



**Doctoral School of
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THESIS SYNOPSIS

Klára Pitó

The migration of Transylvanian Hungarian health workers to Hungary

titled Ph.D. dissertation

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Institute of Sociology and Social Policy

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1. Introduction and rationale

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 labour force and the health system; sociological and interdisciplinary migration research and also media discourse. This significance 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 favour of) workers from the lowest (unskilled) and the highest (specialized) segments of the labour market to fulfil their labour 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 their labour forces, towards 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 "labour 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).

We can conclude that this is a global, complex, but (at the same time) dynamic process and problem that needs to be described and explained with an interdisciplinary approach which involves the cooperation of all social science scholars on a macro level on one hand and the long term cooperation and planning of decision makers of the countries involved on the other (Favell et al. 2008; Bose 2012; Lahav & Lavenex 2013).

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. The main goal of the research this paper describes was to explore the migration potential and the motivation of Hungarian graduates (medical, dental, pharmacological 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.

2. Applied methods

In migration research it is necessary to forge different levels of analysis because the individual, micro-level motivations, decisions and actions are embedded in socio-economic relations. Although on a smaller scale migration is the result of individual decision, in the mass migration flows even the possibility of migration is created socially, therefore both micro and macro level factors should be considered (Gödri 2005; Sassen 2007).

I applied triangulation to capture the multifaceted nature of the phenomena, using both quantitative and qualitative methods. At the macro level I focused on the statistical data of health care workers migrated to Hungary from Transylvania between 1990 and 2012, attempting to unfold the pattern of movement and changes over this period. But the collected data are incomplete and therefore there is an acute question of reliability not to mention the general problem of validity of migration data. I used narrative interviews to unfold micro factors: such as motivations, migration supporting capitals, mechanisms of decisions, dilemmas, the identity of the migrant.

I completed 14 interviews with migrated health care workers, who moved to Hungary between 2002 and 2007¹. I selected these interviewees with snowball sampling. By gender: 10 of them were female; by specialization: 10 specialists, 2 dentists and 2 nurses; by educational institutes: 9 were from MOGYE, 3 from Medical University of Oradea and 2 got their nursing diploma at Odorheiu Secuiesc; by origin: 8 are from Szeklerland, 4 from middle Transylvania (Tirgu Mures area) and 4 from the Partium. With regards to their age, they were in their early thirties (with one exception who was in her forties). This fact suggests that they had migrated straight or soon after graduating.

I coded the narratives using the hermeneutical method of Rosenthal, adapted by Kovács & Melegh (Rosenthal 1993; Kovács & Melegh 2001; Kovács & Melegh 2007). The narratives are relatively short in most cases so I applied a simplified version of the method, focusing on how these

¹ This is the period of the second wave of migration of healthcare workers, therefore I had the increased chance of finding people who migrated during these years.

migrants see and present their moving in a retrospective way. I used the following factors as codes: motivations of the narrator (for example familial, professional), factors they mention to legitimize their migration and how they present themselves and the story of their migration (for example whether s/he describes their decision as an active or passive event). I compared this image, presented in the narrative, with the answers given in the semi-structured part of the interview. The answers either supported or undermined the previous impression.² I identified different types of migrants based on these codes, but more frequently a combination of patterns and motivations could be observed.

The core of the research is the migration potential survey of students at medical universities, using a self-completion questionnaire.

The key questions of the research were: what was the measure of migration potential? How did the health-workers-to-be intend to join and move in existed migratory flows? What were the main motivations and mechanisms of access? Which were the destination countries and were they members of migrant networks linking Romania and the concerned countries? Who planned to migrate and for how long did they intend to stay abroad? What were the motivations for staying at home? Did these students follow general migratory patterns – either of Romanian healthcare workers or that of Transylvanian Hungarians?

The term migration potential refers to the intention of these students to work abroad. The expression of raw migration potential includes these intentions and plans. The cleared migration potential attempts to measure the staidness of intentions taking into account the steps followed in order to realize migratory plans (Sik 2003).

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 Romanian³. 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 (Ábrám 2011), although the sample included some other vocational institutions which train nurses – such as Bod Péter College of Nurses in Tirgu-Mures and Louis Pasteur Health College in Miercurea Ciuc – in order to extend the relatively small group of nurse students in the final year at UMP of Tirgu-Mures (30-35 students/year/language department). I aimed to ask the whole population during data collection and the final response rates achieved were: 73 percent at

² The importance of active/passive role is that it indicates whether the narrator finds migration acceptable or not.

³ This is only for the basic majors (general physicians, dentists, pharmacologists and nursing students). The language of education for dental assistants, dietitians and balneologists is Romanian (Ábrám 2011). These are not included in the research.

UMP of Tirgu-Mures, 58 percent at Bod Péter College of Nurses and 85 percent at Louis Pasteur Health College, 251 students altogether. Male and older students (25 years or more) are slightly underrepresented in the sample so I used weights of gender and age group in every speciality in the analysis⁴.

For comparison purposes I used a control sample of Romanian students in their final years in the same specialities. Their response rate was much lower due to the attendance of lectures held in Romanian being lower than those held in Hungarian. Altogether 75 from 236 (32%) graduating general medical, dental and pharmacological students filled in the questionnaire. Therefore it cannot be treated as a representative sample. There are 47 (from 141) medical, 11 (from 54) dental and 17 (from 41) pharmacological students in the control sample. Only five nursing students (from 34) completed the questionnaire so I excluded them completely from the comparative analysis. The data of the survey were analysed by contingency tables and logistic regression analysis.

I sampled the interviewees by social status and profession. I intended to interview two students from each profession (one from a lower and one from a higher social status family) but unfortunately was unable to carry out this status-based sampling among the nurses – either the Hungarians or the Romanians – as I could only conduct interviews with students of 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, whilst Hungarian dentistry students are most likely to have high status backgrounds. 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 Appendix 1 of this paper). The vast majority of the interviewees are female due to their stronger presence at medical school⁵. 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 in April, 2013. The semi-structured interviews were analysed 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 them into smaller units.

Structural coding served for organizational purposes and I used it to compare the codes with the results of the survey⁶. This was made easier by the type of interview, since organizing was

⁴ The rate of male students is lower in each speciality. The lowest is among nurses (7-15%, varying on institutions) and the highest is among medical students (37%).

⁵ Two thirds of the medical students are female; in other specializations they account for 80-87% of the total.

⁶ For a detailed description of the methods, see Saldana 2009.

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 on 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.

3. Results

3.1. Hungarian immigrant health workers from Romania

Based on the analysis of the available statistical data we can state that the number of naturalized medical diplomas in Hungary in the two decades after 1990 follows the general trend: that of the fluctuation in numbers of immigrants from Transylvania. There are two peaks in this period: the first is those two-three years after the change of regime (1990-1993) and the second one appears in the year following Hungary becoming a member state of the EU (2005). Due to Romania also joining the EU, plus the global economic recession, Hungary became a less attractive destination for health care workers as well (Gödri & Kiss 2009; Ábrám 2011): the number of the immigrants to the mother state decreased sharply.

According to the immigrant interviewees, Hungary had already had a transitory role for some of their immigrant colleagues who left for Western European countries. These immigrant health care workers enlisted familial relationships and partnerships as their key motivations. They decided after graduation to apply for jobs in Hungary because of their ethnical capital (cultural-linguistic relationship), former personal migration-related experiences, being members of extended migrant networks and personal or institutionally organised recruitment.

The integration of freshly graduated immigrant healthcare workers into Hungarian society, despite linguistic and cultural similarities, was relatively superficial (affecting the work environment only⁷). This can be explained by the attitude of maintaining a Transylvanian-Hungarian identity. This also confirms a former statement of researchers (Gödri 1998; Kovács & Melegh 2001) according to whom, Transylvania has a condemnatory norm on emigration which results in a tight hold being maintained (often even by their parents). This superficial integration leads to a drifting life sensation, which – coupled with the reality of wage differences between West and East – might result in further migration. The close relationship with the sending community is supported by the relatively small geographical distances which allow frequent visits. On the other hand the “drifting”

⁷ This is most likely due to the fact that these healthcare workers had Transylvanian spouses.

state might be explained by the formation of transnational views and networks: especially due to Romania joining the EU, borders have become blurred and the reference base of migrants has been extended.

As a result, some of the immigrants view their present geographical location as only temporary and they consider the possibility of further migration or returning home depending on financial or sentimental factors (i.e. family and homeland). Thus, it seems likely that Hungary will only be able to “keep” those immigrant healthcare workers to whom the Hungarian language, cultural surroundings and the opportunity of regular visits to home to see family and friends are important.

These narrative interviews support/justify the criticism expressed by Favell and his co-workers related to the theory of “brain circulation”, who pointed out the limitations of the basic assumption of the theory (Favell et al. 2008). The know-how gained by migrants in the more developed countries doesn’t foster their intention to return to home, it rather discourages them from moving back because it seems like a professional backstep to them.

3.2. Migration potential

The migration potential among Hungarian students is high compared to that of the overall adult Transylvanian-Hungarian population: more than half of these students plan to apply for a job abroad either immediately following graduation or after becoming more skilled (getting a couple of years of experience). The relatively high migration potential can be explained partly by the students’ high education and their young age, because of the migration potential among the 17-30-year age bracket of young Transylvanian-Hungarians and among resident doctors in Hungary (about 60%) (NKI 2013; Eke et al. 2011).

The probability of planning to emigrate is mostly increased by a pessimistic view of the future and by existing relationships linking the potential migrant to emigrants in the destination country (Sik & Örkény 2003; Kiss & Csata 2004; Gödri 2010). Those students who regularly consume mass media in a foreign language also plan to apply for a job abroad with better results. It is not only the minority status Hungarians that have a pessimistic view of the future; this is also the general attitude amongst Romanian students when justifying and legitimising their plans to work abroad.

The effects of migrant networks and human capital can be detected in the case of cleared migration potential. Amongst the variables of attitude, the one which most strengthens the intention to work abroad is fear of unsatisfactory starting wages. The strongest pulling factor of more developed countries is the opportunity for better professional development which significantly increased the likelihood that the potential migrant student had already taken action to realise their intention.

Feelings of dissatisfaction also increase the odds of planning to work abroad (Sik & Örkény 2003). Behind this feeling, as it relates to their professional training, there is a relative deprivation stemming from an earlier professional migrant experience (for example scholarship). We can conclude that the different international scholarship programs that support the international mobility of students – despite their primary aim to support innovation and „brain circulation” –also have a secondary effect which is the formation or intensification of feelings of relative professional deprivation (Knight 2014; Hawthorne 2012). This feeling can be created or deepened by the gaps between the similar curriculums taught in all EU countries and the Romanian health system, which doesn't provide them with the necessary professional equipment; and by the information streaming through migrant networks (Sassen 1995).

3.3. Migrant networks

They have a key role in migration research generally as well as in the inquiry regarding Transylvanian immigrants to Hungary. Even the results of this research confirm that migrant networks are the primary source of information for Transylvanian-Hungarian students as these networks facilitate and prepare the way for them to apply for jobs abroad. One of the most interesting results of the research is the exploration of differences between Hungarian and Romanian migrant networks, and their diverse effects.⁸ The Hungarian migrant networks are mostly embedded into the sending community (Tilly 2001) and mostly include collegial relationships. Thus they most likely strengthen the migration plans of Hungarian students while Romanian students have less available capital: their migrant networks consist of friends who live in the receiving countries representing „newer” (less cemented) relationships. Related to this, amongst the Hungarian students, a higher level of language skill increases the migration potential whereas with Romanian students – whose migrant friends are of various nationalities so their relationship implies language skills – this link doesn't exist.

The migrant relationships influence the choice of destination of the potential migrant (Portes 1995; Guilmoto & Sandron 2001; Portes & Sensenbrenner 2001; Sassen 1995). Therefore Romanian and Hungarian students have different destination countries (with some overlaps), but this pattern follows a trend that was identified by previous migration potential research. This way it can be stated that not only financial motivation (higher wages) but also the linguistic-cultural similarities and previous historical connections between countries play substantial roles in the students' decisions. Furthermore the information-transmitting effect of migrant networks is also present (Hárs

⁸ Although we need to be cautious while evaluating these results because of the small size of the control sample. I recommend testing their validity on a larger, representative sample.

1992): all the information gathered is patterned by time and the spatial distribution of relationships. So the collected information is not universal but region-specific (Sassen 1995).

Although the eagerness of students poor in relational networks is similar to that of those students richer in migrant relationships in their destination countries, the probability of them realising there is correspondingly lower.

3.4. Hungary as a potential destination

Hungary is a less desirable destination country for potential migrant students of Hungarian origin/descent than Germany or England, which offer better comparative advantages for their employees. The major pulling factor for these students towards Hungary – despite the evolved migrant networks in other, more developed Western countries – is detected in the Hungarian healthcare training system (for example, there are more opportunities for specialization) and the more developed work environment than that of Romania.

The level of Romanian language skill doesn't have a significant effect on the Hungarian students, contrary to the findings of previous research (Gödri & Kiss 2009). Therefore, low Romanian language skill doesn't necessarily push the potential Hungarian migrants towards Hungary; the rate of those who plan to work in a Western European country is similar to that of those who intend to apply for a job in Hungary. But the research participants' demographic component (i.e. approximate age and qualification level) may also have affected this correlation.

3.5. Social status

It wasn't mentioned by the immigrant health workers in their narratives, but its effect on migration potential can be detected. Although students from both higher and lower social status families intend to apply for jobs abroad, those from middle or mixed social status families were generally more successful. In terms of preparing and realising their plans, the situation of their migrant networks in the social structure is very important. The interviews conducted support Portes' statement regarding social capital, which declares that a person's location in the social structure determines the sources possessed by their colleagues and available to him through his membership (Portes 1998). The existence of financial capital is another key factor in the accomplishment of migratory plans. A lack or shortage of economic capital may result in different attitudes amongst potential migrants. In the case of one type, the opportunity to work abroad without economic capital becomes a fantasy, but the student only feels the tension between their aspirations and opportunities

(de Haas 2011). There is another type of potential migrant that is also short of financial resources but her intention to go abroad is further strengthened by her wish to achieve a „better life” there⁹.

3.6. Relative position in global hierarchies

Another important finding of the research is that in the decision-making mechanisms of both students and immigrants, the relative position of different countries in the global hierarchies plays a key role. The interviewees referred to these inequalities by mentioning wage differences and the availability of professional equipment in healthcare institutions, often underlining this as the main contrast between West and East (Melegh 2012).

The higher wages available abroad motivate all groups regardless of their social status but this financial prospect has a diverse role: Hungarian students, by increasing their financial capital, intend to strengthen their social status (this is mainly noticeable amongst students of higher or mixed status) while in the reference group (Romanians) these higher wages would serve their aim of upward mobility.¹⁰ This correlation is strengthened by the fact that in the case of Romanian students, the pulling effect of higher standards of living in Western countries plays a more important role.

3.7. Culture of migration

A culture of migration can be detected amongst both immigrants and students (Massey et al. 1994). The latter group also have vast knowledge (gained through their collegial migrant networks) of the comparative advantages available in different countries which may lead to the formation or intensification of relative deprivation. Migration as a life strategy option is openly given – furthermore it is encouraged¹¹ – and each one of them have to make their own decisions.

Positive (bravery) and negative (easy way, modern slavery that leads to a drifting lifestyle and detachment from the family and friends) values are attached to these decisions.

In conclusion we can state that migration is not solely the result of an individual’s decision, as the neoclassical model of migration recognised it (Roberts 1995; Massey 1999). The potential migrant’s considerations are embedded in familial and spousal / partnerial relationships and decisions. A significant result of the narrative interviews is that for the potential migrants it is a basic question of whether they can reconcile their plan to migrate with their spouse/partner. Thus it

⁹ For further types see: Pitó (Pitó 2015).

¹⁰ This is only true if we exclude the subsample of the nurses. If we take into account the nurses this statement referring to the reference group becomes valid even in the case of Hungarian students.

¹¹ There is a double-folded nature to this question: while on the level of norms migration is condemned, in reality it is accepted and vastly practiced.

is clearly a methodological restriction that in the research of potential migration this aspect is not taken into consideration. If I were to repeat this study, I would extend the sample and I would include such questions as would highlight the effect of those people who have an influence on the decision-making of the potential migrant.

The sending society would be able to keep the future healthcare workers if they provided higher wages and improved professional training and work conditions. The Romanian students would appreciate better work conditions and equipment while Hungarian students emphasized the importance of changes in collegial attitude: novices should also be respected and supported by their more experienced work colleagues.

3.8. The limits of the research

Though the intention was to investigate the migration potential of Transylvanian-Hungarian healthcare workers it is still unclear whether or not we can generalise and extend the results to apply to the whole of Transylvania. Another source of bias is the sampling of nurse training institutions because there are other similar trainings available in different cities in Transylvania and there is no existing data with regards to the numbers of Hungarians studying in the Romanian language. The older students and those who were not attending their classes represent a smaller percentage of the sample than the younger members of the group, although these factors could create significant differences. Furthermore, based on these results alone, we cannot determine whether realising the intended migration to Hungary would simply lead to covering the current workforce shortage in the health care system, or would result in exacerbating the present inequalities (in specialization and in geographical distribution).

Using the snowball sampling method in the case of immigrant interviewees living in Hungary leads to a haphazard sample in which we reach a group of people who know one another and immigrated in a relatively short period of time. Therefore we cannot extrapolate large-scale conclusions: since the interviewees knew each other and made arrangements prior to arranging their interviews, we do not know how they were / would have been affected and influenced by the information given by their colleagues in this study.

There may also be other mechanisms at work that were not detected by this research due to the small-scale sample.

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