



Healthcare workers migrating to Romania from the Republic of Moldova

A narrative research

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Introduction

Why this research – preliminary considerations

The present research aims to contribute to the discussion about the Romanian healthcare workforce, by providing a complementary perspective, beside the prevalent one that refers to Romania (RO) as being characterized by an exodus of healthcare workers (HCW). For this, we designed narrative research comprising biographical interviews conducted with healthcare workers who immigrated in Romania from the Republic of Moldova (RM). Our expectation was that this kind of methodological approach would enable us to grasp various aspects, such as: the way migration was experienced/lived by the Moldovan health professionals; how the Romanian healthcare system is perceived by those who are part of it, especially given their experience in multiple destinations.

Given the significant number of Moldovan HCW who chose to migrate to Romania, the World Health Organization (WHO) showed interest in exploring the motivations of migrant HCW, professional integration and recognition of studies, approximating the number of Moldovan HCWs in Romania and providing insights for public policies. The study showed that the motivations behind the decision to migrate varied, from those centred on the situation of the Moldovan healthcare system, in the first stage of Moldovan HCW migration to Romania, between 1991 and 1996, to those centred on family needs in the second stage, between 1997 and 2006, and to those related to the destination country specifically, in the period after Romania's accession into the EU (WHO 2014, p. 62; Cheianu-Andrei 2016). It also pointed out the fact that the intention to return to the origin is not necessarily common among Moldovan HCWs in Romania. A stressed aspect is that public policies should be related to sustainable models of circular migration to turn brain drain into brain circulation and thus mitigate, for the source country, the negative effects of the migration of highly trained professionals (ETF 2021).

The situation in Romania regarding the mobility of healthcare workers is somewhat similar to the one in the Republic of Moldova: the exodus of HCWs is a common theme in public discourses, framed as a loss for the country, as significant numbers of Romanian HCWs choose to live and work abroad (WHO, 2023). Planning to emigrate is common among medical students in search for better healthcare systems (Suciu et al. 2017). At the same time, the need to implement health workforce policies aimed at improving the health system is recognized (Deliu et al 2022).

Methodology

The research question, data and perspective related to data

Research question(s)/research objective

In studies dedicated to migration, the life course perspective has been used as a tool for exploring the impact of migration experiences on the life of individuals, embedded in the personal and social worlds/environments from different stages of life (see, for example, Vlase and Voicu (eds.) 2018). By not focusing on a specific theme, but on one's life/biography as a whole, it may become visible how migration experiences are related to other life events and how individuals make sense of both their lives in their entirety and specific events/periods/experiences.

Along these lines, we defined the main objective of this research as related to the way in which emigration to Romania is accounted for by doctors coming from the Republic of Moldova. The research question guiding this inquiry is formulated as follows:

What are the coordinates (how, when, at what cost, with what result) of the migration narratives constructed by the respondents (doctors who migrated from the Republic of Moldova to Romania) in interviews?

Thus, we did not approach migration as a phenomenon, but rather as an individual choice, leading to experiences that are integrated in the broader context of one's life and, at the same time, embedded in the social worlds at the origin and at the destination. Our understanding of the interview situation was rooted in its potential to foster the co-participation of respondents and researchers in the making/unfolding of narratives, while viewing the role of the researcher as providing input and questions that could contribute to the development of the narratives. In other words, during the interview it was very important to give space to the respondents and allow them to elaborate their discourse/narrative in their own terms, introducing as few concepts and constrictions as possible. Nevertheless, interventions were needed in order for the data to be relevant for the research question, hence the collaborative nature of the narratives.

Empirical data and participants

Given the exploratory character of this inquiry, a large sample of respondents was not necessary, nor was reaching an empirical saturation point (doing interviews until nothing new is discovered and new

responses start to resemble previous ones). Our focus was more interactional and oriented towards narratives constructed by the respondents in interviews, rather than towards uncovering trends and constructing typologies. Thus, we set out to conduct and analyse 5 interviews with doctors and nurses who migrated from the Republic of Moldova to Romania, and, trying to maximize the use of resources that came our way, we ended up conducting 10 such interviews, with a total of 11 participants – one of the interviews was conducted with a couple.

Empirical data was produced through biographical narrative interviews conducted with immigrant doctors coming from the Republic of Moldova. Biographical narrative interviews are useful in exploring how people see and give meaning to their own lives, organize their own experiences in a coherent manner for the researcher and present a sense of their own social universe. This type of interview, with an emphasis on lived experiences as constructed/accounted for by individuals in the interview situation, makes it possible for the exploration of what is usually treated as taken for granted, of what it goes without saying, of what can easily remain untapped into in a less interactional or narrative oriented research setting (Wengraf and Chamberlayne 2006)

In order to increase the participative and performative components involved in the interview situation, we also used graphic (visual) representations of respondents' life trajectories (Annex 2). These life diagrams are a valuable tool for the empowerment of respondents, as they draw themselves, and enable the researcher to capture the most important moments in respondents' lives (Söderström 2020). What respondents had to do was to draw a line corresponding to their life, in a rectangular/Cartesian system of coordinates, where times is represented on one axis and satisfaction with one's own life on the other.

Selection of respondents/participants¹

In selecting the respondents, we initially had in mind the following criteria:

- Drawing on the importance of gender in influencing life courses, life strategies and the decisions of individuals in various stages of their lives, the inclusion of both women and men in the final group;

¹ In this report, we use the terms respondents and participants as equivalents. From our perspective, while the term respondent is the most used, it does not do justice to the participative/interactional character of our endeavor and to the way in which we relate to those whom we interview, as equal participants in the conversations with the researcher.

- Given the characteristics of Moldovan HCWs' migration to Romania, which might be associated with specific structural constraints, resources and necessities for individuals, the inclusion of doctors who migrated in each/different phases: 1991 - 1996; 1997 – 2006; 2007 onwards.

However, while the first criterion was easy to be considered, the second one, related to the stages of HCW's migration from the Republic of Moldova to Romania, could not be fulfilled. The first phase, defined for the period between 1991 and 1996, is beyond the scope of this analysis, while the last stage, starting in 2007, is the most common for our pool of respondents/participants. The one participant whose arrival in Romania took place in 1993-1994 is not a typical case, because he came during his childhood and was enrolled in school here – migration was not an individual decision, but rather a result of household value orientations and attachments.

We expected the selection process to rely heavily on the social networks and previous contacts of the members of the project team (implementation team). This turned out to be true: out of the 11 respondents, 6 were reached as recommendations of CPSS members' contacts and 5 were recommended by participants.

Pseudonym	Gender	Age	Profession	Development region in Ro	Year of arrival in Ro	Mobility experiences
Ioan	M	32	Doctor	North-East	2010	Multiple
Paul	M	48	Doctor	North-East	2019	Multiple
Aurel	M	35	Nurse	North-East	1993-1994	Single
Maria and Andrei	F/M	47/47	Doctors	Centre	2005	Single
Sofia	F	36	Doctor	Bucharest-Ilfov	2017	Multiple
Virgil	M	36	Doctor	Centre	2015	Single
Elena	F	47	Doctor	Centre	2019	Single
Mihaela	F	32	Doctor	Bucharest-Ilfov	2017	Multiple
Sorin	M	34	Doctor	Bucharest-Ilfov	2014-2015	Multiple
Veronica	F	46	Doctor	Bucharest-Ilfov	2020	Multiple

The research took place in June-August 2023, with interviews conducted face-to-face, in settings chosen by the respondents, usually terraces/coffee shops. All the interviews were recorded and then transcribed in full. The analysis is twofold: thematic analysis, centred on what the respondents say, what notions they

introduce and what dynamics they describe, and interactional analysis, focused on the relation between respondents and researchers, acknowledging the roles of both in creating the interview narratives (Riessman 2005). The interview transcripts were coded using NVivo 11 (codebook - Annex 3).

Data analysis

The choice of profession and early life

For the participants in this research, becoming a doctor was the result of two alternative, different scenarios: either an individual choice, based on discoveries of passions and interests, or rather a decision made by their parents, based on the high status associated with this profession.

Respondents give accounts of their parents' involvement in the choice of profession, varying from an abrupt imposition to pieces of advice repeated over a certain period of time:

I was very good at math and foreign languages and I really wanted to go into this field, being from the country side, I somehow had to go after the 8th grade, that's how it was back then, in those days, there were 8 grades. And I had to leave the countryside as soon as possible. High school in Chişinău, as soon as possible. And my parents told me, if you want to go to Chişinău, you only go to the medical college, otherwise we won't send you. And I wanted to leave the countryside so badly that I said, yes, I will even go to medical college. (Elena)

F: And we somehow chose, we were guided by our parents. Moreover, I think that, for me at least, they helped us make the decision.

I: You mean they took it for you?

F: Not necessarily, I had a say in it, but they guided us like that, that it would be a good thing. That it's nice to become a doctor... (Maria)

What appeared to be an important element in several cases was the family legacy, or rather the exposure to this profession, through parents, relatives, or acquaintances. For example, Sofia makes it clear that in her case there was no question about what to study, and not due to parents' impositions. In her case, becoming a doctor was part of an unquestioned, taken for granted life plan. She now revisits her profession, stating that she should have gone for something that allows for more flexibility, with less exposure to patients in complicated/extreme situations and less time and energy consuming:

R: When I was little, I don't know, my father is a surgeon, and my mother is a pharmacist. So, you can say that I didn't see myself doing anything other than medicine. I mean, I didn't have dreams of becoming a

ballerina or whatnot... all my parents' friends were doctors.... now, looking back you know, I'm thinking that maybe I should have done it differently, like my husband for example.

I: It's easier for him?

R: It's easier with the moving, and the mobility and all the stuff... I can't say I like medicine very much, I did like it a little. When I did, I told you I studied in this school in Chişinău for 6 years, and after that I did the Residency in neuro, and for this I went to Belgium, and that's where I realized that maybe I'm gonna do something broader here, and work with healthier people, so I don't know, I feel like I'm at the end of my strength... (Sofia)

Similar to Sofia, Virgil talks about what he saw in his family, where, on his mother's side, everybody was a doctor. So it was natural for him to become a doctor as well, and he now emphasizes the value of knowing that you helped your patients:

I: Now going back to your life, earlier, did you always want to become a doctor?

R: Yes because I come from a family of doctors. Our parents and grandparents and great-grandparents, we are all generations of doctors. I mean, almost all of us... I saw this in the family, I mean, I didn't see anything else, it's somehow from my mother's line. My parents...or grandparents, my father's parents were teachers. My grandmother was a teacher and my great grandfather on my father's side was a bus driver, but on my mother's side we are all doctors, that's what I saw in the family and then somehow... it's something like that... I don't know, maybe that's what I saw and I liked it, but it's very nice when someone comes and you help him, and after that he comes for control and says he feels better and you helped him or something... (Virgil)

There were also cases of respondents for whom becoming doctors was not associated with parental pressure or the existence of role models in the family. Either a result of specific circumstances, as Ioan recalls, or a result of what is framed as finding one's passion and overcoming disappointment encountered along the way (Mihaela), the choice of profession is, in these cases, made in the absence of external impositions or advice:

Neither of us were forced to do anything by our parents. In the 9th grade, because in the 9th grade you take exams to enter high school, there was a high school in my village, and they asked me: where do you want to go? I chose medical college mainly because my colleagues who enlisted wanted to go there. The funny thing is that they didn't get in, and I did. And after graduation, where do you want to go? I mean, it was not an obligation to go there! When I submitted my documents in Romania, they didn't even know. When I came home and looked on the internet one day and saw that I was admitted to Galaţi and I said that I am going to Romania - are you sure? Did you think it through? There was no pressure or anything. (Ioan)

R: Yes, it became a passion, I would say, even if it was hard at one point, I didn't give up, I carried on. Towards the end of year 4-5 of college, even 5-6, I was very disappointed with the system. When you see

it on the inside, how rotten it is, you feel a bit of disappointment, and at that moment it seemed to me that I didn't want to practice medicine anymore. I do not want it this way! I do not want it like that! (Mihaela)

The life stories we have encountered during the fieldwork seem to suggest that, within the group of participants in the research, parental control of, or extensive, voluntary involvement in children's professional plans was more visible in the case of women/adolescent girls than men, and in older generations – in the cases of respondents in their mid 40s, compared to respondents in their early and mid 30s.

Experiences as an adult in the Republic of Moldova

Education; healthcare system; personal life; professional life

Respondents talk about the education system in the Republic of Moldova as being rather rigid and dominated by clearly set authority relations between teachers/professors and students:

R: In college, when you're a student, nobody looks at you, you're small, nobody cares about you, it's like that. We had this thing, a bit of a communist way of teaching. You are nothing, you don't say anything, just sit like a flower...that's how it is there. (Mihaela)

An aspect that appears throughout the interviews is the Russian influences felt in the Republic of Moldova, sometimes as equivalent with communism, communist legacy or communist past. In the excerpt above, for example, Mihaela describes teaching in the education system from the Republic of Moldova as being communist, with students being expected to be non-reactive and docile.

Experiences of the medical system as being inaccessible for those without status resources were shared. This sometimes led to a dissonance between the expectations one could have, after being a good student and having successfully navigated through the education system, and the realities of his/her professional alternatives/opportunities once a graduate. This put more pressure on individuals to find niches for themselves and try their best to respond to systemic/structural requirements, rather than focus on their own professional development, according to their interests:

I have colleagues who, immediately after college and one year of residency, went abroad. And they got hired and did residency abroad again and are still working as doctors abroad. Because in Moldova, they practically couldn't fit into the specialties they wanted, or there were no opportunities, or their career was obstructed... it was clear from the start they wouldn't have.... (...)

I did the residency, but unfortunately after this we couldn't get a job. I was left again as a freelancer, to look for work. You couldn't get hired by specialty, you had to look for different exits, how to do, what to do, over specializations, or get hired wherever was necessary, maybe it wasn't what you liked and what you did in college, but you had to adapt to the situations. (Paul)

There were also direct accounts of the medical system in the Republic of Moldova as being rather uncomfortable for resident doctors, who are more respected in Romania and occupy a higher position in the workplace hierarchies in hospitals, especially compared to nurses. Thus, coming to work in Romania leads to an increase in the perceived professional respect received:

I: But look, considering your experience in the education system in the Republic of Moldova and here in medical education, how are things in Romania compared to the Republic of Moldova?

R: With deficits and needs both here and there. That is, it is equivalent. I mean, I can't say that it's something... I can say that the resident doctor is a little more valued here, at least verbally, not necessarily emotionally. To understand what, that is, any nurse addresses you with "Doctor", while in the Republic of Moldova, as I once was, there the resident doctors were somehow at the level of nurses at best, that was it. This happened in the first years. This is what I felt here as a difference. (Sorin)

The lack of proper financial resources appeared in every interview. The small salaries received by doctors led to finding complementary employment (for example, working for pharmaceutical companies) or to a high dependency on informal payments made by the patients.

Especially in the interviews with respondents in their early and mid 30s, the difference between medical students/recent graduates and their former high school colleagues appeared. Two distinct issues were identified, and they are visible in the excerpt below, in the words of Virgil: the first one is a result of the interaction between the rigidity of the education system, already described above, and the long period spent by doctors as students, including in residency programmes – you are expected to sit tight and not question the system. The second one is directly related to the salaries earned by doctors, especially young doctors, and refers to the necessity of being involved in additional activities (having multiple jobs) in order to obtain enough money for the day-to-day life:

During my residency there... now things have changed a little. Out of boredom mostly, I decided to apply for residency, to have it as a document. And I submitted uh...the required documents to the residency for family medicine, but it is not done the way it is done in Romania. It's a school thing, the way it's done in Russian school. You get homework, you learn it, you go, you answer... You reached an age, like I was then, 25, or 23, 24, you were like at school. They asked you questions, and you felt a little silly. And besides, the scholarship I had was very small. To give you an idea of how small it was, it was around 50 EUR/month, something like that.

I: And what could you do with that, I don't understand?

R: Almost nothing. And then, to make up for the fact that I was staying in Chişinău and whatnot, I worked as a medical representative. And then we mixed things. Family medicine wasn't a big deal... nobody gave you a hard time. I was still working as a medical representative. As a medical representative, to give you an idea, I had a salary about 6 times higher than that scholarship. I think we had about \$300-\$400, we had more back then. It was something that you could use for a rent, you could... (Virgil)

Another consequence of the low wages in the medical system was the reliance on payments made by patients upon completion of the medical act. As this resembled the “envelope practice²” in Romania, heavily talked about in mass media, especially before the salary increase for doctors and nurses in Romania, respondents were asked if, in this regard, the situations in the two countries are similar. The answers talked about having to take money from the patients as a means of survival, not of accumulation of financial resources, and about this practice being widespread and part of common knowledge, rather than an exception:

R: It is nowhere near like Moldova. There you were really looking at the patient [as a source of income] because you really had no other source of income, if you lived from medicine...

I: So, it wasn't a matter of wanting more, but wanting enough to survive.

R: Yes. So, in 2019, when I left, August was the last month I worked and in November I already applied for residency and entered residency here. So, in August, the last month worked [there], let's say in dollars, it would have been 350 to 400 dollars in salary...euro, yes, so that's how the salary was. And life is as expensive as it is here. (Elena)

Further, the (perceived) lack of status and the economic hardship that doctors have to face leads to a decrease in ambition and desire for professional growth, which constitutes an adaptation to a situation dominated by having to figure out the financial coordinates of everyday life, rather than channelling energy towards elaborate goals:

Not to mention that doctors were not paid enough to practice in an honest manner. They were not respected. Even now they are not respected. Uh.... They are not ambitious enough to learn more to do more, to know more. It's easier for them to blame someone or whatnot... it's an unhealthy competition. A healthy one, I think, is that when someone knows how to do something, let me learn how to do that too. I mean, I don't know, the new method of surgical invasion, the new method of diagnosis, the new method of ... anything. (Mihaela)

² It refers to informal payments made by patients to doctors, by putting money in an envelope and giving it, more or less directly and visible, to the doctors.

In this context, life in Romania is perceived as having a higher degree of freedom and a better relationship with one's own spare time, to be spent on personal endeavours. This is apparent and framed as such by Veronica, for whom coming to Romania meant finding a new daily routine, one that includes whole hours to be spent away from the workplace.

All the aspects describe in this section are, in fact, push factors, strongly associated with the motivations behind healthcare workers' mobility.

Migration to Romania

Decision to come to Romania; Migration process; Previous mobilities; Resources for migration.

The decision to come to Romania is most often rooted in economic reasons. In fact, as mentioned in the previous section, the characteristics of the social and medical system at the origin mentioned by the respondents are usually part of the broader narrative of their mobility.

The historical relations between Romania and the Republic of Moldova and their geographical proximity make mobility easier. The case of Aurel is illustrative here: he mentions that it was his mother's decision to come to Romania, to a better place, and that his family had ties in Romania. He came here when he was very young, and he started school here.

I: Did you also have the option of staying in Chişinău for high school, or was it clear that you were coming here?

R: It was clear that we were coming this way. We were taught by my mother that it is better in Iaşi, better in Romania. Let's go where it's better. Somehow, we also had connections that I don't know about. My mother had an uncle who died around that time, 90s or something, who was something of a general here. (Aurel)

Having Romanian citizenship is what makes mobility easy or less constraining in the case of healthcare workers from the Republic of Moldova. Being a citizen (or the family member of a citizen) is also capital for being able to practice medicine in Romania. In the group of participants in this research, most were already citizens when they decided to come to Romania. Those whose mobility was dependent on obtaining citizenship had to go through an administrative/bureaucratic process, not necessarily strenuous but lengthy, that put a hold in their plans:

To give you an idea, you worked as a representative, going to doctors, "Come on please, prescribe this medicine" and you had 6 times the salary of a doctor, so to speak. And that's about it. It took 1 year and 8 months until I received word that the file for the reacquisition of citizenship was accepted, so practically when I came for the test, for the residency, I came as a Romanian citizen, not as a Moldovan or anything else... The bureaucracy, the documentation took a long time. That's why this whole story has been delayed. But I was determined: I'm leaving, I'm leaving. My parents said no, come on, you'll change your mind by the time you get your documents, and so on... I was like, no, I'm leaving, I'm leaving, I'm leaving, and I left! (Virgil)

The excerpt above, taken from the interview with Virgil, also illustrates the economic reasons for migration. Apart from them (or rather in close relation to them), another motivation for migration is given by wanting to provide a better life for the children. Thus, migration becomes an investment in the future of the family, by enabling their development to take place somewhere perceived as being (geopolitically) safer and with a better quality of life:

R: Yes, we were thinking anyway... for the children, for their future. Our goal was for the children to leave the country.

For many years, we left the country, because Moldova was not pro-European, Moldova was pro-Russian, let's say so, and my husband, who always told me that there will never be peace in this area, we will be at crossroads of interests, so the children must leave and have a different future.

I: So the plan was somewhat old, but it was complicated to get it together.

R: Yes, I couldn't decide either way. I was... so, I really didn't understand why I should leave everything there. In my head I didn't understand. Although I could see that life was better here, there is a different respect for doctors, a different culture. But I didn't see myself here. And I couldn't find my place here for about 2-3 years. I think now I did [find my place] (Elena)

In some instances, Romania appears to be a good choice especially for individuals for whom ties to the extended family are important (due to the proximity of the two countries). Paul's life trajectory is relevant for this idea. His discourse is centred on self development and growth, all in the context of strong ties with his family and the importance of roots and traditions for one's development. His professional path included an episode of migration to Ireland, as an attempt to gain experience and knowledge, but this destination was far from home and was not compatible, on the long run, with his personal/family goals. In this context, Romania turned out to be a good option, allowing him to earn more, while being in close contact with his family, through commuting:

It was a big disappointment that in Romania I didn't find the hospitals from Ireland, and the attitude and respect and all that, but I said that I was coming for a challenge, to learn something new, to see something new, although I always wanted to live at home but work in Europe. And in a way, this thought was accomplished: I live with my family, but I work in Europe and I have a fairly decent salary, practically double compared to Moldova. (Paul)

Paul's direct knowledge of medical systems in other countries led to him having expectations that, in his words, brought disappointment when coming to Romania. The experience in other countries, within other systems of providing care to patients, appears to be a catalyst for healthcare workers' mobility. This mechanism is described below, in the words of both Sofia and Mihaela, who had been to countries such as France or Belgium as part of their training/studies:

(...) whoever leaves and sees a better system, why would he want to live in a country where he does not feel satisfied professionally or otherwise? You are financially OK in Romania. I don't know what it's like when both [partners/spouses] are doctors, so I think it's still hard, but in Moldova, it's crazy in Moldova. I don't know, now I don't know how it is, I'm talking about 2012, when I was there. It was like 50 EUR per month, 100 EUR per month, and who would want to go to that ? (Sofia)

In principle, it was clear from the beginning, from the very beginning, even from school, I was sure that I would not stay in Moldova.

I: Why?

R: It seemed narrow-like thinking, like everything, and I had the opportunity to exchange experience when I was 14-15 years old in France. I knew French well, I participated in an experience exchange there for a month in one year, a month in another year... (Mihaela)

An important aspect when it comes to migration in general is the existence of social networks, comprising migrants and potential migrants, that act as resources for both migration and the successful adaptation at the destination. The cases of Veronica and Maria and Andrei are exemplary here, as they had family members in Romania and visited the country before deciding to migrate here.

F: Somehow my brothers...they were already here and we came to visit, I mean we came to visit them, and, as it says here, "keep dreaming", we thought...we imagined "How would it be to work here....". We were walking, I remember, going to Piața Sfatului and walking past the CFR hospital and thinking "How would it be to work here?". Do you remember?

M: Yes.

F: And, well, somehow also because of my sister, who was, like... I said, "let's try." And the doctor she was working with told me that he has someone in Argeș who needs help in ICU. And I said ok, let's try. And so I came. Somehow, being here, they had...

After that...yes, when they left for Great Britain, my sister said to me "you should come too" and I said "I don't want to anymore..." (Maria and Andrei)

The importance of having previous knowledge and direct experience at the destination is also explained by Veronica, who talks about her (her family's adaptation) as being made easier by the fact that her sister was here, that her daughter was here, after choosing to enroll in high school in Bucharest:

(...) We, well, we had our children here, my sister was here, so the emotional involvement was different, and it is very important. We came here, and at the end of the first year I already had a job. Of course, the public health that is done here and what I've been doing all my life are two completely different things. (Veronica)

Life in Romania

Adaptation and internal migration; Barriers to adaptation and integration; Personal experiences; Professional experiences

Once in Romania, adaptation was favoured by the absence of language barriers. Even though, as some respondents explained, there are various concepts that are closely related to the soviet baggage and that have to be avoided, having a common language meant a lot for their integration here. Still, moving to a new country was not always an easy task, especially when it was associated with changing the education system and having to face new requirements and adapt to different ways of doing things:

I: How was the integration here?

R: The first 6 months were a nightmare; I'll tell you right from the start.

I: 6 months of residency?

R: 6 months of residency. It's a different medicine. When I came, the first days of residency, I went to report in the morning in the hospital I was in, it was as if everyone was speaking Chinese. Just so you know. The first 6 months were for accommodation. I was on another planet. I was asking where did we end up? Why did we come here? Uhh, and so, I basically started from scratch, to give you an idea. There were some things that Romanian students learn in the 2nd, 3rd year of college. How to make knots, how to sew, and whatnot. In the Republic, at least in my time, then, I don't know how it is now, you didn't do things... I actually didn't know how to make a knot, a simple surgical knot, I didn't know. I basically started from scratch. And then, the first 6 months were so stressful to say the least. And in Cluj it was just me and my wife. (Virgil)

Internal migration seems to be a common strategy for maximizing not only the adaptation, but also the pursuit of professional goals associated with immigration in Romania. Starting the residency programme

in a certain city and then moving to another was common, for reasons related to family life and/or professional development:

I: And in Iasi, how long did you stay before coming to Bucharest?

R: I stayed in Iași for 4.. 3 years. 3 years.

I: And how did you decide to come here??

R: Because for thoracic surgery, there was the Marius Nasta center, which is considered a top institution in Romania, and I said that if I want performance, I need to see where the most complicated thoracic surgery is performed. And I came here to see how things are going here, that was the purpose. And my wife was applying for residency at the time, and we decided for her residency in Bucharest, and I said that I would also move to Bucharest so that we could go together and try to see how things are here. (Sorin)

R: I was in Cluj for residency, and he was in Bucharest. He got a job here. Initially we left together because I received residency in Cluj, he tried to look for work in Cluj, in the meantime he found in Bucharest, and that was it. (Mihaela)

All participants had to enrol in residency programmes in Romania. This event dominates/dominated their professional lives upon settling in Romania. For some respondents, moving to Romania came immediately (or close) after graduating from medical school at the origin, and continuing their education by entering a residency programme was part of the socially constructed, normative view on the life course. But for those who migrated after becoming specialists in the Republic of Moldova, relocation meant that they had to become residents again. While it represented a chance to pursue new, maybe more desirable specialties, it was also felt like a decrease in status and a challenge, especially for individuals in later stages of life.

F: It's very difficult, well... being residents as well, you realize that it was all... not a responsibility, we didn't have much responsibility, but work, it was a lot of work. You should have seen, I would arrive at 4 o'clock, begin at 8, and realize at 16 that I hadn't drunk a cup of water, that I hadn't gone to the bathroom, well, eating was not such a big problem, but I hadn't gone to the bathroom or whatnot. And I'd come home broken, and the kids would take me for granted "Mommy up, Mommy down." And I would go "Aahhh". But I had great support from Andrei from this point of view... (Maria)

Veronica was fully aware of the importance of formal training and having it recognized, and of the fact that, by choosing to migrate, she (and her husband) would have to actually go back a few years and become students again. This was felt by her as one of the difficult parts of the whole process:

The decision to come to Romania was, in fact, analyzed for about 5 years, it was not all of a sudden. Of course, we were aware that no matter how competent we are, we come into a new system and, without

a valid residency, I am talking about myself here, without a residency in your field, and it was very complicated to come here, who are you if you don't have diplomas/documents, after all? (Veronica)

As for personal lives, things seem to be more complicated for people who are just starting their families and decide to become parents, due to the lack of a proper safety net represented by members of the extended family, who can provide care for infants/children, for example.

(...) the little ones go [to kindergarten], I think since I returned to work, since December 2021, I think, and they went since they were one year and four months, one year and eight months, I don't know how much they had but something like that. And they like it, they like it and they're all happy.... now it's 3 days at the nursery at the beginning, after that 2 week at home, after that again 3 days, that's why I say my mother still helps me, you know what's it like.... When do you work? Are you free tomorrow morning? Yes? Come to stay with the girls! And so on. (Sofia)

Social lives

Interactions with Romanians; Communities of immigrants from RM in Ro; Connections with RM; Origin-destination comparisons

Respondents describe their social lives in Romania as being well developed, based on interactions with both Romanians and Moldovans. However, it becomes apparent throughout most interviews that there is a certain endogamy based on ethnicity/country of first residence and profession: all respondents have partners who are from the Republic of Moldova and, with a few exceptions, their partners are doctors as well or have professions related to the healthcare system (for example, pharmacist, kineotherapist).

As respondents explain, social distance between them and native Romanians was not an issue, and sometimes language is deemed as an important aspect. In many cases, this is also related to professional competency, as Sorin explains, or with not having feelings of inferiority:

I had a lot of luck with the people who surrounded me. I didn't have the distance because I didn't feel inferior. Coming from Chişinău, we were quite competent, we did very well in college. Even my wife told me that in Chişinău there was a more serious attitude towards students, I mean all the lessons were respected, when here there were teachers, not all of them were respected, especially the clinics, they don't always respect, they get pushed from one side to another sometimes (...) (Sorin)

Sorin mentions that he did not feel inferior because he graduated in the Republic of Moldova as a competent professional, while the education system was more serious there than in Romania. On the other hand, for Virgil, medicine in Romania is totally different than medicine in the Republic of Moldova.

Slightly touching the subject of Romanian doctors who leave to work abroad, he mentions that it is all a matter of experience, of what reference points one has:

It's another kind of medicine. No matter what they say. Yes, the world says that the Romanians are moving abroad because in Romania is bad and whatnot... It depends on what you compare it to, I guess. I compare it with the Republic of Moldova, for example, especially since I come from a family of doctors who all day, all their lives, this is what I saw, at home this was the only thing discussed. We as a family, for example, because that's what matters to me, we are very satisfied, and we are also super satisfied with [this city]. (Virgil)

Elena also points out differences between the origin and the destination, referring mostly to the professional life. She points out that she feels like she has more freedom here, freedom of expressing her doubts or asking questions which, in turn, lead to possibilities of growth. But it is up to each individual to make the effort in order to actually evolve:

R: I think that here we are much freer to ask questions, and have access to much more information than we had there. Now, yes, here we are used more as labor force, too, because it is normal. The resident doctor does all the work that the senior doctor does not, yes. And it was the same there. So I can't say anything. It's just that here you also have.... say, if you are very ambitious and insist on finding out something, you can ask the question a 2nd and a 3rd time and get more explanations and sometimes maybe even more openness. (Elena)

The ways of relating to the origin are dominated by two opposing factors/forces: attachment to the extended family and, at the same time, having complicated schedules here, with limited spare time to invest in travelling. The need to spend more time in the Republic of Moldova was visible in some cases, for example for Ioan, who mentions that he chose a location in Romania that was close to both his and his wife's homes in the Republic of Moldova. On the other hand, Maria, given the fact that she and her husband came to Romania in 2005, speaks about how she realizes that most of her life is now in Romania (especially related to her professional development), when she travels to the Republic of Moldova. Romania has become home for her and her family:

F: And when we go home and stay, if we stay for 4 days, we already want to go back home, home meaning here. Although that's where I grew up, that's where I had my childhood...if we are to divide life, we left when? At 28, and are now approaching 50. Yeah...about half a lifetime already...it's here, you know? But, clearly, the job is only, that is, mostly here. And how we evolved and what we learned and courses and all, this is here somehow. (Maria)

The comparisons between origin and destination were both solicited by the researcher, and a discursive mechanism used by respondents in order to make sense of their decision to migrate. In fact, in the narratives, depictions of life at the origin and motivations for the migration decision are closely related, often being complete equivalents. Even though life at the origin had many frustrating aspects or sources of discontent, migration is still felt like an uprooting and life at the destination is lived as a result of a constant choice between the comfort of home, a social environment whose rules and structures are known, and the challenge of integrating in a new world. A world that has an important element of unfamiliarity, no matter the pre-existing, historical and/or linguistic ties between the two countries:

Here the salary is still OK, it allows you to pay rent, it allows you to have a vacation once or twice a year. It's still not a luxury, but it's a decent vacation, so to speak. At least you are independent, you no longer depend on your parents, that was it. You come of age, you finish college at 20 or something, when your friends from other colleges are already changing their second, third jobs, they have a company car, they have this, they bought an apartment, and you are like: mom, please give me some money because I need to xerox some thick books and it costs a few hundred lei. That was my main pain, why I left. It's normal that initially I didn't want to leave, there were no other reasons. Because you're much better or much more ok where you went to college, because you go through all the stages, and even make friends and connections at all the medical services, you know who can solve certain problems and then it's easier to solve anything, because most patients have other pathologies that need other related services and then you need to know someone who can help them in that service. When you come here, you start building practically everything from scratch. Yes, ok, we have some friends who have come together with us, we keep in touch but still, you are still starting from scratch, you have no friends, relatives to help you. (Sorin)

Looking back and plans for the future

Revisiting the migration decision; Plans for the professional life; Plans for the professional life; New destinations

The evaluation of their decision to come to Romania was often provided by the respondents without being asked by the researcher. Looking back, all participants frame their decision to come to Romania in positive evaluations, even though, in some cases, the first period spent at the destination was not particularly easy. Even in the cases of respondents whose lives at the origin were/would have been without hurdles, because of the existence of safety nets and disposable resources, coming to Romania is seen as an advancement, or the result of a good decision:

I: Look, I'm thinking, if your parents were interested and had the resources to invest in you, it means that you had the possibility to lead a somewhat comfortable life.

R: In Moldova? I thought about this option also and I was even talking to my husband the other day that maybe it would have been easier from the point of view of raising children, that maybe I would return to work faster after dropping the children at their grandparents...things like that. Of course, I would have certainly advanced faster in my career. It was a lot easier to get a PhD, for example, you know, compared to here. But we don't regret it for a second that we left. Every time we go back, we realize that we did a good thing. (Mihaela)

For participants who either came to Romania some years ago, such as Maria and Andrei, or came while in their 40s, such as Elena or Veronica, with their children grown up, trying out new destinations is not an issue. They either settled here and got their careers on track, or are now enrolled in residency programs but, either way, further explorations are not part of their plans. Things are somewhat different for participants in their 30s, who have (recently) become parents. For them, the parental status came with a series of restrictions, such as being less mobile or experiencing hardship in making plans and actually following them. In the case of fathers (Ioan, Aurel, Virgil, even Sorin), narratives contain an element of enhanced responsibility and having to be a provider for your family. In the case of mothers (Sofia, Mihaela), the professional life is readjusted as part of the new reality. Their narratives of becoming mothers, centred on what has changed for them with the arrival of children, put emphasis on the loss of freedom to decide for yourself and to be spontaneous. Now, in making plans of mobilities, stability or, to be precise, being able to offer stability to your children, becomes important:

I: Did you think about going to the Republic of Moldova to practice?

R: I think... When I was in college, in the first years of college, I was thinking of going back. After which, in recent years, I was saying that I would go abroad, that is, from Romania, I don't know, Germany, France. And somehow my wife, after the time in England, told me let's try in Romania and we'll see after that. We had no children, it was just us.

I: And how are things now?

R: Now... I think I'm staying here. I'm staying here for now. The children are already in kindergarten, the biggest one. I have no plans of going neither back nor forward. (Ioan)

In some cases, Romania seems to be a compromise, in the sense that it is close to the original home and, at the same time, it offers better working and living conditions. This makes it harder to decide to try new destinations, because it influences the perceived balance of costs and benefits: a new departure would entail new material and emotional investments, whereas individuals 'recover' from the initial effort, that of coming to Romania.

R: Yes, we were thinking of going to France, because we've already been there. But it's as if I'm tired... I don't want to have to start at the bottom anymore. To take roots somewhere. This transfer, when you start everything from the beginning, it's quite tiring. (Sorin)

Overall perspectives and value orientations

The importance of roots vs Having the world as a home

What was common in respondents' narratives was the (intricate) depiction of the origin as a social space dominated by informal rules of access (professional, for example) based on existing social networks, and not so much on individual abilities/capacities/knowledge. In many cases, as detailed previously, this put in place life strategies that meant the "return" from seniority to being a resident, from an established professional to someone still in their formal learning period. At the same time, valorisation of traditions and the importance of (social) ancestry also appears in interviews, as well as, in other cases, a view of the world or, more exactly, of one's place or opportunities in the world less attached to geographies of familiarity and more oriented towards free circulation and flexibility.

There were respondents for whom family and career formed a dichotomy, settled by choosing the family. This was explicitly stated by Ioan, when, at the beginning of our conversation, the researcher asked him the first thing he would say about himself and he said that he was a familyist, not a "careerist". The need to make this clear (as part of one's self-definition) for the researcher right from the start can be understood as related to the competitiveness of the profession and to the expectations of being career, rather than family oriented. Later on in the interview, the participant was asked to elaborate or explain the meaning of "careerism":

R: Well, if I were more of a career man, I could also start a doctorate. I still have work to do with the UMF [University of Medicine and Pharmacy] ... I don't know, I'd stay here in [the city] where it is more difficult, you also have work with the UMF, and the helicopter shifts, although I would also do the helicopter but, usually, those who are here do it. You have a lot of shifts, in addition, that is, not only the shifts for the salary, but you also have a lot more extra shift. I mean, that's how it's done. I don't even know if I will take extra shifts. I mean, I would do it strictly for [mandatory] working hours. (Ioan)

Aurel also places himself on the family side of the continuum. For him, work and family are clearly delimited, and in the narrative of his self-growth an important aspect is his choice for a stable job, instead of pursuing entrepreneurship further. He turned from working for himself to being state employed in order to make more room for his family:

R: Well, I work from 7 to 12, or 7 to 7, so yes, that's it. The rest is personal life, family. I started work 6 years ago, official work in the public system, and prior to this I worked for myself. I left my business, what I did, to have a stable job, to stay near my family. I was away all the time. In this regard, I am a family man, if I were to make a career, maybe I wouldn't do it in the medical system, I would do it in the field I was in. (Aurel)

For Paul, who managed to find a compromise between family and career by becoming a commuter, roots are extremely important for one's development/growth and access to familial values and to ancestry is what he tries to provide for his children. For him, severing the ties between an individual and his/her origin is not understandable and is a result of not adapting properly to the opportunities at hand.

R: She did the 11th grade, she learned it there [United States]. And I told her there are so many other beautiful countries, I also have the experience ... however, family, some family traditions must be preserved, improved, so that they are consolidated and well built. The time you give to your family and family meetings, there must be this energy... I have many colleagues who left everything, family, and went to Canada, and I often ask myself these questions, how can you leave, what can you give to your children there? You give them a house, you give them money, what do you give them? You cut their tree from the roots, and you try to plant it somewhere else. Cut a rose and put it in the ground and until it gives roots and until... you know... how do you leave your parents, leave a career, that is, you don't see the opportunities around you, you think that there are rivers of milk and chocolate banks somewhere? There was once a story when we were children, where there are rivers of milk and banks of chocolate. (Paul)

A different perspective is provided by Sofia, Mihaela or Veronica, who seem to be more engaged with definitions/understandings of individuals as entities on the move, rather than strongly associated with a certain place. They all have in common having experienced various destinations, not as part of migration intentions, but as short term work-related or education-related destinations (scholarships, trainings and experience exchange programmes). What they also have in common is coming from established, secure situations in the Republic of Moldova, untouched by (social, economic, development related) precarity. Their migration is rather lifestyle related than economically driven. Sofia refers to a certain mindset, a mindset based on mobility, on pursuing one's opportunities without being solely attached to one place:

I: And how does it look like? This thing, this mindset?

R: It seems ok to me, I like it. It's more interesting this way than staying in one place from beginning to end and well, now it depends on what you want, if you want to grow in one place and end up, say, head of clinic, head of whatnot, boss of whatever, you have to... you should kind of stay in one place or be able to do something that no one else can, and go wherever you want, right? (Sofia)

Views on the Romanian healthcare system

Parts about the healthcare system in Romania appeared naturally in the interviews. Most often, perceptions shared by participants were a result of comparisons between Romania and other countries in which they had experiences. In terms of issues that were raised, the most prominent ones refer to funding and doctor-patient or, more precisely, system-patient relations.

One idea formulated was that medical services have certain costs. Further, managing these costs and making sure that service providers are properly reimbursed for what they offer is central for the state of the system.

There is no such thing as free medicine, you cannot work for free these days. I mean, someone always pays, there is no such thing as freedom. The state pays, we who pay the indirect tax pay, but then the money goes through several mechanisms, and the hospital doesn't have direct... on the money and they can't manage it. And when the network is very large, those small losses begin to appear. Like electricity circuits, there are losses along the route, until the electricity from Cernavodă arrives in Bucharest, there will be a loss, a percentage, it is a percentage that is called I don't know how.....they call it network losses. It's the same with money here. (Sorin)

The allocation of financial resources is particularly important when discussion the public versus the private system. While the first has a lot of aspects that require improvement, the latter is out of reach for many patients, due to its costs. One proposed solution is for patients to be allowed to benefit from their insurances and choose where to go for medical services, either to private or to public providers.

It's something that was implemented in my head from school in Cluj, mostly. They kept going on this thing. The patient must choose where he wants to be treated, where he wants to solve his problem, and the state is obligated to pay for the operation or the intervention, I don't know... that's the biggest downside in the private system. In the public system I think everyone knows that there are only downsides for the most part. The only upside, it's free. But yes, when you get to the surgery, either there aren't the necessary instruments, or there are no conditions, or there's I don't know what infection, or the queue is very long because not everyone can afford it, and then the queues for operations stretch 3-4 months, no matter if it's cancer or not cancer... and then I would say that this is the only plus of the state system, that it's free. The rest is almost all negative... (Virgil)

Another type of disparities in the provision of medical services or access to medical services is related to the available healthcare institutions in certain areas/localities. It was especially present in interviews conducted in the North-East region, and, in participants' narratives, one of its variants was used in connection with individuals' family orientation: Aurel and Ioan mentioning that they would want to work

somewhere less crowded, with less patients. Where less patients are a result of (among others) the narrow list of services available.

R: Quite simply, few know well that it is not the whole of Romania, as it is here [in the city]. I will also tell you why. You asked me what I thought or what was contrary to expectations? Yes, what can I say, from physical conditions, not to mention management, and attitude and everything. Whereas in Ireland, if we started from the bottom, being the lowest in the chain, I think you enjoyed more respect than here, even if you are a higher up, for example. Because I also worked there as a nurse, but it was a much more delicate attitude that sometimes you don't have here when you are a doctor. (Paul)

Respect and status associated with the medical professions are sometimes felt as lacking, especially in the case of professionals in lower positions in the workplace hierarchies.

The place occupied by the patient within the system is also framed as being problematic. As resources are often scarce and have to be managed closely, sometimes doctors face constraints that are not rooted in medicine, but rather in administrative elements. This makes it difficult for healthcare workers to do their jobs as they should and, thus, interfere with the care and attention offered to each patient.

(...) my favorite [medical system] is still the one in Belgium, even if it had more...that is, even if I worked harder there as, as a resident and so on, yes...I don't know...it's the way it works and yes, yes, I mean, what I liked, what amazed me the most about it is - I'm talking about the medical system as an education, I think like that - it's the way the patient doesn't need to worry at all about... his route through the hospital and so on, and through the health system, and the way he doesn't need to worry. You know, look, I went to the doctor today, and there are no problems like that, that I don't have a bed or whatnot, I mean, as a doctor, it was very easy for me to work, because I didn't have to think about... that tomorrow morning the head of the department will yell at me after the shift that I hospitalized someone. Okay, I don't know what it's like in Romania, but from what my colleagues say, it's similar. (Sofia)

Communication across professions and working together for providing the proper care is something missing in Romania, as Sofia points out. This seems to be a consequence of what was detailed above as the peripheral location of the patient within the system.

And after that, after the hospital, with the social worker, with the people who come and adapt a home. They check if it has stairs, if it has that, if you need a bar, if you need a bar in the bathroom, so that you don't fall when you get in the bathtub... I mean, it's impressive. Things that, if I hadn't seen, I wouldn't have thought existed and.... And here they don't exist. And in Moldova, it's unheard of. (Sofia)

The excerpt above depicts a vision of care as not being limited to the medical system, but care directed towards individuals in all instances of their lives and, especially, directed towards providing a proper infrastructure for the everyday life, adapted to individual needs.

The effects of the pandemic on the healthcare system are presented by Maria and Andrei as being positive: more attention was directed towards the system, as well as more investments in acquiring proper apparatus.

M: And the possibilities to exercise your profession, so it's not ... that is, there is no such thing, that I would like to do something, but I don't have the tools, or I don't have a way to do it. You just have to want to do it

F: You mean exercising your profession.

M: So if you want to do something, you ask. Well, there are some delays from the past, but they can be solved. And the pandemic has changed a lot of things. The pandemic... or during the pandemic equipment and possibilities were bought. (Maria and Andrei)

Their narratives and, as part of the narratives, their views on the Romanian medical system are constructed on liberal grounds, seeing individuals as inhabiting structures of opportunities, and being responsible for their choices. They mention the positive changes implemented throughout the years, and understand the system as being similar to those in other countries, in which, for example, there are waiting lists for complicated procedures as well. An important issue for them is the overburdening of the emergency rooms/emergency services in hospitals, caused, as they explain, by a faulty attitude by patients (who often come to emergency rooms in order to cut costs, not because they experience emergencies).

Visual instrument

The visual instrument proved to be an effective tool for prompting global evaluations of participants' lives, with their ups and downs. While the methodological design defined the visual instrument as a graph of one's life evolution throughout the years, thus on a cartesian coordinate system with time on one axis and level of satisfaction on the other, the actual 'performances' by the participants were as free from constraints as possible. Sometimes, the axes were not drawn by the participants (Virgil), other times what was meant to resemble a straight line became something quite different, for example in Mihaela's drawing.

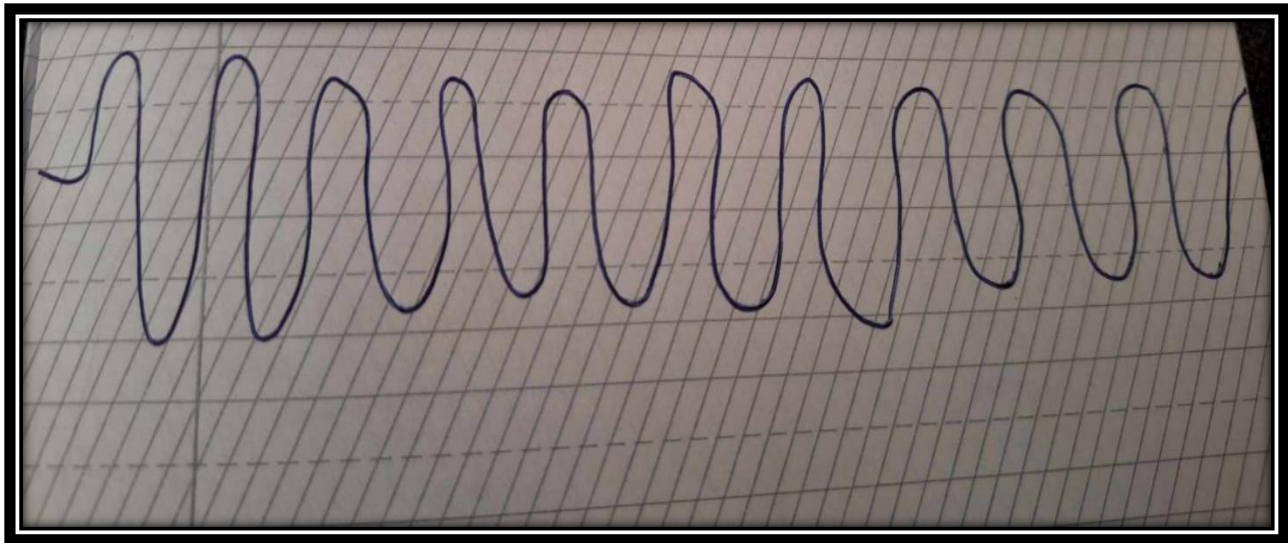


Fig. 1 Mihaela – *the closer you look, the more oscillation you capture*

For some participants, it made sense to have their birth or childhood as starting point. In contrast, Veronica chose to provide a representation of her life starting with the year she graduated from medical school.

What the visual instrument reveals or, rather, emphasizes, is the immediate effect of changing countries of residence, which is negative (a slight and short-term downturn in participants' lives). But this effect fades and gives room for ascending trends. This is visible for most participants.

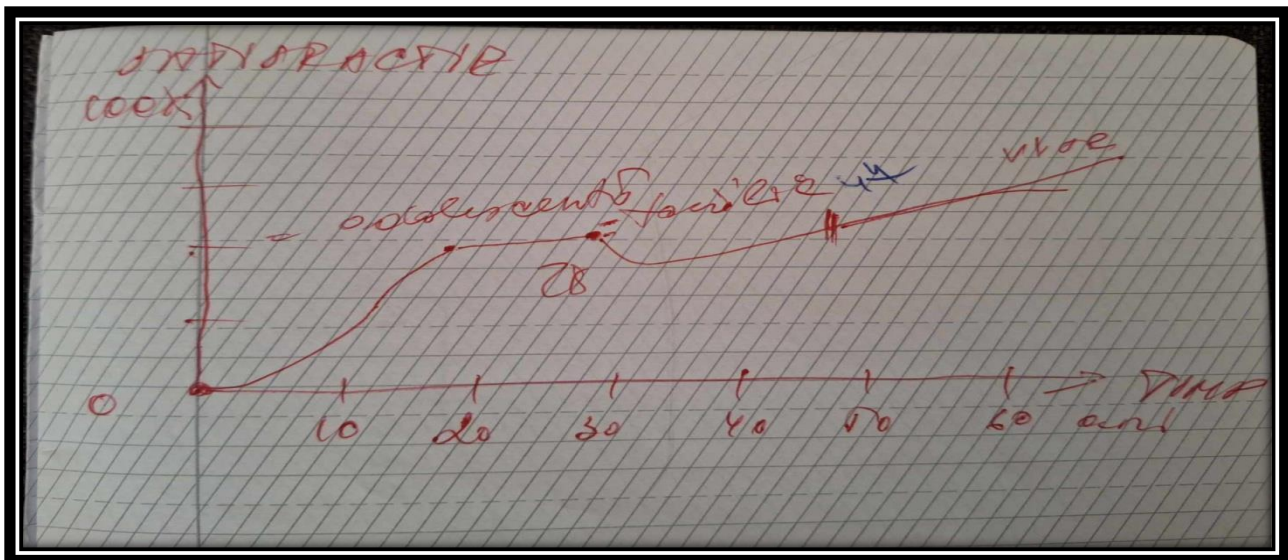


Fig. 2 Maria and Andrei - arriving in Romania at 28

There are also exceptions, such as Sofia, Mihaela and Sorin, for whom life is a series of microelements and every day is made of good moments and more complicated ones. So, oscillation is the constant for them, especially since becoming adults and having children of their own.

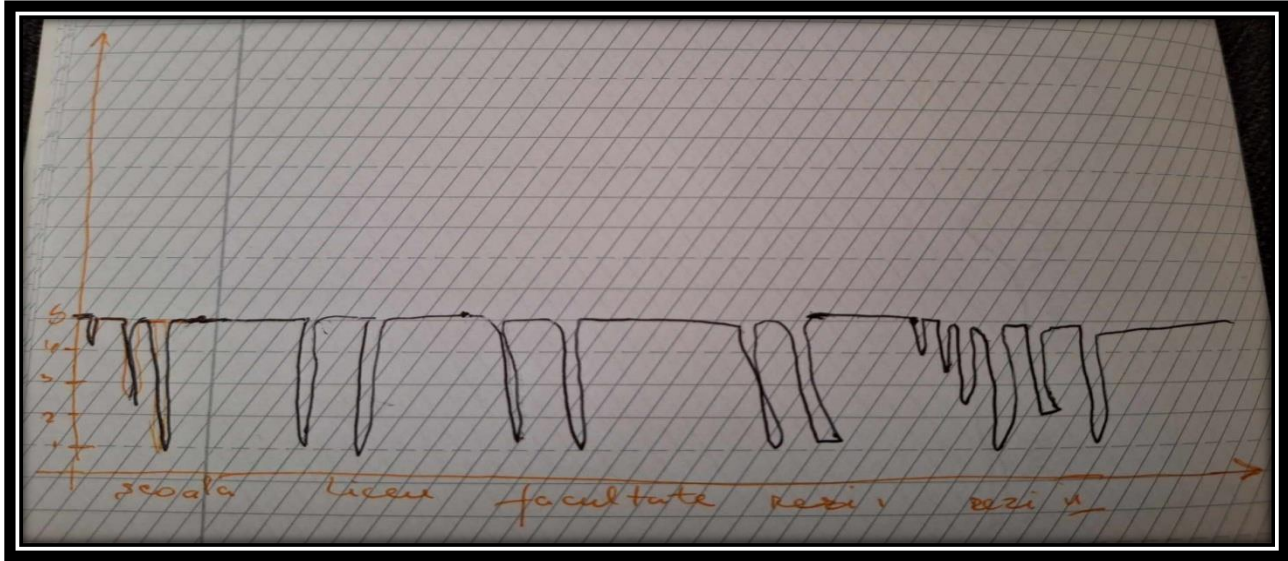


Fig. 3 Sofia and the permanent ups and downs of daily life

Conclusions and discussion

This research was thought of as a means to provide insights on the situation of the medical system in Romania, focusing on the views, evaluations and perceptions of those who chose to immigrate here from the neighboring Republic of Moldova. The implicit premise was that those who chose Romania as their destination already had experienced other social and medical systems, at least those at their origin. Therefore, their evaluations would be structurally different than those of individuals without migration background. Moreover, as Romania is framed as an emigration country for healthcare workers, the research was also meant to explore the pull factors associated with the Romanian healthcare system in order to complement the (long) list of push factors or motivations associated with Romanian doctors' and nurses' migration. In order to better grasp these elements, the research was designed as a narrative inquiry into the life histories of individuals, using biographical interviews, not focused specifically on participants' migration experience, but rather on how they make sense of their own lives/life strategies.

As far as life in the Republic of Moldova is concerned, it was often depicted as dominated by inertia, stuck in the old ways, one could say. Opportunities for personal and professional growth were scarce and the economic situation of healthcare professionals was considered extremely problematic, with insufficient remuneration and having to juggle several jobs or move in and out of the medical system, towards better paying domains. For all participants who are doctors, migration was a strategy put in place in order to be able to exercise their profession in a better economic and social environment, with less constraints and more alternatives for development. Romania constitutes a special destination for Moldovan healthcare workers: it offers a healthcare system perceived as being better than the one at the destination, while at the same time its geographical proximity to the Republic of Moldova allows migrants to easily reach their extended families. This is especially relevant for participants displaying high levels of attachment to traditional family values.

The first period spent in Romania was one of adaptation and settling in. As residency completed in the Republic of Moldova is not recognized as such in Romania, professional lives are structured around the residency programme in which new migrants must enrol. At the same time, personal lives are influenced by the absence of social/familial safety nets, such as grandparents who could be involved in caring for infants and children. Participants talked about the importance of language as a commonality between them and Romanians, making their adaptation easier.

The 10 interviews conducted with healthcare workers who came to Romania from the Republic of Moldova brought to light a variety of perceptions regarding the Romanian healthcare system. Compared to the system at the origin, the Romanian one is considered to be better (especially in what concerns the relation between professors and young doctors; equipments and infrastructure; opportunities for professional growth). However, those who have direct experiences in other countries in Western Europe describe the situation in Romania as having some problematic aspects. Their central axis is given by the way of relating to patients and, ultimately, the way of framing the profession itself, especially from an organizational perspective. The idea that young doctors are more respected here than in the Republic of Moldova (where, as pointed earlier, the system is more rigid) appeared various time during the research, but it is complemented by details about how the system works better in Western countries, with better equipments and efficient use of human resources. Starting from these findings, if one were to make a

recommendation for improving the system, it could relate to redefining the system as centred on the patient and on making the system itself intelligible for patients.

As part of this profound restructuring of the system for moving the patient from its peripheral location to a more central role, communication across professions and working together to provide the proper care to patients seems to be one of the key improvement areas.

The second pillar of the systemic restructuring is also highlighted by some of the participants. Based on their recommendation, the starting point in rebuilding the respect for medical professions should be empowering the lower positions in the workplace hierarchies (be it residents, students, nurses, or nurses' assistants). This is especially important for professionals at the beginning of their careers, as it can impact their entire professional lifespan.

Giving voice to those in less privileged positions within the professional and workplace hierarchies should be closely linked to making the system more predictable and, in fact, cognoscible for every party involved, especially the patients. Having clear circuits within the system, between specialties, and making them available/known to patients would be a valuable resource for those forced to navigate it.

Following these directions of change/adjustment, improvements in the way medical professions are valued by both patients and society as a whole are expected as a logical effect.

A possible solution for another issue mentioned during the research, that of the emergency units, whose activity is heavily impacted by the fact that many people go there without being in emergency situations, relies on the relation between patients and their GPs. With better communication between the two parties, the first would be advised by the latter on the proper course of action. This (reaching out to GPs rather than emergency services), in turn, is related to prevention or, more precisely, it could be seen as a step towards implementing prevention as a working paradigm.

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Annexes

Interview guide

The following sections are the main topics that should be covered in the interaction, with hints of possible questions or aspects to inquire about/introduce in the conversation. Interventions from the researcher should be kept to a reasonable pace/length, as to not become major disruptions in respondents' narratives/their storytelling.

Before ending the interview, the respondents will be asked to draw a line representing their lives (the researcher will have pen and paper), as they now evaluate it, with its ups and downs. This request is expected to elicit more/additional details about the events covered in the interview.

Introduction - setting the 'space' for the narrative(s) and inviting the respondent to begin, using starters such as: what is the first memory you have, from back when you were a child? If you were to think of your life as a book, what would be the introduction? What is the first thing that comes to mind when someone asks you about yourself?

Formative years: socialization, family, school, peer groups;

Education and the choice of profession: smooth or hard choice; what were the motivations (including expectations from others);

Profession: being a doctor in the Republic of Moldova; thinking about emigration: how did the idea come to light? Why, what were the drivers?

Emigration: deciding on a destination (criteria involved), alternatives available; arriving, adaptation, finding employment, fitting in – ups and downs, difficult moments, resources for adaptation;

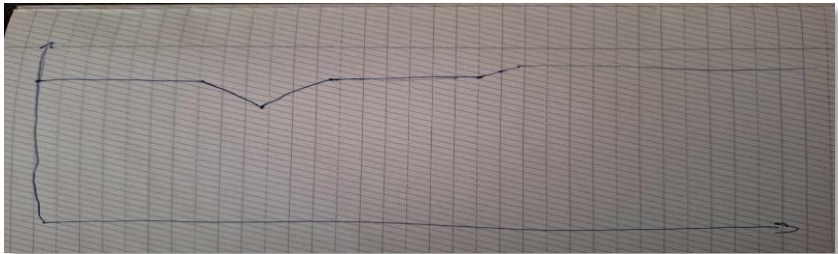
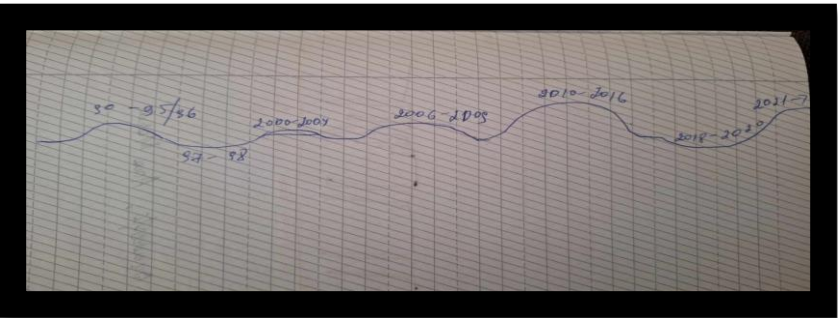

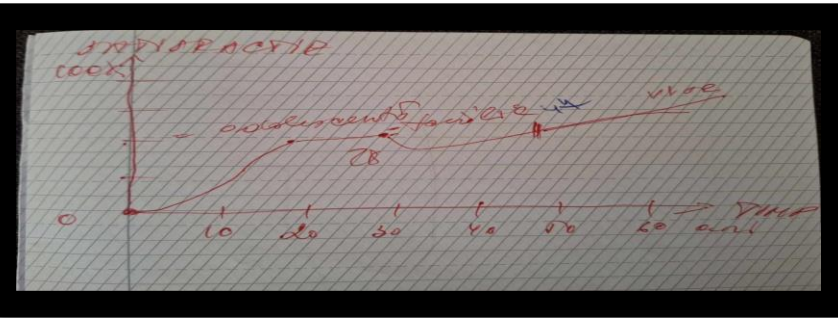
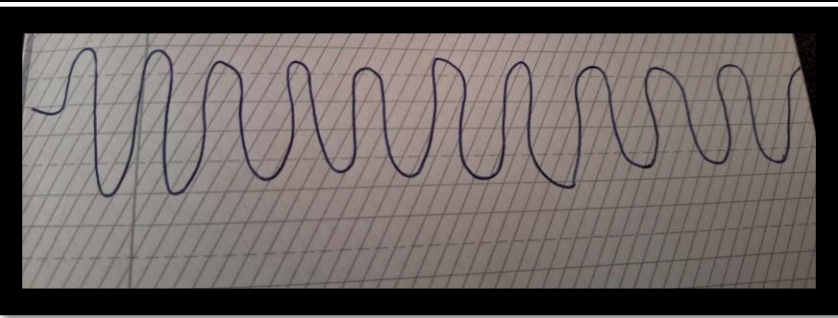
Life in Romania: what happened here (including internal migration, training courses abroad); what was it like, compared to the expectations; developments in one's private life: friends, partner, leisure opportunities/options; turning points, if any;

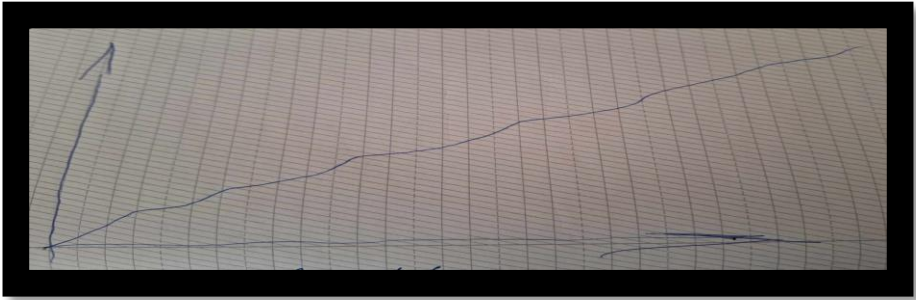
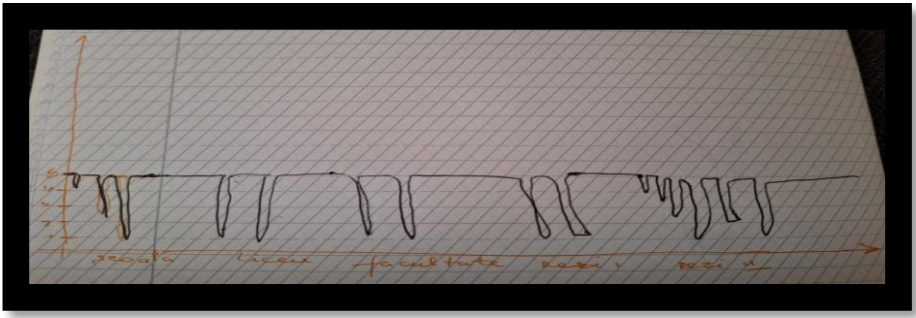
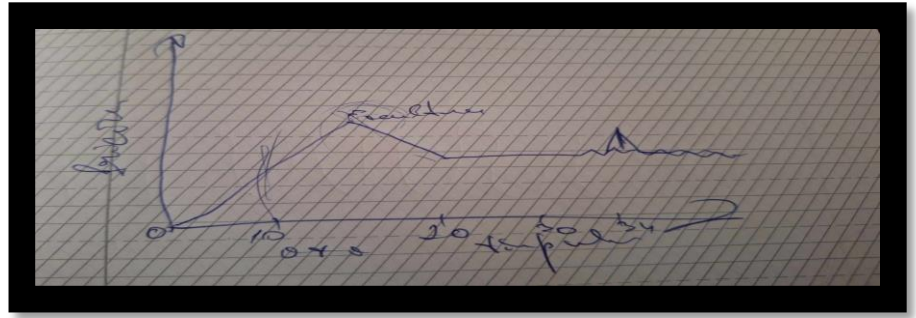
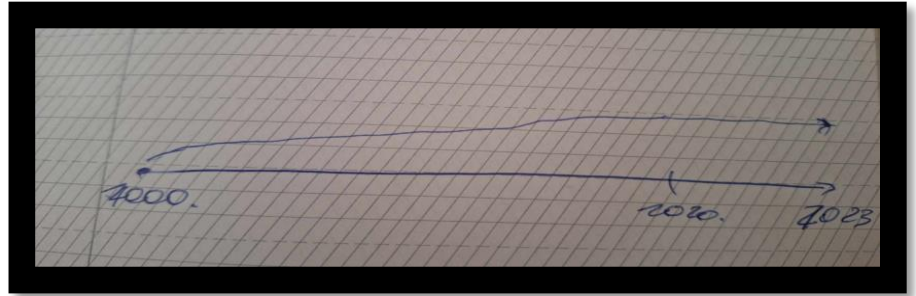
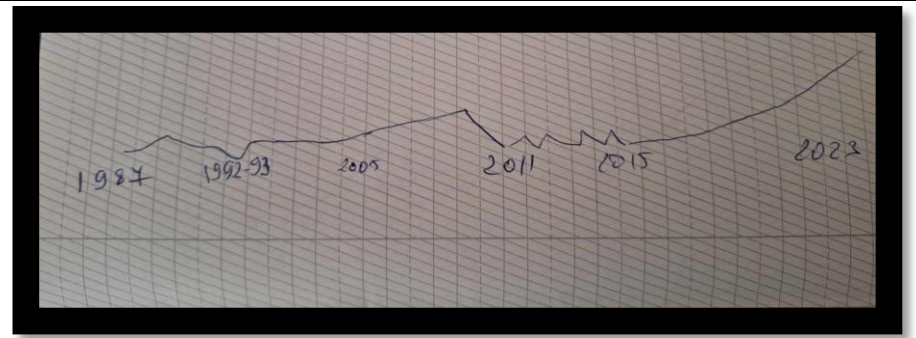
Future plans: personal and professional projects; plans to remain in Ro, return to RM, go elsewhere; entities/resources available for the realization of these plans, expected setbacks;

Revisiting the migration decision: would s/he do it again, with the experience and knowledge s/he has now?

Ending: on the interview experience.

Visual instruments

Aurel	
Elena	
Ioan	
Maria and Andrei	
Mihaela	

Paul	
Sofia	
Sorin	
Veronica	
Virgil	

Codebook

HCW from RM (Republic of Moldova) to Ro (Romania)

Nodes (codes; two levels)

Name	Description
Choice of profession and early life	Accounts of formative years, schooling, peers and decision to go to medical school
Communities of immigrants from RM in RO	
Connections with RM	Interactions with family, friends, former colleagues still in the Republic of Moldova
Experiences as an adult in RM	Accounts of their lives as adults in the Republic of Moldova, especially in relation to their migration decision
Education	
Healthcare system	
Personal life	
Professional life	
Interactions with Romanians	How social relations develop, possible perceived discrimination or distance
Life in Romania	Focused on what happened after arriving in Ro, including settlement and adaptation; internal mobility
Adaptation and internal migration	
Barriers to adaptation and integration	
Personal experiences	Friends, family/events, leisure
Professional experiences	Work/profession related experiences and accounts
Migration experience	Experiences abroad, in other destinations
Migration to Romania	How the migration experience unfolded, how it was lived and dealt with

Name	Description
Decision to come to Romania	Motivations associated with this decision: why, when, how
Migration process	The technicalities and administrative side of the migration process; The organization of the experience
Previous mobilities	Migration experiences before coming to Romania
Resources for migration	Including migration networks - having family, friends acquaintances already in Ro
Origin-destination comparisons	
Overall perspectives, value orientations	
Plans for the future	What they plan to do going forward, but also what they would have liked to do, what they are no longer able to do
New destinations	
Personal life	
Profession	
Revisiting the migration decision	Looking back at their decision to migrate, with all they got to know and experience so far
The pandemic	How it was experienced, at the professional and/or at the personal level
The Romanian Healthcare system	Experiences in the healthcare system, both as service providers and service beneficiaries (patients). Descriptions/perceptions of the system and the way it works/fails to work