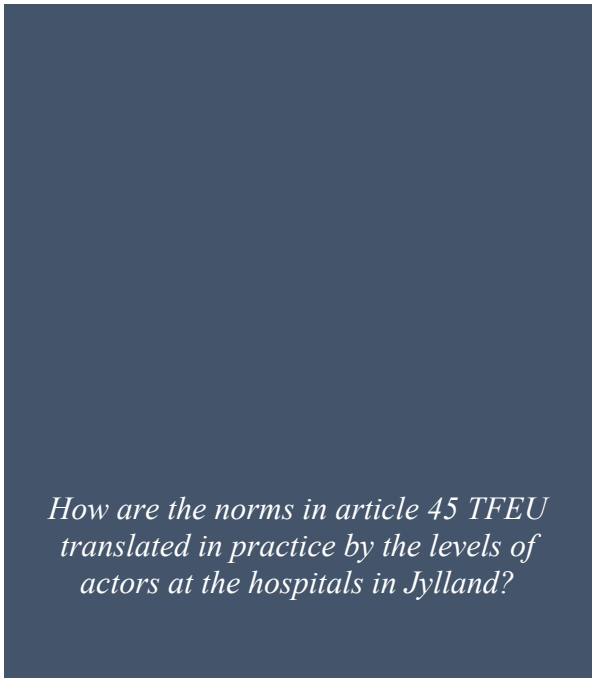
The translation process of EU norms in practice.



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Summary

The EU is founded on the ground of common legislation, and in article 45 TFEU it is stated that every human being has the right to move freely between the EU member states, and that the people who exercises that right should never be discriminated based on nationality or ethnicity.
The rise of the right-wing parties in the EU and the discourse that they preset suggest that the EU has not successfully diffused the legislation the norms to the members in practice.
The aim of the project is to explore the diffusion process of the EU norms to the hospitals in Jylland. Here are namely, due to lack of specialized ethnical Danish doctors, many foreign doctors working.
The frame work of the project is poststructuralism, which implies that ontological standpoint of the project is that the reality is created through negations amongst people whose main way of communicating is the language. The epistemological approach consequently becomes discourses, which means that the data collected will be analyzed through a critical discourse analysis. The starting point of the analysis is the policy document *Directive 2014/54EU*, this will be used as the point of reference for the data that is conducted through interviews. There are in total 9 respondents. three HR-people, three patients, and three foreign doctors. The purpose of this is to include different levels of actors at the hospitals in Jylland in order to investigate how they translate the norms that EU is trying to diffuse regarding free movement and anti-discrimination.
The theoretical fundament relies on Susanne Zwingel, Finnemore & Sikkink, and Kimberle Crenshaw. They are all studying the life of norms, and Zwingel and Crenshaw are especially focusing in norms related to gender and oppression of women. Their theoretical work opens for discussion about power, power struggle, intersectionality and inequality. All useful concepts, when investigating discrimination based in nationality and ethnicity.
The data in combination with the theory suggest that the norm diffusion process of the EU is not at homogenized and linear process, on the contrary. The respondents seem to translate the norms differently, which ascribe Zwingel's concept of transnationalization values when analyzing the life of norms. The data does consequently not point in an ambiguous direction when it comes to power relations, power struggle, intersectionality, and inequality amongst the respondents. There are signs of discrimination based on nationality, but there are also cases that can be explained through the theoretical concept of intersectionality. Gender and immanent power structures between doctors and patient do also have explanatory value when analyzing the data.
The conclusion of the project must be handled guardedly.

Indholdsfortegnelse

1. Introduction:

In the TFEU article 45 of the European Union it is stated that:

"1: Freedom of movement for workers shall be secured within the Union.

2: Such freedom of movement shall entail the abolition of any discrimination based on nationality between workers of the Member States as regards employment, remuneration and other conditions of work and employment." (TFEU, 2007)

The free movement of people is one of the fundamental four freedoms of the European Union. Those freedoms are referred to as the single market and are considered inseparable by the EU (The EU Commission). The three other freedoms are: The free movement of goods, the free movement of capital, and the free movement of services (Ibid). The article regarding the free movement and anti-discrimination is highlighted, because that will be the focus of the project.

The article 45 is a part of the common legislation amongst the EU member states, and since norms can be defined as, a standard of appropriate behavior for actors with a given identity (Finnemore & Sikkink 1998, 891), then it reasonable to argue that the legislation presented in article 45 can be characterized as one of the fundamental norms of the EU. The common norms of the EU have been developed through time as the union expanded, but they did not come about easily, and the process have taken several years, and is arguably not done yet. The purpose of this project is to investigate the process of norm translation from the EU to the citizens of the union. In between these two levels of actors are the member states each with their own domestic policies, who according to Zwingel also are influencing the translation process (Zwingel 2005, 29). For that reason, it can be considered an advantage to establish the historical circumstances in the development of norms in order to put the respective actor into perspective to one another, and to get an understanding of what historical background the EU is founded and the norms regarding free movement emerged.

The First world war ended in 1919, and the horrors from the war spawned the movement of the European Union. It was back then referred as the federal union of European states, by pan-European pressure groups, and they were trusting France and Germany as the front runners in the creation of a common Europe (Dinan 2014, 2).
Stressmann was the foreign minister in Germany at that time and was one of the leading pan-Europeans. In his last speech to the League of Nations, in September 1929, Stresemann advocated

European integration and even raised the possibility of a common currency. He followed in the footsteps of French prime minister Herriot, who, as early as 1925, spoke publicly about a United States of Europe (Ibid, 3).
Here we see the first indication of a single market, when Stressmann was pushing for a common currency, and the French prime minister was looking to the USA for structural inspiration.

As we all know that did not happen, and the continent of Europe was facing a rapidly destroying event in the second world war. The movement for European integration reemerged in the aftermath of World War II though and reached its culmination in 1948 at the Congress of Europe, a gathering of over 600 influential Europeans from sixteen countries, held in The Hague in May 1948 (Ibid, 5). In 1950 gave the Schuman Declaration birth to the European Coal and Steal Union, which had the purpose to integrate the German and French economy in the hope that the interdependence would ensure that no war would break out between the two nations again (Ibid, 5). In that sense one can argue that the European Coal and Steal Union was a peace project, but to the politicians at the time, the cohesion of European and national interests made sharing sovereignty irresistible and an intriguing process of economic and political integration has started (Ibid,6).
These were some of the first steps towards the single market, and initially it was supposed to solely be an economic cooperation amongst states, but as stated above political integration followed. The development from the European Coal and Steal Union to EF and then to EU was a long and difficult process, but the next milestone regarding the development of the free movement of people in EU came in the year of 1985. It was the year that the cooperation between individual states led to the signing of the Schengen (The EU Commission, the Schengen Area). Schengen had the purpose to make sure the borders within the EU only exists on the map, and that:
"All parties shall endeavor to abolish checks at common borders and transfer them to their external borders" (1985 Schengen Agreement, article 17).
In article 17 of Schengen it is explicitly formulated that there should be no checks at the common border within the EU, and the Commission expresses that the Schengen area is one of the greatest achievements in the EU, and they even claim that it is irreversible (The Justice and Home Affairs, EU). That is arguably a quite interesting statement, since within that statement there lies a taken for grantedness and an assumption that the norms of the EU are unchangeable.

The next large step for the development of the free movement within the EU happened upon the Amsterdam Treaty in 1999, where the Schengen Agreement got implemented within the EU legislation (Ibid). Finnemore and Sikkink argue that norms and legislation very often are intertwined, and they underline that legal scholars even suggest that making a successful law requires an understanding of the pervasive influence of social norms of behavior (Finnemore & Sikkink 1998, 893). Hence, it is another important steppingstone for the development of common norm in EU regarding the free movement of people.
From that point on more and more states within EU abolished border control, and Finnemore and Sikkink would argue that a norm cascade had happened. A norm cascade is a concept that they use to describe the socialization process where the norm leaders, here the EU, persuade other to adhere (Ibid, 902). That concept will be further discussed in chapter 7.
The free movement is one of the pivotal points of this project, but in order to narrow the scope of project, the project will focus on the free movement in relation to Denmark. That is an advantage for several reasons. Firstly, it is to comprehensive task to study the process of norm translation in all the member states, so it makes sense to choose only one Member State. Secondly, Denmark is a part of the Schengen agreement, that is supposed to ensure the free movement of people in EU (Schengen agreement 1985, article 17), Thirdly, Denmark has through the past three years strengthen the border control by the Danish-German border even though that was abolished in 2001, and the present government has suggested to renegotiate the terms of Schengen and make the border control permanent. That is not only going against the idea that the norms of the EU are irreversible, it is also the last stepping stone of the historical overview.

The EU has been working towards an EU where the citizens can move freely since the beginning of 1900, and it seems that the EU successfully has in overall been able to diffuse that norm to the member states, and that the norms have been translated by the Member States as indented, so that the appropriate behavior is to abolish internal border and allow free movement within the EU.

2. Problem area

There is another level to the norm regarding the free movement of people in article 45 TFEU: *"Such freedom of movement shall entail the abolition of any discrimination based on nationality between workers of the Member States as regards employment, remuneration and other conditions of work and employment."* (TFEU 2007, article 45).

In this part of the article the EU stresses that an important part of the free movement is the abolition of any discrimination based in nationality, and whereas the EU successfully have diffused the norms regarding the free movement of people, the same is arguably not the case regarding the anti-discrimination. Iyiola Solanke points out:
"However, the interest of the Council of Ministers came almost a decade after the European Parliament enquiry into the spread of racism and xenophobia within the European Community" (Solanke 2009, 170).
She further supports that statement by giving an example of the emerging and development of right-wing parties in the EU. The Movimento Soziale Italieno secured for an example 5,4% of the votes at the election to the parliament in 1979. The trend followed the election in 1984, where Front National received 11% of the votes in France, and Fremskridstpartiet won 3,5% in Denmark. The result of this development was that a new group in the parliament was created only containing right wing parties (Ibid). Here Solanke is measuring the rise of racism in the EU in the rise of right-wing parties, which seems reasonable when one is investigating the discourse presented by those parties. Marine Le Pen, who the candidate representing Front National in the French election in 2017 promised to "protect France", and said: *"We are not a free country if we cannot control our territory"* (Le Pen 2017, speech from election campaign). Here she is clearly expressing that a state de facto cannot be free as long as, here, France, is not able to control their own border. She further claimed that:" With *me, there wouldn't have been the migrant terrorists of the Bataclan and the Stade de France"* and *"Mass immigration is not an opportunity for France, it's a tragedy for France."* (Ibid). This very hostile way of talking about the freedom of France and about the danger with migration is one example on how the norms presented in article 45 TFEU has not successfully been diffused to all member states, and it puts the migrants in position of de facto being a bad thing for France.

I will investigate the discourse in Denmark, and if the norms set by EU successfully have been diffused to Denmark when it comes anti-discrimination. When looking at the domestic practice of international norms, Cortell and Davis argue that the discourses are a good place to start. They argue that the first sign of an international norm's domestic impact is its appearance in the domestic political discourse (Cortell & Davis 2000, 70). So, according to them it is possible to detect the acceptance of international norms in the domestic discourse.

As mentioned earlier Fremskridtspartiet received 3,5% the votes in Denmark in the EPP election in 1979. The successor of Fremskridtspartiet is Dansk Folkeparti (DF), and they received 26% of the votes from Denmark at the latest EPP election, and the hostile discourse towards migrants is quite similar to Le Pen's. In 2016 Søren Espersen, who was the deputy chairman in DF at the time, said:
"*In 2010 we expressed the need for total stop for the non-western migration, or at least to restrict it further. Last year we suggested, that if refugees come to Denmark, we will send them to camps in other countries. Recently, we presented a suggestion for the government which stated that we must reject asylum seekers at the border*" (DR, 2016).
This quote underlines the discrimination that lies within the discourse from DF. Søren Espersen is not only excluding certain people determined on their birth place, the assumptions behind that representation of the refugees are arguably that they are not worth having in Denmark, and they do not have the rights to exercise the rights of free movement within the Schengen Area. The example suggests that EU has not been successful in diffusion their norms regarding anti-discrimination to Denmark, especially because DF is not only successful in the EPP elections, they also received 21, 2% of the votes in the national parliament election in 2015. DF's politics and opinion are consequently to some extent accepted as appropriate behavior. That is also shown by a picture of Inger Støjberg, who is the minister for migration and integration for the current liberal government, where she is posting with a cake with the number 50. The picture was followed by a text saying: *"Today the government has successfully implemented the 50th restriction on migration. That must be celebrated*" (Politiken, 2017). By doing so she proclaimed that a limitation in migration certainly is something good, and therefore acceptable and appropriate behavior to make it more and more difficult for foreigners to come to Denmark. It consequently seems that there is a clash between the norms that EU is trying to diffuse, and how the politicians in Denmark are translating them. This does not necessarily say something about how the norms are practiced

in the everyday life in Denmark, because the translation of norms happens on any level in the society, and Alexander Betts states:

"*Norm – especially people-centered norm such as human rights, development, or humanitarian norms – ultimately only have significance insofar as they translate into practice. Norms my well be reflected in formal mechanisms, such as international treaties, or informal understandings, such as principles, and in policy of individual states and organizations*" (Betts 2014,1).

Norms can consequently be written into the legislation, but that does not mean that the informal understanding of them are translated in the way they were intended to. The European Union has detected the same issue, and they explicitly express their concern in a policy paper presenting the Directive 2014/54/EU, regarding the practice of the norms by the member states about anti-discrimination: "*Union workers may still suffer from unjustified restriction or obstacles to the exercise of their right to free movement, such as non-recognition of qualifications, discrimination on grounds of nationality and exploration when they move to another Member state. There is, therefore, a gap between the law and its application in practice that needs to be addressed*" (Directive 2014/54/EU). Here, the EU acknowledged the gaps that can occur between legislation and practice, and they emphasize the it can be difficult for union workers to exercise their rights.
This policy document has several purposes in this project. Firstly, it incircles the language in which the EU talks about the free movement and anti-discrimination. Secondly, it will be the starting point of the analysis through a document analysis. Theses purposes will be further elaborated throughout the project in order to underlines the importance of this policy document.

Betts argument about the variation of the practice of norms consequently aligns with the analysis of the EU, and Betts further argues that norms are constantly in a process of change (Betts 2014, 2). In that way the legislation can be implemented but the norms and the appropriated behavior might differ from state to state and change over time. This point is supported by Susanne Zwingel. She is working with norms and norm translation, and she argues that norms are created through discourse, and are for that reason not only changeable and in constant process, they are also interoperated differently (Zwingel 2014,16). They are not irreversible as the Justice and Home Affairs suggested about Schengen in 1985.

There are now two groups of translators. The domestic level in Denmark represented by the politicians and the citizens of the Union, who in this project will be represented by the people at the hospitals in Jylland.

The hospitals are an interesting arena to investigate the translation of norms diffused by EU regarding free movement and anti-discrimination for several reasons. Firstly, because the group of migrants the politicians are hostile towards are mostly refugees: "*people fleeing political oppression, religious persecution and ethnic troubles"* (Myers 2001, 609). The migrants coming to the hospitals in Denmark are in another category since they are specialized doctors educated in another EU member state. They can therefore be qualified as being highly educated, and will fall into the category of economic migrants: "*Economic migrants are those who move from one place of work and residence to another, either within a country or across international boundaries, primarily be- cause of their own economic opportunities"* (Chiswick 1999, 181). The motivational factor for this group, and for the doctors of concern is consequently a wish for better living standard.

The foreign doctors are consequently another group of migrants with another background than the once that are being target by the hostile discourse presented by the politicians, but that does not necessarily mean that the doctors do not feel discrimination that the discourse can cause in their daily work life at the hospitals.

Secondly, There are many foreign doctors in Denmark, and there has been an increased focus on them at in the beginning of this year. The doctor's qualifications and education have been questioned only due to the fact that they have another nationality and educated in another EU member state than Denmark. The discrimination is consequently not limited to the refuges. That is again suggesting that there has happened a mistranslation of the norms that EU is trying to diffuse about foreign workers and their work conditions. The article 45 explicitly state that all discrimination based on nationality should be abolished, and that is consequently not only challenged by the politicians but maybe also at the hospitals in Denmark, and consequently on a lower level than between EU and the member state. There arguably can be differences in the ruling norms in the international level, on the national level, and on the local level. There are hence two issues. Firstly, it seems that there has been a mistranslation of the norms regarding anti-discrimination, so that they have not been successfully diffused by EU in the same way the free movement has to the Member States. Secondly, the multiple levels of translators at the hospital means that a linear diffusion of norms most likely will not happen,

which means that there is a risk of mistranslation of norms as well. Betts and Zwingel will probably argue that the different levels will translate the norms differently (Zwingel 2016, 19). The levels of translators of this project are the HR-departments that handle the employment process of the doctors, the foreign doctors themselves, and the patients. The issues lead to following problem formulation.

3. Problem formulation and research questions.

How are the norms in article 45 TFEU translated in practice by the levels of actors at the hospitals in Jylland?

By phrasing the problem formulation in this way, it indicates that there are different ways in which levels of actors can translate the norms from EU. So, that it is the actor's role in the process, and how they translate the norms, that are investigated.
The following research questions will serve as guidelines in answering the problem formulation:

1. *What does is the actor's role in the translation process of the EU norms?*
2. *What assumptions underlie the HR-people and the patient's representation of the foreign doctors?*
3. *What assumptions underlie the foreign doctor's representation of the themselves?*

The research questions have different purposes. RQ1 has the purpose to illustrate the process of norm translation from the EU to the practice at the hospital. That is done by looking at the discourse represented respectively from EU in the policy paper and the respondents. So, that is with a focus on the translation process to see who has the power to decide what is considered being the moral point of orientation. RQ2 and RQ3 have the focus on the respondents, and not so much the process. RQ2 is asked to investigate the assumptions that underlie the HR-people and the patient's representation it should open the doors to detect possible mistranslation and, in that way, reveal underling power structures. RQ3 is focusing in the doctors to investigate their assumption about themselves. Their assumptions are treated individually to emphasize that this id the group in focus. These questions are made to compare how the doctors see themselves and how they are represented by the HR-people and patients in order to investigate power struggles, inequalities and intersectionality to see if the doctors are victims for discrimination.

3.2 Definitions

Before moving on there are some definition that beneficially will be defined.

The foreign doctors: Are specialized doctors who are educated in another EU Member State, but now live and work in Denmark.

Anti-discrimination: The definition of anti-discrimination relies on article 45. That means that in order for doctors not to be discriminated they have to enjoy the same rights as the ethnical Danish doctors in regard to employment, remuneration and other conditions of work and employment (TFEU 2017, article 45). Another dimension in focus in regard to discrimination is whether the doctors are given the needed support in order to be able to enjoy the same rights as the ethnical Danish doctors. That can for an example rely on a well-organized onboarding, culture and language teaching and support from the established colleagues. Those terms are explicitly formulated within the discourse presented by the EU:

"*The free movement of workers gives every citizen of the Union, irrespective of his or her place of residence, the right to move freely to another Member State in order to work there and/or to reside there for work purposes. It protects them against discrimination on grounds of nationality as regards access to employment, conditions of employment and work, in particular with regard to remuneration, dismissal, and tax and social advantages, by ensuring their equal treatment, under national law, practice and collective agreements, in comparison to nationals of that Member State. Such rights should be enjoyed without discrimination by all Union citizens exercising their right to free movement, including permanent, seasonal and frontier workers"* (Directive 2014/54/EU).

This quote does not only contain an example of the language the EU use in order to describe the importance of the free movement and anti-discrimination, it also emphasizes how the EU operationalize the anti-discrimination. That is the operationalization this project will rely on.

The hospitals in Jylland: The hospitals where the HR-people work, the foreign doctors works, ant where the patients have been treated are not the same, but different hospitals spread out in Jylland.

4. Justification of research

This chapter has the purpose to justify the research and to present the theories, the methods and the analytical approach. The purpose of this justification is to be transparent and to let the reader know what kind of rationalization that lies within the detection the problem. Karl Gustavson even argues that one of the key challenges of writing a project, and more specifically a thesis, is to present a

good rationale (Gustavson 2017, 634). This chapter is an important step towards obliging to that challenge.

4.1 Existing literature on norms

When working with norms in EU context Ian Manners is difficult to avoid. He argues that the EU is a promotor of norms, and therefore rather a normative power than a military power or civilian power (Manners 2002, 236). He defines norms as what is perceived as normal (Ibid), which is in line with the definition that Finnemore and Sikkink uses and is a definition that is quite acknowledged in amongst the IR-scholars who are working with norms. Jeffrey Checkel is formulating his definition like this: *"Shared expectations about appropriated behavior held by a collectivity of actors"* (Checkel 1999, 83). The fact the many theorists agree upon a definition does not de facto make it valid but the consensus is represented by scholars who work within the ontology presented in the constructivist and poststructuralist scientific method of science (Olsen 2010, 189). That is the ontological stand point of this project as well and using a similar definition of norms as them arguably justify the use of that specific definition. That shows that seeing norms as appropriate behavior means that norms are not fixed, and the idea allows me to investigate norms through poststructuralism, where the reality is created by discourses (Zwingel 2017, 676).
That way of defining norms can arguably be considered valid way to define norms in relation to this project, but Zwingel criticizes this way of defining norms in relation to her work with translation of global norms. She looks to Hofferberth and Weber who define norms as: *"moral points of orientation that are invoked and re-interpreted in the process of acting"* (Hofferberth & Weber 2012, 12). Zwingel argues that in contrary to the other definitions, Hofferberth and Webers definition provides a broader view on the variety of norm-influenced action and is in that way a more inter-subjective process in the norm translation process than the more compliance-oriented approach from the other theorists.
The presentation of the existing litterateur about norms have shown that there several acceptable ways to define norms within this project, and the translation process of norms will be further elaborated in the chapter 7.

4.2 Clarification and further definitions.

The first clarification will be of the levels at the hospitals. I have chosen to focus on three different levels or groups at the hospital. The HR-departments, the doctors, and the patients. The selection

process of the specific respondents will be further elaborated in the chapter 8, but it is important to clarify that there are several levels within and outside the hospital, who not only are norm translators themselves but also norm entrepreneurs. The highest level is Ellen Trane Nørby, she is the Minister of Health in the current government.

European Union should also be defined. That is because the understanding of the Union can differ from ontological position to another. Here I will yet again rely on Manners, who sees the Union as: "*a promoter of norms which displace the state as the center of concern*". (Manners 2002, 236). In Manners definition are the members states not the main actors, which implies that the norms from EU does not necessarily have to go through the member states in order to influence the people of the Union. The EU can also be defined as a regime, since a regime often emerges from the need of a cross-national solution to a problem (Zwingel 2016, 12). These ideas of the EU stand in opposition to for an example the realists or intergovernmental approaches. Both camps would argue that the main actors in the international scene are the states (Morgenthau 1949, 13), and Morgenthau would properly ascribe the states a higher value of norm-setting power than for an example international institution as the EU. In this project the article 45 in TFEU of the EU is the main policy document and legislation, and it is for that reason arguably reasonably, like Manners to ascribe the EU a high amount of norm-setting power. It can be argued though that diffusion of norms is not a linear process, and that they not will necessarily only will be implemented as a result of the norms trickling down and unquestioned compliance (Zwingel 2005, 53).

4.3 The theories

The theoretical frame work of the project relies in the theories within the ontologies of poststructuralism and constructivism. In these interoperative scientific theories of methods lies Susanne Zwingel. She is studying gender and is mostly writing about norms within the suppression of women (Zwingel 2017,1). Even though the themes in Zwingel's writing are quite different then the norms this project is circling around, it can quite beneficial to rely on her work when answering the problem formulation of this project.

Firstly, she is working with the translation if norms into practice, that is the purpose of this project as well. In Zwingel's work she detects that there are many assumptions that lie underneath the translation of norms. These are assumption that relies in structures such as power relations, power struggles, hemogenic, sharing of knowledge, and discrimination (Zwingel 2014, 219-220). She

consequently argues that all these aspects are in the game when norms are translated, and for that reason Zwingel's theoretical foundation is arguably providing me with a vocabulary and concepts that enable me to investigate how the norms from EU are translated into practice at the hospitals in Jylland.

She is not alone though. This project will furthermore focus on the theoretical work from Martha Finnemore and Kathryn Sikkink and Kimberle Crenshaw. The two mentioned first are working within the same ontology as Zwingel with international norms, but represents another view on norms that Zwingel, never the less they can complement the Zwingel's theory with their concept of norm entrepreneurs, norm cascade, and norm internalization and their concept of the norm cycle (Finnemore & Sikkink 1998, 897). Through these to concepts they are able to investigate who are deciding which norms that are being followed, and the cycle is theoretical concept that has the purpose to clarify the lives of norms (Ibid, 898). Zwingel's theoretical work also lies the ground for discussion the relationship between international, national, and local actors when it comes to norms translation. Lastly, there is Crenshaw who mainly is working with the oppression of black women, and in her work, she is especially tackling, power struggle, inequality and intersectionality. These four theorists should arguably enable me to investigate the power relation and therefore the possible power struggle and inequalities. There are obviously some challenges being that narrow in the ontological scope, but that will be further elaborated in together with the theories in chapter 7.

4.4 The analytical strategy and the methods.

Critical discourse analysis is a qualitative analytical strategy for critically describing, interpreting, and explaining the ways in which discourses construct, maintain, and legitimize social inequalities (Mullet 2018, 116). That approach differs from discourse analysis, since critical discourse analysis emphasizes the role of language as a power resource (Ibid). That means when using the critical discourse analysis as the analytical strategy of the project, it enables the researcher to deal with discourses of power struggles, injustice, and inequality and attempts to uncover implicit or concealed power relations. In relation to this project those qualities are arguably very helpful, since the main aim is to investigate in which power relations, power struggles and inequalities the norms in article 45 TFEU of the EU are translated by the levels of actors at the hospitals.

In this sense are the analytical strategy and the methods deeply intertwined. Foucault suggests that when working within the poststructuralist ontology with discourses and power relation it can be very helpful to have a practical text as a starting point for the analysis (Bacchi 2016, 34). The

starting point of the critical discourse analysis in this project is the policy document of the Directive 2014/54/EU, where the guidelines of the implementation of article 45 TFEU are to be found. This document will for now on be referred to as the policy document. In the policy document, it is clearly that the EU tries to determine the appropriate way of talking about the free movement of workers and the anti-discrimination that supposedly should comply to the implementation. By having a starting point, there is always a point of reference, and the elaborated argumentations will follow in chapter 8, but for now it is important to underline that the analytical approach fits very well with documentation analysis and discourse analysis of the statements of the respondents. That is why the methods of the project are documentation analysis and interviewing. In this sense are these discussions about analytical strategies closely related to the discussions about the scientific theory of method.

5. Scientific theory of method.

This chapter expands the theoretical approach of this project, which heavily relies on the literary work of Susanne Zwingel, Finnemore & Sikkink, and Crenshaw. They all rely on the Foucauldian theoretical concept of poststructuralism, discourse and power (Zwingel 2015,15).

As a direct result of using the above-mentioned approach it facilitates a certain theoretical understanding that influences the way in which this project comprehend science and how to conduct it. The interoperative scientific theory of methods elaborates on an intention to understand the meaning of action from within the social context of the actors (Ibid, 7).

5.1 Post structuralism

When working with poststructuralism and discourse it is almost inevitable to avoid Foucault. There are several reasons why Foucault's approach to social science can be termed as poststructuralism (Olsen 2010,189).

In France in the 1960s, structuralism was essentially a doctrine about language which was also applied to other aspects of life and culture. Structuralists argued that it was not enough to study language through historical change in the language, but through focusing synchronically on its underlying structures as part of a system (Ibid). Foucault did to some extent agree with that statement, and Foucault's work is definitely inspired by the structuralist. He and the structuralists

further suggested that there is no such thing as a linear causality. (Foucault 1994, 824). He rejected the idea of him being and structuralist by denying the ahistorical and universal rules of law that the structuralists used to explain the world. Olsson formulates the following:

"Poststructuralist, as opposed to the structuralist approach, assumes that the regularities identified are not the same in all historical periods and in all cultures, but rather are specific to particular times and places" (Olsson 2010, 192).

This statement is quite interesting in relation to this project since it does not only support Zwingel's suggestion regarding the norms being something to negotiate, it also justifies the research question. The poststructural ontology namely suggests that the reality is depending on a specific time and place, and for that reason it is reasonable to be curious about the specific hospitals and groups of actors, since the norms presented by the EU in article 45 TFEU, in this ontological perspective, presumably will translated differently from actor to actor and from time to time.

Both for structuralists and for Foucault has the language a constitutive factor, and especially Foucault ascribes discourse a great importance.

The discourse is one of the pivotal concepts in poststructuralism, and it is one the epistemological pillars as well. Foucault stated the following in order to underline that:

"Recognition of the discourse as a rule-governed set of statements as the fundamental unit of analysis" (Ibid, 192). Here Foucault argues discourse are the fundament unit of analysis, and consequently the way to gain knowledge about the reality.

Foucault studied discourses as a system of representations (Hall 2001, 72). What interested him were the rules and practices that produced meaningful statements and regulated discourse in different periods of history (Ibid, 72). What Foucault meant by discourse was consequently "a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment" (Ibid, 72). In that way, Foucault argues that discourses govern a way that a topic can be meaningfully talked about and reasoned about (Ibid, 72). He points out that discourses are determining for what is meaningful and what is reasoned about, this argument suggests that discourses consequently are determining a certain way of talking about a topic, and in that sense, discourses are also limiting the ways in which one is able to talk about certain topics. The ones setting the discourse are consequently the ones in power (Ibid, 72). Discourse analysis can, for that reason, open the doors for an investigation of what is considered the point of moral orientation or the appropriate way to behave, and how the different statements can create a certain language in which specific knowledge, power struggles and inequality lie.

5.1.1 Foucault's concept of power

From the above subsection, it is obvious that discourses and power are very closely related to each other, but in order to obtain a deeper grasp of his concept of power, the subsection has the purpose to elaborate on that. Foucault's concentration on power is namely one of the distinctive characteristics of his post-structuralism.

In Foucault's concept of power, it is very relevant to establish the power relations between the actors involved. By having the power, and hence the ability to determine what is meaningful and appropriate, it is arguably worth being the person or the institution in power. As mentioned previously there arguably is a very distinct power structure amongst the actors presented in the project, but Foucault also argues that power relations are shaped by language and discourses (Duedahl 2010, 35). That implies that, to Foucault, power is not a substance or a fixed measure. Power is merely a set of mechanisms and procedures (Foucault 1978, 16). Foucault underlines that exact point in this quote:

"*Power is not founded on itself or generated by itself. Or we could say, more simply, that there are not first of all relations of production and then, in addition, alongside or on top of these relations, mechanisms of power that modify or disturb them, or make them more consistent, coherent, or stable"* (Ibid).

Power is, consequently, according to Foucault not self-generated and not founded in itself, but a set of procedures and relations whose role is to establish, maintain and transform the mechanisms of power. In relation to that, Foucault underlines the role of force within the language. There is no meaning to the statements outside the discourse, and he argues that the dimension of what is to be said can only appear within a field of real forces, and that: "*is to say within a field of forces that cannot be created by a speaking subject alone and on the basis of his words, because it is a field of forces that cannot in any way be controlled or asserted"* (Foucault 1978, 18). Force is, to Foucault, consequently a very essential determinate when a speaking subject is ascribing the meaning to the language. It is within this line of thinking where the struggle appears, and to Foucault the struggle of power gets inevitable.

In the struggle for power, Foucault argues that the knowledge that is placed within the society is produced, but not only by the struggles, also by the confrontations, the battles, and by the tactics of power that (Foucault 1978, 17).

The concept of power is consequently not a fixed sum and can, within the poststructural realm, be measured by the discourses that represents the meaningful and appropriate behavior.

So, the discourse can reveal who is in power trough analyzing language and statements, and that exact point is very interesting in relation to this project. The analytical strategy that poststructuralism provides will arguably enable me to analyze the respective assumptions that underlie the different representation amongst the actors, since the discourse, according to Foucault and the poststructural ontology and epistemology, will reveal what is meaningful to talk about, and what forces are represented in language amongst the respondents in their translation of the EU diffused norms.
Translation, to Zwingel, is the transmission of meaning, and she further argues that whenever there are translators, norms will be translated (Zwingel 2016, 31). It is in this sense reasonable to argue that, if translation is the transmission of meaning, then it is relevant to investigate who in determining what is meaningful, and that arguably is possible through the analytical strategy of critical discourse analysis.

Power struggles are consequently quite an essential part of Foucault's concept of power. He has even stated:
"I think this serious and fundamental relation between struggle and truth" (Foucault 1978, 18).
That is a very bold to say that confidently, since interoperative scientific theories of methods very easily are criticized for being vague and fluffy in their causality, and hence their ability to find the truth (de Vaus 2001, 3). To Foucault those two things are closely related, and he justify the statement in in these words: "*However, in one way or another, and for simple factual reasons, what I am doing is something that concerns philosophy, that is to say, the politics of truth, for I do not see many other definitions of the word "philosophy" apart from this"* (Foucault 1978, 17).
What Foucault argues here is that in the absence of a better definition of philosophy, he is ascribing the concept as the politics of truth. The way to the truth is consequently through politics and hence power struggles, which explains why the struggles is such an important part of Foucault´s work.

Foucault's concept of power relies on the ontology presented in the poststructuralism, as being something fluid and for that reason always up for debate. He analyses the society through the lenses of power relation and power struggle presented by discourses, which arguably is a useful strategy of analysis when answering the problem formulation of this project.

5.1.2 Genealogy

This is another of Foucault's concepts that has to be accounted for and set into perspective in this project, since genealogy is an action in where one deconstructs by showing the real origin of the reality (Gutting 2005, 49). To Foucault that implies looking back in history in order to detect where the "reality" the current discourse started and invites to considerations about the contingent practices and processes through where problems emerged. Gutting argues that this means that firstly, that history is the origins of present rules, practices or institutions that claim an authority over us. Secondly, the primary intent is not to understand the past on its own terms or for its own sake, but to understand and evaluate the present, particularly with a view to discrediting unjustified claims of authority (Gutting 2005, 50). This is main reason why a part of the introduction is a historical overview. This has that exact purpose. Namely, to give the reader an understand of what have given birth to the free movement within the EU, and why the anti-discrimination is an important part of the for the EU. The history of the development can consequently help us understand and evaluate the present and get a better understanding of how the knowledge is shared. This is not only accurate when it comes to the history of the EU, but also the respondents. I have asked the doctors what motivated them to move to Denmark, and what opportunities the free movement provided them, in order to get an idea of how their history has shaped their presents and how they talk about their past compared to their future. That should according for Foucault give me a more truthful picture of them.

When using the term genealogy further in the project it is consequently referring to the process where the history can help us to understand the present in order to detect what Foucault will call the truth (Foucault 1978, 17).

This chapter has given the reader an inside in the ontological standpoint of the project, which not only is important in order for the reader to understand the worldview of the project but is also an important aspect in evaluating the quality of the knowledge presented throughout the project.

6. Research design

This following chapter describes the research design of this project, by outlining the application of the case design in relations to this subject area. The last subsection will address strengths and weaknesses of the case design. The same things will be discussed in the bottom of chapter 7. That is

done in order to oblige the three criteria of qualities: Validity, reliability, and external validity. These criteria will be discussed further in chapter 8.

6.1 What is the case?

A case is the "object" of study (de Vaus 2001, 220). The object of study in this the project is the translation process of the EU norms in article 45 TFEU in practice at the hospitals.
The advantages of the case study in relation to this project lie within a flexible structure. In a case study is the main task namely to paint a nuanced and in-depth picture of the study of an object because the overall idea is the whole is greater than the sum of the part (de Vaus 2001, 221).

6.2 The case study design.

The translation of EU norms has many dimensions which make the flexibility within the case study very beneficial. In order to get an in-depth picture of the translation of EU norms, there have to be several measures taken into account. The path to gaining knowledge is consequently not straightforward, and that is arguably why it is important to account for that through the research design. That does not only make the work more transparent, and hence more reliable. It does also help keeping a thread of consistency within the project in order to be systematical (Ibid).

Case study can be defined as an empirical research method used to investigate a contemporary phenomenon, focusing on the dynamics of the case, within its real-life context. Moreover, it makes sense to have a project relying in the design of the case study when too characteristics occur. Namely, when the aim of research is to find answers to „why" and „how" types of questions and when there are no control groups (Mocko et. al 2008,4). In order to be even more specific, Mocko et la. have formulated three steps that describe the phases within a case study:

1. Define and design phase
2. Prepare, collect and analyze phase
3. Analyze and conclude phase (Ibid).

Phase 1 is already happening in the beginning of the process and in the introduction and in chapter 4 of the project. Here the researcher has to account for the methods, the theories and define and select the specific cases. In other words, a problem needs to be detected (Ibid, 5). In the case of the translation of EU norms in practice, it is already stated that there are problems. EU has explicitly expressed that in the policy paper, and the discourse at the political level in Denmark suggests that

the politicians have translated the norms regarding free movement and anti-discrimination differently compared to what the EU wishes. Further, the mistranslation is not only happening on the political level, Crenshaw would probably argue that the group of minority would experience to find themselves in the position of disadvantage, where they have to struggle for power and equality (Crenshaw 1991, 1242). At the hospitals are the foreign doctors the minority, and the mistranslation of norms about anti-discrimination puts them in a weak position. That suggests that there definitely is a problem related to mistranslation, and that becomes a problem for the doctors, and by that phase two is already started. That phase namely involves preparation and data collection. The third and final phase mainly involves writing case study reports by drawing conclusions from the conducted data (Ibid). These phases arguably give structure to the project and by explicitly including them and making the process more transparent the project arguably becomes more reliable (de Vaus 2001, 3-4).

6.3 The translation of EU norms in practice as a case

It has been settled that there are problems regarding mistranslation of norms, and as it is stated above the EU had detected it. They write:

> "*The effective exercise of the freedom of movement of workers is, however, still a major challenge and many Union workers are very often unaware of their rights to free movement. Because of, inter alia, their potentially more vulnerable position, Union workers may still suffer from unjustified restrictions or obstacles to the exercise of their right to free movement, such as non-recognition of qualifications, discrimination on grounds of nationality and exploitation when they move to another Member State. There is, therefore, a gap between the law and its application in practice that needs to be addressed" (Directive 2014/54/EU).*

Here the EU explicitly expresses that there is a gap between the law and application in practice, which suggest that there is an issue regarding the translation of norms in article 45 TFEU in practice, which underlines why it is beneficial to investigate the translation process in order to find out why the unsuccessful diffusion norms is a problem for the foreign doctors.

The EU is not addressing where the mistranslations occur, but the EU is quite clear when it comes to, who has the responsibility to make sure that the mistranslation does not happen, the EU states in the Directive 2014/54/EU that:

"Protection against discrimination based on the grounds of nationality would itself be strengthened by the existence of effective bodies with appropriate expertise in each Member State with

competence to promote equal treatment, to analyses the problems faced by Union workers and members of their family" (Ibid).

Due to the nature of a directive, it makes sense that each member state has the responsibility to make sure that there is an institution to take care of the rights of the Union works. That also makes sense in order to oblige to the principle of subsidiarity. The principle of subsidiarity serves to regulate the exercise of the Union's non-exclusive powers to make sure that the power is shared with the lower levels of authorities (European Parliament, fact sheet).

According to EU this suggest, that the members stats are consequently responsible when it comes to correct practice and hence, translation of the EU norms, but as Zwingel argues, whenever there are translators, norms will be translated (Zwingel 2016, 31). She would probably argue that it is not that simple. So, by looking at the translation of EU norms is practice as a case it would arguably be possible to get an in-depth understanding of the translation process of EU norms in practice, in order to detect if some norms are diffused successfully and some are not. The flexible structure enables me to look at the case from different angles and use the epistemological qualities of the discourses to detect the power relation, power struggle, intersectionality, and inequalities that affect and shape the translation made by the respondents. In this sense it can be seen as beneficial to treat the translation of the EU norms in practice as a case.

6.4 Strengths and weaknesses

In this chapter I will discuss some of the strengths and the weakness that are accompanied with the case study. That is important to take these qualities and disadvantages into account since the arguably affect the quality of the obtained knowledge and project as a whole. Some of the strengths are accounted for above, so the starting point here will be the weaknesses and the disadvantages.

Two of the problems, that a research design such as the case study design often is facing is the fact that there are many variables and a small number for cases (Lijphart 1971, 685).

That is a problem since it for that reason can be very difficult to isolate variables in order to find out what is causing what. In fact, in that everything can affect everything, and it can arguably be difficult for the researcher to conclude anything. In relation to this discussion Foucault has some very interesting input that will be introduced here, since it arguably challenges the conventional views in causality, in which one or few things cause another. Instead, Foucault works with "a sort of multiplication or pluralization of causes" (Foucault 1991, 76). For Foucault the quality of

research does thereby not necessarily rely on few variables. Instead he Foucault suggests that the answer to that question lies within the "events" as a way of: "*making visible a singularity at places where there is a temptation to invoke a historical constant, an immediate anthropological trait, or an obviousness which imposes itself uniformly on all*" (Foucault 1991, 76). In this quote, Foucault argues, that the goal is to make immanent ideas visible, and the causality consequently lies within the isolation of a single event and outline the uniformly traits.
In order to able to make the immanent ideas visible one can that the case study design can be helpful, since it allows me to dig deep in the discourses presented in the policy document and by the respondents, and through a critical discourse analysis, Zwingel argues that a should be able to detect the immanent ideas assumptions that underlie the representation of the foreign.
The weakness regarding many variables and few cases is valid, but within the poststructuralism there accordingly are methodological measures to obliged to those weaknesses in order for the internal validity of the project will not suffer under them. The external validity, on the other hand is differently difficult to strive for in a case study design (Mocko et al. 2008, 7). It has been wildly argued that a case is just a case and can simply for that reason not be representative of a larger universe of cases (de Vaus 2001, 237). In the next sentence de Vaus is arguing though, that case studies are not necessarily conducted with the purpose of external validity. He points out there are two types of external validity. The first one is statistical, which is seen in the experimental design and studies based in quantitative data. The second is the one, he argues, that case studies should strive for, that is the theoretical generalization (Ibid). Here is the researcher supposed to generalize from a study to a theory, rather than asking what a study is saying about a wider population (Ibid). The theories here, being the norm theories that have been presented.
The tool that de Vaus suggests that a case study researcher uses in order to able to generalize to a theory is the logic of replication, which implies a high amount of transparency throughout the project (Ibid, 238).
It consequently seems that the poststructuralist ontology, the critical discourse analyses and the methods within those scopes provide me with the tools to oblige to the weaknesses that are accompanied with the case study design. The methods, and their role will be further discussed in chapter 8.
One weakness that is difficult to oblige to through the methods, is the absence of control groups. By having two groups, where only one of experiencing the intervention, then it arguably should be easier to isolate variable in order to measure the object of study (de Vaus 2001, 73). In relation to

this project there are some advantages in using control groups, since I am focusing in the foreign doctors. Their employment, their own experience and the patients. If I had conducted the same interviews but with ethnical Danish doctors as the pivotal point, then I could see if the problems that I have detected really is related to the fact that the doctors are foreign, or if it might be the general culture at the hospitals. I have tried to compensate for that lack of control groups by asking the HR-people about the difference in the employment and work conditions of the ethnical Danish doctors and the foreign. According to the poststructuralism and to Foucault though, is the isolation of variables not possible since everything arguably is depending on everything, so in this context it is not a big issue when it comes to the internal validity the scientific theory of method and the methods of the project provide as earlier mentioned tool to heighten the internal validity. The weakness and critique of the case study is arguably valid and should therefore be addressed.

7. Theory.

In this chapter will the theories be accounted for and put into perspective in relation to the subject matter of the project. The object of study is the translation of EU norms in practice. In order to investigate this chapter will go through different theories with different approaches to the emergence of norms and the translation of norms. In Susanne Zwingel's work about norm translation, she is theorizing about norm translation, and since her theory is one of the fundament pillars of the project her approach will be used as a guideline, and not a recipe. As a part of this chapter will the different perceptions of norms be further elaborated to understand how norms are translated from the international level, to the national level, to the local level.
Lastly, will Zwingel's theories be supported by Nira Yuval-Davis and Kimberlee Crenshaw, since they also have been working with power and power struggle. That will add concepts such as intersectionality and inequality.

7.1 International cooperation

As the historical retrospect shows, the EU is founded on an idea of common problem solving to find a solution for a cross-national problem, namely, to avoid war. This according to Manner led the EU to be the norm-setting institution in Europe (Manners 2002, 236). In that way, the EU arguably share trades with what Zwingel defines as a regime, she states that a regime is a: "*social institutions consisting of agreed upon principles, norms, rules, procedures and programs that govern the*

interactions of actors in specific issue areas" (Zwingel 2016, 11). The state is consequently not the center of concern, which aligns with the way that Manner defines the EU. In this way, the EU can be put into the category of regimes, which arguably opens up the possibility to analysis the role of the EU in the same way that Zwingel analysis the role regime when it comes to norm diffusion and norm translation.

Zwingel argues that seeing international cooperation as a regime, helps the researcher to investigate mechanisms of international cooperation (Ibid, 13), and she underlines that there are some regimes that national states are more likely to gain influence from that others. States are consequently not necessarily willing to complying to the norms in the regime, and given the diversity of states and their interests, compliance has to be conceptualized as "*a product of complex causality in which the most significant factors are incentives, institutional design, the rule of law, and the power of legitimacy"* (Zwingel 2016, 13). These four factors are according to Zwingel the most significant ones when it comes to the states willingness to comply the norms of the regime.

So, when looking at international cooperation it is not enough to look at the aim of the regime, the domestic factors and interests have to be taken into account as well when working with compliance. The domestic factors that have shown to be relevant for complying it are many-folded. The domestic factors that will be in focus in the project are: Characteristics of domestic institutions and their connectivity with international norms and the "cultural match" between the international and domestic norms (Ibid, 13). In addition, that means that the domestic institutions have a saying in how norms from regimes are implemented, and how well the international norms match with the domestic norms. As argued, that is interesting in relation to this project, since domestic institutions, such as hospitals, have a saying in how international norms are translated, and are hence also the target of international norms. The second domestic factor that is the match between the international norm and the domestic norms, which arguably should fit very well between the EU and Denmark, due to EU's legislative supremacy. The temporary Danish-German border and the discourse amongst the politicians suggest that match between the norm presented in EU and in Denmark is bad. So, the norms from EU are not just tickling down to the Member States or the domestic institution, which leads to the other theoretical frame work, namely the norm-cycle (Finnemore & Sikkink 1998, 891).

Finnemore and Sikkink do not focus that much on analyzing the mechanisms of cooperation, they merely explore how norms emerge and become meaningful in international arenas and then move

toward domestic contexts (Ibid). Seeing norms as *"standards of appropriate behavior for actors with a given identity"* (Ibid), they have created a model to analysis the emergence of norms and internalization norms on a domestic level, they call it the norm-cycle, and it consists of three phases (Ibis, 895). The first phase concerns the norm entrepreneurs within institutional arenas in which they put attention to certain norms or even create norms. The actions entail persuasion strategies, which the norm entrepreneurs use to define what is considered appropriate. The motives are not only for the greater good though. Finnemore and Sikkink argue that the wish for change can rely on self-interest as well (Ibid, 898). In the second phase the norm moves to the norm-cascade. This phase is defined, as the point in time when the norm entrepreneurs have persuaded a critical mass of states and when the norm has become internationally institutionalized to a certain degree. Finnemore and Sikkink argue that when 2/3 of the states have accepted a norm a being appropriate behavior, and the transmission is completed, and the main mechanism in phase two is consequently international socialization through international legitimacy (Ibid). An important part of this phase, Finnemore and Sikkink argue, is that motivation for many states for adopting the international norms, is prestige and acceptance. (Ibid).

The third and final phase of the norm-cycle is the norm internalization. In this phase the norm is implemented in domestic settings, for example, in state bureaucracies or professions (Ibid, 888). None of these phases are considered to happen automatically, they are rather ideal typical presentation of norm diffusion (Zwingel 2016, 15). Using this model, I arguably have a concrete tool to measure when an international norm is implemented on the domestic level. When hospitals have put the norms in their procedures, then the internalization process arguably is fulfilled, and the norm is evidently implemented. The norm-cycle is arguably a tangible tool when analyzing norm diffusion, but Zwingel is criticizing the approach for several things. Firstly, for assuming that international norms are fixed. Secondly, it leaves domestic dynamics of norm creation underestimated. Thirdly, it departs from simplified concepts of actor's role in the production and spread of global norms (Zwingel 2016, 17).

The presentation of international cooperation and norm diffusion provide and idea of the mechanisms of cooperation, and of how norms can emerge and diffuse. Which arguably is very helpful when working the norms that EU is trying to diffuse to the Member States and to the citizens of the EU. The problem is though, that the two concepts does not only treat the domestic context as the receiving end, they do also present a very static understanding of the actors and the

relation between them (Ibid, 18). That implies that all norm diffusion will stop at the same time and level, and it leaves a very little room for difference in the actor's implementation of the norms.

7.2 The local level

Where the subsection above is focusing in norms on the international level and the national level, this subsection will focus on the norms on the local level. That is arguably the most interesting level in relation to this project, since I am interested in investigating the translation process of the norms in article 45 TFEU amongst the HR-people, the foreign doctors, and the patients. The two levels above are still very important, since Zwingel argue that they undeniably are intertwined (Zwingel 2016, 22).

In order to analysis norm diffusion in a less linear matter than presented in the subsection above, Zwingel looks to Weber and Hofferberth and their definition of norms. They argue that norms are: *"moral points of orientation that are invoked and re-interpreted in the process of acting"* (Hofferberth & Weber 2012, 12). Zwingel argues that in contrary to the other definitions, Hofferberth and Weber's definition provides a broader view on the variety of norm-influenced action and is in that way a more inter-subjective process in the norm translation process than the more compliance-oriented approach from the other theorists. This definition has been presented before in chapter four, where it was not possible for me to determine the what definitions of norms would be beneficial for this project of the one from Manners, Finnemore & Sikkink or this one from Weber and Hofferberth. The wat that the norm is defines consequently determine the nature of the norm diffusion process, which at the time not was accounted for. That will be done in throughout this chapter.

Several scholars who have been exploring international norms have confirmed the flexibility that Weber and Hofferberths definition entail, and not even norms regrading equal participation in political decisions had remained static, and this argument further underlines the that it makes no sense homogenizing the effect of international norms (Zwingel 2016, 20).

This leads to the concepts of "localization" of norms. Zwingel refers to Acharya who uses this concept where there is a focus on the movement of norms from one context to another whereas the key element is to study local agents' ways of reconstructing external norms in a way that they fit in with foundational "cognitive priors and identities" (Acharya 2004, 239). Acharya's point is to

see norm localization as a dynamic process in which "the local" is not a passive recipient of norms that are created externally (Ibid). By putting the concept of localization on the present project, it is arguably possible to investigate the possible different translations amongst the actors at the hospital, since they according to this theoretical concept not just are passive receivers of norms, but hence active translators.

7.3 Transnationalization

The concept of transnationalization is highly linked to the idea that norms can move from one context to another. The concept conceptualizes the global, national, and local as interrelated, it re-reads the claimed homogenizing influence of globalization (Zwingel 2016, 22). This implies that the concepts of transnationalization rejects the old idea of the relationship between the three levels. Discourses have, according to Zwingel, led us to believe that the three levels are separated and hierarchical. The international is associated with powerful concepts, whereas the local is linked to something limited and traditional. In the middle of that is the national level (Ibid). The local is consequently not understood as just being receivers of international "trickle downs", but as a place where influences are actively integrated and transformed, in a way they make sense (Ibid). This point is supported by Massey who, argues against the idea that norms agreed upon (Massey 2005, 102).

Finally, transnationalization literature also reminds us that the local is not a culturally confined entity (Zwingel 2016, 23).

It is now fair to argue that norm diffusion nor necessarily is as linear process, and that has opened the door the Zwingel's use of the term translation instead of diffusion. She argues: *"I use the term "translation" here instead of "diffusion" because, first, it seems better suited to grasp multi-directionality. Translation functions in many ways and directions, whereas diffusion seems to suggest a one-way movement, in the sense of "spread out from a given starting point". Second, translation is a more active term, the work of "making understand" is more implicit in it than in the idea of diffusion."* (Zwingel 2016, 31).

Localization and transnationalization consequently will consequently ascribe the HR-people, the foreign doctors, and the patients a lot more active role in the translation process of the EU norms in article 45 TFEU.

Norms are consequently rather defined as Weber and Hofferberth and being *"moral points of orientation that are invoked and re-interpreted in the process of acting"* (Hofferberth & Weber

2012, 12), than Manners, Finnemore & Sikkink's more linear definition of norms. In this view there are more translators, and a larger risk of mistranslation.

7.4 The creation of power relations and power struggle

When the norms in the translation process are invoked and re-interpreted in the process of acting, they are arguably negotiable, and it is within this negotiation that Foucault argues that power structure occurs. He points out that power is a set of mechanisms and procedures (Foucault 1978, 16). He would further argue that the translation process in not happening automatically since power relations are not self-generated, and that is why he puts emphasis on the force in the language, implying that the discourse has structuring effect on power relations and power struggle. In relation to Zwingel's work that is interesting as well.

Zwingel has a quite interesting quote in one of her books in relation to power and power struggles: *"The standard case … assumes that people, fish, and sea gulls want clean water in Lake Erie; who asks the scum?"* (Zwingel 2005, 36). By using this quote, she is able to address many things at the same time. First of all, she indicates that the taken for granted knowledge is that people, fish, and sea gulls want clean water. That is reasonable to assume that, since clean water arguably for many of us is preferable, but the second thing she addresses is that no one thought of asking the scum, or the person standing outside of the general population. In this quote she is actually able to encircle why power and power struggles are so important, and why the reality and the truth, according to Foucault, even found in those structures (Foucault 1978, 17). There namely is an elite, here the people, who have decided how they prefer the water, and by describing the person standing outside as scum, Zwingel indicated a clear power structure between the elite, here the people, and the scum. The elite, or the regime does in this way create public spaces as forums of power struggle, where the scums feelings are not even taken into considerations. From this point of view regimes are additionally a set of hegemonic discourses that defines order in a public space (Zwingel 2005, 36). Zwingel further argues that theses discourses are based on power, and that the regimes necessarily will include a discourse for the right moral orientation, while it will neglect deviant behaviors or opinions. This means, that within the regimes there will be people who accept the norms and consider the regime to be legitim, because they benefit from it. There are also actors who are trying to break out (Ibid, 37).

In relation to the present project, these arguments are very interesting. In the above example it is the regime that presents the taken for granted knowledge about what the society wants, and that is to some extant also what is happening in relation to the EU and the norms of free movement and anti-discrimination. The EU even underlines that: *"Union workers may still suffer from unjustified restrictions or obstacles to the exercise of their right to free movement, such as non-recognition of qualifications, discrimination on grounds of nationality and exploitation when they move to another Member State"* (Directive 2014/54/EU).
This quote suggests that the Member States not have the capabilities to handle their new citizens or that they are not interested in the "possibilities", as the EU calls, the free-movement of workers give. This does not only suggest a very strict power structure between the EU and the member states, but it also emphasizes that the Union workers are vulnerable and standing outside the society, and therefore it is not unreasonable to assume that the Union worker easily can become the "scum", from the lake-example, and therefore be the bottom of the power hierarchy, and hence struggle for acknowledgment and power. In this way, the EU also creates a certain perception of the foreign workers as being the weak link. In this international perspective of regimes, it is clear that it is the EU that diffuses the norms, and that the translation of them will happen within the discourse that the holders of power, namely the Union, have decided. In this theoretical frame work it is the EU that has the hegemonic discourse that defines the order (Zwingel 2005, 36). The power relations do not only occur on the EU-state level, it will arguably trickle down and affect the everyday life of the foreign doctors at the hospitals. That is further investigated in the next subsection.

7.5 Intersectionality and inequality

Zwingel is working with intersectionality and inequality, since both concepts inevitable are linked to poststructuralism, power, and power struggle. Her theory will be supported by the work of Kimberle Crenshaw and Nira Yuval-Davis. They work with inequality as well, but they also provide a thoroughly elaboration on some of the consequences that follow intersectionality.

The concept of intersectionality implies that social forms of differentiation such as gender, class, ethnicity, and race are mutually constituting in the case of identity and on a more structural level. The concept has been broadly used, since it has the ability to analyses complex social differentiation (Jensen & Christensen 2011, 71). When looking at the word intersection it is mostly used to describe a crossroad, a place where several roads overlap. That metaphor can be quite

helpful when defining intersectionality, because the categories are interlaced, those categories being, gender, class, ethnicity, and race, when meaning is created (Ibid, 72). That means that it makes no sense to separate the categories when analyzing the society. The categories will always be intertwined, which is why intersectionality has the ability to incircle very complex differentiation processes.

Nira Yuval-Davis has tried to define intersectionality in this quote by Kimberle Crenshaw from 2001: "*Intersectionality is what occurs when a woman from a minority group . . . tries to navigate the main crossing in the city. . . . The main highway is 'racism road'. One cross street can be Colonialism, then Patriarchy Street. . . . She has to deal not only with one form of oppression but with all forms, those named as road signs, which link together to make a double, a triple, multiple, a many layered blankets of oppression"* (Yuval-Davis 2006, 196).

Here she underlines that, what Crenshaw is trying to argue is that is black woman is not only struggling with the oppression that is followed by her gender, she also struggles with the oppression that follows being black. This to categories adds up, and the black woman would arguably struggle further for power than a woman who only is caring around one of the categories of disadvantages.

Before going further in the discussion about the usage of the concept in the project, two things need to be pointed out. First of all, in order for somebody to be oppressed there necessarily has to be an oppressor, which in these theories are the people in power. That implies that there are respectively advantages and disadvantages connected to the different categories, and hence inequality. Secondly, Crenshaw is, as Zwingel, mainly studying gender, and she is especially focusing on the oppression of black women. The pivotal point of this project is not the gender struggle at the hospital, it is the norms regarding free movement and anti-discrimination. That implies that the oppressors in the context of this project not necessarily will be the white male, but the people who, the critical discourse analyses will revel, are being in power in the forum of the hospital. So, the theoretical theme is not gender but ethnicity, nationality and race, and the oppressors are necessarily the white male, but since the categories are intertwined, will the aspect of gender and class also be investigated, since it arguably also will play a part in the power relations and the struggle of power (Crenshaw 1991, 1242). In relation to this project the concept of intersectionality can prove itself to be quite useful, since it enables me analyses the power structures between the different levels at the hospital and hence help to detect the assumptions underlying the respective groups representations of the foreign doctors. The interesting part is who are the oppressors and who are the oppressed in hospitals. For an example, can the patients be considered as being the ones in power, since they are

ethnical Danes in Denmark, but on the other hand, can the doctors be considered the ones in power, since they have a long education and might belong to a higher-ranking class than the patients. The mechanisms of oppression are therefore not only applicable when studying gender, but also other inequality amongst the other categories.
For Zwingel and Crenshaw it is the white males who are the oppressors and the black women who are the oppressed, but who possess which roles in this project will arguably be detected through the discourse analyses, since discourses are created by the people in power, and the appropriate behavior will be determined by them through the discourse (Foucault 1978, 18).

Crenshaw is working with three different kinds of intersectionality. Structural intersectionality, political intersectionality, and representational intersectionality (Crenshaw 1991, 1245). Crenshaw again uses black woman as example, but the circumstances in which she explains the structural intersectional are transmittable to this project. She writes: "*Shelters serving these women cannot afford to address only the violence inflicted by the batterer; they must also confront the other multilayered and routinized forms of domination that often converge in these women's lives, hindering their ability to create alternatives to the abusive relationships that brought them to shelters in the first place"* (Ibid).
Here she argues that the women who are coming to the shelters to escape domestic violence are brought in situation where multilayered forms of domination are hindering them in creating alternative lives for themselves. Structural intersectionality consequently refers to the situation where the oppressed, due to the surrounding structures, is unable to get out the role as the subordinated and exercise their rights of liberty.
The concept of political intersectionality highlights the fact that black women are situated within at least two subordinated groups. Crenshaw here argues that women of color experience racism differently that men of color and sexism differently from white women (Ibid, 1252). When this point is put into perspective to this project, then it can be argued that different categories might experience the same concept differently. Following Crenshaw's example, then it de facto is a disadvantage being a woman or a specific ethnicity. That is worth looking out for during the critical discourse analysis to investigate if that means something for the way that the EU norms in article 45 TFEU are translated in practice at the hospitals in Jylland.
The last kind of intersectionality is also important to Crenshaw, since that is related to the discourse and the power to set the prevalent narrative, the discourse has. She has named it representational

intersectionality (Ibid, 1282). Crenshaw uses the concept to describe the confluence of those prevalent narratives about the specific categories, and in that way the contemporary representation will keep marginalize the same categories (Ibid, 1283). So, here the inequality does not only lie within the categories themselves, so that certain groups by definition are in disadvantaged position in the society, it can also add up. So, people being a part of several oppressed categories do not have the same opportunities to exercise their rights, as the people who are in the empowered positions.
Inequality and intersectionality are consequently closely related, and that is why they their usage will be discussed simultaneously. Being a part of the oppressed group entails in unequal possibilities.

This subsection is very important in order to be able to investigate the norm translation process. Following the line of argumentation from Zwingel about the translation of norms, she does not ascribe the regime, or here the EU, the over-ridding power to set the ruling norms. That means that categories the are suffering from oppression can be oppressed by all sorts of actors in the society, and not only by the ruling regime. Additionally, the actors in the lower level can just as easily withhold the oppressed category in that position, as long as they are in the empowered position. That mean that power struggles arguably can be detected amongst the respondents where they keep each other is a certain position out of power.

7.6 Strengths and weaknesses

Throughout the chapters the usefulness, hence the strengths of the theories have been accounted for. The theories provide an ontology that is very suitable with the methods such as interviews and discourse analysis. Furthermore, they provide med with the vocabulary to describe how norms occur, how they spread, in what mechanisms that are in play when the norms in article 45 have to be translated into practice at the hospitals by the different levels of actors. The concepts of inequality and intersectionality are furthermore concepts that opens the doors for discussions about the assumptions that underlie the respective representation of the foreign doctors, and the doctor's own assumptions.
One thing that this chapter has neglected though is the is the focus on how the knowledge about these categories of oppression have been created. It is argued that it de facto is a disadvantage to belong to certain categories. In this project a certain nationality or ethnicity, but not how those

categories were ascribed that role. That would need a though account of the historical background of the development of how this knowledge come about (Zwingel 2016, 16). That has due to the limitation of pages and resources not been included, and that can be seen as a weakness.

8. Method and data

In this chapter will the analyze strategy be further discussed, as will the qualitative method, the discourse analysis, the interviews, that data and the way that the data is handled. The three criteria of quality will also be discussed in order for the project obtain validity and reliability.

8.1 Analyze strategy

An important step in linking data to propositions is the data analysis. It helps examining, verifying, interpreting, and categorizing the collected data, and in order to effectively and systematically do it is an advantage to have a specific analysis strategy (Mocko et. al 2008, 5). The analysis strategy of this project is the critical discourse analysis.

Critical discourse analysis is a qualitative analytical approach for critically describing, interpreting, and explaining the ways in which discourses construct, maintain, and legitimize social inequalities (Mullet 2018, 116). It is arguably a very help strategy when working in within the poststructuralist realm, the strategy namely enables the researcher deal with discourses of power abuse, injustice, and inequality and attempts to uncover implicit or concealed power relations (Ibid). It is within the concealed power relation that Foucault argues that we find the truth, so for that matter alone, this strategy is a useful tool to gain knowledge about the hidden power structures and underlying assumptions at the hospitals amongst the respondents, and in that way open the door to finding out how those concealed power structures affect the translation of the EU norms in practice. A part of the concealed power relations is also abuse and inequality.

As the name of the strategy reveals the strategy invites to a critical way of thinking, and the critical discourse analysis operates under the assumption that institutions or regimes act as gatekeepers to discursive resources, which implies that the one formulating the discourse and the ones that are receivers have unequal access to the resources (Ibid, 117). This creates inequality between the formulators and the receivers, which supports Crenshaw's point, that certain categories will by definition have a disadvantage just for being them, here the receivers at the discourse. In this project

there are several receivers of discourse. Firstly, the politicians who have the responsibility to implements directives from the EU, secondly, we have the HR-departments, the doctors and the patients. This mean that the analytical approach will be used in relation to the analysis of the document and the interviews, since discourses are constructed in a specific time and place, the discourses will most likely differ from one group of receivers to the others.
There are arguably many formulators and receivers, and by relying in this analytical strategy and the methods that come along, I should arguably be able to detect these pre-given categories with respectively advantages and disadvantages in relation to power, power struggles and inequality in possibilities.

8.2 Operationalization

Concepts are, by their nature, not directly observable we cannot see social class, material happiness, intelligence, or compliance mechanisms. To use concepts in research we need to translate concepts into something observable – something we can measure (de Vaus 2001, 24). This implies defining and clarifying abstract concepts and developing indicators for them. This process is called operationalization (Ibid, 24). The project is answering: "*Why are the norms regarding the anti-discrimination not diffused successfully to Denmark, and why is that problem for the foreign doctors at the hospitals in Jylland?"*
I part of the operationalization is to define the concepts, and that has been done throughout the project. Even though the concept of translation has been accounted for through the lenses of Zwingel's theory, it is not entirely clear how to measure the translation. The tools are the methods of interview and documentation analysis, and the analytical strategy is the critical discourse analysis, but in order to be able to measure the translation the frames for the discourse must be set (Mullet 2018, 121). The first measures that is taken is the interview guide[1]. The guide contains a column of the questions that wanted the answer on, and the right column are the questions, I actually asked the respondents. The second measure lies within the coding of the data, that will be further described in subsection 8.7.1.
Thirdly, there are several words, that will be referred to as buzz words, that are rapidly repeated in the policy paper, and can arguably be seen as words that the EU value to set the discourse of the policy paper. There are words that can be considered positive and negative, such as respectively protect and suffer. They are put together anyway in this table because the importance in the positive

[1] Appendix 9

or negative spin, but more to show how the EU is talking about the foreign workers. It even seems that the purpose is to invoke the feelings for the foreign worker in the receiver of the policy document.

The words and phrases will be presented here in order to be able to present the discourse that EU is using, and so that these words and phrase can be used as points of references. Mullet argues that by doing this the researcher is able to identify the themes and gain knowledge about what the author is trying to communicate, and by looking for indicators in the text that represents the aim of the text (Mullet 2018, 122). The focus in EU's buzz words is consequently inspired by Mullet's approach to critical discourse analysis. In order to present the buzz words and the phrases in a well-arranged way there is a table here. Firstly, the buzz words and then the phrases:

Words that encircle the discourse of the EU
Protect
Suffer
Unjustified
Vulnerable
Promoting
Enforcement
Improve
Victims
Rights
Freedom
Appropriate

Phrases that encircle the discourse of the EU
Fundamental rights
The full exercise of rights
A genuine Europe
Ensure their equal treatment
Provide service
Promote and enhance mechanisms
Enforcing EU rules
Increased knowledge
Uniform application
General common frame work
Defence of rights

(Directive 2014/54/EU)

These phrases and buzz words serve as indicators of the discourse of the EU, and the message from the author is clear. The works rights and freedoms must be protected, since they are in a vulnerable

position where they easily become victims. There the EU has enforce rules to ensure a genuine and uniform application of the norms. This is consequently the line of reference, and if indicators of theses norms are detected amongst the respondents it will interpret as a sign of people complying to EU norms.

The important thing to note here is though, that the EU is talking about all kinds of workers that move around the EU, not specifically doctors. Doctors are very well educated and can for that reason be considered very resourceful actors. Zwingel and Crenshaw would probably argue that they are used to be in the position of power through the authority that comes with the long education and their job. The discourse analyses will arguably revel theses power relations during the analysis, but the purpose of the buzz words and the phrases for now is to encircle the discourse presented by the EU so that the discourse can be used as a point of reference.

The other concept that needs to be operationalized is anti-discrimination. Foreign works must be protected: "*against discrimination on grounds of nationality as regards access to employment, conditions of employment and work, in particular with regard to remuneration, dismissal, and tax and social advantages, by ensuring their equal treatment, under national law, practice and collective agreements, in comparison to nationals of that Member State.*" (Directive 2014/54/EU). Here the EU emphasizes that discrimination is happening, when the above-stated rights are not ensured. That means that during the analysis these will serve as indicators of discrimination. If there are some rights that the foreign doctors are not able to exercise, it will be considered discrimination.

8.3 Qualitative research

There is no overall accepted definition of what qualitative research is. It an opponent to quantitative method and has the purpose to investigate how things are done, said, experienced, or developed. In qualitative research on is occupied by describing, interpret, and deconstruct the quality of the human experiences (Brinkmann & Tanggaard 2015, 13). That is the exact purpose of this project. To investigate what is being said and done in order to interpret and deconstruct the discourses that rule, not only on the EU level but at the lower levels at the hospitals as well. For that reason, the approach of the qualitative research is arguably beneficial, when the hope is to get and in-depth knowledge of the experiences of the respondents. There are several methods to obtain that kind of data, these are for an example: Interviews, field work, observation, focus groups, evaluation, video observation, and document analysis (Ibid, 20)

If the main purpose of the research was to obtain an understanding of wider population and their collective ideas, then a more quantitative approach would have been beneficial (ibid, 13). The two approaches consequently have different qualities, which is why it could be argued that a combination of the two would provide even a more in-depth research. This will be further discussed in the subsection of strengths and weaknesses.

8.4 The semi-structured interview.

A great way of gaining access to the peoples life situation, their opinions, and experiences can be through interviews, but is not that simple to conduct research interviews, which is why it is important to clarify how the interviews have been conducted and how the process inflicts with the knowledge that is gained (Brinkmann & Tanggaard 2015, 29).

The way to obtain that in-depth knowledge of the experiences of the respondents will partly be from a semi-structured interview and documentation analysis. In this subsection the semi-structured interview will be explored.

The analytical process of understanding the respondent, when interview, already starts during the interview. It is arguably never possible to grasp exactly how the person is experiencing the things that the person is talking about during the interview. What is being told will always be constructed in the interaction in the conversation that make the interview. Additionally, the purpose of the interview is to find a way to get as close as possible to the respondent's experience by formulating a coherent and theoretical third person perspective of the experience (Ibid, 31). That is arguably what I am trying to do through the interviews and later during the analysis.

There are different genres of interview. In this project is project the benefits from the semi-structured interview are used. Conducted a semi-structured interview is a very time-consuming method, since the researcher has to spend a lot of time before the actual interview, to gain knowledge about the field of studying. That has the purpose to give an idea of the language that is used in the specific field, and the obtained knowledge is supposed to make it easier to formulated questions that capture useful information. Is can obviously be discussed if the beforehand obtained knowledge will limit the researchers ability to look at the data in an objective manner, but that is according to Brinkmann and Tanggaard a mistaken assumption, since a research interview per definition never is neutral or objective, but always influenced by the agenda of the researcher (Ibid). That is reason why the researcher has to be very aware of the role he or she plays in the interview,

and how that may or may not affect the respondent. The role of the researcher will be discussed further down in this chapter.

There is truth to the fact that an open mind and a certain naivety can be a fruitful approach for the researcher, since that allow the respondents to formulate the answers in his or her own words (Ibid, 38). That is arguably one of the reasons why it can be a good idea to conduct a semi-structured interview and not a completely structured interview. When the structure is more lose, it gives the respondents the opportunity to control the conversation within the frame of the agenda that the researcher sets. That arguably opens up for the respondent to tell a more accurate picture of their experience, since the researcher does not necessarily have the ability to prepare the questions that catches that exact person's experience beforehand. That is also the reason why the respondents have not received the exact same questions. I was, due to the flexible structure in the interview guide[2], able to adjust the questions during the interview in order to make them more suitable for each respondent and that way, to better get an understand of their individual experience. There consequently are advantages in using the semi-structured interview to conduct data, but there are also disadvantages. First, and foremost many of the respondents are talking about experiences they have had up to 10 years ago. That does not only mean that they have to remember what happened back then, it also puts them in a position where they have to tell about the they experienced and what they felt in a language that a third person will understand. That is a lot to expect from the respondents, so it puts them in a difficult position, and they might even feel pressured to answer question that they are not certain about in order to help me as a researcher. That surely, makes it difficult to ensure the validity of the answers of the questions. I have been trying to compensate for that by for an example asking the same questions in different ways, and if the answers correspond then it is more likely that, that exact answer is valid and reliable (Brinkmann 2014, 184). That is still an uncertain factor though, such as the interviewer-effect is. It is briefly noted earlier that the interviewer plays a big part in the interview situation, and there is the relation between the researcher and the respondent very important (Brinkmann & Tanggaard 2015, 52). Brinkmann and Tanggaard argue that it is good idea for the researcher to strive for a good relationship with the responded, since the mutual trust can make the responded feel safer, and hence more likely to share experiences and feelings. I took several measures to oblige to these recommendations, and these measures will be further elaborated on, when the respondents are presented, and the election process will be discussed.

[2] Appendix 9

Another obstacle that had to be overcome, was some of the difficulties that followed interviews over the phone. Since I am in Budapest it was not possible to conduct all the interviews face-to-face. That did necessarily create a distance between me and the responded, which certainly also can influence the data negatively (Brinkmann 2015, 48-49).

Another important point in relation to the interviews is that they are all individual interviews, expect for one, where a married couple of doctors preferred to do the interview together. The initial idea was to have 9 interviews in total, three from each level of actors at the hospital, but do that circumstance, I only have 8. The considerations that lie behind that decisions aligns with the above arguments, that the researcher should preserve the good relation to the respondents in order to make them trustful, even though that meant that I would have one interview less.

8.4.1. Different types of interviews.

The interviews have been conducted in two different ways with two different styles. Most of the interviews are individual interviews, whereas one is with two doctors who are married. That means that I have 8 interviews in total. They are partly conducted over the phone or Skype or face-to-face. There are advantages and disadvantages with both the types and the styles, and they will be discussed here.

Most of the interviews are conducted over the phone. Firstly, there were logistical considerations behind the decision, since I live in Budapest, but Brinkmann argues that there are several benefits when conducting interviews over the phone (Brinkman 2013, 48). Interviews conducted over the phone is a quite common way to do research, especially in the very narrow format as conversation of questions and answers, and it can reduce the interviewing effect, it can create a larger amount of standardization and hence homogeneity of the interviews (Ibid). Brinkman argues that is can be intimidating for the respondent to sit face-to-face with an interviewer who has a lot of questions concerning his or her life. The phone can create a distance that make the respondent more comfortable, and therefore more likely to share his or her feelings and experiences. On the other hand, can the physical distance create a mental distance as well, and therefore have the opposite effect. That is difficult to know the exact effect of the interviewer and of the distance, but the important thing is according to Brinkman to be aware of these considerations, since these effects can influence the validity of the respondent's answers and therefore the validity of the project as

well. He underlines the importance of being transparent about them (Ibid, 148). Since the interviewer effect arguably is reduced in the interviews over the phone, then the interviews are arguably easier to standardize as much as the semi-structured interview format allows.

When that is noted, Brinkmann still argues that the most enriching way of conducting interviews is through face-to-face interviews, since it in this situation is possible to feel the other person sitting next to you, and that it is easier being present and emphatic, and hence get a deeper understanding of emotional reactions (Brinkmann 2013, 48). In order not to forget the emotional reactions he suggests that the transcription will happen immediately after the interviews (Ibid). I did that as far as possible, and especially in the interviews conducted, I wrote emotional reactions in brackets after the statement.
The above listed arguments are partly the reason why I accepted the "group interview" with the married doctor-couple. They just moved to Denmark, and were very busy, and I was interested in getting a face-to-face interview rather than a telephone interview now that I had the opportunity. They expressed that if I wanted to visit them, then it would be easier for them to do it together out of efficiency. I wanted get access to as enriched information as possible, so I agreed to the terms, since one though interview will arguably be better than two rushed.
It is an important methodological discussion since the number of interviews is usually also included as way to evaluate and heighten the quality of a research (Brinkmann 2013, 83). Many are under the assumption that the more interview, the higher quality of the research. That is not the case. Brinkmann argues that a researcher needs the number of respondents that are sufficient to answer the problem formulation (Ibid, 83), and since the purpose of a case study neither external validity nor statistical representation, then it is arguably not a necessity to have as many respondents as possible. When that is noted, it could arguably have been helpful for me to have few more respondents in each group. Not only to get access to more knowledge, but with more respondents it could arguably be easier for me to get an overview of the language they use and if there are any specific characteristics in the discourse as group that reveal the power structures, power struggles, intersectional inequalities. That has due to resources not been carried out.

8.5 Documentation analysis

Documentation analysis is widely used within the social sciences, and it very often used in combination with other methods such as interviews and statistical methods (Lynggaard 2015, 153).

That is arguably because of the utility of the document analysis is quite broad, and the method is used for describing processes, the development of norms and practices, changes in power relations and power exercise (Ibid).

Foucault argues that when working within the poststructuralist ontology with discourses and power relation, it can be very helpful to have a practical text as a starting point for the analysis (Bacchi 2016, 34). The starting point is, as previously mentioned a policy document that is prepared in cooperation amongst two of the three pillars of the EU. The Parliament and the Council of the European Union. The document is a Directive under the name of 2014/54/EU.

In very general terms, a document is 'language' that is fixed in a specific text and time (Lynggaard 2015, 154). A text or a document can either be characterized as a primary, secondary or tertiary. This distinction can be favorable in the analysis because it enables us to investigate the origins of the document. Primary documents are documents that are produced close to the source. That can either be a report from a meeting, personal letters or position papers. Secondary documents are available to all and are law texts or government reports. Tertiary documents are likewise available for all, but they are often written after the event occurred, and tertiary text will, among other things, consequently, be characterized as academic texts (Lynggaard 2015, 155). In the light of the distinction, one can argue that the Parliaments and the Councils policy paper is a secondary document and does not necessarily has the public as a target group. In relation to this project it is rather important to establish the target group, since EU with the norm-setting power it arguably has, necessarily has an agenda to express in the policy paper. That agenda is important, since the purpose of the document is closely related to who the sending party is, from now on referred to as the author, because the production of facts and the use of the language cannot be a value-free procedure (Duedahl 2010, 33). All authors have a certain agenda, a certain function – if they had not, there was no reason for them to put down their thoughts or knowledge (Ibid, 33). For that reason, it is important to keep in mind, which interests the author has, which categories the author uses and how the author appeals to a certain target group or the receivers (Ibid, 34).
This implies that different kind of documents provides access to different types of information (Lynggaard 2016, 155).
The purpose of the document in this project is to provide a starting point of the analysis, and to encircle the discourse presented by the EU in order to find out what is considered an appropriate

way to think and talk about the free movement of workers, about discrimination, and about the workers. In that way this will be the frame of reference for the data conducted by interviews. This approach is a classic example of analytical-inductive method, where the construction of categories and where the meaning of the context will happen through the analysis of the text. This approach often happens through discourse analysis and is often based on frame of theory (Ibid, 161). In that way it can be argued using documentation analysis as a method is partly an inductive act and a deductive, because the things that the researcher is looking for is often based on specific line of theories. In this project these theories contain concepts such as power, power struggle, inequality, intersectionality, hegemony and knowledge. That means that the language that will be looked for are indicators of these specific concepts. In practice this sentence will considered relevant. It is from EU's policy paper: "*Union workers may still suffer from unjustified restrictions or obstacles to the exercise of their right to free movement, such as non-recognition of qualifications, discrimination on grounds of nationality and exploitation when they move to another Member State"* (Directive 2014/54EU). It is clear that EU is trying to categorize the works as being vulnerable, and for that reason have to protected. This sentence also provides several buzz words that will be used at points of reference. Those buzz words are for an example: suffer, unjustified, restrictions, obstacles and their right to exercise. Through the use of these words they create a certain reality about the works and about the way they should be treated, and through that they formulate what to the EU is considered appropriate behavior. This language does not create a room to address if the foreign worker actually is bad at his or her job. In this way the theories provide a frame that give certain sentences and words a specific meaning, and there is arguably a certain force within those statement, to makes the receivers know and think certain things.

The deductive approach in combination with the inductive approach can be quite beneficial in this documentation analysis, since the inductive approach makes it possible to detect the development of patterns that can describe indicators and themes (Lynggaard 2015, 161). That openness towards the data will arguably help to reveal the power structures between the actors involved in this project, but also how that actors see themselves and the others, which arguably will reveal how they consider their role. Foucault argues that discourses reveal power structures and power struggles, so by using the document as a mean for the discourse analysis, those should become visible and the actor's translation of the norms will arguably illustrate the hierarchy and struggle of power. So, by relying in the inductive approach as well, it should be possible for me to see if EU really has the norm-setting power, Manners and the regime theories are arguing, or if Zwingel is right when she

argues that the translation process is nor a linear action but multi-dimensional. That is an important distinction in relation the problem formulation, since EU might present the norms, but how they translate them can be determined by other factors. Factors that represent the theoretical concepts. Additionally, in order to be able to answer how the actors translate the norms, the different factors should be detected, and that would arguably be possible through the discourse analysis of the document and the interviews of the respondents.

8.6 Strengths and weaknesses

The strengths of documentation analysis lie within the possibility to detect discourses and in the way illuminate power relations and power struggles.

Ideally, though, when utilizing the qualities of the documentation analysis is an efficient matter, it is beneficial to focus on a longer period of time (Lynggaard 2015, 166). By only using one policy paper, and conducting one interview at one point is time it is not possible for me to investigate the development the discourse, which can be considered a weakness since it is reasonable to assume that the development of the discourse and what is considered appropriate behavior most likely have an effect on how the actors translate the norms presented by the EU. It is shown in the introduction that the discourse amongst the politicians has changed over time, and the progress of the right-wing parties suggest that a hostile attitude towards foreigners is accepted and that has happened over time, but in order to get a clear idea of the discourse presented by EU, and an idea if that influence how that actors at the hospital translate the norms presented by the EU, it would have been an advantage the have the perspective of time included in the analysis.

Another weakness is also related the critical discourse analysis, because the policy document helps to set a frame in order to capture and encircle the discourse, but as Foucault argues, there is no meaning outside the discourse (Foucault 1978, 18). That implies that there some kind of limit to as far the discourse goes, and at the point where it ends, there is no meaning to the statement anymore. That makes it difficult to systematically set restrictions of what statements and words will remain within the meaning and the statements that due to being outside the discourse have no meaning. The tool that will be used in order to oblige to that difficulty is, that during the analysis the language of each group will analyzed in order to detect what language they use to create a meaning, and then the groups will be compared to each other and the language presented by the EU. In that way it should be possible for me to see if there is a certain language attached to each group, and to see if misunderstandings can be due to the language falling out the discourse in that specific group.

Some of the weaknesses that follow the method of interviews have been discussed the subsections above, but Brinkmann points out that one thing a researcher who is conducting data through interviews has to very aware of is, that people can tell the story about themselves as they want (Brinkmann 2013…). That means when the researcher, as I am, is working with something that can be considers stigmatized in some groups, can be difficult to obtain data about. It is difficult to imagine that any of the respondents want to tell a story about themselves where they look like racists who are discriminating people based on their ethnicity and nationality.

8.7 The respondents.

The selection of respondents is an important part of the method, and the considerations behind the decision process is an important part of living up to the criteria of qualities, especially in regard to transparency. The main task is to find out if the respondents need to live up to certain criteria, so that their answers are useful in order to answer the problem formulation (Brinkman 2013, 81). It does for an example not make any sense to go to the bakery and ask how to prepare your stake for dinner. The same applies for the selection of respondents, find the cases with the highest amount of information (Ibid, 82). In order to be transparent, the respondents will now be presented individually, but separated in their respective categories. Of ethical reasons the respondents are anonymized, so their real names will not be used. The respondents are addressed by names that I have ascribed them. The ethical considerations are discussed further down.

8.7.1 The HR-people.

There are three respondents in this group. They are selected quite randomly, since I wrote the several HR-departments of hospitals in Jylland, and these three are the once who replied that they were willing to participate. That quality that they have to live up is that they are involved in the employment of the foreign doctors, and the reason why I chose to focus on people working at the hospitals in Jylland was that it would be easier for me to find qualified patients to interview in Jylland, since that is where I live. It can be argued that by minimizing the geographical area eliminates one variable. Now, can the way the respondents translate the norms in article 45 TFEU not be caused by a different mentality on Sjælland and Fyn compared to Jylland.
The three respondents in the HR-group are:

- Adam: He is a consultant of diversity in Region Midt. His job is to ensure the rights of all personnel at the hospitals in Region Midt. That is not only in relation to people with different ethnicity, nationality or race, but also gender and sexes. Adam is 56 years old.
- Laura: She is HR-consultant the University Hospital in Aalborg. Her daily tasks involve international recruitment, onboarding, management development and other HR related tasks. Laura is 37 years old.
- Mary: She is consultant of international recruitment and she is teaching the foreign doctors Danish when they are recruited to the hospitals in the unite Sygehus Lillebælt. Mary is 48 years old.
- I talked to all the HR-people over the phone.

8.7.2. The patients.

Brinkmann argues that there are benefits in finding respondents of with large variation of characteristics in order to obtain information from people from different background. The purpose of that is to make the data more representative, so that not only one type of the population is represented (Brinkmann 2013, 82). I have tried to meet that requirement, but as Brinkmann also acknowledges it can be difficult to find respondents, and the researcher must focus on what respondents are even available (Ibid). The patients will be presented, and ideally there would have been a greater variation between two of them, but in the end, these were the people who agreed to participate. Another important thing to note in relation the selection process is that I have used my network to find respondents. That is partly out of convenience, but since I am not that close with them, but still have a connection, the hope is that the mutual trust will make them more comfortable telling me about their experience and their feelings, and in that way give me a more accurate picture of their ways of talking about the foreign doctors.

The three respondents in the group of patients:

- Beatrice: She lives alone in Aalborg and has several short educations. Currently, she is retired, and she is 67 years old.
- Erik: He lives in Aarhus, and he has a bachelor's degree. Currently he is CEO in his own company, and he is 28 years old

- Heidi: She lives in Hornslet, which is a small town north from Aarhus. She lives with her husband, and works as pedagogue, and that is also her longest education. She is 60 years old.

I talked to Erik in person, and Beatrice and Heidi over the phone.

8.7.3. The doctors.

All the doctors have to live up to the definition of being a foreign doctor. That implies that they have to educated in another EU country, and now live and work in Jylland. I am an intern at the Danish recruitment company Medicolink, which is a company that recruit foreign doctors to Denmark. The three doctors that I have interview have been candidates in the company, and a part of my network as well. Two of the doctors have been here during my time at the company, and one of them was a part of the program several years ago. That also means that they have different time perspectives. The three doctors are:

- Daniel: He is originally from Croatia and 42 years old. He is specialized doctor in oncology and is employed at Sygehus Sønderjylland, and lives in Sønderborg with his family. He is married to Vera who also is working at the hospital as doctor.
- Vera: She is originally from Croatia and is 38 years old. She is specialized doctor in oncology and is employed at Sygehus Sønderjylland, and lives in Sønderborg with her family. She is married to Daniel who also is working at the hospital as a doctor.
  Neither Daniel nor Vera have started working at the hospital yet at the time I interviewed them. They have visited the hospital several times though, talked to their colleagues and the patients. Furthermore, their friend from Croatia is working at the hospital as well, so they know a lot about what to expect.
- Igor: He is originally from Hungary, and he is 39 years old. He is a specialized doctor in urology, and was firstly employed at Regionshospitalet Viborg, but he is now living in Herning and working in Norway.

Vera and Daniel are married and live together in Sønderborg, and this I the couple that preferred to have the interview together. I agreed to that, even though it meant that I would have an interview less. The benefit of that interview though is that, I had the possibility to visit them in Sønderborg, so that we did not have to talk over the phone or over Skype. I talked to Igor over Skype.

The presentation of the respondents and the selection of them are arguably an important part of living up to the criteria of transparency in order for the method to be reliable (Kristensen 2015, 499). Moreover, the interviews are conducted in Danish, even though that is not the first language of the doctors. That means that the quotes that will be used in the analysis are not the highest level of Danish, which implies that the English translations are not either.

8.8 The data

The data used in this project is the answers I received during the interviews and the policy document from the EU. Data conducted through different methods within the qualitative research field is quite common (Brinkmann & Tanggaard 2015, 16), and here data conducted from the document analysis is used as a "practical text" as Foucault recommends when relying on the poststructural realm (Bacchi 2016, 34). That text is used as point of reference for the data coming from the interviews, so that the discourse from the EU is encircled. Brinkmann argues that there are several difficulties following the process of reducing the data, so that it can be used in the analysis (Brinkmann 2013, 145). He further argues that it is important to be strict and systematical (Ibid). There are several technological coding programs which are designed to help with that matter. One of them in Nvivo and is the one I have used to handle my data in a strict and systematical matter. When using data where there are people involved there are always some ethical matters that need to be taken into considerations. (Brinkman 2013, 75). Some of the ethical measures that are taken are that the respondents are amanous, and they are told that they can withdraw statement and participation at any point in time. In order to makes sure that, I am not just claiming that this is the case, all the respondents have signed a declaration of content, saying that they are informed about these things[3]. Further, the project will be sent to all the respondents, so that they can check if they are quoted correctly. The problem that out the concept of transparency there are much information revealed about the respondents. And especially the HR-people, since the reader will know work place, gender, and gender. It is quite possible to find the respondents that way, and that can be considered violation of the respondent's privacy and anonymity.

[3] Appendix 7

8.8.1 Coding

NVivo is a coding program which provide tools to reduce the data (Lyggaard 2015, 166). NVivo enables the researcher to control the process of coding in systematical way, so that data thoroughly can be drained for information (Kristiansen 2012, 85). The program has a function where the user can create nodes. Nodes are used as groups for statements and words indicating a certain thing, and therefore can be categorized together (Ibid, 96). The groups of statements are to be found in the appendix[4], but I have used the indicators that is found in the chapter of operationalization is being the pivotal point for the coding. That means that statements that fall into the discourse of the EU are coded together, and the statements that fall out of the discourse are coded together. In order to make conceptual categories and to makes the process systematical as well, I used codebooks[5]. There are six categories of statements. Statements within and outside the discourse presented by the EU for all three groups of actors. EU's policy paper is the point of reference in the discourse analysis, which is why all the interview are split into categories of "within the discourse" or "outside the discourse". In that way, does the coding process help with the operationalization of the translation process. The codebook for the doctors containing statements within the discourse looks like this.

Codebook	Statements within the discourse - doctors
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements within the language presented by the EU, that the doctors use to describe themselves and their position at the hospital, as well as their relation to patients.
Not used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination.

[4] Appendix 1-6
[5] Appendix 8

Here it is explicitly accounted for when a statement is suitable to be coded in a certain that category. Creating codebooks is consequently an important part of an opening and systematical coding and does for that reason not have a positive effect on the validity of the project but also the reliability (Kristensen 2012, 96).

8.9 The criteria of quality.

Throughout the project the importance of the three criteria of qualities have been emphasized. The criteria are validity, reliability and external validity and are all related to the quality of the knowledge produced in the project (de Vaus 2001, 27-28).

The quality of the knowledge produced with qualitative method and especially with discourse analysis sets the scene for the reader to conduct an internal or immanent critique of the research, by what means he or she must appraise the knowledge in relation the premises, theories and method. That stresses the importance of transparency throughout the project (Phillip 2016, 318). In order to oblige the quality of transparency, there are several subsections that explicitly discuss the strengths and the weaknesses of the case study design, the used theories and the methods. That has the purpose to let the reader know that factors that affects the quality of the knowledge, and hence provide the fundament for critiques within the premise of the project.

Another factor that allows the reader to be critical within the premise of the project, is to present which theory of scientific method that is acknowledged. The ontological and epistemological standpoint of the project makes the reader able to understand the world view of the project. The evaluation of the project consequently lies within the consistency of the set of rules that are produced in discursive practices (Phillipe 2016, 318).

One of the tools that is useful for the researcher, is to present large amounts of the document and the coded interviews which are the targets of the analysis. In that way, the reader can interoperate the document for oneself and challenge the interoperation of the researcher (Phillip 2016, 318). For the sake of the validation, we will use this tool, to make this project transparent. This also underlines the importance of Nvivo and the codebooks. The systematical presentation of the tools, the data, and the approach consequently convey validity and transparency (Ibid).

Importantly, the analytic strategy of the project challenges conventional views of causality, in which one thing, or few things, causes another. Instead, Foucault suggests “a sort of multiplication or pluralization of causes” (Foucault 1991, 76). This argument also supports the necessity for

transparency because the methods and theories of this project will not be able to insulate variables to determine causality and by being transparent, the reader can follow the line of thoughts throughout the project and follow the causality that will lie within the argumentations and interoperations.
To some extent Foucault even argues that everything depends on everything (Bacchi 2016, 33). That is, as researcher, quite intangible. If everything depends on everything, when out can be difficult to detect, where to start the analysis. Foucault suggests that the key point is finding an "event" as a way of: "*making a singularity visible at places where there is a temptation to invoke a historical constant, an immediate anthropological trait, or an obviousness which imposes itself uniformly on all*" (Foucault 1991, 76). In this quote, Foucault argues, that the goal is to make immanent ideas visible, and the causality consequently lies within the isolation of a single event and that is the event that outlines the uniformly traits.
The starting point of this project is the policy document that is formulated by the Parliament and the Council of the European Union. By using the line of thought presented by Foucault above, the causality consequently starts with this policy documents, and de Vaus would argue that it is carried out through transparency and consistency (de Vaus 2001, 29).

Furthermore, due to the poststructural stand point of the project, where everything depends on everything else, it can be difficult to ensure causality (de Vaus 2001, 3). Causality is not necessarily a requirement, de Vaus, argues, when the researcher is balancing many dependent variables. He namely points out that, when one is not able to insulate variables, then it is dangerous to postulate that X most certainly leads to Y. That will most likely lead to a scientific error (Ibid, 3). For that reason, he suggests that researchers handling multiple variables preferably can work with correlation (Ibid, 4). That is arguably a benefit to treat the relationship between the norms presented in article 45 TFEU and the actors practice of them, since a match between the two does not mean that I can argue that the norms from EU defiantly are causing this exact way of talking amongst the actors, but if the two thing correlate, it is according to de Foucault and de Vaus reasonable to argue that the norms and the actions can be effecting one another. That can be done on the fundament of the theories and the methods (Ibid, 5-6).
The two most important qualities are in relation to the project is the validity and the reliability, since these are the criteria that are used to makes sure that the researcher answers the research question as intended and the methodology is transparent, so that the study can be replicated. The

criteria about external validity, has been discussed in the chapter about the case study, and here it is pointed out the it can be discussed if that criteria even is to strive for when using the case study as a frame of the research, since the characteristic is that it de facto is one case, and not necessarily a representation (de Vaus 2001, 237).

9. Analysis

The analysis of the project entails 3 research question and hence 3 subsections. The analytical approach is, as stated carried out through the critical discourse analysis.

9.1 RQ 1.

What is the actor's role in the translation process of the EU norms?

This question will be answered by looking at the correlation between the discourse presented in the policy document and by the respondents. That should arguably give an idea of the respondents' role in the translation process and see who are deciding what is considered the moral point of orientation. Bringing the analysis one step closer in answering how the norms in article 45 TFEU are translated in practice.

In the subsection, operationalization, is some the words and phrases that the EU uses, presented in order to incircle the discourse. The EU talks about the foreign works in very positive terms. They use phrases such as, they provide services and they increase knowledge, and this discourse is reoccurring amongst the HR-people. Adam is the first to express the advantages, he sees, in having the foreign doctors employed:

" Jamen, der kan være mange fordele, øh, dels kan vi forhåbentlig få nogle læger, der har en lang erfaring. Øh, lad os sige fra Spanien, Ungarn eller Tyskland, så det ikke er en nyuddannet læge, men at de har noget erfaring med patient og så videre, og så et andet perspektiv er, som så mange måske ikke tænker på, det er mangfoldighedsperspektivet, vi har jo mange patienter, med forskellige nationaliteter og baggrunde, og der kan det være en fordel, at man har en medarbejderskarer, som ligner patientgrundlaget".

The English translation:

"Well, there are several advantages, hmm, partly it would hopefully make it possible for us to get doctors with many years of experience. Hmm, let us say from Spain, Hungary, or Germany, so that it will not be a new doctor, but one with experience in handling patients and so forth. Another perspective, that many might overlook is the perspective of diversity, we have many patients with different nationalities and backgrounds, and these circumstances it can be an advantage to have a staff that represents the diversity amongst the patient base" (Appendix 1).

He argues that the foreign doctors are of a great help and enriches the diversity. At the hospital. He is not the only one arguing that.

Mary is expressing some of the same indicators in her ways of describing the recruitment of foreign doctors:

"Ja, selvfølgelig. Det er jo altid godt at få nogle nye øjne på det man arbejde man går at laver til daglig, og få lidt ny inspiration ude fra, og så er det jo også nogle gange, at vi har nogle patienter, der har akut brug for noget oversættelse (...), så kan vi jo lige trække på de læger vi har, der kan snakke andre sprog".

The English translation:

" Yes, of course". It is always an advantage to have a new set of eyes on the work one is doing during the day, and to get a new inspiration from the outside. We even have patients where acute translation is needed (....), then we use the doctors we have that speak other languages" (Appendix 1)

Here Mary also underlines that the foreign doctors are providing a service for the Danish hospitals, and that their entering on the hospital increase the already established knowledge at the hospitals. The language Mary uses consequently falls into the discourse of the EU too.

These two examples show that there are correlations between the discourse in EU's policy document and in the discourse amongst the HR-people, which do not ascribe the HR-people the role as being active translators the EU norms, merely the receivers and mediators. If these correlations are put into a theoretical perspective, then Finnemore & Sikkink would probably argue that is a sign that the norm-circle is completed, and that the norm-cascade had happened, and the norm already moved into the next phase of the circle, namely the internalization.

In that way, does these examples show more than the role of the HR-people in the translation process they also suggest that the doctors are not discriminated based in their nationality or ethnicity.

The interesting thing is, though, when you look further into the role of HR-people in the translation process it seems that HR-people have translated another part of the discourse as well. It namely seems that EU itself, has a very certain way of talking about the foreign works that represents certain assumptions about them. Some of those buzz words are also exemplified in the subsection of operationalization, and those are words are for an instance, protect, vulnerable, and victims. Those words are not only associated with bad things, but they also suggest that the foreign works are weak and adequate resourcesed. Assuming that Foucault is right, when he argues that a force lies within the language, then the foreign works are put into a position of weakness even before they have arrived in the new country. The following examples are aligning with this view, of the foreign doctors, as being people who must be taken care of. Mary describes that Sygehus Lillebælt takes several measures to ensure that the foreign doctors are taken care of:

"Det gør der med hele det set-up vi har lavet, hvor vi netop underviser dem i kulturforståelse, de skal have nogle særlige introduktionsforløb, nogle mentorordninger, og de skal have hjælpe til boliger, og jeg hjælper dem at få skattekort, åbnet en bankkonto, og alt sådan noget som er svært, når man kommer som ny. Vi har sådan en pakkeløsning, som træder i kraft i det øjeblik de siger ja til at kommer her".

The English translation:

"There is through the entire set-up that we developed, where we provide lessons in cultural understanding, there specially prepared instruction courses, a mentor system, they receive help in finding accommodations, I help them with the tax card, to open a bank account and those thing that can be difficult when you are a foreigner. We have package deal that goes into action the moment the accept the employment" (Appendix 1).

Here Mary gives specific examples on how the hospital helps the foreign doctors finding their ways in Denmark. This further supports the HR-people's roles as being receivers and mediators of the EU norms, rather than active translator. The process of the norm translation does in that way arguably come across as being as being homogenized. This suggest that the HR-people are not the ones deciding what is considered as being the appropriate point of moral orientation, but that they still are a part of keeping the doctors in a certain position of power. Here being the vulnerable and weak ones.

When that is noted, it is worth mentioning that the EU and the HR-people are basically working towards the same goal, namely as successful relocation of foreign workers, and that alone can be the explanation of that correlation.

There are also examples in the data that suggest that the HR-people not only are passive receivers on the EU diffused norms, but active translators, which challenges the explanatory value of the norm-circle and adds explanatory values to Zwingel's concept of transnationalization.
The HR-people are namely also presenting statements, which not only fall out of the discourse presented by the EU, but further suggests that the foreign doctors are in a disadvantaged position due to their nationality and ethnicity. Laura expresses:

"Rekruttering inden for radiologien, neurologien, patologien, kirurgien, som er de områder, hvor vi har været nødsaget, og det er et velvalgt ord, at kigge til udlandet for at få arbejdskraft. Man kan sige, at det vi aller helst vil, er jo at rekruttere danske læge eller skandinaviske læger".

The English translation:

" Recruitment within the field of radiology, neurology, pathology, and surgery, which are the area where forced, and yes that is chosen word, to look for foreign work force. It is reasonable to say that we certainly prefer to recruit Danish doctors or Scandinavian doctors". (Appendix 2)

Here Laura expresses that it is necessity to recruit foreign doctors, more than it is a opportunity, as the EU describes it. This statement from Laura in combination with this statement from Adam:

"Medarbejderne har fået at vide, at nu kommer der en ny kollega, så tænker de jo:" fedt, så kommer der en at hjælper os", men det jo i virkeligheden en kollega som, jamen undskyld min analyse, men er på niveau med en vietnamesisk bådflygtning".

The English translation

" The personnel have been told, that a new colleague will start, and then they think, "great, now someone who can help us will start", but in reality, it is a colleague, pardon my analysis, who is at the same level as a Vietnamese boat refugee" (Appendix 2).

Suggest that Zwingel has a point, when she argues that it does not make sense to look that the translation process of norms as being homogenized. The above-stated examples indicate that the HR-people do not solely see the foreign doctors as opportunities, which suggest that the concepts of localization can be quite useful when analyzing the role of the actors in the translation process. That process videlict ascribes the HR-people a bigger part in the positioning the doctors in the power hierarchy, and they arguably not just receivers and intermediary of the norms.
It consequently seems that the discourse presented by HR-people are in some ways correlating with the discourse the EU uses to talk about the foreign workers, and some are not, which indicated that

the HR-people are active translators, which gives them the ability to contribute to the creation of power structures, power struggle and inequalities, and suggest the EU might not have the norm-setting power to decide what should be the point of moral orientation.

That also seems to be case amongst the patients. The language they use seem to reflect the discourse used in the EU in a small degree. These are the comments about free movement. Beatrice stated this, about the fact, that the foreign doctors come to Denmark:
"*Det skal jeg sige dig, det må de meget gerne, men de skal også lære dansk, og de skal lære dansk, så vi kan forstå det"*
The English translation:
" I will tell you, they are welcome to come, but they have to learn Danish, and they have to learn so that we understand it" (Appendix 3).

She obviously states, that she does not mind that the foreign doctors are coming, but she also expresses a demand for the doctors, which suggests that she does not consider the foreign doctors as victims. The same discourse reoccurs in Heidi's interview:
"Det har jeg ikke, men jeg tænker, at når ja, men hvis man har mangel på læger, så er det jo fint, at de kan udføre et håndværk".

The English translation:
" I do not have that, but I am of that opinion, that well, but if there is a lack of doctors, then is fine that they can come and carry out a task" (Appendix 3)

And finally, Erik expressed, when I asked him if he saw any advantages in recruiting foreign doctors he replied:

"Ikke som udgangspunkt, men hvis der ikke er nok til at udfylde stillingerne, er der en fordel igennem, at vi får nok læger, men altså, ikke udover det".

The English translation

" Not as a point of departure, but if there are not enough to occupy the positions, then it can be seen as an advantage, that we then have enough doctors, but not besides that" (Appendix 3).

The discourse amongst the patients is far more modest talking about the foreign doctors, and this again suggest that the actors are not just passive receivers of a homogenized discourse, they are either influenced from somewhere else, or they simply do not focus in the same issues as the EU does. The role as translators process consequently very important since they arguably, as the HR-

people, are a part of creating the power structures when they are not just passive receivers of trickle-down norms from the EU.

The discourse of the foreign doctors is partly in correlation with the discourse presented by the EU, which makes sense since they exercise and enjoy the rights of the free movement. Daniel (D) and Vera (V) expressed for an example about their relocation to Denmark:

"D: Så her er det den bedste mulighed for dem for at udvikle sig i et samfund der respektere kvinder, og kvinder har samme mulighed som mænd. V: Ja, og også om, at vi som læger kan udvikle sig godt i DK, og der er god balance mellem privatliv og det professionelle liv".

The English translation

" D: Consequently, here are the best opportunities for them do develop in a society, where women are respected, and where women have the same opportunities as men. V: Yes, and we as doctors can make progress, and there is a good balance between the private life and the professional life" (Appendix 5)

They are talking about the relocation in a very positive manner, and uses a word as opportunities, which align well with the discourse of the EU. The same goes for Igor:

"De havde tilbudt den bedste mulighed for udvikling på job, for min familie. Det var sådan jeg havde bestemt, at jeg ville til Danmark. Fagligt og privatlivet også".

The English translation

" They had offered me the best opportunity for developing on the job, for my family. That was the way I decided to go to Denmark. Professionally and private life as well." (Appendix 5).

So, all three doctors are expressing themselves in a very positive way about the opportunities that followed their relocation to Denmark, so it would be easy concluding that the doctors are following what the EU, through the discourse, has decided is the appropriate moral point of orientation, but the following examples does not only suggest that the doctors are not passive receivers of norms, they also suggest that there are other personal interests influencing their translation of the norms. The doctors do namely not see themselves as vulnerable, and as someone who should be taken care of. Daniel and Vera states:

"D: Vi er forberedt, og der skal meget til, for det er ikke en lille ting at have to børn, og tage hele vejen fra Kroatien, og man kan ikke komme at være "hahaha", så man skal tænke på de problemer, der kan opstå, og du skal forberede dig på det. V: Hvis vi flyttede med flyvemaskine, ville vi heller ikke have forventet at nogle ville komme"

The English translation

"D: We are prepared, and it takes a lot, because it is not a small ting to have two children and move all the way from Croatia, and you cannot just come here and being "hahaha", one has to think about the problems that can occur, and prepare oneself. V: If we were moving by plane, we would not expect someone to pick us up" (Appendix 6)

The doctors are clearly aware of what they are going into, and the same goes for Igor. He knows for an example, that he is responsible for being able to do his job right himself, and after telling me about an incident with a patient he expresses:

"Så det er derfor jeg tænker, at problemet er mere komplekst, end at patienterne er årsagen til noget, jeg synes min, der var også mig, som faglig person, som udenlandsk læge, der er årsagen for det, og selve på min person var der også et problem"

The English translation

"For that reason, I am under the impression that the problem is more complex, that it is the patients who are the reason for something, it is also me, who is a professional, as foreign doctor, who is the reason, and my just my being was a problem" (Appendix 6).

Clearly, Igor does not consider himself a victim in this situation. Him and the patients were equal in this matter.

The examples suggest several things. There are examples in the discourses that indicates that the respondents follow the discourses, hence norms, in the EU, which indicates the the EU has the norm-setting power. On the hand are the also examples that fall out of the discourse, which ascribe the respondests a bigger role in the translation process, an directs the norms-setting power elsewhere from the EU to a more local level, as Zwingel argues is more valid.

This also means that it makes sense to rely in Webber and Hofferberth definition of norms as being the point of moral orientation, since the multi-dimensional aspect of this definition can, according to Zwingel, contain the complex process of norm translation that goes through many actors and the process of transnationalization and localization.

9.2 RQ 2.

What assumptions underlie the HR-people and the patient's representation of the foreign doctors?

Now that the roles of the actors in the translation process has been discussed, and it seems that the all the actors are translating norms differently, then it arguably is an advantage to investigate what assumptions that underlie the HR-people and the patient's representation of the foreign doctors. That is arguably an important step in finding the immanent power structure, and hence the power struggle and the inequalities to detect possible discrimination of the foreign doctors.

Firstly, the attention will be led to one of the examples that is presented in RQ1. It is that statement from Adam:

"Medarbejderne har fået at vide, at nu kommer der en ny kollega, så tænker de jo:" fedt, så kommer der en at hjælper os", men det jo i virkeligheden en kollega som, jamen undskyld min analyse, men er på niveau med en vietnamesisk bådflygtning".

The English translation

" The personnel have been told, that a new colleague will start, and then they think, "great, now someone who can help us will start", but in reality, it is a colleague, pardon my analysis, who is at the same level as a Vietnamese boat refugee" (Appendix 2).

Here Adam represents the doctors by comparing them to a Vietnamese boat refugee. That is arguably a very powerful statement, since the things that suddenly are associated with the foreign doctors easily become that they are weak, adequate resourced, and merely not a help of any kind, but a person who needs to be taken care of and therefore cost a lot of resources. The assumptions that underlie Adams representation of the foreign doctors are arguably that the doctors mostly are a burden, which according to Crenshaw arguably is a sign of inequality, since the doctors are put into a certain category that is looked down upon as being weak and adequate resourced. Crenshaw would probably further argue that the fact that Adam even talks about the doctors in that matter, suggest that Adam consider himself higher in the hierarchy at the hospital than the doctors, and the doctors have to struggle for power.

The force of the language means that by representing the foreign doctors as Vietnamese boat refugees, the foreign doctors are put in a position outside the general personnel on the hospital.

In reference to Zwingel's lake-example it seems that the foreign doctors easily become the "scum", who's interests are not really taken into considerations.

Mary and Laura are less explicit in their ways of talking about the doctors, and as argued in relation to RQ1, some of their representation of the doctors align quite well with representation that comes from the EU, where the doctors have to be protected and that they easily becomes victims: Mary even tells an anecdote:

"Ja, altså jeg har hørt om en læge, der tog hjem efter 14 dage, fordi de slet ikke behandlet hende ordentligt altså, den ledende overlæge sagde, hverken goddag eller noget til hende".

The English translation

" Well, I have heard about a doctor who home after 14 days, because they did not treat her well, the head consultant of the department did not even say hello to her, or anything" (Appendix 2).

By telling this anecdote Mary is not just telling that she considers this kind of treatment unreasonable, she also tells about the power relations in the departments. Here she is clearly telling about a woman who is looked down upon. The story does not tell that if it is due to her gender or her nationality though. Crenshaw will through her work presumably point out that the foreign doctor, who is woman, is suffering from political intersectionality, since she dues to her status as minority and woman will be situated within at least two subordinated groups. This statement from Mary consequently represents Mary's assumptions about the foreign doctors, but it also gives a glimpse of the power structure in the departments between the foreign doctors and the ethnical Danish doctor, and hence it shows that discrimination of the foreign doctors happens at the Danish hospitals.

In relation to this, it is worth mentioning that despite Adams very explicit way of talking about the doctors, he has several statements where his representation of the foreign doctors align with Mary's assumptions. He states

"Nej, men i virkeligheden er vi måske ikke så tolerante i lille Danmark. Det er jo et meget lille land, og et meget lille sprog, og vi har en selvforståelse i Danmark af, at vi er de bedste i verden, det er ikke sikkert, at vi er"

The English translation

" No, but in reality, we are might not that tolerant in small Denmark. It is a small country, and a small language, and we have an understanding about ourselves as being the best in the world, even though that might not be the case" (Appendix 2)

When I asked if he was referring to the Danish doctors or the patients. He replied:*" Well, that is the entire way around, that is just my experience".* (Appendix 2), and I got even more curious about

this matter, and immediately asked if the irritation lied within the cultural differences and not the foreign doctors' qualifications. The answer to that was:

" Ja, men det bliver jo til, i og med, at man virker valende og afventende, og jo ikke helt kender sproget og kutluren, og de uskrevne regler og så videre og så videre, så fra at det fra at være noget afventende, så går det til at blive en irritation, og noget småracisme"

The English translation

" *Yes, but that is what it becomes, when one seems vague and hesitative, and obviously does not know the language and the culture and the unwritten rules, and so forth, so that goes from being hesitative, which leads to irritation, and to something like racism*" (Appendix 2).

This dialogue is quite interesting, since from the way Adam talls about the doctor's everyday life, you get the impression that he does not find it okay. That impression comes from that fact that he underlines, that Danes might not are so good as they think. This dialogue suggest that Adams assumption about the foreign doctors are that they are misunderstood rather that bad at their jobs, and not that they are a burden, as his previous statement indicated.

The dialogue again points toward, that he experiences, that the doctors are discriminated by Danish ethnical doctors and patients, which again underlines power structures at the hospitals, where the foreign doctors seemingly are in the bottom of the hierarchy. Adam refers to these case as including racism Adam arguably distances himself from that and reveals that his assumptions are that the foreign doctors are equal to the Danes.

So, the assumptions that underlie the HR-peoples representation of the foreign doctors points in different direction. Further, it seems that they find it very unreasonable that the doctors are met with discrimination in the departments by the ethnical Danish doctors and the patients, which reveal that their assumptions about them are that they should be equal to the Danes. The first example though, suggests that the assumptions that underlie Adams representation, by comparing the doctors to Vietnamese boat refugees, are that they merely are a burden than a help. That does not give a general picture of the representation amongst the HR-people.

Laura for an example states here:

"Vi skal jo nogle gange bede lægerne om at tage hjem. Det her med, at man faktisk har fri, når man har fri, og at man er ikke forpligtede, og man bliver ikke set skævt til, hvis man går hjem, og at man ikke nødvendigvis ikke behøver at være den sidste på afdelingen, det har jeg hørt før. Det er noget man arbejder med derude, og som ledelsen er opmærksom på".

The English translation

" Sometimes we have to ask the doctors to go home. The fact that you are off when you are off, that you are not obliged, no one looks down on you, when one is going home, and that one does not necessarily has to be the last man standing in the department, that I have been told. That is something that is worked with out there, and something that the heads of the departments are aware of" (Appendix 1).

In this quote Laura shows great compassion for the foreign doctors, by underlining that they are trying to make sure that the foreign doctors enjoy the same rights as the ethnical Danish doctors, which according to the definition the EU has of discrimination, is straight after the book. As earlier stated that can also create a certain power structure, since there specific measurements that should help the doctors, but by treating them as people who need to be taken of and as victims at the same time, then they arguably easy land on the bottom of the hierarchy being the ones depending in others. That is not only because that this knowledge easily can be reproduced, and hence being taken for granted. Crenshaw's term of structural intersectionality can arguably also be used to address that situation. She namely argues that minorities, due to the surrounding structures, are unable to get out the role as the subordinated and exercise their rights of liberty. It is consequently limiting the foreign doctor's possibility to exercise their rights when they put into a disadvantaged position of forehand.

The assumptions that underlie the HR-peoples representation do consequently not differ that much. All three talk mostly about the foreign doctors in a very respectful way, which indicates that their assumption about the doctors are that they are equal to the ethnical. That can, as earlier stated, arguably be due to the fact that it is their job to make sure that the foreign doctors stay.

The assumption that underlie the patient's representation of the doctors differ from the HR-peoples. Beatrice tells:

"Jeg henvisning er til en læge, og det her så her for første gang, at lægen kommer ind i billedet, og det var sådan en læge, der var udenlandsk, og var jeg ikke frustreret så blev jeg det, og jeg takker min skaber for, at jeg havde taget Christine med, for altså, for jeg kunne slet ikke forstå, hvad han sagde, overhovedet, og så gebrokken var han"

The English translation

"I got a reference from my doctor, and that was the first time I met the doctors enters the picture, and that was that kind of doctors, who was a foreigner, and if I at that point were not frustrated, then it was at this time I got frustrated, and I thank my lord, that I brought Christine, since I was not able to understand a word he said, due to his bad language skills" (Appendix 3).

The assumption that underlie Beatrice representation of the doctor here implies she did not receive the help she needed, and that it was not a benefit or an opportunity for her that she met a foreign doctor, so the foreign doctor's presence was not appreciated. As Beatrice tells her story it becomes quite clear though, that it does not seem to have that much to do with the doctor's ethnicity or nationality, there are other mechanisms on the line here. She tells:

"Det må man sige, men det er sådan, at det har været med de udenlandske læger, så jeg kan desværre ikke sige noget pænt om det, for jeg har haft en forfærdelig oplevelse (....) Ja, altså han var lægen, og vi snakkede ikke lige overfor hinanden. Jeg var patienten, så jeg skulle bare høre, hvad han sagde".

The English translation

" That was how it was, but that is how it has been with the foreign doctors, for that reason, do I unfortunately not have anything nice to say, due to my awful experience (....) Yes, well, he was the doctor, and we did not speak in an equal matter. I was the patient, so I just had to listen to what he said" (Appendix 3).

The assumptions that are underlying Beatrice representation here suggests she felt inferior to the doctor, and that she did not appreciate their encounter. Her assumptions are that he is orientating towards the wrong moral point in this encounter, which suggests that she sees the doctor as being in the wrong, and hence the one standing outside of the society. Her assumption does not reveal that she considers herself as being in power though, she was surprised not to be treated like an equal, which suggests that she expected her and the foreign doctor to be equals. That suggests that the doctors exercise his power in his authority over her.

This puts the concepts of intersectionality into relevance, because it seems that Beatrice is the one struggling for power, since she does not have the ability to make herself heard by the foreign doctor, and in this case, she is representing to subordinated groups. The group of patients that is due to the doctor/patient-relation in inferior to the doctors, and she is a woman. Crenshaw will probably argue that what Beatrice is experiencing here is political intersectionality, where the oppression therefore will be multiplied, and they are maintained in the subordinated group by the foreign doctors. In combination to Crenshaw's perspective of political intersectionality, I would like to

draw the attention to Foucault's concept of genealogy, since he argues the history will always shape the represented future, and hence through the lenses of genealogy, does the doctors view on himself as being supreme to the patient, rooted in the idea, that it is the role he in that past has been ascribed.

There is no certain way for me to confirm these statements, but the same pattern occurs for Hanne, who also is a woman and a patient. She tells:

"De første gange jeg har været deroppe, der møder jeg ham den udenlandske læge, men han er bare uforstående, og kan ikke forstå, det passer ikke, der kan ikke være noget nedenunder foden, og det kan ikke passe, at det gør ondt, og så og jeg sidder at tuder på gangen (....) Jeg havde en fornemmelse af, at han ikke troede på, at jeg havde ondt".

The English translation:

"The first times I were there, were times, I met him, the foreign doctor, but he was expressed that he did not understand, it could not be the case that there was something underneath my foot, and it could not be true that I was in pain, so I just sat in the hall crying (....) I was under the impression that he did not believe me, when I told him, that I was in pain" (Appendix 3).

Her assumptions align consequently quite well with Beatrice's, as she is being in the right, but obviously struggles to be heard, but it seems that they both expect them to equal with the doctors, which indicates that there is no discrimination based on nationality involved.

The reason why, it reasonable to consider the perspective of political intersectionality as an explanatory factor here, is that Erik´s assumptions, being the last patient, differ a lot from the Beatrice's and Hanne's. When asked Erik to his experience with the foreign doctor, he replied:

"Nej, jeg synes, at han klarede det fint, jeg synes, at han klarede det godt som læge".

The English translation

" No, I think he did well, and I think that he did a good job as a doctor".

And when I further asked him if he felt that the foreign doctor listened to him, he answered:

"Ja, men mine forældre følte ikke, at han hørte, hvad de sagde".

The English translation

"Yes, but my parents did not have the feeling, that he heard what they said" (Appendix 4).

Erik does arguably not have any problems in regard to making himself heard, and the assumptions that underlie this representation of the doctor suggests that Erik consider the doctors as equal, and there does not seem to be a struggle of power going on between the foreign doctor and Erik. He expresses that his parents on the other hand had feelings mutual to Beatrice and Hanne, and that

underlines the other different between the patients Erik is 28 old, whereas Beatrice and Hanne are respectively 67 and 60 years old. Another factor that arguably can influence the translation process of the patients.

The patient's assumptions underlie a representation of foreign doctors as they should be equals, but that the doctors are orientating towards the wrong point of moral, and hence are treating them in a condescending and disparage way.
The discourse and the underlying assumptions show that there are structures of power and inequality in the relation between the patients and the foreign doctors, but they do not necessarily rely on discrimination on ethnicity or nationality, but rather the doctor/patient-relation and gender, which again ascribe the process of transnationalization and localization a large explanatory value, and suggest that intersectionality can provide a vocabulary to talk about the power structures at the hospitals in Jylland.

9.3 RQ 3:

What assumptions underlie the foreign doctor's representation of the themselves?

The norms presented in the article 45 TFEU and in the policy document say that no foreign workers should experience discrimination due to their nationality, implying that they should be considered as equals. That does not align with the assumptions that Igor has about himself and his position at the hospital. His assumptions show that he sees his position of power quiet differently than the HR-people and the patients:

"Ja, før de kommer ind på mit kontor, de har set mit navn, og ikke hver patient, men nogle patienter havde allerede et problem med mig, før de kom ind på kontoret, og de har set mit navn på døren, så de har sagt, at: "Suk, ikke igen, en udenlandsk læge"

The English translation

"Yes, before they come to my office, they have seen my names, and not every patient, but some patients did already have a problem with me, before they came to my office, and they saw my name on the door, then they have said, Sigh, not again, a foreign doctor" (Appendix 6).

In this first example, he sees that the patients have a problem with him, when they see that he is a foreign doctor, and the underlying assumptions are that he does not find that okay, which suggests that he consider him and the patients to be equals, but in the following quote there are some clear

power structures revealed:

"Jeg tror, at hvis jeg får kritik fra hospitalet, så er det fra styrelsen til patientsikkerhed, det er også deres ansvar, det er ikke kun mit ansvar at sørge for at alle min diplomer fra min uddannelse, når jeg har sendt dem ind, så de ved, hvor jeg kommer, hvilken uddannelse jeg har, men på trods af det fik jeg kritik for, at min uddannelse ikke er nok, og jeg skal gøre det anderledes. Det var meget frustrerende".

The English translation

"I believe, that if I receive critique from the hospital, then it is also the authority of patient security, it is also their responsibility, it is not only mine, I sent in all my diplomas from my education, so they know where I am from, and which education I have, but despite of that I receive critique for that my education was not enough, and that I should do stuff differently. That was very frustrating". (Appendix 6).

The assumption here is clearly that he is a victim of discrimination. His level of education is questioned, even though the Danish authorities have approved it, which suggest that he in his view has to struggle for being acknowledged and for being equal with his colleagues. He even uses the word racism to describe his position in the power hierarchy:

Men som jeg har sagt, jeg har også oplevet nogle racistiske patienter i Ungarn, og jeg har udenlandske kollegaer i Ungarn, men jeg har oplevet det flere gange i Viborg end i Ungarn".

The English translation

" But as already mentioned, I also experienced some racist patients in Hungary, I had foreign colleagues in Hungary, but I experience it more frequently in Viborg" (Appendix 6).

The assumptions the underlies his representation of himself and his position is here that he is a victim of discrimination and racism based on his nationality. That does not only align with the assumptions of the HR-people, that the foreign doctors are victims, is also tells us that there are many different assumptions on the line, which ascribes transnationalization and localization explanatory value. From this example it seems that Igor stands out from the general society, since he is not acting in way that is suitable with the general moral orientation, and can in this way be considered as being the bottom of the power hierarchy.

The problem is though, that if the patient's assumptions in RQ2 are in put into perspective with what Igor expresses, then the patient might not act differently towards him due to his nationality, but because they have had previse experiences with foreign doctors that looked like the cases Hanne

and Beatrice have had. Then the patient's reluctance is merely about the doctor exercising his position as authority to overrule the patient, which arguably can show itself as discrimination. This suggests that Zwingel is right, when she argues that every time there is a translator, then norms are translated, and that there are many variables to take into account when analyzing norm translation.

The assumptions that underlie the representation of themselves in Vera and Daniel's case are quite different than from Igor's. Daniel says:

"D: Ja, det er forskellige mennesker, og der er altid mennesker du kan snakke godt med, der er tålmodige, og det forventer jeg, at mange danske patienter er, og der er mennesker, der ikke er så. Der er nogle patienter vi skal have problemer med, men det kommer an på mennesket og ikke, hvor du arbejder".

The English translation

" D: Yes, we are all different people, and there are always people, you are able to have a good relation to, who are patience, and we expect that that will be the case for many Danish patients. There are some patients that we will have problems with, but that is depending on the person, not where you work" (Appendix 5).

The underlying assumptions here do not reveal any signs of pre-ascribed power relations, or expectations about struggling of power. Daniel and Vera consider themselves as being equals, and their level of preparation for the relocation, that is also showed in RQ1, shows that they do not consider themselves as being victims or adequate resourced:

"V: Vi forventer alt godt. D: Vi er ikke kompliceret mennesker, vi kan tilpasse os rigtig godt, så jeg tror, at vi skal tilpasse os nemmere her end i Kroatien".

The English translation

"V: We expect everything to be good. D: We are not complicated people, and we are able to adapt, so I believe that we fit in better here than in Croatia" (Appendix 5).

Their assumptions about their own position in the power hierarchy at the hospital differ arguably a lot from Igor's. Whereas he feels discriminated, Vera and Daniel expect to fit in amongst equals. The assumptions further reveal that the doctors do not consider themselves in the same way as the EU presents foreign workers through the discourse in the policy paper. In this way it can be argued that the doctors have been put in the wrong category. They are foreign workers, but the term

"worker" might be too brought, since the foreign doctors arguably do see themselves as in the same way as the EU describes foreign workers, with words such as protection and victims.

10 Conclusion

In this chapter will the problem formulation be answered and some final reflection of the quality og the study will be presented and discussed.

In RQ1 the discourses of the actors suggest their role in the translation process of the norms presented in article 45 TFEU is quite active. They are not just passive receivers. This ascribe the processes of transnationalization and localization a larger amount of explanatory value, than the norm diffusion theories, where the spreading of norms are considered to be more homogenized and linear. The patients and the HR-people's assumptions about themselves does not reveal a clear pattern of certain power hierarchy. On the other hand, do they do argue that they mostly employ the foreign doctors out necessity rather than opportunity, the risk in that matter is that the foreign doctors are looked down upon before they even started working. The HR-people assumptions suggest that they consider themselves as caretakers of the doctors, which arguably make sense, since a part of their jobs is too makes sure that the foreign doctors are well-integrated and comfortable at the hospital. Only a very explicit statement from Adam suggested that he considers himself above the doctor, but there was no consistency in that pattern. Either of the respondents role in the translation process of the maintains of a certain power structure. RQ2 further suggests that the HR-people in general consider the foreign doctors as being equals, but that they are in a weaker position being foreigners. The patien's assumption indicates that the power structures merely are related to other intersectional perspective such as perhaps gender or the immanent power structure that lies within the doctor/patient-relation, rather than it is ethnicity or nationality. The two women are surprised not to feel treated as equals, and even though they think that they have the right point of moral orientation, they are still the ones struggling for power. Whereas Erik did not seem to have to struggle for acknowledgment, and hence power. Their assumptions about the doctors can consequently also be affected by their age. In RQ 3 are the three doctors' assumption about themselves, as the first groups, rather different. Igor's assumptions about himself and his position at the hospital suggest that he considers himself as being a victim of discrimination and racism, whereas that is not the case for Vera and Daniel at all. They are very confident that they will fit right in amongst equals.

These answers arguably help me answer the problem formulation:

> *How are the norms in article 45 TFEU translated in practice by the levels of actors at the hospitals in Jylland?*

This question can be very difficult to answer for several reasons. Firstly, can questions that start with "how" be very challenging to answer, since they are vaguer than questions that start with "what, which or why", because it implies that there are degrees or a development. These considerations are the reason why I chose to formulate the question as a "how-question". In combination with the word "translation", it should illustrate for the reader that the diffusion of norms from the EU most likely is multi-dimensional process. When that is noted, then a vague question most likely leads to a vague answer.
The answer to the problem formulation is:

The norms in article 45 TFEU are translated through the process of transnationalization and localization, which means that the norms are acted out differently in practice by the levels of actors at the hospitals in Jylland without revealing ambiguous signs of discrimination.

Now is the time for the, secondly. There are also some methodological and theoretical reasons why the problem formulation is difficult to answer.
It had been argued that it would have been favorable to include more respondents. For now, it is not possible to say if the opinions and assumptions that come about are patterns or simply solitary cases. There are things that point the directions. It is not possible for me to say if there are certain power structures between the actors that withholds the foreign doctors in a position of discrimination based on nationality or ethnicity, but the stories that Igor tells, Adams experience that Danes not that tolerant as they might think, and the example from Mary about the foreign doctor who left after 14 days, due to mistreating and dismissal suggest that some foreign doctors are experiencing discrimination at the hospitals is Jylland. What arguably could have been helpful if, I have included the ethical Danish doctors amongst the respondents. They are first of all interacting with the foreign doctors every day, and the examples tell that the ethical Danish doctors are part of the discriminative action that is exercised towards Igor and the foreign doctor Mary tells about. Another measure that could have been taken was to find other foreign doctors than Vera and Daniel. They have not had their first work day yet, but they were included anyway, since discrimination is

defined based in the operationalization from the EU: "*against discrimination on grounds of nationality as regards access to employment, conditions of employment and work, in particular with regard to remuneration, dismissal, and tax and social advantages, by ensuring their equal treatment, under national law, practice and collective agreements, in comparison to nationals of that Member State*" (Directive 2014/54/EU).

Daniel and Vera have visited the department several times and has arguably gained an insight about the working conditions through that, and through their Croatian friends at the department, but if I found a doctor like the one from Mary's example, the result of the project probably would have sounded differently. That again supports the inclusion of more respondents to make the study less vulnerable solitary cases.

Another it is not only the number and the selection of respondents that can affect the data and the conclusion the project, it is also the theme of project. If the respondents are afraid to be portrayed as racists, then they might withhold information or tell a story of themselves as being open-minded. It cannot be argued that it is the case in this project, but one way to validate that could have been to combine the interviews with the method of observation at the departments. In that way a more direct picture of the doctors every life at the hospitals could have been measured. In that caser there would be no middle-man to report their experience and in that way make the data more biased. It would been very resourceful to conduct that kind of data, which is the reason why it is not concluded. Furthermore, it is presumably not an easy task to get access to a department as a passive observer.

I arguably has been a benefit to build the project as case design study, but as the name reveals it is a single case, and in order to investigate if the data conducted draws a pattern, or it merely is solitary cases, then the project could have built upon the structure of a longitudinal design, where data in conducted in at least two points in time in order to measure a development. By following the same respondents through a time period, it should arguably be possible to draw a pattern in that data and in that in way be able to measure the translation process as a process over time.

The analytical strategy and the theories have had their share of benefits in relation to this project, since it has been possible for me to investigate the nature of the spreading of norms, and how individual actors can maintain each other in certain power positions, but in the case of Vera and Daniel the ontological standpoint of poststructuralism and the theories that belong lose their explanatory value. Their assumptions about themselves and their position at the hospital did not

reveal immanent power structures, so in order to investigate their experience theories about conformity and socialization could possibly have been more fruitful. Another reason why the answers from Daniel and Vera stands out can also be for a point that previously is argued, namely that the foreign doctors are put into a group of foreign workers, where they do not necessarily share other characteristics with them other than being a minority working in another country than their birth country.

There have consequently been many advantages in using the methodological framework of this project, but also disadvantages that arguably influences the quality of the project.

11 Bibliography

- Acharya, A. (2004): *How ideas spread: Whose norms matter? Norm localization and institutional change in Asian regionalism,* International Organization
- Bacchi, C (2016): *Poststructual policy analysis*, Palgrave Macmillan US
- Betts, A (2014): *Implantation of world politics: How International norms change practice*, Oxford Scholarship.
- Brinkmann, S (2014): *Det Kvalitative interview*. Hans Reitzel Forlag.
- Brinkmann, S & Tanggaard, L (2015): *Kvalitative Metoder*, and chapter 7, Lynggaard, K:"*dukumentanalyse*" and chapter 23, Kristensen, S "*Kvalitative analyse strategier*" . Hans Reitzel Forlag.
- Checkels, J (1999): *Norms, Insitutions, and National Identity in Contemporary Europe*, Willey.
- Chiswick, B (1999): "*Are immigrants favourably Self-selected?*", American Economic Association.
- Cortell, A & Davis, J (2000): "*Understanding the Domestic Impact of International Norms*". SAGE.
- Crenshaw, K (1991): *"Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color".* JSTOR.
- de Vaus, D (2001): "Research design in social research", SAGE publication
- Directive 2014/54/EU (2014): "*On measures facilitating the exercise of rights conferred on workers in the context of freedom movement for workers*", EU Council and parliament.
- Dinan, D (2014): *"Europe recast: The History of European Union",* Lynne Rienner.
- Duedahl, Per (2010): *"Introduktion til diskursanalyse",* Syddansk Universitetsforlag.

- European Parliament: "*Fact Sheet*": http://www.europarl.europa.eu/factsheets/en/sheet/7/the-principle-of-subsidiarity - visited 10/5-19
- Finnemore, M & Sikkink, K (1998): "*Norm Dynamics and Political Change*", The MIT Press.
- Foucault, M (1994): "*Linguistique et sciences sociales*", in D. Defert and F. Ewald with J. Lagrange "*Dits et ecrits*", Editions Gallimard
- Foucault, M (1977-78): "Security, Territory and Population - lectures at the Collage De France". Palgrave MacMillen.
- Gustavson, K (2017): *"What is the point? Teaching graduate students how to construct political science research puzzle".*
- Hall, S (2001): "Power, knowledge, and discourses" i Wetherell, M (red. m.fl.). SAGE publications
- Hofferberth, M., & Weber, C. (2012): *Lost in translation: A methodological critique of constructivist norm research* . Paper presented at the 53rd annual convention of the International Studies Association
- Jensen, S & Christensen, A (2001): "*Intersektionalitet som sociologisk begreb*", Dansk Sociologiforening.
- Justice and Home Affairs: *"Europe without border – the Schengen area"* – visited 18/3-19 (https://ec.europa.eu/home-affairs/sites/homeaffairs/files/e-library/docs/schengen_brochure/schengen_brochure_dr3111126_en.pdf)
- Lijphart, A (1971): "*Comparative Politic and Comparative Method*", JSTOR
- Manners, I (2002):" *Normative Power Europe: A contradiciton in Terms?*", Blackwell Publishers.
- Massey, D. (2005): *For space*. London/Thousand Oaks/New Delhi: Sage.
- Massumi, B & Mehlman, J (1987): "*Foucault as I Imagine Him and the Thought from Outside, tr.*" (MIT Press)
- Mocko, G. et al. (2008): Case Study Method for Design Research: A Justification, Researchgate.
- Morgenthau, H (1949): "*Politics among Nations: A struggle for power*", New York, Knopf.
- Mullet, D (2018): "*A General Critical Discourse Analysis Framework for Educational Research".* SAGE

- Myers, N (2001): ”*Environmental refugees: a growing phenomenon in the 21st century* ”, The Royal Society.
- Olssen, M (2010): ”*Structuralism, post-structuralism, neo-liberalism: assessing Foucault's legacy”,* Routledge.
- Phillips, L. (2016): Diskursanalyse, I S. B. Tanggard, “Kvalitative metoder” (s. 297-347). Hans Reitzel Forlag
- Politikken (2017): “Støjberg forarger: Fejrer udlæningestramning nummer 50 med lagkage” – visited 22/3-19 (https://politiken.dk/indland/art5870543/St%C3%B8jberg-forarger-Fejrer-udl%C3%A6ndingeshystramning-nr.-50-med-lagkage)
- Solanke, I (2009): “*Making Anti-Racial Discrimination Law*”, Routhledge
- The European Commission – visited 3/3-19 (https://ec.europa.eu/growth/single-market_en)
- The European Commisson – visited 16/3-19 (https://ec.europa.eu/home-affairs/what-we-do/policies/borders-and-visas/schengen_en)
- The Functioning Treaty of the European Union, 2007, article 45 – visited 3/3-19 (https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012M%2FTXT)
- The Independent (1997): “*Amsterdam summit: Blair forced to sacrifice powers on immigration*” – visited 19/3-19 https://www.independent.co.uk/news/world/amsterdam-summit-blair-forced-to-sacrifice-powers-on-immigration-1256395.html
- The Schengen agreement (1985) – visited 18/3-19 (https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:42000A0922%2801%29:EN:HTML)
- Yuval-Davis, N (2006): *“Intersectionality and Feminist Politics”.* European Journal.
- Zwingel, S (2015): “*How do international women’s rights norms become effective in domestic contexts?”,* The University of Bochum.
- Zwingel, S (2014): “*Translating International Women´s Rights*”, Palgrave McMillan.
- Zwingel, S (2017): *“Women’s rights norms as content-in-motion and incomplete practice”,* Routhledge.
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12. Appendix

Appendix 1 – Statements within (HR)

Files\\Transcription - Laura.
14 references coded, 26.17% coverage
Reference 1: 2.52% coverage
L: Første og fremmest er det jo sproget. Det danske sprog er en svær kartoffel, men så er det jo også, at man sagtens kan møde kulturelle barriere og anderlied forventninger til relation mellem faggrupper, til ledelsen så sådan nogle ting bokser vi også med, at jeg vil ikke decideret sige, at det er udfordringer, men de ting man skal være meget bevidst om at tage vare på er også når folk er uddannet og personligt kommer fra et andet land end Danmark, ikke også? Så er flad ledelsesstruktur, og hvad kan man sige, vores flade struktur mellem faggrupper, en sygeplejesker skal godt irettesætte en læge og omvendt selv vedkommende ikke har flere stjerner på skulderen, det er unikt for Skandinavien ,at det er det sådan, det er faktisk noget unikt for Danmark, at det er sådan, og det svært at italesætte, når man er en del af det, så det er jo sådan noget, vi bliver opmærksomme på, når der kommer andre kulturer, hvordan det er det er, at man er så uformelt sammen, så sproget er også en ting, men det er mere håndgribeligt, kan man sige, end det andet er.
Reference 2: 5.63% coverage
L: Når det så er sagt, så er der nogle ting, som alle nye medarbejdere skal, vi har en introduktion, hvor der er en dag, der er nogle bestemte ting man skal, når man skal på et sygehus, der er noget hjertestart, noget brandslukning, det skal vores udenlandske medarbejdere selvfølgelig også deltage i, og så har vi et tilbud om sprog-coaching, det har du måske også hørt lidt om, vi har en sproglærer, som ansat i en delestilling. Hun er delvis ansat på AAU sprogcenter, og så er hun delvist ude ved os, jeg tror det er 20 timer ungefær, det må du ikke hænge mig op på, jeg kan ikke huske hendes præcise timetal (Nej,nej), men hun er typisk med til at hjælper læger, der f.eks., kommer fra Medicolink eller igennem andre veje har fået det grundlægende dansk på plads, så er hun med ude på afdelinger, og følger dem ude på afdelingerne og har kittel på, og har så nogle opfølgende samtale bagefter og giver dem feedback på deres sprog, og hjælper dem med nogle konkrete øvelser, f. eks, inden for neurologien der skal man kunne sige noget om, hvordan en vatpind føles ned af ryggen, og sådan nogle ting, det lærer man jo ikke nødvendigvis på et alment sprogkursus, så hun er helt nede i deltagen om, hvad det er for et sprog man skal bruge inden for de enkelte specialer. S: Okay, det er også en god service, er det Birgitte? L: Det er Birgitte ja, og Birgitte er så i marken og laver ting som jeg lige sagde, men hun har også læger inde, nu som f.eks., når vi nu tager en ny læge ind til neurologien her til første maj, så har hun nogle opfølgende samtaler med hende, vurderer hvor hun ligger rent sprogligt, hvordan vi understøtte hendes forsatte sprogudvikling, så har hun nogle seancer med hende, og så efterfølgende følger hun med hende ud i klinikken, det er typisk sådan det foregår, og det er jo til tilbud vi har, og det kunne vi godt have meget mere af, men det er jo også et ressource spørgsmål. S: Selvfølgelig, men jeg synes, at det lyder meget fornemt, at I har det, for det er ikke alle hospitaler, der har det. L: Det ved vi godt, og det prøver vi også at værne om, at vi har. Så som tingene ser ud lige nu, men der kommer nu boller på suppen, jeg er ikke helt sikker på, hvor meget jeg kan sige lige nu, men vi arbejder i hvert fald på regionalt i NJ, at skærpe de her sprogkrav, som der også har været lidt oppe i forbindelse med den uddannelse, så det er der et ønske om politiks, og så må vi jo se, hvordan vi gør tingene (Ja).
Reference 3: 3.46% coverage
S: Ja, (begge griner), så måtte vi jo også sige, at det var ikke helt det. Det betyder meget, men jeg kan forstå på nogle af de læger jeg har snakkede med, at de har meget samme arbejdsvilkår, som de danske læger, selvfølgelig, men de er ikke helt så gode til at udnytte fordelene, f.eks. det her

worklife-balance som vi er så glade for i Danmark, det er på en måde lidt sværere for dem, eller det ved jeg ikke, er det noget i oplever? L: Ja, det er det faktisk. Vi skal jo nogle gange bede lægerne om at tage hjem. S: Ja, det er jo det (begge griner). L: Det her med, at man faktisk har fri, når man har fri, og man er ikke forpligtede, og man bliver ikke set skævt til, hvis man går hjem, og at man ikke nødvendigvis ikke behøver at være den sidste på afdelingen, det har jeg hørt før, det er noget man arbejder med derude, og som ledelsen er opmærksom på, at man ikke skal. Det er den der pleasing af ledelsen, som de måske af vant til, det bliver man ikke nødvendigvis pleaser af at være den der arbejder igennem. S: Nej, og alt det der med MUS og alt det der. L: Ja, det er noget mærkeligt noget (griner begge). Det vil jeg også sige, at der er nogle ting på arbejdsmarkedet og arbejdsforholdene, som det er noget af det vi slår os til Søren omkring, men det er også noget af det, der er svært for udenlandske arbejdstagere at forstå værdien af, eller du kan også finde danske medarbejdere, der synes at MUS er noget bævl, men altså det er nok af nogle andre grunde, end vores udenlandske arbejdskraft.
Reference 4: 1.51% coverage
L: Det er svært at generalisere på den synes jeg (Ja), jeg vil ikke sige, at de nødvendigvis har. Det er vi jo meget opmærksomme på, hvis der er en læge, der ikke er særlig dygtig sproglig, så er vedkommende assisterede af en dansktalende sygeplejerske, eller en uddannelseslæge, eller hvad der nu ellers er på afdelingen, så de er jo sjældent alene, hvis der en mistanke om, at de ikke kan gøre sig forståelige, men det her med, hvordan de interagere kan jo være andet en sprog også (Ja), men jeg vil sige, at jeg ikke kan svare generelt på det, for det er godt nok personafhængigt, og opgaveafhængigt, og det vil jeg være ked af at blive hængt op på.
Reference 5: 1.52% coverage
S: Ja, det er klart. Det kunne jo bare godt være, at I har haft nogle gentagende situationer, hvor der har været nogle specifikke ting, der har været relateret til en anden kultur, eller et eller andet, hvor der er sket nogle misforståelser. L: Altså, noget af det jeg har fået fortalt, ikke fordi det er noget jeg 100% inde i med patientklager, der går op kommunikation og sådan noget, og der er altså ikke overtal af udenlandske læger i den statistik, så jeg synes ikke, at det er noget, hvor vi har et udtalt problem, det tænker jeg bestemt ikke, man er opmærksom på det derude, at det kræver en særlig, hvad kan man sige, opbakning til de her læger.
Reference 6: 0.48% coverage
S: Men det er også det, jeg hører, at det ikke specifikt er et sprogproblem, fordi du kommer fra et andet land. L: Der kan også være danske læger, der ikke kan kommunikere, dem har vi også nogle af (griner)
Reference 7: 1.86% coverage
S: Ja, det er jo også det, så det er også meget interessant. Har du en oplevelse af, at de udenlandske læger generelt er glade for at være ansat på AaUH? L: Det tænker jeg da, de er jo i en periode, hvor de lige skal vænne sig til at være her, og der kan jo være mange ting, der, det er jo det hele menneske vi rekruttere, gerne også med en familie, så det er typisk ikke arbejdet, der er udfordringen, det er måske at få hele familien på plads, og få en ekstra ægtefælde i job og få børnene til at falde til på skolen, det e sjældent det faglige, der er med til at gøre at folk kommer op andre tanker, så er det hvis vi ikke formår at få integreret ægtefælden ordentligt, ja. Det er tit sådan nogle ting der spænder, og gør at folk søger andre veje, det er i hvert fald min indtryk, at det sjældent er det faglige.
Reference 8: 0.62% coverage
L: Det har vi i hvert fald set eksempler på, hvor de ikke gør. Det taler i hvert fald for den hele indsats, og at det godt kan betale sig, selvom man måske synes, at det må de selv ligge at putte med, så er det bare pokkers dyrt, hvis sådan en speciallæge rejser et halvt år,
Reference 9: 0.51% coverage

Så der er nogle kræfter, der skal bruges for at sætte sådan noget i værk, og det er vi meget bevidste om, at vi skal slå på alle de relationer vi har, og vi gør også meget internt for at finde et relevant job til vedkommende.
Reference 10: 1.13% coverage
S: Ja, for jeg kunne forestille mig at hele rekrutteringsprocessen tager lang tid, og hele indkøringen på afdelingen, de danske læger, der skal tage sig af den nye og lære dem. L: Det er sjældent, at der dr går mindre end et år, før vi har en læge der er fuldt fungerende. Fra de starter på sprogskolen i Budapest, eller vi har jo også læger, der lærer dansk i Danmark, så det er jo en lang proces, og der er puttet mange penge i fra afdelings side, så det er pokers når det ikke lykkedes.
Reference 11: 2.35% coverage
S: Men er det ikke også, eller det kunne jeg i hvert forestille mig, frustrerende for de læger på afdelingen, der tænker "yes", nu kommer der en ny læge, så skal vi ikke løbe så hurtigt, at der så står der en der, der skal have helt vildt meget hjælp. L: Jo, det er jo klart. Det er dybt frustrerende, men der kan man jo sige, og her kan vi tage neurologisk afdeling som et godt eksempel, der er jo rigtig meget arbejdskraft, der er kommet på den måde, så der er det ligesom en del af kulturen, at man ved, at man får det speciale til at hænge sammen (Ja,okay), så de er sgu gearet til, at tage imod på en anden måde på andre afdelinger eller her på administrationen, skulle jeg til at sige (begge griner), fordi de er multikulturelle i forvejen, hvilket jo også har sine udfordringer, fordi så risikerer man at fagsproget bliver engelsk, det er vi meget opmærksomme på, at der også skal tales dansk i pauserne, fordi ellers kan vi godt blive udfordret, f.eks., i radiologien, hvor der ikke er meget patientkontakt.
Reference 12: 0.88% coverage
L: Ja, eller så har vi en ungarsk enklave, de vil da også gerne til ungarsk sammen (griner) S: Og ja, det kan man jo ikke fortænke dem i, men L: Nej, det vil vi andre da også gøre, hvis vi mødte nogle danskere i udlandet, så ville vi jo synes, at det var hyggeligt, altså, (Ja). Det må de gøre i deres fritid. S: Ja, på arbejdspladsen må det ligesom være arbejdssproget, der tæller.
Reference 13: 1.72% coverage
Men det lyder så som om, at de er gearet til på de afdelinger, at det er vilkårene. L: Ja, det tænker jeg, det er noget af det vi i hvert fald også, når jeg nogle gange har været med til nogle interviews og sådan, og der har været afdelingssager, de er meget opmærksomme på, at det er vi vant til sådan er hverdagen, vi er vant til at forklare vores kultur og vores måde at gøre tingene på fordi der er ikke noget, der indforstået her (Nej), jeg skal ikke kunne sige, om der så er nogle læger, der oplever nogle andre ting, og at det ikke er sådan det bliver talt om, der står der jo ikke fysisk, som jeg også skrev til dig, i de konkrete integrationsprocesser og overvære, hvordan det foregår, jeg kan kun høre, hvordan de taler om det kan man sige.
Reference 14: 1.98% coverage
L: De skal jo behandles anderledes i den forstand, at det giver mening, kan man sige. S: Ulighed kan også skabe lighed. L: Ja, det kan det jo, og vi skal stille de samme faglige krav til vores udenlandske læger som til vores danske læger, men vi skal jo stadig forstå, hvilken uddannelsesbaggrund de kommer med, der er jo forskellige traditioner for, hvordan man uddanner til de her skopier. Der er nogle lande, hvor det ligger i et speciale, og i nogle andre lande ligger det i et andet speciale, så fordi man får en speciallæge i, hvad skal jeg sige, kirurgi så er de tikke sikkert, at vedkommende kan lave en skorpi fordi i det land ligger den kompetence i et medicinsk speciale, så selvfølgelig skal man være opmærksom på, og det ligger jo i hele den faglige vurdering, at man skal huske ,hvad det er man køber, og at der skal være noget oplæring.
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10 references coded, 12.82% coverage
Reference 1: 0.52% coverage

R: Den vi reelt søger er jo erfarne læger, speciale læger og det er nogle få specialer, øh, som vi også søger, for vi ved også, at der er nogle udfordringer med sproget, og sådan noget, og det kommer vi sikkert tilbage til.
Reference 2: 1.52% coverage
I: Så det giver god mening, øhm, så vil jeg gerne høre lidt om, hvilke fordele I oplever, der ved at rekruttere udenlandske læger. R: Jamen, der kan være mange fordele, øh, dels kan vi forhåbentlig få nogle, der har en lang erfaring. Øh, las os sige fra Spanien, Ungarn eller Tyskland, så det er ikke jo ikke nyuddannet læge, men at de har noget erfaring med patient og så videre, og så et andet perspektiv er som så mange måske ikke tænker på er mangfoldighedsperspektivet, vi har jo mange patienter, med forskellige nationaliteter og baggrund, og der kan det være en fordel, at man har en medarbejder skarer, som ligner patientgrundlaget.
Reference 3: 0.75% coverage
I: Ja, så de har noget at genkende sig i. R: Ja, måske. Det er sådan en tanke jeg har og har hørt, at det er godt at have den der mangfoldige repræsentation af medarbejdere, og så kan de jo også komme fra nogle hospitaler, hvor man har haft nogle erfaringer med nogle andre behandlingsmetoder, som man fagligt kan supplere.
Reference 4: 1.17% coverage
I: Ja, selvfølgelig, men oplever I, at der er nogle patienter, der ikke vil behandles af danske læger af kulturelle årsager eller religiøse årsager? R: Ja, det gør vi. Vi har nogle sager, og det er i forhold til alle sundhedsmedarbejdere, der er vi gang med at skrive eb vejledning, altså, vi har nogle medarbejdere, der ønsker at bære et tørklæde, og der må man så bære det vi har til rådighed det vil sige et hvidt stof et som er renset og vasket så det overholder de kliniske retningslinjer,
Reference 5: 1.17% coverage
hvis partnerne der er med ikke får noget hjælp, noget netværk noget job, så sidder de jo bare der udenfor Holstebro i en lille landsby og kigger ud at vinduet, og det regner, øh, og kandidaten er i gang med masse ting, og hvis de (partneren) så rejser hjem igen, så mister vi måske kandidaten, der er faktisk rigtig mange ting man skal tænke på, og man skal faktisk tænke fastholdelse før man skal tænke rekruttering. I: Ja, og integration vel også. R: Og integration, og onboarding og det hele
Reference 6: 1.34% coverage
I: Ja, og det kan de jo af gode grunde ikke, nej. Men følger de en læge, eller hvad gør de i starten? R: Ja, ja. Nu skærer jeg det jo også bare ud u store papstykker, de følger selvfølgelig en overlæge, som de har som mentor, eller superviser og så videre, men de går jo også at tænker, at nu har de puttet penge fra mit afdelingsbudget i en dygtig læge, så må de da skønne sig om aftenen i stedet for at skruer pærer i deres lamper, så må de jo sidde at læse dansk, dansk, dansk, læse alt muligt, men sådan er relationen jo ikke, hvis jeg skulle arbejde som konsulent i den spanske
Reference 7: 2.29% coverage
R: Ja, det er de, det fornemmer, fordi, det vi prøver at tiltrække de udenlandske læger, så kigger på, det er jo ikke altid lønnen, at der i en dansk kontekst er bedre, så kan de jo rejse til England og USA eller noget, og Sverige tiltrækker sygeplejerske. Der får de tre gange så meget løn, og skatteforholdende er bedre, men det vi går efter i Danmark er jo worklife-balance, det er videreuddannelses muligheder, det er gode muligheder for børn, studerene, og det er noget af de vi har været inde på, det er lav magtdistance, men det er faktisk men problematisk. Det er min forforståelse, men mange udenlandske læger kommer fra regimer, i gåseøjne, hvor man jo har valgt faget på grund af magtdistancen, vi har nogle, der blev ansat i psykiatrien, og de kunne ikke forstå, at man ikke bar kitler i psykiatrien, men det gør vi er jo nogle sundhedsstyrelser, kulturelle, proces-tanker om, at vi ikke skal være autoritære og så videre, så der er også et clash i det der også
Reference 8: 1.80% coverage

I: Ja, og min tanke er egentligt også, at de kan have svært ved det der work-life balance, fordi R: Ja, det kan de også, og vores meget lose måde at arbejdstilrettelægge, altså den ledende overlæge tjener mere, men det er jo oversygeplejersen til morgenkonferencen, der bestemmer slagets gang, men det er jo ham der har ansvaret, hvis der er noget, der går i vasken, og det kan jeg da mærke, at jeg har talt med mange, og det kan se simpelthen ikke forstå, at vi kører det så slapt. I: Nej, det er noget helt andet end de er vant til, så der er ikke meget forskellen i arbejdsforholdene for de danske læger og de udenlandske læger, men de udenlandske læger har måske svære ved at bruge worklife-balance, videreuddannelserne og sådan end de danske læger har. R: Ja.
Reference 9: 1.40% coverage
R: Og er man speciallæge på de danske hospitaler, så kan man forslå og skrive artikler, og det må man jo så gerne gøre på engelsk, det er jo til tidsskrifter, men når de er på arbejde som læge, så er de jo på arbejder som praktiker, de giver medicin, det gør vi jo også, men vi skal jo også forske og tilrettelægge. APV, og vi skal gå op i om kontorstolen er rigtig, og alle sådan nogle arbejdsmiljøting, og MUS, og så videre, og der var en gang en tysk læge, der sagde, at vi arbejde alt for lidt i Danmark, og alt det der mellem noget vi lavet med at ergoterapeuter kom at rettet på stolene, og sådan.
Reference 10: 0.86% coverage
R: jo det gør også ude på deres campus, men der er igen en konflikt, det at lærer dansk det er jo ikke bare det tekniske sprog, der er jo også noget, der hedder lægedansk, og noget patient dansk, de lærer dansk, men jo ældre du bliver jo svære er det også at lære dansk, og sådan nogle udtalelsesmæssige ting, der kan gå galt, fordi hvordan ikke taler tydeligt nok
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10 references coded, 13.04% coverage
Reference 1: 1.15% coverage
S: Ja, det er også det mønster jeg synes, at jeg kan se efter de mennesker, jeg har snakkede med efterhånden. Oplever I, at der er nogle fordele ved at rekruttere udenlandske læger? M: Ja, selvfølgelig. Det er jo altid godt at få nogle nye øjne på det man arbejde man går at laver til daglig, og få lidt ny inspiration ude fra, og så er det jo også nogle gange, at vi har nogle patienter, der har akut brug for noget oversættelse, så har vi selvfølgelig tolkecenter, men det kan man jo ikke akut ringe til nødvendigvis, så kan vi jo lige trække på de læger vi har, der kan snakke andre sprog
Reference 2: 1.27% coverage
S: Ja, det kan jeg godt se, det er smart. Der er måske også noget med, at nogle patienter føler sig mere trygge ved nogle som ikke nødvendigvis er danskere, men har samme herkomst som dem selv. M: Ja, men det er jo sjældent fordi, det er europæiske lande vi hovedsageligt rekrutterer fra, og det er jo fåtal af europæiske læger vi har, så hvis vi har nogle, så er det ofte de store grupper af flygtninge, og de er jo ofte arabisk talende, eller tyrkisk talende, altså de store sprog der… Men selvfølgelig en enkel polsk håndværker, der er kommet til skade der, eller sådan noget, så er det jo smart lige at have en polsk sygeplejerske ved hånden.
Reference 3: 1.10% coverage
S: Så fordelen ligger hovedsageligt i det sproglige, tænker du? M: Nej, jeg synes også at man beriger hinandens kultur ved at komme med forskellige baggrunde. S: Ja, og de er lige så godt uddannet som danske læger, tit, men de kan jo godt have lært noget andet, eller gøre noget på en anden måde. M: Ja, lige præcis, også noget med nogle daglige rutiner med, hvordan man kan gøre det lidt mere smart, men det beder vi nu altid vores nyansatte kigge på i de første tre måneder, hvor du har friske øjne og derefter har du bare vænnet dig til, hvordan det er.
Reference 4: 0.84% coverage
M: Ja, ulemperne er jo, at de skal have noget løn mens de bliver indkørt og lærer dansk, og det tager tid, og der er selvfølgelig også nogle kulturelle forskelle, som de skal sætte sig ind i, og de kommer

fra nogle andre systemer, og de kommer også fra nogle andre IT-systemer, hvis de overhovedet har IT-systemer, så jaja, selvfølgelig der er masser af ulemper også, men det ved vi jo på forhånd, så det tager vi også hånd om.
Reference 5: 1.08% coverage
S: Ja, det er ligesom en del af pakken, men bliver der taget nogle særlige foranstaltninger for at imødekomme de her ulemper? M: Ja, ja. Det gør der med hele det set-up vi har lavet, hvor vi netop underviser dem i kulturforståelse, de skal have nogle særlige introduktionsforløb, nogle mentorordninger, og de skal have hjælpe til boliger, og jeg hjælper dem at få skattekort, åbnet en bankkonto, og alt sådan noget som er svært, når man kommer som ny. Vi har sådan en pakkeløsning, som træder i kraft i det øjeblik de siger ja til at kommer her.
Reference 6: 1.54% coverage
M: Altså, det er jo svært at skære alle over en kam, men overvejende meget positivt, og det handler jo også om, at nu kommer der en, og de er oplyst om under hvilke forudsætninger de kommer, og hvad man kan forvente af dem sprogligt, når de starter, og det gør vi også meget ud af at afstemme forventninger, så de ikke tror, at nu kommer der en, der er perfekt til dansk og kan begynde at tage patienter fra dag 1, men sådan at de ved, at nu kommer den her udenlandske kollega, og nu skal vi lige bruge lidt tid på at køre vedkommende ind, og vi har jo en tidshorisont og en tidsplan, der siger det og det og det. Det er meget vigtigt, og vi laver også typisk et portræt af den læge, der kommer lidt om baggrunden, så er der lidt fejet af banen til at få nogle gode sociale kontakter på afdelingen.
Reference 7: 2.20% coverage
S: Men jeg ved ikke, jeg har bare tænkt, at sådan vil jeg have det, hvis jeg arbejdet på en afdeling, og vi bare havde mega travlt, og endelig fik vi en ny kollega, og så viser det sig, at være sådan en, der skal have meget hjælp og ikke rigtig kan tale sproget helt, og ikke tage patienter selv, jeg ville bare blive så skuffet, og jeg kunne forestille mig, at det ville skabe noget irritation blandt de danske speciallæger. Hører du nogensinde det? M: Ja, men det er derfor, at det er meget vigtigt, at man forventningsafstemmer, og så sørger for at kommunikationsniveauet er meget højt, og det er jo faktisk meget typisk, at vi i startet kobler dem på en ung læge, fordi det er jo fuldstændig ligegyldigt, det handler kun om sproget, en KBU-læge som jo ofte er meget sød, og sådan ligesom, det der viser sig er jo, at den her speciallæge fra udlandet kan noget fagligt, som den her unge læge ikke kan, og den unge danske læge, kan noget dansk om den udenlandske læge ikke kan, så de kan hjælpe hinanden. Så den udenlandske læge ikke bare sidder at føler sig dum, men rent faktisk synes, at han kan bidrage med noget.
Reference 8: 1.33% coverage
S: Ja, men det var også, jeg har snakkede med Louise, der sidder i Aalborg, at der har de stor mangel på neurologer, så de danske læger, der arbejder på den afdeling, er ligesom indforstået med, at det kræves for netop at få deres afdeling til at løbe rundt, så deres mindste er klar og meget multikulturelt orienteret. M: Men jeg vil nu synes, at det var nemmere at integrere på en afdeling, der ikke har så mange udlændinge, for man kan jo sige, at på de neurologiske afdelinger på nogle sygehus, er procent af udenlandske læger næsten 100, og det er jo fuldstændig mærkeligt, eller en fuldstændig umulig opgave at formidle noget dansk kultur så, det siger sig selv.
Reference 9: 0.60% coverage
M: Så ja, vi rekrutterer kun fra EU, fordi der er ikke nogen andre krav end, at de skal have dansk autorisation, og det får de ved at sende deres papirer ind til styrelsen for patientsikkerhed. Og når de har det, så må de arbejde, og der er jo ingen sprogkrav i Danmark udover dem som hospitalerne stiller.
Reference 10: 1.93% coverage
S: Ja, det giver god mening. Og så har jeg et spørgsmål, der lyder på. Har du et indtryk af om de udenlandske læger generelt er glade for at være på ansat på de danske hospitaler, eller hos jer? M:

Ja, de er meget glade, og det er de hovedsageligt, der kan være flere årsager, men de er meget glade for alt den fritid de får, det er de ikke vant til, det er sjovt for vi går jo at siger, at sydeuropæere er så dovne, men i virkeligheden er de jo vant til at arbejde dobbelt så meget som os. De arbejder 37 timer, og så har de jo rent faktisk fri, hvilket kommer meget bag på dem, og så efter 1,5 år begynder de at sige, at de arbejder for meget, men det jo bare et tegn på, at de er blevet integreret (begge griner), og så er de glade for den flade struktur og sådan, og meget afslappet omgangstone. De har det rigtig hyggeligt. Man kan jo sige, at der er afdelinger, hvor der er dårligt arbejdsmiljø, men generelt er det, det de nævner, det man kalder work-life balance, og så det flade hierarki.

Appendix 2: Statements outside (HR)

Files\\Transcription - Laura.
4 references coded, 5.56% coverage
Reference 1: 1.82% coverage
L: Altså, udenlandske læger kommer til AaUH, når alle andre rekrutteringsformer af udelukkede, og det vil jo typisk sige inden for de læge specialer, der er mest trængte. Rekruttering inden for radiologien, neurologien, patologien, kirurgien, som er de områder, hvor vi har været nødsaget, og det er et velvalgt ord, (Ja) at kigge til udlandet for at få arbejdskraft. Man kan sige, at det vil aller helst vil er jo at rekruttere danske læge eller skandinaviske læger til vores stillinger, men der er nogle stillinger, hvor der er mangel på arbejdskraft, og det gælder ikke kun i Danmark, men i hele Europa for de specialers vedkommende, og det er de jo også ramt af, og så er vi selvfølgelig ramt i udprægede grad, fordi vi ligger i kanten af Udkantsdanmark, kan man sige
Reference 2: 1.45% coverage
L: Aarhus er jo velsignet med at være en gammel studie by for læger, så man kan sige, at Aalborg er ret ny som uddannelsesinstitution, og vi begynder først nu at få de første uddannet speciallæger, som er uuddannet her i Aalborg, fra medicinuddannelsen, som er relativt ny, så vi håbe rjo på sigt, at de rekrutteringsvanskeligheder, vi dog trods alt har, de bliver bedre, eller at det bliver nemmere at rekruttere, når flere får medicinuddannelsen i Aalborg (Ja), så vi håber, at det e ren stakket frist, men det tager jo lang tid at uddanne en speciallæge, det ved du jo godt (Jaja), det er jo 10-15 år vi arbejder med.
Reference 3: 0.75% coverage
S: Jeg snakkede med Anders Kristiansen, han sidder med det overordnet HR-ansvar for region midt, og han sagde, at det var hans klare indtryk, at der kom flere og flere danske læger, at det blev et mindre og mindre problem, altså at man skal rekruttere fra udlandet (Ja, helt sikkert), L: Jamen, det håber vi da også på.
Reference 4: 1.54% coverage
L: Ja, men hvad kan man sige, i forbindelse med den her udsendelse på DR1, de vælger jo deres side at udstille det på må man jo også erkende (Ja, jeg har godt set den), og man kan sige, at de ting hvor vi gerne vil udtale os positivt kommer så ikke med, så selvfølgelig er der udfordringer ved at rekruttere internationalt, det vil jeg da være dum for at sige, at der ikke er, og derfor siger jeg også, som jeg gør, at vi bruger international rekruttering, og det gør vi når alle andre muligheder er udtømte, så det er jo ikke en strategi for os, at vi bevidst går ud at rekruttere internationalt som det første, det er det bestemt ikke. Så der er jo nogle udfordringer.
Files\\Transcription_s/Adam
12 references coded, 18.43% coverage
Reference 1: 1.11% coverage
øh, så især når der så er noget i medierne, hvis de ser en læge eller medarbejder, der er mere solbrændt en gennemsnittet, så tænker man, at det er udenlandsk læge, der ikke kan tale dansk,

sådan er det hurtige ræsonnement nogle gange. I: Ja, blandt patienterne. R: Ja, men det er ikke mange sager vi har, men når det er sådan en sag, så stritter den jo frem, og kalder på en mase opmærksomhed, og bliver til noget politisk noget. I: Ja, den er også nem at tage, og piske op.
Reference 2: 1.08% coverage
R: Øh, ja. Dem er der også mange af, og sådan set flere, ikke for at tage det negative, men der er en udfordring i forhold til, den hvad skal man sige, den sundhedsdannelsesmæssige baggrund man komme, fordi alle læger er ikke ens, så vores hospitaler ønsker jo gerne læger fra de central europæiske lande, for der har man sådan den samme forståelse af patienterne, og det samme med kulturen, og man bruger måske de samme metoder og materialer, og så videre.
Reference 3: 1.11% coverage
I: Ja, selvfølgelig. Men hvad mere sådan på hospitalsregi, oplever I nogle udfordringer der? R: Ja, det gør vi. Det kulturelle, det sproglige og faglige. I: Okay, og det kommer ti udtryk, hvordan, er de dårligere uddannet, eller? R: Nej, men i virkeligheden er vi måske ikke så tolerante i lille Danmark, det er jo et meget lille land, og et meget lille sprog, og vi har en selvforståelse i Danmark af, at vi er de bedste i verden, det er ikke sikkert, at vi er. I: Neeej,
Reference 4: 1.55% coverage
R: Men vi har også en forståelse af, at når der så kommer en HR afdeling sammen med en ledelse på et hospital har besluttet at rekruttere en lægen, og når vedkommende så står der i en kittel, så ahr vi også bare en forventning om, nå men nu er de jo 100% klar til at komme i vagt, og alt muligt andet, men i virkeligheden skal de jo også tænke på hjemme derhjemme, hvor de måske ikke lige har fået sat møblerne op, de ved ikke. Hvordan man køber ind i Bilka, og de har ikke fået deres registreringsbevis til deres bil, og de har hovedet fyldt med alt muligt andet, og de kan ikke arbejde 100% som kollegerne egentligt tror. I: Så der kan ske nogle misforståelser. R: Ja.
Reference 5: 0.75% coverage
men vi kan jo altid skrive og sende sådan noget ud, men det der bliver sendt ud skal også læses. Altså, du har en tanke om, hvordan dit speciale, og din vejleder og censor, men censor kan jo sidde med et helt andet billede af det du skriver, og vil et helt andet sted. I: Ja, der er også en tolkningsproces der, der kan gå galt
Reference 6: 3.76% coverage
I: Men jeg er lidt nysgerrig på, at det du sagde det der med, at vi måske ikke er så tolerante i Danmark, som vi tror. Er det i forhold til patienterne, eller er det i forhold til de andre danske kollegaer på afdelingen, eller? R: Jamen, det er hele vejen rundt, altså, det er jo bare mine erfaringer, og jeg tænker at region midt er en kæmpe stor arbejdsplads, og på afdelingen har 10% af medarbejderne fået at vide, at nu kommer der en ny kollega, så tænker de jo, fedt, så kommer der en at hjælper os, men det jo i virkeligheden en kollega som, jamen undskyld min analyse, men er på niveau med en vietnamesisk bådflygtning, altså, de kommer til et land, hvor de intet forstår, og de starter bagud, og kollegaerne forventer egentligt at de er foran, når der kommer en ny læge, og når det en speciallæge der har fået autorisation, og de kan bare gå ind at rydde tavlen, og orden det hele, og nu kan de puste ud og sige, at nu er vi med, men det er de ikke. De får, med alt respekt, en studerende eller en praktikant, der skal til at have arbejdskulturen, hele vores danske sundhedsvæsen og sundhedsstyrelsen måde at gribe tingene an på, folk arbejder forskelligt og har forskellig arbejdsmoral, arbejdserfaringer. Tyske sygeplejerske, kan jeg prøve at bruge historien med, for nogle få år tilbage, der måtte sygeplejersken jo ikke selv fortages sig noget, ikke ønske noget, ikke gøre noget aktivt. Hun gik bag ved lægen til stuegang og sagde alt, hvad jan skulle. I dag er det sygeplejersker der leder en afdeling, lægen har ansvaret, og de går på kurser, så der er jo et arbejdskultur-clash.
Reference 7: 0.71% coverage

I: Så der er nogle forventningsafstemninger, som er i mitch-match R: Vigtige, men dem får man bare sådan skøjtet til side, fordi nu har tænker man, at man har brugt 300.000, lad os sige det på at få en speciallæge, og han kommer fra et europæisk land og han har en kittel på, sæt i gang. (begge griner)
Reference 8: 1.63% coverage
I: Nej, så famler man i blinde. Så det er mere noget med, at de forventer, at der er nogle problemer på grund af nogle kulturforskelle mere end det egentligt er en mistillid til deres kompetencer? R: Ja, men det bliver jo til, i og med, at man virker valende og afventende, og jo ikke helt kender sproget og kutluren, og de uskrevne regler og så videre og så videre, så fra at det fra at være noget afventende, så går det til at blive et irritation, og noget småracisme, I: Ja, og hvis man har haft en dårlig oplevelse med en udenlandsk læge, så er det måske også nemmere, at sige "åh, nu kommer der en mere, eller". R: Ja. I: Og lave den slutning, det kan man jo ikke fortænke nogen i at få det sådan.
Reference 9: 2.57% coverage
hvis du går til udenlandske læger, så har du en helt anden patientforståelse, og patienter har også stadig på andre måder end i Norden, og en anden forståelse af, hvad lægen kan, (yes), vi har sådan en begreb i den danske sundhedsvæsen om, at man som patient skal være md til at finde ud af, hvad man fejler, og især patienter fra Mellemøsten har rigtig svært ved den, fordi når de kommer til læge, så er han jo lige under Allah eller sådan noget, og så får de, lidt karikeret igen, de får en behandlelig af lægen, man får noget medicin, man får det der compliance, man bliver helbredt, men mange, den danske behandlingskultur er jo sådan afsøgende, finde ud af, og hvad er det for en person, hvordan ser vedkommendes sociale sammenhæng ud, altså selvfølgelig, hvis benet er brækket skal det selvfølgelig syges sammen, men ved andre skal man jo lave en bredspektret undersøgelse, og der er der både fra patientmæssig sig og lægemæssig sige forskellige forståelser altså afhængig af uddannelsesbaggrund, kultur, hvor man kommer fra, arbejdspladskultur, regime man kommer fra.
Reference 10: 1.93% coverage
Ved du noget om, der er nogle patienter, der nægter at blive behandlet af udenlandske læger? R: Ja, altså det ved vi ikke, for det bliver ikke registreret, men vi har. Nogle sager men nogle andre medarbejder, f.eks. bioanalytiker, der gerne vil bære tørklæde, og andet. Så jeg ved ikke, hvor det bliver opgjort, men jeg kunne godt forestille mig, at der var. Vi har også haft nogle udenlandske læger, der blandt andet, med nogle engelske læger, der førte til en afskedigelse, fordi han ikke ville behandle en patient fordi man kunne se, at denne var fra en lavere kaste (Nå), og du siger måske, nå, men sådan er det måske i deres system, og ikke i Danmark. Der står der i lægeløftet, at uanset hvordan vedkommende. Det er for at trække den ud i ekstremerne, men det det hændte, og det blev altså en til disciplinærsag.
Reference 11: 0.36% coverage
I: Nå, der er også lægemangel i Tyskland? R: Det er der nemlig, hele Centraleuropa er der lægemangel, og der er derfor, at man skal til ud imod Østeuropa
Reference 12: 1.87% coverage
for vi bruger jo sådan nogle talegenkaldelses robotter, der er ikke lægesekretærerne mere, så når en læge sidder at diktere, så hvis der bare er den mindste fejl i udtalen, så kommer der bare kludreord ud, og hvos jeg sp spørger, jeg havde sådan en kursus for lægesekretærer omkring kulturforståelse, så kom vi ind på det, og så sprang lokalet i luften. De skulle bare sidde at bruge rigtig mange timer på at sidde at omdanne sådan noget kludre-dansk til noget andet, og det bliver, selvom lægen er dygtig, så bliver det ti dyb irritation, fordi de har travlt nok i forvejen, og nu troede de, at de havde fået en læge, der kunne fikse det hele, og nu skal de bare sidde at oversætte det hele, så du kan høre, at bunken af ulemper er faktisk større end bunken af fordele efterhånden. (vi griner)
Files\\Transcription_Hanne

1 reference coded, 0.24% coverage
Reference 1: 0.24% coverage
H: Nej, okay klagede men jeg fik ikke noget ud af det. S: Er det rigtigt? H: Ja. S: Nå, hvad sagde de til det?
Files\\Transcription_a/Mary
6 references coded, 7.85% coverage
Reference 1: 1.20% coverage
M: Jamen, vi rekrutterer både udenlandske læger od sygeplejersker, og vi gør det ikke i stort omfang, men vi gør det, når vi ikke har kvalificeret ansøgere nok til de stillinger vi slår op. S: Okay, så det er, hvis der ikke er nok danske? M: Ja, det er af nød. S: Ja, jeg kan jo høre, at der er mangel på specialiseringer, specialiserede læger, og selvom der er flere der bliver uddannet, så går der jo lidt tid før de er færdige. M: Ja, der går lang tid før de er speciallæger, og det er svært at trække dem, altså det er jo ikke os, der lider mest under det, det er jo de sygehuse, der ligger langt fra de store byer.
Reference 2: 0.46% coverage
S: Ja, det kunne jeg godt forestille mig, og jeg snakkede også med dem i Aarhus, og det lød ikke på dem, at de rekrutterede ret mange udenlandske læger. M: Nej, de har ingen problemer, men det har de jo i Sønderjylland og Nordjylland.
Reference 3: 1.16% coverage
S: Okay, det er ret nemt for dem at omstille sig? M: Altså, vi ansætter jo ikke nogen vi ikke mener kan det der, fordi der kan jo være arrogante læger nok, men dem gider vi jo ikke at ansætte. S: Nej. M: En sjælden gang i mellem kommer man jo ud fra, at en eller anden fra de tredjeverdenslande, hvor lægerne er virkelig et godt stykke over vorherre, og der er der kan være nogle udfordringer med at kommunikere ordentligt med patienterne, men det er jo ikke nogen vi rekrutterer, vi har en gang imellem nogle, der måske giver en evalueringsdeling, men det er jo ikke nogle vi rekrutterer.
Reference 4: 1.44% coverage
S: Ja, jeg men altså jeg er jo heller ikke ude på at være træls eller at presse nogle, jeg er bare nysgerrig på at høre, for jeg havde jo tænkt, at de danske hospitaler er rigtig gode til at integrerer de udenlandske læger, og gør sig rigtigt umage, og det er også det indtryk jeg har fået, når har snakket med dig, og hende i Aalborg, og det passer godt ind i den hypotese jeg sådan har. M: Men det ved jeg ikke helt om er rigtigt, for der er jo mange hospitaler, man kan jo sige, jo mere presset de er jo svære er det jo nok. S: Ja, selvfølgelig men altså jeg har ikke haft mulighed for at snakke med alle hospitaler. M: Har du snakkede med nogle af den udenlandske læger, der har været i Danmark et stykke tid? S: Ikke endnu, men det skal jeg.
Reference 5: 2.53% coverage
M: Ja, for det bliver jo interessant, for jeg er jo nærmest den eneste i Danmark, der er ansat til det jeg laver, og vi tager os rent faktisk meget af dem, har en plan og en strategi, men der er jo mange der ikke engang bliver hentet i Billund lufthavn, når de kommer, men selv må tage en bus til et eller andet sygehus langt væk, og jeg ved ikke, hvor godt de bliver taget i mod, og hvor godt de bliver integreret. Jeg tænker, at vores koncept gør, at vi har hånd i hanke i dem fra starten, hvorimod, når man betaler for, at de lærer dansk på forhånd, så har man nogle andre forventninger, og når man har betalt så mange penge, så forventer man også, at de kan indgå i vagtlaget fra dag 1, og det kande ikke, og så er det frustrationerne virkelig begynder at blusse op, og der tro jeg virkelig, at de føler sig, de har jo brugt 5 måneder – halvt år på at lære dansk, og afdelingen har betalt en helveds masse penge, og så den udenlandske læge tror, at de kan dansk og så kommer de til at dansk sygehus, og fatter overhovedet ikke, hvad patienterne sige, det kunne f.eks. være i Sønderborg, hvor de snakker lidt dialekt, og afdeling har betalt mange penge, og tænker, at nu er de klar til at gå i vagt, og nu skal vi have dækket vores vagtlag, og sådan, og så opstår frustrationen fra begge sider.

Reference 6: 1.05% coverage
M: Ja, altså jeg har hørt om en, der tog hjem efter q14 dage, fordi de slet ikke behandlet hende ordentligt altså, den ledende overlæge sagde, hverken goddag eller noget til hende. S: Nå, hold da op, men jeg tror også, at du har ret i, det du siger med, at nogle regner med, at nu kommer der en læge der kan dansk her, og nu skal de bare i gang, og for nogle kan det måske godt ligne, at det er fordi, at lægen er ukvalificeret eller dårligere uddannet, men det er det jo ikke nødvendigvis, så den usikkerhed på dansk kan godt tolkes som

Appendix 3: Statements outside (patients)

Files\\Transcription_e/Beatrice
9 references coded, 17.74% coverage
Reference 1: 1.19% coverage
og så fik jeg henvisning er til en læge, og det her så her for første gang, at lægen kommer ind i billedet, og det var sådan en læge, der var udenlandsk, og var jeg ikke frustreret så blev jeg det, og jeg takker min skaber for, at jeg havde taget Kristina med, for altså, for jeg kunne slet ikke forstå, hvad han sagde, overhovedet, og så gebrokken var han.
Reference 2: 0.51% coverage
S: Ja, det var sproget du ikke forstod? B: Det var, han havde lært, at snakke dansk fik jeg at vide, men det var så gebrokken, at du kunne ikke forstå det.
Reference 3: 1.85% coverage
S: Oplevede du, at han tog hensyn til det, når I så gav udtryk for, at I ikke forstod det? B: Nej, fordi Kristina prøvede sådan på at sige til ham, prøv at hør tal lidt langsommere, fordi jeg sad jo at gav mig til at græde til sidst, og så sad han bare, at fortalte mig om, at jeg kunne blive opereret, men det vil nok ikke engang, jeg ville kunne få sat sådan en pose ind og det var sket ikke sikkert, at det blev bedre, det kunne være, at det blev værre, og de smerter kunne man ikke bare tage væk, som man kunne nu med medicin, hvis jeg fik sådan en pose sat ind.
Reference 4: 1.00% coverage
S: Kan du huske, hvad for nogle følelser du sad tilbage med der? B: Ja, det kan jeg sagtens, jeg sad tilbage med, hvor er det her bare overladt til mig selv, og hvor er det her bare, sådan jeg synes ikke, at jeg kunne kende mit eget land mere, for sådan havde jeg aldrig oplevet sundhedsvæsnet før.
Reference 5: 3.73% coverage
S: Og du blev ikke hørt? B: Nej, jeg blev ikke hørt, og jeg blev meget modløs af det, og så næste gang vi skulle derind, så kom der en sygeplejerske, da jeg skulle derind, og der var Kristina også med, for der ville jeg have hende med, og så siger vi til sygeplejersken, ved du hvad? Er det en udenlandsk læge, for jeg kan næsten ikke forstå, hvad de siger, og min datter kan næsten heller ikke, og så svarede den her sygeplejerske, ved du hvad hun svarede? Vi er gået videre med det, for der er mange andre, der har klagede over ham. S: Andre patienter også? B: Ja, andre der skulle ind til lægen over, at vi kan ikke forstå, hvad det er han siger, og det kan ikke nytte noget, at man så bare kører videre og videre, det ville være det samme som, hvis jeg kom til at tale med en fra Tyskland, og så vedkommende bare bliver ved med at tale tysk, og jeg siger, at jeg kan ikke forstå, hvad du siger, så jeg gik derfra og var utroligt frustreret, men samtidig også lettet, efter den udmeldingen fra sygeplejersken, for jeg hører, hvad du siger, og der er andre, der har haft det på samme måde og har sagt det samme til os.
Reference 6: 2.83% coverage
S: Så det var hans sproglige evner du var utryg ved, og ikke hans faglige kompetencer? B: Den sidste jeg var der derude, altså han vidste godt, hvad han snakkede om, det kunne jeg høre, han var læge, men han forstod ikke at komme med alternativer, og så snakkede han bare videre, når man

sådan prøvede at stille ham spørgsmål om, hvis man nu gjorde sådan her, og sådan, det var enten gør du sådan her som jeg siger, eller så er der ikke noget at gøre. S: Så kommunikationen, der var noget helt galt med den. B: Fuldstændig, amen det var sådan han gjorde, og så snakkede han videre på hans gebrokken dansk, og så Kristina blev ved maile, for sådan at komme ind til ham på flere kanter, men det var "sådan her kan vi gøre for din mor, eller så kan vi ikke gøre noget", og det var enten den her operation jeg anviser nu, eller så er det ingenting.
Reference 7: 2.63% coverage
S: Ja, det er jo godt nok noget af en hård omgang. B: Det må man sige, men det er sådan, at det har været med de udenlandske læger, så jeg kan desværre ikke sige noget pænt om det, for jeg har haft en forfærdelig oplevelse. S: Ja, det kan godt høre, og det kan jeg godt forstå. Det må have været meget utrygt for dig. Oplevede du, at han havde et andet syn på patienter end danske læger har? B: Ja, altså han var lægen, og vi snakkede ikke lige overfor hinanden. Jeg var patienten, så jeg skulle bare høre, hvad han sagde. S: Jeg snakkede med en, der HR-konsulent for Region Midt som står for rekrutteringen af udenlandske læger, og han sagde, og det var lidt sjovt og præcist tror jeg, at der er jo nogle af de læger, der kommer og tror, at de er lige under Allah. B: Ja, lige nøjagtigt.
Reference 8: 1.97% coverage
det her havde jeg ikke sådan prøvet før, samtidig med at jeg skulle slås med en mand, jeg knap nok forstod hvad sagde. Og vi prøver at sige til ham, prøv at tal lidt mere langsomt, prøver Kristina at sige til ham, men det var sådan her, jeg er lægen, du er patienten, så vi gik bare til sidst, og jeg var virkelig ked af det, men vi var så nødt til at finde på noget andet, og det gjorde vi, og det var at starte helt forfra, og det har jeg gjort. Det var været hårdt, nu er jeg så begyndt at tage på, og jeg synes selv, at jeg ligner en trummel, men alle dem jeg møder siger, at det gør du jo ikke.
Reference 9: 2.02% coverage
S: Og den her oplevelse du har haft, kommer det til at betyder noget fremtidige lyst til at have med udenlandske læger at gøre? B: Jeg vil i hvert fald lige løfte øjenbrynet, og have den kritiske sans meget, meget fremme næsten gang. Indtil jeg lige finder ud at tage bestik af, hvad det er for et menneske jeg sidder overfor. S: Ja, du skal lige mærke ham lidt an. B: Ja, det skal jeg. S: Din tillid er blevet rystet lidt. B: Det må jeg sige. (Jaer). Jeg vil i hvert fald sige, at efter de her oplever med læger i det hele taget, så har jeg godt nok ikke den autoritet overfor læger, som har haft en gang.
Files\\transcriptionl/Erik
10 references coded, 22.60% coverage
Reference 1: 1.47% coverage
S: Okay, det var fint. Ser du nogle fordele ved, at vi har udenlandske læger i Danmark? E: øh, ikke som udgangspunkt, men hvis der ikke er nok til at udfylde stillingerne, er der en fordel igennem, at vi får nok læger, men altså, ikke udover det.
Reference 2: 1.65% coverage
min forældre var lidt mere presset, eller, hvad man kan kalde det, fordi der var også travlt, og jeg sad ude på gangen, eller jeg lå ude på gangen i en seng, så det var generelt en lidt presset situation, jeg tror, at de havde travlt, men jeg synes, at interaktionen var fin nok.
Reference 3: 0.64% coverage
S: Og du følte også, at han hørte, hvad du sagde? E: Ja, mine forældre følte ikke, at han hørte, hvad de sagde
Reference 4: 2.59% coverage
S: Det var bare fordi, at det var dig, der var patienten sikkert. Så, i din optik, er der nogle klare ulemper ved, at der er udenlandske læger? E: Altså, jeg kan godt se, at der kan være problemer i kommunikationen, når der er en sprogbarriere, hvis enten lægen ikke kan dansk, eller patienten ikke kan engelsk, øh, så kan jeg godt se, at det kan skabe en utryghed, og sådan noget, men rent fagligt ser jeg ikke sådan nogle ulemper.

Reference 5: 1.52% coverage
Baserede på, hvordan min forældres interaktion var med ham, så var problemer med kommunikationen, øh, ja. S: Fordi de ikke forstod det? E: Ja, jeg tror måske lidt, at de følte, at de ikke stolede på, at han vidste, hvad de sagde, hvis det giver mening?
Reference 6: 2.45% coverage
S: Okay, ja, ja. Det giver jo også god mening, hvis de føler, at der er travlt, så kam det være svært at se om det er kvalifikationerne, der halter eller om det simpelthen er på grund af tidspres. E: Ja, præcis, præcis for hvis han er lidt kort for hovedet, eller et eller andet, så kan det være svært, at se om det er svært at se om det var fordi han ikke forstod, hvad du sagde eller fordi, at han bare havde travlt.
Reference 7: 2.38% coverage
S: Ja, og jeg har snakkede med ham Anders, der sidder i RM, og han sagde, at de danske læger kommer nogle gang til at tolke de udenlandske lægers usikker på sproget og tilbageholdenhed, som inkompetence. E: Ja, ja, præcis. S: Og det kan jeg da godt forstår hvorfor, det kan slås sammen, men det var ikke den oplevelse, du havde? E: Øh, nej. Ikke personligt, men mine forældre havde det sådan lidt.
Reference 8: 4.33% coverage
S: Ja, men hvad sagde de om det bagefter? E: Jamen, de var sådan. Generelt synes de ikke at oplevelsen var særlig god, hele oplevelsen, både med at der var travlt, og vi blev sendt hurtigt hjem, og de følte ikke rigtig, at de var klædt på til at komme hjem med mig, jeg var jo stadig sengeliggende, og som en del af det, kan jeg huske, at de snakkede meget omkring, at det var også en udenlandsk læge, og han havde ikke helt rigtig styr på, hvad det var vi sagde til ham, og den information vi gerne vil have. S: Så det lyder mere som om, at det var dem, der havde lavet den misforståelse, at dårlige sprogkompetencer. E: Ja, hvor det ligesom var en stor faktor i det, og min tanke var hovedsageligt, at det var fordi, der var travlt.
Reference 9: 2.98% coverage
S: Det er lidt sjovt, for det er mit indtryk, at det er ret svært for danskere at forstår dansk, når udlændinge snakker det, for vi er så lille et sprog, og der er ikke mange andre, der lærer det. E: Ja, så kan det godt være, at de siger noget, der grammatisk korrekt, men det er ikke sådan man siger det, eller sådan noget. S: Nej, og det var det samme med Prins Henrik. Han var jo egentligt ret godt dansk, men hans udtale var ikke så god, og han lagde trykkene forkert. E: Så synes vi jo, at han lyder dum.
Reference 10: 2.60% coverage
S: Ja, det er for det, så derfor kan det være rigtig svært tit at finde ud, af er det sproget eller er det kompetencerne. For mange af dem får jo bare autorisation i Danmark, fordi deres faglige kompetencer er niveau med vores. Så det er sådan lidt sjovt. E: Jamen, jeg kan godt se, at det kan være svært at fremstå som ekspert på et område, som man ligesom skal have formidlet noget, hvis det er danskere, der har en indstilling som det.
Files\\Transcription_Hanne
11 references coded, 18.56% coverage
Reference 1: 2.23% coverage
g så er det jo så, at de første gange jeg har været deroppe, der møder jeg ham den udenlandske læge, men han er bare uforstående, og kan ikke forstå, det passer ikke, der kan ikke være noget nedenunder foden, og det kan ikke passe, at det gør ondt, og så og jeg sidder at tuder på gangen, og sygeplejersken kommer ind til mig, og jeg skal faktisk med bussen. Jeg tror faktisk, at jeg bliver kørt til Randers, men så skal jeg tage bussen hjem, men jeg kan simpelthen ikke overskue at komme ud til bussen, for jeg kan ikke gå på den fod, for det gør sindssygt ondt, og den sygeplejerske er så ude ved mig, og så ringer jeg så op til dem rigtig mange gange, hvor jeg så kommer op til nogle

kontroller, men der er det så, så bliver det så til, at det ikke er ham jeg får, der får jeg så en anden læge, så får jeg overlægen, så tænker de jo nok, at der et eller andet, nej aller først giver han mig faktisk sådan en komprimerende forbinding på. (Hun forklarer mig, hvad det for en forbinding)
Reference 2: 2.20% coverage
S: Hvad så du som den største udfordring i interaktionen med den udenlandske læge. Var det sproget, var det kulturen eller var det måden han behandlet dig på? H: Jeg tænkte, det jeg tænkte var noget med, at han ikke havde forståelse for, han sagde, den måde, jeg havde en fornemmelse af, at han ikke troede på, at jeg havde ondt, men det kan jo godt være, at det har noget med sproget at gøre, og at han ikke forstår nogle ting, at man ikke ja, at der er nogle ting, der svipser der, men det var i hvert fald min vurdering, at jeg synes ikke, at han forstod, hvad jeg sagde, og at jeg sådan blive været af, og det var jo derfor at sygeplejersken sad ude ved mig, da jeg sad at græd derude foran, men det tænkte jeg på, det var sådan jeg havde det, og det var jo ikke for sjov, at jeg kom der, og at mega ked af det, og ikke kan gå og ikke kan noget som helt og det gør mega ondt, og jeg kom faktisk derop for at sige, at det punkt under foden jeg havde ondt i efter operationen,
Reference 3: 1.76% coverage
S: Ej, det går jo heller ikke. H: Nej, det gik jo heller ikke, men det forstod han ikke, når jeg sådan siger, og det er jo klart, at det er nogle nerveender, der på en eller anden led, når man så hører lidt om det, så tænker man, at det er nogle nerveender, og det tror jeg ikke, at han forstod, det der med, han kunne i hvert fald ikke forklare mig, det var mig selv, at det skulle rende at tænke det, og jeg skulle selv tænke på, at sætte alt det der på med det tape. S: Det må have meget utrygt. H: Ja, det var mega utrygt, at man på den led ikke føler sig forstået, eller kan få en forklaring på hvad det kan være heller, fordi det er jo også smart at vide, det er ikke noget, sådan er det bare, jamen min hud falder altså ikke sådan af på resten på resten af kroppen (begge griner).
Reference 4: 1.47% coverage
H: Det er nemlig det, det er nemlig det. Jeg kunne i hvert fald heller ikke komme igennem med, at det gjorde ondt, for det kunne jo ikke passe, den måde jeg blev mødt på, at det passer ikke agtigt, jamen, jeg kommer sgu ikke for sjov, jeg gider ikke at løbe på hospitalet for sjov for at sige, at det her gør ondt, og det som skulle blive godt er pludselig noget værre lort, det er jo ikke for sjov, at jeg kommer herop og siger til jer, hallo, der er noget her som det ikke er som det skal være, og det kan godt være, at I ikke kan gøre noget ved det, men hvad er det altså, fordi så er man jo interesserede i hvad er det, og hvad er mine udsigter lige nu.
Reference 5: 0.66% coverage
S: Så du oplevede faktisk, at han ikke kunne diagnosticere dig? H: Ja, ja. Det oplevede jeg. Jeg er faktisk diagnosticerede, aller først bliver jeg opereret det den 10/3, og jeg ved, at en gang i juni sidder, at jeg græder helt vildt hos min egen læge, fordi der ved jeg simpelthen ikke,
Reference 6: 0.79% coverage
S: Så du oplevede også, at han havde et helt andet syn på dig som patient end din danske læge havde? H: Ja, jeg oplever, at han udførte det der, og så hørte han ikke på mig, når jeg kom at sagde til ham, at min praktiserende læge hørte efter og sagde, at det var noget der skulle ordnes, og vi må se, hvad det kan være, fordi sådan skal man ikke have.
Reference 7: 2.85% coverage
S: Nej, men jeg tror, at i Danmark er lægerne gode til at inkludere patienterne. Okay, hvad tror du, der er galt, og kan du se en løsning på det her? Og så præsenterer de ofte flere alternativer og så må vi prøve os frem, hvor jeg kan høre, at de udenlandske læger er mere: Den her vej, eller igen vej. H: Det er jo det, ikke også? For jeg tænker, at hvis jeg ikke var kommet til en udenlandske læge, men til en dansk læge, så kan det godt være, at den danske læge havde sagt: ”Øh, Helle vi kan godt operere, men du skal gøre op med dig selv, om du kan holde ud en skinne. I stedet for, og så kan du godt gøre de samme ting, bare du har skinnen på” i stedet for at blive opereret, for jeg er jo også

blevet opereret i korsbåndet, og jeg er også blevet opereret i skulden, så det er ikke fordi, at de ikke har været inde at rode i mig, så tænker jeg, at man måske har haft en dialog i form af, jamen det kan godt være, at det ikke smart, at vi skal ind at rode i dig igen, fordi vi har været inde at gøre nogle ting, og røre ved nogle knogler og ting, så det tænker jeg, at igennem den dialog har jeg kunnet gøre det op på den måde, men sådan var dialogen ikke, dialogen var sådan her: Der er to forskellige operationer, det er det, der kan gøre ved det her. Og ikke andet.
Reference 8: 3.05% coverage
hvad du tænker om dit fremtidige møde med udenlandske læger, hvis det har en betydning? H: Det betyder, jeg tænker, at det betyder, at så skal lige have en second opinion, hvis der skal ske et eller andet, som ville være en dansk læge, fra en snak med en dansk læge, det tror jeg, at det vil komme til at betyde, hvis jeg står foran en, hvis det er en udenlandsk læge, der står. Og nu har jeg det jo meget sådan, at der er ikke nogen, der skal pille i mig, jeg tør ikke tage på skitur, der er flere ting jeg ikke tør, jeg ved godt at jeg cykler, men der er nogle ting jeg ikke tør, fordi hvad nu hvis jeg kom til skade. Fordi det jeg har kan man også få alle mulige andre steder. Altså, da jeg væltede på cykel og brækkende hånden, der var jeg pisse bange for, at det skulle ske igen, men der skulle de heldigvis ikke ind at rode, der skulle der bare noget gips på, så på den led skal jeg i hvert fald være helt sikker på, at det er det rigtige, der kommer til at ske, for man kan sige det han har lavet, man kan ikke klage på det ledbåndsting, der er lavet, det er ikke sådan jeg vrikker rundt, jeg kan sagtens vrikke tilbage igen at vrikke rundt, så selve håndværket har han gjort godt nok, men måske skulle det slet ikke have været lavet tænker jeg, eller det skulle ikke have været lavet. Men selve håndværket har han gjort godt nok tænker jeg.
Reference 9: 2.12% coverage
men der hører jo også alt det andet til, altså netop det med samtalen, der skal man i hvert fald være sikker på, at der er nogle sygeplejerske, nogle som kan hjælpe til med, at tingene bliver sagt, sygeplejersken kan jo f.eks. ikke i mit tilfælde gå ind at gøre noget eller sige, at hvis du nu har en skinne på, det kunne hun jo ikke, fordi der er lægen jo alligevel højere i hierarkiet, det er jo dem der bestemmer, men det er jo i hvert fald, at det er skidt, hvis man ikke får det hele med, fordi man ser forskelligt på tingene og er opdraget til at se forskelligt på tingene, og om hvordan sådan noget skal løses, jeg tænker at i Danamark der går alle jo ind for lighed, og man tager til lægen og lægen snakker jo med en og hører på en, om hvad nu og danner sig et helhedsbillede af, hvad man er for en størrelse, og hvad kunne være bedst til vedkommende. S: Ja, man er ikke bare en sygdom, der kommer ind og en diagnose, der skal ud.
Reference 10: 0.24% coverage
H: Nej, okay klagede men jeg fik ikke noget ud af det. S: Er det rigtigt? H: Ja. S: Nå, hvad sagde de til det?
Reference 11: 1.19% coverage
Men det er jo ikke, ikke sådan, det er meget simpel dansk tænker jeg, og det er selvfølgelig også derfor, at det bliver svært, når der er nogle komplikationer, kan man sige efterfølgende, det kan han jo indgå i, han kan ikke indgå i snakken tænker jeg, og det er derfor, tænker jeg, at han bliver koblet fra, og at det er ham den anden, der tager over, overlægen deroppe der kommer til at tage den, fordi hende den hysteriske kælling, når hun nu kommer igen, så det nok bedre, at det er er en anden, der tager den, ikke?

Appendix 4: Statements within (patients)

Files\\Transcription_e/Beatrice
2 references coded, 4.36% coverage
Reference 1: 3.24% coverage

S: Men jeg vil lige tilbage til spørgsmålene, fordi du har snakkede lidt om det, og jeg tror også, at jeg er med på, hvad du svarer, men hvad tænker du generelt set, om at der kommer udenlandske læger til Danmark? B: Det skal jeg sige dig, det må de meget gerne, men de skal også lære dansk, og de skal lære dansk, så vi kan forstå det. Og de skal have et øre for, hvad et er vi som patienter sidder at siger til dem, fordi vi skal immervæk åben os for et menneske, som vi ikke kender og vise tillid, og hvis vi ikke bliver mødt med tillid igen, så bliver vi altså frustreret. S: Ja, det forstår jeg godt. Så det er deres sproglige kompetencer du er bekymret for, og ikke så meget, at de kommer fra et andet land? B: Det er jeg så ligeglad med, hvis altså bare, at de ville prøve at tale dansk, og høre hvad man siger til dem i stedet for at stå deroppe at sige, det er mig der er lægen, du skal bare høre efter, hvad jeg siger til dig, som om, at jeg er sådan en lille skoleelev.
Reference 2: 1.12% coverage
B: Jamen, det er vi, og det er også helt fint, at de kommer, de skal bare lære at sætte sig ind i, hvordan vi er i det her land, og så lære at tale dansk, og dansk så vi kan forstå det. Det er jo vigtigt det job de har, når de har med andre mennesker at gøre, især når vi ikke har det så godt. S: ja, der er man især sårbar. B: Ja, det er man altså.
Files\\transcription_1/Erik
6 references coded, 11.13% coverage
Reference 1: 1.31% coverage
S: Nej, men jeg tænker, at det giver noget mere frihed, at man har ret til arbejde i nogle andre EU lande, E: Arh, på den måde. Generelt set synes jeg, at det er en god ting, at folk kan arbejde forskellige steder i Europa.
Reference 2: 1.85% coverage
S: Hvad var dine oplevelser med den her udenlandske læge? E: Ja, øh, jeg synes, at det var fint, øh, vi havde i noget, han skulle tage imod mig og forklare omkring gen optræning, og om hvad der ligesom skulle ske efter, og få udskrevet noget smertestillende og sådan noget, og det gik fint for mig, synes jeg,
Reference 3: 0.64% coverage
S: Og du følte også, at han hørte, hvad du sagde? E: Ja, mine forældre følte ikke, at han hørte, hvad de sagde
Reference 4: 2.59% coverage
S: Det var bare fordi, at det var dig, der var patienten sikkert. Så, i din optik, er der nogle klare ulemper ved, at der er udenlandske læger? E: Altså, jeg kan godt se, at der kan være problemer i kommunikationen, når der er en sprogbarriere, hvis enten lægen ikke kan dansk, eller patienten ikke kan engelsk, øh, så kan jeg godt se, at det kan skabe en utryghed, og sådan noget, men rent fagligt ser jeg ikke sådan nogle ulemper.
Reference 5: 1.08% coverage
S: Er det holdninger du har baseret på den læge? E: Nej, det er selvfølgelig et godt spørgsmål? Nej, jeg synes, at han klarede det fint, jeg synes, at han klarede det godt som læge.
Reference 6: 3.66% coverage
S: Men du er ikke betænkelig ved at skulle behandles af en ny læge i fremtiden? E: Nej, slet ikke, overhovedet ikke. S: Det var godt, og du oplevede heller ikke, det har vi talt lidt, om på dig end de etnisk danske læger normalvis har? E: Det oplevede jeg ikke, jeg tror måske også, at det forskelligt fra land til land, hvilken kultur, der lige er, hvor ja, i DK er vi måske lidt mindre autoritetstro, eller i hvert fald lidt mere skeptiske overfor autoriteter, på den måde, men nej, det oplevede jeg ikke, nej. S: Han havde på en eller anden måde fået den danske mentalitet ind. E: Ja, det virkede fint synes jeg.
Files\\Transcription_Hanne/
3 references coded, 2.13% coverage

Reference 1: 0.29% coverage
H: Det har jeg ikke, men jeg tænker, at når ja, men hvis man har mangel på læger, så er det jo fint, at de kan udføre et håndværk,
Reference 2: 1.27% coverage
H: Altså, jeg har jo også oplevet det med danske læger, der på samme vis kan gøre det, det har jeg jo de gange jeg er blevet opereret, der er vi jo som mennesker forskellige, og der er jo også danske læger, der overruller og siger, at det er sådan her det er. S: Jo, jo, der sker jo misforståelser alle steder, hvor der er mere en et menneske, og jeg kan forstå, efter at jeg havde snakkede med hende, der sidder i HR-afdelingen i Aalborg, at inde ved patientklagenævnet, der er ikke overtal af klager over udenlandske læger i forhold til danske læger.
Reference 3: 0.58% coverage
Men jeg glemte at spørge, var han nem at forstå, sådan rent sprogligt? Kunne du forstå hans dansk? H: Mhh... Ja, det kunne jeg godt. Det meste af det. Men det er jo ikke, ikke sådan, det er meget simpelt dansk tænker jeg, og det er selvfølgelig også derfor

Appendix 5: Statements within (Doctors)

Files\\transcription_DV
8 references coded, 18.26% coverage
Reference 1: 4.15% coverage
S: Okay, godt. Og hvad var jeres motivation til at flytte til Danmark? V: Vi havde for lidt tid til vores familie og børn, vi ville nyde mere i livet, så vi læster meget om mange lande omkring os i Europa, og da vi læste om Danmark, troede vi, at det ville være en god løsning for os. S: Fordi? V: Fordi Danmark understreger meget familie og familieliv, og fritid man kan bruge til familie, og så har jeg læst, at Danmark passer rigtig meget på børnene, og det er meget vigtigt for mig. D: Og det er ligestilling mellem mænd og kvinder, og vi har (V: to) D: tre Queens med mig, så her er det den bedste mulighed for dem for at udvikle sig i et samfund der respektere kvinder, og kvinder har samme mulighed som mænd. V: Ja, og også om, at vi som læger man udvikler sig godt i DK, og der er god balance mellem privatlov og det professionelle liv. D: Ja. S: Ja, worklife-balance som vi praler så meget af. DV: Ja. D: Også en høj kvalitet af arbejde i Danmark, vi har mulighed for at arbejde bedre end i Kroatien. V: Så vi tænkte meget på hvor skal vi flytte, vi har besluttet og vi læste meget, vi læste i næsten et år om hvor skal vi flytte, så det var ikke en hurtig beslutning, og vi tænkte meget på det. S: Ja, det kan jeg godt forstå. Det er jo også en stor forandring, så det har betydet meget for her, at I har mulighed for at flytte og arbejde i et andet EU-land.
Reference 2: 0.60% coverage
S: Selvfølgelig. Så det gav jer mulighed for at leve det liv I gerne vil leve. V: Ja. S: At I har haft frihed til at flytte hen, hvor I havde lyst. DV: Ja. S: Og værdierne passer godt til jer. D: Ja.
Reference 3: 3.02% coverage
mine forventninger er, at jeg skal have en god arbejdsatmosfære, jeg har ikke brug for at have så mange venner fordi jeg har min familie, jeg vil selvfølgelig have nogle venner, men jeg har ikke brug for at møde mange personer, så vi skal have mange venner, min prioritet er at have en god arbejdsatmosfærer og have en god respekt mellem mig og mine kollegaer, og en rigtig god tid til at arbejde op arbejdet, og ikke at have for mange patienter, så man ikke kan fokusere på en patient, og man kan ikke gøre ting godt, og mine forventninger er god arbejdsatmosfære og en chance til at arbejde, en god worklife-balance. S: Hvad tænker du Vladimira, er det det samme? V: Ja, fordi vi arbejdet på samme afdeling, så vi havde samme problemer på arbejdet, og det var et stort samfund på vores hospital, og mange mennesker var meget nervøse, og jeg synes fordi i Kroatien, har for meget at lave, og det er ikke et godt system, da vi har 60 patienter hver dag, og det er alt for meget.

Reference 4: 0.46% coverage
V: Ja, så du er for træt, når du kommer hjem, og når du er på arbejde, føler du nervøsitet. S: Det får man ondt i maven af. V: Ja, så det er ikke et godt liv.
Reference 5: 1.63% coverage
S: Ja, og I har ikke været i kontakt med hospitalet efter I flyttede til Danmark? V: Vi skal have hovedsygeplejersken, Annette, skal komme på besøg i dag klokken 15, jeg skrev til hende, at vi er her, og at vi er ankommet, og hun skrev, at det de er meget glade for, og at de gerne vil hilse på os. S. Så I føler jeg velkomne? DV: Ja. Og det var det samme under midtvejsbesøget? V: Ja, vi havde en rigtig god tid. D: Og dem første gang vi her til interview var der en rigtig god atmosfære, og vi kan godt lide alle mennesker vi har mødt.
Reference 6: 1.84% coverage
V: Jeg vil gerne forberede mit dansk, fordi jeg tror, at det meget vigtigt, at snakke godt sprog, så patienterne kan føle sig trygge. S: Men hvad forventer du er dem af patienterne? Forventer du, at det bliver nogle gode og at det er nemt at snakke med dem, eller? V: Det ved jeg ikke. D: Det kommer an på hvordan patienterne snakker, for da jeg var på midtvejsbesøg, var der nogle patienter, hvor jeg kan forstå alt, men der var nogle patienter, jeg ikke kunne forstå. S: Det er også fordi det er i Sønderjylland, men i forventer, at det bliver nogle gode oplevelser, og at I får mere tid. V: Ja.
Reference 7: 4.74% coverage
D: Ja, det er forskellige mennesker, og der er altid mennesker du kan snakke godt med, der er tålmodige, og det forventer jeg, at mange danske patienter er, og der er mennesker, der ikke er så, der er nogle patienter vi skal have problemer med, men det kommer an på mennesket og ikke, hvor du arbejder. Det er var patienter i Kroatien vi havde problemer med. S: Ja, selvfølgelig. V: Ja, vi har i Kroatien nogle læger der ikke er fra Kroatien, de er mest fra Mellemøsten, og de snakker kroatisk, men ikke som en kroat, du kan høre, at de ikke er derfra, men du kan forstår dem, og det er ikke noget problem for dem, at arbejde i Kroatien, og jeg tænker at kroatisk også er et rigtig svært sprog, og jeg tænker, at de lærte kroatisk, arbejder i Kroatien, og patienterne kan forstå dem, of de kan forstår patienter, så tror jeg, at vi skal lære dansk godt nok. S: Ja, men det tror jeg også. Det får I igen problemer med. Har i oplevet noget, der har gjort jeg bekymret for enten at flytte til Danmark for at arbejde i Danmark? DV: Nej, overhovedet ikke. S: Det er jo dejligt. V: Ja, vi har kollegaer, og de kommer også fra Kroatien, og de bor i Sønderborg, og Danielle har boet her i 4, og Jana har boet her i 1,5 år, og vi har to kolleger i Aabenraa, og de har arbejdet her i 2 år, og de har ingen problemer, de er til tilfreds. Ikke i arbejdet, ikke i privatlivet. D: De er tilfreds. V: Vi forventer alt godt. D: Vi er ikke kompliceret mennesker, vi jan tilpasse rigtig godt, så jeg tror, at vi skal tilpasse os nemmere her end i Kroatien (griner)
Reference 8: 1.82% coverage
S: Og. I har oplevet, at hospitalet tager godt imod jer. DV: Ja, S: Og at sygeplejersken, er det oversygeplejersken. V: Hun er oversygeplejersken, hun er sød, og hun skrev til os færste gang vi var her, og anden gang, da vi skulle flytte til Sønderborg, at hvis vi havde brug for hjælp, så skal vi bare ringe og skrive. S: Arh, det må også være rart, og det skaber noget tryghed, eller? Ja, men de må jo også have nogle gode oplevelser med Jana og Danielle, er det det sammen afdeling, så de har det garanteret godt sammen, og så skal I jo bare være med i den flok. Det lyder hyggeligt. DV: Ja.
Files\\Transcription_b/Igor
3 references coded, 3.14% coverage
Reference 1: 0.50% coverage
I: De have tilbudt den bedste mulighed for udvikling for job, for min familie, det var sådan jeg havde bestemt, at jeg ville til Danmark. Fagligt og privatlivet også.
Reference 2: 1.08% coverage

I: Min forventning var, at jeg forventet i første omgang, at den stres jeg havde jeg på arbejdet ville blive mindre end i Ungarn, og det næste var, at mit privatliv ville blive lidt bedre på den tid på den måde, at jeg mere tid til familien, det var den største forventning til mit privatliv, jeg har arbejdet alt for meget i Ungarn sammenlignet med i DK i begyndelsen.
Reference 3: 1.56% coverage
I: Jeg vidste ikke så meget om patienterne i Danmark inden, men jeg har haft en god forbindelse med patinterne i Ungarn, så det var ikke. Noget stort problem, så jeg forventet, at jeg ville have en god forbindelse, og at det ikke ville være et problem, jeg skal arbejde på samme måde som i Ungarn med patienterne og var ikke noget problem i Ungarn, så der var ikke en stor forventning, men det er vigtigt, at vi skal forstå hinanden, og vi kommunikere på en måde sådan, at patienterne kan samarbejde med mig, det var det vigtige.

Appendix 6: Statements outside (doctors)

Files\\transcription_DV
1 reference coded, 1.60% coverage
Reference 1: 1.60% coverage
: Er I blevet introduceret for MUS-samtaler f.eks., og jeres videreuddannelsesmuligheder, har jeg hospitalet snakkede med jeg om det? D: Vu har snakkede lidt, men jeg tror, at det er vigtigt for os til at begynde med, at vi bare skal arbejde, finde ud af alle mulighederne, så når vi har det, skal vi tage skridt på skridt, for måske ville det være for meget for od at få det hele at vide på en gang. Vi ved om mulighederne for uddannelse videre, men vi har ikke snakkede med dem om nogle konkrete ting, men det skal vi.
Files\\Transcription_b/Igor
12 references coded, 35.78% coverage
Reference 1: 1.66% coverage
I: Vi kan ikke sammenligne dem, så det er ikke nogen fælles punkter, det er selve arbejdsmiljøet, det er selve livet mellem kollegaerne. I Ungarn der findes en russisk forhold mellem kollegaer, og der er også noget tysk, hvilket betyder, at vi har lånt fra Tyskland, den arbejdsmodel, så den ledende overlæge ved alt om patienterne og om at forbedre sygdomme, så det var diktatur på sygehuset, på afdelingen, og jeg skal gøre den behandling som han fortæller og ønsker, der var ikke nogen frihed i behandling, det er den største forskel mellem de to lande.
Reference 2: 0.63% coverage
I: I virkeligheden, jeg ved ikke om det kun var et problem i Viborg eller på den afdeling jeg var, det ved jeg ikke, men jeg har oplevet, at patienterne var meget konservative overfor mig som udenlandsk læge, og det
Reference 3: 3.85% coverage
I: Nogle af mine danske kollegaer og nogle af patienterne som har ikke accepteret, men næsten alle mine danske kollegaer havde problemer med min behandling som jeg havde tilbudt patienterne, men de 10-15% af patienterne, da havde et problem med den behandling, som jeg havde at tilbyde, så jeg fik et brev fra styrelsen fra patientsikkerhed, at de har undersøgt 20 patienter som jeg har behandlet, og vi har kun fundet 5, der de synes, at jeg ikke har behandlet som forventet som man behandler i Danmark, der var ikke nogen fejl, men de retningslinjer i DK og de rutiner som mine kollegaer gør anderledes end i Europa, og i begyndelsen jeg hørte ikke noget for det, jeg havde fremgang, som jeg er til vant til i Ungarn, men i løbet af de første par måneder, jeg havde læst retningslinjerne i Danmark, jeg fik ikke noget information af mine kollegaer, min ledende overlæge eller fra hovedafdelingen eller fra ledelsen, om hvordan jeg skulle gøre, men fik kritik i begyndelsen, men efter noget fik jeg fik lavet, hvad der skulle laves i DK, og i begyndelsen jeg fik

kritik, men jeg synes, at det var ikke korrekt, men det var ikke noget problem, jeg accepteret, og jeg har gjort, hvad der skal gøre i DK, men hvis du ikke ved, hvad reglerne er eller forventningerne i et land, så kan det være vanskeligt.
Reference 4: 2.08% coverage
S: Ja, selvfølgelig, så hospitalet var ikke gode nok til at fortælle dig, hvad du skulle gøre, og hvad dine opgaver var? I: Nej, de havde ikke fortalt retningslinjerne til mig, og jeg fik et brev fra hospital ledelsen om at de har oplyst mig flere gange, og at min ledende overlæge har haft flere samtaler med mig om behandling, men det er ikke korrekt, og jeg fik ikke. Noget information, og min danske kolleger havde oplyst mig, at jeg der findes en hjemmeside med retningslinjer, som jeg skal følge, og ikke gøre som gøres i resten af Europa, og jeg skal ikke følge den europæiske retningslinjer som er gældende i hele Europa, for i Danmark er det anderledes, som det er ikke en fejl, men anderledes.
Reference 5: 1.19% coverage
S: Ja, ja, men det er jo også deres ansvar at sige det tydeligt til dig. (Ja). Hvad sagde da, da du sagde, at du ikke havde fået det at vide ordentligt? I: De havde ikke sendt noget information, og de mener, at det er mit ansvar, at jeg skal finde ud af, hvordan jeg skal arbejde i Danmark. S: Okay, ej, det er jo helt umuligt, når man kommer som ny fra et andet land. Okay. Og hvor lang tid noget, at du at arbejde.
Reference 6: 1.99% coverage
S: Okay. Jeg kan huske, at jeg Jakob han sagde, at du havde skrevet, at du havde dårlige erfaringer med de danske patienter, og lidt træt af hospitalerne, og det er jeg lidt nysgerrig på, og hvad det kommer sig af? I: Patienterne var, når jeg snakker med den patient og jeg informere en patient fra en eventuel ondartet sygdom, så i begyndelsen vil patienten blive chokerede, det er en helt normal reaktion, og der har alle patienter i verden den samme reaktion, men efter det, patienterne i Danmark, som jeg havde sagt, ikke hver patient, 10-15% af patienterne var fuldstændig lukket efter samtalen, som… (dårlig forbindelse) Jeg snakkede flere gange med kræftsyge
Reference 7: 6.65% coverage
S: Nej det lyder til at det går igennem nu. Det sidste jeg hørte du sagde var, at du patienter var lukket, eller 10-15% af patienterne var lukkede over for dig. I: Jeg havde cirka 50 patienter op en uge, og cirka 1-2 havde oplevet problemer i kommunikationen, og de havde sendt et bred til min ledende overlæge, at de ønsker ny samtale, som jeg har sagt til dig, at jeg har snakkede med driftskoordinator og sygeplejerske, jeg arbejdet med, og mener, at selve problemet ikke er så simpelt, eller så enkelt, o de mener, at patienter er meget autoritetstro, og de er bange for at spørge 40 gange fra en type problem, enten jeg ved det ikke, men i andre byer har mine kollegaer ikke oplevet det samme problem, og de har sagt, at Viborg er den ældste by i Danmark, og der er ikke så mange udenlandske som arbejder her, og mine kollegaer i Herning, som er en mere international by, og hvor mange udenlandske arbejder, og særlige patienterne accepterer lidt bedre og er mere åbne for det end her i Viborg, så jeg har oplevet, at patinterne var meget konservative, som ikke er et problem, men jeg kommunikerer lidt anderledes, ikke værre ikke bedre, bare anderledes, i min stil end danskerne er vant til, jeg kommer fra et Østeuropæisk land, og jeg tror, at hvis jeg får kritik fra hospitalet, så er det fra styrelsen til patientsikkerhed, det er også deres ansvar, det er ikke kun mit ansvar at sørge for at alle min diplomer fra min uddannelse, når jeg har sendt dem ind, så de ved, hvor jeg kommer, hvilken uddannelse jeg har, men på trods af det fik jeg kritik for, at min uddannelse ikke er nok, og jeg skal gøre det anderledes, det var meget frustrerende, for jeg har haft, jeg kom fra Ungarn til Danmark for, at jeg skal have en rolig arbejdsliv, og mindre stress, men det fandt jeg ikke, nu kan tro, at det bare et problem med mig, og jeg tror også, at det er et problem med mig, men der er også problemer med det danske sygehusvæsen. I Ungarn og i Norge nu er patinterne og mine kollegaer tilfredse med mig, der er ikke noget problem ,heller ikke med min faglige udvikling, eller faglige kompetencer, heller ikke min kommunikation, men i DK og især i

Viborg er det eneste jeg har oplevet, at de især med kommunikationen var vigtigere en faglige kompetencer.
Reference 8: 2.79% coverage
S: Er sproget vigtigere end de faglige kompetencer, eller? I: Hvordan du kommunikerer med patienterne, hvordan du fortæller patienterne der er meget vigtigere end selve dine kompetencer, hvordan du opererer og hvor hurtigt, jeg har haft en rigtig god forbindelse med operationssygeplejersken, fordi jeg har opereret den hurtigste på afdelingen, og jeg var færdig klokken 14 med programmet, hvor mine kollegaer først var færdige efter klokken 16, men det ved patinterne selvfølgelig ikke, de har været under bedøvelse, så selve patienterne har ikke set noget for det, og de hører det ikke, som jeg har sagt til dig, det var frustrerende, at ikke hører noget, eller jeg hører det indirekte fra en sygeplejerske og ledende overlæge, at en af de patienter har jeg har haft, har sendt et brev med klager, desværre, og jeg har prøvet flere forskellige steder i DK, eller i sygehuse, at finde nyt job, men jeg fandt desværre ikke noget.
Reference 9: 4.05% coverage
S: Så du oplevede, at det var fordi, at du ikke var fra Danmark, at patienterne var kritiske overfor dig? I: Ja, før de kommer ind på mit kontor, de har set mit navn, og ikke hver patient, men nogle patienter havde allerede et problem med mig, før de kom ind på kontoret, og de har set mit navn på døren, så de har sagt, at: ”Suk, ikke igen, en udenlandsk læge”, og på trods af et min chef også var fra Ungarn, men har kom til DK, da han var 9, så har talte dansk uden accent, som en født dansk, på trods af det patienterne har set hans navn, og de har bedømt, før de snakker med ham, at han er en udenlandsk læge, men jeg synes, det er generelt problem nu i DK, du har set den reportage på DR TV. S: Ja, den har jeg godt set. I: Den har du også set, selve interviewene viser kun problemet fra en vinkel, og jeg synes, at det mere kompleks, selve problemet, men som jeg har sagt, jeg har også oplevet nogle racistiske patienter i Ungarn, og jeg har udenlandske kollegaer i Ungarn, men jeg har oplevet det flere gange i Viborg end i Ungarn i Randers, i Herning eller andre byer i Danmark, de har ikke samme oplevelser som mig, så det er derfor jeg tænker, at problemet er mere komplekst, end at patienterne er årsagen til noget, jeg synes min, der var også mig, som faglig person, som udenlandsk læge, der er årsagen for de, og selve på min person var der også et problem. S: Ja, der er jo to sider.
Reference 10: 6.56% coverage
S: Du sagde, at der var noget patienterne. I: Ja, selve problemet, som jeg tror, det var også mig som udenlandsk læge, der var ikke nogen faglige problemer, det var den kommunikation, der var den største problem, i en større by som i Aarhus eller Holstebro, eller bare på en større afdeling, der er det også vigtigt, men måske patienterne er mere vant til udenlandske læger der, på selve hospitalet, i ledelsen og på afdelingen støtter mere. S: Det tror jeg tror, at du har ret i. I: kollegaerne, men vi har haft en ledende overlæge fra Ungarn, og mine kollegaer var også fra Ungarn og Tyrkiet, og vi var kun udenlandske læger på afdelingen, og du har det i den reportage, at der var nogle misforståelser en afdeling, hvor kun udenlandske læger havde arbejdet, men selv, vi har haft ingen misforståelser med patienterne, og der var ikke noget faglig problem på afdelingen, og der var nogle små ting med kommunikationen, at nu jeg har en dårlig accent fordi jeg i de sidste 6-7 måneder, har snakkede på norsk, jeg snakker dårlige dansk end tidligere, men da jeg arbejdet i DK, havde jeg et stort problem med selve sproget, men jeg gik til undervisning to gange om ugen, jeg snakkede lidt bedre dansk end nu, men på trods af det havde jeg problemer med kommunikationen, jeg havde accent og udtalen, og jeg snakker ikke som en født dansker, og selve de udtryk i ansættelsen, og udtryk på de ordet var ikke på den rigtige plads, og for eksempel ikke forstår mig, jeg fortalte flere gange, og der var også en sygeplejerske, der hjalp med kommunikation, og det varede måske lidt længere, men det sidste spørgsmål, jeg stillede en patient efter samtalen var altid om de havde forstået det hele, eller de har nogle spørgsmål eller de har noget at spørge om i forbindelse med vores samtale, og

patienterne gik hjem uden nogle spørgsmål om noget de skulle være i tvivl om, men alligevel var der kun en eller to patienter, der konfronterede mig direkte, og var utilfredse på det tidspunkt, da vi havde snakkede i ambulatoriet, eller i kontoret resten patienterne har sendt et brev eller snakkede med en af mine kollegaer om det til næste kontrol, og sagde, at de ikke havde forstået det hele, og det var også et problem.
Reference 11: 2.15% coverage
S: Så der var nogle misforståelser i kommunikationen I: Men hvis der kom en patient til en af min kollegaer, og vedkommende har et problem med min kommunikation eller min behandling, den kollega giver ikke feedback til mig, vi snakker om danske reservelæger, de giver ikke feedback, fordi som jeg oplever det, så er kommunikationen mellem kollegaer ikke så direkte som jeg vant til, og de sendte et bred til min ledende overlæge, og der er et skema man skal fylde ud til en overlæge, der undersøger denne sag. S: Føler du, at de er gået lidt bag rygge på dig så, når de ikke snakker direkte til dig? I: De har ikke snakkede med mig, de har haft klager, men ikke snakket med mig. De har siddet hver morgen til morgenkonferencen…
Reference 12: 2.18% coverage
I: Det var mærkeligt for mig, at hvis en af mine kollegaer eller mine patienter har haft et problem med min behandling eller kommunikation, de har givet direkte feedback til mig, for vi kan ikke samarbejde på den måde. Hvis du får en… (dårlig forbindelse) S: Jeg kan høre dig igen. I: Ja, ja jeg hører også dig, jeg skal lige være opmærksom. S: Jeg kan godt forstå, at du synes, at det var mærkeligt, det også lidt ironisk, at hvis de har et problem med kommunikationen, men ikke siget det. Det virker… I: Jeg synes, at det var ikke fair. S: Det kan jeg godt forså. I: Men jeg er ovre det, men det var frustrerende et stykke tid, men jeg er ovre det. Det er ikke en god løsning. S: Og det er jo godt, men det var træls for dig at opleve det der. I: Ja.

Appendix 7: Sammentykkeerklæring / Decleration of content.

Danish:

Samtykke for deltagelse i interview

Navn(e): _____

Jeg bekræfter herved, at jeg indvilliger i at deltage i et interview vedrørende den praktiske tolkning af EU-normer på danske hospitaler. Interviewet er en del af en større empirisk indsamling, der skal bruges i forbindelse med mit speciale på kandidatuddannelsen i European Studies på Aalborg Universitet.

Med nedenstående underskrift bekræfter jeg at have modtaget skriftlig information, om at deltagelsen i interviewet er frivilligt, og jeg til enhver tid kan trække mit udsagn og deltagelse tilbage.

I forbindelse med offentliggørelsen af opgaven vil oplysninger om deltagerne være fuldt anonymiseret.

Dato: _____

Underskrift: _____

Venlig hilsen
Sara Hejgaard Elsborg
Cand.scient.soc. stud. European Studies AAU

English:
Consent for participation in the interview

Name(s)_____

I hereby confirm that I have agreed to participate in an interview regarding the practical translation of EU-diffused norms at Danish hospitals. The interview is a part of an empirical conduction that is going to be used in relation to my thesis at European Studies at Aalborg University.

With this signature, I confirm that, I have been informed in writing that my participation is voluntary, and that I at any given time can withdraw my statement and step out of the interview.

When the thesis is published will information about participation remain anonymously.

Date:_____

Signature:_____

Kind regards

Sara Hejgaard Elsbog
Cand.scient.soc. stud European Studies Aalborg University

Appendix 8: Codebooks

Codebook	Statements within the discourse - doctors
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements within the language presented by the EU, that the doctors use to describe themselves and their position at the hospital, as well as their relation to patients.
Not used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination.

Codebook	Statements outside the discourse - doctors
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination
Not used for	Statements within the language that the doctors use to describe themselves and their position at the hospital and their relation to patients.

Codebook	Statements within the discourse - HR
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements within the language presented by the EU, that the HR-people use to describe themselves and the doctor's position at the hospital and the doctor's relation to patients.
Not used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination.

Codebook	Statements outside the discourse - HR
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination
Not used for	Statements within the language that the HR-people use to describe themselves and the doctor's position at the hospital and the doctor's relation to patients.

Codebook	Statements within the discourse – patients
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements within the language presented by the EU, that the patient use to describe themselves and the doctor's position at the hospital and the doctor's relation to patients.
Not used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination.

Codebook	Statements outside the discourse – patients
Definition	A group of statements amongst the doctors which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall 2001, 72)
Used for	Statements outside the language that the EU use to represent their opinion and knowledge about the norms of free movement and anti-discrimination
Not used for	Statements within the language that the HR-people use to describe themselves and the doctor's position at the hospital and the doctor's relation to patients.

Appendix 9: Interviewguides

Patients

Hvad vil jeg gerne vide?	Operationaliseringen
Navn og stilling.	
Hvad var respondenten på hospitalet med?	Hvorfor var du på hospitalet?
Hvordan tolker vedkommende normerne?	Hvad ser du som fordelene ved, at der udenlandske læger på hospitalerne?
Hvordan tolker vedkommende normerne?	Hvad ser du som ulemperne ved, at der udenlandske læger på hospitalerne? – hvad er den største udfordring?
Udtaler vedkommende sig diskriminerende om lægen?	Hvordan var din oplevelse med lægen? Følte du dig utryg? Oplevede du, at vedkommende kunne diagnosticere dig?
Hvad synes vedkommende om fri bevægelighed?	Hvad tænker du om, at der kommer udenlandske læger til DK? – (Ved negativ respons: Mener du det samme, hvis jeg fortæller dig, at der er stor mangel på specialiserede læger i DK, og at sundhedssystemet ville bryde sammen uden dem?)
Udtaler vedkommende sig diskriminerende om lægen?	Hvad betyder det for det næste møde, du har med en udenlandsk læge?
Kulturforskelle	Oplevede du, at han havde et andet syn på patienter end danske læger?

HR-people

Hvad vil jeg vide?	Operationaliseringen
Navn og stilling	
Mangler der læger i DK?	Hvorfor rekrutterer I udenlandske læger?
Er der nogle åbenlyse fordele	Hvilke fordele oplever I, der er ved at rekruttere læger fra udlandet?
Repræsenterer respondenten den fjendtlige tone om migranter som kommer fra politikere?	Oplever I nogle ulemper ved rekrutteringen? – hvilke?
Hvordan tolkes normerne om de lige arbejdsvilkår?	Oplever I, at de udenlandske læger har nogle udfordringer, som de danske læger ikke har? – hvilke?
Hvordan tolkes normerne om de lige arbejdsvilkår?	Tages der nogle ekstra foranstaltninger for at gøre livet for den udenlandske læger nemmere på afdelingerne?
Hvordan ser de patienterne?	Har de udenlandske læger svære ved at interagerer med patienterne?
Er lægerne glade?	Har du et indtryk af om lægerne generelt er glade for at arbejde på danske hospitaler?

Doctors

Hvad vil jeg gerne vide?	Operationaliseringen
Navn og stilling, alder, nationalitet	
Hvad er motivationen for at flytte?	Hvorfor valgte du at flytte til DK?
Hvordan tolker du de normerne?	Hvad betyder det for dig at have mulighed for at kunne flytte til DK at arbejde?
Regnede de med at møde diskrimination på hospitalet?	Hvad var dine forventninger inden du flyttede til dk angående arbejdet? – hvad tænker du om worklife-balance og MUS?
	Hvad var dine forventninger inden du flyttede til dk angående patienterne?
Mødte du diskrimination på hospitalet?	Hvordan stemte dine forventninger overens med virkeligheden?
Hvordan kommer diskriminationen til udtryk?	Har du oplevede noget, der gør dig bekymret for tilflytningen/støtte dig i inden/din tid i DK?
Tager hospitalerne sig af jer?	Har hospitalerne givet udtryk for, om de har en særlig onboarding procedure? Modaget du noget materiale inden ankomst? Hvordan var din indkøring
Fortæller lægerne de udskrevne regler?	Hvordan oplever du, at de etnisk danske læger har taget imod dig? – og patienterne attitude, har du eksempler på begge?
	Oplevede du nogle misforståelser mellem dig og dine kollegaer? – er der noget, der i særdelshed har overrasket dig efter din ankomst?
diskrimination	Oplevede du i Herning, at de danske patienter var mere utålmodige med dig sammenlignet med de etnisk danske læger?

Appendix 10: Manuscript for respondents – introductory talk in Danish and English

Tak, fordi du har lyst til at snakke med mig.

Jeg har kontaktet dig, fordi jeg er ved at skrive mit speciale, og jeg er nysgerrig på, hvordan normer, der spredes fra EU, bliver oversat i praksis i Danmark. Jeg er er praktikant i en rekrutteringsvirksomhed, der rekrutterer udenlandske læger, der er uddannet, og fra et EU, til Danmark. Det er grunden til, at jeg har fokus på oversættelsen af EU-normer på hospitaler. I den forbindelse er jeg interesserede i at vide noget om, hvilke overvejelser der ligger forud for ansættelsen af en udenlandsk læge, hvilke fordele hospitalerne oplever og hvilke mulige udfordringer.

Jeg håber, at du har at gøre med rekrutteringen og ansættelsen af udenlandske læger, og at du har tid til at snakke med mig i cirka 30 minutter?

Thank you for talking with me.
I have contact you because I am writing my thesis, and I am curious about how norms diffused by the EU are translated in practice in Denmark. I am an intern at a recruiting company, that recruits foreign doctors that are educated in the EU to Denmark, that is why I am focusing on the translation at hospitals. In relation to that I am interested in knowing what consideration that lies ahead of the employment of a foreign doctor, what advantages hospitals experience and what possible difficulties.
I hope that you might have something to do with the recruitment and the employment of the foreign doctors, and that you have the time to talk with me about that for approximately 30 minutes?