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**The Free Movement of the European Professionals:  
Is the Single Market a Rhetoric or a Reality?**

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## State of Art

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1. **There is a scarcity of research about skilled movers as independent agents that decided to move, especially if they are women (Cohen, 1995).**
  - **Some authors (Lowell and Gerova, 2004) have been drawing attention to the lack of research on the mobility of health professionals, in spite of the studies about health occupations.**
2. **There is a scarcity of research about intra - European mobility, especially if they are women (Zulauf, 2001).**
  - **The reports about Spanish nurses mobility, mainly the ones addressed to United Kingdom (Buchan, J.; 2002, 2004, Allan and Aggergaard Larse, 2003) should be considered.**

# The Singularity of the Health Sector

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1. It is a highly formalized and extremely regulated sector.
2. The mobility of professionals can be strongly affected by European policies and protectionist national policies (of governmental or corporative scope).
3. The health sector is one where the barriers to mobility can be hard obstacles to overcome. For some reasons, such as:
  - a) the linguistic skills requested to perform the medical and nursing practices;
  - b) the delays in the foreign diplomas recognition;
  - c) the health sector being an area in which the patient trust in the doctor is as important as the formal recognition of diplomas.

# The Singularity of the Health Sector

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4. The case of skilled workers performing their labour activities in the health sector can be an opportunity to study skilled transnational movers.

Studies of transnational communities and transnational labour migration have focused almost exclusively on the movement of low-skilled and unskilled workers across international borders. Highly skilled migrants movement study has been limited almost exclusively to intra-firm mobility.

5. This case-study is an opportunity to reinstate women as active negotiators in the process of skilled labour mobilities.

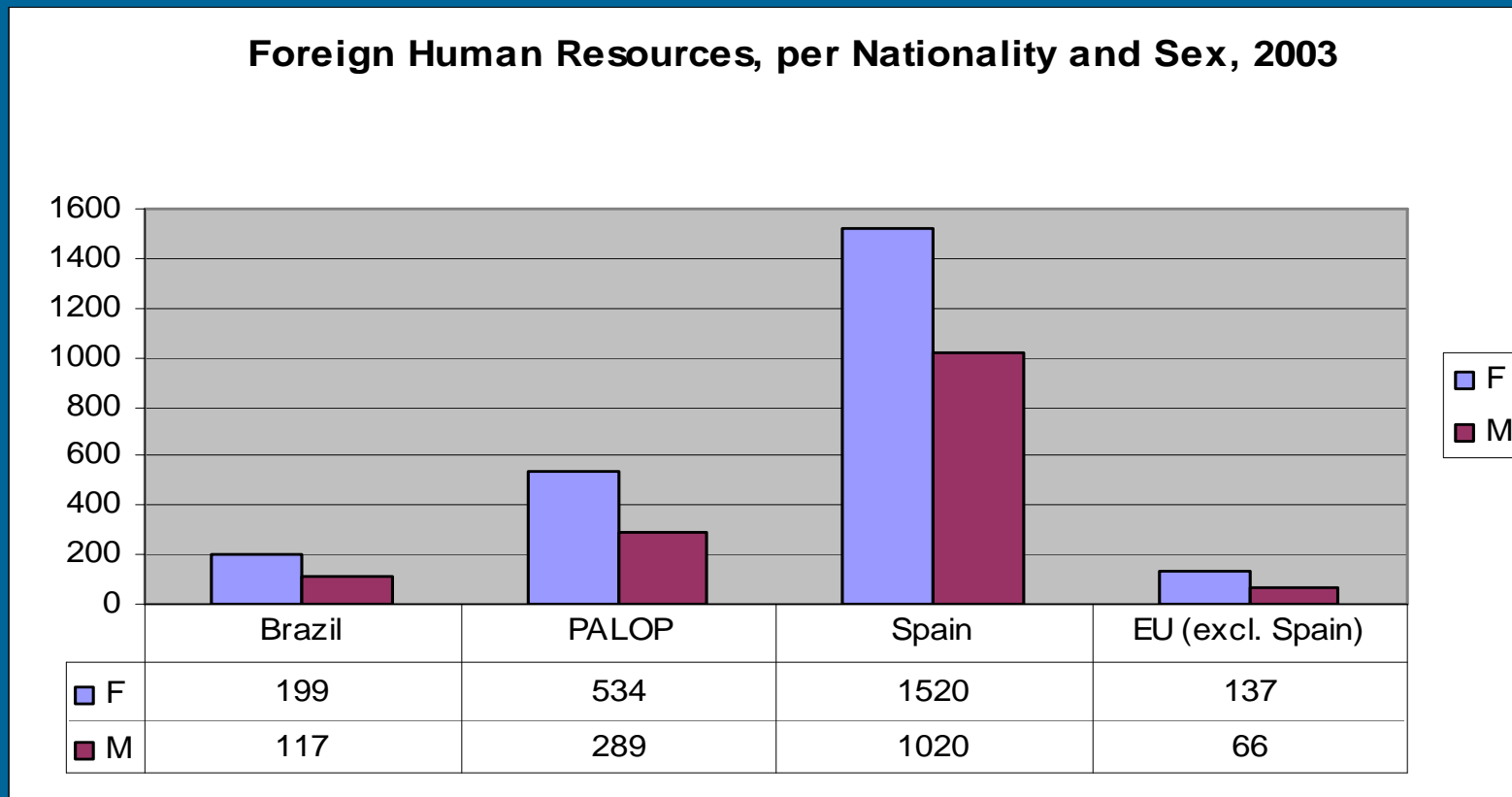
## Foreign Nurses and Physicians in the Portuguese National Health Service (NHS)

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1. In 2003, the Foreign Physicians represented 7% of the total of Physicians working in the NHS. In the nurses case, this percentage is a little bit less (5%).
2. Corresponding to the high feminisation rate of the NHS' s human resources, women are in majority among the foreign population that works as physicians and nurses in the NHS institutions. In 2003, the feminisation rate of foreign nationality physicians and nurses was of approximately 60%. (Health Ministry, 2004).

# Foreign Nurses and Physicians in the Portuguese NHS

3. A single country, Spain, provides more than half of the foreign feminine contingent working in the Health sector.



Source: Health Ministry, 2004.

# The used Methodology

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1. Update of statistical data about the presence in the Portuguese health sector of foreign professionals with a medical or nurse diploma, available from the Department of Modernization of the Health Resources; from the College of Physicians; from the College of Nurses and from the Physicians' and Nurses' faculties.
2. Biographical interviews made to 26 nurses and physicians that came from Spain, targeting a longitudinal approach.
3. Semi-structured interviews to Institutional Actors (College of Physicians, College of Nurses) that are national authorities in terms of evaluation of professional rectitude and of the distribution of professional license, essential for the proper performing of medical activities.
4. Participant Observation of the professional interactions at the workplace for a comparative analysis of the case studies.

# Spanish Nurses

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1. The Spanish nurses moved to Portugal in their early twenties, usually single, looking for more stable working experiences, which contribute to their financial autonomy.
2. The choice of Portugal is based on the information received by word of mouth from other colleagues or female friends.
3. Their life projects and plans are not very long-term ones, but oriented towards the exploration of Labour and Training opportunities in Portugal.

*“My problem is the sadness that I feel in being in a foreign country without my daughter. Because I have a daughter! I’m not saying a mother, a father... It is different, isn’t it? A daughter is a daughter!”  
(NS6)*



## Spanish Nurses

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4. The process of follow-up training is being blocked for foreign nurses.
5. Most of them started their career in Portugal as first level nurses, at the bottom of the labour incorporation scale.
6. Poor language ability and its effects on the level of confidence influenced migrants aspirations to aim for progression.

*“First they asked me for the recognition certificate, then they told me that I had to be inscribed at the College of Nurses too, but then, to be at the College of Nurses I also needed the recognition certificate. They started creating vicious circles” (NS9)*

## Spanish Nurses

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7. The integration period of the foreign workers is not used for a local training in a different cultural environment but is used as a motive for a more precarious type of contractualization.
8. The lack of linguistic skills is an excuse for the occupational segregation.
9. The cultural differences between Spain and Portugal can pose some problems in the relations between colleagues at the workplace.

## Spanish Physicians

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10. The majority of the physicians went to Portugal to do their Specialization. They migrate on their late twenties, usually single, encouraged by their colleagues and the ERASMUS experience.

*“In Spain you can’t plan. They can call you to work tomorrow.” (SP 3)*

*“You could be working.... Let’s imagine a month continuously and then be left waiting. The period with more work was, of course, in the Summer, or in Christmas, or like that....” (SP 8)*

11. The female specialist physicians interviewed have strong difficulties in having their specialization grade recognized.

## Spanish Physicians

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12. The sexual division of the medical functions among the foreign professionals reproduces the existent one at national level.

*“ The surgery area is very ruled - let’s say like this – by men! They say that women don’t have the resistance to stand there for so many hours! I performed surgeries when I was seven, eight months pregnant and people were amazed! I don’t know why... because in Spain they always do it!” (SP4)*

13. The access of the foreign professionals to high level functions in the Portuguese health structure is being blocked by the hierarchy. This occurs, for instance, in the situations where the technical functions involve political ones, as it happens with the role of Public Deputy of Public Health.

## The Professional Associations

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14. The international mobility of professionals' caused a more intensive relationship between the professional associations and their international peers.
15. Arguing about the need to defend the quality of healthcare services, the professional associations are putting some barriers to the entrance of migrant professionals.
16. When the foreigner physicians receive the professional license, they don't receive the codes of ethical practice.
17. Concerning the Portuguese language skills, the College of Nurses refers that each nurse is responsible for having this skill. Oppositely, having success in a communication exam is compulsory for the registration in the College of Physicians and in the Speciality Internship Residence.