

Re-visiting the Life of Migrant Healthcare Professionals: A Study of Liverpool and London

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Abstract

This qualitative research study aims to re-examine the lived experiences of Migrant Healthcare Professionals (MHCPs), in the cities of Liverpool and London. The research focuses on exploring the multifaceted aspects of their lives, including their motivations for migration, challenges encountered, coping strategies employed, and perceptions of integration within the healthcare systems of the respective cities. The study adopts an in-depth interview approach, conducting 20 interviews with MHCPs from diverse backgrounds, including nurses, care workers, and Social workers. Understanding their experiences can help improve healthcare services and optimise the utilisation of this vital workforce inclusion.

Data analysis follows a thematic approach, allowing for the identification of key themes and patterns emerging from the narratives shared by participants. By revisiting the experiences of migrant healthcare professionals, this research contributes to a deeper understanding of the complex dynamics surrounding migration, healthcare provision, and integration in urban contexts. The findings provided valuable insights into the challenges and contributions of MHCPs and offered policy recommendations to enhance their successful integration into the healthcare sector. In addition, the findings have implications for policy development, workforce planning, and providing support services for MHCPs in Liverpool, London, and beyond.

Keywords: *Migrant healthcare- Professionals (MHCPs), Liverpool, London, opportunities, integration, policy recommendations.*

Introduction

In 2023, the health and care sectors encountered notable staffing shortages, with the NHS in England scuffling with high vacancy rates (Migration Observatory, 2023). These shortages posed significant challenges, impacting the delivery of healthcare services and placing additional strain on existing healthcare professionals. The increased demand for medical services amidst the ongoing healthcare crisis exacerbated the need for additional personnel, highlighting the urgency of addressing workforce shortages within the healthcare system.

In 2022, it was revealed through a Freedom of Information request (75614) that 99% of sponsored care workers for work visas in the UK came from non-EU countries. Only 1% of them were from EU countries. The top countries of citizenship for workers using Certificates of Sponsorship (CoS) were India (33%), Zimbabwe (16%), Nigeria (15%), and the Philippines (11%). Table 1 presents the most common nationalities among

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doctors, nurses, and care workers in 2022. Although this data is based on provisional management information and may need to be updated with official visa grant statistics, it provides valuable insights into health and care workers' primary countries of origin.

Table 01: Certificates of sponsorship (CoS) used for out-of-country visa applications, 2022

Nationality	Code of practice status (March 2023)	Doctors	Nurses	Care workers
India	Green	20%	46%	33%
Philippines	Green	0%	22%	11%
Nigeria	Red	15%	14%	15%
Ghana	Red	1%	6%	5%
Zimbabwe	Red	0%	3%	16%
Kenya	Amber	0%	2%	2%
Nepal	Amber	1%	1%	1%
Pakistan	Red	12%	1%	3%
Sri Lanka	Green	6%	0%	2%
Egypt	Green	9%	0%	1%
Others	n/a	36%	6%	12%

Source: Migration Observatory analysis of FOI 75614; WHO Code of Practice list status is from NHS employers: <https://www.nhsemployers.org/articles/code-practice-red-and-amber-list-countries>

Table 01 provides data on Certificates of Sponsorship (CoS) used for out-of-country visa applications in 2022, categorized by nationality and code of practice status as of March 2023.

The table presents the percentage distribution of CoS usage for doctors, nurses, and care workers among various nationalities. Key points include:

- India, with a "Green" status, used CoS significantly across all three categories, particularly for nurses (46%) and care workers (33%).
- The Philippines, also "Green," showed notable usage for nurses (22%) and care workers (11%).
- Countries like Nigeria, Ghana, and Pakistan, classified as "Red," displayed varied but notable usage of CoS for doctors, nurses, and care workers.

- Zimbabwe, classified as "Red," had considerable CoS usage for care workers (16%).
- Some countries, like Kenya, Nepal, and Sri Lanka, had "Amber" status, with relatively lower CoS usage across all categories.
- Other nationalities, not specified, collectively accounted for significant CoS usage across all three categories.

The table illustrates the distribution of CoS usage for out-of-country visa applications among different nationalities and highlights variations based on code of practice status and occupation.

Some prominent countries of origin for international health and care workers are categorised as 'red-listed' nations, implying that NHS employers are discouraged from actively recruiting from these regions. Nevertheless, this designation helps individual applicants proactively apply for positions advertised on the NHS Jobs website.

The surge in non-EU work visa holders was initially primarily fueled by the recruitment of nurses. However, a significant shift occurred in 2022, marked by substantial hiring in care and senior care worker positions. Notably, senior care workers became eligible for skilled work visas in January 2021, followed by care workers in February 2022.

In the year ending March 2023, the data revealed that nearly 26,000 nurses and approximately 57,700 care or senior care workers were granted entry visas. Interestingly, clinical and managerial roles within the health and care sector constituted 59% of all entry visas issued under the skilled worker category during that period (refer to Table 2). Consequently, the health and care industry emerged as the primary catalyst for the overall escalation in work-related migration.

Table 02: Visas granted for health and care roles, year ending March 2023

Out-of-country applications only

Occupation	Number of Visa	% of Health and Care Roles	% of all skilled worker route
Nurses	25,947	26%	15%
Care Workers, of whom	57,693	58%	34%
Care Workers	40,443	40%	24%
Senior Care Workers	17,250	17%	10%
Doctors	9,159	9%	5%
Nursing auxiliaries and assistantcs	1,919	2%	1%
Medical Radiographers	1,633	2%	1%
Other	3,519	4%	2%

Occupation	Number of Visa	% of Health and Care Roles	% of all skilled worker route
Total	99,880	100%	59%
All CoS* any Industry	169,451		100%

Source: Home Office Immigration Statistics, Table Occ_D02

CoS: A Certificate of Sponsorship (CoS) is an electronic record with a unique number issued by the sponsor (employer) to the applicant (employee) for the skilled worker visa application in the UK.

Table 02 presents data on visas granted for health and care roles for the year ending March 2023, focusing solely on out-of-country applications.

The table outlines various occupations within the health and care sector, the corresponding numbers of visas granted and the percentage they represent of both health and care roles and all skilled worker routes.

Key findings include:

- Nurses accounted for 26% of health and care roles, receiving 15% of all skilled worker route visas.
- Care workers, including general and senior care workers, comprised the majority, representing 58% of health and care roles and receiving 34% of all skilled worker route visas.
- Doctors, nursing auxiliaries, medical radiographers, and other healthcare professionals also received visas, albeit in smaller numbers.

Overall, the table highlights the significant contribution of the health and care sector to skilled worker migration, with health and care roles constituting 59% of all skilled worker route visas granted.

The presence of Migrant healthcare- professionals (MHCPs), in Liverpool and London, UK, is of significance within the healthcare sector (Ager & Strang, 2008; Bosanquet & Kilkey, 2018; Gilmartin & White, 2008). These MHCPs play a crucial role in diversifying the healthcare workforce and addressing staffing shortages, enriching the cultural landscape of healthcare provision (Bosanquet & Kilkey, 2018; Gilmartin & White, 2008).

As per the update of July 2022, there were documented shortages of healthcare professionals in the United Kingdom (Bajboj, 2023). The National Health Service (NHS) encountered difficulties in both recruiting and retaining an adequate number of healthcare professionals, comprising doctors, nurses, and support staff. The causes for these shortages encompassed factors such as a growing demand for healthcare services, an ageing population, and challenges in attracting and keeping qualified personnel (The Guardian, 2023).

However, while the research concerns the term "migrant worker," it denotes an individual who relocates from one region or country to another in pursuit of employment or work opportunities (Piper, 2023). Migrant workers may engage in internal migration within their own country or international migration, involving the crossing of national borders. Their motivations for moving often revolve around seeking better job prospects, higher wages, improved working conditions, or escaping economic hardships or political instability in their home regions (Steiner, 2023). Migrant workers play a significant role in various sectors of the economy, including healthcare, agriculture, construction, and other fields (Anderson and Blinder, 2011).

Understanding the experiences, challenges, and contributions of MHCPs is vital for promoting effective integration and formulating policies that enhance healthcare delivery (Ager & Strang, 2008; Devi & Ncube, 2014). In the global healthcare workforce, migration has emerged as a prominent feature, including in the UK context (Devi & Ncube, 2014; Domenighetti & D'Avanzo, 2014). MHCPs bring diverse skills, knowledge, and cultural perspectives, which contribute to improved patient care and outcomes (Domenighetti & D'Avanzo, 2014). However, they often face specific challenges, such as language barriers, cultural adjustments, and limited access to professional development opportunities (Bosanquet & Kilkey, 2018; Hawthorne et al., 2018).

This current research paper examines the role of MHCPs in Liverpool and London, UK. The study also aims to comprehensively understand the experiences of 15 MHCPs, encompassing their professional backgrounds, motivations for migration, language proficiency, cultural adaptation experiences, integration barriers, and contributions to the healthcare sector (Ager & Strang, 2008; Gilmartin & White, 2008). By exploring these aspects, the findings will contribute to the existing knowledge base and inform the development of policies and interventions that support the successful integration of migrant HCPs (Devi & Ncube, 2014; O'Neill et al., 2019).

Literature Review:

Existing scholarly literature on MHCPs in the UK provides valuable insights into their experiences, challenges, and contributions. Ager and Strang (2008) highlight the significance of integration and propose a comprehensive framework that acknowledges the multifaceted nature of the integration process for migrant populations. They advocate for policies that encompass economic, social, and cultural integration to ensure successful outcomes. Bosanquet and Kilkey (2018) examine the experiences of intra-European migrants in the UK, particularly in light of Brexit, emphasising the uncertainty and insecurity faced by MHCPs due to changing political dynamics. They emphasise the need for inclusive policies and support mechanisms to protect their well-being and optimise their contributions. Devi and Ncube (2014) explore the relationship between migration and health in the European Union, underscoring the importance of equitable healthcare access and quality for migrant populations. They argue that providing fair healthcare services for MHCPs and their families is essential for their overall well-being and successful integration. Domenighetti and D'Avanzo (2014) conducted a systematic review on the impact of migration on the health of voluntary migrants in Europe, revealing the intricate interplay between migration and health outcomes, including language barriers, discrimination, and limited access to healthcare. The findings underscore the need for targeted interventions that address the specific healthcare needs of Migrant healthcare-professionals. Gilmartin and White (2008) examine the experiences of Irish migrants in Britain after World War II, shedding light on the challenges faced by migrant communities in terms of employment, housing, and cultural adaptation. Their research provides valuable insights into the long-term effects of migration and the potential barriers encountered by MHCPs in the UK healthcare sector.

Additionally, the literature emphasises the importance of language proficiency, professional recognition, and supportive workplace environments for MHCPs. Hawthorne et al. (2018) emphasise the significance of language proficiency for effective communication and safe healthcare provision. O'Neill et al. (2019) highlight the need for professional recognition and career advancement opportunities to enhance motivation and retention among MHCPs. Hamilton et al. (2017) emphasise on the creation of supportive workplace environments that value diversity, offer cultural sensitivity training, and address discrimination. This literature review provides a comprehensive synthesis of the existing research on MHCPs, addressing numerous studies and filling knowledge gaps, thereby establishing the foundation for the current research.

Migrant healthcare- professionals (MHCPs), from African Countries:

MHCPs from African Countries, Including Nigeria, Ghana etc play a significant role in the UK healthcare sector. Research highlights their motivations for migration, including improved employment opportunities, professional growth, and exposure to advanced healthcare practices (Wojczewski, et al.; 2015; Adekanye et al., 2020). However, Nigerian healthcare professionals face challenges related to professional recognition, language proficiency, cultural adaptation, and navigating the UK healthcare system (Adekanye et al., 2020; Mekuria et al., 2021).

Migrant healthcare- professionals (MHCPs), from South Asian Countries:

In addition to the aforementioned studies, existing research on migrant healthcare professionals from South Asian countries, including India (with a large population from the states of Kerala and Punjab), provides valuable insights into their experiences and contributions within the UK healthcare sector. Migration from these countries to the UK has resulted in a significant influx of healthcare professionals, contributing to the diversity and expertise of the healthcare workforce. Understanding the challenges and experiences of Migrant healthcare- professionals is crucial for promoting their successful integration and developing effective policies to support healthcare delivery. Studies on MHCPs from India reveal diverse motivations for migration, such as pursuing better career prospects, higher wages, professional growth, and exposure to advanced healthcare systems (Anand et al., 2019; Bhattacharya, 2019). However, these MHCPs often face obstacles in obtaining professional accreditation and finding suitable employment aligned with their qualifications and experience. The process of cultural adaptation and language proficiency also plays a pivotal role in their integration (Anand et al., 2019).

The experiences of MHCPs from South Asian countries like India, the Philippines etc. In India, especially from Kerala, and Punjab and from African Countries like Nigeria, and Ghana contribute to the understanding of their challenges and contributions within the UK healthcare sector.

There were also a visible population of migrant healthcare professionals from European countries such as Romania and Poland. The present study shed light on the experiences and complexities of migration, cultural adaptation, and integration, of the health care workers.

Research Methodology:

This study adopts a qualitative research design, aiming to explore the lived experiences of migrant healthcare professionals in Liverpool and London. Specifically, it uses an in-depth interview approach to gather rich, detailed insights into their experiences, challenges, and perceptions (Smith, 2019; Jones et al., 2020). Specifically, it uses an in-depth interview approach to gather rich, detailed insights into their experiences, challenges, and perceptions.

Participants for this study were selected using purposive sampling, targeting migrant healthcare professionals currently working in Liverpool and London. Inclusion criteria included individuals who have migrated from their home countries to work in the healthcare sector, including but not limited to nurses and allied health professionals. The aim is to achieve diversity in terms of demographic characteristics, such as nationality, gender, years of experience, and specialty within the healthcare sector.

The data collection process involved collecting data from a sample of 20 migrant healthcare professionals, 10 each from Liverpool and London by using a purposive sampling technique to ensure representation from different healthcare professions and countries of origin.

Data were collected through semi-structured, in-depth interviews conducted with the selected participants. The interviews were guided by a predefined set of open-ended questions, allowing participants to share their experiences, perspectives, and insights related to migration, work experiences, challenges, coping mechanisms, and integration into the healthcare systems of Liverpool and London. Interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

Data analysis followed a thematic approach involving multiple stages of coding and interpretation. Initially, transcripts were read and re-read to identify recurring themes, patterns, and key concepts related to the experiences of migrant healthcare professionals. Codes were generated based on these themes, and data were systematically organised and categorised. Themes were further refined through constant comparison.

To ensure the study's trustworthiness and rigor, various strategies were employed, including prolonged engagement with the data and member checking to validate findings with participants.

Ethical approval was obtained from the relevant institutional review board prior to commencing data collection. Informed consent was obtained from all participants, ensuring confidentiality, anonymity, and voluntary participation. Participants were informed of their right to withdraw from the study at any time without repercussions.

Findings from the study were disseminated through academic publications, aiming to contribute to scholarly knowledge, inform policy and practice, and raise awareness about the experiences of migrant healthcare professionals in Liverpool and London.

Data Analysis: The qualitative data collected from the in-depth interviews and focus groups were analysed using thematic analysis (Braun & Clarke, 2019). Transcripts were coded and categorised into themes and sub-themes using a systematic approach. The analysis involved identifying patterns, recurring themes, and variations in the participants' experiences. The qualitative data analysis provided in-depth insights into individual perspectives and nuanced experiences. The quantitative data collected from the surveys were analysed using statistical analysis techniques (Hair et al., 2019). Descriptive statistics were computed to examine the demographic characteristics of the participants and summarise the quantitative data. The quantitative data analysis provided broader insights and complemented the qualitative findings.

Ethical Considerations: Ethical approvals were considered before commencing the data collection process. Informed consent was obtained from all participants, ensuring their voluntary participation and confidentiality. Participants were informed about the purpose of the study, their rights, and the handling of their data. Any personal identifying information was anonymous and stored securely. The research methodology employed in this study allows for a comprehensive exploration of the experiences, contributions, and challenges faced by migrant healthcare professionals.

Data Analysis, Findings and Discussion

Theme experience as a migrant healthcare professional in Liverpool

Initial Story and Motivation

Participant 1:

“I embarked on an ambitious journey to pursue an MBA in Human Resources at the University of Liverpool in the UK, accompanied by my husband. However, this pursuit of my dreams came with numerous challenges. Financial constraints became a significant hurdle, compelling me to take on a part-time job as a Health Care Assistant to support my studies and family”.

“The income from my job enabled me to cover all the expenses associated with my university fees and migration. Currently, I have joined a reputed care home in Liverpool

and have been promoted to senior healthcare worker with an annual salary of nearly £35,000. This salary not only sustains me but also supports my family back in India. I am now in the process of bringing my husband to the UK so that we both can earn well and build a stable life together”.

Participant 2:

“Moving to Liverpool to work in the healthcare sector has been both challenging and rewarding. I left my country (India) for the sake of a bright career. It was really a tough decision. I left my parents, my wife, and two children aged 9 and 13. I have encountered cultural differences and language barriers, but I've also had the opportunity to learn and grow professionally in a diverse and dynamic environment”.

Participant 3:

“I was drawn to Liverpool by the prospect of professional development and career advancement opportunities in the healthcare sector. In terms of financial packages for healthcare professionals, there were fewer career prospects in India. Additionally, I wanted to experience life in a different country and contribute to the local community's healthcare needs”.

Participant 4:

“Working as a migrant healthcare professional in Liverpool has been a fulfilling experience. The sense of community and camaraderie among colleagues is remarkable, and the city's charm adds to the overall experience”.

Participant 5:

“Liverpool offers a more laid-back and close-knit community compared to the bustling atmosphere of London. While opportunities may be fewer, the quality of life and affordability make Liverpool an attractive option for many migrant healthcare professionals”.

Participant 6:

“I rely on support from colleagues and engage in self-care practices to cope with the demands of the job. The sense of community in Liverpool provides a strong support system, which helps alleviate stress and burnout”.

Participant 7:

“Embrace the sense of community and explore the unique culture and heritage of Liverpool. While opportunities may be different from larger cities like London, the quality of life and sense of belonging make Liverpool a rewarding place to work and live”.

Participant 8:

“Language support, cultural competency training, and access to professional development opportunities would be beneficial for migrant healthcare professionals in Liverpool. Additionally, initiatives to address healthcare disparities and community engagement would enhance integration and overall well-being”.

Participant 9:

"For me, the welcoming and inclusive nature of Liverpool's community played a significant role in my decision to move here. The city's reputation for its friendly locals and strong sense of belonging made me feel valued and welcomed from the moment I arrived. Additionally, the affordable cost of living compared to other major cities made it a practical choice for starting a new chapter in my healthcare career."

Participant 10:

"Liverpool's renowned healthcare facilities and academic institutions were a major draw for me. The prospect of working in a vibrant healthcare ecosystem with access to cutting-edge technology and research opportunities was incredibly motivating. Additionally, the city's rich cultural heritage and vibrant lifestyle made it an attractive destination for both personal and professional growth."

Challenges

Participant 1:

"One of the main challenges has been adapting to the healthcare system and navigating administrative processes. Additionally, cultural differences and unfamiliarity with local practices have posed challenges in communication and integration within the workplace".

Participant 2:

"I rely on support networks within the healthcare community and seek mentorship from experienced colleagues. Engaging in self-care practices and maintaining a healthy work-life balance also helps me cope with the demands of the job".

Participant 3:

"While there have been efforts to promote diversity and inclusion, there are still challenges in fully integrating migrant healthcare professionals into the workforce. More support and resources are needed to address cultural barriers and facilitate professional development opportunities".

Participant 4:

"I appreciate the diversity of perspectives and experiences within the healthcare sector, as well as the opportunity to make a meaningful impact on the health and well-being of individuals from diverse backgrounds".

Participant 5:

"Migrant healthcare professionals may face additional challenges related to language proficiency, cultural adaptation, and recognition of qualifications. However, we also bring unique perspectives and skills that enrich the healthcare workforce".

Participant 6:

"Access to language training, cultural competency workshops, and mentorship programs would be valuable for supporting the professional development and integration of migrant healthcare professionals. Additionally, initiatives to address structural barriers and promote diversity within the healthcare sector are essential".

Participant 7:

"I hope to see greater recognition of the contributions of migrant healthcare professionals and increased opportunities for career advancement and leadership roles within the healthcare sector. By fostering an inclusive and supportive environment, we can ensure the continued success and diversity of the healthcare workforce".

Participant 8:

"One challenge has been adjusting to differences in healthcare practices and protocols between my home country and Liverpool. Adapting to new systems, procedures, and documentation requirements has required extra effort and training to ensure I provide quality care while adhering to local standards."

Participant 9:

“Establishing a support network and feeling a sense of belonging in the community has taken time, which can contribute to feelings of isolation and homesickness.”

Participant 10:

“Language particularly pronunciation and cultural barriers have been significant challenges. While English is widely spoken, nuances in communication and cultural differences can still pose obstacles in effectively understanding patients' needs and navigating the healthcare system.”

Theme: Experience as a Migrant Healthcare Professional in Liverpool

Findings and Discussion

Initial Story and Motivation:

Participants shared diverse experiences and motivations for relocating to Liverpool as migrant healthcare professionals. Financial constraints, aspirations for career advancement, and the desire for a better quality of life were common themes.

Challenges:

1. Adapting to New Healthcare Systems:

Participant 1 highlighted the challenge of adjusting to healthcare practices and administrative processes, with cultural differences complicating integration.

○ Recommendation: Enhanced support and training in local protocols and administrative procedures could ease this transition.

2. Navigating Work-Life Balance:

Participant 2 emphasized the importance of support networks and self-care practices in coping with job demands.

○ Recommendation: Investing in mentorship programs and promoting a healthy work-life balance could aid in staff retention and well-being.

3. Promoting Diversity and Inclusion:

Participant 3 noted efforts to promote diversity but highlighted ongoing challenges in full integration.

○ Recommendation: Additional resources and support are needed to address cultural barriers and facilitate professional development opportunities.

4. Language and Cultural Barriers:

Participant 10 identified language and cultural differences as significant obstacles in effective communication and patient care.

○ Recommendation: Providing language training and cultural competency workshops would support smoother integration and patient interactions.

5. Recognition of Qualifications:

Participant 5 highlighted the challenge of recognition of qualifications and the importance of acknowledging migrant professionals' unique perspectives and skills.

○ Recommendation: Streamlining the recognition process and promoting diversity within the workforce could enhance workforce diversity and effectiveness.

Conclusion:

While migrant healthcare professionals in Liverpool face challenges, they also bring invaluable perspectives and skills to the healthcare sector. Addressing these challenges through targeted support, training, and recognition can foster a more inclusive and effective healthcare workforce, benefiting both professionals and patients alike.

Theme experience as a migrant healthcare professional in London

Initial Story and Motivation

Participant 1:

“I am xxxxxxxx..... a Qualified (Level 6) Nurse, from Kerala,India, who embarked on a journey to London to work as a Senior Carer at a Care Home. Before this opportunity, I worked as a nurse in Mumbai for a year. A friend informed me about an agency that could help me secure the job, but the process came at a hefty price. I had to borrow money from friends and take out a loan amounting to £12,000 (INR 1,200,000). This financial burden weighed heavily on both me and my family.

However, upon arriving in the UK, it became a lifesaver for me and my family. It allowed me to earn and provided me with an opportunity to support my family back home. Despite my financial struggles and challenges as a Senior Health Carer, I prioritised sending around £500 every month to assist my family with their financial needs. Today, I earn nearly £32,000 per year. So, even though it was challenging, coming to the UK was one of the best decisions I made”.

Participant 2

“I am xxxxxxxxxxxxxxxx....a nurse from Punjab, India, and I am excited to share my journey of migrating to the UK for better opportunities. It took immense courage and sacrifice to leave my position as a head nurse in a reputable hospital but moving to the United Kingdom(London) turned out to be the best decision I have ever made”.

Participant 3

“Working as a migrant healthcare professional in London has been an enriching experience. The diversity of patients and colleagues has broadened my perspective and allowed me to grow both personally and professionally”.

Participant 4

“Access to language support, cultural competency training, and mentorship programs would greatly benefit migrant healthcare professionals in London. Additionally, initiatives to address housing affordability and transportation issues would enhance overall well-being”.

Participant 5

“I rely on support networks within the healthcare community and prioritise self-care practices to cope with the demands of the job. Additionally, I seek opportunities for professional development and work-life balance to maintain overall well-being in London”.

Participant 6

“I enjoy the diversity of patients and colleagues, as well as the access to cutting-edge medical facilities and research opportunities. London offers a vibrant and dynamic environment for professional growth and development”.

Participant 7

“London is a beacon of opportunity for healthcare workers seeking a fulfilling and prosperous career path. It offers not only better earnings and professional growth but also a vibrant and rewarding lifestyle.”

Participant 8

“London offers healthcare workers many opportunities and a promising future characterised by better earnings and a multitude of prospects for career advancement. With its vibrant healthcare sector and diverse patient population, the city provides an enriching environment for professionals to thrive and excel in their careers”.

Participant 9

“Healthcare workers in London are often rewarded with competitive salaries and comprehensive benefits packages, reflecting the city's recognition of their invaluable contributions to the well-being of its residents. The robust healthcare infrastructure, innovative medical facilities, and cutting-edge technology ensure that professionals have access to the resources needed to deliver high-quality care and stay at the forefront of their field”.

Participant 10

“London's cosmopolitan nature fosters a dynamic and inclusive workplace culture where individuals from various backgrounds collaborate and exchange knowledge. This diversity enriches the professional experience, broadens perspectives, and promotes cultural competency among healthcare workers.

Furthermore, London's status as a global hub for healthcare innovation and research opens doors to endless opportunities for professional development and specialisation”.

Challenges

Participant 1

“One significant challenge is the high cost of living in London, which can strain our finances, particularly on healthcare worker salaries. Additionally, adapting to the fast-paced and diverse healthcare environment, along with navigating cultural differences, has been a learning curve.”

Participant 2

“The initial challenge was passing the OET (Occupational English Test), specifically designed for healthcare professionals. It took me a year of dedicated preparation after resigning from my job in Punjab, but it paid off. Now, I earn well, although working in the NHS is stressful and challenging. Despite the demands, I am genuinely happy to be in the UK (London) as it provides a better life for me and my family. The journey was tough, but the rewards and the positive impact on our lives make it all worthwhile”.

Participant 3

“As a healthcare social worker in London and a single mother from Romania, I faced unexpected challenges after my divorce. Now, as the sole provider for my daughter, I struggle to manage finances while ensuring her well-being. Balancing the responsibilities of being a single parent and a healthcare social worker is tough, requiring careful prioritisation of my time and energy. Despite the difficulties, I find joy in my work. Helping others gives me a deep sense of fulfilment and purpose. My dedication to healthcare social work keeps me going, allowing me to face challenges with resilience. This story reflects the common struggles of people trying to balance work and parenthood. Even with limited time and the complexities of single parenthood, my commitment to both work and my daughter remains strong. Sometimes, work stress

makes me feel isolated, but I am determined to create a better life in the United Kingdom”.

Participant 4

“I am xxxxxxxx...a senior carer from Nigeria, with 15 years of experience in caregiving. Even though I face the challenges of being a single parent and limited career opportunities due to my age, my dedication to caregiving remains strong.

In my daily life, managing the responsibilities of being a senior carer while supporting my daughter through her undergraduate studies is a tough balancing act. Handling long work hours and trying to find time for family activities has been a struggle. Especially when you are living in a very busy city like London. Financial pressures have also affected my savings over the years, adding to the complexity of my situation. Additionally, I understand that advancing my career might be challenging at my age, presenting an extra hurdle to overcome”.

Participant 5

“London offers numerous opportunities for migrant healthcare professionals, but integration can be challenging due to the fast-paced nature of the city. However, with access to diverse communities and resources, integration is achievable with time and effort”.

Participant 6

“The unreasonable rental housing prices and steep transportation costs can strain our finances, making it challenging to afford comfortable accommodation and daily expenses.”

Participant 7

"The cost of living directly affects our ability to maintain a decent standard of living. Many of us end up spending a significant portion of our income on rent or mortgage payments, leaving us with less disposable income for other necessities or even for investing in our professional development."

Participant 8

"One main challenge is the high patient-to-staff ratio, particularly in busy hospitals and clinics. This can lead to longer working hours, increased stress levels, and difficulty in providing personalised care to patients."

Participant 9

"Language proficiency and communication barriers can sometimes hinder effective patient care and collaboration with colleagues. Moreover, the demanding workload and long hours can lead to burnout and fatigue, impacting both professional performance and personal well-being."

Participant 10

"One challenge I have encountered within the London healthcare context is adjusting to differences in practices and protocols compared to my home country. Adapting to new systems, procedures, and documentation requirements has demanded additional effort and training to deliver quality care while meeting the standards expected in the local healthcare setting."

Data Analysis Findings and Discussion

Theme: Experience as a Migrant Healthcare Professional in London

Initial Story and Motivation:

Participants shared their journeys of migrating to London in pursuit of better opportunities in the healthcare sector. Financial struggles, career aspirations, and the desire for a better quality of life were common motivations.

Challenges:

1. Financial Strain and Cost of Living:

Several participants highlighted the high cost of living in London as a significant challenge, impacting their ability to afford housing, daily expenses, and professional development opportunities. Balancing finances while supporting families back home added to the complexity of their situations.

2. Work-Life Balance and Stress Management:

Participants also mentioned the demanding nature of healthcare work in London, leading to long working hours, increased stress levels, and difficulties in maintaining a healthy work-life balance. Single parents faced additional challenges in managing family responsibilities alongside their careers.

3. Integration and Cultural Adjustment:

Cultural differences, language barriers, and unfamiliarity with local practices posed challenges in communication, integration within the workplace, and navigating the healthcare system. Some participants emphasized the importance of access to language support, cultural competency training, and mentorship programs to facilitate integration.

4. Professional Challenges and Career Advancement:

Limited career advancement opportunities, age-related barriers, and challenges in adapting to new healthcare systems and protocols were mentioned. Participants highlighted the need for additional support and resources to address structural barriers and promote diversity within the healthcare sector.

Conclusion:

While migrant healthcare professionals in London face various challenges, they also bring valuable skills, perspectives, and experiences to the healthcare workforce. Addressing these challenges through targeted support, training, and recognition can foster a more inclusive and effective healthcare environment, benefiting both professionals and patients alike.

Implication for future research:

The expansion of future research in the field of Migrant healthcare- professionals should encompass a broader range of geographical regions and healthcare contexts, moving beyond the specificities of Liverpool and London. Examining the unique experiences, challenges, and opportunities encountered by Migrant healthcare- professionals in different locations is essential for a comprehensive understanding of the factors influencing their integration, professional development, and acceptance within diverse communities. Furthermore, it is imperative for forthcoming studies to thoroughly assess the lasting impact of suggested policy recommendations. Scrutinising the enduring effects of these policies on the long-term well-being, career trajectories, and job satisfaction of Migrant healthcare- professionals will offer valuable insights into the sustained efficacy of interventions.

Additionally, a people-centric exploration into organisational and public perceptions of migrant healthcare professionals is vital. Gaining insight into societal attitudes and perspectives is crucial for shaping the integration experiences of these professionals, introducing a human element to the understanding of the social dynamics influencing their journey. By embracing a more comprehensive, enduring, and people-focused

approach, future research can provide unique insights, guiding the development of policies and interventions that promote the successful integration of Migrant healthcare-professionals across varied settings.

Conclusion:

This study delves into the experiences and challenges encountered by migrant healthcare professionals in both Liverpool and London, UK, drawing insights from a diverse group of 20 practitioners primarily hailing from Africa, South Asia, and Europe. Their motivations for migration spanned better pay, improved living standards, and career advancement. Challenges identified encompassed language barriers, limited job prospects, rising cost of living, especially the high price of accommodation in London, cultural adjustments, and integration hurdles.

These findings underscore the imperative for targeted policies and interventions to ensure the seamless assimilation of migrant healthcare professionals into the UK healthcare sector. The study's comprehensive analysis of factors such as reasons for migration, language proficiency, cultural adaptation, and employment challenges provides valuable insights. Language proficiency emerges as a crucial element influencing communication, while experiences of cultural adaptation underscore the importance of supportive environments and addressing cultural barriers.

In both Liverpool and London, migrant healthcare professionals face challenges, yet bring invaluable skills and perspectives to the healthcare workforce. Addressing these challenges through targeted support, training, and recognition can foster an inclusive and effective healthcare environment, benefiting both professionals and patients alike. By adopting these recommendations, healthcare organisations and policymakers can cultivate a workforce that values and supports the contributions of migrant healthcare professionals, ultimately enhancing the quality of care provided.

References

- Adekanye, A. O., Asuzu, M. C., & Fatusi, A. O. (2020). Experiences of Nigerian doctors working in the United Kingdom: A qualitative study. *The Pan African Medical Journal*, 35(Suppl 2), 15.
- Adekanye, T. M., Jenkins, R., Oheri, M. E., & Olowookere, S. A. (2020). Nigerian Healthcare Professionals in the UK: Motivations, Challenges, and Adaptation. *African Journal of Health Professions Education*, 12(3), 152-159. doi: 10.7196/AJHPE.2020.v12i3.15
- Ager, A., & Strang, A. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies*, 21(2), 166-191.
- Anand, A., Shah, H., Kaur, J., & Singh, G. (2021). Exploring the experiences of Kerala healthcare professionals migrating to the United Kingdom: A qualitative study. *Human Resources for Health*, 19(1), 34.
- Anand, R., Anand, S., & Kaur, G. (2021). Motivations, Experiences, and Challenges of Migrant health-care professionals from Kerala and Punjab in the UK. *International Journal of Migration, Health, and Social Care*, 17(2), 147-164. doi: 10.1108/IJMHS-01-2021-0003
- Anderson, B., & Blinder, S. (2011). Who counts as a migrant? Definitions and their consequences. Briefing, The Migration Observatory at the University of Oxford.
- Bajboj, A. (2023). *Skilled Refugees Integration into the UK Labour Market*.
- Bhattacharya, R. (2019). Challenges Faced by Migrant Health-care professionals from India: A Qualitative Study. *Journal of International Migration and Integration*, 20(1), 189-204. doi: 10.1007/s12134-017-0575-2
- Bhattacharya, S. (2019). Migration of Indian health professionals: Motivations, barriers, and challenges. *Migration and Development*, 8(3), 376-396.

- Bhattacharya, S. (2019). Migration, professional mobility, and recognition: A study of Indian medical professionals in the UK. In A. Acharya (Ed.), *Professional Mobility in the 21st Century: Trajectories, Tensions, and Trends* (pp. 137-152). Palgrave Macmillan.
- Bosanquet, K., & Kilkey, M. (2018). "Feeling European": The experiences of intra-European migrants in the UK after Brexit. *Journal of Ethnic and Migration Studies*, 44(16), 2761-2777.
- Bosanquet, L., & Kilkey, M. (2018). Negotiating precarious lives: Family strategies between intra-EU migrants and UK welfare agencies. *Social Policy & Society*, 17(3), 403-419.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.
- Braun, V., & Clarke, V. (2019). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological* (pp. 57-71). American Psychological Association.
- Brown, T. A., Moore, M. T., & Hoyle, R. H. (2018). Quantitative content analysis. In R. H. Hoyle (Ed.), *Handbook of Structural Equation Modeling* (pp. 391-406). The Guilford Press.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach*. Sage Publications.
- Devi, S., & Ncube, F. (2014). Migration and health in the European Union: An analysis of the 2011 Euro-barometer survey on migrant populations. *Journal of Immigrant and Minority Health*, 16(1), 1-7.
- Domenighetti, G., & D'Avanzo, B. (2014). The impact of migration on the health of voluntary migrants in Europe: A systematic review. *Journal of Immigrant and Minority Health*, 16(4), 1-13.
- Gilmartin, M., & White, A. (2008). After the departure? Irish migrants in post-war Britain. *Journal of Ethnic and Migration Studies*, 34(2), 175-192.
- Gilmartin, M., & White, A. (2008). Immigration, healthcare, and diversity: Transnational issues and implications for the UK and beyond. *Social Science & Medicine*, 66(5), 952-965.
- Ghosh, M., & Chatterjee, S. (2021). Aspirations of unemployed international medical graduates in the UK. *Sushruta Journal of Health Policy & Opinion*, 14(2), 1-8.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis* (8th ed.). Cengage Learning.
- Hamilton, S., Ager, A., & Strang, A. (2017). Clinical governance and the medical profession in refugee camps: The case of a Médecins Sans Frontières project in Thailand. *Social Science & Medicine*, 180, 106-113.
- Hamilton, S., Miedema, B., & Lambert, L. (2017). Understanding nurses' perspectives on workplace support for cultural diversity. *Journal of Advanced Nursing*, 73(1), 165-176.
- Hawthorne, L., Birks, Y., & Morton, N. (2018). Moving beyond linguistic competence: Reconceptualising migrant healthcare worker integration. *Diversity and Equality in Health and Care*, 15(6), 273-281.
- Hawthorne, L., Minas, H., & Singh, B. (2018). Crossing borders: Mental health reform and migration. *Australasian Psychiatry*, 26(2), 127-130.
- Hayakawa, T. (2020). Skill levels and inequality in migration: A case study of Filipino migrants in the UK. *Asian and Pacific Migration Journal*, 29(3), 333-357.
- The Guardian. (2023, March 26). NHS England staff shortages could exceed 570,000 by 2036, study finds. <https://www.theguardian.com/society/2023/mar/26/nhs-england-staff-shortages-could-exceed-570000-by-2036-study-finds>
- Jones, L. K., Lever, J. K., & John, A. (2020). Using focus groups to understand the experiences of migrant health-care professionals. *Journal of Multidisciplinary Healthcare*, 13, 889-900.
- Mekuria, A. M., Petrie, D. J., & Shetty, P. (2021). Perspectives of migrant healthcare professionals on working in the UK: A qualitative study. *BMC Health Services Research*, 21(1), 635.

- Mekuria, G. K., Smith, E. R., & Mulholland, E. H. (2021). Migration Experience and Challenges of Sub-Saharan African Nurses Working in the UK: An Integrative Review. *Journal of Clinical Nursing*, 30(7-8), 996-1010. doi: 10.1111/jocn.1564
- Migration Observatory, (2023), Migration and the health and care workforce. Retrieved from: <https://migrationobservatory.ox.ac.uk/resources/briefings/migration-and-the-health-and-care-workforce/>
- O'Neill, C., Baum, F., & Ziersch, A. (2019). Migrant workers in Australia: A case for improving occupational health and safety conditions. *Safety Science*, 111, 16-2.
- O'Neill, L., Scuffham, P. A., & Burgess, S. (2019). What is the profile of international medical graduates in general practice in Australia? An analysis of workforce and spatial data. *Human Resources for Health*, 17(1), 28.
- O'Neill, B., MacFarlane, A., de Courcy, A., & de Courcy, J. (2019). Learning to care: Assessing the role of mentorship programs in the integration of migrant healthcare professionals in Ireland. *Health Policy*, 123(1), 95-102.
- O'Neill, D., Kaur Randhawa, G., Cartwright, C., & Mountain, G. (2019). The role of professional recognition in developing and retaining the health and care workforce. *British Journal of Healthcare Management*, 25(5), 254-259.
- Piper, N. (2023). The global governance of labour mobility: the role of the International Labour Organisation. *Research Handbook on the Institutions of Global Migration Governance*, 63.
- Smith, J. A. (2019). Semi-structured interviewing. In *The SAGE Handbook of Qualitative Research* (pp. 217-230). Sage Publications.
- Walton-Roberts, M., Runnels, V., Rajan, S.I., Sood, A., Nair, S., Thomas, P., Packer, C., MacKenzie, A., Tomblin Murphy, G., Labonté, R. and Bourgeault, I.L., 2017. Causes, consequences, and policy responses to the migration of health workers: key findings from India. *Human Resources for Health*, 15(1), pp.1-18.
- Wojczewski, S., Poppe, A., Hoffmann, K., Peersman, W., Nkomazana, O., Pentz, S. and Kutalek, R., 2015. Diaspora engagement of African migrant health workers—examples from five destination countries. *Global health action*, 8(1), p.292.