

Albanian and Kosovan healthcare migration: Motives for emigrating to Germany

Kalie Kërpaçi, Independent Researcher
kkerpaci@gmail.com

Michael Sauer, Professor, Hochschule Bonn-Rhein-Sieg
michael.sauer@h-brs.de

Abstract

This study explores the emigration of healthcare professionals from Albania and Kosovo, a trend that has increased significantly over the past decade. Drawing on narrative interviews with healthcare professionals living and working in Germany, it examines how individuals interpret their experiences within economic, professional and socio-political contexts, and how these interpretations influence their decisions to migrate. By adopting an expanded push-pull framework, the analysis shows that healthcare professional migration emerges not only from contrasting conditions between states, but also from the alignment or mismatch between individual aspirations and the institutional capacities that enable or constrain mobility. The findings suggest that migration is not simply an economic choice, but rather a response to institutional differences between the countries of origin and destination. Furthermore, migration decisions are embedded in broader systems of institutional trust, labour market structures, and professional recognition, highlighting the interaction between individual aspirations and structurally conditioned opportunities.

Keywords: Healthcare emigration; Push-pull factors; Germany; Albania; Kosovo

Introduction

Health professionals have taken the opportunity to move across national borders in pursuit of better job opportunities in the past. Their emigration emerged as a major public health issue in the 1940s, when many health professionals from European countries moved to the United Kingdom and the United States.¹ By the mid-1970s, 6 % of physicians and 5 % of nurses were

¹ Ahmad, Omar B. 2004. Brain drain: The flight of human capital. *Bulletin of the World Health Organization* 82(10), 797–798.

living outside their country of birth.² Over recent decades, the migration of health professionals has increased significantly both globally and within the European Union (EU),³ and has become an important and controversial feature of health sector planning.⁴ In order to manage the increasing demand for health professionals, high-income countries are engaged in a continuous battle to attract health professionals from developing countries.⁵ Historically, the movement of skilled professionals from developing to developed countries has been linked with the debate on “brain drain”.⁶ Wismar et al. argue that the migration of health professionals can negatively affect the performance of the health system in source countries by increasing workforce shortages and making it harder for the government to improve it.⁷ The World Health Organization (WHO) estimates that by 2030, there will be a shortfall of 18 million health professionals in low and lower-middle-income countries. Recognizing this shortage as a problem, the WHO adopted a strategy in 2010 to address the challenges of the international mobility of health workers and to achieve a balance between the needs of source and destination countries. In this context, the WHO encourages its members to train and retain domestically the number of health workers they require. Additionally, it calls for bilateral assistance to improve health systems in developing nations. This means that high-income countries should provide technical and financial support to developing countries to strengthen their health systems, particularly their health workforce.⁸

One of the most significant destinations for health professionals in Europe is Germany. Since 2015, these skilled professionals originating from Western Balkan countries have migrated to Germany with the intention of being employed in their profession.⁹ Their migration is driven by differences in economic and professional opportunities between home and destination countries.¹⁰ Also, this trend is expected to further increase, especially if social and economic conditions in the region remain unchanged and if it joins the EU.¹¹ This outmigration aligns with the brain drain scenario. The handful of studies carried out in the region show that the increased movement of health professionals has a negative impact on the health and education sectors in the source countries.¹² Staff shortages and insufficient healthcare equipment reduce the quality

² Mejía, Alfonso / Pizurki, Helena, and Erica Royston. 1979. *Physician and nurse migration: Analysis and policy implications*. Geneva: World Health Organization (WHO).

³ Wismar, Matthias / Maier, Claudia / Glinos, Irene / Dussault, Gilles, and Josep Figueras. 2011. *Health professional mobility and health systems. Evidence from 17 European countries*. Copenhagen: World Health Organization, European Observatory on Health Systems and Policies.

⁴ Buchan, James / Wismar, Mattias / Glinos, Irene, and Jeni Bremner (eds.). 2014. *Health professional mobility in a changing Europe. New dynamics, mobile individuals and diverse responses*. Copenhagen: European Observatory on Health Systems and Policies.

⁵ Glinos, Irene. 2015. Health professional mobility in the European Union: Exploring the equity and efficiency of free movement. *Health Policy* 119(12), 1529–1536.

⁶ Wright, David / Flis, Nathan, and Mona Gupta. 2008. The “Brain Drain” of physicians: Historical antecedents to an ethical debate, c. 1960-79. *Philosophy, Ethics, and Humanities in Medicine* 3(24), 1–8.

⁷ Wismar, Maier, Glinos, Dussault, and Figueras, *Health Professional Mobility*, 12.

⁸ World Health Organization. 2016. *Working for health and growth: Investing in the health workforce*. Report of the High-Level Commission on Health Employment and Economic Growth, 3 December 2016.

⁹ World Bank. 2021. *Europe and Central Asia: Health workforce mobility from Croatia, Serbia and North Macedonia to Germany*. AUS0001857, 12 February 2021.

¹⁰ Aliu, Majlinda / Manasiev, Aleksander / Bogdani, Aleksandra / Mladjenović, Dušan, and Milica Marinović. 2019. *Balkans, dreaming of a future elsewhere. Osservatorio Balcani e Caucaso Transeuropa*, 6 December 2019.

¹¹ World Bank. 2021. *Western Balkan Regular Economic Report*. No. 19, 27 April 2021.

¹² World Bank. *Europe and Central Asia*; Haxhixhemajli, Arta. 2022. *The analysis of medical brain drain in North Macedonia: Its consequences and future*. Western Balkans Fund, November 2022; Mara, Isilda. 2020. *Health professionals wanted: Chain mobility across European countries*. Research Report. The Vienna Institute for International

of health services. This places a burden on citizens and poses a key challenge for governments in the region.¹³

In the context of migration from the Western Balkans, this paper examines Albania and Kosovo, two countries experiencing a significant increase in the emigration of healthcare professionals to Germany. These cases were selected because they are among the most affected in the region. Relatively high proportions of their healthcare workforces have migrated abroad compared to their general populations, as demonstrated in the following sections.

On the one hand, both countries share structural challenges such as under-resourced health systems and limited labour market opportunities.¹⁴ On the other hand, they differ in terms of their political trajectories and state-building processes. As Krasniqi emphasizes, what unites these two countries is the phenomenon of outmigration, which has turned them into countries of emigration.¹⁵

This combination of similarities and differences allows for a comparative approach to explore how migration decisions are shaped by broader structural conditions, including limited employment opportunities, institutional fragility, and economic dependency.¹⁶

To analyze these dynamics in migration decisions, this study employs the push-pull framework, which conceptualizes migration as the result of interacting forces that push individuals away from their country of origin and attract them to destination countries. It also emphasizes that migration decisions are shaped not only by external factors, but also by individuals' capacities to act beyond constrained socio-economic environments.

Theoretical framework: Revisiting push-pull factors in healthcare professional migration

This paper uses the push-pull model as a foundational framework for analysing labour migration, particularly in the healthcare sector. Originally formulated by Ravenstein¹⁷ and significantly refined by Lee¹⁸, the model suggests that migration is influenced by a combination of push factors, which are negative conditions in the country of origin, and pull factors, which are positive conditions in the destination country. Push factors in the context of health worker migration include economic insecurity, limited career prospects, institutional dysfunction, and under-resourced health systems. Nurses, in particular, are affected by professional hierarchies,

Economic Studies, June 2020; Gëdeshi, Ilir / King, Russell, and Amarildo Ceka. 2024. The emigration of medical doctors from Albania: Brain drain vs return and cooperation. *Central and Eastern European Migration Review* 13(2), 5–25; Schmitz-Pranghe, Clara / Oruč, Nermin / Mielke, Katja, and Aida Ibričević. 2020. *Making sure that the emigration of health-care personnel from Albania and BiH works for all: What Germany can do*. Policy Brief. Bonn International Centre for Conflict Studies (bicc), December 2020.

¹³ CEB. 2021. *Social infrastructure in the Western Balkans. Increasing the region's economic resilience, enhancing human capital and counteracting the effects of brain drain*. Council of Europe Development Bank (CEB), November 2021.

¹⁴ World Bank, *Western Balkan Regular Economic Report*; Mara, *Health professionals wanted*; Lumi Qehaja, Fatime / Maljichi, Driton, and Eleonora Serafimovska. 2025. Migration and healthcare professionals in the public sector in Kosovo. *Social Policy Issues* 68(1), 1–26.

¹⁵ Krasniqi, Gëzim. 2026. Exploring the link between democratisation and citizenship: Comparing Kosovo and Albania. *Journal of Ethnic and Migration Studies*, 1–19.

¹⁶ de Haas, Hein. 2011. The determinants of international migration: Conceptualizing policy, origin and destination effects. *Working Paper Series* 32, 1–35.

¹⁷ Ravenstein, Georg Ernst. 1885. The laws of migration. *Journal of the Statistical Society of London* 48(2), 167–227.

¹⁸ Lee, Everett S. 1966. A theory of migration. *Demography* 3(1), 47–57.

a lack of recognition, job insecurity, and heavy workloads with little compensation.¹⁹ Doctors, on the other hand, often mention dissatisfaction with working conditions, professional stagnation, and poor infrastructure as decisive drivers.²⁰ Pull factors in destination countries, especially high-income contexts such as Germany, include higher salaries, safer work environments, better career advancement opportunities, and growing demand due to aging populations.²¹ These trends are further reinforced by targeted recruitment strategies and migration policies that lower barriers for internationally trained professionals.²²

While the push-pull framework provides an intuitive structure for categorizing the initial drivers of migration, it has been widely criticized for its tendency to reduce complex migratory dynamics to a static list of causes. Scholars like Skeldon and Massey et al. have pointed out that it overlooks the social and institutional structures that shape migration decisions.²³ De Haas argues that the model implicitly relies on a narrow rational-actor logic and fails to consider how state policies, inequalities, and institutions enable or constrain mobility.²⁴ To address these limitations, de Haas introduces the aspirations-capabilities framework, suggesting that migration occurs when individuals not only aspire to move abroad but also have the necessary legal, social, and financial capabilities.²⁵ Carling expands on this with the concept of involuntary immobility, which captures the frustrations of those who wish to migrate but are structurally prevented from doing so.²⁶ Faist adds a multi-level perspective, calling for an analysis that includes macro-level policies (e.g., wage setting, health system reforms), meso-level infrastructures (e.g., recruitment networks), and micro-level biographies.²⁷ We adopt this refined push-pull framework as our analytical lens, enriched by the aspirations-capabilities approach and multi-level explanatory models. This allows us to interpret the emigration motives of health

¹⁹ Dovlo, Delanyo. 2007. Migration of nurses from Sub-Saharan Africa: A review of issues and challenges. *Health Services Research* 42(3 Pt 2), 1373–1388; Kingma, Mireille. 2007. Nurses on the move: A global overview. *Health Services Research*, 42(3 Pt 2), 1281–1298.

²⁰ Hagopian, Amy / Thompson, Matthew J. / Fordyce, Meredith / Johnson, Karin E., and L. Gary Hart. 2004. The migration of physicians from Sub-Saharan Africa to the United States of America: Measures of the African brain drain. *Human Resources for Health*, 2(1), 1–10.

²¹ Lorenzo, Fely Marilyn E / Galvez-Tan, Jaime / Icamina, Kriselle, and Lara Javier. 2007. Nurse migration from a source country perspective: Philippine country case study. *Health Services Research*, 42(3 Pt 2), 1406–1418; Marcus, Kanchan / Quimson, Gabriella, and Stephanie D. Short. 2014. Source country perceptions, experiences, and recommendations regarding health workforce migration: A case study from the Philippines. *Human Resources for Health* 12(62), 1–10; Astor, Avraham / Akhtar, Tasleem / Matallana, María Alexandra / Muthuswamy, Vasanth / Olowu, Folarin A. / Tallo, Veronica, and Reidar K. Lie. 2005. Physician migration: Views from professionals in Colombia, Nigeria, India, Pakistan and the Philippines. *Social Science & Medicine* 61(12), 2492–2500; Sheikh, Asfandiyar / Naqvi, Syed Hassan Abbas / Sheikh, Kainat / Naqvi, Syed Hassan Shiraz, and Muhammad Yasin Bandukda. 2012. Physician migration at its roots: A study on the factors contributing towards a career choice abroad among students at a medical school in Pakistan. *Global Health*, 8(43). Online only.

²² Pereira, Cláudia. 2019. A new skilled emigration dynamic: Portuguese nurses and recruitment in the Southern European periphery, in *New and old routes of Portuguese emigration: uncertain futures at the periphery of Europe*, edited by Pereira, Cláudia, and Joana Azevedo. Cham: Springer International Publishing, 97–121; Marcus, Quimson, and Short, *Source country perceptions, experiences, and recommendations regarding health workforce migration*.

²³ Skeldon, Ronald. 1990. *Population mobility in developing countries: A reinterpretation*. London: Belhaven Press; Massey, Douglas S. / Arango, Joaquín / Hugo, Graeme / Kouaouci, Ali / Pellegrino, Adela / and Taylor J. Edward. 1993. Theories of international migration: A review and appraisal. *Population and Development Review* 19(3), 431–466.

²⁴ de Haas, *The determinants of international migration*.

²⁵ de Haas, Hein. 2021. A theory of migration: The aspirations-capabilities framework. *Comparative Migration Studies* 9(1), 1–35.

²⁶ Carling, Jørgen. 2002. Migration in the age of involuntary immobility: Theoretical reflections and Cape Verdean experiences. *Journal of Ethnic and Migration Studies* 28(1), 5–42.

²⁷ Faist, Thomas. 2000. *The volume and dynamics of international migration and transnational social spaces*. Oxford University Press.

professionals from Albania and Kosovo not only as reactions to material conditions, but also as structurally embedded decisions shaped by opportunity perceptions, institutional trust, and access to enabling resources.

Emigration of health professionals from Albania

According to data from the Albanian Institute of Statistics (INSTAT)²⁸, the number of Albanians living abroad in 2020 was 1.68 million, accounting for around 59 % of the total population. This makes Albania one of the countries with the highest proportion of emigrants, both globally and regionally, relative to its total population. Between 2001 and 2011, an average of around 50,000 people migrated each year. This trend has remained relatively stable in recent years.²⁹ However, there has been a noticeable change in the destinations chosen by Albanians. While Italy and Greece continue to host the majority of Albanian emigrants, the number of people moving to these countries has decreased significantly.³⁰ Instead, popular destinations for Albanians include Germany, the United Kingdom, Canada, the United States, France, and Switzerland.³¹ Migration to Germany, in particular, has emerged as a distinct pattern within Albanian migration.

After 2015, migration to Germany increased sharply, growing by 35 % each year, making it one of the top destinations for Albanian migrants.³² Germany's relatively open immigration policy and the increasing demand for skilled labor³³ have made it a popular destination, especially among young and educated Albanian migrants. The primary motivations for emigrating continue to be the pursuit of better living conditions and more fulfilling job opportunities.³⁴ However, there is now also an underlying sense of pessimism among Albanians that drives them to emigrate.³⁵

Among Western Balkan countries, Albania seems to be particularly affected by brain drain,³⁶ with approximately 40% of the total cumulative outflow consisting of highly educated individuals.³⁷ A significant aspect of this trend is the emigration of healthcare professionals.³⁸ According to the Organization for Economic Co-operation and Development (OECD), Germany has become the primary destination for Albanian doctors and nurses. In 2010, there were 36 Albanian doctors working in Germany. By 2021, this number increased to 897. As for nurses, the annual inflow of Albanian nurses to Germany was 27 in 2016, but this number jumped to an average of 580 per year from 2017 to 2021.³⁹ A study by Druga suggests that the number of Albanian healthcare professionals working in Germany has more than quadrupled between 2015

²⁸ INSTAT. 2020. *Diaspora e Shqipërisë në shifra*. Albanian Institute for Statistics, 3.

²⁹ INSTAT, *Diaspora e Shqipërisë në shifra*, 8.

³⁰ Lafleur, Jean-Michel, and Mikolaj Stanek. 2017. *South-north migration of EU citizens in times of crisis*. Cham: Springer Open.

³¹ Gëdeshi, Ilir and Russell King. 2018. *New trends in potential migration from Albania*. Friedrich-Ebert-Stiftung office in Tirana, December 2018, 17.

³² INSTAT, *Diaspora e Shqipërisë në shifra*, 16–17.

³³ OECD. 2024. *International Migration Outlook 2024*. Report, 14 November 2024, 210.

³⁴ Gëdeshi and King, *New trends in potential migration from Albania*, 9.

³⁵ Gëdeshi and King, *New trends in potential migration from Albania*, 61–62.

³⁶ Gëdeshi, King, and Ceka, *The emigration of medical doctors from Albania*, 7–8.

³⁷ Mara, Isilda, and Michael Landesmann. 2022. *Use it or lose it! How do migration, human capital and the labour market interact in the Western Balkans*. European Training Foundation (ETF).

³⁸ Gëdeshi, Ilir. 2021. *How migration, human capital and the labour market interact in Albania*. European Training Foundation (ETF), July 2021.

³⁹ OECD. *Health Workforce Migration* (accessed: 12 June 2026).

and 2020, reaching nearly 4,000.⁴⁰ Two other studies highlight three main reasons why healthcare professionals choose to emigrate: insufficient financial support, poor working conditions, and a lack of professionalism in the workplace, as well as broader social and political issues.⁴¹

Emigration of health professionals from Kosovo

Among the Western Balkans, Kosovo ranks third, behind Albania and North Macedonia, in terms of the percentage of young people who want to leave the country.⁴² While waves of emigration in the late 1990s were largely politically motivated, economic factors now play a dominant role. High and persistent unemployment rates, widespread poverty, corruption, limited access to quality education and healthcare, family reunification, and ongoing political instability have all served as powerful drivers of emigration, particularly among younger populations.⁴³ Current trends also reflect individual aspirations for education and career development.⁴⁴

Since 1968, Germany has traditionally been one of the main destination countries for Kosovans under “guest worker” recruitment agreements. Germany needed a labor force, and Yugoslavia cooperated as a sending country.⁴⁵

Data provided by the German Chamber of Physicians (Bundesärztekammer) for this study shows a steady and sustained increase in the number of Kosovan doctors practicing in Germany.⁴⁶ A similar trend can be seen among nurses.⁴⁷

Data from the Balkans Policy Research Group (BPRG) indicate that a combination of economic and professional constraints, including employment opportunities, working conditions, and access to training, is a key driver of healthcare emigration.⁴⁸

Doctors were more likely than nurses or other healthcare professionals to consider migration, primarily to seek better training, higher salaries, and improved career prospects. Furthermore, healthcare professionals in the private sector, especially those with lower wages, were more inclined to migrate.⁴⁹

⁴⁰ Druga, Ertila. 2020. *The intention to stay and labour migration of Albanian doctors and nurses*, in *Social exclusion and labour market challenges in the Western Balkans*, edited by Bartlett, Will / Monastiriotes, Vassilis, and Panagiotis Koutroumpis. Cambridge: Cambridge Scholars Publishing, 61–77.

⁴¹ Gjypi, Arlinda. 2018. *Largimi i mjekëve nga Shqipëria*. Tirana: Friedrich-Ebert-Stiftung, 33. Gëdeshi, King, and Ceka, *The emigration of medical doctors from Albania*, 20.

⁴² Lavrić, Miran / Tomanović, Smiljka, and Jusić Mirna (eds.). 2019. *Youth Study Southeast Europe 2018/2019*. Berlin: Friedrich-Ebert-Stiftung. 74.

⁴³ BPRG. 2020. Migration trends require a new strategic approach. Balkans Policy Research Group (BPRG), 4; Gap Institute. 2023. *Migration of Kosovans to Germany*, 5–13.

⁴⁴ Hajdari, Labinot, and Krasniqi, Judita. 2021. The economic dimension of migration: Kosovo from 2015 to 2020. *Humanit Soc Sci Commun* 8. Online first: 30 May 2021.

⁴⁵ GERMIN. 2023. *Harnessing the potential of the Kosovar diaspora's economic contributions*, 10–11.

⁴⁶ From 2019 to 2025, the total number rose from 333 to 611, with a consistent year-on-year growth rate, culminating in 568 actively practicing physicians in 2025. Bundesärztekammer. *Ärztestatistik zum 31. Dezember 2019* (accessed: 25 June 2026); Bundesärztekammer. *Ärztestatistik zum 31. Dezember 2025* (accessed: 25 June 2026).

⁴⁷ Data from the German Federal Employment Agency show that the number of nurses from Kosovo working in Germany increased from 2,504 in 2019 to 7,084 in 2024. Email correspondence with Elken Ikkert/Statistics Division, 17 September 2024.

⁴⁸ BPRG. 2023. *Health sector in Kosovo: The emigration of doctors and healthcare workers*. Balkans Policy Research Group (BPRG), 1.

⁴⁹ Murataj, Nora / Sylja, Blerim / Krasniqi, Yllka / Bahtiri, Shegë / Bekaj, Dardan / Beqiri, Petrit, and Ilir Hoxha. 2022. Migration intent of health care workers during the COVID-19 pandemic in Kosovo. *International Journal of*

As in the case of Albania, the desire to migrate is particularly strong among young healthcare professionals who are just starting their careers. In contrast, older professionals are less likely to emigrate, because they are generally more settled in their careers and/or nearing retirement.

Despite recent salary increases⁵⁰, this trend has not been reversed. According to the Chamber of Nurses, dissatisfaction with the current legal environment, which does not recognize healthcare professionals fairly based on their education and skills, is also influencing migration decisions.⁵¹

Similar to Albania⁵², Kosovo is facing serious challenges in recruiting doctors and health workers to rural areas. The internal migration of healthcare professionals is an ongoing phenomenon, with many doctors moving from smaller villages and towns to larger urban centers. This trend is driven not only by unsatisfactory salaries but also by a lack of health insurance and poor working conditions in local health centers and hospitals. Consequently, many doctors and nurses are reluctant to remain in their hometowns or rural facilities, instead opting for better opportunities in more developed regions.⁵³

Methodology

This chapter presents the methodology used to explore the lived experiences of Kosovan and Albanian health professionals currently living and working in Germany. A qualitative approach was adopted to understand the migration decisions of these professionals, providing the necessary tools to gain in-depth insights into the perspectives, motivations and experiences of the participants.⁵⁴ Unlike quantitative methods, this approach allows us to explore the complex dynamics of personal, professional and contextual factors that influence migration decisions.

Data was collected through in-depth interviews conducted between November 2023 and September 2024, enabling participants to openly reflect on their personal and professional trajectories. All interviews were conducted in Albanian and lasted from one to two hours. Some interviews were conducted online, while others took place at the participants' workplaces or in cafés.

The sample consists of 30 healthcare professionals residing in Germany, including 15 medical doctors (seven men and eight women) and 15 nurses (three men and 12 women) from both Albania and Kosovo. Participants were recruited through snowball sampling and personal networks. All interviews were analyzed using thematic analysis, a flexible method for identifying, analyzing, and interpreting patterns within qualitative data.⁵⁵ The process involved the initial coding of meaningful units, which were then grouped into broader themes that reflected the shared experiences of doctors and nurses. One of the primary advantages of this

Environmental Research and Public Health 19(17), 1–11; Qehaja, Maljichi, and Serafimovska, *Migration and healthcare professionals in the public sector in Kosovo*.

⁵⁰ In 2024, doctors and nurses in Kosovo received a salary increase. Their gross monthly salaries rose from €660 to €1,320 for doctors, and from €430 to €616 for nurses. Qehaja, Maljichi, and Serafimovska, *Migration and healthcare professionals in the public sector in Kosovo*, 17–18.

⁵¹ Mehmet, Dashuri. 2024. 77 doctors left Kosovo this year. KOHA, 17 September 2024.

⁵² Gjypi, *Largimi i mjekëve*, 49.

⁵³ Politiko. 2025. Serious challenges to providing doctors in rural areas in Kosovo and Albania. Politiko, 6 May 2025; GÖRG. 2023. An overview of the new Skilled Workers Immigration Act.

⁵⁴ Zapata-Barrero, Ricard, and Evren Yalaz. 2018. *Introduction: Preparing the way for qualitative research in migration studies*, in *Qualitative research in European migration studies*, edited by Zapata-Barrero, Ricard, and Evren Yalaz. Cham: Springer.

⁵⁵ Braun, Virginia, and Victoria Clarke. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2), 77–101.

method is its ability to provide an in-depth understanding of participants' perspectives, highlighting similarities and differences among them.⁵⁶ Participants' personal data is fully protected. To preserve anonymity, pseudonyms are used in the transcripts and throughout the presentation of the findings.

Understanding the exodus: Why Albanian and Kosovan healthcare professionals leave?

Data analysis shows that the emigration of healthcare professionals from Albania and Kosovo to Germany is a response to unfavorable conditions in their home countries and attractive conditions in the destination country. Decisions to emigrate are determined by a complex interplay of economic, political, and social factors, grouped into five interrelated categories: economic reasons, working conditions, future perspectives, job security, and the status of healthcare professionals. These factors create an environment that becomes progressively unsustainable in the home country, and relatively attractive in the destination country.

Economic reasons

Many doctors and nurses explain how economic challenges contribute to a feeling of professional instability and dissatisfaction in their home country. These conditions have made it difficult for healthcare professionals to maintain a decent standard of living, especially for nurses. Among the most commonly cited economic reasons for leaving were unemployment and low salaries.

Unemployment, especially among newly graduated health professionals, is a significant factor pushing them to leave. Both doctors and nurses encounter significant obstacles when trying to secure employment, particularly within the public healthcare system. These challenges stem from not only a lack of job opportunities but also from systemic issues like favoritism, lack of transparency in recruitment processes, and widespread perceptions of corruption. Studies conducted by the European Training Foundation (ETF)⁵⁷ and the United Nations Development Program (UNDP)⁵⁸ in Albania and Kosovo further support these viewpoints.

First-hand accounts from Alesia, a 30-year-old female doctor from Albania, and Shkëlqim, a 26-year-old male nurse from Kosovo vividly illustrate these barriers. Both describe their struggles in attempting to enter the labor market in their home countries.

Finding a job as a doctor in Albania was extremely challenging, particularly in public hospitals or health centers. You either need someone influential to help you secure a position or have to offer money for the job [...] My last job application experience in Albania was very bitter. I was furious and told my mom that there was no way I would stay there anymore. At the same time, I had applied for an internship at a hospital in Germany, and the hospital director himself interviewed me. He showed interest in my application, while in Albania, nobody was interested in me. It was much easier to secure an internship and a job offer in Germany than in my own country.⁵⁹

I applied multiple times for a nursing position at the public hospital, but my application was consistently rejected. Upon reviewing the list of those who were

⁵⁶ King Nigel. 2004. *Using templates in the thematic analysis of text*, in *Essential guide to qualitative methods in organizational research*, edited by Cassell, Catherine, and Gillian Symon. London: Sage, 257–270.

⁵⁷ ETF. 2021. *Albania: Education, training, and employment developments 2021*. European Training Foundation (ETF).

⁵⁸ UNDP. 2021. *Youth challenges and perspectives in Kosovo*. UNDP Kosovo, January 2021.

⁵⁹ Interview with Alesia, doctor specializing in neurology, conducted by the author, Hamburg, 31 November 2023.

hired, it became evident that only individuals with political connections or relatives of influential people were selected. There seemed to be no way to break through that barrier. Reflecting on how I secured my job in Germany, I realized it was easier than in Kosovo. A recruitment agency facilitated an interview with a hospital in Germany for me [...] Roughly twenty minutes after the interview, the recruitment agency called to inform me that the hospital wanted to offer me a job contract.⁶⁰

As the accounts of Alesia and Shkëlqim demonstrate, the inability to enter the home-country labor market cannot be interpreted as an individual failure, but rather as evidence of labor markets whose institutional structures exclude them. In contrast, Germany functions as a strong pull factor. It offers healthcare professionals more structured and predictable pathways into the labor market. For instance, Alesia secured an internship that resulted in a job offer, while Shkëlqim navigated the labor market through intermediary recruitment agencies. These individual experiences reflect Germany's broader labor migration strategy, which actively seeks to attract skilled workers from non-European countries in response to persistent labor shortages, particularly in the healthcare sector. Policy instruments such as the Skilled Immigration Act and its subsequent reforms have simplified entry procedures, expanded recognition of foreign qualifications, and enhanced the role of intermediaries and employer-led recruitment.⁶¹ Moreover, Alesia's and Shkëlqim's experience, mirroring that of many other interviewed doctors and nurses, highlights how distrust in domestic institutions pushes health professionals abroad, while trust-enhancing structures in Germany function as an active pull factor.

Low income is another economic factor associated with migration. For example, a nurse who worked in a private clinic in Kosovo and a nurse from Albania employed in a public hospital both cite insufficient income as their primary reason for emigrating.

My salary in Kosovo was 200 euros. It was impossible to live on that amount in Kosovo. Prices were the same as here in Germany. [...] My salary here is 2300 euros, net, I mean. And it allows me to have a better standard of living than in Kosovo.⁶²

My wife lost her job, and [...] it was impossible to cover the costs of raising two children [...] with only my salary. In Albania, [extracurricular] activities are expensive. My salary was around 400 euros. [...] My salary here [Germany] is 2,500 euros, not including overtime and weekend work. It is six times higher than in Albania. Now I can provide for my family what I couldn't afford back home.⁶³

This finding corroborates earlier research by Gëdeshi, King, and Ceka, which showed that earnings are not the main reason for Albanian doctors' emigration.⁶⁴ Similarly, the Director of the Doctors' Chamber in Kosovo noted that salary ranks only third among the reasons doctors give for leaving the country, after professional aspirations and working conditions.⁶⁵ As shown below, these two reasons, among others, are also significant factors that influence their migration decision.

⁶⁰ Interview with Shkëlqim, doctor specializing in internal medicine, conducted by the author, online, 20 December 2023.

⁶¹ Becker, Eugenie / Graf, Johannes / Heß, Barbara, and Matthias Huber. 2023. *Entwicklung der Fachkräftemigration und Auswirkungen des beschleunigten Fachkräfteverfahrens*. Research Report. Bundesamt für Migration und Flüchtlinge (BAMF), March 2023, 38.

⁶² Interview with Luana, Kosovan nurse, 27F, conducted by the author, Solingen, 6 July 2024.

⁶³ Interview with Ari, Albanian nurse, 37M, conducted by the author, online, 11 November 2023.

⁶⁴ Gëdeshi, King, and Ceka, *The emigration of medical doctors from Albania*, 15.

⁶⁵ KosovaInfo. 2023. *Për 6 muaj ikën 108 mjekë, zgjidhje shihet Ligji i pagave*.

Working conditions

Even though employment opportunities are available in public hospitals and other health centers in Albania and Kosovo, healthcare professionals face significant challenges due to poor working conditions. These include inadequate infrastructure, outdated medical equipment, and insufficient medical supplies, all of which hinder their ability to provide quality care and result in frustration. Albania's and Kosovo's investments in healthcare are among the lowest in Europe.⁶⁶

Very often, we were forced to ask patients to go to private clinics for blood tests or to the pharmacy to buy medication, [...] simply because the hospital did not have the necessary supplies at the time. [...] I was constantly frustrated because it didn't feel right not being able to provide patients with the necessary services.⁶⁷

I remember that we didn't even have enough basic supplies. Very often, we had to reuse the same materials for multiple patients, something that would be unthinkable in Germany. But we had no other choice. [...] The shortage of medicines, medical supplies, and equipment made our work extremely difficult. [...] On some occasions, we were even asked to use expired medications and not inform the patients. It felt inhumane and unethical, so I left.⁶⁸

In rural areas, the situation is even more challenging. In addition to inadequate medical equipment and minimal opportunities for professional development, poor transportation infrastructure and a lack of state support leave healthcare professionals feeling abandoned. These factors make rural postings not only unattractive but often unfeasible, thereby reinforcing the broader trend of medical workforce emigration⁶⁹. Diana, a 39-year-old female doctor from Albania, explains:

The village where I was assigned was one of the most isolated areas in the Durrës region. [...] To get to work, I had to take three different types of transportation. [...] The clinic had just two rooms and a corridor, with only the most basic equipment. [...] I had to manage around 1,000 patient files manually. [...] In that setting, you feel stuck in every possible way and not supported by the state.⁷⁰

A similar situation is described by Anjeza, a 30-year-old female nurse from Kosovo:

Working in rural areas of Kosovo is not very appealing. I was based at a health center in the city of Ferizaj, [...], but we were often sent to nearby villages to conduct home visits, administer injections, vaccinations, and deliver medications. Transportation was not provided, and public transport was unreliable or unavailable. We had to walk considerable distances to reach patients' homes, carrying bags filled with equipment and medicine, and then make our way back to the city. It wasn't easy at all.⁷¹

⁶⁶ ALTAX. *Health expenditure in the world and the Balkans, 2022* (accessed: 10 June 2026).

⁶⁷ Interview with Besart, Kosovan doctor, 34M, conducted by the author, Augsburg, 13 March 2024.

⁶⁸ Interview with Jane, Albanian nurse, 34F, conducted by the author, online, 24 June 2024.

⁶⁹ Gjypi. *Largimi i mjekëve*, 12; Devrim, Deniz. 2021. *The gendered impact of corruption in the Albanian health care and tertiary education sectors*. Organization for Security and Co-operation in Europe (OSCE) in Albania, May 2021, 15; Percival, Valerie, and Egbert Sondorp. 2010. A case study of health sector reform in Kosovo. *Conflict and Health* 4(7), 2–14.

⁷⁰ Interview with Diana, Albanian doctor, 39F, conducted by the author, online, 27 November 2023.

⁷¹ Interview with Anjeza, Kosovan nurse, 30F, conducted by the author, online, 10 May 2024.

These accounts clearly indicate that poor working conditions in their home countries are a significant factor in healthcare professionals' decisions to migrate. Inadequate physical infrastructure, outdated equipment, and persistent shortages of medicines not only push them to leave but also diminish their professional satisfaction and ethical standards. On the other hand, Germany's healthcare system, with its adequate infrastructure, reliable medical supplies, and clear professional standards, serves as a strong attraction. It offers healthcare professionals better material conditions and greater professional fulfillment at work, as stressed by nearly all the doctors and nurses interviewed.

We were all aware of the working conditions in Germany. Friends and colleagues who had already moved there told us how impressed they were with the working environment and how fulfilling it was to work in places where they could provide the best possible care to patients. This piqued the interest of many of us.⁷²

Several studies support the idea that working conditions and higher salaries abroad are key incentives that motivate healthcare professionals, especially those from less-developed or developing countries, to migrate.⁷³

Job security

Job insecurity is a common concern among both doctors and nurses, but it is particularly emphasized by nurses. Regardless of whether they work in public or private healthcare institutions, they often feel uncertain about their positions. In Albania, nurses employed in public healthcare facilities have expressed feelings like hostages to the ruling political party. They believe that job security and opportunities for career advancement are more dependent on political loyalty rather than qualifications or experience. According to their experiences, individuals affiliated with the government have significant control over hiring, promotions, and resource distribution in public institutions.

Everything is controlled from above, including hiring, promotion, further training and investments. [...] If you don't have the right connections or support, you are more likely to lose your job than to advance in your career. Whenever a new political party wins the elections, we worry about potential job loss. Sometimes, even the cleaners get fired.⁷⁴

Maintaining good relationships with the director and department head is crucial to attending trainings funded by the Ministry of Health, which rarely happens, or to be considered for promotions. You can't voice concerns about supply shortages or advocate for increased state investment in healthcare without facing repercussions.⁷⁵

Working conditions in private health institutions are generally perceived as better than those in public facilities, especially in terms of infrastructure, availability of medical supplies, and organizational efficiency. However, these improved conditions do not necessarily result in higher salaries, and many healthcare workers, especially nurses, report feeling excessively controlled and exploited. Nurses, who occupy a lower position in the institutional hierarchy, often

⁷² Interview with Stela, Albanian doctor, 30F, conducted by the author, Dortmund, 3 December 2023.

⁷³ Witt, Julia. 2009. Addressing the migration of health professionals: The role of working conditions and educational placements. *BMC Public Health* 9(1), 1–5; Mara, *Health professionals wanted*, 38.

⁷⁴ Interview with Arta, Albanian nurse, 34F, conducted by the author, Hanover, 13 February 2024.

⁷⁵ Interview with Sindi, Kosovan doctor, 29F, conducted by the author, online, 20 February 2024.

experience greater job insecurity, including pressure to work on their days off under the threat of dismissal.

I worked in a private clinic for several months before I quit. [...] I was treated as if they were feeding me. Very little respect was shown to us. Why stay in Kosovo any longer when you feel not valued?⁷⁶

I was on maternity leave when the director of the hospital called me to return to work because they needed me. I explained that I couldn't leave my [three months old] twins. [...] But her response was that if I didn't return, I would lose the job.⁷⁷

Insecurity among doctors is often linked to a perceived lack of legal protection. Both Albanian and Kosovan doctors report that during medical procedures, such as surgeries, complications can arise, and sometimes patients may die. Despite adhering to professional standards, doctors face legal action initiated by patients' families or are subjected to direct threats. The doctors believe this is largely due to weak institutional and legal support from the state. As a result, families may feel compelled to seek justice on their own, contributing to a climate of fear and professional vulnerability for medical practitioners.⁷⁸

A professor of mine took his own life six months before I migrated, and it was something that really shocked me and pushed me to leave the country. I knew him personally, and he was a fantastic doctor. [...] The case involved a complication during surgery. [...] This can happen anywhere, but usually the patient is saved if the right medication is given in time. Unfortunately, our hospital didn't have that medication. [...] My professor was terrified [...] He felt completely unprotected and killed himself. It was not his fault, but the fault of the institution. ... When a family files a complaint, there should be a proper investigation, not a system where the doctor is immediately accused of a crime or corruption, stripped of his license, or even imprisoned. That's the kind of climate the doctors are in. [...] Even the state seems to be against the doctors, just to please the voters and to shift the responsibility off itself.⁷⁹

In Kosovo, violence against medical staff is a well-known issue. Even newspapers report cases where doctors and nurses are attacked, threatened, or insulted. The lack of laws to protect us makes it very difficult to feel safe at work.⁸⁰

In the host country, doctors' and nurses' accounts point to a significantly different reality. The feelings of fear, insecurity, and uncertainty that characterized their professional experiences in their home countries are now replaced by a sense of security, appreciation, and recognition. Reflecting on their past experiences in Albania and Kosovo reinforces their belief that immigrating was the correct decision. As Sandri explains:

Here, you feel secure and appreciated for your work. You don't have to fear waking up one morning and finding out you've been fired, as often happens in Albania. In

⁷⁶ Interview with Dardha, Kosovan nurse, 26F, conducted by the author, Cologne, 15 September 2024.

⁷⁷ Interview with Jola, Albanian nurse, 38F, conducted by the author, online, 24 November 2023.

⁷⁸ In Albania, only in 2019 legal reforms distinguished unintentional medical errors as administrative issues, while negligence remains a criminal offence. Koha. 2019. *Gabimi mjekësor nuk do të jetë më vepër penale në Shqipëri*. Koha, 29 May 2019.

In contrast, Kosovo lacks legal protection for health care professionals. Oda e Mjekëve të Kosovës. *Oda e Mjekëve reagon ndaj sulmit fizik të mjekut në vendin e punës* (accessed: 12 June 2026).

⁷⁹ Interview with Dritan, Albanian doctor, 42M, conducted by the author, online, 08 December 2023.

⁸⁰ Interview with Linda, Kosovan doctor, 30F, conducted by the author, online, 11 March 2024.

Germany, if you do your job well, no one will remove you from your position. At least now, I feel a sense of stability and peace in my life. Emigrating, I believe, was a good decision for my family.⁸¹

Future perspectives

Future perspectives are a major concern for healthcare professionals. Both doctors and nurses mention two key issues: the lack of adequate specialization opportunities for professional advancement in their home country, and the general gloomy socio-political environment, which has influenced their decision to emigrate. Our findings are in line with prior studies⁸², highlighting that lack of transparency, favoritism, and corruption serve as major additional barriers, especially for newly graduated doctors seeking specialization opportunities. For example, Petrit's story reflects a broader structural problem in which merit is frequently overshadowed by personal networks and political affiliations.

After finishing my bachelor's degree, I started looking for a specialization in Kosovo, but there was no way to start one. There were very few places, and too many doctors like me were applying. I come from a family living in a small Kosovan city with no connections, and in Kosovo, people with connections can usually navigate things more easily. [...] I got a specialization in Albania as a member of diaspora [i.e., Albanians living outside Albania, including Kosovo and North Macedonia, who are eligible for public university scholarships], but the salary was around to € 140 at that time. [...] Then the trend of Germany emerged, together with the possibility of completing a specialization there with a very high salary compared to Albania and Kosovo. [...] Initially, the main driving force seemed to be the salary, but then after coming here [Germany], you realize that it is not only about pay, but also about stability, security, and opportunities for professional advancement.⁸³

This statement, along with those above from Alesia and Shkëlqim, clearly shows that corruption and nepotism are driving the emigration of health professionals from Albania and Kosovo. García and Maydom⁸⁴ highlight that higher levels of bribery in Albania and widespread dissatisfaction with public institutions in both countries particularly motivate educated individuals to seek better opportunities abroad.⁸⁵

In addition to the lack of access to specialization opportunities, some doctors chose not to pursue postgraduate training in their home countries due to dissatisfaction with the quality of education and working conditions at local universities. Having experienced poor infrastructure, and limited practical training during their undergraduate studies, they are discouraged from continuing their professional development in the same institutions. Moreover, accounts from peers already enrolled in specialization programs reinforce their concerns, highlighting inadequate supervision, minimal financial support, and insufficient clinical exposure.

⁸¹ Interview with Sandri, Albanian nurse, 34 M, conducted by the author, online, 14 December 2023.

⁸² Gëdeshi, King, and Ceka, *Emigration of medical doctors*, 15, 22; Nushi, Paulina. 2017. *Health professionals say auf Wiedersehen to Kosovo*. *Prishtina Insight*, 8 February 2017.

⁸³ Interview with Petrit, Kosovan doctor, 34 M, conducted by the author, Paderborn, 19 September 2024.

⁸⁴ López García, Ana Isabel, and Barry Maydom. 2023. Frontline corruption and emigration in the Western Balkans. *Migration Studies* 11(4), 694–720.

⁸⁵ According to the Transparency International Corruption Perceptions Index 2025, Albania scored 39 and Kosovo 43, indicating that Albania is perceived as slightly more corrupt than Kosovo. Trading Economics. *Kosovo Corruption Index* (accessed: 16 June 2026).

I didn't even attempt to specialize in Albania. I made that decision while I was still pursuing my undergraduate studies because I was dissatisfied with the university's approach. The professors focused too much on theory and did not provide us with enough practical experience. Additionally, there was a lack of proper equipment and facilities. Overall, it did not feel like the right place for me to further my training. [...] I had friends who were specializing in Germany, and we kept in touch. They shared information about the better pay, the specialization process there, and the working conditions. It seemed like a great opportunity. That's why I started learning German in the third year of my undergraduate studies. Learning German quickly became a popular trend.⁸⁶

The macro environment did not help either. The general socio-political atmosphere in both countries plays a significant role in the decision of healthcare professionals to emigrate. Issues such as corruption, political infighting, and poor governance continue to maintain a climate of uncertainty in Albania and Kosovo. However, the ways in which these broader socio-political challenges are perceived differ between the two contexts. In Kosovo, doctors and nurses express deep concern over the unresolved political status of the country, particularly in relation to ongoing tensions with Serbia and persistent internal political instability. This sentiment is echoed more broadly in the general population. According to data provided by the research of Kacani *et al.*,⁸⁷ 91 % of Kosovans report that their emigration was influenced by the political circumstances in the country. On the other hand, among Albanian healthcare professionals, there is a widespread belief that the political and social situation will not improve. They emphasize the lack of political will as a major barrier to national progress. Kosovan nurses appear to share a similar sense of disillusionment, whereas Kosovan doctors seem more skeptical, perhaps reflecting a degree of cautious pragmatism.

The political situation in Kosovo is unstable. Daily, there are reports of conflicts between Kosovo and Serbia. I didn't feel safe there, and I believe this is another reason why we decided to leave. You're constantly on edge. [...] I still believe that the situation may improve in the future. We are a newly established country, and it takes time to build everything as it should be.⁸⁸

Corruption within the political and administrative systems in Albania is a well-known issue. We face severe shortages of medicine, equipment, and other essentials [...] Corruption is evident not just in the health system but [everywhere]. With no hope for change, many people, including health professionals like myself, are leaving. [...] We Albanians always want to pursue the best for ourselves and our families. At the moment, Germany represents the best opportunity for us to have the kind of life we wished we could have in our own country: a life characterized by financial and political security, where people can earn what they deserve.⁸⁹

⁸⁶ Interview with Klaudia, Albanian doctor, 27F, conducted by the author, online, 28 January 2024.

⁸⁷ Kacani, Jolta / Trunk, Aleš / Qorraj, Gazmend, and Gentjan Shaqiri. 2025. Cost benefit of academic mobility, brain drain and migration: Western Balkans in a crossroad. *Human Systems Management* 44(1), 143–156.

⁸⁸ Interview with Lirika, Kosovan doctor, 41F, conducted by the author, online, 22 August 2024.

⁸⁹ Interview with Siena, Albanian nurse, 29F, conducted by the author, Berlin, 15 May 2024.

The belief that there is no future in Albania⁹⁰ and Kosovo is a powerful reason for many healthcare professionals with children to leave their home countries, as pointed out by Ari and Besa.

The only reason I left, was for the future of my child. [...] I wanted to raise him in a place where [one feels] secure and protected. [...] Germany was the only place where I felt I could truly build a better life for my family.⁹¹

We didn't see any future there for our children [...]. In short, you don't feel safe. Germany offers me what Kosovo couldn't: peace, stability, and economic and employment opportunities.⁹²

Germany is emerging as a key destination for doctors and nurses, not only due to higher salaries. Based on information shared by friends and colleagues, they paint a highly positive image of Germany, portraying it as a place that provides long-term stability, institutional reliability, and predictable life paths. These qualities are especially crucial for healthcare professionals with families, for whom migration is closely tied to security and future plans. This positive perception of Germany acts as a magnet, becoming especially noticeable through continual comparisons with the structural limitations and uncertainties of their home countries.

The image of the healthcare worker

The accounts above also highlight a pervasive lack of societal respect for healthcare professionals in both Albania and Kosovo. This issue is rooted in the negative public image surrounding the profession, which is often influenced by perceptions of corruption and unequal treatment of patients.⁹³ Many doctors and nurses argue that this stigma is not solely the result of unethical behavior by a few individuals within the profession, but is also deeply rooted in broader systemic issues, including inadequate infrastructure and chronic underinvestment in the healthcare sector. Moreover, this perception is sometimes reinforced by patients themselves, who believe that offering informal payments will secure better or faster services. This dynamic contributes to the normalization of informal practices, eroding trust between patients and healthcare providers and demoralizing professionals in the field, ultimately pushing many to emigrate.

It is difficult to accept that this negative image of us exists partly because we take bribes from patients. When I finished university, I promised myself that I would never be part of that. But when I started working at the hospital, patients would come and put money in my pocket, even when I told them not to.⁹⁴

Everyone in Kosovo believes that all doctors accept bribes from patients. You can't escape it. [...] I am not trying to justify doctors who take bribes, but the state fails to provide them with a salary that ensures a decent life. You spend years studying, only to end up with a ridiculous salary and poor working conditions. That's why

⁹⁰ See also Gëdeshi, King, and Ceka, *Emigration of medical doctors from Albania*; Kerpaci, Kalie, and Martin Kuka. 2024. *The re-migration of Albanian returned migrants, in Return migration and its consequences in Southeast Europe*, edited by Jusufi, Lumrije / Dimova, Rozita, and Jasna Čapo. Berlin: Peter Lang, 70–76.

⁹¹ Interview with Ari, Albanian nurse, 37M, conducted by the author, online, 11 November 2023.

⁹² Interview with Besa, Kosovan nurse, 29F, conducted by the author, Siegburg, 19 March 2024.

⁹³ Studies indicate that patients in Albania often offer bribes to healthcare professionals in order to receive quicker and better-quality services. See: Tomini, Sonila / Groot, Wim, and Milena Pavlova. 2015. Paying out-of-pocket and informally for health care in Albania: The impoverishing effect on households. *Frontiers in Public Health* 3(207), 1–4. Similar opinions are also expressed by Kosovan citizens. See: FOL lëvizja. 2016. *Corruption in public health care institutions in Kosovo*. FOL Movement, February 2016.

⁹⁴ Interview with Nilda, Albanian nurse, 28F, conducted by the author, online, 1 November 2023.

many students plan to leave immediately after graduation: to avoid becoming part of the corrupt system.⁹⁵

Emigration is also seen by doctors and nurses as a means of escaping the negative image associated with their profession in their home countries. Many express a desire to distance themselves from this stigmatized perception, believing that moving to more developed countries can help achieve this. In this context, migration is motivated not only by material or institutional considerations, but also by the search for professional dignity and social recognition. As shown in Brikena's account, many doctors and nurses articulate a strong wish to work in an environment where their expertise is valued and where they receive respect from patients, institutions, and society at large.

Germany as an accessible destination for healthcare professionals

Interviews with doctors and nurses revealed that Germany is becoming a primary destination for healthcare professionals. Germany became a key destination in the migration trajectories of Kosovans earlier than it did for Albanians. However, over the last decade, it has become a highly attractive destination for healthcare professionals from both contexts⁹⁶. As shown in the previous sections, higher salaries, improved working conditions, political stability, and a merit-based professional environment are important attractions, but a more decisive element underlies these motivations. When asked, "Why choose Germany and not another country?", the doctors and nurses consistently pointed to Germany's open access, understood as its relatively open immigration and recruitment policies for healthcare workers and other occupations experiencing high demand. These policies create the perception that opportunities in Germany are widely accessible and realistically attainable for qualified professionals. Doctors and nurses are well aware that the high demand Germany is experiencing,⁹⁷ particularly within the healthcare sector, has led to the development of targeted mechanisms designed to attract skilled migrants.⁹⁸

The main reason I chose Germany was the high demand for doctors, and the second reason was that it was easier to move there compared to other European countries. Ideally, I would have preferred to emigrate to an English-speaking country to avoid learning German, but the process for diploma recognition and licensing is simpler in Germany.⁹⁹

Everywhere, there are announcements about immigration opportunities to Germany. There are schools offering German lessons and sometimes even job contracts. There are also recruitment agencies that focus exclusively on nursing. All of this gives you the impression that Germany needs you and that you can easily navigate the process of diploma recognition, securing a job contract, and obtaining a visa.¹⁰⁰

Beyond economic and institutional factors, Germany's openness seems to play a crucial role in attracting healthcare professionals by making entry and integration easier. These factors

⁹⁵ Interview with Brikena, Kosovan doctor, 37F, conducted by the author, Cologne, 25 January 2024.

⁹⁶ As discussed in the section on the emigration of health professionals from Kosovo and Albania.

⁹⁷ Germany would need around 288,000 net immigrants per year until 2040 in order to meet labor demand. Kubis, Alexander, and Lutz Schneider. 2024. *Zuwanderung und Arbeitsmarkt: Eine Analyse für Deutschland und die Bundesländer*. Gütersloh: Bertelsmann Stiftung.

⁹⁸ Povedano Peramato, Alberto. *An overview of the new skilled workers' Immigration Act* (accessed: 12 June 2026).

⁹⁹ Interview with Klaudia, Albanian doctor, 27F.

¹⁰⁰ Interview with Hana, Kosovan nurse, 22F, conducted by the author, online, 10 April 2024.

combined position Germany as a destination that many healthcare professionals find as accessible and capable of meeting their expectations.

Throughout all interviews, some common frustrations emerged as primary reasons for emigration: a deep mistrust of domestic institutions, a prevailing sense of hopelessness in the home country, and a hierarchical work culture that lacks respect or appreciation for healthcare professionals. These overarching factors intensify and underlie the specific economic and professional reasons for leaving.

Conclusion

The emigration of healthcare professionals from Albania and Kosovo to Germany is driven by a complex combination of economic, institutional, and professional factors. Doctors and nurses describe Albania and Kosovo as contexts in which healthcare professionals face limited career paths, a lack of recognition, and broader institutional and socio-political uncertainty.

Unemployment and low wages, poor working conditions, job insecurity, and limited future prospects emerge as key drivers, particularly for nurses and newly graduated doctors. The findings also show that hierarchical structures affect nurses more than doctors, as they experience greater exposure to managerial control, reduced autonomy, and higher levels of job insecurity. According to the participants, these difficulties are primarily linked to corruption, favoritism, limited investment, and a lack of political will to improve conditions in both countries. The general socio-political atmosphere, marked by disillusionment with political leadership and the absence of meaningful reform, reinforces the perception that there is “no future” at home, particularly for those with families. Political instability is a particularly significant driver in Kosovo, where unresolved tensions with Serbia create a climate of uncertainty. Overall, migration decisions are shaped by structural conditions such as labor market constraints, institutional fragility, and political instability. Germany is perceived as an environment of stability, institutional reliability, and predictable career progression. At the same time, the findings highlight the role of accessibility: migration is widely seen as attainable due to open recruitment channels, simplified recognition procedures, and the presence of intermediaries such as language schools and recruitment agencies. In this context, healthcare qualifications facilitate entry into the German labor market and support professional integration. Information shared through professional and social networks further reinforces this perception, indicating that migration decisions are influenced not only by structural constraints but also by the circulation of knowledge about opportunities abroad. However, the German healthcare system is not without challenges, including high workloads and retention difficulties, which raise questions about the long-term sustainability of migration as a solution. Taken together, the findings reaffirm the relevance of push-pull dynamics, while also emphasizing the central role of institutional trust. Migration can therefore be understood not only as an economic decision, but also as a strategic exit from institutional environments perceived as restrictive, unpredictable, and lacking merit-based opportunities. As such, it reflects both the pursuit of better opportunities abroad and the structural inability of domestic systems to retain and integrate their skilled professionals.

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Note on authors

Kalie Kërpaçi is an independent researcher working on return and labor migration. Her earlier research focused on return migration, the processes of reintegration and re-migration, as well as concepts such as alienation, better life, hybrid identity, and home. Her recent work examines the migration of health professionals from Albania and Kosovo to Germany. More specifically, she explores migration and return dynamics, migration channels, qualification recognition, integration, and transnational processes. Kalie was recently an Alexander von Humboldt Foundation postdoctoral fellow, hosted by Bonn-Rhein-Sieg University and the Bonn International Centre for Conflict Studies.

Michael Sauer is Professor of Social Policy at Bonn Rhein Sieg University of Applied Sciences (H-BRS), Germany, and serves as Vice Dean of the Department of Social Policy and Social Security. His research focuses on social policy, labour migration, and labour market governance, with a particular emphasis on South-Eastern Europe. Before joining H-BRS in 2018, he worked as an integrated CIM advisor to the Ministry of Labour and Social Welfare of the Republic of Kosovo, where he supported the design and implementation of labour migration programmes. Michael has initiated and strengthened long-term institutional partnerships between H-BRS and universities across South-Eastern Europe. Among other initiatives, he founded the international internship programme Get Balkanized, which promotes academic exchange and practical learning in the Western Balkans.

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- Interview with Diana, Albanian doctor, 39F, conducted by the author, online, 27 November 2023. Interview with Dritan, Albanian doctor, 42M, conducted by the author, online, 8 December 2023.
- Interview with Hana, Kosovan nurse, 22F, conducted by the author, online, 10 April 2024.
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- Interview with Jola, Albanian nurse, 38F, conducted by the author, online, 24 November 2023.
- Interview with Klaudia, Albanian doctor, 27F, conducted by the author, online, 28 January 2024.
- Interview with Linda, Kosovan doctor, 30F, conducted by the author, online, 11 March 2024.
- Interview with Lirika, Kosovan doctor, 41F, conducted by the author, online, 22 August 2024.
- Interview with Luana, Kosovan nurse, 27F, conducted by the author, Solingen, 6 July 2024.
- Interview with Nilda, Albanian nurse, 28F, conducted by the author, online, 1 November 2023.
- Interview with Petrit, Kosovan doctor, 34 M, conducted by the author, Paderborn, 19 September 2024.
- Interview with Sandri, Albanian nurse, 34 M, conducted by the author, online, 14 December 2023.
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