

## ORGANIZATIONS AND GEOGRAPHIES OF MIGRATION: THE CASE OF HEALTH PROFESSIONALS

CHRISTINE LANG

Received 13 September 2022 · Accepted 17 December 2022

**Summary:** Geographies of international migration are classically observed and described as spatial patterns of movements between nation states. This applies in particular ways to the migration of health professionals, whose spatial patterns are the object of much debate due to their consequences on healthcare provision and the reproduction of global inequalities. Often, the spatialities of this migration are explained by macro-level socioeconomic and institutional structures. This is paralleled by a widespread focus on the (inter)national scale. This paper aims to extend the perspective by exploring and conceptualizing the role of the meso-level of organizations in shaping geographies of migration. Based on the discussion of three crucial types of organizations involved in structuring and channelling mobility – state authorities, migration and labour-market intermediaries, and employers – the paper develops a framework for a systematic analysis of the organizational co-production of geographies of migration in the health sector and beyond. This draws attention to important mechanisms producing geographies of migration and allows a grasp of the role of various spaces other than nation states in the production of migration.

**Zusammenfassung:** Geographien internationaler Migration werden klassischerweise als räumliche Muster von Bewegungen zwischen Nationalstaaten beobachtet und beschrieben. Dies gilt in besonderer Weise für die Migration von medizinischen Fachkräften, deren räumliche Muster aufgrund ihrer Auswirkungen auf die Gesundheitsversorgung und die Reproduktion globaler Ungleichheiten Gegenstand vieler Diskussionen sind. Häufig wird die räumliche Ausprägung dieser Migration durch sozioökonomische und institutionelle Strukturen auf der Makroebene erklärt. Dies geht einher mit einem gängigen Fokus auf die (inter)ationale Maßstabebene. Ziel dieses Beitrags ist, die Perspektive zu erweitern, indem die Rolle der Mesoebene von Organisationen in Geographien der Migration untersucht und konzeptualisiert wird. Ausgehend von der Diskussion von drei wichtigen Organisationstypen, die an der Strukturierung und Kanalisierung von Mobilität beteiligt sind – staatliche Behörden, Migrations- und Arbeitsmarktintermediäre sowie Arbeitgeber – entwickelt der Beitrag einen Rahmen für eine systematische Analyse der organisationalen Ko-Produktion von Geographien der Migration im Gesundheitssektor und darüber hinaus. Damit wird die Aufmerksamkeit auf wichtige Mechanismen gelenkt, die Geographien der Migration hervorbringen, und ermöglicht, die Bedeutung verschiedener Räume jenseits von Nationalstaaten bei der Produktion von Migration zu erfassen.

**Keywords:** Skilled migration, organizations, space, state authorities, intermediaries, employers

### 1 Introduction

The geographies of skilled labour migration are rarely as prominently debated as in the case of health professionals. A key interest are the spatial patterns and consequences of migration. Notions of ‘brain drain’ and ‘global health care chain’ (CONNELL 2008: 1) describe the global power relations and inequalities shaping and resulting from movements that often lead from the Global South to the Global North or from Eastern to Western Europe. International mobility<sup>1)</sup> is fostered by efforts in a growing num-

ber of countries to recruit internationally in order to counter shortages of nurses and doctors in the context of ageing populations, high attrition, increasing part-time work and new demands on healthcare provision. The COVID-19 pandemic has highlighted the extent to which some healthcare systems rely on internationally mobile workers and has exacerbated the consequences of shortages of health profession-

---

are highly regulated and charged with meaning, which includes that, in public and political discourse, the movements of desired, skilled individuals, such as health professionals, are often distinguished as ‘mobility’ in contrast to problematic and undesired ‘migration’. On the other hand, the term ‘mobility’ underlines the various spatialities and temporalities of movements, of which cross-border movements are only one form.

---

<sup>1)</sup> The terms ‘migration’ and ‘mobility’ are not neutral signifiers. I use both terms to emphasize, on the one hand with the term ‘migration’, the focus on cross-border movements that

als. Distinctive mobility patterns of health workers can also be observed on regional and local scales. In source countries, particularly poorer and more-remote regions are affected by out-migration (CONNELL 2008, HARDY et al. 2016); in receiving countries, recruitment and employment vary between localities; for example, migrant doctors are often concentrated in rural and less-attractive places (GRANT 2006, ROBINSON & CAREY 2000: 99, SHIN & CHANG 1988). To explain the unequal geographies of health professionals' migration, the literature usually foregrounds macro-level factors: socioeconomic differences between countries and health systems creating 'push-pull factors' or institutional frameworks enabling or constraining migration and labour market entry. This is paralleled by a widespread focus on the (inter)national scale.

This article aims to extend the understanding of the mechanisms producing geographies of migration by exploring and conceptualizing the role of the meso-level of interrelated actors who organize, regulate and channel mobility. They include, for instance, state administrations, recruitment and brokering agencies, training providers and employers. While the involvement of different state and non-state actors in the migration of health workers is not new as such (see e.g. CHOY 2003 on nurse migration from the Philippines to the US), the number, importance and complexity of actors have increased with the globalization of health workers' migration, growing demand and recruitment as well as the political and economic interests implicated in this. The question, therefore, arises as to how this increasingly complex field of actors shapes the geographies of migration. The article joins a growing body of geographic and interdisciplinary migration scholarship that draws attention to the various actors operating in the 'middle space of migration' (KERN & MÜLLER-BÖKER 2015) and the 'migration infrastructures' (XIANG & LINDQUIST 2014) facilitating and shaping cross-border mobility.<sup>2)</sup> Further, it joins constructivist perspectives on skilled migration that emphasize the need to look at the actors and structures shaping the meaning of 'skills' (LIU-FARRER et al. 2021) and the geographies of skill acquisition and reproduction (RAGHURAM 2021).

Conceptually, the focus is on organizations as important elements and producers of 'migration infrastructures' and crucial actors in the construction

of 'skills'. Organizations include a large spectrum of institutionalized actors such as state bureaucracies, companies and commercial actors, professional and civil society associations. They can generally be defined as particular social formations that set and communicate goals, possess members as well as formal and informal structures orienting their members' behaviour and decision-making; further, organizational practices are shaped by and must respond to often contradicting demands from their societal environment (for theoretical conceptualizations, see e.g. LUHMANN 2000, SCOTT 2003, SCOTT 2008, LANG et al. 2021). Examining the role of organizations also allows going beyond the view on movements between nation states to highlight the multiple locations and connections constituting international mobilities (COLLINS 2021: 871).

The article explores the role of three types of organizations that are strongly involved in the migration of health professionals: state authorities, migration and labour market intermediaries, and employers. In doing so, it combines literatures on actors that are often investigated separately, which allows to identify overarching patterns of organizational practices, rationalities and interrelations with their spatial implications. While the focus is on skilled health professionals, which I understand here as individuals that migrate or are recruited to work as nurses, doctors or also dentists and midwives,<sup>3)</sup> the article will also draw on literature on organizations in other forms of labour migration. Based on this, the paper develops a framework that defines core elements of a systematic analysis of the organizational co-production of geographies of migration. This includes the distinction of three key forms of this co-production that relate to the 'territorial', 'place' and 'network' dimensions of socio-spatial relations (JESSOP et al. 2008): (1) the co-production of differential opportunities to enter territorially bounded labour markets, (2) the co-production of the meaning of different locations – such as different countries, regions or places – for mobility and recruitment and (3) the co-production of networks connecting these locations and channelling mobility. A closer look at these aspects will enable a better understanding of the directionality of health professionals' mobility as well as related temporal dynamics.

In what follows, the paper first outlines widespread perspectives on and explanations of the spatiality of the migration of health professionals

<sup>2)</sup> Geographers, in particular, had already in the late 1980s called for more research on meso-level actors as mechanisms shaping (skilled) migration (FINDLAY & GOULD 1989), yet this perspective has long remained surprisingly marginal.

<sup>3)</sup> Mentions of midwives and dentists, however, are practically absent in the literature.

that foreground macro- and micro-level factors. It then develops an organizational perspective on the geographies of migration by discussing the role of three types of organizations, state authorities, intermediaries and employers. Drawing on this, the fourth section outlines a framework for the analysis of the organizational co-production of geographies of migration and foci for future research. The conclusion summarizes the paper's main argument and contributions.

## **2 Explaining the spatiality of health professionals' migration: Macro- and micro-level factors**

The spatiality of migration, concretely spatial patterns of movements, are a key interest in research on the international migration of health workers. In the literature, two main perspectives, or explanatory approaches, can be distinguished that reflect important theoretical approaches to migration. The most prevalent perspective places migration patterns and individual migration decisions in the context of different socioeconomic conditions between countries and health systems. Much research looks at the 'push-pull factors' motivating migration and explains spatial patterns primarily by differences in wages, working and living conditions between the countries of origin and destination (e.g. ABUOSI & ABOR 2015, ADOVOR et al. 2021, BOTEZAT & RAMOS 2020, CHIKANDA 2006, CONNELL 2008, KINGMA 2006, MARA 2020, TENEY 2021). This encompasses both neoclassical approaches that take individuals' (rational) decisions as starting point and political economy approaches that underline the unequal embeddedness of countries in the global economic system and the 'global health care chain' (CONNELL 2008: 1) and 'global health care economy' (KINGMA 2006) this produces.<sup>4</sup> Both approaches have in common conceiving of the spatialities of health professionals' migration, above all, as the effect of socioeconomic hierarchies between countries.

Within these hierarchies, studies point to the role of linguistic similarities and historically forged sociocultural linkages in shaping migration, particularly between former colonies and the 'imperial centre' (ADOVOR et al. 2021, CONNELL 2008). While mobility decisions are found to be driven mainly by socioeconomic and work-related reasons, studies

also show that migration motives are more complex. For instance, family obligations and 'cultures of migration' (CONNELL 2014, ROBINSON & CAREY 2000) or transnational life conceptions (LARSEN et al. 2005) may induce individuals to seek professional careers abroad. Further studies distinguish different types of health professionals' international mobility (BECKER & TENEY 2020, GLINOS 2014) while also identifying the socioeconomic hierarchy between countries as a main factor structuring migratory decisions (BECKER & TENEY 2020).

While this perspective often takes the institutional contexts as given, these are foregrounded in a second perspective that focusses on migration policies and institutional regulations facilitating or hindering health workers' mobility from/to specific countries and regions. An institutional approach adds a further explanation to the mobility patterns along colonial geographies. Research on the migration of Indian doctors to the UK shows, for instance, not only how the institutionalization of colonial legacies in medical-training systems and migration policies has had an impact on access to medical professions and migration movements (RAGHURAM & KOFMAN 2002, ROBINSON & CAREY 2000) but also how changing policies may disrupt historically developed migration patterns (RAGHURAM 2008). Moreover, spatialities of migration are shaped by inter- or supranational agreements. In the EU, the free mobility agreement and directives for the recognition of professional qualifications have led to an increase in the migration of health professionals particularly from Eastern to Western Europe (MAIER et al. 2011). In the Americas, the NAFTA agreement created a nursing market linking Canada, the US and Mexico (GABRIEL 2013). Bilateral agreements regulating health workers' migration and training that have been established between a growing number of countries have also shaped mobility patterns (HAMMETT 2014, YEATES & PILLINGER 2018).

Studies on 'labour export' policies in sending countries, especially in Asia (WALTON-ROBERTS 2015, YEATES 2009), point to the impact of these policies on health professionals' international mobility, for instance, by aligning national education and training systems with the expectations of the global labour market (WALTON-ROBERTS 2015). Research on receiving countries shows that regulations concerning immigration, labour market access and training for medical occupations significantly affect opportunities to enter a country and practice these professions. Health professions are among the most strongly state-regulated professions. Institutional approaches have

<sup>4</sup>For this similarity between neoclassical and structuralist approaches, see also GOSS & LINDQUIST (1995).

revealed the complex layers of regulations structuring access to residence permits, recognition of credentials and occupational accreditation, and the differential opportunities or barriers these create depending on legal status, country of origin or training (NOHL et al. 2014: 139–149, RAGHURAM & KOFMAN 2002, WALTON-ROBERTS 2020). They also draw attention to the constructed nature of ‘health professionals’ and ‘skilled migrants’. Professional qualifications are not objective characteristics but depend on their recognition in the given contexts, and these may change (PEPLER 2018, RAGHURAM 2008). Less research looks at subnational scales. However, regulations related to labour market entry may also differ regionally, thereby creating differential mobility opportunities (GRANT 2006, PETERSON et al. 2014).

While the two perspectives outlined here prioritize different explanations for spatial patterns of health professionals’ migration – global socioeconomic hierarchies and (inter)national institutional frameworks – they have in common an emphasis on factors on the macro-level influencing the micro-level of individual migration decisions and opportunities. Further, both focus largely on movements between nation states and explanations pertaining to the (inter)national scale. In the following, I suggest extending the analytical perspective by more systematically considering the role of the organizations that are structuring and channelling mobility. This also allows the inclusion of the role of spaces other than nation states.

### 3 Exploring the role of organizations in the geographies of migration of health professionals

In the context of a growing global demand for health professionals and their globe-spanning mobility, the number, range and complexity of organizations involved in this mobility have increased. They include state actors, such as bureaucracies and state agencies on different scales, as well as non-state actors, such as recruitment agencies, training providers, professional associations and employing hospitals or other medical service providers. Thus, exploring how the practices, rationalities and interconnections of different organizations shape the migration of health professionals and its spatialities is worthwhile. Discussing insights from studies on health professionals and other labour migration, this section will explore the role of organizations by focussing on three important types: state authorities, migration and labour market inter-

mediaries, and employers. This does not, of course, cover the multiplicity of organizations contributing to shaping health workers’ international mobility, but it seeks to capture a spectrum of key organizations and modes of involvement. For each set of organizations, main patterns of practices are identified that have spatial implications.

#### 3.1 State authorities

The crucial role of states in structuring international mobility is uncontested. Yet states are not homogeneous entities but comprise a large spectrum of actors with specific practices and decision-making rationalities. Various state agencies and public authorities operating on different scales participate in formulating and implementing migration and labour market policies, and process applications for visa, residence, skill recognition and work permits. Three areas of their practices, in particular, that may shape the geographies of the migration of health professionals can be distinguished.

First, state authorities in receiving contexts make decisions about migration and labour market regulations that define the requirements for the access of health professionals to a territory and labour market – requirements that differ between receiving contexts and differentiate between health professionals’ countries of origin or training. A meso-level perspective focusses on the ‘making’ of these regulations and the actors and rationalities shaping this process. As the concept of ‘governance’ highlights, political decisions are usually not imposed top-down but are the product of negotiation processes that involve various actors on different scales with differing rationalities and embedded in complex institutional environments (VAN KERSBERGEN & VAN WAARDEN 2004). This includes non-state actors (see below for intermediaries and employers) and state actors in charge of different policy areas and territorial units. Studies shed light, for instance, on the role of regional state authorities that lobby for more-open national policies regarding the immigration of highly skilled migrants from whom they expect economic benefits (HERCOG & SANDOZ 2018) or define their own admission criteria in order to lower immigration barriers for health professionals, thereby creating regional differences in regard to entry conditions (GRANT 2006). In addition, the governments of sending states may seek to negotiate facilitated access for their citizens as has been shown in research on the ‘labour export’ policy of the Philippines (RODRIGUEZ 2010).

Second, beyond setting regulations, state actors put them into practice, which shapes the actual opportunities to access a territory and labour market. In the case of health professionals, this especially involves authorities in charge of recognizing professional knowledge and credentials as ‘skills’ and issuing work permits. Skills are not objectively given but socially constructed (LIU-FARRER et al. 2021). As SOMMER (2015) detailed in a study on recognition processes of doctors and nurses, among other professions, skills are produced through complex practices of evaluation and classification that are shaped by power relations. The decisions of public authorities and their officers are an essential element of the production of ‘skilled professionals’ who are admitted to a country as ‘desired migrants’ and allowed to practice their profession. Depending on the countries of origin and destination, health professionals are in different ways subject to state agencies’ decision-making – much less when supranational agreements on the mutual recognition of skills are in place as, for instance, among the EU/EFTA countries.

As organizations, state authorities do not neutrally execute laws and policies but co-produce their meaning (LANG et al. 2021). Their practices are guided by different, partly conflicting rationalities (see e.g. AFFOLTER 2021). Literature on ‘street-level bureaucracies’ (LIPSKY 1980) and organizations more generally shows how organizations and their officers seek to reconcile contradicting external and internal demands by using discretion (LIPSKY 1980) or by ‘decoupling’ between their formal presentations and their actual practices (MEYER & ROWAN 1977). This offers a scope for discrimination in admission or recognition procedures. Recent research reveals that state authorities may also collaborate with non-state actors such as immigration service providers and employers to accelerate bureaucratic processes (AXELSSON & PETTERSSON 2021), meaning that further rationalities enter into the decision-making.

The practices implementing institutional regulations and the underlying decision-making rationalities may also have spatial implications that merit closer attention. Often, regional and local agencies are in charge of issuing residence and work permits and recognizing status or skills; therefore, the outcomes between regions and localities can differ even within the same regulatory framework (see, for the recognition of asylum seekers, RIEDEL & SCHNEIDER 2017). Thus, state authorities may create different regional or local opportunities for internationally mobile health professionals to enter a labour market.

Third, state authorities shape spatialities of migration by creating, promoting and connecting countries or regions of ‘origin’ and ‘destination’ in targeted policies to recruit or send health professionals. These have been established in various countries for nurses and doctors especially (see e.g. for Asian countries YEATES & PILLINGER 2018). An organizational perspective zooms in on the practices and the interplay of different actors in the implementation of such policies. In countries recruiting internationally, this includes the role of state authorities in initiating (trans)local networks of state and non-state actors that channel mobility between specific sending and receiving contexts, which has been shown in recent studies on nurse recruitment in Germany and Canada (KORDES et al. 2020, WALTON-ROBERTS 2021b). Moreover, as research on other skilled migrants has illustrated (VAN RIEMSDIJK 2022: 560–562), state actors, in their marketing strategies, construct particular regions or localities as attractive places of destination for sought-after skilled professionals. While the role of cities in attracting skilled migrants has gained some interest (GLICK SCHILLER & ÇAĞLAR 2009), the case of health professionals, particularly of doctors, also draws attention to local authorities in rural areas where shortages of doctors are often more pronounced and authorities may turn to international recruitment (see GRANT 2006, SÉCHET & VASILCU 2015). In sending countries, various state agencies may be involved in facilitating the out-migration of health professionals from which states expect economic returns; this applies, in particular, to nurses who are the object of state ‘labour export’ strategies (YEATES 2009). Insightful here is a study by RODRIGUEZ (2010) on the ‘export’ of (lower-skilled) migrant workers by the Philippine state that demonstrated how different state agencies mobilize, manage and market migrants, thus contributing to establishing the Philippines as a primary sending country.

### 3.2 Migration and labour market intermediaries

Migration and labour market intermediaries constitute another key set of organizations that are of increasing importance in the international mobility of health professionals. This encompasses a heterogeneous field of non-state actors that are involved in facilitating, channelling and controlling migration and labour market access, such as recruitment agencies, temporary staffing firms or education and training providers. The proliferation of these actors, which are described in migration

research as ‘migration industries’ (CRANSTON et al. 2018, GAMMELTOFT-HANSEN & SORENSEN 2013), reflects the growing commercialization of international migration. This goes hand in hand with marketization and privatization processes in the health sectors of many countries in the Global North that have exacerbated working conditions and fostered attrition rates, leading to an increasing demand for migrant health professionals (see e.g. HILLMANN et al. 2022: 2299, KORDES et al. 2020: 1). Mediating ‘supply’ and ‘demand’ for internationally mobile health workers between different locations and partly generating it, intermediary organizations are both products and drivers of the globalization of the labour market for health professionals.

Intermediaries respond to and capitalize on the growing global demand for migrant health professionals as well as the complexity of migration and labour market regulations and states’ labour ‘export’ and recruitment policies. Their offers for potential migrants and employers as their main clients range from providing information, training, contacts, travel and relocation services to support in obtaining documents and navigating the administrative requirements; thus, they function as promoting, facilitating and controlling agents of migration (SPAAN & VAN NAERSSSEN 2018: 684). For health workers seeking employment abroad, the services of intermediaries are important for overcoming barriers to labour markets that are typically highly regulated. At the same time, reliance on this support may exacerbate migrant health workers’ precarious situations, which has been emphasized in several studies on migrant nurses (VAN DEN BROEK & GROUTSIS 2017, GOŹDZIAK & MAIN 2022, KNUITSEN et al. 2020). Research on intermediaries has concentrated mainly on nurses and much less so on doctors, which may be due to their more obvious role in the case of nurses but also to a widespread assumption that highly skilled migrants are individual agents of their mobility. While the significance of intermediary organizations may vary between different types of health professionals, a growing body of literature points to overarching patterns of practices that may apply across professions. Regarding the production of the spatialities of migration, at least three interrelated patterns of practices are relevant.

First, intermediary organizations co-produce and connect particular countries or regions of ‘origin’ and ‘destination’ through tailored recruitment, training or brokering practices. This includes, for instance, the practices of transnationally operating

education providers who train health workers in a specific region to meet the skill requirements in a destination labour market, as WALTON-ROBERTS (2021a) revealed in her study of nurses from India/Punjab migrating to Canada/Ontario. Aiming to increase their business revenues, these organizations tailor their practices to correspond to the demand, ‘skill regime’ and regulatory framework of a receiving region and the observed ‘skill needs’ of health workers in a source region. In doing so, they contribute significantly not only to producing skilled migrants but also to defining, creating and connecting regions of origin and destination. Similarly, recruitment agencies establish migration channels by providing training in language skills and cultural competences for health professionals in particular regions so that their profiles will align with potential employers’ expectations in selected countries with a high demand (BLUDAU 2011). Language-course providers are a further example, offering tailored courses for medical professionals in potential source regions in the language of a country undertaking international recruitment efforts (see SCHUMANN et al. 2019: 3).

The spatial foci of intermediaries’ activities are products of contingent organizational decisions and differentiations that merit closer attention. Recruitment agencies, for instance, may choose to concentrate on source regions with lower mobility barriers to facilitate brokering, as RAND et al. (2019: 45) found in a study of nurse recruitment in Germany. The importance of business rationales is also highlighted in research on other labour market sectors. Studies of the role of recruitment agencies in the low-wage labour market have demonstrated how they benefit from connecting a flexible destination labour market that is constantly in need of new workers with source regions providing flexible migrant labour (MCCOLLUM et al. 2013, MCCOLLUM & FINDLAY 2018). This appears as a crucial mechanism shaping migration channels, in the case of this research between Central-Eastern European countries and the UK. Importantly, the authors emphasize ‘the role of cultural and social forces in producing and reproducing selective geographies of labour migration’ (MCCOLLUM et al. 2013: 700), notably the spatial imaginaries underlying and shaping recruitment practices. Intermediaries (re)produce differentiations and representations of countries or regions as attractive contexts for recruitment. Particularly, research regarding lower-skilled migration has documented how they produce representations of ‘good migrant workers’ in

their recruitment, training and marketing practices that anticipate, confirm and create employer preferences (DEBONNEVILLE 2021, DESHINGKAR 2019, FINDLAY et al. 2013). Desirable traits for the workers in question are associated with different, intersecting categories that include, next to gender or age, nationality, ethnicity/race and regional origin. Such (intersectional) spatializations of 'good workers' may have an impact on practices and decisions by shaping 'who is recruited, from where and for what purposes' (FINDLAY et al. 2013: 147). Recruitment agencies mobilize, for example, spatialized representations of 'good workers' in marketing the workers from their sourcing regions to potential employers (FINDLAY et al. 2013) or draw on such representations in decisions about where to concentrate their own recruitment efforts (MCCOLLUM et al. 2013: 97–98). Intermediaries also actively co-produce migrant workers who correspond to the expected traits and cultural norms in specific destination countries, as research on Filipino labour migration, in particular, has illustrated (DEBONNEVILLE 2021, POLCANO 2017). Thus, these studies point to the need to investigate the differentiations and representations (re)produced by intermediary actors as well as the underlying organizational rationalities.

Second, intermediary organizations contribute to shaping spatialities of migration by building and perpetuating translocal networks that co-create and connect regions or places of potential origin and destination. HILLMANN et al. (2022) demonstrated, for instance, how the migration of nurses in different contexts across the globe is organized by 'glocal urban assemblages' of various actors of the 'migration industry' that operate within urban settings as well as translocally and contribute to forming urban nodes and places where migration opportunities are produced. Such networks connect various actors in different localities in both countries of origin and destination, which include recruitment agencies as well as educational institutions, training providers and language schools (see also other recent studies on nurse recruitment in Germany and Canada: RAND et al. 2019: 47–48, WALTON-ROBERTS 2021a). Insightful for the ways in which intermediaries establish connections between places and actors is also a recent study by CHAU & SCHWITER (2021) on the practices of private agencies in the live-in care sector in Switzerland, which demonstrated how they create complex migration infrastructures that enable and control circular migration from Eastern European countries.

Moreover, intermediaries may establish translocal connections by using and fostering interpersonal networks among (potentially) internationally mobile health professionals. This includes, for instance, providing spaces and occasions for networking, e.g. in training courses, or mobilizing networks for recruitment and marketing purposes (see e.g. RAND et al. 2019: 47). These networks, in turn, facilitate the dissemination of information among health professionals about attractive countries, regions or places of destination, which has an impact on destination choices (SCHUMANN et al. 2019). While intermediary organizations and social networks are often discussed separately as meso-level mechanisms influencing migration, a focus on the networking role of intermediary organizations may make it possible to connect these perspectives and better understand the organizational structuring of translocal networks.

Third, intermediary organizations may be involved in the regulation and control of migration and labour market entry and, thus, in shaping differential mobility opportunities from/to specific countries, regions and places. Intermediaries such as recruitment and brokering agencies not only process the administrative paperwork needed for migration and, in doing so, translate and possibly exploit or circumvent institutional regulations (see e.g. SPAAN & VAN NAERSEN 2018, WEE et al. 2020, ŽABKO et al. 2018); they also contribute to shaping these regulations and their meaning in practice. In some destination contexts, for instance, professional associations as a specific type of labour market intermediary are involved in the assessment of credentials and, thus, in decisions on the (non-)admission of international health professionals to regional labour markets (PETERSON et al. 2014, WALTON-ROBERTS 2020). Recent studies of other labour market sectors have shown that immigration service providers and business organizations participate in work-permit issuing processes (AXELSSON & PETERSSON 2021) or actively negotiate the development of regulatory frameworks (AXELSSON et al. 2022). Furthermore, intermediary actors may gain power in controlling migration in contexts where states liberalize movement and avoid regulating labour markets (CHAU & SCHWITER 2021) or transfer responsibility to private actors (GOH et al. 2017). While in the highly state-regulated health profession state actors remain central, this literature highlights the importance of taking a closer look at the various ways in which non-state, commercial intermediaries co-produce differential opportunities and spatialities of migration.

### 3.3 Employers

Employers are a prerequisite to labour migration, yet their role in initiating and channelling mobility has, surprisingly, scarcely been investigated, which has drawn regular criticism (KRISMAN 2005, MÜLLER & PLÖGER 2019, SCOTT 2013a). While some scholars understand employers as intermediaries (AXELSSON et al. 2022, MCCOLLUM et al. 2013), I conceive them as separate types of actors with distinctive rationalities and ‘problems’ to solve – notably recruiting and retaining organizational members. In the health sector, employers comprise, for example, public and private hospitals, care homes or medical practices. Within the migration and labour market regulations in place, they have leeway to decide whether, where and how to internationally recruit their staff.

Three areas of employers’ practices, in particular, should be considered when seeking to understand their role in shaping geographies of migration. First, employers co-produce and connect places of destination and regions of origin through the spatial orientations of recruitment decisions and practices. Important here is the spatiality of labour supply and demand. In the case of doctors, for instance, hospitals in rural areas, especially, may decide to reach out to international health professionals due to difficulties filling vacancies with non-migrant staff members (KLEIN 2016: 88–92). While international recruitment is not limited to rural localities, it is particularly there where it contributes to creating places of destination that internationally mobile professionals are probably less likely to choose themselves. This includes the production of spatial imaginaries to promote a workplace and location as an attractive destination.

In their recruitment practices, employers differentiate more or less favourable source regions for which they may use and (re)produce spatialized representations of ‘good workers’. In a study on Central and Eastern European physicians in German hospitals, KLEIN (2016: 98–102) found that hospitals constructed a hierarchy of nationalities that concerned not only the bureaucratic hurdles that employment entailed but also the expected ‘cultural suitability’. Doctors from Central and Eastern European countries were assumed to be more similar in terms of mentality, work attitude and values than doctors from Arab and African countries and, thus, were given preference in the recruitment process. Such stereotypical assumptions about the differential suitability of workers can also be at play in the recruitment for specific jobs within an organization, thus

producing an internal hierarchy of nationality and skin colour, which was found in research on the recruitment of nurses in the post-war UK (MCDOWELL 2015). Yet, studies on the recruitment of migrant workers in other labour market sectors have also shown that employers may prioritize migrant over non-migrant workers based on business rationales and representations of migrants from particular origins as having a stronger ‘work ethic’ (SCOTT 2013b). Further, research has demonstrated that, in stereotypes of ‘good workers’, differentiations of national or regional origin and related racializing ascriptions may intersect with other categories, namely gender (MCDOWELL et al. 2007). This underlines the importance of taking an intersectional perspective on employers’ constructions of ‘good workers’ and their impact on recruitment practices.

In their recruitment practices, employers may establish networks that create connections with particular regions assumed to provide ‘good’, mobility-aspiring workers; this produces or stabilizes migration channels. Employers engage, for instance, recruitment agencies (CANGIANO & WALSH 2014, KLEIN 2016: 95, RAND et al. 2019: 44) or build partnerships with medical schools abroad to induce students to continue their training on-site (DOLEJŠ et al. 2016: 70, KLEIN 2016: 97). As in the case of intermediaries, it seems worthwhile to also investigate the role of employing organizations for the establishment of interpersonal networks. Employers may foster or mobilize connections between their international staff members and potential future applicants, which can perpetuate the mobility and recruitment of health workers from specific regions.

Second, employers co-produce more or less attractive places of destination and settlement through the organization of workplaces. Workplaces are important sites for the development and recognition of skills (RAGHURAM 2021). The research on workplace experiences of migrant health professionals has revealed common experiences of discrimination and de-skilling in the allocation of positions and the interaction with colleagues and patients, of a lack of support, difficult working conditions or exploitation (BATNITZKY & MCDOWELL 2011, HUMPHRIES et al. 2013, KHAN-GÖKKAYA & MÖSKO 2021, KLINGLER & MARCKMANN 2016, KONTOS et al. 2019: 151, ROBINSON & CAREY 2000). Such experiences can have spatial implications in motivating the onward mobility of those concerned (HUMPHRIES et al. 2013) or in deterring other internationally mobile professionals from coming. On the other hand, employers may seek to support incorporation in order to retain



much-needed migrant workers, for instance, by offering language courses and assistance with bureaucratic procedures, finding accommodation, jobs for partners, and places in childcare facilities (KLEIN 2016: 107–114). These practices and related spatial imaginaries, e.g. of ‘welcoming’ places, may support individuals’ decisions to settle. A study by LIU & LIN (2017) on the role of workplaces for international mobility in the academic sector emphasized the material dimension of the organization of workplaces: They are also more or less attractive physical spaces for internationally mobile professionals, which may affect their decisions to stay or move on.

A third aspect of employers’ practices that may possibly shape the spatialities of migration concerns their involvement in the implementation of labour market regulations that affect health workers’ access to national, regional or local labour markets. Employers provide not only more or less support for international staff in navigating the process of skill recognition (see e.g. KONTOS et al. 2019: 155) but may also actively participate in this process by organizing alternative systems for skill recognition (WALTON-ROBERTS 2021b: 98). Further, they may collaborate with local authorities to facilitate issuing work permits and access to local labour markets (KLEIN 2016: 108). Recent studies on the governance of other forms of skilled labour migration have demonstrated that employers relying on international workers also seek to negotiate migration and labour market regulations and to promote active state recruitment policies (AXELSSON et al. 2022, AXELSSON & PETTERSSON 2021, VAN RIEMSDIJK 2022). This illustrates that the role of employers in negotiating the conditions and opportunities for health professionals’ migration requires greater attention.

#### **4 The organizational co-production of geographies of migration: a research framework**

Exploring the existing literature, the previous section showed how different organizations – state authorities, migration and labour market intermediaries, and employers – contribute to initiating, structuring and channelling migration and to producing distinctive spatialities. Taken together, this discussion of the literature points to specific patterns of organizational practices, rationalities and interrelations that are worthy of a more-systematic investigation in order to better understand the geographies of migration. In the following, I outline core elements of an analytical framework for the study of the organi-

zational co-production of geographies of migration, which may guide future research on the migration of health professionals as well as of other workers.

As the previous section illustrated, a range of different organizations operating in and across various locations, as well as on multiple scales, is involved in shaping migration. Analyzing the role of organizations requires, first, conceiving these as distinct social formations that have a structuring impact on international mobility. Concretely, a focus needs to be placed on the practices and contingent decisions of organizations and their members, the underlying rationalities and the differentiations and categories used and (re)produced in organizational practice (see LANG et al. 2021). What kinds of organizations and organizing processes contribute to shaping the migration phenomenon in question, and how, in which places and on which scales do they operate? What motivates and shapes the decisions and practices of these organizations and their members – why do they act the way they do? Further, the question of the role of organizations in shaping geographies of migration means conceiving organizations as ‘co-producers of space’: How and why do organizations and their members (re)produce specific spaces and spatial differentiations and with what effects on migration? Based on the discussion of the literature in the previous section, three overarching forms of the organizational co-production of geographies of migration can be distinguished. With JESSOP et al.’s (2008) typology of sociospatial relations, they can be conceptualized as ‘territorial’, ‘place’ and ‘network’ dimensions of geographies of migration.<sup>5)</sup>

First, organizations co-produce differential mobility opportunities that depend on the countries of origin and training of mobility-aspiring individuals as well as on the receiving countries, regions or localities. The opportunities to enter a country and its labour market and to practice one’s profession are not predetermined by institutional frameworks but negotiated in the interplay of various state and non-state organizations involved in shaping the development, implementation and practical meaning of migration and labour market regulations, including the definition, evaluation and recognition of ‘skills’. By reproducing, interpreting, modifying or helping to navigate the institutional boundaries of territories

<sup>5)</sup> The fourth dimension in JESSOP et al.’s (2008) typology, scale, also matters in geographies of migration given the multi-scalarity of processes constituting migration. However, since the focus of this paper is the production of ‘horizontal’ spatialities, this dimension is not explicitly included.

and territorially circumscribed (national, regional or local) labour markets, these practices contribute to structuring the 'territorial dimension' of geographies of migration. Focussing on the practices and rationalities of the multiple organizations involved as well as on the ways they differentiate potential migrants adds to the understanding of how and why the mobility opportunities and trajectories of individuals originating from different places differ between countries and possibly between regions and localities of destination as well.

Second, organizations co-produce countries, regions and places of origin, destination and (at least temporary) settlement through spatial practices, differentiations and imaginaries. For instance, they create reachable and attractive destinations for the 'desired' skilled workers through marketing, tailored training and brokering or through organizing workplaces as inclusive and appealing spaces for international staff. Conversely, organizations may also constitute workplaces associated with experiences of de-skilling and discrimination that motivate onward mobility. In addition, regions of origin are co-created in the interplay of organizations constructing or perceiving these as promising regions for recruiting 'good workers'. In these constructions, spatial differentiations and related racializing ascriptions may intersect with other categories, such as gender, thereby shaping intersectional geographies of migration. In producing 'meaningful location(s)' (CRESSWELL 2004: 7) for migration, these practices are a structuring element of what can be described as the 'place dimension' of geographies of migration. 'Places' or 'meaningful locations' here include not only workplaces and localities but also regions or countries. Thus, to understand how locations become meaningful for international mobility and recruitment, it is worth analyzing the practices of different organizations and the underlying rationalities and differentiations – for instance, of employers seeking to fill vacancies through international recruitment, intermediaries targeting workers in particular regions, or state actors implementing recruitment policies.

Third, organizations establish networks that connect the (co-produced) locations of origin, destination and settlement and contribute to creating and stabilizing migration channels. These practices are co-constitutive of the 'network dimension' of geographies of migration. On the one hand, networks connect different organizations that (trans)locally operate in and between various regions or places and spatially channel individual migration aspirations, destination choices and mobility trajectories.

On the other hand, these organizations may also facilitate and foster the establishment of interpersonal networks between (potentially) mobile individuals, which perpetuates particular destination choices and translocal movements. Investigating how and why organizations establish or use specific networks will help to better understand how this important mechanism channels and perpetuates international mobility. Conceptually, it allows the connecting of two meso-level perspectives in migration research that are usually discussed separately, the established network approach (see e.g. MASSEY et al. 1993) and the growing interest in organizational actors, such as those constituting the 'migration industry' (see e.g. GAMMELTOFT-HANSEN & SORENSEN 2013).

In short, these three forms of the organizational co-production of geographies of migration can be summarized as (1) the co-production of differential opportunities to enter countries, regions and territorially bounded labour markets through 'territorial' or 'territory (re)producing' practices, (2) the co-production of the meaning of different locations for mobility and recruitment through 'place-making' practices and (3) the co-production of structures connecting these locations through 'networking' practices. As the discussion of the literature has shown, organizations may engage in several of these practices, and there are various interrelations. This concerns both the level of an organization, whose 'place-making' practices may, for instance, shape networking strategies and vice versa, and the interorganizational level, i.e. the ways organizations observe, refer and possibly adapt to or adopt the spatial practices and differentiations of other organizations. The distinction of the three forms of the organizational co-production of geographies of migration aims to provide a heuristic for analyzing the different dimensions in which organizations contribute to spatially structuring and channelling migration as well as the diverse and dynamic interrelations.

While the framework emphasizes the importance of focussing on organizations, this does not mean they are conceived as detached from their environment. Organizations operate embedded in various societal contexts (LUHMANN 2000, SCOTT 2008). They are shaped by and must respond to institutional contexts and economic conditions, and they anticipate and react to the practices and decisions of individuals who constitute their clients or potential and targeted members. Thus, an analysis of organizational practices also has to consider the interplay of organizations with their changing environments.

## 5 Conclusion

This article aimed to extend the perspective on geographies of migration by exploring and conceptualizing the role of organizations. It focussed on the migration of health professionals, in which a growing and increasingly complex field of state and non-state organizations is involved, responding and contributing to the rising global mobility of and demand for migrant health workers. At the same time, the role of these actors has been neglected in common explanations of the spatialities of health professionals' migration that foreground macro-level socio-economic or institutional structures. Discussing the role of three crucial types of organizations based on the existing literature – state authorities, intermediaries, and employers – the paper pointed to different patterns of organizational practices that contribute to initiating, structuring and channelling migration and producing distinctive spatialities. Drawing on this, the paper outlined core elements of a research agenda and framework for a more systematic analysis of the role of organizations in shaping geographies of migration. Three overarching forms of the organizational co-production of geographies of migration were distinguished that can be related to key dimensions of socio-spatial relations (see JESSOP et al. 2008), 'territories', 'places' and 'networks'. These include 1) the co-production of differential opportunities to enter territorially bounded labour markets, 2) the co-production of the meaning of different locations (e.g. places, regions, countries) for mobility and recruitment and 3) the co-production of networks connecting these locations and channelling mobility. This framework draws attention to important meso-level mechanisms producing geographies of migration, which also make it possible to grasp the roles and interrelations of various spaces other than nation states in the production of migration.

The paper makes several contributions. It provides, first, a systematic view of the role of key types of organizations in shaping the spatialities of health professionals' migration, which advances our understanding of what produces the directionality of this migration and the related temporal dynamics. Further, beyond the case of health professionals, the paper contributes to geographic and space-sensitive research on migration by demonstrating how geographies of migration are 'organized' and suggesting an analytical framework to investigate this organizational co-production with the different spatial dimensions it encompasses. Specifically, the paper adds to the growing body of literature

on meso-level actors and structures facilitating and channelling migration (e.g. CRANSTON et al. 2018, XIANG & LINDQUIST 2014) and shaping the acquisition and meaning of 'skills' (LIU-FARRER et al. 2021, RAGHURAM 2021) by conceptually strengthening both the organizational and spatial perspective. Last but not least, in showing in the case of geographies of migration how organizations shape different spatialities, or dimensions of socio-spatial relations, the paper may also contribute to research on the role of organizations as 'co-producers of space' in other areas of human geography.

## References

- AUBOSI AA, ABOR PA (2015) Migration intentions of nursing students in Ghana: Implications for human resource development in the health sector. *Journal of International Migration and Integration* 16: 593–606. <https://doi.org/10.1007/s12134-014-0353-5>
- ADOVOR E, CZAIIKA M, DOCQUIER, F, MOULLAN Y (2021) Medical brain drain: How many, where and why? *Journal of Health Economics* 76: 102409. <https://doi.org/10.1016/j.jhealeco.2020.102409>
- AFFOLTER L (2021) Regular matters: credibility determination and the institutional habitus in a Swiss asylum office. *Comparative Migration Studies* 9: 4. <https://doi.org/10.1186/s40878-020-00215-z>
- AXELSSON L, HEDBERG C, PETTERSSON N, ZHANG Q (2022) Re-visiting the 'black box' of migration: state-intermediary co-production of regulatory spaces of labour migration. *Journal of Ethnic and Migration Studies* 48: 594–612. <https://doi.org/10.1080/1369183X.2021.1978285>
- AXELSSON L, PETTERSSON N (2021) Spatial shifts in migration governance: Public-private alliances in Swedish immigration administration. *Environment and Planning C: Politics and Space* 39: 1529–1546. <https://doi.org/10.1177/23996544211043523>
- BATNITZKY A, MCDOWELL L (2011) Migration, nursing, institutional discrimination and emotional/affective labour: ethnicity and labour stratification in the UK National Health Service. *Social & Cultural Geography* 12: 181–201. <https://doi.org/10.1080/14649365.2011.545142>
- BECKER R, TENNEY C (2020) Understanding high-skilled intra-European migration patterns: the case of European physicians in Germany. *Journal of Ethnic and Migration Studies* 46: 1737–1755. <https://doi.org/10.1080/1369183X.2018.1561249>
- BLUDAU H (2011) Producing transnational nurses: Agency and subjectivity in global health care labor migration recruitment practices. *Anthropology of East Europe Review* 29: 94–108.

- BOTEZAT A, RAMOS R (2020) Physicians' brain drain - a gravity model of migration flows. *Globalization and Health* 16: 7. <https://doi.org/10.1186/s12992-019-0536-0>
- CANGIANO A, WALSH K (2014) Recruitment processes and immigration regulations: the disjointed pathways to employing migrant carers in ageing societies. *Work, Employment and Society* 28: 372–389. <https://doi.org/10.1177/0950017013491453>
- CHAU HS, SCHWITZER K (2021) Who shapes migration in open labour markets? Analysing migration infrastructures and brokers of circularly migrating home care workers in Switzerland. *Mobilities* 16: 724–738. <https://doi.org/10.1080/17450101.2021.1971052>
- CHIKANDA A (2006) Skilled health professionals' migration and its impact on health delivery in Zimbabwe. *Journal of Ethnic and Migration Studies* 32: 667–680. <https://doi.org/10.1080/13691830600610064>
- CHOY CC (2003) Empire of care: nursing and migration in Filipino American history. Durham, NC.
- COLLINS FL (2021) Geographies of migration I: Platform migration. *Progress in Human Geography* 45: 866–877. <https://doi.org/10.1177/0309132520973445>
- CONNELL J (2014) The two cultures of health worker migration: A Pacific perspective. *Social Science & Medicine* 116: 73–81. <https://doi.org/10.1016/j.socscimed.2014.06.043>
- CONNELL J (2008) Toward a global health care system? CONNELL, J. (ed) *The international migration of health workers*: 1–29. New York.
- CRANSTON S, SCHAPENDONK J, SPAAN E (2018) New directions in exploring the migration industries: introduction to special issue. *Journal of Ethnic and Migration Studies* 44: 543–557. <https://doi.org/10.1080/1369183X.2017.1315504>
- CRESSWELL T (2004) Place: a short introduction. Oxford.
- DEBONNEVILLE J (2021) An organizational approach to the Philippine migration industry: recruiting, matching and tailoring migrant domestic workers. *Comparative Migration Studies* 9: 12. <https://doi.org/10.1186/s40878-020-00220-2>
- DESHINGKAR P (2019) The making and unmaking of precarious, ideal subjects – migration brokerage in the Global South. *Journal of Ethnic and Migration Studies* 45: 2638–2654. <https://doi.org/10.1080/1369183X.2018.1528094>
- DOLEJŠ M, GLORIUS B, HRUŠKA V (2016) Motives and barriers of migration to Saxony: the case of migrating health professionals from Czechia. *GeoScape* 10: 62–77. <https://doi.org/10.1515/geosc-2016-0006>
- FINDLAY A, GOULD WTS (1989) Skilled international migration: A research agenda. *Area* 21: 3–11.
- FINDLAY A, MCCOLLUM D, SHUBIN S, APSITE E, KRISJANE Z (2013) The role of recruitment agencies in imagining and producing the 'good' migrant. *Social & Cultural Geography* 14: 145–167. <https://doi.org/10.1080/14649365.2012.737008>
- GABRIEL C (2013) NAFTA, Skilled migration, and continental nursing markets. *Population, Space and Place* 19: 389–403. <https://doi.org/10.1002/psp.1780>
- GAMMELTOFT-HANSEN T, SORENSEN NN (2013) (eds.) The migration industry and the commercialization of international migration. London.
- GLICK SCHILLER N, ÇAĞLAR A (2009) Towards a comparative theory of locality in migration studies: Migrant incorporation and city scale. *Journal of Ethnic and Migration Studies* 35: 177–202. <https://doi.org/10.1080/13691830802586179>
- GLINOS IA (2014) Going beyond numbers: A typology of health professional mobility inside and outside the European Union. *Policy and Society* 33: 25–37. <https://doi.org/10.1016/j.polsoc.2014.04.001>
- GOH C, WEE K, YEOH BSA (2017) Migration governance and the migration industry in Asia: Moving domestic workers from Indonesia to Singapore. *International Relations of the Asia-Pacific* 17: 401–433. <https://doi.org/10.1093/irap/lcx010>
- GOSS J, LINDQUIST B (1995) Conceptualizing international labor migration: A structuration perspective. *International Migration Review* 29: 317–351.
- GOŹDZIAK EM, MAIN I (2022) "I am making good money, but ...": The precarious situation of Polish nurses in Norway. *International Migration* 60: 238–251. <https://doi.org/10.1111/imig.12874>
- GRANT HM (2006) From the Transvaal to the prairies: The migration of South African physicians to Canada. *Journal of Ethnic and Migration Studies* 32: 681–695. <https://doi.org/10.1080/13691830600610098>
- HAMMETT D (2014) Physician migration in the Global South between Cuba and South Africa. *International Migration* 52: 41–52. <https://doi.org/10.1111/imig.12127>
- HARDY J, SHELLEY S, CALVELEY M, KUBISA, J, ZAHN R. (2016): Scaling the mobility of health workers in an enlarged Europe: An open political-economy perspective. *European Urban and Regional Studies* 23: 798–815. <https://doi.org/10.1177/0969776414551100>
- HERCOG M, SANDOZ L (2018) Selecting the highly skilled: norms and practices of the Swiss admission system for non-EU immigrants. *Migration Letters* 15: 503–515. <https://doi.org/10.33182/ml.v15i4.2>
- HILLMANN F, WALTON-ROBERTS M, YEOH BSA (2022) Moving nurses to cities: On how migration industries feed into glocal urban assemblages in the care sector. *Urban Studies* 59: 2294–2312. <https://doi.org/10.1177/00420980221087048>
- HUMPHRIES N, TYRRELL E, McALEESE S, BIDWELL P, THOMAS S, NORMAND C, BRUGHHA R (2013) A cycle of brain gain,

- waste and drain - a qualitative study of non-EU migrant doctors in Ireland. *Human Resources for Health* 11: 63. <https://doi.org/10.1186/1478-4491-11-63>
- JESSOP B, BRENNER N, JONES M (2008) Theorizing sociospatial relations. *Environment and Planning D: Society and Space* 26: 389–401. <https://doi.org/10.1068/d9107>
- KERN A, MÜLLER-BÖKER U (2015) The middle space of migration: A case study on brokerage and recruitment agencies in Nepal. *Geoforum* 65: 158–169. <https://doi.org/10.1016/j.geoforum.2015.07.024>
- KHAN-GÖKKAYA S, MÖSKO M (2021) Labour market integration of refugee health professionals in Germany: Challenges and strategies. *International Migration* 59: 105–126. <https://doi.org/10.1111/imig.12752>
- KINGMA M (2006) Nurses on the move. Migration and the global health care economy. Ithaca, N.Y.
- KLEIN J (2016) Transferring professional knowledge and skills: the case of Central and Eastern European migrant physicians in German hospitals. Opladen.
- KLINGLER C, MARCKMANN G (2016) Difficulties experienced by migrant physicians working in German hospitals: a qualitative interview study. *Human Resources for Health* 14: 57. <https://doi.org/10.1186/s12960-016-0153-4>
- KNUTSEN HM, FANGEN K, ŽABKO O (2020) Integration and exclusion at work: Latvian and Swedish agency nurses in Norway. *Journal of International Migration and Integration* 21: 413–429. <https://doi.org/10.1007/s12134-019-00660-5>
- KONTOS M, RUOKONEN-ENGLER M-K, GUHLICH A (2019) Betriebliche Integrationsprozesse von neu migrierten Pflegefachkräften. PÜTZ R, KONTOS M, LARSEN C, RAND S, RUOKONEN-ENGLER M-K (eds) *Betriebliche Integration von Pflegefachkräften aus dem Ausland: Innenansichten zu Herausforderungen globalisierter Arbeitsmärkte*. 60–170. Düsseldorf. [http://www.boeckler.de/pdf/p\\_study\\_hbs\\_416.pdf](http://www.boeckler.de/pdf/p_study_hbs_416.pdf) (04.09.2022).
- KORDES J, PÜTZ R, RAND S (2020) Analyzing migration management: On the recruitment of nurses to Germany. *Social Sciences* 9: 19. <https://doi.org/10.3390/socsci9020019>
- KRISSMAN F (2005) Sin Coyote Ni Patrón: Why the “migrant network” fails to explain international migration. *International Migration Review* 39: 4–44. <https://doi.org/10.1111/j.1747-7379.2005.tb00254.x>
- LANG C, POTT A, SHINOZAKI K (2021) Organisations and the production of migration and in/exclusion. *Comparative Migration Studies* 9. <https://doi.org/10.1186/s40878-021-00274-w>
- LARSEN JA, ALLAN HT, BRYAN K, SMITH P (2005) Overseas nurses’ motivations for working in the UK: globalization and life politics. *Work, Employment and Society* 19: 349–368. <https://doi.org/10.1177/0950017005053177>
- LIPSKY M (1980) Street-level bureaucracy. New York.
- LIU T, LIN W (2017) Transnational work and workplace as infrastructure: Sino-British international branch campuses and academic mobilities. *Mobilities* 12: 277–293. <https://doi.org/10.1080/17450101.2017.1292782>
- LIU-FARRER G, YEOH BSA, BAAS M (2021) Social construction of skill: an analytical approach toward the question of skill in cross-border labour mobilities. *Journal of Ethnic and Migration Studies* 47: 2237–2251. <https://doi.org/10.1080/1369183X.2020.1731983>
- LUHMANN N (2000) Organisation und Entscheidung. Opladen.
- MAIER CB, GLINOS IA, WISMAR M, BREMNER J, DUSSAULT G, FIGUERAS J (2011) Cross-country analysis of health professional mobility in Europe: the results. WISMAR M, MAIER CB, GLINOS IA, DUSSAULT G, FIGUERAS J (eds.) *Health professional mobility and health systems: evidence from 17 European countries*. 23–66. Copenhagen.
- MARA I (2020) Health professionals wanted: Chain mobility across European countries. Wien.
- MASSEY DS, ARANGO J, HUGO G, KOUAOUCI A, PELLEGRINO A, TAYLOR JE (1993) Theories of international migration: A review and appraisal. *Population and Development Review* 19: 431–466.
- MCCOLLUM D, FINDLAY A (2018) Oiling the wheels? Flexible labour markets and the migration industry. *Journal of Ethnic and Migration Studies* 44: 558–574. <https://doi.org/10.1080/1369183X.2017.1315505>
- MCCOLLUM D, SHUBIN S, APSITE E, KRISJANE Z (2013) Rethinking labour migration channels: the experience of Latvia from EU accession to economic recession. *Population, Space and Place* 19: 688–702. <https://doi.org/10.1002/psp.1789>
- MCDOWELL L (2015) Roepke lecture in economic geography - The lives of others: Body work, the production of difference, and labor geographies. *Economic Geography* 91: 1–23. <https://doi.org/10.1111/ecge.12070>
- MCDOWELL L, BATNITZKY A, DYER S (2007) Division, segmentation, and interpellation: The embodied labors of migrant workers in a Greater London hotel. *Economic Geography* 83: 1–25. <https://doi.org/10.1111/j.1944-8287.2007.tb00331.x>
- MEYER JW, ROWAN B (1977) Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology* 83: 340–363.
- MÜLLER AL, PLÖGER J (2019) Arbeitsbezogene Migration von Hochqualifizierten: Ein Plädoyer für eine geographische Perspektive. *Geographische Zeitschrift* 107: 305–327. <https://doi.org/10.25162/gz-2019-0018>
- NOHL A-M, SCHITTENHELM K, SCHMIDTKE O, WEISS A (2014) Work in transition: cultural capital and highly skilled migrants’ passages into the labour market. Toronto.
- PEPPLER L (2018) Changes in highly skilled migration policies: Turkish-German medical migration since the 1960s. *Migration Letters* 15: 491–502.

- PETERSON BD, PANDYA SS, LEBLANG D (2014): Doctors with borders: occupational licensing as an implicit barrier to high skill migration. *Public Choice* 160: 45–63. <https://doi.org/10.1007/s11127-014-0152-8>
- POLCANO G (2017) Culturally tailored workers for specialised destinations: producing Filipino migrant subjects for export. *Identities* 24: 62–81. <https://doi.org/10.1080/1070289X.2015.1091317>
- RAGHURAM P (2021) Interjecting the geographies of skills into international skilled migration research: Political economy and ethics for a renewed research agenda. *Population, Space and Place* 27: e2463. <https://doi.org/10.1002/psp.2463>
- RAGHURAM P (2008) Reconceptualising UK's transnational medical labour market. CONNELL J (ed.) *The international migration of health workers*: 183–198. New York.
- RAGHURAM P, KOFMAN E (2002) The state, skilled labour markets, and immigration: The case of doctors in England. *Environment and Planning A: Economy and Space* 34: 2071–2089. <https://doi.org/10.1068/a3541>
- RAND S, PÜTZ R, LARSEN C (2019) Die Herausbildung eines globalisierten Pflegearbeitsmarktes in Deutschland. PÜTZ R, KONTOS M, LARSEN C, RAND S, RUOKONEN-ENGLER M-K (eds) *Betriebliche Integration von Pflegefachkräften aus dem Ausland: Innenansichten zu Herausforderungen globalisierter Arbeitsmärkte*: 20–59. Düsseldorf. [http://www.boeckler.de/pdf/p\\_study\\_hbs\\_416.pdf](http://www.boeckler.de/pdf/p_study_hbs_416.pdf) (04.09.2022)
- RIEDEL L, SCHNEIDER G (2017) Dezentraler Asylvollzug diskriminiert: Anerkennungsquoten von Flüchtlingen im bundesdeutschen Vergleich, 2010–2015. *Politische Vierteljahresschrift* 58: 23–50. <https://doi.org/10.5771/0032-3470-2017-1-23>
- ROBINSON V, CAREY M (2000) Peopling skilled international migration: Indian doctors in the UK. *International Migration* 38: 89–108. <https://doi.org/10.1111/1468-2435.00100>
- RODRIGUEZ RM (2010) Migrants for export: How the Philippine state brokers labor to the world. Minneapolis.
- SCHUMANN M, MAAZ A, PETERS H (2019) Doctors on the move: a qualitative study on the driving factors in a group of Egyptian physicians migrating to Germany. *Globalization and Health* 15: 2. <https://doi.org/10.1186/s12992-018-0434-x>
- SCOTT S (2013a) Migration and the employer perspective: Pitfalls and potentials for a future research agenda. *Population, Space and Place* 19: 703–713. <https://doi.org/10.1002/psp.1790>
- SCOTT S (2013b) Migrant–local hiring queues in the UK food industry. *Population, Space and Place* 19: 459–471. <https://doi.org/10.1002/psp.1734>
- SCOTT WR (2003) *Organizations: rational, natural, and open systems*. Upper Saddle River, NJ.
- SCOTT WR (2008) *Institutions and organizations: ideas and interests*. Los Angeles.
- SÉCHET R, VASILCU D (2015) Physicians' migration from Romania to France: a brain drain into Europe? *Cybergeo: European Journal of Geography*. <https://doi.org/10.4000/cybergeo.27249>
- SHIN EH, CHANG KS (1988) Peripherization of immigrant professionals: Korean physicians in the United States. *International Migration Review* 22: 609–626.
- SOMMER I (2015) Die Gewalt des kollektiven Besserwissens: Kämpfe um die Anerkennung ausländischer Berufsqualifikationen in Deutschland. Bielefeld.
- SPAAN E, VAN NAERSEN T (2018) Migration decision-making and migration industry in the Indonesia–Malaysia corridor. *Journal of Ethnic and Migration Studies* 44: 680–695. <https://doi.org/10.1080/1369183X.2017.1315523>
- TENEY C (2021) Immigration of highly skilled European professionals to Germany: intra-EU brain gain or brain circulation? *Innovation: The European Journal of Social Science Research* 34: 69–92. <https://doi.org/10.1080/13511610.2019.1578197>
- VAN DEN BROEK D, GROUTSIS D (2017) Global nursing and the lived experience of migration intermediaries. *Work, Employment and Society* 3: 851–860. <https://doi.org/10.1177/0950017016658437>
- VAN KERSBERGEN K, VAN WAARDEN F (2004) 'Governance' as a bridge between disciplines: Cross-disciplinary inspiration regarding shifts in governance and problems of governability, accountability and legitimacy. *European Journal of Political Research* 43: 143–171. <https://doi.org/10.1111/j.1475-6765.2004.00149.x>
- VAN RIEMSDIJK M (2022) Scalar politics and network relations in the governance of highly skilled migration. *Geographical Review* 112: 550–568. <https://doi.org/10.1080/00167428.2021.1884980>
- WALTON-ROBERTS M (2015) International migration of health professionals and the marketization and privatization of health education in India: From push-pull to global political economy. *Social Science & Medicine* 124: 374–382. <https://doi.org/10.1016/j.socscimed.2014.10.004>
- WALTON-ROBERTS M (2020) Occupational (im)mobility in the global care economy: the case of foreign-trained nurses in the Canadian context. *Journal of Ethnic and Migration Studies* 46: 3441–3456. <https://doi.org/10.1080/1369183X.2019.1592397>
- WALTON-ROBERTS M (2021a) Intermediaries and transnational regimes of skill: nursing skills and competencies in the context of international migration. *Journal of Ethnic and Migration Studies* 47: 2323–2340. <https://doi.org/10.1080/1369183X.2020.1731988>
- WALTON-ROBERTS M (2021b) Bus stops, triple wins and two steps: nurse migration in and out of Asia. *Global Networks* 21: 84–107. <https://doi.org/10.1111/glob.12296>
- WEE K, GOH C, YEOH BSA (2020) Translating people and policy: The role of maid agents in brokering between

- employers and migrant domestic workers in Singapore's migration industry. *International Migration Review* 54: 992–1015. <https://doi.org/10.1177/0197918319897570>
- XIANG B, LINDQUIST L (2014) Migration infrastructure. *International Migration Review* 48: 122–148. <https://doi.org/10.1111/imre.12141>
- YEATES N (2009) Production for export: the role of the state in the development and operation of global care chains. *Population, Space and Place* 15: 175–187. <https://doi.org/10.1002/psp.546>
- YEATES N, PILLINGER J (2018) International healthcare worker migration in Asia Pacific: International policy responses. *Asia Pacific Viewpoint* 59: 92–106. <https://doi.org/10.1111/apv.12180>
- ŽABKO O, AASLAND A, ENDRESEN SB (2018) Facilitating labour migration from Latvia: strategies of various categories of intermediaries. *Journal of Ethnic and Migration Studies* 44: 575–591. <https://doi.org/10.1080/1369183X.2017.1315508>

## Author

Dr. Christine Lang  
ORCID: 0000-0002-0844-8681  
[clang@uni-osnabrueck.de](mailto:clang@uni-osnabrueck.de)  
Osnabrück University  
Department of Geography  
Seminarstr. 19 a/b  
49074 Osnabrück  
Germany