

based on documentary analysis and elite interviews with experts in international organisations, officials in the Department of Health (England), recruitment officers in the source countries, and professional nursing organisations and trade unions in the UK.

This paper argues that government-to-government agreements between the UK and supply countries emerged from a discourse on the ethical recruitment of health workers which was framed in the language of human rights. One of the roles of these agreements was to contain contradictory and conflicting interests between and within institutional actors involved in the international recruitment of nurses on both sides of the migration process. More broadly, the research addresses and advances the discussion of the policy instrumentation approach, and contributes to the understanding of the choice of policy tools in international migration governance.

1.10-P24

Institutional impacts of care migration directed towards long-term care: Zooming in on Slovakia and Romania

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Long-term care for older and disabled persons – including the provision of such care by migrants – has been at the centre of scientific examination in the last two decades, especially in relation to care provision in private households. While the receiving countries' conditions, such as the nature of paid domestic work (Parrenas, 2000; Hochschild, 2000) or regulatory contexts (Anderson, 2000; Williams, 2011) have been already widely examined, the influence of care workers' mobility on the institutional systems of sending countries seems to be covered to a lesser extent. The responses offered so far in Central and Eastern European contexts seem to indicate that some sort of acknowledgment exists but it remains at a declarative level, with little or no action from governments despite the extensive nature of care mobility and care migration.

The presentation we propose aims to contribute to the scholarship on care migration impacts on the countries of origin. Particular attention will be given to European circular mobile caregivers working in elder home care in European countries and to the impacts this care workers' mobility has on sending countries. The consequences care migration has on the institutional systems, in the area of healthcare and education in particular, will be at the centre of the enquiry. We will look into different patterns of mobility taking the examples of Slovakia and Romania. These countries, rich resources of care workers, represent two different sets of regulatory contexts and employment arrangements with other countries. The analysed data originate from the research conducted by the International Centre for Migration Policy Development in the autumn of 2017, in Slovakia and Romania respectively. The main research methods employed consist of expert interviews with key stakeholders in each of these countries, as well as semi-structured interviews with caregivers and their family members.

1.10-P25

Health education students in Norway and their responsiveness to diversity - possibilities within

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Objectives:

There is little co-operation between ethnic minority and majority students in health education in Norway. The aim was to see if early intervention in the students first academic year would enhance co-operation leading to an

integration of minority students in the classroom and enhance intercultural communication skills leading to increased cultural sensitivity.

Methods:

A systematic literature search and a document analysis of reflection notes was performed. By observation, data was collected on 47 students during their first semester training after the intervention.

Results:

Three themes were identified: Learning outcomes, experiences during initial group work and longitudinal results of the initial work group.

The results showed that learning outcomes increased after the intervention for both the individual students and the group after 3 months and continued during the two years of observation.

Data are based on a case study and therefore the level of empirical evidence in this setting is limited.

Conclusions:

Based on the results it can be proposed that group work in ethnically diverse working groups at the very beginning of a student's tertiary academic career sets a standard of what is expected of students by cultivating requisite attitudes and skills, both individually and collectively and as a result strengthening progress in the area of health and medical professionalism.

1.10-P26

Doctors' perceived coordination of care across care levels according to country of origin in public healthcare networks of Brazil and Chile

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Background:

Despite efforts to improve care coordination between primary care (PC) and secondary care (SC) in Latin American healthcare systems, problems in coordination remain in the region. The objective is to explore differences in doctors' perceptions of care coordination across levels of public healthcare networks in Brazil and Chile according to country of origin.

Methods:

A cross-sectional study was carried out based on a questionnaire survey, applying the COORDENA questionnaire to a sample of PC and SC doctors working in two public healthcare networks of each country (348 doctors per country) of which 7.1% in Brazil and 24.7% in Chile were foreigners. Outcome variable: general perception of care coordination across care levels. Main explanatory variables: doctors' country of origin (national/foreigner). Covariates: sociodemographic, employment, organisational, and interactional factors. Descriptive analysis and multivariate logistic regression models were performed.

Results:

In both countries, foreign doctors mostly work in PC, identify PC doctors as care coordinators and trust to a higher extent in the clinical skills of the other level doctors. Their perception of good care coordination across levels is low (about 15%) but slightly better than that of national doctors. According to multivariate analysis, in Chile, foreign doctors' perception of good coordination of care is higher: OR adj: 2.35 [95% CI = 1.61-3.42]. No differences were found in Brazil.

Conclusions:

The level of perceived care coordination is generally low but somewhat better among foreign doctors, particularly in Chile. Further research on influencing factors is needed.