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8-16-2022

MA in Human Resource Management

The impact of the COVID-19 pandemic upon the non-Irish junior doctor workforce: An investigation into the situation in Ireland

National College of Ireland, August 2022

Submitted to the National College of Ireland, August 2022

Abstract

Working conditions affect staff well-being and workforce retention. This paper will analyse how the COVID-19 pandemic has impacted foreign trained junior hospital doctors' working conditions and career plans. Foreign trained junior doctors are a pillar of the Irish health service. The COVID-19 pandemic has brought significant transformations to the work environments of all hospital doctors. While there has been research on Irish doctor's experience of the pandemic, there is less focus on foreign trained junior doctors. A qualitative research design used a mix of snowball sampling and self-selection sampling of 10 non-EU trained junior doctors that have worked through the pandemic in an Irish public hospital. Interviews were conducted mostly via MS teams and one in person. Thematic analysis was used for this research. Isolation, accurate staffing levels, the ability to take annual and educational leave and work-life balance were raised during the interviews. Another important point raised was career progression. While the first wave of the pandemic brought a sense of collegiality among junior doctors, now post covid fatigue has drained the workforce. However, changes in legislation that allow foreign trained doctors entry into training schemes, as well as changes in work permit procedures and the ability to gain stamp 4 visas after working in Ireland for two years are favourable for career progression. Foreign doctors are still keen to work in Ireland after the pandemic, some for better training to eventually return to their home country and some to settle for good. The pandemic had no moderating effects on the plan to stay in Ireland. However, the clear focus is to get a place on a training scheme to become a consultant and not work in a standalone post. Non-Irish doctors expressed they are willing to leave Ireland to achieve this goal.

Declaration

Submission of Thesis and Dissertation

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(Thesis/Author Declaration Form)

Name: Friederike Lutter

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Degree for which thesis is submitted: MA in Human Resource Management

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Date: 16th August 2022

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Acknowledgements

A special thanks to my supervisor Dr Michelle Killian who has been amazingly patient during the months of this dissertation and who I felt was so supporting and approachable all the way through.

I would like to thank my parents Gerd and Monika, my friends (especially Isabel and Mitchell) and work colleagues who have all supported and encouraged me during this very challenging process of writing a thesis during a pandemic.

Also, I would like to thank my HR Director and my three wonderful managers for their moral support.

Malo, thank you for endless supplies of positivity and coffee.

Last but certainly not least I would like to thank the foreign trained junior doctors who came forward and agreed to be interviewed and made time during their very busy work schedule especially around the July change over time.

In memory of Christine Doyle.

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1. Chapter one: Introduction

The first chapter of this study will provide an introduction by first discussing the background and context, followed by the identified research problem, the research aims, objectives and questions, the significance and finally, the limitations.

1.1 Background

Even before the COVID-19 pandemic the Irish health service was already struggling to recruit and retain highly qualified doctors. Humphries, Crowe and Brugha (2018) point out that Ireland is relying more and more on internationally trained doctors to staff its health system. They suggest that to lessen its dependence on foreign trained doctors, Ireland must improve on retaining Irish doctors. However, of the 2,714 doctors that registered for the first time in Ireland in 2016, most new entrants were non-Irish trained doctors. Egypt, Sudan, and Pakistan contributed more new entrants to the Irish register of medical practitioners than Ireland (Medical Council, 2018).

Humphries *et al.* (2021) discuss that it is unethical to rely on foreign doctors during a global pandemic, as it will undermine strengthening the health service of the low-income countries like Pakistan. However, the reality is that foreign trained doctors want to work in Ireland to progress their career. They are essential to the Irish health service, and they are needed to fill gaps in schemes, or cover to fill vacancies. Therefore, they should be welcomed as an addition to the workforce and their needs and concerns should be considered.

1.2 Identified problem

The integration of foreign doctors is of particular importance after the legislation changed in 2020, when training pathways opened for non-EU junior doctors, and they became eligible for trainee schemes to start their career in Ireland and eventually become consultants. Prior to that change only Irish nationals were considered for Irish training schemes (Pollak, 2020). Furthermore, with the pandemic slowly improving and countries re-opening, Irish doctors will want to take their chance to work abroad in the next months. With the growing number of non-EU doctors in Ireland more detailed research is required to understand their experiences and their long-term goals. The

ongoing heroic efforts of the health care workforce during the COVID-19 pandemic combined with being away from their families abroad have affected not only the mental health of many health care professionals. Understaffing and sick leave have likely impacted on everyday life and working conditions. It is important to get insights into doctors' thoughts and decision-making processes during the pandemic to determine factors that lead to them leaving or staying in Ireland.

1.3 Proposed research

As non-EU doctors are more and more adding to the workforce in Ireland, this study aims to understand how foreign junior doctors have been impacted working through the COVID -19 pandemic, what their future intentions are in terms of staying and having a career in Ireland or returning to their home country.

While there has been a lot of research identified about Irish doctor migration and well-being before and during the COVID-19 pandemic as well as non-EU doctors working in Ireland before the pandemic, there is less focus on foreign doctors working through the pandemic in Ireland. Therefore, the aim of this research is to identify the factors that influence non-EU junior doctor's decisions during the COVID-19 pandemic.

This study has its significance in giving a clearer understanding on how foreign trained doctors perceived working in Ireland through the pandemic. This will help address the current problem on how retention can be improved in the future and what HR can do to integrate and support non-Irish doctors more. Their long-term goals have not changed in terms of career progression in Ireland due to working and living through a pandemic. More than the COVID-19 pandemic itself, limited training opportunities have a bigger impact on the decision making.

To investigate this, qualitative research was undertaken, and ten non-Irish doctors were interviewed in depth about their experiences in Ireland working during the pandemic.

The limitations of the study are the small size of the sample. Also, the time resources of the doctors and the researcher were very limited due to very busy work schedules on both sides. Qualitative research is complex and produces large amounts of data and analysis of same is time consuming. Another limitation is that the variety of the sample is limited as it was only Sudanese and Pakistani doctors who came forward to

be interviewed. Of course, it is acknowledged that doctors do not represent all healthcare frontline workers.

1.4 Structure of the research

This study is divided into seven chapters.

In Chapter One, the context of the study has been introduced and the research objectives and questions have been identified. The significance of this research has been outlined and the limitations of the study have also been recognised.

In Chapter Two, the existing literature will be reviewed to identify the background to this study of foreign trained doctors working in Ireland and changes in legal legislation that were implemented recently.

In Chapter Three, the research aims, and objectives will be discussed.

In Chapter Four, the theoretical framework will be presented. The adoption of a qualitative, inductive research approach will be justified, and the broader research design will be discussed, including the strengths and limitations and ethical implications of the study.

In Chapter Five, the findings and results of the research will be presented and analysed. The four major themes that were identified will be outlined in detail and the data relevant to each objective will be presented.

In Chapter Six, the discussion will provide a summary of the results of the findings in relation to the research objectives.

In Chapter Seven, the study will be concluded and reflected on. Further recommendations on practises in organisations and research will be made.

2. Chapter two: Literature Review

2.1 Introduction

The following section will give an overview of the situation of the health service in Ireland; particularly the changes that were recently implemented in terms of training schemes being made open to all qualified foreign trained doctors. Furthermore, a background about doctor migration will be given to then focus on the situation in the pandemic, specifically foreign trained doctors living and working in Ireland during the pandemic.

2.2 Foreign trained doctors in Ireland

According to an OECD report (2019), international migrations of doctors increased by 50% between 2006 and 2016 and there are now 500,000 foreign-trained doctors in OECD countries. There are multiple reasons of doctor emigration, but the main factors identified are the search for a higher salary, better working conditions or better training (Ognyanova *et al*., 2012). Ireland faces doctor shortages and relies on recruiting foreign-trained doctors. Numbers increased by 50% between 2011 and 2017 where non-EU trained doctors now represent 42% of the Irish doctors' workforce (Chevillard, 2021 and Brugha *et al.,* 2015).

In 2020, 35.2% of the retaining and clinically active doctors working in Ireland were non-EU trained doctors, over half of those on the General Division were International Medical Graduates (58.2%), while 82.9% of those on the Trainee Specialist Division were Irish graduates (Medical Council, 2020). According to a study by Tyrrell *et al*. (2016), the length of stay as a qualified doctor in Ireland was strongly associated with career progression. In general, non-EU doctors migrate to Ireland to seek postgraduate training. However, many of these doctors do not manage to gain postgraduate training and end up occupying stand-alone posts, also called 'service posts' which offer almost no career progression or training (Humphries *et al*., 2014).

Unfortunately, there are more junior hospital doctors in Ireland than there are consultant posts, so that many of the junior posts do not offer a pathway to become a consultant in Ireland. This leaves limited opportunities for career progression. Data

from 2007 indicates that non-Irish doctors are more likely to occupy junior stand-alone posts than Irish doctors (Humphries *et al*., 2013). In a study by Brugha *et al*., (2016) most doctors who were planning to leave Ireland again gave lack of career progression opportunities as the main reason for leaving. Even though the long-term goal of Irish hospitals is self-sufficiency with their own Irish trained doctors, it is argued that foreign trained doctors have become an asset in the provision of healthcare in Ireland. These doctors are no longer considered as merely a short-term solution to shortages of qualified Irish staff. The Irish healthcare service would not function without foreign trained doctors. Even if a lot of them are planning to take their knowledge from working in Irish hospitals home, many will want to stay and settle down in Ireland to give their children and family the opportunity of a better life.

2.3 Background on training and non-training posts

All doctors practising medicine in Ireland are required to register with the Irish Medical Council (Medical Council, 2020). Each individual doctor is responsible as member of the Medical Council to maintain their professional development. Most doctors are in formal supervised training posts which come under the governance of the postgraduate training colleges. According to the Medical Council (2016) 76.8% of non-Irish doctors are not in recognised training schemes.

Non consultant hospital doctors (NCHDs) in the Irish health system can be employed in one of the three following ways (NDTP, 2020a):

- In posts on recognised training schemes such as BST (Basic specialist training) and HST (Higher specialist training). These posts combine formal training exposure with service delivery.
- Posts included in the International Medical Graduate Training Initiative (IMGTI) – SHO (Senior House Officer) and Registrar posts which are filled by international trainees, on specific training programmes aligned to the health service requirements, these posts are mainly scholarships for doctors from Pakistan.
- Stand-alone posts not recognised for training – SHO and Registrar posts for service delivery.

Non-training post doctors are employed as SHO or Registrars and hold either six or 12-month contracts.

According to Siar (2013) lack of career progression represents stagnation for the foreign doctors and loss of talent for the receiving country. If an employee's knowledge, skills, and ability are not being progressed, it can lead to stress as the employee feels powerless to change the situation and hence sees no other options than to leave for a better environment. This can be viewed in terms of the Voluntary Model of Turnover in that dissatisfaction in the workplace leads to the psychological decision to leave which subsequently initiates a plan to do so (Lee and Mitchell, 1999).

Some researchers refer to all foreign-trained doctors as International Medical Graduates (IMGs). It should be noted that IMGs are usually doctors on scholarships who will come to Ireland for one to two years to gain experience and then return to their home country. In this study, the non-EU trained doctors who are employed in stand-alone posts and are often in Ireland for many years are not referred to as IMGs.

2.4 Changes in legislation

Prior to 2020 foreign trained doctors could only apply for stand-alone posts and were not eligible to apply for Irish training schemes, which led to a lot of frustration among this cohort, as these doctors felt they were good enough to fill vacant short-term posts but could not progress their career in Ireland even after staying several years moving from hospital to hospital. Tyrrell *et al*. (2016) showed that even though there was some career progression, those doctors who qualified and trained outside of Ireland were less likely to experience career progression.

The Medical Council (2020) highlights important developments in changes in legislation. All doctors who are eligible for registration in the General Division now have access to registration in the Trainee Specialist Division. Since October 2020 all non-EEA qualified doctors also have access to the Trainee Specialist Division. This is a mandatory requirement when applying for entry into BST and HST schemes. In theory, this will give all qualified junior doctors the same chance to get on training schemes.

Furthermore, the work permit office issued a statement that non-Irish doctors who have worked for two or more years during the pandemic are entitled to a stamp 4 which

means they are allowed to work full time without having to go through a work permit application process. Prior to December 2021, all doctors who held general employment permits had to complete five years residence and work before becoming eligible for a Stamp 4 visa, which offers the right to work full time. In December 2021, Department of Enterprise, Trade and Employment, in agreement with the Department of Justice and the Department of Health, introduced a new two-year multi-site general employment permit for non-EEA doctors working in the public health system. From March 2022 most non-EEA doctors already in Ireland for between two to five years with a General Employment Permit can now apply for a new permission granting them the right to work without a permit (Department of Enterprise, Trade and Employment, 2022). It is predicted that approximately 1,800 non-EEA doctors will benefit from this new development.

2.5 The work situation for doctors during the COVID-19 pandemic

To meet the anticipated demands in acute care, hospital services were restructured primarily through the closure of outpatient clinics and cancellation of elective procedures, the acquisition of private hospital capacity and the rapid development of COVID and non-COVID care pathways. In response to COVID-19 several changes were made in the health workforce, and capacity strategies included for example the redeployment of hospital doctors, the early entry of interns into the workforce and a campaign to recruit additional healthcare workers (Byrne *et al*., 2021).

The main concerns during the pandemic were on longer waiting lists for non-emergent cases, stress and anxiety, and higher risks of infection for healthcare staff. The impact of the tight hospital capacity constraints in Ireland is likely to have reduced much of the flexibility to lift public health restrictions on other parts of the economy and society (Walsh *et al.*, 2020). In addition, Creese *et al.* (2021) highlight, that Irish doctors show their well-being has been impacted significantly by the restrictions of the COVID-19 pandemic. Halloran (2022) describes that health care workers are overworked, exhausted, suffering, and emotionally drained and the system does not allow for time to cope.

However, interestingly, there have also been some positive outcomes during the pandemic. Byrne *et al*. (2021) have identified that COVID brought adequate staffing levels, more manageable workloads, better collegiality, and improved morale across

hospitals in Ireland. The doctors being interviewed for this study mentioned that during the first wave of COVID-19 in Ireland, they were adequately resourced to do their job which was primarily due to increased staffing. Questions were raised why it had taken a pandemic to bring about such positive change to their working conditions.

Irish doctors working abroad returned to Ireland after the recruitment call of the HSE to help their country. For a short while Irish doctors followed the call for help from the government. A recent study identified two different kinds of doctor cohorts: COVID Returners and COVID would-be Emigrants. COVID Returners are Irish-trained emigrant doctors who returned to Ireland in March 2020, just as global travel came to a halt. They returned to be closer to their families, responding to the pandemic-related recruitment call issued by the Irish government. COVID would-be Emigrants are hospital doctors considering emigration (Humphries *et al*., 2021).

2.6 Well-being during the pandemic

According to Lazarus and Folkman's (1984) transactional model of stress work stress occurs when the demands of work exceed an individual's perceived ability to cope. Stress is described by them as a product of the interaction between the individual and the environment. It can be experienced differently by different people. Thoughts, feelings, behaviours, and emotions are usually caused by external stress factors. The level of stress a person experiences depends on their perception of the stressful situation.

The COVID-19 crisis "has shaken even the most battle hardened" of the doctors' workforce (Wong et al, 2020, p 1). The "unique paradox" of simultaneous global digital interconnectedness and social and physical isolation has shifted normal coping mechanisms of frontline health care workers across the globe. Doctors and other healthcare staff find it very challenging to cope emotionally as individuals and to work collectively to support resilience among the teams.

There are many factors to consider including the impact of the lockdown and ongoing restrictions such as social distancing and self-isolation. Some employees were fearful about contracting the COVID-19 virus, others were anxious about family and friends. Many have suffered bereavements, often without the chance to say goodbye or attend funerals (CIPD, 2022). This last point is particularly relevant for foreign doctors

working in Ireland who could not travel to their home country even in emergencies. Chang (2021) highlights that prioritizing mental health will not only be vital toward supporting health and professional longevity, but also toward ensuring a health care workforce who are ready to face the challenges of the ongoing pandemic and upcoming public health challenges.

Facilitating brief training interventions, such as guided mindfulness exercises, focus awareness on the present moment and can help with acceptance of internal experiences. These cognitive interventions have been successful in reducing perceived stress levels (Smith, 2014 and Wong *et al.*, 2020). A study from McKinsey (2022) on the other hand contradicts this and states, that feelings of unfair treatment, unreasonable workload, low autonomy, and lack of social support are factors not likely to be remedied with wellness programs. In addition to interventions for assuring the well-being in the workplace, CIPD (2016) highlight that the development of workplace relationships will enhance employee well-being and provide organisational benefits, since employees are more likely to share information and positive emotions. Especially for non-Irish doctors new to the country it is hard to build relationships outside of work when socialising stopped during the pandemic.

2.7 Motivation

Understanding motivation of health care employees and the factors influencing retention and migration decisions are critical to the successful delivery of health services (Humphreys, 2015).

Results from a study by Stagnitti *et al.* (2006) show that an orientation programme when commencing a new job, a clear job description of tasks to be performed, management support, work life balance and a career pathway are needed to make workers feel secure. As a result, this led to their social need being met which positively transferred into the intention to stay. By providing adequate induction, career guidance and education, hospital management can meet the needs of medical doctors to ensure that they reach their potential during their time at the hospital. A recent study by McKinsey (2022) found that individual skills cannot compensate for unsupportive workplace factors. While some employees are better at adapting to work in poor environments, they are less likely to tolerate them. Relying on improving employee

adaptability without tackling broader workplace factors puts employers at an even higher risk of losing some of its most resilient, adaptable employees (Brassey *et al*., 2022).

2.8 Conclusion of Literature review

There is strong evidence in the Irish literature that non-Irish doctors are coming to Ireland mainly to seek career progression, among other reasons like a better living condition and a future for their family. The Irish health service is divided into junior doctors on training schemes and those who are not on a scheme. Those who are not on the training scheme have limited career progression. As mobility characterizes the medical workforce in Ireland, factors that lead to non-Irish doctors leaving Ireland need to be examined. As set out in the Introduction, foreign trained doctors are important for the future of the Irish health service and as such their concerns and perspectives are valuable for tackling crisis responses and medical workforce strategies. During the COVID-19 pandemic, all junior doctors were facing very tough working conditions and had to adapt to a new challenging environment every day, dealing with sick patients, colleagues, and family members. The literature review has identified a gap in the literature regarding non-Irish doctor migration and well-being during the COVID-19 pandemic. This research seeks to contribute to closing the gap on non-Irish doctors' well-being during the pandemic but also their willingness to keep working in Ireland after the pandemic.

The next chapter will discuss the research aims, and objectives of this study that derived from the Literature review.

3. Chapter three: Research Questions and Objectives

3.1 Research Title

The title for this research project is:

> *The impact of the COVID-19 pandemic upon the non-Irish junior doctor workforce: An investigation into the situation in Ireland.*

3.2 Research Objectives

This study investigates the situation of the impact that the COVID-19 pandemic had on non-Irish trained doctors in the Irish healthcare system and aims to establish how it has affected not only their well-being but also their career plans and willingness to stay working in Ireland.

The first objective is to obtain the views of foreign trained doctors in the Irish Health service that worked during the COVID-19 pandemic for more than 3 months continuously.

Getting junior doctors together for any form of group discussion is logistically very hard to achieve; they may also be reluctant to be open and honest in the presence of colleagues. Therefore, it was decided that personal semi-structured interviews would provide the most honest and reliable responses. Harvey-Jordan and Lang (2019) describe semi-structured interviews as a widely used tool to understand and explore participants perceptions.

In Ireland, worsening working conditions, even before the COVID–19 pandemic, have been noted by junior doctors. In a study from Walsh *et al.* in 2019, interviewees regularly described scenarios in the hospital system that sustained pressure to meet unmanageable demand. Current understaffing was viewed by most interviewees as unsafe for staff and patients (Walsh *et al.*, 2019).

In another previous study by Humphries *et al.* (2013), 37 non-EU trained doctors that were interviewed expressed that the decision to leave Ireland was almost always taken for reasons relating to their profession and the working conditions in Ireland (e.g., rotation, career progression, postgraduate training). After several years in Ireland, 22 out of 37 respondents were frustrated to find limited opportunities for career

progression available to non-EU migrant doctors. Humphries *et al*. (2021) recognise the need for additional research on experiences of non-EU doctors working during the pandemic in Ireland to fully understand the impact that the COVID-19 restrictions and working conditions had on these doctors.

The aim of this study is to investigate the hypothesis that COVID-19 indeed had a temporary impact on the working conditions and private life of foreign doctors working in Irish healthcare. However, it is expected that their long-term goals have not changed in terms of career progression in Ireland due to working and living through a pandemic. More than the COVID-19 pandemic itself, the assumption is that other factors such as the limited training opportunities will have a bigger impact on the decision making. The result of this research study will determine what support non-Irish trained doctors working in Ireland need from their employer and how it can significantly impact on retention.

The below research questions have resulted from the literature review:

Q1. how were non-EU junior doctors experiencing working through the pandemic in Ireland?

This question seeks to understand what factors were impacting the junior doctors during the pandemic. How was the change of work processes, collegiality, help from the employer, well-being inside and outside of work perceived?

Q2. how has the COVID-19 pandemic shaped their future career plans in terms of migrating back to their home country or other countries?

This question is looking at the impact the COVID-19 pandemic had for future plans, are doctors willing to stay in Ireland to work here, did the pandemic change their plans or were there other factors contributing such as training schemes or visa issues.

Q3. how can HR assist and retain non-EU junior doctors working in Ireland?

This question aims to understand how Human Resources in hospitals in Ireland can provide what non-Irish trained doctors need to support their well-being and willingness to stay and work in Ireland.

Saunders *et al*. (2012) concept of the "Research Onion" (Appendix, Figure 1) can be used as a road map to design a method to address the objectives of this research. It provides logical steps that can be adopted to formulate an effective and efficient method. Defining the philosophical stance enables the researcher to establish the research approach. This allows the researcher to choose a strategy that will determine the plan of action to answer the research question.

4. Chapter four: Methodology

4.1 Introduction

The Literature Review has discussed and evaluated relevant literature from experts in the field of junior doctors in Ireland, non-foreign trained doctors and their working situation and their retention. Furthermore, their well-being during the pandemic was discussed.

The purpose of this chapter is to outline and explain the approach taken to the research and to provide an understanding of how the research was collected and analysed. After briefly summarizing the three most important research assumptions, this section gives an overview of the different research philosophies and methods and justifies why thematic qualitative research was chosen as the appropriate method for this paper. The sampling and interview process is described as well as the way the data was analysed.

4.2 Philosophical assumptions

Saunders (2012) states that the assumptions about the way someone sees the world is embedded in the research philosophy chosen. He describes the term 'research philosophy' as "the development of knowledge and the nature of that knowledge" (Saunders, 2012, p. 149).

The three most important assumptions of research philosophy are ontology, epistemology and axiology which all contain differences that have influence on the way someone conducts research. Ontology concerns the researchers' assumptions about the reality of the world. The question is to how the researcher interprets and understands reality (Lincoln and Guba, 2000).

Epistemology concerns assumptions about the acceptable knowledge of a researcher in a research study. It is the researchers' own epistemological assumptions that will decide what they consider legitimate for their research. Different kinds of knowledge can be accepted as legitimate. Axiology is an assumption that is concerned with assessing the role of the researcher's own value and judgement in all phases of the research process (Saunders, 2012).

As the choice of philosophy and the choice of data collection techniques reflects the researchers' values, it was decided that this study would be placing great importance on data collected through interviews. The researcher places more value on personal interaction with the respondents, than working with results of an anonymous questionnaire. An objectivist approach could not be considered as the researcher does not believe that social entities exist independently. Therefore, this study follows a subjectivist approach. As a subjectivist researcher, it is important to understand the different realities of the respondents to be able to make sense of their motives, actions, and intentions in a meaningful way.

Different philosophies can be distinguished by the differences and similarities in their ontological, epistemological, and axiological assumptions. The most important philosophies are positivism, critical realism, interpretivism, postmodernism and pragmatism (Saunders, 2012).

In the positivism philosophy the focus lies on a scientific approach that intends to discover pure data and facts that are not influenced by human interpretation or bias. The assumption is that objective facts offer the best scientific evidence. Researchers adopting this philosophy are likely to use a highly structured methodology and therefore would choose quantitative research methods (Gill and Johnson, 2010).

Interpretivism on the other hand is subjective and emphasises that humans are different from physical phenomena because they create meanings. The purpose of interpretivist research is to develop new understandings and interpretations of social

worlds and contexts, focussing on complexity and the possibility of multiple interpretations. An axiological implication of this is that interpretivists recognise that their interpretation (their own values and beliefs) of research materials and data, play an important role in the research process. Empathy from the researcher is imperative in the interpretivist philosophy (Saunders, 2012).

In this case, the researcher considered the ontological perspective of the research and determined that it was subjectivism as it aims to understand the experience of working during COVID-19 in Ireland and how it influences the decision of non-Irish doctors to stay or leave. The epistemological perspective of the research determined that this study is interpretivist because it takes into consideration the foreign doctors' perceptions and opinions of the world. Axiologically the researcher will take an empathetic position in the approach to the research. An inductive approach was taken because the researcher chose to collect and analyse data to develop themes.

4.3 Research methods

It is suggested that certain research questions may be better for either a quantitative or qualitative methodological approach (Creswell, 2009). The philosophies discussed previously assist in developing the strategy for the method of data collection. This section will discuss the three different research methods, quantitative, qualitative, and mixed method approach and justify why the research design chosen for this study was qualitative research.

4.3.1 Quantitative Methods

Quantitative research is usually deductive and focuses on gathering numerical data (Saunders *et al.*, 2012). Quantitative research philosophically underpins positivism and assumes that there is only one objective reality. It is often used when the goal is to test theories, gather descriptive information, or examine relationships among variables. Quantitative data can provide measurable evidence. It is used to help establish cause and effect, efficient data collection procedures, to create the possibility of replication and generalization to a population, and to facilitate the comparison of groups. Typical quantitative approaches used are descriptive surveys (Creswell, 2011).

4.3.2 Qualitative Methods

Qualitative methods rely on non-scientific research methods underpinning the interpretivist view of the world. This involves an inductive approach which seeks to understand individual's perception and experience of the environment in which they operate. Qualitative research sees social reality of individuals' perceptions as constantly changing (Bryman, 2004 and Scotland, 2012) and is used to get an ""insider's" perspective" of the studied topic (Deshpande, 1983, p. 103). It focusses on ways of collecting and analysing data that are interpretative or explanatory in nature and focus on meaning. The individual interview method is the most widely used method of data collection in qualitative research and a range of data can be collected including field notes, audio and video recordings (Noble and Smith, 2013).

Qualitative approaches are diverse, complex, and layered (Holloway and Todres, 2003), and thematic analysis should be seen as a foundational method for qualitative analysis (Braun and Clarke, 2006).

4.3.3 Mixed method approach

It can be argued that a mix of quantitative and qualitative methods could be attempted to combine and maximise the outcomes of the research and counteract the failures of each individual method, recognizing the limitations of both methods. Problems most suitable for mixed methods are those in which the quantitative approach or the qualitative approach, by itself, is inadequate to develop multiple perspectives and a complete understanding about a research problem or question (Creswell, 2009 and 2011).

When conducting any research, it also important to consider practicalities such as limited budgets, timeframe to complete the study and access to participants. To attempt a survey analysis parallel to conducting interviews would have been not viable for this project. The next section will outline the rationale for the chosen research design.

4.3.4 Rationale for chosen research design

The research design chosen for this study is qualitative research. The research methods in an investigation must fit the research problem or question.

Thematic analysis will be used to analyse the results. Qualitative methods facilitate the goal of this research, which is to investigate what impact the COVID pandemic had on non-Irish doctors in Ireland. The nature of the research question deals with individuals' perceptions and feelings and a quantitative approach would not capture same. If data was collected through quantitative methods such as surveys and questionnaires, it makes it impossible to clarify and elaborate on participant's responses to gain a deeper understanding on the subjects. Attempts to reduce this limitation of quantitative research by adding open ended questions to questionnaires or surveys resulting in quasi qualitative data also has limitations (O'Caithin *et al.*, 2004). The short response space that does not qualify for the conceptual richness obtained from qualitative research. In interviews the participants could be prompted on certain interesting factors.

To analyse the data gathered form the interviews, thematic analysis is used. Boyatzis (1998) describes thematic analysis as a process of encoding qualitative information in a systematic manner, for him it is not a specific method, but rather a tool which can be used to perform qualitative analysis.

While the flexibility of thematic analysis, is an advantage, Braun and Clarke (2006) observe it can also be seen as a disadvantage in that can be potentially confusing and hindering to the researcher trying to decide what aspects of their data to focus on.

Noble and Smith (2013) highlight the importance of transparency of the process in qualitative research to ensure its robustness. Documenting the process from units of data to final themes allows for transparency of data analysis.

4.4 Participants

4.4.1 Sampling

For this study a mix of snowball sampling and self-selection sampling as described by Saunders (2012) were used. These fall into the category of volunteer sampling.

Firstly, a call for interviewees was launched via social media platforms such as Facebook and Instagram and asked for doctors who were not trained in Ireland but had been working through the pandemic in an Irish hospital and wished to share their experiences for the study. After initial contact with some of these doctors these were asked to identify further participants, as foreign trained doctors tend to have friends in that same community.

Vasileiou, Barnett, and Thorpe *et al.,* (2018) argue that qualitative researchers should be more transparent in their evaluation of sample size. In this study the aim was to recruit 20 participants, as it was guided by Green and Thorogood (2018) who state that the experience of most qualitative researchers conducting an interview-based study with a specific research question usually does not give new insights after interviewing 20 people. It was acknowledged that this number was probably unlikely to achieve though due to the doctors' busy work schedule and the time schedule of the researcher for this study.

4.5 Quality of Research

4.5.1 Pilot Study

It was decided that a pilot study would be useful in terms of adjusting some of the questions and their relevance/wording, the interview was therefore piloted with the Medical HR team in Beaumont Hospital and the coordinator for International Medical Graduates in the National Doctors and Planning Office (NDTP) in Dublin. Some adjustments were made afterwards in order to avoid leading questions.

4.5.2 Ethical considerations

Initially, ethical approval for the study was to be sought from Beaumont Hospital to carry out the planned interviews with non-Irish doctors currently working in Beaumont hospital. However, since the researcher is working in the Human Resources department and works directly with doctors who would be interviewed, it was decided that the doctors might not feel comfortable to honestly answer questions in relation to their employment during the pandemic.

Therefore, to ensure the integrity of the research, and ensuring no conflict of interest, it was decided in agreement with the ethics office that the study was not be conducted in Beaumont Hospital, and current Beaumont Hospital doctors were not approached to participate. Therefore, approval from Beaumont Ethics committee did not apply.

However, foreign trained doctors that might have previously worked in Beaumont Hospital that were recruited privately for the study on social media, fall into a different category, and do not require approval from Beaumont Ethics committee.

4.6 Procedure

A total of ten interviews were conducted. The interviews took place on a prearranged and mutually agreed day, one face to face and nine via MS teams. The interviews were semi-structured; questions were pre-determined, but the interviewer prompted interviewees to expand on relevant responses. The central questions of the interview were: what impact did the COVID-19 pandemic have on your well-being, willingness to keep working in Ireland and future career plans in terms of training schemes? In the interviews, it was important to encourage participants to talk openly about their experiences of working in the stressful COVID environment, the feeling of isolation and the struggle to obtain visas and IRP (Irish residence permit card) appointments, not seeing their families for often more than 18 months.

All participants were given a consent form to sign prior to the interview which also informed them that they were free to withdraw from the process at any time, should they change their mind. The participants were also informed that the interview results would be completely anonymous, no names or hospitals would be used in the study. Participants gave consent to the recording of interviews, which were subsequently anonymized and transcribed. Interviews were scheduled for 30 minutes but often lasted more than an hour as certain topics were elaborated on.

Interview recordings and transcripts were stored on a password-protected (encrypted) computer, which stored all data. As per NCI policy data must be stored for five years due to auditing purposes before it can be destroyed.

4.7 Data Analysis

This study used inductive thematic analysis. Braun and Clarke (2006) highlight that thematic analysis involves the searching across a data set like several interviews or focus groups, to find repeated patterns of meaning. The exact form and product of thematic analysis varies, and so it is important that the questions are considered before and during thematic analyses (Braun and Clarke, 2006).

As almost all the interviews were conducted on MS teams, the transcripts were available to download after each interview. As Braun and Clarke (2006) point out, if interviews are already transcribed, it is important for the researcher to spend more time familiarising themselves with the data and compare the transcripts back against the original audio recordings to make sure it is accurate. One interview that was done face to face was transcribed afterwards, after listening to the recording again. To find recurring themes, the transcripts were all printed out and read several times, and elements were highlighted. Different colours were used to highlight different recurring topics. The interviews were re-read again and again, and more and more codes were becoming visible to the researcher.

The second level of analysis involved reviewing these initial codes. It was important to retain the diversity of the initial codes, while producing overarching elements, higher level sub-themes. The research question, the impact of COVID-19 on non-Irish doctors in Ireland guided this process. At the third stage, quotes that were in line with the overarching themes were identified and themes were reviewed and named. Once themes were finalized, the discussion was written. The future career plans and intentions of the respondents are important factors contributing to answering the research question.

The collected data is being stored on a personal laptop in a password protected folder and will not be used for any other projects apart from this study. All data will be destroyed after 5 years.

4.8 Conclusion

The methodology chapter covered how the approach to undertake qualitative research was decided and how the research was collected and analysed. The three most important research assumptions were explained, as well as the sampling method and interview process. It was outlined how the data would be analysed and processed. In the next chapter the findings of the data analysis will be presented and analysed.

5. Chapter five: Findings and Analysis

5.1 Introduction

This chapter will highlight the key findings from the interviews and identifies and analyses the four major themes that were discovered. These themes derive from interviewees' perceptions of how changes to staffing levels and processes as well as travel restrictions and social restrictions impacted on their experience of work during the COVID-19 pandemic. It is discussed how interviewees perceived collegiality and support from their employer during that time and gives a detailed account on their willingness to stay and work in Ireland.

The overall aim of the research is to gain insight into the working conditions in Ireland during the COVID-19 pandemic for non-Irish doctors. The research objectives are to establish if the pandemic has affected non-Irish trained doctors on their intention to leave Ireland and to identify the factors that influence their decision. The research design of this study is qualitative research and uses semi-structured interviews followed by inductive thematic analysis. Using a qualitative research design was aligned with the nature of the research question, which deals with individuals' perceptions and feelings, and the research assumptions of the researcher. Semi-structured interviews were conducted, as they gave the most valuable outcome in terms of honest and detailed replies from participants.

5.2 Results

The research findings provide an insight into Ireland's health system from the perspective of non-EU trained doctors working in Ireland during the COVID-19 pandemic.

In this chapter, the four themes generated from the analysis are detailed and elaborated on under each heading. The thematic analysis provided four key overarching themes as below:

- Theme 1: Isolation and well being
- Theme 2: Changes in working conditions
- Theme 3: Career progression
- Theme 4: Visa process

All ten participants worked during COVID in recruited standalone posts, not in training scheme posts. In terms of grades, all respondents were working as NCHDs, with nine respondents working as Senior House Officer, and one as Registrar. Most respondents had come to Ireland before the pandemic while two arrived during the pandemic. Since the July 2022 changeover, three of the doctors have secured training scheme posts in the UK and one in Ireland. One participant has moved on to do locum work via an agency in Ireland. One participant moved back to Australia. Four doctors stayed in Ireland in standalone posts, three of those in public hospitals and one moved to work in a private hospital.

The following Table 1 will give an overview of the profiles of the 10 participants.

Table 1: Interview profiles

Interview profiles	
Gender	8 males 2 females
Specialty	3 Medicine 3 Surgery 2 Neurosurgery 2 Emergency Medicine
Grade	9 Senior House Officers 1 Registrar
Nationality	4 Sudanese 6 Pakistani

The following Table 2 will give an overview of the codes that were generated from the interviews that then translated to categories and themes.

Table 2: Overview of Codes, Categories and Major Themes

Themes	Categories	Codes
Isolation and well being	Stress levels	No friends, no community, social isolation, no outlet, no hobbies, nobody to talk to
	Unfairness	Loss of relatives, feelings of loneliness, quality of the relationship with colleagues
	No support from employers	The need to talk, attending counselling services, work as a burden
	Travel restrictions	Feeling trapped geographically
Working conditions	Staffing levels	Coping with bigger workload and sick colleagues, adapting to process changes like PPE and handling COVID positive patients, exhaustion, feeling sick and burned out
	Annual leave, study leave	
Career progression	Not equal to Irish colleagues	Feeling stagnant, no future, place holders
	Career is priority	Disappointment, not feeling valued no courses or exams available, no progression
Visa issues	Processes	Feelings of frustration due to delays, no way to travel, family cannot visit

5.3 Theme 1: Isolation and well being

"For mental well-being the most important thing is […] having social gatherings."

All participants reflected on how lonely they felt during COVID-19, mostly due to not being able to meet friends after work for social events or walks to destress after a long shift. Coming from countries like Pakistan and Sudan where community plays a large part of society, having arrived in Ireland and not having made strong lasting friendships with colleagues, they felt isolated from friends and family back home. This led to high stress levels among all participants.

"I know for sure that many of my colleagues who come from overseas during pandemic just went into depression because they were […] being Sudanese coming

from a very social community […] and just suddenly finding yourself alone, [...] it takes time to build a community."

"I found that staying in one place during pandemic is better, because at least you familiar with the people you have some friends in the place that you are in. You know that it would be very hard if you move to find new friends there because you can't socialize."

Some of the doctors noted a different attitude in their own behaviours outside work to try and cope with the stress:

"Initially I started smoking to be honest during COVID because of the tensions, my wedding was cancelled, everything was cancelled. It was stressful, significantly stressful."

They also noticed a change in their physical wellbeing:

"I think I have a tendency for abrupt emotional vomiting. I have no control over the factors that are affecting me right now and physically, I don't feel well as well."

The availability of counselling support was mentioned as another important factor by the participants. Some doctors weren't aware if there were counselling services at the hospital they worked at, some said they visited staff counselling, but nobody followed up when they didn't return due to the high workload.

"Yeah, the counselling sessions. I ended up crying in one of them and she booked me for the next one with a more specialized person […]. And I ended up not going to that because I was in clinic, and I forgot. So, nobody asked me after that why I didn't come. Nobody followed up on that."

The respondents gave mixed replies to the question if their employer at the time helped them managing their stress levels or made the experience of going through the COVID-19 pandemic easier in any way. They felt the support could be improved.

"The hospital offered a lot of, you know, kind of mental support team and people to speak to. If you are feeling stressed or anything and you, as I said, you can take an annual leave any time and they did a regular jet test and check up in the world. So that make everyone […] really happy."

"I think there are well-being services in the hospitals, and they should be readily available to the staff members and specially with the type of you know, sometimes all with the COVID and frustrating environment after the COVID it could be difficult for people. Now […] the employer should understand that it could be really frustrating on the field to work so."

"I would like my employer is to organize some awareness walks on, like a hiking trip over the weekend. If we are free. Some cycling trip which will certainly we are like a family inside our workplace so outside. Also, when we are meeting each other for just say a walk or some restaurant dinner or whatever or like physical exercise activity, it will really be very much adding to the well-being."

Most doctors mentioned the importance of connecting with people to talk about their job and especially on hard days, as it is part of the process to relax. They were very clear how much they wished to make friends among their colleagues and connect with the Irish doctors on their teams as well. The physical and mental isolation was an important factor on the lives of non-Irish doctors during the pandemic. The next paragraph will focus on travel restrictions.

5.3.1 Travel Restrictions

Not being able to travel to see family in their home country was one of the biggest factors impacting on the life and work of non-Irish doctors during the pandemic. All participants mentioned that as a major problem contributing to their feeling of isolation and a feeling of being trapped. Some revealed a sense of unfairness after working so hard caring for patients to not be able to look after their own family and well-being when needed.

"You're serving them (the patients) in time of needs and when you want to go back home, […] whether it's essential travel or not, it could just be meeting your family. I don't know why they think that meeting the family was not an essential travel, so we couldn't go back home like for maybe a year and a half or 18 months until the things were better"

"I lost five family members in in, like, my grandma, […] two of my maternal aunts, two of my paternal aunts. So that makes up five family members. I lost my dad

at a stroke. My mom had a stroke, and I couldn't go to them. So, it is very difficult for us"

As the non-Irish doctors experienced being disconnected and isolated from family abroad, they placed importance on their colleagues. The findings for the topic collegiality will be discussed in the next paragraph.

5.3.3 Collegiality

As was discussed previously, junior doctors rotate every six to twelve months, for non-Irish nationals it can be hard to connect with colleagues and build friendships in this short time frame even outside of COVID, but especially when socialising outside work is not possible. A few respondents noted how grateful they were for the support and friendship of nursing and allied health care staff during the pandemic, as they didn't get to see much of their colleagues during the time. Especially in the Emergency Department, doctors noted that they would not see a colleague sometimes for the whole shift.

"The only static thing was the nurses, and I'm very grateful for their presence. They were very supportive. But everyone around us just keeps changing."

Two of the doctors described the collegial environment as toxic and they also experienced forms of discrimination, but they didn't want to elaborate on this topic.

"There's a certain degree of institutional discrimination that happens to non-Irish people here"

"I have never seen this much toxicity in a department […] It's just too toxic. Everybody hates each other. Nobody cares who the other person is."

This is contrary to Byrne *et al.* (2021) who have identified that COVID-19 brought better collegiality, and improved morale across hospitals in Ireland.

The second theme identified was changes to working conditions which is discussed in the next section. It is divided into a section on staffing issues and a section on process changes.

5.4 Theme 2: Changes to working conditions

In relation to Herzberg's hygiene factor, it is stated in literature that if extrinsic factors such as good working conditions are not present, this leads to job dissatisfaction and intention to leave (Humphries, 2015). These factors involve the physical surroundings of the job, whether they are perceived as good or poor facilities. Working conditions may include the amount of work, space, equipment, and safety. A good environment makes employees satisfied and proud (Byrne, 2006). This section will cover the next identified theme, the changes to working conditions during the pandemic. It is divided into sections of staffing issues and process changes.

5.4.1 Staffing issues

Almost all the doctors commented on understaffing during the pandemic, due to sick leave of their colleagues. They expressed frustration about the workload and the fact that annual or educational leave was not granted. Even days that were booked previously sometimes got cancelled spontaneously which led to a feeling of being on call the whole time. Furthermore, study leave for important exams was mostly not given. While the workload in surgical specialties went down in the beginning due to cancellations of theatre lists that weren't emergency cases, the medical doctors described experiencing a higher workload. This led to a mix of replies from the participants:

"Initially the workload went down. So, it was way calmer in the first four or five months."

"I think COVID […] because of the nature of the disease and because of the isolation protocols that we have, you see a tremendous amount of understaffing, which is obviously nobodies' fault"

"My grandfather passed away from COVID that time in April 2020. And I couldn't go (to Pakistan) because of the travel restrictions. And, I had to come to the shift that day. I was asked to come. Although I asked for a day off."

5.4.2 Process changes

There was a discrepancy in relation to the replies on how the pandemic affected the working conditions. Some respondents indicated that from a practical point of view, their day-to-day processes took a lot longer than usual.

"Everything just took longer to be sorted. So, the jobs that you do in 10 or 20 minutes in regular days can take up from you up to 40 minutes, 60 minute to do a single task in a day".

"Logistically, it's a bit difficult because you're all over the place all over the hospital because you might be on the 6th floor in one department and your patient might be on the ground floor in another isolated department. And it generally takes longer because you have to gown up every time you see a patient […]"

Some respondents noted that their training as junior doctors was affected negatively during the COVID-19 pandemic.

"Those years like I would say, couple of years, they were just on the papers as the experience. But we didn't get that experience. If someone asked me […] what level are you? I'm still at the same level because I didn't get the proper exposure for those two years."

"The training was affected especially with the surgical or any kind of field which has intervention because elective lists were cancelled, only emergency was happening and you know it was in the hospital especially when you were called to see COVID patients, things were not changing."

Other participants stated the opposite, that they gained a lot more experience during the pandemic.

"Most of the elective admissions were stopped and merely the emergencies. It is a very good thing for a junior doctor to do more emergency cases. So, I had a lot of opportunities to practice more and to improve my skills within field. I think the pandemic helped me in this point"

"Everything was cancelled like […] all the elective lists were cancelled. All the theatres were closed. All the scope lists were cancelled, and you know because of

lockdown, we were seeing like one patient or two patients in 24 hours on the surgical call."

On another note, the supplies of protective equipment (gowns and masks) were marked as positive. One doctor in a Dublin hospital noted that they felt the hospital did well in structuring new COVID-19 areas.

"The other thing that was good was that the employer extended the emergency department. So, the emergency department was extended and there was a separate way for the COVID patients. So, you know, it was easy to go around in the hospital wearing a mask and seeing the normal patients because the COVID area was completely isolated."

The next theme identified was career progression, which was the topic the interviewees spoke about the longest on average.

5.5 Theme 3: Career progression

"I would choose Ireland, because I want to be here"

When asked if the COVID-19 pandemic had an influence in any way on their willingness to stay and work in Ireland, all the participants agreed that the pandemic had no influence in terms of willingness to stay and work in Ireland.

"I don't see why that would affect my plan is to stay in a country because it's the same everywhere. It's not like you don't have COVID in England or you don't have problems with understaffing in England"

All participants mentioned career progression as being the main factor for them to consider moving away from Ireland. In fact, out the ten interviewees two have stated they will be moving to the UK to commence their training schemes. This matched findings from studies from 2016 by Brugha *et al*. (2016) and Tyrrell *et al*. (2016). And it supports the point of Humphries *et al*. (2014) that non-EU doctors mainly migrate to Ireland to seek postgraduate training. A typical response was *"I feel that I should go for a place where I'm offered training or a better job exposure or better career aspects."*.

“It's tricky […] it's very frustrating for the overseas doctors not to be able to land a training job because you know it's what everyone wants. Most of the overseas doctors come here and this is me and all my friends. We're coming here looking for a training post and obviously a lifestyle that much what we want. But training job is very important.”

One doctor had moved back to Australia after 2 years in Ireland. For this doctor the plan had always been to gain experience in Ireland then to return to Australia as their family was there and the work life balance was better. This doctor had done their medical training in Pakistan. All interviewees recognised that it is more realistic currently to get a training post in the UK, but very hard to reach that goal in Ireland.

“Most of us don't get to have a training job and they end up leaving to the UK”

“Unfortunately, I would have to leave to the UK so I can get the training job because it's just priorities and most of the people just want to get a training job so they can end up being a consultant and instead of just being stuck on standalone job for many, many years.”

Only one of the interviewed doctors had managed to get a training post in Ireland and had started in an Emergency Medicine training post following the height of the pandemic. The feeling to stagnate in their career when staying in Ireland was very strong, some participants mentioned that they felt unmotivated and stuck working in standalone posts as they were unsure of getting training posts. They meet colleagues from overseas that arrived in Ireland years ago and had seen no progression.

“I have actually worked with these people (doctors) who are 15 years senior than me and are still doing the same work that I'm doing.”

“So, when I see that OK, there's no progression and I don't want to stay in as a Joker 4-5 years then obviously my career, regardless of how well the system treats me, my career would be my priority and I'll happily pack my bag if not happening. I'll pack my bag then move over to the next country.”

“The reason most IMGs leave the hospital even before their contract expires. I'll tell you the reason behind that, because they usually get a better opportunity of training either in the UK or the US.”

None of the participants mentioned more pay as an incentive or issue that influenced their decision to move. This is not aligned with Ognyanova *et al.* (2012) who stated that one of the main factors identified for leaving Ireland is the search for a higher salary.

5.6 Theme 4: Visa process

While there was no initial question planned in the interview questionnaire about visa processes, a lot of participants raised this topic when asked if they wanted to highlight anything else that impacted them during the pandemic. Most employees found that the process to obtain the IRP (Irish residence permit) cards was too slow and they received the card which needs to be renewed every six months with every new contract only at the end of their contract when there was no chance to travel. This is valid for waiting times when relocating to Ireland for the first time but also when in country, not being able to leave Ireland for holidays or family visits. This is reflected in the interview findings.

"It took four months for me to get it over here and for me it's just a simple straight process. […] The human resource department should work with the Department of Trade and Employment."

"I think the only thing that's affected me during the pandemic is not having my residency permit card available, so I have to wait like 5-4 months to get it and every time I get it during the last month so I can't travel. I can't do anything basically, […] there is no priority to process these things and it takes a lot of time."

Just as important as not being able to travel the point was raised that also family cannot travel to Ireland, even in extenuating circumstances. One respondent highlighted that they had a stroke during the time and had no support as they didn't have many friends yet in Ireland and their family couldn't travel and visit from Sudan.

"I got sick, and I needed my family to come and visit during my operation and everything they couldn't because of COVID, and the visa was difficult because of all limitations. Everything was difficult for them to come over and visit and stay with me and I think it really affected me over here."

"No, it's not possible (for family to visit). You need to apply for visiting visa and you know the whole process - and couple of my colleague did that for their families- and the whole process might take like 4-5 months is sometimes."

Four of the ten doctors mentioned that the pandemic brought positive changes as well. Firstly, the changes in work visas that were previously discussed were noted and welcomed by almost all respondents. The doctors felt that the decision of the government to granting a Stamp 4 visa for non-Irish doctors who were working for two years in Ireland was a good way of showing respect for this hard work and a good way to reward them.

"I think that was the best move […] in the pandemic. So, the pandemic from the government perspective and from the training perspective actually helped the non-Irish doctors and these things helped in relieving the frustration, the mental frustration we used to have and because what they felt was that everyone was moving to UK, everyone wanted to move to UK or was moving to UK."

"Then there was another positive impact of people getting GP trainings. And it happened after COVID, so they had to increase the GP's. There is quite a shortage of GPs in Ireland, so they increased the posts and most of the people started getting post as GP. So, everyone applied for the GP training."

This section has reported the findings of the interviews and has matched them to the literature review. This chapter will be concluded in the next chapter before the discussion chapter.

5.7 Conclusion

Employees are the Irish Health service's most valuable resource. They are more and more being asked to embrace changes on many different levels. Non-Irish trained doctors often feel overlooked but are an important part of the doctor cohort in Ireland. In this chapter the findings of ten semi-structured interviews of foreign trained NCHDs who participated in this study were presented. The study formed four key overarching themes through coding in the thematic analysis. These themes evolved around isolation and well-being, changes in working conditions, career progression and visa processes.

There were some similarities with previous studies such as the feeling of isolation, exhaustion, and feeling stagnant in career progression. On the other hand, this study showed that collegiality was described as a problem during the pandemic as there was no real team spirit in the departments amongst doctors and that often the nurses were the only support.

The results will be explained further in the next chapter, and the implications and limitations of the study will be discussed. Also, recommendations will be made for practises for hospitals and on possible future studies.

6. Chapter six: Discussion

6.1 Introduction

Chapter five presented the themes identified through conducting ten semi-structured interviews and matched them to their position in the literature. Extending previous research on the working lives of hospital doctors in Ireland and recent literature on healthcare workers' experience of COVID-19, this study examines the following point: The impact the pandemic had on non-Irish doctors working in Ireland during the pandemic. The findings illustrate how COVID-related changes at hospital level had consequences of enhancing the work environments of interviewees. This chapter will provide a summary of the results in relation to the research objectives.

6.2 Discussion

Respondent experience suggests that four major themes were impacting the work life balance the most during the COVID-19 pandemic in Ireland:

- Isolation and well being
- Changes in working conditions
- Career progression
- Visa process

These themes derived from data gained from ten semi structured interviews. The questions were formed from the objectives of this study, which are:

To identify how non-EU junior doctors were experiencing working through the pandemic in Ireland.

To identify how the COVID-19 pandemic shaped their future career plans in terms of migrating back to their home country or other countries.

To identify how HR can best assist and retain non-EU junior doctors working in Ireland.

The factors that were impacting the junior doctors during the pandemic were change of work processes, collegiality, help from employer, well-being inside and outside of work, travel restrictions and career progression. Creese *et al.* (2021) highlight, that Irish doctors show their well-being has been impacted significantly by the restrictions of the COVID-19 pandemic. For foreign trained doctors in Ireland the same applies. The situation of the pandemic has increased the feeling of being disconnected from the foreign native cultural background. Not having a community in Ireland, a family or strong friendships these doctors feel isolated and lonely. Therefore, they seek coping mechanism in forms of counselling supports to deal with their perceived stress. As the previous section explained, some doctors even engaged in further health damaging coping mechanisms such as smoking. This could be explained by the transactional theory of stress and coping by Lazarus and Folkman (1984) who describe three types of stress management: Handling stress in a problem-oriented way, dealing with stress in an emotion-oriented way and dealing with stress in an assessment-oriented manner.

The literature review determined that intrinsic factors of knowledge acquisition and career progression were key factors in turnover of non-Irish doctors. In fact, this study confirmed that one of the most important factors impacting on the choice to leave Ireland was limited possibilities of career progression. Even though all the doctors confirmed they would have liked to stay in Ireland after the pandemic, they had to make the choice to go to the UK, as they were able to get posts on training schemes. This finding means that there was no moderating effect of the COVID-19 pandemic of the intentions to leave the country.

The respondents all acknowledge that the pandemic hit hard in all countries, and it made no difference to them to work in Ireland in comparison to another country. This is important as organizations might draw the wrong conclusions that non-Irish doctors leave because of the impact of the pandemic. Statements of the interviewed doctors

show that the need to realise their potential and progress their career plays a vital part in making choices to emigrate from Ireland after some years. This aligns with Siar's (2013) view that if an employee's knowledge, skills, and ability are not being progressed, it can lead to stress and feeling powerless as they cannot change the situation. Therefore, they see no other options than to leave for a better environment.

While the workload in surgical specialties went down in the beginning of the pandemic due to cancellations of theatre lists that weren't emergency cases, the medical doctors described experiencing a higher workload. Doctors interviewed for a study by Byrne *et al*. (2021) mentioned that during the first wave of COVID-19 in Ireland, they were adequately resourced to do their job which was primarily due to increased staffing and mentioned adequate staffing levels, more manageable workloads, better collegiality, and improved morale across hospitals in Ireland. This was not confirmed by participants in this study, which had a mixed response to staffing levels and experienced a decline in collegiality and morale among doctor colleagues.

The hypothesis was that COVID-19 had a temporary impact on the working conditions and private life of foreign doctors working in Irish healthcare. This was proven in the findings of the interviews. However, it was expected that their long-term goals have not changed in terms of career progression in Ireland due to working and living through a pandemic. The assumption that other factors such as the limited training opportunities have a bigger impact on the decision making was confirmed during the analyses. Career progression was the only factor mentioned by the respondents that led to leaving Ireland.

6.2.1 Unexpected outcomes

There were some outcomes that were unexpected findings. Higher pay for example was not mentioned at all by the respondents as a determining factor for making choices of leaving or staying in Ireland. Of course, it could be argued that getting on to training schemes will ensure a higher income anyway, as trainees on the higher specialist training scheme have higher pay scales than Registrars in standalone posts for example. Therefore, this might not have been mentioned on a separate note.

Also, what stood out was the trauma the interviewed doctors had experience during COVOD-19. While of course it was expected that some of the doctors would have

suffered during the pandemic due to health reasons or feeling burned out it was unexpected that so many had lost members of their family or had serious health concerns themselves during that time, and family could not travel to Ireland to look after them. Most of the participants were mentally exhausted and drained because of these unexpected events.

6.3 Limitations of research

The small sample size is a limitation of the research. The original plan was to find 20 participants to be interviewed for the study. This did not happen due to limitations in the time frame and sourcing enough participants that fit the criteria and were willing to participate. The insight into only a small sample group makes it difficult to generalize the results. This concept of external validity is a general critique on qualitative research. Borman, LeCompte and Preissle Goetz (1986) state that because the results are on such a small scale that implications cannot be applied to any other group than the one investigated.

No gender equality is another limitation, even though the call was put out for all grades and specialities, only two females came forward to be interviewed. It should be highlighted that a focus on Registrars only might have had different outcomes. As only half of the respondents agreed to disclose their age the researcher did not include age in the statistics.

Another limitation is the external reliability. The findings as they came up in the interviews are unlikely to be the same with a different group, even with the same researcher, it cannot be replicated. The data collection in qualitative research is time consuming. It must be noted that the very busy work schedule of the NCHDs, especially in June and July during the time of NCHD rotations across Ireland, was getting in the way of finding 20 participants willing to be interviewed. The criteria to be interviewed was that the doctors were foreign trained and were working in Ireland during the COVID-19 pandemic for at least three months in a standalone (service) post.

Equally, the time resources of the researcher were very limited due to a very busy work schedule. Qualitative research is complex and produces large amounts of data and analysis of same is time consuming.

A further limitation of the sample is that it does not represent doctors from other countries than Pakistan and Sudan. Even though these nationalities represent the highest percentage of foreign trained doctors in Ireland, also doctors from South Africa or Malaysia, who often relocate to Ireland, and other nationalities should be considered.

6.4 Strengths of research

As an important cohort of the medical workforce in Ireland, the experience of foreign trained junior hospital doctors represents a key perspective in learning from the COVID-19 pandemic. The main strength of this study is that it puts the voice of often overlooked non-Irish doctors at the centre of the process of selecting and developing strategies for retention and job satisfaction.

It should be noted that the participants that did come forward to be interviewed and met the criteria, were keen to be heard and give their input on the research question. Every individual was very open and detailed about their experiences, feelings, and ideas on this subject. They all expressed gratitude about this research project and for being able to give their account on working in Ireland during the COVID-19 pandemic.

6.5 Recommendations and further research

Having reviewed the results and their implications there are some recommendations that can be made from this research. While there certainly are a lot of issues out of the control of the hospitals which could be targeted national level, there are factors within the control of the employer which could have a positive impact on the working lives of non-Irish (and Irish) doctors. The following recommendations are drawn from this research study:

Regarding isolation and well-being, it would be recommended to establish several well-being sessions during the day, so that doctors working different shifts can attend on their breaks or in times they need to take a time out. This could give a short-term relief when feeling overwhelmed and stressed even though it is acknowledged that it would not tackle issue around unfair treatment, unreasonable workload, or lack of social support.

Also, it would be recommended that more rooms are made available for doctors to take some time to breathe and relax during breaks or before and after demanding shifts. Space is always scarce in hospital environments, and often there is only a limited number of break rooms apart from an overcrowded canteen. Especially after COVID-19 the value of outside spaces has proven to be of value.

For non-Irish doctors who have not made friendships or connections a volunteer buddy programme across departments could be implemented, where people are buddied up with another person from a different background and department. These buddies can provide support for each other in tough times, and it is more likely to open up to one trusted person than taking the step to book into counselling sessions with a waiting list.

These recommendations would be estimated to take four to eight weeks to establish, the management team and HR would liaise with the NCHD committee to discuss further steps. The expected costs for the department would be ca 5000 euro to transform spare rooms into break rooms. One additional full-time employee for the well-being sessions would cost approximately 36,000 euro annually in salary. The buddy programme would be free of costs. The NCHD committee should have also non-Irish representatives and non-Irish doctors should be encouraged to apply for NCHD Lead positions.

Regarding addressing the working conditions, the departments of the specialty and HR should make sure that annual and study leave can be taken and are not cancelled when previously approved. This would foster the feeling of fairness and respect. Interdisciplinary events are very important especially after the COVID-19 pandemic to boost staff morale and integrate foreign trained doctors into their cohort. This could be guided walks or BBQs or a staff ball. In case of further restrictions online events could be considered such as online cocktail classes or cooking classes. A staff orchestra or band could be put together that plays once a week as music has calming effects and it would bond doctors across departments.

To ensure career progression, it should be ensured that all doctors have equal access to training and exams. Hospitals should provide pre-exam teaching and make sure for surgical doctors that access to theatre is divided equally to all junior doctors not only the ones on training scheme. As onboarding is such an important part to start their

career in Ireland, doctors moving from abroad should have a dedicated HR representative who deals with onboarding foreign trained doctors and helps them with accommodation, setting up bank accounts and tackling administrative tasks for them and their families to ensure a smooth process that allows them to focus on work and adapting to a new setting. Depending on the hospital size this could be a full-time or part-time employee which would cost approximately 29,000-46,000 euro annually.

To ensure visa issues are dealt with effectively a HR liaison person should be appointed with the work permit or visa offices, even the Irish Medical Council. Often these departments work in silos and have no understanding of the processes in the other departments. It should be worked on having regular online meetings to ensure processes are being maximised.

Other areas of recommendations:

As there is a lack of consultant posts in Ireland and there are too many trainees for too few posts, the grade of Associate Specialist could be explored more. It would give non-Irish doctors who have been working in the system for a longer time and have no chance to get a consultant post as they weren't on a training scheme the chance to work at a higher level and higher salary with more autonomy as in a Registrar post.

It is important to acknowledge that doctors also have circumstances where they require more flexibility around working hours due to different factors such as childcare or health reasons. Flexible training schemes and part-time contracts should be considered from the training bodies and hospitals.

Future studies using a larger sample size from multiple sites are recommended to confirm the generalizability of the findings. This research is needed to further explore the themes found in this study in a larger group of non-Irish doctors and to examine the effect of the COVID-19 pandemic more closely in the healthcare sector. The researcher would also suggest that the participants of this study are re-interviewed after two years to determine how their perception of this experience has changed. Also, another study would be recommended that focusses on the same questions but divides it not Registrar Grades, as this study ended up attracting mostly Senior House Officers and they are more junior grades. It should also be acknowledged that doctors only reflect one part of healthcare workers, and it would be equally beneficial to expand

this study to include foreign trained nurses and other foreign trained healthcare workers who worked during the COVID pandemic in Ireland.

6.6 Conclusion of discussion

With the health workforce expanding globally, Ireland's health service needs to be an attractive place to work for doctors from outside of the EU. The study confirmed that non-Irish doctors are feeling frustrated with Ireland's migration system as visa processes take a long time and make it difficult to travel to their home country or having family members visit them. Furthermore, many of the non-Irish doctors feel that they were missing out on training and information as normal meetings and teaching did not happen during the pandemic. A lot of changes in protocols led to a feeling of confusion paired with the feeling to be stagnant in their career and wasting their time in standalone posts. This led to being unmotivated in work.

Further research should focus on a broader sample, and it is suggested to expand this research to other foreign trained health care staff. Furthermore, the research should be repeated with the same group to see if the perceptions have changed. The next chapter will conclude this study.

7. Chapter seven: Conclusion and recommendations

In a context of continued COVID-19 impact, staffing shortages in the healthcare workforce, expanding waiting lists and obvious burnout amongst junior doctors, identifying support for the long-term sustainability of medical staffing is a major factor to consider for workforce planning. Doctor migration is a phenomenon that will not cease in the coming years. In fact, now that the pandemic is slowly on its way out and countries are opening again, junior doctors want to take that chance and explore working abroad and traveling again. Ireland's healthcare service would not function without foreign trained doctors who are filling gaps that are hard to recruit for. Recent changes in legislation have made training schemes accessible to all qualified doctors. It is therefore important to hear the current needs and concerns from different healthcare staff groups. As experiences might differ between Irish and foreign doctors during the pandemic it is important to gather insights from foreign NCHDs working in Ireland.

The aim of this research study was to review the impact the COVID-19 pandemic had on foreign trained doctors working in Ireland during that time. Three main research objectives were to identify how non-EU junior doctors were experiencing working through the pandemic in Ireland. How it shaped their future plans to leave or stay in Ireland and how HR can assist non-EU doctors working in Ireland.

Because it is not possible for organizations to overcome the pandemic or national regulations, they need to invest in mechanisms for doctors to cope with the ongoing strain. Having determined the intrinsic factor of career progression as one of the most important factors to leave Ireland and not the impact of the pandemic itself is an important finding from the research.

It seems that junior doctors who are already exhausted and frustrated by several lockdowns and the ongoing drain of the pandemic are likely to be engaged more in misunderstandings and disputes with colleagues that can create a toxic working environment. The collegiality amongst the doctor cohort was surprisingly perceived as toxic and sometimes even discrimination from Irish colleagues and senior members. Development of workplace relationships will enhance employee well-being and provide organisational benefits, since employees are more likely to share information and positive emotions amongst one another. Especially as the COVID-19 pandemic will likely have a spike again in the coming winter months now is the time to prepare for this event.

While recommendations for healthcare organisations are mainly to provide teaching opportunities for all NCHDs and boost staff morale and integrate foreign trained doctors into their cohort, HR should be working closely with the Department of Enterprise, Trade and Employment, the work permit and visa offices to maximise efficiency on processes for non-Irish doctors. In addition, the colleges and healthcare organisations should focus on providing doctors who are in a supervising role with the time and training to perform key management activities. They should be trained for debriefs and be able to identify and support members of the team that might feel sick or overwhelmed.

Comparing these experiences of non-EU migrant doctors with the experience of the Irish doctors who were interviewed in previous studies highlights the fact that similar

challenges are faced across the medical workforce. Naturally, some issues such as challenges with visa processes are only applicable to the non-Irish doctors.

7.1 Personal Learning Statement

The Irish health care service, or any health care service for that matter has been a topic that I have been fascinated by for many years. Working in Human Resources in Beaumont Hospital for five years and dealing with doctors daily, they have been a true inspiration for this study. Their commitment and dedication during the COVID-19 pandemic only confirmed this was the right topic for me to do research on. Especially the struggles I see from foreign trained doctors during onboarding and even after quite a few years in the Irish system has encouraged me to take on this project.

Being a foreigner myself, even though from an EU country, I know the challenges of adapting in a new country as well as not being able to connect with family during the pandemic. This study has been a very challenging path for me personally, having come out of the most work intense years during the pandemic, being onsite in the hospital, with sick leave levels in the hospital being at their highest, trying to staff the hospital while recovering from COVID myself.

However, the research for this study has given me great insights into recent articles and studies on healthcare workers before and during the pandemic which helped me in my day-to-day work in HR. However, it was not only very interesting, but it also gave me a sense of connectedness. The feeling of “we are not alone” which was so important during the pandemic, is still very much alive. Also, the kindness of the people around me supporting me in my endeavour has amazed me again and again. This study brought out a new level of discipline and organisation in me which I am proud of.

If I approached a project like this again, I would make a few changes. Firstly, the sample size would need to be bigger, and my personal study schedule would need to allow for unexpected events such as sickness to be factored in. A huge help was the function on MS teams to transcribe interviews. Having never done qualitative research before I can only imagine the amount of time having to transcribe 30 or more interviews. Secondly, the coding was a completely new process for me, and it could

possibly be improved. Also, scheduling interviews requires flexibility, as doctors are very busy and often on call, they might have to reschedule at the last minute. It was particularly challenging to find a time that worked with my own busy work schedule.

However, the findings were very relevant for our Medical HR department, and we are using them trying to improve future processes. Every single doctor taking part in my study was grateful for the opportunity to be heard and was thanking me for picking this topic which gave me the energy to complete this project.

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9. Appendices

9.1 Consent form

Study title: The impact of the COVID-19 pandemic upon the non-Irish junior doctor workforce: An investigation into the situation in Ireland.

I have read and understood the Information about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	**Yes** ☐	**No** ☐
I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care.	**Yes** ☐	**No** ☐
I consent to take part in this research study having been fully informed of the benefits and alternatives.	**Yes** ☐	**No** ☐
I give informed explicit consent to have my data processed as part of this research study.	**Yes** ☐	**No** ☐

STORAGE AND FUTURE USE OF INFORMATION		
RETENTION OF RESEARCH MATERIAL IN THE FUTURE		
I give permission for material/data to be stored for *audit purposes for 5 years*.	Yes ☐	No ☐

Name (Block Capitals) | Signature | Date

9.2 Interview questions

1. What is well-being to you and how do you look after your own well-being?
2. How do you expect your employer to look after your personal well-being?
3. What do you do to make sure your well-being is guaranteed at work?
4. How has the COVID pandemic influenced your well-being?
5. How did the COVID pandemic affect work processes or your day-to-day work?
6. What has your employer done to help you and your colleagues through the pandemic and guarantee your well-being?

7. How did the COVID pandemic affect your willingness to keep working for the same organisation / employer?

8. How much has the COVID pandemic influenced your willingness to stay in Ireland?

9. To what extent did the COVID pandemic influence your decision on how long you wish to plan to work in Ireland?

10. In case another pandemic situation would occur, what would you recommend an HR professional to consider guaranteeing employee well-being?

11. What else would you like to highlight that impacted your work during the pandemic, is there I might not have asked you?

9.3 Research Onion

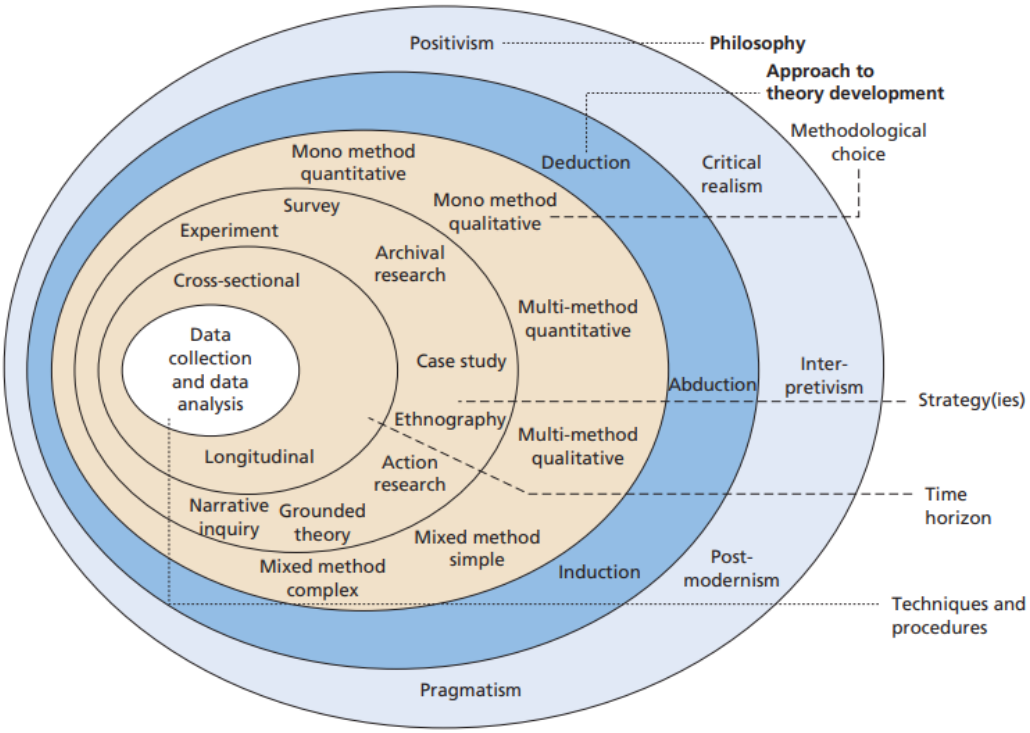
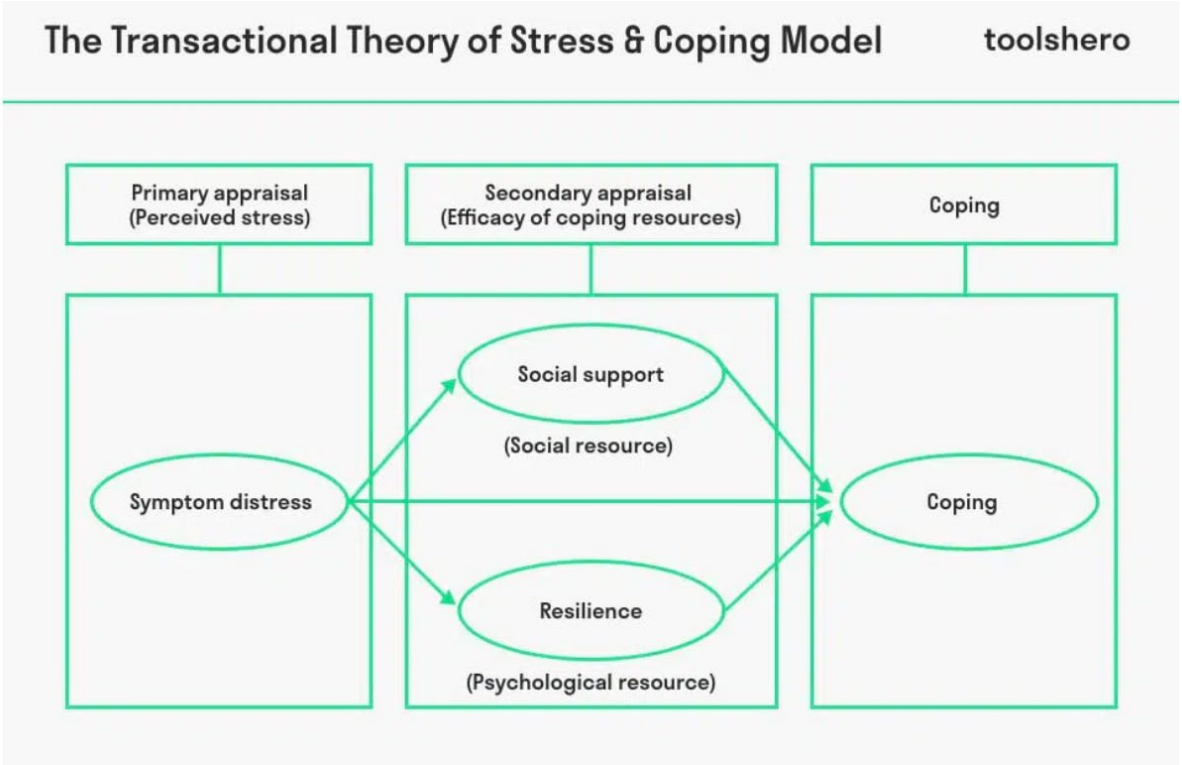


Figure 4.1 The research 'onion'
Source: © 2015 Mark Saunders, Philip Lewis and Adrian Thornhill

(Saunders, 2015)

9.4 The Transactional Theory of Stress & Coping Model



(Lazarus and Folkman, 1984)

9.5 Example Interview

Example Interview (shortened due to word count restrictions)

FL
When did you move to Ireland and what city are you currently working in?

0:0:10.430 --> 0:0:20.90
M
I moved into Ireland in January 2021. and I'm currently working in Dublin.

0:0:20.950 --> 0:0:28.880
FL
And Dublin. OK. Perfect. And can you tell me what is well-being to you and how do you look after your own well-being outside of work?

0:0:29.460 --> 0:0:59.390
M
So I well-being means that probably takes a take a term off, time off and say yeah, find moments of pleasure and say join fit of like say relaxation alright and of course that compresses of your sleep and your good appetite alright but and also exercise as well. Alright. And in addition to this like also well-being. Is affected when you are more required to work more on the on calls from your in addition to your your usual hours right? So, for me the well-being is a sentence which is comprises of your own like relaxation, good appetite, exercise and also take time off to mingle with friends and family.

0:1:26.670 --> 0:1:31.480
FL
Absolutely. And how would you expect your employer to look after your personal well-being?

0:1:32.500 --> 0:2:3.250
M
You know, I would ask a really expect my employer to look after my well-being, say first of all is to give a less burden of work. Say although require ever say not expecting to work more than hours specified in the contract. For example, the contract specifies say 40 hours per week, so not exceeding them and also not putting more burden of the on calls as which may which we are usually required to do. In addition to this, I would really like my employer to look after my well-being in the sense to organize certain times of in between the work that say like some conferences or some say for example some seminars which actually give you time to just divert your attention from work and go for something constructive education.

0:2:32.460 --> 0:2:45.330
FL
Hmm. OK. And what do you yourself do and to make sure you're well-being is guaranteed at work. Is there any, any little routines, anything you can recommend that you do during working hours?

0:2:52.620 --> 0:3:22.950
M
So would you say achieve this? But in my opinion, during world time the well-being can be in in terms of like say flexible hours. Say for example if it is 8 to 6 hours even though it doesn't in those eight to six hours, one should not be really working from a like a robot from say for a whole 10 hours should be like a comprising of like for lunch breaks or like tea breaks or right? It should be organized and not to say that, OK, if I start my work and it to from 8 to and I don't have even time to take lunch until maybe 2:00 o'clock in the afternoon just being busy. Alright, there should be like organized way of breaks tea break, lunch break and in addition to this weekly, some sessions to just which in which we can discuss about how like burden we are and how we can just.

0:3:53.470 --> 0:4:23.930
M
Take time off. The third thing I would like my employer is to organize some like a awareness walks on, some say like a hiking trip over the weekend. If we are free. Some cycling trip which will certainly we are like a family inside our workplace so outside. Also when we are meeting each other for just say a walk or some restaurant dinner or whatever or like physical exercise activity, it will really be very much. Adding to the well-being.

0:4:25.920 --> 0:4:35.910
FL
Umm, OK, that's really interesting point.. And how has the COVID pandemic influenced your well-being overall?

0:4:36.510 --> 0:4:44.720
M
But I would really say that it has really deserve what you say it has destructed and bulldozed the whole well-being. So it's I would be rather blunt, but actually this has happened. That initial was last year of COVID and even before this we were still much under pressure. That well-being concept was really forgotten, right. It probably never, I had never heard it. You know if I had about this, I could have never imagined of that. So COVID has affected our general well-being which has made us quite frustrated.Burned out in our daily lives.

0:5:17.850 --> 0:5:39.350
M
Right. Because like probably and it probably, I feel the reason is that we were ourselves began getting covered. So for example, I'm working exposing being exposed to the patients to covered, I get

covered and then my other colleague will suffer. So it has really it has affected quite adversely in a bad way our well-being.

0:5:40.930 --> 0:5:43.740
FL
And were you able to see your family at all during that time?

0:5:44.280 --> 0:5:44.890
M A
No.

0:5:46.830 --> 0:5:55.470
FL
OK. And can I ask how did the COVID pandemic affect your work processes? And in your day-to-day work like what was different?

0:5:56.620 --> 0:6:28.130
M
Well, it was more work. It was more work. It was quite and at times we thought found it like to be a chaos. Like, say, many COVID patients, in addition to the normal ones or to say the other ones. So it has really added burden and probably we feel that the staffing was not really merged done to cope up this the there was shortage of staff that we were overburdened, we were overworked and the staffing crisis was not really much addressed to our.

0:6:29.420 --> 0:6:36.350
M
Say it was understaffed thing. It has really made an impact on us.

0:6:37.920 --> 0:6:49.970
FL
And how did you experience collegiality during the process? Did you feel like your team was, you know, close? Or was everyone for fending for themselves, or how did you experience that?

0:6:50.690 --> 0:6:53.870
M

Well, collegiality in the emergency it was.
It wasn't really that good enough. So like the seniors and the junior doctors like say.

0:7:2.570 --> 0:7:33.260
M
Oftentimes we found ourselves in a mess that we were not really getting on well and it has which I personally experienced, and even on the words in the hospital, the collegiality was affected because some people were overworked. Some people were like, say, engaged in other stuff. So I would say the stressful environment, we could really think that, yes, COVID has made us quite in stressful situation that we are not getting on well with each other, which we normally do.

0:7:35.200 --> 0:7:41.500
FL
Umm so you worked in emergency medicine. Then you worked in medicine. And where are you working now? In what field?

0:7:42.310 --> 0:7:44.350
M
I'm currently working in rehabilitation.

0:7:44.830 --> 0:7:53.90
FL
OK. How did the COVID pandemic affect your willingness to keep working for the same hospital?

0:7:55.230 --> 0:8:19.560
M
Well, honestly it has, like the busy hospitals, people who are not really willing. In my case, I wasn't really willing to work in the same hospital, right, because that I am working. Like all worked, I am burnt out. I'm not being looked after. I'm not getting the required vacation I should get. Alright, so this has actually affected me. Alright. And it I at point and many times I thought I should leave the hospital and go for like a place where I have less work.

0:8:30.460 --> 0:8:32.710
FL
So like smaller hospitals?

0:8:33.20 --> 0:8:42.410
M
Yes, say, nursing homes. Whatever any facility which in which you have a less hours of work or less burden of work.

0:8:43.620 --> 0:8:49.370
M
Less hours of work doesn't mean that less, but it should be less burden of work or not completely burden sharing.

0:8:51.530 --> 0:8:58.180
FL
Umm, OK. And how much has the pandemic influenced your willingness to stay and working in Ireland?

0:8:59.270 --> 0:9:29.640
M
Well, it has to some extent. It's again about the because I feel my we are usually as doctors looking for a training program or something. So if you find something in Ireland or so, OK, if you don't find then you freely feel that I should go for place where I'm off for training or a better job exposure or better career aspects. This is what we feel it. Then it holds 2 not even for medical doctors or the healthcare personnel. It holds for everyone's say the person is working in IT. Keep in information technology or human resource. You keep him on the desk for the whole one year or two years and you are not giving your promotion. You would certainly think about going somewhere else. COVID actually has like say that it restricted the movements, it has restricted the movement of the people.

0:9:50.310 --> 0:9:56.800
M
Going to other hospitals because we we were thinking that say.

0:9:58.110 --> 0:10:2.870
M
What other hospitals will give us if we lose this place? There was a fear of losing job.

0:10:5.820 --> 0:10:12.240
FL
OK. can you elaborate, why did you feel you were losing your job?

0:10:13.350 --> 0:10:19.730
M
No, it was a fear that if, for example, I am, I'm not offered a better job, another hospital, why should I leave this hospital? Right.

0:10:20.760 --> 0:10:29.400
FL
OK. And, what's your plan like is your plan to get on a training post in Ireland?

0:10:29.120 --> 0:10:53.50
M
Yes, at the moment exactly because we feel that probably the due to covert restrictions have gone much better. There is much acceptance at the moment. So I plan to stay in Ireland, but like last year was so much hard enough that I thought I could not cope up with this covered stuff like restrictions all that. So I should better go back or go to somewhere else.

0:10:54.760 --> 0:11:4.280
FL
OK, to summarize basically the pandemic did influence your decision and but because pandemic has died down now you're happy to stay. Is that correct?

0:11:4.220 --> 0:11:5.530
M
Yes, absolutely.

0:11:6.10 --> 0:11:21.840
FL
OK, perfect. And what would you recommend? HRM professionals, and to consider guaranteeing employee well-being?

0:11:26.650 --> 0:11:49.950
M
Yeah, they should organize these programs, as I say, number one is that they should give a circular to all departments in the clinical one that look at the it's it's not only our job to give salary to the employees, it's your job to ensure about the well-being in which you should organize on your own. Some say time off program say alright, which as I told.

0:11:50.610 --> 0:11:51.670
FL
OK.

0:11:51.120 --> 0:12:22.90
M
I mean, for example, just some events, some seminars of issue is that before covered you used to have lots of conferences, lots of seminars which you used to add as not even our professional knowledge but also our like interacting with each other in the code because of the restrictions we will know we weren't going anywhere, we were just stuck in the hospital and the whole day the same hospital, the same routine and exactly work. That's what exactly is we have like 2 auditoriums, and they weren't really being used for anything.

0:12:26.220 --> 0:12:59.310
M
So as the thing slowed down, exactly the pandemic started to decrease. Then the educational activities came back and then we felt OK, we have some time to went off or say to to relax. So I feel that as well-being should be like a a from the beginning administered by the HRM. They should give clear directions to the clinical people, to the departments that organize. This will being you are bound to give times off. It is seems like that.

0:12:59.490 --> 0:13:29.570
M
I have to attend a lecture and the postgraduate medical department takes my bleep and her outside the lecture of hall, and then lets me in inside and I take the lecture or whatever food, right so and also just organize weekly or a monthly light, some seminar say which should exactly give ways for people to vent off their professional say like anger or frustration. So this should also be looked after by the senior doctors or the senior medical staff. Not to say that I am are ordering for a scan and scan is not happening and I feel frustrated. OK then I'm promising my whole well-being so it is just that as a very small minute level but at a more you can say grow bigger canvas it comprises of say taking care of their good half times work alright. Essential breaks time to be given number 2 #3.

0:14:5.890 --> 0:14:8.560
M
Uh, like outside the hospital?

0:14:8.820 --> 0:14:40.810
M
Uh, like recreational activities? #4 is that if there is any, say fate like the stuff also happening for Christians or for like Muslims also they exactly they should be allowed to engage in those activities as well and and they should be given a free choice that I say I'm impressed and I am and I have a bad small Chapel inside a researcher church inside or say any room inside the hospital I can go and they have time to relax.

0:14:41.470 --> 0:14:44.920
M
So it is something like this, yes.

0:14:46.130 --> 0:15:1.720
FL
OK. we're coming to the end already. So do, you have anything else you want to highlight that has struck you during the pandemic , anything else you want to highlight that I might have not covered?

0:15:2.370 --> 0:15:34.890
M

Yeah, I think that is something which has being a non Irish doctor. I would really like to comment that with our visa process have been very much delaying in the cover times. This is I'm I was a personal victim that in, in in in 20 April 2020 I had a job but in Galway University Hospital and then because of the restrictions and all that they didn't consider me that OK you are abroad you won't be able to come here or here so and then exactly. I then got job in Dublin.

0:15:35.250 --> 0:16:5.230
M
Things were quite late. I should really say that the human resource department from the hospitals they should, because of the Covid stuff and it's actually COVID has like shaken the health system. It has given a big challenge to the health system that look, this is the virus restrictions you have to apply wherever from you have. Patients are going to die will be really sick and you have to increase the health workforce by whatever means or let the people die. This is.

0:16:5.550 --> 0:16:35.380
M
The simple blunt words I would say so. The human resource department should work with the Department of Trade and Employment. Say please do the processing as soon as possible. We won't. Doctors, nurses. We should not wait for months say, and because the common patient who comes into an how government hospital, he does not want to listen that I don't have stuff to well look after you right. He will. He'll say. OK I'll go and dry on the road.

0:16:35.570 --> 0:16:45.160
M
So why I'm giving my text to you, right? So on lighter note, human HR people from the hospital say they should. No closely work with the Department of Immigration Department of Labor employment to get the people as soon as possible on the floors, not to say months of waiting, which will really make the Ireland a better place, say work.

0:17:3.640 --> 0:17:5.790
Friederike Lutter
that's perfect.

0:17:4.420 --> 0:17:15.60
M
Like the reason is the reason people are not reluctant to come over here is that how months of delay in visa processing, which is not fair.

0:17:16.800 --> 0:17:47.330
M
I would really. I it took four months for me to get it over here and for me it's just a simple straight process. You will get send an I am interviewed by the consultant the same or second next day or like in a week. And the consultant says yes, I am happy to give him a job. That or send me the papers and then exactly. And the like recruitment process should also be simplified. Say there are a lot of say particulars lot of things which are I feel which are not really required. You should make the work.

0:17:47.410 --> 0:18:19.180
M
The employment process as simple so that you can bring the people as much as possible. The COVID is not going to go anywhere. It will come and go. It will come and go, but the health system will keep on compromising. And because of the non-availability of the stock, the people who are working, they will also leave. Yeah, that's what exactly I am working in a hospital in a board or say in a in a team in which there are six doctors, five of them I leave so early. Four of them are leave but I have left two are remaining. The whole workload is in on 2.

0:18:19.280 --> 0:18:51.190
M
So they will. They will also say why should we stay? We will also leave. That's the main issue. So I think things can get really much better in Ireland, that visa processing where the non-Irish doctors should be simplified should be swift enough. And then again, the human resource department should also to give a send the letters to the training bodies like the Royal College of Surgeons, Royal College Physicians, Royal College of Paediatrics or the General practitioner bodies to enhance the training speed so that people stay here.

0:18:51.260 --> 0:18:59.500
M
People stay here health like a then the health conditions will be much improved.

0:19:0.120 --> 0:19:10.690
FL
Perfect. That's great. Thank you so much. That's already the end of it. Brilliant. I'll dismiss the recording. And thanks very much for your time. Interview concluded.

9.6 The coding process, printed and colour coded transcripts