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Emigration of Medical Doctors from Albania: A Segmented Brain Drain

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Abstract

Taking the case of Albania, in this paper we present data on the brain drain of medical doctors and what can be done to prevent it. Globally, the demand for doctors and other healthcare professionals is rising fast due to ageing populations and also, in Europe especially, the ageing of the population of doctors. Like other Western Balkan countries, but to a greater extent, Albania ‘loses’ a large share of its medical students and young doctors to more advanced EU and OECD countries, especially Germany and Italy. We present survey (N=301) and interview (N=25) data on Albanian doctors living and working abroad in order to profile their socio-demographic characteristics, reasons for emigrating, professional and social experiences abroad, and prospects for returning to Albania. Crucially, more than a half of survey respondents do not wish to return to Albania, and a further one third are undecided. They are, however, keener to share their expertise with their home country in other forms of cooperation and mobility which do not involve a long-term return. The obstacles to return are seen not so much as economic as relating to the poor quality of the working environment and uncertain opportunities for professional development in Albania. Also highlighted as a barrier to return is Albania’s social and political system and endemic corruption. Policies are suggested to both stem the outflow of doctors and promote the return of those abroad – but these are much easier said than done.

Keywords

Albania, doctors and health professionals, emigration, brain drain

Introduction and context

At a global level there is a chronic shortage of health professionals, including highly trained and specialised medical doctors, who form a kind of elite niche in the globalised market for internationally mobile talent (Adovor et al. 2020; Grignon et al. 2013; Oso et al. 2022: 122-123). The structural inequalities between more- and less-developed countries, and the higher purchasing power of the former for highly skilled workers in shortage professions, results in a brain drain of medical doctors from poorer countries, with inevitable deleterious consequences for the health systems of those latter countries. The result is a further exacerbation of the structural inequalities in human development between rich and poor countries.

The often-heard statement (at least in the UK and Malawi) that ‘there are more Malawian doctors in Manchester than there are in Malawi’ can arguably be dismissed as a ‘modern medical myth’ (Lizi et al. 2013), but it is symptomatic of the damaging impact of the migration of medical doctors from the global South to the global North. Is it fair that a poor country like Malawi (or Albania) should pay for the upbringing and expensive training of doctors, only for those doctors to be lured to rich countries like the UK and Germany to plug gaps in the insufficient supply of home-grown doctors? Is this not a kind of development aid given by poor to rich countries, and therefore fundamentally unjust? (King 2018).

For more than three decades since the beginning of the post-socialist transition, Albania has witnessed large-scale migratory outflows, which are increasingly taking the form of a brain drain (Gëdeshi and King 2020; King and Gëdeshi 2020). One element of the brain drain is the

haemorrhaging of Albanian doctors, the subject of this paper.¹ We call this loss of doctors a *segmented brain drain* because it is a labour-market niche process, strictly defined by requisite high levels of specialised education and training. Hence, entry to this specialism is tightly controlled – it is not an ‘open’ labour-market sector.²

The migration of doctors from Albania and from the wider Western Balkans (WB)³ – and in fact from the many other countries worldwide that witness this form of selective brain drain – is shaped by a combination of demand and supply factors (Buchan et al. 2019; Davda et al. 2018; Grignon et al. 2013; Kroezen et al. 2015; Tjadens et al. 2012). Demand factors are the main drivers and are mainly demographic. These include: ageing populations, especially in Europe with the retirement of the ‘baby-boomer’ generations born after the end of the Second World War; rising life expectancy due to medical advances and more healthy lifestyles; and falling birth rates to sub-replacement levels. Notable also is the ageing of doctors, 1 in 3 of whom are aged over 55 in the EU in 2020. As a result, many European and OECD countries report chronic shortages of doctors and other medical personnel (Kroezen et al. 2015; Mara 2020; OECD 2019; Wismar et al. 2011).

Supply-side factors consist of the insufficient production of young doctors in many European and OECD countries, leading to the already-noted ageing of the existing population of doctors; the mobility of doctors *between* such countries (e.g. from Germany to Switzerland, where salaries are higher); and the growth in enrolments for medical degrees in poor countries, in response to the high salaries and good career prospects abroad. Marked imbalances in the supply and demand of doctors and other health professionals prevail across Europe, generating a continuous battle to attract skilled medical personnel, with richer countries benefiting at the expense of poorer ones (Glinos 2015; Mara 2019).

Bringing the focus back to Albania, the Albanian population too is ageing, as it is across the WB region. According to the Albanian National Institute of Statistics, INSTAT, the population aged 60+ has doubled over the past 20 years, increasing from 11.2% of the total population in 2001 to an estimated 22.6% in 2022. This share will undoubtedly continue to increase in the future, due to the combination of several demographic factors: improving life expectancy, falling birth rate (a total fertility rate of 1.32 children per woman in 2020), continued emigration of younger-age cohorts, and the fact that this young-adult emigration also takes future reproductive potential out of Albania (INSTAT 2021).

International organisations such as the World Bank (2016) and OECD (d’Aiglepiere et al. 2020) rank Albania amongst the top countries in the world not only in terms of the ratio of

¹ This paper was originally prepared as a keynote lecture delivered by Russell King to the Regional Migration Conference on ‘Reversing the Brain Drain through the Scientific Diaspora in the Western Balkans’, held at the South East European University, Skopje, North Macedonia, 24 April 2023.

² The literature on migration and segmented labour markets (Gordon 1995; Grubanov-Boskovic and Natale 2017) derives from the theory of dual labour markets (Harrison and Sum 1979; Piore 1979) which divides jobs into a ‘primary’ sector of stable, well-paid jobs and a ‘secondary’ segment of low-paid and unstable jobs; or, to put it crudely, the divide between ‘lovely’ and ‘lousy’ jobs (Goos and Manning 2007). In the context of immigration, segmented labour markets usually focus on the low-skill sectors characterised by low wages, unpleasant working conditions, lack of social protection and reliance on racialised and gendered supplies of migrant labour. Whilst medical doctors are at the uppermost end of the skilled labour market, many countries have come to rely on supplies of doctors coming from abroad to fill this immigrant niche.

³ The Western Balkans is conventionally regarded as comprising five now-independent countries of the former Yugoslavia (Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia) plus Albania.

the ‘stock’ of emigrants to the resident population in Albania (around 40%) but also in terms of the relative scale of the brain drain. Analysing Labour Force Survey data for the WB countries for the period 2011-2019, Leitner (2021) showed that 40% of the emigration from Albania could be classed as brain drain; this figure is high compared to other countries in the region. Moreover, according to the European Training Foundation, healthcare personnel (doctors, nurses, midwives, dentists, pharmacists), and particularly doctors, are the group of professionals the most affected by brain drain from Albania (ETF 2021).

A final element of the context of this study is the parlous state of the health system in Albania. According to Eurostat figures for 2020,⁴ Albania’s spending on its health services is the lowest of any country in the WB region and in Europe. Albania spent 3.2% of its GDP on healthcare, compared for instance to 6.4% in Bosnia and Herzegovina and 5.1% in Serbia. The EU average figure is 8.1%, and Germany 8.6%. In absolute terms, these figures represent even greater contrasts, since overall GDP and per capita GDP are much higher in the EU. As a result of a combination of under-investment and emigration, Albania has among the lowest density of doctors in the region and in Europe. For 2020, the Albanian figure of 188 doctors per 100,000 population⁵ compares with 232 in Bosnia and Herzegovina, 274 in Montenegro, 296 in North Macedonia and 270 in Serbia. Only Kosovo, 170, is lower. In the EU as a whole, the average figure is 374, and in Germany 446.

Research aims and questions

The aims of this paper are threefold. First, it seeks to uncover the causes and consequences of the medical brain drain from Albania by implementing an appropriate research design to gather primary data from Albanian doctors living and working abroad. Secondly, we document the scale and intensity of the doctors’ brain drain, including its socio-demographic characteristics and geographical distribution. Given its scattered nature in many countries in Europe and beyond, we refer to the ‘diaspora’ of Albanian doctors.⁶ Thirdly, and looking more to the future, we ask: what are the prospects for the diaspora of doctors to return, and if return is not an option, to what extent are the doctors abroad willing to mobilise and contribute to the home country in other respects?

To be more categorical, we pose and try to answer seven specific questions:

- 1 What is the size and structure of the Albanian medical doctors’ diaspora?
- 2 What are its socio-demographic characteristics?
- 3 What are the main reasons driving Albanian doctors to emigrate?
- 4 What are the main destination countries and why are they chosen?
- 5 What social capital do the emigrant doctors possess and develop?
- 6 What is the relation between return migration and cooperation from abroad among the diaspora of Albania medical doctors?

⁴ Data from <https://ec.europa.eu/eurostat/statistics>

⁵ We express perplexity over this figure for Albania, which represents a rather sudden increase over previous figures (120 in 2016, 128 in 1999) without any detectable or proportionate increase in health system funding or expansion in the numbers of graduating medical students.

⁶ In this sense we are using the word ‘diaspora’ in its simple sense of meaning a ‘scattering’ rather than alluding to its narrower historical origin as a process born out of trauma and evolving over a longer period of time.

- 7 What policies should Albanian institutions develop to curb the emigration of doctors and encourage those abroad to return?

Methods

We deployed three methods to gather data and information to answer the above questions, triangulating results where possible. First, we carried out a review of literature and statistics from Albanian and international sources, but these yielded only partial insights as the phenomenon of Albanian doctors' migration is not well-documented. The second, and main, method was an online survey of Albanian medical doctors who live and work in OECD countries (N=301); the survey was implemented during the period November 2022 to March 2023. This was supplemented by the third method, qualitative interviews (N=25) with Albanian emigrant doctors. Given the distance factor, most of these were realised via zoom but a few were face-to-face when the subjects were in Albania on their holidays. The interviews were selectively transcribed and translated into English to provide insights to complement the questionnaire data in addressing the key questions framing the research.

A major challenge for the online survey was to access the respondents since there is no register of Albanian doctors working abroad. The main access route was via email contacts acquired through the first author's personal social and professional networks, including contacts from previous research projects. We also used social-media networks such as Facebook and LinkedIn. Finally, the snowball method was used: if the response to participate in the survey was positive, we asked respondents to pass the survey on to friends and colleagues who were Albanian doctors working abroad.

After establishing an initial contact via email, a copy of the online survey was sent together with a cover letter outlining the scope and purpose of the study. Two reminders were sent in the case of non-responses. Almost 45% of the individuals to whom the survey was sent answered the questionnaire: we feel this is an acceptable level of response for an online survey of this kind where there was no compulsion to respond and no payment for doing so. Around 2% answered but refused to fill out the questionnaire on the grounds that it asked for personal information. The remainder, just over half, were non-responses.

The online survey contained eight blocks of questions:

- (i) basic demographic data on the respondent (age, gender, civil status, country of birth and of current residence);
- (ii) education and work experience prior to emigration;
- (iii) migration profile (reasons, choice of destination country);
- (iv) studies abroad (level, specialisation);
- (v) employment abroad (including matching of work to qualifications);
- (vi) social capital (contacts with colleagues abroad and in Albania);
- (vii) prospects for return to Albania (desire to return, when, what kind of job, reasons to return or not to return, conditions for return, obstacles etc.);
- (viii) cooperation envisaged with Albania (public vs private sector, type of collaboration etc.)

Development and typology of the diaspora of Albanian doctors

Whilst the survey does not reveal the true size of the diaspora of Albanian doctors, it does give some clues as to the nature of its development over the past three decades, supplemented by some other scattered source material. On this basis, we identify four types and phases of the evolution of the doctors' diaspora.

First, there was a large-scale emigration of doctors during the first decade of the post-socialist transition period – a period of mass emigration from all sectors of Albanian society (Barjaba and King 2005; King 2005). Among the migrants in this first frenetic phase of the Albanian exodus were medical doctors and other health professionals anxious to escape the chaos of Albania in the 1990s. Owing to the fact that their Albanian diplomas and qualifications were not recognised in the host countries, most are working below their skill level, a symptom of 'brain waste'. Furthermore, this emigration generated stress and deficits in healthcare in Albania, especially in rural areas which were most seriously affected by this medical brain drain (De Soto et al. 2002).

In this first phase, and also subsequently, many Albanian doctors emigrated to the United States through the US Diversity Visa Programme. Some of them were able to get their diplomas recognised by taking supplementary exams or following additional specialisations, and are currently working in the US healthcare system. According to data from the 2012 American Community Survey, Nedelkoska and Khaw (2015: 5-7) estimate that this 'first generation' of Albanian-Americans who emigrated to the USA after 1990 'is significantly better educated than non-Albanians of comparable age, race and gender', and that 1,700 persons among them had medical science degrees, many of whom are likely to have become medical doctors.

According to our online survey, around 8% of Albanian doctors abroad belong to this first group. Further insights are provided in the interview with Gjergj, a doctor who moved to the US in the early 1990s:

A small number of [Albanian] medical doctors were integrated, because they arrived here when they were young and took what we call 'boarding exams'; they attained high scores and are working as medical doctors... The key to success is to get high scores. Many Albanian doctors who emigrated [to the US] in the 1990s were in their 40s and 50s; they may have been good doctors in Albania, but they failed to score high enough in these entry exams. Some of them work in hospitals in other capacities, others shifted to other professions... They are well-paid, but do not exercise the professions of medical doctor and so do not make as much as they could.

The second group of Albanian doctors abroad are Albanian students who studied medicine in OECD countries and, upon completion of their training, stayed on in the host country or moved to another country (not Albania). A 2020 study of Albanian students doing their degrees abroad in OECD countries found that 6.4% of them were enrolled in study programmes classified as 'health and welfare' (King and Gëdeshi 2020: 43). Our online survey results show that 32% of the respondents studied at universities abroad, mainly in Italy,

Germany, the UK etc. As we shall see later, the orientation to do medical studies in Italy is particularly high.

The third group, representing around 54% of the online survey respondents, is made up of medical doctors who did their training in Albania and then got employment contracts abroad, most of them in EU countries, especially Germany and Italy. They are mainly younger, recently qualified doctors and their migration to Germany was facilitated by Germany's proactive recruitment policies for healthcare staff from the Western Balkan countries. Once abroad, they have good opportunities for further specialisation.

The final group are the children of Albanian migrants living abroad. This group studied medicine in their parents' chosen host countries and are working as doctors in the host country. These are obviously found in those countries where Albanian migration was mainly directed in the 1990s and 2000s – initially Italy and Greece but later other OECD countries (King 2003). According to Nedelkoska and Khaw (2015: 5), around 1,000 persons from the second generation of Albanian-Americans (born and raised in the US) had degrees in medical science, some of whom are certainly now medical doctors. According to our survey data, around 6% of the diaspora of Albanian doctors belong to this group.

How many Albanian doctors abroad?

In the absence of a database of medical doctors who have emigrated from Albania, there are three sources that may indicate the approximate size and growth dynamics of this segment of the Albanian diaspora.

The first source is the 'Certificate of good conduct' issued by the Albanian Order of Physicians to medical doctors who wish to emigrate to practice and advance their profession. Established in 1993, soon after the end of communism, the Order is responsible for registering medical doctors and ensuring professional standards. The Certificate confirms that the doctor is registered, exercises the medical profession, and has not been subject to disciplinary sanctions (Gjypi 2018). According to data from this Order, 809 doctors received the Certificate of good conduct during the period 2018-2022.⁷ As an indication, this represents around 61% of the 1,322 students who graduated in general medicine from the Medical University of Tirana during the same period. However, not all the graduates in medicine who go abroad necessarily have the certificate.

The second source are data from the OECD which indicate the stock of 'foreign-educated' medical doctors in major OECD countries, by country of origin of those doctors. According to this source, the stock of Albanian doctors working abroad in OECD countries was 1,060 in 2020.⁸ This source also enables comparisons to be made, and Table 1 shows that the Albanian figures are high compared to all other WB countries except North Macedonia, especially when the stock abroad is expressed as a percentage of the stock in the home country (the final column in the table). The OECD data should be interpreted with caution, however. The data do not cover all countries where Albanian doctors might be working, the years are inconsistent (see Table 1), and crucially the figures exclude Albanian doctors who studied and

⁷ Interview with Fatmir Brahimaj, President of the Order of Physicians.

⁸ Data from <https://stas.oecd.org/Index.aspx?QueryId=6833#>

graduated in the host countries and those who have obtained host-country citizenship. Hence the OECD figures are an underestimate of the real scale of the phenomenon.

Table 1
Emigration of medical doctors from the Western Balkans

Country	Year	Stock in home country (A)	Stock abroad (B)	B/A%
Albania	2019	4,745	1,028	22
Bosnia-Herzegovina	2015	7,413	812	11
Kosovo	2020	4,429	600	14
Montenegro	2018	1,730	46	3
North Macedonia	2015	6,219	1,714	28
Serbia	2016	27,563	2,729	10

Source: ETF (2022)

A third, albeit fragmented source consists of data from individual host countries' medical profession registries. According to the information which we were able to collect, Germany had 988 Albanian medical doctors in 2021 (a more than sixfold increase from 149 in 2013). Other countries reported figures of 42 Albanian doctors (Switzerland), 25 (Austria) and 32 (UK) – all figures pertaining to 2021. These partial data confirm that the real size of the Albanian doctors' diaspora is higher than the OECD figure and, based on the German data, rapidly increasing.

Our own intuitive estimate, based on contact lists and emails sent out for the online survey, would indicate that the stock of Albanian doctors abroad is much higher, and likely to be in excess of 2,500. For a small country like Albania, this pool of foreign-resident doctors represents more than half the stock of doctors working in Albania (Table 1).

Characteristics of the Albanian emigrant doctors

From this point on in the paper, we rely mainly on results from the online survey (N=301) and the interviews (N=25): the former for the general picture, the latter for more in-depth and nuanced insights.

The first feature of note is that this is a predominantly young segment of Albania's skilled diaspora. The average age of the respondents is 37 years. Almost three-quarters (73.6%) fall into the age group 25-40 years and nearly one quarter (24.5%) are aged 41-60. Only 1.9% are aged 60+, in stark contrast to the age profile of doctors in EU countries noted earlier – 1 in 3 are aged 55+.

Regarding other demographic characteristics of the survey respondents, there are roughly equal numbers of men (46.2%) and women (53.8%), and 63.7% of them are married, some of them to a non-Albanian spouse (which decreases the propensity to return to Albania in the future). These overall features – a young and dynamic medical diaspora, gender-balanced – reflects the broader picture of the Albanian scientific diaspora (defined as PhD-holders) revealed in an earlier survey (King and Gëdeshi 2021).

The Albanian doctors working abroad are characterised by a high professional level. One third of them are graduates who have studied abroad, mainly in Italy and Germany,

whereas 16.8% are PhD-holders or are currently researching their PhDs in specialised research centres in Europe and North America. The survey sample is fairly evenly divided between those who worked in Albania prior to emigrating (53.8%) and those who did not (46.2%); in the latter case either because they emigrated immediately after qualifying in Albania or because they were fully or partly trained abroad.

The indications from the online survey are that it is ‘the youngest, the brightest and the best’ who are the most dynamic and mobile. This is confirmed by many interviewees. Here are three quotes that illustrate this (for each interview quote we give the pseudonym of the interviewee and the country where they are currently working):

...[the doctors who emigrate] are the best ones. I say the best because they are able to learn the language, i.e. German, faster and do the job better (Dorina, Germany).

We were 25 students in my [medicine] class. Of the best students, none is still in Albania... I am in the US, one is on Sweden, most are in Germany... Many of my colleagues, once excellent students in medicine, are no longer working in Albania. It is very sad. The elite of the medical students have emigrated and it is very saddening (Gjon, US).

And for a more nuanced and variegated view:

The most ambitious of the medical doctors emigrate... In Albania are left those whose families are very well-off financially and have established private practices... Another segment comprises those who were not ambitious and did not excel in medical school... Others want to stay in Albania because of their family situation... Lastly, in small numbers, are those engaged in politics and, through this, want to climb the career ladder in the healthcare business sector (Luan, Italy).

Reasons for emigrating

This is the third question in the list set out earlier, and one of the most crucial parts of our research. Survey respondents were presented with a list of 16 possible reasons for emigrating and were asked to select up to three.⁹ The options were grouped into sets: economic, education, family, health, and ‘other’. Table 2 displays the results. The percentage figures refer to all the aggregated factors checked, bearing in mind that each of the 301 respondents could select a maximum of three reasons, which most did.

Economic factors account for just over half of the nominated reasons. This represents a constellation of mainly ‘push’ factors for emigration, especially poor living standards due to low salaries (30%) and poor working conditions (14.9%). However, compared to survey results for (intended) emigration by the general Albanian population (Gëdeshi and King 2020), such economic reasons are somewhat less important in the doctors’ survey.

⁹ The menu of 16 reasons was based on experience of similar questionnaire surveys to different groups of Albanian migrants and potential migrants (see Gëdeshi and King 2020; King and Gëdeshi 2020; 2021).

Table 2

Reasons for doctors to emigrate from Albania (N=301)

Reasons for emigrating	%
Economic factors	50.7
To improve living standards	30.0
Either had a job lined up abroad or no job in Albania	2.0
Working conditions in Albania were not adequate	14.9
Social security system in Albania not adequate	3.6
Repayment of debt	0.2
Educational factors	26.7
Own education abroad	22.7
To finance children's education	4.0
Family reasons	6.6
To accompany or join spouse or parent	3.9
To marry or just married	2.7
To escape family problems	0.0
Health reasons	2.0
To access necessary medical assistance	2.0
Other reasons	14.0
See no future for me (and my family) in Albania	6.4
I do not like living in Albania	2.8
I wanted to emigrate	1.1
Sense of adventure	0.9
Other	2.8

Source: Authors' survey, 2023.

Under the general heading of 'inadequate working conditions' in Albania, several elements were identified: lack of up-to-date equipment, poor safety at work, long working hours, and poor standards of professionalism. Below, we turn to the interview data to flesh out some of the factors grouped under the economic and work conditions headings. We include quite a long sequence of quotes in order to illustrate the various combinations, feelings and emotions expressed, especially regarding poor and challenging working conditions.

The main factor pushing medical doctors to emigrate is professional development... specialisation plays a key role. In Germany, when a medical doctor starts their job, automatically the specialisation starts... another aspect is the technology, the equipment used, new research methods, participation in national and international conferences. This makes our work very interesting and pleasant. It's not only about the salary... but also professional advancement... The work of a doctor is not just to earn a living; it becomes a mission (Artan, Germany).

At each stage, medicine is about studying and specialisation; you have to progress through the levels; it takes time and investment. But in Albania, there is always frustration and disappointment. All the time, you see how powerless you are if you don't know someone [important who can help you]... Some of my fellow-students were the children of so-called 'celebrity' doctors... Upon the completion of the specialisation

stage, some vacancies suddenly opened up at the University Hospital [in Tirana]... All of those new positions were awarded to the children or nephews or nieces of those holding high positions... The rest of us were told that there were no places available for them. Total disappointment, massive corruption. That is the main reason for emigration (Gent, Germany).

First of all is the professional uncertainty... [In Albania] you work in an environment in which no matter how hard you work you never know how things will end up... By professional uncertainty I mean the consequences of your professional work and professional safety. One example: when a patient died, the whole medical team involved in the case was arrested. In another country... this would be a scandal (Luan, Italy).

Income is not the main factor pushing young doctors to migrate. When you have a job as a doctor, pharmaceutical firms and medical laboratories immediately approach you and offer money... Let us be clear, the economic aspect in Albania is compensated for the majority of doctors with the money they receive [as gifts from the patients]. This has become normal practice. I experienced this and I tried to avoid it. But if you do not become part of the system, then you will be regarded as the odd one out (Kastriot, Germany).

The second most important set of factors scored by the survey respondents was related to education – mainly their own educational studies in the medical field or the continuation of their studies started in Albania into a more specialised track and advanced level. The quote above from Artan speaks to this issue. A small share (4%) underlines the importance of education abroad for their children. Family and health also pick up small shares of the reasons ticked by respondents, 6.6% and 2% respectively.

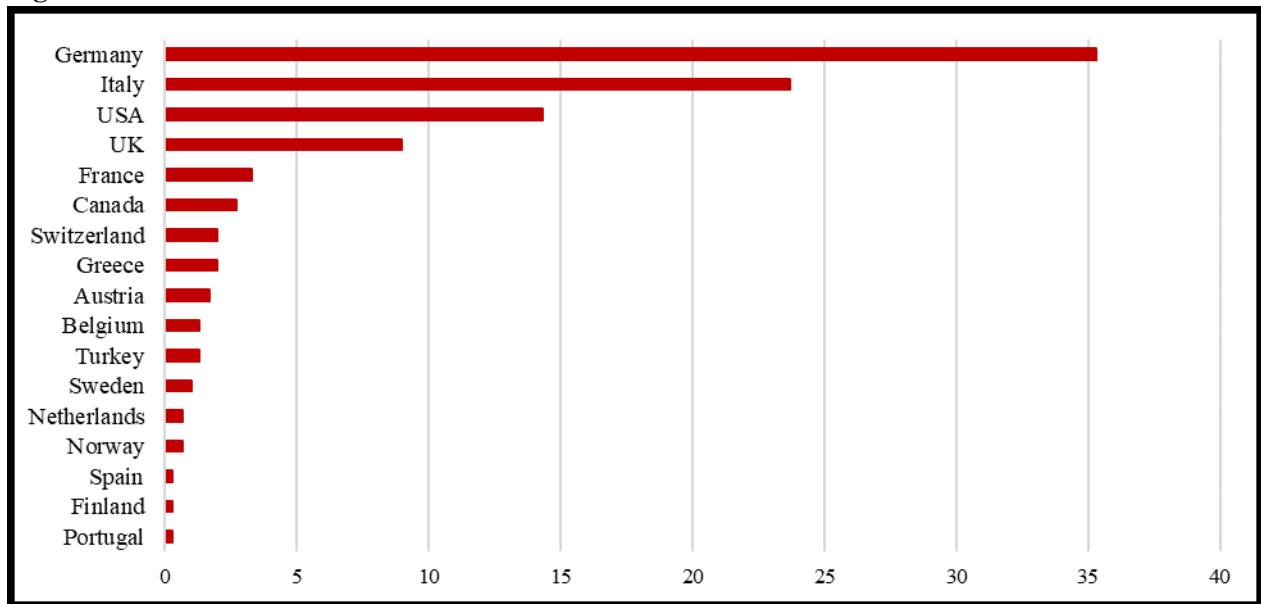
More interesting are the various factors clustered under the ‘other reasons’ category: 14% of total factors nominated. These are mainly expressed as push factors expelling doctors from Albania, the most important ones being the expressions ‘There is no future in Albania’ (6.4%) and ‘I do not like living in Albania’ (2.8%). There is a general impression amongst the Albanian population, and especially amongst its younger and more educated cohorts, that emigration is the only way out of a difficult, unsatisfying and frustrating life in Albania (Gëdeshi and King 2020). Quite apart from low incomes and poor career prospects, many interviewees, like Gent above, referred to corruption, bribery and the need to ‘know people’; all of which are regarded as features endemic to Albanian society. Some of these pessimistic attitudes are expressed in this further extract from the face-to-face interview with Luan (Italy) when he was visiting Albania:

I came to believe that here [in Albania] things will not go well for me [if I were to stay or return], especially for someone who is ambitious to advance personally and to create a family. I took the decision [to emigrate] also with the encouragement of my family and friends... There is a great push in Albania for people to leave the country, and you are influenced by that.

Destination countries

According to answers to the online questionnaire, Albanian doctors are living and working in 20 countries across the globe. Most of them are in advanced OECD countries, in order of importance Germany (53.3%), Italy (23.7%), the US (14.3%), the UK (9.0%) – 82.3% in these four countries – followed at some distance by France (3.3%), Canada (2.7%), Switzerland and Greece (both 2.0%). Other countries with fewer than 2% are listed in Figure 1.

Figure 1. Main destination countries for Albanian medical doctors



Source: Authors' survey, 2023

Interestingly, the countries of current residence do not match exactly to those where students who did all or part of their medical studies abroad were located. For those 'study-abroad' students, the list of countries is as follows: Italy (41.9%), Germany (17.7%), the US (7.0%), France (6.5%), the UK (6.0%), Turkey (4.7%), Greece (3.7%), the Netherlands (2.8%). Other countries with fewer than 2% are Switzerland, Austria, Romania, Bulgaria, Sweden, Canada, Portugal and Ireland.

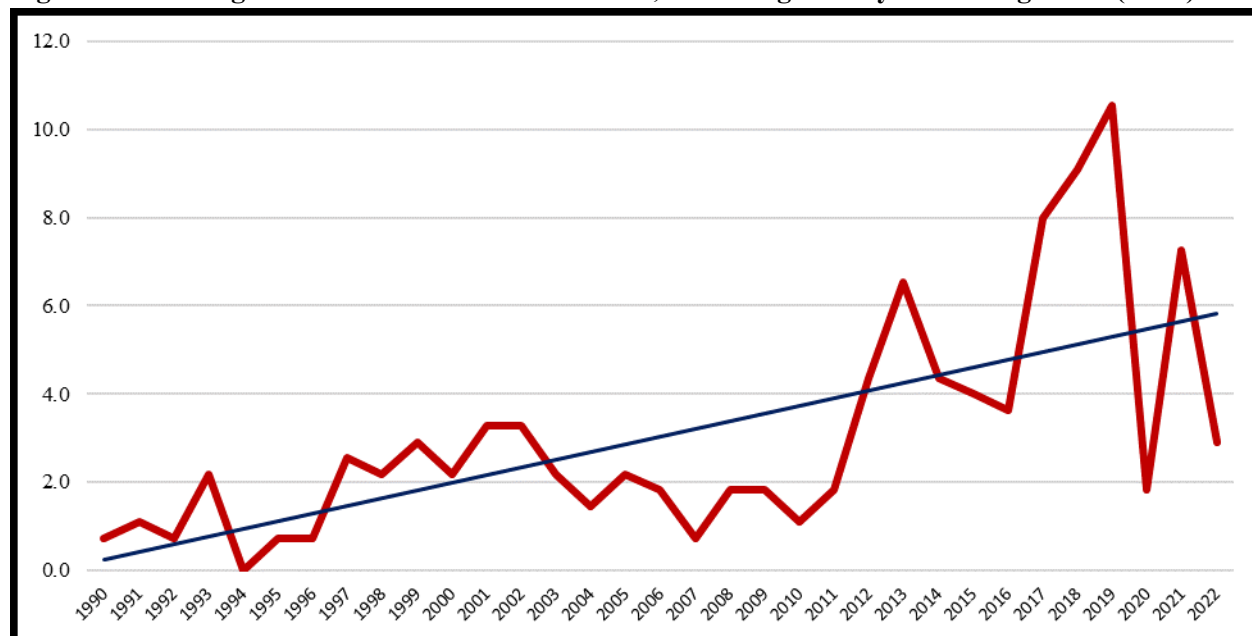
Thus we can see that some countries which are geographically close to Albania (notably Italy and Greece) or where living costs and tuition fees are low by European and North American standards (Turkey, Bulgaria, Romania) are chosen as convenient places to study but not necessarily to pursue medical careers. Having said that, most of those who did their medical training in Italy do continue their careers there. A few respondents from Italy, as well as those trained in Greece and Turkey, have re-emigrated to the US, UK, Switzerland and other advanced economies in Europe which offer better employment and career prospects, higher incomes and better lifestyles. The following two interview extracts illustrate how Italy is seen as a kind of launching-pad for a mobile medical career to other countries with even better career and specialisation prospects.

In the future, I would like to move to another country, an English-speaking country... Italy, when compared to Albania, has many positive features. But, when compared to other developed countries in Europe, it lags behind in terms of its economy, research and other aspects... I would like to go somewhere where there is larger international community... I would feel more comfortable (Shpëtim, Italy).

For now, I am not thinking about a particular country. I want to become a surgeon, develop my surgery techniques. In order for that to happen, one has to move... After specialisation, you have to move [somewhere else]. I want to develop my skills in heart surgery, this is more advanced in the US, Germany and Japan (Ermira, Italy).

An important characteristic of the Albanian doctors' diaspora is its fast growth, especially over the last decade. Figure 2, based on responses to the online survey, plots the evolution of the numbers moving each year for the long period 1990-2022. The sharp growth after 2016 is mainly attributed to the sudden increase in the flow of doctors to Germany. This flow has been facilitated by the 'Western Balkan Regulation' introduced by the German government at the end of 2015 and designed to attract doctors from the WB countries by recognising their diplomas and offering easy access to job vacancies and work permits. This trend is likely to continue in the coming years, according to the interviews.

Figure 2. The emigration curve of Albanian doctors, according to the year of emigration (in %)



Source: Authors' survey, 2023

Interviewees in Germany describe how the country is a 'perfect combination' of high salaries and living standards, good working conditions and prospects for career progression and specialisation, generous social security and free education for children. The following quote from the interview with Brunilda, who had recently graduated in medicine in Albania and had just moved to Germany, is useful in setting out some comparisons between different destination countries:

We were 22 students in our graduating class and 17 of them wanted to emigrate, mostly to Germany but also to Italy and Sweden. Germany is the preferred option because of the simpler procedures to go there... The existence in Tirana of centres offering information about migrating to Germany certainly helps to make the process easier. Meantime, it is a bit more difficult to go to Italy or Sweden; you need somebody there that you know... who can help, so it takes longer... Italy is selected as an option because it is close to Albania, which is important for some people, but the salaries there are not very high; also our diplomas are not acknowledged and so one has to take extra exams. By contrast, Sweden needs doctors and the salaries are high but the language [is a challenge].

The aspiration of Albanian doctors to migrate to Germany is not an isolated phenomenon. The first two authors of this paper have shown that Germany is nowadays the preferred option of many categories of Albanian migrants, including students, academics, professionals and asylum-seekers (see Gëdeshi and King 2020, 2022; King and Gëdeshi 2020).

Social capital and identity

The migrant doctors' social capital – in the form of formal and informal links to people, social networks and associations in the host country – is a significant indication of their integration into the country of settlement. Likewise, social capital links back to Albania reveal something about the material and emotional connection to the homeland, including the potential to return there at some point in the future.

In the host country, the respondents to the survey indicated that they are in productive and sociable contact with their local colleagues in the health institutions where they work. Two-thirds of respondents report having either 'very frequent' (34%) or 'frequent' (31%) contacts with local health professionals. This is backed up by interview accounts:

Professionally and socially, I am well-integrated and I feel part of the society here... My friends are Italian doctors and after-work contact with them is almost daily (Luan, Italy).

I have very good and close relations with my Italian colleagues. We often hang out together after working hours. This is the reality in this city [Milan]... Before, they thought we just came over for a better life. Now they see our migration as a choice we make... Also, the image of Albania has changed. Italians visit Albania and see it as a beautiful and fast-developing country (Shpëtim, Italy).

Shpëtim's description of the enhanced role of Albania in the imaginary of the Italian people is especially insightful. Back in the 1990s, Albanian immigrants to Italy were vilified for their 'rough' and 'uncivilised' nature, as well as being stigmatised as 'prone to criminality'. In more recent decades, Albanians have rehabilitated their image, largely by their individualised efforts

to work hard, and assimilate into Italian society by becoming practically ‘invisible’ (King and Mai 2008).

At the same time, Albanian doctors abroad maintain strong material and spiritual connections to the home country. According to our survey data, almost 95% of them keep regular contacts with Albania, especially with family and relatives (96.4%) and friends (69.4%); somewhat less so with colleagues working in the Albanian health sector (38.5%). Communication is maintained via phone, email, Skype, WhatsApp etc. Here is the typical account from Lindita, who has been living in France for 10 years:

I speak to my family every day and I am up-to-date with everything that happens in Albania... I receive information from family and friends who are still in Albania.

Moreover, visits to Albania by the doctors surveyed are also frequent: 84% visit on average once a year (44%) or more than once a year (40%), usually over the summer holiday and/or at New Year. A much smaller share, mainly living in long-distance destinations such as the US, Canada and Australia, visit less frequently – once in every several years (14%) or only on exceptional occasions (2%).

Through these contacts, as well as the internet and Albanian TV channels they access abroad, the doctors are generally well-informed about political, economic and cultural developments and events in Albania. As a result, and also by linking up with other Albanians abroad in their area, they are able to preserve much of their Albanian identity and sense of belonging to the country of their birth and upbringing. As Nora, a young Albanian doctor in the US, confidently asserted: ‘I feel Albanian and I will always be Albanian; even if I become a US citizen, I will always be Albanian’. A more detailed articulation of Albanian identity is given by Afërdita, who has just completed her PhD in medicine in the Netherlands:

My mind is that of an Albanian. When I wake up in the morning, I first read the news from Albania, then the Dutch news. Of course, I get updates on the Netherlands; I live here and what happens here affects my life here... When I arrived, I was 23 and felt totally Albanian. Perhaps I will feel increasingly Dutch as the years go by, but I believe I will always remain Albanian in my heart.

Compared to the rich social and family links to Albania at a personal level, doctors’ ‘structural’ social capital (which means formal or informal networks and associations that facilitate collective action) is relatively poor. According to the survey data, only 18.4% of respondents participate in *Albanian* associations, organisations or networks in the host countries. These are mainly scientific/medical associations (53.7%), cultural (37.0%) or student (22.2%) associations.¹⁰ Whilst most of these bodies are quite small and recently established, yet active, some are larger and their membership extends to ethnic Albanians from other WB countries. For example, the League of Albanian Doctors in Switzerland has around

¹⁰ See for example Association of Albanian Medical Doctors in Germany (<https://www.gardev.de>), Albanian Medical Federation for Europe (<https://amfe-federation.eu/>), League of Albanian Medical Doctors in Switzerland (<https://www.swissalbmmed.ch/>), Association of Albanian Medical Doctors in Italy (<https://asmai.it/>), Albanian American Medical Society (<https://www.albamedsociety.org/>), UK Albanian Medical Society (www.ukams.org).

400 members from Albania, Kosovo, North Macedonia and Montenegro.¹¹ The goal of these associations is to help Albanian doctors to integrate in the host country, to exchange information and share medical expertise through conferences and workshops, and to collaborate with the healthcare sectors in Albania, Kosovo and North Macedonia.

Despite good intentions, the overall low participation rate in Albanian associations and networks does not allow for joint initiatives and actions to contribute to the development of the healthcare system in the home country – a topic we tackle in the next section.

Cooperation with the diaspora

Given the general lack of desire on the part of Albanian doctors abroad to return imminently to Albania (see next section of the paper), a more realistic path is to foster the cooperation of diaspora doctors with healthcare institutions in Albania. According to the online survey, only 11.5% of doctors abroad have had such concrete cooperation opportunities. Where cooperation has occurred, it has been sporadic and mainly initiated by the migrant doctors. The forms of collaboration include medical consultancies, joint scientific studies and papers, participation in conferences and seminars, guest lectures, medical internships and media interviews (the latter especially during the Covid period).

And yet, almost 60% of respondents say that they ‘wish to cooperate’ with healthcare institutions and scientific initiatives in Albania (23% say ‘no’ and 17% give no answer to this question). Table 3 sets out the types of cooperation that would be envisaged – a whole variety of joint activities sought.

Table 3
Support among Albanian doctors for different types of cooperation with health sector
in Albania (N=173)

Form of cooperation	% respondents supporting
Participation in joint projects	69.9
Training courses for doctors/students	62.4
Writing joint articles	49.7
Consultancies for the government or private sector	48.2
Participation in online medical diagnosing	47.9
Participation in medical interventions in hospitals	47.9
Professional exchanges	32.9
Summer schools	26.0
PhD mentoring	18.5
Other	1.7

Source: Authors’ survey, 2023

The problem seems to be that reciprocal willingness is not forthcoming from the Albanian side. The two quotes below are faithful illustrations of both the willingness on the one side (the doctors) and the inertia from the other side (Albania):

¹¹ <https://www.swissalbned.ch/>

I would really love to share the experience I had during my training in the US with Albanian institutions. I would not ask for any [money] compensation. I would be happy should any opportunity arise (Mirlinda, US).

We are willing to cooperate but we are not sure whether the same willingness is present in Albania. I visit Albania at least twice a year, I have by father, relatives and friends there. I know colleagues working in cardiology [his specialist field]... but I have not heard of any initiative being taken (Alban, Switzerland).

Alban sees the cooperation as not just one-way, from the ‘expert’ diaspora doctor to the ‘less expert’ doctors in Albania. Rather, he sees the collaboration as

an exchange of experiences from both sides. Perhaps colleagues from Albanian could come to our clinics [Switzerland] and follow a training or specialisation course... On the other hand, we can also develop our experiences. Doctors and colleagues here are willing to go and help people in need, those who do not have the financial resources [for the treatment they need]. If there are [adequate] infrastructures in place in university clinics [in Albania], there are surgeons and cardiologists who could come several times a year for surgeries and to cooperate with colleagues from Albania. There are many positive examples. Thus an international renowned Albanian medical doctor in Switzerland has established a cooperation scheme and often visits Prishtina [in Kosovo]. Recently he performed a rare kind of surgery there... This is an example of the possible forms of cooperation.

As Alban’s final remark shows, cooperation is not limited to Albania, and both the survey respondents and interviewees confirmed their willingness to collaborate with Kosovo (which is largely ethnic-Albanian) and North Macedonia (where there is a large minority of ethnic Albanians).

What prospects for return?

Economists argue that the return migration of experienced doctors (and other high-skilled professionals) can generate a positive development stimulus for countries of origin by introducing new ideas, techniques, skills and capital acquired abroad (King 2022; Wahba 2022). In this way ‘brain return’ compensates for the preceding brain drain.

However, according to the survey data, only 15% of Albanian doctors working abroad want to return to their home country, 31.6% say they are undecided and, most worryingly, 52.8% declare they do not want to return to Albania. Theoretically, the return of doctors with training, experience and specialised knowledge gained from living and working in advanced OECD countries should boost the standard of medical know-how in Albania. The potential is there for this return transfer of enhanced human capital based on training and work experience in hospitals, clinics, universities and research labs in highly developed Western countries.

Why do more than half the Albanian doctors abroad not want to return? Reasons are varied and nuanced. According to the interviewees, some say they are well-integrated in the

host society, having made good career progress there which they are unsure whether they would be able to capitalise on if they returned to Albania. Many have already established a family, some with a foreign spouse, and with children going through the education system in the host country. Bringing the children to Albania and putting them into the Albanian education system is seen as a deeply problematic option.¹² The doctors see progress in their personal lives which they are unwilling to sacrifice – higher income, better quality of life, new friendship circles and a rich cultural life. Others emphasise that, in spite of acknowledged changes in Albania, the medical infrastructure and working conditions are not yet adequate for them to seriously consider returning. Yet others point to high levels of corruption, social injustice and physical insecurity. Hence, all summed up, hope for a good future in Albania is misplaced.

Almost a third of the survey respondents are reluctant to commit themselves and are undecided about whether to stay abroad or possibly return at some point in the future. Luan (Italy) says in his interview:

I have certainly thought about returning. In fact I think about it all the time. After all, Albania is my country; regardless of the situation there, it is my country. But, I don't know. At the moment it seems difficult to become part of that system. I have friends who are medical doctors so I am quite familiar with the healthcare system [in Albania] and I know how problematic it is. Yet, in the future, I would not exclude [the possibility of returning].

Luan's interview excerpt hints that the return of doctors is contingent on the existence of some preconditions in the home country. We asked the 'undecided' group in the survey sample about the preconditions that would have to be fulfilled in order for their return to 'happen'. Respondents were presented with a list of possible conditions and invited to tick as many as they thought relevant to their decision-making. Table 4 gives the results.

The two key sets of factors were socio-political, including corruption, and the need to reform and invest in the health system, rather than economic, i.e. income-related factors. Lindita gives a typical account in her interview:

In Albania you don't need your salary to be as high as in France. I could return for perhaps half my French salary. But many other conditions would need to be in place, related not only to the workplace, but also to the social aspect... I am used to the fact that, in my current place, social life is much more important... Social and cultural conditions are just as important as work is for me... In order for me to return, all these conditions need to be in place. I don't see that happening in the next 5-10 years. Perhaps I will return when I retire, buy a house by the sea and enjoy my Albania (Lindita, France).

¹² The difficulties of foreign-born Albanian-parented children coping with the Albanian school environment when their parents bring them to Albania has been documented in detail by Cena et al. (2018) and Vathi et al. (2016). These case-studies refer to the semi-forced return of Albanian labour-migrant families from Greece in the wake of the Greek economic crisis, when many Albanian migrants working in construction and other insecure forms of employment lost their jobs.

Table 4

Preconditions for the return of Albanian doctors to Albania (N=93)

Specified preconditions	%
Higher political and economic stability in the country	65.5
Thorough structural reform of the health institutions	55.9
Low level of corruption	51.6
More investment in the health system	51.6
Increased job security and social security	51.6
Improvements in infrastructure, cleaner environment	40.9
Improvement in public order	37.6
Change of mentality in the country	35.5
Receiving a salary equal to the one I have at present	31.2
Rich social and cultural life	26.9
Receiving a higher salary than the one I have at present	12.9
No longer opportunities for career development abroad	5.4
Other	9.7

Source: Authors' Survey, 2023

Conclusions and recommendations

Over the past decade, Albania has experienced both a high intensity and a rapid increase in the emigration of medical doctors, recording one of the highest rates in Europe relative to its population. Most likely this trend will continue. Those who migrate are the elite of medical students and young doctors, the 'brighter and best' and the most ambitious. This loss of doctors, which we have characterised as a 'segmented brain drain', is having both current and long-term deleterious effects on the quality of healthcare in Albania and the functioning of the Albanian health system. It represents a massive loss of both human capital and investment in the production of that human capital.

Most Albanian emigrant doctors do not plan to return to Albania. The obstacles deterring return are more or less the same as those driving emigration. Low salaries in Albania are an issue, but more important, according to our survey respondents and interviewees, are working conditions, prospects for career development, the overall social and political environment in Albania, characterised by widespread nepotism and corruption, and the general feeling that 'there is no future in Albania'. These factors are not unique to doctors but have been found to be equally relevant to the Albanian population as a whole in its views and experiences of migration (Gëdeshi and King 2020; King and Gëdeshi 2021).

This leads us to two fundamental questions raised earlier. How can the emigration of young doctors be staunched? And how can those abroad be encouraged to return? Some of the answers are given by the participants in the online survey and interviews. Here, we summarise and put structure to these answers.

First and foremost, the Albanian health system needs deep structural reform and increased investment, so that doctors can be offered not just a satisfactory income but, more importantly, good working conditions and continuous professional advancement in an environment that is supportive, safe, and better equipped. Albania should aim at EU levels of

investment in its health services in terms of percentage share of its GDP. If Albania successfully petitions for ‘compensation mechanisms’ from those countries which most benefit from the ‘export’ of its doctors (primarily Germany and Italy), this could be in the form of funded cooperation with universities, hospitals and research labs linked to bilateral and multilateral scientific and pedagogic projects and teams.

Secondly, one way to grow the supply of doctors is to increase the number of medical students by expanding quotas and opening up new faculties of medicine in Albanian universities and their collaborating hospitals. Cooperation should be sought from established universities in Europe to advise on curriculum planning and resources, supported by staff and student exchanges, internships and the building of networks of international academic excellence in medical training and research. The obvious danger of this policy – that the extra supply of doctors would only lead to more emigration – would need to be countered by other policies.

Third, both within the medical field and in the broader realm of Albanian society and its governance, there needs to be created a more transparent, meritocratic system free of nepotism, corruption and a culture of bribery and favours. The health system should be immune to political influence or the influence of other power brokers.

Fourth, the Government of Albania and the health sector’s human resources set-up should seek to replace long-term emigration with a scheme geared to circular mobility. This would boost the skills, qualifications and know-how of Albanian doctors and would encourage the introduction of new ideas and operating systems into the Albanian health sector.

Fifth, given the evidence presented from the online survey and interviews that the diaspora of Albanian doctors abroad are not inclined to return but are more open to various forms of collaboration, plans should be put in place to encourage the various forms of cooperation suggested by the doctors themselves (see Table 3), especially joint projects, training internships and exchanges, lectures, consultancies etc. This would certainly enliven Albanian medical schools and healthcare institutions and would introduce new ideas, structures and experiences. Such cooperation can be supported by new and advanced technologies of communication.

Finally, it would be useful to establish a database of Albanian doctors both in Albania and especially abroad, in order to facilitate cooperation and to attract (in cases of need) the return, on a short or longer term, of expertise in specialised fields.

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