

PhD Autumn School 2026 Call for Participants

Supporting Health(-Care) among Migrant Residents: Methodological, Ethical and Empirical Dilemmas

13–15 October 2026 | Radboud University Nijmegen

The Radboud Network of Migrant Inclusion (RUNOMI) & Radboudumc invites PhD candidates working on migration and health to join a 2.5-days Autumn School examining key methodological, ethical, and empirical dilemmas that arise when researching migrant health and health care. These include how to include migrant perspectives in research, how to address vulnerabilities without reinforcing stigma and how to implement inclusive and diversity sensitive care services (for a more detailed description see the Call for Papers in this document).

The aim of the Autumn School is to offer a platform for exchange between senior and junior researchers and across disciplinary boundaries, including health services research, public health, geography, sociology, anthropology, and migration studies. Our goal is to create a space of dialogue between researchers looking at similar topics but from different disciplinary and theoretical perspectives, creating a knowledge community that can push the state of the art.

Prior to the Autumn School, participants will submit a draft of their work, which they will present in a small group setting. In these groups, they will receive detailed feedback from senior scholars and peers and engage with one another's projects, using the shared dilemmas as a lens for discussion. The programme further includes guest lectures and a roundtable event, with the option to attend the conference of the same name, organized by the RUNOMI network in conjunction with the *Cluster of Research Excellence (CoRE) in Migration & Health* on 16 October.

Together, these elements ensure that the Autumn School not only supports the development of each individual manuscript but also deepens participants' methodological, ethical, and empirical understanding of migrant health research and extends their academic networks. Moreover, a special issue may be realized after the event, collecting the papers authored by the participants.

Who can apply?

PhD candidates working on topics related to migration, health, and care in different fields: across social sciences (e.g. geography, anthropology, sociology, migration studies) and medical sciences (e.g. public health, global health, health service research) and related fields. Note: participants must be able to produce a preliminary paper (different levels of progress are accepted) related to their PhD project.

What to expect?

- Small-group feedback sessions
- Guest lectures
- Round table
- Group dinner + informal drinks (included)
- Option to attend conference
- Certificate of participation

Practical details

Fee: €250 (travel and accommodation not included and self-organized)

Location: Radboud University Nijmegen, the Netherlands

Dates: 13–15 October + 16 October (conference invitation)

How to apply

Please complete the online application form—where you can enter your abstract (max. 300 words), motivation (½ page), and preferred dilemma group—by **15 June 2026**. We encourage applicants to submit work that speaks to one or more of the dilemmas and themes outlined in the **Call for Papers** below, as these will form the basis for group discussions during the Autumn School.

Apply here: <https://forms.gle/h9TzcMRCHp6TqpiT9>

Accepted participants will be notified by **1 July 2026**

Final draft papers (max. 6000 words) are due **15 September 2026**.

Contact

In case you have questions, please contact Dr. Amalia Gilodi (amalia.gilodi@ru.nl)

Call for papers

1) Empirical dilemmas: Delivering care to migrant populations

Lead: Dr. Hanna Carlsson

This track focuses on empirical research on health(-care) for migrant residents. In particular, we welcome papers that give attention to the practical dilemmas that arise when seeking to meet diverse needs within public healthcare systems.

At the system and policy level, a common dilemma concerns how to balance equal treatment and responsiveness to diversity. Health systems are typically organised around standardisation and equal access, yet patients differ in their needs and ability to navigate care. This raises persistent questions about when and how care should be adapted: in which situations are migrant-specific services warranted, and when is diversity-sensitivity within mainstream services preferable (Razum and Spallek 2014)? Targeted approaches may improve accessibility but risk fragmentation, stigmatisation, or overemphasis on culture, while inclusive approaches may overlook barriers and reproduce inequalities.

At the level of care practices and patient interactions, related dilemmas emerge for professionals. How do providers decide when to treat patients differently, and when to adhere to standardised procedures? How do they respond to needs that fall outside formal care arrangements—whether by doing “something extra”, adapting communication, or stretching existing rules and roles? (Carlsson et al 2025). More broadly, how do professionals and organisations deal with challenges that emerge from fragmented systems, for example by connecting services and facilitating access, and what tensions arise in doing so (Phillimore et al 2019)?

References

Carlsson, H., Glimmerveen, L., & Visser, E. L. (2026). Between breaking and restoring boundaries: conceptualizing responsiveness in street-level decision-making. *Journal Of Public Administration Research And Theory*, 36(1), 129-143.

Razum, O., & Spallek, J. (2014). Addressing health-related interventions to immigrants: migrant-specific or diversity-sensitive?. *International Journal of Public Health*, 59(6), 893-895.

Phillimore, J., Bradby, H., Doos, L., Padilla, B., & Samerski, S. (2019). Health providers as bricoleurs: An examination of the adaption of health ecosystems to superdiversity in Europe. *Journal of European Social Policy*, 29(3), 361-375.

2) Ethical Dilemmas: Balancing Recognition with Care & Support

Lead: Dr. Amalia Gilodi

When addressing health and well-being, the aim of helping, providing care, alleviating suffering, and improving quality of life is always central. From both policy and research perspectives, the intended beneficiaries are frequently framed as “vulnerable groups,” a label often applied to migrant residents. Migrants indeed face intersecting challenges and conditions of vulnerability that significantly affect their health and well-being, making this an important topic for both research and practice.

However, care practices are embedded in systems of power, histories, and discourses that may reproduce exclusion, moral hierarchies, and unequal access to protection, despite their humanitarian aims (Ticktin 2011). Research focusing on migrants as people in need of care risks perpetuating patronizing discourses and practices, whereby migrants are stigmatized as “vulnerable,” portrayed as unable to care for themselves, and positioned as passive recipients rather than active subjects (Gilodi et al. 2022).

Terminology plays a crucial role in this dynamic. Health and migration research often relies on categories such as “migrant,” “refugee,” “traumatized,” “vulnerable,” or “at risk.” While operationally useful, these terms can inadvertently reinforce stereotypes, obscure structural determinants of health and inequality, and reproduce hierarchical relations grounded in colonial and racialized systems (e.g., the white-savior complex) (Crawley & Skleparis 2018; Dahinden 2016). Yet, such terminology may also be necessary to identify those most harmed by structural conditions and to investigate how these harms can be addressed.

Thus, medical and social research involving migrant residents faces a persistent dilemma: how can we study, care for, and support individuals living in vulnerable conditions without stigmatizing, patronizing, or undermining their agency, and instead recognize them as active and legitimate subjects? This question is driven by ethical considerations but carries significant theoretical and methodological implications. In this track, we invite papers that address this dilemma from diverse thematic and disciplinary perspectives, offering varied contributions to the debate

References

- Crawley, H., & Skleparis, D. (2018). Refugees, migrants, neither, both: Categorical fetishism and the politics of bounding in Europe's 'migration crisis.' *Journal of Ethnic and Migration Studies*, 44(1), 48–64. <https://doi.org/10.1080/1369183X.2017.1348224>
- Dahinden, J. (2016). A plea for the 'de-migrantization' of research on migration and integration¹. *Ethnic and Racial Studies*, 39(13), 2207–2225. <https://doi-org.ru.idm.oclc.org/10.1080/01419870.2015.1124129>
- Gilodi, A., Albert, I., & Nienaber, B. (2022). Vulnerability in the context of migration: A critical overview and a new conceptual model. *Human Arenas*, 7(3), 620-640.
- Ticktin, M. I. (2011). *Casualties of care: Immigration and the politics of humanitarianism in France*. University of California Press.

3) Methodological Dilemmas: Including migrant perspectives in research

Lead: Prof. Dr. Jeanine Suurmond

Inclusive research refers to approaches that deliberately create space for voices and experiences that are often underrepresented in knowledge production. It goes beyond participation: it strives for equal involvement of diverse groups, ensuring that research is not only *about* migrant communities but also conducted *with* them. Including migrant perspectives brings specific methodological and ethical challenges. Some key dilemmas researchers encounter include:

Representativeness versus diversity

Migrants are not a homogeneous group, and intersecting factors such as gender, education, age, and migration history often shape experiences more strongly than “migrant status” alone (Helberg-Proctor et al., 2016). A central dilemma is therefore: who speaks for whom? There is a risk that one voice is treated as representative, while significant differences exist within and between communities.

Language and communication

Language barriers can lead to exclusion or misinterpretation. While translation can support accessibility, it may also blur cultural nuances or shift meaning (Suurmond et al., 2016). Researchers must balance accessibility with authenticity. Dilemmas also arise when choosing between bicultural researchers, interpreters, or the use of a shared lingua franca, each with its own methodological implications.

Ethics and trust

Migrants may distrust research, especially when past experiences with institutions have been negative or when legal precarity plays a role (Hugman et al., 2011). Transparency and long-term relationship building are crucial, yet these ideals often clash with time pressure, limited funding, and formal ethical requirements such as written informed consent.

Possible approaches

Several methodological strategies can help navigate these dilemmas. Co-creation and community-based participatory research approaches position migrants not only as respondents but as co-researchers who help shape research questions, methods, and interpretations (Vaughn et al., 2017). Researchers can also critically examine their own positionality and biases, and adopt flexible, creative, and accessible forms of data collection—such as storytelling, narrative methods, or visual techniques—that better connect with diverse cultural backgrounds.

References

Helberg-Proctor, A., Meershoek, A., Krumeich, A., & Horstman, K. (2016). Ethnicity in Dutch health research: Situating scientific practice. *Ethnicity & Health, 21*(5), 480–497.

Hugman, R., Pittaway, E., & Bartolomei, L. (2011). When ‘do no harm’ is not enough: Ethical challenges in research with refugees. *British Journal of Social Work, 41*(7), 1271–1287.

Suurmond, J., Woudstra, A., & Essink-Bot, M. L. (2016). The interpreter as co-interviewer: The role of the interpreter during interviews in cross-language health research. *Journal of Health Services Research & Policy, 21*(3), 172–177.

Vaughn, L. M., Jacquez, F., Lindquist-Grantz, R., Parsons, A., & Melink, K. (2017). Immigrants as research partners: A review of immigrants in community-based participatory research (CBPR). *Journal of Immigrant and Minority Health, 19*(6), 1457–1468.