

# Supporting access to healthcare in Europe by knowing where health workers are going

Within Europe, health workers are moving to other countries in search of better working conditions, career prospects and work-life balance. Unfortunately, this worsens health worker availability and increases the chances of vulnerable communities in need of care being left behind.

Destination countries must therefore be cautious in recruiting health workers from abroad. At the same time, source countries should make their own health sector more attractive to retain sufficient health workers. This way, European countries can increase and improve access to healthcare for their citizens.

Understanding how health workers move in Europe is key to addressing these challenges. However, our current knowledge is hindered by lack of data. Quantitative *and* qualitative research are important to offer insight into mobility patterns as well as the motivations, experiences and needs of health workers in Europe.

**Southern Europe → Northern and Western Europe**  
There is a noticeable migration flow of health workers from Southern Europe to Northern and Western Europe.  
Italy and Greece have the highest number of medical doctors within EU who intend to migrate. The same pertains to nurses from Spain, Italy and Portugal.



**Northern ↔ Western Europe**  
Many medical doctors and nurses in Northern and Western Europe migrate within the respective subregions.  
For example, Norway is very popular among health workers from Poland, Denmark and Sweden. In Western Europe, Switzerland is the main receiving country, with many requests from health workers from Germany and France.

**Western Europe**

**Eastern Europe**

**Eastern Europe → Northern and Western Europe**  
Many health workers from Eastern Europe intend to migrate to Northern and Western Europe.  
Particularly Romania, Slovakia and Hungary are affected by 'brain drain' of their health workers to other countries. Specifically, many Romanian health workers seek recognition of their qualification in Germany, the UK and Italy.

**Southern Europe**

## Why health workers migrate

'I moved because of unemployment in my country, due to the economic crisis and open frontiers.'  
Spanish female nurse in the UK

'The workload was too high during a long period without the expectation that it would become better.'  
German female nurse in the Netherlands

'Relationship; better standard of living; better work-life balance.'  
UK female nurse in the Netherlands

## Magnitude of mobility

**26%** of medical doctors in Romania intend to work in another country

**25.6%** of nurses working in Switzerland are foreign-trained\*

## RECOMMENDATIONS

To improve our understanding and monitoring of health worker mobility, we recommend that the European Commission uses existing or future mechanisms to:

- Facilitate regular reporting and data integration
- Standardize indicators for health worker mobility
- Ensure comprehensive and disaggregated data are available

By doing so, the Commission can increase our understanding of health worker mobility, informing policy-making and decision-making, and improve access to healthcare.

Sources: The information on the map is based on 'intention to leave' (recognition of qualification data), retrieved from the website of the [European Commission](#).

Read more about [Pillars of Health](#) and our research.

\*Retrieved from the [OECD database](#).