



Attracting Foreign Doctors to Finnish Primary Health Care

Lauri Soini

MASTER'S THESIS

May 2023

Master of Business Administration
Degree Programme in International Business Management

ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Master of Business Administration
Degree Programme in International Business Management

LAURI SOINI:
Attracting Foreign Doctors to Finnish Primary Health Care

Master's thesis 58 pages, appendices 2 pages
May 2023

Finnish health care has undergone big changes and renewals during the last decades and the last few years. Throughout this time especially the public primary health care has suffered from a lack of medical doctors, and this shortage has gradually gotten worse.

The main aim of the present thesis is to examine foreign doctors' initial reasons for work-based immigration to Finland. Their experiences, both positive and negative, during practicing their profession in the country are also under consideration. Analyzing these factors provides the employers of health care field with information on what about Finland is attractive in the eyes of foreign doctors today, and what should be enhanced to generate more flow of this workforce to Finland in the future.

The data for this study was gathered by a questionnaire sent to doctors of foreign origin, who had working experience in the Finnish primary health care.

The main results of this thesis were that the demographic backgrounds and reasons for foreign doctors to come work in Finland are many, but there are factors that do link individuals and create basis for building better recruiting- and attraction operations. Age and country of origin of doctors was found to follow the overall Finnish statistics about foreigners, but gender-wise male doctors formed a significantly bigger group than female ones. Financial, personal and professional reasons were identified as the biggest drivers for work-based immigration to Finland among doctors, but also many societal aspects were found to be of importance.

The aim of the research is to help Finland become a more attractive work destination for foreign physicians in the future, which would be a partly solution to the problem of scarce resources of doctoral workforce in the Finnish society.

In particular, the employers of the Finnish primary health care system are likely to benefit from the findings of this study and it creates background for future research on mobility of international workforce of health care professionals for the needs of Finnish society.

Keywords: recruiting, doctor, expatriation, attracting, Finland, primary health care, work-based immigration

CONTENTS

1	INTRODUCTION	5
1.1	Background.....	5
1.2	About the author.....	9
1.3	Need for the research	9
1.4	Goals of the research.....	10
2	LITERATURE REVIEW	11
2.1	View on prior research and information on the topic	11
2.2	Immigration and expatriation	12
2.2.1	Expatriates and refugees - Different stages of professional readiness	13
2.2.2	Common reasons for expatriation.....	14
2.3	Foreigners in Finland	15
2.3.1	Age structure and gender of the foreigners in Finland.....	16
2.3.2	Why do doctors expatriate to Finland?	16
2.3.3	Obstacles for expatriation of doctors to Finland	18
2.4	Attracting expatriates	19
2.5	Attracting expatriate doctors	20
2.6	Moral dilemma with recruiting doctors from abroad.....	21
2.7	Summary of the literature review.....	21
3	METHODOLOGY AND DATA	22
3.1	Forming the group of respondents	22
3.2	Methodology and questionnaire	23
3.2.1	Designing the questionnaire	23
3.2.2	Close-ended questions concerning demographics	24
3.2.3	Open-ended qualitative questions	25
3.3	Goals and strategy for data collection	26
3.4	Gathering the data and preparing it for analysis	27
4	DATA ANALYSIS.....	28
4.1	Demographics of the respondents	28
4.1.1	Age of the respondents	28
4.1.2	Gender of the respondents.....	30
4.1.3	Country of origin of the respondents.....	31
4.2	Open questions.....	32
4.2.1	Reasons to come to Finland	33
4.2.2	The difficulties faced when starting to work in Finland.....	35
4.2.3	Most positive things about working in Finland	38

4.2.4	Most negative things faced when working in Finland.....	40
5	RECOMMENDATIONS.....	43
5.1	Diversity of reasons for doctors to come to Finland	43
5.2	Experience-based recommendations for the future.....	44
5.2.1	Reducing difficulties in the beginning of professional life in Finland	44
5.2.2	Emphasizing positive experiences.....	45
5.2.3	Transparent communication about negative experiences ..	45
5.3	Recommendation for an enhanced recruitment process of foreign doctors	46
6	CONCLUSION.....	48
6.1	Symmary of the research	48
6.2	Results of the research	48
6.3	Critical view on the research	49
6.4	Suggestions for future research	50
	REFERENCES	51
	APPENDICES.....	57
	Appendix 1. Translation of the invitation to answer the study questionnaire:.....	57
	Appendix 2. Translated survey questions sent out to the respondents	58

1 INTRODUCTION

1.1 Background

During the last decades Finland has suffered from a lack of doctors amongst other health care professionals in primary health care. The reasons behind the problem are many. The small number of physicians tends to be seen as the main factor in public opinions and debate (Aaltonen & Ruskoaho, 2023), but things like the vastly debated renewal of Finnish health care and poorly conducted IT-solutions like launching patient information system Apotti cannot be put aside.

These events are examples of administrative actions that have put a lot of pressure on the health care field. Due to the renewal of Finnish health care the responsibility of producing the services has been shifted from municipalities to broader health care regions causing big changes on the responsibilities, finance and administration (Valtioneuvosto, 2023). Professionals in the Finnish health care have expressed dislike towards the renewal due to high hierarchy, incompetent leadership, increased workload, decreased safety of patients and problems in salary payments (Kokko, 2017). Apotti, on the other hand, has not only been expensive, but also not user friendly and has even caused doctors to resign from their jobs in primary health care in the busiest regions in Southern Finland where the system is in use (Kuokkanen, K. & Takala S., 2022).

It is also notable that the voluntariness to work in the most needed sectors of health care from a very early phase of one's career leads to workforce flowing to other roles in the system, leaving the crucial primary health care in trouble year after year. Also, the work ideology of young doctors is seen very different from older generations (Mäkinen, 2023). In other words, the workforce is not efficiently located where it would be most needed. As a matter of fact, the number of doctors compared to the number of citizens has rapidly increased at the same time as the apparent shortage of doctors has gotten worse. As in the year 2000 the number of citizens per doctor was 287, in 2019 it was only 182 (Suomen Lääkäriliitto, 2020). Yet the situation in primary health care and especially in the emergency

units has been getting worse throughout this period (Parkkila-Harju, 2018). According to this, the shortage of doctors can be considered to be somewhat of an artificial problem and even though increasing the number of students in medical universities is often brought up as a solution, the problem is not likely to be fixed that easily (Helsingin Sanomat, 2021).

The aging Finnish society can also be seen as one part of the problem since the big generations within the country are getting older and therefore the allocation of duties between doctors and other health care professionals needs to be renewed in the nearby future because the forms of health care services needed the most will shift towards more geriatric nature (Schleutker, 2013). The poor availability of doctor's appointments in the health care stations leads to elderly people, or other individuals with not acute problems to seek for a doctor's appointment in the emergency units since the waiting time would otherwise be very long. This causes the emergency units to be very crowded and waiting times can in worst cases go way over 24 hours whereas in a normal situation the waiting time should be only a few hours or even less. Hence, it can be stated that the emergency units must take in a lot of patients that should not be there in the first place (Yleisradio, 2022).

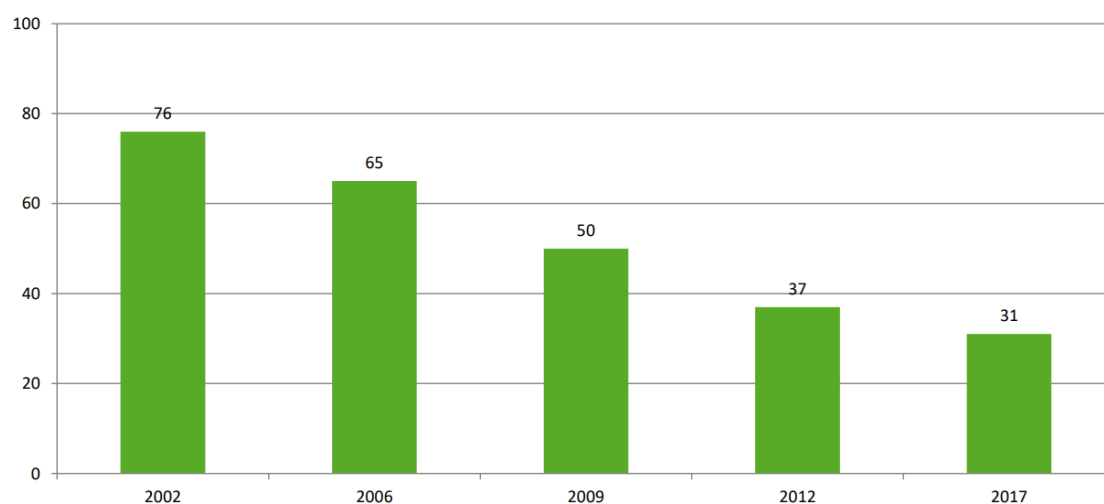


FIGURE 1. Decreasing percentage of health care units' doctors that do emergency shifts from 2002 to 2017 (Lääkäriliitto, 2017)

Another reason, however, indeed seems to be that the doctors are not willing to work in emergency shifts or other places in great need and no one efficiently

enough requires them to. This effect is clearly seen in the statistics provided by the union of Finnish doctors (Figure 1) that shows that the percentage of doctors who work in health care stations and take part in the emergency shifts fell from 76% to 31% between the years 2002 and 2017 (Lääkäriliitto, 2017).

In fact, in many cases the only doctors for whom the emergency shifts are mandatory part of the work are the already comparably low paid ones who are undergoing their specialization periods in the public sector (Lääkärilehti, 2017) which has a very monopoly-like right to offer them even though the private health care companies would be, in many fields, just as competent to offer these possibilities (Mehiläinen, Tieto ja taito, 2023).

This kind of development easily leads to a vicious circle in which the situation in the primary health care gets so difficult, that professionals start to, even more vigorously, avoid working in the field and often the only way to sufficiently attract them is to pay them significantly more, which can lead to an uncontrollable rise in salaries. This has already occurred since big raises in doctors' emergency shift salaries by the public sector have forced other producers like private health care companies to follow on the same path. For example, in the health care region of Helsinki and Uusimaa (HUS), the public sector has raised their salaries for emergency shifts very high and included an additional bonus for each patient that the doctor takes care of during one's shift. This can be argued to drive for quantity instead of quality when examining the patients (HUS, 2023). This also gives the problem an important societally economical point of view since the health care in Finland is widely funded by taxation. In 2019 the price for producing national health care services was 22 billion euros which stands for 9,2% of the gross domestic product of Finland. 76,8% of this was publicly funded (THL, 2022).

The services are provided by the healthcare areas and municipalities (78% of national health care) or produced with the help of private healthcare companies that either rent workforce, or in some cases, take care of bigger outsourcings of healthcare entities (22% of national health care) (Sosiaali- ja terveystieteiden ministeriö, 2023), which often have turned out to be more cost-efficient and guarantee faster entrance to health care services for the ones in need (Jokinen, 2020). This is best seen through availability of treatment that is widely measured by T3-number

which is formed by counting the third free appointment time in calendar days in a particular healthcare station. For example, in Helsinki in January 2023, the average T3-number amongst all healthcare stations was 35, but in Ruoholahti health care station, which has been outsourced to a private health care company Mehiläinen, the number was 3 (Helsingin kaupunki, Odotusajat ja asiakaskokemus, 2022).

Other reasons for the lack of doctors in primary health care are rather poor and old models of conducting the services. For example, more efficient team models or patient flow models are not that well adapted and digital health services are not used up to their full potential once private health care companies tend to be pioneers in these areas. (Mehiläinen, 2023)

To solve these problems, it is important to come up with ideas to increase the number of professionals in the field and this way to ease the pressure in the primary healthcare. One efficient way of doing this is to recruit more competent foreign professionals. According to the confederation of Finnish industries this is crucial also because during the ongoing decade substantially more employees are forecasted to leave the market than enter it on a national level due to the age structure of Finnish society (Elinkeinoelämän keskusliitto, 2023).

In health care field the recruitment of foreign professionals has already successfully been done for example in the case of nurses by Healthcare Staffing Solutions Oy, a company that provides education and helps for foreign nurses that are looking for work opportunities from abroad and paves the way for them to get started as professionals in Finland. This is done, for example, by offering language training and providing help with visa-matters alongside many other things (Bonnier business forum, 2022).

The findings of this study can be used as a tool to help the current prolonged problem that has negative impact on the economy, work conditions and quality of health care, and so the main question of this study is: What attracts foreign doctors to Finland?

When the answers to this question, together with fulfilling side questions like reasons behind immigration to Finland, are found and thoroughly analyzed from different angles, it will provide information on what about Finland is attractive in the minds of doctors today. Other important aspect is to identify the flaws in the system and to pay attention to the things that the doctors do not find satisfactory, so that these things can be focused on and fixed in the future.

1.2 About the author

The author of the study has worked in primary health care recruitment for five and a half years, first as a recruitment coordinator and for the past four and a half years as a team leader in a unit that focuses on the recruitment of doctoral workforce for the public emergency shifts. Due to this experience, the author has knowledge and relations in the field in question.

The employer of the writer, Mehiläinen Terveyspalvelut Oy, is a part of the Mehiläinen concern in which the services are produced for the public sector. Mehiläinen is the biggest private health care company in Finland and operates in most areas of the health care from occupational health care to private health care and digital services and has during the last decade taken a big role in producing services for the public sector in Finland together with other private health care companies.

1.3 Need for the research

Due to the lack of research and literature on this topic the research on the attracting factors of foreign doctors is needed, and the findings can be expected to be of many sorts from personal reasons to professional and financial ones together with societal factors. All of which are things that could possibly, with committed work and co-operation between different organizations and legislative administrations, be enhanced and used for better recruitment of doctors from abroad and to help provide the Finnish health care field with motivated and highly needed professionals.

1.4 Goals of the research

This master's thesis studies and analyzes the reasons for foreign doctors to come work in Finland. The purpose of the study is to provide the organizations recruiting and employing doctors with important information on the reasons behind foreign doctors' decisions to immigrate to Finland. The main goal of the study is to identify the most important reasons and to enable the use of the findings for making Finland more attractive and desirable work destination for foreign physicians in the future. The scope is set on the doctors that work in the primary health care, and in most cases in the emergency units, since this section tends to constantly be in the biggest need of professionals and the lack of workforce in this field continuously causes societal and economic problems in Finland (Miettinen, 2022). For this reason, the questionnaire (Appendix 2) for this study was sent out to professionals who have work history in different emergency units of the Finnish health care field, mostly in southern and western Finland.

As Finnish health care, and especially the Finnish primary healthcare, suffers from a constant lack of professionals, it is interesting to find out what has caused the labor immigration to Finland among the current foreign doctors who already work or have worked in the country. The research problem itself is to identify the reasons together with push- and pull factors behind the decisions of this group of professionals to move to Finland, and then to find out what they have been satisfied with and what they have found to be negative together with a view on what kind of difficulties they faced when starting to work in Finland.

Also, the demographics of the respondents have been considered. The findings will be categorized and analyzed so, that it will be possible to use them in the future processes for more efficient recruitment and to attract more physicians to Finland from abroad. Therefore, through listing and evaluating these reasons and experiences, this research intends to find out what things should be changed or enhanced to make Finland a more attractive work destination for the highly demanded workforce of this sector.

2 LITERATURE REVIEW

2.1 View on prior research and information on the topic

Expatriation is a topic that has been researched quite actively and broadly from many angles. The problems with using many otherwise good articles about expatriation as background for this thesis have to do with the small scope of quite many researched topics since they usually, like this research, do focus on some specific country, but sometimes also only include expatriates from some country in particular. This leaves the findings somewhat vague in a bigger picture since there often are only two cultures included in the studies. Due to this the findings might be of very homogenic nature. However, there are also many broader studies that focus on expatriation as a wider phenomenon and are useful to be mirrored against the findings of this study.

The studies about expatriates mostly handle the topic in general, and not within only a certain group of professionals, but for example the study about expatriation of academically educated people by Richardson and McKenna (2002), is already very close to the topic at hand.

The initial reasons for expatriation of different types of expatriates and their motivations were well opened and analyzed in the articles by Selmer and Luring (2012) as well as by Holopainen and Björkman (2005). These studies handled the reasons to expatriate together with the work outcome and the characteristics of a successful expatriates while an interesting point of view on expatriate selection was offered by Harvey and Novicevic (2001).

Very relevantly for this study Yvonne Kallane (2017) had studied the attraction and retaining process of expatriates. This information was very important since one of the main goals for the recruitment of foreign doctors is on making them stay in the country long term. More information on the motivation and adaptation processes of expatriates were gathered from the papers of Despotovic et al. (2022), Black et al. (1991) and Firth et al. (2014).

The studies by Haukilahti et. al (2012) and Heiska (2014) are the closest studies in this field as Haukilahti et. al have researched the reasons for doctors outside of the ETA-area to come to Finland and Heiska's study focuses on the choosing process of Finnish employers by Estonian doctors.

Since the Finnish health care has gone through many big changes during the last decades, years and even months, the media on both, national and municipal level is full of interesting articles that provided this study with great insight of many things that could not be found directly from previous research. Especially the information about recruitment processes and the big problems Finnish health care is undergoing at the moment, were best emphasized in this category.

Even though this study focuses on the problems of the Finnish public primary health care, many of its problems and possible solutions to them were offered by public materials from private health care companies operating in Finland. For example the digital solutions and T3-times of health care stations outsourced to Mehiläinen Oy are something that seem to, compared to fully publicly organized ones, work very efficiently towards general well-being and faster and more equal treatment of non-urgent patients who, due to the overall situation have to use the emergency units to get a doctor's appointment or matters that in fact could wait for booked appointment in a healthcare station if the waiting times would be of length they are supposed to be.

In addition, the articles about the expectations set upon doctors emphasized many problems that are likely to also be worldwide, and information on the ambitions and expectations of doctors themselves are well presented in the findings of the study as well. Using all these sources for theoretical and informative background helped to validate and analyze the findings of this study reliably and efficiently and allowed the writer to look at the topic from several different angles.

2.2 Immigration and expatriation

Many people move to a foreign country, yet the reasons behind this are many. This goes to all people living in foreign countries, and so it goes for the foreign workforce, including doctors, in any nation (Selmer & Lauring, 2012). There are,

however, different categorizations concerning the foreign workers, and any foreign citizens for that matter. These categorizations are based on the primary reason for one to move out of their country of origin. An *immigrant* is someone who has moved to a country, different from one's origin, in order to live there permanently. (Cambridge dictionary, 2023). This definition is quite broad and vague and does not in itself clarify the reason behind leaving one's home country well enough. More specific terms such as *expatriate* and *refugee*, on the other hand, give a more profound understanding on what has caused the emigration of the person.

Refugees are a group of expatriates that have searched for an asylum in a foreign country due to war, conflict, violence, or persecution, (The UN Refugee Agency, 2023) once other types of expatriates are commonly thought to be people who have moved to a foreign country for reasons such as willingness to explore or professional and financial motivators (Selmer & Luring, 2012, 4-5). This kind of expatriates are also often referred to as self-initiated expatriates (SIEs) or assigned expatriates (AEs). Difference between these two subgroups is that SIEs have had an internal motivation to move to the country in question once the AEs have been assigned to move there by their employer or other third party, probably due to international operations in the organization (Despotovic & al., 2022, 4-6, 19).

2.2.1 Expatriates and refugees - Different stages of professional readiness

The two opposite primary reasons to move out of one's home country, force and will, often cause a different stage of readiness to become an active part of the society and workforce in the new country. An expatriate has probably had a lot of time to prepare for the emigration process and the expatriation to the destination country might have even been a desired change and a conscious plan for which one has had the time and motivation to study and research for, both culturally and professionally, for a long time. Whereas in the case of a refugee, the situation in most cases is very different. In the worst-case scenario, the refugee has had to flee a crisis in one's home country to a place one would not have otherwise

even wanted to go to, and in many cases the emigration has been fast and not well prepared (Farah, 2020).

Since the adjustment to working life in a foreign country is greatly helped by previous cross-cultural experience (Black et. al., 1991, 293) and motivation (Holopainen & Björkman, 2005, 37-50), together with technical and professional skills that play a big part in the immigration process, it can be assumed that it is very likely that a self-initiated expatriate moving to a new country will have better starting position for one's professional career than someone with a refugee background (Harvey & Novicevic, 2001, 69).

2.2.2 Common reasons for expatriation

The three main expatriating groups described earlier are 1) self-initiated expatriates, 2) refugees and 3) assigned expatriates who have been recruited or assigned to move to another country. Because in the case of refugees the migration to a foreign country is generally not done according to its attractiveness or professional environment, but rather to just be safe, the scope is narrowed down to self-initiated or assigned expatriates together with recruited expatriates in most sections of this paper. However, it is still important to pay attention to refugee groups to understand how big of a portion they represent among the foreign doctors that have taken part in this study.

Prior studies have found that reasons for expatriation can be divided into two groups; push- and pull-factors. Higher standard of living, better political situation, professional opportunities, and better economic environment are examples of push factors. These factors are something that drive professionals and academics from their home country in the search of a better life whereas pull factors are usually somewhat more of an emotional nature and include factors such as getting married to a person of foreign origin or having a network of friends or similarly thinking people in a foreign country (Richardson and McKenna, 2002, 70).

Once the push- and pull factors have generated the motivation for expatriation, the person quite often has many options to pick from. After going through these options some expatriation expectations are likely to form. These expectations are

often reflected to experiences of others, and this will in many cases make the will to expatriate even stronger (Firth et. al, 2014, 280). These expectations can be considered as very important things from a recruitment and attraction point of view, and it would be important to make good experiences examples for potential new employees abroad. It is also important to try to make the expectations realistic and to make them meet the reality as well as possible to make the wanted employees stay (Roy, 2023).

2.3 Foreigners in Finland

Finland has a very diverse base of different nationalities living within its borders as altogether 180 different nationalities are represented. However, by far the most popular countries of origin are Former USSR (84 000), Estonia (52 000) and Iraq (27 000), after which the numbers per nationality get more stagnant and varied between different nations (Tilastokeskus, 2021). The statistics of the biggest foreigner groups by the country of origin are shown in Figure 2.

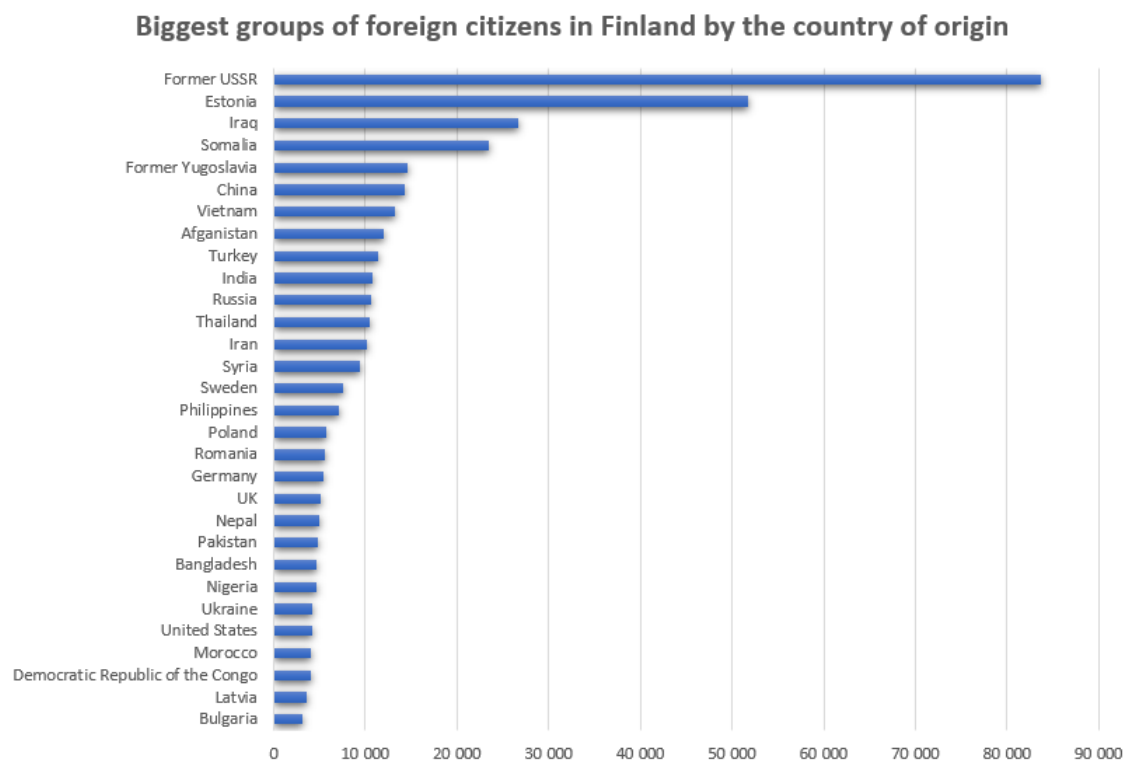


FIGURE 2. Biggest groups of foreign citizens in Finland by the country of origin (Tilastokeskus, 2021, edited)

2.3.1 Age structure and gender of the foreigners in Finland

Age, gender or other demographic factors could be assumed to affect the expatriation process, but when looking at these statistics concerning Finland, this does not seem to happen. Of all foreign citizens living in Finland 51,9% are men, so gender cannot be seen as a big factor when looking at all foreigners living in Finland (Tilastokeskus, Maahanmuuttajat väestössä, 2021).

Also, the age distribution seems to be quite favorable from the point of view of attracting working-aged expatriates to fill in the gap in the lack of employees; majority of all people of foreign origin in Finland are working-aged people between 20 and 60 years of age and most of the people who do not fall in this category are children who are likely to become active workforce in the future.

When thinking about doctors, it is also worth mentioning that they are known for quite long-lasting careers and not all of them retire according to common retirement age even though their field of work might change, or they might reduce their work time towards the later years of their career (Collier, 2017). So, in the case of doctors the biggest problem would not be attracting people of right age, but rather efficiently employing them and making them active and productive parts of the society. (Tilastokeskus, Ulkomaalaistaustaiset, 2021).

2.3.2 Why do doctors expatriate to Finland?

The statistical data of Finnish health care and its state together with the information on foreign physicians in Finland is well available from different sources, the main one being the Finnish doctors' union Lääkäriliitto.

Importantly for this paper, there are already a big number of foreign doctors in Finland. According to Lääkäriliitto, there were almost 1 200 foreign citizens with a doctor's license in Finland already back in 2010 (Lääkäriliitto; Tietoja maahanmuuttajalääkäreistä, 2011). Analyzing the expatriation reasons for this existing group is of high importance when trying to understand and analyze the push-and pull factors of foreign doctors to expatriate to Finland and start practicing medicine in the country. Also, finding out the potential obstacles for doctors to

expatriate to Finland together with positive and negative experiences they have had will help to make moving to Finland a more desirable thing to do.

According to a study by Haukilahti et. al (2012), which focuses on the doctors' reasons to come to Finland from outside of the ETA-area, the main reasons for doctors to expatriate to Finland were: Finnish spouse (37%), Finnish roots (24%), unsecure situation in one's country of origin (19%), career development (16%), recommendations from friends (8%), difficulties to practice one's profession in the home country (7%) and discrimination (6%). In addition, the respondents had brought up things like *studies of one's spouse, safety of children, better education possibilities, Ingrian Finnish roots of the respondents or his spouse, refugee status, uniting the family, war in the country of origin, assignment by one's employer and research work.*

Kupiainen (2017) states that the proportion of foreign doctors has become a notable group in the Finnish health care only during the last two decades so this might have caused some changes on the initial reasons for work-based immigration over time when compared to Haukilahti's findings.

It is also known that many Finnish citizens study medicine abroad, especially in the Baltic-, Eastern European- and Nordic countries and this leads to Finnish working possibilities being more actively brought up in these countries (Lääkäriliitto, 2010). In addition, the short distance also enables work trips to Finland without permanently residing in the country. This way of commuting is known to be done especially by Estonian doctors (Massa, 2020).

Many foreign doctors in Finland fall under the previously handled groups of self-initiated expatriates and refugees, but there is a third notable group of foreign physicians in Finland that are worth mentioning, and especially for this study, a very important one; the group of doctors that have been recruited to Finland on purpose. This kind of recruitment is done by different private health care companies (Heiska, 2014), and there has been substantial campaigns to attract foreign doctors to Finland by the public sector as well (Kuntalehti, 4/2017). Since this study aims to help Finland become a more attractive work destination for foreign physicians in the future through identifying and analyzing the reasons for foreign

doctors to come work in Finland, this group is the one that will hopefully get bigger in the future once the most important reasons behind the decisions to move to Finland among foreign doctors will be identified.

2.3.3 Obstacles for expatriation of doctors to Finland

The doctors who move to Finland from abroad will face some obstacles on the way since the requirements for practicing medicine in Finland are quite strict. Not only does the doctor need a doctoral license to do so, but also a sufficient level of Finnish language is required and this is not an easy task, especially for those who do not have any prior experience in Finnish, because Finnish is widely considered to be one of the hardest languages in the world to learn and it is not closely related to worldwide Latin- or Germanic languages that would be easier to adapt for most of the people (Merritt, 2022).

In addition, some clinical tests will take place and knowledge about the Finnish health care system will be examined. These requirements are also somewhat different, and stricter, for physicians that have graduated outside of the EU-countries. In their case the permanent doctoral license will only be granted after a separate test once some experience working under supervision and surveillance has been gained. The testing and validating the foreign studies also depends on their recency, and in many cases some extra courses will be required. Many of these requirements, however, also apply for the Finnish nationals that have studied medicine abroad, even though the allegedly most difficult part, the Finnish language, will naturally not be an issue for them (Valvira, Ammattioikeudet, 2023).

These procedures for licensing foreign doctors in Finland are strict, yet of course understandable to a degree since the profession is of such high responsibility, but the process itself could be more agile when it comes to flexibility and timetables. At least the different documents could be attempted to handle more efficiently and quickly and there could be for example more exam dates available etc.

Valvira, the bureau responsible for validating the doctor's licenses in Finland, is known to be found very bureaucratic and often very slow when it comes to handling applications (Lepistö, 2022). Making this part of the process run smoother would already be one big step to the right direction when it comes to employing foreign doctors. Other societal factors that tend to bring down the motivation amongst foreign workers are high taxation and prejudices about foreign nationalities (Expatriate arrivals, 2023).

Health care field is also subject to unfortunately common problems like prejudices and racism. Discriminatory treatment can derive from various sources. Colleagues and work communities may not be welcoming towards doctors of foreign origin, but also patients might dictate wishes of wanting treatment of someone of their own nationality (Mediutiset, 2021).

2.4 Attracting expatriates

Attracting foreign workforce is a sum of different things that make it favorable for one to move to a foreign country. The differences between the cases of refugees, SIEs and recruited expatriates have been described earlier. In this section a closer look is taken on the general attractive features of a country needed to attract more foreign professionals. In the next section these factors are reflected to the case of doctors.

Firstly, attracting and employing expatriates is normally something that requires special resources in terms of time, effort, and money. For this reason, it is crucial to handle the expat-situation so, that the workforce acquired will remain in the society as long as possible (Kallane, 2017, 13-14).

Even though the reasons for expatriates to stay in a foreign country are often the same reasons they moved to the country in the first place, there are also some matters that tend to become important along the way and might influence the decision on staying in the country or not. As things like higher wages, cultural- and interpersonal skills, easy access and expatriate expectations normally play a big role in choosing the destination country (Häzaq, 2021), and they remain

important in the long run as well, also other things like career enhancing opportunities, further education possibilities, fair treatment and other societal and interpersonal matters often grow more and more important as the time passes (Chamberlain, 2017)

2.5 Attracting expatriate doctors

When a field in great need of professionals is in question, the recruitment process is often comparable to sales (Cameron, 2022) and since sales is often about creating need and expectations it is important to make the truth behind expectations to match with how it has been described (Richardson sales academy, 2021). Otherwise, the recruited individuals might feel disappointed and leave. It is also likely that good experiences will cause internal recruitment within the group of professionals and highly increase the effectiveness of the recruitment work (Meinke, 2022).

Because this study aims to identify and analyze the reasons for foreign doctors to come to Finland in order to make Finland a more attractive work destination for foreign physicians in the future, the framework of this research is mainly set on the mobility of workforce and people between countries together with the reasons for, and behind, it. Within this group doctors are very special professionals in many ways.

Firstly, they are highly educated and generally a very respected group of professionals. This goes for basically all the cultures around the world (Smith, 2021). Secondly, the nature of their profession is such, that a high standard of expertise and skills are required. In addition, very high expectations are set upon doctors (Lateef, 2011, 8-10). Thirdly, many countries, including Finland, suffer from a shortage of doctoral workforce alongside other health care professionals in many sectors of the health care system, and this leads to their input being highly wanted and big resources are used to effectively recruit them (Yleisradio, 2021). Therefore, general research on expatriation and information about foreigners staying or living in Finland is interesting and allows comparison with the findings of this study that focuses on doctors.

2.6 Moral dilemma with recruiting doctors from abroad

Recruiting doctoral workforce from abroad also includes a moral dilemma. It might weaken the health care in the doctor's country of origin. Especially within the European Union, due to free workforce mobility this cannot be seen as any kind of illegal activity, but the recruitment should be done in a scale that makes it sustainable also for the home country of the person (European parliament, 2023).

However, the previous discussion on the topic, for example between Finland and Estonia, has been mostly about the money Estonia uses for the education of doctors that then start working in Finland, and weakening the resources of Estonian health care has not been brought up that actively (Yleisradio, 2014).

2.7 Summary of the literature review

The main goal of this study is to identify the reasons for foreign doctors to come work in Finland in order to increase attractiveness of Finland in the eyes of this group of professionals in the future. However, the broader framework behind the study has to do with the overall reasons for people to work abroad. In today's world people often move from their location of origin to and start to practice their profession somewhere else than their home country and the reasons behind this vary a lot. Some have to do with the factors of the professional environment, but also personal and societal reasons often take place. Even though there are some special features to take into account when looking for the reasons in the case of doctors, there are also many similarities to other professional groups that move abroad.

3 METHODOLOGY AND DATA

To carry out this research, the data about the foreign doctors working in Finland was needed for analysis. After deciding on the topic of the study, the methods and steps were designed to make the project efficient in terms of time and money, but informative in terms of the main study questions to gather enough data for profound analysis. For these reasons a survey was chosen as the data collection method. (Moilanen et. al, 2022, 4.4) The steps prior to the data analysis were conducted as follows:

1. forming a group of potential respondents
2. designing and testing the survey questionnaire
3. sending the questionnaire to the respondents
4. gathering the response data
5. preparing the data for analysis

The methodological aspects of the study are described in the following chapters in chronological order.

3.1 Forming the group of respondents

The data for this research was collected through an anonymous questionnaire sent out to previously identified foreign doctors. The group of professionals picked as potential respondents was selected and sorted through a database that the writer had access to due to his profession in recruitment of doctors in Mehiläinen Terveyspalvelut Oy. To get as versatile data as possible, the sample of respondents was kept as random as possible, but it could not be helped to include some individuals that the writer did know in advance.

Even though the group of potential respondents had been selected beforehand using non-probability sampling within the group of foreign doctors in the company's database (McCombes, S. 2023), the sample was not filtered by any other factors than the country of origin being different than Finland, and that all professionals in the sample had working experience as practitioners of medicine in the

Finnish health care system, and at least at some point of their career, in the public primary health care units.

3.2 Methodology and questionnaire

The survey questionnaire sent to the target group was same for all the potential respondents that represented the sample of the target population, so the methods of this research were mostly quantitative, but especially the open questions about, for example, the most positive and negative experiences in Finland bring elements of qualitative nature to this research. (Moilanen et. al, 2022, 4).

3.2.1 Designing the questionnaire

According to Roopa & Rani (2017): *“to gather useful and relevant information it is essential that careful consideration is given to the design of your questionnaire. A well-designed questionnaire requires thought and effort and needs to be planned and developed in a number of stages.”* Their recommendation for the questionnaire designing project are shown in Figure 3.

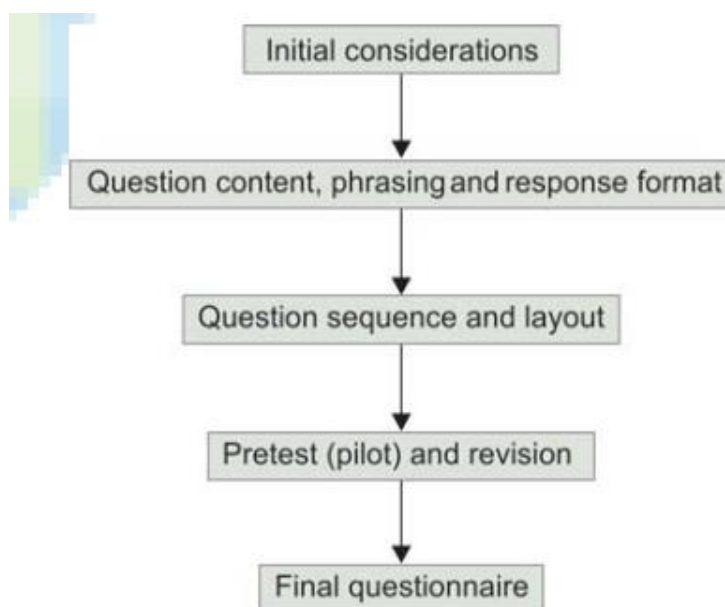


FIGURE 3. Stages of planning a questionnaire (Roopa & Rani, 2017)

The steps in the Figure 3 were followed in the designing process of the survey questionnaire. First it was considered what kind of information would best allow analysis answering the study question and provide background information on

the respondents. Then the questionnaire was created in Google Forms with appropriate settings and tested before the invitation to answer the survey (Appendix1) was sent out to the group sample.

To not get too superficial data about the respondents, the questionnaire was designed so, that it begins with the demographic close-ended questions to get fast and aggregated overall picture of the background of the respondents and then moves on to the open questions that are likely to provide more qualitative and informative data to analyze (Boynton, P., 2004).

3.2.2 Close-ended questions concerning demographics

The demographical close-ended questions were simple ones with only one answer and had to do with the very basic information on the respondents. These questions were included in the survey to gather data about 1) where the foreign doctors come from, 2) how old are they and 3) whether they are male or female.

These demographical background questions are important to visualize the demographics of the sample and to understand what groups of people already belong to the target population in terms of age, gender and nationality (Fontanella, 2019).

Studying the country of origin is also important because the theories of traditional product branding through country of origin-theories (COO) can also be used for employer branding as shown in the Figure 4. (Zavieri & Mulye, 2011)

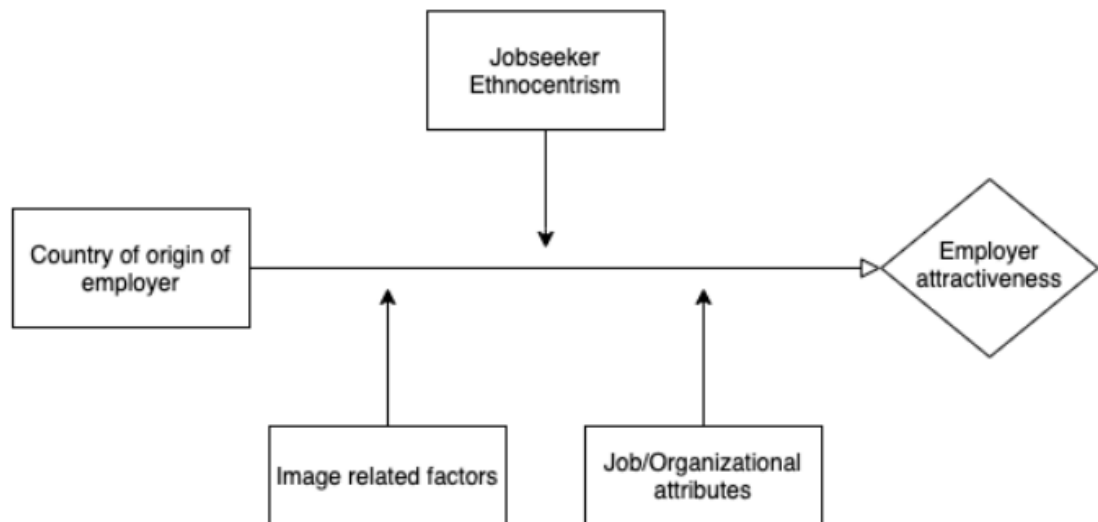


FIGURE 4. Conceptual model of COO effects on employer attractiveness (Zavieri & Mulye, 2011)

Collecting data on the age of the respondents was done to find out if the sample consists of working-aged individuals and to see how wide the age bracket is. Working age is defined by the OECD to be anything between 15 and 64 years of age (OECD, 2023) and it is also found to matter on the work preferences of public employees (Bright, 2010).

Figuring out the gender structure of the group in question is interesting simply because one group being better presented than another amongst the respondents would leave a big portion of potential candidates still available as the population in general consists of 50% male and 50% female individuals (Ritchie & Roser, 2019).

3.2.3 Open-ended qualitative questions

The open-ended qualitative questions used in the survey questionnaire were:

1. *What were your reasons to move to Finland?*
2. *What kind of difficulties did you face when starting to work in Finland?*
3. *What has been the most positive thing while working in Finland?*
4. *What has been the most negative thing while working in Finland?*

These qualitative questions can be seen as the main questions of the questionnaire since the answers to them provide the information to the main study question: What attracts foreign doctors to Finland? This information together with the experience-based questions is supposed to help understand the most common, and less common, reasons for foreign physicians to choose Finland as their working location.

To analyze the data, and to benefit from it, it is important to also understand if the expectations the expatriates had when choosing to come work in Finland came true or not (Firth et. al, 2014). This information can supposedly at least partly be deducted from the answers to the questions of difficulties faced in Finland and about what have been the most positive and negative things while working in the country.

3.3 Goals and strategy for data collection

The survey was sent out to a group of 104 doctors and the goal was to get at least 30 responses. The goal for the number of responses was met with the total amount of 31 answers in the end of the data collection period being. The goal was initially based on the personal estimate of the writer on the willingness of doctors to take part in research of this kind given the number of individuals in the sample. The reached response rate of 29,8% is also quite close to the response rate of 33% which is the average response rate of surveys in general (Lindeman, 2021).

The survey was sent to the target group through Google Forms-platform and the data was collected, and further on also handled anonymously, so none of the respondents had to fill in their name, contact information etc. When planning the research, also interviews were considered but to give the respondents time to think and answer as freely as possible, the questionnaire was considered to be more suitable. This seemed to work since a big part of the respondents listed several things to each open question and the data grew up to include more factors per open question than there were respondents.

3.4 Gathering the data and preparing it for analysis

After the data collection was done, the data had to be converted to a form that would allow informative analysis. The answers together with the questions also had to be translated from Finnish to English since the original questionnaire was sent in Finnish to respect the Finnish language level of the respondent doctors.

After the translation the data was quite straightforward and therefore Microsoft Excel was picked to be the tool for data handling. Excel was mostly picked because of the writer's former experience in using it and its good features for graph creating and other data handling attributes like color coding for certain type of answers etc. that enabled the writer to create easy to spot connections between different answer groups for the later analysis.

Since the answers of the respondents were very diverse, the answers were divided to four different main groups according to the nature of the answer in order to get a bigger picture and better understanding of the main categories that tended to appear amongst the responses. This way the data could be analyzed in a more generic way even though it is worth paying attention to some small, but crucial pieces of information even if the answer was not that popular. The four main groups under which all answers could be divided were financial, personal, professional and societal or cultural (Table 1).

TABLE 1. The color categorizations used to group the answers of the questionnaire into four main groups

Financial
Personal
Professional
Societal or cultural

4 DATA ANALYSIS

4.1 Demographics of the respondents

Since the purpose of this study was to find the reasons for foreign doctors to work in Finland and to enable the use of the results to attract more professionals to Finland in the future, it was important to examine the backgrounds and demographics of the ones who have already made the decision to come to Finland and practice their profession in the Finnish health care. When professionals are in question, the most important demographical factor is their age, since it often more or less defines the remaining years of the work career the individual still has left even though doctors are known for long careers that often last past the normal retirement age.

Second demographic factor that was analyzed was the gender of the respondents. This was mainly found interesting because of the possible unequal percentages within the group when it comes to male or female doctors. This information could possibly be used in the future recruitment activities to make the number of foreign doctors in Finland higher altogether.

Country of origin was the third and final demographic element that was found important to be included in this study. The home country of the professionals was considered to be a highly important piece of information to figure out where the professionals have come from before, and where the flow could be more active from. Also, the variety of nationalities in this section was of great interest.

The three demographical factors used in this study (1. age, 2. gender and 3. country of origin) were picked to get a good understanding of the background of the group in question.

4.1.1 Age of the respondents

The primary reason for the first close-ended demographic question was to find out the age structure of the group of doctors who answered the questionnaire in

order to see how big the age bracket within the group was, and how big part of them were still of working age. Since the sample consisted of doctors, it was assumed that if there are non-working aged individuals within the group, they would be older than 64 years of age, not younger than 15..

As the youngest respondent informed to be 27 years of age and the oldest 63 years old this hypothesis turned out to be right, and actually none of the doctors who took part in this study were over the defined working age of 64 years (Figure 6).

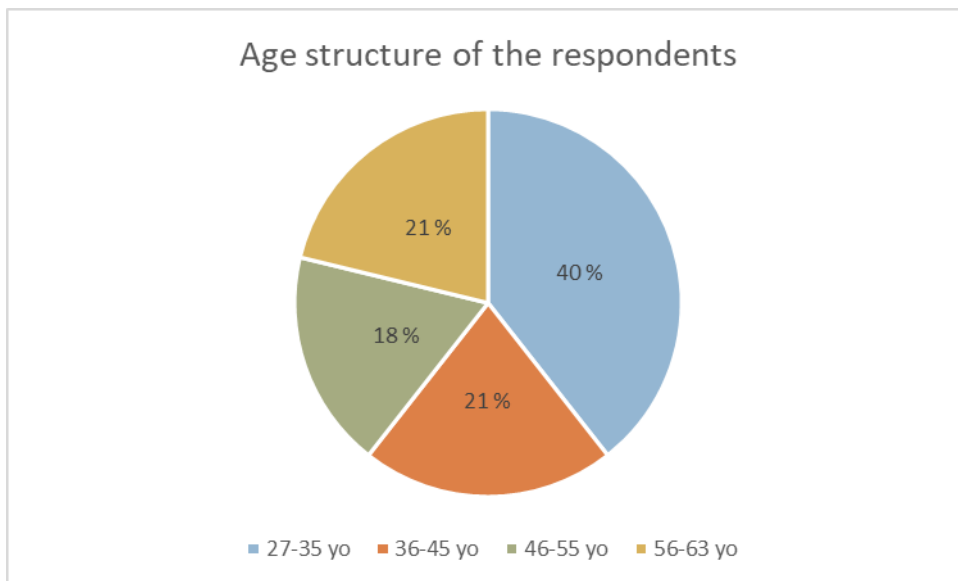


FIGURE 5. The age structure of the respondents

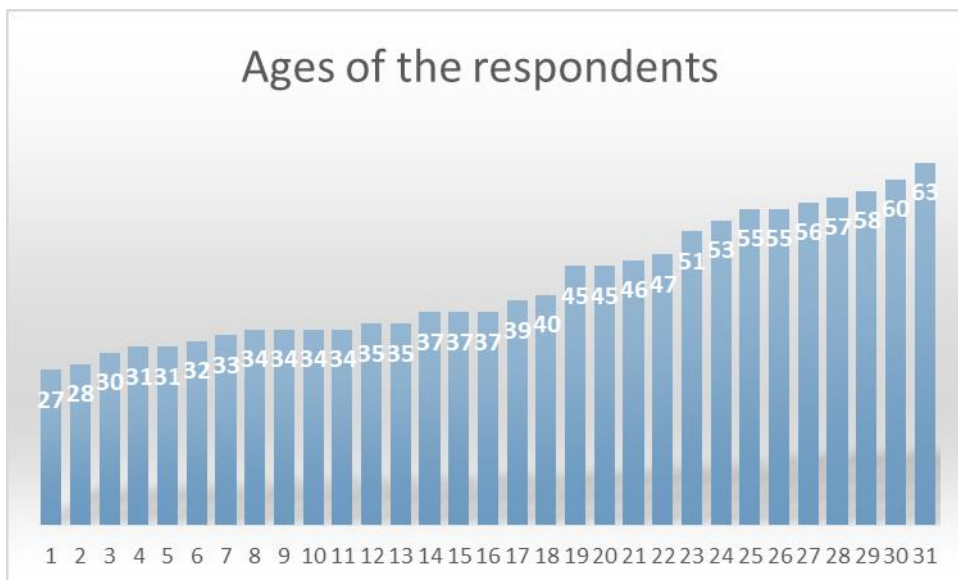


FIGURE 6. Ages of all the respondents of the study

Since the biggest group, with 40% of all answers was the age group between 27 and 35 years of age, and doctors with age greater than 55 years only stood for 21% of the respondents, it is likely that majority of the foreign doctors will continue working at least for one or two decades or even for a longer period of time considering that doctors have a tendency for long careers (Figure 5). All in all, the age structure of the respondents can be considered very positive, and the findings are in line with the overall age structure of foreign citizens living in Finland.

4.1.2 Gender of the respondents

Even though gender is not considered an important factor in itself, the data about the gender of the respondents gives information on if one half of the population is better presented within the group of foreign doctors in Finland than another. The gender distribution of the respondents in this study was very different from the one of all foreign citizens living in Finland. The male population among foreigners in Finland in general is only slightly higher than the female one, but in this research 22 out of 31 (or 71%) of all respondents were men (Figure 7). So, for some reason it is more popular amongst male doctors to move to Finland. This result was surprising when mirrored against the fact that roughly 48% of all foreign citizens in Finland are women.

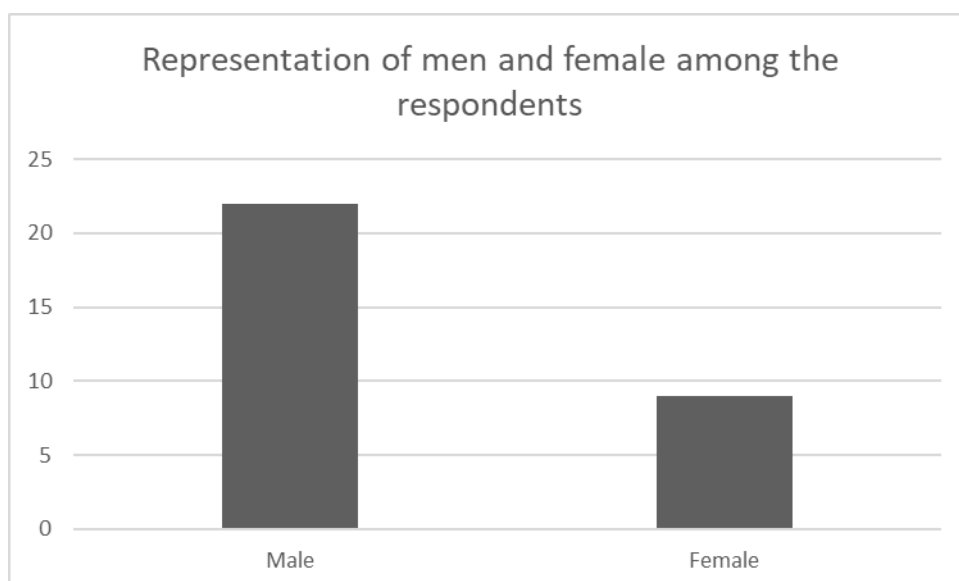


FIGURE 7. The representation of male and female among the respondents

This leads to a conclusion that ways to attract more female doctors to Finland would potentially increase the overall number of foreign workers in the field.

4.1.3 Country of origin of the respondents

Considering that the survey used to gather the data for this study gathered 31 answers, the number of the countries of origin amongst the respondents was very high as there were nationals of altogether 13 countries within the group of doctors who answered the questionnaire.

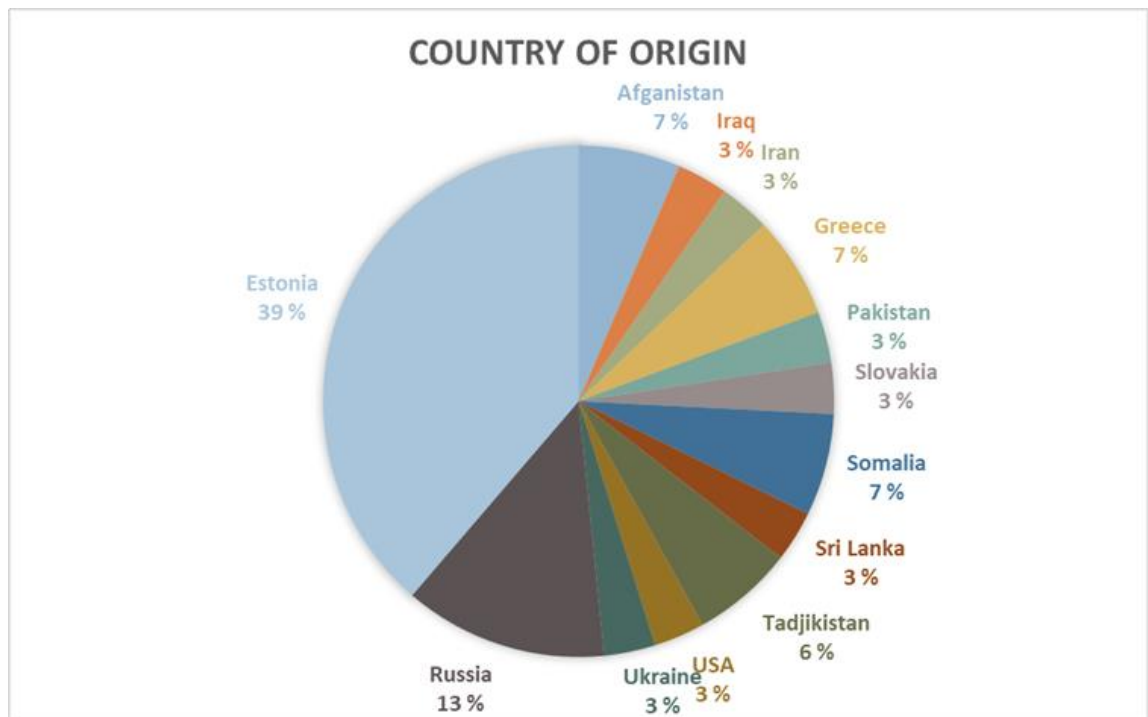


FIGURE 8. The countries of origin of the respondents together with the percentages of each nationality

However, some countries proved out to be highly more popular to come to work in Finland from than others. Estonia alone stood for 39% of all respondents and together with Russia (13%) already formed a majority within the group (Figure 8). This is of course natural due to the geographical location of the two countries compared to Finland, but on the other hand, none of the respondents informed to be from other Nordic- or Baltic countries which was surprising, especially since there are a lot of Finnish medicine students in these countries which could be assumed to affect the immigration rate of foreigners through internal recruitment.

Overall, the countries of origin still seemed to go together with the countries of origin of the foreigners in Finland in general, even though some interesting exceptions were spotted. For example, countries like USA, Greece and Tajikistan are not normally found to be very well presented in the Finnish statistics of foreign citizens, but on the other hand the list also included countries like Iraq, Iran, Afghanistan and Somalia, from which there are many people residing in Finland and the presence of these nationalities was likely due to the large number of citizens from these countries residing in Finland in general.

4.2 Open questions

Once the demographical questions were meant to get some background data on the age, gender and the country of origin of the respondents, the open questions of the survey focused on more concrete information on why they have chosen Finland as their option to immigrate to. This question was aimed to bring up both, personal and professional factors that have influenced the decision. Other open questions handled things like difficulties in the beginning of the professional life in Finland and the most positive and negative things that the respondents had faced while working in Finland.

Getting information about these things was crucial since long term goal would be to make Finland more attractive destination to move to and start working in. The easier and more comfortable the environment can be made, both professionally and personally, the lower the bar to make the decision of moving gets.

To revise, the open questions used in the survey were:

5. *What were your reasons to move to Finland?*
6. *What kind of difficulties did you face when starting to work in Finland?*
7. *What has been the most positive thing while working in Finland?*
8. *What has been the most negative thing while working in Finland?*

The number of answers per different categories varied a lot from one open question to another and to ease the analyzing process, color-codes for different answer groups were applied: blue for financial reasons, green for personal reasons,

yellow for professional reasons and brown for societal and cultural reasons. Quite fittingly for the study at hand, professional factors were the biggest group throughout most questions, but the amount of other sub-groups did fluctuate a lot more, and in some cases some category was found to be absent for some question even though it would have been highly popular in another.

4.2.1 Reasons to come to Finland

To get as wide understanding of the topics of the open questions as possible, the question was phrased so, that many factors were allowed to be brought up by each respondent. This led to the number of answers being higher than the amount of the respondents, but since all the answers were important, this procedure was seen to be beneficial for the study.

For the question about the reasons to come to Finland altogether 49 factors were identified from the 31 respondents. The single most popular reason in this question was salary with 11 mentions in total, and the second most popular reason was family with 9 appearances. After these two factors the amount of mentions per answer dropped to be somewhere between 1 and 4, and remaining things mentioned more than two times were professional development, specialization opportunities and professional culture. According to this, it can be stated that push- and pull factors are both widely presented in the answers even though the weight of push factors like salary seem to be slightly bigger.

When looking at the four main categories under which the answers to the open questions in this research are categorized, the proportions were: professional reasons 33%, financial reasons 24%, personal reasons 24% and societal or cultural reasons 18%. These results are displayed in Figure 9.



FIGURE 9. Reasons to come to Finland by categories

Even though the salary in Finland was the most popular reason in itself, the results show that categorically the professional reasons formed the biggest group of answers. Altogether the differences in size between the four groups are quite small as the smallest group (societal and cultural reasons) still holds 18% of all the answers. This means that none of the categories should not be neglected in future recruitment activities.

In addition to the already mentioned answers the respondents brought up the following things: equality (2), wider professional range (2), crisis in home country (2), health care system (2), safety (2), Finland as an attractive country (2), financial situation (1), better education (1), bigger population (1), employment opportunities (1), new environment (1), consultation possibilities (1), will to help (1) (Table 2).

When compared to prior research the answers seem to have shifted more towards financial and professional reasons during the last decade since earlier studies have found Finnish roots and personal matters to be the biggest drivers for immigration to Finland in the case of doctors.

TABLE 2. Reasons of the respondents to come to Finland

Ansewrs	N
Salary	11
Family	9
Professional development	4
Specialization opportunities	3
Professional culture	3
Equality	2
Wider professional range	2
Crisis in home country	2
Health care system	2
Safety	2
Finland as an attractive country	2
Financial	1
Better education	1
Bigger population	1
Employment opportunities	1
New environment	1
Consultation possibilities	1
Will to help	1

The answers of the respondents also show that only two answers message of crisis or other factor of big discomfort in one's home country. This means that at least within the respondents of this research the proportion of individuals with refugee background is not very high. Neither is it mentioned that anyone would have been assigned or directly recruited to Finland. Hence, in the light of the answers given the results suggest that the group of respondents mostly consists of self-initiated expatriates even though it is possible that recruitment activities have taken place in the process.

4.2.2 The difficulties faced when starting to work in Finland

As for the initial reasons to move to Finland there were quite much dispersion amongst the answers and different sub-categories, for the difficulties the respondents faced once starting to practice their profession in Finland, the answers

were much more unified and clearer with not so much variety. The number of answers per category is displayed in Figure 10.

A total of 45 factors were gathered from the answers and by far the most common one was, quite expectedly, the Finnish language. This was mentioned 20 times overall, which counts up to 65% of all respondents and 44 % of all factors listed. In addition, dialects of Finnish language were mentioned twice which makes the meaning of language-related questions even higher. Two of the respondents also informed not having had any difficulties and one did not know what to answer.

All the answers except for *nothing* and *I don't know* fell either under the category of professional- or societal and cultural matters, but the proportion of the feeling of difficulty towards the Finnish language cannot be emphasized too much since the second highest ranking factors after Finnish and its dialects only gathered two mentions. However, the answers also offered some important and interesting data apart from the language matter and definitely create some possibilities to help the professionals to feel less discomfort in the future while starting their career in Finland.

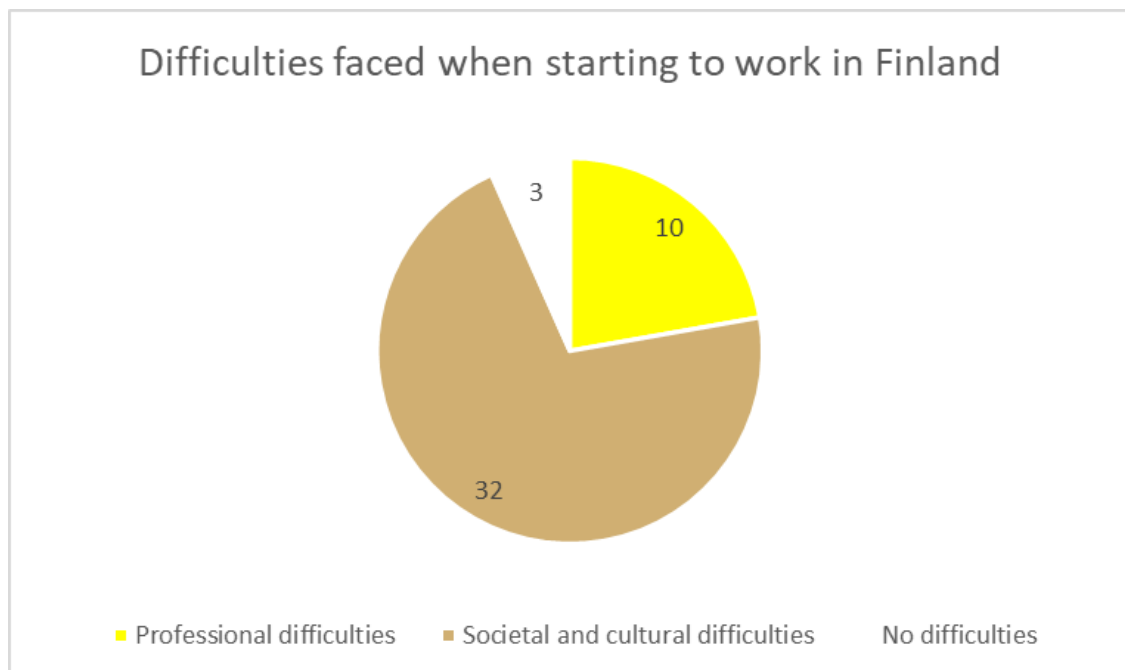


FIGURE 10. Difficulties faced when starting to work in Finland by the number of answers

Other societal and cultural reasons mentioned included things like visa processes, culture, climate, license protocols, rules and regulations, KELA (Finnish administration for citizen funding), housing and prejudiced treatment. Many of these things had to do with bureaucracy that could probably be lowered with proper planning once some things were more related to geographical location which there is nothing to be done about, at least when not talking about remote work possibilities. Most concerning thing was of course the prejudices that at least one of the respondents had had to face.

Professional reasons for difficulties, even though rather small in number, also brought to light some very valid points to be enhanced by the health care system and employers; lack of consultation possibilities, high amount of responsibility, difficulties in finding an internship placement, finding a job without former experience in Finland. In addition, some quite natural things like foreign practices, difficult exams and adapting to new work society were mentioned. Quite positively, there were also roughly 10% of all respondents that did not feel like they would have faced any difficulties while starting to work in Finland. All the answers by number are listed in Table 3.

TABLE 3. Difficulties faced when starting to work in Finland

Answers	N
Finnish language	20
Visa process	2
Foreign practices	2
Lack of consultation	2
Amount of responsibility	2
Culture	2
Climate	2
Nothing	2
Dialects	1
Lisence process	1
Difficult exams	1
Rules and regulations	1
KELA	1
Housing	1
Finding an internship placement	1
Finding a job without former experience	1
Adapting to work society	1
Prejudiced treatment	1
I don't know	1

4.2.3 Most positive things about working in Finland

When it comes to the most positive things the respondents had faced when starting to work in Finland, there was again a bit more variety amongst the answers and the financial reasons also returned to be a big factor, which tells that the salary level is definitely something that highly attracts foreign doctors to Finland. However, also for this question the biggest percentage of the answers fell under the category of professional reasons (61%), even though the most popular single answer was salary.

The results also, at least partly, answer the question about if the expatriate expectations have come true or not since salary together with family reasons and different professional aspects were mentioned as the initial reasons to come to

Finland. Because salary is the number one answer to most positive things alongside many professional factors, it can be said that the expectations the doctors had had before moving to Finland according to the answers of this study, were met quite well. This is important since most, even though there were a number of refugees in the group, of the respondents are categorized as self-initiated expatriates for whom the expectations are of very high importance and in many cases it could potentially be a big motivational setback if they were not met on a sufficient level.

The answers by category are shown in Figure 11 and more closely opened by number in Table 4.

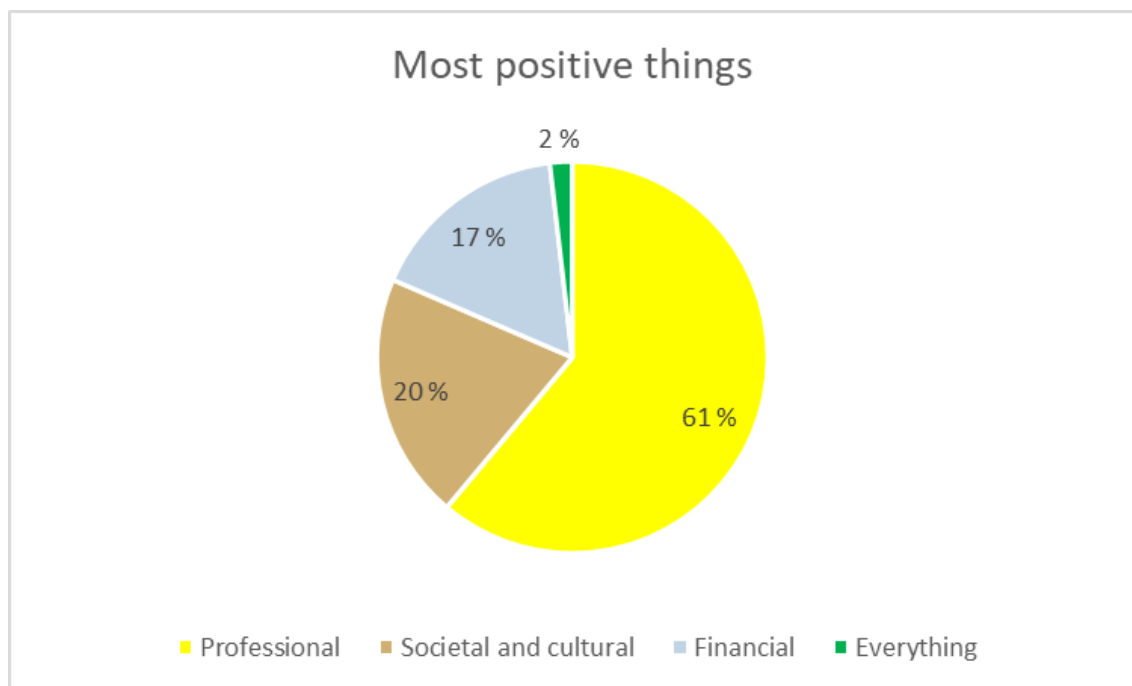


FIGURE 11. The most positive things by category and percentage

TABLE 4. The most positive things when working in Finland

Answers	N
Salary	9
Colleagues	9
Chances to develop	7
Work environment	6
Atmosphere	4
Support from seniors	3
Infrastructure	2
Professional independence	2
Safety	2
People	1
No bullying	1
Work experience	1
Competent nurses	1
Team work	1
Finnish health care system	1
Nature	1
Everything	1
IT programmes	1
Peaceful work environment	1

4.2.4 Most negative things faced when working in Finland

The last question in the survey questionnaire was an open question about the most negative things that the respondents had faced while working in Finland. Despite the negative nature of the question, this part of the questionnaire was particularly important for future development and satisfaction of foreign doctors in Finland, and especially on the likeliness of their willingness to stay in the country long-term.

Positively enough, the one single most popular answer to this question among the respondent was **nothing** with five repetitions in total, which of course tells that at least a good part of the partakers in this study had been very satisfied with their working life in Finland. However, there were still many important negative factors that came up in the answers and that have to be paid attention to in the

future to make the overall experience of Finland as a place to practice medicine better.

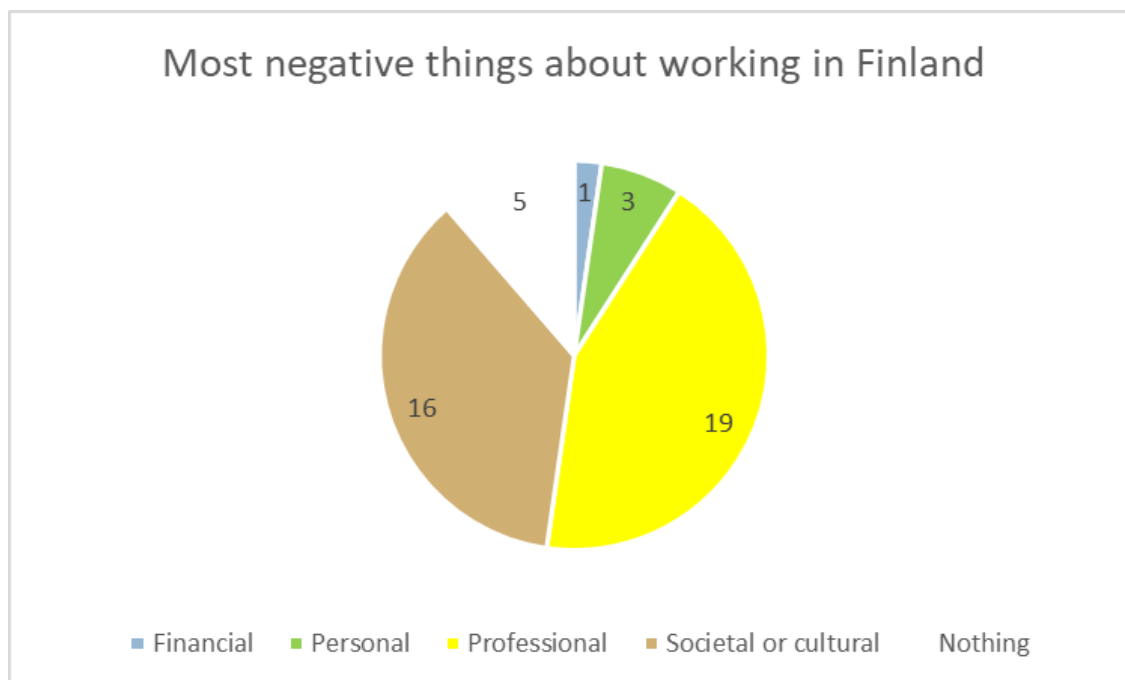


FIGURE 12. The most negative things by category and number of answers

Of all the open questions in this study this one also gained answers with the most variety and biggest number of different factors were mentioned as altogether 26 different things were mentioned at least once, and alike in the question of most positive things, the professional things rose to be of highest percentage with altogether 43% of all answers. Societal and cultural things were also well presented with 36% as personal and financial matters covered only 9% of the answers, again emphasizing the happiness with the Finnish salary level for doctors (Figure 12). Except for the delightful answer *nothing*, there were no answers with greater repetition than three times.

However, things like crowded primary health care, workload, lack of nurses, patients that would not belong to primary health care and poor specialization opportunities were brought up more than once and are important professional factors that should be taken into account when trying to enhance the image of Finland's health care as a good work environment.

Very concerningly also racism and prejudices were brought up quite strongly with three mentions each. These things are very poisonous in the work environment and the employing organizations should take action in prevention of this kind of treatment. For some reason discriminatory treatment was not brought up this strongly when asked about the difficulties while starting in Finland which suggests that many doctors run into racism-like prejudices and treatment while working, not immediately while starting their career in Finland.

All the answers and their repetition times can be found in Table 5.

TABLE 5. List of the most negative things while working in Finland

Nothing	5
Crowded primary health care	3
Racism	3
Prejudices	3
Travel	3
Workload	2
Long distances	2
Lack of nurses	2
Being apart from family	2
Patients not belonging to primary health care	2
Poor specialization process	2
No feedback	1
Bureaucracy	1
Slow processes	1
Lack of specialization opportunities	1
Finding a job	1
Climate	1
Winter	1
Stress	1
Taxation	1
Moving	1
I did not leave to the US as I was supposed to	1
Misinformation	1
Lack of consultation possibilities	1
No time to improve	1
Lack of doctors	1

5 RECOMMENDATIONS

In the following the main findings of this study are discussed together with some recommendations on the future recruitment activities together with a visual representation for possible enhanced recruitment process of foreign doctors to Finland.

5.1 Diversity of reasons for doctors to come to Finland

The main findings of this thesis illustrate the diversity of reasons for foreign doctors to move to Finland. These reasons create a base for the attraction factors Finland has in the eyes of foreign physicians. This information can be used in future recruitment activities for more effective outcomes.

The reasons for foreign doctors to move to Finland found in this study varied from financial reasons to personal, societal and professional matters. Hence, when a foreign doctor is considering Finland as a work destination, all these categories should be properly opened, discussed and clarified so that it is made as probable as possible to cover the main triggers for each particular candidate by creating a good overall picture of Finland as a professional environment, but also as a place to live in general.

Based on the diversity of potential initial reasons, it would be recommendable to make the recruitment process personal early on and to focus on one candidate at a time, even though campaigns and other advertisement tools can be a good way to initially attract and identify potentially interested individuals.

Because salary plays such a big role among the reasons for work-based immigration to Finland but is normally a factor that employers cannot affect more than up to a certain point, highlighting other things like professional possibilities and other positive sides of Finland is likely to generate a more favorable outcome. However, discussing salary clearly and openly must not be avoided due to its high importance and transparency of the recruitment process.

Also, because personal reasons that stand up to roughly one fourth of the immigration triggering reasons found in this study are often something that the recruiting party cannot affect, highlighting professional, societal and cultural advantages of Finland would be the best way to arouse interest of wanted candidates.

5.2 Experience-based recommendations for the future

To make the attraction and recruitment of foreign doctors to Finland more effective, the experience-based data found out in this study is equally important to the data about initial reasons. Focusing on experiences doctors have had while working in Finland tells what should be changed or enhanced in order to make immigrating to Finland more pleasant and desirable, and to create more positive expatriate expectations in the future.

5.2.1 Reducing difficulties in the beginning of professional life in Finland

To make doctors careers in Finland to start well is likely to make them longer and good experiences can then be used as examples in recruitment work to come. Also, the power of word of mouth must not be underestimated.

According to the results of this study, especially focusing on the training of Finnish language and bureaucratic difficulties together with foreign practices would greatly ease the starting phase of one's career in Finland.

Biggest challenge is set by the Finnish language. If studying Finnish could be made more reachable and marketed as a career enhancing activity, it would have a great impact on the experiences in the beginning of international career in Finland. Bringing up learning Finnish as a great professional opportunity should be more actively done in an early phase, preferably already during the studies of medicine, so that it would not grow to be too big of a burden because learning a new language takes time. Offering more language training for foreign target groups is something that would probably lower this barrier. Also, Finnish citizens studying abroad could be used as language tutors for foreign ones during their studies and help to orientate them towards Finnish culture as well.

In addition to the language question, the Finnish system of doctoral licensing and other more or less bureaucratic and societal matters should be clearly explained and walked through to make it more understandable. Career coaching about legally regulated steps and the characteristic of Finnish health care system prior to starting of the immigration process would create feeling of secureness and control. Personal help by a Finnish citizen in taking care of applications and paperwork is also something that would probably help to make the process faster and more pleasant for the foreign candidates.

5.2.2 Emphasizing positive experiences

Bringing up and emphasizing positive experiences that foreign doctors have had while working in Finland is very important for a positive image about Finland and sets counterweight for the partly inevitable challenges the expatriation process will create.

Especially the many professional upsides found in this study are factors that should be brought up early on and preferably be used as the starting point of the attraction and recruitment process. For example, things like collegiality, career development opportunities, good atmosphere and embraced work environment are things that are likely to get attention of any professional. One way to highlight these factors would be arranging experience sharing from foreign doctors that have already worked in Finland.

5.2.3 Transparent communication about negative experiences

When it comes to the most negative things while working in Finland, transparent communication should be practiced in order to make it clear that these things are known about and focused on. Also, active measures for fixing these problems should be taken by the parties involved. Especially the racism-related experiences should be met with zero tolerance-policy by any employer. Many of the professional matters, on the other hand, are something that can also be explained to be influenced by everyone working in the community by active participation and feedback.

Also, conversation about these matters between public- and private healthcare operators should take place in order to create consistent policies and strategies independent on the working unit. This way the expectations would more often be met and the flow of workforce from one unit to another within the system would be easier when needed.

5.3 Recommendation for an enhanced recruitment process of foreign doctors

Based on the results of this survey an enhanced recruitment process could follow the steps shown in Figure 13.

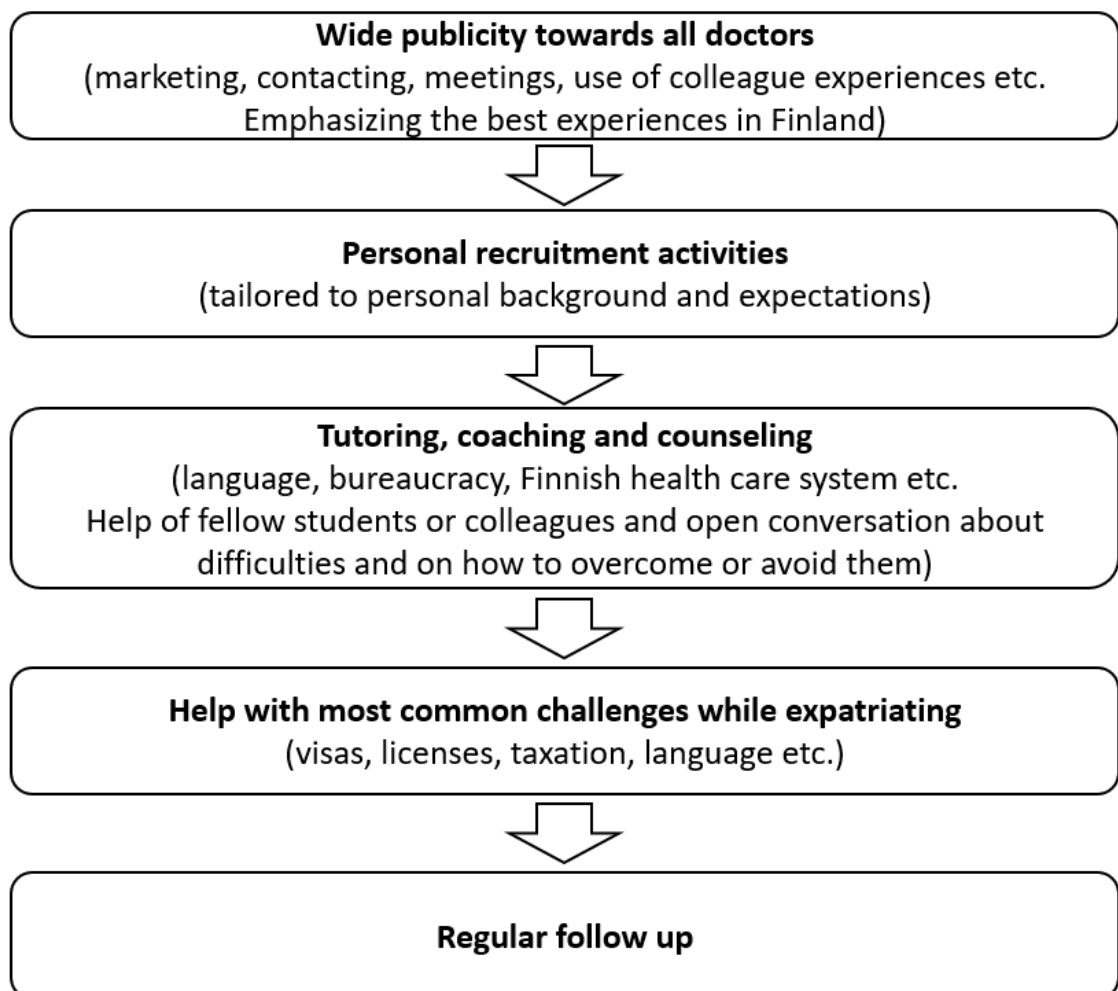


Figure 13. Recommendation for an enhanced recruitment process of foreign doctors

In order to reach all the doctors from different motivational groups wide publicity is needed. This could be reached through marketing campaigns, visits to universities and workplaces or simply by contacting the potential candidates through email or phone calls. In this phase the most positive experiences should be brought up.

After finding a candidate, the process should immediately become personal and focus on the specific needs and interests of the person in question according to type of one's points of interest towards Finland. Then the candidate should be carefully coached and informed about the most common difficulties foreign doctors normally face when starting to work in Finland and given advice on how to avoid them. Also, help with the most common expatriation related challenges should be provided by a Finnish citizen or an experienced colleague.

Following these steps would help to avoid the most common negative experiences and ease the process of expatriating to Finland. After the expatriation process, a regular follow-up contact about the recent experiences would also be commendable.

6 CONCLUSION

6.1 Summary of the research

This study focused on the reasons for foreign doctors to come work in Finland and aimed to provide information that would allow to create better recruitment- and attraction operations of foreign physicians to Finland in the future. The research was conducted to gather information that could be used to help the problems of Finnish health care that suffers from lack of professionals.

The data analyzed in this research was gathered through an online questionnaire sent out to a sample of foreign doctors that already had work experience in the Finnish primary health care. The respondents were asked about their demographic background together with their experiences and challenges while working in Finland. The data was then analyzed using mainly quantitative statistical methods based on the category of the responses, but also a closer analysis was practiced on the most significant answers.

6.2 Results of the research

The results showed that the demographic background of foreign doctors in Finland resembles the one of foreign citizens in Finland in general with the big exception that the number of women was tragically lower, and that some overall not so common nationalities were represented in the group of respondents. All the respondents were of working age.

The experience-based data included a lot of variation between different respondents for most of the questions but showed that the initial reasons to immigrate to Finland differ from financial to personal ones, but that salary, professional factors and family related reasons stood out as the most frequent ones. Finnish language was seen by far the most challenging thing while starting one's career in Finland. And, in general, salary together with good work community were seen as the most positive things once the most negative experiences varied a lot but mainly consisted of professional or societal and cultural factors.

Some differences from prior research, especially for the initial reasons for doctors to move to Finland, did appear since the biggest drivers for immigration to Finland by doctors had formerly been identified to do with Finnish roots or family reasons, but in this study other types of reasons were just as common.

6.3 Critical view on the research

The respondents of this study provided good and allegedly truthful information on the study questions and information provided by this research will also be useful in the development of future recruitment activities towards foreign doctors. Also, possible future research on the topic will be provided with good background information from the findings of this study. However, the research also included some flaws.

Firstly, the goal for the number of respondents could have been set higher in order to increase the reliability of results. The research was carried out in a limited time frame, but with more time available the data collection could have been done more profoundly. It is also possible that the Finnish language used in the questionnaire form affected the willingness of some respondents to take part in the study, even though the decision of picking Finnish as the language was originally done to make it more appealing and correct.

Secondly, once the open questions allowed the respondents to mention several different things, weighing the answers somehow could have been asked in order to figure out the most important factor in cases which included several answers per one question. Instead, the answers were analyzed according to their frequency.

Thirdly, some extra information about the current situation of the respondents would have been informative. For example, the respondents could have been asked if they still actively work in the Finnish primary health care or if they permanently live in Finland or only travel here for work. This kind of questions could

have been still added to the questionnaire, but also interviewing some of the doctors of the target group for more substantial information would have been possible.

In addition, for the purposes of this study it would have been useful to know if recruitment activities, either by employers or colleagues, had affected the expatriation decisions of the respondents, and how long they had been working in Finland.

6.4 Suggestions for future research

Any research that would help to cure the chronic lack of workforce in the Finnish health care system is recommendable, but in the case of doctors, there are some topics that the writer came up during the writing process of this thesis and based on its results. These topics were:

1. Why are there so few foreign female doctors in Finland?
2. Why there is so few doctors from other Baltic- and Nordic countries than Estonia working in Finland?

The low number of foreign female doctors leaves a big group of potential foreign workers not recruited. The reasons behind low immigration of foreign female doctors to Finland would be an important piece of information to figure out to broaden the pool of candidates abroad. The reasons behind this fact would be particularly interesting because in general the Finnish percentage of female doctors is one of the highest ones in the world (Lääkärilehti, 2007). This would suggest that Finland sets a good environment for female doctors.

Similarly, the absence of nationals of Baltic- and Nordic countries among the respondents of this study is surprising. Estonian doctors were the biggest group of foreign doctors identified in this study, but there were no representatives from any other Baltic- or Nordic countries.

REFERENCES

- Black, J., Mendenhall, M. & Oddou, G. 1991. Toward a Comprehensive Model of International Adjustment: An Integration of Multiple Theoretical Perspectives. *The Academy of Management Review*. (291-317) Vol. 16.
- Kataja, M. 2022. Bonnier Business Forum. Filippiiniläistäustaisia hoitajia valmistui lähihoitajiksi Mehiläisen Healthcare Staffing Solutionsin koulutuksessa. Read 31.3.2023 <https://yhtiot.hoivajaterveys.fi/filippiinilaistaustaisia-hoitajia-valmistui-lahihoitajiksi-mehilaisen-healthcare-staffing-solutionsin-koulutuksessa/>
- Boynton, P. 2004. Selecting, designing, and developing your questionnaire. Read 20.4.2023 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC420179/>
- Bright, L. 2010. Why Age Matters in the Work Preferences of Public Employees: A Comparison of Three Age-Related Explanations. *Public Personnel Management* Volume 38 No. 3 Fall 2009.
- Cambridge dictionary. 2023. Read 13.3.2023. <https://dictionary.cambridge.org/dictionary/english/immigrant>
- Chamberlain, A. 2017. Read 30.3.2023. What Matters More to Your Workforce than Money <https://hbr.org/2017/01/what-matters-more-to-your-workforce-than-money>
- Cameron, K. 2022. Read 21.4.2023. In what way is recruiting sales and in what way it isn't? https://www.linkedin.com/pulse/what-way-recruiting-sales-isnt-kent-cameron/?trk=pulse-article_more-articles_related-content-card
- Collier, R. 2017. The challenges of physician retirement. Read 30.3.2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5235939/>
- Farah, R. 2020. Expat, Local, and Refugee. *Migration and Society: Advances in Research* 3 (2020): 130–144.
- Meincke, J. 2022. Why Recruiting is a Great Place to Start your Sales Career. Read 19.12.2022. <https://www.closeriq.com/blog/2019/06/recruiting-start-sales-career/>
- Despotovic, W., Hutchings, K. & McPhail, R. 2022. Business, pleasure or both?: motivations and changing motivation of self-initiated expatriates. *Journal of Management & Organization*. Read 27.4.2023. <https://www.cambridge.org/core/journals/journal-of-management-and-organization/article/business-pleasure-or-both-motivations-and-changing-motivation-of-selfinitiated-expatriates/CC17C07E7C3B0E05480EE18C1D166B14>
- Elinkeinoelämän keskusliitto. 2023. Read 21.4.2023. Työtä ja tekijöitä Suomeen. <https://ek.fi/tavoitteemme/innovaatiot-digitalisaatio-ja-osaava-tyovoima/tyoperainen-maahanmuutto/>

European parliament. 2023. Read 21.4.2023. Free movement of workers. <https://www.europarl.europa.eu/factsheets/en/sheet/41/tyontekijoiden-vapaa-liikkuvuus>

Expat Arrivals. Pros and cons of moving to Finland. 2023. Read 30.3. 2023. <https://www.expatarivals.com/europe/finland/pros-and-cons-moving-finland>

Firth, B., Chen, G., Kirkman, B. & Kim, K. 2014. Newcomers Abroad: Expatriate Adaptation during Early Phases of International Assignments. *The Academy of Management Journal* 57(1):280-300.

Fontanella, C. 2019. The 15 Best Demographic Examples & Questions to Use in Your Next Survey. Read 21.4.2023. <https://blog.hubspot.com/service/survey-demographic-questions>

Harvey, M. & Novicevic, M. 2001. Selecting expatriates for increasingly complex global assignments. *Career Development International* 6(2):69-87.

Haukilahti, R., Virjo, I., Mattila, K. 2012. ETA-alueen ulkopuolella perustutkintonsa suorittaneiden lääkärin Suomeen tulon syyt, työllistyminen ja jatkosuunnitelmat. *Sosiaalilääketieteellinen aikakauslehti* 2012: 49 13–30

Heiska, E. 2014. Miten virolaiset lääkärit valitsevat työnantajansa Suomessa. Read 27.4.2023. https://www.theseus.fi/bitstream/handle/10024/95061/heiska_eeva.pdf;jsessionid=82635FE4AB477E06E4BEAA0FBA82E69E?sequence=1

Helsingin Sanomat, 2021. Read 18.4.2023. Lääkäripula ei ratkea vain koulutuspaikkoja lisäämällä. <https://www.hs.fi/paakirjoitukset/art-2000008300894.html>

Helsingin Sanomat, 2022. Read 30.3.2023. Sote-uudistuksen ongelmat uhkaavat rysähtää niskaan vaalien alla <https://www.hs.fi/paakirjoitukset/art-2000009147485.html>

Helsingin kaupunki, 2022. Read 30.3.2023. Odotusajat ja asiakaskokemus. <https://www.hel.fi/fi/sosiaali-ja-terveyspalvelut/asiakkaan-tiedot-ja-oikeudet/odotusajat-ja-asiakaskokemus>

HUS. Päivystäjäksi HUS-rinkiin. Read 19.3.2023. <https://www.hus.fi/tietoa-meista/ura-husissa/laakariksi-husiin/paivystajaksi-hus-rinkiin>

Häzaq, a. 2021. Expat.com. Read 13.3.2023. How can countries attract and retain expats? <https://www.expats.com/en/expat-mag/6140-what-should-countries-do-to-attract-and-retain-expatriates.html>

Holopainen, J. & Björkman, I. 2005. The personal characteristics of the successful ex-patriate: A critical review of the literature and an empirical investigation. *Personnel Review* 34(1):37-50.

Kallane, Y. 2017. Attracting and retaining expatriate talent. Read 27.4.2023. https://www.researchgate.net/publication/324387809_Attracting_and_retaining_expatriate_talent

Kokko, O. 2023. Taloussanomat. Sosiaali - ja terveystalouden työntekijät tyrmäävät sote-uudistuksen täysin – lähes kaikki on mennyt pieleen. Read 25.4.2023. <https://www.is.fi/taloussanomat/art-2000009537915.html>

Kuntalehti. Barcelonasta Kainuun rauhaan. 2017. Read 13.3.2023. <https://kuntalehti.fi/share/71310/fb50af>

Kuokkanen, K. & Takala S. 2022. Helsingin sanomat. Lääkärit kertovat uudesta ilmiöstä: Lopputili Apotin vuoksi. Read 30.3.2023. <https://www.hs.fi/kau-punki/art-2000009056559.html>

Kupiainen, E. 2017. Savon Sanomat. Read 30.3.2023. Lähes joka 10. lääkäri on ulkomaalainen <https://www.savonsanomat.fi/paikalliset/3018492>

Lateef, F. 2011. Patient expectations and the paradigm shift of care in emergency medicine. Journal of Emergencies Trauma and Shock 4(2):163-7

Merritt, A. 2022. The 7 Hardest Languages to Learn for English Speakers. Read 21.4.2023. <https://matadornetwork.com/read/9-of-the-hardest-languages-for-english-speakers-to-learn/>

Lepistö, J. 2022. MTV-uutiset. Valvira MTV:lle: Jo liki tuhat sote-alan ammattilaista on hakenut ammattioikeuksiensa poistamista tänä vuonna – "Tässä tarvittaisiin pikaisesti sopu aikaan". Read 21.4.2023. <https://www.mtvuutiset.fi/artikkeli/valvira-mtv-lle-jo-lik-i-tuhat-sote-alan-ammattilaista-on-hakenut-ammattioikeuksiensa-poistamista-tana-vuonna-tassa-tarvittaisiin-pikaisesti-sopu-aikaan/8516388#gs.w0gsms>

Lindeman, N. 2021. Read 21.4.2023. What's the average survey response rate?. <https://pointerpro.com/blog/average-survey-response-rate/>

Lääkäriliitto. Lääkärit 2019. Read 30.3.2023. https://www.laakariliitto.fi/site/assets/files/5223/sll_taskutilasto_fi_220620.pdf

Lääkäriliitto. 2017. Päivystykseen osallistuminen ja päivystystä koskevat mielipiteet. Read 25.3.2023. https://www.laakariliitto.fi/site/assets/files/5223/tyomarkkinatutkimus_2017_paivystykseen_osallistuminen_ja_paivystysta_koskevat_mielipiteet.pdf

Lääkäriliitto. 2011. Tietoja ulkomaalaisista lääkäreistä Suomessa. Read 13.3.2023. https://www.laakariliitto.fi/site/assets/files/5223/tietoja_ulko-maalaisista_laakareista_suomessa.pdf

Massa, S. 2020. Yleisradio. Suomessa työskentelevä virolaislääkäri Karmen Vilde ei ole nähnyt lapsiaan seitsemään viikkoon – "Eivät he apuani tarvitse, mutta ikävä on kova" Read 30.3.2023. <https://yle.fi/a/3-11310223>

McCombes, S. 2023. Sampling Methods | Types, Techniques & Examples. Read 20.4.2023. <https://www.scribbr.com/methodology/sampling-methods/>

Mediuutiset. 2021. Suomalaisessa terveydenhuollossa on rasistisia rakenteita – Stereotyyppien takana on ihminen. Read 24.4.2023. <https://www.medi uutiset.fi/uutiset/suomalaisessa-terveydenhuollossa-on-rasistisia-rakenteita-stereotyyppien-takana-on-ihminen/221c7173-ab51-457a-860f-f69f328fc585>

Mehiläinen. Etälääketieteen keskus. Read 19.3.2023. <https://www.mehilainen.fi/toimipisteet/mehilainen-etalaaketieteen-keskus>

Mehiläinen. Ruoholahden terveystasema palvelee asiakkaita moniammatillisella tiimi-työllä. Read 19.3. 2023. <https://www.mehilainen.fi/yritysinfo/mehilainen-yrityksena/ruoholahden-terveystasema-palvelee-moniammatillisella-tiimityolla>

Mehiläinen. 2023. Tieto ja taito - Tule meille erikoistumaan, kouluttautumaan ja tekemään tutkimusta. Read 27.4.2023. <https://www.mehilainen.fi/tieto-ja-taito>

Miettinen, V. 2022. Kuntalehti. KT:n Ruskoaho: Henkilöstömitoitus on heikentänyt palvelujen saatavuutta vanhustenhuollossa. Read 21.4.2023. <https://kuntalehti.fi/uutiset/sote/ktn-ruskoaho-henkilostomitoitus-on-heikentanyt-palvelujen-saatavuutta-vanhustenhuollossa/>

Moilanen, T., Ojasalo, K., Ritalahti, J. 2022. Methods for development work: new kinds of competencies in business operations. Publisher: Books on Demand GmbH

Mäkinen, Jenny. 2023. MTV-uutiset. Lääkärien haluttomuus päivystää on pahe-neva ongelma: "Emme saa maailmaa sellaiseksi, että potilaat tulisivat vain virka-aikaan". Read 21.4.2023. <https://www.mtvuutiset.fi/artikkeli/laakareita-vaikea-saada-toihin-paivystysaikaan-ihmiset-haluavat-tehda-iltaisin-ja-pyhina-muuta-kuin-olla-toissa/8625868>

Parkkila-Harju, M. 2018. Perusterveydenhuollon kestävä tilanne. Read 18.4.2023. <https://www.laakariliitto.fi/uutiset/blogi/perusterveydenhuollon-kestamaton-tilanne/>

Richardson, J. & McKenna, S. 2002. Leaving and experiencing: Why academics expatriate and how they experience expatriation. *Career Development International* 7(2):67-78

Richardson sales academy. 2021. Defining Needs Based Selling Read 21.4.2023. <https://www.richardson.com/blog/needs-based-selling/>

Roy, B. 2023. Employee Expectations: What Your Workforce Really Wants. Read 21.4.2023. <https://blog.vantagecircle.com/employee-expectations/>

Schleutker, E. 2013. Väestön ikääntyminen ja hyvinvointivaltio - Mitä vaihtoehtoja meillä on? *YHTEISKUNTAPOLITIIKKA* 78 (2013):4 Read 27.4.2023. <https://www.julkari.fi/bitstream/handle/10024/110779/schleutker.pdf?sequence=1&isAllowed=y>

Selmer, J. & Luring, J. 2012. Reasons to expatriate and work outcomes of self-initiated expatriates. *Personnel Review* 41(5):665-684. Read 27.4.2023.

https://www.researchgate.net/publication/235284370_Reasons_to_expatriate_and_work_outcomes_of_self-initiated_expatriates

Smith, M. 2021. Scientists and doctors are the most respected professions worldwide. Read 20.12.2022. <https://yougov.co.uk/topics/international/articles-reports/2021/01/28/scientists-and-doctors-are-most-respected-professi> Read 13.3.2023

Sosiaali- ja terveysministeriö. 2023. Yksityiset sosiaali- ja terveystalvelujen tuottajat. Read 21.4.2023. <https://stm.fi/yksityiset-sotepalvelut>

Soininen, M. 2007. Lääkärilehti. Suomen lääkärikunta on maailman naisvaltaisimpia. Read 23.4.2023. <https://www.laakarilehti.fi/ajassa/ajankohtaista/suomen-laakarikunta-on-maailman-naisvaltaisimpia/>

Soininen, M. 2017. Read 19.4.2023. Lääkärilehti. <https://www.laakarilehti.fi/ajassa/ajankohtaista/milloin-paivystamisesta-voi-kieltaytya/>

Jokinen, E. 2020. Sosiaali- ja terveydenhuollon kokonaisulkoistukset. Read 27.4.2023. https://www.hyvinvointiala.fi/wp-content/uploads/2020/10/ulkoistukset_raportti_181020.pdf

Terveyden ja hyvinvoinnin laitos. 2022. Terveydenhuollon menot ja rahoitus 2019. Read 19.3.2023. <https://thl.fi/fi/tilastot-ja-data/tilastot-aiheittain/sosiaali-ja-terveydenhuollon-resurssit/terveydenhuollon-menot-ja-rahoitus>

Tilastokeskus. Maahanmuuttajat väestössä. 2021. Read 13.3.2023. <https://www.stat.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa.html>

Tilastokeskus. Ulkomaalaistaustaiset. 2021. Read 13.3.2023. <https://www.stat.fi/tup/maahanmuutto/maahanmuuttajat-vaestossa/ulkomaalais-taustaiset.html>

The UN Refugee Agency. Read 13.3.2023. <https://www.unhcr.org/what-is-a-refugee.html>

Valtioneuvosto, 2023. Read 18.4.2023. <https://soteuudistus.fi/mika-on-hyvinvointialue>

Valvira. Ammattioikeudet. 2023. Read 30.3.2023. <https://www.valvira.fi/terveydenhuolto/ammattioikeudet>

Yleisradio. 2014. Read 1.4.2023. Suomi hoitaa lääkärivajetta Viron kansanterveyden kustannuksella <https://yle.fi/a/3-7122159>

Yleisradio. 2021. Finland faces public sector doctor shortage. Read 19.3.2023. <https://yle.fi/a/3-12068233>

Yleisradio. 2022. Read 31.3.2023. Selvitimme faktat: Päivystyksissä ympäri Suomen on jopa kaoottisen vaikeaa <https://yle.fi/a/74-20008682>

Zavieri, M. & Mulye, R. 2010. Country of origin effect and employer attractiveness: A missing link. Read 27.4.2023. <https://www.anzmac2010.org/proceedings/pdf/anzmac10Final00250.pdf>

APPENDICES

Appendix 1. Translation of the invitation to answer the study questionnaire:

Study questionnaire: Reasons for foreign doctors to work in Finland?

You have been invited to answer the following questionnaire to gather research data for a master's thesis in a university of applied sciences. The purpose of the research is to find out the reasons for foreign doctors to work in Finland and to analyze how this mobility can be encouraged and what obstacles it might faces.

If you are a doctor who has moved to Finland for work purposes, I would deeply appreciate our answer to the questionnaire below. The answers will be handled anonymously.

The results of the research will be used in the master's thesis of Lauri Soini and they will be publicly available in Theseus-library online.

Thank you in advance!

Appendix 2. Translated survey questions sent out to the respondents

1. Your age: _
2. Your gender: _
 - a. male
 - b. female
 - c. other
3. Your country of origin: _
4. What were your reasons to move to Finland?
5. What kind of difficulties did you face when starting to work in Finland?
6. What has been the most positive thing while working in Finland?
7. What has been the most negative thing while working in Finland?