizational issues and scope of work

Interviewee 4 indicated that wage factor didn't play the first role for mobility. Indeed she indicated that she is less satisfied with the Portuguese salary comparing to the Brazilian. She explained that in Brazil she was well paid and was earning 3 times more money.

"I am earning in Portugal more or less liquid 5.000 Euros, but taxes are very high."

Also, Interviewee 4 mentioned that although she is not pleased with wage, she is completely satisfied with working conditions. She mentioned that Brazilian working conditions are worse and only private hospital are well-equipped.

"In Brazil we have a complete chaos everywhere...In Portugal the equipment and medical devices are good."

Regarding interpersonal relationship with colleagues, Interviewee 4 mentioned that she is dealing well and having no problems with doctors and patients, but she has some complexities in communication with nurses.

" They are like cobras, because they are very envious. And the reason for this is that doctors are paid more than nurses. Also the nurses need to do all the doctors' demands. They think that they serve us, but this is only a job."

Regarding amount of working hours, Interviewee 4 revealed that there is no difference between the working schedule she had in Brazil and the one she has now in Portugal. Although the type of job is different, the workload is similar. In the past Interviewee 4 was working as gynecologist in Brazil, and now she changed to the emergency service department.

4.4.4 Individual issues

Interviewee 4 revealed that the second important reason why she moved abroad was a romantic reason.

"My boyfriend, who is a policeman, decided to move to Portugal and I came with him. I was tired of Brazil."

Interviewee 4 mentioned that adaptation period was difficult during first 2 years as everything around was new. She didn't have any difficulties with Portuguese language and she was integrated into the society fully and quickly.

Interviewee 4 noticed that in Portugal people respect doctors more, so she is feeling more socially recognized comparing to Brazil. She told that the attitude towards doctor differs.

Interviewee 4 is satisfied with a choice of the country for today. She mentioned that Portuguese people are very open and friendly. Interviewee 4 told that she enjoys the peaceful atmosphere and tasty Portuguese cuisine.

Also she revealed that she has no intention to leave Portugal.

" I don't want to change Portugal for another place. Now my life is here. I have to stop, otherwise I will go to nowhere. And definitely I would like to remain here."

Table 11. Brazil: sum up of main labor mobility pushing factors

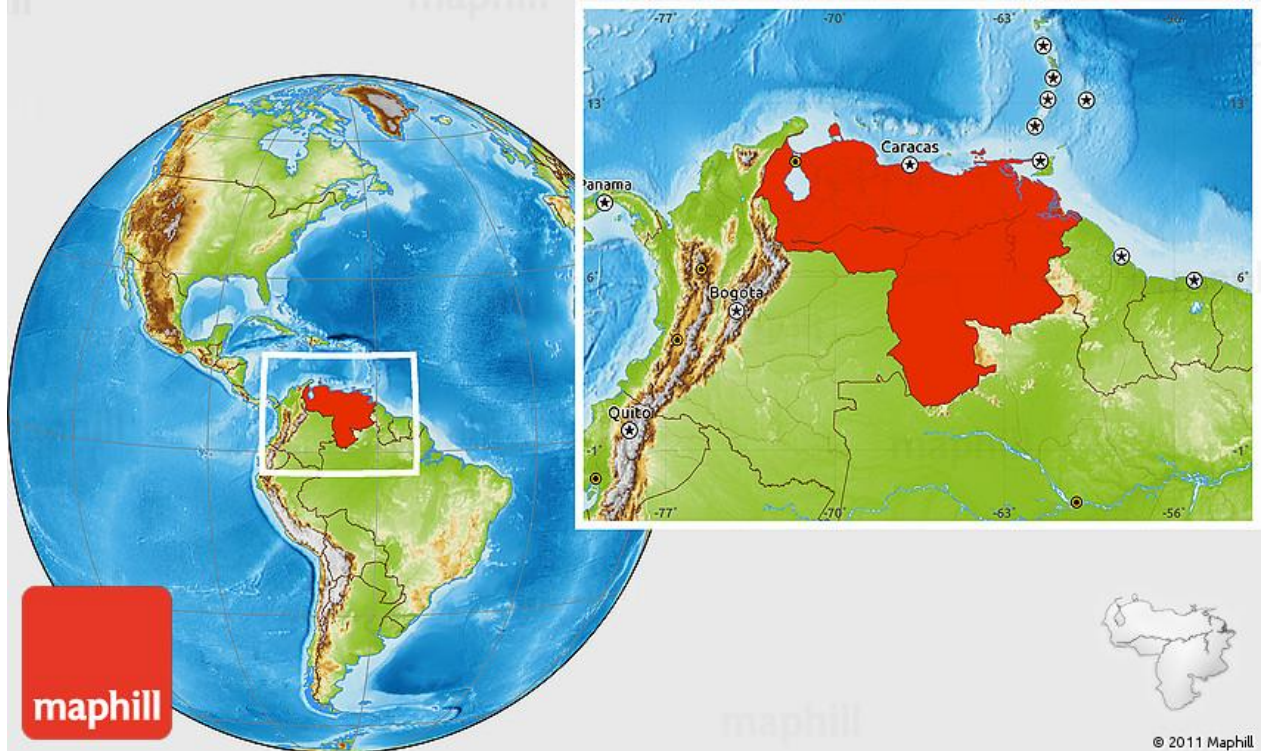
Brazil	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ Lack of jobs ✓ Meager housing ✓ Growing poverty rate ✓ High rates of violent crime (robberies, kidnapping, murders, domestic violence, gang violence, drug trafficking) ✓ Corruption
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none"> ✓ Working conditions ✓ Only private hospitals are well-equipped
	<p>Individual issues:</p> <ul style="list-style-type: none"> ✓ Romantic reasons ✓ Social recognition

Source: Author

4.5 Case study 5. Source country - Venezuela

4.5.1 A country profile – Venezuela

Figure 9. Physical location map of Venezuela



Source: <http://www.maphill.com/venezuela/>

Table 12. A country profile (Venezuela)

Location	Northern South America, bordering the Caribbean Sea and the North Atlantic Ocean
Area	916,445 km ²
Government	Federal presidential republic
Capital	Caracas
Population	31.416 million
Languages	Spanish and many indigenous dialects
GDP per capita	5.908\$
Currency	Bolivar fuerte
Literacy level	93 %

Source: <http://www.nationsonline.org/oneworld/venezuela.htm>

4.5.2 Country issues

This case study aims to understand the reasons of a Venezuelan doctor's mobility to Portugal. This interviewee lives in Portugal for 12 years.

"The country that should have been so rich but ended up so poor" is one of the most famous phrase about Venezuela, a man-made disaster country (O'Brien M., 2016). Despite having a huge economic capacity and world's largest oil reserves, the country is living over hard times below the poverty line with high unemployment, inflation, black market affairs and raised violent homicide rates.

Interviewee 5 mentioned that civil safety, political and economic situation are much better in Portugal. He stressed that Portugal is an extremely calm country, with a low level of crime and the possibility to walk on the streets without fear.

" Here in European democratic countries it is very safe to live."

Also he mentioned that he consider current Portuguese government to be much more effective in providing and implementing health policies.

" The government's position in the health sector was so, that public sector was degraded and private sector had benefits. Now policy is the opposite - government tries to support more public sector and less private sector. Current policy is much better than it was with a previous government."

Regarding legislative issues, it was not difficult to make the equivalence of diploma. Interviewee 5 mentioned that during those times the procedure of recognition of foreign diploma was not that much difficult, and there was no need of any additional papers or language certificates. He was requested only to pass through examination test.

4.5.3 Organizational issues and scope of work

Interviewee 5 revealed he was living in Spain during several years, and he got his medical education there. Having already completed the studies, the necessity of employment occurred. Interviewee 5 indicated that due to the shortage of doctors he started to think about migration, but he didn't have intention to return back home. Once having visited Portugal, he enjoyed the experience and decided to settle his life in this country. From his words, wage was not the primary motivation for him when looking for relocation, as *"it is possible to gain just a little bit more"* in Portugal. He was looking for a country that would match his inner aspirations.

"Now my salary is around 4000 Euros net. I am not satisfied because the tax charge increased a lot, but I like Portugal."

In the past he was thinking to improve financial situation and to go to USA, but due to some personal problems he stayed in Portugal and now he doesn't regret it.

Regarding working conditions, he identified that they are very good in Portugal. The equipment capacity and access to enhanced technologies are better.

"I heard sometimes in my country it is missing an equipment or materials when there are a lot of patients, for example ecographs or thermometers."

Regarding the amount of working hours, Interviewee 5 has no point of comparison, as his first professional experience took place in Portugal. He mentioned that he is working usually by shifts, and the amount of working hours exceeds 260 hours per month. Also Interviewee 5 mentioned that the working climate and working relations are completely fine. He revealed that his colleagues are highly-qualified and he finds the opportunities to develop his knowledge with them.

" My co-workers are very motivated for improvement...And me, working at the emergency department, it is never routine and monotonous. There is always a surprise, something unexpected in practice."

4.5.4 Individual issues

Interviewee 5 told that when moving abroad, he was looking for the similar mentality and similar language in order to avoid difficult adaptation period.

Regarding Portuguese mentality, he finds Portuguese people "*very kind-hearted and sincere*". But Interviewee 5 made a specific statement about Portuguese people as patients. He described them as patients without patience, as "*a little bit dramatic people*" who are constantly thinking too much of disease and health problems. Interviewee 5 mentioned that very often his patients are exaggerating by thinking that they have a heavy disease while having a simple head-ache.

"Portuguese complain a lot about health, they take some medicines very often without knowing for what these medicines are assigned for... Then they run to various doctors without knowing what is the problem. They go to the doctor in search of miracle treatment".

Interviewee 5 was telling about his surprise that half of Portuguese people take care about their health, but from the other side many Portuguese people simply don't support healthy way of life.

Interviewee 5 mentioned that he was accepted and socially recognized well in Portugal. He has feeling that in Portugal doctors are appreciated by the society.

Interviewee 5 indicated that he got married in Portugal, but he doesn't have children yet. The fact that he moved to a country with similar language and that he had his family with him played a positive role and made adaptation period easy and fast.

Although the desire to earn more, Interviewee 5 is not planning to quit Portugal, as his life is already completely settled there.

"The country is secure, stable, with good food and great weather. Apparently it is a perfect country to live in. But I do not like one thing: in working terms there are not that much conditions for professional development. For people who strive to grow and make more money, nowadays Portugal is not a perfect choice for employment."

Table 13. Venezuela: sum up of main labor mobility pushing factors

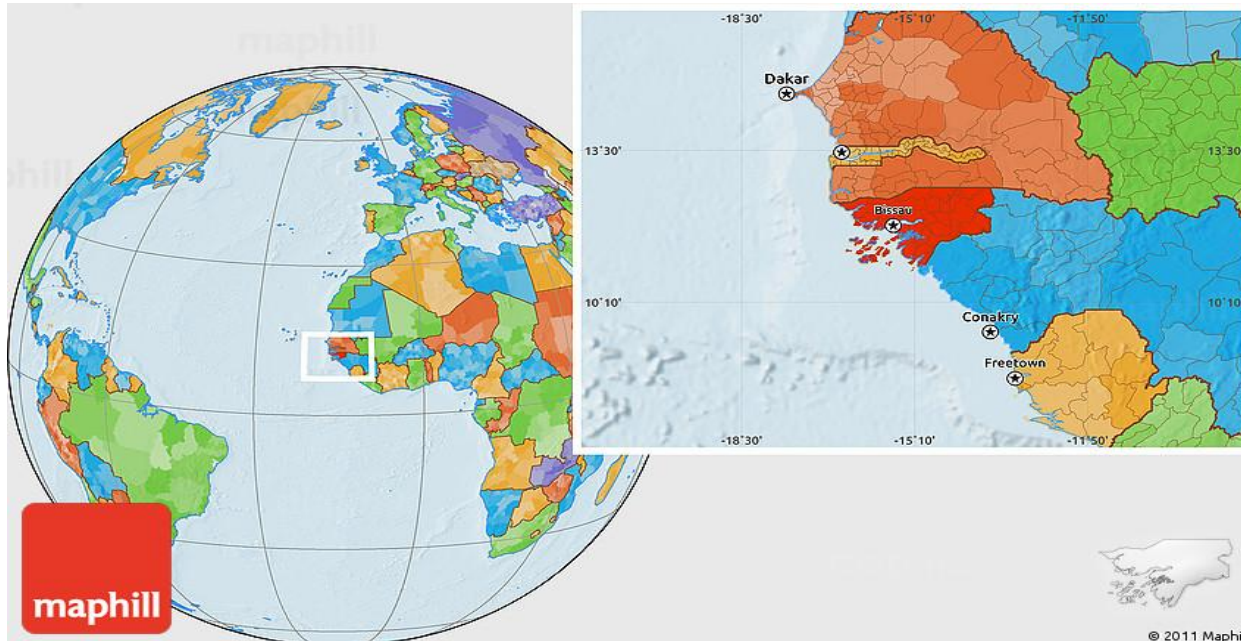
Venezuela	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ Unemployment ✓ Inflation ✓ Poverty ✓ Black market affairs ✓ Raised violent homicide rates ✓ Civil safety is very low ✓ Unstable political and economical situation
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none"> ✓ Financial reasons ✓ Working conditions (lack of equipment capacity and technologies)
	<p>Individual issues:</p> <ul style="list-style-type: none"> ✓ Motivation for professional improvement

Source: Author

4.6 Case study . Source country - Guinea-Bissau

4.6.1 A country profile – Guinea-Bissau

Figure 10. Physical location map of Guinea-Bissau



Source: <http://www.maphill.com/guinea-bissau/>

Table 14. A country profile (Guinea-Bissau)

Location	West Africa on the Atlantic coast, a neighbor of Senegal and Guinea
Area	36.125 km ²
Government	Unitary semi-presidential republic
Capital	Bissau
Population	1.693.398 million
Languages	Portuguese (official), Crioulo, French, many indigenous languages: Balanta-Kentohe 26%; Pulaar 18%; Mandjak 12%; Mandinka 11%; Pepel 9%; Biafada; Mancanha; Bidyogo; Ejabat; Mansoanka; Bainoukgunyuno; Nalu; Soninke; Badjara; Bayote%; Kobiana; Cassanga, Basary
GDP per capita	613\$
Currency	West African CFA franc
Literacy level	55.3 %

Source: http://www.nationsonline.org/oneworld/guinea_bissau.htm

4.6.2 Country issues

This case study aims to understand the reasons of a Guinea-Bissau's doctor's mobility to Portugal. This interviewee lives in Portugal for 11 years.

Formerly Portuguese Guinea-Bissau, once known as Slave Coast, nowadays is one of the world's poorest countries with fragile economy. Since independence from Portugal in 1974, Guinea-Bissau had suffered and passed through very hard times. Internal military conflicts, civil wars, poverty, unemployment, economic shocks, social stratification of society, nutritional problems, high mortality rate, underdeveloped medicine, low literacy rate are just the first insights of the country.

Interviewee 6 revealed that he got his medical education in Russia, due to the evidence that there are not a lot of medical universities in Guinea-Bissau. After graduation, Interviewee 6 was offered to stay in Russia, but he refused.

Due to unstable living conditions in Guinea-Bissau, Interviewee 6 didn't have chance to work in the native country. The perception of Guinea-Bissau's lifestyle and working style are well-known to the world. Guinea-Bissau is in the list of top 10 countries with the lowest minimum wage in the world. Most of the population is below the poverty line. People are working in very difficult conditions and for no money. Federally imposed hourly wage is 0.19 dollars with the working schedule of 45 hours weekly (<http://www.hcamag.com>, 2014).

Guinea-Bissau main sources of income are agriculture, mainly the production of cashew nuts and coconuts. Drug-trafficking is one of the biggest problems of the country. Mainly, for the majority of population there is no professional occupation or they are eagerly willing to improve working conditions.

So the fact that Interviewee 6, after graduation didn't return back home was rationally explained. He decided to look for an European destination and his choice fall on Portugal.

Interviewee 6 mentioned that one of the strongest pushing factors to quit the country was Guinea-Bissau Civil War of 1998 and 1999. That civil war, that was based on government conflict, took away a huge amount of people and left large areas of Guinea-Bissau in ruins.

"I left my country because the Civil War started and it destroyed absolutely everything."

Interviewee 6 revealed that in Portugal he feels politically, economically and generally safe.

4.6.3 Organizational issues and scope of work

Interviewee 6 revealed that although his Portuguese salary is 100 times higher than Guinea-Bissau's, he is still not completely satisfied with it.

"My monthly wage is around 4500-5000 Euros. I am not satisfied because the taxes are very high and I have a lot of fiscal charges."

Regarding safe working conditions, he indicated that it is completely safe in Portugal.

"Imagine which healthcare working conditions could be in Africa..."

He mentioned that Portuguese medicine is very developed and there are a huge variety of medicines and new methodologies of treatment, comparing to Guinea-Bissau, where it is limited or non-existing at all. In such horrible poor living conditions it is possible to find hundreds of known and unknown diseases, which are flourishing on the streets. Local inhabitants' poverty and lack of awareness to take preventative measures against various infectious diseases make doctors' job unsafe.

"Here in Portugal we have much more less epidemic diseases. Comparing to Africa, here is a paradise."

4.6.4 Individual issues

Interviewee 6 mentioned that one of the explanations to settle in Portugal was the fact that he was searching for Portuguese-speaking country in order to adapt easily. He told that it was simple to integrate into the society.

" It was much easier for me, as Guinea-Bissau is included in PALOP¹⁶ and I am speaking Portuguese."

Interviewee 6 noticed that for him it was not difficult to do the equivalence of diploma. He didn't face any bureaucratic difficulties.

Regarding social recognition of being a doctor, Interviewee 6 felt the difference between Guinea-Bissau and Portugal. He explained that in his native country the doctors are more in respect.

"In Africa doctor is like a God."

This was affirmed by the fact that in Guinea-Bissau there are few medical institutions and many doctors are studying abroad. The fact of acquiring the medical degree abroad makes Guinea-Bissau's inhabitants to put doctors into a very high respectful category. The general literacy level of Guinea-Bissau's population is just 55%, that is very low comparing to average European level. That is why the doctor is considered as one of the most clever and respectful person in Guinea-Bissau.

Interviewee 6 also revealed that there is one very unusual contradictive fact, but typical for African countries.

" Alternative medicine. We have a lot of shamans, and they are in the same respect as doctors. This is ridiculous, because sometimes they are doing strange things, imitating weird

¹⁶PALOP, the group of Portuguese-speaking African countries (Portuguese: Países Africanos de Língua Oficial Portuguesa)

rituals. In Zimbabwe (in Harare) you will even find some medical schools, where you can get a diploma of shaman. And it is very prestigious diploma."

This fact is explained again with the low literacy rate, social unawareness and inexistence of modern medicine in Guinea-Bissau. If we compare the patients, Interviewee 6 told that in Guinea-Bissau they are very resilient and calm, but in Portugal the patients are more expressive and emotional.

" Sometimes you have very clever patients, that come to the medical exam and already know the diagnosis. So, here in Portugal you don't feel that much like a king, like in Guinea-Bissau."

Interviewee 6 is staying with his family in Portugal. The adaptation period was not difficult. His wife is also successfully working in Portugal.

Interviewee 6 revealed that he would like to earn more and if he would have an opportunity to go abroad to earn money, he would have chosen a French-speaking country, France or Belgium. But he underlined that he would like to work there temporarily, as he doesn't feel safe in Belgium and France, because of frequent terroristic attacks. Also he revealed that he would like to spend his life in Portugal and he has no intention to leave it forever.

"I like here the atmosphere. It is very calm, comfortable and peaceful. The gastronomic variety is very rich and tasty."

Table 15. Guinea-Bissau: sum up of main labor mobility pushing factors

<p>Guinea-Bissau</p>	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ World's poorest country with fragile economy and the lowest wages ✓ Immense poverty ✓ Drug trafficking ✓ Low literacy rate
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	<ul style="list-style-type: none"> ✓ Lack of medical institutions ✓ Military conflicts ✓ Civil war ✓ Unemployment ✓ Economic shock ✓ Social stratification of society (caste and slaves) ✓ Nutritional problems ✓ High mortality rate ✓ Economic downturn ✓ Political instability
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none"> ✓ Very difficult and unstable working conditions ✓ Underdeveloped medicine ✓ Dangerous sanitary conditions ✓ Hundreds of unknown infectious diseases
	<p>Individual issues:</p> <ul style="list-style-type: none"> ✓ Social recognition ✓ Alternative medicine and "shaman" notion ✓ Social unawareness

Source: Author

5. Discussions

5.1 Why to leave the country of origin? The most relevant driving forces of medical labor mobility revealed through the interviews

The present research was aimed at identifying the pushing factors of medical labor mobility from non-OECD countries to Portugal. Our target was to understand the most important variables for doctors' mobility inside each of the previously discussed conceptual group.

Our findings are consistent with most existing literature. The case studies confirmed most pushing factors of medical labor mobility that we discussed in the literature review. Furthermore, our research discussed in detail and personally with each interviewee the main variables for their own mobility. As we are using a case study methodology, the obtained findings obviously cannot be generalized. However we believe that we added valuable qualitative information that may improve the knowledge about the driving forces of doctors from non-OECD countries to Portugal.

The pushing factors were divided into 3 conceptual groups:

- 1) country issues;
- 2) organizational issues and scope of work;
- 3) individual issues

After having analyzed six case studies, our research revealed that the most relevant motivations for medical labor mobility of our interviewees were linked with the conceptual group of country issues. We are going to highlight which were the most relevant pushing country issues for our interviewees.

All interviewees revealed that difficult economic situation in the country of origin was one of the pushing factors of their mobility. Also, all of them mentioned that poor

living conditions and financial instability made them willing for some life improvements. Additionally, they mentioned that the lack of jobs, budget deficit, economic downturn, unemployment rate served as a starting point for the migration intention.

The growing poverty rate and the status of the world's poorest country were found out for Venezuelan and Guinea-Bissau's doctors.

Critical shortages and oppressive post Soviet Union political regime were the pushing factors revealed by Ukrainian, Russian and Moldavian interviewees.

The flourishing corruption together with ineffective government, that helps crime affairs to boom in the country were presented by the Brazilian doctor.

The issues concerning the civil safety were discussed by some interviewees. The growing rates of violent crime like robberies, kidnapping, murders, domestic violence, gang violence, violent homicide rates were the pushing factors for interviewees from Venezuela and Brazil.

Drug trafficking and other black market affairs were revealed by Brazilian, Venezuelan and Guinea-Bissau's interviewees.

The issues connected with general level of safety, like a war, constant military conflicts and military interventions were very important factors discussed by the Russian, Ukrainian, Guinea-Bissau's interviewee and also by Moldavian interviewee who spent ten turbulent years working in Yemen.

The interviewee from Guinea Bissau mentioned that the lack of medical institutions and social stratification of the society were the reasons to look for another studying and working destination.

Another relevant motivation for medical labor mobility of our interviewees was related with the conceptual group of organizational issues.

One of the reasons for our interviewees' mobility from Ukraine, Russia, Guinea-Bissau was wage dissatisfaction. Analyzing the salary differentials of these countries comparing to Portugal, we noticed that it is at least 10 times higher in relative terms. However the exceptional cases were revealed for Brazilian, Venezuelan and Moldavian doctors. Brazilian and Venezuelan (who lived in Spain) doctors indicated that wages in their countries were higher comparing to Portuguese, also, the Moldavian doctor told that he could earn much more in Yemen, but wage was not compensating the risk of insecure living conditions. So, we may conclude that wage is not the most relevant determinant for everyone.

Cronyism was one of the mentioned reasons for Ukrainian doctor's movement, as some professionals didn't have opportunity to develop professionally and increase their salary, if they don't have "friendly ties with an old boy network". Unfair practice of privileging the proximate cronies was often used in 90's, and it happened that career opportunities were passing near talented professionals.

Motivation for personal improvement served as a pushing factor for the Venezuelan doctor.

Unsatisfying working conditions, namely the conditions of the hospitals, lack of modern equipment, old medical instruments, methodology of treatment and, sometimes absence of medicines were revealed as unbearable factors by interviewees from all six countries. Special attention to this issue was given by interviewee from Guinea-Bissau. He mentioned that in his country there are thousands of known and unknown infectious diseases for their underdeveloped medicine, and the sanitary working conditions are horrible.

Some more interesting reasons were revealed in this conceptual group. For example, heavy workload and frequently unpaid extra-working hours in Ukraine and Russia. For instance, in Ukraine during the USSR times it even happened that doctors were paid with food, canned meat and jam.

The last relevant motivations for medical labor mobility of our interviewees was presented with a the conceptual group of individual issues.

The most common factor from this conceptual group for interviewees was social recognition of being a doctor. The interviewees revealed that in Portugal they are higher esteemed and respected, the attitude of people is better.

The interviewee from Guinea-Bissau mentioned that for him the social unawareness, the existence of alternative medicine and the presence of shaman healers, who are doing strange rituals were ridiculous and unacceptable environment, that pushed him for the search of a new destination.

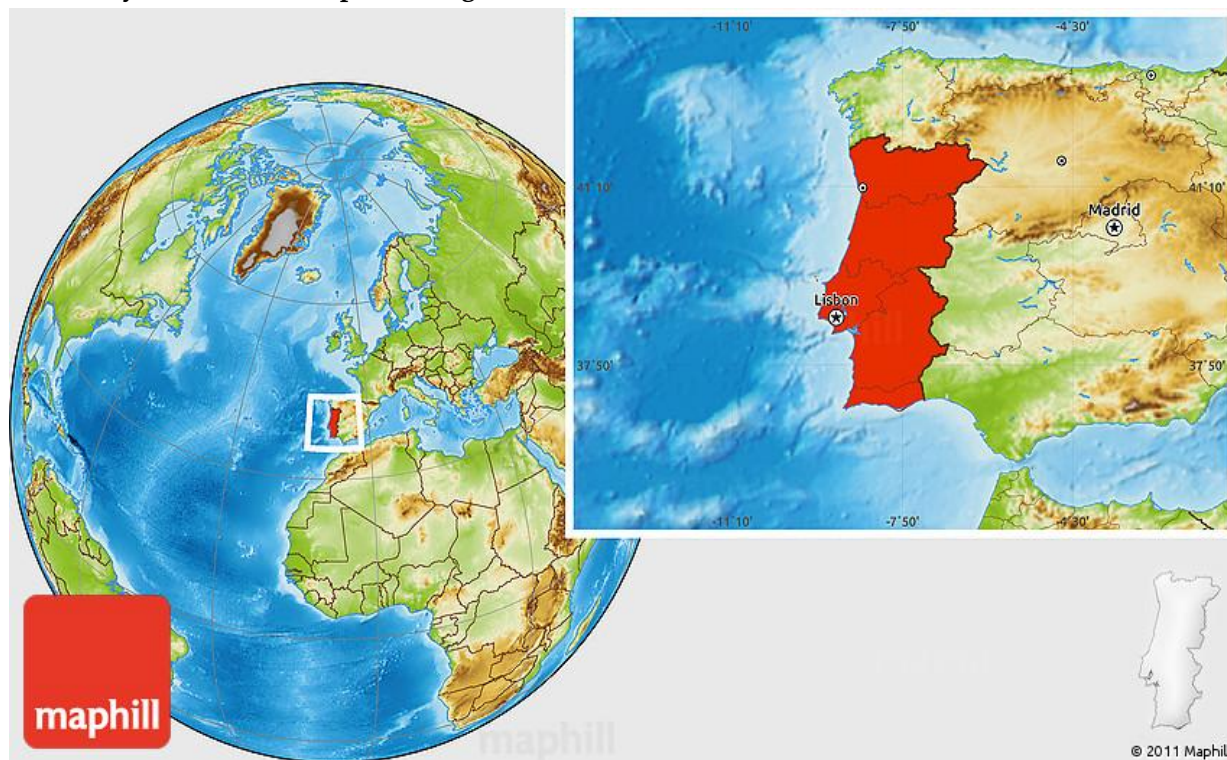
The psychological stress of being unable to provide family the basic necessities pushed the Ukrainian doctor to go abroad.

Constant stress of Moldavian doctor while working in Yemen due to the insurgencies, shoots on the streets, armed soldiers around the city made him move to the peaceful place in order to fulfill the dream of quiet senility.

Other romantic reasons such as keeping the personals relations and following the beloved person, or simple wish to travel and to live in a warm country with tasty food were mentioned by the interviewees from Russia and Brazil.

5.2 Why come to Portugal? Portugal as a destination country

Figure 11 . Physical location map of Portugal



Source: <http://www.maphill.com/portugal/>

Table 16. A country profile (Portugal)

Location	Southwestern Europe on the Iberian Peninsula, west of Spain, bordering the North Atlantic Ocean
Area	92,090 km ² , including the Azores and Madeira Islands
Government	Unitary semi-presidential constitutional republic
Capital	Lisbon
Population	10.3 million
Languages	Portuguese
GDP per capita	19,611\$
Currency	Euro
Literacy level	94 %

Source: <http://www.nationsonline.org/oneworld/portugal.htm>

Portugal is the second best country in Europe and North America for immigrant integration, after Sweden (MIPEX, 2004). It is as small beautiful country that welcomes immigrants on the Iberian Peninsula into the Atlantic ocean. Portugal with its small area is very diverse in its economy, environment, people, rich cultural patrimony and gastronomy. It is a country where history, nature and culture are perfectly combined and make it a nice destination country.

During our research we were trying to understand why our interviewees chose Portugal between other OECD countries, and which factors drove them to Portugal.

Portugal is an European Union member country already for 30 years. The democratic parliamentary regime with political stability, loyal government and friendly legislation attract many immigrants to Portugal (when compared to non-OECD countries). The easiness in getting Portuguese entry-visa comparing to the other closed neighbor-countries was revealed as a crucial point of labor mobility by our interviewees. It was also mentioned that due to the friendly legislation, it is relatively and bureaucratically not difficult to get the equivalence of diploma and to have the medical qualification recognized.

Portugal has increased its competitiveness on the global market being considered as a strategic doorway to Europe, but also with considerable links to Africa and America. It attracts some investment that allows qualified manpower to grow, becoming an attractive destination country for skilled labor mobility from non-OECD countries. Our interviewees mentioned that Portugal attracted them with its higher salaries comparing to their country of origin, fair payments for extra hours, modern medical equipment and advanced technologies, drugs availability, safe working conditions and friendly working environment. All our interviewees underlined that Portugal emerged for them as a country of career growth opportunities, training and constant skills improvement. Portuguese friendly mentality and attitude, the perception and higher social appraisal of doctors were one of the motivations for mobility of our interviewees.

Although Portugal pays lower wages, comparing to other OECD countries and despite the wish of interviewees to earn more, none of them have the intention to permanently leave the country. After the world financial crisis that hit in 2008, a period of Great Recession in Portugal was tough (Perelman et al., 2015). Due to the budget deficit, government decision to hike taxes and cut salaries of public service workers led the country to underpay workers. Additionally to this, taxes in Portugal are progressive depending on the type of personal income tax category and this progressiveness has also been increasing. This fact led Portuguese wage go even more down. If we balance all advantages and disadvantages, we could reveal that despite low salaries and high taxes, Portugal benefits from the good living and working conditions that are impossible to buy with money in other countries. The higher wage would not compensate the costs of moving and leaving Portugal and all other Portuguese amenities behind, although some doctors consider the possibility of temporarily working abroad in order to benefit from higher wages and international experience.

Another issue that was mentioned by the several interviewees concerned peace. The world has become less peaceful: the occurrence of wars, military conflicts, terroristic attacks, violent crimes, insurgencies are happening very often in the modern world. Despite of this, Portugal holds an image of one of the most peaceful countries in the world, proudly ranking the eleventh with a very high state of peace worldwide (GPI, 2015). That is why Portuguese are considered to be one of the most peaceful and friendly nations in the world. One of the great Portuguese features is the social protection provided in Portugal. A big amount of volunteering organizations support refugees, homeless and low-income people with food, clothes and other services.

Portugal provides an amazing quality of life with affordable costs of living. Having an excellent geographical location and being a seaside country with beautiful beaches, Portugal is between one of the greenest, ecologically cleanest and environmentally friendly countries in the world. Due to the large maritime zone and great weather, Portugal is abundant in various fresh seafood, delicious and nutritious products, famous port wine, great olive oil, fantastic coffee, delicious sweets and best codfish in

the world. One of our interviewees mentioned that due to healthy living conditions, life expectancy of Portuguese inhabitants is on the top range in Europe.

The similarity of languages was one of reasons that attracted our interviewees to choose Portugal. For the Brazilian, the Guinea-Bissau's, the Venezuelan and the Moldavian interviewees Portuguese language was an advantage, while the Russian and the Ukrainian doctors needed to put many efforts in order to overcome the language barrier.

One of the interviewees revealed as an attractiveness factor Portuguese infrastructures ,with its developed highway networks, that makes traffic to be lighter and less time-consuming.

All these advantages provoked the motivation of our interviewees to see Portugal as an ideal place where they would like to spend a good work life, but also calm retirement.

The following Table 9 summarizes the Portuguese characteristics that the interviewed doctors gave more value to.

Table 17. Portugal: sum up of main characteristic that interviewed doctors gave value to

Portugal	<p>Country issues:</p> <ul style="list-style-type: none"> ✓ Political stability ✓ Effective Portuguese government ✓ Loyal and friendly legislation: easiness of getting Portuguese visa and easiness of achievement the equivalence of qualification ✓ Low cost of living ✓ Peaceful country ✓ High general safety level, no terroristic attacks
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	<ul style="list-style-type: none"> ✓ Good infrastructures and developed road network ✓ Good quality of life ✓ Portuguese clean ecology ✓ Long life expectancy ✓ Existence of volunteering organizations ✓ Rich patrimony and diverse culture ✓ Similar religion ✓ Confidence in the future
	<p>Organizational issues and scope of work:</p> <ul style="list-style-type: none"> ✓ Higher salaries comparing to non-OECD countries ✓ Modern medical equipment and advanced technologies ✓ Safe working conditions and drugs availability ✓ Fair payment for extra hours ✓ Possibility of the career growth ✓ Possibility of training and improving skills ✓ Friendly working relationships with colleagues
	<p>Individual issues:</p> <ul style="list-style-type: none"> ✓ Higher social recognition of being a doctor ✓ Similar language ✓ Peaceful retirement in a warm country ✓ Seaside country with long maritime zone ✓ Friendly mentality and helpful people ✓ Perfect climate conditions

	<ul style="list-style-type: none">✓ Healthy living conditions✓ Delicious and nutritious cuisine✓ Availability of fresh seafood✓ The image of being today country for growth and country of confidence for the future
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Source: Author

6. Conclusions and future work

6.1 Conclusions of the research

The present research was aimed at adding new qualitative information about the pushing factors of medical labor mobility from non-OECD countries to OECD countries, and the choice of Portugal as a destination country. Taking into consideration the most interesting aspects and factors discussed in the literature review, we decided to study them throughout the six case studies: Ukraine, Russia, Moldova, Brazil, Venezuela and Guinea-Bissau.

We revealed the factors that pushed immigrant doctors to leave their country of origin, and divided them into three conceptual groups, that are: 1) country issues; 2) organizational issues; 3) individual issues.

During the research we noticed that the strongest motivations were presented with the conceptual group of country issues. The most relevant driving forces of this group that provoked medical labor mobility were the following: severe economic downturn in the country of origin, budget deficit, financial instability, poor living conditions, lack of jobs, critical shortages, corruption, oppressive political regime, ineffective government, war, military conflicts and interventions, high crime rates, low general level of civil safety. All these served as primary reasons to move abroad.

The second important motivations that influenced medical labor mobility were connected with the group of organizational issues and scope of work. Salary differentials, wage dissatisfaction, unpaid extra-working hours, unsatisfying working conditions, lack of modern equipment, absence of medicines, old methodology of treatment were unbearable for interviewed doctors and provoked strong urge for moving abroad in search of professional improvements.

Some individual motivations that drove doctors' mobility were mentioned in the group of individual issues: social recognition, conflicts with alternative medicine, stress and romantic reasons.

In order to answer the research question and understand why doctors from the less developed part of the world came to Portugal, we focused on Portuguese country profile. During our research we were trying to understand why our interviewees chose Portugal between other OECD countries and which factors attracted their attention to it.

We found that Portugal has an image of being a beautiful country that welcomes immigrants on the edge of Europe's West Coast. Although being small, it is diverse in its economy, environment, mentality, cultural patrimony and gastronomy. Being a bridge between Europe, Africa and America, Portugal attracts skilled labor into the country.

In our research we revealed that Portugal has become attractive for highly qualified workers due to several reasons. We found that stable political regime and government, friendly legislation, easiness in getting European Union entry-visa, easiness of getting the recognition of medical qualification were highly appreciated by immigrant doctors and served as primary motivations. We also found that Portugal is attractive with its higher salaries comparing to non-OECD countries, fair payments of extra hours, progressive medicine, advanced technologies, availability of medical equipment, modern facilities and developed infrastructures, higher social recognition of doctors' status, safe and friendly working conditions.

Peaceful atmosphere and calm way of life were highlighted as one of the major amenities of Portugal. The idea of pleasant retirement, non-conflict ambience, absence of terroristic attacks allow Portugal to have a very harmonious image. Additionally to this, the constant wish to help each other, tolerant mentality and warm attitude of the Portuguese people played a great role building an image of a country where people do care about the others.

Also we found that Portugal provides a high quality of life with affordable costs of living. Although paying low salaries and having high income tax rates comparing to other OECD countries, Portugal benefits from the good living conditions that is impossible to buy with a money in another countries. We discovered that monetary motivations don't prevail when choosing Portugal as a destination country. Here we consider the excellent geographical location of being a seaside country with amazing maritime zone, mild climate, one of the cleanest ecology, long life expectancy, abundance of fresh nutritious food, variety of seafood, famous port wine, great olive oil and other delicious gastronomical products.

The study showed that doctors from non-OECD countries that moved to Portugal were mainly intended to find not only a new foreign destination where they could enjoy the peaceful daily life and advanced job practices, but also a place where they could project a stable life when being retired. The interviewed doctors revealed that they don't intend to permanently leave Portugal and they see Portugal as a country where they feel relatively confident about the future.

6.2 Limitations of the research and suggestions for the future investigation

One of the limitations of the research is the usage of qualitative data that could not be extrapolated to all foreign doctors that moved from non-OECD countries. It would be interesting to continue the interviews with foreign doctors that moved to Portugal in order to study the factors of skilled labor mobility more or have access to larger datasets that could provide us the necessary information to address our research question more generally.

This topic could be an important information for the Portuguese government and policy makers to define public policy instruments. Identifying the Portuguese country profile can be useful to understand why highly-skilled labor is coming to Portugal, but also to help policy makers to focus and improve the most important and relevant issues of labor mobility in order to attract more talented people to come and stay in Portugal.

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Appendix 1

Interview guide in English:

1. What is your name? (to mention sex)
2. What is your nationality?
3. What is your age?
4. What is your marital status?
5. Do you have children? How many?
6. Where did you get your primary medical education?
7. What languages do you speak?
8. Which were the primary motivations for going to work abroad?
9. Why did you choose Portugal?
10. How long are you already living in Portugal?
11. How long are you already working in Portugal?
12. Where do you work in Portugal?

13. Are you working here in private or public organization?
14. What is your medical specialization?
15. Have you been working in your native country as a doctor?
16. Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?
17. Are you satisfied with the working conditions?
18. Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?
19. How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?
20. What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?
21. How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?
22. Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

23. Does it exist the difference in amount of working hours between your home country and Portugal?
24. How did you pass through the process of recognition of diploma? Was it difficult to proceed?
25. Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?
26. Do you feel the difference of social recognition of being a doctor between the source and destination country?
27. Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?
28. Do you consider the Portuguese government to be effective in implementing healthcare policy?
29. Are you satisfied with a choice of a country today?
30. Did the satisfaction level evolve since previous years?
31. Did you have some relatives or other acquaintances in Portugal before coming here?
32. Did you move your family to Portugal?
33. Was the adaptation period difficult?

34. Did the members of your family find some sort of occupation in Portugal?

35. What do you think about Portuguese people and Portuguese mentality?

36. What do you like and dislike in Portugal?

37. Is Portugal a final destination point or you intend to move anywhere else?

Appendix 2

Guia de entrevista em Português:

1. Qual é o seu nome? (mencionar o sexo)
2. Qual é a sua nacionalidade?
3. Qual é a sua idade?
4. Qual é o seu estado civil?
5. Você tem filhos? Quantos?
6. Onde você obteve a sua educação médica primária?
7. Em que línguas você fala? Você teve dificuldades em estudar português?
8. Quais foram as principais motivações para ir trabalhar no exterior?
9. Porquê escolheu Portugal?
10. Quanto tempo você já vive em Portugal?
11. Há quanto tempo trabalha em Portugal?
12. Onde trabalha em Portugal?

13. Você está trabalhando aqui em organização privada ou pública?
14. Qual é a sua especialização médica?
15. Você trabalhou em seu país natal como médico?
16. Está satisfeito com o salário português? Difere muito daquele que você tinha em seu país de origem? Quanto mais em termos relativos?
17. Você está satisfeito com as condições de trabalho?
18. Você acha que tem condições de trabalho seguras em Portugal? Considerando que em alguns países subdesenvolvidos há epidemias de doenças perigosas (como HIV / AIDS, Ébola, tuberculose), onde as condições médicas e sanitárias estão dispostas a ser melhores?
19. Como você pode descrever o relacionamento com colegas: com outros médicos, enfermeiros, pessoal administrativo e pacientes?
20. O que pensa acerca da parte tecnológica da medicina em Portugal em termos de equipamento de capital? É mais realçada em comparação com o seu país natal e outros países que estão na fronteira tecnológica?
21. Como sente o nível de desenvolvimento do setor de cuidados de saúde de Portugal também levando em consideração o capital humano?
22. Acha que recebeu em Portugal algum tipo de experiência profissional avançada que não conseguiu obter no seu país de origem?
23. Existe a diferença entre horas de trabalho do seu país de origem e as do Portugal?

24. Como você passou pelo processo de reconhecimento do diploma? Foi difícil prosseguir?
25. Você teve alguma dificuldade burocrática? Você precisou de algum certificado para aprovar que você fala português?
26. Você sente a diferença de reconhecimento social de ser um médico em Portugal e ser médico no país de destino?
27. Sente-se mais estável em Portugal em comparação com o seu país natal, em termos de estabilidade política e econômica?
28. Considera que o Governo português é eficaz na implementação da política de saúde?
29. Você está satisfeito com a escolha do país hoje?
30. O nível de satisfação evoluiu desde anos anteriores?
31. Vocês tiveram parentes ou outros conhecidos em Portugal antes de vir para cá?
32. Trouxe a sua família para Portugal?
33. O período de adaptação foi difícil?
34. Os membros da sua família encontraram algum tipo de ocupação em Portugal?
35. O que pensa dos portugueses e da mentalidade portuguesa?
36. O que você gosta e o que não gosta em Portugal?

37. Portugal é um destino final ou pretende mudar para o outro país?

Appendix 3

Вопросы для интервью на русском языке:

1. Как вас зовут? (указать пол)
2. Какая у вас национальность?
3. Сколько вам лет?
4. Семейный статус?
5. Есть ли дети? Сколько детей?
6. Где вы получили ваше медицинское образование?
7. На каких языках вы разговариваете?
8. Почему вы решили иммигрировать со своей страны? Какие были основные причины чтоб поехать работать за границу?
9. Почему вы выбрали Португалию?
10. Как долго вы проживаете в Португалии?
11. Как долго вы уже работаете в Португалии?
12. Где имеете вы работаете?

13. Вы работаете в государственном или частном медицинском заведении?
14. Какая у вас медицинская специализация?
15. Работали ли вы в вашей родной стране врачом?
16. Довольны ли вы вашей португальской зарплатой? Отличается ли она от той, которую вы получали в вашей родной стране?
17. Довольны ли вы условиями работы в Португалии?
18. Считаете ли вы что условиях работы в Португалии безопасны? Учитывая тот факт, что в некоторых странах с очень низким уровнем развития существует множество эпидемий смертельных заболеваний (таких как ВИЧ/СПИД, Эбола, туберкулез), где санитарные условия желают быть лучшими?
19. Как вы можете описать свои взаимоотношения с коллегами: другими врачами, медсестрами, пациентами и административными работниками?
20. Какое ваше мнение о технологической стороне медицины в Португалии по сравнению с вашей родной страной и со странами, которые на находятся на передовой?
21. Что вы думаете по поводу уровня развития сектора здравоохранения Португалии учитывая уровень компетентности врачей?
22. Как вы считаете, получили ли вы в Португалии профессиональный опыт, который не могли бы получить в своей стране?

23. Есть ли разница в количестве рабочих часов между Португалией и вашей страной?
24. Как прошел ваш процесс эквиваленции диплома? Было ли трудно получить подтверждение квалификации?
25. Были ли у вас какие-то бюрократические трудности при подтверждении квалификации? Нужен ли был вам сертификат, который подтверждает что вы владеете португ.языком?
26. Чувствуете ли вы разницу социального положения между быть доктором в Европе и быть доктором в своей родной стране?
27. Чувствуете ли вы себя в Португалии более стабильным в экономическом и политическом смысле по сравнению со своей родной страной?
28. Как вы думаете, эффективно ли правительство в осуществлении политики в области здравоохранения?
29. Довольны ли вы выбором страны на сегодняшний день?
30. Эволюционировал ли ваш уровень удовлетворения по сравнению с прошлыми годами?
31. Были ли у вас какие-то знакомые, друзья или близкие в Португалии до того как вы сюда приехали?
32. Переехала ли ваша семья к вам в Португалию?
33. Был ли трудный период адаптации?

34. Нашли ли члены вашей семьи какое-то занятие в Португалии?
35. Что вы думаете по поводу португальцев и их менталитета?
36. Что вам нравится и не нравится в Португалии?
37. Португалия - это конечный пункт назначения или вы хотели бы переехать еще куда-нибудь?

Appendix 4

Interview transcript 1 - Ukraine.

Interviewer: What is your name? (to mention sex)

Interviewee 1: Anonymous (M).

Interviewer: What is your nationality?

Interviewee 1: Ukrainian.

Interviewer: What is your age?

Interviewee 1: I am 50 years old.

Interviewer: What is your marital status?

Interviewee 1: I am married.

Interviewer: Do you have children? How many?

Interviewee 1: Yes, I have 1 child

Interviewer: Where did you get your primary medical education?

Interviewee 1: During 1983-1989 I was studying at medical faculty, Institute of medicine in Sympheropil (Ukraine). I obtained there my diploma of general practitioner.

Interviewer: What languages do you speak?

Interviewee 1: Ukrainian, Russian, Portuguese and English. It was a little bit complicated to study Portuguese, as it has nothing in common with my language. I was always hearing Portuguese language, as I was always working since I arrived to Portugal. So I was able to speak on the basic level in half of a year. With a time going

on, I improved my level of Portuguese to full proficiency level. Now I feel it as the second native language.

Interviewer: Which were the primary motivations for going to work abroad?

Interviewee 1: First reason was unemployment. Even when I was working in Ukraine, I was not paid at all. Or even if I was paid, it was basic food: some canned meal, jam and vodka. It is ridiculous, but it is the truth. It was not possible to feed my family. To feed with what? Give vodka to a child?..That was the time of USSR dissolution, when we had a mess. We were in critical shortages of everything: budget deficit, trade lack and democracy deficit. That was "Perestroika times".

Also the type of politics we had was one of the cause to move. The USSR ideology was not acceptable for me. The ideology was that like "The best place to live is USSR, and the best way to live a life is to follow communism". Communism ideology is that when country has two social classes of people: a working class and capitalist class. The working class or the proletariat is that one, who must work to survive. And capitalist class which profit from exploiting proletariat. The political ideology was very unpleasant and oppressive for ordinary people. Imagine, we were working, putting efforts and we were not paid...Or we were paid with ridiculous food products. In such Soviet conditions you will never see a prosperous future, because the ideology will never give you this opportunity. The continuous conflict between 2 social classes triggered a fundamental changes. People were willing to live better, to transform the society and economic system. But all this was happening slowly. That is why I decided to make some changes and migrated abroad.

Interviewer: Why did you choose Portugal?

Interviewee 1: My friend found a job opportunity in the construction company on Madeira Island, and I decided to work abroad with him. I needed to earn money to support my family.

Interviewer: How long are you already living in Portugal?

Interviewee 1: I am living in Portugal during 15 years.

Interviewer: How long are you already working in Portugal?

Interviewee 1: I am already working here as a doctor 10 years. But initially I was working in the construction company in the islands. I was also working 3 years as a massagist and physiotherapeut in foot-ball club "Madalena" and hockey-club "Candelaria", Azores islands and Pico Island. The nature is very cool there.

Interviewer: Where do you work in Portugal?

Interviewee 1: I am working at the moment in 2 places : first is USF in Castelo de Paiva. And I am also working in hospital center of Penafiel "Tamega e Sousa". I am working in the emergency department. Also I am providing with medical consultations in clinic PreCur in Termas Sao Vicente. There I have a position of occupational physician.

During last 10 years I was working in many places, namely:

- 26.12.2011-30.05.2014- Centro de Saude Saint Miguel, ville de Rebordosa.
- 01.10.2011-25.12.2011 - Centro de Saude, ville de Abragao.
- 01.09.2011-30.09.2011 - Centro de Saude, ville de Mesao Frio.
- 01.02.2011-31.08.2011 - Centro de Saudede Santa Marta de Penaguiao.
- 15.03.2010-31.01.2011 - Centro de Saude, ville de Baiao.
- 15.02.2010-12.03.2010 Centro de Saude, ville de Lordelo.

2011-2009 doctor of general and family medicine

- Hôspital, Vila do Conde.
- Centro de Saude Santé in Santo Tirso, Canaveses.
- Emergency service, Vila Nova Foz Coa.
- Centro de Saude, Meda.
- Centro de Saude, Sabugal.
- Centro de Saude, Pinhel.
- Centro de Saude, Almeida.

- Centro de Saude, Baiao.

2008-2009 I worked on emergency services in:

- Hôspital, Penafiel.
- Hôspital, Povoia de Varzim.
- Hôspital de Misericordia, Esposende.

I worked in many places.

Interviewer: Are you working here in private or public organization?

Interviewee 1: USF in Castelo de Paiva, and hospital center "Tamega e Sousa" in Penafiel are both public. But PreCur, where I am offering additional medical consultations is a private clinic.

Interviewer: What is your medical specialization?

Interviewee 1: I have specialization of a family doctor. I am providing with different medical consultations. In Penafiel I am in the emergency department service, I am giving the first aid.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 1: Yes, I have been working in Ukraine as a doctor since 1989 until 1999. I was working with the same specialization of family doctor.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 1: No, I am satisfied with my salary in Portugal. Yes, it differs a way much from that one I had in Ukraine. But even though, it barely covers my expenses here. That is why I have my second job. In USF (Unidade de Saude Familiar), where I am working 40 hours weekly my salary is 3000 and net of taxes is only 1700 Euros.

My second job occupies all my free time. The salary varies according to the amount of working hours. It always depends on the shift and how many hours it has.

Usually I am working 20 hours a week additionally. But these 20 hours are always during the nights and weekend. But all this is a necessity. Rent of a flat, bills, gasoline (as I do each day at least 110km), food, university payments for my daughter, money transfers to Ukraine (as I also support financially my mom and mother in law), etc. We have a lot of expenses that is why I need to work a lot.

If I compare my salary with Ukrainian, that was kind of 150 Euros per month. Now with the exchange rate due to the war...it's around 100 Euros per month. Plus when I was doing extra hours, I was not paid, but I was bearing these conditions because I was afraid to lose my job. It's ridiculous, but it is the truth.

Interviewer: Are you satisfied with the working conditions?

Interviewee1: Yes, I am completely satisfied with working conditions. They differ much from those in Ukraine. Here we have much better conditions, modern equipment. Also here in Portugal the methodology of treating patients is more advances.

As I am working at the emergency, I would like to compare the conditions between Ukraine and Portugal. Here in Portugal we have all necessary conditions, drugs and equipment really to save life. Here in Portugal everything is under control. Even if we have a difficult patient and we don't have conditions to provide some medical service, we have for example, a helicopter which will deliver patient as soon as possible to the necessary hospital which will give the first aid. Here, the question is not about money, but about life. In Ukraine, you can't even imagine what may happen. Sometimes you don't have SIMPLE drugs or syringes for the first aid. The medical institutions are not financed at all by the government. Government always tries to save money, and in such situations it is ridiculous. The patients tell that the doctors who work on the emergency are angels, because they succeed to save life without anything. Imagine, sometimes we need to mix different cheap medical substances to have a necessary chemical fusion,

instead of having good one for the injection. Really scarce resources, no money invested. Forget about the helicopters.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 1: Yes, working conditions are safe. Medical and sanitary conditions are good. We also meet here the patients with AIDS/HIV viruses and tuberculosis. They are everywhere, but of course not that much like in least developed countries. We don't have the pandemics of very dangerous diseases in Portugal, thanks God.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 1: Relationship with other doctors, nurses, patients and administrative staff are good. Very good especially when administrative staff is looking for someone to take a shift on Christmas Eve or Easter, or another public holiday. They know that they could easily contact me as I never refuse. This is because of my religion. I am orthodox, not catholic. And my Easter and Christmas Eve are on other dates according Julian calendar. So, in such situation everyone is happy: secretary as it solved a hospital request very quickly, and me having additional working hours. By the way, I feel orthodox and catholic to be almost equal, just following different calendars. I can't imagine living in a country where the religion is absolutely different, where people believe completely in another things. It makes life more complex for immigrant, as very often religion influences the lifestyle and the attitude towards life in general.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 1: Capital equipment is a way better than it was in Ukraine. Nowadays, the government started to invest in purchase of some equipment: new ecographs, ultrasound scan, X-ray controller, and new equipment in laboratories. Now it is a way better than in 90's. Comparing to countries that are on technological frontier, I don't know. I may only guess that supposedly it is not that much advanced.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 1: The professional level of Portuguese doctors is really good. I noticed, they are very picky to details. In Ukraine we also have some good specialists, but sometimes it happens that not all of them are that much cool. We are suffering in Ukraine from corruption and cronyism¹⁷, so some professionals are unfortunately not at the right places, and sometimes good opportunities pass near high professionals. But this "old boy network" exists everywhere in the world I think.

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 1: Yes. I learnt here many new approaches and techniques of how to cure some difficult diseases. Also I studied here some new types of diagnostics.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 1: In Portugal on my daily-basis job I am doing 40 hours weekly. In Ukraine it was 30 h weekly. This is because we have 2 shifts: 8h-14h, 14h-20h. But nevertheless, as we have lack of doctors, very often we were obliged to stay more being unpaid. We were accepting such conditions under the fear of being fired. It was difficult. Here in Portugal is another principle: more you work – more you are paid.

¹⁷Cronyism – the unfair practice by a powerful person of giving jobs and other favors to friends.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 1: It was difficult, but I overcame it. My purpose was to get a specialization. So, first I entered the university. I was studying during 2004-2005 in the Institute of biological and medical sciences Abel Salazar in Porto and I passed successfully all exams having achieved a specialization of family doctor. After, in the 2006 I had an internship in the hospital Sao Teotonie (Viseu) and during 2007-2010 I also had an internship in hospital of Penafiel. So, I had been studying here in Portugal again, my diploma was not recognized as European one. After all these stages, I subscribed to "Ordem dos Medicos", or "Order of Doctors".

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 1: The bureaucratic procedure is always boring; I needed a lot of papers. I didn't have any difficulties in general. Everything works according the rules. Yes, I need a certificate as a proof that I speak Portuguese.

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 1: Yes, of course. Here I feel more respect towards my profession. In Ukraine, judging by the salary, you can't say they you are recognized or valued. But now, even if I am back to Ukraine, I will have another attitude of patients. They will perceive you as more knowledgeable and experienced professional after working abroad.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 1: Yes, I feel here stable almost in many aspects. Nowadays having a war in Ukraine, you realize each day even more and more that the most important thing is a peace. Life is given us once. I really worry about my relatives that left in Ukraine. When

you have a war in your native country, you are always in despair. When I am watching world news and I see that some countries are in the war, I am very sad and worrying. Lately I saw an episode, where people starve to death in Aleppo in Syria, and I started to feel their pain. There some cities are surrounded with land mines and there is no supply of food for the people. Little babies are feed with a mix of water and salt. The adults are eating leaves and insects to survive. Having seen this, you start to evaluate your life and say thanks that you are living in the peaceful, warm and absolutely amazing Portugal. Here people are not thrown on the street. There are many volunteer organizations which support homeless people.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 1: In general the Portuguese government is effective, but in terms of healthcare policy - not that much. It cuts salaries, subsidies, increases taxes. We are caring about people's life, and the government doesn't care about us, just saves money on us.

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 1: It is difficult to answer. I like country a lot, but I am not satisfied with a salary. If not a salary, it is a perfect and pleasurable place to live.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 1: Until 2007 my satisfaction level evolved. I was earning more and I had more free time. After 2007 the hard crisis time came. Financial crises changed everything and my satisfaction level as well.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 1: No, I didn't have any acquaintances here.

Interviewer: Did you move your family to Portugal?

Interviewee 1: Yes, I moved my family to Portugal. My wife came here 5 years ago, and my daughter 2 years ago. They were visiting me each year on the regular basis, and after we decided to reunion our family.

Interviewer: Was the adaptation period difficult?

Interviewee 1: For my wife the adaptation period was difficult. For my daughter it was not that much hard. The only difficulty that will last forever is that we miss a part of our family in Ukraine, also our friends. These intangible cost are always hurting. You may live in another place, but part of your heart always remains at home country.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 1: My wife is a professor of music. She is not employed at the moment. My daughter is studying in the university and working in Japanese enterprise at the same time.

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 1: The mentality is easy to accept. People are kind, easy-going and always smiling.

Interviewer: What do you like and dislike in Portugal?

Interviewee 1: I like many things: kind people, low cost of living, perfect climate with good weather, delicious and nutritious food that is rich in vitamins and of course fresh seafood. Also I like nature as I was always willing to live near the seaside. I appreciate a lot Portuguese ecology. Portugal is between one of the greenest, ecologically cleanest and environmentally friendly country in the world. For me it is very important, as in Ukraine we had the biggest nuclear explosive disaster in Chernobyl. Around 600,000 people participated in the breakdown elimination of radioactive substances. It had extremely hard consequences on the human health, nature and on the global environment in general.

In Portugal we are living in very healthy conditions. The durability of life of Portuguese inhabitants is on the top range. According to WHO reports, life expectancy in Portugal is 78.2 for males & 83.9 for females, comparing to Ukrainian 66.3 for males & 71.3 for females.

I also appreciate the existence of volunteering organizations, and for example people are not thrown on the streets.

The things I don't like are Portuguese salaries and a habit to be ten minutes late.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 1: Yes, at the moment it is a final destination point. I uprooted my family and brought them here. At the moment it would be difficult to move to somewhere else. And in general, I like to be here and I like the Portuguese quality of life.

Appendix 5

Interview transcript 2 - Moldova

Interviewer: What is your name? (to mention sex)

Interviewee 2: Anonymous (M).

Interviewer: What is your nationality?

Interviewee 2: I am from Moldova.

Interviewer: What is your age?

Interviewee 2: I am 49 years old .

Interviewer: What is your marital status?

Interviewee 2: I am married.

Interviewer: Do you have children? How many?

Interviewee 2: I have 2 children.

Interviewer: Where did you get your primary medical education?

Interviewee 2: I was studying in the medical university of Kishinev.

Interviewer: What languages do you speak?

Interviewee 2: I speak Russian, Portuguese, Moldavian and Arabic.

Interviewer: Which were the primary motivations for going to work abroad?

Interviewee 2: I was not satisfied with my life. The level of my lifestyle was very poor and low. The financial situation was unstable and horrible. And plus the economy of Moldavia was suffering, the chances to survive were miserable.

Interviewer: Why did you choose Portugal?

Interviewee 2: It happened by chance. My friend called me and offered to come. He told that the languages are similar so it would be easier to adapt. And he told me that in Portugal it is easier to make the equivalence comparing to other European countries.

Interviewer: How long are you already living in Portugal?

Interviewee 2: Me and my wife, we are living in Portugal since 2010.

Interviewer: How long are you already working in Portugal?

Interviewee 2: And we started to work also in 2010.

Interviewer: Where do you work in Portugal?

Interviewee 2: We are working in hospital center in Penafiel "Tamega e Sousa".

Interviewer: Are you working here in private or public organization?

Interviewee 2: This is a public hospital.

Interviewer: What is your medical specialization?

Interviewee 2: I am a family doctor. But I have a specialization of orthopedist.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 2: Yes, I have been working in Moldova during 2 years. After that me and my wife moved to Yemen and worked there as a doctor 10 years. Oh my God, there we had very hot and stormy life.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 2: Yes, sure I am satisfied. If not, I would not stay here. Comparing to another countries of EU, Portuguese salaries are very low. But comparing to Moldova, the difference is enormously huge. In Moldova I was earning 20 dollars per month. And

here I earn 20 Euros per hour. In general I am working in a normal regime 500-600 hours per month. It is 150 hours per weeks, consequently 20 hours a day. I don't have time for a rest at all. But it is my decision; I would like to earn money.

Interviewer: Are you satisfied with the working conditions?

Interviewee 2: Yes, working conditions differ a lot and absolutely in everything. Starting from the condition of the hospital, old equipment and medical instrumentation, sometimes the absence of medicaments.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 2: Regarding the infectious diseases, they are everywhere. Of course, in Europe we have it less than in Africa. In Portugal I feel myself safe, this is very peaceful country. Here you will not find armed soldiers on the street like it was in Yemen. That is why our family moved from there. We were having very good money there, but we were putting our life under the risk.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 2: I have normal relationships, nothing specific.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 2: Portugal is obviously more developed than Moldavia. Here we have very good equipment to treat patients.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 2: Without a doubt, a level of the development of health sector is good here in Portugal. Here we have one of the best equipment, high-level medical examinations and competent consultations. The quality of the drugs are very good and always under control.

For example, in Moldavia previously we were working with a help of almost rusty corroded medical instruments, as we didn't have better one. So, imagine: you would like to help patients and you have knowledge how to do it... but you don't have good conditions for this. This is psychologically difficult. We (doctors) have this in our conscious – to save human life. But in those conditions is really morally difficult to work. We are invoked to save life, but sometimes our hands are bent.

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 2: Yes, I got. Also I received incredible medical experience when working in Yemen. You cannot even imagine what I saw there...very different urgency cases. Yemen is in a gusty air, always some wars, protests, insurgencies. Arabic people have hot blood, they are not calm. If something goes wrong – immediately shoots and war. They even have children-soldiers, their religion is strange for me.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 2: Here you work more – you earn more. In Moldavia if you work more, you still have a normal salary.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 2: It was not that much hard, but it took a lot of time.

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 2: Yes, I had difficulties. I needed to collect a lot of papers as I am a foreigner. I needed to have a certificate that I am speaking Portuguese, so I passed an exam.

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 2: Yes, I feel. Here the doctors are more appreciated and respected.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 2: In economic terms, yes I feel stable 100% here. Politically I am indifferent.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 2: Yes much more effective. This I can't say about Moldavia.

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 2: Yes, we are satisfied with wife. We like to live here and work as a doctor. My wife is working with me in one hospital. This is cool.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 2: Yes, sure. We would like to have financial stability. More you earn - more you gain, so you may be sure in your senility. We were always dreaming to live in warm peaceful country.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 2: Yes, I had my friend here.

Interviewer: Did you move your family to Portugal?

Interviewee 2: Yes, my wife and children are here.

Interviewer: Was the adaptation period difficult?

Interviewee 2: Yes, it was difficult. But we adapted quickly. My son passed through difficult adaptation. It is complicated for a child, while being very small, to understand why the family is moving from own home.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 2: Yes, my wife is a family doctor.

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 2: Portuguese people are normal people. But I miss my friends from Moldova.

Interviewer: What do you like and dislike in Portugal?

Interviewee 2: We like here everything: peace, climate, sun, ocean, food, working conditions. It is even difficult to tell what we don't like.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 2: No, I am not intended to leave Portugal. I feel very well here. I want to live here and have a big account in the bank (smiling). I don't want to move to somewhere, because my family likes live in Portugal. If I have an opportunity to go somewhere to work and earn money, I would not refuse. Just to earn money and be back. But to move – no. I would like to spend in Portugal all my life.

Appendix 6

Интервью 2 - Молдова

Интервьюер: Как вас зовут? (указать пол)

Интервьюируемое лицо 2: Аноним (М)

Интервьюер: Какая у вас национальность?

Интервьюируемое лицо 2: Молдаван.

Интервьюер: Сколько вам лет?

Интервьюируемое лицо 2: Мне 49 лет.

Интервьюер: Семейный статус?

Интервьюируемое лицо 2: Женат.

Интервьюер: Есть ли дети? Сколько детей?

Интервьюируемое лицо 2: Да, у меня 2 детей.

Интервьюер: Где вы получили ваше медицинское образование?

Интервьюируемое лицо 2: Медицинский университет Кишинева.

Интервьюер: На каких языках вы разговариваете?

Интервьюируемое лицо 2: Русский, португальский, молдавский и арабский.

Интервьюер: Почему вы решили иммигрировать со своей страны? Какие были основные причины чтоб поехать работать за границу?

Интервьюируемое лицо 2: Я был недоволен жизнью. Очень низкий уровень жизни был. Материальное положение было ужасное. Экономика страны находилась на грани, выжить было очень трудно.

Интервьюер: Почему вы выбрали Португалию?

Интервьюируемое лицо 2: Это произошло случайно. Мне позвонил друг. Да и языки похожие. И я слышал, что можно сделать эквиваленцию легче, чем в других европейских странах.

Интервьюер: Как долго вы проживаете в Португалии?

Интервьюируемое лицо 2: МысженойживемвПортугалии с 2010 года.

Интервьюер: Как долго вы уже работаете в Португалии?

Интервьюируемое лицо 2: И началиработать с 2010 года.

Интервьюер: Где имеемо вы работаете?

Интервьюируемое лицо 2: Работаю в Centro Hospitalar de Penafiel "Tâmega e Sousa".

Интервьюер: Вы работаете в государственном или частном медицинском заведении?

Интервьюируемое лицо 2: Я работаю в государственном учреждении.

Интервьюер: Какая у вас медицинская специализация?

Интервьюируемое лицо 2: Я семейный врач. Но по-специальности я ортопед.

Интервьюер: Работали ли вы в вашей родной стране врачом?

Интервьюируемое лицо 2: Да, я работал в Молдавии 2 года. Потом я переехал в Йемен и работал там врачом еще 10 лет. Ой бурная и горячая жизнь там была...

Интервьюер: Довольны ли вы вашей португальской зарплатой? Отличается ли она от той, которую вы получали в вашей родной стране?

Интервьюируемое лицо 2: Да, конечно доволен. Я чего я тут сижу тогда?..По сравнению с другими странами Евросоюза, в Португалии низкие зарплаты. А по сравнению с Молдавией, разница огромнейшая. В Молдавии зарплата в месяц была 20 долларов. А тут я зарабатываю в час 20 евро. Вообще я работаю тут в нормальном режиме 500-600 часов в месяц, это где-то 150 часов в неделю (20 часов в день). На отдых вообще нету времени. Но это по собственному желанию, я хочу заработать денег.

Интервьюер: Довольны ли вы условиями работы в Португалии?

Интервьюируемое лицо 2: Да, очень сильно отличаются. Абсолютно во всем. Начиная с состояния больниц (без ремонта), старой аппаратуры, медицинских инструментов, отсутствия лекарств.

Интервьюер: Считаете ли вы что условиях работы в Португалии безопасны? Учитывая тот факт, что в некоторых странах с очень низким уровнем развития существует множество эпидемий смертельных заболеваний (таких как ВИЧ/СПИД, Эбола, туберкулез), где санитарные условия желают быть лучшими?

Интервьюируемое лицо 2: Касательно инфекционных заболеваний, то они есть везде. Конечно в Европе их меньше, чем в Африке. В Португалии я себя чувствую безопасно, это мирная страна. Тут с калашниками по улицам не ходят как в Йемене. Собственно по-этому мы с женой и уезжали оттуда. Да, мы там зарабатывали очень хорошие деньги, но там ты рискуешь своей собственной жизнью.

Интервьюер: Как вы можете описать свои взаимоотношения с коллегами: другими врачами, медсестрами, пациентами и административными работниками?

Интервьюируемое лицо 2: Нормальное отношение.

Интервьюер: Какое ваше мнение о технологической стороне медицины в Португалии по сравнению с вашей родной страной и со странами, которые на находятся на передовой?

Интервьюируемое лицо 2: Португалия намного более продвинутая страна чем Молдавия.

Интервьюер: Что вы думаете по поводу уровня развития сектора здравоохранения Португалии учитывая уровень компетентности врачей?

Интервьюируемое лицо 2: Бесспорно уровень развития здесь хороший. Страна более обеспеченная. Лучшая современная аппаратура. Грамотные обследования. Качество медикаментов и качество медицинских консультаций отличное.

Вот к примеру в Молдавии, мы раньше работали почти ржавыми инструментами, за неимением лучших. Вот хочешь и знаешь как больному помочь, а условий нету. Это давит психологически. У врача это в подсознании - помочь пациенту. В таких условиях трудно работать и морально тяжело. Наше призвание спасать, а иногда условия не позволяют.

Интервьюер: Как вы считаете, получили ли вы в Португалии профессиональный опыт, который не могли бы получить в своей стране?

Интервьюируемое лицо 2: Конечно получил. Огромнейший невероятный опыт я получил также в Йемене. Ой чего я только не видел там, абсолютно разные

случаи. В Йемене не спокойно, разные войны, бунты (insurgency), митинги. Арабы не спокойные, если что – то сразу стрелянина и шум. У них даже есть дети-солдаты.

Интервьюер: Есть ли разница в количестве рабочих часов между Португалией и вашей страной?

Интервьюируемое лицо 2: Здесь больше работаешь, соответственно и больше получаешь. А в Молдавии больше работаешь и вообще ничего не получаешь, только ставку получаешь.

Интервьюер: Как прошел ваш процесс эквиваленции диплома? Было ли трудно получить подтверждение квалификации?

Интервьюируемое лицо 2: Было не очень трудно, но очень долго.

Интервьюер: Были ли у вас какие-то бюрократические трудности при подтверждении квалификации? Нужен ли был вам сертификат, который подтверждает что вы владеете португ.языком?

Интервьюируемое лицо 2: Да, были большие трудности. И нужен был сертификат о подтверждении владения португальским языком. И еще куча дополнительных бумаг, так как я иностранец.

Интервьюер: Чувствуете ли вы разницу социального положения между быть доктором в Европе и быть доктором в своей родной стране?

Интервьюируемое лицо 2: Да, конечно чувствую. Тут доктора более уважаемые и ценные.

Интервьюер: Чувствуете ли вы себя в Португалии более стабильным в экономическом и политическом смысле по сравнению со своей родной страной?

Интервьюируемое лицо 2: Экономически да, на все 100%. А политически меня это не интересует.

Интервьюер: Как вы думаете, эффективно ли правительство в осуществлении политики в области здравоохранения?

Интервьюируемое лицо 2: Да, тут в Португалии да. Чего не скажешь о Молдове.

Интервьюер: Довольны ли вы выбором страны на сегодняшний день?

Интервьюируемое лицо 2: Да, мы с женой довольны очень. Нам нравится здесь жить и работать врачами. Жена работает со мной в одной госпитале. Это классно.

Интервьюер: Эволюционировал ли ваш уровень удовлетворения по сравнению с прошлыми годами?

Интервьюируемое лицо 2: Да, конечно. Мы хотим быть финансово стабильны. Чем больше ты работаешь, тем больше ты зарабатываешь, соответственно так можно сказать ты уверен в своей старости. И еще мы всегда хотели жить в мирной теплой стране.

Интервьюер: Были ли у вас какие-то знакомые, друзья или близкие в Португалии до того как вы сюда приехали?

Интервьюируемое лицо 2: Да, был друг здесь.

Интервьюер: Переехала ли ваша семья к вам в Португалию?

Интервьюируемое лицо 2: Да, дети и жена здесь.

Интервьюер: Был ли трудный период адаптации?

Интервьюируемое лицо 2: Да, было трудно. Но мы адаптировались быстро. Особенно тяжело было сыну. Ребенку труднее адаптироваться, дети же не осознают пока они маленькие, из-за каких причин семья переезжает.

Интервьюер: Нашли ли члены вашей семьи какое-то занятие в Португалии?

Интервьюируемое лицо 2: Да, жена семейный врач.

Интервьюер: Что вы думаете по поводу португальцев и их менталитета?

Интервьюируемое лицо 2: Нормальные люди. Но я скучаю без друзей из Молдавии.

Интервьюер: Что вам нравится и не нравится в Португалии?

Интервьюируемое лицо 2: Мне здесь все нравится : мир, климат, солнце, океан, еда, рабочие условия. Даже затрудняюсь ответить, что мне не нравится.

Интервьюер: Португалия - это конечный пункт назначения или вы хотели бы переехать еще куда-нибудь?

Интервьюируемое лицо 2: Нет, мне здесь очень хорошо. Хочу здесь жить и иметь большой счет в банке. Никуда не планирую переезжать, потому что семье и мне здесь нравится. Если бы поехать куда-то подзаработать – то да. Заработать денег, чтоб их хватило на оставшуюся жизнь и вернуться обратно. А переезжать – нет. Я б тут провел всю свою жизнь.

Appendix 7

Interview transcript 3 - Russia

Interviewer: What is your name? (to mention sex)

Interviewee 3: Anonymous (M).

Interviewer: What is your nationality?

Interviewee 3: I am Russian.

Interviewer: What is your age?

Interviewee 3: I am 56 years old.

Interviewer: What is your marital status?

Interviewee 3: I am married.

Interviewer: Do you have children? How many?

Interviewee 3: I have 2 children.

Interviewer: Where did you get your primary medical education?

Interviewee 3: I was studying in the medical university of Ufa, which is the capital city of the Republic of Bashkortostan (Russia).

Interviewer: What languages do you speak?

Interviewee 3: I speak Russian, Tatarian, Portuguese, a little bit of German and I am studying English.

Interviewer: Which were the primary motivations for going to work abroad?

Interviewee 3: The motivations were financial and romantic. I was dreaming to see the world and earn some money.

Interviewer: Why did you choose Portugal?

Interviewee 3: When I started to think about migration, I was offered to go to USA, Israel or Czech Republic. I was refused with visa to USA, because in Russia we had manifestations against USA in 1999. Regarding Israel, I heard that it is impossibly hot climate there. And Czech Republic was the same soviet-style country as Russia at those times. Even after the peaceful dissolution of Czechoslovakia in 1993 into Czech Republic and Slovakia, Czech Republic was not that much developed. A little bit latter I was offered with a job in Portugal and I accepted the offer. I was told that Portugal needed regular employees, not doctors. I decided to earn money and I went to Portugal. When I arrived, I started to work as a carpenter and a builder and lasted for 3 years.

Interviewer: How long are you already living in Portugal?

Interviewee 3: I came to Portugal in 1999. I left Portugal 3 times to go home, and the rest of the time I was here.

Interviewer: How long are you already working in Portugal?

Interviewee 3: The total Portuguese career pattern is 17 years. I worked 3 years on the construction. Then I started to do my internship in 2002 in hospital Santo Antonio and in 2003 started to work as a doctor. It is already 13 years.

Interviewer: Where do you work in Portugal?

Interviewee 3: I am working in the hospital of Povoia de Varzim at the adults and pediatry emergency department.

Interviewer: Are you working here in private or public organization?

Interviewee 3: It is public.

Interviewer: What is your medical specialization?

Interviewee 3: I don't have specialization. I have been studying 6 years, I passed all exams except of the that one, which you need to pass in order to acquire medical specialization.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 3: I was working in Russia as a general practitioner during 18 years.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 3: Yes, I am satisfied. My Portuguese salary differs from Russian 100 times. In Russia I had a salary of 30 dollars, and here I have 3,000 Euros net.

Interviewer: Are you satisfied with the working conditions?

Interviewee 3: From the medical point of view, I am very satisfied with working conditions. Here the hospitals are completely equipped and are supported in good conditions. Before I emigrated, my hospital was with extremely scarce resources. We didn't have many medicines, first-aid and bending materials, just scarce financing. We were underpaid. It was hospital with 25 beds, and despite being so small, later on it was closed because it was not invested. The government decreased medical staff 4 times. We had 3 departments: therapy, traumatology and pediatrics. Nowadays it is just an ambulance station.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 3: Portugal is on the first place in Europe for tuberculosis rates. Generally in Portugal it is safe, I feel danger only regarding tuberculosis disease. Here for me it is

a shock, when I see a patient with an active form of TB¹⁸ between the other healthy people. It is deadly dangerous. Such patients in Russia are admitted and treated in closed tuberculosis dispensary , early treating centers. Here people are having this disease, because the humidity is high and there are a lot of fungus and mycos in the old moist houses. For me it is unbelievable, to have dangerous patients without hospitalization.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 3: I am lucky because I have good relations with all colleagues, I am an easy-going person.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 3: Here in Portugal it is very good. If I compare to my country, I think the medicine is also developing in big Russian cities like Moscow. But the hospitals are much better in city centers than on periphery. Or if it is a private hospital, usually it is better than public.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 3: It is difficult to judge, as many years passed. When I was studying in the university in Portugal, the professor told us that Portuguese doctors are in the top-10 best knowledgeable doctors worldwide. Especially I would say this about the specialized doctors, they are really super professional.

¹⁸The classic symptoms of active TB are a chronic cough with blood-containing sputum, fever, night sweats, and weight loss. Tuberculosis is spread through the air when people who have active TB in their lungs cough, spit, speak, or sneeze. People with latent TB do not spread the disease.

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 3: Yes, sure. In Portugal I studied a huge variety of things that was impossible to study in Russia. We had a lot of theory, and a few of practice. For the doctors, I think this is a stupid methodology of studying. We need more practice than theory. And Portugal is a good example of this.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 3: In Russia I was working in the health center, where we had patients' admission. I had 12 hours working day, but I was always staying longer without payment. Here in Portugal I was working in hospital at the emergency department, here I have very long shifts. I am always with a heavy workload, no free time at all. So it is difficult to compare the amount of working hours, as the organizational system differs.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 3: It was a little bit difficult. First time I failed exam, because I didn't speak well Portuguese. I had a big difficulty with language, but not with medical knowledge. I succeeded to pass only the second time.

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 3: The bureaucratic longstops are equal in all the world. There are countries with much more bureaucratic troubles, I would say that Portugal is a very loyal country. In general, for any case, it was needed only necessary requested justifications, nothing more. The certificate of Portuguese language previously was not needed. But I was passing oral exam, then interview. People who were not speaking well - failed, including me.

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 3: In my village I was a small local minister of healthcare, I was really appreciated by people and everyone knew me. Here people do not recognize me on the streets like it was at home, I am kidding. But the social status of a doctor in Europe of course is appreciated much higher.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 3: Sure, no doubts. In Russia I was not stable at all regarding the future.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 3: I would say that the organization is not bad, but still need to be improved. There are some inconveniences. For example, sometimes the urgency department is full not with urgent patients, while the health centers sometimes are half - empty. Also there is always a problem with pediatric departments, where people stay many hours with small children in a line.

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 3: Yes, I am completely satisfied. I would like to work in Canada, New Zealand or English-speaking countries. But considering the obstacles and not very young age, it is late to move, and I would say that I am very happy to live in Portugal.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 3: The satisfaction level decreased now. Previously, before the crisis, it was much better. I was satisfied with my salary and the choice of the country. Nowadays, only with a choice of the country.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 3: No, I had no acquaintances.

Interviewer: Did you move your family to Portugal?

Interviewee 3: No, my family didn't move. It is hard. But we have regular family visits.

Interviewer: Was the adaptation period difficult?

Interviewee 3: Yes, for me it was difficult.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 3: not applicable

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 3: Portuguese guys are very good, benevolent and sincere. I can't complain about them. First three years I was working with people without schooling level. Those Portuguese were really kind, opened and always ready for a help. Portuguese differ from their Spanish-neighbors. I would say that Portuguese don't have the same mentality as Russian, but by spirit we are very similar.

Interviewer: What do you like and dislike in Portugal?

Interviewee 3: I adore the climate (the weather is very pleasant), excellent highways and delicious cuisine. I understood that I like ocean and magnificent European architecture a lot. I love here everything.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 3: Of course I would like to get some experience in another country, not to stop on Portugal. My dream is to try to work in English-speaking countries. If I had a possibility, I would try. I was reading the statistics that Holland and Danish doctors migrate to the North, mainly to Canada, USA and England. And on their places arrive doctors from Poland, Turkey, Hungary, Russia and Romania. This is a round-about policy. All this happens because of the wages. That is why I would also like to try to work and earn money abroad, but not stay not during the long time. Because as I already told, I would like to live in Portugal. Russia now for me is only for fishing or hunting. I don't have any wish to go back to Russia, even when being retired. When being retired, it is medically advised to live under the southern skies. In Russia we have very cold climate during the winter, it is around - 40 degrees with a snowstorms, blizzards. After such winter we have bad bumpy roads. I would go to visit Russia rarely, just because of romantic reasons in order to see 2 meter's snow pile.

Appendix 8

Интервью 3 - Россия

Интервьюер: Как вас зовут? (указать пол)

Интервьюируемое лицо 3: Аноним (М)

Интервьюер: Какая у вас национальность?

Интервьюируемое лицо 3: Я русский.

Интервьюер: Сколько вам лет?

Интервьюируемое лицо 3: Мне 56 лет.

Интервьюер: Семейный статус?

Интервьюируемое лицо 3: Я женат.

Интервьюер: Есть ли дети? Сколько детей?

Интервьюируемое лицо 3: Имею 2 детей.

Интервьюер: Где вы получили ваше медицинское образование?

Интервьюируемое лицо 3: Учился в 1919 году в медицинском университете в Уфе, столице республики Башкортостана (Россия).

Интервьюер: На каких языках вы разговариваете?

Интервьюируемое лицо 3: Русский, татарский, португальский, немного немецкий, и я учу английский.

Интервьюер: Почему вы решили иммигрировать со своей страны? Какие были основные причины чтоб поехать работать за границу?

Интервьюируемое лицо 3: Материальные и романтические причины. Хотел посмотреть мир и хотел заработать денег.

Интервьюер: Почему вы выбрали Португалию?

Интервьюируемое лицо 3: Когда я начал изучать этот вопрос, куда эмигрировать, мне предложили США, Израиль и Чехию. В Америку мне отказали в визе, потому что в России были манифестации против США в 1999 году. За Израиль мне сказала, что слишком жаркий климат. А Чехия в те времена была таким же советским государством как и Россия. Даже после распада Чехословакии в 1993 на два государства Чехию и Словакию, Чехия была не совсем продвинутой. Немного позже мне предложили поехать в Португалию и я согласился. Сказали, что нужна рабочая сила (аневрачи). И я решил заработать. Я ехал работать плотником, но я приехал и мне дали лопату на стройке. Вот так проработал на стройке 3 года.

Интервьюер: Как долго вы проживаете в Португалии?

Интервьюируемое лицо 3: В Португалию я приехал в декабре 1999 года. Выезжал домой 3 раза, а так все время здесь.

Интервьюер: Как долго вы уже работаете в Португалии?

Интервьюируемое лицо 3: Общий стаж с 1999 года, это 17 лет. На стройке работал до 2002 года. Интернатуру начал в 2002 проходить в госпитале Санто Антонио. И уже начал работать врачом с 2003 года, уже 13 лет.

Интервьюер: Где имеете вы работаете?

Интервьюируемое лицо 3: Работаю в Повоа де Варзим на скорой помощи.

Интервьюер: Вы работаете в государственном или частном медицинском заведении?

Интервьюируемое лицо 3: Государственный.

Интервьюер: Какая у вас медицинская специализация?

Интервьюируемое лицо 3: У меня нету специализации. Я проучился 6 лет, сдал все экзамены кроме экзамена на специализацию.

Интервьюер: Работали ли вы в вашей родной стране врачом?

Интервьюируемое лицо 3: В России я работал терапевтом 18 лет.

Интервьюер: Довольны ли вы вашей португальской зарплатой? Отличается ли она от той, которую вы получали в вашей родной стране?

Интервьюируемое лицо 3: Конечно доволен. Моя португальская зарплата отличается от русской в десятки раз. У меня была зарплата 30 долларов. А сейчас чистыми 3,000 евро.

Интервьюер: Довольны ли вы условиями работы в Португалии?

Интервьюируемое лицо 3: С медицинской точки зрения очень доволен условиями. Здесь госпиталя более обеспеченны. У нас в больнице в России уже не было многих медикаментов, не было перевязочных материалов. Большой недостаток. И зарплаты не платили. Мой госпиталь где я работал вообще закрыли. Осталась врачебная амбулатория без стационара. Сократили штат в 4 раза. Был стационар на 25 коек малюсенький. Отдельно педиатрия, терапия, травматология. И все закрыли через 5 лет.

Интервьюер: Считаете ли вы что условиях работы в Португалии безопасны? Учитывая тот факт, что в некоторых странах с очень низким уровнем развития существует множество эпидемий смертельных заболеваний (таких как ВИЧ/СПИД, Эбола, туберкулез), где санитарные условия желают быть лучшими?

Интервьюируемое лицо 3: Португалия на первом месте по Европе по туберкулезу. Тут опасность только с этим заболеванием. Тут больного с открытой формой туберкулёза не госпитализируют. У нас в России закрытые диспансеры для таких больных. Люди живут в полусырых домах. И лечение открытой формы - нету обязательной госпитализации.

Интервьюер: Как вы можете описать свои взаимоотношения с коллегами: другими врачами, медсестрами, пациентами и административными работниками?

Интервьюируемое лицо 3: Чудесные со всеми. Я легкий человек.

Интервьюер: Какое ваше мнение о технологической стороне медицины в Португалии по сравнению с вашей родной страной и со странами, которые на находятся на передовой?

Интервьюируемое лицо 3: В принципе очень хорошее в данный момент. Но и в Москве сейчас медицина быстро развивается. Укомплектованность госпиталей на периферии хуже чем в центре городов (про Португалию). В России частные больницы хорошо оборудованы, а государственные нет.

Интервьюер: Что вы думаете по поводу уровня развития сектора здравоохранения Португалии учитывая уровень компетентности врачей?

Интервьюируемое лицо 3: Трудно рассуждать, прошло много лет. В университете нам говорили, что португальские врачи в первой десятке лучших врачей мира, это о чем-то говорит. По уровню специализации врачи супер. Особенно если специализация узкая, но врач профи. Уровень подготовки лучше.

Интервьюер: Как вы считаете, получили ли вы в Португалии профессиональный опыт, который не могли бы получить в своей стране?

Интервьюируемое лицо 3: Конечно да. Здесь я научился многому, до чего дома нас будучи студентами не допускали. Много практики, кроме теории.

Интервьюер: Есть ли разница в количестве рабочих часов между Португалией и вашей страной?

Интервьюируемое лицо 3: В России я работал в поликлинике, где был стационар. А тут я работаю на скорой помощи посуточно. В Португалии нету свободного времени. Здесь нагрузки огромные. Трудно сравнить, потому что система организации отличается. Дома по часам я работал меньше - 12 часов, но очень часто работал больше положенного, и никто не оплачивал.

Интервьюер: Как прошел ваш процесс эквиваленции диплома? Было ли трудно получить подтверждение квалификации?

Интервьюируемое лицо 3: Было немного трудно. Первый раз я завалил экзамен, потому что не знал языка. Была огромная трудность с языком, а не со знанием медицины. Но со второго раза я сдал экзамен на эквиваленцию.

Интервьюер: Были ли у вас какие-то бюрократические трудности при подтверждении квалификации? Нужен ли был вам сертификат, который подтверждает что вы владеете португ.языком?

Интервьюируемое лицо 3: Бюрократические препоны они во всем мире одинаковые. Есть страны намного похуже, португальцы еще лояльные. В основном требовали то что нужно, то что необходимо, ничего вне правил.

Интервьюер: Чувствуете ли вы разницу социального положения между быть доктором в Европе и быть доктором в своей родной стране?

Интервьюируемое лицо 3: Я был у себя дома маленький министр здравоохранения в своем поселке, а тут в Португалии меня никто не знает и не узнает. А дома в России я работал и меня все узнавали в лицо. Но в целом в Европе врачей ценят больше.

Интервьюер: Чувствуете ли вы себя в Португалии более стабильным в экономическом и политическом смысле по сравнению со своей родной страной?

Интервьюируемое лицо 3: Конечно, нету сомнения. Дома каждый день я был неуверен в завтрашнем дне.

Интервьюер: Как вы думаете, эффективно ли правительство в осуществлении политики в области здравоохранения?

Интервьюируемое лицо 3: Разное мнение. У них есть и перегибы и недогибы. Организация неплохая, но можно было бы и улучшить. Потому что скорая помощь перегружена больными, которые совсем не срочные. Должны как-то распределять лучше. А поликлиника не работает в полную силу. Педиатрическое отделение всегда забито очередями.

Интервьюер: Довольны ли вы выбором страны на сегодняшний день?

Интервьюируемое лицо 3: Очень доволен. Хотелось бы конечно работать в Канаде, Новой Зеландии, но учитывая обстоятельства и возраст, то да я очень доволен Португалией.

Интервьюер: Эволюционировал ли ваш уровень удовлетворения по сравнению с прошлыми годами?

Интервьюируемое лицо 3: Сейчас снизился. Раньше я был доволен зарплатой и страной, а сейчас только страной.

Интервьюер: Были ли у вас какие-то знакомые, друзья или близкие в Португалии до того как вы сюда приехали?

Интервьюируемое лицо 3: Нет, никого не было.

Интервьюер: Переехала ли ваша семья к вам в Португалию?

Интервьюируемое лицо 3: Нет, семья не переехала, трудно. Только регулярные семейные визиты.

Интервьюер: Был ли трудный период адаптации?

Интервьюируемое лицо 3: Да, мне было очень трудно.

Интервьюер: Нашли ли члены вашей семьи какое-то занятие в Португалии?

Интервьюируемое лицо 3: неприменимо

Интервьюер: Что вы думаете по поводу португальцев и их менталитета?

Интервьюируемое лицо 3: Хорошие ребята, доброжелательные, сердечные. Я не жалуясь. Первые 3 года я работал с простыми людьми без образования, вот они очень чистосердечные, открытые, всегда готовы помочь. Не так как остальные соседи. По менталитету португальцы к нам не близки, но по духу близки.

Интервьюер: Что вам нравится и не нравится в Португалии?

Интервьюируемое лицо 3: Климат нравится, дороги и кухня португальская. Я понял что я очень люблю океан и красивую европейскую архитектуру. Погода исключительная. Мне все здесь нравится.

Интервьюер: Португалия - это конечный пункт назначения или вы хотели бы переехать еще куда-нибудь?

Интервьюируемое лицо 3: Конечно мне хотелось бы опыта другой страны, не останавливаться на Португалии. Мне хотелось бы поработать в англоязычной стране, это моя мечта. Была бы возможность, я бы попробовал. Я читал статистику : голландские и датские врачи они уезжают на север в Канаду, США и Англию. А на их место приезжают поляки, турки, венгры, русские, румыны.

Вся эта тенденция из-за зарплаты. Вот и я хотел бы попробовать подзаработать где-то за границей недолго. Но жить хочется в Португалии. Мне очень нравится Португалия, а Россия для меня только для рыбалки и охоты. Нету никакого желания возвращаться в Россию даже на пенсии. На пенсии наоборот надо жить в тепле, а в России холодно и я уже отвык. У нас зима -40 градусов мороза, бураны, после такой зимы разбитые дороги. Чисто ради романтики могу поехать в Россию посмотреть на 2-метровый глубиной снег.

Appendix 9

Interview transcript 4 - Brazil

Interviewer: What is your name? (to mention sex)

Interviewee 4: Anonymous (F).

Interviewer: What is your nationality?

Interviewee 4: I am Brazilian.

Interviewer: What is your age?

Interviewee 4: I am 41 years old.

Interviewer: What is your marital status?

Interviewee 4: I am not married.

Interviewer: Do you have children? How many?

Interviewee 4: No, thanks God I don't have children.

Interviewer: Where did you get your primary medical education?

Interviewee 4: I received my medical education in Brazil.

Interviewer: What languages do you speak?

Interviewee 4: I speak several languages: Portuguese, Spanish and a little bit of English.

Interviewer: Which were the primary motivations for going to work abroad?

Interviewee 4: My boyfriend, who is a policeman, decided to move to Portugal and I came with him. Plus I was also tired of Brazil...Because of a very high level of crime inside the country, it was terrible and difficult to live like this.

Interviewer: Why did you choose Portugal?

Interviewee 4: I always knew that Portugal is a very peaceful country, and I decided to join my boyfriend and go there to try my destiny.

Interviewer: How long are you already living in Portugal?

Interviewee 4: I am already living here 7 years.

Interviewer: How long are you already working in Portugal?

Interviewee 4: As well 7 years, I started to work when I came.

Interviewer: Where do you work in Portugal?

Interviewee 4: I am working in hospital St. Antonio in Porto. I am also working in hospital of Penafiel.

Interviewer: Are you working here in private or public organization?

Interviewee 4: These are the public hospitals.

Interviewer: What is your medical specialization?

Interviewee 4: In Brazil I was of gynecologist. But here I am working at the emergency service, no specific specialization.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 4: Yes, I was working in Brazil as a gynecological specialist during 5 years.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 4: No, I am not very satisfied with my salary here. Here I am earning less. In Brazil I had a salary 3 times higher. I am earning in Portugal more or less liquid 5,000 Euros, but taxes are very high.

Interviewer: Are you satisfied with the working conditions?

Interviewee 4: Yes, I am satisfied with working conditions in Portugal. In Brazil in public hospitals we have less conditions for work. There we have a complete chaos everywhere. But in Brazilian private hospitals we have very good conditions and equipment.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 4: Yes, sure. We don't have here so many dangerous diseases.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 4: I have good relationship with my colleagues and with patients. Regarding nurses...no. They are like cobras, because they are very envious. The reason for this is that doctors are paid more than nurses, and also the nurses need to do all the doctors' demands. They think that they serve us, but this is only job.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 4: It is ok. The equipment and medical devices here are good. But judging from my experience, the equipment in private hospitals is better.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 4: The level of development of healthcare sector of Portugal need to ameliorate. But regarding human capital, the doctors are competent and very good.

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 4: Yes, obviously. I received new experience in Portugal. When you are in a new country, you always learn something new.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 4: No, no difference in the amount of working hours. It is completely equal.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 4: It was not easy and not difficult to do the equivalence of my diploma. I needed to come to Portugal many times in order to pass the exams. I needed to do different practical and theoretical exams. It was very boring and difficult just only because of the long distance.

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 4: Yes, we always have. I needed too many documents, papers. And yes, I needed to pass the exam of Portuguese! Incredible!!!

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 4: Here people respect doctors more. In Brazil less, people like always to prove something to a doctor.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 4: In terms of peace, yes...Portugal is for me is much more stable and safe, here we don't have so much crime as in Brazil. In Brazil I was working in public hospital. I was well-paid there and was financially safe. Here I also feel safe.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 4: No, not that much. Need to ameliorate.

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 4: Yes, yes.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 4: Previously the satisfaction level was much better. Now, as the government is trying to cut everything for doctors....Now the satisfaction level deteriorated.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 4: Yes, I had some friends in Portugal before I came here.

Interviewer: Did you move your family to Portugal?

Interviewee 4: I am here with my boyfriend. He is a policeman.

Interviewer: Was the adaptation period difficult?

Interviewee 4: The adaptation period was difficult during first few years. Everything was new here.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 4: My boyfriend is a policeman.

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 4: In my opinion, the mentality of Portuguese people depend on the region. People inside the country are more closed and restricted. But in big cities, for example in Lisbon or Porto, people are more open and friendly.

Interviewer: What do you like and dislike in Portugal?

Interviewee 4: I like a peaceful atmosphere, Portuguese cuisine. It is easy and pleasurable to live here.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 4: I don't want to change Portugal for another place. Now my life is here. I have to stop, otherwise I will go to nowhere. And definitely I would like to remain here.

Appendix 10

Transcrição da entrevista 4 - o Brazil

Entrevistador: Qual é o seu nome? (mencionar o sexo)

Entrevistado 4: Anônimo (M).

Entrevistador: Qual é a sua nacionalidade?

Entrevistado 4: Eu sou Brasileira.

Entrevistador: Qual é a sua idade?

Entrevistado 4: Tenho 41 anos.

Entrevistador: Qual é o seu estado civil?

Entrevistado 4: Não sou casada.

Entrevistador: Você tem filhos? Quantos?

Entrevistado 4: Graças á Deus, eu não tenho filhos.

Entrevistador: Onde você obteve asua educação médica primária?

Entrevistado 4: Estudei no Brazil.

Entrevistador: Em que línguas você fala? Você teve dificuldades em estudar português?

Entrevistado 4: Falo inglês mais o menos, português, espanhol.

Entrevistador: Quais foram as principais motivações para ir trabalhar no exterior?

Entrevistado 4: O meu namorado veio para para Portugal e eu vim com namorado. Eu já estava farta do Brazil. Por causa de alto nível de criminalidade do país (Brazil), eu estou aqui. Decidi vir para aqui.

Entrevistador: Porquê escolheu Portugal?

Entrevistado 4: Eu sabia que Portugal é um país muito pacífico, e eu decidi juntar-me ao meu namorado e ir lá para tentar o meu destino.

Entrevistador: Quanto tempo você já vive em Portugal?

Entrevistado 4: Eu mouro aqui há 7 anos.

Entrevistador: Há quanto tempo trabalha em Portugal?

Entrevistado 4: Há 7 anos também. Comecei a trabalhar quando eu vim.

Entrevistador: Onde trabalha em Portugal?

Entrevistado 4: Trabalho no hospital Santo António no Porto. E trabalho também no Hospital de Penafiel.

Entrevistador: Você está trabalhando aqui em organização privada ou pública?

Entrevistado 4: São hospitais do estado.

Entrevistador: Qual é a sua especialização médica?

Entrevistado 4: Em Brazil eu tenho especializade de ginecologia. Mas aqui trabalho no servicode urgência.

Entrevistador: Você trabalhou em seu país natal como médico?

Entrevistado 4: Sim, trabalhei no Brazil há 5 anos como especialista de ginecologia.

Entrevistador: Está satisfeito com o salário português? Difere muito daquele que você tinha em seu país de origem? Quanto mais em termos relativos?

Entrevistado 4: Eu não estou satisfeita com o meu ordenado aqui. Por que cá eu ganho menos. Lá ganhava mas 3 vezes que aqui. Lá pagam bem. Eu ganho mais ou menos 5.000 Euros. Mas tenho pagar impostos depois.

Entrevistador: Você está satisfeito com as condições de trabalho?

Entrevistado 4: Sim, estou satisfeita com condições aqui no Portugal. No Brazil, nos hospitais do estado tem menos condições do trabalho. Esta lá um caos. Nos hospitais privados tem melhores condições do trabalho, bom equipamento.

Entrevistador: Você acha que tem condições de trabalho seguras em Portugal? Considerando que em alguns países subdesenvolvidos há epidemias de doenças perigosas (como HIV / AIDS, Ébola, tuberculose), onde as condições médicas e sanitárias estão dispostas a ser melhores?

Entrevistado 4: Sim, sim. Não temos doenças perigosas aqui.

Entrevistador: Como você pode descrever o relacionamento com colegas: com outros médicos, enfermeiros, pessoal administrativo e pacientes?

Entrevistado 4: Tenho boas relações com colegas e com doentes. Os enfermeiros são cobras, porque estão com inveja. Porque salário dos médicos está mais alto do que o dos enfermeiros. E porque os enfermeiros devem fazer tudo que os médicos mandam. Eles pensam que eles servem para nos, médicos, mas isto é só trabalho.

Entrevistador: O que pensa acerca da parte tecnológica da medicina em Portugal em termos de equipamento de capital? É mais realçada em comparação com o seu país natal e outros países que estão na fronteira tecnológica?

Entrevistado 4: Fica bem tudo. Equipamento e aparelhos médicos aqui são muito bons. Mas equipamento nos hospitais privados é melhor.

Entrevistador: Como sente o nível de desenvolvimento do setor de cuidados de saúde de Portugal também levando em consideração o capital humano?

Entrevistado 4: Nível do setor de saúde de Portugal deve melhorar. Os médicos são competentes, são muito bons.

Entrevistador: Acha que recebeu em Portugal algum tipo de experiência profissional avançada que não conseguiu obter no seu país de origem?

Entrevistado 4: Claro que sim. Recebi as experiências novas em Portugal. Quando uma pessoa está em país novo, ela sempre aprende algumas coisas novas.

Entrevistador: Existe a diferença entre horas de trabalho do seu país de origem e as do Portugal?

Entrevistado 4: Não tem diferença nas horas de trabalho. São iguais.

Entrevistador: Como você passou pelo processo de reconhecimento do diploma? Foi difícil prosseguir?

Entrevistado 4: Fazer equivalência do diploma não foi fácil porque devia vir para Portugal várias vezes para fazer provas. Devia fazer várias provas práticas e teóricas. Foi chato e difícil por causa da grande distância.

Entrevistador: Você teve alguma dificuldade burocrática? Você precisou de algum certificado para aprovar que você fala português?

Entrevistado 4: Temos sempre. Precisava muitos documentos, muitos papéis. Sim, e eu devia fazer exame de língua Portuguesa!!! Impecável.

Entrevistador: Você sente a diferença de reconhecimento social de ser um médico em Portugal e ser médico no país de destino?

Entrevistado 4: Aqui as pessoas respeitam mais os médicos. No Brasil respeitam menos. As pessoas gostam sempre provar algumas coisas aos médicos.

Entrevistador: Sente-se mais estável em Portugal em comparação com o seu país natal, em termos de estabilidade política e económica?

Entrevistado 4: Em termos de paz , sim ... Portugal é muito mais estável do que o Brasil , aqui não temos tanto crime como no Brasil. Lá no Brazil trabalhei como funcionária do estado. Lá estava paga e sentia segurança financeira. Aqui sinto segura também.

Entrevistador: Considera queo Governo português éeficaz na implementação da política de saúde?

Entrevistado 4: Não, não muito. Deve melhorar.

Entrevistador: Você está satisfeito com a escolha do país hoje?

Entrevistado 4: Sim, sim.

Entrevistador: O nível de satisfação evoluiu desde anos anteriores?

Entrevistado 4: Antes era muito melhor. Agora o Governo corta tudo. Agora o nível de satisfação está a deteriorar.

Entrevistador: Vocês tiveram parentes ou outros conhecidos em Portugal antes de vir para cá?

Entrevistado 4: Sim, tinha amigos em Portugal antes de vir para aqui.

Entrevistador: Trouxe a sua família para Portugal?

Entrevistado 4: Estou aqui com meu namorado.

Entrevistador: O período de adaptação foi difícil?

Entrevistado 4: O periodo do adaptação foi difícil nos primeirosanos. Todo era novo aqui.

Entrevistador: Os membros da sua família encontraram algum tipo de ocupação em Portugal?

Entrevistado 4: O meu namorado trabalha na polícia.

Entrevistador: O que pensa dos portugueses e da mentalidade portuguesa?

Entrevistado 4: Mentalidade dos portugueses depende da região. As pessoas no interior do país são mais fechadas e restritas. Nas cidades grandes, por exemplo, no Porto, em Lisboa, as pessoas são mais abertas e amigáveis.

Entrevistador: O que você gosta e o que não gosta em Portugal?

Entrevistado 4: Eu gosto do ambiente pacífico, cozinha portuguesa. É fácil e agradável viver aqui.

Entrevistador: Portugal é um destino final ou pretende mudar para o outro país?

Entrevistado 4: Não quero mudar. A minha vida está aqui. Tenho que parar porque não vai ter lugar nenhum. Eu gosto e quero ficar aqui definitivamente.

Appendix 11

Interview transcript 5 - Venezuela

Interviewer: What is your name? (to mention sex)

Interviewee 5: Anonymous (M).

Interviewer: What is your nationality?

Interviewee 5: I am from Venezuela.

Interviewer: What is your age?

Interviewee 5: I am 37 years old.

Interviewer: What is your marital status?

Interviewee 5: I am married.

Interviewer: Do you have children? How many?

Interviewee 5: No, I don't have children.

Interviewer: Where did you get your primary medical education?

Interviewee 5: I was studying in Santiago de Compostelo in Spain.

Interviewer: What languages do you speak?

Interviewee 5: I am speaking Portuguese, Spanish and English.

Interviewer: Which were the primary motivations for going to work abroad?

Interviewee 5: At that time it was an alternative. I was thinking of going to the United States. But some personal problems have arisen. And I started to work in Portugal.

Interviewer: Why did you choose Portugal?

Interviewee 5: In Portugal it is possible to gain a little bit more. In my country it was a shortage of doctors. Plus I had a friend working in Portugal.

Interviewer: How long are you already living in Portugal?

Interviewee 5: I am here 12 years.

Interviewer: How long are you already working in Portugal?

Interviewee 5: Also 12 years.

Interviewer: Where do you work in Portugal?

Interviewee 5: At the moment I am working in hospital of Penafiel and in hospital of Santa Maria da Feira.

Interviewer: Are you working here in private or public organization?

Interviewee 5: These are the public hospitals.

Interviewer: What is your medical specialization?

Interviewee 5: No, I don't have specialization.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 5: No, I haven't.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 5: More or less. My salary is around 4000 Euros net. I am not satisfied because tax charge increased a lot.

Interviewer: Are you satisfied with the working conditions?

Interviewee 5: Yes, the conditions are very good.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 5: Yes, absolutely.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 5: It is good, I do not have any problems.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 5: I heard sometimes in my country it is missing equipment and materials when we have a lot of patients, for example echographs, thermometers. The Portuguese level is medium, if comparing to other developed countries.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 5: The competence of doctors is very good. Qualification level of the Portuguese doctors is very high.

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 5: Yes, I am working at the emergency department and it is never routine or monotonous. There is always a surprise, something unexpected in practice. Each patient is different.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 5: I am working by shift /or hours. I have no individual working contract. I usually work about 260 hours.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 5: It was not difficult.

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 5: Some, but not many. I didn't need any certificates at that time.

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 5: Yes.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 5: Yes, here in European democratic countries is a safe life.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 5: The government's position in the health sector was that previously public sector was degraded and only private sector had benefits. Now policy is the opposite - government tries to support more public sector and less private sector. Current policy is much better than it was with a previous government

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 5: I have no point of comparison, but I don't complain to be in Portugal. Primarily I was upset, but now I don't regret being in Portugal.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 5: Yes, but when I arrived, the payment terms were much better. My co-workers are very motivated for improvement. It was a cool teamwork in the past.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 5: Yes, sure.

Interviewer: Did you move your family to Portugal?

Interviewee 5: Yes, I am here with my wife. She is from Braga.

Interviewer: Was the adaptation period difficult?

Interviewee 5: No. The mentality and language are somehow similar, so it was not difficult to adapt.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 5: My wife is working at the enterprise I have.

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 5: The Portuguese people in terms of patients are a little bit dramatic; think too much of disease and health problems, they exaggerate very often. They complain a lot regarding health, they take some medicaments very often without knowing for what these medicaments are assigned. They have no medical education as I have, and very often they try to teach you. Seems that they care about the health, but from the other side many Portuguese people have no interest to take care about themselves, to discover about the treatment, complications of the disease and support healthy way of life. They run to various doctors without knowing where is the problem. They go to the

doctor in search of miracle treatment. They think they can cure chronic disease when they go to the emergency department.

Portuguese people in terms of mentality are very good and kind-hearted, very sincere.

Interviewer: What do you like and dislike in Portugal?

Interviewee 5: The country is secure, stable, with good food and great weather. Apparently it is perfect country to live in. But I do not like one thing: in working terms there are not that much conditions for professional development. For people who strive to grow and make money, nowadays Portugal is not a perfect choice for employment.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 5: At the moment I am not thinking to change Portugal for another country.

Appendix 12

Transcrição da entrevista 5 - a Venezuela

Entrevistador: Qual é o seu nome? (mencionar o sexo)

Entrevistado 5: Anônimo (H).

Entrevistador: Qual é a sua nacionalidade?

Entrevistado 5: Nacionalidade Venezuelana.

Entrevistador: Qual é a sua idade?

Entrevistado 5: Tenho 37 anos.

Entrevistador: Qual é o seu estado civil?

Entrevistado 5: Sou casado.

Entrevistador: Você tem filhos? Quantos?

Entrevistado 5: Não tenho.

Entrevistador: Onde você obteve sua educação médica primária?

Entrevistado 5: Estudei no Santiago de Compostela na Espanha.

Entrevistador: Em que línguas você fala? Você teve dificuldades em estudar português?

Entrevistado 5: Falo português, espanhol, inglês.

Entrevistador: Quais foram as principais motivações para ir trabalhar no exterior?

Entrevistado 5: Na altura foi uma alternativa. Em Portugal ganhava um pouco mais. Estava pensar para ir para Estados Unidos. Surgiram alguns problemas pessoais. E fiquei em Portugal.

Entrevistador: Porquê escolheu Portugal?

Entrevistado 5: Em Portugal é possível ganhar um pouco mais e tinha carência dos médicos. Tenho amigo trabalhe ca.

Entrevistador: Quanto tempo você já vive em Portugal?

Entrevistado 5: Estou aqui há 12 anos.

Entrevistador: Há quanto tempo trabalha em Portugal?

Entrevistado 5: Também há 12 anos.

Entrevistador: Onde trabalha em Portugal?

Entrevistado 5: Neste momento trabalho no hospital de Penafiel e no hospital de Santa Maria da Feira.

Entrevistador: Você está trabalhando aqui em organização privada ou pública?

Entrevistado 5: São hospitais do estado.

Entrevistador: Qual é a sua especialização médica?

Entrevistado 5: Não tenho especialização.

Entrevistador: Você trabalhou em seu país natal como médico?

Entrevistado 5: Não.

Entrevistador: Está satisfeito com o salário português? Difere muito daquele que você tinha em seu país de origem? Quanto mais em termos relativos?

Entrevistado 5: Mais ou menos. O meu salário é 4000 euros limpos. Não estou satisfeito porque cargo fiscal aumentou muito. Mas gosto de Portugal.

Entrevistador: Você está satisfeito com as condições de trabalho?

Entrevistado 5: Sim, as condições são boas.

Entrevistador: Você acha que tem condições de trabalho seguras em Portugal? Considerando que em alguns países subdesenvolvidos há epidemias de doenças perigosas (como HIV / AIDS, Ébola, tuberculose), onde as condições médicas e sanitárias estão dispostas a ser melhores?

Entrevistado 5: Sim, totalmente.

Entrevistador: Como você pode descrever o relacionamento com colegas: com outros médicos, enfermeiros, pessoal administrativo e pacientes?

Entrevistado 5: São boas, não tenho problemas.

Entrevistador: O que pensa acerca da parte tecnológica da medicina em Portugal em termos de equipamento de capital? É mais realçada em comparação com o seu país natal e outros países que estão na fronteira tecnológica?

Entrevistado 5: As vezes no meu país falta equipamento e material quando temos muitos doentes: ecógrafos, termómetros. O nível é médio se comparar com os outros países desenvolvidos.

Entrevistador: Como sente o nível de desenvolvimento do setor de cuidados de saúde de Portugal também levando em consideração o capital humano?

Entrevistado 5: A competência dos médicos é muito bom. O nível de qualificação dos médicos portugueses é bom.

Entrevistador: Acha que recebeu em Portugal algum tipo de experiência profissional avançada que não conseguiu obter no seu país de origem?

Entrevistado 5: Sim. Trabalho na urgência médica não é rotineiro, não é monótono, há sempre uma surpresa. Cada doente é diferente.

Entrevistador: Existe a diferença entre horas de trabalho do seu país de origem e as do Portugal?

Entrevistado 5: Não. Trabalho é por turno/horas. Não tenho contrato individual do trabalho. Costumo trabalhar cerca de 260 horas.

Entrevistador: Como você passou pelo processo de reconhecimento do diploma? Foi difícil prosseguir?

Entrevistado 5: Não foi difícil.

Entrevistador: Você teve alguma dificuldade burocrática? Você precisou de algum certificado para aprovar que você fala português?

Entrevistado 5: Algumas, mas não são muitas. Não precisei. Na altura acho que não.

Entrevistador: Você sente a diferença de reconhecimento social de ser um médico em Portugal e ser médico no país de destino?

Entrevistado 5: Sim.

Entrevistador: Sente-se mais estável em Portugal em comparação com o seu país natal, em termos de estabilidade política e económica?

Entrevistado 5: Sim, aqui segurança nos países democráticos é europeia.

Entrevistador: Considera que o Governo português é eficaz na implementação da política de saúde?

Entrevistado 5: Enquanto a postura do Governo no sector da saúde, Governo anterior tentou degradar sector publico e beneficiou sector privado. Agora política é ao contrário - Governo tenta apoiar mais um pouco sector publico e não beneficiar tanto sector privado. Política actual enquanto de saúde publica é melhor do que a do Governo anterior.

Entrevistador: Você está satisfeito com a escolha do país hoje?

Entrevistado 5: Não tenho ponto de comparação, mas não me queixo. Não estou arrependido de estar em Portugal.

Entrevistador: O nível de satisfação evoluiu desde anos anteriores?

Entrevistado 5: Não tenho ponto de comparação. Quando cheguei as condições de pagamento eram muito melhores. No nível profissional trabalhava até melhor. As pessoas estavam mais motivadas. Havia melhor trabalho em equipa.

Entrevistador: Vocês tiveram parentes ou outros conhecidos em Portugal antes de vir para cá?

Entrevistado 5: Sim, claro.

Entrevistador: Trouxe a sua família para Portugal?

Entrevistado 5: Sim, estou aqui com esposa. Esposa é de Braga.

Entrevistador: O período de adaptação foi difícil?

Entrevistado 5: Não. A mentalidade e a língua são mais ou menos mesmos.

Entrevistador: Os membros da sua família encontraram algum tipo de ocupação em Portugal?

Entrevistado 5: Esposa trabalha na empresa que eu tenho.

Entrevistador: O que pensa dos portugueses e da mentalidade portuguesa?

Entrevistado 5: O povo português em termos de pacientes é um pouco distímico, pensam muito na doença, na problema da doença. Só sabem as queixas, não sabem medicamentos que tomam. Não têm educação da doença que eu tenho, muitas vezes eles tentam te ensinar. Não têm interesse de cuidar-se, conhecer tratamento, complicações da doença, apoiar modo de vida saudável. Recorrem aos vários médicos sem saber o problema que têm. Tentam ir ao médico para procurar solução milagrosa. Pensam que podem curar doença crónica quando vão a serviço de urgência.

Povo português em termos de moralidade é muito bom e é de bom coração, é muito sincero.

Entrevistador: O que você gosta e o que não gosta em Portugal?

Entrevistado 5: País seguro, estável, com boa gastronomia, com clima ótimo. Um bom país para viver. Enquanto, uma coisa que eu não gosto, laboralmente não oferece grandes condições de desenvolvimento. Para as pessoas que querem trabalhar e ganhar dinheiro não é país certo.

Entrevistador: Portugal é um destino final ou pretende mudar para o outro país?

Entrevistado 5: Neste momento não penso mudar Portugal para outro país.

Appendix 13

Interview transcript 6 - Guinea-Bissau

Interviewer: What is your name? (to mention sex)

Interviewee 6: Anonymous (M).

Interviewer: What is your nationality?

Interviewee 6: I have two nationalities: Portuguese and Guinea-Bissau.

Interviewer: What is your age?

Interviewee 6: I am 50 years old.

Interviewer: What is your marital status?

Interviewee 6: I am married.

Interviewer: Do you have children? How many?

Interviewee 6: I have one child.

Interviewer: Where did you get your primary medical education?

Interviewee 6: I got my medical degree in the first Moscow medical university.

Interviewer: What languages do you speak?

Interviewee 6: I speak Portuguese, Russian, French, Spanish, Creole and Mandjak.¹⁹

Interviewer: Which were the primary motivations for going to work abroad?

¹⁹Manjaku - language spoken in Guinea-Bissau

Interviewee 6: Initially I went to do my studying in Russia. I went to Moscow, as in Guinea-Bissau there is not that much medical universities. I left my country because the Civil War started and it destroyed absolutely everything.

Interviewer: Why did you choose Portugal?

Interviewee 6: I chose Portugal because it is a Portuguese-speaking country. It is easier for me, as Guinea-Bissau is included in PALOP²⁰, and I am speaking Portuguese.

Interviewer: How long are you already living in Portugal?

Interviewee 6: I have been living here since 2002.

Interviewer: How long are you already working in Portugal?

Interviewee 6: Since 2005 I started my internship, so it is already 11 years.

Interviewer: Where do you work in Portugal?

Interviewee 6: I am working in hospital of Penafiel.

Interviewer: Are you working here in private or public organization?

Interviewee 6: This is public hospital.

Interviewer: What is your medical specialization?

Interviewee 6: My specialization is general medicine.

Interviewer: Have you been working in your native country as a doctor?

Interviewee 6: No, I didn't have chance to work in Guinea-Bissau.

Interviewer: Are you satisfied with your Portuguese wage? Does it differ much from that one you had in your country of origin? How much more in relative terms?

Interviewee 6: Yes, but the taxes are very high and I have a lot of fiscal charges. My monthly wage is around 4.500-5.000 Euros.

²⁰PALOP: Países Africanos de Língua Oficial Portuguesa.

Interviewer: Are you satisfied with the working conditions?

Interviewee 6: Yes, I am satisfied. But I have not worked as a doctor in my native country.

Interviewer: Do you think you have safe working conditions in Portugal? Taking into consideration that in some underdeveloped countries there are epidemics of dangerous diseases (like HIV/AIDS, Ebola, tuberculosis), where the medical and sanitary conditions are willing to be better?

Interviewee 6: Yes, I feel myself here in safety. Here in Portugal we have much more less epidemic diseases. Comparing to Africa, here in Portugal is a paradise. Of course we have different patients here with different diseases. But here in Portugal, the medicine is very developed, here we have different medicaments, and many diseases are curable. In my native country, the medicaments are limited. And it is very difficult and dangerous to save life in such conditions.

Interviewer: How can you describe the relationship with colleagues: other doctors, nurses, administrative staff and patients?

Interviewee 6: The relationship with my colleagues is good, we are friends.

Interviewer: What do you think about the technological side of medicine in Portugal in terms of capital equipment? Is it more enhanced comparing to your native country and other countries that are on technological frontier?

Interviewee 6: Yes, it is thousand times better than in my native country.

Interviewer: How do you feel the level of development of healthcare sector of Portugal also taking into consideration human capital?

Interviewee 6: Obviously, it is better in Portugal. Africa, imagine which healthcare sector and conditions could be there...?

Interviewer: Do you think you received in Portugal some sort of advanced professional experience that you couldn't get at your home country?

Interviewee 6: Yes, here I had a lot of practice. Here I discovered about many methodologies of treatment.

Interviewer: Does it exist the difference in amount of working hours between your home country and Portugal?

Interviewee 6: I don't know, I was not working in Guinea-Bissau.

Interviewer: How did you pass through the process of recognition of diploma? Was it difficult to proceed?

Interviewee 6: Some years ago, it was not that hard. I was doing the equivalence of the diploma, I received in Moscow. Now I heard that it is more difficult.

Interviewer: Did you have any bureaucratic difficulties? Did you need any certificates to approve that you speak Portuguese?

Interviewee 6: No, I didn't have any difficulties. Portuguese language is my native. Guinea previously was a Portuguese colony.

Interviewer: Do you feel the difference of social recognition of being a doctor between the source and destination country?

Interviewee 6: In my native country (in Guinea) the doctors are more in respect. In Africa doctor is like a God. In Guinea we don't have a lot of medical institutions, that is why many people study abroad. And having studying abroad, we understand that the level of knowledge abroad is much more higher than in Africa. That is why, the doctor is considered as the most clever person in Guinea. In general, the literacy level of population is unfortunately very low. From the other side, we have one interesting thing that is very common in all Africa. Alternative medicine. We have a lot of shamans,

and they are in the same respect as doctors. This is ridiculous, because sometimes they are doing strange things, imitating weird rituals. In Zimbabwe (in Harare) you will even find some medical schools, where you can get a diploma of shaman. And it is very prestigious diploma.

Here in Portugal it is different. Here the doctors are really have complete social recognition. But sometimes, you will meet very clever patients, that come to the medical exam and already know the diagnosis. They come with own request and discussions what a doctor need to do. So, here you don't feel that much like a king, like in Guinea (smiling). But in general, doctors are more appreciated in Portugal.

Interviewer: Do you feel more stable in Portugal comparing to your native country, in terms of political and economic stability?

Interviewee 6: Yes, sure. I feel absolutely stable.

Interviewer: Do you consider the Portuguese government to be effective in implementing healthcare policy?

Interviewee 6: More or less. It is not completely effective. But it is always desired to ameliorate.

Interviewer: Are you satisfied with a choice of a country today?

Interviewee 6: Yes.

Interviewer: Did the satisfaction level evolve since previous years?

Interviewee 6: No, it decreased. If I knew that it would be like this, I would have left in Moscow. There you have a good salary. But when arriving to Portugal, I was hoping that the situation would improve. But what concerns life in general, I like to live here.

Interviewer: Did you have some relatives or other acquaintances in Portugal before coming here?

Interviewee 6: Yes, I had acquaintances in Portugal.

Interviewer: Did you move your family to Portugal?

Interviewee 6: Yes, my family is here with me.

Interviewer: Was the adaptation period difficult?

Interviewee 6: The adaptation was not difficult.

Interviewer: Did the members of your family find some sort of occupation in Portugal?

Interviewee 6: Yes, my wife is a hairdresser.

Interviewer: What do you think about Portuguese people and Portuguese mentality?

Interviewee 6: In general, the Portuguese people are kind. But at my job sometimes colleagues are closed. I feel this difference, because of comparison with my colleagues foreigners (we have some in our hospital). Colleagues-foreigners will always support you.

Interviewer: What do you like and dislike in Portugal?

Interviewee 6: I like here the atmosphere. It is very calm, comfortable and peaceful. The gastronomic variety is very rich and tasty.

Interviewer: Is Portugal a final destination point or you intend to move anywhere else?

Interviewee 6: If I had a specific specialization...I would go to another country. And if I would have a possibility to choose, I would choose a French-speaking country. France or Belgium for example. I would like to work there temporarily, as it is not safe countries nowadays with all these terroristic attacks. I would like to stay and live in Portugal definitely.

Appendix 14

Интервью 6 - Гвинея-Бисау

Интервьюер: Как вас зовут? (указать пол)

Интервьюируемое лицо 6:

Интервьюер: Какая у вас национальность?

Интервьюируемое лицо 6: Я имею два гражданства: португальское и гвинейское.

Интервьюер: Сколько вам лет?

Интервьюируемое лицо 6: Мне 50 лет.

Интервьюер: Семейный статус?

Интервьюируемое лицо 6: Я женат.

Интервьюер: Есть ли дети? Сколько детей?

Интервьюируемое лицо 6: Да, у меня есть 1 ребенок.

Интервьюер: Где вы получили ваше медицинское образование?

Интервьюируемое лицо 6: Медицинское образование я получил в первом Московском медицинском университете в России.

Интервьюер: На каких языках вы разговариваете?

Интервьюируемое лицо 6: Я разговариваю на португальском, французском, испанском, русском, креольски, манжаку (местный африканский диалект).

Интервьюер: Почему вы решили иммигрировать со своей страны? Какие были основные причины чтоб поехать работать за границу?

Интервьюируемое лицо 6: Сначала я уехал учиться в Россию в Москву, поскольку в Гвинее-Биссау нету высших медицинских учреждений. Я уехал из Гвинеи Биссау, потому что началась гражданская война, которая разрушила абсолютно всё.

Интервьюер: Почему вы выбрали Португалию?

Интервьюируемое лицо 6: Потому что это португалоговорящая страна, и так мне легче. Моя страна входит в ПАЛОП, и я разговариваю по-португальски.

Интервьюер: Как долго вы проживаете в Португалии?

Интервьюируемое лицо 6: Я живу здесь с 2002 года.

Интервьюер: Как долго вы уже работаете в Португалии?

Интервьюируемое лицо 6: С 2005 года начал проходить общую интернатуру. Вот уже 11 лет.

Интервьюер: Где имеете вы работаете?

Интервьюируемое лицо 6: Я работаю в госпитальном центре Пенафиела.

Интервьюер: Вы работаете в государственном или частном медицинском заведении?

Интервьюируемое лицо 6: Это государственное учреждение.

Интервьюер: Какая у вас медицинская специализация?

Интервьюируемое лицо 6: Моя специализация это общая медицина.

Интервьюер: Работали ли вы в вашей родной стране врачом?

Интервьюируемое лицо 6: Нет, я не работал в Гвинее Бисау.

Интервьюер: Довольны ли вы вашей португальской зарплатой? Отличается ли она от той, которую вы получали в вашей родной стране?

Интервьюируемое лицо 6: Да, но налоги высокие и много отчислений. Моя зарплата в месяц приблизительно 4,500 - 5,000 евро.

Интервьюер: Довольны ли вы условиями работы в Португалии?

Интервьюируемое лицо 6: Да, доволен. Он я не работал врачом в своей родной стране.

Интервьюер: Считаете ли вы что условиях работы в Португалии безопасны? Учитывая тот факт, что в некоторых странах с очень низким уровнем развития существует множество эпидемий смертельных заболеваний (таких как ВИЧ/СПИД, Эбола, туберкулез), где санитарные условия желают быть лучшими?

Интервьюируемое лицо 6: Да, я чувствую себя здесь в безопасности. Тут намного меньше эпидемических заболеваний. По сравнению с Африкой, здесь в Португалии просто рай. Конечно и тут есть разные больные. Но тут хотя бы медицина развита, есть разные препараты...многое можно лечить. А в моей стране, медикаменты ограничены. Трудно спасти жизни в таких условиях и небезопасно.

Интервьюер: Как вы можете описать свои взаимоотношения с коллегами: другими врачами, медсестрами, пациентами и административными работниками?

Интервьюируемое лицо 6: С коллегами взаимоотношение хорошее, мы все дружим.

Интервьюер: Какое ваше мнение о технологической стороне медицины в Португалии по сравнению с вашей родной страной и со странами, которые на находятся на передовой?

Интервьюируемое лицо б: Да, намного лучше чем дома. Тут оснащение очень продвинутое, все новое.

Интервьюер: Что вы думаете по поводу уровня развития сектора здравоохранения Португалии учитывая уровень компетентности врачей?

Интервьюируемое лицо б: В Португалии лучше...Африка, какое там здравоохранение.?

Интервьюер: Как вы считаете, получили ли вы в Португалии профессиональный опыт, который не могли бы получить в своей стране?

Интервьюируемое лицо б: Да, тут очень много было у меня практики. Разные методики лечения.

Интервьюер: Есть ли разница в количестве рабочих часов между Португалией и вашей страной?

Интервьюируемое лицо б: Не знаю, не работал.

Интервьюер: Как прошел ваш процесс эквиваленции диплома? Было ли трудно получить подтверждение квалификации?

Интервьюируемое лицо б: Раньше было не очень трудно. А сейчас говорят что труднее. Я делал эквиваленцию диплома, которого получил в Москве.

Интервьюер: Были ли у вас какие-то бюрократические трудности при подтверждении квалификации? Нужен ли был вам сертификат, который подтверждает что вы владеете португ.языком?

Интервьюируемое лицо 6: Не было трудностей. Португальский язык для меня родной. И Гвинея к тому же раньше была португальской колонией.

Интервьюер: Чувствуете ли вы разницу социального положения между быть доктором в Европе и быть доктором в своей родной стране?

Интервьюируемое лицо 6: В родной стране доктор более уважаемый. В Африке доктор как Бог. У нас в Гвинее мало медицинских заведений, многие учатся за границей. А за границей естественно уровень знаний намного выше чем в Африке. По - этому и считают, что врач - это самый грамотный человек в Гвинее. Уровень знания населения низкий. Но с другой стороны, очень интересная вещь которая характерна для Африканских стран...это нетрадиционная медицина. У нас есть много шаманов, и они в таком же респекте как врачи. Это смешно, иногда они делают странные вещи и дикие ритуалы. В Зимбабве (Хараре) есть даже факультет, где можно выучиться на шамана. И это очень даже престижно! Вот например, тут в Португалии все очень грамотные, очень часто приходят пациенты и уже знают свой диагноз, приходят со своими заявками и диагнозами. Поэтому чувствуешь себя не так по-королевски. Но в целом в Португалии больше ценят докторов.

Интервьюер: Чувствуете ли вы себя в Португалии более стабильным в экономическом и политическом смысле по сравнению со своей родной страной?

Интервьюируемое лицо 6: Да, конечно. Абсолютно во всем.

Интервьюер: Как вы думаете, эффективно ли правительство в осуществлении политики в области здравоохранения?

Интервьюируемое лицо 6: Да, эффективное правительство. Но не в полном объеме. Хочется еще многое улучшить.

Интервьюер: Довольны ли вы выбором страны на сегодняшний день?

Интервьюируемое лицо 6: Да.

Интервьюер: Эволюционировал ли ваш уровень удовлетворения по сравнению с прошлыми годами?

Интервьюируемое лицо 6: Снизился. Если бы я знал что будет так, то остался бы в Москве, там и зарплаты высокие. Я думал, что с временем все образуется, но увы...Что касается жизни в общем, то мне здесь нравится.

Интервьюер: Были ли у вас какие-то знакомые, друзья или близкие в Португалии до того как вы сюда приехали?

Интервьюируемое лицо 6: Да, у меня были знакомые.

Интервьюер: Переехала ли ваша семья к вам в Португалию?

Интервьюируемое лицо 6: Да, моя семья здесь.

Интервьюер: Был ли трудный период адаптации?

Интервьюируемое лицо 6: Нет, адаптация была легкой.

Интервьюер: Нашли ли члены вашей семьи какое-то занятие в Португалии?

Интервьюируемое лицо 6: Да. Моя жена парикмахер.

Интервьюер: Что вы думаете по поводу португальцев и их менталитета?

Интервьюируемое лицо 6: Вообще португальцы очень хорошие люди, но на работе я встречаю закрытых коллег. Но коллеги-иностранцы не такие, они всегда готовы помочь.

Интервьюер: Что вам нравится и не нравится в Португалии?

Интервьюируемое лицо 6: Мне нравится, что здесь очень спокойно и уютно. Очень вкусная еда.

Интервьюер: Португалия - это конечный пункт назначения или вы хотели бы переехать еще куда-нибудь?

Интервьюируемое лицо 6: Если бы у меня была специализация...то уехал бы в другую страну. И если бы была возможность, то уехал бы во Францию или Бельгию. В франкоязычную страну. Но я бы только временно поработал там, так как сейчас там небезопасно, теракты разные. А жить хочу в Португалии.