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THE IMPACT OF BREXIT ON SLOVAK HEALTHCARE PROFESSIONALS IN THE UNITED KINGDOM – THE FALLOUTS AND CONSEQUENCES

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ABSTRACT. This research paper is devoted to the analysis of the effect of Brexit on Slovak healthcare workers in the UK. The main objective of the research is to estimate the impact of the fallouts and the extent to which Brexit has had on Slovak healthcare professionals living and working in the UK. It is supposed in the paper that the impact of the changes affected Slovak healthcare workers so much that they are considering leaving the UK and coming back to Slovakia. The estimation is based on the questionnaire survey conducted within the framework of the APVV project output, from which questions related to migration were analyzed. The main method used for the statistic estimation is the Pearson Chi-square test, along with hypothesis verification, which is the way the survey results are interpreted and analyzed. The results have shown that Brexit has significantly impacted Slovak healthcare workers, as many of them are considering returning to Slovakia. Deteriorating working and living conditions are forcing them to consider the question of their future to stay in the UK. Brexit indirectly contributes to the increased discomfort of Slovak healthcare professionals, both in work and in everyday life, especially in terms of the increased cost of living, the feeling of increased discrimination, stagnating working conditions, and imaginary distancing from their relatives, friends, and acquaintances living in Slovakia in particular because of new regulations implemented when travelling between countries.

JEL Classification: F66, F22,
J62

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Introduction

One of the main current significant issues regarding Brexit is the status of people from EU member states living and working in the UK, for whom the conditions for living and working in the UK have changed dramatically. The paper deals with the issue of how Brexit has affected the Slovak workforce living and working in the UK. Specifically, the issue of Slovak healthcare workers working in the UK was highlighted. This is a complicated situation the UK healthcare sector faces and is currently suffering the most from the consequences of past measures. Hence, the decision is to investigate whether Brexit has impacted the situation and how it has affected the lives and work of Slovak healthcare workers in the country, as it is believed that not enough attention is being paid to this issue so far. The fallouts and the extent to which Brexit has had an impact on Slovak healthcare professionals living and working in the UK are to be observed. In particular, the core issues are the changes brought by Brexit to their everyday lives, their working lives, and whether the changes affected Slovak healthcare workers so much that they are considering leaving the UK and returning to Slovakia.

Therefore, the main goal of the research presented in the paper is to reveal and estimate the impact of Brexit on Slovak healthcare workers in the UK, to determine how and to what extent the UK's leaving the EU has impacted and influenced the lives of Slovak healthcare workers living and working in the UK. This paper aims to fill this gap in the literature by assessing whether and how Slovak healthcare professionals working in the UK are affected by the significant changes that have emerged by the Brexit implementation coming into force. The online questionnaire was used as a supporting research method, based on which it was possible to obtain the necessary data on the issue. The questionnaire was then evaluated using the Chi-square method (Pearson χ^2 test) to estimate the hypothesis being set. The added value of the article is manifested through the exploration and development of a research problem regarding the impact of Slovak healthcare professionals working in the United Kingdom being affected by the Brexit issue. This research contributes to assessing the changing working conditions in the UK after leaving the single EU labor market, highlighting the significance of a particular labor market segment - the healthcare sector. The novelty lies in focusing on changing working conditions of Slovak doctors and nurses in the UK in terms of Brexit rules implementation along with the consequences on British labor and Slovak labor markets considering the healthcare sector along with the fallouts on social and economic performance in both the UK and Slovak Republic being as a unique perspective inside. This manuscript is organized as follows. Following the Introduction section, an overview of the extant literature is proposed according to the analytic description of the Brexit process, the UK health sector, the issue of Slovak citizens working in the healthcare sector in the United Kingdom, and the theoretical background which serves as a basis to develop our research hypotheses. Next, the research methodology is described more in-depth, along with the hypothesis being set. The following section presents the research findings of our empirical analysis resulting in hypothesis estimation. This is followed by a discussion where our findings were debated and compared to previous research outputs. At last, the conclusions addressed our contributions, briefly summed up our findings, and shed light on the limitations of this paper that offer opportunities for future research.

1. Literature review

When it comes to analyzing the relationship between the United Kingdom and the European Union in terms of Brexit, the British government formally announced its intention to leave the European Union on 23 March 2017, and at that time, formally requested the activation

of Article 50 of the Treaty on European Union, which sets out the exact procedure in case that a Member State decides to leave the European Union (Svendsen, 2019; Morgan, 2017). At the time, everyone was thinking something different about this issue. Some would like to cling to leaving the political structures of the European Union, but they would have liked to remain in the economic structures. Others, on the other hand, wanted to leave the EU decisively, vigorously, and immediately and to cancel any treaties, commitments, and mutual relations between the United Kingdom and the EU (Marek, 2019). According to Miš (2021), the scale and pace of migration in today's globalized world are continually to be intensified. In the European Union, the free movement of goods and services is linked to the movement of people and workforce, and these facts are among the guiding principles of the European Union. The issue of immigration and the reluctance of British citizens to increase the inflow of immigrants from other EU member states have been some of the leading and most significant reasons for the UK to withdraw from the EU.

Billing, McCann and Ortega-Argilés (2019) and Walter (2020) argue that many UK residents decided to vote to leave the EU to limit or stop uncontrolled migration, as one of the arguments for Britain leaving the EU was the inflow of large numbers of immigrants from EU member states who were allegedly taking jobs away from the locals. Since the biggest enlargement of the European Union in 2004, many people from central and eastern European countries have come to work there, seeking new job opportunities in the country, with the possibility of being provided with the same social benefits as the British. In addition, there was the prospect of a higher income than what was and is provided in the local domestic labor market. These immigrants were most often and in large numbers predominantly found in the lowest skilled and lowest paid jobs. Therefore, amongst British people from the lowest income groups, a preconceived notion began to emerge that the inflow of foreign workers was undermining their wages. This situation is typical for developed countries where the gap in wages linked with the employment status of native and immigrant workers is proved statistically (Al-Dalahmeh and Dajnoki, 2021). King (2020) and Lulle et al. (2019) argue that, because of those reasons, the UK has implemented a new immigration system that would treat migrants from within and outside the European Union equally. This so-called points-based system was implemented on 1 January 2021 and applies to all those who move to the United Kingdom to work, except Irish citizens. This system represents a tightening of migration controls, and migrants who come to the UK to work in lower-skilled and paid jobs are no longer able to gain entry, as under the new system they would have to be employed in jobs with a salary of £25,600 or more (Portes, 2022). These measures are aligned with the current problem of the lack of skilled workers (Oliinyk et al., 2022), efforts to mitigate its consequences (Kersan-Škabić and Blažević Burić, 2022) including attraction of foreign professionals (Aliyev et al., 2023).

Barnard, Butlin and Costello (2021) estimated how the status of EU nationals in the UK has changed after Brexit. They showed that EU nationals who were already living in the UK in the pre-Brexit period, their rights to live and to work had changed, and they were forced to apply for the European Union Settlement Scheme (EUSS) that was set up under the terms of the withdrawal agreement to be able to stay legally in the UK. The EUSS is a scheme that applies the citizens' rights provisions in the Withdrawal Agreement, which was implemented in the UK by an EU law in 2020. The study specifically focused on how people who are in the EUSS perceive the situation and how they perceive life in Britain after Brexit. From the findings of the study, the authors conclude that many immigrants suddenly felt like foreigners in the UK and intended to apply for British citizenship to reinforce their status as legal citizens as well as to foster a feeling of greater security in the country.

Adler-Nissen, Galpin and Rosamond (2017) and Tian et al. (2021) state that the UK leaving the European Union clearly represents economic and political losses for both sides. The changes brought by Brexit are being felt in many areas, and the vast majority of these changes affect and complicate the lives of the people of both territories, Britain and Europe. When it comes to travelling to England, conditions vary depending on the purpose and length of stay. It is possible to enter the country without visa for short visits or study stays, but this stay must not exceed 6 months. As of 1.10.2021 it is necessary to show a valid passport to enter the country, only an ID card is no longer sufficient. However, there are some exceptions to which this provision does not apply. People who are included in the residency scheme for EU citizens, have a borderless worker's residence permit, or belong to the group of people covered by the UK withdrawal agreement from the EU will be able to enter the country based on a valid ID card, but only until the end of 2025 (Majerská, 2021). As Dhingra, Machin and Overman (2017) and Marginean, Orastean and Sava (2020) show, there are also new procedures for transporting goods to and from the UK. Border checks have been implemented to check compliance with internal market rules, which include hygiene, safety, and social and environmental standards. Compliance with UK legislation is also checked, and the reverse is evident. However, these standards again do not apply to goods transported between Northern Ireland and EU countries (Pollard, 2021; Rozsa et al., 2022; Rózsa et al., 2023).

Regarding the healthcare sector characteristics, in the UK, healthcare is provided through the National Health Service (NHS), established on 5 July 1948 as the culmination of a plan to provide healthcare not just for those who can afford it but for all. The NHS has undergone many changes, improvements, and modernization processes. Today, however, the NHS is facing a crisis with increasing funding issues and the ability to provide free healthcare to all, its future is very much in doubt. The British healthcare delivery model is collectivist, and the roles of the individuals within it are being suppressed in favor of the whole (Brain, 2021). As stated by Dhingra, Machin and Overman (2017) and Doválová, Hosoff and Stracová, (2018) and Sargent (2023) Brexit has also had an impact on the UK healthcare sector. Currently, it is said that 4.300 doctors have lost their jobs, and over 10.500 are wanted. These are mainly anesthetists, pediatricians, psychiatrists, cardiologists, and pulmonary doctors. By 2021, around 37.000 doctors and doctors from EU countries were working in the UK, and leaving the European Union led to slower recruitment of medical staff. Because of Brexit, the professional workforce in Britain should have working visas, which are difficult to obtain because of the high cost and a great deal of paperwork (Esmailzadeh and Mirzaei 2018).

According to the British Medical Association (2022) doctors from the EU and other countries who wish to work in the UK must meet new requirements to open a practice, such as being registered with a license from the General Medical Council (GMC). They can apply if they are a medical graduate from outside the UK or Switzerland; if they have passed both parts of the Professional and Linguistic Assessments Board test (PLAB), which helps to ensure that doctors qualified abroad have the right knowledge and skills to practice medicine in the UK; or if they have completed an internship. The British NHS is currently facing the biggest personnel crisis in its history, putting the UK patients at risk. It is also reported that midwifery services are under huge pressure as 552 midwives quit in 2022, and there are 700 fewer general practitioners than three years ago.

Brexit has reduced and ceased the inflow of labor from abroad and changed the British public's view of immigrants living and working in the UK. Siliopoulos and Timmons (2022), in their study titled 'Migrant NHS nurses as "tolerated" citizens in post-Brexit Britain', explored the issue of foreign nurses working in the UK and their view of them. This study is focused on the experiences of nurses from both EU and non-EU countries who felt unwelcome and uncomfortable in an increasingly xenophobic environment in the workplace but also outside

the workplace following the 2016 referendum, as British citizens increasingly perceived them as people from foreign countries and were met with comments such as "go back to where you came from." Brexit has thus exposed long-standing structural inequalities that oppress the position of the migrant workforce in the NHS. Racist remarks, bullying, and taunts from colleagues and patients alike were nothing new, but they became more acute after the 2016 referendum, along with feelings of unwantedness and discomfort for these foreign workers. However, the NHS has continued to recruit and rely on nurses from overseas due to the shortage of such staff and the inability to provide sufficient healthcare for UK citizens (Mishchuk et al., 2023; Simionescu, 2018; Simionescu, Bilan & Gedek, 2019). As argued by Hancock and Patel (2020), these aspects have forced the UK government to implement the so-called Health and Care Visas, which are intended to provide cheaper, faster and easier entry for healthcare professionals from around the world. The visas will come with a reduced application fee compared to other skilled workers. They will also be exempt from the immigration health surcharge. Healthcare professionals who opt for this new form can expect a decision on whether they can work in the UK within three weeks of biometric registration (Belas et al., 2023; Yildiz, 2021).

When it comes to the issue of Slovak citizens living in the United Kingdom and their activity in the field of health care, Slovakia is one of the leading EU countries with the highest migration of young people. Most often these people go to Austria, Germany, France or the UK, but also to the USA and the neighboring Czech Republic, where they find better conditions for working and studying. According to Bilan et al. (2023) and Privara, Masárová and Tupá, (2023) there are currently about 100 000 Slovaks living in the UK, however, the UK has no official population register and the number of Slovaks living in the UK is derived from various statistics, which indicate that most Slovaks live in or near London, also in central England and in the industrial areas around Manchester and Sheffield. Slovaks are represented in a variety of occupations, such as health care and management, as well as in the service and manufacturing sectors. Thus, Slovaks in the UK do not only occupy low-paid and physically demanding jobs but can also find employment at higher levels of employment. Baker (2022) in his study focusing on the composition of the health care workforce made up by the NHS, reports that in June 2022 there were 929 Slovak healthcare workers working in the NHS, representing different job roles in healthcare system. The number of Slovak healthcare professionals in the NHS is ranked among the top 100 most represented nationalities being available to the NHS. Specifically, it is ranked 36th in the chart. Unsurprisingly, the largest group was made up of British medics and the second largest group was made up of medics of Indian nationality. Among the top 100 most represented nationalities in the NHS were also the neighboring countries of the Slovak Republic, namely Poland in 6th place with 10,836 healthcare workers, Hungary in 30th place with 1,398 healthcare workers, the Czech in 41st place with 778 healthcare workers, Austria in 56th place with 415 healthcare workers and Ukraine in 80th place with 189 healthcare workers. In total, 214 different nationalities from all over the world worked in the NHS, and of these, 5.3%, or approximately 71 000 workers, were healthcare professionals from European Union countries during the period.

The length of time spent working in the UK may influence how individual healthcare professionals perceive the impact of Brexit. According to Staniforth and Such (2019), health workers who have worked in the UK for a longer period of time may have different perspectives compared to those who have been working there for a shorter period of time. More integrated workers, who have worked in the UK for a longer period of time, may be more integrated into the local health system and society. These workers may have a deeper understanding of how Brexit will affect healthcare services and working conditions. Being in the country longer may also mean stronger professional and personal relationships, which may influence perspectives

on Brexit-related changes. Healthcare professionals with longer tenures may have developed stronger support networks, which could mitigate negative impacts. Penuela-O'Brien, et al. (2023) add that healthcare workers who have been in the UK longer may have obtained permanent residency or citizenship, which may secure their jobs and rights after Brexit. Conversely, newer workers may face uncertainty about their legal status and ability to continue working. Work experience gained over a longer period of time may provide a better comparison before and after Brexit. Those who have been working longer may have a better perception of changes in resource availability, working conditions and legislative changes. Watterson (2020) argues that staying longer may mean greater personal and family commitments, such as home ownership or children's education, which may influence their views on Brexit and its implications. The length of time spent working in the UK may have a significant impact on how individual healthcare professionals perceive the impact of Brexit. Longer-term workers may have a more stable outlook and better mechanisms for adapting to change, while newer workers may face greater uncertainty and anxiety. In this regard, the role of corporate responsibility programs for professionals increases (Oliinyk, 2017).

The impact of Brexit on the UK healthcare sector is not being felt equally across all levels of the sector. Different levels of the healthcare sector are experiencing these impacts to different degrees and with different intensities. Totic and Totic (2018) argue that highly skilled workers (e.g. doctors, specialists) may have more opportunities to obtain work visas and a more stable legal status compared to the less skilled ones. However, they may face challenges such as lack of international collaboration and access to research grants. Middle-skilled workers, such as nurses, may feel the shortage much more acutely because of the UK's reliance on EU workers. Recruitment and retention issues may be more pronounced. Griffiths, et al. (2024) see a fundamental problem that rural and remote areas may experience more severe shortages of healthcare workers because these areas are often dependent on international workers. In urban areas, there may be a shortage of healthcare workers and increased pressure on services. Deterioration in access to healthcare may be more pronounced. Smaller clinics and primary care facilities may face greater financial and human resource pressures, which may affect the quality and availability of services, while large hospitals and specialist centres may face problems in recruiting specialist staff. In terms of the impact on patients and healthcare, patients requiring specialist care or treatment abroad may find it more difficult to access the services they need; conversely, patients requiring routine healthcare may experience longer waiting times and reduced access to services due to staff shortages. Finally, Brexit may have an impact on international collaboration and research funding, as research institutions may have limited access to EU funding, which could slow down progress and innovation in healthcare.

2. Methodological approach

The main objective of the paper is to analyze the impact of Brexit on Slovak healthcare workers in the UK, to determine how and to what extent the UK's withdrawal from the EU has affected Slovak healthcare workers living and working in the UK. The basic research method was a questionnaire survey conducted as part of the APVV project output, from which issues related to migration were analyzed. Within the framework of the project of the Slovak Research and Development Agency project, which deals with the issue of the impact on the migration to work abroad, 1276 workers working abroad were anonymously contacted within the framework of the pilot survey conducted between September and December 2022, using the questionnaire survey [survio.com](https://www.surveymonkey.com); 867 returned fully completed questionnaires (68%) were evaluated and subsequently 207 respondents were interviewed about their experience of working in the UK. Finally, healthcare professionals were selected as the observed sample for

the research. Specifically, it was the Slovak healthcare professionals who have real work experience in working in the UK consisting of 49 women and 52 men – 101 respondents in total. The final existing survey is only a part of a holistic project discovering the Slovak population employment abroad being the initial broader sample. Finally, Slovak medical professionals working in the UK were selected to form the final focus sample as the target group. The problem with a conventional research sample without these criteria would be the issue of providing relevant feedback to the Brexit research questions. Therefore, when selecting the sample, the intention was to select a sample of Slovak medical workers in the UK. According to Ott (2015) and Konietschke, Schwab and Pauly (2021) the sample size can be small and still valid because scholars generally agree that a sample size of more than 100 is sufficient for statistical data analysis and the drawing of meaningful conclusions. The sample size should reach saturation which can indicate that the sample size is sufficient. Also, in relation to previous or similar studies on similar field area, there are some papers that had small sample size such as Branion-Calles (2019) or Vojtovic, Letková and Kostrová (2021), which increases the reliability of this approach. In any case, the problem of small and limited sample size is also mentioned as a limitation. There are not many Slovak medical workers with work experience in the UK to be reached, therefore the survey sample size is small and narrowed. The questions in the questionnaire survey were directed to the area to find out their experiences and attitudes regarding their work in UK. The results of this survey are interpreted and analyzed by means of graphs and Chi-square test along with hypothesis testing.

Based on the stated main objective, research questions were developed, and null hypotheses were assigned to them. As part of the methodological procedure, a null hypothesis was established for each research question and then an alternative hypothesis, which is the opposite of the null hypothesis, was established for it. Subsequently, a table of real frequencies was created, which represents the real information obtained from the questionnaire survey based on the respondents' answers to the selected questions. Next, the significance level was determined as $\alpha=0.05$ which was used to further test the stated null hypotheses were further tested against the alternative hypotheses. The next step was to create a table of theoretical or anticipated frequencies. The following formula was used to calculate this test.

$$\chi^2 = \sum \frac{(n_{1-n*p_1})^2}{n*p} \quad (1)$$

where n_{1-n*p_1} represents the deviation from the expected count (the real frequency minus the anticipated frequency), $n*p$ is the anticipated frequency for each category.

There are three research questions and each of them is associated with a hypothesis that will be used to answer the research question.

1. Does the time length of time spent working in the UK influence how individual healthcare professionals perceive the impact of Brexit?

Hypothesis 1: H_0 : The length of time in the UK does not depend on the extent of changes in the work performance of Slovak healthcare professionals.

Alternative H_1 : The length of time in the UK depends on the extent of changes in the work performance of Slovak healthcare professionals.

2. Are all levels of the UK healthcare sector equally affected by the impact of Brexit, or do individual levels perceive it differently?

Hypothesis 2: H_0 : The impact of Brexit has had the same impact on Slovak healthcare workers at all levels and sectors of the healthcare system, i.e. doctors, nurses, social workers, etc.

Alternative H₁: Brexit has not had the same impact on all levels of the healthcare system, and each sector is experiencing it to a different extent.

3. Does a possible change in financial remuneration affect healthcare workers to the extent that they consider moving to another country because of it?

Hypothesis 3: H₀: The plan to move to another country does not depend on a change in financial remuneration.

Alternative H₁: The plan to move to another country depends on a change in financial remuneration.

To test the validity of the hypotheses, the Chi-square method (Pearson χ^2 test), also known as the goodness-of-fit test, was used to determine whether Brexit had an impact on the aforementioned aspects and to obtain answers to the research questions, as well as to test the validity of the hypotheses. This test is one of the most widely used statistical methods and its application is based on the difference between observed (real or empirical) and anticipated or theoretical frequencies. It is always based on random selection, and it tests the null hypothesis against the alternative hypothesis, which is the opposite of the null hypothesis, at a predetermined level of significance.

Measuring the performance and impact on employees through sociological surveys requires a systematic approach that ensures the collection of reliable and valid data. When developing the hypothesis and dealing with the concepts of "impact" and "performance" the subjective perception is used, referring to the similar approach to measuring the performance and impact on employees in sociological surveys. It can be concluded that organizations can effectively measure performance and impact on employees through sociological surveys. This enables the identification of areas for improvement and the implementation of targeted strategies to enhance employee well-being and organizational performance.

Medical workers can be categorized into various divisions based on their roles, education, and responsibilities within the healthcare system. The divisions of medical workers used in this study into categories such as dental section, doctor, nursing/assistance, and healthcare professional were created as an intersection of the UK and Slovak breakdown of medical worker categories by the UK National Health Service and Ministry of Health of the Slovak Republic. These categories highlight the different roles within the medical workforce, each of which makes a unique contribution to the healthcare system. This type of categorization is appropriate for the type of research being conducted and helps to understand the scope of practice, training requirements, and specific contributions of each type of medical worker.

3. Conducting research and results

This section deals with the questionnaire survey results and, based on these results, it would be possible to assess the impact of Brexit on Slovak healthcare workers who live and perform their work in the territory of the United Kingdom as well as to confirm or reject the established hypotheses, the validity of which was tested using a Chi-square test (Pearson's χ^2 test).

For the first research question, the null hypothesis was "*The length of stay in the UK does not depend on the extent of changes in the work performance of Slovak healthcare professionals*". The chi-square test - Pearson's χ^2 test was used to determine the validity or invalidity of the hypothesis. In the following section, we present the calculations and steps that allowed us to reach a conclusion and evaluate the hypothesis. First, an overview of the responses regarding the length of time the respondents have worked in the UK and the extent to which they perceive Brexit and its impact on the performance of their duties will be presented, as this is the information on which the assessed hypothesis is based on.

RECENT ISSUES IN ECONOMIC DEVELOPMENT

Table 1. Real and theoretical (anticipated) frequencies

Extent of changes in work performance	Length of time spent in the United Kingdom				Total sum
	less than 10 years		more than 10 years		
	real	anticipated	real	anticipated	
Brexit has completely changed and made it harder to do my job.	4	2,257425743	2	3,742574257	6
Only in certain situations do I experience complications in carrying out my duties.	12	14,67326733	27	24,32673267	39
I am not experiencing any changes and have not encountered any complications so far.	7	7,524752475	13	12,47524752	20
I feel minimal changes, but no negative ones.	6	4,891089109	7	8,108910891	13
I feel the changes and they are mostly negative.	9	8,653465347	14	14,34653465	23
Total sum	38	38	63	63	101

Source: *own compilation*

Based on the results in *Table 1*, the test conditions were verified as follows:

1. at least 80% of the theoretical frequencies are ≥ 5 ;
2. each theoretical frequency is at least 1.

The first condition was not met, so the highlighted categories were merged to create a table of merged real frequencies and also a table of merged theoretical (anticipated) frequencies, the results of which are shown in *Table 2*.

Table 2. Real and theoretical (anticipated) frequencies

Extent of changes in work performance	Length of time spent in the United Kingdom				Total sum
	less than 10 years		more than 10 years		
	real	anticipated	real	anticipated	
Brexit has completely changed and made it harder to do my job.	4	2,257425743	2	3,742574257	6
Only in certain situations do I experience complications in carrying out my duties.	12	14,67326733	27	24,32673267	39
I don't experience any changes or just minimal changes and I haven't encountered any complications so far.	13	13,16831683	20	21,83168317	35
I feel the changes and they are mostly negative.	9	8,653465347	14	14,34653465	23
Total sum	38	38	63	63	101

Source: *own compilation*

However, again the first condition, which states that 80% of the theoretical abundances are ≥ 5 , was not met, so again the categories were merged in two cases as highlighted in the previous *Table 2*.

RECENT ISSUES IN ECONOMIC DEVELOPMENT

Table 3. Real and theoretical (anticipated) frequencies

Extent of changes in work performance	Length of time spent in the United Kingdom				Total sum
	less than 10 years		more than 10 years		
	real	anticipated	real	anticipated	
Brexit has completely changed and made it harder to do my job. The changes I feel are negative.	13	10,91089109	16	18,08910891	29
Only in certain situations do I experience complications in carrying out my duties.	12	14,67326733	27	24,32673267	39
I don't experience any changes or just minimal changes and I haven't encountered any complications so far.	13	13,16831683	20	21,83168317	35
Total sum	38	38	63	63	101

Source: *own compilation*

Now in the case shown in *Table 3*, there is a stage when it is possible to declare that the conditions of the test have been met and to proceed with the calculation of the p-value of the test, which represents the lowest level of significance at which the null hypothesis can be rejected. If this value is less than or equal to the significance level, the null hypothesis is rejected. This value is then compared to the established significance level, which is $\alpha=0.05$. The p-value of the test turned out to be 0.454321373 and is therefore greater than the given significance level and this means that *the null hypothesis is not rejected*. If this value had been less than or equal to the significance level, we would have had to accept the alternative hypothesis (H_1), which would have confirmed its validity. Based on the calculations, it can be concluded that *the length of time spent in the UK has no effect on how Slovak healthcare workers perceive the extent of Brexit-induced changes in their work performance*, therefore the two variables are independent of each other. There is no difference in the perception of Brexit between healthcare professionals who have worked in the UK for more than 10 years and those who have worked there for less than 10 years. This fact has the same impact on the lives of Slovak healthcare professionals who have worked in the UK for a longer period of time and it is also perceived in the same way by people who have not worked in the country for many years. It is expected that there will be a change here, as it is expected that people who have been living and working in the UK for a long time will perceive these changes more intensely, as it will be a much greater intrusion into their lives, as they have already been used to a certain standard.

Regarding the second research question, it is assessed whether *the professional role of the individual respondents has an impact on their perception of Brexit and its impact on their working lives*. The procedure for assessing the hypothesis is identical to the previous one. That is, the first step is to construct a table of real frequencies based on the real answers of the respondents. Before constructing this table, the different job professional positions were grouped into the groups to which they belong, giving a total of 4 basic divisions or groups, such as the dental section, doctors (specialists, surgeons, etc.), nursing/assistants (nurses, midwives, nurses-in-training, etc.), and healthcare professionals, which includes, for example, pharmacists, dieticians, dermatologists, various therapists, etc. These divisions have been made based on the job breakdown according to the official National Health Service (NHS) website, which specifies the levels, sectors, and lists the relevant jobs.

As shown again in *Table 4*, a significance level of 0.05 and the same test conditions are used to determine that:

1. at least 80% of the theoretical frequencies are ≥ 5 ;

2. each theoretical frequency is at least 1.

Table 4. Real and theoretical (anticipated) frequencies

job position	negative perception of Brexit				Total sum
	yes		no		
	real	anticipated	real	anticipated	
Dental section	4	4,158415842	1	0,841584158	5
Doctor	25	28,27722772	9	5,722772277	34
Nursing/assistance	42	38,25742574	4	7,742574257	46
Healthcare professional	13	13,30693069	3	2,693069307	16
Total sum	84	84	17	17	101

Source: *own compilation*

Table 4 shows that the test conditions have not been met, the marked data have been reassembled and the calculation should be continued as shown in the following Table 5.

Table 5. Real and theoretical (anticipated) frequencies

job position	negative perception of Brexit				Total sum
	yes		no		
	real	anticipated	real	anticipated	
Dental section + Healthcare professional	17	17,46534653	4	3,534653465	21
Doctor	25	28,27722772	9	5,722772277	34
Nursing/assistance	42	38,25742574	4	7,742574257	46
Total sum	84	84	17	17	101

Source: *own compilation*

As can be seen in Table 5, at this stage the conditions have already been met, so again the p-value of the test is calculated and compared with the established significance level. The p-value turns out to be 0.105113722 and is greater than the significance level. This means that the stated null hypothesis (H_0) is not rejected and it is concluded that the professional position of Slovak healthcare workers and the perception of Brexit are independent variables from each other. This means that the type of job position held by healthcare workers in the healthcare sector does not affect the different perceptions of the impact of Brexit, and therefore this fact affects all levels in the healthcare sector equally. Again, it was assumed that the changes would be perceived differently by different levels of jobs because each has different remuneration, different working conditions, different workloads, and so on. However, the research shows that all levels of the health sector are equally affected by this reality. As it can be seen in the tables above, there is a much larger number of healthcare professionals who see Brexit as a negative issue, hence it can be concluded that Brexit has made it more difficult for them to work in the UK.

Finally, the third research question evaluates the null hypothesis (H_0) that the plan to move to another country and the change in financial evaluation are independent variables. Here, it is assumed that any change in the salary evaluation of health care workers has no relevance to the eventual decision to move to another country. Again, the procedure is the same as in the previous cases. The results are shown in Table 6.

Table 6. Real and theoretical (anticipated) frequencies

Change in financial evaluation	
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Plan to move to another country	Yes, in a negative sense.		Yes, in a positive sense.		No, nothing has changed.		Total sum
	real	anticipated	real	anticipated	real	anticipated	
	I plan to move to another country	4	2,97029703	1	2,079207921	25	
I plan to go back to Slovakia	4	2,277227723	0	1,594059406	19	19,12871287	23
No	2	4,752475248	6	3,326732673	40	39,92079208	48
Total sum	10	10	7	7	84	84	101

Source: *own compilation*

Next the test conditions were verified, which at this point are still the same as in the previous cases, namely:

1. at least 80% of the theoretical frequencies are ≥ 5 ;
2. each theoretical multiplicity is at least 1.

Table 6 shows that these conditions are not met, so the highlighted categories should be merged again.

Table 7. Real and theoretical (anticipated) frequencies

Plan to move to another country	Change in financial evaluation						Total sum
	Yes, in a negative sense.		Yes, in a positive sense.		No, nothing has changed.		
	real	anticipated	real	anticipated	real	anticipated	
Plan to move to another country or go back to Slovakia	8	5,247524752	1	3,673267327	44	44,07920792	53
No	2	4,752475248	6	3,326732673	40	39,92079208	48
Total sum	10	10	7	7	84	84	101

Source: *own compilation*

As illustrated in *Table 7*, despite the merging of the necessary variables, the conditions are not met and therefore the further merging of the highlighted categories is to be done. However, here we will already rely on the following provisions to verify that the conditions are met:

1. the sample size is $n > 20$;
 2. all theoretical frequencies are $E_{ij} \geq 5$.
- The significance level is kept constant at 0.05.

Table 8. Real and theoretical (anticipated) frequencies

Plan to move to another country	Change in financial evaluation				Total sum
	Yes		No		
	real	anticipated	real	anticipated	
Plan to move to another country or go back to Slovakia	9	8,920792079	44	44,07920792	53
No	8	8,079207921	40	39,92079208	48
Total sum	17	17	84	84	101

Source: *own compilation*

After verifying that the conditions are met, we calculate the p-value of the test, which is 0.966353546, which is greater than the significance level. Based on the calculations in *Table 8*, this means that *the null hypothesis (H_0) is not rejected* and it is concluded that the plan to move to another country and the change in financial evaluation are independent variables, i.e., in summary, *the change in financial evaluation does not induce a change in employees'*

adaptation and willingness to move to another country. Since the majority of respondents indicated in their answers that their financial evaluation has not changed since Brexit, it can be concluded that they are satisfied with the current situation and the salary conditions are not a reason for them to leave the UK.

When asked what would be the reason for them to leave the country, the majority of respondents mentioned issues such as the family, closer and better contact with their loved ones, better working conditions where they would not have to stress so much, and the amount of work that they have to do in the current unfavorable situation, which they also partly blame on Brexit. Although they do not claim that the whole unfavorable situation is due to Britain leaving the EU, they agree that there is some blame for it, as the conditions for staying and working in the UK have been restricted and tightened, and this discourages many people from considering the possibility of working and living in the UK, resulting in the medical staff shortage and very difficult working conditions.

Discussion

Based on the research findings it can be said that Brexit has had a significant impact on Slovak health professionals working in the UK and their quality of life has generally deteriorated. Many of them feel the changes that have occurred very intensely, to the extent that they are forced to consider returning to Slovakia or moving to work to another country within the EU. In their private or everyday lives, respondents highlight the socio-economic impact of Brexit situation as negatively. As the most significant changes they indicated significant price increases, shortages of goods, difficulties in contacting family, increased and sometimes unnecessary bureaucracy, and increased discrimination. The biggest issue concerning their professional working life in the UK healthcare sector is mentioned as the excessive amount of work that is a consequence of the outflow of many non-EU colleagues who decided to leave the UK after the UK's decision to leave the EU. This situation makes it more difficult for Slovak healthcare professionals to perform their work; it contributes to their exhaustion and lack of free time, a situation of burnout, as well as it has a negative impact on their everyday life. Another negative change that has come along with Brexit is the increased amount of administration and bureaucracy. Foreigners who want to work and live in the UK are forced to get a lot of new documents and certificates. By and large, Britain has become so-called the third country for EU citizens, and the conditions for working, living, studying, as well as traveling to the UK have changed a lot. In the current situation, Britain is suffering from a shortage of workers, especially from the EU countries, who have been forced or have voluntarily decided to leave the country because of Brexit because the conditions and situation in the UK have changed a lot. The health care system in the UK has been most affected by these changes, with a huge shortage of healthcare workers, especially nurses. This is an issue that the British government is trying to address with the Healthcare Visa, that has been implemented and which will allow the necessary documents to be obtained more quickly to practice healthcare jobs in the UK, however in the long run, following the Covid-19 pandemic outbreak and the outflow of labor; this will be a major problem, whose effects may be permanent and would remain deeply etched in the UK history.

According to research outputs and theoretical background analysis, it could be argued that the situation in the UK healthcare system is abysmal and thus enormous pressure is put on healthcare professionals. Generally speaking, one of the most serious problems is the negative situation that has afflicted the UK healthcare system, and which is continuously getting worse. In connection with emigration of workers, Great Britain suffers from medical staff shortage, and it is precisely for this reason that Slovak healthcare professionals working in Great Britain

also suffer from these consequences. They even admit that in some respects the situation is not far from what has been going on in Slovak healthcare sector for several years. Perhaps that is why some of them are considering return to Slovakia. Because of staff shortages, they have to perform a much larger amount of work than it was the case before Britain left the EU. The overall loss of staff is mainly due to the new measures, restrictions and regulations that have come into force since Brexit. The research findings confirm that, the imaginary growing distance between the European Union and the UK has contributed to the fact that not only Slovak healthcare professionals but also citizens of other European countries have decided to leave the country, and many of them are planning to do so. From this point of view, the whole situation appears negative, and it is also perceived as a negative by UK residents and our respondents. Vojtovic, Letková and Kostrová (2021) admit that in the current situation the British health care system is not much better than the Slovak one. In both cases, money is not redistributed to the necessary sectors and not enough attention is paid to satisfying the needs of health workers. The United Kingdom should reconsider the provision of free healthcare, especially since it has not yet had time to recover from the crisis following the Covid-19 pandemic outbreak and is already on the verge of fighting another one.

Discrimination is the next most significant impact of Brexit that Slovak health professionals in the UK are facing to, both in everyday life and at work. After Brexit, where the main motivation for leaving the EU was to eliminate foreigners in the UK, locals feel that they are somehow superior and are much less tolerant to people of other nationalities. It is also about discrimination against Slovak healthcare professionals, who in their answers state that discrimination at the workplace is common and although they noted that they try to ignore these situations, they need to pay enough attention to them. The mere fact that 74 respondents reported experiencing discrimination at the workplace, whether by colleagues or patients, shows the seriousness and prevalence of this issue and the need to handle it. The NHS (2024) tries to combat and prevent discrimination at the workplace, but apparently this is not enough, and some foreign healthcare professionals feel inferior because they are of a different race or nationality. The NHS claims to provide employment to over 214 nationalities from all over the world, as mentioned in Literature review section. With such a diverse composition of medical workforce, it is surprising that Slovakian healthcare professionals face discrimination at their work. Perhaps to apply some sanctions and stricter measures to deal with such issues would be a proper solution. Discrimination does not have to be immediately clear and obvious; many times, there are also 'innocent' taunts, which are not so funny, though. It is recommended that people should be aware and trained what discrimination really is and what forms it can take as well as include this in the routine training of staff to ensure equal treatment with respect, dignity, and the knowledge that all people are equal.

Finally, regarding the issue of Slovak healthcare workers living and working in the UK, the unfavorable conditions and healthcare system in Slovakia were the main reason why many of them have decided to leave Slovakia and find better employment in the UK, which has also provided them with the financial benefits that belong to British citizens. The British healthcare system also offers a much wider range of career opportunities, i.e., there are many more different healthcare roles than in Slovakia. Attractive, modern and fully equipped institutions such as universities, hospitals and research institutes in the UK are a guarantee that the brain drain will be mitigated, as young people will not have to go abroad to find something that is lacking in Slovakia. These circumstances cannot only contribute to the country's economic performance but also ensure that the country will prosper and be able to compete with more developed countries around the world in terms of skilled workforce, modern and well-equipped institutions, good living conditions and quality of life, which, according to many respondents, is also very low in Slovakia compared to those ones in the UK. The implementation of the

above-mentioned steps and measures would most likely work, even if the changes made would attract Slovak emigrants back to their homeland. In this case, it could be an even more beneficial for the domestic economy because an experienced workforce would return, with a wealth of foreign experience, new knowledge, expertise, perfect foreign language skills and professionalism. Such a workforce would thus not only enrich the Slovak economy, but would also be able to pass on their knowledge, insights and experience to the next generation and their colleagues who would be able to draw on it and learn something more, not only in their working life, but also for the benefit of the Slovak society and economy in general.

Conclusion

The main objective of the paper was to determine how and to what extent the UK withdrawal from the EU has affected and influenced Slovak healthcare professionals living and working in the UK, e.g. to figure out how and to what extent the changes caused by Brexit have affected their life and work in the country. Considering the research findings, it can be concluded that, in general, negative perceptions of Brexit prevail among the respondents and these perceptions are the same among all the healthcare system levels, i.e., there is no difference how these impacts are reflected by nurses and doctors. The research findings suggest that Brexit has contributed to increased discrimination against foreign residents and to a worse UK healthcare system situation. Brexit does not appear to be the main culprit, but it is attributed with a significant proportion of the features mentioned. To sum up, the impact of Brexit on Slovak healthcare workers living and working in the UK is very significant indeed, and it affects their lives to such an extent that they are being forced or even considering leaving the country, and some of them are even planning to return to Slovakia. This impact and the effects of Brexit are related, in particular, to the unfavorable situation in British healthcare service, increased evidence of discrimination, difficult living conditions and, last but not least, rising prices and shortages of goods.

To summarize the research results, Brexit has had a significant impact on Slovak healthcare professionals, affecting various areas of their lives both regarding work and private life. The majority of respondents are considering leaving the UK, which shows the seriousness of the situation and contributes to the realization that Brexit is a serious issue at the moment, the consequences and effects of which need to be managed to achieve stability in the country and to prevent further loss of healthcare professionals who are already in short supply. To put it in a nutshell, Brexit has disadvantaged Slovak healthcare professionals in the UK, contributed to their discrimination, increased the amount of work they have to do, made it more difficult for them to communicate and have personal contact with their families and friends, reduced their sense of security and contributed to their general discomfort. It could be suggested and recommended that prospective applicants who want to be working in the United Kingdom should study the necessary information concerning the residence and work in the UK. In addition, if seriously interested they should apply for permanent residence or citizenship, as the results also show that having these documents makes residence in the UK more bearable and no bothering. As the research limitation issues can be mentioned such as: the sample size is small and narrowed, some questioners from the survey had to be void, some answers were not relevant, statistical data varies depending on the source being used, each statistical calculation and method has different approach how to process data and information thus comparison may not be too accurate. In order to go deeper and to make this issue coherent and compact, the further research will be engaged in the healthcare spending on the composition of the health care workforce; the demand for health care workforce in the Slovak Republic and EU countries;

a statistical analysis to explain the reasons behind the trends presented on the Slovak health care workforce.

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