DA LI DA OSTANEM ILI DA ODEM? PERCEPCIJA SRPSKIH MEDICINSKIH RADNIKA, ISELJENIKA U NEMAČKOJ

ORIGINALNI RAD

ORIGINAL ARTICLE

SHOULD I STAY OR SHOULD I GO? PERCEPTIONS OF SERBIAN EMIGRANT MEDICAL WORKERS IN GERMANY

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SAŽETAK

Uvod: Različite pokretačke sile su kroz istoriju dovodile do prinudne ili dobrovoljne migracije zdravstvenih radnika.

Cilj: Cilj ove studije je da se steknu novi uvidi u rad stranih lekara sa Zapadnog Balkana zaposlenih u Nemačkoj.

Materijal i metode: Godine 2023, sprovedena je kvalitativna studija preseka kojom su analizirani: motivacija lekara za emigriranje iz matičnih zemalja, njihovo profesionalno napredovanje u Nemačkoj, nemački pravni sistem, i ukupno zadovoljstvo lekara.

Rezultati: Najvažniji rezultati studije ističu bolje plate lekara u inostranstvu i nedostatak mogućnosti za usavršavanje u njihovim matičnim zemljama kao glavne razloge za emigraciju. Lekari imigranti su pretežno bili zadovoljni profesionalnim napredovanjem u Nemačkoj, ali su bili manje zadovoljni nemačkim pravnim sistemom.

Zaključak: Zapošljavanje lekara sa Zapadnog Balkana može smanjiti preopterećenost nemačkog zdravstvenog sistema, nastalog usled značajnog nedostatka kvalifikovanog kadra. Sprovođenje istraživanja na većim uzorcima biće od ključnog značaja za razumevanje faktora zadovoljstva lekara migranata, što na kraju može omogućiti uspešnije zadržavanje medicinskog kadra.

Ključne reči: sistem zdravstvene zaštite, emigracija, lekari, Zapadni Balkan, Nemačka

ABSTRACT

Background: Throughout history, various driving forces have influenced both forced and voluntary migrations of healthcare workers.

Objective: This study aims to obtain new insights into the work activities of foreign doctors from the Western Balkans practicing medicine in Germany.

Materials and Methods: In 2023, a qualitative cross-sectional study was conducted to analyze physicians' motivation for emigration from their home countries, their professional status development in Germany, the German legal system, and overall satisfaction of the physicians.

Results: The main findings highlight better salaries for doctors abroad and no development opportunities in their home countries as the main reasons for emigration. Immigrant physicians were mainly satisfied with their professional status development in Germany, but less satisfied with the German legal system.

Conclusion: Employing doctors from the Western Balkans can alleviate the burden on the German healthcare system caused by the significant shortage of skilled labor force.

Keywords: healthcare system, emigration, physicians, Western Balkans, Germany

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UVOD

Migracije su složena i dugotrajna pojava koja je značajno uticala na razvoj nacija širom sveta. Stanovništvo mnogih zemalja, kao što su Sjedinjene Američke Države, Kanada i Australija, uglavnom čine migranti ili potomci migranata koji su se doselili u potrazi za boljim prilikama, sigurnošću ili novim početkom. Kroz istoriju su različite pokretačke sile uticale i na prinudne i na dobrovoljne migracije, kao što su ekonomske teškoće, politička nestabilnost, promene u životnoj sredini i želja za istraživanjem i sticanjem novih iskustava. Pored političkog i društvenog konstrukta ka liberalizaciji trgovine i tržišta rada u sektoru zdravstva i nege, demografske promene u smeru starenja stanovništva, zajedno sa epidemiološkim pomeranjem ka dvostrukom opterećenju i zaraznih i nezaraznih bolesti u nekim zemljama, povećavaju potrebu za zdravstvenom zaštitom i doprinose planiranju politika usmerenih na regulisanje nedostatka zdravstvenog kadra i uslova rada [1-5].

Ljudski kapital u zdravstvu u mnogim bogatim zemljama čine medicinski radnici koji su svoje obrazovanje stekli u inostranstvu. Na primer, on se kreće od 57,8% svih lekara u Izraelu, 42,1% u Norveškoj i 40,5% u Irskoj do 0,6% u Litvaniji [6]. U Nemačkoj i Sloveniji, popularnim destinacijama za zapošljavanje mnogih srpskih lekara i medicinskih sestara, ima 13,8% i 15,8% inostranih lekara i 9,6% i 5,5% stranih medicinskih sestara [6]. Bilateralni sporazumi o mobilnosti i migraciji zdravstvenih radnika privukli su pažnju brojnih aktera poslednjih decenija [7]. Međunarodno zapošljavanje medicinskih radnika je složeno pitanje sa mnogo uglova posmatranja. To može biti aspekt pružaoca usluga orijentisan na poboljšanje pružanja zdravstvenih usluga, te vladina strategija koja pomaže u smanjenju nezaposlenosti na lokalnom nivou, ali se takođe može posmatrati kao neuspeh rukovodstva da zadrži stručni kadar potreban za efikasan rad. Napravljeni su različiti bilateralni sporazumi kako bi se zadovoljili interesi svih strana, uz posebni akcenat na prava i dobrobit mobilnih imigrantskih zdravstvenih radnika. Takođe je važno prepoznati, istražiti i poboljšati prednosti kružnih migracija [8,9].

Dok obrasci migracije radne snage utiču na zdravstvenu zaštitu u mnogim zemljama, oni takođe predstavljaju i potpuno nove aspekte za zdravstvene radnike koji odlučuju da li da ostanu ili odu. Razumevanje konteksta i trenutnih okolnosti zdravstvenih radnika migranata je od suštinskog značaja, jer pruža vredan uvid u promovisanje zapošljavanja i kulturnog, ekonomskog i socijalnog razvoja koji ispunjava njihova očekivanja [10]. Uzimanje u obzir iskustava radnika migranata može da pomogne u pronalaženju rešenja za negativne uticaje prekomerne migracije. Regrutovanje

INTRODUCTION

Migration is a complex and longstanding phenomenon that has significantly influenced the development of nations worldwide. Many countries, such as the United States, Canada, and Australia, have populations largely comprised of migrants or descendants of migrants seeking better opportunities, safety, or a new beginning. Throughout history, various driving forces have influenced both forced and voluntary migrations, such as economic challenges, political instability, environmental changes, and the desire to explore and gain new experience. In addition to the political and social construct towards trade and labor market liberalization in health and care sectors, the demographic transition towards population aging, together with the epidemiological shift towards the double burden of communicable and non-communicable diseases in some countries, are increasing the need for health care and contributing to policy planning to regulate health worker shortages and workplace conditions [1-5].

The human health capital in many wealthy countries consists of foreign-trained medical workers. For example, it ranges from 57.8 % of all medical doctors in Israel, 42.1% in Norway, and 40.5% in Ireland, to 0.6% in Lithuania [6]. In Germany and Slovenia, popular job destinations for many Serbian medical doctors and nurses, there are 13.8% and 15.8% foreign-trained medical doctors and 9.6% and 5.5% foreign-trained nurses [6]. Bilateral agreements on health workers' mobility and migration have drawn the attention of numerous stakeholders in recent decades [7]. International recruitment of medical workers is a complex issue with many aspects of the truth. It may be a provider approach to enhance healthcare service delivery, a governmental strategy to help reduce local unemployment, but it can also be seen as a management failure to keep the expertise needed for efficient operation. A variety of bilateral agreements have been created to accommodate the interests of all parties while emphasizing the rights and benefits of mobile and migrant healthcare workers. It is also important to recognize, explore, and enhance the benefits of circular migrations [8,9].

As workforce migration patterns influence healthcare in many countries, they also present unprecedented considerations for health workers deciding whether to stay or leave. Understanding the context and current circumstances of migrant health workers is essential, as it provides valuable insights into promoting employment and cultural, economic, and social development that meet their expectations [10]. Listening to the migrant workers' experiences can help find solutions to addressing the negative impacts of excessive migration. Recruiting healthcare professionals is chal-

zdravstvenih radnika predstavlja izazov za mnoge pružaoce usluga koji nastoje da održe nivo usluga i da drže pod kontrolom tendencije u fluktuaciji zaposlenih [11]. Takođe je važno uvažiti percepcije i iskustva zdravstvenih radnika migranata kako bi kreatori politike postali svesni stepena u kojem aktivne mere mogu doprineti suzbijanju negativnih efekata migracije i mobilnosti u Evropskoj uniji ublažavanjem njihovih posledica i unošenjem promena [12].

Studija je sprovedena u cilju sticanja novih uvida u radne aktivnosti stranih lekara sa Zapadnog Balkana zaposlenih u Nemačkoj. Ciljevi studije su bili da se ispitaju motivi lekara za emigriranje iz svojih matičnih zemalja, njihov status profesionalnog razvoja u Nemačkoj, nemački pravni sistem i opšte zadovoljstvo lekara.

MATERIJALI I METODE

Ova kvalitativna studija preseka sprovedena je 2023. godine kako bi se analizirali motivi lekara za emigraciju iz svojih matičnih zemalja, njihovo profesionalno napredovanje u Nemačkoj, nemački pravni sistem i opšte zadovoljstvo lekara.

Ciljnu populaciju su činili lekari iz trećih zemalja Zapadnog Balkana, uključujući Srbiju, Bosnu i Hercegovinu, Crnu Goru i Severnu Makedoniju. Takođe, ciljnu grupu su morali da čine lekari koji su imali licencu za rad zaposleni u Nemačkoj. Ukupno, 41 od 150 licenciranih lekara kontaktiranih iz regiona Berlina i Saksonije je odgovorilo i popunilo anketu.

Instrumenti istraživanja su bili posebno osmišljen upitnik i detaljni intervjui. Upitnik se sastojao od 38 pitanja kreiranih na osnovu relevantne literature i postavljenih preko onlajn platforme *Survio*. Ovakvo istraživanje je bilo moguće zahvaljujući saradnji sa Berlinskom lekarskom komorom i Saksonskom lekarskom komorom. Druge savezne države, međutim, nisu pristale da učestvuju. Komore su pisale odgovarajućim lekarima i prosledila anketu. Istraživanje je sprovedeno anonimno i u skladu sa *BDSG* (nem. Bundesdatenschutzgesetz), odnosno Saveznim zakonom o zaštiti podataka.

Nakon obavljene ankete urađena su dva intervjua, jedan sa muškim lekarom a jedan sa doktorkom – oni su prihvatili poziv da daju detaljni intervju. Intervjui su pokazali i sličnosti i razlike. Oba intervjua su se bavila emigracijom iz Srbije u Nemačku, s tim što se prvi intervju bavio emigracijom i napuštanjem prethodnog posla dok se drugi fokusirao na emigraciju nakon medicinskog fakulteta. Oba intervjua su korišćena isključivo radi boljeg povezivanja sa rezultatima upitnika i kako bi se stekao uvid u probleme pojedinaca, izazove sa kojima se susreću i dobrobitima koje uživaju.

Podaci i informacije prikupljeni tokom studije su pažljivo analizirani primenom deskriptivnih statističkih

lenging for many providers who struggle to maintain service performance and manage personnel turnover intentions [11]. It is also important to acknowledge perceptions and experiences of migrant health workers in order to alert policymakers to the extent that active measures can contribute to counteracting the negative effects of migration and mobility in the European Union by mitigating and making changes [12].

The study was conducted to gain new insights into the work activities of foreign doctors from the Western Balkans working in Germany. The study's objectives were to explore physicians' motives for emigrating from their home countries, their professional development status in Germany, the German legal system, and the general satisfaction of physicians.

MATERIALS AND METHODS

This qualitative cross-sectional study was conducted in 2023 to analyze physicians' motives for emigration from their home countries, their professional status development in Germany, the German legal system, and the general satisfaction of physicians.

The population of interest comprised doctors from the Western Balkans' third countries, including Serbia, Bosnia and Herzegovina, Montenegro, and North Macedonia. In addition, the target group had to be licensed and working in Germany. In total, 41 out of 150 licensed physicians contacted from the regions of Berlin and Saxony responded and were surveyed.

The study instruments were a specific questionnaire and in-depth interviews. The questionnaire comprised 38 questions created based on the relevant literature and uploaded via the online platform Survio. Such a survey was possible in cooperation with the Berlin Medical Association and the Saxony Medical Association. Other federal states, however, did not agree to participate. The associations wrote to the respective doctors and forwarded the survey. The survey was conducted anonymously and in keeping with the *BDSG* (Ger. *Bundesdatenschutzgesetz*), i.e., the Federal Data Protection Act.

Two interviews were conducted after the survey was completed, one with a male and one with a female doctor, who accepted the invitation for an in-depth interview. The interviews have shown both similarities and differences. Both interviews dealt with emigration from Serbia to Germany, the difference being that the first interview dealt with emigration and leaving a job. In contrast, the second interview focused on emigration after medical school. Both interviews were exclusively used to establish a better connection with the questionnaire results and to ensure a view of the individual persons' problems, the challenges they have encountered, and the benefits they have enjoyed.

metoda. Ove metode su omogućile detaljnu analizu obrazaca i karakteristika skupova podataka, razjašnjavajući fundamentalne trendove i složenosti povezane sa lekarima migrantima.

Rezultati su predstavljeni kao učestalost (procenti). Metod korišćen za testiranje statističkih hipoteza bio je Fišerov egzaktni test. Statističke hipoteze su analizirane na nivou značajnosti od 0,05. Statistička analiza podataka izvršena je putem softvera *IBM SPSS Statistics 24* (*IBM Corporation, Armonk, NI, USA*).

REZULTATI

Sociodemografske karakteristike ispitanika

Tabela 1 pokazuje da je udeo ispitanika ženskog pola bio 56,1% (*n* = 23), dok su 43,9% ispitanika (*n* = 18) bili muškarci. Većina ispitanika su bili starosti 20-35 godina. Ispitanici su većinom bili ili u braku, *n* = 18 (43,9%), ili su bili samci, *n* =19 (46,3%). Ispitanici su bili poreklom iz Srbije, *n* = 19 (46,3%), Bosne i Hercegovine, *n* = 9 (22%), Crne Gore, *n* = 7 (17,1%), i Severne Makedonije, *n* = 6 (16,4%). Rezultati pokazuju da su neki lekari sa Zapadnog Balkana živeli u Nemačkoj 1–5 godina, *n* = 20 (48,8%), dok su drugi živeli u Nemačkoj 5–10 godina, *n* = 12 (29,3%), ili preko 10 godina, *n* = 7 (17,7%), jedan ispitanik, *n* = 1

The data and information gathered throughout the study were meticulously analyzed using descriptive statistical methods. These methods allowed a thorough analysis of the dataset patterns and characteristics, shedding light on the fundamental trends and intricacies associated with migrant physicians.

The results are presented as frequency (percentages). The method used for testing statistical hypotheses was Fisher's exact test. Statistical hypotheses were analyzed at the level of significance of 0.05. Statistical data analysis was performed using IBM SPSS Statistics 24 (IBM Corporation, Armonk, NY, USA).

RESULTS

Sociodemographic characteristics of the respondents

Table 1 shows that the proportion of female respondents was 56.1% (*n* = 23), while 43.9% of respondents (*n* = 18) were male. The majority of respondents were 20-35-year-olds. Most were either married, n = 18 (43.9%), or single, n =19 (46.3%). The respondents were originally from Serbia, *n* = 19 (46.3%), Bosnia and Herzegovina, *n* = 9 (22%), Montenegro, *n* = 7 (17.1%), and North Macedonia, *n* = 6 (16.4%). The results show that some doctors

Tabela 1. Sociodemografske karakteristike ispitanika

Table 1. Sociodemographic characteristics of the respondents

Karakteristika / *Characteristic*	*Female (number) / Ženski pol (broj)*	*Female (%) / Female (%)*	*Muški pol (broj) / Male (number)*	*Muški pol (%) / Male (%)*	*p-vrednost / p-value*
Ukupno / *Total*	23	56.10%	18	43.9%	
Starost / *Age*					0.600
25-35	15	65.22%	10	55.6%	
35-45	6	26.09%	4	22.2%	
45-65	2	8.70%	4	22.2%	
Bračno stanje / *Marital status*					0.363
Neudata/neoženjen / *Single*	9	39.13%	10	55.6%	
Udata/oženjen / *Married*	10	43.48%	8	44.4%	
Razvedena/Razveden / *Divorced*	3	13.04%	0	0.0%	
Udovica/Udovac / *Widowed*	1	4.35%	0	0.0%	
Zemlja porekla / *Country of origin*					0.168
Srbija / *Serbia*	9	59.10%	10	40.9%	
Bosna i Hercegovina / *Bosnia and Herzegovina*	8	55.60%	1	44.4%	
Crna Gora / *Montenegro*	3	57.10%	4	42.9%	
Severna Makedonija / *North Macedonia*	3	50.00%	3	50.0%	
Dužina boravka u Nemačkoj / *Duration of stay in Germany*					1.000
0-1 godine / *0-1 years*	1	4.35%	0	0.0%	
1-5 godina / *1-5 years*	11	47.83%	9	50.0%	
5-10 godina / *5-10 years*	6	26.09%	6	33.3%	
Više od 10 godina / *More than 10 years*	4	17.39%	3	16.7%	
Rođen-a u Nemačkoj / *Born in Germany*	1	4.35%	0	0.0%	

(2,4%), rođen je u Nemačkoj, a drugi, *n* = 1 (2,4%), je živeo u Nemačkoj manje od godinu dana. Žene i muškarci u studiji se nisu značajno razlikovali ($p > 0,05$) prema starosnoj kategoriji, bračnom stanju, zemlji porekla ili trajanju boravka u Nemačkoj (Tabela 1).

Motivi za emigriranje

U Tabeli 2 su prikazani motivi za emigriranje iz matične zemlje. Analiza pokazuje da je od 41 anketiranog lekara, 38 (92,7%) emigriralo iz svojih matičnih zemalja, a troje (7,3%) su ili rođeni u inostranstvu ili su bili na školovanju. Prema učestalosti najčešći razlozi za imigraciju u Nemačku uključivali su bolje plate za lekare u inostranstvu, *n* = 19 (19,6%), nedostatak mogućnosti za razvoj u matičnoj zemlji, *n* = 19 (19,6%), bolje mogućnosti za dalje usavršavanje i razvoj karijere u inostranstvu, *n* = 18 (18,6%), više socijalnih beneficija u Nemačkoj, *n* = 17 (19,6%), nedostatak perspektive u karijeri u matičnoj zemlji, *n* = 13 (13.4%). Po sopstvenom svedočenju, određeni broj, *n* = 5 (5,2%), nije mogao da navede poseban razlog. Deo ispitanika, *n* = 16 (34,8%), odlučio je da emigrira u Nemačku samostalno neposredno nakon završenih studija medicine, nešto manje anketiranih, *n* = 9 (19,6%), došlo je u Nemačku sa mužem/ženom i decom, neki, *n* = 7 (15,2%), su emigrirali sa roditeljima ili rođacima, neki, *n* = 6 (13%), su emigrirali uz pomoć agencije za zapošljavanje, dok je bilo onih, *n* = 5 (10,9%), koji su sami došli u Nemačku nakon završene srednje škole.

U vreme anketiranja, jedan broj ispitanika, *n* = 21 (51,2%), radio je u bolnicama, neki su, *n* = 10 (24,4%), radili u ambulantama, izvestan broj ispitanika, *n* = 4 (9,8%), bio je zaposlen u drugim tipovima stacionarnih ustanova, neki su, *n* = 2 (4,9%), radili u ustanovama za rehabilitaciju, dok je preostali ispitanik *n* = 1 (2,4%), bio zaposlen u domu za negu starih lica. Polovina ispitanika, *n* = 21 (51,2%), radila je na poziciji lekara 1–5 godina, određeni broj lekara, *n* = 11 (26,8%), radio je na datom radnom mestu već 5–10 godina, drugi su, *n* = 8 (19,5%), radili kao lekari duže od 10 godina, a preostali ispitanik, *n* = 1 (2.4%) radio je kao lekar između jednog meseca i godinu dana.

Uvid u prihode je pokazao da je određeni broj anketiranih lekara, *n* = 19 (46,3%), zarađivao više od 4.500 € mesečno, nešto manje od trećine njih, *n* = 13 (31.7%), zarađivalo je 3,500€–4,500€, dok je preostali broj, *n* = 9 (22%) zarađivao €2.500–€3.500 mesečno. Takođe, većina ispitanika, *n* = 26 (63,4%), odmah je našla posao lekara u Nemačkoj, dok ostali, *n* = 15 (36,6%), nisu odmah našli posao.

Tadašnje zadovoljstvo poslom ispitanika pokazalo je da je određeni broj ispitanika, *n* = 11 (26,8%), bio vrlo zadovoljan, izvestan broj ispitanika *n* = 26

from the Western Balkans had lived in Germany for 1–5 years *n* = 20 (48.8%), while others had lived in Germany for 5–10 years *n* = 12 (29.3%), or over 10 years, *n* = 7 (17.7%), while one respondent was born in Germany, *n* = 1 (2.4%), and another, *n* = 1 (2.4%), had lived in Germany for under a year. Women and men in the study did not differ significantly ($p > 0.05$) by age category, marital status, country of origin, or duration of stay in Germany (Table 1).

Motives for emigration

Table 2 shows the motives for emigration from the home country. The analysis shows that of the 41 doctors surveyed, 38 (92.7%) had emigrated from their home countries, and 3 (7.3%) were either foreign-born or in training. Regarding the frequency, most coomon reasons for immigrating into Germany included better salaries for doctors abroad, *n* = 19 (19.6%), no development opportunities in the home country, *n* = 19 (19.6%), better further training and career opportunities abroad, *n* = 18 (18.6%), more social benefits in Germany, *n* = 17 (17.5%), no career prospects in the home country, *n* = 13 (13.4%). By their own testimony, for no particular reason *n* = 5 (5.2%). A proportion of respondents, *n* = 16 (34.8%), decided to emigrate to Germany alone directly after their medical studies, slightly fewer of those surveyed, *n* = 9 (19.6%), came to Germany with their husband/wife and children, some, *n* = 7 (15.2%) emigrated with parents or relatives, some, *n* = 6 (13%) emigrated with the help of an employment agency, while there were those, *n* = 5 (10.9%), who came to Germany on their own after graduating from high school.

At the time of the survey, a number of respondents, *n* = 21 (51.2%), worked in hospitals, some, *n* = 10 (24.4%), worked in outpatient facilities, some, *n* = 4 (9.8%), were employed in other inpatient facilities, others, *n* = 2 (4.9%), worked in rehabilitation clinics, while the remaining respondent, *n* = 1 (2.4%), was employed in a nursing home. Half of the respondents, *n* = 21 (51.2%), had been working as doctors for 1–5 years, some, *n* = 11 (26.8%), had held the position for 5–10 years, others, *n* = 8 (19.5%), had been working as physicians for more than 10 years, and the remaining respondent, *n* = 1 (2.4%), had been working as a doctor for between one month and one year.

The financial background showed that a number of the surveyed doctors, *n* = 19 (46.3%), earned more than €4,500 per month, a little less than a third, *n* = 13 (31.7%), earned €3,500–€4,500, while the remaining number, *n* = 9 (22%), earned €2,500–€3,500. Also, most of the responders, *n* = 26 (63.4%), immediately found jobs as doctors in Germany, whereas others, *n* = 15 (36.6%), did not find a job immediately.

Tabela 2. Razlozi za preseljenje lekara u Nemačku

Table 2. Reasons for the migration of physicians to Germany

Aspekti / *Aspects*	*Broj / Number*	*Procenat % / Percentage %*
Da li ste emigrirali? / *Have you emigrated?*		
Da / *Yes*	38	92.68%
Ne / *No*	3	7.32%
Koji su bili vaši razlozi za preseljenje u Nemačku? */ *What were your reasons for moving to Germany? **		
Bolje plate za lekare u inostranstvu / *Better salaries for doctors abroad*	38	92.7%
Nepostojanje prilika za profesionalno napredovanje u matičnoj zemlji / *No development opportunities in the home country*	38	92.7%
Bolje prilike za usavršavanje i napredovanje u karijeri u inostranstvu / *Better training and careers abroad*	38	92.7%
Bolja socijalna zaštita u inostranstvu / *More social benefits abroad*	32	78.0%
Nije bilo prilike za zaposlenje u matičnoj zemlji / *No job prospects in home country*	27	65.9%
Ako ste emigrirali, kada ste odlučili da emigrirate u Nemačku? / *If you emigrated, when did you decide to emigrate to Germany?*		
Doputovao-la sam ovde sam-a nakon završetka studija / *I travelled here on my own after medical school*	16	34.8%
Došao-la sam sa porodicom (mužem/ženom/decom) / *I came with my family (husband/wife/children)*	9	19.6%
Došao-la sam sa roditeljima/rođacima / *I arrived with my parents/relatives*	7	15.2%
Došao-la sam preko agencije (za zapošljavanje stručnog kadra) / *I arrived with the help of an agency (for employing professionals).*	6	13.0%
Došao-la sam sam-a nakon završene srednje škole / *I came alone after graduating from high school.*	5	10.9%
Ostalo, npr, pridružio-la sam se porodici / *Other, e.g. family reunion*	3	6.5%
U kojoj instituciji trenutno radite? / *In which institution do you currently work?*		
Bolnica / *Hospital*	21	51.2%
Ambulantne ustanove (npr. lekarske ordinacije) / *Outpatient facilities (e.g., doctors' offices)*	10	24.4%
Klinike sa ležećim pacijentima / *Inpatient facilities*	4	9.8%
Domovi za negu starih i drugih lica / *Nursing home*	1	2.4%
Klinike za rehabilitaciju / *Rehabilitation clinics*	2	4.9%
Ostalo, npr. instituti / *Other, e.g., institutes*	3	7.3%
Kolika vam je plata? / *What is your salary?*		
€4.500 i više / *€4,500 and more*	19	46.3%
€3.500–€4.500	13	31.7%
€2.500–€3.500	9	22.0%
Koliko ste dugo na sadašnjem poslu? / *How long have you been in your job?*		
1–5 godina / *1–5 years*	21	51.2%
5–10 godina / *5–10 years*	11	26.8%
Više od 10 godina / *More than 10 years*	8	19.5%
Kraće od jedne godine / *Less than a year*	1	2.4%
Da li ste dobili posao kao lekar odmah u Nemačkoj? / *As a doctor, did you get a job in Germany right away?*		
Da / *Yes*	26	63.4%
Ne / *No*	15	36.6%
Koliko ste zadovoljni sa sadašnjim zaposlenjem? / *How satisfied are you with your current job?*		
Prilično zadovoljan-na / *Somewhat satisfied*	26	63.4%
Vrlo zadovoljan-na / *Very satisfied*	11	26.8%
Prilično nezadovoljan-na / *Somewhat dissatisfied*	2	9.8%
Vrlo nezadovoljan-na / *Very dissatisfied*	0	0.0%
Gde ste stanovali kada ste prvo stigli u Nemačku? / *Where did you live when you first emigrated to Germany?*		
U svom stanu / *In my flat*	15	36.6%
Ostalo, npr, u bolničkom stanu / *Other, e.g., hospital flats*	9	22.0%
Kod rodbine/familije / *With my relatives/extended family*	8	19.5%
Sa suprugom (+/- deca) / *With my spouse (+/- children)*	4	9.8%
U hotelu / *At a hotel*	3	7.3%
Kod roditelja / *With my parents*	2	4.9%

* višestruki odgovori (n, %) / *multiple answers (n, %)*

(63,4%) izjavio je da je prilično zadovoljan, dok su ostali, *n* = 4 (9,8%), izjavili da su zadovoljni. Glavni razlozi za veliko zadovoljstvo bili su sledeći: posedovanje sopstvene lekarske prakse, dobra radna atmosfera i rukovodioci, kao i dobra struktura u bolnici. S druge strane, razlozi za nisko zadovoljstvo bili su sledeći: veća želja za radom na istraživačkom institutu, nedostatak specijalista i nedostatak ravnoteže između posla i privatnog života.

Kada su se prvobitno doselili u Nemačku, više od trećine ispitanika, *n* = 15 (36,3%), živelo je u sopstvenom stanu, neki, *n* = 8 (19,5%), živeli su sa rođacima odnosno familijom, drugi, *n* = 4 (9,8%), živeli su sa supružnikom i decom, dok su ostali ispitanici *n* = 2 (4,95%) živeli sa roditeljima.

Profesionalni status

Podaci u Tabeli 3 pokazuju da većina ispitanika, *n* = 34 (82,9%), nije imala privremeni posao tokom prvog boravka u Nemačkoj, dok su ostali, *n* = 7 (17,1%), imali privremeni posao. Takođe, većina lekara, *n* = 33 (80,5%), nije bila zaposlena na istom radnom mestu u vreme istraživanja kao kada su stigli u Nemačku, dok neki lekari, *n* = 8 (19,5%), nisu promenili posao. Nadalje, rezultati pokazuju da je više od polovine lekara, *n* = 23 (56,1%), menjalo posao dva ili tri puta, nešto više od trećine, *n* = 14 (34,1%), promenilo je posao jednom ili dva puta, a preostali ispitanici, *n* = 4 (9,8%), menjali su posao više od tri puta.

Za potvrdu statusa lekara u Nemačkoj i dobijanje dozvole za rad, uslov je često bila nostrifikacija diplome sa studija medicine (odnosno dobijanje tzv. Aprobacije – licence za obavljanje lekarske delatnosti), *n* = 36 (23,5%), završen kurs nemačkog jezika, *n* = 33 (21,6%), podnošenje zahteva za vizu, *n* = 32 (20,9%), položen test znanja, *n* = 27 (17,6%), završena dodatna obuka, *n* = 20 (13,1%). Kod nekih ispitanika, *n* = 13 (31,7%), proces je trajao do šest meseci, kod drugih, *n* = 17 (41,5%), trajao je do 12 meseci, neki ispitanici, *n* = 10 (24,4%), prošli su kroz proces koji je trajao 1–3 godine, dok je kod preostalog ispitanika, *n* = 1 (2,4%), bilo potrebno više od tri godine. Prema rezultatima, više od polovine ispitanika, *n* = 22 (53,7%), prošlo je kroz proces bez pomoći, ostali su, *n* = 14 (34,1%), imali pomoć rođaka, prijatelja i porodice, a neki su, *n* = 5 (12,2%), imali pomoć agencija za zapošljavanje u Nemačkoj.

Nemački pravni sistem

Studija se takođe bavi pitanjem da li se nemački pravni sistem dobro brine o ljudima ili se oni suočavaju sa poteškoćama. Tabela 4 pokazuje da je deo ispitanika, *n* = 9 (22%), bio zadovoljan nemačkim pravnim sistemom, da je većina, *n* = 29 (70,7%), bila prilično zado-

The job satisfaction of the doctors, at the time, showed that a certain number of the respondents, *n* = 11 (26.8%) were very satisfied, a number of the respondents, *n* = 26 (63.4%), stated that they were rather satisfied, while the remaining doctors, *n* = 4 (9.8%), were satisfied. The main reasons for high satisfaction were the following: having their own outpatient medical practice, having a good working atmosphere and superiors, and having a good structure in the hospital. On the other hand, the reasons for low satisfaction were the following: having a greater desire to work at a research institute, the shortage of specialists, and a lack of work-life balance.

When they first immigrated to Germany, more than a third of the respondents, *n* = 15 (36.3%), lived in their own flat, some, *n* = 8 (19.5%), lived with relatives and family, others, *n* = 4 (9.8%), lived with their spouse and children, while the remaining respondents, *n* = 2 (4.95%), lived with their parents.

Professional status

The data in Table 3 show that a majority of the respondents, *n* = 34 (82.9%), did not have a temporary job during their first stay in Germany, whereas others, *n* = 7 (17.1%), did have temporary employment. Also, a majority of the doctors, *n* = 33 (80.5%), were not employed at the same job at the time of the survey as when they arrived in Germany, whereas some doctors, *n* = 8 (19.5%), had not changed their job. Furthermore, the results show that more than a half of the doctors, *n* = 23 (56.1%), had changed their jobs two or three times, a little over a third, *n* = 14 (34.1%), had changed their jobs once or twice, and the reaming respondents, *n* = 4 (9.8%), had changed their jobs more than three times.

For physicians to establish themselves as doctors in Germany and get a work permit, the conditions often included medical degree recognition (Approbation – license to practice medicine), *n* = 36 (23.5%), completing a course in the German language, *n* = 33 (21.6%), visa application, *n* = 32 (20.9%), passing a knowledge test, *n* = 27 (17.6%), and completing additional training, *n* = 20 (13.1%). For some respondents, *n* = 13 (31.7%), the process took up to six months, for others, *n* = 17 (41.5%), it took up to 12 months, some respondents, *n* = 10 (24.4%), went through a process lasting 1–3 years, while for the remaining respondent, *n* = 1 (2.4%), it took more than three years. According to the results, more than half of the respondents, *n* = 22 (53.7%), went through the process without help, others, *n* = 14 (34.1%), had help from relatives, friends and familiy, and some, *n* = 5 (12.2%), had help from employment agencies in Germany.

Tabela 3. Status zaposlenja i profesionalnog napredovanja u Nemačkoj

Table 3. Occupational status and career development in Germany

Aspekti / *Aspects*	Broj /*Number*	Procenat/ *Percentage %*
Da li ste u početku imali privremeni posao? *Did you have a temporary job at the beginning?*		
Ne / *No*	34	82.1%
Da / *Yes*	7	17.1%
Da li ste na istom poslu od kada ste došli u Nemačku? / *Have you been at the same workplace since you arrived in Germany?*		
Ne / *No*	33	80.5%
Da / *Yes*	8	19.5%
Koliko ste često menjali posao? / *How often have you changed jobs?*		
2-3 puta / *2-3 times*	23	56.1%
1-2 puta / *1-2 times*	14	34.1%
>3 puta / *>3 times*	4	9.8%
Šta ste morali da uradite da biste se zaposlili u Nemačkoj?* / *What did you have to do to be able to work in Germany? **		
Nostrifikacija diplome (licenca za rad) / *Recognition of my medical degree (Approbation – licence to practice medicine)*	36	23.5%
Kurs nemačkog jezika (specijalizovani test) / *Take a course in the German language (specialized language test)*	33	21.6%
Dobijanje vize / *Apply for a visa*	32	20.9%
Polaganje testa znanja / *Pass a knowledge test*	27	17.6%
Dodatna obuka / *Complete additional supplementary training*	20	13.1%
Ostalo, boravišna dozvola / *Other e.g., residence permit*	5	3.3%
Koliko je dugo trajao proces pre nego što ste mogli da počnete da radite u Nemačkoj? / *How long did the process take for you to begin working in Germany?*		
Do 12 meseci / *Up to 12 months*	17	41.5%
Do 6 meseci / *Up to 6 months*	13	31.7%
1-3 godine / *1-3 years*	10	24.4%
Više od 3 godine / *More than 3 years*	1	2.4%
Ko vam je pomogao sa prijavljivanjem i celim procesom? /*Who helped you with the application and the whole process?*		
Sam-a / *Myself*	22	53.7%
Rodbina/prijatelji/porodica / *Relatives/friends/family*	14	34.1%
Agencija (za zapošljavanje stručnog kadra) / *Agency (for employing professionals)*	5	12.1%

*višestruki odgovori (n, %) / *multiple answers (n, %)*

voljna, dok su neki, *n* = 3 (7,3%), bili samo zadovoljni. Razlozi za poteškoće bili su prevelika birokratija ili nedostatak pomoći u pravnim pitanjima. Većina ispitanika, *n* = 28 (68,3%), izjavila je da nije naišla na pozitivnu diskriminaciju, a neki ispitanici, *n* = 13 (31,7%), su izjavili da su se susreli sa ovom vrstom diskriminacije, uključujući tu i brže dobijanje termina za operacije i termina u opštini, kao i dobijanje odobrenja od strane Nacionalnog udruženja lekara obaveznog zdravstvenog osiguranja. Pored toga, analiza je pokazala da se pozitivna diskriminacija (npr. afirmativne akcije prema imigrantima koje stimulišu njihovu integraciju uprkos razlikama koje mogu postojati) povremeno javljala u više slučajeva, *n* = 32 (78%), nego što se javljala često, *n* = 9 (22%). Rezultati takođe pokazuju da se određeni broj ispitanika, *n* = 19 (46,3%), suočio

The German legal system

The study also deals with the question of whether individuals are well looked after by the German legal system or face difficulties. Table 4 shows that some of the respondents, *n* = 9 (22%), were satisfied with the German legal system, while the majority, *n* = 29 (70.7%), were rather satisfied, while some, *n* = 3 (7.3%), were merely satisfied. The reasons for the difficulties were too much bureaucracy or the absence of assistance with legal matters. A majority of the respondents, *n* = 28 (68.3%), stated that they did not encounter any positive discrimination, with some respondents, *n* = 13 (31.7%), reported encountering this type of discrimination, including getting appointments for operations and at the town hall more quickly, and also receiving

Tabela 4. Rezultati o nemačkom pravnom sistemu

Table 4. Results on the German legal system

Aspekti / *Aspects*	Broj /*Number*	Procenat/ *Percentage %*
Da li smatrate da ste dobili adekvatan tretman od strane nemačkog pravnog sistema? / *Do you feel well served by the German legal system?*		
Prilično zadovoljan-na / *Rather satisfied*	29	70.7%
Vrlo zadovoljan-na / *Very satisfied*	9	22.0%
Prilično nezadovoljan-na / *Rather dissatisfied*	3	7.3%
Vrlo nezadovoljan-na / *Very dissatisfied*	0	0.0%
Da li ste doživeli pozitivnu diskriminaciju u Nemačkoj? / *Have you encountered positive discrimination in Germany?*		
Ne / *No*	28	68.3%
Da / *Yes*	13	31.7%
Da li mislite da se afirmativno delovanje dešava često ili sporadično? / *Do you think affirmative action is frequent or more isolated?*		
Sporadično / *Occasional*	32	78.0%
Često / *Happens often*	9	22.0%
Da li ste doživeli negativnu diskriminaciju u Nemačkoj? / *Have you encountered negative discrimination in Germany?*		
Ne / *No*	22	53.7%
Da / *Yes*	19	46.3%
Da li mislite da se negativna diskriminacija dešava često ili sporadično? / *Do you think negative discrimination is frequent or more isolated?*		
Sporadično / *Occasional*	23	56.1%
Često / *Happens often*	18	43.9%
Da li mislite da imate bolje prilike u karijeri u Nemačkoj? / *Do you think you have better career opportunities in Germany?*		
Da / *Yes*	24	58.8%
Ne znam / *I do not know*	14	34.1%
Ne / *No*	3	7.3%

sa negativnom diskriminacijom (npr. diskriminacija usmerena na omalovažavanje i nanošenje štete pojedincu), za razliku od onih, *n* = 22 (53,7%), koji nisu doživeli negativnu diskriminaciju. Pored toga, oblici negativne diskriminacije uključivali su i favorizaciju nemačkih (domaćih) lekara za dalje usavršavanje, ili namerno ignorisanje od strane kolege u bolnici. Rezultati ciljne grupe takođe pokazuju da se negativna diskriminacija dešavala povremeno u više od polovine slučajeva, *n* = 23 (56,1% %), dok su drugi, *n* = 18 (43,9% %), smatrali da se dešavala često.

Rezultati studije predstavljeni u Tabeli 4 takođe pokazuju prilike u karijeri dostupne lekarima u Nemačkoj. Rezultati pokazuju da je jedan broj ispitanika, *n* = 24 (58,5%), smatrao da imaju dobre prilike za karijeru u Nemačkoj, određeni broj ispitanika, *n* = 14 (34,1%), izjavio je da ne zna, dok su drugi, *n* = 3 (7,3%), smatrali da nemaju perspektivu za karijeru (Tabela 4).

Stepen zadovoljstva

Skoro četvrtina ispitanika, *n* = 10 (24,4%), izjavila je da je veoma zadovoljna, dok je većina, *n* = 31 (75,6%), izrazila prilično zadovoljstvo svojim životom u Nemačkoj (Tabela 5). Glavni razlozi za ovo zadovoljstvo bili su sledeći: socijalna sigurnost u Nemačkoj, dobra

authorization from the Association of Statutory Health Insurance Physicians. In addition, analysis showed that positive discrimination (e.g., affirmative actions towards immigrants stimulating their integration despite the differences that may exist) occurred occasionally in more cases, *n* = 32 (78%), than often, *n* = 9 (22%). The results also show that a certain number of respondents, *n* = 19 (46.3%), had faced negative discrimination (e.g., discrimination aimed at belittling and harming an individual) in contrast to those, *n* = 22 (53.7%), who had not experienced negative discrimination. In addition, forms of negative discrimination included German (native) doctors being favored for further training, or colleagues in the hospital deliberately ignoring immigrant doctors. The results of the target group also show that negative discrimination occurred occasionally in more than half of the cases, *n* = 23 (56.1% %), whereas others, *n* = 18 (43.9% %), believed that it occurred frequently.

The study results presented in Table 4 also demonstrate the career opportunities available to doctors in Germany. The results show that a number of the respondents, *n* = 24 (58.5%), felt they had promising career opportunities in Germany, some, *n* = 14 (34.1%), said that they did not know, while others, *n* = 3 (7.3%), felt that they had no promising career opportunities (Table 4).

perspektiva za karijeru, kao i visok nivo bezbednosti u Nemačkoj. S druge strane, neke stvari su se pokazale kao smetnja potpunom zadovoljstvu, kao što su visoki troškovi života, odvojenost od porodice i prijatelja u matičnoj zemlji, preterana birokratija.

Interesantni su bili i rezultati koji su se odnosili na pitanje da li ispitanici mogu da zamisle da trajno žive u Nemačkoj. Jedan broj ispitanika, *n* = 18 (43,9%), izjavio je da ne zna, skoro trećina, *n* = 13 (31,7%), potvrdila je da želi da ostane u Nemačkoj za stalno, dok su drugi, *n* = 10 (24,4%), izjavili da ne žele da žive u Nemačkoj zauvek. Motivi za odluku o životu u Nemačkoj bili su: socijalna sigurnost, bolja perspektiva za karijeru i uređen život. Međutim, ovo se nije odnosilo na sve ispitanike, jer se takođe moglo desiti da dođe do odluke o potpunom povratku u slučaju da se ispitanici nisu osećali prijatno na poslu. Pored toga, naša analiza pokazuje da jedan broj ispitanika, *n* = 21 (51,2%), nije razmišljao o povratku u matičnu zemlju, dok su drugi, *n* = 20 (48,8%), razmišljali o tome. Razlozi za povratak u domovinu koje su ispitanici naveli su: društveni milje, različite navike, razdvojenost od porodice i prijatelja (privatni razlozi), kao i manje birokratije u sopstvenoj zemlji. Analize dalje pokazuju da većina ispitanika, *n* = 25 (61%), nije razmišljala o emigriranju iz Nemačke u druge zemlje, dok je više od trećine, *n* = 16 (39%), razmišljalo o preseljenju u zemlje poput SAD, Austrije, Švajcarske i skandinavskih zemalja. Navedeni razlozi su: više beneficija za lekare, npr. kraća udaljenost od matične zemlje (Austrija), bo-

Satisfaction

Almost a quarter of the respondents, *n* = 10 (24.4%), stated that they were very satisfied, while a majority, *n* = 31 (75.6%), felt rather satisfied with their life in Germany (Table 5). The main reasons for this satisfaction were as follows: the social security in Germany, the promising career opportunities, and that Germany is a safe country. On the other hand, some matters proved to be a hindrance to complete satisfaction, such as the high cost of living, separation from family and friends in the home country, and excessive bureaucracy.

The results concerning the question of whether respondents could imagine living in Germany permanently were also interesting. A number of respondents, *n* = 18 (43.9%), stated that they did not know, almost a third, *n* = 13 (31.7%), confirmed that they wanted to stay in Germany permanently, while others, *n* = 10 (24.4%), stated that they did not want to live in Germany forever. The motivation for the decision to live in Germany permanently was: social security, better career opportunities, and an organized way of life. However, this did not apply to all respondents, as they could also decide to return completely if they did not feel comfortable at work. In addition, our analysis shows that a number of respondents, *n* = 21 (51.2%), had not considered moving back to their home country, while others, *n* = 20 (48.8%), had considered it. The reasons for moving back to their home country stated by the respondents were: the social milieu, different habits,

Tabela 5. Stepen zadovoljstva ispitanika u Nemačkoj

Table 5. Satisfaction of respondents in Germany

Aspekti / *Aspects*	Broj / *Number*	Procenat/ *Percentage %*
U kojoj meri ste zadovoljni svojim životom u Nemačkoj? / *How satisfied are you with your life in Germany?*		
Prilično zadovoljan-na /*Rather satisfied*	31	75.6%
Vrlo zadovoljan-na /*Very satisfied*	10	24.4%
Prilično nezadovoljan-na /*Rather dissatisfied*	0	0.0%
Vrlo nezadovoljan-na /*Very dissatisfied*	0	0.0%
Možete li da zamislite da zauvek živite u Nemačkoj? / *Can you imagine living in Germany permanently?*		
Ne znam /*I do not know*	18	43.9%
Da /*Yes*	13	31.7%
Ne /*No*	10	24.4%
Da li ste ikada razmišljali da se vratite su svoju zemlju? / *Have you ever thought about returning to your home country?*		
Ne /*No*	21	51.2%
Da /*Yes*	20	48.8%
Da li ste ikada razmišljali da se preselite u drugu zemlju radi napretka u karijeri? / *Have you ever thought about moving to another country to further your career?*		
Ne / *No*	25	61.0%
Da*Yes*	16	39.0%

lje centrirane strukture zaštite i, u nekim slučajevima, bolje plate. Rezultati pokazuju da je, generalno gledano, većina lekara bila zadovoljna životom u Nemačkoj, navodeći postojanje dobre perspektive za karijeru, kao i dostupnost kvalitetne obuke.

Intervjui

Osim upitnika, obavljena su i dva intervjua koja su pokazala dve različite karakteristike. Prvi intervju je bio sa osobom koja je napustila posao u matičnoj zemlji da bi emigrirala u Nemačku i tamo radila, dok je drugi intervju bio sa zdravstvenim radnikom koji je u Nemačku došao nakon završenih studija medicine.

Oba intervjua su otkrila poteškoće koje su se javile i duge vremenske periode koji su protekli pre nego što su ispitanici uspeli da okončaju proces dobijanja boravišne dozvole i proceduru priznavanja diplome. Prvi intervju je jasno pokazao da je ispitanica odluku o emigriranju u Nemačku smatrala pozitivnom. Sagovornica je napustila svoju domovinu, Srbiju, zbog nepovoljne društvene, političke i ekonomske situacije, u potrazi za boljim uslovima za sebe i svoju porodicu. Nasuprot tome, Nemačka je pružala široku perspektivu za karijeru, finansijski prosperitet i stabilnu političku situaciju. Međutim, ovaj intervju je takođe otkrio veće poteškoće u Nemačkoj u pogledu ravnoteže između posla i privatnog života i birokratije. Drugi intervju je takođe bio o pozitivnom iskustvu emigracije iz Srbije u Nemačku. Sagovornik je došao direktno u Nemačku nakon što je završio studije medicine uz pomoć agencije koja dovodi kvalifikovano osoblje u Nemačku. Agencija je mogla da mu garantuje posao, mesto za boravak i pomoć u prevođenju i overi dokumenata. Razlozi za emigraciju su bili loša obuka lekara nakon diplomiranja u Srbiji, kao i nemogućnost slobodnog izbora specijalizacije. Ovaj sagovornik se, međutim, susreo i sa negativnom diskriminacijom, iako je to dobro podneo i doživeo je više kao motivaciju da se još više potrudi. Istakao je i stabilnost Nemačke, kao i dobru perspektivu za karijeru, ali je preteranu birokratiju shvatio kao nedostatak. Sagovornik je naveo da mu je cilj bio da završi specijalizaciju u Berlinu i otvori sopstvenu dermatološku praksu.

DISKUSIJA

Analiza anketa pokazuje jasne motive za iseljavanje iz Srbije, Bosne i Hercegovine, Crne Gore i Severne Makedonije, uključujući finansijske aspekte, nedostatak mogućnosti za profesionalni razvoj u zemlji porekla, te bolju perspektivu za dalje usavršavanje i karijeru u inostranstvu. Ovi nalazi potvrđuju savremena saznanja o razlozima migracija [13-15]. Sveobuhvatan pregled faktora koji utiču na migraciju u i iz Ujedinjenog Kra-

missing family and friends (private reasons), as well as less red tape in their own country. The analyses further show that a majority of respondents, $n = 25$ (61%), had not contemplated emigrating from Germany to other countries, whereas, more than a third, $n = 16$ (39%), had considered moving to countries such as the USA, Austria, Switzerland, and the Scandinavian countries. The reasons stated were: more benefits for the doctors, for example, a shorter distance from the home country (Austria), better-centered care structures, and, in some cases, better salaries. The results show that, in general, the majority of the doctors were satisfied with life in Germany, stating that good career opportunities and good training were available.

Interviews

In addition to the questionnaire, two interviews were conducted with two different characteristics. The first interview was with a person who gave up their job in their home country to emigrate to Germany and work there, while the second interview was with a healthcare professional who came to Germany after completing their medical studies.

Both interviews revealed difficulties and lengthy periods that elapsed before the interviewees managed to complete the residence permit process and the degree recognition procedure. The first interview made it clear that the decision to emigrate to Germany was considered a positive one. The interviewee left her home country, Serbia, due to the unfavorable social, political, and economic situation, in search of better conditions for herself and her family. In contrast, Germany could offer a wide range of career opportunities, financial prosperity, and a stable political situation. However, this interview also revealed more difficulties in Germany regarding work-life balance and bureaucracy. The second interview was also about a positive experience of emigration from Serbia to Germany. The interviewee came directly to Germany after completing his medical studies with the help of an agency that brings qualified personnel to Germany. The agency was able to guarantee him a job, a place to stay, and assistance with translating and verifying documents. The reason for emigration was the poor training of doctors in Serbia after graduation, as well as not having a free choice of specialty. This interviewee, however, also encountered negative discrimination, although he took it well and saw it more as motivation to do more. The stability of Germany was also emphasized, as well as the good aspect of career opportunities, but the excessive bureaucracy was also perceived as a shortcoming. The interviewee stated that his goal was to complete his specialization in Berlin and open his own dermatology practice.

ljevstva otkriva da je odluka lekara da migriraju složena i da zahteva pažljivo razmatranje različitih faktora pritiska i privlačenja koji deluju na makro, mezo i mikro nivoima [13].

U našem istraživanju, većina ispitanika je u Nemačku došla sa svojim partnerom, odnosno sa suprugom i decom, ili su došli kod porodice/rodbine. Ponovno okupljanje porodice ili porodične vrednosti i okolnosti često su od značaja za migracionu politiku [14], bilo kao prepreka [15] ili kao podsticajni faktor za emigraciju [14]. Na naše ispitanike uticale su i bolje mogućnosti obrazovanja za decu i bolja perspektiva u karijeri životnih partnera. Sve veći broj dokaza sugeriše da su obrazovne mogućnosti bile i ostale značajni aspekt kod migracije zdravstvenih radnika širom sveta [16-18]. Većina naših ispitanika nije imala privremeni posao na početku svog boravka u Nemačkoj i menjala je radna mesta 2-3 puta od svog dolaska, što možda nije neuobičajeno za medicinsko osoblje u ranim fazama karijere.

Polovina ispitanika je veći deo procesa prijavljivanja završila bez ičije pomoći, dok je jedna trećina dobila pomoć rođaka, a samo mali broj je tražio pomoć agencije. Ovo ukazuje na to da je poverenje ključni element u regulisanju migracionih tokova. Prijavljivanje je obuhvatalo niz koraka, kao što su priznavanje kvalifikacija, pohađanje kurseva jezika, regulisanje statusa vize, dodatna obuka ili dobijanje boravišne dozvole. Da bi osoba mogla da obavlja praksu kao strani lekar u Nemačkoj, mora da bude ispunjen niz kriterijuma, uključujući licencu za bavljenje medicinom (odnosno priznavanje diplome sa studija medicinske), specijalistički test jezika, kao i vizu, poznatu kao plava karta. U nekim slučajevima morala je i da se završi dodatna obuka. Zbog birokratije i drugih faktora, proces traje i do 12 meseci, što možda i nije predugo u poređenju sa kašnjenjem u procesu dobijanja radne dozvole u Sjedinjenim Državama.

Naši podaci su takođe pokazali da je većina ispitanika lekara radila u ustanovama stacionarnog tipa, kao što su bolnice, na šta je možda uticala potražnja za uslugama, bolje plate, kao i pravni instrumenti koji podržavaju kliničke specijalnosti [19-21]. Finansijski aspekt je pokazao da se radilo o ljudima sa visokim zaradama na putu ka vrhuncu karijere.

Ispitanici su izrazili da ih je nemački pravni sistem dobro uslužio i nisu iskusili nikakvu značajnu negativnu diskriminaciju, ali je takođe bilo malo pozitivne diskriminacije. Mogućnost da se angažuju strani lekari ili da se privuče interesovanje ogleda se u nekim pravnim aspektima. Od 1. januara 2016. godine, propis „*Vestbalkanordnung*“ § 26 stav 2 Pravilnika o zapošljavanju predviđa da državljani Albanije, Bosne i Hercegovine,

DISCUSSION

The analysis of the surveys shows clear motives for emigration from Serbia, Bosnia and Herzegovina, Montenegro, and North Macedonia. These include financial aspects, lack of professional development opportunities, and better opportunities for further training and careers abroad. These findings confirm the contemporary knowledge of the reasons for migration [13-15]. A comprehensive review of the factors influencing migration to and from the United Kingdom reveals that a physician's decision to migrate is nuanced and necessitates careful consideration of various push and pull factors operating at macro, meso, and micro levels [13].

In our study, most respondents came to Germany with their partner, i.e., with their wife/husband and children, or they came to stay with family/relatives. The family reunion or family values and circumstances are often of migration policy relevance [14], either as a barrier [15] or as a push factor for emigration [14]. Our respondents were also influenced by better educational opportunities for their children and better career opportunities for their partners. Growing evidence suggests that educational opportunities have been and will continue to be a significant issue for the migration of health workers worldwide [16-18]. The majority of our respondents did not have a temporary job at the beginning of their stay in Germany and have changed workplaces 2-3 times since arriving, which might not be uncommon for medical personnel in early career stages.

Half of the respondents completed most of the application process without anyone's help, while one-third received assistance from relatives, and only a small number received help from an agency. This indicates that trust is a key element in regulating migration flows. The application included a variety of tasks, such as the recognition of qualifications, taking language courses, regulating the visa status, additional training, or obtaining residence permits. For a person to be able to practice as a foreign doctor in Germany, a number of criteria must be met, including a license to practice medicine (recognition of medical degree), a specialist language test, and a visa, also known as a blue card. In some cases, additional training must also be completed. Due to the bureaucracy and other factors, the process takes up to 12 months, which may not be too long compared to the delays in the work permit process in the United States.

Our data also showed that most physician respondents worked in inpatient facilities, such as hospitals, which might have been influenced by the demand for services, better salaries, as well as the legal instruments supporting clinical specialties [19-21]. The financial aspect showed that these were high earners on their way to the peak of their careers.

Kosova, Crne Gore, Severne Makedonije i Srbije mogu dobiti odobrenje uz proveru prioriteta za bilo koju vrstu zaposlenja [22]. To znači da i nekvalifikovani kadar može da podnese zahtev za radnu vizu i da živi u Nemačkoj. Kvalifikovani radnici lakše dolaze u Nemačku, jer su oni najtraženiji.

Opšta slika ukazuje na zadovoljstvo preseljenjem u Nemačku. Takođe je jasno da su potrebna značajna poboljšanja u domenu birokratije. Kada su u pitanju sagovornici u intervjuima, zanimljivo je napomenuti da su oboje morali da prevaziđu brojne birokratske prepreke da bi se bavili medicinom u Nemačkoj. Oboje su takođe emigrirali u Nemačku iz sličnih razloga: u matičnoj zemlji nije bilo mogućnosti za profesionalni razvoj, ali su u inostranstvu videli bolje prilike za dalje usavršavanje i bolju perspektivu u karijeri, kao i veće plate nego u matičnoj zemlji. Oboje intervjuisanih ispitanika su bili u Nemačkoj 5–10 godina i stvorili su za sebe stabilno okruženje. Oboje su imali identične probleme sa imigracionim vlastima [23], uključujući vreme čekanja, odsustvo podrške i nedostatak odgovarajuće strukture. Ipak, ispitanici su bili zadovoljni trenutnim životom i izjavili da ne planiraju da napuštaju Nemačku, ali da se nadaju i promeni i poboljšanju životnih prilika.

Fluktuacija u zdravstvenim strukama u Nemačkoj je sve veća, a zapošljavaju se strani asistenti, lekari i medicinsko osoblje. Treba, dakle, naglasiti da je stranim državljanima sve primamljivije da grade karijeru u Nemačkoj. Raznovrsnost mogućnosti se takođe povećava iz godine u godinu, a samim tim raste i interesovanje u inostranstvu. Konačno, može se reći da se očekuje da će imigracija lekara iz inostranstva rasti svake godine. Tada će se javiti potreba da se obezbedi bolja ravnoteža između posla i privatnog života, poboljšana birokratska podrška i usmeravan proces.

Zapošljavanje lekara sa Zapadnog Balkana može da ublaži teret nemačkog zdravstvenog sistema izazvanog velikim nedostatkom kvalifikovane radne snage. Istraživanja su pokazala da više od 60% lekara razmatra da u potpunosti napusti rad u zdravstvenoj zaštiti pacijenata [24]. Nemačka ima ukupno 84,6 miliona stanovnika, od čega 42,8 miliona žena i 41,7 miliona muškaraca (podaci iz 2023. godine) [25]. Od 84,6 miliona stanovnika, oko 73,6 miliona ljudi je pokriveno obaveznim zdravstvenim osiguranjem, oko 8,7 miliona je privatno osigurano, a preostala dva miliona ljudi su ili primaoci socijalne pomoći, pripadnici policije i oružanih snaga ili neosigurani [26]. Demografska promena koja postepeno postaje karakteristična za Nemačku je od velikog značaja. Podaci nemačkog Saveznog zavoda za statistiku pokazuju da je značajno povećan udeo stanovništva starijeg od 55 godina,

The interviewees felt well looked after by the German legal system and had not experienced any major negative discrimination, but there had also been little positive discrimination. An opportunity to recruit foreign doctors or to arouse interest is reflected in some legal aspects. Since January 1, 2016, the regulation "*Westbalkanordnung*" § 26 paragraph 2 of the Employment Ordinance stipulates that nationals of Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, and Serbia can obtain approval with a priority check for any type of employment [22]. This means that non-qualified personnel can also apply for a work visa and live in Germany. People who are qualified workers have an easier time coming to Germany, as skilled workers are the most sought-after.

The overall picture is one of satisfaction with having emigrated to Germany. It is also clear that there is a need for significant improvements in bureaucracy. In connection with the interviewees, it was interesting to note that they both had to overcome numerous bureaucratic hurdles in order to practice medicine. Both also emigrated to Germany for similar reasons: there were no development opportunities in their home country, however, they saw better training and career opportunities abroad, as well as higher salaries than in their home country. The interviewees had both been in Germany 5–10 years and had created a stable environment. They both experienced identical problems with immigration authorities [23], including the waiting time, absence of support, and lack of appropriate structure. Nevertheless, the interviewees were satisfied with their current life and stated that they had no plans of leaving Germany, but that they also hoped for a change and improvement in their living circumstances.

Fluctuation in the healthcare professions in Germany is increasing, and foreign assistants, doctors, and nursing staff are being recruited. It should, therefore, also be emphasized that it is becoming all the more enticing for foreign citizens to build a career in Germany. The variety of opportunities is also increasing from year to year and thus the interest abroad is growing. Finally, it can be said that the immigration of doctors from abroad is expected to increase each year. Then, there will be a need to ensure better work-life balance, improved bureaucratic support, and a guided process.

The recruitment of doctors from the Western Balkans can ease the burden on the German healthcare system caused by the high shortage of skilled labor. Studies have shown that more than 60% of doctors are considering leaving patient care completely [24]. Germany has a total population of 84.6 million, of which 42.8 million are women and 41.7 million are men (as of 2023) [25]. Of the 84.6 million inhabitants, around 73.6 million peo-

dok se broj radno sposobnih osoba starijih od 18 godina smanjuje [27]. Podaci ukazuju i na nizak natalitet koji je doveo i nastaviće da dovodi do demografskih promena. U poređenju sa 1950. godinom, očekivano trajanje života je danas znatno duže: za žene je 83,9 godina, a za muškarce 79,2 godine. U Nemačkoj se očekuje konstantno produžavanje očekivanog trajanja života, a prema prognozi Saveznog zavoda za statistiku, ono će se do 2070. godine produžiti za oko 5 godina [27].

Uprkos dostupnosti postojećih podataka, neophodna su buduća istraživanja, koja uključuju veće uzorke i imigrante iz šireg spektra zemalja. Ovo će nam pomoći da bolje razumemo razloge migracije lekara, izazove sa kojima se migranti susreću i faktore koji utiču na njihovu odluku da ostanu u Nemačkoj ili se vrate u svoje matične zemlje. Sprovođenje ovog istraživanja će biti od ključnog značaja za povećanje zadovoljstva lekara migranata, što će na kraju doprineti boljoj stopi zadržavanja u medicinskog kadra.

ZAKLJUČAK

Većina ljudi koji su se doselili u Nemačku su zadovoljni svojom odlukom. Međutim, postoji jasna potreba za značajnim poboljšanjima, kao što je uklanjanje birokratskih prepreka. Angažovanje lekara sa Zapadnog Balkana može pomoći u smanjenju opterećenja nemačkog zdravstvenog sistema, koji se suočava sa velikim nedostatkom kvalifikovanog kadra. S obzirom na tekući nedostatak kvalifikovanih zdravstvenih radnika u Nemačkoj i demografski razvoj zemlje, ciljano zapošljavanje stranih medicinskih stručnjaka putem bilateralnih sporazuma postaje sve relevantnije. Budući sporazumi bi mogli da pomognu da se smanje administrativne prepreke, da olakšaju priznavanje stručnih kvalifikacija, i da poboljšaju integraciju stranih stručnjaka. Ojačana međunarodna saradnja, posebno sa zemljama Zapadnog Balkana i drugim regionima sa viškom medicinskog kadra, predstavlja stratešku meru za osiguranje dugoročne stabilnosti pružanja zdravstvene zaštite u Njemačkoj uz uspostavljanje održivih mehanizama migracije.

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Sukob interesa: Nije prijavljen.

ple are covered by statutory health insurance, around 8.7 million are privately insured, and the remaining two million people are either welfare recipients, members of the police and armed forces, or uninsured [26]. The demographic change that is gradually becoming characteristic of Germany is of considerable importance. Data from the Federal Statistical Office shows that the proportion of the population over the age of 55 has significantly increased, while the number of people of working age over 18 is decreasing [27]. The data also points to a low birth rate, which has led and will continue to lead to demographic change. Compared to 1950, life expectancy today is significantly higher: it is 83.9 years for women and 79.2 years for men. A constant increase in life expectancy is expected in Germany, and according to the forecast of the Federal Statistical Office, it will increase by around 5 years by 2070 [27].

Despite the availability of existing data, future research is necessary, involving larger sample sizes and immigrants from a broader range of countries. This will help us better understand the reasons behind physician migration, the challenges that migrants encounter, and the factors influencing their decision to stay in Germany or return to their home countries. Conducting this research will be instrumental in enhancing the satisfaction of migrant physicians, ultimately contributing to better retention rates in the medical workforce.

CONCLUSION

Most people who have moved to Germany are satisfied with their decision. However, there is a clear need for significant improvements, such as removing bureaucratic hurdles. Hiring doctors from the Western Balkans can help reduce the strain on the German healthcare system, which is facing a severe shortage of skilled workers. Given the ongoing shortage of skilled healthcare professionals in Germany and the country's demographic development, the targeted recruitment of foreign medical professionals through bilateral agreements is becoming increasingly relevant. Future agreements could help reduce administrative barriers, facilitate professional recognition, and improve the integration of foreign professionals. Strengthened international cooperation, particularly with Western Balkan countries and other regions with a surplus of medical personnel, represents a strategic measure to ensure the long-term stability of healthcare provision in Germany while establishing sustainable migration mechanisms.

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