

Fatime Lumi Qehaja¹

ORCID: 0000-0002-1981-9011

Institute for Sociological, Political and Juridical Research,
University Ss Cyril and Methodius – Skopje, North Macedonia

Driton Maljichi

ORCID: 0000-0003-1009-3653

Institute for Sociological, Political and Juridical Research,
University Ss Cyril and Methodius – Skopje, North Macedonia

Eleonora Serafimovska

ORCID: 0000-0003-2208-6012

Institute for Sociological, Political and Juridical Research,
University Ss Cyril and Methodius – Skopje, North Macedonia

Migration and healthcare professionals in the public sector in Kosovo

Abstract

This study examines the migration of healthcare professionals in Kosovo, emphasising trends and motivations following the EU and Switzerland’s visa liberalisation in January 2024. A survey of 50 specialist doctors and 50 nurses from the University

¹ **Corresponding author:** Fatime Lumi Qehaja, Institute for Sociological, Political and Juridical Research, University Ss Cyril and Methodius – Skopje, Partisanski Odredi – Q. Box 68, 1000, Skopje, North Macedonia; email: fatime.lumiqehaja@gmail.com.

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Clinical Center of Kosovo and General Hospitals reveals a high intent to emigrate, particularly, among nurses (72%) compared to doctors (34%). Key drivers include inadequate salaries, poor working conditions, limited health insurance, career stagnation, and personal well-being. Younger professionals (18–30) show the highest inclination to migrate, with male nurses displaying stronger emigration tendencies. Social influences affect migration intentions, with 82% of nurses and 58% of doctors citing family encouragement. Preferred destinations like Germany and Switzerland offer supportive healthcare systems and competitive compensation. The study contextualises these findings within brain drain theory, push-pull theory, and world systems theory, highlighting systemic deficiencies in Kosovo's healthcare sector. Policy reforms are needed to enhance financial incentives, working conditions, and career growth opportunities to retain healthcare talent as well as mitigate brain drain.

Keywords: Migration, Kosovo, doctors, nurses

1. Introduction

The migration of healthcare professionals, commonly known as the “brain drain”, poses a significant challenge to Kosovo's healthcare sector. Brain drain refers to the movement of health personnel seeking better living standards, higher salaries, access to advanced technology, and stable political conditions (Dodani & LaPorte, 2005). This study investigates the trends and factors influencing healthcare professionals' migration intentions in Kosovo, with a particular focus on the University Clinical Center of Kosovo and general hospitals in Kosovo. Employing a mixed-methods approach, the research includes a survey of 50 specialist doctors and 50 nurses in public healthcare facilities to identify the main drivers behind migration tendencies, encompassing demographic factors and systemic challenges in Kosovo's healthcare infrastructure.

The study is based on three theoretical frameworks: brain drain theory, push-pull theory, and world systems theory. The brain drain theory highlights the effects of skilled emigration on Kosovo's healthcare system, where limited resources drive qualified workers abroad (Docquier & Rapoport, 2012). The push-pull theory analyses internal “push” factors, such as low salaries and poor working conditions, against external “pull” factors, including better job opportunities abroad (Lee, 1966). World systems theory contextualises Kosovo's migration trends within global economic disparities, illustrating the impact of inequalities between core and peripheral economies on labour migration (Wallerstein, 1974).

Findings indicate that younger healthcare professionals, particularly, male doctors aged 18–30, are more inclined to migrate than their older counterparts. Financial constraints, including low salaries and poor working conditions, are the primary push factors, while family well-being and recent visa liberalisation with the EU and Switzerland further contribute to migration intentions. This study highlights systemic challenges driving healthcare professionals abroad and offers insights for targeted policies to enhance retention in Kosovo's healthcare sector.

2. Theoretical background

Understanding the migration of healthcare professionals from Kosovo necessitates a comprehensive theoretical framework that addresses the multifaceted drivers and consequences of this phenomenon. This chapter integrates key migration theories, including the brain drain theory, world systems theory, and push-pull theory to analyse the factors influencing healthcare workers' emigration. These theories elucidate the complex interplay of economic, social, and professional networks prompting healthcare professionals to seek opportunities abroad, while also highlighting the systemic challenges in Kosovo's healthcare sector.

2.1. Migration theories in the context of healthcare professional emigration

The brain drain theory offers insights into the emigration of skilled healthcare professionals from Kosovo. It asserts that skilled individuals from less developed countries (LDCs) migrate to more developed countries (MDCs) in search of better opportunities, such as higher salaries, access to advanced technology, and improved living standards (Docquier & Rapoport, 2012; Ferrie & Hatton, 2013). Dodani and LaPorte (2005) characterise brain drain as the migration of health personnel seeking enhanced living conditions, professional growth, and political stability. The exodus of skilled professionals from Kosovo results in a shortage of qualified personnel, adversely affecting healthcare delivery and overall public health.

The world systems theory frames global migration within core-periphery dynamics (Wallerstein, 1974). Core countries with robust economies attract skilled labour from peripheral nations like Kosovo, which experience economic instability and limited resources. This theory emphasises the economic disparities driving healthcare worker migration from Kosovo to developed countries. Despite recent wage increases, the persistent pay gap between Kosovo and EU nations remains a significant pull factor for healthcare professionals.

The push-pull theory provides a dual framework for understanding migration by identifying factors that compel individuals to leave their home country (push factors) and those that attract them to a new destination (pull factors) (Lee, 1966; Brettell & Hollifield, 2000). For Kosovo's healthcare workers, push factors include inadequate salaries, insufficient health insurance, and limited professional development opportunities, as highlighted by survey respondents. Conversely, pull factors encompass the prospect of higher wages, advanced medical training, and enhanced living conditions in developed healthcare systems.

2.2. Global trends and migration in Kosovo's public healthcare system

The migration of healthcare workers is shaped by both global and local dynamics. Over the past two decades, migration has increasingly appealed to medical specialists, students, and recent graduates (Bunduchi et al., 2024). Developed nations face a rising demand for healthcare professionals, which often goes unmet in less developed

regions. The WHO (2016) predicts a global shortage of 18 million healthcare workers by 2030, particularly in low- and middle-income countries, posing threats to global health security as these nations lose essential personnel (IFMSA, 2021). This outflow limits access to vital services, including public healthcare (FEPS, 2024).

Young professionals are more likely to migrate due to poor working conditions and limited career opportunities in their homelands, often pursuing education or employment abroad (Bunduchi et al., 2024). Countries frequently struggle to attract and retain youth in health professions (WHO, 2023), with less developed nations primarily contributing to healthcare migration to developed countries (Vujicic et al., 2004). Nurses, in particular, seek better opportunities, higher incomes, and family support abroad (Hughes, 2022).

Eurostat data indicates that from 2008 to 2018, 529,647 Kosovans emigrated, compared to 318,271 from Bosnia, 258,020 from North Macedonia, and 36,089 from Montenegro. Albania led with 1,249,706 emigrants during this period (UNDP, 2020). Within the Western Balkans, emigration rates are highest in Albania (28%), followed by Kosovo (22%) and Bosnia and Herzegovina (20%). This trend suggests a sustained propensity for migration from Kosovo until per capita incomes align with those in the EU (Government of Kosovo, 2024).

OECD survey results emphasise “higher salaries” as a critical migration motivator, with 79% of respondents considering this factor highly important (OECD, 2022). The substantial salary disparities between Western European and Western Balkan countries, coupled with limited professional opportunities, contribute to emigration from the region (Pranghe et al., 2020). Between 2012 and 2014, around 1,700 physicians under 30 migrated for work from Serbia, North Macedonia, Albania, and Kosovo (Lazarevik, 2016). Recent years have seen a surge in healthcare worker emigration from the Western Balkans, driven by superior salaries and career opportunities abroad (Omic & Handeland, 2021). In 2018, average salaries in health and social work sectors in Western Balkan countries were two to three times lower than those in the EU (BPRG, 2020). Germany, Slovenia, Austria, Switzerland, Croatia, Denmark, and Italy have emerged as primary destinations for health professionals from the region, especially in the last five years. Germany notably attracted over 18,000 healthcare workers from the Western Balkans between 2015 and 2020, accounting for nearly 20% of foreign-trained professionals migrating to Germany in this period, with 37% from Bosnia and Herzegovina, 28% from Serbia, and 13% each from Albania and Kosovo (Mara, 2023).

These global migration trends have profound implications for Kosovo. Stakeholder interviews reveal that emigration significantly affects skilled workers, particularly, in healthcare (UNDP, 2020). Despite efforts to enhance working conditions and salaries, Kosovo struggles to retain healthcare professionals, who are increasingly lured by better career prospects, salaries, and working environments in developed countries.

2.3. Migration dynamics and challenges in Kosovo’s healthcare sector

Kosovo’s emigration, whether regular or irregular, stems from push factors such as youth unemployment, high corruption levels in the public sector, as well as inadequate

healthcare and education policies (BPRG, 2020). Kosovo is among the top five origin countries with the highest emigration rates in the world; however, accurate estimates of Kosovars abroad are challenging due to data limitations (IBRD, 2024). However, data from the Kosovo Agency of Statistics (KAS) indicate that approximately 41,553 individuals emigrated from Kosovo in 2022, including legal and illegal migrants (KAS, 2023). The emigration rate for Kosovo is about 31%, placing it among the top five countries globally with populations exceeding one million (IBRD, 2024). The most recent data from the World Bank's Life in Transition Survey (LITS IV) conducted in 2022–2023 reveal that over 15% of individuals intend to migrate abroad within the next year, double the rate of those considering internal migration.

Despite improvements in migration management, there is still a need for enhanced data collection, analysis, and staff training. Kosovo's institutional structure and legal framework largely align with EU standards (European Commission, 2024). The healthcare sector has experienced significant impacts due to the emigration of skilled doctors, nurses, and health technicians. A few years ago, the Federation of Kosovo Health Syndicates reported that around 400 medical doctors emigrated, with approximately 73% of medical students expressing intentions to leave (UNDP, 2020). Kosovo currently has a higher number of nursing graduates than available job positions which is about 4,000 nursing students graduate from private institutions, along with 350 from public systems each year (IBRD, 2024). The Government Authority for Monitoring Migration Movements in Kosovo noted that first-time residence permits issued to Kosovar citizens for employment in EU member states decreased to 8,802 in 2022 from 16,785 in 2019. Approximately two-thirds of Kosovar citizens with valid first-time residence permits in the EU and Schengen countries reside in Germany, Slovenia, and Croatia (GAMMM, 2023). Currently, 9,416 Kosovars are employed in Germany's healthcare sector (GAP, 2024a).

Migration within Kosovo has shown steady movement over the years, despite recent decisions by the European Union (EU, 2023) and Switzerland (Der Bundesrat, 2023) to lift visa requirements for Kosovo citizens. Since January 1, 2024, holders of Kosovo passports enjoy visa-free travel to the EU (European Commission, 2024). Although there were expectations of significant departures from Kosovo following visa liberalisation, there is still no verified data on how many Kosovo citizens have emigrated in 2024. According to the European Commission (2024), there has been an increase in emigration from Kosovo, primarily for economic reasons. However, a study by Rexhepi and Murtezaj (2024) concludes that visa liberalisation has not significantly impacted the domestic market, and Kosovo has not experienced a substantial outflow of citizens since January 1. Considering current indicators of Kosovo's economic development, public sentiment, and the unique aspects of the local labour market, a large-scale labour migration from Kosovo is not expected to occur (Rexhepi & Murtezaj, 2024), even in the future, as a result of lessening EU visa restrictions.

Visa liberalisation expected in January 2024 may further influence migration dynamics, likely increasing emigration rates due to high demand for healthcare professionals in EU countries. Migration within Kosovo have demonstrated continuous upward movement over the years, and a new wave of migration is anticipated to commence in 2024. According to the UNDP (2024), here are worries that visa

liberalisation could exacerbate the brain drain, particularly among young and educated individuals, undermining efforts to build a more dynamic and competitive economy. Recent decisions by the European Union (EU, 2023) and Switzerland (Der Bundesrat, 2023) to lift visa requirements for Kosovo citizens mark significant milestones for Kosovo and its citizens. Commencing January 1, 2024, Kosovo citizens are expected to enjoy unrestricted travel within the European Union's Schengen area and Switzerland. The migration trends and factors affecting the doctors and nurses within the University Clinical Center of Kosovo and general hospitals in Kosovo are comprehensively understood through a survey conducted with 50 specialist doctors and 50 nurses, and the findings are presented in the results. Kosovo contends with a notably low number of doctors and nurses per capita compared to the EU average, a shortfall primarily exacerbated by their migration to other countries, notably Germany.

The interplay of social dynamics, economic conditions, and personal aspirations continues to propel healthcare workers towards migration. Research from the GAP Institute indicates that 27.9% of the population plans to emigrate from Kosovo within the first quarter of 2024. This emerging trend following visa liberalisation reflects demographic shifts, particularly, among younger populations. In 2023, Eurostat reported 3,045 asylum applications from Kosovo nationals in the EU27, a slight decrease from 3,185 in 2022 (European Commission, 2024).

Data suggest that the majority of potential emigrants are young individuals motivated by the prospect of higher wages and better working conditions abroad. Notably, 33.4% of prospective emigrants are under 24, indicating a substantial youth presence among those contemplating emigration (GAP, 2024a). The inclination to migrate is particularly evident in key economic sectors, with 7.1% of respondents in human health activities and social work expressing intentions to leave Kosovo.

The emigration of healthcare professionals has escalated into a pressing issue with significant repercussions for Kosovo's healthcare system. This chapter establishes a theoretical foundation for understanding the migration trends and their implications for the country's healthcare sector, emphasising the need for policies aimed at retaining skilled workers and enhancing the overall healthcare environment.

3. Methodology and Data

3.1. Study Overview

This study investigates the migration patterns of healthcare professionals in Kosovo's public health sector, emphasising the factors driving these movements. It focuses particularly on the University Clinical Center of Kosovo, which represents the tertiary level, and the general hospitals, which represent the secondary level of the healthcare system, as defined by Law No. 04/L-125 on Health (OG-RKS, 2013)².

² As defined by Law No. 04/L-125 on Health, the public healthcare sector in Kosovo is organised into three levels: primary, secondary, and tertiary. The primary level includes the main family medicine centres with their constituent units, as defined by sub-legal acts issued by the Ministry. The secondary level comprises general and specialised hospitals, specialised poly-

Given Kosovo's status as a peripheral economy, established migration theories – brain drain theory, push-pull theory, and world systems theory – are employed to interpret how economic, professional, and social dynamics influence migration decisions. The study combines a literature review, statistical analysis, and targeted surveys to address the research question:

RQ: What are the trends and factors influencing the migration of healthcare professionals in the University Clinical Center of Kosovo and general hospitals in Kosovo?

3.2. Literature review

This study leverages core migration theories to examine the factors influencing healthcare professional migration in Kosovo. The brain drain theory elucidates how limited resources and career advancement opportunities compel professionals to seek better conditions abroad. The push-pull theory distinguishes between push factors, such as insufficient compensation and poor working conditions, and pull factors, including competitive salaries as well as improved environments abroad. The world systems theory situates these patterns within a global economic framework, highlighting disparities between Kosovo's economy and more stable, opportunity-rich nations. This theoretical framework also informs survey design and analysis, linking migration patterns to specific economic and professional factors while contextualising them within broader systemic inequalities.

3.3. Analysis of secondary data

This study complements the theoretical exploration with an analysis of statistical data obtained from the Kosovo Agency of Statistics, the Ministry of Health, and the State Treasury. The data includes employment figures, salary levels, and other economic indicators specific to healthcare professionals in Kosovo's public health sector, with a particular focus on the University Clinical Center of Kosovo and general hospitals in Kosovo.

3.4. Survey with healthcare professionals

To gain direct insights into the factors influencing healthcare professionals' migration decisions, two surveys were conducted among 100 respondents – 50 specialist

clinics and clinics, dental clinics, mental health centres with community integration houses, blood transfusion centres, centres for physical and climatic rehabilitation, sports medicine centres, occupational medicine centres, regional public health centres, and centres for the rehabilitation of hearing and speech. The tertiary level includes the University Clinical Center of Kosovo, the University Dental Clinical Center, the National Institute of Public Health, and the national centres for occupational medicine, sports medicine, blood transfusion, and telemedicine (OG-RKS, 2013).

doctors and 50 nurses – working in public healthcare institutions, including the University Clinical Center of Kosovo (UCCK) and general hospitals in Kosovo. Each survey contained 10 identical questions aimed at exploring areas such as professional motivations, economic considerations, working conditions, and external factors influencing migration.

Anonymity and data privacy: in adherence to ethical standards, the survey was designed to ensure participant anonymity. No personal information, such as names or identification numbers, was collected, allowing respondents to express their views freely and honestly regarding their motivations and challenges without concern for personal identification.

Survey structure and data collection: the online survey, administered via Google Forms and processed in Excel, focused on core areas influencing healthcare professionals' migration intentions, including primary factors like low salaries, limited career progression, and challenging working conditions, as well as pull factors such as improved opportunities abroad. It examined migration trends over the past decade, the influence of family and colleagues on migration decisions, and reasons for staying in Kosovo, aiming to understand the motivations and challenges that impact professionals' choices regarding migration.

Data processing and analysis: data collected from these thematic areas was analysed in Excel to identify patterns and trends. The qualitative and quantitative responses were synthesised to capture the motivations and potential factors that could influence healthcare professionals to stay or consider migration. This mixed-methods approach ensures a balanced perspective on the broader and nuanced influences affecting migration trends within Kosovo's healthcare sector.

3.5. Survey sample

Sample selection and justification: the study strategically selected a sample of 50 specialist doctors and 50 nurses to represent Kosovo's public healthcare workforce, particularly, within the University Clinical Service of Kosovo (UCCK) and general hospitals in Kosovo, which employ around 3,302 healthcare professionals, including 729 specialist doctors and 1,893 nurses. This choice reflects the structure of Kosovo's healthcare sector, focusing on its largest professional groups. Although the sample represents only 3.03% of the total workforce, it effectively captures diverse insights and challenges faced by these professionals, supporting the study's goal of understanding migration motivations and informing targeted policies for retention in the sector.

Survey sample distribution: in the survey of specialist doctors among the 50 respondents, 22 were from the University Clinical Center of Kosovo (UCCK), with 4 from the general hospitals of Peja, Ferizaj, Vushtrri, Mitrovica, Gjakova, Prizren, and Gjilan respectively. Similarly, in the survey of nurses among the 50 respondents, 22 were from UCCK, and four from the general hospitals of Prizren, Mitrovica, Gjakova, Gjilan, Peja, Ferizaj, and Vushtrri. The survey ensured a balanced representation by including healthcare professionals from various specialties.

Among the 50 specialist doctors surveyed, five were paediatricians. Four doctors represented the departments of anesthesiology, neonatology, pulmonology, radiology, and gynecology and obstetrics. Additionally, three doctors each were cardiothoracic surgeons, otolaryngologists, urologists, and emergency medicine doctors. Internal medicine had two respondents. Other departments, such as pediatric dentistry, neurology, microbiology, dentistry, oncology, orthopedics, and gastroenterology, had one respondent each, while epidemiology and ophthalmology had two respondents each.

The group of the 50 nurses surveyed had the following representation: five nurses were from both cardiology and emergency medicine. Four nurses were from gastroenterology, gynecology, paediatrics, and radiology. There were also two nurses from neonatology, otolaryngology, endocrinology, abdominal surgery, vascular surgery, neurosurgery, and pulmonology. Additionally, orthopedics, psychiatry, urology, infectious diseases, thoracic surgery, ophthalmology, and dentistry each had one representative.

4. Results, emigration of healthcare professionals from Kosovo

This chapter presents the findings from the survey conducted among healthcare professionals in Kosovo, specifically 50 specialist doctors and 50 nurses working at the University Clinical Center of Kosovo (UCCCK) and general hospitals. The administrative and survey-related details, including the distribution of the sample, specialty coverage, and data collection methods, have been comprehensively outlined in part 3 of this article. This section focuses on analysing the responses to understand migration intentions, demographic factors, and the key motivations influencing healthcare professionals' decisions.

4.1. Migration intentions

The survey findings reveal significant differences in migration intentions between specialist doctors and nurses in Kosovo, highlighting their varying professional and personal motivations. Among the 50 specialist doctors surveyed, 34% expressed intentions to migrate, while 66% indicated a preference to stay in Kosovo. In contrast, the data for nurses show a much higher propensity for migration, with 72% considering emigration compared to only 28% who plan to remain in Kosovo. These results suggest that nurses exhibit a stronger inclination to migrate than doctors, likely due to disparities in working conditions, career advancement opportunities, and economic incentives that are more pronounced in nursing roles.

As illustrated in Figure 1, migration trends are notably high among healthcare professionals, particularly nurses. A significant majority of nurses (72%) expressed a willingness to emigrate, while a much smaller percentage of doctors (34%) also considered migration. This underscores the urgent need for targeted interventions to address the root causes driving healthcare professionals to seek opportunities abroad.

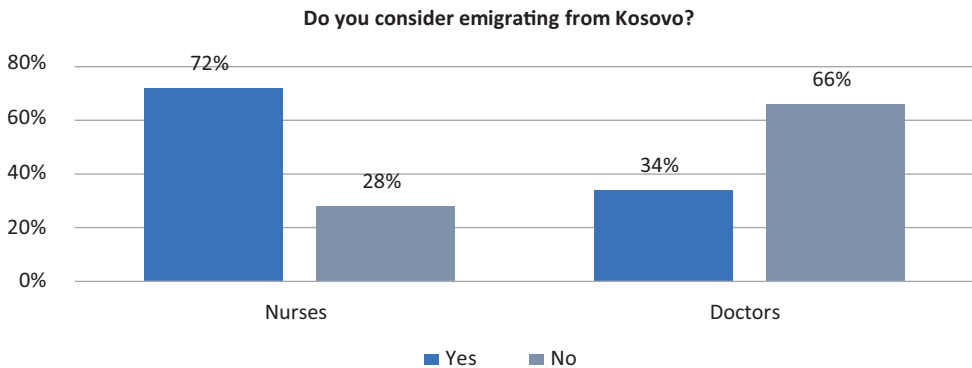


Figure 1. Emigration tendencies among doctors and nurses in Kosovo

Based on the data regarding migration tendencies among doctors and nurses, of the 50 surveyed doctors, in the University Clinical Center of Kosovo (UCCCK), seven doctors indicated that they are considering emigration (“YES”), while 15 responded that they are not considering emigration (“NO”). In the general hospital of Peja, two doctors said “YES”, and another two said “NO”. Similarly, in the general hospital of Ferizaj, two doctors expressed that they are considering emigration, while 2 others said they are not. In the general hospital of Vushtrri, two doctors answered affirmatively, and two negatively. Additionally, in the general hospital of Prizren, Mitrovica, Gjakova, and Gjilan, each had one doctor with a “YES” answer to emigration and three responding “NO”.

For nurses, out of the 50 respondents, 18 nurses at UCCCK indicated that they were considering emigration, while four responded that they were not thinking about it. In the general hospital of Prizren, three nurses answered affirmatively and one negatively. In the general hospital of Mitrovica, one nurse was for emigration, while three were against it. For the general hospitals of Gjakova and Gjilan, two nurses in each hospital indicated a “YES” answer and two responded with a “NO”. Additionally, in the general hospitals of Peja, Ferizaj, and Vushtrri, each had three nurses in favour of migration intentions and one against.

While based on the data regarding migration tendencies among doctors and nurses across various units, in the pediatrics department, two doctors indicated that they were considering migration, while three responded that they were not thinking about it. In the anesthesiology department, there was an equal split, with two doctors responding affirmatively and negatively. In neonatology and pulmonology, one doctor stated “YES” and three stated “NO” in each unit. In radiology, as well as in gynecology and obstetrics, two doctors were in favour of emigration and other two were against it. For cardiothoracic surgery, one doctor responded affirmatively, while two responded negatively. Similarly, in otolaryngology and urology, there was one doctor in favour and two against it in each department. In emergency medicine, one doctor considered migration while two did not. Internal medicine had a balanced response with one doctor for and one against. In paediatric dentistry, neurology, microbiology, and dentistry, there was one doctor in each department with a negative response, without any positives, while in ophthalmology and epidemiology there was one doctor

responding “YES” and one responding “NO. Finally, in oncology, orthopedics, and gastroenterology departments there was one doctor answering “NO” in the survey, with no “YES” responses.

For nurses, in the cardiology department, three nurses indicated that they were considering migration, while two responded they were not thinking about it. In gastroenterology, gynecology, paediatrics, and radiology, three nurses said “YES” and one said “NO” in each department. Both neonatology and otolaryngology had two nurses considering migration, no negative responses were recorded. Emergency medicine showed the highest tendency for migration, with four nurses in favour of migration and one against it. In the anesthesiology and intensive care units, one nurse responded affirmatively, while two negatively. In the endocrinology, abdominal surgery, and vascular surgery departments one nurse said “YES” and one said “NO” in each unit. In neurosurgery and pulmonology, the situation was the same. Lastly, in orthopedics, psychiatry, urology, infectious diseases, thoracic surgery, ophthalmology, and dentistry one nurse responded affirmatively in each department.

To provide a comprehensive view of the migration dynamics within Kosovo’s healthcare sector, the survey also examined historical migration patterns by asking respondents about the number of colleagues who had emigrated over the past decade. Responses from nurses indicate that 26% were aware of 1–5 such people, while 40% reported knowing 5–10 colleagues who had left Kosovo. Furthermore, 26% mentioned over 20 colleagues who had emigrated, suggesting a high level of migration awareness among nurses. Notably, none of the nurses knew more than 50 or 100 colleagues who had emigrated, while 8% stated they were unaware of anyone who had emigrated in the past decade. In comparison, doctors’ responses reveal that 22% were aware of 1–5 colleagues who had migrated, while 36% knew of 5–10 such cases. Additionally, 18% indicated they knew more than 20 colleagues who had emigrated. A smaller portion of doctors reported larger numbers: 12% stated they knew over 50 people who had migrated, and 4% reported knowing over 100 colleagues. In contrast, 8% of doctors said that they did not know any colleagues who had left the country in the past decade.

Moreover, the survey investigated the encouragement from family and colleagues regarding emigration. Among nurses, 82% (41 respondents) reported that their family and colleagues encouraged them to emigrate, whereas only 58% (29 respondents) of doctors indicated similar encouragement. This disparity suggests that social influences significantly shape the migration intentions of healthcare professionals in Kosovo, particularly, among nurses.

In terms of preferred countries for emigration, responses differed slightly between the two groups; however, both doctors and nurses showed a strong preference for Germany and Switzerland as top destinations. Among the 50 doctor respondents, 18 selected Germany as their desired destination, while nine preferred Switzerland. Three doctors pointed to the United Kingdom and Sweden as potential migration locations, with Denmark and Italy being selected by two doctors. Additionally, one doctor expressed interest in the Netherlands, and another indicated a general preference for “anywhere outside Kosovo”. Six doctors expressed interest in migrating to the United States, whereas four doctors stated they were not inclined to emigrating and preferred to stay in Kosovo.

Among the 50 nurse respondents, 23 indicated Germany as their preferred destination, while seven chose Switzerland. Three nurses selected Sweden, and one – the United States as their desired destination. Additionally, two nurses expressed a non-specific preference for “anywhere outside Kosovo”, and 14 nurses stated that they had no interest in emigrating, preferring to remain in Kosovo instead.

These findings highlight the ongoing brain drain issue within Kosovo’s healthcare sector, particularly, among nurses who reported higher numbers of emigrating colleagues compared to doctors. This trend underscores the systemic challenges faced by healthcare professionals in Kosovo, including inadequate economic opportunities and limited professional development prospects.

4.2. Age-specific trends in migration intentions

The population of Kosovo is relatively young, with 47.3% under 25 years old. In 2021, only 8% of Kosovo’s population was over 65 years of age – compared to 19% in the EU-27 (Government of Kosovo, 2024). Continued high levels of labour emigration, especially of young talents, pose a severe development challenge for the region. (OECD, 2022). Youth (aged 15–24) also constitute an important share of the migrant population. The emigration of the youth is a persistent trend in recent times: analysis of WB6 labour force survey data covering the period 2015–2019 shows that emigration tends to be most pronounced among the younger cohorts (Leitner, 2021). The analysis of the survey data from this research reveals distinct age-specific trends in migration intentions among healthcare professionals in Kosovo. Respondents were asked, “Are you considering emigrating from Kosovo?” with responses analysed across different age groups for both doctors and nurses (Figure 2).

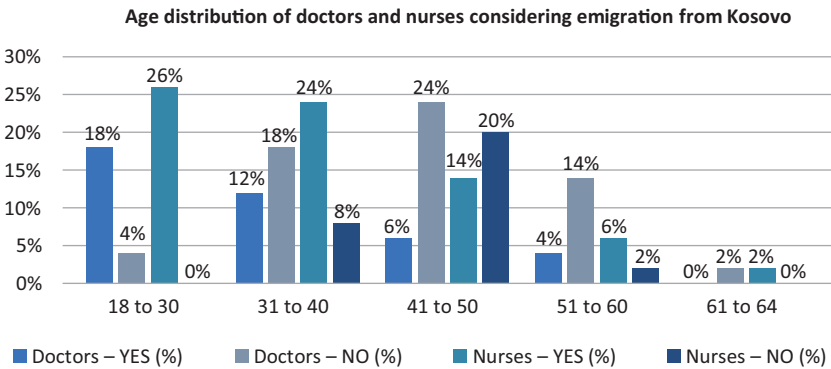


Figure 2. Age distribution of doctors and nurses considering emigration from Kosovo

The findings indicate that younger healthcare professionals, particularly, those aged from 18 to 30, are the most likely to express intentions to migrate. Among doctors, this age group shows the highest inclination to emigrate, which aligns with the push-pull theory. Younger doctors may be driven by the “pull” of opportunities abroad,

including better training, career advancement, and higher salaries, as well as the “push” of economic challenges and limited professional development opportunities within Kosovo. The trend diminishes as age increases, with older doctors, especially those nearing retirement age (61 to 64 years), showing significantly less interest in emigration. This pattern suggests that as doctors progress in their careers, the potential risks and uncertainties associated with migration might outweigh the perceived benefits.

For nurses, a similar pattern emerges. The survey results show that nurses between the ages of 18 and 30 are the most inclined to consider migration, with 13 out of the 36 respondents who answered affirmatively. The desire to emigrate decreases as age advances, with only one respondent from the age group of 61 to 64 years indicating an interest in leaving the country. Nurses in the 31 to 40 age group also show a relatively high inclination to emigrate, with 12 respondents expressing this intention. This distribution underscores that younger nurses are driven more by economic and professional development factors, as suggested by the brain drain theory, which posits that younger, skilled professionals are more likely to seek opportunities abroad when local conditions are inadequate.

The data also highlight that, among older age groups, particularly, those between 41 and 50 years, there is a greater tendency to stay. This could be attributed to established careers, familial responsibilities, or the perception that migration may not yield long-term benefits as these professionals are further along in their professional journey. These findings align with the theoretical framework, showing that migration intentions are heavily influenced by age, career stage, and perceived professional growth prospects.

In summary, the age-specific trends observed in this study provide critical insights into the migration dynamics of Kosovo’s healthcare sector. Younger healthcare professionals, who are at the beginning or early stages of their careers, are more inclined to migrate due to economic and professional factors, while older ones are less likely to leave as they approach career stability and retirement. These findings highlight the need for targeted policy interventions to retain young talents, emphasising improvements in salary, working conditions, and professional development opportunities.

4.3. Gender of doctors and nurses considering migration

The migration patterns of healthcare professionals in Kosovo reflect complex gender dynamics similar to what is observed globally. Gender norms significantly influence the educational fields that boys and girls pursue, with boys tending to gravitate towards engineering, while girls often favour education and healthcare. Professions traditionally chosen by women are typically linked to the public sector and lower-paid occupations (AGE, 2020).

According to the Agency for Gender Equality in Kosovo, despite the improvements in girls’ educational participation, their employment prospects remain adversely affected by lower education rates compared to men among the working-age population (AGE, 2020). Specifically, over two-thirds of girls (62.8%) attending vocational schools are enrolled in fields such as business, administration, law, health, and welfare, whereas over 43% of boys are enrolled in engineering, manufacturing, and construction.

Notably, 75% of women students express a preference for studying in the health sector, with a strong inclination towards public employment (AGE, 2020).

In 2022, the labour force participation rate for the population aged 15–64 in Kosovo was 38.6%–55.5% for men compared to only 22% for women – highlighting a significant gender gap that remains below the EU-27 average of 74.5% for the same age group (Government of Kosovo, 2024). Low participation rates, particularly, among women and young people aged 15–24 (19.4%), underscore the systemic challenges in the labour market.

Survey data reveal significant gender-specific trends in the migration intentions of healthcare professionals in Kosovo. These findings are crucial for understanding how gender influences emigration trends and for developing gender-sensitive policies to address these challenges effectively.

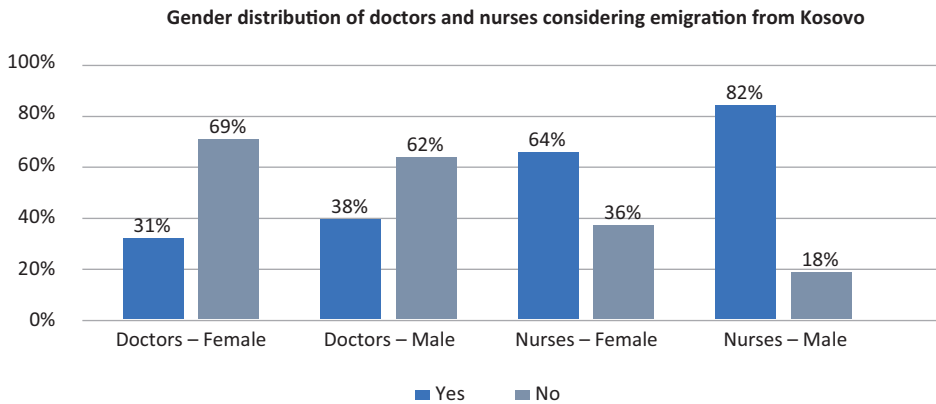


Figure 3. Gender distribution of doctors and nurses considering emigration from Kosovo

Among doctors, male respondents exhibit a higher tendency to migrate than their female counterparts. Out of 21 male doctors surveyed, 38% expressed intentions to emigrate, while 62% indicated a preference to remain in Kosovo. This trend suggests that male doctors may be more motivated by factors such as career advancement opportunities and economic incentives abroad, which serve as stronger “pull” factors for migration.

Conversely, the majority of female doctors, comprising 69%, opted to stay in Kosovo, with only 31% considering migration. This preference may reflect a greater emphasis on stability, family considerations, or the challenges associated with practicing in a new environment. These findings align with theoretical perspectives that highlight the differing motivations for migration based on gender, where professional and personal factors interact in distinct ways for men and women.

The patterns among nurses differ markedly, with both genders showing a strong inclination toward migration. Among the 39 female nurses surveyed, 64% expressed a desire to emigrate, while 36% intended to remain in the country. This pronounced interest in migration among female nurses suggests a high level of economic and professional dissatisfaction, driving many to seek opportunities abroad despite potential personal and family obligations.

For male nurses, the trend is even more striking; 82% expressed intentions to migrate, compared to just 18% who preferred to stay. This indicates that male nurses may be particularly affected by challenging economic and professional conditions, prompting a significant majority to seek work opportunities outside Kosovo. This trend emphasises the urgent need for targeted interventions to improve working conditions and provide better incentives for this demographic to remain.

These gender-specific findings underscore the importance of recognising gender as a critical factor when addressing the migration of healthcare professionals. The data suggest that while male doctors and nurses are more likely to migrate due to economic and professional reasons, female healthcare professionals – especially doctors – tend to prioritise other considerations. Consequently, tailored policy measures are necessary to address the specific needs and motivations of each gender, focusing on improving economic conditions, enhancing professional development opportunities, and supporting work-life balance, particularly for female healthcare professionals.

4.4. Factors influencing emigration

Emigration among healthcare professionals is influenced by a complex interplay of personal and professional factors. According to Hansen (2003), migration is not driven by a single factor but rather by a combination of interacting and synergistic influences, including social, demographic, economic, climatic, and biological factors. The survey results, as illustrated in Figure 4, provide an in-depth analysis of the primary motivations behind the emigration of healthcare professionals from Kosovo's University Clinical Center (UCCK) and general hospitals. The findings reveal a multifaceted set of motivations and challenges faced by these professionals. The key factors influencing the migration of doctors and nurses are nearly identical, with only differences in the realm of priority among them but the underlying reasons remain consistent. The main factors identified in the survey results are categorised into six groups: low salary, poor working conditions, lack of health insurance, limited education and professional development opportunities, family and personal well-being, and respondents indicating that they have no desire to emigrate.

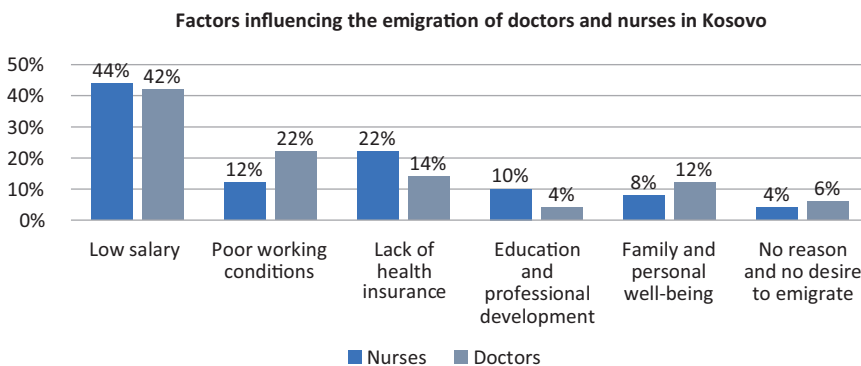


Figure 4. Factors influencing the emigration of doctors and nurses from UCCK and general hospitals in Kosovo

Survey results indicate that economic factors, particularly low salaries, are the most significant drivers of emigration among healthcare professionals in Kosovo, with 42% of doctors and 44% of nurses citing it as their primary motivation.

According to the results, out of 50 respondents from both groups, 42% of doctors and 44% of nurses mention salary as a factor that leads them to consider migration. For poor working conditions, 22% of doctors and 12% of nurses have responded and mentioned it as a reason. Regarding the lack of health insurance, for 14% of doctors and 22% of nurses it is a factor for considering migration. For 4% of doctors and 10% of nurses education and professional development are important factors in these terms. Personal well-being and family reasons are of value for 12% of doctors and 8% of nurses mention regarding migration. Additionally, 6% of doctors and 4% of nurses state they have no specific reason and do not wish to emigrate.

The findings of surveys conducted with specialist doctors and nurses also align with the results of the surveys (OECD, 2022), which indicate that higher salaries are a significant motivator for migration among respondents from the Western Balkans. Furthermore, a 2019 research on the likely effect of visa liberalisation on migration patterns in Kosovo confirms that the key determinant for emigration is the level of income, i.e., the main push factor is the wage differential between the Kosovo labour market and the wage levels offered in the EU-27 countries. Another aspect likely to influence migration patterns is the extensive network of Kosovo workers living abroad, which represent another strong pull factor, especially for destinations such as Germany, Switzerland, and Austria (Government of Kosovo, 2024).

4.5. Salary as a motivating factor for the migration of healthcare professionals

Significant salary disparities exist between Western European and Western Balkan countries, which, coupled with a lack of professional opportunities, contribute to a rising trend of emigration from the Western Balkans (Pranghe et al., 2020). Between 2012 and 2014, approximately 1,700 physicians, primarily under the age of 30, from Serbia, Macedonia, Albania, and Kosovo left to work abroad (Lazarevik, 2016). The emigration of healthcare workers from the Western Balkans has been steadily increasing in recent years, driven by factors such as higher salaries and better career prospects abroad (Omic & Handeland, 2021). In 2018, average salaries in the health and social work sector in Western Balkan countries were two to three times lower than those in the EU countries (BPRG, 2020a).

In Germany, doctors earn an average monthly salary ranging from 4,500 to 6,500 euro, while nurses receive an average salary of around 3,000 euro, and the salary for nurses is around 3,902 euro (WHO, 2016; BPRG, 2020a; Tushe, 2024). The stark contrast in salary levels between Kosovo and Germany serves as a significant push factor for healthcare professionals, as the comparatively low wages in Kosovo highlight the allure of higher earning potential abroad, effectively making Germany an attractive destination for those seeking improved economic stability and career advancement. Despite these legislative efforts, the salary levels in Kosovo's healthcare system still fall short, as well as compared to neighbouring countries. For instance, in Serbia,

specialist doctors earn around 1,800 euro, while in North Macedonia, they earn approximately 1,600 euro. In Albania, the average salary for nurses in 2020 was 420 euro, while in Montenegro, the salary for medical specialists and dental specialists in 2023 was 2,065.83 euro, and the salary for secondary healthcare personnel was 776.34 euro (BPRG, 2020; OECD, 2022; MZ-MNG, 2023; Tushe, 2024).

Survey results from this study (as shown in Figure 4), highlight that one of the primary driving factors for specialist doctors and nurses emigration to other countries are the low wages in Kosovo. Specifically, 44% of respondents in the nurses' group cited low wages as the key reason for migration, while 42% of respondents in the doctors' group identified low wages as the primary driver. This indicates that salary concerns are a shared issue among both professional groups, although it impacts nurses slightly more. Additionally, OECD survey results show that respondents from the Western Balkan Six countries consider "higher salaries" as a significant motive for migration. Out of a list of 13 potential reasons, 79% of respondents ranked higher salaries as either very important or important (OECD, 2022)³.

4.6. Evolution of salary structures for doctors and nurses in Kosovo: policies and implications

Salaries for healthcare staff in Kosovo have undergone changes during the period from 2011 to 2021. Base salaries and other financial benefits have been regulated up to 2023 through the Sectoral Collective Agreement signed by the Ministry of Health and the Federation of Healthcare Unions of Kosovo on May 28, 2011⁴, as well as the Sectoral Collective Agreement also signed by the Ministry of Health and the Federation of Healthcare Unions of Kosovo on June 11, 2018. Based on the Sectoral Collective Agreement of 2011, the monthly base salary for a specialist doctor was 509 euro or a coefficient of 8.4, while nurses with a coefficient of 5.4⁵ had a salary of 326.30 euro, and nurses with a coefficient of 4.8⁶ had a salary of 292.80 euro. Based on the Sectoral Collective Agreement in 2018, the monthly base salary for a specialist doctor was 660 euro (coefficient 8.4), and the salary for nurses with a coefficient of 5.4 was 430 euro, whereas nurses with a coefficient of 4.8 it was 380 euro. According to both agreements, it was envisaged that the employee's salary would increase by 0.5% of the base salary for each full year of work experience. Meanwhile, in Law No. 06/l-111 on public sector salaries, approved on March 1, 2019, the coefficient for a specialist doctor was 5, where

³ Between June 2021 and January 2022, the OECD conducted a survey among respondents from the Western Balkan Six with current and past migration experience. Respondents were asked about their main reasons to move to another country. From a list of 13 potential reasons, 79% of respondents ranked higher salaries as either very important or important.

⁴ The 2011 Sectoral Collective Agreement was obtained by the author Fatime Lumi Qehaja from the Ministry of Health and Hospital Services and University Clinics of Kosovo through a request for access to public documents sent via email.

⁵ Coefficient 5.4 Nurses with a Bachelor's degree (HUCSK, 2019).

⁶ Coefficient 4.8 Nurses with a High School Diploma (HUCSK, 2019).

the monetary value of one coefficient was 239 euro. This implies that the monthly base salary of a specialist doctor was envisaged to be 1,195 euro. Meanwhile, the coefficient for all third-level healthcare intermediaries was 2.25, and this would result in a projected monthly base salary of 537.75 euro for nurses⁷. In 2020, the Union of Nurses, Midwives, and Other Healthcare Professionals, in an appeal submitted to the Constitutional Court, considered the increase of the coefficient from 2.25 to 3.2 for all healthcare intermediaries of utmost importance to prevent nurses from leaving Kosovo, given the significant number of applications they had made for work visas in EU countries (Constitutional Court, 2020). As of 2023, the salaries of healthcare professionals in Kosovo's public health sector are regulated by Law no. 08/L-196 on salaries in the public sector, which came into effect on January 5, 2023. Based on data provided by the State Treasury at the Ministry of Finance in Kosovo⁸, in 2022, before the implementation of the Salary Law (OG-RKS, 2023a), the base salary for specialist doctors at the national level was 659.77 euro, while the base salary for nurses was 425.34 euro.

The coefficients for doctors and nurses, as well as for all public sector employees, are determined based on the Law on Salaries in the Public Sector (OG-RKS, 2023a). According to this law, the coefficient for doctors at all levels, including the secondary level (including general hospitals) and the tertiary level (including the University Clinical Center of Kosovo – UCCK), is 12. For nurses, the coefficient at the secondary level (including general hospitals) is 5.5, while at the tertiary level (including UCCK), it is 5.6. The value of the coefficient varies according to the State Budget Law, which is approved each year. In 2023, the coefficient value was 105 euro (OG-RKS, 2022), while in 2024, it increased to 110 euro (OG-RKS, 2023a).

Based on this assessment, in 2023, the monthly gross salary for doctors was 1,260 euro. For nurses, the gross salary was 577.50 euro per month at the secondary level (including general hospitals) and 588 euro per month at the tertiary level (including UCCK). In 2024, the gross salary for doctors at all levels increased to 1,320 euro. For nurses, the gross salary at the secondary level (including general hospitals) rose to 605 euro per month, while at the tertiary level (including UCCK), it increased to 616 euro per month.

The trend of salary increases is expected to continue in Kosovo in 2025, particularly benefitting healthcare professionals such as doctors and nurses working in the University Clinical Center of Kosovo (UCCK) and general hospitals. On October 30, 2024, the Government of Kosovo approved the draft budget for 2025, allocating 916.5 million euro for public sector salaries, including a planned salary increase. Starting in January 2025, salaries will rise by 55 euro for all public sector employees, including doctors and nurses. From July 2025, the increase will double to 110 euro per employee (Government of Kosovo, 2024).

⁷ This law was not implemented because on July 9, 2020, the Constitutional Court made a decision regarding the constitutionality of Law no. 06/L-111 on Salaries in the Public Sector and suspended its enforcement (Constitutional Court-RKS, 2020).

⁸ The data on the salaries of specialist doctors and nurses were obtained by the author Fatime Lumi Qehaja from the State Treasury at the Ministry of Finance and Transfers in Kosovo through a request for access to public documents sent via email.

However, despite the trends towards stabilisation and improvement, salaries in the public healthcare sector in Kosovo continue to pose challenges and problems for Kosovo institutions. Although Law no. 08/196 on salaries in the public sector came into force on January 5, 2023, it continues to be contested. This is because on April 7, 2023, the Ombudsman in Kosovo sent a request for the assessment of the constitutionality of Law no. 08/196 on Public Sector Salaries, which request does not include any specific demands for healthcare staff (KOI, 2023). On January 23, 2024, the Constitutional Court of the Republic of Kosovo issued its ruling regarding the assessment of the constitutionality of Law no. 08/L196 on public sector salaries (Constitutional Court, 2024). The Court declared it partially invalid, stating that for officials whose salaries have been reduced by the new law, the ruling of the Constitutional Court restores their previous salary until it becomes equivalent to the existing salary. Officials employed after the entry into force of this law will receive a higher salary, similar to their colleagues who were employed before the enactment of the Law on Salaries in the Public Sector, based on the principle of “equal pay for equal work”. Furthermore, regarding the adjustment of the work experience bonus from 5% to 0.25%, the Constitutional Court found this reduction to be in violation of the Constitution; thus, the Assembly was ordered to make the necessary amendments within six months, with the ruling’s effect extending from its effective date. The Constitutional Court has stipulated that this ruling will come into force on February 1, 2024, and will produce legal effects from that date. However, the Constitutional Court determined that the salary lists submitted by the Ministry of Internal Affairs indicate that the base salary of public employees in the healthcare system has increased (Constitutional Court, 2024).

This is the second time that the Public Sector Salaries Law has been contested by different sectors and ended up in the Constitutional Court. The first time, on July 9, 2020, the Constitutional Court made a decision regarding the constitutionality of Law no. 06/L-111 on Salaries in the Public Sector and suspended its enforcement (Constitutional Court, 2020). However, the law has already started to be implemented in public institutions, including the healthcare staff in the University Clinical Center of Kosovo.

5. Discussion and conclusions

This study sheds light on the complex dynamics driving the migration of healthcare professionals from Kosovo’s public health sector, with a particular focus on the University Clinical Center of Kosovo and general hospitals in Kosovo. It identifies several key trends and factors influencing this phenomenon, with salary disparities emerging as a significant motivating factor. However, both economic and social factors collectively play a crucial role in healthcare professionals’ decisions to migrate abroad. According to a study published in *The Lancet*, the global health workforce crisis is driven by economic opportunities, safety, and career development, with these being the central motivators for migration (Abubakar et al., 2018). Similarly, the *International Journal for Equity in Health* emphasises that economic factors, such as salary, living

standards, and professional satisfaction, significantly contribute to healthcare professionals' migration decisions (Siyam & Dal Poz, 2014). The World Health Organization (WHO) also identifies economic factors, such as salaries and working conditions, as major drivers of healthcare workforce migration (WHO, 2020).

The data from this study suggest a clear trend of healthcare professionals seeking employment opportunities abroad, largely motivated by significant wage and working condition gaps between Kosovo and other countries. This trend is most pronounced among younger professionals and those working in critical care units, who often feel that their potential is underutilised within the local system. Existing literature supports the finding that migration is driven by factors such as professional aspirations, economic opportunities, and dissatisfaction with working conditions. For example, *The Lancet* discusses how the migration of doctors and nurses impacts healthcare quality in source countries and highlights strategies for retaining healthcare professionals. The article also notes that young healthcare workers, particularly nurses and junior doctors, are more likely to migrate due to limited professional advancement opportunities at home (Abubakar et al., 2018). Additionally, the World Bank has conducted studies on the economic consequences of healthcare workforce migration for both source and destination countries, highlighting that while migration can bring financial benefits through remittances, it can also deplete healthcare systems in countries losing skilled workers, thus reducing access to essential healthcare services (World Bank, 2021). Similarly, the *International Journal for Equity in Health* discusses how receiving countries benefit from the influx of healthcare professionals while acknowledging the challenges it poses for the healthcare workforce and service delivery in source countries (Siyam & Dal Poz, 2014).

5.1. Gender dynamics in healthcare migration

Demographic analysis in this study reveals that while both genders are affected by migration, younger females, particularly in nursing and medical specialties, are more likely to seek opportunities abroad. The *Global Health Workforce Alliance* (GHWA & WHO, 2014) report emphasises that young female nurses are increasingly mobile, driven by economic and professional motivations (GHWA & WHO, 2014).

The *Journal of Nursing Management* explores the specific challenges faced by young female nurses in low- and middle-income countries (LMICs), noting that migration is seen as a means to secure better wages and working conditions. Studies in this journal suggest that young women in nursing are particularly motivated to migrate due to limited opportunities for specialisation and advancement in their home countries, as well as the potential for improved work-life balance in high-income regions (Kingma, 2018). The OECD's report on health worker migration and gender notes that young female healthcare professionals, especially in nursing and medical specialties, are more likely to seek opportunities abroad. The report attributes this trend to economic disparities and the appeal of higher-income countries, where women in healthcare professions may receive more equitable pay and advancement opportunities. Furthermore, high-income countries often provide better policies for maternity leave

and family support, making them more attractive to young female professionals (OECD, 2020; 2021). This indicates a potential gender dynamic in migration patterns, with younger professionals seeking better work-life balance and career advancement opportunities.

5.2. Social networks and migration

In addition to economic factors, this study highlights the role of social networks in healthcare professionals' decision-making processes regarding migration. Many reported feeling encouraged by their families and colleagues to emigrate. According to the *International Journal of Human Resources for Health*, social networks play a significant role in shaping migration decisions, with healthcare workers who feel supported by family and friends being more likely to follow through with plans to work abroad. Families often see migration as an opportunity for economic improvement, while colleagues may endorse the decision, having made similar choices themselves or due to shared workplace challenges (Humphries et al., 2019). Similarly, the WHO report emphasises that social encouragement is a key motivator for healthcare professionals deciding to migrate, especially among younger workers. Families often support the move due to the potential financial benefits, while colleagues may offer encouragement by sharing their own positive experiences of working abroad. This support can help alleviate concerns about adjusting to new environments and professional cultures (WHO, 2020).

5.3. Policy implications and recommendations

The findings of this study have important implications for policymakers in Kosovo. To mitigate the outflow of healthcare professionals, it is crucial to address the root causes of dissatisfaction within the domestic healthcare system. Key strategies should focus on increasing investment in healthcare infrastructure, improving salary structures, and fostering a more supportive environment for professional growth. Literature emphasises the importance of policies aimed at retaining younger healthcare workers, particularly those newly trained, in order to prevent migration (Siyam & Dal Poz, 2014). The *International Labour Organization* (ILO) recommends creating a more attractive work environment in source countries as a strategy to counter this migration trend (ILO, 2021). Similarly, the OECD calls for policies that ensure more attractive working conditions and competitive salaries to curb the migration of young healthcare professionals (OECD, 2020; 2021).

In addition, retention strategies should focus on enhancing job satisfaction and improving workplace culture. Initiatives such as mentorship programmes, continuing education, and mental health support could significantly improve the working environment for healthcare professionals. Encouraging family and community support for those who choose to remain in Kosovo could also play an important role in reducing migration rates.

5.4. Future research directions

This study opens avenues for further research, particularly on understanding the long-term effects of healthcare migration on the quality of care in Kosovo. Future studies could examine the experiences of healthcare professionals who have migrated, as well as those who have remained, to provide a more comprehensive understanding of the implications for the healthcare sector. Investigating the impact of migration on both patient outcomes and healthcare system performance in Kosovo could help inform more effective retention strategies.

5.5. Summary

In conclusion, the migration of healthcare professionals from Kosovo is driven by a complex interplay of economic factors, demographic trends, and social influences. The *Global Health Workforce Alliance* (GHWA & WHO) and *The Lancet* both highlight that financial incentives and career advancement are strong motivators for young healthcare professionals early in their careers, as they often view relocation as beneficial for their long-term professional growth (GHWA & WHO, 2014; Abubakar et al., 2018). According to the results of the study, this migration trend is particularly pronounced among younger workers, especially nurses, who view migration as a strategic career move offering both financial benefits and opportunities to develop their skills in more advanced healthcare systems. Addressing this issue requires comprehensive policy solutions focused on improving working conditions, increasing salaries, and providing career growth opportunities in Kosovo. A holistic approach to policymaking is essential to retain skilled healthcare professionals and strengthen the healthcare system in Kosovo.

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Legal Acts

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- Law No. 06/L-111 on Salaries in the Public Sector, approved on March 1, 2019 (Official Gazette of the Republic of Kosovo).
- Law No. 08/L-193 on Budget Appropriations for the Republic of Kosovo for Year 2023, approved on December 22, 2022 (Official Gazette of the Republic of Kosovo).
- Law No. 08/L-196 on Salaries in the Public Sector, approved on January 5, 2023 (Official Gazette of the Republic of Kosovo).
- Law No. 08/L-260 on Budget Appropriations for the Republic of Kosovo for Year 2024, approved on December 25, 2023 (Official Gazette of the Republic of Kosovo).
- Judgment of the Constitutional Court of the Republic of Kosovo, Case No. KO219/19 – Regarding the constitutionality of Law No. 06/L-111 on Salaries in the Public Sector, issued on July 9, 2020 (Constitutional Court of the Republic of Kosovo).
- Judgment of the Constitutional Court of the Republic of Kosovo, Case No. KO79/23 – Regarding the constitutionality of Law No. 08/L-196 on Salaries in the Public Sector, issued on January 23, 2024 (Constitutional Court of the Republic of Kosovo).
- Request EX OFF. 76/2023 for the Assessment of the Constitutionality of Law No. 08/L-196 on Salaries in the Public Sector, submitted by the Kosovo Ombudsperson Institution, dated April 7, 2023 (Constitutional Court of the Republic of Kosovo).