



# **Challenges Encountered by Immigrant Dentists while Integrating into the Swedish Labour Market**

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## **Abstract**

Swedish workforce has a shortage of practitioner dentists in 18 regions which is expected to last until 2035 (Hall Hoppe, 2022). At the same time, immigrant dentists face many challenges that delay or prevent their integration into the Swedish labour market. This paper investigates the process of immigrant dentists' integration into the Swedish labour market, what obstacles they encounter, and in their perception, what are the requirements to facilitate their integration into the Swedish labour market. This research paper followed a qualitative method to achieve its aims. In order to obtain the necessary data to conduct the research, in-depth interviews were performed with immigrant dentists who received their education in countries outside the EU/EEA and Switzerland.

The main empirical findings reveal the need to transform immigrant dentists' human capital. In light of this, immigrant dentists need to choose one of two routes to be eligible to apply for the Swedish dental license, due to the devaluation of their education. Besides the need to master the Swedish language. There is a lack of support provided for the two routes for acquiring the Swedish dental license. The participants clarify that they need more support in both routes. The Knowledge Exams route lacks guidance, materials, and financial support. while the complementary courses route is limited to three cities which makes it challenging for immigrant dentists to join if they live in a city that does not offer these courses. It also showed the importance of social connections in the licensing process, while it was not essential in the process of obtaining a job. This study informs policymakers and concerned stakeholders about the barriers and challenges immigrant dentists encounter when integrating into the Swedish labour market. Which contributes to making decisions that will help to facilitate immigrant dentists' integration into the Swedish labour market.

**Keywords:** Sweden, Immigrant dentists, Labour market integration, Cultural capital.

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# **1. Introduction**

## **1.1. Background**

Investigating challenges and barriers encountered by immigrant dentists while integrating into the Swedish labour market has become a crucial need, as a lot of research has addressed the process of highly educated immigrant integration into the host countries' labour market. However, the case of immigrant dentists has not been addressed despite the shortage of dentists' numbers in a lot of regions in Sweden.

This paper discusses difficulties encountered by immigrant dentists while integrating into the Swedish labour market. Sweden has always been a desirable destination for immigrants. According to Malmö Stad (''Population,'' n.d.), a majority of the immigrants settle in the three largest cities in Sweden (Stockholm, Gothenburg, and Malmö). A lot of these immigrants are educated and have post-secondary education. So, if their skills are exploited, will promote the economy of the country. In 2021, (40.28%) of the population of Sweden with a foreign background have a post-secondary education, and (2.17%) of them have a post-graduate education (Westling, 2022). According to Statistics Sweden, the largest number of highly educated people live in Stockholm (Westling, 2022). After Stockholm come, Lund, Lomma, Uppsala, Umeå, Mölndal, and Linköping regarding numbers of highly educated people.

The annual survey of 2022 from the Swedish Board of Health and Welfare, shows that practitioners of the dentist's profession have decreased (Olsson/Socialstyrelsen, 2023). This survey also shows that Stockholm, Uppsala, and Västra Götland, are the only regions with no shortage of dentists, they have a balance between demand and supply of dentists.

Examining the challenges encountered by dentists immigrant is very important, to be able to use their skills and qualifications in filling the shortage of dentists numbers in the country. This study focuses on the challenges faced by immigrant dentists from their perspectives, where the immigrants' experiences will be the basis of the study. The most challenging thing in the process of immigrant dentists' integration is the need to transform their cultural capital (their knowledge and skills) to be suitable for the host country's context. In order to be able to transfer their knowledge and skills they obtain, they need either to participate in an examination or join one of the complementary courses, which are offered in only three cities (Stockholm, Gothenburg, and Malmö). However, it is difficult for an immigrant dentist who has established

his life and has social connections in a city to move to another city to enrol in one of these courses. This urban spatial aspect is challenging for immigrant dentists, as they have to transform their cultural capital, but at the same time, they do not want to leave the urban area where they are already living in.

European countries have always been desirable destinations for millions of illegal immigrants and refugees, especially after 2010 when the ‘Spring Arab’ revolutions in the Middle East and North Africa started (Magalhães & Campina, 2018). Sweden has the largest share of the European Union. In recent years, many refugees have migrated to Sweden. Sweden is in 10<sup>th</sup> place in the Organization of Economic Co-operation and Development (OECD), in terms of the share of immigrants in the population. In (2019), were about two million people living in Sweden with a foreign background, mostly from Syria (191,000).

In 2017, immigrants’ participation in the Swedish labour market was lower than residents at (13,6%). This gap is the largest among the (OECD) countries (Vogiazides & Mondani, 2020). According to Vogiazides & Mondani, (65%) of female immigrants in Sweden and (70%) of male immigrants take up to ten years to get a paid job.

Highly educated refugees who have fled their home countries carry with them the knowledge, education, and skills that were offered by their home countries. Their home countries have lost these competencies. Host countries are receiving these competencies and exploiting them without investing in these competencies while their home countries have invested in their education and provided them with the experiences and skills they possess.

A lot of research has studied the impact of immigration on the economy of the host countries. Referring to the views of Boubtane et al. (2014), international immigration has a positive impact on the economic growth of the host countries. To put it more simply, an immigrant comes to the host country having his skills, degrees, and other qualifications, and when integrating into the labour market, they contribute to economic growth (Boubtane et al., 2014). What is more, most of the immigrants are in the youth range, in other words, they are at an age that is suitable for work, which in turn contributes to the human capital of the host country.

On the other hand, according to Kouni (2018), highly educated refugees, have both positive and negative impacts on the host countries. However, the positive impact can be defined as promoting consumption and production which promote in turn productivity, encouraging trade between the country from which the refugees came and the country in which they settled,



increasing people, and increasing the supply of labour. The negative impact is defined as overpopulation, feelings of being less safe in communities and increasing living costs.

However, Hajighasemi & Oghazi (2022), discuss and distinguish between three groups of immigrants and their impact on the Swedish welfare system. They state that the impact of immigrants on the Swedish fiscal system is diverse. '*Highly educated immigrant*' has a highly positive impact, '*labour immigrant*' has a weak positive impact, and '*refugee immigrant*' has a negative impact. This impact for the three groups in a short-term net contribution. To give an illustration of these results the authors argue that the low employment rates for refugees in the few years after arrival means that the average income is low in these years. In addition, for an immigrant to have a positive impact on public finance it takes up to (15-20) years regarding his education and qualifications. This means that an immigrant to have a well-paid job for a long time (15-20) years to start having a positive impact on the fiscal system and start promoting the economy of Sweden (Hajighasemi & Oghazi, 2022). To this end, an immigrant needs to integrate into the labour market of the host country within a short period, in order to have a positive impact on public finance.

## **1.2. Research Objective**

The research objective is to identify and analyse barriers immigrant dentists face with education and training from outside UE/ EEA and Switzerland in obtaining a license and practising in Sweden. What other barriers are there besides licensing? The study also asks immigrant dentists' opinions about what could facilitate their integration into the Swedish labour market.

## **1.3. Research Questions**

This paper will answer two questions:

1. What obstacles do immigrant dentists (who received their dental education outside the EU/ EEA and Switzerland) encounter while integrating into the urban areas' labour market (this study will focus on the Swedish labour markets)?
2. From immigrant dentists' perception, what does it take to facilitate participation in the labour market of urban areas for immigrant dentists?

These research questions' answers will be derived from the data which will be collected from interviewing immigrant dentists about their experiences in the process of integration into the Swedish labour market.

## 1.4. Research Outline

This paper consists of seven sections. the **first section** is the introduction of this paper where the research topic is problematized, and the impact of immigration on the economies of host countries is discussed. The **second section** is the theoretical framework, what has been done in this field in the previous research, and theories explaining the results of this study are presented. The **third section** is the methods, in this section the method, which was used in this research, and why it is the most appropriate approach to conduct this research and answer the research questions are presented. This section also presents the participant's profiles and how they were recruited, besides the limitations of the study, and ethics were followed when conducting the research. The **fourth section** is the study background where I set the scene for the research, indicate the root of the research questions, and present general facts related to the topic which help readers to understand the research. The **fifth section** is the empirical findings, findings of this study are transcribed and presented in this section and were organized in order to be put in context with the research questions. The **sixth section** is analysis and discussion, a discussion, and an analysis of the empirical findings of this research will reveal the link between these findings and relevant theories. the **seventh section** is the conclusion, in this section summary of the whole paper will be presented, in addition to the practical implementation of the findings of this paper.

## **2. Theoretical framework**

This section discusses the theories which guide the paper. Human capital theory, cultural capital theory, and capital of social connection theory will be examined. Firstly, the human capital theory will be studied to present the importance of highly educated immigrants in the host countries. Secondly, the theory of cultural capital argues that immigrants need to transform their cultural capital to be suitable in the host country. Finally, the theory of social connections capital debates that through the social connection immigrant can transfer benefits.

### **2.1. Human Capital Theory**

According to Nafukho et al. (2004), the basic principle of the human capital theory is that in the production process of goods and services, the education and skills of a person are as important as other resources included in this process as well as it has the same value. When these resources are exploited, the results will be beneficial to individuals, institutions, and the whole society. Furthermore, people are a kind of capital in the development process, and education and training are forms of investment in human resources (Nafukho, 2004; Heilbrunn et al., 2010; Griffen, 2023; Farashah & Blomquist, 2022). In other words, human capital theory addresses the relationship between one's education and its impact on employment, wages, and productivity (Kang & Mok, 2022; Marginson, 2019; McLaren & Dyck, 2004). Moreover, investment in the education of human capital leads to economic growth (Marginson, 2019).

Alshakrchy & Jansson (2022) state that human capital theory can explain the difficulties encountered by highly educated immigrants in finding a job that matches their qualifications. According to Alshakrchy & Jansson, human capital is the set of education, skills, experiences, languages, and any other competence that a person owns and is useful in the workplace. What is more, the value of human capital is linked to where it was obtained and developed (Heilbrunn et al., 2010), which is the reason for the devaluation of immigrants' human capital.

Clark et al. (2019), state that human capital is essential for immigrants to find a job. They illustrate that human capital is accumulated experiences and skills that an immigrant acquires from his home country. Furthermore, these experiences and skills are devaluated or not even recognized which may become a barrier to entering the labour market of the host country. However, over time, immigrants' likelihood of attaining a job improves after they develop and enhance their human capital by mastering the language of the host country, for example, or by obtaining an education from the host country (Clark et al., 2019).

The human capital of highly skilled immigrants contributes to the economic growth of host countries (Farivar et al., 2022; Farashah & Blomquist, 2022), as they fill in the required skills shortage and they deliver knowledge to the host country. In Canada, human capital is the basis of immigration standards (Reitz, 2001; McLaren & Dyck, 2004; Creese et al., 2008; Farashah & Blomquist, 2022), Canadian choose highly educated immigrants to contribute to economic growth and innovation in Canada. According to McLaren & Dyck (2004), human capital theory considers individuals and their skills valuable if they are making economic benefits.

Farashah & Blomquist (2022) state that migration, and from the point of view of human capital theory, is considered an investment. People would leave their countries and move to another country, in order to have better living conditions and better jobs with higher wages. In addition, human capital is seen as an indicator of employment success (Farashah & Blomquist, 2022). Immigrant with higher skills gets better results in the labour market, where they have a better likelihood of obtaining a job and higher wage.

## **2.2. Cultural Capital Theory**

Cultural capital and human capital are, as they both refer to skills, education, and language skills. The human capital theory is in the economic field and considers people investing in themselves by learning and improving their skills to achieve economic benefits. On the other hand, cultural capital is in the field of sociology.

Immigration of highly skilled people considers a ‘brain drain’ to the home country (Andersson, 2021; Edo, 2019), as the home country loses these qualifications and benefits of development and innovations they could have made if they stayed in their home country by losing the qualified human capital (Latukha et al., 2022; Farashah & Blomquist, 2022). On the other hand, these qualified, highly skilled people are also being underestimated in the host countries by the devaluation of their degrees, work experiences, and qualifications, this process is called ‘brain abuse’ (Andersson, 2021). However, the result of this devaluation of immigrants’ qualifications (institutional cultural capital) is that immigrants occupy jobs with fewer qualifications than they have and with fewer wages, compared to native people with the same qualifications and experiences.

Not only do low-educated immigrants encounter difficulties when entering the labour market in the host country, but also highly-educated immigrants also encounter difficulties when entering the labour market (Heilbrunn et al., 2010). In reviewing previous literature, different

matters could challenge highly educated immigrants including dentists' when integrating into the labour market.

Carlbuam (2022) illustrates that cultural capital is divided into two parts: institutional forms and embodied forms. Firstly, institutional forms are the educational degrees and certificates of skills which a person has. Secondly, the embodied form represents all the physical features of a person (Bauder, 2003). According to Carlbuam, all these forms have value, and in order to benefit the person who owns them they should be also valuable from the perspective of the decision-maker. According to the authors of the article "Immigrant Perception Integration in the Canadian Workplace," cultural capital is the skills, knowledge, behaviour, and manners that a person acquires over the course of his life. The authors state that employers could build their choice on stereotypical cultural capital when hiring applicants for a particular job. This may deprive qualified people of their right to appropriate jobs to their qualifications (Ertorer et al., 2022; Harvey & Mallman, 2019; Camenisch & Suter, 2019).

According to Carlbaum (2022), and Wahlbeck & Fortelius (2019) cultural capital of the immigrant are less valued when the immigrant has a certificate of his education outside the host country. This devaluation of the immigrant's competence has a significant impact on obtaining job opportunities that are appropriate to their competencies (Fleischmann & Dronkers, 2010). As Behtoui (2022) mentions immigrants and while they are trying to fulfil their goals (obtaining a job that suits the immigrant's qualification level), are liable to underestimate their competencies which makes it more difficult for them to reach elevated levels in jobs and society. On their way to these elevated levels tends immigrants work as hard as they can to prove that they are capable and have the required level of professionalism which is necessary to succeed even though they are subjected to various forms of discrimination and racism in these high positions. Furthermore, embodied forms of cultural capital such as race, sex, and gender are also valuable, and it is related to a specific type of body (Carlbuam, 2022).

Carlbuam (2022) discusses the issue of transferring embodied capital forms in a way that is compatible with the new host communities. To put it more simply, for an immigrant to exploit his institutional and embodied capital forms, he needs to present its characteristics, skill, qualifications, belief, and outlooks in a way which is appropriate to the labour market values and needs. In other words, immigrants need to learn the language of the host countries and their culture. Behtoui (2022) discusses that for immigrants to be successful and could have a job at the same level as their previous job level in their home country, should be capable of

conciliating their cultural and social capital into a new shape which follows the majority of the society in the host county.

As mentioned above, race and gender as forms of embodied cultural capital, can affect the likelihood of employment. According to Statistics Sweden ('' Labour Force Surveys (LFS) – Theme: Employment among refugees and their family members in 2019,’’2021; Liu, 2009), immigrant women occupy jobs at a lower rate than men. According to a study conducted by (SCB), the more a woman holds a higher degree, the smaller the difference between employment levels between her and men. However, the results presented of the study show that the employment rate of women with secondary education is (27.9%) and men's employment rate is (52.0 %), while the employment rate for women with post-upper secondary education is (70.4%) and (73.5%) for men. In addition, responsibilities differ within the family according to cultural factors. But in most cases, women are taking more responsibilities within the family (Newkirk et al., 2017), even if both spouses are working. The increasing responsibilities of women influence their integration into the labour market.

Newcomers to society could take a lot of time to find an appropriate job which is the same level as their old job and level in their home countries. As Behtoui (2022) states that those with higher positions in society maintain their position in society by exploiting the resources they possess as cultural and social capital, and they try to keep this position for future generations, which makes it difficult for newcomers with qualifications to reach a higher position in society.

### **2.3. Capital of Social Connections Theory**

Another aspect that could be an obstacle for an immigrant when integrating into the labour market is the social connections of the immigrant. Lin (2017) illustrates the concept of social capital as a way of investment, where people are expected to exchange benefits, which means that immigrant benefits others and also get benefits through these connections (Ager & Strang, 2008; Lin,2017; Sundvall et al., 2021; Yamazaki, 2022; Rezaei et al., 2023).

Lymperopoulou (2013), argues that immigrants tend to cluster in areas inhabited by people of the same religion and ethnicity as the immigrant (Lymperopoulou, 2013), which may protect them from isolation and discrimination. These areas usually have low accessibility to jobs with many residential units for rent.

Immigrants in the new societies do not have a social connection with the majority, which arises a minority group in the society (Sippola et al., 2022) as immigrants clustered and form minority

groups. According to Garcia (2005), the capital of social connections is a crucial factor for immigrants. Garcia (2005), states that due to the lack of social and cultural capitals that an immigrant owns, social connections are more important for immigrants than native people, (Garcia,2005). In addition, immigrants try to overcome the lack of human and social capital by joining these social connections, which are usually aggregations of people with the same ethnicity and religion. What is more, these social connections are based on the special gathering of immigrants. However, people inside these connections are expected to exchange social capital, which leads to greater reliance on the social connections members (Garcia,2005; Kasztan et al., 2022).

An equally significant aspect to consider is whether social connections have a positive or a negative impact on the immigrant's integration. There is a lot of research which investigates the impact of social connections on immigrants' integration. For instance, Garcia (2005) in his paper mentioned that network ties are essential for an immigrant to acquire a job through the connection inside these groups (Garcia, 2005; Ortlieb & Knappert, 2023).

On the other hand, Herdağdelen et al. (2016), addressed the social network ties issue for immigrants in the United States. The results were that immigrants with less connection to the network ties had better integration in the United States. Another issue studied by Herdağdelen et al. (2016), investigate the geographical divergence of immigrants, they found that the more integrated immigrants were those who were from the same sending countries and living in geographically distant regions. What is more, a study conducted by Andersson & Hammarstedt (2015) investigates the impact of social connections of the same ethnicity on self-employment immigrants, the study shows connections with same ethnic self-employment immigrants. Andersson & Hammarstedt (2015) argue that this negative impact could be because the social connections consist of large numbers of self-employed immigrants, and therefore there is competition for customers.

Referring to the views of Mansouri & Johns (2017), social network ties can have both positive and negative impacts on immigrants' integration. In other words, social connections have a positive impact on the period in which immigrant get arrived in the host country (Colic-Peisker & Tilbury, 2003). By contrast, these connections will have a negative impact when it becomes a hindrance that prevents an immigrant from socially participating in society and leads to exclusion from society.

### **3. Methods**

In this section of the paper, the design of the study will be outlined. It clarifies the method used to conduct the interviews and the criteria used to choose the interviewees. At the end of this section, the method used for the data analysis will be presented.

#### **3.1. Research Design**

This research was conducted using the qualitative method. This approach was chosen since this study investigates human behaviour, their choices, and the way they respond to the obstacles they encounter. According to Kothari (2004), qualitative research is a way of studying qualitative experiences or the development of cases under study such as how they develop to defeat a challenge, they encounter (Kothari, 2004). Furthermore, this kind of method explores the reasons for human actions and the motivation behind them. In this case, it investigates the obstacles faced by immigrant dentists entering the Swedish labour market and how they respond and react to overcome these obstacles, and in their opinion, what can be done to facilitate their integration into the labour market.

To achieve the objective of this research, in-depth semi-structured interviews were conducted with immigrant dentists about their experiences. According to Silverman (2017), in qualitative research data is collected through interviewing participants (Silverman, 2017). Semi-structured interviews were conducted to excerpt participants' perceptions of their experiences in the process of integration into the Swedish labour market and the dental profession. Semi-structured interviews are used to investigate the knowledge about the participants' experiences in a field of study (McIntosh & Morse, 2015).

#### **3.2. Data Collection**

##### **3.2.1. Primary Data**

Before interviews, open-ended questions were designed to get as much data as possible from the participants. During the interviews, they were asked a question and statements from their speech were used to formulate follow-up questions. This method provides me with the necessary data to understand my study regarding the participants. All participants were interviewed once.

An audio recording of all the interviews was saved to ensure the objectivity and transparency of the study, as well I checked by using my own words with the interviewee that I understand what he/ she has just said and gave him/ her the chance to change or correct what he /she had



said if I misunderstood it. Bell et al. (2019), illustrate that these two means are used to increase the credibility of these types of research. Furthermore, Coleman (2021) states that in research based on interviews, validity is accuracy in reporting.

Participants in this study were recruited through various means. I was added to a WhatsApp group of immigrant dentists, I introduced my research topic and asked if there were anyone who would like to participate in the study. From that group, only one wanted to participate. I was introduced to a lecturer in the odontology department at Malmö University, who introduced me to a student in the complementary course at Malmö University. This student has told his course mates about my study, and the interviews I needed to conduct and asked them if they would like to participate. This is what is called snowball sampling (Bryman, 2012), which allows me to get more interviews and thus more data which promotes a better understanding of the context. Five students volunteered to participate. A friend put me in contact with two immigrant dentists that would like to participate in my study. The final participant responded to my post which I had posted in a Facebook group for immigrant dentists.

Interviews were conducted in English and Arabic (as the participant preferred). Some of the interviews were conducted at Tandvårdshögskolan, where the participants are having their lectures. Sometimes I met them before their lectures, while other times I met them during lunchtime as they have a busy schedule. One interview was done in a coffee shop, and one in a dental clinic after working hours. And two interviews were done online, through Zoom meetings. Interviews were conducted from the 7<sup>th</sup> of April to the 2<sup>nd</sup> of May. Interviews were recorded to ensure the objectivity and transparency of the study. Interviews took between 40 to 55 minutes. The interview guide can be found in Appendix 1.

### **3.2.2. Secondary Data**

Applicable data were collected to provide a theoretical framework that was used to interpret the primary data collected as well as to form the core of the study. These data were collected from academic journals' articles, books, webpages, and electronic correspondence with Karolinska Institute which offers complementary courses for immigrant dentists and other state agencies such as Statistics Sweden and the Swedish Board of Health and Welfare, and through the database of the online library of Malmö University. In addition, two books were recommended by the study supervisor and were borrowed from the library of Malmö University.

### **3.3. Target Group**

This study targeted immigrant dentists (women and men) who have received their dental education in countries outside the EU/EEA and Switzerland, who migrated to Sweden (for different reasons, such as the war in their home countries, or were looking for better life conditions), and have been living in Sweden for a few years (at least three years) and have been trying to enter the Swedish labour market or were able to enter it. Both categories were chosen to examine which route have the dentists chosen to get the dental license. In order to achieve the research objective, the participant was interviewed and asked about their experiences in Sweden while trying to obtain a Swedish dental license to be able to practice the profession. In addition, questions regarding the country of receiving the dental education were asked, Participants were also asked about their old job experiences and skills they have, they were also asked about what they think considered a hindrance in the process of acquiring the license and were asked in their opinion what can be done to improve this process. Interviews were conducted in English and Arabic (as the participant prefers).

Participants of this study are immigrant dentists, who have been in Sweden for several years, and have been trying to get a Swedish dental license or have been able to get it. Participants were both female and male (5 females and five males). Two participants are from Palestine, one is from Macedonia, one is Swedish (born and raised in Sweden, but studied dentistry in Macedonia), three are from Syria, and one is from Serbia. Two of the participants received their dental education in Macedonia, one in Serbia, one in Egypt, three in Syria, one studied dentistry in two countries Moldova and Italy. (See Table 1 for more information about participants).

**Table 1.** Participants' profiles (Source: the author of this paper)

Participants names*	Age	Gender	Country of Education (Odontology)	Duration of Residence / Sweden	Employment / Dentistry	Place of residence
1. Layan	40	Female	Egypt	15 years	No	Malmö
2. Nikola	32	Male	Macedonia	8 years	No	Malmö
3. Abed	34	Male	Syria	8 years	No	Malmö
4. Lea	39	Female	Serbia	8 years	No	Malmö
5. Lydia	37	Female	Macedonia	8 years	No	Malmö
6. Naya	41	Female	Syria	5 years	No	Malmö
7. Ward	47	Female	Syria	8 years	No	Malmö
8. Majid	37	Male	Moldova/Italy	8 years	Yes	Malmö
9. Kasem	32	Male	Syria	9 years	Yes	Stockholm
10. Farid	36	Male	Syria	7 years	Yes	Umeå

\* Fictitious names.

### 3.4. Data Analysis

All interviews were recorded. After that, recorded interviews were transcribed. While transcribing the interviews, paused and certain words (those which were not relevant) were skipped. Interviews were flexible, and follow-up questions were asked based on the participant's answers to the interview guide questions. All follow-up questions were relevant to the research topic and contribute to more understanding of the participant's experiences. These interviews produced rich and extensive data sufficient to answer the research questions.

The data collected through interviews were analysed using narrative analysis. The data collected deals with participants' experiences and feelings about the entire integration process and answers the research questions. Each case responded to the obstacles in a unique way, responses cannot be generalized to all participants, which makes the narrative analysis suitable for this data (Linneberg & Korsgaard, 2019).

After transcribing the interviews, themes started to be noticed. These themes are related to and answer my research questions, what are the obstacles encountered by an immigrant dentist (outside the EU/ EEA and Switzerland) while integrating into the Swedish labour market?

These themes were merged and noticed in order to make a theoretical meaning for the data collected through interviews (Brink, et al., 2006).

A deductive approach to narrative analysis was used to interpret the empirical findings of this study. Where the theories were used to test the narrative. I outlined several factors to answer the questions, individual factors consist of cultural capital, the transformation of education, language skills, social capital, family needs, and changing the profession. In addition, authorities, and state institutions factors which consist of the lack of study materials and financial support. Furthermore, suggestions by the participants to improve their integration into the Swedish labour market. A summary of the themes and the subthemes is presented in Table2.

**Table 2.** Themes that emerged when analysing the data collected through interviews (Source: the author of this paper)

Themes	Subthemes
Individual factors	<ol style="list-style-type: none"> <li><b>1. Transforming of cultural capital</b> <ol style="list-style-type: none"> <li><b>a. Education</b></li> <li><b>b. Language skills</b></li> </ol> </li> <li><b>2. Social connections</b></li> <li><b>3. Family responsibilities</b></li> <li><b>4. Changing the profession</b></li> </ol>
Authority/state institutions	<ol style="list-style-type: none"> <li><b>1. Lack of support (materials, guidance)</b></li> <li><b>2. Lack of financial support</b></li> </ol>
Suggestions for improving the integration process	<ol style="list-style-type: none"> <li><b>1. Improving language courses</b></li> <li><b>2. Improving the two routes of the dental license</b></li> </ol>

### 3.5. Ethics

Since this study is dealing with personal data, people are involved who are expressing their feeling and experiences, there are ethical standards were followed when conducting the interviews. Participants were informed that their participation in the study is voluntary, and they can withdraw at any time without compromising their personal data. Anonymity is

essential when dealing with personal data. In order to maintain anonymity, participants were given fictitious names. Before starting the interviews, eight participants signed a consent form while the online interviewees did not sign the form, but they provide verbal consent. When we started the interviews, permission to record the interviews was requested from the participants, and they all agree. When presenting the empirical results, only data which are relevant to the topic were provided.

In this research, and trying to maintain objectivity, the interview questions were open-ended, without any indication of an answer, and through including diverse cases i.e., immigrant dentists who were working to acquire the license, immigrant dentists who were still trying to find their way to the license, and immigrant dentists who already have obtained the dental license were included. That is called 'deviant case analysis', this means that the researcher should include in his research both kinds of cases (Silverman, 2017), what consists of his hypothesis, and what does not consist of it. Thus, researchers increase the credibility of their research by not being biased towards exceptional cases that reinforce the researcher's argument but rather studying all the cases, the opposite ones, and compatible ones.

Silverman (2017) states that in qualitative research based on interviews, it is difficult for a researcher to maintain objectivity, as personal fundamentals affect them, and they should try to keep objectivity, awareness, and transparency.

### **3.6. Limitations**

This paper faces a few limitations, firstly: the sample size is relatively small which may impact its generalizability to all immigrant dentists. Only ten immigrant dentists volunteered to participate. Initially, this study aimed to focus on Malmö City, and due to the lack of responses it was generalized, and more cities were added, such as Umeå and Stockholm. Another limitation of this paper is time. The participants did not have enough time to make follow-up interviews. They were all busy, some of them were interviewed after their working day so they were tired. The participants who were joining the complementary courses were busy too. Two were interviewed at their lunchtime. This paper would have been better if the participants had more time.

## **4. Study Background**

In this section of the paper information about dentistry in Sweden will be presented. As well as the two routes of dental licenses which immigrants should follow to obtain the license will be explained. In addition, regulated occupations, and civic integration programmes (CIPs) will be illustrated to provide an understanding of the study topic and circumstances related to it.

### **4.1. Dentistry in the Swedish Context**

All the Swedish political parties agreed that all populations should have equal access to and affordability of dental services (Pälvärinne et al., 2018a). Dental services are provided in clinics in all cities and villages, with attention even to covering areas with a low population. Public Dental Services are offered in all the Swedish 21 counties.

There are two systems of dental care provision in Sweden, public dental services (PDS) and private dental services. Both systems are funded by the county council (Kravitz et al., 2015; Pälvärinne et al., 2018a; Pälvärinne et al., 2018b) which also operates them. Sweden has a generous oral health system, Pälvärinne et al. state that Sweden comes in fifth place in the OECD countries regarding its expenditure on health care.

Pälvärinne (2019) states that (PDS) provides services for children and youth until the age of 23 free and adults pay fees as the city councils have set, in addition to specialist dentists treatment is also free for children and youth (Kravitz et al., 2015). To make sure that the services provided are high quality, there are government agencies control the services (Pälvärinne et al., 2018a), for instance, Inspektionen för Vård och Omsorg. If a patient is not pleased with the service, he/she has received whether the treatment was not right or the patient was harmed by the treatment given to him/ her, he/ she can make a complaint at the reception of the place where he/ she was treated (Öster, 2020).

In Sweden, dentistry is divided into many specialities, such as paediatric dentistry, periodontology, endodontics, oral surgery, orthodontics, oral radiology, oral physiology, and prosthodontics (Pälvärinne et al., 2018a). In Sweden, the study of dentistry requires a five-year study, as the theoretical and practical sections are combined in these five years (Pälvärinne et al., 2018a) and it takes three years to become a specialist dentist and four years for oral surgery. After graduating, dentists do not need a period of training, they can directly apply for the license to start practising dentistry. There are four faculties of dentistry in Sweden, which are affiliated with the universities of Stockholm, Malmö, Umeå, and Gothenburg.

According to (‘ Statistikdatabas för hälso- och sjukvårdspersonal,’2023), in 2020, there were (9005) dentists, (7973) of them practising the profession and (1032) not working in the health sector. Which represents a mean of 77 practitioner dentists/ 100,000 inhabitants, there was a difference between the different regions (84 – 57), the highest number of dentists for 100,000 inhabitants was in the Stockholm region and Västra Götaland region, while the lowest was in Gävleborg region. A total of (67) immigrant dentists who were educated outside the EU/ EEA and Switzerland, obtained a Swedish license to practice dentistry in (2021), which is an increase over the year (2018) with (45) immigrant dentists only obtaining the license (C. Eriksson, personal communication, March 15, 2023). More immigrant dentists acquiring the Swedish dental license help to address the shortage of dentists number in Sweden. However, a hundred dentists are still struggling to get their licenses and start their professional life in Sweden.

**Table 3.** The number of practitioner dentists in some regions of Sweden. (Source: ‘ Statistikdatabas för hälso- och sjukvårdspersonal,’2023).

Regions	Number of practitioners dentists	of Practitioners dentists /100000 inhabitants
Stockholm	2022	85
Västra Götaland	1464	84
Jämtland	89	68
Gotland	47	78
Gävleborg	164	57

Regions presented in the table were chosen to highlight the disparity in the number of practitioners dentists within the Swedish regions. The regions presented are the ones with the largest and smallest number of practitioners dentists.

Furthermore, there is a special programme for dentists called ‘Korta Vägen’ which means ‘short route’ (Mozetič, 2022a), this programme aims to help immigrant dentists obtain Swedish licenses to practice the profession. This program includes intensive language courses related to the profession and at the same time also vocational training. In addition, these programmes help an immigrant dentist to pass the required exams to obtain the license (Khan-Gökkaya et al., 2019) by educating the participants elevated level of language. These programmes also provide the immigrant with necessary information about the process of licensing.

## 4.2. Two Routes for the Swedish Dental License

Sweden has a shortage of dentists in 18 regions of its 21 regions, this shortage is expected to last until 2035 (Hall Hoppe, 2022). Despite this shortage in dentists numbers, immigrant dentists have a lot of difficulties entering the Swedish labour market. Dentists who have studied dentistry in countries outside the EU/ EEA and Switzerland must acquire a Swedish license in order to be able to practice their profession. According to the Swedish National Board of Health and Welfare (Socialstyrelsen), a dentist should learn Swedish, and to prove Swedish skills a dentist must have a certificate of Swedish 3 at a municipal upper secondary adult education programme (Komvux) or level (C1) in accordance with the Common European Framework of Reference for Language. The board (‘‘ Legitimation och intyg,’’ 2020) states that there are two options (routes) to acquire the license, the first option takes from 2– 4 years and the second option takes from 1-3 years.

The first route is the Knowledge Exams (Kunskapsprov), which are only provided by Karolinska Institute (department of Odontology) and the examination is carried out on behalf of the Swedish Board for Health and Welfare (Dalum, 2023). The examination is provided in Swedish and aims to ensure that the candidates have the practical and theoretical knowledge which meets the Swedish identification. Examinations are divided into two parts: theoretical part and practical part. Dentists should finish the two parts within 5 years from the date they take the first part, in order to complete the examinations. Besides joining a course in Swedish laws and regulations and participating in a training period (‘‘ Legitimation och intyg,’’ 2020). After all these steps, immigrant dentists are eligible to apply for the Swedish dental license.

The percentage of participants who passed the theoretical part of the Knowledge Exams for this year is (55,17%), and from the previous year was (30.32%) for the examination taken in March, (13,76%) for the examination taken in September, and (45%) for examination taken in November, the theoretical part is offered three times per year (Dalum, 2023).

The second route is the complementary courses. There are three universities which offer complementary courses, Stockholm, Malmö, and Gothenburg. These courses were provided in 2010 (Karlsson, 2022). The purpose of these courses is to provide immigrant dentists with the essential knowledge to be eligible to apply for the dental license (‘‘Karolinska Institution’’, 2022). The education takes one year, and after the education is done, the student will have the knowledge and experience to get the license and practice the profession in Sweden (working as a dentist). For this course, the number of seats available is 16 and the applicants were 123



(N. Christidis, personal connection, April 27, 2023). The education includes of theoretical part mostly in odontology science and medical subjects. In addition to the theoretical part, there is training for skills which a dentist should have. Similar courses are offered in Malmö (“Complementary education for dentists with a foreign degree from countries outside the EU/EEA and Switzerland,” n.d.) and Gothenburg (“The program for supplementary education for dentists with degrees from countries outside the EU/EEA/Switzerland,” 2023). After one year of education, after this year, and after passing the exams, a student will be prepared to apply for a license.

### **4.3. Regulated Occupations**

There are some professions which are regulated, such as medicine, dentistry, teaching, nursing, some trading, and engineering. In other words, for one to practice these professions one needs to get a license or a kind of validation (Girard & Smith, 2013; Gittleman et al., 2018). About 30% of the jobs are regulated jobs in the European workforce (Peterson et al., 2014). In (2023), there are (75) occupations which are regulated in Sweden (“Regulated Professions,” 2023).

What is more, licensing restricts the number of practitioners of a profession, in other words, it limits the number of practitioners, because practising the occupation will require a license (Redbird & Escamilla-Garcia, 2020). This restriction aims to keep unqualified practitioners from practising the profession in order to keep providing a certain level of services. What is more, licensed occupations pay a higher salary, because they are connected to higher education (Girard & Smith, 2013; Peterson et al., 2014; Gomez et al., 2015). In Sweden, immigrants can start their process of licensing once they are granted asylum, and then send their original qualifications to be evaluated (Mozetič, 2022a).

However, for newly arrived immigrants, it could be difficult to obtain a license to practice their old profession in which they were practising in their home country as they need to validate their education degree and qualification (Girard & Smith, 2013; Mozetič, 2022a). Mozetič (2022a) interviewed participants in her study about the duration of the licensing process, they said that there was a lot of time lost. They said that they waited too much, sometimes for decisions, and other times for an empty place in a course. According to the participants, these waiting times were frustrating.

Licensed jobs are more likely to be more difficult for immigrants to integrate, as it takes a relatively extended period to obtain the license which enables an immigrant to practice his profession in the host country. According to Ferrer-Wreder et al. (2021), prior professional for

immigrants can be an obstacle to him obtaining a job (Ferrer-Wreder et al., 2021; Mozetič, 2022a). Ferrer-Wreder et al. (2021) argue that immigrants who are highly qualified such as doctors or engineers could find it more difficult to get a job as doctors or engineers in the host countries due to the need to learn an advanced level of language and the need to obtain a license to practice these professions. This is because education outside the host countries is devaluated in the host country (Akresh, 2006), and licensing requires a special kind of education which can be offered only in the host country (Redbird & Escamilla-Garcia, 2020).

What is more, language proficiency also plays a crucial role in the licensing process. Referring to the view of Redbird & Escamilla- Garcia (2020), in licensing process an immigrant should have an elevated level of the language of the host country as the exams and additional educational requirements are all in the host country's language.

Zietsma (2010), studied the possibility of an immigrant to Canada who worked in his home country in regulated occupations, in obtaining a job in the same field of his previous work. In other words, to what extent an immigrant with foreign education can get a licensed occupation? The results showed that (62%) of workers in licensed occupations were born in Canada, while (24%) were immigrants who were born and educated outside Canada. The author argues that the duration of the immigrant in which he has been in Canada and the country where the immigrant received his education, both impact the likelihood of working in a regulated job. For instance, an immigrant who was born outside Canada and received education and qualification in Canada is more likely to obtain a regulated job than an immigrant who was born and educated outside Canada or other host countries (Zietsma, 2010; Girard & Smith, 2013; Støren & Wiers-Jenssen, 2010; Alecu & Drange, 2019; Risberg & Romani, 2022). Moreover, the origin of education for an immigrant impacts the likelihood of him getting a regulated job. According to Girard & Smith (2013), and in the Canadian context, immigrants who have received their degrees in Europe and USA are more likely to obtain a regulated job than immigrants who have been educated in Asia and Latin America.

To elucidate, for new immigrants it is more difficult to get a regulated job (Cassidy & Dacass, 2021; Zietsma, 2010; Girard & Smith, 2013). It takes an immigrant up to 10 years to have the same likelihood as a local citizen of acquiring a regulated job. However, within the first years of immigrants' arrival to the host countries tend to work in an occupation that requires lower skills than they have (Tani, 2021) and they move to a job that requires higher skills as time goes on.

#### **4.4. Civic Integration Programmes (CIPs)**

Participation of immigrants in the labour market is a result of joint efforts between the immigrants themselves and the society which offers services, opportunities, and acceptance. In order to assist immigrants with their integration into the labour market, host countries offer newly arrived immigrants programmes that help them to learn the language of the host country and provide them with knowledge of the new societies. According to Mozetič (2022b), civic integration programs [CIPs] are programs that provide immigrants with skills, information, language training, and social network which in turn facilitate their participation in the labour market (Lee et al., 2020; Blankvoort et al., 2021). Previous studies have shown that these programs have promoted the access of immigrants to the labour market but did not protect them from employment inequality between them and the rest of the population (Valenta & Bunar, 2010). Mozetič (2022b) stated that immigrants in Malmö were satisfied with the way they were treated within (CIPs), as they were considered hard-working qualified persons, which gave them the motivation to achieve their career goals.

However, not all studies agree that these programmes are beneficial rather than considered as having a crucial impact on the process of immigrant integration into the labour market (Phillimore, 2020; Gebhardt, 2016). For instance, in the case of female immigrants in Sweden (Spehar, 2021), they found civic integration programs useless and did not respond to their needs, and this issue was a decisive factor in not entering the labour market. Moreover, civic integration programmes in the Netherlands were considered inhospitable and failed to do their purpose which is to facilitate immigrants' integration (Blankvoort et al., 2021). On the other hand, civic integration programmes were considered a positive effect on the integration of immigrants into labour markets (Valenta & Bunar, 2010).

Carlbaum (2022) illustrates that the Swedish authorities offer a programme to help immigrants improve their skills and learn the Swedish language. In addition, the authorities entrusted this task to the Public Employment Services (PES) and connected the welfare and participation in activities which it provides. In other words, for an immigrant to receive welfare, he should participate in these programmes and activities. In addition, once a refugee obtains a residence permit, he is registered with the (PES). Language teaching is provided, and special courses are offered according to the person's needs and qualifications over a period of two years and on a full-time basis. Furthermore, learning the language of the host countries is crucial for immigrant integration (Öbrink Hobzová, 2021), not only into the labour market but rather integration into the societies of host countries. According to Öbrink Hobzová (2021), SFI

‘Svenska för invandrare’ which means ‘Swedish for immigrants’ is a course offered to new immigrants who need to learn the language. Despite the varied reasons for immigration or asylum, all still need to learn the language.

However, (PES) in 2015 offered a fast track for professionals such as doctors, teachers, painters, and social workers. According to Economou (2021), this fast track was found to help immigrants with skills and degrees to improve their skills, learn the Swedish language, and validate their education and skills (Mozetič, 2022a). Referring to (PES), fast tracks were found to facilitate the entry of immigrants into the Swedish labour market and to ensure that skills are employed in an appropriate place for them, regardless of the country of obtaining these competencies (‘‘Arbetsförmedlingens nulägesbedömning av arbetet med snabbspår,’’ 2018). Public Employment Services are still working and developing more fast track programmes, 20 programmes in 2016 covered twenty occupations and now there are 30 programmes which cover thirty occupations. Regarding the fast track for dentists (‘‘Arbetsförmedlingens nulägesbedömning av arbetet med snabbspår,’’ 2018), there has been a lack of places for qualified immigrant dentists who want to participate in complementary courses which help them pass the knowledge test for the National Board of Health and Welfare which make (PES) try to find more flexible ways to help the dentists like online participating in the complementary course.

## **5. Empirical Findings**

In this section, the findings of this research paper will be presented in the form of the themes and the subthemes which emerged when analysing the data. Each theme will be presented with examples of the participant's speech. These themes and subthemes were derived from the theories and the contextual background. While presenting the results of the interviews, some sentences were rephrased to make it easier for the reader to understand, of course, while maintaining the same meaning.

### **5.1. Individual factors**

This section will present the factors and aspects which have impacted immigrant dentists' integration into the Swedish labour market and are relevant to the dentists themselves. These factors are represented by the need to transform immigrants' cultural capital, such as language skills, joining complementary courses, and changing the profession.

#### **5.1.1. Transforming cultural capital**

Immigrant dentists who were interviewed emphasized the importance of transforming cultural capital, as they needed to learn the Swedish language and participate in complementary courses to be eligible to apply for the Swedish dental license.

All of the dentists who were interviewed expressed that their education was devaluated by the authority in Sweden. All of them needed to take complementary courses or participate in the Knowledge Exams to be able to apply for the Swedish dental license. Some of them had finished the complementary course and acquired their dental license. Others were having complementary courses and the final part of them are still trying to get a place in these courses. According to the participants, for dentists to be eligible to join the complementary courses, they needed to meet some requirements. First, they have to validate their certificates of dentistry. Second, they have to reach the required level of language. Finally, they have to take a practical exam and a theoretical exam and be interviewed. If they pass these exams and the interview, they will be offered a place or be placed on a waiting list, according to the dentists who were interviewed, some of them took them up to five years to get a place in these courses.

- **Language Skills**

Abed is an immigrant dentist who received his education in dentistry in Syria, said that he studied first at SFI (Svenska för invandrare) schools and when he finished it, he moved to the

next level which is called (grundläggande), and because it takes a long time he preferred to learn Swedish through practising the language, so he starts working which enable him to achieve the required level of language, this is his words:

I studied the SFI, then move forward to the next level which I thought is not useful it is easier and more sufficient for me if I learn the language through working, and that is what I did, you can say learned it in my way. (12/04/2023)

Another interviewee, Lydia is an immigrant dentist who received her dentistry education in Macedonia, she said that she liked the process of learning Swedish, it took her almost two years, and by working as a dental assistant she has improved her language:

I attended SFI schools, then I moved to Svenska Grund, and after that, I joined Svenska som andra språk three, the full process took two years. I had an enjoyable experience studying Swedish, I was incredibly happy with it. I had good teachers, and I did not want to join Korta Vägen because I thought it is not enough time to learn properly, so, I preferred to take my time to learn Swedish, I needed these years..... I think I had a positive experience learning Swedish, I do not think that there is no more that can be done to evolve it, it is a particularly good process. (14/04/2023)

While almost all the dentists interviewed state that the Swedish language plays a crucial role in the process of integrating into the labour market. Mastering the language took most of them several years, there is an interviewee, Nikola who was born and raised in Sweden until the age of 15, then he goes back to Macedonia, where he studied secondary school and university, then came back to Sweden at the age of 24. Despite his fluency in the Swedish language, it was difficult for him to get a place on the complementary course, which has an entry requirement of Swedish language level C1, he has been in Sweden for 8 years:

I was born and raised in Sweden, until I was fifteen, I moved to Macedonia where I stayed there until I finished my education in dentistry. I have been in Sweden for 8 years, I have not worked as a dentist in Macedonia, I am a Swedish citizen, and speak perfect Swedish and did not need to go to any school or course to learn the language, but still find it exceedingly difficult to integrate into the Swedish labour market. (12/04/2023)

Kasem is an immigrant dentist who received his dentistry education in Syria and has been in Sweden for 9 years, he knew that language is the key to integration in the Swedish labour market, so he was determined to start learning the language from the day he arrived in Sweden. he had to wait to get his residence permit, but he found a way to learn it, he said:

I learned Swedish before I got my residence permit, and I started to look for free courses in Swedish. I found an Iranian group that offered almost free courses (50 Kr), and I learned Swedish in this course but did not get any certificate. When I got my residence permit, they send me to SFI school. I took the national exam (which is the exam to move to the next level in SFI, or to get the certificate of SFI) and finished SFI within a week. After that, I wanted to continue with the language..... I moved to a nearby municipality where I joined snabbspår, and that course finished in five or six months. (01/05/2023)

- **Complementary courses**

All interviewees have chosen this route to obtain a dental license. Some of them have already obtained the license, others were taking the course at the time of interviews, and two dentists are still trying to get a place in one of these courses. Most of the interviewees tried several times to be offered a place, while two of them were offered a place on the first attempt. Nikola, who was taking the complementary course at Malmö University at the time of the interview, expressed that he was lucky and incredibly happy to join this course. His words are:

Complementary courses are offered in Malmö, Stockholm, and Gothenburg.....it is one year of education, which starts in the spring semester, and consists of theoretical teaching, and at the summer break, one can work in a summer job or train at the public clinics. Then the second semester (VFU) the practical part of the course starts in early August where the dentist will be assigned to one clinic, where they will practice dentistry with a supervisor who makes sure they know what they are doing and evaluate their knowledge.....they will be working in a temporary dental license. If the supervisor assesses that the dentist is not competent, the dentist will lose his place in the course. After 12 weeks of working in clinics, dentists have to write a detailed essay about the twelve patients they treated in the previous weeks, and they choose one case to prepare a presentation of a detailed pathological case of the patient, treatments were done to him, the cost of the treatment and pictures from the patient journals or X-Rays if existed. The presentation is about 20-30 minutes, with a professor asking questions about the chosen treatment and what could be done better, if the dentist passes this presentation, he will pass the course. (12/04/2023)

All interviewees agreed that these courses are helpful and are a particularly good route to go through and finally, obtain the dental license. When interviewees were asked if they have learned anything new about dentistry, their responses differ. Some of them said that they learned a lot about the Swedish working systems, and protocols followed when developing the treatment plan. Majid is working as a dentist for 3 years now, he said that he did not learn anything new that he did not know before, but he learned a lot about the working system:

I did not learn any new dental information in the complementary course, dentistry is dentistry everywhere, and treatments are the same. I refreshed my information and learned the system of working, especially the treatment of children and how to deal with children when treating them and the regulation of the profession, for example, there is a special kind of filling which is not allowed to use in some countries while there are countries who still using it. So, each country has its system that the dentists need to know.....another example is that in some countries don't make root filling of a milk tooth, like in Sweden, but in other countries, it is okay to do so..... at any country a dentist wants to work, except for the country of education, a dentist needs to validate his certificate and to be examined to see which working system he follows and learn the system of the country. (27/04/2023)

Farid, a Syrian dentist who has been in Sweden for 7 years, when he was asked about the new thing he has learned in the complementary course, said that there is a lot of repetition, but this is justified by his point of view:

There was a lot of repetition in the theoretical part, in my opinion, these courses should be offered the way it is offered now because there are dentists in the course from various countries, and each one needed to focus on a certain subject. So, the course was particularly good in general. I learned how to write the journal of a patient, which is about the patient's status, and I was exposed to the Swedish language related to practising dentistry more than the Swedish books and theoretical part. I also learned a lot about the insurance agency and matters related to it, which was new to me....in general, the course was helpful, and I learned a lot about the Swedish working systems, but of course, not all the information was new to me. (02/05/2023)

As mentioned above there were two interviewees who were not offered places in the complementary courses, these are their stories. Layan is an immigrant dentist, she received her education in Egypt, she said that she could not get a place in the complementary courses, although she has been applying for several years now, and still was not offered a place she believed that dentists who were able to pass the theoretical part of the Knowledge Exam should continue with the Knowledge Exam, and then maybe others who were not able to pass the Knowledge Exam will have their chance and gets a place in these courses, and finally be able to practice their profession:

The problem with complementary courses is that they offer limited places, and it is difficult to get a place. Both dentists who passed the knowledge test and those who didn't pass can apply to these courses, which makes the competition very high, dentists who passed the Knowledge Exam should continue their way in and take the Knowledge Exam (the practical part) to get the license and not apply for these courses, to give others the chance to join the course. (07/04/2023)



The other interviewee is Naya, she received her education in Syria and has thirteen years of work experience, she applied several times to the complementary courses, but unfortunately, was not offered a place. She did not understand the criteria met by the applicants, and when a lot of applicants met all the conditions, how is the selection process done and on what basis:

I applied for the complementary course in Malmö several times, (I have little children who go to school I cannot apply in other cities), and I was placed on the waiting list every time I applied, but I did not get any place after all. I need to know why others were offered a place and not me, and on what basis they select the participants..... I do not understand the selection process, but it is incredibly sad that I keep applying and have not been offered a place yet. (24/04/2023)

All the interviewees felt that these courses are the only way that leads to a dental license. The other route to the license, the Knowledge Exam according to them is not supported, neither financially nor in terms of materials and books to guide the dentist through this route, exams on this route are exceedingly difficult, as they felt it is complicated, Abed who is an immigrant dentist, has received his education in Syria, said:

Exam questions are difficult to understand, and one should think hard to know exactly what to write since there are limited words that can be used to answer the questions, so if the question is not truly clear dentists cannot express their opinions. I failed the Knowledge Exam three times. (12/04/2023)

When interviewees were asked about their experiences with the Knowledge Exam, the majority of them said that it was a terrible experience, and most of them could not pass the exam. Lydia said that it is a stressful test, it takes a long time, and in her opinion, it should be done in another way, and this is the reason for joining the course:

when I studied dentistry in Macedonia, I studied seventeen subjects over five years, in the Knowledge Exam they want to evaluate us in the seventeen subjects at once, for eight hours. It is exhausting. Even if a dentist is ready, he will lose focus and will be stressed thinking if he will finish on time, it is not working.....I knew I had to join a complementary course to get the license and here I am. (14/04/2023)

Another interviewee, Majid, who received his education in Moldova and Italy, said that questions of the Knowledge Exam are not only evaluating the dental knowledge of the dentists but also evaluating their understanding of the Swedish language. This is the reason why questions are overly complicated, but he thinks it is understandable and the dentist should be able to understand the advanced level of Swedish:

Questions are tricky, in the Knowledge Exam. A dentist should be incredibly good in Swedish to be able to pass the exam. It is not only about dentistry but also like they are evaluating our Swedish. A dentist should understand what is meant by the questions. And it is an exceedingly long day, long hours, which makes the dentists feel nervous. But once a dentist starts the exam and starts solving the questions, he will be a bit relaxed, but in a hurry to be able to finish on time. (27/04/2023)

### **5.1.2. Social Connections**

Interviewees who have made their way to the Swedish labour market state that social connections were not a crucial factor in finding a job as a dentist, it did help, but they can find a job without the social connections, which is what Farid said:

I did not face any difficulties obtaining a job. I got several job offers, and I chose between them. I do not think that any one of my colleagues at the complementary course has any difficulties having a job, I think that is because there is a shortage of dentist practitioners..... I have got some of these job offers through social connections as I knew some people working in dentistry clinics through the internship periods I spent in these clinics. (02/05/2023)

While social connection is important for immigrants in finding jobs, through social connections immigrant dentists who were able to get the license, are helping other dentists who were not offered a place in the complementary courses, to prepare for the Knowledge Exams. They create WhatsApp and Facebook groups where they meet and exchange knowledge. Licensed dentists and specialized dentists provide dentists with the support needed to pass the Knowledge Exam. Farid told me that he has a group of immigrant dentists, he helped and try to support them in various ways:

I try to provide them with the support and help they need, I motivate them and remind them that they can do it, it is just a matter of time before two of the dentists in the group have passed the Knowledge Exam. (02/05/2023)

Majid told me when he was asked about the importance of social connections that it is important, but he was not a part of any social connection, he did not know anybody at that time:

It is important to have some kind of guidance and support during the whole process. So, I think that the best way in the absence of guidance and support in the Knowledge Exam is to join the complementary courses. I tried to collect all the available material, online through friends, but I was not a part of any social media groups, I think that social connection is particularly important, as they share knowledge and help each other to find their way. (27/04/2023)

Motivation is one especially important thing, Naya has said that there is no motivation at all, which could be provided by lectures. When she was asked about the social media groups for licensed dentists, she said she does not trust them, she thinks they lack credibility:

The lack of supervision leads to a lack of motivation, and I feel depressed. We need some kind of lecture where a lecturer is from Karolinska Institute and provides us with information and motivate us to study and focus on our goal, so we will not feel lost in the process..... I cannot make sure that they are credible, I cannot trust them. (27/04/2023)

### **5.1.3. Family Responsibilities**

Female married interviewees imply that their responsibilities within the family are considered a barrier to them. When they were asked if they think that if it is their spouse who is going through the process of transforming the cultural capital in order to integrate into the labour market, will the process be as difficult for him as it is for you now? Lea who is married and has one little child said:

Even if a male is married and has children, it is easier for him because he does not have responsibilities at home like the mother who takes care of children. I even think it is not the same for married females and unmarried females.... I cannot change who I am and what I am used to, I love taking care of my children, I just cannot stop doing that even if I shared my child's responsibilities with his father, it is difficult. (14/04/2023)

Ward is a married female and has three children, her family lives in Stockholm, and at the time of the interview was studying the complementary course in Malmö. When I asked her about her feelings about leaving her family in a city and travelling to another to join the course, she said:

It is the most difficult thing I have ever done; I know that they are with their father, but I feel bad for having to stay away from them, I travel every weekend to see them, and it takes about six hours to get there. It is also expensive..... I feel distracted most of the time thinking of them. (26/04/2023)

Female dentists were asked about the family responsibilities and difficulties which married women face while integrating into the labour market, some of them said they do not know if that could be considered a hindrance. One of them, said I do not know, this is something specific to every family and its culture. Majid, who is a male interviewee, said that there is no difference between men and women in responsibilities, and a woman can study and be successful if she wants:

My wife is studying right now, she has all the time she needs to study, and I helped her with the housework, I believe if a woman wants to be successful in her life, she can easily do it. I am incredibly supportive of my wife, having a family should not stop a woman from her self-fulfilment. (27/04/2023)

#### **5.1.4. Changing the Profession**

Interviewees were asked if they thought of changing their profession. Only one interviewee said that she would never change her profession, Lydia said that she is a dentist and will work as a dentist if not in Sweden, then she will go back to her home country, Macedonia:

I told my husband if I did not get the license this year, I will go back to Macedonia. Eight years is more than enough to get the license.... I cannot see myself in another profession, I like being a dentist and will work as a dentist, whether here or back in my home country. I would never change my profession....it was exceedingly difficult to work as a dental assistant, let alone another profession. (14/04/2023)

Other interviewees did work in other professions before coming back to dental license. They said that they have families needed to be financially supported and interviewees who were unmarried at the time of studying had to work to support themselves. Layan said that she had to work several jobs to support her family:

I had courses to work at a beauty clinic doing Botox and fillers, I worked there for four years. I worked as a dentist assistant for four years and got a lower wage than an educated and legitimated assistant..... I worked at a preschool as a childcare worker for three years, I have a family and I needed to support my family, so I had to work. (07/04/2023)

### **5.2. Factors Related to State Institutions**

These factors impact the process of immigrants' integration into the Swedish labour market, and it is not related to immigrants themselves, but rather imposed on them. Interviewees think that these factors are hindering them or delaying their integration process. These factors are the lack of support, both mental and material.

#### **5.2.1. Lack of guidance and materials**

All interviewees said that it is challenging to prepare for these exams because of the lack of guidance and materials to study. They told me that there is a list of reference books at Karolinska Institute, which consists of several thousand pages, which takes a long time to read

them let alone study them. Farid talked about the Karolinska Institute list of books that he thinks does not make sense:

All steps are explained on the Karolinska Institute webpage, but there is no follow-up, only information provided, and dentists should find their way by themselves. There are resources available on the same webpage, but it is a substantial number of pages almost 15000 pages in total. It takes a person an exceptionally extended period just to go through it, and to study it he needs even a longer time, which could be shortened if they offer more focused materials, I do not understand why materials are so general. (02/05/2023)

Naya said that before coming to Sweden, she thought that she would start her professional life in a couple of years in Sweden, but she has been in Sweden for five years and still does not obtain a dental license or even join a complimentary course when she was asked why did not she choose the Knowledge Exam route to obtain the license, she said that this route lack of support in all its dimensions :

There is only information online, and we should figure out what to do on our own. There is no detailed information available, no support, and no guidance, I feel like we are left alone. Just some online list of reference books and dentists should do it all by themselves. The Karolinska Institute webpage is the online resource that listed the reference books. They should provide some clear material to study from, and we need to be provided with the support to buy these books, they are very expensive, and no one offers financial support to buy them.....I have applied three times for the complementary courses, and every time they place me on the waiting list, I feel like I am outside the globe and alone.....before coming to Sweden, I heard that dentists get a good salary and working environment. (24/04/2023)

### **5.2.2. The Lack of Financial Support**

One interviewee told me that she did not buy all the books listed on the Karolinska webpage, she said they are too expensive, and she was unemployed, and no one helped her to buy these books. Another told me that during the period of preparing for the Knowledge Exam, the student should not be working, he should study but at the same time, if he did not work, no one supports him. It is frustrating. Lea told me about her experience before having a place in the complementary course:

I tried to study by myself, it felt terrible being a mom, and had to work to support myself and study all at the same time..... I can say it was not a pleasant experience and was not successful. (14/04/2023)

This is something that all interviewees agreed on. The lack of support, they wondered how they are supposed to get the license and work if they do not have the chance to do so. They needed to work to cover their living expenses and support their families (who have one). Layan said that she feels like her dream is postponed until she is offered a place in a complementary course:

Right now, I am working, I do not have time to study especially the kinds of materials provided on the Karolinska webpage..... I will keep working until I am offered a place on a complementary course and then I can quit my job and study to reach my goal, the Swedish dental license... until then the goal will continue to be postponed. (07/04/2023)

### **5.3. Suggestion to Improve the Process of Integration**

#### **5.3.1. Improving Language Courses**

All interviewees were asked about their opinion on what should be done to facilitate the integration of immigrant dentists into the Swedish labour market. Majid said:

that there is a part of the process of learning Swedish, which is a novel analysis, and poetry. These are not important for dentists and doctors; it is like studying Swedish literature (an old language that is not spoken these days) ..... I believe they could change it and instead teach something useful to us. Something I will use someday, for example, in conversation at the clinic, at the hospital. I started a period of language practising in Folk tandvård..... did not do anything but watch and learn Swedish, it was helpful. (27/04/2023)

#### **5.3.2. Providing necessary support for both routes of the dental license**

Naya, who is still waiting for a place on the complementary course, said that this support we are getting from the social connections should be provided by the state:

It is disappointing, I want to work, but now I am of working age and all these years passed and I am still unemployed..... materials which are distributed in social media groups should be issued by the Karolinska Institute itself. (27/04/2023)

Majid suggests that preparatory courses should be provided for the Knowledge Exams route:

There should be some kind of preparatory courses for the theoretical part of the exam. The purpose of these courses is for dentists to understand the working system of the country and have specific materials to study .....each country has its special system of working. So, the guidance

is important. If guidance is provided for the Knowledge Exams, then more dentists will choose to go through it to get the dental license. (27/04/202)

## **6. Analysis and Discussion**

This section is a discussion of the empirical data collected from the interviews conducted with immigrant dentists in order to answer this paper's research questions. Research questions are investigating barriers faced by immigrant dentists while integrating into the Swedish labour market, and according to their experiences in the integration process, what can be done to facilitate their integration into the labour market. The data collected will be related to the previous research. Data will be discussed and analysed in order which follows the theoretical framework section of this paper and the study background, besides suggestions by the participants which will be the last part of the discussions.

### **6.1. Ways to acquire the Swedish dental license**

There are two routes to acquiring the Swedish dental license, firstly, the complementary courses which are offered in Stockholm, Gothenburg, and Malmö. Secondly: The Knowledge Exams which take place in Stockholm. An immigrant dentist can follow one of these two routes to acquire the Swedish dental license ('Legitimation och intyg,' 2020).

As mentioned earlier, validating immigrant dentists' certificates is not enough, they must either enrol in a complementary course or participate in the Knowledge Exams. However, these two routes pose a great challenge for immigrant dentists. Karolinska Institute is the only institution that provides the Knowledge Exams. Interviewees expressed that there is no financial support and there is a lack of study materials provided by Karolinska Institute. Moreover, the participants indicate that there is no financial support offered for them to participate in the Knowledge Exams. They mentioned that no organization provides any kind of student loan, for dentists who are preparing for the Knowledge Exams. While the period of preparation, dentists who participated in the Knowledge Exams needed to work to support themselves and their families. Working during preparing for the examinations is stressful and extremely difficult, as expressed by the participants. The percentage of candidates in the theoretical examination of the Knowledge Exams ranged between (13,76%) last year and (55,17%) this year. These low rates of candidates who pass the exams are the result of the lack of support provided for this route. In addition, the study materials offered by Karolinska Institute are very extensive, which makes it very difficult to study. Due to these elements, almost all immigrant dentists prefer to join one of the complementary courses.



The participants clarified that it is extremely difficult to be offered a place in one of the complementary courses, they highlighted that there are limited places in each course. Furthermore, the participants explain that there is huge pressure on the complementary courses due to the lack of support for the other route. Almost (13 %) of all the applicants were offered a place in the course at Karolinska Institute (N. Christidis, personal connection, April 27, 2023). They discussed that complementary courses are more supported than the other route. In addition, the participants mention that when studying the complementary course, a dentist can apply for a student loan. Furthermore, teaching is provided during the course which is not offered for the Knowledge Exams route. To this end, the interviewees propose that if a dentist was not offered a place in the complementary courses which are financially supported, then they have no choice but to prepare themselves for the Knowledge Exams which are not supported either financially or in study materials.

## **6.2. The need to Transfer the Human Capital of Immigrant Dentists**

Human capital theory can explain the difficulties encountered by highly educated immigrants in acquiring a job that matches their qualifications (Alshakrchy & Jansson, 2022; Clark et al., 2019). In addition, human capital is the set of education, skills, experiences, languages, and any other competence that a person owns and is useful in the workplace. The place of acquiring a person's education and skills is crucial because its value is linked to the place where it was obtained. As a result, the human capital of an immigrant is devaluated in the host countries (Heilbrunn et al., 2010).

In this study, the participants illustrated that their education and skills are devaluated. Most of them said that they have work experience in their home country for several years yet, the Swedish Board of Health and Welfare did not recognize their experiences and devaluated their education. Although two participants have more than ten years of work experience in their home countries, they were not eligible to apply for the Swedish dental license. Some of the interviewees mentioned that they worked as dental assistants before getting their licenses, although they are dentists and were educated to be dentists. They were not allowed to work as dentists but were allowed to work as a dental assistant which requires less education than a dentist. That is what has been referred to in the previous literature as the devaluation of immigrants' degrees (Fleischmann & Dronkers, 2010).

However, this devaluation is justified especially in professions such as dentistry due to the variety of protocols followed in planning the dental treatment. The country's regulations also

differ between countries, which impose the immigrants to learn these regulations. This is why education from outside the host countries is devaluated. The study participants illustrated that every country has its protocols followed when planning dental treatment. Some of the interviewees who are working as dentists in Sweden exemplified a few protocols, which differ in Sweden from their home countries. For instance, there is a specific kind of route filling, which is forbidden to use in Sweden while there are some countries still use it. Another example is the protocols followed in children's dental treatment. In Sweden, it is not allowed to do a route filling in a milk tooth, while in other countries dentists do that. The interviewees showed that they understand the need to learn these protocols.

The human capital of highly skilled immigrants contributes to the economic growth of host countries (Farivar et al., 2022; Farashah & Blomquist, 2022), as they fill in the shortage of the required skills and they deliver knowledge in the host country. In Sweden, there is a shortage in the number of dentists in 18 regions. On the other hand, there are a huge number of immigrant dentists who are experienced and unable to integrate. These dentists would help to fill the shortage and contribute to the economy. Additionally, having more dentists practising the profession will influence the waiting time for scheduling an appointment with a dentist. The increasing number of practitioners (when facilitating immigrant dentists' integration into the Swedish labour market) in turn promotes a more exceptional dental service provided.

In previous studies, human capital is considered an investment. They argue that highly educated people could leave their home countries and travel to other places (Farashah & Blomquist, 2022), to have better living conditions. Some of the participants indicate that they came to Sweden looking for a better life and that is what they heard before coming to Sweden. If you work as a dentist in Sweden, you will have a good life and a good salary.

Working in regulated occupations in the host countries requires transforming the human capital of an immigrant, it is considered a special case of the human capital. Previous literature have found that immigrants who have worked in regulated professions in their home countries could occupy professions that require less qualifications and skills than they have (Tani, 2021). Most of the interviewees said that they worked in different jobs while they were preparing for the Knowledge Exams to get their licenses, they justified this by their need to financially support their families. One of the interviewees worked in childcare and another worked as a truck driver. They said that if a dentist chooses to register himself for the knowledge exams, there is no

financial support for the candidate. No organization offers a student loan, or any other type of support, so they had to work. So, they had to work.

Immigrants' previous profession impacts their integration into the labour market of host countries. Immigrants who were working in regulated jobs such as dentists, doctors, engineers, and teachers might find it challenging to occupy the same profession in the host countries. During the first few years of an immigrant's arrival in the host country, they tend to work in an occupation that requires lower skills than they have (Tani, 2021) which is what most of the participants did before they returned to the dentistry profession.

Working in regulated occupations is difficult for new immigrants in the host country, as they need to validate their certificates and master the language of the host country (Girard & Smith, 2013; Mozetič, 2022a). This is what all the participants said. Most of them have been in Sweden for several years and still not working as a dentist, which is because education outside the host countries is devaluated in the host country (Akresh, 2006) where the reason is discussed previously. As a result, highly educated immigrants need to transform their cultural capital. Participants in this research illustrated that validating their education was not enough to consider them eligible to apply for the license.

### **6.3. Challenges Related to the Cultural Capital of the Immigrant Dentists**

Data which was collected through interviewing the immigrant dentists shows that all the interviewees needed to transform their cultural capital in order to be able to apply for the Swedish dental license, and finally integrate into the labour market. The process of transforming their cultural capital consists of two dimensions. The first is learning the Swedish language, and the second is participating in the complementary courses or the Knowledge Exams to be eligible to apply for the Swedish dental license.

In the previous research, it was stated that cultural capital is divided into two forms, institutional form, and embodied form (Carlbaum, 2022). The institutional form is represented by the education an immigrant has, including certificates, language skills, and other kinds of skill an immigrant have before immigrating to the host countries. The embodied form represents the physical characteristics of the immigrants such as gender, and skin colour (Bauder, 2003). Existing literature indicates that the cultural capital of the immigrant is devaluated in the host country, and the immigrant should transform his cultural capital to be suitable for the host

country (Behtoui, 2022). Language is a key factor in the successful integration process (Delander et al., 2005), it is the way to communicate and to be able to apply for a job and get the job. If the immigrant wants to work in sectors that require higher education, he must master the language and reach an elevated level of the language. That is the case for immigrant dentists who want to practice dentistry in Sweden, they needed to reach a level of C1 or Svenska 3 to be eligible to apply for a Swedish dental license. The process of learning the language could be challenging for some immigrants, while others find it easier to learn a new language. Learning the language is a form of transforming the cultural capital of the immigrant which corresponds to what previous research had presented. For an immigrant to be able to work in the host country, he needs to master the language, as he needs to adjust his cultural capital (Carlbaum, 2022). In the licensing process, an immigrant needs to show an elevated level of the language of the host country as the exams and additional educational requirements are all in the host country's language (Redbird & Escamilla- Garcia, 2020).

The other form of transforming the cultural capital, which emerged from the interviewees' responses is the need to join a complementary course in one of the three universities which offer this kind of education. The second option for the immigrant dentist is to study and prepare for the Knowledge Exams. These are the two routes for the Swedish dental license. After validating their degrees, immigrant dentists need to apply for a Swedish dental license. In order to be eligible to apply, they can join a complementary course and pass its exams or try to pass the Knowledge Exams within the specified period (five years from the first exam). This is another type of transforming the cultural capital of an immigrant. Immigrants dentists illustrated that they had to join a complementary course and pass it to be eligible to apply for the license.

Complementary courses are programmes offered only by universities which offer dentistry education (Stockholm, Gothenburg, and Malmö). These programmes are designed to supply immigrant dentists with knowledge about odontology as well as the chance to know the Swedish protocols of dental treatment. The Knowledge Exam consists of two parts (theoretical and practical), and immigrant dentists should pass both parts in order to be eligible for the license ('Legitimation och intyg,' 2020). Participants' answers are consistent with previous research, they were not eligible to apply for the Swedish dental license until they transform their cultural capital by transforming their knowledge and education to become recognisable by the Swedish institutions. These two routes represent the transformation of the cultural capital. Without passing one of the two routes, an immigrant dentist will not be eligible to apply for a dental license.

Gender is a form of embodied cultural capital which affects employment rates (Carlbam, 2022). A lot of research show that immigrant women are more vulnerable, and underprivileged than local women and immigrant men. All female interviewees and some of the male interviewees specify that the integration process is more difficult for women than men. They said that responsibilities within their families restricted them. One of the interviewees said that she applied for complementary courses only in Malmö (while they are offered in three universities), the city where she lives, because she has little children, and she cannot leave them. While other interviewees expressed that they have travelled to other cities to join one of these courses. They told me that they travel every weekend, from Malmö to Stockholm, which is a long and expensive journey. It is very difficult for them to live and study in Malmö and their families live in Stockholm. One interviewee stated that there is no difference between responsibilities between him and his wife within their family and he is supportive of his wife as she is studying.

Another factor that some of the participants believe that it delays their integration into the labour market is gender. Female participants illustrated that their responsibilities within the family were challenging. They said that it is much easier for a male to go through the process of transforming their cultural capital. Responsibilities differ within the family according to cultural factors. But in most cases, women are taking more responsibilities within the family (Newkirk et al., 2017), even if both spouses are working.

#### **6.4. The Importance of Capital of Social Connections**

Social connections are the relationships that immigrants built with people who share the same background in the society where they are living in the host country. Furthermore, through these connections, the immigrant is expected to benefit and exchange benefits with others in the same network (Lin, 2017; Yamazaki, 2022). Study participants illustrated that social connections are useful and that they exchange knowledge and required study materials to prepare for the Knowledge Exams, during the process of transforming their cultural capital. For instance, participants talked about Facebook and WhatsApp groups, where immigrant dentists join online meetings and exchange materials and support each other and provide motivation. Immigrant dentists who want to participate in the Knowledge Exams join these groups to get support and motivation

In the previous literature, some of the research indicates that social connections could have both positive and negative impacts on immigrant integration (Mansouri & Johns, 2017).

However, others express that social connections have a negative impact on immigrants' integration (Herdağdelen et al., 2016). In the case of immigrant dentists' integration into the Swedish labour market, social connections have a positive impact on the immigrants. The participants' experiences in the integration process reveal that social connections play a critical role while transforming the human capital (during addressing one of the two routes of the license) as immigrant dentists leverage social connections through exchanging study materials. One participant expressed that he receives support and material from social connections instead of receiving this kind of support from the authorities.

On the other hand, social connections have a positive impact but are not essential while looking for a job, some of them were offered job opportunities through social connections. Interviewees who were working at the time of the interviews explained that obtaining a job as a dentist was not challenging, they were employed right after they received their dental license. Some of them said that they had several offers to choose from and some of the opportunities were through social connections. Previous literature argue that social connections are essential for an immigrant to obtain a job (Garcia, 2005; Ortlieb & Knappert, 2023) while this study found that it is not essential for an immigrant dentist to obtain a job.

### **6.5. Suggestions by the Participants to Improve the Integration Process**

When executing the interviews, the participants were asked about what can be done to improve the process of their integration. They were asked about their opinions since they are going through this process or have been through it and succeeded. However, they have a good understanding of the whole process of integration.

Some of them talked about improving language courses. They suggest that special courses should be offered to doctors for example or dentists with a focus on medical terminology. They illustrated that these kinds of courses would be a great help for them and will shorten the time of learning. By removing unnecessary things such as poetry and literature and writing long texts about literature from the courses of language. They said that these types of tasks did not help them, they just study them to get the certificate of Svenska 3. They suggest that the (CIPs) could provide these types of language courses during the establishment period.

Regarding the Swedish dental license, interviewees raised several aspects which need to be provided with more support. They expressed that the support provided to dentists who are

taking the Knowledge Exams route is very limited and needs to be enhanced by providing more focused materials. Besides offering follow-up lectures for dentists who have questions regarding the examinations, the route will be well supported, and more immigrant dentists would choose to participate in it.

Almost all the interviewees agreed that the lack of guidance and support (material and moral) offered for dentists who choose to take the Knowledge Exams route, and the limited places offered by the three universities for complementary courses are the most challenging issues encountered by them when integrating into the Swedish labour market.

According to the interviewees, the lack of support in the Knowledge Exams route leads to intense pressure on the complementary courses. Limited places offered by the three universities play a critical role in the delay in integrating immigrants. When they were asked about how this problem can be solved, they said that the first is to provide support to the Knowledge Exams route, in parallel with increasing places in each complementary course in the three universities. The interviewees provided examples of providing support for the Knowledge Exams route, by offering the dentists student loans, so they can focus on studying.

## 7. Conclusion

This paper examines the process of immigrant dentists' integration into the Swedish labour market and analyses the difficulties that immigrant dentists (who received their education in countries outside the EU/EEA and Switzerland) face when going through the process of integration into the Swedish labour market. In addition, this paper provides suggestions by the participants, to enhance the process of integration of immigrant dentists into the Swedish labour market.

The key outcome of this study is the importance of the capital of social connections during the process of obtaining the Swedish dental license. The interviewees stress the necessity of social connection when preparing for the Knowledge Exams or joining the complementary courses. To illustrate, through these social connections immigrant dentists receive and share useful study materials. They are also receiving support and motivation which is very important according to the participants. However, this study has found that the capital of social connections is not fundamental for immigrant dentists after acquiring the dental license. All working interviewees express that it was not tough to obtain a job despite they had some job offers through social connections.

Furthermore, this study examined the barriers faced by immigrant dentists and found that the lack of support provided for the two routes of the dental license is what delays their integration into the labour market. The participants explained that the severe lack of support on the Knowledge Exams routes led to huge pressure on the complementary courses route (which offered limited places). The participants show an understanding of the need to learn the Swedish protocols of dental treatment and the country's regulations. Anyway, they think it can be offered in a better way. Moreover, complementary courses are offered in only three cities (Stockholm, Gothenburg, and Malmö) which makes it challenging for the immigrant dentists who live in other cities. To put it more simply, if an immigrant dentist wants to join one of these courses and he lives in a city where these courses are not offered, then he will have to move to another city and leave behind the life which he has established in his city. Even if an immigrant dentist lives in a city where complementary courses are offered and due to the limited places offered, he might need to move to another city and join the course where he was offered a place.

In addition, it proposes recommendations to facilitate their integration into the Swedish labour market. The empirical findings of this paper shed light on the challenges faced by immigrant dentists while integrating into the labour market and provide policymakers and concerned



stakeholders with the necessary information (from the participant's point of view) and suggestions by the participants for decision-making.

Despite the valuable empirical findings of this paper, it comes across some limitations. For instance, the sample size was relatively small. Which makes it difficult to generalize its findings to a larger sample. As well as the lack of time, some of the participants were busy and could not make follow-up interviews. This paper studied the process of integration from the experiences of immigrant dentists themselves, further research can examine the process of immigrant dentists' integration into the Swedish labour market with the participation of other stakeholders such as dental institutions.

In conclusion, this study highlights the process of immigrant dentists' integration into the Swedish labour market and provides an understanding of the challenges encountered by them. In addition, it delivers potentials for enhancing the process of their integration.

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# Appendix 1:

## The Consent Form



### Samtyckesblankett / Consent form

Vår behandling av dina personuppgifter bygger på att dina personuppgifter behandlas med ditt samtycke. Du kan när som helst ta tillbaka samtycket och uppgifterna får då inte bevaras eller behandlas vidare utan annan laglig grund.

Genom insamling av uppgifter om [2. kategorier av personuppgifter, till exempel namn, e-post, och uppgifter som framkommer i intervju] kommer Malmö universitet att använda i arbetet med examensarbetet. Uppgifterna kommer att behandlas under [5. tidsperiod] varefter de [6. raderas/arkiveras], [3. ev. inlägg om tredje part]. Du kan ta del av det som registrerats om dig eller ha synpunkter på behandlingen eller de uppgifter som samlats in genom att kontakta [7. kontaktperson för behandlingen] eller lärosätets dataskyddsbud på [dataskyddsbud@mau.se](mailto:dataskyddsbud@mau.se). Klagomål som inte kan lösas med Malmö universitet kan lämnas till berörd tillsynsmyndighet.

### Processing of personal data

This processing of your personal data is based on your consent. You may withdraw the consent at any time, and the data may not be retained or processed without any other legal grounds.

By collecting data on [2. categories of personal data], Malmö University will [4. brief description of the purpose]. The data will be processed during [5. period of time] after which the information will be [6. deleted / archived], [3. information about possible third party]. You can find out what has been registered about you or have feedback on the processing or information collected by contacting [7. contact person for the treatment] or the university's Data Protection Officer at [dataskyddsbud@mau.se](mailto:dataskyddsbud@mau.se). Complaints that can not be resolved with Malmö University may be submitted to the responsible regulatory authority.

.....  
Underskrift / Signature

## Appendix 2

### Interview Guide

1. Where are you from and how old are you?
2. Where did you receive your dentistry education?
3. How long have you been in Sweden?
4. Were you specialized in dentistry in your home country?
5. Have you practised dentistry in your home country? If yes for how many years?
6. What is your marital status? Do you have children?
7. Do you think that it is easier for single dentists who do not have responsibilities?
8. Are you part of any social connections? Tell me your story.
9. Did you learn Swedish? How much time did it take you to learn the Swedish language and achieve the required level for dentists? What can be done to improve the process of learning Swedish in your opinion?
10. What do you think is the biggest obstacle for immigrant dentists in Sweden? How does it make you feel?
11. What is the organization concerning immigrant dentists? Did you find it easy to understand what to do to get the dental license? Where did you get the guidance and instructions when you need it?
12. What route for the dental license did you choose?
13. How do you financially support yourself?
14. Where did you get the materials needed to study for the Knowledge Exam? Tell me about your experience in studying for the Knowledge Exam.
15. Tell me about the complementary course you are studying. In your opinion, do you think studying dentistry is the same in your home country and Sweden? what is the new information which you have learned in the course?
16. Have you got a Swedish license for dentistry? If yes, what can you tell about the journey of the whole process? Which option did you choose to obtain the license? What was the most challenging step of the whole process?
17. Have you got a job yet? If yes, how much time did it take you to find a job after obtaining the license? Did you get your job through social networks?
18. what are the differences between practising dentistry in Sweden and your home country?

19. Have you ever thought of changing your profession? If yes, why? And what have you thought of?
20. In your opinion, what should be done to improve immigrant dentists' integration into the labour market?
21. Do you regret anything in your experience of integration into the labour market? If yes, what would you change about it?