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The Corporate Integration of Highly Skilled Professionals - A Social Capital Perspective

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***Abstract*—**Not with standing the importance of foreign highly skilled professionals for host economies, there is a paucity of research studies investigating the role of the corporate social context during the integration process. This research aims to address this paucity by exploring the role of social capital in the integration of foreign health professionals. It does so by using a qualitative research approach. In this pilot study the hospital sector forms this study's sample and interviews were conducted with HR managers, foreign health professionals and external HR consultants. It was found that most of the participating hospitals had not established specific HR practices and had only partly linked the development of organisational social capital with a successful integration process. This research contributes, for example, to the HR literature on the integration of self-initiated expatriates by analysing the role of HRM in generating organisational social capital needed for a successful integration process.

***Keywords*—**Corporate integration, hospitals, self-initiated expatriates, organisational social capital.

I. Introduction

THE lack of highly skilled professionals has been postulated in many European social service sectors [1]–[3]. In particular in the healthcare sector, a gap in the supply of health workers has been identified, caused by a shrinking pool of health professionals and the rising demand of health services. This gap leads to new employment opportunities for foreign health professionals [2], [4], [5]. Further, it is in the interest of hospitals to manage their human capital effectively which underpins the importance of effective HRM in these organisations [6]. Therefore, hospitals are an interesting arena for studying the mechanisms that exist to integrate foreign highly skilled expatriates into organisations. Due to the acute demand for high-skilled health professionals, hospitals have started competing over medical staff by implementing HR practices such as attractive working conditions, better payment and clearly defined career paths [5].

In this research, focus is placed upon highly skilled self-initiated expatriates (SIE), i.e. employees/immigrants who are not assigned by an organisation to move to another country but have chosen to move abroad on their own arrangement [7].

Since organisations, such as hospitals, have an interest to manage their human capital, including self-initiated expatriates, effectively the importance of effective HRM is apparent [6].

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Within the context of integrating foreign professional workers, the role of HRM is less researched and more research is needed to examine the effectiveness of HR measures in the integration process in the health care sector [8]–[10].

Social integration is a key aspect in this process. Reference [11] claims that social capital can play a vital role in international migration, as it can support the acculturation process and help foreign employees to learn and understand the culture which exists in organisations [12].

This research follows [13]'s call for more research into the organisational challenges which skilled self-initiated expatriates face in host economies.

While researchers have analysed institutional factors such as credential recognition [14], the role of social capital in the integration process has been less researched. The primary argument in this research is that it must be in the interest of the organisation to establish practices and policies that foster the creation of social capital and social networks, in order to facilitate the integration process of SIE – if organisations want to retain foreign highly skilled professionals in the long-run.

The objectives of this research are to explore if and how organisational social capital can contribute to the successful integration of foreign highly skilled professionals and to investigate what role the HRM can play in establishing organisational social capital.

II. The Role of HRM in the Corporate Integration of Foreign Employees

When integrating foreign medical staff, HRM is required to pay attention to a number of issues. One such issue is the creation of a work environment that allows the acknowledgment and sharing of foreigner's knowledge and experience to enhance the benefits for the organisation [15]. Another issue may refer to difficulties in mastering the local language and understanding organisational processes and structures [16]. Reference [17] found that often a major problem in this integration process is the inability of migrants to speak the language of the host country, which results in communication barriers and hinders the establishment of contact with host colleagues. The acceptance of foreign employees by the local employees may be another issue, as local employees may see themselves in competition with their foreign colleagues [18]. Further, cultural differences may delay the full integration and therefore affect the productivity of the incoming foreigner [13], [19]. Therefore, it is suggested that personal development plans be created to improve their language and clinical skills in order to reach the appropriate

level of performance. Further, staff already working in the organisation should be made aware of the level of experience and skill that foreign professionals bring to their posts [15].

Previous research has shown that HRM can affect employee attitudes and behaviour and has potential to contribute to organisational performance and patient satisfaction [20]–[23]. Reference [24] argues that the enacted HR practices send messages to the employees and will therefore influence the relationship between employees and the organisation. HR themes such as employee participation and personal development can help increase the productivity of employees [25]. Human resource management is also responsible for developing cohesive policies in training and development so as to ensure that the health care workforce is knowledgeable and skilled [5]. Therefore, it can be assumed that HRM can positively influence the integration of foreign health professionals into organisations.

III. Social Capital in the Context of Corporate Integration

Although a broad consensus on the nature of the phenomenon of social capital seems to have been found, multiple definitions and different perceptions exist [26]–[28]. Reference [29] defines social capital as 'circumstances in which individuals can use membership in groups and networks to secure benefits'. Social networks are often regarded as the most important source because social capital is understood as being based on the connections between and among individuals [28].

Looking at the functions which social capital can play in the incorporation of foreign professionals, three levels of analysis can be identified: the micro-level (individual), the meso-level (organisational) and the macro-level (socio-political).

At *macro level*, researchers (such as [11], [30]) have confirmed the assumption that social capital is associated with the institutional infrastructure in the country and is a vital resource in the social integration of immigrants into the destination economies [31]. It has been found that the existence of social capital, in the form of social networks among immigrants, is positively associated with labour force participation [31], [32], hours worked [33] as well as job tenure [34]. At *micro level*, social capital is associated with the individual immigrants and their network built in order to gain access to information [35]. At *meso level*, which is the level of analysis in this research, the interrelationship between organisation and individual SIE is investigated.

Reference [36] defines social capital at organisational level as "a resource reflecting the character of social relations within the organisation, realised through members' levels of collective goal orientation and shared trust." Reference [37] has argued that organisational social capital can be created through groups and networks, trust and solidarity, collective action and cooperation, information and communication and social cohesion and inclusion. Reference [38] has claimed that employment practices can foster the creation of social capital within the organisation, implying that the HR department can provide effective means of managing social capital. In terms of specific actions that can create or enhance social capital in the organisation, [36] has suggested that a workplace is created that allows ample interaction among employees. Reference [39] has argued that bringing together groups of employees would create opportunities to share knowledge and experience and help create social capital. Another way to enhance social capital is to develop an organisational culture that addresses the social aspect by offering opportunities to socialise.

For foreign highly skilled professionals, the existence of social capital in the organisation can provide both the employer and employed professional information about employment conditions and foster the creation of trust [34]. Reference [40] has argued that a culture conducive to trust has to be engendered at all hierarchical levels within the organisation. Yet [41], referring to the findings of [42], have claimed that immigrants often lack access to social capital in the workplace.

IV. Research Method

Since the issue of integrating foreign health professionals is pronounced on and pursued differently in different European countries, this research seeks to shed light on the differing processes and practices initiated by hospital managers and external institutions in order to integrate foreign highly skilled professionals. The nature of the research has meant that an intensive research method was preferred, with a qualitative approach being selected as the research strategy. This approach was chosen in order to examine the integration process from both an HR and employee perspective.

As a method for data collection, the interview technique was chosen. The central contention is that the integration of any foreign professional is complex and can be fully understood only through research on different levels. Therefore, interviewees were chosen based on maximum variation sampling to gain different perspectives and opinions on the integration process. For the pilot study, four members of human resource departments from four different hospitals (a German university hospital, two German medium-sized hospitals and a Danish medium-sized hospital) were interviewed. Further, one foreign physician, who is employed at a university hospital, was interviewed. In Germany, several institutions and foundations offer support in the integration of SIE, and therefore the researcher sought the opinion of three members of these organisations to broaden the perspective on the issue under consideration.

Using a semi-structured interview schedule, questions for the pilot study focused on the current integration process in hospitals, including challenges and initiatives, and the support of organisational social capital in this process. The length of the interviews ranged from 30 minutes to one hour 45 minutes, and interviews were conducted in either English or German. The data collected from the interviews was recorded, and subsequently transcribed and translated. For applying a

thematic analysis, the Framework approach adopted by [43] was used, as it enabled the data to be systematically and rigorously analysed.

V. Findings

The hospitals that took part in this pilot study employed about 6% foreign health professionals. Due to the size of the hospitals, this meant an average of 250 such employees per hospital.

A. Integration – An Issue in Hospitals?

In general, the respondents confirmed that the integration of foreign health professionals is an issue to which they had to pay attention. One HR manager of a university hospital said: *"We want to make sure that employees with a foreign background get into the routine as quickly as possible and are capable of working as quickly as possible"*. Yet one external service provider reported that hospital managers would only start to react and address the integration issue if patients complained and lost trust in their doctors. While in the German hospitals, regular members of the HR department were responsible for the integration of foreign health professionals, in Denmark an additional position was created so that sufficient time and attention could be devoted to the issues arising in the integration process. The person responsible explained: *"I am employed at this hospital to take care of all foreign doctors and I am the only person [doing this] in the whole of Denmark. I offer support in social, administrative and language problems."*

Interestingly, one respondent who runs an independent HR institute argued that responsibility for the integration of foreign health professionals should not be in the realm of the hospitals, because "*this is going to be too much for a lot of hospitals because they have to deal with their five foreign doctors in maybe five different fields and possibly five different circumstances. The hospitals cannot do it, because they have too few physicians who are to be integrated and who have totally different needs."*

He further questions who is responsible at the hospital for the integration process. In his opinion, it should not be the job of the head physicians: "*Why should they do that? They have neither the time nor the interest."* Another external service provider confirmed the lack of support by head physicians. She said: *"The head physicians have not realised that one reason for the fluctuation in their clinic is related to their treatment of foreign physicians. If it gets difficult, these will leave. Head physicians reject the participation of foreign staff in integration courses."* Another agent further felt that it should not be the role of the HR department to integrate the foreigners, because HR would not understand the issues that arise in the job. He claims that the hospital would have to hire an extra person for this but questions who could possibly justify such a job. He therefore suggests that hospital managers should hire an external professional who possesses the knowledge and the time to train foreign staff in both general and technical language as well as cultural issues.

B. Integration Measures in Hospitals

HR managers reported that they offered several initiatives to integrate newcomers in general, but rarely anything specific for foreigners. Part of the general programme provided by the HR department were induction days, training programmes and – in a few hospitals – mentoring programmes. The foreign physician reported that he would find mentoring very important.

In terms of integration, all respondents argued that speaking the language of the host country and being able to communicate with patients would be most important. The Danish integration manager said: *"I think through the language you will also understand the culture and you will make new friends and you will integrate, but you need the language."* All HR managers and external service providers reported that they offered language courses which included training in technical language and in dialects.

Regarding the acceptance of initiatives that were established in hospitals to integrate foreign health professionals, the HR manager of the university hospital mentioned that the initiatives offered to foreign staff were not well accepted. "*We tried to organise a kind of a get-together for employees with immigrant backgrounds – for ensuring a mutual exchange, but there was no feedback at all."* He further said*: "The issues foreign employees have are relatively small."* The respondent of one of the medium-sized hospitals confirmed such a reaction by their foreign health professionals: "*At the moment no foreign physician has expressed any form of need."* However, this hospital regularly offers intercultural training courses organised by an external service provider in order to prepare foreign staff for their new jobs.

A different perception was expressed by the Danish integration manager and the respondent from a German foundation who claimed that foreign professionals liked to be taken care of and to be introduced to the national health care system before they start. The foreign physician had the same opinion and felt that a systematic integration process would be very useful, including a structured induction, a cultural training, integration and language courses, as well as training on patient care. He also stated that in his hospital there was no institutionalised integration procedure and that he had to be proactive and ask for support and information whenever needed. He mentioned that the head physicians were difficult to contact because of their immense workload and limited time. He said that integration was quite difficult at the beginning, but his proactive approach and open mindedness helped in socialising and networking. Taking part in regular meetings had helped him to get to know the processes and systems.

In terms of cultural differences, several respondents from Germany reported that this would not be an issue. One external service provider said "*There are no such things as cultural differences."* He explained that differences instead occurred due to differences in personality and behaviour of

the people, both hosts and foreign physicians, and also because of differences in the medical systems.

C. Organisational Social Capital in Hospitals

When asked about the creation of a conducive organisational culture, two HR managers reported that the mission statement had a strong impact. The manager of a medium-sized hospital said: *"That's really influenced by the top management, they communicate openly and developed a corporate mission statement and it is also put into practice from the top management down to the employees."* The importance of a corporate culture that encouraged cooperation between local and foreign employees was emphasised by the Danish integration manager. She said: "*I always say: integration goes two ways. Danish people also have to do something to integrate the foreigners."* The foreign physician felt that in his department, competition was very strong among the physicians in training and that therefore, cooperation and knowledge transfer were limited.

It was further reported that communication was an element that could help create a work environment characterised by mutual help and understanding. Therefore, one HR manager reported that in his hospital, a room for meetings would be provided to encourage staff to use their limited spare time to socialise. The German physician also highlighted the importance of good relationships between colleagues which could be established through more interpersonal communication. He reported that regular meetings helped him get to know the work processes but that time was too limited to establish social relationships with colleagues.

Respondents reported that social events were useful in fostering the socialisation process, both at corporate and departmental level to *"improve the team feeling"* (HR manager of a medium-sized hospital). The Danish integration manager mentioned that she initiated social activities twice a month to which she invited all new employees *"so that they can create a network and make new friends"*. Yet the German respondents reported that such an approach would not work within the German healthcare system, because of the immense workload and the limited time and leisure to socialise after work or on the weekends.

Further, the Danish manager regularly went to the departments to make sure the host physicians were working on the integration process. She also went to the departments which had a large number of foreigners and explained them what it was like to be a foreigner in a Danish hospital: *"I give funny examples, so everybody can pay attention to misunderstandings"*.

VI. Discussion and Conclusions

In general, the findings of this pilot study showed that many hospitals did not offer specific integration measures, apart from language courses. This might be due to the fact that they were unable to do so, as they did not have the capacities to offer more specific measures – as reported by one of the external service providers – or that there was no need to offer specific measures – as experienced by two HR managers. However, the managers of the Danish hospital realised the need for a structured integration process and created an extra position to deal with all issues arising for foreign health professionals in the host country.

Regarding the creation of social capital at the organisational level, reference [36] has claimed that the design of the workplace can help employees to create social relationships. The same was found in one of the medium-sized hospitals whose HR manager emphasised the need for communication and provided space to communicate. This finding also supports [5]'s argument that better working conditions result in a more effective workforce; and this finding indicates that through social capital the working conditions can become better and therefore contribute to higher performance.

The importance of organisational culture was highlighted by both the foreign employee and the Danish integration manager. Both felt that a socially oriented culture contributed significantly to the integration process. These findings are in line with those of [36] who have argued that social events might foster the socialisation process. Reference [37] has argued that trust and collaboration are important dimensions of social capital in organisations.

In this research, it was found that the establishment of trust and connectedness was hampered by a competitive working culture. Competition reduced collaboration to a minimum and might have been the reason why the foreign employee did not feel fully integrated into a social network at work. The time needed to develop social capital is another key factor [36]. The findings of this research strongly confirm [36]'s argument, as respondents from several hospitals referred to the importance of time. This study further found that giving access to information would be perceived as very helpful, in particular if the personality of the foreign employee inhibits a proactive and independent search for information. Reference [37] argues that enhanced access to information would enhance the performance of employees and their well-being.

The role that the HR department plays in the establishment of organisational social capital is discussed by [38]. They argue that HR practices affect corporate social capital through fostering collaboration and teamwork and through providing a culture of shared learning. The respondents of the HR departments in this study did not report anything similar; only the Danish respondent reported on efforts to create mutual understanding and to share experience in order to better understand and integrate foreign employees. This is in congruence with [12]'s study who found that the involvement of host employees is highly important for the acculturation process of immigrants.

Overall, the results show that the managers of the German HR departments rather play a marginal role in ensuring an effective integration process. Although all of them offered language courses, more specific means did not exist and managers felt unsure about the effectiveness of their initiatives. This pilot study has provided the first insights into the integration process and in order to investigate in greater

depth the role of the HR departments in ensuring an efficient integration of foreign high-skilled professionals, more research is needed. More health professionals (including nurses) would have to be interviewed to understand their perceptions and expectations of the organisation. Further research could also expand on other industrial sectors which face a lack of highly skilled professionals, such as the education system.

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