

THE MIGRATION POTENTIAL OF GRADUATES AT A MEDICAL SCHOOL IN ROMANIA: DOES MINORITY STATUS MATTER? A QUALITATIVE APPROACH

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ABSTRACT The international migration of healthcare labor is a significant social issue due to shortages in healthcare workforces at national, regional (European Union) and global levels as well. Possessing high-skill human capital, these professionals take advantage of their right to free movement, experiencing a strong pull effect from (more) developed countries and expecting a favorable reception.

The aim of the research on which this article is based was to survey the migration potential of students who are graduating in medicine, dentistry, pharmacology and nursing at the University of Medicine and Pharmacology of Tirgu-Mures, Romania. Using interviews, the paper aspires to give a finely-detailed picture of their motivation for taking up employment abroad or staying in their homeland, the mechanisms behind their decision making and their views concerning how they intend to join and take part in the migration flows of healthcare workers in Europe.

KEYWORDS: international migration, migration potential, healthcare workers, qualitative research, medical students

INTRODUCTION

Nowadays, the international migration of physicians and other health workers is a significant social issue and problem. We are faced with a special type of international migration which is drawing increasing interest from governmental policies related to international migration, the labor force and the health system; sociological and interdisciplinary migration research, and also media discourse.

This great importance stems from many related factors. First, international migration is increasing and is affecting both the sending and receiving

societies. During the last decades it has attracted the attention of researchers and decision-makers, and its literature has significantly expanded (Castles et al. 2009; Kaelin 2011; Levatino et al. 2012; Lahav et al. 2013). Second, the ambivalent immigration policies of welfare states have called scholars' attention to this phenomenon. On the one hand, these countries aim to strictly control immigration in order to maintain their social and cultural integrity. But, on the other hand, they prefer to admit (positively discriminate in favor of) workers from the lowest (unskilled workers) and the highest (specialized workers) segments of the labor market to fulfil their labor requirements, without paying the educational costs, and to satisfy particular lobbies (de Haas 2011; Lavenex 2008; Levatino et al. 2012). Lastly, this topic is relevant because of a significant lack of specialist health workers and the global, chain migration of these specialists (Jenkins et al. 2010; Greco 2010). Developing countries experience acute shortages of specialists, and, moreover, a strong pull effect on labor from developed countries which leads us to the conclusion that the inequalities between the economically developing and developed countries are growing (Kaelin 2011; Cehan et al. 2012). Scholars who address the ethical issues surrounding "labor absorption" have fears about low and medium income countries because they have fragile health systems and a loss of workforce may cause them to collapse (Jenkins et al. 2010; Jakab 2011).

Not only are some EU member states struggling with workforce shortages, but there are shortages at a regional level, too. According to estimates from the WHO, the shortage of health workers in the Union will amount to 1 million by 2020. It is necessary for all participants – national powers, medical specialists, and the civil sphere – to co-operate in order to counter these problems (WHO 2014). The main challenge as regards the management of health workers is the lack of data, which makes the task nearly impossible (Coggi 2011). There have been attempts to estimate the extent of migration in order to plan and manage the workforce in member states which are seeking long-term solutions to these workforce shortages.

Hungary has been one of the most important target destination countries for Hungarian doctors in Transylvania. Before the end of the communist regime, the Hungarian medical sphere managed the shortage of physicians using ethnic Hungarian physicians from across the borders. The majority of the doctors who immigrated acquired their vocational training in Romanian, Ukrainian, and Yugoslavian medical universities. Between 1989 and 1992 the HMC (Hungarian Medical Chamber) registered 1462 immigrant doctors, of whom 61 percent (887) had acquired their degrees in Tirgu-Mures (Balázs 2003). The University of Medicine and Pharmacy of Tirgu-Mures (from now on, UMP) played a significant role in filling the shortage in Hungary even

after 2000: in 2005 half of the 190 naturalized degrees of medical immigrants (95) were from Tirgu-Mures (Ábrám 2011).

The main goal of the research this paper describes was to explore the migration potential and the motivation of Hungarian graduates (medical, dental, pharmacology and nursing students) concerning their decision whether or not to emigrate. In order to be able to state whether their intention to migrate derives from the specific, minority status of Transylvanian-Hungarian students, or whether it is a general trend that can be found among health workers in Romania, it was found to be important to include Romanian students as well. It was also the goal of the research to find out information about destination countries, the timing and intended length of emigration, and the role of migrant networks.

THEORIES – REVIEW OF RELEVANT THEORIES OF INTERNATIONAL MIGRATION

The literature of international migration is highly diverse and complex. There are many different theories that seek to offer an explanation for the formation or subsistence of international movement (Massey 1999). There are two dominant theories concerning the formation of migration: economic and historical-structural models. In the focus of macro and micro theories of neoclassical economics are differences in national economic development and the resulting wage differences between countries, and individuals who are presumed to act in their own best interests in order to maximize their benefits. Based on these theories, push and pull models have been created which have become very popular in migration research. Push factors relate to the deficiencies of the sending countries (for example, uncertainty about economic and sociological conditions), while pull factors relate to the real or expected gains of moving to more developed countries (Portes 1995; Messina et al. 2006). The theory of labor migration of new economics improved the explanations of the neoclassical model by taking into account the fact that the decision to migrate is usually made by more than one person: it relates to the endeavor of a family or household to decrease the risks derived from shortages of local markets by standing on “more legs” (Massey 1999; Roberts 1995). This model does not deny the agency of families and communities in improving their income, but it emphasizes the existing and growing inequalities in income amongst members of the source society. It states that the resultant relative deprivation may also bring forth migratory movements (Massey et al. 1993; Massey 1999).

The historical-structural approach, on the other hand, considers the process of migration in a wider sense and takes into consideration the context of decisions. It focuses on global, macro-level processes and claims that it is mainly external, structural powers that drive migratory flows (Portes et al. 2001).

The theory of migrant networks is also important and relevant from the point of view of the research. The literature of international migration reveals different feedback mechanisms that explain why migration becomes a self-sustaining process that eventuates in the emergence of migrant networks and systems. These feedback mechanisms demonstrate the interaction between individual decisions and the structures in which these individuals move and make decisions. Migrant networks function as social capital for the individual, as well as the community: members can access the social capital of other members of the network. The main feature of this type of capital is its convertibility: it can be converted to other types of capital (Massey 1999; Portes 1995). In general, social capital contains personal relationships, family and household patterns, attachments to friends and community and mutual support as regards economic and social issues. Family ties often provide financial, cultural and social capital that make migration possible (Castles et al. 2009; Tilly 2001). From this perspective, ethnicity is potential social capital for Transylvanian-Hungarian students who move to Hungary. Research among immigrants from Transylvania demonstrates that strong ties (family, kinship) are the main source of relational capital for older people, compared to weaker ties (friends) for young people (Gödri 2010). Friendly relationships and familial chains that span long distances, and the information and interest transmitted by them can become as important in return migration as the desire to sustain any financial benefits (Portes et al. 1989; Sassen 1995). Massey and his colleagues, after analyzing the culture of migration, emphasize that the changes occur at an individual level: the repetitive movement in space produces relative permanent changes in the motivation of the person, in his place in the social structure and in his cultural milieu; these changes together alter the context of his future decisions (Massey et al. 1994). These scholars define the culture of migration as a culture that differs both from the sending and hosting societies; it comes into being through the overlap of these cultures. The culture of migration has three dimensions: learning and acquiring knowledge about migration; migration as orientation (as a possible life strategy); and the values attached to it. The result of increases in migration in a community is that migration becomes a conscious part of decision-making, and ultimately it becomes normative to members of the community (Kandel et al. 2002).

One of the key components of the Transylvanian-Hungarian identity is its distinction from the majority Romanian nation. Being socialized in otherness, they identify themselves by their differences within the sociological other (Szakáts 1995). This otherness was emphasized by both Romanian and Hungarian nationalist ideologies, and has been supported by political discourse in Hungary as well (Fox 2003; Gödri 1998). Therefore ethnicity and minority status has been found to be an important explanatory factor in the emigration of Transylvanian-Hungarians (Brubaker et al. 2006; Sandu 2000; Szakáts 1995; Gödri 2010), especially in the period before and after the end of the communist regime. The era of ethnic emigration ended before the millennium (Sandu 2000) and the policies of the EU now ensure the free movement of people across member states. Does minority status or discrimination still play a role in plans for migration? Or do the Romanian and Hungarian students' motivations differ? According to the survey, the percentage of Romanian graduates intending to work abroad was similar to that of Hungarians, with the caveat that greater proportions intended to persevere at home first. Are there differences in the strategies and decision-making strategies of the two groups?

METHODOLOGY – APPLIED METHODS AND THE SAMPLE

I used both quantitative and qualitative methods to capture the multifaceted nature of the phenomena. I conducted a migration potential survey and supplemented it with semi-structured interviews to explore the strategies and factors regarding the decision. This article reviews these interviews, and shows migrant types based on the results of the review.

In Transylvania there is only one university which provides medical training in the Hungarian language, not just in Romanian. This means that the lectures are in Hungarian and the practical courses are held in Romanian.¹ Because of this, the demographic group for this research was drawn from the basic subject areas at UMP of Tirgu-Mures (i.e. general physicians, dentists, pharmacologists and nurses in their final year of study). There are other Transylvanian medical universities with Hungarian students, but for Hungary the main source of physicians is the UMP of Tirgu-Mures. Due to limited

¹ This is only for the basic majors (general physicians, dentists, pharmacist, and nurse students) The language of education for dental assistants, dietitians and balneologists is Romanian (Ábrám 2011). These are not included in the research.

resources the medical universities from Oradea and Cluj-Napoca had to be left out of the research.

I sampled the interviewees by social status and profession. I intended to do an interview with two students from each profession; one from a lower and one from a higher social status family. Unfortunately, I couldn't carry out this status-based sampling among the nurses – either the Hungarians or the Romanians – as I could only do interviews with students of a lower social status. Also, I could only find Hungarian dentistry students with a higher social status. However, according to surveys the majority of nurses are from lower status families, and the Hungarian dentistry students are most liable to have high status backgrounds.

The link between the intention to migrate and actually moving is not statistically correlated, though the chance of moving of those who are planning to migrate is probably higher. The special capitals that can be converted during the process of migration on the one hand, and their effect on the chance of realizing the plan to migrate on the other hand, are unequally distributed across society (Kiss et al. 2004). As a result, I found it important to take social status into account as one of the sample variables. One piece of research in Hungary among Hungarian immigrants from Transylvania proved that those migrants possessed migrant relational capital who also owned other types of capital (Gödri 2010). Knowing that the accumulation of capital belongs to people of high social status, the question is whether or how this affects their plans to work abroad and the motivations or strategies described by students of high or lower social status. According to the outcomes of the survey, students from different specializations varied in their desire to migrate: nurses wished to go in the highest proportion and pharmacologists in the lowest proportion. Are there differences in the motivations or strategies based on specialization?

The composition of the interviewees was: 3 Hungarian and 2 Romanian medical students; 2 Hungarian and 3 Romanian dentistry students; 3 Hungarian and 3 Romanian pharmacology students; and, 2 Hungarian and 2 Romanian nursing students (20 altogether; a more detailed list is presented in 1. Annex to this paper). The vast majority of the interviewees are females due to their higher number at the medical school.² On the other hand, male students attend lectures and training courses in lesser numbers. Usually, ties and relationships to family members (especially to spouses) play a key role in the narratives of the female students (Melegh 2007), so naturally the influence of a husband or boyfriend would feature in their decision-making. The interviews took place

² Two thirds of the medical students are female; in other specializations they account for 80-87% of the total.

in April, 2013.

The semi-structured interviews were analyzed using a combination of open and structured coding as a first step. Open or initial coding helped me to identify the similarities and differences between the interviews by breaking the interviews into smaller units. Structural coding served for organizing purposes, and I used it to compare the codes obtained with the results of the survey.³ This was made easier by the type of interview, because the organizing was simplified by the questions in the interview-lead. I supplemented these two methods with an identity analysis in a second step. The latter was based on the interviewee's self-presentation: i.e. how (s)he placed himself/ herself in the story, in his/her answers and reasoning compared to others and to events (Riessman 2012). According to this I created identity codes and undertook a cluster analysis to differentiate the types (detailed results are available at request). I defined the identity codes according to how the students presented themselves in their answers, and how they justified their intention to look for a job abroad or to stay in their homeland. The "personal interest follower" is the most common type, seeking most strongly to pursue his/her desire - mostly through migration. The almost opposite type to this is the "collective responsibility taker". Their arguments are based on the responsibility they feel for their family or nation; they generally decide to stay. They mainly think about migration as a temporary measure, or a last resort. The third identity type is the "content/settled down type" who decides to stay in the home country. Their desire to stay is at the center of their reasoning: they are content with their fate; they trust they will be able to succeed at home; this type is primarily typical of pharmacology students. The fourth type is the "trapped one" which is used to describe respondents who experience the decision making process as a conflict. This conflict may derive either from a contrast between their desires and their abilities, a lack of approval from their parents/family, or the discrepancy between their own ideas / intentions and those of their partners'.

RESULTS

The main results of the survey show that the effects of socio-demographical factors are less significant due to the selected, homogeneous nature of the population (by age and education). The intention to migrate is strengthened by migrant networks, particularly by migrant friends, a pessimistic outlook

³ For a detailed description of the methods, see Saldana 2009.

on the future, and general dissatisfaction. Family responsibilities and love of country are the primary determinants for.

These interviews mostly confirm the correlations found in the migration potential survey, although they do highlight some differences which were not obvious from the survey. The interviews demonstrate that there are different mechanisms behind the “I-intend-to-work-abroad-but-try-to-get-by-at-home-first” strategy. When choosing this option in the survey, the Hungarian students view foreign jobs as a real alternative only when they cannot fulfil their desires in Romania. The Romanian students have a different strategy: they intend to migrate, but first they try to acquire professional experience in Romania because that will bring them advantages in the foreign labor market.

“I hope that I don’t have to leave. But if I don’t get a job, I may have to leave. (...) With my boyfriend. We talked about it, and if I don’t get a job in 1-2 years, we are going to leave together.” (N)

“I would like to try it here first. But if...I don’t know, I didn’t define deadlines... after one or two years if I still cannot find a job, I am going to leave. But only for the experience, in my job and in life abroad, but I don’t really want to go. I’ll go only if it’s necessary but with no pleasure.” (E)

“I wouldn’t go for now. After I acquire some experience and I am confident in my abilities, then yes. I don’t want to go and bring shame on someone because I don’t have experience.” (F)

The existence and importance of migrant networks can be observed here, and the interviews shed light on how familial relationships have a different effect on the intention to migrate than relationships with friends. This analysis of migration potential demonstrates that having friends/acquaintances in the target country affects migration potential more than having family members abroad. In light of the interviews we can say that “weak” ties have greater strength because they mostly relate to colleagues. In the medical sphere a colleague who lives abroad has greater worth – even as an informant – than a relative who lives/works abroad with whom there may be no active relationship. Social background cannot be disregarded either. Students from high status families – whose parents are mostly physicians – can take advantage of their parents’ social capital: their friends and colleagues who have emigrated. On the other hand, students from low status families can hardly take advantage of their relatives who are working abroad (for example, seasonal workers). The influence of economic capital has to be viewed in

context with this finding. According to the outcomes of the survey, while low social status improves migration potential, poverty has the opposite influence (Portes 1998).⁴

“My brother went to Greece 4 years ago, and worked in a beer factory. He had to move back home because there was no more work for him, and right now he is looking for a job, either there or here.” (R)

“The son of my mother’s first assistant moved abroad long ago, and he is leading a clinic. We have obligatory field work, one month in the summer, and we arranged for me to be accepted and I went there. They found me really likeable, and they are waiting for me to work for them after graduation. (...) I asked my friends if I could stay at their flats if I needed to, and also that if I have to buy equipment and other stuff for my work in the clinic they will lend me money.” (D)

As we can see in these interviews, financial problems can lead to different strategies. Sometimes – even with an extensive migrant network – they can cause the graduate to stay put, or cause migration to become a plan “B” for the potential migrant.⁵ These students legitimize their intentions to stay by citing attachment to the homeland, their commitment to the survival of the Hungarian minority, or feelings of responsibility for their families. However, there is another type of reaction to financial problems: it may motivate students to find a job abroad – even those without a migrant network.

“I would like to stay here, because this is not wasted time. I have to save money to leave. If I stay here for one or two years, I get experience, even when I have to start everything again if I move. (...) I’m sure, if I leave, I won’t come back to this country.” (R)

“Well, I thought about it, but I wouldn’t stay there for a long duration. I would try a short scholarship, six or three months, but I wouldn’t stay there. I’m very attached to my family, my mother, my homeland, my nationality. I need these ties, they are so close to my heart, and I won’t give these up

4 Portes mentioned in his study about migrant ethnic groups and networks that poverty is often connected to a shortage of social capital, or else a network may contain only similarly low status persons so that often even the information necessary for migration isn’t readily available.

5 I mentioned this earlier concerning the “I-intend-to-work-abroad-but-try-to-get-by-at-home-first” strategy.

for financial gains. (...) I don't want to judge, but sometimes I feel really frustrated, yes everybody goes abroad, because it's easy, easier than being here. It's easier to be a Hungarian in a foreign country than in a minority, when people have the financial background, and after years they come back, and then it will be good for them. But they don't fight as a Hungarian, for example here in Transylvania, as a minority. But I try not to judge them, and I try to see the human in someone, and not his/her position or salary." (G)

"You can find sick people everywhere, but I think, here, where I am living with these people, I can meet them, I know them, I can help them. (...) I wouldn't feel at home, because it would not be my home, not my country, and even if it were good, I would miss my home for sure, I would miss the virtues I experience, and have lived with, I would miss people, friends, family." (E)

In the answers of the potential migrants there are signs of a culture of migration. Respondents have wide knowledge about foreign labor markets; they receive information through their migrant networks, and if they have serious intentions they gather information using the internet, or they intend to contact a labor exchange office. The benefits of working abroad are the higher wages of Western countries, the financial / infrastructural problems of the Romanian health system, corruption, relative deprivation (financial and professional), the dysfunction of the domestic education system, the high incidence of migration and the fact that even some of their teachers encourage them to migrate.

"Many small things. When you see the situation of a resident doctor here, and you hear from your acquaintances how different it is abroad. Starting with minor things: they have their own changing-rooms and lockers. Here, we don't, six people share one locker. Here a resident is doing paperwork for the first year, there the resident is tending the patients from the beginning, after basic education in the system and the language." (C)

"Here, you can't find a job, and the few available jobs are for the ones with backdoor influence. I've seen this for four years every day - that jobs are filled by people with a push, and there are not enough openings. On the other hand, wages are really low; abroad you can make three or four times more." (B)

"My teachers are suggesting going abroad to get trained and to see the foreign opportunities, and if it's possible to bring these skills home. So I don't

think that this is a bad thing, just we have to find the opportunities to lure the doctors with foreign experience home, to use their skills here.” (C)

One of the sources of relative deprivation is previous migration experience related to the profession (Hawthorne 2012). The different international student mobility scholarship programs are expanding the reference base of individuals, leading to the feeling of relative deprivation, or strengthening it even further.

“The idea was born maybe from outer influence, because many people are leaving, but the main reason is that I was in France with an Erasmus scholarship. And I made the decision: ‘Yes, I want to leave’. I see the differences between the two health systems, and according to my inquiries this is the same with other countries. And I’ve made the decision.” (R)

“I’m really lucky because with the help of our acquaintance I could work at a clinic in Budapest, and they offered me a job there. (...) We have obligatory field work, one month in the summer, and we arranged that I could go there.” (D)

Another cause of relative professional deprivation could be the disharmony between the different infrastructures of the health education systems. Migration researchers claim that the migration intentions of highly educated people are strengthened by the fact that they have studied according to modern, Western methods, but they cannot use this knowledge in practice because there is no equipment in the home country (Portes et al. 2001).

“Right now in Romania the situation is that the physicians cannot succeed. (...) I would like to satisfy my professional knowledge, and I would like to work with all kind of equipment to cure a patient, or diagnose them at least. Here we have a problem which I’d like to avoid: somebody may be suffering for years without having a diagnosis. And we are not even speaking about curing one’s disease.” (S)

There is a final cause for professional deprivation: the aforementioned migrant networks are transferring information and knowledge (Sassen 1995; Castles et al. 2009). That migration is widespread is demonstrated by the fact that many things are common knowledge when it comes to migration; students may discuss foreign job opportunities with a view to migrating in groups and that some people are apparently “experts” on the subject.

“The most current topic is the regions where we should look for jobs, but I don’t know. I’ve never talked to somebody who said ‘Oh my God, I am going to go abroad at any cost!’ Everybody wants to try it first here, and if it doesn’t turn out well, then he is going to try to find something abroad. Or if there is an opportunity, then there.” (Q)

“I have been talking about it with my colleagues, and nobody wants to go alone. Everybody thinks if there are two or three others to go with, they may try to do it, but alone they won’t.” (E)

“There is a tendency – it was shown by research – that a doctor leaves the country every five hours, and that more than 70 percent of students wish to work abroad because the wages are so low [here]. Compared to any EU member state, here they are the lowest I think. The conditions in the hospitals are not so good, and the doctors aren’t getting the respect they deserve from society. (...) Seven out of ten graduates from this year say they will go abroad. This is a huge number. Who is going to stay here? Because we are going to need physicians here too.” (C)

So migration as a life strategy is a natural topic for the students; they have to face it, and make decisions about it (Bodó 2008). These decisions are not static, of course; they change according to new information, new conditions and new opportunities. But migration is a legitimate and accepted strategy according to their opinions. However, there are some students – as can be seen from the interviews quoted earlier – who intend to stay at home or to go abroad for a short time only because of the responsibility they feel for their homeland, family, or patients.

“Since I’ve got job opportunities at home, I’ve been thinking about staying and going abroad later. So I began to think about staying only in recent months.” (O)

“The truth be told: [I’m thinking about it] more and more often. If we had been talking one year before I might have said: ‘No, never ever’.” (P)

“I don’t agree with this. If we can get by here, why we shouldn’t live here? Why should I go away and work for strangers when this is our home? I’m graduating here, why would I work there?” (M)

The influence of the spouse can also be measured, especially if he/she has less mobile capital: the spouse can “anchor” their partner, even when other family members have already migrated.

“My parents have been living in Italy for 10 years (...) my husband has an enterprise here, and we have everything here. We would have to leave everything behind, and you know I can get by here for now.” (I)

The perceived values and gains related to migration are professional progress, higher social and financial standing, greater respect and a chance to enter a more meritocratic labor market. Even having the courage required to migrate is viewed as a positive, but the cons include accusations of taking the “easy way out”, and possibly being trapped in a form of “modern slavery”.

“I am faced with this: many of my friends and acquaintances who graduated chose to go abroad; even my group mates are thinking about leaving. I am faced with this question, ‘yes, are you going to be the stupid one who stays and struggles?’, and even today I face this question, because if I stay, I have to prepare myself for hard times, lower wages and I’m going to fight my little wars (...) Everybody has to decide, and everybody has the right and freedom to choose according to his/her priorities. I think nobody can judge them for leaving, for taking the easier way out for higher wages and greater respect, because everything has its price. Because it is a big challenge to undertake all the paperwork needed to be employed abroad, to learn the language, to learn to fit in, to succeed; this is a great sacrifice. I respect them in this way.” (G)

POTENTIAL MIGRANT TYPES

1.) The “personal interest follower” is a type of welfare migrant. This was the most common type identified (10 persons) (Kovács et al. 2001; Gödri et al. 2005). He/she is motivated by the financial reward of a foreign job, but also by a changed reference base (de Haas 2011), and the perceived inadequacy of local health systems. The latter acts as a push factor. The deficiencies of the educational system sometimes force people to migrate – the student may see no other option because there is no free choice of graduate

specialization,⁶ or too few places available on a course.⁷ In their answers students picture themselves in an active role – passivity only shows in their choice of profession: someone often convinced them to select it. Behind the choice of profession there is usually an example being followed (students of higher status usually followed their parents, while students of lower status usually followed other relatives or classmates). The migrant networks in the destination countries, which mainly include friends and other acquaintances, can be or have already been mobilized as sources of information or social capital (Portes 1998). A lack of social capital, especially paired with poverty, can make migration a fantasy, or conversely: it can strengthen the will to leave. The main destination countries are Great Britain (or other English-speaking countries), Germany, Sweden and Hungary. These individuals are mainly status-holders and have a high social status background, although some of them are from lower status families and are trying to improve their social status. Migration may be a response to present/past financial problems. ‘Personal interest followers’ plan to stay abroad for the medium-term (4-5 years) or long-term (6+ years), and the planned duration correlates to social background: high status students aim to stay for the medium-term, while low status students aim for the long-term or permanent emigration. Accordingly, they mostly envision themselves being in their home country after 5 years, but in some cases they wish to stay abroad (this is unique to this type). They wish to obtain financial rewards, better working conditions and more respect. High status students hope that having a foreign job will improve their professional skills.

2.) The second type is the “collective responsibility taker”. One third of the informants (6 persons) wish to stay. They reject the idea of migration, some of them only intending to get a short duration scholarship for the sake of experience. These individuals are mostly Romanian students, and most of them are members of migrant networks. A small proportion of them have financial issues. Two of them mentioned having financial problems, and two

6 Enrollment in the education system for further specialization is based on the mark obtained in a national-level admissions examination. Students who get the highest marks can choose from the list of available specialities and institutions (hospitals) first, and so on, the options decreasing until all the available places are taken. Students who obtain the required mark but do not gain a place to specialize are enrolled into general practitioner (family doctor) training automatically. They can choose to become a GP or to start preparing again and re-take the examination the following year.

7 Romanian physicians who had emigrated also mentioned the poor training system as a motive for migration.

of them have only one parent (one student mentioned both). Students of this type primarily have a mixed status background or are upwardly mobile (from a low status family background).⁸ This type is common among pharmacology students, because – according to them – they have a greater chance of acquiring a job in their homeland after graduation. The factors encouraging them to stay include marital status and their responsibility for family, homeland or society (confirming the results of the survey). These students see the benefits of being employed abroad – similar to those who intend to migrate – as the more prosperous financial status, favorable working conditions, higher standards of living and a meritocratic labor market. The disadvantages of migration that were mentioned include a loss of family connections, friends, the difficulties of integration and communication in a different culture and a fear of alienation. A headstrong attitude (because a widespread culture of migration makes it hard to stay put – the migrant option seeming easier and more profitable) is identifiable in some of these students' earlier decisions as well. They chose the healthcare profession without having followed a role model in their immediate or extended family or classroom; they were rather motivated by the suffering of others, or by other factors. They view themselves as steady, satisfied young people, or young professionals who are taking responsibility for their family or their nation.

3.) There are two types of “forced” migrants. The first type are forced by the system; the second type are forced by their relationships.

a) According to the current state of the healthcare system, nurses cannot automatically find jobs in the Romanian labor market. Hungarian nurses mainly consider migration as a viable strategy only if they fail to enter the local healthcare system. Their main intent is to stay in the homeland, and in their self-presentation they view themselves as people who have settled down and who feel responsibility for their family and their nation; just as do the previous type. This image is enforced by their profound knowledge of the administrative requirements of their work in their homeland. Their destination countries are Great Britain and Germany, but not one of them wants to migrate alone, only with a friend or sibling, and they intend to

⁸ The survey showed that mixed-status graduates were less likely to plan to migrate, but there was no difference between high- and low-status graduates. The results of the logistic regression analysis also demonstrated the co-occurrence of the two types of mobility (social and geographical). The explanation for this apparent contradiction may be the aforementioned factors (financial conditions, family status).

stay only for the medium-term (4-5 years). The hoped-for benefits of being employed abroad are financial and professional progress, the opportunity to learn a foreign language and the chance to experience different attitudes from both patients and colleagues.

The Hungarian nurses are not satisfied with the educational structure in their home countries. They perceive it as being centered around physicians and theoretical training and they think they get less practical experience than students in health colleges who have one year less education. The reasons given for the inadequate practical training are the overcrowded educational centers, overburdened teachers, a lack of support workers and fights for power in the hierarchy. The Romanian nurses share similar disappointment about the medical system's inner workings. They see internal inconsistency: the educational system "overproduces" medical workers whom the health system cannot absorb, giving ground for corruption⁹ and migration.

On the other hand, the facts indicate that there is no real overproduction because the number of nurses per one thousand people is low compared to that of the destination countries (see 2. Annex), and the shortage of job opportunities stems from the financial shortages of the system. The nurses – and health workers in general – are overburdened, and this is a factor that underpins migration. Moreover, the outward flow of people may become self-sustaining. Because of emigration the number of patients per health worker is increasing and burdens are getting heavier (Greco 2010). In such cases – when individuals feel that their work is not appreciated – they might free themselves from any ethical responsibility relating to their choice to migrate.¹⁰

b) There is only one female student for whom the intention to migrate arose from pressure from her boyfriend. She started to think about migration at his insistence. In her decision-making she takes into account the will of her partner, the invitation of the partner's migrant family members, and her fear that as a specialist she could not find a job in her hometown. Her destination is Hungary, because her partner is mainly motivated by his lack of cultural-linguistic integration into Romanian society (Kiss et al. 2004), and she also has fears about adapting herself to other cultures. So Hungary is the destination "*because I think we both could find our place there*". The

⁹ Corruption and backdoor influence were also mentioned by Romanian medical workers who work abroad as push factors (Rohova 2011).

¹⁰ According to research, Romanian doctors working abroad had the opinion that the decision to migrate is not an ethical issue. They think they have the right to choose and go wherever they see fit according their professional and financial needs (Cehan 2013).

expected disadvantages of having a foreign workplace are alienation and a sense of homelessness, which can potentially exist even in a similar language area. She sees migration as a breaking point in her life.

“I think I’m at the right age to settle down somewhere, and if I migrate I have to start everything over again, and this is not a normal part of life.” She has great uncertainty about her future; she is the only one who can’t imagine where she might be living in five years’ time.

) The other special type, not fitting into any of the above-mentioned categories, is the “adventurous”. Only one student specified curiosity and wanderlust as her motivation. There is a kind of inner tension in her answers in the form of a conflict between her aspirations and her opportunities. She would like to travel overseas, but without social and cultural (linguistic) capital, and possibly without financial capital¹¹ either; her aspirations may become her dreams.

“I think if I go then I’d go... I don’t think that I’d go to Hungary for work. I don’t know.”

Her choice of destination country is significantly different from those considered by the relationship-driven migrant, but there are similarities between the decisions¹² – mainly concerning uncertainty (many “I don’t know” answers). There is a conflict between aspirations and opportunities in this type, while the source of tension in the previous type centers around the elements of sacrifice and fear associated with migration. The benefits of being employed abroad are special for these two types: they both cite the desire to gain new experiences first, while financial advantages / acquiring new points of view are secondary concerns.

CONCLUSION

11 Mention of a disabled mother and gaining access to the higher wages paid abroad are taken as indications of this.

12 Taking into account only the interviewees involved in this research.

A much more complex picture is revealed in light of the interviews than is shown by the survey. Behind the same strategies there may be different motives: the “I plan to work abroad, but try to get by at home first” strategy may stem either from fear of unemployment and failure, or from the urge to gain experience with a native medical system first. The previous strategy is more common among the Hungarians and the latter among Romanian students.

These students are aware of global inequalities and they mention welfare issues as reasons for gaining foreign employment: the higher wages and more advanced facilities and equipment of health systems in Western countries. Relative deprivation is a key factor in legitimizing the intention to become employed abroad. Professional deprivation is particularly highlighted and derives from many different sources: from disharmony between the theoretical education that is based on an international curriculum and practical education which is limited by the availability of local equipment (Portes et al. 2001), from participation in international mobility programs (Hawthorne 2012), and from information transmitted through migrant networks – both of these change the reference-base (Sassen 1995; de Haas 2011).

Motivation to migrate might also be due to a feeling of being pressured to leave, such as by a partner in a relationship or the poor employment prospects of the domestic healthcare system. It is surprising that no one mentioned the minority status of Hungarians with its resultant discrimination and language problems as push factors. Only those students who intend to stay cited their minority status and responsibility to families or ethnic groups. The graduates identify general problems – that concern both of the ethnic groups – as migration factors, such as the insufficient funding of the Romanian healthcare system, corruption, the demand for gratuities and flaws in the educational system (Rohova 2011; Glinos et al. 2011).

The presence of a culture of migration is apparent in the students’ extensive knowledge of the topic: not only the benefits but the disadvantages of migration are also widely known (Massey et al. 1994). Migration is an accepted life strategy; informants don’t judge each other and they regard the decision as a personal choice. Positive (bravery) and negative (easy way, modern slavery) values are attached to the decision, and we even find the interpretation that the graduate who chooses to stay may be considered “stupid”. These may be signs of changing opinions regarding migration because qualitative research at the turn of the millennium showed disapproval for migration in Transylvanian-Hungarian society. More likely, they just indicate a conflict between social norms which “ban” emigration and those who would infringe these norms with their personal ambitions (Gödri 1998; Kovács et al. 2001).

The main role of migrant networks of friends as information sources and as sources of social capital that can be mobilized is confirmed in the survey and in the interviews. Moreover, we discover why a migrant's relationships with friends increases the probability of emigration more than familial relationships do: friends are usually colleagues, which means they can be more helpful when it comes to finding a job abroad. The role of strong ties and the resources that can be obtained through them differs according to social status: students from upwardly mobile families have contact with (mostly manual worker) family members abroad who work in fields unrelated to the healthcare system (Portes 1998). Conversely, those who preserve the status of their parents – mostly medical students – can use the migrant relationships of their parents' friends to fulfil their foreign employment goals.

In conclusion, we can say that ethnicity has an impact on plans to migrate in different ways: it may influence the strategy of graduates concerning their timing and/or choice of destination country. Being of minority status is one of the considerations of the Hungarian students who intend to stay in their homeland and are willing to bear the disadvantages of this status and thereby express their identity of otherness, although it is not an explicit push factor.

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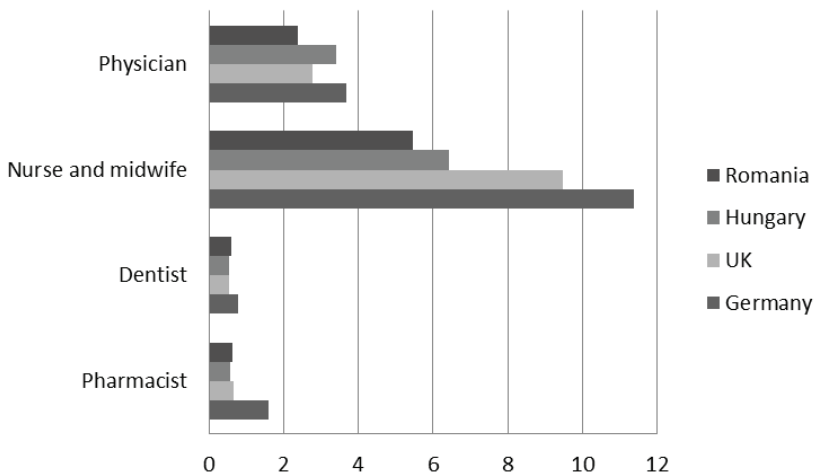
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ANNEXES

1. List of interviewees

A: female, nurse, Romanian; B: female, nurse, Romanian; C: male, doctor, Hungarian
 D: female, dentist, Hungarian; E: female, nurse, Hungarian; F: female, dentist, Romanian
 G: female, doctor, Hungarian; H: female, dentist, Romanian, I: female, dentist, Romanian;
 J: female, dentist, Hungarian; K: female, pharmacist, Romanian; L: female, pharmacist, Romanian;
 M: female, pharmacist, Romanian; N: female, nurse, Hungarian; O: female, pharmacist, Hungarian;
 P: female, doctor, Hungarian; Q: female, pharmacist, Hungarian; R: female, doctor, Romanian;
 S: male, doctor, Romanian; T: female, pharmacist, Hungarian

2. Number of health workers / 1.000 inhabitants in Romania and some popular destination countries



Source: World Health Organization: Global Atlas of Health Workforce (WHO 2014)