

HOW DOES PLACE MATTER TO HIGHLY SKILLED MIGRANTS?

Work/non-work experiences of international physicians in Norway and Sweden

Maja Povrzanović Frykman^{1*}, Eugene Guribye², Knut Hidle³, Katarina Mozetič⁴

¹Department of Global Political Studies, Malmö University, Malmö, Sweden

²NORCE Norwegian Research Centre, Kristiansand, Norway

³Department of Geography, University of Bergen, Bergen, Norway

⁴Department of Sociology and Human Geography, University of Oslo, Oslo, Norway

* E-mail: maja.frykman@mau.se

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Abstract



The article tackles the question of how place matters to migrant physicians in the regions of Agder in Norway and Skåne in Sweden by exploring how place-specific conditions affect their experiences in the work, private, family and social domains of life. For this purpose, the article uses thematic analysis of the narrative material gathered through 25 semi-structured interviews. The lens of work/non-work domains, combined with a practice-oriented approach to place, highlights the complexity of lived experiences as they evolve in a particular context. Three main findings are identified: the non-homogenous significance of place across life domains, the vital role of transborder connections and obligations that affect individual and family resources for work/non-work negotiations in the place of settlement and the limits to the skill-based privileges in the place of settlement, which are notable in the domain of work but not replicated in non-work domains.

Keywords

place • work/non-work life domains • highly skilled migrants • Norway • Sweden

Introduction

Highly skilled migrants, i.e., migrants who have a university degree and/or extensive professional experience (Iredale 2001: 8), are vital for the knowledge-based economies emerging in the context of globalized labour markets (OECD 2017a). High-skilled migration to the OECD countries increased by 76% between 2000 and 2010; however, there is a significant heterogeneity of the relative numbers of tertiary educated migrants across destination

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countries (Arslan *et al.* 2016). Owing to the increased international competition over highly skilled migrants in particular sectors, there is need for a thorough understanding of factors that contribute to attracting and retaining them in particular localities. However, as high-skilled mobility based on skills and talent does not remove the challenge of incorporation (Favell, Feldblum & Smith 2007; Lai, Shankar & Khalema 2017), these factors need to be understood also with regard to subjective dimensions of migrants' well-being (OECD 2017b).

Existing research suggests that highly skilled migrants, while engaging in 'day-to-day banalities of grounded experiences' (Ryan & Mulholland 2014: 592), encounter challenges related to foreign language, sociocultural norms and personal contacts, notwithstanding their skills and level of education (see, e.g., Povrzanović Frykman & Öhlander 2018; Ryan 2017). Whereas employment-related factors are of central importance for these migrants' well-being in the destination country, this rests not only on professional but also on non-work-related factors connected to family, social and private domains of life (Languilaire 2009; Povrzanović Frykman, Bunescu & Mozetič 2016). Moreover, while 'day-to-day banalities' are always 'grounded' in particular places, for migrants they often also involve a transnational dimension of personal experiences, social connections and family obligations (Faist, Fauser & Reisenauer 2013).

This article tackles the question of how place matters to highly skilled migrants by investigating how place-specific conditions affect their experiences in the main life domains. We explore what significance places have for international physicians in two regions of Norway and Sweden with regard to the interplay between work, family, social and private domains of life.

The research on high-skilled migration has been dominated mainly by economic aspects of the 'brain drain/brain gain' debate (see, e.g., Brücker *et al.* 2012; Connell 2008). By making an analytical connection between life domains and the meaning of place, this article broadens the scope of knowledge on highly skilled migrants by investigating also the non-employment factors that matter to individuals in their place of settlement (Bygnes & Erdal 2017; McGhee, Heath & Trevena 2012; Ryan 2017; Ryan & Mulholland 2014). It thereby contributes to the literature on the 'human face' of 'elite' migrants (Favell, Feldblum & Smith 2007), which points at the social and career-related challenges as well as the emotional costs and affective loss they may experience upon migration (Bude & Dürrschmidt 2010).

Furthermore, by showing how international physicians experience and reflect on distinctive localities in two regions of Norway and Sweden, the article contributes to the literature on high-skilled migrants who did not settle in major cities but in smaller regional centres or in the countryside (Han & Humphreys 2006; Verdich 2010; Vysotskaya 2015). Moreover, it contributes to the emerging migration scholarship that stresses the diversity of highly skilled migrants' experiences regarding the opportunities and constraints they face (Meier 2015; Nagel 2005). Last but not least, the transnational dimension of our study contributes to the literature on work/non-work domains of life that usually does not dwell on micro-level transborder contacts (see Povrzanović Frykman, Bunescu & Mozetič 2016).

The following three sections present the theoretical framing, argue for the chosen regional perspective and explain our methodological choices. In the subsequent section,

the empirical material is presented and analysed, while the concluding section presents the main findings and suggests relevant further research.

Theoretical framework

Work and non-work domains of life

While *work domain* refers to tasks carried out in the context of an employment relationship, *family domain* refers to an individual's family relations. *Social domain* refers to social life as consisting of friends, colleagues and acquaintances, while *private domain* refers to the activities performed for oneself, such as hobbies and pastime activities (Languilaire 2009: 428-429). Experiences in the domain of work depend not only on the nature of employment contracts (e.g., duration and remuneration) but also on workplace relations (Bygnes & Erdal 2017). In other domains, experiences depend on family issues, such as a partner's employment, children's schooling, obligations to family members living in other countries, on local and transnational social relations, or on personal issues, such as ageing, health or pastime interests (see, e.g., Ryan & Mulholland 2014). Though these factors may influence an individual's relation to the place of settlement, they remain below the radar of studies focusing on labour market issues.

Work/non-work experiences are understood here as subjective perceptions of the interrelations between the main life domains, which Wattis, Standing and Yerkes (2013: 6) define as a 'continued negotiation of a set of practices which is likely to fluctuate on a daily, weekly or on a more long-term basis'. We thus see work/non-work experiences as an on-going process of managing (Languilaire 2009). The distinction between the four life domains is purely analytical (Languilaire 2009: 28); in individuals' lives, they appear as intertwined with one another.

The managing of different life domains is today seen as a widespread societal challenge. However, it remains a private dilemma dealt with in individual ways (Schans 2009) and therefore warrants investigation of individual experiences. The ways in which people in particular professions manage different life domains depend not only on structural and institutional factors (Fang, Zikic & Novicevic 2009; Reitz, Curtis & Elrick 2014) but also on individual capacities for adaptation (Ackers 2004; Habti 2014; Kinman & Jones 2008; Zikic, Bonache & Cerdin 2010). The analytical lens of work/non-work domains allows for specifying how place matters to high-skilled migrants beyond the issue of employment, while grasping the totality of lived experience as it evolves in a particular context.

Place

The ways in which particular places make a difference for migrants are conditioned not only by their skills, individual migration histories and social networks but also by the

geographical, infrastructural, historical and contemporary socio-economic features of places (Glick Schiller & Çağlar 2011, 2016; Nicholls & Uitermark 2016; Ryan 2017). We recognize the need for research among high-skilled migrants in distinctive environments as the interplay between the work, family, social and private domains of life spans structural conditions and embodied forms of localized practice.

This recognition has two crucial implications for how we approach place theoretically. First, the interplay between the life domains takes place somewhere (Sack 1997); people are spatially situated and immersed through their actions (Seamon 2018). Second, the meaning of place is grounded in lived experiences; it emerges as a result of an active social, material and emotional engagement with the world (Simonsen 2012). Here, we are not concerned with the constitution of place as a result of economic, social or material conditions – which is often the focus of relational approaches to place. Instead, we are interested in how place matters in the main life domains and how it acquires meaning grounded in lived experiences.

Agnew's (1987, 2011) analysis of the place concept within geography serves as a clarifying point, with the remark that 'theorizing about place in general is only useful as a general orientation to understanding the effect of places in particular' (Agnew 2011: 326). He specifies the meaning of place in terms of three dimensions that can be examined empirically: material dimension, relational (social) dimension and sense of place (Agnew 1987).

With regard to the *material dimension*, place is defined as *location* 'where an activity or object is located and which relates to other sites or locations because of interaction, movement and diffusion between them' (Agnew 2011: 326). A city or other settlement is often seen as a location, since it is always part of a system of places with mobility inherent in the relation between them. At the same time, it is a physically localized and bounded set of objective, measurable and perceptible activities and objects, such as, e.g., infrastructure and workplaces.

With regard to the *relational (social) dimension*, place is viewed as a series of *locales* or settings where everyday activities take place. It is 'the where' of social life and environmental transformation. Here, examples are 'workplaces, homes, shopping malls, churches, vehicles, and so on, whose structuring of social interaction helps forge values, attitudes and behaviors' (Agnew 2011: 326). Some locales are not tied to particular places, such as, e.g., vehicles and internet chat rooms.

The third dimension is *sense of place* or identification with a place as a unique community, landscape or moral order. However, it is 'neither totalistic, in the sense of excluding other objects of affection or identity nor reactionary and exclusionary' (Agnew 2011: 327). Agnew's understanding of sense of place refers to 'a strong sense of "belonging" to a place, either consciously or as shown through everyday behaviour such as participating in place-related affairs' (Agnew 2011: 327). It is defined by people's perceptions and experiences of belonging as personal, intimate feeling of being 'at home' in a place, which Antonsich (2010) calls place belongingness.

In sum, this is a practice-oriented approach to place that also allows for grasping the complexity of relations between the migrants' places of work and settlement 'here' and the places 'there', across national borders, to which they may be connected in manifold ways.

Transnational perspective

The third strand of theory that frames this article refers to transnational migration (Faist, Fauser & Reisenauer 2013). Numerous researchers have shown that migrants participate in transnational social fields, i.e., networks of networks that link them simultaneously to countries of settlement and across borders (see Glick Schiller 2018). While exploring migrants' experiences in their places of work and settlement, we also take into account their connections, obligations and practices that stretch across state borders, as we presume that they can play an important role in how different life domains are negotiated.

Transborder connections and obligations may enhance or diminish individual and family resources that are vital to work/non-work negotiations in the place of settlement. Moreover, they may affect the perceptions of the places 'here' as they can be compared to the places 'there', regardless of the (i)regularity of transnational practices that migrants may engage in.

International physicians in Norway and Sweden: a regional perspective

The number of international physicians – hereafter also called foreign doctors – has increased considerably over the past decades in Norway and Sweden. Their proportion among all practicing physicians in Norway has been stable at about 16% since 2001 (20% among specialists); most arrive from Northern Europe, but there is a growing number from new EU member states since 2004 (Taraldset 2010). In Sweden in 2014, about 27% of all practicing physicians were educated abroad, most of them being recruited from other EU/EEA countries (Socialstyrelsen 2017: 18).

Both Agder in southern Norway and Skåne in southern Sweden are knowledge-intensive, dynamic regions with high innovation potential. Skåne is marked by the presence of international institutions of higher education and Skåne University Hospital, with approximately 8,000 employees. There is a pronounced emphasis on high-tech clinics, and the corresponding need for physicians is high.

The Agder region's international strategy focuses on knowledge, competence and sustainable development in both the private and public spheres (International Strategy for Agder. Creative Energy 2012). The Hospital of Southern Norway, with more than 5,000 employees, offers specialist health services for inhabitants in Agder, and it has a high share of foreign doctors at some of its sites.

In Sweden, research on foreign doctors has highlighted matters related to work, such as the licensing process of non-EU doctors and the intercultural aspects of professional experiences (Andersson 2010; Berbyuk Lindström 2008; Berbyuk, Allwood & Edebäck 2005; Wolanik Boström & Öhlander 2012), the positions of migrant doctors within their working environment (Neiterman, Salmonsson & Bourgeault 2015; Salmonson 2014; Salmonson & Mella 2013) and the identity formations of those who arrived as refugees (Mozetič 2018). The studies on foreign doctors in Norway also deal with workplace relations (see, e.g., Sandbu *et al.* 2015; Shaygani 2015; Skjeggstad, Sandal & Gulbrandsen 2015). However, research on employment among immigrants in Norway rarely focuses on place-specific issues (Søholt, Tronstad & Bjørnsen 2014). To the best of our knowledge, no studies in these two countries have so far addressed how international physicians relate to place as seen through the lens of life domains.

Method and material

This study is based on 25 semi-structured in-depth interviews gathered in Agder and Skåne between June and December 2015 within two interrelated pilot studies of work/non-work negotiations among migrant physicians.

In Skåne, the recruitment of research participants was done through snowballing via researchers' private connections, whereas in Agder, a local hospital was used as the entry point. We recruited interviewees who obtained their primary medical training abroad, regardless of their country of origin, age, family status, specialization and stage of career or their reason for and the date of migration. The sample therefore also included a few doctors who came to Sweden as refugees.

In Skåne, we interviewed ten men and six women. They were between 29 and 72 years old and had lived in Sweden between 4 and 25 years. The sample of interviewees in Agder consisted of five women and four men between 38 and 62 years of age, who had lived in Norway between 2 and 24 years. The participants in both regions came from countries in Northern and Eastern Europe and the Middle East.

The interviews were conducted in English, Norwegian or Swedish according to the research participants' needs, lasted an hour on average and were recorded and transcribed verbatim. All interviews followed the same exploratory design and were guided by an interview guide that allowed for biographical close-ups.

To identify, analyse and report common themes within the interview material, we used a thematic analysis. This was done in an inductive way, meaning that the themes were data-driven and strongly linked to the transcripts (Nicholas & McDowall 2012). Themes were identified from the data in relation to the analytical framework of life domains.

How does place matter in relation to life domains?

Work domain

Statements of content, such as ‘I am happy here. I have future work secured for me’ and ‘I am satisfied with my life. I work with something that I like a lot’ were abundant. They clearly reveal a positive experience of place as *location* in which the good workplace is found, as well as *locale* in which their daily professional activities take place. Some interviewees presented themselves as ‘workaholics’. As formulated by a doctor from Skåne, ‘You work and you work and you work and you work and you are happy and satisfied with your work’. A doctor from Agder conveyed that he ‘feels fine at work’ and added that he had not been on sick leave for a single day. At the same time, the interviewees are aware of their strong position on the local job market: ‘There is a shortage of doctors here and in a way... it is you who can pose demands, not the employer’. This certainly adds to the positive experience of the *location* into which these physicians moved to from another country.

The excerpts above also reveal a *sense of place* marked by positive emotions (happiness is evoked) and in terms of professional identification (there is stability of ‘secured’ work that one ‘likes a lot’). The interviewees ‘belong’ to a place that needs them, and the place ‘belongs’ to them since they feel they are able to make choices concerning workplaces and work arrangements.

This positive feeling refers also to the country of immigration. Several interviewees highly appreciate family-friendly working life in Norway and Sweden, and for some doctors with children, this even served as a decisive impetus for migration. Workplaces in the countries of origin are often characterized as more stressful, thus making it more difficult to combine work with non-work domains of life. This is illustrated by the following quote by a female doctor from a European country:

I started working [in Sweden], and people would leave at 16:30 because they had to pick up their children. You know, they would have been kicked out in [country of origin]. And you couldn’t keep your position; and as a woman, you couldn’t have children at such a young age. You couldn’t be at this university hospital and have children at the same time.

When talking about workplaces and working conditions, all interviewees compared places in Agder and Skåne and places in their countries of origin. Many clearly perceived the benefits of migration in terms of lesser workload and workplace organization (such as non-hierarchical relations and teamwork). The prevailing attitude was captured by one doctor: ‘Working is absolutely better here in Scandinavia’.

However, our material suggests that workplace-related satisfaction depends on the size, geographical position and regional importance of the medical institution (pertaining to place as *location*), which in turn affect the diversity of tasks, professional challenges

and possibilities of learning and promotion (pertaining to place as *locale*). Moreover, place as *location* is not perceived as stable: If hospitals become decentralized and outpatient clinics are relocated, doctors will have to start commuting or may even have to relocate to realize their career plans. In other words, policy and organizational changes in the health sector in both countries may change the meaning of places in terms of workplace availability, accessibility and the character of tasks. The changes in *location* may disrupt and impose new demands on the ways different life domains are managed. Some doctors in Skåne described the experience of settling with their family in a place that facilitated easy commuting by public transportation only to have their workplace relocated some years later. This change of location changed their *sense of place*. It demanded longer commutes and the use of a private car, i.e., (ab)used some of the time formerly devoted to family or infringing on their private domain.

Private domain

The issue of commuting was also prominent in our participants' reflections on place with regard to the private domain of life. Commuting pertains to place as *location* where material infrastructure and issues of mobility, distance and time are interconnected. Whereas time was mentioned as vital for the private domain, commuting was, surprisingly, not perceived as loss of time. If the transportation infrastructure functions smoothly, it allows for some private time, as described by a male doctor in Skåne, married and with children:

You like to read books, but the problem is that you have big problems to find time. Earlier you worked in [another place in Skåne] and you commuted by train, so you could read on the train; I was very happy during that time. But now I maybe cannot read [because he drives a car], but I listen in any case. That is also good, in a way.

In these narratives, vehicles such as the train and the car appear as the very *locales* of his private domain of life. Another material aspect of *location* came up as important in relation to the private domain: proximity to nature as a facilitator of physical exercise was named as a source of satisfaction for doctors who engage in outdoor sports activities. As described by a female doctor in Agder, who kayaks up to 200 kilometres per season:

We both like nature and the outdoor life. (...) My husband takes photographs very often, and he loves to take pictures outdoors. He carries his camera with him, and we go for walks. I am more interested in drawing, and he takes pictures. Not 'big tours', and we don't walk across huge distances. We like to be outside, look at the sunset, the fog and everything.

Like the sea kayak tour above, running trails and biking paths feature as *locales* of the private domain. Several participants from Agder talked about the pleasure of living close to the hospital, which allows them to bike to work. Most participants (in Agder as well as

in Skåne) claimed that they have more time for pastime activities since they moved there. Again, the aspect of time use has been proven central. Furthermore, it resonates with research in other countries (Verdich 2010) that shows that outdoor amenities, downshifting, time with family and proximity to the natural environment are noted as important by highly skilled migrants who moved to small or rural places. Place as *location* and as *locale* and in terms of *sense of place* referring particularly to the landscape all appear as important – albeit in different ways for different people – with regard to the private domain of life in our material.

Family domain

Material characteristics of the *location* importantly affect also the ways family life domain can be managed. Road and rail transport to and from work and the proximity of airports to visit family living elsewhere have been alluded to in the interviews. The *location* of life and work in Agder and Skåne affects how work and family life are combined not only locally but also transnationally.

Material characteristics of the *location* in terms of the distance between home and workplace emerge as very important with regard to the family domain. They incorporate the necessity of careful time management and negotiations concerning the division of domestic tasks. This distribution of tasks is closely related to the nuclear family members' satisfaction with the place of settlement, i.e., with emotional premises for a *sense of place* that frames it as an actual home. As explained by a doctor in Skåne who commutes a long distance to work and whose wife is also a doctor:

Yes, we divided the common things. She does the cooking, I go out with the dog, also vacuuming is my responsibility. We are a bit more divided because we had to bring a bit more structure, otherwise it could be a bit of a problem. What if you get home and the food is not ready? This could lead to some conflicts. So we talked about it; and I said, if we move to [the town the interviewee is commuting to], we could all work together, we could cook together. (...) But she wants to stay here, so she accepted that she is responsible for cooking. Because it would be no problem for her to find a job, almost every outpatient clinic needs a doctor.

Another prominent theme in our material connected to the family domain is distance to the extended family. The narratives clearly support the observation that 'all migrations hinge on social dynamics rooted in households and families' (Nagel 2005: 24), which points at the meaning of place as *locale* of family life. Our participants presented problems caused by migration, ranging from difficulty of finding time for keeping up connections to issues pertaining to parents aging in a distant place, thus making one's absence from that *locale* especially problematic.

A female doctor from a European country told how her and her husband's parents 'are getting to the age when they need us more':

And this, of course, causes a problem, because it means I need to take the plane and go, and you need to kind of organize help from a distance. Medical help. (...) In my parents' situation, I was on the phone with their doctors and with them a lot. And I flew over for weekends. Yes. Going there on a Friday evening and coming back on a Sunday. (...) My husband, he can still talk to his father and he recognizes him on Skype via the mobile phone. But of course, it is not the same if you could just be there with them much more.

While time again appears as a crucial aspect, in the quote above, the meaning of place is evoked as *location* in terms of distance between family members and in terms of helpful infrastructure (phone, Skype, air traffic) that helps the family members to meet (virtually or face-to-face) in the *locale* of family care. This is in line with Baldassar's (2016) argument about new technologies of communication as an important means for transnational families to deliver distant care. Yet, the *sense of place* in Skåne appears in contrast to the belonging that implies non-negotiable obligations associated with the *locale* of this doctor's extended family life in the place of origin. While this points to the kind of challenges that have been thoroughly investigated in the literature on intricate relations between transnational migration, home, ageing and care (Näre, Walsh & Baldassar 2017; Walsh & Näre 2016), here we see these challenges in terms of tension between presence and absence that strongly affects the negotiation of different life domains.

Some other doctors, however, relativized the gravity of distance to the *locale* of extended family life by supposing that 'if we lived in [the country of origin], we would most probably not live near our parents either'. Many enjoy regular visits by their parents, parents-in-law or siblings who are involved in 'reverse care work' by taking care of the grandchildren, thereby providing our participants with more private time. A male doctor from Europe who has lived in Ågder for nearly a decade expressed his full satisfaction with such an arrangement:

They enjoy staying here very much, especially my father, he likes it very much. When he is here, I can relax. He does the garden work and everything, and I can go training in my spare time.

A doctor from a non-European country who lives in Skåne related a contrasting story that suggested that the possibility of transnational arrangement for the family members to dwell in the same *locale* is conditioned not only by *location* in terms of geographical distance but also by geopolitical positioning of that location. When his wife got pregnancy-related diabetes, they needed her mother to help with the older child and household errands:

It was more difficult in the second pregnancy, she was sick. We needed some help! So, we tried to have her mother come here, and we had a document from the doctor that she needs help from her mother, so that they can ease the things, so that she gets the visa. And she didn't get anything. Just one month. Just to come to visit us, to help us. We, I wrote to them. I have citizenship, as a Swede. But you treat me as an outsider, because every Swedish man or woman has the right to meet their parents wherever they are, whenever they want. But you treat me differently in this way.

This is a reminder of the obstacles that cannot be affected by individuals' negotiation of life domains and that make them unable to integrate transnational and local aspects of their life. Thereby, they cause negative emotions and serious practical problems.

Social domain

Our material speaks clearly of the significance of face-to-face meetings with friends (Povrzanović Frykman & Mozetič 2019). Indeed, 'technologically restored intimacy' (Bude & Dürschmidt 2010: 483) enabled by online communication is not the same as co-presence in a place. With regard to the social domain, our participants evoke place as *locale* of face-to-face interaction.

Suggesting a taken-for-grantedness of transnational commuting, a young, single male doctor travels from Skåne to his country of origin on a monthly, and sometimes even weekly, basis to go on a biking tour or simply have a beer with his friends. Although he has been in Sweden for almost 5 years, he socializes locally only with his relatives. While the *locale* of his fully satisfactory (extended) family life is found in Skåne, the *locale* of his social life is found exclusively in the country of origin. Yet, the infrastructure in the *location* pertinent to his work and family domain in Skåne and in the *location* of his social domain in another country make these locations relatively easily connectable. His truly positive sense of place in Skåne refers to the work and family domains, while it is nearly non-existent with regard to the social domain.

The transnational aspect of migrant life was mentioned also by a female doctor from a European country who was 'actually a bit proud' that she, after more than 12 years in Agder, had maintained contact with all her friends in the country of origin: 'About half of them have been to Norway to visit me. But we also meet in other places in Europe. I have some friends that have also moved to other countries'. As close friendships were most often made at a younger age and typically in the country of origin, the places these doctors inhabit in Agder and Skåne are, for most of them, *locales* defined by the absence of close friends – something that is perceived as a contrast to desired social life.

The importance of face-to-face interactions was stressed over and over again by the interviewees. Several interviewees talked about the importance of making new friends locally through, for example, efforts invested in establishing good neighbourly relations. These would turn a *location* of one's address into a *locale* of one's social life, thereby achieving a feeling of belonging to the neighbourhood, i.e., an emotionally satisfying *sense of place*. The more prevalent situation in our material, however, is similar to the one presented by a European female doctor living in Agder, who communicated:

First we lived in a hospital building for employees, and there were different nationalities and people from different parts of Norway, so it was easier then. But since I moved into my flat, I knew only one neighbour, but he moved, so I know almost no one. It is mostly older people in that house, so I don't think they are so open to foreigners; it would perhaps be easier if they knew I was a doctor, but they only see my name on the mail box. But I've been living there for seven years now.

The importance of the presence of particular people that make a place feel 'right' is multiply confirmed in our material. The 'international' character of places of everyday life and work, i.e., the presence of people of different national origins, was pointed out as positive. A doctor in Agder from a European country mentioned the importance of the local church as a *locale* of socializing with co-ethnics. On the other hand, a doctor in Skåne from a non-European country disclosed that he and his wife do not celebrate religious holidays since they miss not only the presence of extended family but also the throngs of people that characterize the festive occasions in their country of origin. The *locality* is not 'right' for the celebrations as it lacks the people they can celebrate with. The place they inhabit in Skåne is not, and cannot become, the festive *locale* of these migrants' religious holidays.

Summarizing the analysis: the significance of location, locale and the sense of place

The analysis above was led by Agnew's (1987, 2011) specification of the meaning of place as *location*, as *locale* and in terms of *sense of place*. With regard to place as *location*, Agder and Skåne appear as regions in need of physicians, and the relatively easy access to employment (primarily for doctors from EU countries) is perceived by our participants as central. The infrastructure allowing for frictionless commuting and proximity to nature are the most significant aspects of locations in the *private domain*. Satisfaction in the *family domain* is affected by distance from family members both locally and transnationally. The non-homogeneous significance of Agder and Skåne as locations in different life domains was most pronounced with regard to the *social domain*: many participants placed – or yearned to place – their emotionally most important social activities in another country and presented this as a challenge.

With regard to the place as *locale* of everyday activities, the workplace was unsurprisingly found to be a locale of utmost significance. However, the participants were acutely aware of how changing professional conditions may affect their satisfaction in this domain. The materiality of natural resources for private activities and vehicles used for commuting were presented as important in the *private domain*. The most important locale in the *family domain* was clearly the home. However, the notion of home for most of these migrants stretches across borders, and distance to other locales they consider home is a matter of great emotional and practical concern. In the *social domain*, non-negotiable social obligations are often placed in faraway locales in other countries, hinting at emotional and practical burdens that migration may imply regardless of skills and satisfaction in other domains of life.

With regard to *sense of place*, the *work domain* is presented as a source of strong identification and prevalent satisfaction with the outcomes of the participants' migration to Agder and Skåne. Again, however, the analysis revealed the interconnections of life domains and the non-homogeneous meanings of place. While life in the two regions may be seen as optimal with regard to the *work* and *private domain*, it can be burdened by distance

and lack of time for appropriate (transnational) management of the *family* and *social domain*. While family-friendly working life in Norway and Sweden allows for successful management of work and non-work domains, the presence of particular people – be it friends, extended family members, neighbours, colleagues or people with whom one can share ritual practices – is crucial for an emotionally satisfying *sense of place*.

Conclusion

This article tackled the question of how place matters to the international physicians who migrated to the regions of Agder in Norway and Skåne in Sweden by exploring how place-specific conditions affect their experiences in the main life domains. The lens of work/non-work domains combined with a practice-oriented approach to place helped us to better understand the complexity of lived experience as it evolves in a particular context (Languilaire 2009; Ryan 2017). A thorough understanding of place-specific conditions and challenges that may be of significance to highly skilled migrants would demand carefully designed comparisons within and across locations, locales, professions and origins (Ryan & Mulholland 2014). At the pilot stage, our research brought to the fore three main findings which further research can build on.

The first pertains to the non-homogenous significance of place across life domains: the predominant satisfaction in the domain of work is not necessarily replicated in non-work domains (Bude & Dürschmidt 2010; Languilaire 2009). Therefore, looking beyond employment is necessary if we want to understand the conditions for attracting and retaining highly skilled migrants in particular local contexts (OECD 2017b).

This, and the observation that many of these sought-after international physicians have limited social connections in the place of settlement, should have implications for stakeholders concerned with recruitment and retention of these migrants. Measures to allow employees some time to maintain family obligations in their place of origin without compromising their workload, as well as initiatives to facilitate local social network building, may contribute to secure better retention in the long run (Han & Humphreys 2006).

The second main finding points at the vital role of transborder connections and obligations, as they affect individual and family resources for work/non-work negotiations in the place of settlement. We demonstrated that the places in Agder and Skåne that are important to our participants always already include a transnational web of past decisions, current comparisons and potential future migration decisions (Bygnes & Erdal 2017; Yanasmayan 2015). The combined consideration of local and transnational realms allowed us to explain how the experiences in the place of settlement are influenced by the fact that the physicians we talked to are migrants who often maintain their mobility between two or more places. We showed that practices in each of the life domains occur not only in the place of settlement but also in connection to relevant places across the borders. While in the work domain this implies comparisons between present and former work experiences, the main

issues of concern in non-work domains are challenges related to family care across borders and physical distance from close friends.

This suggests that there are limits to the skills-based privileges that are notable in the domain of work, which is the third main finding of our research. The physicians in our study conduct a transnational life that extends *locales*, with an emphasis on work and nuclear family life in one location and social and extended family connections in another. Nevertheless, the solution does not seem entirely satisfactory to most. Furthermore, it is less feasible for refugees to visit the place of origin on a regular basis, making matters of social inclusion in the place of settlement all the more important.

The identified need for better understanding of the limits to the skills-based privileges urges further research on the diversity of experiences within the group of migrants who share the profession but not the country of origin in the intersection with opportunities and constraints of particular places in which these migrants work and settle. We endorse Mulholland and Ryan's (2015: 172) claim that we need to follow up on the ways in which highly skilled migrants' characteristics associated with ethnicity and nationality may underpin their 'evaluations and uses' of the places they inhabit. As we have shown, in the case of some doctors from non-European countries, the country of origin appears as influencing the subjective perception of place in ways that do not take inclusion based on skills and employment for granted, even in cases when migrants hold the host country's citizenship. Indeed, our research suggests that not only questions about their subjective sense of place, but also more general questions about exclusion, racialization, integration and citizenship, which are 'typically reserved for unskilled migrants' (Mulholland & Ryan 2015: 172), are distinctly relevant also for the highly skilled.

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