

PROTECT – Protect migrant healthcare workers: closing a gap in Germany's pandemic preparedness and global health policy

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Germany increasingly counts on migrant healthcare workers (HCWs) to respond to growing health workforce shortage. Protecting migrant HCWs must be included in pandemic response and preparedness plans. This interdisciplinary pilot project pays greater **attention to social inequalities**, connecting health policy/system and actor-centred approaches. The study investigates **perceptions and needs of migrant HCWs during the COVID-19 pandemic** with a focus on high-skilled HCWs, especially physicians. The research draws on **mixed-methods** and comprised three work packages: WP1 survey data from two COVID-19 studies gathered at Hannover Medical School, WP2 in-depth qualitative interviews with Romanian physicians in Germany, and WP3 exploration of policy solutions. The project **aims to improve migrant HCW protection** and pandemic preparedness and to contribute to **effective health workforce policy and European/global responses to HCW shortage** and health workforce resilience; <https://www.mhh.de/en/kir/research/project-protect>; contact: kuhlmann.ellen@mh-hannover.de

WP1: scoping review and analysis of COVID-19 HCW surveys

A rapid scoping review of the international literature and expert information revealed an entire **lack of data on the impact of COVID-19 in the migrant health workforce**; no German or European monitoring system exists. However, the British Medical Association reported that 44% of medical staff are BAME (Black, Asian, Minority Ethnicities) but 95% of doctors who died were BAME (1).

Analyses of data collected at MHH through the DEFEAT Corona project, first wave survey,(2) showed **no significant differences between migrant and German-born HCWs in relation to the medical indicators** (Table 1). One reason might be an overall low infection risk of HCWs with patient contact at MHH that largely remains in the range of the general population (3). **Differences exist in relation to social participation** (Table 1, IMAP score) that indicate **disadvantages for migrant HCWs**; analysis will be specified for selected items of the score.

Further analysis is in progress using survey data from the CoCo study (4), that provides dis-aggregated data for doctors, nurses and other HCWs at MHH, and in-depth information on their risk perceptions and needs (3).

Table 1. COVID-19: comparison of national-born and foreign- born healthcare workers

Items	Total sample	Foreign-born	National-born	P value
Number of participants (n)	1068 (100.0)	68 (6.4)	1000 (93.6)	
Gender n (%)				0.948 ¹
Female	910 (85.2)	59	851	
Male	154 (14.4)	9	145	
Diverse	2 (0.2)	0	2	
Not answered	2 (0.2)	0 (0.0)	2	
Age (years)/ median, 25 th –75 th percentile	42.0 (32.0–51.5)	39.5 (32.0–47.25)	42.0 (32.0–52.0)	0.307 ²
Not answered n (%)	1 (0.1)	0 (0.0)	1 (0.1)	
Education				0.243 ¹
High school	711 (66.6)	49	662	
Middle school	328 (30.7)	15	313	
Secondary school	27 (2.5)	4	23	
No school graduation	1 (0.1)	0 (0.0)	1 (0.1)	
Not answered	1 (0.1)	0 (0.0)	1 (0.1)	
Fully vaccinated* against SARS-CoV-2 overall n (%)				0.365 ³
Yes	833 (78.0)	50 ()	783 ()	
No	235 (22.0)	18 ()	217 ()	
SARS-CoV-2 Infection				0.705 ³
Yes	621 (58.1)	38	583	
No	447 (41.9)	30	417	
Preexisting diseases				0.223 ³
Yes	612 (57.3)	36	576	
No	417 (39.0)	27	390	
Not answered	39 (3.7)	5	34	
EQ-5D Health status median, 25 th –75 th percentile	76.0 (52.0–91.0)	76.0 (52.0–91.0)	71.0 (51.0–92.0)	0.908 ²
Not answered	15 (0.2)	3	12	
IMET median, 25 th –75 th percentile	19 (7.5–41.0)	31.4 (13.25–51.0)	19.0 (7.0–40.0)	0.017²
Not answered	57 (5.3)	6	51	

¹Chi square test, ²Wilcoxon Test, ³Fisher exact Test

Next steps

WP2: **qualitative interviews with Romanian physicians in Germany**. Ethical approval has been obtained; we arranged access to the field, developed a topic guide (taking results from the survey into account) and collected first interviews. Further material is currently gathered; qualitative content analysis will be undertaken.

An interactive **project workshop at Cluj University**, 11-12 October 2022, will be organised to facilitate knowledge exchange, discuss first results and explore policy responses with Romanian colleagues.

References

- 1 BMA, 2021; <https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors>
- 2 DEFEAT website, <https://www.defeat-corona.de/>
- 3 Exploring the gap between healthcare workers' perceptions and medically approved infection risk; doi:10.3389/fpubh.2022.898840
- 4 Strategic anti-SARS-CoV-2 serology testing in a low prevalence setting: the COVID-19 Contact Study (CoCo) in healthcare professionals; <https://link.springer.com/article/10.1007/s40121-020-00334-1> 2021

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