

THE ROLE OF HUMAN RESOURCE MANAGEMENT IN HEALTH WORKERS' INTENTION TO MOBILE: EVIDENCE FROM KOSOVO'S PUBLIC HOSPITALS

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Abstract: Human resource management (HRM) is widely regarded as the central lever for sustaining health workers' motivation, satisfaction and retention, yet in transition health systems such as Kosovo's, dedicated HRM departments are frequently absent from public hospitals. This paper examines the relationship between health workers' job satisfaction, motivation, work-related problems and loyalty, and their intention to mobile (migrate) to other countries, and assesses the extent to which weak institutional HRM contributes to that intention. A mixed-methods case study was conducted at two regional hospitals in Kosovo. Quantitative data were collected through a structured online questionnaire (7-point Likert scale) completed by 40 medical professionals: doctors, nurses and technicians – and analysed in SPSS using linear regression and independent-samples t-tests; qualitative data were obtained through ten semi-structured remote interviews with hospital top and middle management. The first regression model showed that 69% of the variance in health workers' job satisfaction and motivation is explained by the support received from top and middle management, with standardized beta coefficients of .478 for job motivation and .450 for job loyalty. The second model showed that 61% of the variance in health workers' intention to mobile is explained by work-related problems, with job satisfaction ($\beta = -.462$), motivation ($\beta = -.402$) and loyalty ($\beta = -.394$) each exerting a significant negative effect. Sixty-five percent of the surveyed workers, predominantly aged 20-40, reported an intention to mobile, 80% of them naming Germany as their preferred destination and citing salary, working conditions and family prospects as leading motives. Independent-samples t-tests revealed significant gender differences in work-related problems and intention to mobile, both higher among male respondents, but not in job satisfaction or motivation. The qualitative interviews confirmed that neither hospital operates a dedicated HRM department; personnel functions are instead handled by a generalist administrative officer alongside unrelated duties. The findings indicate that the absence of a functioning HRM structure is strongly associated with unresolved work-related problems, reduced job satisfaction and motivation, and elevated migration intention among Kosovo's public-hospital health workforce, quantifying a relationship the literature has so far described mainly in qualitative terms. The paper recommends that Kosovo's health institutions establish dedicated HRM departments with defined reward, promotion, and training and development policies; adopt a structured HR-development monitoring tool, such as the modified Human Development Index for the health sector proposed in this study; and expand cost-free retention approaches, including staff-exchange agreements with international hospitals, while advocating for a national law on health-sector salaries. The study is based on a two-hospital case design, and replication across Kosovo's remaining public hospitals is recommended to support a national HR action plan for the health workforce.

Keywords: human resource management, health workforce migration, job satisfaction, job motivation, Kosovo.

1. INTRODUCTION

Human resources are the core determinant of health-system performance in the promotion, prevention and treatment of patients, and Human Resource Management (HRM) is widely regarded as the central lever for sustaining their motivation, satisfaction and retention (Elarabi & Johari, 2014; Buchbinder, Shanks, & Kite, 2019). Across the Western Balkans, sustained emigration of doctors and nurses is placing that lever under growing strain (Balkans Policy Research Group, 2022; Linkova & Rohova, 2025). Kosovo is a case in point: between 2018 and early 2020 alone, 286 health workers left the country's public hospitals, and recent evidence shows the outflow of nurses to Germany continuing well beyond the COVID-19 pandemic (Murataj et al., 2022; Beqiri et al., 2025).

Migration decisions are commonly explained through demand-pull factors such as wage differentials and recruitment strategies in destination countries (Zurn, Dal Poz, Stilwell, & Adams, 2004; Stilwell et al., 2004). The retention side of the equation, whether health institutions in migrant-sending countries actually operate a functioning HRM structure capable of managing job satisfaction, motivation and work-related problems, has received comparatively little quantitative attention in the Kosovo and wider Balkan literature. This is a consequential gap: Rigoli and Dussault (2003) and Cooke and Bartram (2015) argue that HRM in health

systems is exactly the institutional layer through which policy is translated into workforce motivation, yet its absence is rarely measured against workforce outcomes directly.

This paper addresses that gap using primary data collected at two regional hospitals in Kosovo. It asks a single, focused research question: to what extent are health workers' job satisfaction, motivation, work-related problems and loyalty associated with their intention to mobile (migrate) abroad, and what does the presence or absence of institutional HRM contribute to that relationship? The paper quantifies these associations through regression and gender-comparison analysis of survey data, triangulated with management interviews, and closes with HRM policy recommendations for Kosovo's public hospitals.

2. MATERIALS AND METHODS

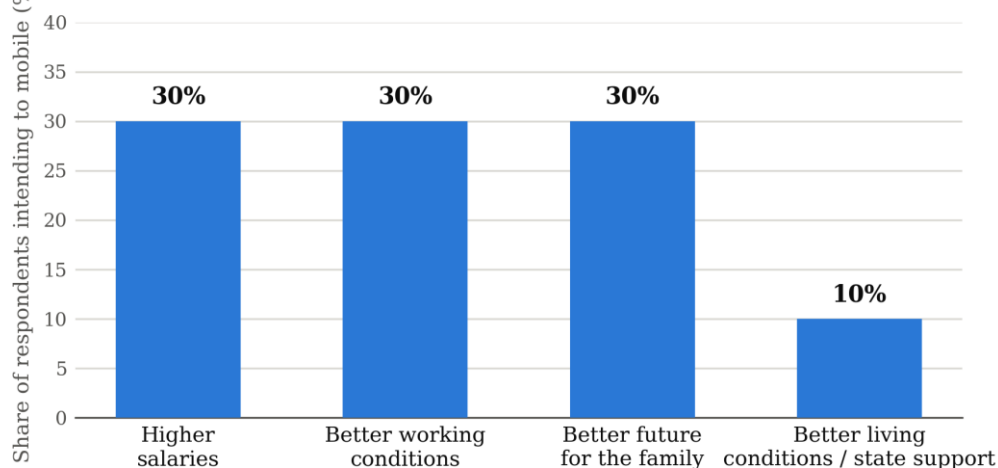
A mixed-methods case-study design was applied at two regional hospitals in Kosovo, selected for their comparable size and public ownership. Quantitative data were collected through a structured online questionnaire (Google Forms), building on the instrument used by Szpakowski et al. (2016) to study labour migration among Polish nurses. Forty medical professionals, doctors, nurses and technicians, with an equal gender split, completed the questionnaire; closed items used a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree) covering job satisfaction, motivation, loyalty, work-related problems, and intention to mobile, while a smaller set of open items captured migration reasons and destination preferences.

Quantitative data were analysed in SPSS using descriptive statistics, two linear regression models, and independent-samples t-tests comparing male and female respondents on all five constructs. Qualitative data were collected through ten semi-structured remote interviews (two hospital directors, two heads of medical unit, and six administration staff), conducted in Albanian and translated into English, and reviewed independently by a second coder to reduce interpretive bias. Interviews probed the same constructs from a management perspective, together with the institutional HR structures, leadership style, and retention approaches in use. Data collection took place remotely because of COVID-19 movement restrictions; the case-study scope (two hospitals) limits generalisation to Kosovo's public health sector as a whole and is treated as a boundary condition for the findings reported below.

3. RESULTS

Descriptive results show that 65% of surveyed health workers reported an intention to mobile abroad, concentrated among respondents aged 20-40. Of those intending to migrate, 80% named Germany as their preferred destination, citing easier recruitment procedures, established diaspora networks, and salaries reported by respondents as five to ten times higher than in Kosovo. Figure 1 summarizes the reasons respondents gave for intending to mobile.

Figure 1. Reasons given by health workers for intending to mobile (% of respondents intending to mobile)



Source: Authors' research

Two linear regression models were estimated to test the relationships motivating this paper (Table 1). In the first model, the support that health workers perceive from top and middle management explained 69% of the variance in their job satisfaction and motivation ($R^2 = .69$, adjusted $R^2 = .61$, $p < .05$), with job motivation ($\beta = .478$) and job loyalty ($\beta = .450$) both loading strongly onto this relationship. In the second model, work-related problems were the dominant predictor of intention to mobile, with job satisfaction ($\beta = -.462$), motivation ($\beta = -.402$) and loyalty ($\beta = -.394$) each exerting a significant negative effect on migration intention ($R^2 = .61$, $p < .05$). Taken together, the two models describe a single causal chain: weaker managerial support depresses

satisfaction, motivation and loyalty, and it is precisely these depressed states, compounded by unresolved work-related problems, that translate into a higher intention to mobile.

Table 1. Summary of linear regression models predicting job satisfaction/motivation and intention to mobile

Predictor	Standardized β	R ²	Adj. R ²	Sig.
<i>Model 1 (DV: job satisfaction / motivation)</i>				
Support from top/middle management	–	.69	.61	p < .05
Job motivation	.478			p < .05
Job loyalty	.450			p < .05
<i>Model 2 (DV: intention to mobile)</i>				
Work-related problems	+ (dominant)	.61	–	p < .05
Job satisfaction	-.462			p < .05
Job motivation	-.402			p < .05
Job loyalty	-.394			p < .05

Source: Authors' research

Independent-samples t-tests (Table 2) found no significant gender difference in job satisfaction or job motivation, but did find significant differences in job loyalty (higher among female respondents), work-related problems (higher among male respondents), and intention to mobile (higher among male respondents). Male health workers therefore report more work-related problems and a correspondingly higher migration intention than their female colleagues, despite comparable baseline satisfaction and motivation.

Table 2. Independent-samples t-test results by gender

Variable	Male M (SD)	Female M (SD)	Gender difference
Job satisfaction	6.67 (0.59)	6.42 (0.74)	n.s.
Job motivation	6.93 (0.90)	6.80 (1.00)	n.s.
Job loyalty	6.24 (1.24)	6.76 (0.44)	Sig., higher in females
Work-related problems	6.91 (0.31)	6.32 (1.20)	Sig., higher in males
Intention to mobile	6.80 (0.44)	6.04 (1.21)	Sig., higher in males

Source: Authors' research

The qualitative interviews contextualise these quantitative patterns. Respondents at both hospitals confirmed that neither institution operates a dedicated HRM department; personnel matters are instead handled by a single "Personnel, Communication and Administration" officer alongside unrelated administrative duties, and basic HR functions (recruitment, probation, training, compensation, promotion, pension) are set centrally by the Ministry of Health with little local discretion. Management in both hospitals reported relying on cost-free, non-financial retention approaches, such as partnerships with international health projects and informal staff-exchange arrangements, in the absence of budget for structural HR investment or salary increases.

4. DISCUSSIONS

These findings extend the largely qualitative Kosovo migration literature (Murataj et al., 2022; Beqiri et al., 2025) by quantifying how far into the workforce the consequences of an absent HRM function actually reach. The size of the effect in Model 1, 61% of adjusted variance in satisfaction and motivation explained by perceived management support alone, is consistent with Ryan and Deci's (2000) self-determination account of workplace motivation, under which support from supervisors substitutes for the intrinsic motivators (autonomy, competence, relatedness) that a functioning HRM department would otherwise help to secure. It also matches Kwenin, Muathe, and Nzulwa's (2013) argument that reward, promotion, and training and development policies are the three levers through which HRM sustains job satisfaction; Kosovo's public hospitals apply centrally-set versions of these policies but without a local HRM actor able to adapt them to the specific problems health workers report.

The negative loadings in Model 2 reinforce a point made by Mody and Brooks (2012) and, more recently, Athamneh (2024) in a Jordanian public-sector setting: unresolved work-related problems, principally low pay, staff shortages and limited technology access in this case, translate into migration intention largely through their

corrosive effect on satisfaction, motivation and loyalty rather than as a direct, independent driver. This mediating pattern is important for policy, because it suggests that the most direct lever available to Kosovo's health institutions is not simply lobbying for higher salaries, a process that has stalled repeatedly in Kosovo's parliament, but building the institutional HRM capacity to address day-to-day work-related problems as they arise.

The gender pattern is worth flagging for future research: male health workers in this sample report more work-related problems and a higher intention to migrate despite similar underlying satisfaction and motivation scores, while female health workers report higher loyalty. This is consistent with international evidence that women's migration decisions are more constrained by family and caregiving responsibilities (Linkova & Rohova, 2025), and suggests that HRM retention strategies in Kosovo may need to be differentiated by gender rather than applied uniformly. As with any two-hospital case study, these patterns should be read as indicative rather than nationally representative (Balkans Policy Research Group, 2022, reports comparable but not identical dynamics across Kosovo's public hospital network).

5. CONCLUSIONS

This paper set out to quantify the relationship between HRM, job satisfaction, motivation, work-related problems and health workers' intention to migrate in Kosovo's public hospitals. The evidence is consistent: neither case-study hospital operates a functioning HRM department; management support alone explains 69% of the variance in job satisfaction and motivation; and work-related problems, mediated through reduced satisfaction, motivation and loyalty, explain 61% of the variance in migration intention. Sixty-five percent of surveyed health workers already intend to migrate, overwhelmingly to Germany.

Three recommendations follow. First, Kosovo's public hospitals should establish dedicated HRM departments with clearly defined reward, promotion, and training and development policies, rather than folding personnel functions into a generalist administrative role. Second, health institutions should adopt a structured HR-development monitoring tool, such as the Human Development Index for the health sector, modified from Klugman, Rodríguez, and Choi (2011) to track standard of living, health, education and migration risk annually. Third, in the absence of near-term budget for salary increases, institutions should expand cost-free retention approaches, staff-exchange agreements with international hospitals and partnerships with international health projects, while jointly advocating, alongside the Ministry of Health, for the national salary law that the WHO's Global Strategy on Human Resources for Health: Workforce 2030 (WHO, 2022) identifies as a precondition for workforce retention. Replicating this methodology across Kosovo's remaining public hospitals would allow these findings to inform a national HR action plan for the health workforce.

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