



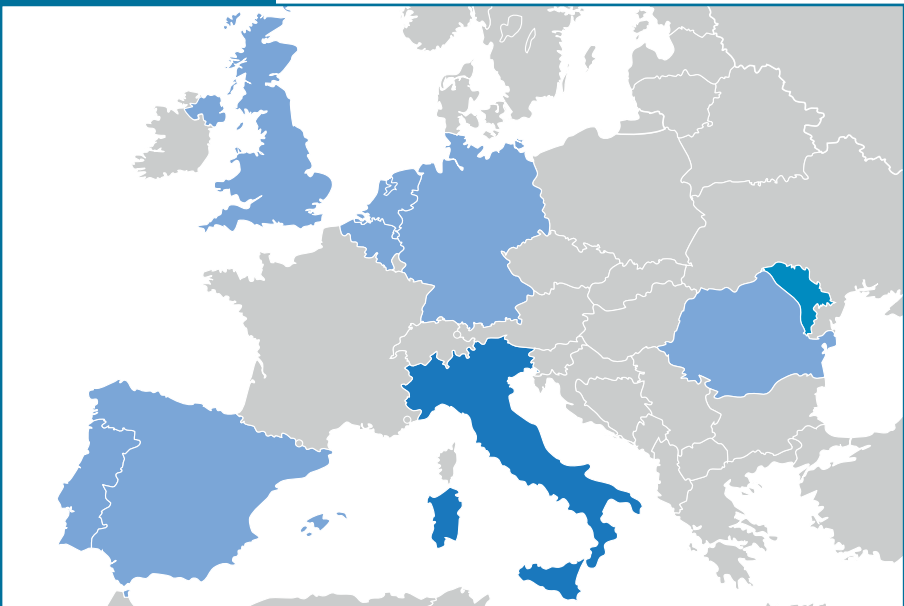
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# HEALTH WORKERS WHO MIGRATE FROM THE REPUBLIC OF MOLDOVA TO WORK IN ITALY AND OTHER EUROPEAN UNION COUNTRIES





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# KEY WORDS

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# ABBREVIATIONS

<b>ECTS</b>	European Credit Transfer and Accumulation System
<b>GP</b>	general practitioner
<b>KIT</b>	Koninklijk Instituut voor de Tropen (Royal Tropical Institute)
<b>MD</b>	medical doctor
<b>OSS</b>	socio-sanitary/social-health operator
<b>SAQ</b>	self-administered questionnaire
<b>SMPPhU</b>	State University of Medicine and Pharmacy “Nicolae Testemitanu”



# WORKING DEFINITIONS

**Brain drain.** Outmigration of highly qualified/skilled personnel in search of a better standard of living and quality of life, higher salaries, access to advanced technology and more stable political conditions in different countries worldwide.

**Brain gain.** Positive impact of immigration of highly qualified/skilled personnel and also the transfer of knowledge, skills and ideas by returnees to their home country after studying/working abroad.

**Brain waste.** Loss of skills that occurs when highly qualified/skilled personnel migrate into forms of employment that do not require the application of skills and experience employed in their former role and/or obtained via education.

**Clinical internship during medical training.** Practical training a medical student undertakes in a hospital before becoming a medical doctor, sometimes called a junior house officer.

**Health professionals/health workers.** Those who are qualified according to the regulations of a given country and whose qualifications relate to diagnosing, treating or nursing human beings. Within this category, professional titles such as (registered or licensed) nurse, MD, physician, medical specialist, consultant or dentist are often used.

**Medical doctor.** Person at least qualified and registered or licensed to work as a basic medical professional in a given country. Many may hold specialized professional qualifications.

**Medical specialist.** Doctor qualified and registered in a clinical specialization.

**Medical specialist training.** Practical training undertaken in hospital by a medical doctor before being registered as a medical specialist (sometimes called residency/resident or senior house officer).

**Nurse.** Person registered or licensed to work as a nurse in a given country.

**Paramedical practitioner.** Provider of advisory, diagnostic, curative and preventive medical services more limited in scope and complexity than those carried out by a

medical doctor. A paramedical practitioner (including clinical officers and fieldshers) works autonomously or with limited supervision of medical doctors to perform clinical, therapeutic and surgical procedures for treating and preventing diseases, injuries and other physical or mental impairments common to specific communities.<sup>1</sup>

**Remittances.** Transfers of money to home country by foreign workers residing abroad.

**Reverse brain drain.** Return to their home country by highly qualified/skilled personnel who had migrated in search of a better standard of living and quality of life, higher salaries, access to advanced technology and studies, greater experience and more stable economic/political conditions in different countries worldwide.

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<sup>1</sup> Definitions (except remittances and reverse brain drain) taken or adapted from: Classification of health workforce statistics. Geneva: World Health Organization ([www.who.int/hrh/statistics/workforce\\_statistics](http://www.who.int/hrh/statistics/workforce_statistics)).

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# ABSTRACT

This mixed method study was undertaken to identify factors influencing the migration of Moldovan health professionals to Italy and other countries in the European Union (EU), as well as factors that influence their possible return to the Republic of Moldova. Conducted between July 2013 and February 2014, the study is based on a conceptual model developed by Padarath et al. (2003) and includes a literature study, over 25 in-depth interviews and 150 questionnaires administered among Moldovan health professionals living in the EU. The study suggests that a wide range of motivations inform the decision to migrate and stay in the EU, indicating that financial concerns remain a key driver for the majority of migrants. Upon arrival in the recipient country many of the health professionals faced challenges related to employment in the health sector. Lengthy and costly diploma recognition procedures mean that only a minority work according to their level of qualification, yet only a small number of respondents intend to return to the Republic of Moldova. Besides an analysis of the push, pull, stay and return factors, this report provides a number of considerations for policies to improve the situation of Moldovan health professionals and the Moldovan health system.

# Executive summary

## ***Introduction***

The mobility of health professionals is a worldwide phenomenon that impacts on the health systems of sending and receiving countries (Wismar et al., 2011) and on the lives of the migrating health workers. The Republic of Moldova is among the top 30 emigration countries worldwide (World Bank, 2011), and the emigration of health workers contributes to a serious shortage of health workers. Besides a small-scale study and anecdotal evidence, there are only limited current data on the migration patterns and experiences of health professionals who migrated to Italy – where over 50% of migrant Moldovans live (IOM, 2012) – or other European Union (EU) countries. Therefore, the WHO Country Office in the Republic of Moldova requested the Royal Tropical Institute (KIT) to conduct a study on the migration of Moldovan health professionals with the overall objective of identifying factors which influence their migration to Italy and other EU countries, as well as factors that influence their possible return.

## ***Methodology***

An explorative, mixed method study was performed between July 2013 and February 2014 based on a conceptual model developed by Padarath et al. (2003) on push, pull, stick and stay factors. The qualitative component included over 25 interviews with Moldovan health professionals in Italy and other EU countries, to gain insight into the breadth and variety of push, pull and stay factors as well as their perceptions of the migration process and integration in the recipient countries. In addition, it gathered information on migrant health professionals' perceptions of the possibility of returning to the Republic of Moldova. The quantitative component was based on 150 questionnaires completed by Moldovan health professionals living in EU countries, aiming to assess the extent to which these factors are common amongst the Moldovan diaspora in Italy and other EU countries.

# Findings

## Respondents and migration patterns

The majority of respondents are women. Most respondents were aged between 26 and 45 years, with educational backgrounds as doctors (including specialists), nurses, midwives, feldshers,<sup>1</sup> public health specialists and laboratory specialists. In addition to Moldovan citizenship, around half of the respondents are also Romanian citizens; a few are citizens of other recipient countries. In addition to Italy, respondents lived in twelve different EU countries. All arrived in their recipient country in the past 15 years, mostly in the last few years. Recent arrivals include a relatively large proportion of young people ( $\leq 35$  years of age). In the EU study over a third of the respondents, especially younger respondents, reported having lived in a third country (i.e. not their current country of residence or Moldova) since migrating.

## Leaving the Republic of Moldova: push factors

The primary reason behind respondents' decisions to migrate varied significantly: ranging from having a partner from the EU, to pursuit of a career in highly specialized medical research. However, the most frequently reported reasons for leaving the Republic of Moldova for Italy or another EU country were dissatisfaction with salaries, with the general economic condition in the Republic of Moldova, and with living conditions. Around one quarter to one third of respondents also noted the political structure; inadequate working conditions; dissatisfaction with the medical system; and limited professional development opportunities in the Republic of Moldova. The social networks of respondents were generally supportive of migration.

## Moving to Italy or another EU country: pull factors

Social networks in the recipient country were reported as a key factor in the decision to migrate to a particular country. In both Italy and the other EU recipient countries, a large proportion of respondents were motivated by financial gains. In Italy, the availability of jobs outside the health sector was reported as a key pull factor; respondents in other EU countries more often cited the expectation of improving their professional careers too. Personal and family reasons were less important and include respondents moving to

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<sup>1</sup> Health-care professionals who provide various medical services in Russia and other countries of the former Soviet Union, mainly in rural areas (Wikipedia, 2008).



join a partner or to provide better opportunities for family members. A few respondents (particularly those in other EU countries, younger respondents and those involved in research) had organized a specific scholarship, study or work opportunity before departure. Several respondents, especially younger ones, saw migration as a chance for a new life for themselves and their dependents.

## Preparing for migration

Moldovans preparing to leave for Italy or another EU country undertake a number of steps. Those who migrated to Italy most frequently asked advice from other Moldovans who are already there. Around half of respondents who moved to another EU country informed themselves of the diploma recognition procedures and were more likely to do this than those who went to Italy. Learning the language prior to migration was more common amongst respondents who went to Italy (around half); some respondents who migrated to other EU countries stated that they already knew the language or did not need it for their work. Respondents also looked for a job (inside and outside the health sector), followed additional courses, applied for Romanian citizenship and informed themselves of legal matters related to migration. Younger respondents often reported taking more steps to prepare for their career abroad, including applying for Romanian citizenship and learning the language.

## Initial experience in recipient country

In Italy and in other EU countries, the majority of respondents found their expectations of life in the recipient country to be completely or partly in line with their experience upon arrival. However, experiences varied significantly. Some respondents were very enthusiastic about their stay in the recipient country; others experienced a very difficult time (particularly in the first years after migration) and really struggled to build a new life. Across countries, around one third of the respondents regarded the process of adaptation in the recipient country as easy. However, around one third of the respondents in Italy found the process of integration difficult or very difficult, with a lower proportion in the other EU recipient countries. In Italy the most common challenge that respondents encountered was the need to send a large proportion of income to the Republic of Moldova to cover family or personal expenses. In addition, respondents encountered difficulties in finding work at their level of qualification, as well as difficult and lengthy work and residence permit procedures across countries. In Italy, some respondents also reported having to pay other migrants for a job offer and/or residence permit. In terms of social networks, around one third of respondents communicated actively with fellow

Moldovans, and the majority communicated occasionally. Few respondents (especially those in north-west Europe) were aware of active diaspora associations; only a few were members of diaspora associations and/or received support from them during their initial stay.

## Diploma recognition

The majority of respondents noted the lack of a professional qualification that is valid in their country of residence as an obstacle to finding a job. Only around one quarter to one third of the respondents completed the diploma recognition process which would allow them to work at their level of qualification. Doctors successfully completed this process more often than other health workers. Medical specializations registered in the Republic of Moldova are not valid in the recipient countries. Recipient countries offer limited opportunities to obtain a residency for medical specialization but a number of respondents have succeeded in this. The main difficulties encountered by those who undertook the diploma recognition process were high costs; lengthy and bureaucratic procedures; lack of clear procedures and information; and requirements for extra study years. Reasons for not completing the diploma recognition process were reported as: decision to follow another professional path; discouraged by the difficulties linked to diploma recognition; and decision to dedicate resources and time to family members. A few respondents, such as researchers or public health experts, did not need diploma recognition in the recipient country in order to work at their level of qualification.

## Working according to qualification: brain waste

Besides the lack of recognition of professional qualifications, respondents often cited a lack of citizenship in their recipient country as an obstacle to finding a job. In Italy, only health professionals with EU citizenship are able to work in the public sector. Most respondents had worked outside the health sector at some point during their stay in the recipient country and the job status of respondents can be divided into three categories.

1. **Work inside the health sector.** Around one third of the respondents in Italy and almost half of the respondents in the EU reported that they were currently working in the health-care sector. Across countries, the majority of those employed in the health sector were working according to their level of qualification. This is most common amongst doctors.
2. **Work outside the health sector.** Over half of the respondents in Italy and around one third of the respondents in other EU countries reported currently

working outside the health sector. Of these, the majority (particularly nurses, midwives and feldshers) were working in the care sector (e.g. as domestic carers or socio-sanitary operators, OSSs) and others were working in sectors such as catering.

- 3. Not working.** A few respondents in Italy and in other EU recipient countries were studying, unemployed or on maternity leave from their employer in the Republic of Moldova.

This means that, altogether, only around one third (other EU countries) to one quarter (Italy) of the respondents were working in the health sector at their level of qualification, signifying a huge issue of brain waste.

## Remittances

The majority of respondents in Italy and other EU countries send remittances to relatives in the Republic of Moldova. Respondents in Italy more often reported that they feel that their relatives depend on these funds. The majority of those that send money noted that they do so occasionally, or for specific purposes. Younger respondents more often reported that their families are financially independent.

## Reasons to remain in recipient country: stay factors

Most respondents intend to stay in their current country of residence. The most commonly cited reasons for wanting to stay were the lifestyle in these countries; medical services for family members; a satisfactory income; the prospects of finding a better job in the recipient country in the future (more common in other EU countries than in Italy); and development opportunities for children/family. Other reasons related to integration in the current country of residence, such as having school-age children who feel no connection to the Republic of Moldova; the presence of key family members in the recipient country; doubts about being able to rejoin the Moldovan health system; financial obligations (such as remittances or investments in the recipient country); and not wanting to invest efforts in another migration. A few respondents noted specific professional factors for wanting to stay in their recipient country, such as working with advanced technical equipment; conducting highly specialized research; and a pleasant working environment with respectful relationships between patients and health professionals.

## Temporary return – exchange schemes

Many respondents across the countries expressed an interest in exchange schemes and a willingness to share new skills and practices and to implement innovations (e.g. protocols, procedures) in the Moldovan health system. Some were hesitant and sometimes sceptical about the possible impact of such a programme or concerned that they might appear to be patronizing their Moldovan colleagues. Around half of the respondents reported that they would be motivated to participate if the exchange programme had a clear objective; offered sufficient remuneration (preferably continuation of current salary); made available the necessary equipment and accommodation; and was met by a positive attitude among Moldovan colleagues. Respondents who currently work outside the health sector or are unemployed indicated longer periods of availability for exchange schemes.

## Long-term return

Overall, between one fifth (EU) and one third (Italy) of the respondents noted that they intend to go back to the Republic of Moldova. Of those who intend to return, only around half plan to return within the next one to five years. Many also reported that they do not yet know whether or not they would like to go back. The most frequently quoted factors encouraging respondents to return at the moment are the Moldovan lifestyle and atmosphere; being with family members; reaching retirement age; and greater professional satisfaction in the Republic of Moldova (the latter is more common among those in Italy). Changes in living conditions in the recipient country, such as losing a job, also play a role. The most common factors discouraging respondents from returning to the Republic of Moldova are economic instability, corruption and insufficient salary. In addition, around half of the respondents are discouraged by the political instability and the prospect of having to build a new life in the Republic of Moldova and some respondents fear alienation from the Moldovan lifestyle (more common in other EU countries).

## *Discussion*

### Differences between Italy and other EU countries

The profile of respondents and the experience of migration show marked differences between those who migrated to Italy and those who migrated to other EU countries. The qualitative data suggest that the contrast is strongest with those who moved to countries

that are not traditional destinations for Moldovan migrants, such as the Netherlands and the United Kingdom of Great Britain and Northern Ireland. Respondents who migrated to Italy were often less prepared; more often had not arranged legal papers before migration; and more often were attracted by jobs outside the health sector and by achieving a financial goal. Also, fewer of those who moved to Italy had obtained a specific job offer before migration. After arrival, respondents based in Italy more often experienced the process of integration as a struggle; more often worked outside the health sector; experienced more brain waste; and showed more interest in a possible return.

## Differences between generations

There are also many differences between age groups. Younger respondents ( $\leq 35$  years) were generally better prepared: learning the language and working on legal aspects before migration. They were more often motivated by a challenge to start a new life in another country and sometimes had a specific work or study opportunity awaiting them. Younger respondents in the EU were more likely than older respondents to have lived in a third country, in a wider variety of countries and in north-west Europe. Younger respondents have slightly higher career expectations; more often expected to work in the health sector; and less frequently were motivated by the expectation of improving their financial situation. Younger respondents also succeeded more often in diploma validation and more often work inside the health sector. Younger respondents send fewer remittances, often noting that their families are financially independent and they feel there is no need to support them. Younger respondents are less negative about a return to the Republic of Moldova, they remain on the fence and often indicated neither plans to return nor plans not to return. Older respondents have more often invested in their recipient country and are tied through the integration of their children. However, the over-45 age group more often indicated plans to return to the Republic of Moldova.

## Conclusions

The Moldovan health professionals who migrated to Italy or other EU countries comprise a diverse group with different educational backgrounds, different professional ambitions and different migration experiences. They also chose different destination countries. A young, ambitious doctor who migrates to Belgium with a scholarship and wants to stay in the EU to develop a career in a highly specialized field of research has a completely different experience to that of an older nurse who migrates to Italy, has to learn the language, struggles due to a lack of a recognized diploma and the need for a

work permit, and works in the care sector for most of her career. However, there are also many commonalities. The majority of respondents view financial factors as important drivers in their decision to leave the Republic of Moldova. The social network in recipient countries is also important in most respondents' choice of destination country. There is enormous brain waste amongst Moldovan health professionals as more than half of the respondents are working outside the health sector or below their level of qualification. Doctors have more successful careers than other health professionals but also face many obstacles in terms of lengthy, costly and bureaucratic diploma recognition procedures. Nevertheless, only a small number of respondents intend to return to the Republic of Moldova, due to the economic situation, insufficient salaries, political situation, corruption and the work environment. Older respondents in particular also reported that they and their families are now integrated in the recipient country and have little reason to want to go back, although some consider returning after retirement.

## ***Policy considerations***

The migration of Moldovan health professionals will likely continue but, nevertheless, a number of steps could be taken to address the problem. Staff should be provided with salaries that offer the prospect of a comfortable personal financial situation, and with well-equipped working environments. In addition, interventions could be undertaken to improve the diploma recognition process – for example, by improving early access to information on diploma recognition procedures for potential migrants and by making the process shorter, more efficient and transparent. This would help to reduce brain waste amongst Moldovan health professionals. Respondents also noted a number of health system factors, such as a reduction of corruption and improvement of the patient–health worker relationship as key factors that would encourage their return. It is likely more fruitful to focus efforts on encouraging temporary and permanent return of younger health professionals who have not yet fully established themselves in the recipient countries. Some respondents showed an interest and willingness to share skills and innovations learned abroad with those in the Moldovan health system. This provides an opportunity to encourage these migrant health professionals to re-engage with the Moldovan health system.

# 1. Introduction

The mobility of health professionals is a worldwide phenomenon that impacts on the health systems of sending and receiving countries (Wismar et al., 2011) and on the lives of the migrating health workers. The Republic of Moldova is among the top 30 emigration countries in the world: 21.5% of the population lives abroad (World Bank, 2011). The emigration of health workers contributes to a serious shortage of health workers in the Republic of Moldova. A small-scale study in Italy suggests that health professionals who migrate have difficulties in obtaining diploma recognition, and rarely work according to their qualifications (Palese et al., 2010). However, current data on the migration patterns and experiences of health professionals who migrated to Italy or other EU countries are limited.

The Ministry of Health of the Republic of Moldova aims to tackle the health worker crisis in the country by addressing: (i) the brain drain of health workers using their professional education in other countries; and (ii) the brain waste of health workers using their professional education neither within nor outside the country. For this purpose, the project: “Better managing the mobility of health professionals in the Republic of Moldova” has formulated objectives to address the challenges of health workforce migration.

In order to address the health worker crisis and to ensure that the competences of those trained in the Republic of Moldova will not be wasted, evidence is needed to understand the reasons why Moldovan health workers migrate and their motivations and reasons for staying in Italy or other EU countries. There is also a need for further exploration of the challenges faced by health professionals seeking qualified employment in Italy and other recipient EU countries and on the factors motivating them to return (in the short or long term) to the Republic of Moldova and to work in the Moldovan health system.

This study aims to contribute to the project by gaining insight into the reasons why Moldovan health professionals migrate to Italy and other EU Member States. This research comprises four elements: a qualitative component and a quantitative component conducted in Italy amongst general health professionals, and a qualitative component and a quantitative component conducted in other EU countries amongst health professionals with postgraduate degrees.

This report presents the findings of these four components. The qualitative component provides a wealth of information concerning the issues surrounding the migration of

these health professionals, showing a wide variety of push, pull and stay factors and migration experiences across countries, age groups and professional backgrounds. The quantitative component provides insight on the importance of these factors. The studies also show differences between the migration experience of health professionals in Italy and in other EU countries.

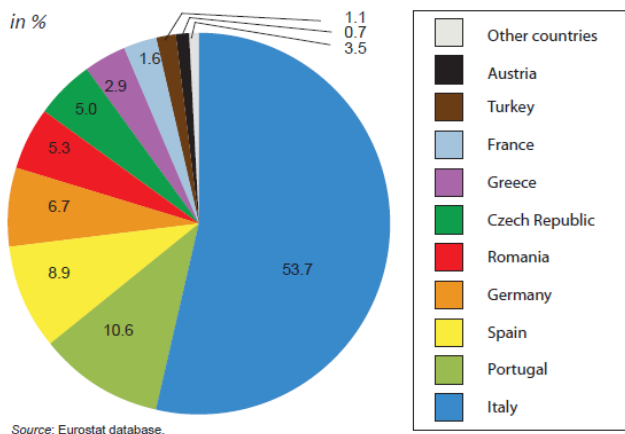


# 2. Background

## Introduction

The Republic of Moldova faces a serious shortage of health professionals, mainly resulting from qualified health workers leaving the national health system. The country has experienced an outflow of health professionals since gaining independence in the early 1990s. This phenomenon is consistent with a trend registered in a series of south-eastern European states (e.g. Albania, Romania) but national data are often neither comprehensive nor comparable (WHO Regional Office for Europe, 2011). According to data from host countries, the majority of the Moldovans migrate to Italy (Fig. 2.1).

**Fig. 2.1. Distribution of Moldovan citizens living abroad according to host country data, by country of destination, 2010**



Source: IOM, 2012.

One model used as a theoretical framework for this trend is the push-pull-stick-stay model (Padarath et al., 2003). According to this, Moldovan health professionals are confronted with several push factors, including: unattractive salary ranges among the lowest in European countries (WHO Regional Office for Europe, 2011); poor working conditions; and the low status of certain categories of health professionals (e.g. nurses; general practitioners, GPs) (WHO Regional Office for Europe, 2011). In addition to these internal health system factors, general discontent with the economic and political situation in the Republic of Moldova drives Moldovans to pursue a better life abroad (Pinger, 2007).

In addition to these push factors, Moldovan health professionals are further motivated to migrate by pull factors created by the demand for Moldovan health professionals abroad – particularly in private domestic care for people who are elderly and/or disabled, and the construction sector (Chaloff, 2008) – as well as high salaries, and attractive lifestyles in the destination countries.

## ***Migration trends for Moldovan health professionals***

The sources consulted provided two different views on the stocks and flows of Moldovan health professionals. According to a series of publications, the Republic of Moldova has experienced a steady decrease in their numbers over the last decade (Baumann, 2011; Jelamschi, 2011; NBS, 2011; Jelamschi & Rotundu, 2013). In contrast, a report issued by the Ministry of Health praises recent developments – such as improved economic indicators and introduction of compulsory health insurance scheme in 2004 – for reducing the outflow of Moldovan health professionals and attracting young graduates to work in the Moldovan health sector (IOM, 2012). Aggregate national-level data based on a National Bureau of Statistics report published in 2009 indicate a relatively constant number of health professionals over the period 2001–2009 (Galbur, 2011a).

## ***Causes for skewed data and complementary indicators***

Use of double citizenship and Romanian passports in the migration process make it difficult for stakeholders to accumulate data on migration patterns per professional or per educational attainment (Poulain, 2011; Kundacina, WHO, unpublished report, 2012). Migration is a costly and important decision that is kept confidential until the very moment of departure. As a consequence, skewed data can arise when health professionals record unpaid long-term holiday or sick leave as their reason for resignation (Jelamschi, 2011).

In order to complete the existing data, research and policy bodies use a number of indicators to quantify migration of Moldovan health professionals. One indicator is diploma

recognition requests (around 600 per annum) to ministries (e.g. Ministry of Education, Ministry of Health), and Apostile.<sup>2,3</sup>

## ***Effects of migration of Moldovan health professionals***

A steady decrease in the numbers of domestically trained health professionals leads to several negative impacts on the national health system, including: staff shortages, work replacement costs, and limited availability of health services, particularly in rural areas (WHO Regional Office for Europe, 2011). In addition, the state incurs educational costs from some highly subsidized health degrees (e.g. general medicine) and so-called brain waste (Galbur, 2011b).

In addition to collective costs, individual migrants who cannot integrate in their destination country's health system may experience low self-esteem as a result of their failure to draw the benefits of their qualifications (Edward, 2000). Also, the cost of migration (an estimated €3278 in 2010) is well beyond the financial resources of a Moldovan nurse (Palese et al., 2010). Thus, brain waste and the inability to harness the talent and skills of Moldovan health professionals have negative repercussions for all actors in the migration process.

Furthermore, remittances play a very important role in both Moldovan household expenses and the national economy (Lüecke, Mahmoud & Steinmayr, 2009). Earlier studies indicate that EU respondents transferred substantial proportions of their monthly income as remittances: 35% sent 25–50%; 22% sent 50–75% (Lücke, Mahmoud & Pinger, 2007). All these sums are high in comparison to health professional salaries in the Republic of Moldova.

Another quoted internal effect is increasing enrolment rates in Moldovan nursing schools (IOM, 2012). Individuals who undergo professional reorientation, as well as Moldovan high-school graduates, have contributed to a significant influx of students in nursing colleges. These equip students with skills applicable in domestic caretaker jobs, despite limited recognition of such Moldovan diplomas in the EU (Galbur, 2010).

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2 An international authenticity verification that the Ministry of Justice of the Republic of Moldova applies to documents, in this case: Moldovan diplomas (Kundacina, WHO, unpublished report, 2012).

3 Apostile verification is the last stage for documents, and some health professionals quit well before they reach this phase. This indicator is also questionable as only a proportion of migrant health professionals attempt diploma recognition.

## ***Diploma recognition***

Currently, the Republic of Moldova has signed bilateral agreements on mutual recognition of diplomas with a limited number of countries (Ministry of Education, 2011). For this reason, many foreign graduates from Moldovan universities choose to complete their specializations in other countries, including EU Member States, thus contributing to the outflow of domestically trained health professionals (Kundacina, WHO, unpublished report, 2012). In addition to the limited number of diploma recognition agreements, low salaries mean that many Moldovan health professionals cannot afford to engage in the diploma recognition process abroad (WHO, 2011).

## ***Italy: an important destination for Moldovan health professionals***

A rapidly ageing population and gaps in national health-care provision for elderly people create an employment niche for foreign-trained health professionals. Italy is the second most important destination country for Moldovan migrants and it has been estimated that 2000 nurses per year leave the Republic of Moldova in search of employment opportunities abroad (Chaloff, 2008). A 2006–2007 longitudinal study of Moldovan nurses in Italy compared the intention to migrate against actual migration and the success of integration within Italian health. None of these were working according to their qualifications, either taking up employment in the service or care sectors or unemployed. These unfortunate findings were confirmed by other studies which focus on migrant nurses in Italy (Palese et al., 2010; Kundacina, WHO, unpublished report, 2012).

## ***Germany: knowledge-circulation schemes with Moldovan health professionals***

Given the conditions of insufficient financing, international cooperation is one of the cornerstones of the Moldovan health system, expressed in the circulation of knowledge, goods and services. International exchange programmes, donations of medical equipment and training of Moldovan specialists by their foreign colleagues are an important source of modern diagnostics and treatment methods. In order to expand the existing cooperation and experience exchange opportunities for Moldovan doctors, an innovative knowledge circulation scheme was implemented by the Institute Leipzig and the

State University of Medicine and Pharmacy ‘Nicolae Testimiteanu’ (SMPHU) (Reinhardt & Chicu, 2011).

## ***Moldovan diaspora: key partners***

One study suggested that community leaders and diaspora organizations offer one of the most efficient ways to contact Moldovan migrants. Official bodies tend to be viewed with suspicion as many migrants have undocumented status or have been disillusioned by lengthy and expensive administrative proceedings at embassies and consulates (Kundacina, WHO, unpublished report, 2012).

## ***Temporary and permanent return***

A combination of stay factors and general economic and political developments in both the EU and the Republic of Moldova influence Moldovan health professionals’ decisions to return. A 2008 report on the migration and remittance patterns of Moldovan EU migrants found that one of the most important causes for return is dislike of the destination country (around 80%), followed by deportation, achievement of financial goals, and family-related reasons. The inability to work according to qualification was a far less important consideration (Lüecke, Mahmoud & Steinmayr, 2009).

There is limited information on the willingness of all categories of Moldovan health professionals across the EU to engage in temporary exchange schemes, and limited information on the conditions in which they are willing to return to the Republic of Moldova.

# 3. Methodology

## 3.1 Goals and structure of the study

### Overall goal of the research

To identify factors influencing Moldovan health professionals to emigrate permanently or temporarily to Italy or other EU countries, and factors influencing their return to the Republic of Moldova. This will form the basis of recommendations for policies and interventions to encourage these migrants to return and work in the Moldovan health system or to assist them to work according to their professional education in EU Member States.

### Specific objectives

To explore factors that influence Moldovan health professionals to emigrate to, and remain in, Italy or other EU Member States:

- factors that influence the decision to leave the Republic of Moldova (push factors);
- factors that influence the decision to move to Italy or another recipient EU Member State (pull factors);
- factors that influence the decision to stay in Italy or other EU countries (stay factors).

In addition, to ascertain:

- types of jobs held by Moldovan health professionals in Italy and other EU countries;
- perceptions of Moldovan health professionals in EU countries regarding interventions that would motivate their (temporary or permanent) return to the Republic of Moldova.

### Study components

These objectives were pursued by conducting a mixed method study, including a qualitative and a quantitative component. This was conducted simultaneously in Italy and in

other EU countries, following largely the same questions and methodology but allowing space for specific differences in emphasis. The study comprises four components:

1. qualitative study in Italy
2. qualitative study in other EU countries
3. quantitative study in Italy
4. quantitative study in other EU countries.

The qualitative research provided good insight into the breadth and variety of push, pull and stay factors and factors regarding motivation to return, as well as the reasons why people perceived certain factors as important. Based on the findings of the qualitative study, an online questionnaire was developed to assess the extent to which these factors are common amongst the Moldovan diaspora. Also, to address issues that seemed of particular importance in the process of migration of Moldovan health workers (e.g. diploma recognition).

## Study population

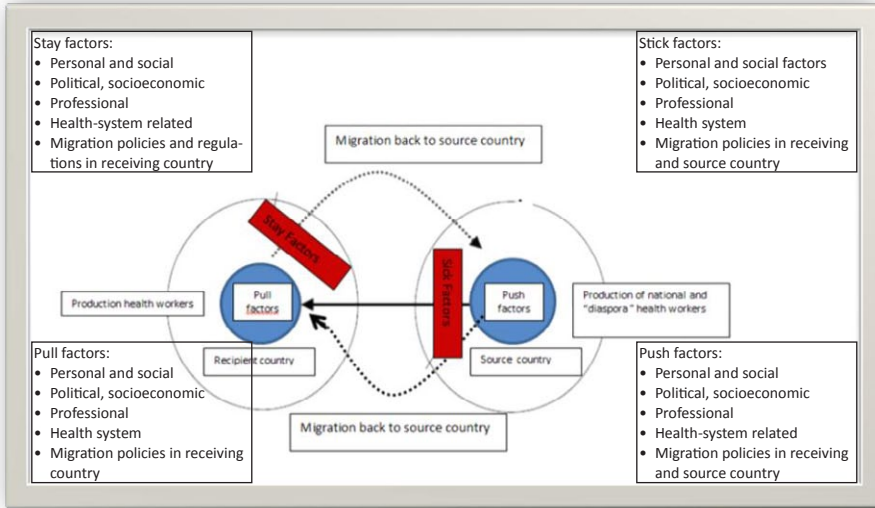
The study population includes all health professionals who consider themselves to be members of the Moldovan diaspora currently living in Italy or another EU country. A health professional is defined as someone with a professional education in medicine, nursing, laboratory science or public health. In Italy, this included all health professionals; in other EU countries, the focus was health professionals with a postgraduate degree. The study population includes those with a residence permit or temporary visa and those who do not possess the residence and/or work permits required in the recipient country. There are no (public) data available on the number of Moldovan health professionals (medicine, nursing, laboratory science) with a postgraduate degree who currently reside in EU Member States. Similarly, no exact information is available on the number of health professionals from the Republic of Moldova residing in Italy.

## 3.2 Conceptual framework

Padarath et al. (2003) provide a framework showing the relationships between push, pull, stick and stay factors for health workers migrating to other countries. Other reports (Tjadens, Weilandt & Eckert, 2012; Wismar et al., 2011) provide information on specific push, pull and stay factors for health professionals in Europe. Tjadens et al. subdivide the push, pull, stay and stick factors into issues related to: personal and social factors; political socioeconomic factors; professional factors; health-system related factors; and

migration policies and regulations. This study explores the push, pull and stay factors; stick factors will be addressed in a separate study performed in the Republic of Moldova (Fig. 3.1).

**Fig. 3.1. Framework for factors influencing migration of health workers**



Source: Padarath et al., 2003; Tjadens, Weilandt, Eckert, 2012.

The **push factors** that impact on the movement of health-care workers arise both within and beyond the health system. Factors endogenous to the health-care system include issues such as low remuneration levels, inadequate human resource planning, poor infrastructure and sub-optimal conditions of work. Exogenous push factors tend to be related more to socioeconomic factors in the country.

Migration is further influenced by **pull factors**, such as perceived higher quality of life, study and specialization opportunities; and improved payment in recipient countries. Choice of destination country is also influenced by other issues and mentioned in several publications. Recruitment strategies and agencies play a pulling role (Stilwell et al., 2004), as do the availability of migrant or diaspora communities in the recipient country (Tjadens, Weilandt & Eckert, 2012) and, of course, regulations for diploma recognition.

These push and pull factors are negated by so-called stick and stay factors, which influence people's decision not to move.



**Stick factors** in source countries lead to greater retention of personnel and are often shaped by the psychological and material costs of migration. For example, the stresses involved in leaving family and friends (for both migrant and those left behind); travelling into the unknown; and having to establish a new life within a different culture. Considerable material costs are also involved, including the costs of travel, of learning a new language and of finding accommodation (Tjadens, Weilandt & Eckert, 2012). Retention packages are often shaped to strengthen the stick factors.

**Stay factors** influence decisions both to remain in recipient countries and to return. These include reluctance to disrupt family life and schooling of children, as well as better career development opportunities.

### ***3.3 Methodology: qualitative components***

#### **Sampling and recruitment**

In Italy, the study began with purpose sampling of organizations in close contact with the diaspora: all (43) registered Moldovan diaspora organizations in Italy and a Moldovan Christian Orthodox church in Rome were contacted by e-mail. The low response rate (12%) led the research team to pursue further contact by e-mail and phone, resulting in responses from several organizations in Rome, Bologna and Parma. Phone and Skype communication gained the interest of diaspora organizations in Parma, Bologna and Milan. Leaders of the diaspora organizations in Parma and Bologna provided contacts for Moldovan health professionals living in northern Italy, and more respondents in the region were identified through snowball sampling.

In order to recruit Moldovan postgraduate health professionals in EU Member States the research team engaged in a variety of online and offline informational resources, including:

- social and professional networking sites, such as LinkedIn, Facebook and Odnoklassniki.ru;
- professional associations of foreign health professionals in EU Member States, and alumni in destination countries;
- Moldovan diaspora associations in EU Member States.

Using snowball sampling methodology, all those contacted were asked to refer the research team to contacts who met the conditions for participation.

Likely due to the length of the interview and the (largely) online presence of research team members, the qualitative component received a low response rate. In the EU, 36 people were contacted: 12 agreed to participate in the qualitative component; an additional five agreed to participate in the quantitative part. Personal (live) contacts by research team members showed a higher acceptance rate. For example, all four of the health professionals residing in Romania who were contacted online refused to participate but all six health professionals residing in Romania who were contacted in person agreed to participate.

The sample in the EU study included only health professionals who initially trained as MDs. The target study population of health professionals with postgraduate education included nurses and medical laboratory staff but no respondents in these subcategories were identified in the qualitative study.

## Data collection

For the Italy component, in-depth interviews were held with Moldovan health professionals in Bologna, Parma and Torino. These were mostly conducted face to face but a few were conducted via Skype/phone. Each interview lasted 60 to 75 minutes and all were carried out in Romanian by a member of the research team. Interviews were tape recorded, transcribed in Romanian and translated into English.

For the EU component, respondents were contacted for in-depth interviews (of around 45 minutes) by Skype or phone. All interviews were conducted in Romanian or English by research team members, digitally recorded, transcribed verbatim and translated into English, when necessary.

For both qualitative components, interview guides were developed using the conceptual framework. They included subjects such as push, pull and stay factors; employment and study opportunities; issues related to legalization and diploma recognition; and feelings regarding temporary or permanent return to the Republic of Moldova. The interview guides are shown in Annex 2.

## Data processing and analysis

For the Italy component, a total of 12 interviews were held with 17 respondents (eight individual; four group interviews – three with two respondents and one with three respondents). For the EU component, a total of 14 interviews were performed, 12 of which

were with respondents who met the study population criteria. The two other interviews were conducted with young upcoming health professionals who had not completed their postgraduate courses. Their experiences are not included in the analysis of the study group but are discussed separately.

After each interview the researchers analysed and discussed the results in order to adapt questions and probes for subsequent interviews. The number of interviews conducted in both studies was not predetermined: the research team continued to approach new respondents until saturation was reached on all subjects of the guide, meaning no new information was received during the last interviews.

Interviews were cross-read by two researchers to identify codes based on the conceptual framework on push, pull and stay factors. The codes were entered on an Excel sheet and results from all interviews were inserted into the matrix sheet, according to the coding system. New codes were developed for answers that fell outside the categories of the push-pull-stay-stick framework (e.g. return possibilities, advantages of education in a destination country). Upon completion, the data matrix was subjected to a second reading in order to identify broader themes that summarize the results of the study. These include challenges related to mobility in the EU, bursaries and education possibilities and global citizenship.

### ***3.4 Methodology: quantitative components***

The qualitative components build on the results of the qualitative studies which identified push, pull and stay factors influencing the migration of Moldovan health professionals to Italy and other EU countries. A self-administered questionnaire (SAQ) was developed on the basis of this study and administered online (SurveyMonkey®) among Moldovan health professionals in Italy and other EU countries.

## Sampling and recruitment in Italy

The research proposal included an estimate of the number of Moldovan health professionals in Italy.<sup>4</sup> There is little information about their exact numbers but it was assumed that there would be between 1700 and 3900. On this basis, a minimal sample size of 350 was calculated for the quantitative part of the study. Despite continuous efforts – contacting diaspora leaders and health professionals known for their large networks in Italy – it was not possible to motivate enough respondents to complete the SAQ within the three-month time frame. A total of 124 SAQs were completed, of which 104 were eligible for analysis.

The research team recruited Moldovan health professionals in Italy by distributing the SAQ through a variety of online and offline informational resources, including:

- social and professional networking sites, such as LinkedIn, Facebook and Odnoklassniki.ru;
- mailing lists of the Moldovan diaspora newspaper *Gazeta Basarabiei*;
- all network contacts and the active involvement of journalists/editors of *Gazeta Basarabiei*;
- printed study announcements distributed within the Moldovan embassy in Rome and at diaspora association offices;
- mailing lists of Moldovan diaspora associations in (north and central) Italy;
- snowball sampling methodology, asking all those contacted to refer the research team to contacts meeting the selection criteria.

## Sampling and recruitment in the EU

The study aimed to reach as many Moldovan health professionals in the EU as possible. The group is dispersed, and its composition and distribution is not known, so no sample could be established beforehand. It was aimed to include at least 50 respondents in the

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4 The Republic of Moldova has a population of 3 559 500, of whom 40 359 (1.13%) are health professionals working in the health system. Assuming the same proportion, the 149 598 Moldovans citizens officially registered in Italy will include 1696 Moldovan health professionals. However, knowing that:

- 40 359 includes only those health professionals working in state health services (the total number should include all graduate health professionals and all working in the private system or outside the health system);
- study by Rusnac et al. (2011) reports that the Embassy of the Republic of Moldova in Italy estimated that numbers of migrants are higher than shown in official data – 2.3 times the official number in 2008–2009.

Other data in the Republic of Moldova show that health workers are the category most affected by migration (especially nurses as they can easily find jobs as housekeepers, in childcare or care of the elderly). Hence, it was assumed that a minimum of 3400–3900 health workers were living in Italy. A minimum of 350 completed questionnaires would be required in order to cover at least 10% of this migrant population.

study. All Moldovan health professionals who met the criteria and were willing to participate have been included. Efforts were made to enhance the diversity of respondents' countries of current residence.

The research team recruited Moldovan postgraduate health professionals in EU Member States by distributing the SAQ through a variety of online and offline mechanisms, including:

- posting the study announcement on social and professional networking sites, such as LinkedIn, Facebook and Odnoklassniki.ru;
- e-mailing invitations to potential respondents (using details obtained through contacts) containing: (i) link to SAQ, (ii) request to participate in the study, and (iii) request to inform and/or facilitate contact with others willing to participate;
- using snowball methodology, e-mailing all contacts (e.g. qualitative study participants) to request that they refer potential participants – followed up by e-mail and by phone;
- requesting support from Moldovan diaspora associations in EU Member States to distribute survey invitation to their members;
- announcement in *Gazeta Basabariei* newspaper distributed to Moldovan diaspora in all EU countries.

Although intensive and continuous efforts were undertaken to reach the target group, this proved difficult to reach. It was found that direct requests to a referred potential respondent were the most effective means of recruitment. After repeated posting of study announcements and contact with diaspora associations that sent out the message to their contacts (in France, Germany, Hungary and Portugal) the research team retrieved 95 SAQs. Of these, 55 SAQs contained responses to at least 50% of the questions and could be used for analysis.

The composition of the Moldovan diaspora community of health professionals in the EU is not known. However, Jelamschi & Rotundu (2013) listed the destination countries of secondary and tertiary educated Moldovan health professional migrants and the distribution of the respondents in this study follow the pattern they described. It was observed that there is likely an overrepresentation of women (80%) and of respondents from France (42%). No direct reason was found for the gender bias. The high proportion of respondents from France is likely due to (i) France being the second most important country of emigration for health professionals, after Romania (Jelamschi & Rotundu, 2013); and (ii) the broader network of contacts of the research team.

## Data collection and analysis

Data were collected during a period of 2.5 months (November 2013–January 2014), through SAQs using SurveyMonkey® as an online data collection tool. In the EU, all questionnaires were completed by respondents online. In Italy, 30 respondents visited the research team’s office to complete the SAQ online; another 27 respondents received telephone assistance to complete the SAQ.

**Response rate: Italy.** Of the 125 questionnaires started, eight respondents did not meet the selection criteria of having an education degree as a doctor, nurse, laboratory worker, midwife or feldsher. Also, despite considered attempts to limit the amount of detail requested in order to avoid taking too much of respondents’ time (e.g. survey duration of 20 minutes), 13 respondents skipped more than 50% of the questions and were therefore excluded from the analysis. The findings on Italy presented in this report are based on data from the 104 respondents remaining.

**Response rate: other EU countries.** Of the 95 questionnaires started, 14 respondents did not meet the selection criteria of having a higher education degree and 10 questionnaires were answered by Italian respondents (these were transferred for analysis in the Italy study). Also, despite considered attempts to limit the amount of detail requested in order to avoid taking too much of respondents’ time (e.g. survey duration of 20 minutes), 16 respondents skipped more than 50% of the questions and were therefore excluded from the analysis. The findings on the other EU countries presented in this report are based on the data of the 55 respondents remaining.

The qualitative study suggested a few themes which were analysed further in the quantitative study.

- **Differences between age groups.** Initially, it was planned to analyse results according to five age groups (<25, 26–35, 36–45, 46–55, >55 years). However, the low number of respondents under 25 years and over 55 years meant that these categories were not suitable for separate analysis. Three groups were created in the Italy study: 35 or younger, 36–45 and 46 or more. Considering the low number of respondents aged between 46 and 55 years, only two groups were created for the other EU countries: 35 years or younger, and over 35 years. In a few cases it was decided to analyse under-25 and over-45 age groups separately.
- **Differences between EU countries.** The qualitative study showed differences amongst respondents in different countries of Europe, notably between north-

west and south-east Europe. However, the distribution of respondents over countries was not sufficiently representative to allow such an analysis.

- **Diploma recognition, current job brain waste.** In the qualitative study, diploma recognition and job status were observed to show differences across respondents' educational backgrounds. Therefore, responses regarding diploma recognition and current job were also analysed according to the education of respondents.
- **Year of migration.** Over time, the Republic of Moldova has experienced changes in the health system and in relations between the Republic of Moldova, Romania and the EU as a whole that may affect the push factors and pull factors. Therefore, these categories were analysed by year of migration.

Data were analysed using the summary and analysis tools available in SurveyMonkey® and Microsoft Excel. Data cleansing comprised checking data for inconsistencies and out-of-range values; assessing whether skipping patterns were followed correctly, and validating missing values. Data were presented and tabulated as descriptive statistics using proportions for categorical data. Sample sizes were too small to enable statistical analysis.

## ***3.5 Ethics, quality control and limitations of the study***

### **Ethics**

All respondents in the qualitative component have acknowledged and agreed the contents of the informed consent form, providing either verbal or written proof of consent. All respondents in the quantitative component have acknowledged and agreed with the conditions of participation in the study as explained in the study invitation and the study announcement. All data of respondents are anonymous. Each respondent was allocated a unique code at the data collection, processing and analysis stages. Access to the data is limited to the research team; data will be destroyed three years after completion of the study.

### **Quality control**

Interview guides for the qualitative component were developed jointly by research team members qualified to conduct qualitative research. Both the interview guides and the

process for conducting the in-depth interviews were pre-tested by conducting two interviews. A transcript of these interviews was discussed by the research team and changes made where necessary. All the codes used in the Excel matrix were read and checked for viability by three team members before a discussion on the interpretation of results related to study objectives.

The SAQ was developed by a team of experts from KIT, based on the outcome of the qualitative survey and translated into Romanian. Although posing mostly the same questions, two different versions were prepared. The questionnaire for the Italy component was pre-tested by two Moldovan citizens living in Italy. The EU questionnaire was pre-tested with two Moldovan health professionals living in the Republic of Moldova but with experience of working in EU countries.

All research activities (i.e. testing of tools, reading of first transcripts, analysis) were supervised by a senior researcher. The research team comprised four researchers: two senior advisers from KIT with expertise in human resources for health (HRH) and research methods; one adviser from KIT with experience in qualitative research; and an independent research consultant of Moldovan nationality (native Romanian speaker). A subcontracted team of *Gazeta Basarabiei* diaspora association members (headed by Olga Coptu) provided assistance during the data collection stage for the quantitative component of the Italy study.

## Study limitations

One of the main limitations is the limited number of respondents. During both the recruitment process and the in-depth interviews, some respondents were excited to participate in the study and interested in the outcomes; others were apprehensive about talking with outsiders. Participants expressed concerns such as: (i) fear that the privacy of collected data would not be assured; (ii) feelings that their personal connection with the Moldovan health system had been lost after leaving the country; and (iii) perception that their participation and/or the whole study would have minimal impact on the Moldovan health system. The recruitment team in Italy also reported a lack of motivation to engage in research. For example, several respondents who could not complete the diploma recognition procedure complained about lack of action from the relevant Moldovan authorities, and refused to participate in any research associated with the Moldovan health system. Another limitation is that not all respondents answered all questions in the questionnaire.



The sample size could not be representative due to a lack of data on migrant health professionals and to a lack of possibilities to access a greater variety of respondents. The results of the EU study component may have been influenced by the overrepresentation of female respondents and of respondents from France. For the qualitative component in Italy and the EU, the samples provided a good variety of professional education (missing only medical laboratory staff) and gender. However, the research team was unable to identify any relatively recent arrivals in Italy – all the respondents had been in Italy for five or more years.

# 4. Findings

## 4.1 Qualitative study component: Italy

### 4.1.1 Summary

#### *Respondent profile*

Seventeen respondents were interviewed: 11 doctors, four nurses, one medical assistant (feldsher) and one midwife.

#### *Push factors*

Half of the respondents in Italy noted that they intended to migrate for the period needed to achieve their financial goal, with little consideration of continuing a health professional career in Italy. One third of respondents mentioned the lack of professional development opportunities and unattractive working conditions (e.g. long shifts, disrespect from patients and doctors) as reasons to leave the Republic of Moldova. In addition, some respondents mentioned better opportunities for their children as important reasons for migration.

#### *Pull factors*

The migrant network in Italy and a care-sector niche for Moldovan health professionals are powerful pull factors for the respondents. Several respondents saw migration as a chance for a new life for themselves and for their dependents. Rumours of an upcoming legalization of migrants and apocryphal information on diploma equivalence further motivated respondents to migrate.

#### *Integration in Italy*

Despite high expectations of jobs in Italy, few respondents learned Italian prior to departure. This limited job options to underpaid domestic care. As irregular migrants, unaware of their rights, most respondents describe their initial stay as a stressful and lonely period. Unrealistic expectations about the costs of living, job conditions and the pressure to send remittances provided additional stress. The legal status of the respondents is a

sensitive issue: none of the respondents mentioned having legal papers upon arrival; a few explained that it took them around one year to obtain legal residency. Most respondents try to obtain Romanian citizenship as this allows them to work in attractive jobs in the public health sector.

### *Diploma recognition and working according to qualification*

Primarily an option for Moldovan doctors, the diploma recognition process is a costly and time-consuming process and most respondents need financial support during the one to two additional years of study required. The process is said to be marked by illegal payments in the Republic of Moldova and red tape in Italy.

Unlike in the Republic of Moldova, the Italian health system licenses doctors to work with a basic medical diploma without medical specialization. Although competition for places is very high, a few respondents are currently undertaking medical specialization. The number of exams required for recognition of the MD diploma varies across universities. Respondents report that results depend largely on the decision of the faculty (up to 20 resits per subject). Proficiency in Italian has become increasingly important. Lack of a clear overall procedure and limited options for feldshers, nurses and midwives frustrate health professionals and are perceived to be due to a lack of political will to negotiate with Italy in the Republic of Moldova.

Most respondents have worked in the domestic care sector and – particularly for nurses, midwives and feldshers – work as OSSs in private retirement institutions. Such work provides little job security and respondents feel that they are losing their health professional skills, although work as an OSS is considered far more desirable than the role of a *badanta*.<sup>5</sup> Almost half of respondents fall in the category of brain waste, particularly health professionals other than doctors. Doctors are generally able to work at their level of qualification after diploma recognition has been obtained. In other categories of health professionals, some are currently successfully engaged in the health sector, feel empowered and have gained additional skills and knowledge. Nevertheless challenges remain, including: being unable to work in the public sector as a non-EU doctor; many nights shifts; and unstable contracts for OSSs.

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5 Careworker for elderly people and/or people with disabilities.

### *Reasons to stay in Italy*

Most respondents intend to stay in Italy due to family (e.g. family reunion, children born/studying in Italy), financial (better salary, financial obligations) and professional factors. Several respondents, even those working below their Moldovan qualifications, enjoy certain components of their work environment, the respect of their patients, their job security and the possibility to develop professionally through national/international training. Good education, climate and health care are also important stay factors. Respondents feel well-integrated and several have Italian partners. They have invested considerable effort and resources in finding a job and dedicate themselves to saving money and providing additional income to family members in the Republic of Moldova. Some had decided to bring family members to the destination country and to pursue diploma recognition.

### *Temporary and permanent return*

The majority of respondents feel that there is little to attract them to return to the Republic of Moldova. This is partly because they have invested considerable effort to establish themselves in Italy. Respondents who do intend to return express strong emotional ties to the country or a dissatisfaction with not being able to work according to their professional qualifications in Italy. The majority of respondents are interested in exchange schemes, but some expressed concern about appearing patronizing to their Moldovan colleagues. Several respondents trained as nurses feel that they have lost part of their skills, but a regular exchange scheme could be an opportunity to maintain their skills. Respondents are not interested in working permanently in the Moldovan health system, emphasizing corruption, low quality of service and patients' lack of appreciation. However, they did express their willingness to share new skills and practices, given the right equipment. Several respondents plan to open a first aid initiative in their local community in the Republic of Moldova.

Several respondents are members of diaspora associations, and all respondents communicate actively with fellow Moldovans. They feel well-integrated and are open to collaboration with both Italian and Moldovan authorities. Among their policy suggestions, respondents mentioned improved salaries for health professionals, no health insurance for migrants, and more active positions in diploma recognition negotiations.

## 4.1.2 Detailed findings

### *Respondent profile*

Seventeen respondents were interviewed.

**Education.** All these respondents graduated in the Republic of Moldova in the following professions:

- MD without specialization: two;
- MD with a specialization: nine (seven MDs followed specialization in Moldova, two in Italy);
- nurse without further specialization: three;
- nurse with specialization: one;
- medical assistant (feldsher): one;
- midwife: one.

Although the proposed study population included medical laboratory staff, the research team was unable to identify a person educated in medical laboratory work to include in the study.

**Age.** Up to 35 years: five; 36–45 years: 11; 46–55 years: one

**Gender.** Male: four; female: 13

**Duration of stay in Italy.** All the respondents had lived in Italy for more than five years; six had lived in Italy for over ten years.

**Reasons to migrate to Italy: push and pull factors.** Eight of the 17 respondents had no intention of migrating to Italy for a long period. Their aim was to return after a few years, when a financial goal – to buy an estate or to repair existing properties – was reached. None of the health professionals had taken account of career prospects when considering their decision to migrate.

### *Push factors*

**Low and insufficient wages** were a recurring theme when respondents (5) discussed their reasons to leave (Table 4.1), but it was not only the low amount that influenced the health professionals' decisions to migrate. According to one respondent (MD, male, 42,

10 years in Italy), salaries were often not paid on time, and payment could be delayed for up to nine months.

The **future of respondents' children** was noted as an important reason for migration. Respondents specifically noted the prospect of better financial possibilities, medical care and schooling opportunities.

**Professional reasons for migration.** Respondents described the Moldovan health system as poor, with shortages of equipment and material and difficult working circumstances (e.g. high number of nightshifts). Others described difficult relationships with patients in the Republic of Moldova as they do not comply with doctors' advice.

Respondents stated that the decision to migrate was discussed regularly at work with colleagues in the Republic of Moldova. These discussions were often a positive contributing factor in the decision-making process. One respondent reported that her boss in the Republic of Moldova had assisted with her Italian visa application.

**Table 4.1. Most important push factors mentioned by respondents**

Most mentioned push factors	Quotes
Financial reasons	<p><i>My thoughts were – one year in Italy and I return home (...) the idea was to come here [laughs] and to make some money, buy a house or an apartment and to look for a job. Now you leave all behind and you go, thinking – just for a year and then I will return!</i> (Female, 32; education: MD specialized as physician; working as locum physician in private practices)</p> <p><i>I've made a conscious choice, I told myself that I would leave for abroad and do any work. I've set medicine aside for a while, on a shelf, it wasn't that we didn't have the desire to work, that's how things were!</i> (Male, 42; education: MD specialized in emergency medicine; working as emergency physician)</p>
Better opportunities for children	<p><i>The most important was to leave for the future of our children, because the children need a future as they grow, and I personally (...) but I had nothing to offer to my children with the life that I had. A nurse with \$25 salary, what could I possibly offer them?</i> (Female, 42; education: medical assistant; working as OSS)</p>

Most mentioned push factors	Quotes
Professional reasons	<p><i>I was doing 10 nightshifts a month, and we'd work for the state, poor, in worn-out trousers. (...) There were no drugs available! You needed drugs and the hospital couldn't provide them, (...) and everyone had his own little locker (with medications) (...) locked up for the worst situations. If a patient died or moved from one department to another, and there were still some drugs left, I'd collect them and store them in my cabinet ... (Male, 42; MD specialized in anaesthesiology and reanimation; following specialization in thoracic surgery)</i></p> <p><i>The population in Moldova does not collaborate with the doctor (...) They don't listen at all, and that's why when I provide advice that people don't listen to, come a month later with the same symptoms and haven't done anything...it doesn't motivate me to work! (Female, 32; MD; following her specialization in occupational medicine).</i></p>

### Pull factors

Information on the availability on **employment opportunities** is an important pull factor. Some (four) respondents mentioned that relatives/friends had informed them that it was easy to find employment in Italy. In one case the information was even more specific: indicating gender and professional qualifications that are advantageous for getting a job in the care sector. Information on job opportunities is not necessarily related to employment in the health sector or employment according to migrants' professional education: health professionals are attracted by jobs in all sectors (formal and informal). Although three respondents were aware that it was possible for their medical diploma to be recognized in Italy, they did not mention this as a pull factor. At one point there was a rumour about *sanatoria*.<sup>6</sup> One respondent perceived this as a pull factor.

One newly graduated MD saw an opportunity to go abroad as her brother was already living in Italy. She perceived going to another country as a welcome challenge (Table 4.2).

**Table 4.2. Most important pull factors mentioned by respondents**

Pull factors	Quotes
Family and relatives in Italy	<p><i>I came because I wanted to see my brother, to have the possibility to see my brother's family and him. (Female, 32; MD following her specialization in occupational medicine in Italy)</i></p>

<sup>6</sup> *Sanatoria*: an amnesty law that offered the possibility to regularize noncitizens without a residence permit, covering only those who were present in Italy for at least the three months prior to the date on which the new law entered into force.

Pull factors	Quotes
Job opportunities	<i>I left first because I was told that women are quicker at finding a job – I mean ladies have a better chance for a job than a man. (Female, 42; medical assistant; working as OSS)</i>
Recruitment agencies	<i>I heard about recruitment events organized to come here, but we were afraid to participate in these events, because we were told it is very hard, (...) that we would work with all kinds of mentally unstable patients, and that it's very hard to work with them and they won't let us tie them down. In Moldova we're allowed to tie them down (at Costiujeni hospital), so we were afraid. (Female, 54; nurse specialized in paediatrics, kinesiotherapy and physiotherapy; working as OSS)</i>

### *Preparation for migration and adaptation period in Italy*

The study revealed that few respondents prepared themselves thoroughly for life in Italy before leaving the Republic of Moldova. Only two had made an effort to learn the language before they left. Two respondents had decided to work on the papers needed for diploma recognition and two respondents had arranged a job or accommodation before they left for Italy. Some people found it impossible to prepare properly for migration to Italy and most respondents were reluctant to speak about their migration. Box 4.1 illustrates the experience of the only respondent who wished to describe her migration experience in detail.



#### Box 4.1. The journey to Italy

Well, it made no sense to go to Moldova because we've lived for so many years in Transnistria – who would accept me there? We took off during the night, secretly, we had no clue who would take us there or where we were heading to. For a week we had no idea where we were, we'd crossed waters and woods – it was very scary! (...). At a certain point when we got to Germany, the six of us were all on our own in the German woods and had no clue what to do. I prayed that I would get caught and sent to jail rather than stay in the woods, but there it is – I am here! //They took us on some roads so that we couldn't determine where we were, took all our IDs, told us to wear some uglier clothes so that we didn't stand out... And they even hid us in an attic of a closed house. For four days we knew nothing of our future, we had nothing to eat, no place to shower, nothing. One day they just came and surprised us by saying – quickly, let's leave! Then they took us to the edge of a forest, threw us out of the bus... made us go and told us – run through this forest! And so we ran through the forest for about half a day, then we got to a field about 5 km wide, it was a ploughed field covered with snow and we ran over it at around 12 am at night and then we got to a river. The noise of running water would cover the noise we made while crossing the river. And all this happened in November... and this is how we got to the German forest. We were left there and just when we didn't know what to do two cars came, picked us up and drove us to Italy [laughs] (Female, 42, medical assistant, working as OSS)

#### *Struggle to build a life in Italy*

The interviews with the respondents provided insight on the struggle that Moldovan health professionals in Italy undergo to build a (professional) life. Although not reflected explicitly in the framework for analysis, this struggle influences respondents' choices regarding mobility (including return options) and therefore it is important to understand the related factors before moving to the stay factor (discussed in section 5).

Most of the respondents have gone through the same stages of adapting to their new status as other migrants or, in most cases, other illegal migrants: they have (or had) no secure job, no housing and great difficulties conversing in Italian. At the same time they were occupied with assisting their children to enter a new schooling system, and with arranging legal documents. Respondents often emphasized how much time, energy, frustration and money were expended on these processes. Those who aim to work as health

professionals in the Italian health sector struggle to obtain a diploma or to achieve recognition of their Moldovan diploma in Italy.

The different themes in the struggle are ordered according to the time line of respondents in Italy (first legal status, then diploma recognition, study etc.) However, some are cross cutting (e.g. financial struggles) and sometimes these processes run in parallel.

The extent to which the struggle finally influences the decision to stay (or not) in Italy was explained by a doctor whose husband decided to move back to the Republic of Moldova a week before her interview. She had been working on all the administrative issues required to stay in Italy:

*As I told my husband: you don't appreciate it because you haven't been through what others have, because you didn't have to pay the money they paid, because you didn't have to use routes like them – travelling in refrigerators. That's why I say you don't appreciate it [laughs]! (Female, 36; gastroenterologist, working as a physician)*

### Language

Most (15 of 17) respondents had not made an effort to learn Italian before their arrival in Italy. This causes problems such as difficulties defending their rights at work, *“Like, for example, when you can talk, you can defend your rights, tell them the way you want to be paid (..) and if you don't know the language they take advantage of you”* (Female, 29, nurse, working as locum nurse).

### Finances

All respondents reported their personal financial situation as a great concern (Table 4.3). Further, respondents reported that their relatives in the Republic of Moldova have no idea of the volume of expenses they face in Italy, arising from the following.

- High living costs (mentioned by all respondents).
- High taxes that have to be paid at the end of each year.
- Investment in housing: five respondents had bought apartments with bank loans.
- Cost (and additional costs) of children's schooling: one respondent complained that she had to send her child to an expensive private kindergarten as public kindergartens do not admit children who are not yet legalized in Italy.

- High study costs, especially for MDs who are required to attend university in order to obtain diploma recognition (see section on diploma recognition) (university fees and study materials).
- Legal and illegal costs related to diploma recognition (see subsection on recognition of diplomas): the former include payments for obtaining documents from various institutions and for translation of documents; the latter include payments to civil servants to obtain documents or to reduce waiting times for documents.
- Sending remittances: ten respondents mentioned that they send money regularly to relatives in the Republic of Moldova, four respondents stated that they keep all their money for their family in Italy. No-one would say exactly how much they provide to support their relatives. It seems not to be a constant sum of money, but parents in the Republic of Moldova are often supported with gifts. One respondent had covered the study costs of younger siblings.
- Respondents mentioned that they had set a (financial) target: enough money to buy an apartment in the Republic of Moldova. However, this financial goal proves difficult to reach and, often, respondents had initially hoped to stay in Italy for only a short period. Failure to hit this target had delayed their return.

**Table 4.3. Factors related to financial struggles**

Financial struggles	Quotes
High living costs in Italy	<p><i>Besides, here you need to spend some money to graduate, because a book costs at least €100. I cannot always read the Romanian books, because I lose a lot in the language difference. A year of studies costs €1800 and all the documents with it more or less €200. These are expenses that... anyway; if you don't work it is very hard to sustain these expenses.</i> (Female, 32; MD; following specialization in occupational medicine)</p> <p><i>We could afford to buy an apartment outside Torino. Nowadays you cannot accumulate as much money as we did before, we barely save something for the girls, we cannot change things around the house... If I tell you how much I pay for this house that is... it's just that nobody takes this into account! Back home everyone is like – ah, you must be so well off!</i> (Male, 38; MD specialized in pathological anatomy; working as a locum physician)</p>
Remittances	<p><i>[I] had to send remittances during the first years, now it's different. It's tough! I am glad that he and my brothers are well off in Moldova and don't need Italy.</i> (Male, 38; MD specialized in pathological anatomy; working as a locum physician)</p> <p><i>We bought an apartment here in Bologna two and a half years ago. Until two and a half years ago we used to send all our money home.</i> (Female, 37; nurse; working as OSS)</p>

Financial struggles	Quotes
Financial targets	<i>Yes, there was a period of time when all our salary was sent home – that’s because we still had the intention to finish the house and go back. This continued for four years. (Female, 37; nurse; working as OSS)</i>

### Legal status

The legal status of Moldovan health professionals in Italy is a very sensitive issue, which not all respondents felt able to discuss. During the interviews, none of the respondents noted that they had legal documents when they first arrived in Italy. Two respondents mentioned that it takes time and effort to obtain the necessary permissions, therefore it is difficult to find a job in the formal (legal) sector. Conversely, certain jobs offer the chance to obtain a residence permit. For example, a nurse who found a job according to her profession and based on her Moldovan diploma found that this did not help her to obtain the legal documents permitting her to stay in Italy. She took a second job (cleaning) for the purpose of obtaining a residence permit. Obtaining all the legal papers in the Republic of Moldova costs time – respondents reported at least one year. Although respondents mentioned that costs are involved in arranging the legal documents, no estimates can be made on the basis of the information obtained during interviews.

Even after finishing studies in Italy and receiving official permission to stay, respondents feel limited by the restricted opportunities offered on the Italian labour market due to their nationality or lack of EU/Italian citizenship. Respondents mentioned that, as non-Italian citizens, they are not allowed to work as family doctors in the public sector, for example.

Another problem relates to the legal status of respondents’ children and the fact that children are not officially allowed to move to Italy before their parents have legal status. This leads to problems when children need to enter the schooling system.

**Table 4.4. Factors related to legal status struggles**

Struggles with legal status	Quotes
Moving to Italy without a residence permit	<p><i>Which [hesitantly]...it is a fact that we all came clandestinely [very emotionally]. From all the Moldovans that reached Italy, very few of my acquaintances, I can't say it about everyone, came with a visa based on a job offer or... we all came clandestinely [on the verge of tears] and because of that we had no access to qualified work. (Female, 43, MD specialized in radiotherapy; working as emergency physician)</i></p> <p><i>But, basically, it takes, basically, a year to receive a legal status, a year and something. We filled in the request and we received the papers a year and three months later. And during this period you can't do much: neither go home, nor here, basically... you are legalized or not legalized. (Male, 42; MD specialized in anaesthesiology; currently specializing in thoracic surgery)</i></p>
Need for a second job in order to obtain a residence permit	<p><i>I... am working with an agency as a hospital nurse, and as a home-visit nurse – at home and privately. I do housecleaning because I need a contract and the agency wouldn't give me one. I found a contract myself so that I could renew the residence permit. (Female, n/a; nurse; currently training as OSS and working as locum nurse)</i></p>
Children that are not legalized	<p><i>A private kindergarten at €460! When I heard it I (...) I wanted to send her to a public kindergarten, but they wouldn't accept her because she hasn't a residence permit yet, as a child. (Male, 42; MD specialized in anaesthesiology; currently specializing in thoracic surgery)</i></p>
Fewer employment opportunities for non-Italian citizens	<p><i>Well, there is a lack of family doctors, but it's really difficult to get a position as a family doctor because first of all, you must be a citizen of Italy, and I got it only last year – that's why I am way behind. I made progress so slowly because I didn't have citizenship. (Female, 43; MD specialized in radiotherapy; working as emergency physician)</i></p>

### *Diploma recognition*

The trajectory that Moldovan health professionals have to follow in order to work in Italy according to their Moldovan professional qualifications begins with diploma recognition. Respondents reported that this includes even the secondary school diploma but the research team could find no official guidelines for this.

The respondents felt that diploma recognition involves a hard struggle in which it is not always clear which procedures to follow, especially for nurses, midwives and feldshers. None of the respondent nurses or medical assistants had succeeded in diploma recognition. One nurse mentioned that she sat the exam but it was difficult and she had not been successful. Two (of four nurses) reported that they had searched the Internet for information on possibilities for diploma recognition, without success.

Two respondents mentioned that diploma recognition was more difficult for nurses trained in the Republic of Moldova than for nurses trained elsewhere. Romanian nurses in particular were perceived to receive more favourable treatment: one unsuccessful respondent had studied in the same period and received the same diploma as a Romanian migrant who was granted recognition. One respondent mentioned that recognition of nursing diplomas is not always difficult for nurses from other non-EU countries, such as Albania.

*I don't know what the deal is but the difference between what we and Romanians study is barely existent. I graduated in '93 and the system was the same in '93 for both Romanians and us. (...) I sent my documents by post to Rome but when I went there in person to take them back I saw their attitude, very poor towards Moldovans! (...) Maybe it's true that so many Moldovan women send their documents back to Moldova, have 1000 additional study hours written down, and then send them back to Rome [laughs]. I will do this as well, because I am honestly tired of all this! (Female, 37; nurse; working as OSS)*

The MD respondents had followed a different procedure, as explained by Chaloff (2008:10):

*The recognition of non-EU medical degrees is a lengthy and cumbersome process, and while the Ministry of Health certifies degrees within a year of filing a complete application, it often takes applicants 5 years to assemble the appropriate documents. The exam for foreign-trained doctors is held every 6 months. An alternative is to enroll in the 6th year of medicine, take 7 exams and receive an Italian degree.*

Respondents and experts attest to the use of the European Credit Transfer and Accumulation System (ECTS), a standard for comparing the study attainment and performance of students of higher education across the EU and other collaborating European countries. This is used to facilitate transfer and progression throughout the EU. ECTS credits are awarded for successfully completed studies: one academic year corresponds to 60 ECTS credits that are equivalent to 1500–1800 hours of study in all countries, irrespective of standard or qualification type. The web site of the University of Bologna indicates that a *Laurea magistrale a ciclo unico* (single-cycle degree/combined bachelor's and master's in medicine and surgery) needs a total of 300 of a possible 360 ECTS credits.

The MD respondents described the diploma recognition procedure. Firstly, a translation of their Moldovan medical diploma is submitted to a medical faculty in Italy where they

first have to pass an exam. The faculty then calculates the number of study hours needed for recognition of the medical diploma. Respondents reported that different faculties have different procedures and validation processes but were not able to explain these differences in detail. One respondent mentioned that after passing seven exams he was told that he had to retake some. He said that this was a decision of the university with which he was enrolled. The same respondent (who received his medical diploma in the Republic of Moldova in 2005) reported that some of this misunderstanding could have been resolved if the English translation of the diplomas had been correct.

All the MD respondents mentioned that the final calculations show “hours (ECTS credits) missing”. These form the basis on which it is decided how many years of additional study are required at a medical faculty in order to receive an Italian MD diploma: three respondents described being placed in the fifth or sixth year of the university. The majority of the MD respondents complained about the (legal and illegal) costs of recognition procedures. Three also mentioned illegal payments required to obtain the necessary documents in the Republic of Moldova. The MD respondents showed less frustration with diploma recognition procedures than the nurses. A great majority (10 of the 11 respondent MDs) who went through the process of recognition had succeeded. Only one MD did not follow the recognition procedure:

*As for me, I didn't have the courage (for diploma recognition procedure). Just imagine, coming to a foreign country, where there is no-one you know, no-one to help (Female, 43; MD specialized as family doctor; working as OSS).*

None of the MD respondents with a medical specialization gained in the Republic of Moldova was granted registration for this medical specialization in Italy. Those who continue to work in the same field of specialization have either obtained registration by repeating their residency in Italy, or are employed without Italian registration in a private health institution.

#### *Moldovan health professionals and additional education in Italy*

Ten of the respondent MDs entered university to study for the missing ECTS credits required to obtain an MD degree in Italy. Two mentioned that they like the education system in Italy, the other eight respondents talked more about the course content and the struggle for financial survival during their years at university.

Five of the respondent doctors have succeeded in gaining a residency for medical specialization in Italy. Such positions are scarce and entry is dependent on success in a difficult and competitive exam.

*It was hard, really hard. You need to take this exam once a year and it is very hard – there are 500–800 students and only 30 places available (Male, 38; MD specialized in anatomical pathology; working as locum physician).*

Two of these five medical specialists continued with the specialization they had followed in the Republic of Moldova and three chose different medical specializations than those they had followed in the Republic of Moldova. These MDs were not granted recognition of their Moldovan diplomas and licences and in order to obtain recognition of their MD diplomas were required to pass the entire specialization in the Italian residency system.

All MD respondents had found it difficult to survive financially while studying at university and during their residencies for medical specialization. During studies for their MD diplomas they had undertaken all kinds of work in the formal and informal system, mostly outside the health sector. During their residencies, most worked as locum physicians: for example, in an emergency department. Yet, most respondents feel that the final result justified the challenges they had encountered:

*But if I hadn't made it to the specialization it would have been very hard to find a job... very hard... I would have never had as many opportunities as I have now and the possibility to see how a European hospital works or how a university here works. (Female, 32; MD; following specialization in occupational medicine)*

One MD specialized as a family physician in the Republic of Moldova, and one midwife is currently training to become an OSS; three nurses and a medical assistant are already working as OSSs. These respondents encountered few problems entering this profession as their Moldovan diplomas were upgraded with only a minimum of extra training.

*Yes, luckily, the Emilia-Romagna region had a project for people in the health-care field who came from former USSR republics and I did a course... Normally you must study 1000 hours to become an OSS, we had only 300 hours because we have credits in the health-care field. (Female, 37; nurse; currently working as OSS)*



## *Labour market for Moldovan health professionals in Italy*

For the purposes of this study, the jobs that respondents found in Italy are divided into jobs inside and outside the health sector, and into formal and informal jobs. A formal job inside the health sector is defined as one for which a diploma is required (e.g. doctor, paramedic, OSS). An informal job in the health sector is defined as, for example, caring for an elderly person while living with them at their home. These informal jobs are often performed by migrant health professionals who lack the legal documents required in Italy.

All respondents started their work in Italy in the informal sector, mostly outside the health sector (e.g. dishwasher, housecleaner), and as *badanti* in the (informal) health sector. Even after starting their diploma recognition studies or residencies for specialization, MD respondents continued with such jobs as studying is expensive and the income was vital. Annex 1 provides an overview of the jobs performed by the various health professionals both in and outside the health sector.

Respondents needed to find jobs and accommodation as soon as they arrived in Italy. Nine respondents mentioned that they worked as live-in *badanti*. One respondent noted that the families of elderly people take advantage of the medical training of the Moldovan health professionals and they perform medical interventions even though they are not registered in Italy.

*And I... they mostly hired me because I was medically qualified. I did IVs and injections and administered her medications on time and changed her dressings, I did all kinds of stuff. I did this based on my studies. (Female, n/a; medical assistant; working as OSS)*

Three respondents mentioned that they had found a job by paying (e.g. half of their first month's salary) other (legal) migrants. One respondent mentioned that she had also "sold" jobs. Another respondent noted:

*A Ukrainian lady that was an acquaintance of my mother-in-law told me: 'I have found you a job and I made it €1000 but you'll have to give me half of your first salary!'* (Female, n/a; midwife; training as OSS, working in housecleaning).

## MDs

The MD respondents found jobs quite easily after receiving their Italian medical diplomas as medical specialization is not required to enter this labour market in Italy. However, respondents reported that job conditions were not always satisfactory and it was difficult for non-Italian citizens to enter the public health sector. Most respondents are working in private health institutions on temporary/freelance contracts that often do not provide entitlement to sick leave and maternity leave, for example.

## *Nurses, midwives and paramedical practitioners (medical assistants, feldshers)*

Three of the four respondent nurses are employed as OSSs. Although many OSS jobs are available, respondents often find the working conditions less than satisfactory: many night shifts, 24-hour cover, vague contracts and the requirement to be on call when other nurses fall sick. In addition, one respondent abandoned the health sector and now works as a housecleaner.

Despite feelings of frustration, and given the absence of alternatives, several respondents have come to accept the need to work below their professional level. Two respondents enjoy their new positions, as one explained:

*I have an undetermined length of work contract, I am paid my salary ...I mean I get a salary every month, it isn't held back, nothing of the kind! I have all I need: holidays, sick leave – all is legal, I have no problems – I am a content person! (Female, n/a; medical assistant, working as OSS)*

## *Stay factors*

As mentioned previously, eight of the 17 respondents had originally intended to migrate to Italy for a limited period but had struggled for many years to establish themselves in Italy and make ends meet.

**Family** is an important factor for staying in Italy: five respondents said that their children are the reason for not going back. Some children are said to have no interest in the Republic of Moldova; some speak Italian better than Romanian. Also, study opportunities (especially for children) are perceived to be better in Italy. Two respondents mentioned that nearly all their near family already live in Italy (mother, children); one

respondent has an Italian partner, and one respondent mentioned that her partner has a very good job in Italy.

After years of struggling, the respondents noted that they have started to appreciate the way of life in Italy, the beautiful country, the **good education system for children** and the **health-care system** (from a consumer's perspective). The long struggle influences the stay factors as time passes and realities change: Italy has become home; vacations in the Republic of Moldova are less appreciated by children; and migrant parents do not always find what they expect in the Republic of Moldova. All the respondents have lived in Italy for over five years and can explain without hesitation why they prefer to stay.

The respondents mentioned that they meet through diaspora associations and celebrations. They also receive assistance from diaspora organizations and one respondent has started her own diaspora association.

All respondents consider that their **financial situation** has improved considerably over the years, or at least is better than their situation in the Republic of Moldova. Money earned is invested in education or property in Italy (see section on struggle to build a life). Respondents with recognized (or new Italian) diplomas would like to stay in Italy as they are quite satisfied with their jobs, especially the earnings.

Seven respondents were vehement that various aspects of the **Italian health system are superior** to those in the Moldovan system. These include the equipment and medications available; promotion of healthy lifestyle among patients; greater respect from patients; and the collegial relationship between colleagues. Rumours that Italian specialization is not recognized in the Republic of Moldova (some specializations do not even exist there) had made some respondents with medical specialization in Italy hesitate about thinking of a return.

After years of struggle, the majority of respondents are **satisfied with their jobs** (Table 4.5). This is especially true among the MDs who work more or less in their original profession. The role of an OSS has become an attractive alternative to work as a live-in carer (less isolated, fewer responsibilities, salary comparable to that of a nurse). As noted earlier, two respondents have accepted that they will never return to their old profession and have started to appreciate their jobs.

**Table 4.5. Stay factors among Moldovan health professionals in Italy**

Stay factors	Quotes
Family and personal factors	<p><i>I don't have any other family members – my mother and the children came here, too. I haven't got any sisters or brothers. My whole family is here.</i> (Female, 36; MD specialized as family physician; working as locum physician)</p>
Appreciation of Italian lifestyle and health system and integration in Italy	<p><i>Lots of travel, eating healthily – this is important for people here and we still have to learn that.</i> (Female, 32; MD specialized in anaesthesiology; working as physician)</p> <p><i>Honestly speaking we've integrated here in Italy, we've found our conationals who we spend our free time with very well, we are content [smiles].</i> (Female, 37; medical assistant; working as OSS)</p> <p><i>Yes, it's better ... to give birth here, a lot better! I'm telling you the attitudes and everything // antenatal care/delivery is better in Italy.</i> (Female, 32; MD specialized as emergency physician)</p> <p><i>Until then, we have support from the diaspora (i.e. Bureau for Diaspora Relations) and Lutenco (i.e. Director of the Bureau) and the support of the Bologna Consul.</i> (Female, 32; MD specialized in anaesthesiology; working as physician)</p>
Financial factors	<p><i>We've already got a loan contract with one of the banks in Bologna // We've bought an apartment and... I think, for the next 13–14 years we are compelled to...to be here.</i> (Female, n/a; midwife; currently working as OSS)</p>
Professional factors	<p><i>I think the Italian health system is superior to the Moldovan one // Now that I've been away for five or six years, I don't know what's happening. But at the time I was there, I can say for sure that... inferior... to the Italian system.</i> (Female, 37; medical assistant; working as OSS)</p> <p><i>First of all, I give Italy some credit in this case. I mean they give us more guarantees and possibilities even though... the times have changed around here as well, you never know what will come. But anyway, a specialization like mine does not even exist in Moldova, so I'll have to stay here.</i> (Female, 32; MD; following specialization in occupational medicine)</p> <p><i>I can honestly say that I've come to terms with the idea that I won't be able to work as a nurse, I cannot work in the field of medicine and I have abandoned my desire to do so... Of course it's a pity and I do wish to work according to my qualifications, according to my studies – it is my dream! But if I don't have the possibility to do it I could get over this dream and concentrate on what I do, and I find pleasure in it. I do my work with all my heart.</i> (Female, 37; medical assistant; working as OSS)</p>

The Republic of Moldova experiences enormous brain drain caused by outmigration of health professionals to other countries. The qualitative survey does not add new quantitative information on this phenomenon, but explores the reasons for this brain drain and the possibilities for turning this into brain circulation through diaspora health professionals' willingness to return.

**Table 4.6. Comparison of highest educational qualification and current employment**

Code	Qualifications in Republic of Moldova	Qualifications in Italy	Qualifications (highest)	Current job	Brain waste
07c	MD, specialized as GP	OSS training	MD, specialized as GP	Maternity leave, currently training as OSS	Brain waste
05a	MD, specialized as emergency physician	MD, specialized as emergency physician	MD, specialized as emergency physician	Specialized as emergency physician	Total application of skills
10	MD, specialized in gastroenterology	MD (six years of university)	MD, specialized in gastroenterology	<ul style="list-style-type: none"> <li>Physician in private institution (night shifts)</li> <li>Internist at private institution</li> </ul>	Partial application of skills
01	MD, specialized in anaesthesiology and reanimation	MD (six years of university)	MD, specialized in anaesthesia and reanimation	<ul style="list-style-type: none"> <li>Anaesthesiologist in private clinic</li> <li>Physician in emergency services</li> </ul>	Total application of skills
02	MD, specialized as GP	MD (six years of university)	MD, specialized as GP	Freelance physician: locum and night shifts	Partial application of skills
08a	MD, specialized in anaesthesiology and reanimation	MD, currently specializing in thoracic surgery	MD, specialized in anaesthesiology and reanimation	Currently following specialization in thoracic surgery	Partial application of skills
09	MD (six years of university)	MD, specialized in radiotherapy	MD, specialized in radiotherapy	Physician in emergency department	Partial application of skills
05b	MD (six years of university)	MD, specialized as GP	MD, specialized as GP	<ul style="list-style-type: none"> <li>Private physician (private practice)</li> <li>Physician in rehabilitation centre</li> </ul>	Partial application of skills

Code	Qualifications in Republic of Moldova	Qualifications in Italy	Qualifications (highest)	Current job	Brain waste
06	MD (six years of university)	Following specialization in occupational medicine	MD	<ul style="list-style-type: none"> <li>Following education for medical specialist in occupational medicine.</li> <li>Working freelance as physician in emergency department</li> </ul>	Partial application of skills
03	MD specialized in anatomical pathology	MD	MD specialized in anatomical pathology	<ul style="list-style-type: none"> <li>Locum for family physicians.</li> </ul>	Partial application of skills
8b	MD	None	MD	Unemployed	Brain waste
11	Nurse (three years of nursing college)	OSS diploma	Nurse (three years of nursing college)	OSS in retirement home	Brain waste
04a	Nurse (three years of nursing college)	OSS diploma	Nurse (three years of nursing college)	Locum OSS in retirement homes, agency contractor	Brain waste
04b	Paediatric nurse, specialized in physiotherapy, massage and kinesiotherapy	OSS diploma	Nurse specialized in paediatrics, kinesiotherapy and physiotherapy	OSS	Brain waste
12	Medical assistant (three years of nursing college – incomplete higher education)	OSS diploma	Medical assistant (three years of nursing college)	OSS in retirement home	Brain waste
07a	Nurse (three years of nursing college)	Training as OSS	Nurse (three years of nursing college)	<ul style="list-style-type: none"> <li>Locum hospital and home-visit nurse (no contract) and housecleaning</li> <li>Part-time nurse (diploma not recognized)</li> </ul>	Brain waste
07b	Midwife (three years of nursing college)	Training as OSS	Midwife (three years of nursing college)	<ul style="list-style-type: none"> <li>Housecleaning</li> <li>Currently training as OSS</li> </ul>	Brain waste

Table 4.6 shows that eight of the respondents are not working according to their qualifications from the Republic of Moldova, indicating that there is real brain waste. Of those eight, two had qualified as a doctor and family doctor, respectively, in the Republic of Moldova; and six held nursing, midwifery or medical assistant diplomas. The majority of

medical specialists were unable to obtain recognition of their specializations. However, three of these medical specialists use their (Moldovan) competencies as a medical specialist or nurse in private institutions in Italy: (i) gastroenterologist working as an internist in a private practice; (ii) anaesthesiologist working as anaesthesiologist in a private practice; and (iii) nurse working as a freelance nurse in a private institution. The latter was unable to obtain a residency permit through her professional job (but could have done so by working as a cleaner) so this is recorded here as brain waste. The analysis reveals that paramedical personnel are more likely than MDs to experience brain waste.

### *Willingness to return to Republic of Moldova*

Only a few respondents showed a motivation to return to the Republic of Moldova. One respondent thought that she would return as her husband did not wish to stay in Italy. Two respondents still feel such close ties with the Republic of Moldova that they aim to return.

*I hope so...to return home. We hope, regardless of how our country is now, it remains our country (Female, 32; MD specialized in anaesthesiology; working as anaesthesiologist in private clinic and as emergency physician)*

The majority of respondents feel that there is little to attract them to return to the Republic of Moldova. This relates to issues such as children's educational prospects; a poor financial situation; and no family members remaining there (see stay factors). A return to the Republic of Moldova as a professional health worker is perceived to be a viable option only if the salary will increase in line with living expenses. All the respondents mentioned that if they return they would want to work according to their highest qualification. This would include specializations acquired in Italy but there is uncertainty regarding the recognition of these qualifications in the Republic of Moldova. There is also some doubt whether Moldovan colleagues back home would appreciate the new skills:

*I'd love to bring back my knowledge to the country, but I don't know how it will be received by others, by colleagues, by... so that's how it goes, it is difficult to make the step! First of all they don't know you and second many may not agree with your experience. But I think that our people could use my experience in anaesthesiology and reanimation, because over there they don't study pain therapy. (Female, 32; emergency physician; working as locum GP)*

Three of the nurses who have never worked in that capacity in Italy noted that they would like to work according to their Moldovan qualifications. According to one respondent, their significant experience as OSSs could be shared in a teaching activity in the Republic of Moldova but none are interested in working as OSSs there. However, they worry whether they would be able to return to their original profession when they have not practised for the last five years.

Most respondents doubt whether they would be happy working in the Moldovan health system. This scepticism is driven by their observations during holidays and their memories of working in there:

*Now, when I pay a visit to my parents I get greatly alarmed by the quality of health services in the country. There is a lot of corruption (...) when somebody was hospitalized on one occasion and I went to visit them, my parents forbade me to even let slip, by mistake, that I work abroad! (Female, 37; general nurse; working as OSS)*

Working with patients in the Republic of Moldova is deemed to be less than satisfying, especially among MD respondents:

*Back home people can't appreciate good doctors...when we come home, we wonder what is going on! Our people think that you owe them something! The doctor owes them everything and that's all! (Male, 38; MD specialized in pathological anatomy; working as locum physician)*

A large proportion of the respondents would like to be involved in exchange schemes that would use their newly learned skills. However, some doubt whether their competences would fit in the Moldovan health system:

*If I go there and explain to a doctor how they need to work and what they need to do while the doctor doesn't even have the possibility to perform dialysis on the patient. It's like telling a doctor during wartime – turn your lights on, perform a surgery in sterile conditions! I mean, here in Moldova it's the same – I would ask of them things that don't exist! (Female, 32; MD; following her specialization in occupational medicine)*

One nurse mentioned that she wanted to gain experience in her professional field.

*I would, because I've totally regressed here in Italy. In 5 years I've regressed so much – I'm back to zero! Only according to my profession (Female, 54; nurse specialized in paediatrics, kinesiotherapy and physiotherapy; working as OSS).*



One group has already considered an exchange:

*We've already planned this as part of the association (Renasterea). It's just that for now the plans are all on paper (Male, 39; MD specialized as family physician; family physician).*

Three MDs would not want to be involved in such schemes: they have built up a life in Italy and do not know whether it would be disrupted by their absence from Italy.

### *Policy suggestions*

Moldovan health professionals in Italy provided suggestions on how Moldovan policy-makers might attract people to return to the Republic of Moldova or assist them to work according to their qualifications in Italy. These suggestions can be divided into three areas. Firstly, improved salaries for health workers. Secondly, fair treatment regarding health insurance policies, so that health professionals would not be required to pay health insurance premiums during temporary returns to the country (e.g. use private services rather than the national health service for one month stays). Thirdly, the Moldovan government could assist by simplifying diploma recognition procedures.

*Yes, if only it were possible to simplify the diploma recognition procedure... because there are Albanian girls who are also not EU citizens and they can still work as nurses; I don't understand why we from Moldova cannot... There are so many Moldovans here and I hear very many Italians regretting that we cannot... They say we do a great job, at a very high level, we know how to behave and we do our job well – it's a pity that we cannot work as nurses! (Female, 37, general nurse, currently working as OSS)*

## **4.2 Quantitative study component: Italy**

### **4.2.1 Summary**

#### *Respondent profile*

Of the 104 respondents in the Italy quantitative study, the majority (53%) live in the north. They arrived in Italy between 1997 and 2013; those who arrived in 2012 and 2013 are all aged 35 years or less. Respondents have resided in Italy for between 10 months and 15 years; most (83%) are female. Almost one third of respondents are aged 35 years or less; just over one third are between 36 and 45 years; and almost one third are 46

years or more. Respondents have educational backgrounds as doctors (41%), including specialists; nurses (35%); midwives (11%); feldshers (5%); public health specialists (2%); and laboratory specialists (6%). In addition to Moldovan citizenship, almost half of respondents also hold Romanian citizenship and a few hold Italian citizenship.

#### *Push factors: leaving Republic of Moldova*

The most frequently reported reasons for leaving the Republic of Moldova are dissatisfaction with salaries (85%) and with the general economic condition (72%); and unsatisfactory living conditions and infrastructure (55%). Around one quarter to one third of respondents also note the following reasons for leaving: political structure; inadequate work conditions (e.g. medical equipment); dissatisfaction with the Moldovan medical system; limited opportunities for professional and personal development (also for family); and the desire to start a new life. The latter is particularly common amongst respondents aged 35 years or less. The social networks of respondents are generally supportive of migration. Family and friends are the most supportive groups but only a minority of supervisors/managers and patients expressed disapproval. Family and friends provide considerable support such as information on jobs, legal migration and diploma recognition, as well as care for dependent family members in the Republic Moldova (e.g. elderly parents, children).

#### *Pull factors: choosing Italy*

Most respondents (80%) chose Italy because of existing social networks of family and friends there. Around one half also expected to improve their financial condition by going to Italy (56%). More respondents (31%) cite the expectation of job opportunities outside the health sector as a reason to move, compared to the number of respondents who expected a job in the health sector and/or expected that their career would improve. Only a few respondents had a specific job offer prior to migration (outside the health sector). Personal and family reasons played a role (e.g. partner in/from Italy) for a minority of the respondents. Only one person had obtained a study scholarship in Italy prior to departure. Younger respondents had slightly higher career expectations, more often expected to work in the health sector, and less frequently expected to improve their financial situation.

### *Preparations and initial period in Italy*

Prior to departure, most respondents had obtained information about jobs outside the health sector, legal migration options and offers of rental accommodation. In preparation for migration, the majority of the respondents accessed their migrant network in Italy and around half of the respondents learned, or started to learn, Italian. Around a third of respondents informed themselves about Italian society and culture and searched for accommodation; around one fifth also prepared by researching or starting the diploma recognition procedure or seeking Romanian citizenship. The 36–45 age group made more contacts with the Moldovan network before migration. Younger people were more often in possession of Romanian citizenship, and more often learnt Italian prior to departure; respondents aged 46 or over mentioned that they applied for Romanian citizenship to facilitate their migration.

The majority of respondents consider that their experiences have been completely or partly in line with their expectations. However, respondents were divided quite equally between those who found integration easy, those who found it neither easy nor difficult, and those who found it difficult. The most common challenge that respondents encounter is the need to send home a large proportion of income as remittances and/or to cover personal expenses (e.g. debts or property) in the Republic of Moldova. Other challenges encountered by a third of more of the respondents include being unable to work according to their professional qualifications; difficult and lengthy work and residence permit procedures; or lengthy periods of unemployment. Just under one third of respondents had to pay other migrants in order to secure a job offer and/or residence permit.

In terms of social and support networks when in Italy, the majority of respondents communicate occasionally with fellow Moldovans, around a third communicate actively. Just over one third of respondents have no communication with their conationals and most respondents communicate actively with Italians. Only a few respondents are members of diaspora associations and/or received support from them during their initial stay in Italy.

### *Obstacles in finding employment*

More than half of the respondents noted the lack of an Italian diploma or professional qualifications as an obstacle in finding a job; one third of respondents noted a lack of EU citizenship. Over time, the majority of respondents have engaged in a broad variety of jobs outside the health sector; a quarter of respondents have not worked in the health

sector since their arrival. Almost half of respondents have worked without a work permit at some time and the majority of respondents do not have a diploma that is valid in Italy. Only around a third of the respondents, mostly doctors, note that they have successfully completed the diploma recognition procedure. The reasons cited for not completing this process are: deciding to follow another professional path; being discouraged by the difficulties linked to diploma recognition; and deciding to dedicate resources and time to family members. Those who have undertaken the diploma recognition process encountered difficulties arising from high costs, lack of clear information and the requirement for extra study years. Respondents' primary information sources on diploma recognition were Italian authorities and/or information sites. Around half of the respondents also used their migrant network and a third accessed Moldovan official information.

### *Current jobs and brain waste*

Respondents can be classified according to their current employment: (i) just under half are working in the health-care sector (e.g. ambulance workers, self-employed surgeons, nurses); (ii) just over a quarter are working in the care sector (e.g. domestic carers, OSSs), (iii) one quarter are working in other sectors (e.g. catering and building); and (iv) a small proportion of respondents are unemployed, on maternity leave or studying. Among those who work in the health sector, the majority currently work according to their level of qualification. This also means that, in total, only around a quarter of all the respondents are working according to their qualification in the health sector. The latter is more common amongst doctors (40%) than among nurses (14%) and other health professionals.

### *Reasons to remain in Italy: stay factors*

Almost all respondents consider themselves integrated in Italian society. The majority of the respondents note better medical services for family members, a satisfactory income and the Italian lifestyle as the main reasons to stay. In addition, around half of the respondents cite better development opportunities for children, satisfaction with their current job and the presence of family members in Italy. Interestingly, just under half of the respondents feel that they will be able to find a job in Italy that is better than their current employment and/or do not want to invest efforts in migrating again. Around two thirds of the respondents send remittances to relatives in the Republic of Moldova. Just under one third report that they feel that their relatives depend on the funds they send; over one third note that they choose to send money occasionally although their relatives are not dependent on it. While some have no need to send remittances, others

are unable to do so because of their other expenses or insufficient income. Amounts sent vary significantly, at between €30 and €1500 per month, but the average reported is €324 per month. Younger respondents more often note that their families are financially independent, while respondents aged over 45 most often note that their families in the Republic of Moldova depend on their income.

### *Temporary or permanent return plans*

Around a quarter of respondents note that they would be interested in an exchange scheme. A larger group is undecided, noting that they would need more information and/or don't know. Only a few state that they are not interested. The main factors that would motivate over half of respondents are: remuneration, continuation of Italian salary, a clear objective, provision of accommodation, and positive attitudes from their Moldovan colleagues. Respondents who are currently working outside the health sector or are unemployed indicate longer periods of availability for exchange schemes.

The reported return intentions of respondents can be divided into three groups: (i) those who are undecided (just over one third); (ii) those who do not want to return (around one third); and those who are planning to return to the Republic of Moldova at some point (just under one third). Of those who plan to return, just over half intend to do so within the next one to five years. The over-45 age group indicated the highest number of intentions to return to the Republic of Moldova.

Quoted by 43% of respondents, the major factors that would encourage a return now are: the Moldovan lifestyle and atmosphere; family members needing the respondent in the Republic of Moldova; and greater professional satisfaction in the Republic of Moldova. Changes in their lives in Italy might also trigger return for over half of the respondents. These include a lack of a job outside the health sector or an increase in everyday expenses. It should be noted that lack of a job inside the health sector is mentioned much less often as a reason to return (31%). The most common factors that discourage respondents to return to the Republic of Moldova are economic instability and corruption and insufficient salaries. In addition, around half of the respondents are discouraged by the political instability and the prospect of having to build a new life in the Republic of Moldova.

### *Respondents' suggestions for change*

Respondents' suggestions for changes that would encourage their return can be divided into: (i) work-related factors (66%) including – simple regulations for opening a private practice in the Republic of Moldova, salaries proportional to expenses, better medical equipment, higher retirement age, and pensions proportional to monthly expenses; (ii) sociopolitical factors (42%) including – political and economic stability, political union with Romania, free circulation within the EU, and less corruption; and (iii) personal and social factors (18%) including – partner or children taking a new interest in the Republic of Moldova, homesickness, desire to return, retirement, social mentality becoming more open. In addition, between around one quarter and one half of the respondents think that they could be encouraged to return by health system changes such as increasing transparency in the decision-making process, more respectful attitudes from patients, respect among colleagues, and social health campaigns.

## **4.2.2 Detailed findings**

### *Respondent profile, geographical distribution and mobility*

**Sex.** The majority of the 104 respondents are *females* (83%) (85 female, 17 male, two did not indicate their gender).

**Age:** 5% (5 of 104) are under 25 years; 25% (26) are between 26 and 35 years; 38% (40) are between 36 and 45 years; 23% (24) are between 46 and 55 years; 9% (9) are over 55 years.

**Educational background:** 41% (43 of 104) of respondents trained as doctors, 18 of whom followed a medical specialization and/or residency in the Republic of Moldova. Other key groups are nurses (35%, 36), midwives (11%, 11), feldshers (5%, 5), public health specialists (2%, 3) and laboratory specialists (6%, 6).

**Year of arrival.** The data indicate a slow increase in migrant numbers, with peaks in 2002 (14%) and in 2004 (9%). Respondents (103) have resided in Italy for between 10 months and 15 years, with an average of 12 years.

**Current employment.** The data show four distinct groups of professionals:

1. working according to their professional qualifications (medical specialists, post-graduate researchers, nurses, midwives) – 35% (36 of 103);

2. working as qualified health workers but not according to their level of qualification (e.g. doctors working as nurses, nurses working as nursing assistants) – 30% (31);
3. working outside the health sector (catering, housekeeping, own business) – 24% (25);
4. currently studying (students) or unemployed – 12% (13).

**Nationality.** In addition to Moldovan citizenship, 45% (47 of 104) of the respondents hold Romanian citizenship and a minority (4%) hold Italian citizenship. The numbers show variations by age groups (Table 4.7).

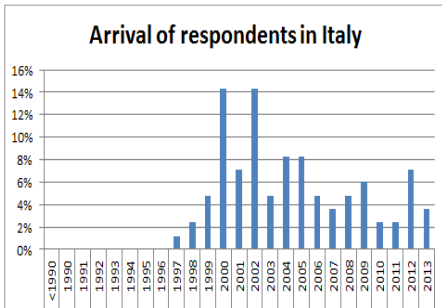
**Table 4.7. Respondents' citizenships, by age groups (n=104)**

Citizenship	Age groups (years)		
	≤ 35	36–45	≥46
	(%)	(%)	(%)
Republic of Moldova	97	98	100
Romania	71	33	36
Italy	3	5	3

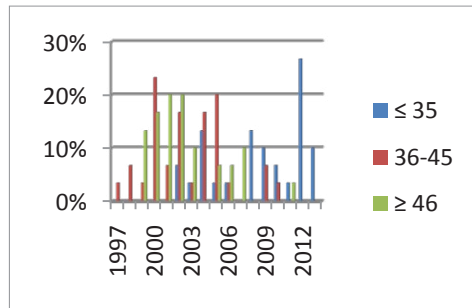
**Geographical distribution.** Moldovan health professionals show uneven distribution by current region of residence in Italy. The majority of respondents (53%, 55 of 104) live in northern Italy, an acknowledged destination for Moldovan migrants (e.g. Emilia-Romagna, Veneto, Piemonte). The second largest number of respondents live in central Italy (19%, 20), with large groups in Lazio and Toscana. The smallest number of respondents live in southern Italy. Recruitment for this SAQ relied to a large extent upon personal contacts of the subcontracted team in Italy. The team visited centres with large populations of Moldovans, such as Rome, Torino, Padova and Parma.

**Mobility.** A slow but steady increase in migration began in 1996, peaking in 2000 and in 2002. Italy continues to be a popular destination for respondents aged 35 or less (see Figs. 4.1 and 4.2): all respondents who arrived in Italy in 2012 and 2013 were in this age group.

**Fig. 4.1. Year of migration to current country of residence: Italy (n=103)**



**Fig. 4.2. Year of migration to current country of residence: Italy, by age groups**



Consistent with the data above, respondents' length of stay in Italy ranges between 0 and 13 years; older residents show the longest stays in Italy.

*Push factors*

In the quantitative study, push factors for health professionals arise both within and beyond the health system. Factors endogenous to the health-care system include low remuneration levels, inadequate human resource planning, poor infrastructure and sub-optimal working conditions. Exogenous push factors are related more to political and socioeconomic factors in the Republic of Moldova.

The three most frequently reported reasons for leaving the Republic of Moldova are: (i) dissatisfaction with salaries (85%, 81 of 95) and with the general economic condition in the Republic of Moldova (72%, 68); (ii) unsatisfactory living conditions and infrastructure (55%, 52); and (iii) dissatisfaction with the political structure (37%, 35). Respondents also mention inadequate working conditions (e.g. medical equipment) (35%, 33), dissatisfaction with the medical system (26%, 25) and a lack of professional development opportunities (25%, 24) in the Republic of Moldova. Important push factors for some respondents include the desire to start a new life (36%, 34) and limited opportunities for personal development (26%, 25). Respondents also mention limited opportunities for study or for diploma recognition (outside the Republic of Moldova) for studies followed in the Republic of Moldova for both themselves (15%, 14) and their family members (27%, 26). Individual comments mention the 2002 legalization for irregular migrants (i.e. *sanatoria*) as a determining factor for migration.



Analysis by age shows that those aged 35 or less are driven equally by a desire to start a new life and dissatisfaction with the general economic situation in the Republic of Moldova (68%). The 36–45 age group identifies more of the factors concerning dissatisfaction with the situation in the Republic of Moldova than their younger and older colleagues – dissatisfaction with salary, dissatisfaction with working conditions, unattractive living conditions, limited development opportunities for children, insufficient medical services for family members, dissatisfaction with the political system in the Republic of Moldova, and dissatisfaction with the Moldovan health-care system (Table 4.8).

**Table 4.8. Main push factors for respondents, by age groups (n=95)**

Motivation to migrate	Age group (years)		
	≤ 35 (%)	36–45 (%)	≥46 (%)
Desire to start a new life	68	32	16
Desire to contribute to humanitarian causes	8	3	6
Lack of personal development opportunities	48	29	6
Lack of professional development opportunities	28	32	16
Dissatisfaction with salary	60	95	94
Dissatisfaction with working conditions (e.g. equipment)	28	47	25
Unattractive living conditions (infrastructure)	56	63	44
Limited study opportunities (limited recognition of Moldovan diplomas in the EU)	24	18	3
Limited development opportunities for my children (quality of education, infrastructure)	16	37	25
Insufficient medical services for my family members	12	24	3
Dissatisfaction with general economic state of Republic of Moldova	68	79	66
Dissatisfaction with political system in Republic of Moldova	36	55	16
Dissatisfaction with Moldovan health-care system	16	37	25

### *Role of social network in decision to migrate*

In the quantitative study, all groups of networks (family, friends, clients/patients and colleagues) generally encouraged respondents to migrate. Family and friends were most supportive of migration (58% on average, 59 of 92); supervisors/managers and patients were the most disapproving (14% on average, 14). Respondents aged 46 or over were more often not encouraged to migrate by family members (12%, 11) and managers

(18%, 17) compared to younger respondents, 0% and 10% (9) respectively. Respondents aged 45 years or less were more often encouraged to migrate by their family and friends. Compared to the two older age groups, the youngest respondents were twice as likely to be encouraged to migrate by study colleagues (29%, 28 vs. 17% average for the other two groups) (see Table 4.9).

Many respondents answered “Don’t know”, to the question on who encouraged or did not encourage them to migrate, particularly with regards to the opinions of patients and colleagues. One possible explanation for this is that the respondents did not inform patients and/or colleagues about their intention to migrate and thus did not elicit any encouraging or discouraging remarks.

**Table 4.9. Social network response, by age groups (n=92)**

Social network group	Encouraged me to migrate (%)	Neutral attitude (%)	Did not encourage me to migrate (%)	Don't know (%)
<i>≤35 years</i>				
Family/relatives	58	23	0	0
Friends/acquaintances	61	13	0	3
Patients	13	16	3	29
Colleagues	19	26	3	19
Manager/supervisor	6	13	10	32
Study colleagues	29	13	0	29
<i>36–45 years</i>				
Family/relatives	53	33	8	0
Friends/acquaintances	60	23	0	5
Patients	10	23	5	43
Colleagues	23	45	8	10
Manager/supervisor	3	38	10	25
Study colleagues	18	20	0	43
<i>≥46 years</i>				
Family/relatives	61	18	12	0
Friends/acquaintances	45	27	3	6
Patients	3	24	21	33
Colleagues	21	24	15	15
Manager/supervisor	3	30	18	27
Study colleagues	15	21	0	36

Family and friends, often residing in Italy, provided considerable useful information on jobs (46%, 39 of 85), legal migration (44%, 37) and diploma recognition (25%, 21) opportunities. Additionally, family members provide significant support in caring for dependent family members (51%, 43) in the Republic of Moldova (e.g. elderly parents, children) (Table 4.10). Professional contact groups (colleagues, patients, managers/supervisors) informed respondents on alternative solutions to migration (9%, 8) and keeping their jobs open for respondents during their migration (12%, 10).

**Table 4.10. Social network support for decision to migrate, by age groups (n=85)**

Reaction per social group	Age groups					
	≤35 (%)		36–45 (%)		≥46 (%)	
	Family	Friends	Family	Friends	Family	Friends
Offered alternative solutions to migration	21	21	3	12	7	14
Were against migration but respected my decision	11	5	21	18	17	10
Were against my decision and it caused a conflict	5	0	6	0	10	0
Informed me about legal migration procedure to the EU	26	74	24	27	10	48
Informed me about job/accommodation opportunities in the EU	53	47	36	42	10	55
Informed me about diploma recognition procedure in the EU	5	32	21	21	3	26
Informed me about study/scholarship opportunities in the EU	5	26	12	18	3	24
Helped me keep my job during my migration	5	5	0	0	0	0
Helped me with care arrangements for dependent family members (e.g. children, elderly and/or those with disabilities)	42	11	58	12	62	17

### *Pull factors*

The quantitative study indicates the frequency with which the various pull factors were important influences on respondents' decision to migrate.

- Existing **social network** of family and friends in Italy – 80% (74 of 93).
- Expectation of **improving their financial condition** – 56% (52).
- Expectation of **improving their career** – 20% (19).
- Expectation of **job opportunities** available in both the health sector (14%, 13) and other sectors (31%, 29) – however, only 4% (4) had a specific job offer and none had a specific job offer in the health sector before departure. Two respondents noted that they left with “their eyes closed, taking the chance”. None of the respondents were signed up by a recruitment agency.
- **Personal and family reasons** – 17% (16) respondents migrated because their partner was already in, or wanted to migrate to, Italy and 6% (6) have an Italian partner.
- **Study opportunities:** only 1% (1) of respondents had secured a study scholarship in Italy prior to departure.

There are few remarkable differences between the age groups (Table 4.11). Younger respondents more often mentioned the social network and expectation of better career opportunities as principal reasons for choosing Italy. Expectation of improving their financial status was more important for the 36–45 age group.

**Table 4.11. Pull factors, by age groups (n=93)**

Pull factors	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Friends/relatives in Italy	92	78	69
Partner wished to migrate to/is currently in Italy	13	27	13
Partner is Italian	13	5	3
Expected to improve my financial state	38	73	53
Offered a scholarship in Italy	4	3	0
Expected better career opportunities in Italy	29	16	19
Learned about health sector job options available to Moldovans	21	11	13
Learned about job options available to Moldovans outside health sector (e.g. care, catering)	29	30	34
Received specific job offer in Italian health sector prior to departure	0	0	0
Received specific job offer in another sector of Italian economy	4	5	3
Selected by recruitment agency	0	0	0
Expected my children to have better development opportunities in Italy	13	19	19

## Preparation for migration

In the quantitative study, the health professionals were asked whether they were sufficiently informed about certain topics prior to migration to Italy. This question received the following frequency of responses concerning information on:

- job offers outside the health sector – 84% (78 of 93)
- job offers inside the health sector – 30% (28)
- legal migration procedure – 69% (64)
- rental opportunities in Italy – 69% (64)
- diploma recognition – 38% (35)
- study opportunities in Italy – 24% (22)
- information on diaspora organizations – 25% (23).

Prior to departure, most quantitative study respondents accessed their migrant network in Italy (61%, 53 of 87); 52% (45) of respondents learned, or started to learn, Italian; 36% (31) informed themselves about Italian society and culture; 31% (27) searched for accommodation and a small percentage (5%, 4) contacted churches or religious organizations; 24% (21) researched the diploma recognition procedure and 18% (16) proactively sought diploma recognition prior to their departure. In addition, 22% (19) of respondents considered Romanian citizenship an important element in their preparation and six respondents held Romanian citizenship at the time of their departure.

Respondents' preparation for migration varies across age groups (Table 4.12). The 36–45 age group made more contacts with the Moldovan network before migration. Younger people were more likely to learn Italian beforehand but older people applied more actively for Romanian citizenship.

**Table 4.12. Preparations for migration by age group (n=87)**

Preparations for migration	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Learned Italian	79	48	55
Informed myself about the Italian lifestyle (culture, climate)	58	28	10
Acquired additional professional qualifications	13	3	41
Contacted other Moldovans in Italy for information and advice	42	76	10
Contacted religious organizations and churches for information and advice	4	3	24

Preparations for migration	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Tried to find/found accommodation	29	34	28
Tried to find/found a job offer (agencies, forums)	29	31	7
Informed myself about legal migration options	8	28	38
Held Romanian citizenship and knew I could migrate legally to Italy	46	24	10
Applied for Romanian citizenship to facilitate the migration process	13	7	24
Informed myself on diploma recognition options	29	31	28
Began diploma recognition process (retrieved a copy of diploma from archives)	21	21	3

### *Adaptation period in Italy*

The quantitative study shows that, upon arrival in Italy, respondents often found marked differences between their expectations and reality – for example, knowledge of the Italian labour market, prices and diploma recognition procedure (Table 4.13). A majority of respondents 65% (55 of 84) found their expectations were partially in line with their experience; 19% (16) reported experiences totally in line with expectations; and 15% (13) stated that their expectations were partially or completely different from their actual migration experiences.

Despite realistic expectations and a generous amount of information from social network and official sources, only 30% (25 of 83) of respondents rated their integration in Italy as moderately easy or very easy. The largest group of respondents, 40% (33) were neutral: finding the process of adaptation neither difficult nor easy. The second biggest group (36%, 35) of respondents assessed their adaptation as moderately difficult and very difficult. The adaptation experience shows no significant differences across age groups or by educational attainment.

For difficulties encountered during the first three years of residence in Italy, respondents nominated the following problems:

- 83% (72 of 87) of respondents had to **send a large proportion of income as remittances** (46%, 40) or to cover personal expenses (37%, 32) (e.g. debts or property) in the Republic of Moldova;
- 40% (35) reported their perception that they **could not work according to their professional qualifications**;

- 39% (34) encountered **difficult and lengthy work and residence permit procedures**;
- 37% (32) experienced **lengthy periods of unemployment**;
- 30% (26) reported paying other migrants for a **job offer and/or residence permit**;
- 28% (24) felt burdened by the **costs of family members' migration to Italy**;
- 26% (23) indicated a **difficult journey to Italy as an irregular migrant**;
- 26% (23) were not happy with the **working conditions in Italy**;
- 17% (15) found that their **foreign status made it difficult to find a clinical job**;
- 11% (10) reported **abuse from their employer**;
- 9% (8) **struggled to learn Italian**.

**Table 4.13. Main obstacles encountered in first years of residence in Italy (n=87)**

Obstacles	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
<i>Legal</i>			
Experienced difficulties obtaining legal residence/work status	0	8	16
Difficult journey to Italy as I travelled without the legal papers	10	31	32
<i>Employment</i>			
Finding a job took longer than I initially expected	50	28	39
Could not work according to my professional qualifications	35	44	39
Dissatisfied with the job conditions (e.g. low salary, isolation)	15	31	29
Limited job offers as a clinician because I am foreign	5	14	29
Had to pay other migrants for a job offer	5	14	29
Experienced verbal and/or physical abuse from my employer	5	8	19
<i>Social</i>			
Invested many resources to bring my family to Italy (e.g. parents, children)	10	39	26
Had to remit a large proportion of my income to Republic of Moldova to support my family	40	33	65
<i>Personal</i>			
Had to send a large proportion of my income to Republic of Moldova to cover personal expenses (e.g. property)	25	31	52
Experienced difficulties learning Italian	0	8	16
Accumulated debts in Italy	25	19	32

### *Communication patterns and support from diaspora*

Over a third of the respondents (41%, 34) used only their migrant network (friends, family in Italy) to find information; 15% (12) appealed to diaspora associations for support (82 people responded to this question). Among those who received support from diaspora associations, moral support was mentioned most frequently. Four respondents found a job offer through diaspora contacts and another four met potential employers through diaspora associations. One respondent received help learning Italian and another received a short-term loan. Some individuals mentioned that no diaspora associations existed when they were most in need of such services; another respondent complained that diaspora associations had limited visibility in her social network.

Many respondents communicate with fellow Moldovans: 62% (53 of 86) communicate occasionally and 36% (31) communicate actively; 9% (8) of respondents are members of diaspora associations. At the same time, 43% (37) of respondents communicate occasionally with Italians and 55% (47) communicate actively. However, 36% (31) of respondents do not communicate with fellow Moldovans, and 6% (5) do not communicate with locals.

### *Education, employment and brain waste*

Many respondents (41%, 43 of 104) hold a medical degree: 28% (12) of these indicated that they had completed a full training cycle of six years plus medical specialization; 14% (6) have completed a residency; and one has completed a PhD. Among the 104 respondents, 37% (38) hold a health professional bachelor's degree and there are 11 midwives, 36 nurses, seven feldshers, five laboratory specialists and two public health specialists. Some respondents hold more than one diploma and therefore fall into more than one category. For example, one midwife also holds diplomas as a laboratory specialist and as a public health specialist. For the analysis, this respondent was counted as a midwife.

Since arriving in Italy, the work experience of Moldovan health professionals shows that 69% (60 of 87) of the respondents have engaged in a broad variety of jobs in the care or service sectors (e.g. cleaning, elderly care, catering) and agriculture (3%, 3). Almost half (48%, 42) of the respondents have worked without a work permit at some point; 20% (17) have worked exclusively on temporary contracts. Around one quarter (23%, 20) have worked in the health sector below their qualification level. Of those respondents who have worked within the health sector, 21% (18) work or have worked in the private sector and 17% (15) in the public health sector.



When asked about difficulties with finding a health sector job in Italy, 58% respondents (35 of 60) quoted the lack of an Italian diploma or professional qualifications as an obstacle in their health professional careers; another 33% (20) mentioned the lack of EU citizenship. Age (20%, 12) was the third most frequently quoted obstacle; and seven (12%) respondents mentioned a lack of experience working with more modern medical equipment. No-one mentioned their sex as an obstacle in their health professional careers. Nine (15%) respondents encountered none of the aforementioned obstacles.

Analysis per age group shows that lack of experience and of professional qualifications is more often an obstacle to finding a job in the health system for the 36–45 age group and for respondents aged 35 years or less (Table 4.14).

**Table 4.14. Main obstacles encountered while seeking employment in Italy, by age groups (n=60)**

Obstacles	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Difficult to find a job because of:			
Age	8	0	43
sex (man/woman)	0	0	0
non-EU citizenship	32	50	52
lack of experience in the profession	12	50	0
lack of professional qualifications required in Italian health system	68	100	43
No obstacles encountered	16	0	5

#### *Diploma recognition: information sources, process and obstacles*

The majority of respondents (70%, 53 of 76) do not have a diploma that is valid in Italy. Only 30% of the respondents (23: 18 doctors; five other health professionals) reported that they have successfully completed the diploma recognition procedure. When asked for reasons why recognition was not obtained, 40% (22 of 55) health professionals had decided to follow another professional path; 24% (13) of respondents had been discouraged by the difficulties linked to diploma recognition; and 22% (12) had decided to dedicate their resources and time to family members.

The 36–45 age group has the highest percentage of respondents who have been unable to obtain diploma recognition. Among the respondents aged 35 years or less, 40%

mention that they have decided to follow a career in a different profession: a remarkably high proportion in comparison to the older respondents (Table 4.15).

**Table 4.15. Respondents' actions on diploma recognition (n=87)**

Efforts related to diploma recognition	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
My diploma/certificate allows me to work in Italian health sector	20	41	32
Tried to have my diploma recognized but was discouraged by the obstacles I faced	10	24	13
None – decided to choose another professional path in Italy	40	15	29
None – could not bear the costs of diploma recognition in Italy	10	6	6
None – decided that diploma recognition takes effort and resources that I would rather invest in my family	20	15	19

Doctors and a group of other health professionals (nurses, midwives, feldshers, laboratory specialist) were asked about the difficulties they faced during the diploma recognition process (see Table 4.16). Except for illegal payments to Moldovan and Italian authorities, the MDs mention more difficulties than the other health professionals.

**Table 4.16. Difficulties encountered during diploma recognition process, by educational attainment\***

Difficulties	Doctors (%)	Other health professionals (%)
High costs of diploma collection and translation in Republic of Moldova	63	54
Moldovan authorities requested illegal payments for official documents required	5	26
Italian authorities requested illegal payments during diploma validation process	0	13
Lack of information on a clear diploma recognition path	70	21
Extra years of study required in Italy to receive a diploma according to my profession	70	36
Other: please specify	13**	59

\*Doctors: n=30; other health professionals (nurses, midwives, feldshers, laboratory specialists): n=39. \*\*Doctor respondents quoted: (i) inconsistencies between the curriculum certificate received from SMPPhU and the courses they actually studied; (ii) cumbersome procedures and excessive paperwork..

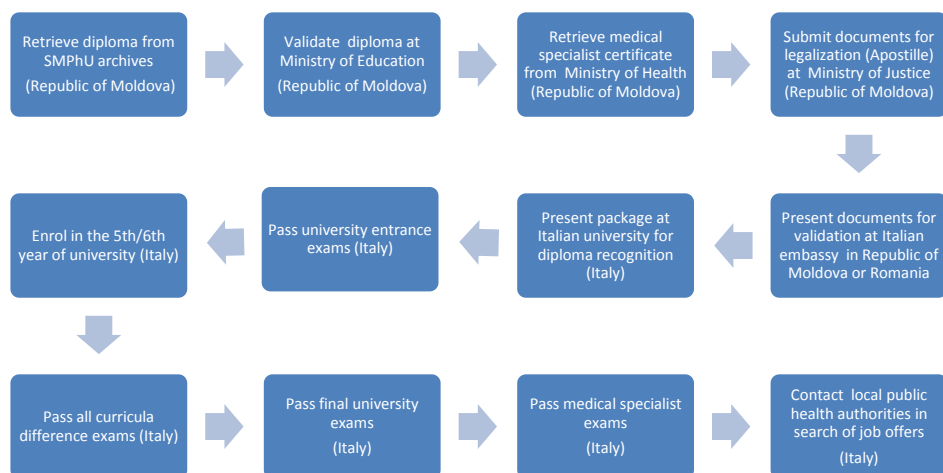
## Diploma recognition

Around half (18) of the doctors noted that their diploma was recognized in Italy; ten (of 43) doctor respondents did not answer this question. Respondents who undertook this process reported various requirements, such as the need to pass additional exams (28%, 12), including the doctors' exam (16%, 7), or to enrol for one to two years of additional study (14%, 6). Only 7% (3) confirmed that their health professional diploma had been recognized in Italy without the need for any additional steps.

The 36 nurses, nine midwives, five feldshers, five laboratory specialists and two public health specialists who participated in this study had achieved very limited success with diploma recognition. Only two of the 25 nurses, one of the eight midwives, one of the four feldshers and one public health specialist reported that they had been successful.

The diploma recognition process for doctors comprises several stages in both the Republic of Moldova and Italy, requiring costly travel and accommodation arrangements (e.g. to the Italian embassy in Bucharest, Romania prior to 2008); lengthy bureaucratic procedures; and the physical presence of respondents or those they have authorized to handle their documents. Fig. 4.3 gives an overview of the actions required.

**Fig. 4.3. Stages of diploma recognition process for MDs, according to respondents (n=47)**



Half of the respondents (49 of 104) expressed opinions on sources of information on the diploma recognition process (Table 4.17). The majority indicated that official information from the Italian authorities (32 of 49, 65%) was their main source of information

on diploma recognition. For over a third of the respondents, other important sources included the migrant social network 55% (27); electronic resources for foreign health professionals in Italy (37%, 18); and official information from the Moldovan authorities (35%, 17). A few respondents mentioned social network groups, charitable organizations in Italy and Moldovan diaspora associations.

**Table 4.17. Information sources on diploma recognition process (n=49)**

Sources (most – least important)	Total	
	No.	%
Official information from Italian authorities	32	65%
Social network	27	55%
Sites/forums/other electronic resources for foreign health professionals in Italy	18	37%
Official information from Moldovan authorities	17	35%
Official information from institution in which you intend to study	13	27%
Moldovan diaspora associations	4	8%
Social network groups (e.g. Odnoklassniki, Facebook)	4	8%
Recruitment agencies	2	4%
Nongovernmental organization (NGO) in Italy	2	4%
Churches and NGO in Italy	1	2%

### *Current jobs and brain waste*

The respondents can be divided into four groups on the basis of their current employment (Table 4.18).

- 1. Health-care sector employees:** 46% (39 of 103) of the respondents work in the health-care sector (e.g. ambulance workers, self-employed surgeons, nurses);
- 2. Care-sector employees:** 26% (27) of the respondents are employed in the care sector (domestic care and work as OSSs);
- 3. Other sector employees:** 24% (25) of the respondents are currently working in other sectors (e.g. building and catering industries);
- 4. Unemployed or studying:** 12% (12) of the respondents are currently unemployed, on maternity leave, and/or following a study programme.

**Table 4.18. Overview of current employment, by age groups (n=103)**

Current profession/employment sector		Age groups (years)		
		≤35 No.	36–45 No.	≥46 No.
Health care employees	MD	1	8	7
	Nurse	6	5	1
	Nurse assistant	3	5	0
	Pharmacist	0	0	3
Care sector employees	OSS	0	2	3
	Care sector	5	7	9
	Housekeeping	1	0	0
Unemployed	Unemployed	1	0	3
	Maternity leave	1	0	3
	Student	4	0	0
Others	Catering	8	2	4
	Beauty industry	1	0	0
	Commercial sector	2	2	1
	Building industry/service sector	1	3	1

Further analysis of the data shows that, of the 16 health professionals employed as MDs:

- ten work as medical specialists;
- two have not indicated whether they have passed the diploma recognition process;
- three of the doctors who have succeeded in diploma recognition work in other roles: one as a nurse, one as a pharmacist and one is unemployed.

Of the twelve health professionals employed as nurses:

- two graduated as MDs in the Republic of Moldova;
- three graduated as midwives in the Republic of Moldova: one has succeeded in diploma recognition, one did not answer this question and two have not succeeded in diploma recognition;
- one graduated as a feldsher in the Republic of Moldova and has succeeded in diploma recognition;
- five graduated as nurses in the Republic of Moldova: three have not succeed in diploma recognition and two did not answer this question.

Of the four health professionals who are currently studying:

- all graduated as MDs in the Republic of Moldova

- all are aged between 26 and 35 years
- none answered the question on diploma recognition.

Of the three health professionals working as pharmacists:

- one graduated as a doctor in the Republic of Moldova and has succeeded in diploma recognition;
- two graduated as public health specialists in the Republic of Moldova: one has succeeded in diploma recognition; the other did not answer this question.

Of the five health professionals working as OSSs:

- all are nurses who have not succeeded in diploma recognition.

Of the four health professionals who are unemployed:

- one is an MD aged under 25 who has not (yet) succeeded in diploma recognition
- one is an MD who has succeeded in diploma recognition
- one is a feldsher who has not succeeded in diploma recognition
- one is a nurse who did not answer the question on diploma recognition.

Of the 36 respondents who work in the health sector, 27 currently work according to their level of qualification. This amounts to around one quarter (27 of 104) of the total number of respondents. Amongst the doctors, more respondents work according to their level of qualification (40%, 17 of 43 – 16 employed as doctors; one as a pharmacist). Four doctors are still studying and should then achieve diploma recognition. Of the other health professionals, 15% (10 of 68) work according to their level of education, including a number who have switched horizontally (e.g. from midwife to nurse; from public health specialist to pharmacist). Only 14% (5 of 36) of the nurses, and no midwives, indicate that they work according to their qualification.

#### *Reasons to remain in Italy: stay factors*

Most respondents (88%, 71 of 84) responded affirmatively to the question asking whether they are integrated in Italian society. The three most frequently quoted factors leading Moldovan health professionals to stay in Italy are: (i) better medical services for family members (75%, 63 of 84); (ii) a satisfactory income (65%, 55); and (iii) the Italian lifestyle (63%, 53). These are followed by better development opportunities for children (54%, 45); satisfaction with current job (51%, 43); presence of family members in Italy (52%, 44); and the potential to develop their career in Italy (45%, 38). Other important stay factors are a reluctance to invest efforts in migrating again (42%, 35); and the need to send

regular remittances to the Republic of Moldova 35%, 29). Some respondents rate highly their children's (38%, 32) and/or partner's (42%, 35) desire to live in Italy (where 18% partners come from Italy). The least-cited stay factor is the fact that the Italian diploma is not applicable in the Republic of Moldova (6%, 5).

Table 4.19 shows the stay factors for health professionals in Italy, analysed by age groups. Unlike younger respondents, those aged 46 and over appear less positive about their stay in Italy; are less likely to enjoy their jobs (44%); are less convinced that they will find better jobs (36%); and do not see opportunities for professional development (56%). This older group of respondents does cite other stay factors more frequently: for example, better medical services; children who speak neither Russian nor Romanian; financial burdens (need to send remittances and support properties in the Republic of Moldova); and, finally, their feelings that they have invested much in their migration and do not want to do it again. The latter is also a strong stay factor for the 36–45 age group.

**Table 4.19. Stay factors cited by respondents, by age groups (n=84)**

Stay factors	Age groups (years)					
	≤35 (%)		36–45 (%)		≥46 (%)	
	Yes	No	Yes	No	Yes	No
I have no relatives in Republic of Moldova now	4	78	14	61	12	64
Majority of my family members live in Italy	48	39	58	22	48	36
I enjoy the Italian lifestyle (food, social life, scenery)	61	26	72	11	52	32
I enjoy my current job	52	35	58	19	40	44
I am convinced I will receive a better job offer	57	26	44	31	36	48
My Italian studies are not applicable/recognized in Republic of Moldova	4	70	6	58	8	60
I have a satisfactory income	65	26	67	8	64	16
I can access professional development opportunities	30	48	42	36	16	56
My partner is Italian	22	61	25	47	4	64
My partner wants to stay in Italy	39	48	39	25	8	60
I am convinced my children will have better development opportunities (studies, career) in Italy	52	39	58	14	48	28
My children do not wish to return to Republic of Moldova and/or do not speak Romanian/Russian	13	70	44	25	44	28
The health services my family can access in Italy are superior to those in Republic of Moldova	74	22	83	3	64	16
I send remittances to family in Republic of Moldova	39	35	31	47	52	16

Stay factors	Age groups (years)					
	≤35 (%)		36–45 (%)		≥46 (%)	
	Yes	No	Yes	No	Yes	No
I send remittances to cover personal expenses (mortgages, bank loans) in Republic of Moldova	39	43	17	50	56	16
Invested much effort into migrating to Italy and I do not wish to engage in this process again	22	57	53	22	44	24

### Remittances

In the quantitative study, 29% (24 of 83) of respondents feel that their relatives depend on remittances, but three of this 24 also explain, “I don’t send remittances as my income is not sufficient”. Of the 39% (32 of 83) of respondents who feel that their relatives in the Republic of Moldova are not dependent on remittances, but choose to help them occasionally nevertheless, four also mention that, “I don’t send remittances as my income is not sufficient”. Three of these four respondents have indicated the amount that they send – not more than €100 per month and even as low as €20 per month. Among the 83 respondents, 14% (12) send remittances only for pre-defined purposes (e.g. study), and another 8% (7) send remittances seldom, as they feel their relatives in the Republic of Moldova are financially independent. Three of the respondents who did not answer the question about sending money to their relatives in the Republic of Moldova made individual (written) comments to indicate that they occasionally send money to relatives.

One quarter (21 of 83) of the respondents report that they consider that their relatives in the Republic of Moldova are financially independent; 14% (12) feel their income is not sufficient for the burden of remittances; and another 14% (12) have other calls on their expenditure. Four respondents have no more relatives in the Republic of Moldova. However, seven of those who said that they do not send remittances to their family commented that they do send money “to help them once in a while” or “only in cases of necessity”. The highest amount sent in this group is €300 per month. Ten people who said that they do not send remittances as their family is financially independent indicated an amount of money transferred (highest amount sent in this group was €500).

Respondents were asked to select one of the four question options shown below. Initially, their selection indicated that 59% (49 of 83) of respondents were not sending money to their relatives in the Republic of Moldova.

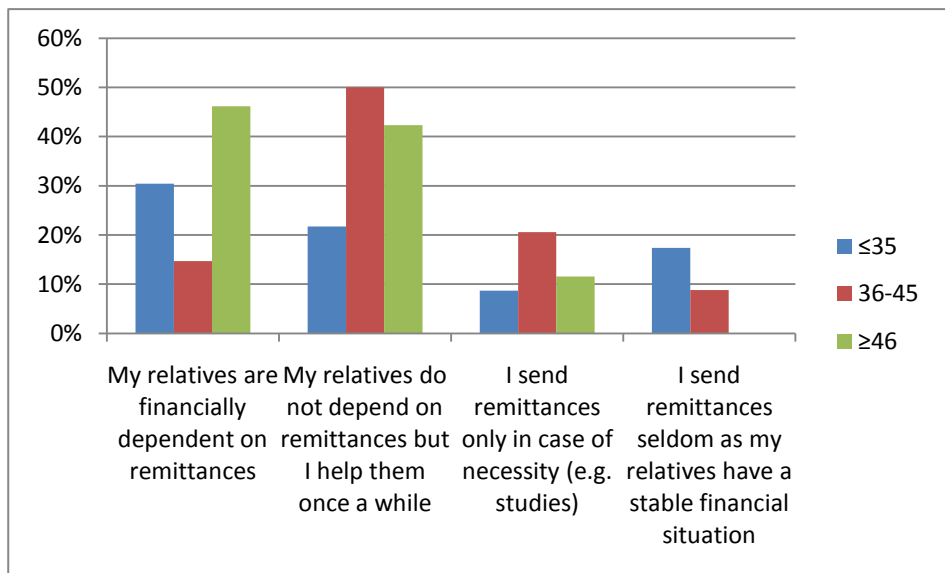


1. Don't send remittances because my relatives/friends are financially independent.
2. Don't send remittances as I have no living relatives in Republic of Moldova.
3. Don't send remittances as I have other expenses in Italy.
4. Don't send remittances as my income is not sufficient.

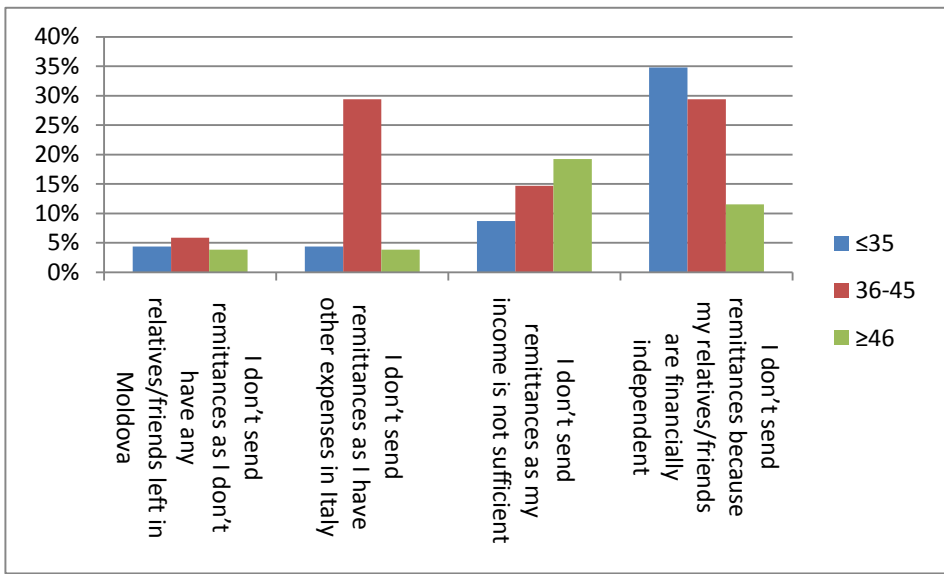
Careful analysis revealed that 17 respondents had made contradictory statements indicating that they were sending remittances. The proportion of respondents that do not send remittances home was therefore adjusted to 38% (32 of 83). The amount of money sent to the Republic of Moldova varies greatly across households, from €30 to €1500 per month; the average amount is €324 per month.

Analysis by age (Figs. 4.4a and b) reveals that more in the younger ( $\leq 35$ ) age group say that they do not send remittances home as their families are financially independent; and more older ( $\geq 46$ ) respondents mention that their families in the Republic of Moldova are dependent on their income. Those in the 36–45 age group state most often both that they do not send remittances as they have other expenses in Italy, and that they help their relatives occasionally or in cases of necessity.

**Fig. 4.4a. Trends in remittances, by age groups (n=83)**



**Fig. 4.4b. Trends in remittances, by age groups (n=83) (cont.)**



*Willingness to return temporarily or permanently to the Republic of Moldova*

On willingness to participate in exchange schemes, the quantitative study shows that:

- 36% (31 of 86) feel that **more details are needed for an informed decision**
- 24% (21) would be **interested in participating**
- 15% (13) would **not be interested in participating**
- 15% (13) **don't know**
- 9% (8) **already intend to return to the Republic of Moldova soon.**

Among individual reasons for lack of interest, respondents mention lack of time; lack of health professional experience in Italy; limited experience in the Moldovan health sector or of working with people who are elderly or have mental disabilities; and lack of necessary radiography equipment (Table 4.20).

**Table 4.20. Interest in participating in exchange schemes, by age groups (n=86)**

Interest in participating	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Yes	14	25	32
No	9	14	25
Don't know	27	14	7

Interest in participating	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Need more information to decide	45	39	21
Already intend to return to Republic of Moldova soon	5	8	14
Number of respondents (n) per group	22	36	28

However, 18% (19 of 104) of respondents indicated the number of days/times per year when they would be available for exchange schemes. A wide range of availability was indicated: from 365 days to two days/times of exchange per year, with an average value of 91 days and a median value of 25 days.

Respondents also assessed a list of incentives for exchanges involving Moldovan health professionals in Italy (Table 4.21). Despite a limited sample of respondents for this question (57 of 104), the main motivating incentives identified are:

- **remuneration during the exchange** (53%, 30 of 57)
- possibility of being **paid by Italian employer during the exchange** (51%, 29)
- setting a **clear goal for the exchange** (47%, 27)
- **provision of accommodation during the exchange** (42%, 24)
- **positive attitudes from Moldovan colleagues** (42%, 23).

The least-quoted motivating factor was a **discount on Moldovan health insurance** (10%, 6).

**Table 4.21. Motivating factors for participation in exchange schemes, by age groups (n=57)**

Motivating factors	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Remuneration during exchange scheme	53	48	53
Accommodation	59	32	40
Moldovan medical insurance discount	0	12	20
Improved medical equipment	24	20	53
Constructive attitudes from Moldovan colleagues	35	40	47
Clear goal for the exchange period	47	44	47
Pay from Italian employer continues throughout exchange scheme	59	52	40
Number of respondents (n) per age group	17	25	15

Given the small sample of respondents it is difficult to draw firm conclusions on willingness to participate in exchange schemes. However, respondents who currently work outside the health sector or are unemployed indicate longer periods of availability.

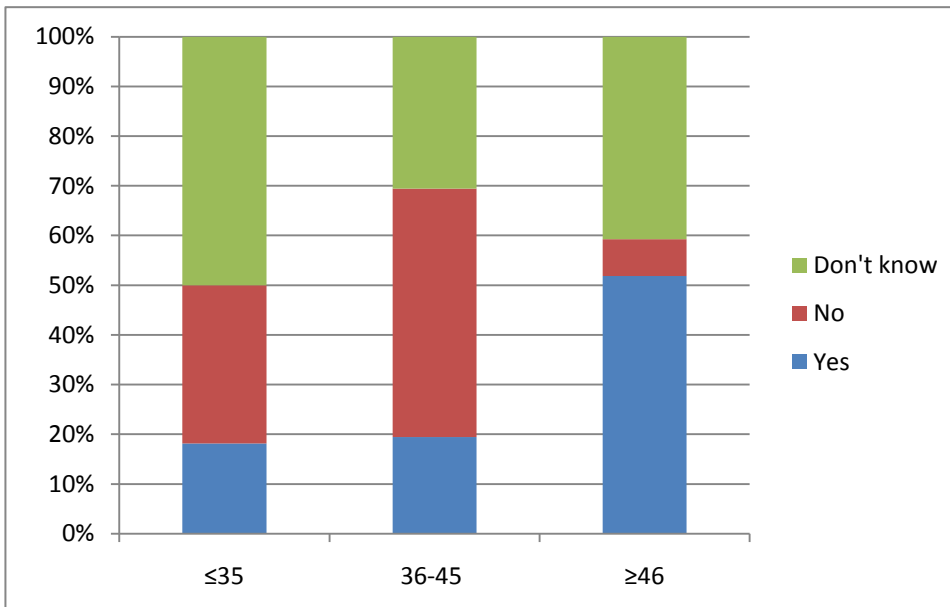
Answers to questions on intention to return to the Republic of Moldova divided almost evenly across three groups: (i) don't know (39%, 33 of 85); (ii) not planning to return (32%, 27); and (iii) planning to return at some point (29%, 25).

Of the 21 respondents who indicated that they plan to return to the Republic of Moldova:

- 57% (12 of 21) plan to return **within one to five years**;
- 10% (2 of 21) intend to return **within one year**;
- 14% (3) intend to return **after retirement**;
- 14% (3) **do not altogether exclude the possibility of returning** but have not established a time line for return;
- 24% selected **other** as their answer, indicating family milestones (e.g. children finishing studies), reaching a financial goal or following positive changes in the Republic of Moldova.

Intention to return to the Republic of Moldova was indicated more frequently by the over-45 age group, planned for after retirement (Fig. 4.5).

**Fig. 4.5. Return plans, by age groups (n=85)**



## *Factors encouraging and/or discouraging return*

This section reveals data on several factors in both Italy and the Republic of Moldova that would encourage respondents to return, as well as some personal circumstances in which respondents might feel motivated to return.

The most frequently quoted return factors are:

- **Moldovan lifestyle and atmosphere** (43%, 22 of 51)
- **family members needing the respondent** in Republic of Moldova (37%, 19)
- **greater professional satisfaction in Republic of Moldova** (35%, 18)
- desire to **contribute to development of Republic of Moldova** (27%, 14).

Personal factors such as **health problems** (25%, 13) and **reaching retirement age** (14%, 7) are cited least frequently.

Similarly, respondents may feel motivated to return by changes in their Italian lifestyle.

The most-quoted return factors concerning Italy are:

- **lack of a job offer outside the health sector** (65%, 32 of 49)
- **increases in everyday expenses** (53%, 26)
- **lack of a job offer in the health sector** (31%, 15).
- **hostile attitudes from the authorities** (14%, 7) **or locals** (16%, 8).

The least-quoted factors are **inability to integrate** (6%, 3) and **inability to move family members** (2%, 1) to Italy.

At the same time, respondents identified a series of factors that would discourage their return to the Republic of Moldova. The most discouraging factors mentioned are:

- **economic instability and corruption** (81%, 47 of 58)
- **insufficient salary** (78%, 45)
- **political instability** (48%, 28)
- **prospect of having to rebuild a life in the Republic of Moldova** (45%, 26)
- concern about **insufficient treatment options for family members** (24%, 14)
- **feeling alienated from the Moldovan lifestyle** (22%, 13)
- **complicated private practice regulations** (9%, 5)
- **inability to use professional experience accumulated in Italy** (7%, 4)
- **insecurity about achievements during migration** (12%, 7).

## Policy suggestions

Quantitative study respondents were asked to identify three changes in the Moldovan system that would facilitate their return. Several factors were mentioned repeatedly and can be divided into three groups:

- **sociopolitical** factors (42%, 16 of 38), including: political and economic stability, political union with Romania, free circulation within EU, less corruption;
- **work-related** factors (66%, 25), including: simple regulations to open a private practice in the Republic of Moldova, salaries proportional to expenses, better medical equipment, higher retirement age, pensions proportional to monthly expenses;
- **personal and social** factors (18%, 7), such as: partner or children suddenly taking an interest in the Republic of Moldova, homesickness or desire to return, retirement, change of social mentality.

The question on changes in the health system that would encourage Moldovan health professionals in Italy to return produced quite consistent answers:

- **salaries proportional to expenses** (89%, 71 of 80)
- **reducing corruption** (73%, 60)
- **improved technical equipment** (61%, 50)
- **increasing transparency in decision-making process** (45%, 37)
- **respectful attitudes from patients** (23%, 19)
- **respectful attitudes among colleagues** (30%, 25)
- **social health campaigns** (23%, 19).

The two least-quoted factors are: (i) **migrant health professionals being exempted from health insurance** (15%, 12); and (ii) **volunteering opportunities in the health sector** (11%, 9).

Analysis of encouraging factors by age group shows no remarkable differences (Table 4.22). The exception is the use of protocols in the workplace, which seems to be appreciated more by the two older age groups.

**Table 4.22. Desired health system changes, by age groups (n=80)**

Health system factors	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Salary proportional to expenses	89	83	88

Health system factors	Age groups (years)		
	≤35 (%)	36–45 (%)	≥46 (%)
Reduce corruption	74	77	69
Transparency in decisional process	53	43	42
Use of protocols at work	0	26	15
Abolition of compulsory health insurance for Moldovan migrants	5	9	23
Respectful attitudes among colleagues	32	40	23
Respectful attitudes from patients	21	23	27
Better work equipment	74	60	46
Social health campaigns	32	20	27
Volunteering opportunities in the health sector	5	9	19
Number of respondents (n) per age group	19	35	26

### ***4.3 Discussion on quantitative and qualitative components: Italy***

This discussion draws on the findings of both the qualitative and the quantitative components of the study on the mobility of Moldovan health professionals in Italy. It compares the findings and interprets them jointly. The qualitative part of the study provides the stories of the migrant health professionals; the quantitative part endorses these stories and shows the differences between the various generations of migrants and their chances of success with regard to the opportunities for qualified health work abroad. Finally, the strong stay factors are described. These tend to intensify over time when living abroad under difficult circumstances, and often hinder a return to the Republic of Moldova. Among the differences found in the groups of respondents interviewed, age is seen to be a particularly important factor: the push, pull, stay and return factors (as well as the experience of migration and integration) are seen to vary according to age.

#### **Mobility and geographical distribution**

The quantitative data indicate that – unlike older respondents who have been migrating to Italy less frequently in the last few years – young Moldovan health professionals (≤35 years) continue to be attracted by the work and lifestyle opportunities in Italy. Other factors that facilitate legal migration to Italy are the various online and personal information resources, access to Romanian citizenship, and the migrant network in Italy.

## Push and pull factors

The main push factor for Moldovan health professionals who move to Italy is the general economic situation and salaries in the Republic of Moldova, for all age groups (72%). Younger respondents are also strongly attracted by the prospect of starting a new life. In the qualitative study, respondents indicated that they left the Republic of Moldova because of dissatisfaction with the health system; the quantitative study suggests that this is more important among respondents aged over 35. Furthermore, limited study opportunities (course options) in the Republic of Moldova is an important factor among younger Moldovan health professionals.

The most common pull factors are the migrant network in Italy (80%) (especially for those ≤35 years) and the expectation of an improved financial situation (56%). Respondents in the qualitative study indicate that job options in adjacent sectors (e.g. work as live-in carer or OSS) are one of the main drivers behind health professional migration to Italy but this finding is less pronounced in the quantitative study. Nevertheless, survey respondents also often stated their attraction to jobs outside, rather than within, the health sector in Italy. Moreover, despite the expectation of improved career options in Italy, roughly a quarter of all respondents did not have a specific health sector job offer prior to departure.

## Role of social network in decision-making on migration

It is common to consult family and friends in the period prior to, and during, migration. Respondents indicate that having family in Italy is an important reason for, and a source of support during, migration. Family also motivates migrants to pursue education in Italy. The quantitative survey shows that family and friends encourage migration across all age groups of respondents. However, older respondents (who migrated earlier) more often report that professional contacts and family members discourage migration.

## Preparation for migration

The majority of qualitative study respondents have lived in Italy for over ten years. Few of these migrant health professionals paid attention to appropriate preparation, they just “took a chance” to see how they would integrate into the local labour market. Generally, they began by working in the informal sector and therefore were quite late in starting to build their professional careers. The quantitative component revealed



that respondents aged 35 or less were generally better informed about health-sector job opportunities and scholarships in Italy before departure. Respondents also used the experience of former colleagues in diploma recognition procedure as an example; and more often learned Italian prior to departure. The availability of family members who can help in caring for dependent relatives facilitates the migration of Moldovan health professionals. Older respondents are more likely to inform themselves on legal migration options, apply for Romanian citizenship and seek assistance from religious or charitable organizations in Italy.

## **Integration, social support and obstacles encountered in recipient country**

Over a third of the quantitative study respondents confirmed the qualitative component results on the challenges that migrants face on arrival. Only 28% of the respondents perceive their initial period in Italy as easy or moderately easy. Use of the (personal) migrant Moldovan network as a source of information in the initial period is very important for facilitating life in Italy. The concentration of Moldovans in northern and central Italy provides opportunities for intra-diasporic communication. Respondents indicated that they generally communicate actively or occasionally with individual conationals rather than formal diaspora organizations: only eight respondents reported appealing to diaspora associations for support. In addition, respondents actively communicate with Italians, thereby facilitating integration and encouraging permanent settlement.

Respondents pointed out a number of challenges, such as financial obligations in Italy (taxes, school fees) and in the Republic of Moldova. Although younger ( $\leq 35$ ) respondents seem less concerned with financial obligations than their older counterparts, they do tend to run up debts in Italy. Employment is a major challenge for the majority: over two thirds of the respondents have engaged in a wide variety of low-skilled jobs in different sectors; 48% have worked without a work permit at some time. For those able to find work in the health sector, only 17% were able to obtain a job in the public sector. The latter is more attractive than the private sector for all health professionals in Italy: annual job turnover in the public health sector is a mere 2.2% to 2.4%. These quantitative findings are in line with the findings in the qualitative study and confirm Chaloff's (2008) assertion that it is extremely difficult to find a job in the Italian public health sector. Respondents indicate that the private sector does not offer good working conditions and often provides only short-term contracts.

Another challenge is the lack of EU/Italian citizenship. Around a third of the respondents, particularly those in the older age group, do not have a passport from Romania or any other EU country. Analysis per age group shows that the youngest group had no problems acquiring the legal papers necessary to enter Italy (see section on integration in Italy) but, as non-EU citizens, found it difficult to get jobs. Chaloff (2008:11) is more precise on this matter:

*The resistance of Italian institutions to foreign doctors – in a context of oversupply<sup>7</sup> – makes acquisition of citizenship almost essential for a successful career. Access to specialization, for example, is limited for non-EU citizens even if their medical degree is Italian. Until recently, the professional association required a work permit as a condition of enrolment, placing Italian-trained foreign doctors in a catch-22 where they could not convert their study permit unless they have a job offer, could not join the medical association with a study permit, and could not find a job without being a member of the medical association. Even now, the number of such conversions is capped by an annual decree and aspirant doctors must compete with all other foreign students who are attempting to stay in Italy...*

## Education, diploma recognition and current job (brain waste)

For the majority of respondents, their lack of an Italian diploma or professional qualification is a frequent obstacle and diploma recognition is therefore crucial for Moldovan health professionals in Italy. However, this is a lengthy and costly process that requires a lot of time and effort, both in the Republic of Moldova and in Italy. Qualitative study data show the various labour market routes of Moldovan health professionals before they find a professional job. Some respondents chose to work in other sectors of the economy, often in the underground economy (e.g. as a live-in carer). Others engaged in diploma recognition procedures and studies at Italian universities, often alongside full-time jobs.

Most of the doctors granted a valid MD diploma in Italy found a job, as medical specialization is not a requirement to be licensed to work as an MD in Italy. Only 30% of all respondents managed to complete the recognition process: 18 doctors and five other health professionals. Most of the doctors who completed the diploma recognition process are currently working in Italy in jobs suited to their level of qualification. Of the

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<sup>7</sup> According to a government source, the Medical Association unsuccessfully pressured the government to explicitly limit migration to Italy by foreign doctors.

other health professionals granted diploma recognition, only two are working at their level of competence in the health sector. Chaloff (2008) agrees that it is difficult for non-EU nurses to gain a licence to work in Italy. Non-EU trained nurses are required to pass a nursing qualification exam offered by the provincial colleges of the National Federation of Professional Nurses, Health Assistants and Childcare Workers (IPASVI). The IPASVI also requires all non-Italian nurses to pass an Italian language exam before they are allowed to enrol in the system. However, one of Chaloff's (2008) observations is echoed in a comment by one respondent – that it is easier for Albanian nurses to pass the diploma recognition procedure. Albania is a major source country for immigration to Italy. Nurses are generally appointed through private agencies (e.g. La Speranza) with offices in major cities. These verify their qualifications – only the new (post-1995) Albanian nursing schools are recognized in Italy – and prepare the documentation for recognition of nursing skills. The research team did not come across any Moldovan respondents who had received assistance from private agencies in the recognition of their diplomas.

The majority of the Moldovan health professionals are not working in jobs that match their level of qualification (mostly obtained in the Republic of Moldova): 40% of the MDs have secured a job matching their level of education but only 15% of the other health professionals have managed to do so. Hence, it can be concluded that brain waste is a serious problem. Frequently, respondents in the qualitative study said that they had simply accepted the situation, and were tired of the struggle. In the quantitative study, 44% of the respondents indicated that they had decided to follow another professional path and not to pursue the diploma recognition procedure. However, all the respondents who made this choice currently work in jobs which require no higher education. The problems arising from diploma recognition give rise to brain waste among MDs, nurses and other health professionals: some had attempted to obtain diploma recognition but abandoned the lengthy and complicated process. Comments by quantitative study respondents indicate that information regarding diploma recognition in Italy circulates in social network groups and is available on the Internet. However, this has not yet led to any improvements in the proportion of successful diploma recognitions among respondents aged 35 or less. Only 20% of this group had succeeded in diploma recognition and an alarmingly high number decided to choose a different career path or to devote their time to their family.

Hence, not all obstacles in the process of diploma recognition can be overcome by improving information as health professionals are being discouraged by bureaucratic procedures and irregularities (e.g. illegal payments in the Republic of Moldova and Italy). These will therefore continue to contribute to brain waste as migrant health professionals

choose to invest their resources in expenditures other than maintenance of their professional competencies and qualifications.

Yet, the success of medical specialists (10 of the 16 doctors) indicates that those who do complete the diploma recognition process have a good chance of pursuing a professional career. This is noteworthy considering the difficulty of obtaining a residency for specialization and the few vacancies available.

## Stay factors

Both the quantitative and the qualitative studies show strong stay factors for the Moldovan health professionals in Italy. They feel at home in Italian society and generally have good networks of Italian contacts, including Italian partners. The main stay factors mentioned by respondents are better medical services available to family members, a satisfactory income and the attractive Italian lifestyle. This home-away-from-home feeling is reinforced when they are joined in Italy by other family members, as is the case for 48% of younger ( $\leq 35$ ) respondents and 58% of respondents aged 36–45 years. For the older age groups, the main reasons for staying in Italy are their children, who often do not speak Russian and/or Romanian and who are not interested in going to the Republic of Moldova. The struggle to integrate into the Italian labour market also influences the decision to stay. Most respondents initially intend to return to the Republic of Moldova after a certain time or when a certain financial target has been reached, but time passes and realities change: Italy becomes their home and the vacations in the Republic of Moldova become less valued, according to the qualitative study respondents. The quantitative and qualitative studies confirm that the struggle to build a life in Italy discourages respondents from returning to the Republic of Moldova, as this would require a new cycle of migration and reintegration.

## Remittances

The qualitative and quantitative studies highlight remittances as a sensitive subject. In the qualitative study, respondents often referred to the financial support they send home as gifts and mentioned that family in the Republic of Moldova was not aware of their difficult financial situation in Italy. None was willing to indicate the amount of money they send home.

The quantitative study shows that the majority of the Moldovan health professionals in Italy support their families in the Republic of Moldova. Less than 30% stated that their

family depends entirely on their support, but there are many contradictory answers on this issue. It seems that respondents hesitate to give firm opinions on the support they give to their families. The most common reply was, “My relatives do not depend on remittances but I help them every once in a while” (32 of 83 respondents). Even when it is indicated that relatives are financially independent, respondents say that they still send them financial support on a regular basis.

## Temporary and permanent return

Respondents were asked about undertaking exchange schemes in which migrant Moldovan health professionals can work temporarily in the health sector in the Republic of Moldova. The qualitative study responses were mostly positive: respondents are keen to get involved in such exchange schemes so that they can put their newly acquired skills into practice. One group of respondents even intends to use their own professional experience to the benefit of their community of origin in the Republic of Moldova. A few nurses made an interesting suggestion: exchange schemes could assist them to maintain their professional nursing skills as they do not work as nurses in Italy.

Quantitative study respondents place more emphasis on clarity regarding programme set-up, conditions and incentives. Key issues that would need to be addressed in order to motivate participation in such schemes include remuneration or payment (by their Italian employers); clear goals for the exchange visits; and a positive attitude from colleagues in the Republic of Moldova. In both the quantitative and qualitative studies, no great enthusiasm was shown for returning to work permanently in the Moldovan health system. Respondents could feel motivated to return by a combination of positive changes in the Republic of Moldova and negative changes in their Italian lifestyle. The former could include an increase in Moldovan health professionals’ salaries and general stability in the Republic of Moldova; the latter could include unemployment and higher daily living expenses in Italy. The factors that could stimulate a return to the Republic of Moldova thus equate with the strongest push factor to leave Italy: a poor (personal) financial situation.

## 4.4 Qualitative study component: other recipient EU countries

### 4.4.1 Summary

#### *Respondent profile*

Generally, EU study respondents are highly qualified and educated both in the Republic of Moldova and the EU. It is noteworthy that a few respondents have also spent a year or more in a third country – neither the Republic of Moldova nor their current country of residence. A few respondents are also considering moving to another EU country in order to pursue professional opportunities. Three respondents had returned to the Republic of Moldova between periods of migration and two have intentions to work in the Republic of Moldova. However, both were disappointed with the work opportunities and conditions and decided to continue with their careers abroad. Respondents who reside in other EU countries have modified their initial length of stay as opportunities have arisen, whereas respondents who moved to Romania as medical students intend to settle permanently and work within the Romanian health system. All respondents are MDs, a few work in the EU as researchers or are studying (both clinical and public health studies), and therefore have a different migration experience.

#### *Push and pull factors*

Motivations for migration vary widely amongst the respondents: some were driven primarily by financial concerns and often engaged in non-health professional work on first arrival in the EU. Some sought professional development/advancement opportunities and sometimes secured a particular position or scholarship before departure. Others noted that their primary motivation was love (being with their spouse) or the challenge of starting a new life. The choice of destination depended on previous ties (e.g. partners, colleagues, supervisors) and the study/job opportunities available.

#### *Preparation and initial period in EU*

All respondents migrated legally, the majority holding Romanian citizenship, which allows a broader range of professional possibilities in the EU. Respondents faced various challenges (e.g. work permit, different language) on arrival but generally expressed a sense of excitement about getting to know a new country. Those who migrated primarily

for financial reasons and started in jobs outside the health sector described their initial period of arrival as a difficult time.

### *Diploma recognition process and working according to qualifications*

All respondents, except the few working in research, needed to go through a lengthy and bureaucratic diploma recognition process based on the ECTS. Respondents invest considerable efforts in diploma recognition and some benefited from the assistance of NGOs. None of the respondents' specializations was recognized in the destination country and access to specialization in the EU is highly competitive and costly. Some respondents noted that it was not too difficult to find a professional job but could take several years for migrants who were initially engaged in the informal sector or were required to complete many steps (e.g. additional studies) in order to practise. Respondents work in both the private (e.g. GP practice, private clinic) and the public health sectors (e.g. national health service, NHS). There is minimal brain waste among this group as respondents engage in professional jobs in the EU.

Most respondents keep in touch with Moldovan networks within their country of residence and have close ties with home. However, they noted that busy schedules do not allow them to participate in diaspora activities and few are aware of active diaspora associations, particularly in north-west Europe. None of the respondents send remittances to the Republic of Moldova but they express emotional attachments to their family left behind and interest in contributing to development of the health system.

### *Reasons to remain in EU*

All except one respondent intend to stay in the EU, due to personal, financial and professional considerations. For the push and pull factors, respondents show large differences in their primary reasons for wanting to stay in the EU. Some cited family reasons as their main reason for staying in the EU: an EU partner, Moldovan family all living in the EU, or children who are very much integrated in the host society. Financial reasons are not often given as a main reason, but a decent salary was often quoted as a precondition for considering return. Other respondents focussed on the work environment as a main reason to stay, including: being at a "world-class institute"; working with advanced technical equipment and/or procedures; respect between patients and doctors and colleagues; or conducting high-level, specialized research which is underdeveloped in the Republic of Moldova. Enjoyment of the country was also mentioned, although often as a secondary reason. The majority of respondents have access to professional development

opportunities that are self-, partly or fully-funded and expect to keep their jobs in the coming years.

### *Temporary and permanent return*

Most respondents do not plan to return in the near future but half of them noted that they would consider returning in the long term or for retirement. Respondents show varied opinions on what would attract them to return, depending on what they consider important. For example, those whose stay in the EU is primarily motivated by career advancement would be attracted by improved career advancement opportunities. Many respondents reported that limited or non-existent professional development opportunities within their field are a hindering factor for return, as are other health system factors such as working conditions, disrespect and petty corruption. The current economic situation, low salaries (compared to living costs) and political instability in the Republic of Moldova were also identified.

Most respondents rely on the media and relatives for updates on the Moldovan health system. Several acknowledged positive changes and around half of the respondents would be attracted by temporary exchange schemes as these would provide opportunities to implement innovations (e.g. protocols, procedures) and contribute to development of the Moldovan health system. Other respondents are sceptical about the goal and impact of such programmes: the distribution of finances, insufficient equipment and sustainability of exchanges.

## **4.4.2 Detailed findings**

### *Profile of respondents*

Fourteen people were interviewed, of whom 12 were in the predefined target group for the study. In addition, two respondents did not match fully the defined study population: a medical student from SMPPhU working as an intern in Belgium and a graduate MD from the Republic of Moldova preparing for the exams to follow a medical specialty training programme (residency) in Spain. Their stories illustrate the ambitions of young health professionals and the reasons behind their decisions to study abroad, thereby providing extra information regarding the mobility of young Moldovan health professionals.

**Education.** All 12 study population respondents graduated at the SMPPhU in Chisinau, Republic of Moldova with the following degrees:



- MD with a specialization: six (cardiology, neurology, anaesthesiology, radiology, surgery)
- MD without a medical specialization: five
- MD + master's in social medicine and management: one.

**Current profession:**

- medical specialist: three (cardiologist, gastroenterologist, surgeon)
- family physician: two
- working as physician while training for medical specialization (residency): two
- working as physician: two
- researcher/ PhD student: three.

**EU recipient countries:** the respondents interviewed currently live and work in Germany, Italy, the Netherlands, Portugal, Romania, and the United Kingdom. The two trainees live in Spain and Belgium.

**Age:** the ages of the study population respondents range from 27 to 50 years. One female respondent – in the 40–50 age group, judging by her career path – chose to keep her age private. The trainees are aged 27 and 28 years, respectively.

**Gender:** study population respondents: six males; six females. Trainees: one male; one female.

**Duration of stay in EU country:** the respondents who currently live in Romania migrated notably earlier than those in other recipient EU countries: all arriving between nine and 19 years ago. The respondents in other EU countries all arrived within the last ten years, some only in the past 12 months. Respondents migrating to a specific EU country have not necessarily stayed continuously in that country (see more detailed discussion in section on mobility).

*Mobility*

The data indicate that the Moldovan health professionals with postgraduate degrees working in various EU countries are a mobile group. They do not stay permanently in one recipient country but move from country to country within and outside the EU in search of education, job opportunities and/or new experiences. This includes not only the three respondents who currently live in northern European countries but also those

in Romania, Italy and Portugal. The medical student currently interning in Belgium is already exploring the opportunity to go to Germany on completion of her studies.

**Third-country mobility.** Four of the respondents have spent at least one year in a third country in or outside the EU. Among the purposes for these temporary migrations, respondents mention: specialized training (scholarship); postdoctorate/master's programme; and working in a job outside the health sector (Italy). The destinations for such temporary migration include France, the United States of America, Italy, Belgium and Kyrgyzstan. Some respondents stayed in a third country before migrating to their current country of residence, others had interrupted their stay in the recipient country.

*I did a one week course in general practice of medicine in Austria, in Salzburg, and then during my specialization here in Italy I spent one year at Stanford University on a post-doc. (Female, 38, MD specialized in cardiology, working as a cardiologist)*

Several respondents specifically explored study and employment opportunities in EU Member States other than their current country of residence. For example, a respondent whose contract finished in Germany had intended to work at a specific university in the United Kingdom with which he was in contact. He was unable to go as he could not obtain an entry visa.

**Circular migration.** Three respondents had returned to the Republic of Moldova for periods ranging from more than six months to several years before returning to their initial EU country of migration. Two respondents returned specifically to work in the Republic of Moldova, but found it difficult to find suitable jobs. One could not find a job in Chisinau and was asked for a bribe to obtain a position; the other could obtain only short-term contracts in public health with several organizations. The third respondent returned at the end of his contract in the EU country but used his time in the Republic of Moldova to pursue a new opportunity abroad.

*And then, after one year [master's in public health] I came home to my country, trying to implement the acquired knowledge and to build a career as a policy-maker, and it was pretty difficult to find a permanent job. So for three years I was mainly stuck with short-term contracts.... I thought that with my experience, with my connections and with my new knowledge I will be just, you know, a piece of treasure for my government [laughs]. And it was so naïve and stupid of me, I guess! (Female, 38; PhD trainee, the Netherlands)*

*I went back home, I wanted to work as a specialist doctor, family doctor or...I couldn't find a job. I spent two to three years without a job. I tried for one to one and a half*

*years to find a work place in Moldova. I did various specializations – it's what they call 'qualification upgrading', but I couldn't find work in Chisinau. I looked for, the prices were (...) for a 1000 lei salary (...) I was asked huge prices [for a bribe for this job position], I didn't accept and went back to Italy. (Female, around 40–50; following specialization in radiotherapy, Italy)*

**Short international experiences.** The majority of respondents participate in conferences, exchange visits and/or short training courses in both their current country of residence and abroad, including non-EU destinations such as the United States of America. This pattern was observed with all the respondents that migrated to the various EU countries. Some respondents had attended such events while still residing in the Republic of Moldova and some events were organized through an SMPHu exchange programme or through international conferences:

*There is a French department at the university in Moldova; they organize different projects in French-speaking countries, like France and Brussels. I participated in one as a student and it was a very good experience. (Female, 27; MD in neurological unit, United Kingdom)*

Similar international exchanges (conferences, exchange programmes, short training courses) occur during health professionals' residencies in EU countries.

*The Romanian community where I work [in Romania] has a longstanding collaboration with a Belgian community. They are two sister communities, and every year there are exchanges and different types of preventive and humanitarian actions. (Male, 37; GP, Romania)*

**Intended period of migration.** Participants generally did not identify a conscious decision to migrate permanently on initially leaving the Republic of Moldova. Some respondents reported that they moved to pursue a specific opportunity or purpose (e.g. study, specialization). Often, the decision to stay longer is taken gradually, step by step, as migrants become familiar with the new health system and new opportunities arise. For example, one respondent initially went to Italy to study for a master's in cardiology. On completion, she applied for medical diploma recognition and then for medical specialization in cardiology in Italy. Another respondent moved to take up a research scholarship in the Netherlands and then obtained a work contract. Despite a clearly defined initial purpose of migration (i.e. study or fixed-term job opportunity) participants continue to explore future job opportunities in their recipient country (e.g. medical specialization, research scholarships or work contracts in other EU countries).

Respondents can be divided into two groups in terms of their intended period of stay: (i) Moldovan health professionals working in the Romanian health system who reported intentions to settle in Romania from the start of their migration experience; and (ii) respondents currently working in all other EU Member States who intended to return to the Republic of Moldova at some point. This is particularly the case for respondents who migrated mainly for financial reasons. Respondents migrating for study purposes received temporary residence permits for the recipient country, searching for new migration possibilities with short-term returns to the Republic of Moldova in between.

*I had the same thoughts that everyone has in a difficult financial situation – to stay one, two, three years, to help our families and to go back. (Female, around 40–50; following specialization in radiotherapy, Italy)*

### *Push factors*

Various motivations influence respondents' decisions to migrate to certain EU countries.

**Financial reasons**, including low and irregular salaries, were the main motivation mentioned by five respondents, all living in Romania, Italy and Portugal for ten to 19 years. They noted that salaries were too low to cover recurring expenses and daily living costs, and that salary payments were delayed. Two sacrificed careers in the Moldovan health system for better earning capacity in other sectors (elderly care and car services) in Italy and Portugal. All five respondents who migrated to Romania were able to work in the health sector; three are currently working according to the specialization they followed in the Republic of Moldova. Conversely, a few respondents explicitly mentioned that financial reasons were NOT a main consideration for going abroad, noting for example that salaries relative to living expenses are not too bad, or that family members are sufficiently well off so that financial concerns are not a main motivation.

**Lack of career advancement opportunities** was a major driving force behind some respondents' (five) decisions to migrate. Lack of opportunities to undertake scientific medical research; to follow a master's programme in public health; to specialize in medical informatics or to conduct a residency in cardiology in the Republic of Moldova were quoted. These respondents currently live in the Netherlands, Italy, the United Kingdom and Germany.

As already mentioned (see section on mobility), two respondents remigrated to their recipient EU country because they were unable to find a (good) job in the Republic of

Moldova (Table 4.23). One expressed deep disappointment with the Moldovan health system, noting the lack of health system reforms and corruption at the level of doctors, patients and of policy-makers, as the main reasons for her decision.

Table 4.23. Most important push factors mentioned by respondents

Most common push factors	Quotes
Financial reasons	<i>No, it was financial matters. I tell you once again, I was... my problem was this: my wife is a nurse, so we were working together and building a house and our financial state was... just imagine starting all the construction works, no money. (Male, 48; MD, Portugal)</i>
Career advancement	<i>By the time I graduated from university there was not a ... fellowship in cardiology immediately after university in Moldova. I was... very interested in this field of medicine so.... then I was searching for more experience, more skills in cardiology. And by chance I found this possibility of a master's in Italy, that's why I applied to this course. (Female, 38; cardiologist, Italy)</i>
Dissatisfaction with Moldovan health system or general political and economic system	<i>Because in reality the rational initiatives that we were trying to raise, trying to discuss, trying to persuade ended with almost nothing because of the political will and completely odd illogical decisions. After that it was obvious that nothing was going on with the reform.... it's painful, it's really... I was there! And nothing seemed to move on. Then I understood that I am not interested anymore. I could not see me as a part of the policy-makers in Moldova, because I had no confidence in existing policy-makers. (Female, 38; public health specialist, the Netherlands)</i>

### Pull factors

The research revealed that it is not always pull factors that lead Moldovan health professionals to a particular EU country. The **choice to migrate to a specific EU country** was found to be sometimes deliberate, sometimes opportunistic and sometimes dependent on social ties.

Some respondents were strongly influenced to migrate to a specific country by existing **family ties**. This was a husband in two cases (Netherlands, United Kingdom) and close relatives in another (Italy). The student in Spain had chosen that country because of the presence of a close relative. Some other respondents gained a more general sense of opportunity in a country via the so-called radio baba (gossip network) and acquaintances (Italy, Portugal). Respondents from Romania already had friends, colleagues and acquaintances in Romania, close ties who provided information on work opportunities, In addition, a common language made Romania a natural choice for respondents.

Some respondents were **opportunity driven**: searching purposefully for educational opportunities and reviewing various programmes (including those in the United States of America) to assess their quality, subject, costs and scholarship opportunities. Others found that a career or educational opportunity emerged in the context of existing work and work-related networks or arose by chance, also via professional contacts.

It is noted that, after the initial migration, a few respondents also searched purposefully for employment or career opportunities in other (third) countries, weighing options in terms of diploma recognition and the ability to work there (including United States of America) (see also section on diploma recognition).

**Except for Romania, prior exposure to a country played no major role** in country choice. Most respondents had not been to their recipient country prior to migration. One notes, “I had no clue about the Netherlands, I swear.” (Female, 38; public health researcher, the Netherlands).

In three cases (in addition to those who went to Romania) the respondents had visited the recipient country and decided that it was somewhere they could live. For those who did go to Romania (4), the common language was quoted as one of the major reasons for this choice, together with familiarity with the culture and historical and social ties (as already noted).

For a number of respondents, primarily those who left the Republic of Moldova for financial reasons (see above), the **opportunity to earn higher salaries** was a major pull factor (see Table 4.24).

Three respondents **obtained a scholarship for study, residency or research prior to migration**. These migrated to the Netherlands, Germany and Italy, respectively, because the type of education offered suited their professional career plans. Two young respondents who have not yet completed their education/postgraduate degree as health professionals provide an insight into the attraction of education in an EU country (see Boxes 4.2 and 4.3). The main factor identified by these two respondents is a problem with the learning methods during medical studies in the Republic of Moldova: too few practicals (for the medical student) and too few responsibilities (for the resident). Further, an EU recognized diploma is perceived as an asset for further career plans.

**Table 4.24. Most important pull factors reported by respondents**

Pull factors	Quotes
Career advancement	<i>I am quite ambitious and I thought – I need to do something about the situation [in Republic of Moldova]. So I decided to start this master’s in public health. (Female, 38; public health researcher, the Netherlands)</i>
Study opportunities in recipient country	<i>The motivation to apply for the scholarship to go to Germany was to specialize further in this field (medical informatics) because this field was totally new in the Republic of Moldova. I had no possibility of finding anyone with experience. And this is why I decided to go to Germany. (Male, 38; public health researcher, Germany)</i>
Opportunity to earn higher salary	<i>And the salary! Ours was worth €25 and was six months behind. The salary in Romania wasn’t big either, but it was around €200. You can imagine – eight times higher! Plus, if you took some nightshifts that was another full salary if you needed it! So you had some €400 – 16 times the salary in Moldova! (N.B. This quote refers to a period over 10 years ago). (Male, 42; gastroenterologist, Romania)</i>
Social factors	<i>It [the reason for leaving] is very simple – I married a British man [laughs]. We decided to move to England. (Female, 27; MD in neurological unit, United Kingdom)</i>

### Box 4.2. and 4.3.

#### Information from young respondents studying in EU countries

I don't think that we have really good studies in Moldova. You know, in Moldova during studies, you work a lot. A lot of knowledge, I mean the theories, about how it works and so on. Yes the practical is quite complicated. Usually for me I have to really change my practises because I know, for example we have a disease, I know how it's supposed to be ..... how it's described in books, afterwards what it looks like, what to do. Here I should for instance first do something, afterwards think what it could be, then do another thing, then analyse it, and then again think if it could be another thing. So when I have a patient I would first think, so you could have this, this, this... First you should ask something, do some emergency things, and afterwards ... so that's what we miss actually in Moldova; students maybe know the symptoms even better than here. Theory and practice – when you arrive in Moldova it's a different way, when you are a student you will study theory, when you are a resident you will start to study practice. Here they consider that during the last three years, the student also does the practice, so they already know what to do. Of course the opportunity to do medical examinations here is never an opportunity in Moldova. The scan, the MRI that you can't obtain all the day when you need it, a lot of things that we (in Moldova) never practice, like .. for tumours, ... every little analysis that usually I learned, but I learned it like this; ok I will likely never use it here [in Moldova] so I just read and forgot about it. But here you should use it so, as you use it every day, you have a lot more knowledge, and also I wanted to do research – because I tried in Moldova, we had a grant but we stopped at the clinical level because you have no funds available in Moldova, you have no .. So you really have no variety. (Female, 27, following clinical internship, Belgium)

The teaching in Moldova: it's not about the content but we need real professors, real professionals that can teach that. Because usually it's done by taking all the professors' reading from...from papers.

I do my residency in Spain in case everything goes wrong in Moldova and I cannot find work. If I cannot establish professionally in Moldova I can go anywhere and just find work as a doctor with a specialty finished in Europe in any European country.

Really we wanted a little more responsibility for young doctors during residency (in Moldova). They feel a little bit of a parent-child attitude – don't go there, don't do that, you can look but not touch! You can touch but not do anything else without my permission.

Yeah, it's the method, not the content. Because we actually studied by the European medical protocols, so it's totally the same.

When I finished university I was speaking to younger colleagues and they had already began courses of...medical ethics and... interaction between patient and doctor and stuff like that. (Male, 28, preparing for medical specialization exams, Spain)

#### *Preparation and adaptation period in EU recipient country*

**Prior knowledge of country and the health system.** As explained in section 2, three respondents had been to their recipient EU country prior to migration, as had the four respondents who went to Romania. Those who had not been to the country noted their limited knowledge of the recipient country in general and, sometimes, a lack of knowledge of its medical practice and health system:



*When I came here I faced the difference in the medicine they use here, different protocols but... they have European protocols unlike Moldova... they all follow these protocols (Male, 39; emergency unit GP, Romania).*

One respondent noted that she would have liked to have known more about the British health system before moving, as it was organized completely differently and it took her time to find her (potential) role within this system.

**Permission to reside and work in the EU.** All respondents reported that they arrived in a legal manner in the EU country where they now work. The majority (at least seven) have Romanian citizenship, which enables them to reside and work within an EU country:

*It was never an obstacle, coming from elsewhere; I took the exam and competed for the job as a Romanian citizen, it was the same for all of us Romanian citizens. (Male, 46; plastic surgeon, Romania)*

*In Britain they have this weird law that discriminates against Romanians, they let you work but they don't give you a work permit automatically [even though we are EU citizens], so there is a whole system through which you have to apply for a work permit. But it is still easier than applying as a Moldovan. (Female, 27; MD in neurological unit, United Kingdom)*

One participant in Italy needed Romanian citizenship in order to participate in the professional public contest/exams, and had to go back to the Republic of Moldova to arrange the necessary paperwork. Respondents from Portugal had legal migrant status upon arrival, as members of the migrant network (family or friends) guided and supported them through the migration paperwork and procedures.

Four respondents arrived in their recipient EU country with a prior arrangement to work or study, and had arranged visas on this basis (some also have Romanian citizenship). They noted that the paperwork involved was at times lengthy and/or required dealings with bureaucracy to get the right documents. One respondent was denied a visa to work in the United Kingdom as the Moldovan salary level made it impossible to meet the requirement for a migrant to prove that he/she has income sufficient to sustain himself/herself.

**Knowledge of the language.** The majority of participants have not needed to learn a new language to build a career in their destination country. The Moldovans who migrated to Romania were already fluent in Romanian, and this played a major part in their

choice of country. Respondents who went to the United Kingdom, Germany and the Netherlands use English as their working language, and had learned this at SMPPhU in the Republic of Moldova. The respondents in Germany and the Netherlands have learnt German and Dutch over time (years) as they have been working. One is now fluent and works in Dutch:

*I didn't speak the Dutch language but almost everybody speaks English so that was less of a problem.... It took me quite some years [to learn Dutch] because I was always busy with working full time, so learning the language was quite a long process for me.*  
(Female, 38; public health researcher, the Netherlands)

Respondents who did need to learn the local language in order to work (or study) are located in Italy and Portugal. Two respondents began learning these languages from five months to two weeks prior to departure. They continued to study the language for a number of months after their arrival, through either a formal course or self study. The respondent who currently lives in Portugal noted that neither he nor his wife spoke any Portuguese upon arrival. This posed some challenges but his wife has taken some courses and he worked in the informal sector (car service station) before starting the diploma recognition process. The trainee who has gone to Spain for medical specialty training started to learn Spanish before leaving the Republic of Moldova.

#### *Arrival and integration in EU country*

Migrant Moldovan health professionals face many new issues on arrival. Those who moved to study abroad recall a sense of excitement and enjoyment upon arriving in an EU country (see Table 4.25). These positive attitudes prevailed despite some challenges encountered, such as learning a new culture, a new language, or feeling like a foreigner. Two respondents found it more difficult than expected to combine their new life with caring for their family (children). Those who migrated for financial reasons recall this period as a hard time, particularly the two health professionals in Portugal and Italy who started with jobs outside the health sector.

**Table 4.25. Respondents’ feelings on arrival in recipient country**

Feelings on arrival in recipient country	Quotes
Excited	<i>It was very exciting because ... I thought it would be just one year and during the weekends I also tried to visit something, I had many colleagues from other countries so was able to share experience and to see other medical practices from other countries, and it was a very good experience. (Female, 38; cardiologist, Italy)</i>
Good	<i>I cannot remember now something that was particularly difficult for me, but anyway everything is new so you have to learn how it all works. (Female, 38; public health researcher, the Netherlands)</i>
Difficult	<i>The adaptation period was more difficult, but we did it! We passed it... there are good people there and here too. What can I say? We still encounter difficulties; some people treat us differently because we are foreigners. (Male, 39; emergency unit GP, Romania)</i>

The medical specialist trainee was the only respondent to report that he really misses the Republic of Moldova. He is dissatisfied with the new climate, and missing friends and the social environment in the Republic of Moldova.

#### *Diploma recognition: MDs*

All respondents who wanted to work in medical practice (service delivery) were required to present their Moldovan degree documents for validation by the authorities in their recipient EU countries. Based on the ECTS, validation generally takes from a number of months to one year and includes dealing with bureaucracies, incurring expenses for notaries and translations, and obtaining the stamps required from authorities (including various ministries):

*Sometimes you needed like four to five stamps on every document! (Male, 48; anaesthesiologist, Portugal).*

A few (3) respondents work in research, and therefore have no need to validate their medical degrees. Nevertheless, they still pursue diploma recognition in case they return to clinical work. Given that they already live in their recipient country and have research jobs, this lengthy procedure is not perceived as a serious obstacle.

The respondent from the United Kingdom reported that the General Medical Council (GMC) was not familiar with the Moldovan degree and so material on each subject

(including number of hours) and some additional documents were required. This procedure took some time, but the respondent did not experience this as a problem. However, most of the health professionals aiming to work in medical service delivery view the diploma recognition process as a hindrance to be overcome, and one that takes much effort – not only the bureaucratic procedures but also the need to learn a new language (Italy, Portugal) and to take further exams related to diploma recognition (Italy, Portugal).

The respondents from Italy and the medical specialist trainee in Spain were required to present their Moldovan medical diplomas. After the ECTS calculation they were required to pass exams and to re-enrol in university for a short period (from a few months up to one year). One participant based in Italy had to re-enrol in the sixth year of university and take six exams in order to qualify for specialization as a radiotherapist. Although respondents did not mention whether they had any difficulties passing their exams, they do describe the experiences of other Moldovans who found this very difficult.

*Another colleague of mine from Parma took an exam, for example surgery, that the professor failed her on 20 times! He wouldn't give her even the pass grade. He told her that she wasn't ready and she should come back another time. She dropped out, enrolled in another university, in another city and, besides those seven exams, had to pass ten more. (Female, around 40–50; following specialization in radiotherapy, Italy)*

Once licensed to work as an MD, respondents in Italy are required to do a residency in order to become a medical specialist. The respondent from Portugal had already specialized in anaesthesiology and is able to use these skills in his current job although not registered as a medical specialist in Portugal. Respondents in Romania have found the diploma recognition procedure difficult and bureaucratic:

*There are undoubtedly difficulties, for example for the diploma recognition process you have to pay lots of attention to the documents, because even a small error – one letter – can send you back. We had this trouble many times, but overcame it. (Female, 39; GP in rural area, Romania)*

The respondent from Portugal benefitted from local organizations' programme to facilitate diploma recognition:

*So first was this procedure, the first phase – collecting the documents, placing them at this Jesuit service in Lisbon, I told you that after that they helped me out with information and directed me to (name of city). (Male, 48; MD working as anaesthesiologist, Portugal)*

This so-called Jesuit programme is described by Valle, Farmhouse & Maques (2008) and is seen as an innovative model, providing:

*... support for the recognition of qualifications and for labour market integration in Portugal. Projects of support for immigrant doctors and nurses were developed by the Calouste Gulbenkian Foundation and the Jesuit Refugee Service. As a result of these projects, one hundred and seven (107) immigrant doctors and forty-five (45) immigrant nurses have already obtained equivalence for their academic qualifications and authorization to exercise their profession in Portugal. These health professionals are today working in the National Health System and, thanks to these opportunities, were able to restart their professional careers (Valle, Farmhouse & Maques, 2008:175).*

### *Recognition of medical specializations*

None of the four respondents who undertook medical specialization in the Republic of Moldova was able to gain recognition for this in the countries in which they currently work. The anaesthesiologist who migrated to Portugal is not registered as a medical specialist in that country, but is allowed to work in the field of his specialization in his current job (a private clinic). He reports that he is currently working as an anaesthesiologist.

Two respondents who specialized in the Republic of Moldova and are currently in Romania were required to undertake a shorter version of a residency (one-year practical internship)<sup>8</sup> in order to obtain valid specializations. One respondent who was required to repeat the medical specialization obtained in the Republic of Moldova identified this as an enormous obstacle for Moldovan health professionals, as not all are able to cover the cost and time required. Also, there are limited numbers of residencies for medical specialization in the destination countries.

Diploma recognition is complicated by the fact that a doctor's registration can be lost if the holder does not practise in a country for a certain period. One respondent obtained an MD degree in the Republic of Moldova, then specialized and worked as a family doctor in Romania before moving to Italy and to Belgium. He returned to Romania in order to retain his licence to practise:

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<sup>8</sup> This shortened version is no longer available due to the requirements for recognition of Romanian health diplomas in other EU countries. All Moldovan health specialists who decide to practise in Romania must now complete a full residency programme.

*Because it's a shame to lose a doctor's diploma that I had to study nine years for. I would have lost it, had I stayed a little bit more (...) five years is the term for...if you don't work then (...) (Male, 37; family doctor, Romania)*

Most respondents had little difficulty finding jobs in the health sector: only two respondents (in Italy and Portugal) worked outside the health sector on first arrival. The migrant to Italy even returned to the Republic of Moldova but, unable to get a job in the health sector (in Chisinau), decided to re-emigrate to Italy and continue with diploma recognition. Four respondents had secured a job or place on a study programme before arrival:

*It wasn't too difficult [to find a job]. Um, the key was to start not with a job but with something called a clinical attachment, which is basically that you follow a team, you are basically part of a team but they don't pay you [laughs], and you don't have many responsibilities. This counts as experience. I did this for a couple of months to get work experience in the UK, and then I could get a proper job. (Female, 27; doctor in neurological unit, United Kingdom)*

Those who migrated to Portugal, Spain and Italy found it more difficult to find jobs as they had to start with the diploma recognition procedures. Given the difficulty of finding a job in the health sector, some also started by working in the informal sector. Migrants face another struggle to find a job after they have completed medical specialization in a recipient country:

*I'm not sure if easily, but maybe more ... faster than here. Because anyway I took around five to six years to get a job after specialization. I mean around five years to do everything from studying the language 'til taking the job. So it's not immediately after you come from eastern Europe that you immediately get the job. (Female, 38; cardiologist, Italy)*

The migrants to Romania had different experiences as most migrated over ten years ago. Some obtained resident jobs; others had to buy a private (GP) practice in order to start work. The latter is costly as it requires capital. At the time it was relatively simple to find work as an MD in Romania:

*It was the decision of the minister in charge at that time, to make the vacant jobs public online. So, they were posting the jobs online, and then you had to ask the public health department, and they couldn't refuse you because the vacancies were made public and you had to submit the papers there and at the Ministry of Health and those who were participating in this contest... well I had no competition, but (...) (Male, 42; gastroenterologist, Romania)*

## Communication with Moldovan diaspora

Respondents have varying levels of interaction with Moldovans and Moldovan networks. Most are in touch with fellow Moldovans and/or have Moldovan friends in their recipient country. However, most do not know, or are not in touch with, other Moldovan health professionals. One respondent knows only one Moldovan health professional – someone working at the same hospital. An exception is the respondent who notes that there are many Moldovan doctors in Portugal (he estimates 150) and he has quite a few friends amongst them. Some are classmates from his graduating year who undertook the diploma recognition process together. Respondents often have very little time to engage with other Moldovans, “We meet our colleagues, but rarely, due to busy schedules. The daily routine and work absorbs us and we’re lucky to meet at some symposium or meeting” (Female, 39; GP in rural area, Romania).

Four respondents do not know of any Moldovan diaspora networks; one respondent noted appreciation of Vatra, a diaspora organization in the United Kingdom. A few respondents identified the Moldovan embassies as places to connect with their co-nationals, and where events are organized for Moldovans.

*I have been contacted by colleagues that already had their diploma recognition, that knew or... that knew that I am working as a doctor here in the region and they called me to learn information about nightshifts, how to do it, how... for example (...) How to do the insurance, problems of this kind. So two to three people, colleagues of mine called me asking how to do it, what documents should be prepared to be able to do nightshifts, as they intend to obtain a specialization. From what I know it's not that easy to enter one (...). No, I didn't have the occasion to meet Moldovan diaspora associations. (Female, around 40–50; following specialization in radiotherapy, Italy)*

## Stay factors

**Family-related stay factors** are important for some respondents. Two people are married to EU citizens, one of whom is particularly tied to working in that country. One respondent notes that, over time, all her close family members have moved to Italy (parents, siblings, husband, daughter) and are now a reason for staying. Three of the eight respondents have children in the recipient country and mention that their integration, particularly with regard to the language and education system, is an important factor for staying in the country.

**Financial considerations.** Most respondents do not identify finance as a primary reason for staying in the recipient country. However, when asked about their willingness to return to the Moldovan health system, half of the respondents mention that a decent salary is needed if they are to be motivated to return. A few respondents based in Portugal and Romania describe how the financial crisis has hit their recipient countries.

*Income was at first considerably higher compared to Moldova. Now... with several salary cuts over the years, it has affected us as well (Female, 39; GP in rural area, Romania).*

In Portugal this includes higher prices and tax increases without any increase in salary. However, these respondents do not mention that this financial crisis will influence their choice to return to the Republic of Moldova.

Alongside difficulties related to the financial crisis, respondents in Romania also note various financial assets such as supplements based on professional accomplishments (now defunct); for working in rural areas or for having more patients. One respondent mentions extra payments for fieldwork. In addition, in Romania, *“most of the doctors also work in private clinics and offices and that is a supplementary income for us”* (Male, 42; gastroenterologist, Romania).

None of the respondents note that they send remittances to the Republic of Moldova. Five mention that they do not feel that this is necessary as their families are well off: through either well-paying jobs or a good pension. One respondent reported the reverse: she was supported by her working husband and her parents, all living in Italy in order to pay for her studies and specializations.

**Work environment.** Three respondents mentioned that they enjoy the opportunity to work in highly specialized units in world class institutions such as University College London Hospitals NHS Foundation Trust, one of the largest in England. A respondent who works at a research institute in the Netherlands expressed similar appreciation of the experience of working in such a setting. Several respondents appreciate their good working relationships with colleagues and their enjoyment of working with these highly skilled professionals.

Two respondents in Romania noted that they have different working relationships to those in the Republic of Moldova. For example, people raise their voices less – even when dissatisfied. One participant particularly enjoys the fact that her colleagues come from all over the world.



Respect for doctors and for patient–doctor relationship is seen as a positive aspect of the working environment. The majority of respondents remarked on the difference between the patient– doctor relationship in the Republic of Moldova and in their current country of residence. All the respondents from Romania noted that doctors there are given much more respect. One respondent suggested that this arises from the highly selective process for becoming a doctor in Romania; the Republic of Moldova has far less competition to enrol in medicine. The medical specialist trainee in Spain mentioned that patients’ respect for doctors is a pleasant part of the working environment.

The availability of (advanced) technology is a final positive aspect of the working environments in recipient countries. Several respondents appreciate the technology available for conducting their work. Respondents also appreciate the use of information technology within administrative processes and the organization of work.

**Health system.** The respondent from the United Kingdom mentioned that she likes the fact that the service is free of charge for all patients and paid through the NHS, with no need to prove legal status in the United Kingdom in order to access health services. Another respondent mentioned that, although the Romanian medical system has serious issues, problems tend to be solved faster than in the Republic of Moldova. However, a respondent from Romania has a more critical opinion of this health system:

*Well, disadvantages are the same for all county hospitals in the country, like lack of materials and medical equipment. Because we could register better results if we had stuff to work with, but we don't really have much to work with. (Male, 46; plastic surgeon, Romania)*

**Professional development and career opportunities.** As already explained, respondents highly value the professional development opportunities provided by the ability to attend conferences and short courses. For example, Romania holds many congresses for Romanian specialists, and congresses abroad are accessible to the respondents interviewed. One respondent notes that his employer supports such professional development but this is not always the case and likely is dependent on both the employer and the type of professional development. One respondent from Romania reported that these exchange experiences have to be self-funded.

Respondents have a wide variety of ideas on career trajectories for the coming years. The majority envision themselves remaining in their current country of residence for the near future. Only the medical specialist trainee in Spain and one health professional aim

to return to the Republic of Moldova in the short term. Some respondents described specific plans for their next steps (outlined below); others want to continue with their current work. One respondent considers that he is too old for any further career steps: “Due to the fact that I am almost 50, I don’t take chances any longer, I’ve stopped here!” (Male, 48; anaesthesiologist, Portugal), even though his specialization is not recognized in Portugal.

Other issues influence the reasons why health professionals like to stay in their recipient country (Table 4.26).

- **Medical specialization**

A few respondents are currently undertaking medical specializations. One expressed concern about the level of competition involved in working as a specialist in radiology in the public domain. She plans to apply in various places in Italy, but is also considering options in other countries.

- **Running own company, private practice or consultancy**

Four respondents mentioned an interest in working in the private sector. Two respondents (Romania) are considering becoming medical consultants. One respondent from Romania would like to establish a private practice. Another respondent has already established a small enterprise in which he works in parallel and, if the anticipated contract in scientific research fails, “I will simply switch to my enterprise, easy.” (Male, 38; scientific researcher, Germany).

- **Research**

For those conducting research and interested in continuing to work in this area, EU countries provide an important stay factor as research in some areas is not available in the Republic of Moldova (see section on research).

- **Legal status**

As explained in the section on transition to an EU country, all respondents (seven of whom hold Romanian citizenship) arrived in a legal manner in their recipient countries. Some respondents noted that they received the same treatment (in terms of regulations and access to opportunities) as citizens from the EU country. Some respondents took steps to maintain legal residency for a longer duration. One respondent in Germany applied for, and obtained, permanent residency as a highly skilled professional after a period of gaining work and residency permits based on short contracts. Three respon-

dents who became citizens of their recipient EU country through marriage noted the advantages in terms of job opportunities (Italy, United Kingdom and Netherlands).

- **Positive aspects of the EU country**

A few respondents noted an attachment to, or appreciation of, their recipient country and its people, “This country fits me as a person, with ethics and customs that are in this country.” (Female, 38; public health researcher, the Netherlands). Another respondent appreciates the free, and good, education for children in Romania.

#### *Diploma recognition*

Diploma recognition takes much time and energy that constitute an investment in the respondent’s current country of residence.

#### *Professional networks*

One respondent identified the professional networks that he has developed as a strong reason for staying in his current country of residence.

**Table 4.26. Common stay factors**

Common stay factors	Quotes
Family	<i>I would say family reasons were important for staying here longer. Because my son has already been attending a school here in Germany, he also speaks fluent German and he has been enrolled deep in the educational process in Germany. (...) Now my family members are fully integrated, I can say, in this German environment. They feel comfortable here so this is why I am still here. For my family I don't think so [that going back is an option]. Because my family members, most of them are here. My wife, my son, my daughter ... And honestly speaking I don't have any plans to go back to Moldova. At least... right now. (Male, 38; scientific researcher, Germany)</i>
Financial factors	<i>It depends on the salary, because the salary isn't big back home and they suffer and they wait... they are waiting for a ...I don't even know how to call it, a help, they are waiting for a bribe, for a gift, they are waiting for a lot from the patients// instead, if you have a salary, you don't think about this. (Female, around 40–50; following specialization in radiotherapy, Italy)</i>

Common stay factors	Quotes
Working environment	<p><i>What I like about my work is that we do everything here, from basic cardiological visits, from basic exams to angioplasty, coronary bypass, all types of interventions, even heart transplantation, so you can experience all cardiology here, absolutely. You can get skills in all fields of cardiology. (Female, 38; cardiologist, Italy)</i></p> <p><i>The respect for doctors here is much higher. Here it is “Mr Doctor!”, while back home in [Republic of Moldova] I didn’t feel this same kind of respect from the patient. It was some kind of... you could be disregarded or even experience rudeness at a certain moment. That was a shock for me. (Female, 39; GP in rural area, Romania)</i></p> <p><i>It is one of the few countries/hospitals in which the very highly skilled professionals are from all over the world. It is a really nice environment to work in if you like this, the international team working. (Female, 27; doctor in neurological unit, United Kingdom)</i></p>
Health system	<p><i>I like that the service is free of charge for patients, it is paid through the NHS.... So when someone arrives at the hospital no-one is asked to present some sort of ID, or at least it is not a condition for service. (Female, 27; doctor in neurological unit, the United Kingdom)</i></p>
Professional development and career opportunities	<p><i>Every year there is a list of all congresses, you ask the medical association and the health department and the hospital management and you plan your time – they never say no, on the contrary – they support you. We have to earn 40 EMC points every year. Otherwise we don’t get accredited for the free practice for next year. And then you go and seek this kind of opportunity. I visited three congresses in the US on my own. (Male, 42; gastroenterologist, Romania)</i></p> <p><i>My dream is to be able to buy my own practice, to purchase a medical surgery or to build one using some sort of project, so that I have more space, where I can eventually buy an echograph, things like that. (Female, 39; GP in rural area, Romania)</i></p> <p><i>And I am deeply involved in a lot of projects and collaborations involving European partners and I simply cannot see this now in Moldova. (Male, 38; scientific researcher, Germany)</i></p>

### *Temporary or permanent return to Republic of Moldova*

**General impressions on return.** Eight participants are not planning to return to the Republic of Moldova in the short term, as they and their family members have an established life in their recipient country. However, in the long term, half of the respondents would consider the Republic of Moldova either for work or as a retirement destination.

**Factors that would encourage return.** For respondents whose migration was motivated by professional or personal development, the most important concern is to continue their careers and it does not always matter where. They have not made big investments to move abroad as the costs were covered by a bursary or were relatively low. In

addition, they are mobile and searching for professional development opportunities and acknowledgement of skills. A stable economic environment in the Republic of Moldova and improved economic conditions would serve as a strong encouragement factor for return:

*Well, no...yes, maybe [hesitant]. Not this year but... could be a possibility. I think it would depend on the conditions of organization of medicine there, and then of course on payment, because after so many years of studying you should be paid in a good way (...) from technical point of view it's quite OK because I know there are a lot of new technologies. Sometimes it's even much better than I have here, so from a technical point of view Moldova is now growing very well so...I think just reorganization of the medical system should be taken into consideration a little bit now. (Female, 38; cardiologist, Italy)*

Some respondents can picture themselves working and applying their skills in the Moldovan health system, provided that there is the right atmosphere and that they are given the responsibility to use their competencies (often learned abroad). Three respondents acknowledged the efforts to improve the Moldovan health system and see this as a positive long-term development. One respondent raised the possibility of working part-time in the Moldovan private health-care sector:

*I've heard that there are private clinics over there and if I could work part-time... I consider that I've reached a high professional level, I am appreciated by colleagues and patients and if the clinics would want me to work part-time: Friday to Sunday ...because it is some 100 km way, they could sign up patients for me; I could hold consultations and return to Romania. (Male, 42; gastroenterologist, Romania)*

Some respondents emphasized the feeling of home when they return to the Republic of Moldova, and the connection to friends and family there. The husband of one respondent currently lives and works in the Republic of Moldova, which is a strong reason to return. However, missing the family is not always an issue for these global citizens: three respondents feel that they have sufficient opportunities to visit their family and relatives in the Republic of Moldova and that they feel quite close even when they are far away (e.g. by using Skype). Several respondents mentioned that their relatives (particularly parents) also visit them regularly in the United Kingdom. The medical specialist trainee from Spain mentioned not only the feeling of returning home and the connection to friends and family, but also the positive changes occurring in the Republic of Moldova.

**Factors that hinder return.** Economic concerns are a strong factor hindering a return to the Republic of Moldova for the majority of respondents, not only due to the high costs of living:

*The salaries (...) first of all the doctors should be motivated to go back to Moldova, because if they tell me today that they will pay me the same salary I have in Romania, I'll go back to Moldova the very next day!* (Male, 39; emergency unit GP, Romania)

Adequate pay is considered not only important for the well-being of respondents and their families, but also as an acknowledgement of the responsibility and social status of the health professionals, “The life of a person is in your hands and it hurts when you see the salary you get, while the prices are the same or increasing” (Female, 39; GP in rural area, Romania).

A number of respondents are discouraged from returning because they would be unable to continue to work in their highly specialized field. This is particularly the case for those respondents involved in research. Five respondents mentioned political instability as a factor in their decision to stay in their recipient country. In addition to personal concerns about the sociopolitical and economic situation in the Republic of Moldova, three respondents feel that their children would not approve of a decision to return to the country of origin (see discussion in section on stay factors).

**Reintegrating in Moldovan health system as clinician or researcher.** The majority of respondents keep in close contact with relatives and remain aware of developments in the Republic of Moldova. Others are reliant on the limited (sources of) information on developments in the Moldovan health system and on impressions gained from their social network in the Republic of Moldova and the media. It is likely that their limited knowledge of the current functioning of the Moldovan health system influences the answers of health professionals who have lived in Romania and Portugal for a long period (> ten years). They feel that reintegration would be difficult, as do the researchers (Germany, the Netherlands) who feel that their field of research is not seen as a priority in the Republic of Moldova.

Eight respondents feel that there are limited or no possibilities for them to develop as professionals in the Moldovan health system as the equipment, materials and work conditions are below their expectations:

*One more thing: when you have no equipment to work with, only a stethoscope – it's very hard to work. If you can't work with a laboratory, don't have the equipment for a minimum of patient investigations – it's very hard and...that's it – equipment and work conditions. (Female, 39; GP in rural area, Romania)*

While only one respondent mentioned an explicit conflict with hospital management, after experiencing a different patient-doctor relationship in their current country of residence, respondents feel that attitudes need to change in the Republic of Moldova, and there is need for increased respect and consideration on both sides.

Three respondents referred to the sociocultural expectation of the treatment process in the Republic of Moldova, still reminiscent of a Soviet school of public health. Respondents feel that patients cannot accept the current changes and project their frustration onto the health professionals:

*There was a complete overuse of prescriptions, if you were not prescribed 25 different types of medicines – you were not treated well. And if you could not have an IV you were not treated well! (...) So this type of thing was abused in the system and then abuse of the funds and... harm to the patient. (Female, 39; public health researcher, the Netherlands)*

The so-called petty corruption mentioned by one respondent feels degrading to both patients and Moldovan health professionals, and discourages their reintegration in the national health system:

*The population knows that doctors take money from patients, and the population... they show some respect to your face, but deep down in their hearts the population feels that going to the doctor is a punishment! (Male, 42; gastroenterologist, Romania)*

**Experience exchange schemes (temporary return).** Respondents show divided opinions on temporary exchange schemes between EU countries and the Republic of Moldova. Some respondents are interested in participating, welcoming the opportunity to either apply their knowledge in the Moldovan health system, or to refresh their knowledge on specializations that they are no longer able to practise in their current destination country.

Respondents do not ask for remuneration or other costly conditions for temporary exchange schemes. However, two respondents accentuate the importance of institutionalized exchange schemes so that the Moldovan health professionals can take temporary leave from their current workplace responsibilities. Five other respondents are sceptical

about the long-term impact of the exchange schemes. Table 4.27 shows some common causes of concern.

**Table 4.27. Concerns about participation in exchange schemes**

Concerns	Quotes
Insufficient or inadequate medical equipment in Moldovan health facilities	<i>I see no... prospects for me as a radiotherapist in Moldova. I don't think so. We have an oncological hospital with very old equipment...with extremely dated schemes of radiotherapy treatment. I don't think there are any prospects for me as a radiotherapist at home.</i> (Female, around 40–50; following specialization in radiotherapy, Italy)
Differences in treatment approach and applicability of knowledge	<i>I can share the knowledge... it doesn't cost me a thing to share the knowledge, I am worried about something else: the situation in Portugal has changed me, and my experience is no longer applicable [to Moldovan health system], you see?</i> (Male, 48; anaesthesiologist, Portugal)
Exchange programme's sustainability for progress of the Moldovan health system	<i>(...) For such... exchange programmes there should be some funding and very exact goals (...) in order for me to be interested in this. (...) Because what often happens is that people use such opportunities to go abroad, to see how it is organized in other countries and they come home and nothing happens and nobody has plans to change anything (...) and then of course your motivation to organize something like this goes down.</i> (Female, 39; public health researcher, Netherlands)
Scheduling problems and institutional aspects	<i>Experience exchange schemes (...) Why not? Because I mean if I take a break and go to Moldova on such an exchange scheme it's not very...I need to take care of my patients (...) because I have a contract with the national insurance company and an obligation to be at work every day, offer services, consultations, treatments, that's it!</i> (Male, 37; GP, Romania)

**Brain drain and brain waste.** The respondent MDs who have migrated to EU countries are very ambitious health professionals. They move to seek sufficient professional development opportunities and do not mind if this search is long or takes them far away. A good salary is not necessarily their first concern and some health professionals intend to return (see previous chapter) to the Moldovan health system after education in the EU if they are able to use their new skills. Two of these health professionals have tried to use their new skills and put their education into practice within the Moldovan health system but experienced barriers:

*And then [after a one-year master's] I came back home to my country, to try to implement the acquired knowledge and to build up the... policy-making career, and it was*



*pretty difficult to find a permanent job. So for three years I was mainly stuck with short-term contracts, working with local NGOs .... I thought that with my experience, with my connections and with my new knowledge I will be just, you know, a piece of treasure for my government [laughs]. And it was the most naïve and stupid part of me, I guess!*  
(Female, 38, PhD trainee, the Netherlands)

There is limited brain waste among this group of respondents and most have been able to use their medical qualifications in their recipient country (Table 4.28). Three have opted to specialize in research and therefore are not licensed to work as physicians as they have not followed the required diploma recognition procedure.

**Table 4.28. Overview: educational attainment in Republic of Moldova and EU versus current job**

Education in Republic of Moldova	Education in EU	Highest recognized degree in EU	Current job
MD	None	MD	Senior house officer, Neurology Unit, UCL Hospital
MD neurologist	MA public health	MA public health	PhD student, negotiating placement
MD + MA social medicine and management	None (did research)	MA social medicine and management	Scientific researcher
MD	Specialization in radiotherapy	MD	MD following specialization in radiotherapy
MD	MA cardiology + four years specialization in cardiology	Cardiology	Cardiologist
Anaesthesiologist	None	MD	MD working as anaesthesiologist and reanimatologist in private clinic
MD	MA in United States of America, PhD in the Netherlands	PhD in public health (medical degree not recognized)	Public health researcher

Education in Republic of Moldova	Education in EU	Highest recognized degree in EU	Current job
MD three-year residency in radiology and imaging	Initial one-year internship in order to be able to practice, currently following family doctor residency	Family doctor	GP in rural area
MD with three-year residency	Currently following family doctor residency. Completed six-month specialization for emergency units	MD	MD in emergency unit, and socio-sanitary service
MD	Family doctor	MD	GP in urban area
MD specialized in gastroenterology	Medical specialist in gastroenterology	Medical specialist in gastroenterology	Gastroenterologist
MD specialized in plastic surgery	Medical specialization in Iasi (in 1990s)	Specialization	Surgeon in burns and plastic surgery unit

### *Policy suggestions*

Respondents in the recipient EU countries suggest a variety of policy recommendations. These included recommendations concerning different sectors of Moldovan society, such as improvements in the education sector (primary and secondary level).

Three respondents emphasize the positive aspects and enriching nature of Moldovan health professionals' migration to EU countries, and have argued for greater transparency in the diploma recognition procedure in the Republic of Moldova.

All respondents have acquired additional professional and personal skills during their migration experience in the EU, and two respondents call explicitly for a more positive perception of the migration of health professionals:

*Well I think all of them [Moldovan health professionals] would like to work in the EU, or most of them, but it would be better to have their experience abroad, because when you came back you bring many experiences and (...) sharing experience is very important, it would be nice if most (...) [Moldovan] doctors had this possibility to go abroad and then come back. (Female, 38; cardiologist, Italy)*

Respondents are unanimous on the necessity for higher salaries for health professionals in the Moldovan health system:

*If the salaries won't increase to at least 60–70% of the Romanian average, no way will the doctors return! Not a chance! Because now that they've accumulated knowledge and savoir faire, doctors don't want to lose face. (Male, 42; gastroenterologist, Romania)*

Respondents also call for increased transparency and credibility in the Moldovan health system, including clear goals for the temporary exchange schemes:

*Well, maybe you are aware of the political situation in Moldova [laughs], the fact that the Minister himself is under big scrutiny and is about to be called to court for charges of corruption and things like that, so I think that when you have the head of the Ministry of Health who is a corrupt person, it is not very good for the whole organization. I think that better organization, less corruption, improving the image of the health system and health workers will improve society's attitude to doctors and the health system. (Female, 27; doctor in neurological unit, United Kingdom)*

Based on experience accumulated in the health sectors of EU countries, respondents suggest several innovative solutions for the Moldovan health sector, such as: (i) public health campaigns for prophylaxis of noncommunicable diseases (e.g. heart attack, diabetes) and chronic pain; (ii) a larger range of discounted medications; (iii) online appointment systems for patients of family doctors; (iv) a single emergency number to call for qualified help from health and rescue services; and (v) selective use of doctors in emergency cases:

*In Moldova the ambulance comes to all accident scenes. Here in Romania, the ambulance comes only in cases of major interventions. (...) . I'm one doctor that covers the whole district! We go only to very big interventions; we do not go when it's a case of consultation. For other cases there is the medical assistant, ambulances with medical assistants. (Male, 39; emergency unit GP, Romania)*

## 4.5 Quantitative study component: other recipient EU countries

### 4.5.1 Summary

#### *Respondent profile*

The majority of the 55 respondents are female (80%, 44). Ages range between 20 and 55 years but the majority are between 26 and 45 years (80%). Respondents currently reside in France, Germany, Greece, Portugal, Romania, Ireland, Spain, Sweden, Austria and Belgium. 45% of the respondents are doctors, some of whom have followed a medical specialization and/or residency in Moldova; a similar proportion (44%) are nurses; and 11% includes midwives, feldshers and public health specialists. Respondents left the Republic of Moldova between 1994 and 2013, with around one third leaving in the last three years. The respondents have therefore been in their current country of residence for between six months and 15 years. In addition to Moldovan citizenship, around half of the respondents hold Romanian citizenship and a minority hold another nationality.

#### *Geographical distribution and mobility*

The great majority of respondents aged 45 or less are more likely to have lived in a third country (78%, 32). This younger age group also shows more diversity in terms of recipient countries and a greater concentration in countries in north-west Europe than the respondents aged over 45 years.

#### *Push factors*

In order of frequency, the push factors reported amongst the respondents are related to finance; general living conditions and political situation; work environment and professional opportunities; and personal and social reasons. All these factors continue to motivate health professionals to migrate. Younger ( $\leq 35$  years) respondents reported more encouragement from their relatives and friends than the older respondents. Respondents who migrated between 2004 and 2008 reported less often that they migrated for financial reasons but very often that they migrated for the challenge of starting a new life.

### *Pull factors*

Social networks in the recipient country are important factors in the decision to migrate to a particular EU country, although younger respondents are less influenced by these. In addition, a large proportion of the respondents are motivated by financial gains and the expectation that their professional career will benefit from migration. The general expectation of job opportunities available inside and outside the health sector plays an important role for all respondents. Younger respondents ( $\leq 35$  years) more frequently have scholarships or jobs organized before migration. Personal and family reasons are less important for respondents in terms of joining a partner or providing better opportunities for family members.

### *Transition and experience in recipient countries*

Moldovans preparing to leave for an EU country take a number of steps. Most frequently they seek advice from other Moldovans in the recipient country. In addition, around half inform themselves of the diploma recognition procedure (some even initiate this) and start to learn the language of their intended destination country. They also look for a job, follow additional courses, apply for Romanian citizenship and inform themselves of legal matters related to migration. Younger respondents often take more steps to prepare for their career abroad, including applying for Romanian citizenship.

The study indicates that respondents have an overall positive attitude towards their transition. The majority of respondents indicated that their expectations of life in the recipient country were completely or partly in line with their experience upon arrival. More than one third of respondents regard the process of adaptation in the recipient country as moderately easy and very easy. Only 9% of the respondents perceive the adaptation process in the recipient country to be very difficult. Respondents reported encountering difficulties across various domains, such as: gaining legal residence or work status; being unable to work according to qualifications; taking a long time to find employment; and the high financial burden of both bringing family members to the recipient country and supporting family members in the Republic of Moldova. Around half of the respondents consider that the migrant network is important for integration in the recipient country.

### *Diploma recognition, employment and brain waste*

Across educational backgrounds, almost all respondents encountered obstacles finding a job as a health professional in their recipient country – the most important reasons

being a lack of citizenship in the recipient country and a lack of professional qualifications for the recipient health system. Only a quarter of all respondents, mostly doctors, have been successful in the diploma recognition process and currently work in the recipient country at their level of qualification. Around 10% of respondents work in the health sector but below their level of qualification (e.g. doctor working as a nurse). Apart from the two current students and four researchers, the other respondents work outside the health sector (e.g. in care work, hospitality) or are unemployed. Younger respondents ( $\leq 35$  years), especially doctors, have greater success with diploma validation and have worked less outside the health sector in their recipient country than the older respondents.

### *Stay factors*

There is a wide variety of reasons to stay in the recipient countries. Those cited most frequently are: the lifestyle in these countries; good future job prospects; development opportunities for family; and satisfactory incomes. These stay factors show positive reasons for wanting to stay. Other reasons include the feeling of being bound to the recipient country because respondents' children do not want to return to the Republic of Moldova; doubts about still fitting in to the Moldovan health system; or financial obligations (e.g. need to send remittances; investments made in recipient country). The majority of respondents send remittances to their relatives in the Republic of Moldova but only a small number feel that their family is dependent on these payments (of whom the majority are  $>35$  years). The majority feel that remittances are welcome but not necessary, and/or send funds only for specific purposes. A small number seldom send money as they feel there is no need; this is more common among younger respondents.

### *Temporary and long-term return*

Some respondents expressed an interest in participating in professional exchange schemes, depending on their form and purpose. Overall, very few respondents noted that they intend to return to the Republic of Moldova. The most common factors discouraging return are the political–economic situation and the prospect of having to “start all over” in the Republic of Moldova; insufficient remuneration; and fears of alienation from the Moldovan lifestyle. Almost all of the older respondents and the majority of younger respondents believe that they have invested much in the migration process and therefore do not want to migrate again. The most frequently quoted factors that would encourage respondents to go back to the Republic of Moldova are personal, or reaching retirement age. Less frequently mentioned factors include a desire to contribute to

the development of the Republic of Moldova and the offer of improved professional satisfaction. Respondents noted that living conditions in their recipient country have a considerable impact on any decision to return and that return could be prompted by unemployment. Younger health professionals are less negative about returning to the Republic of Moldova, often neither denying the possibility of returning nor indicating concrete return plans.

#### *Recommended changes in the Republic of Moldova*

The three most frequently mentioned changes that respondents would like to see implemented are: (i) salary increases proportional to expenses; (ii) improvements in technical equipment in health-care facilities; and (iii) actions to tackle corruption in the health system. In addition, respondents desire more respectful attitudes from patients and among colleagues. Experience in the health sectors of recipient countries has demonstrated innovative health-sector solutions (e.g. social health campaigns; volunteering opportunities) which respondents feel could contribute to development of the Moldovan health system. Introduction of a health policy exemption for Moldovans who live in the EU would also encourage respondents to collaborate. Some respondents are interested in temporary exchanges if these include constructive attitudes from their Moldovan colleagues; remuneration and free accommodation; modern medical equipment; opportunities to share their experience; and continuation of their current salary during the exchange.

## 4.5.2 Detailed findings

#### *Profile, geographical distribution and mobility of respondents*

**Gender:** the majority of the 55 respondents are female (80%, 44); a minority (20%, 11) are male.

**Age:**

under 25 years:	13% (7)
26–35 years:	45% (25)
36–45 years:	35% (19)
46–55 years:	7% (4)
over 55 years:	0

**Year of departure and arrival:** respondents left the Republic of Moldova (for a period of more than six months) for the first time between 1994 and 2013. Respondents arrived in their current country of residence (for a period of over six months) for the first time between 1998 (one person) and 2013 (15%, 8). Hence, respondents have lived in their current country of residence for between six months and 15 years.

**Educational background:** 45% of respondents trained as doctors (25), 15 of these followed a medical specialization and/or residency in the Republic of Moldova. Other key groups are nurses (44%, 24), midwives (5%, 3), feldshers (4%, 2) and public health specialists (4%, 2). One of the public health specialists also holds a midwifery degree and for the analysis of this study she is counted as a nurse.

**Current employment:** respondents can be divided into four groups.

1. Professionals working according to their professional qualifications: medical specialists, postgraduate researchers, nurses and a midwife.
2. Professionals working as qualified health workers but not according to their level of qualification (e.g. doctors working as nurses and nurse working as nursing assistant).
3. Professionals working outside the health sector, particularly in catering, house-keeping or in their own business.
4. Professionals who are studying and unemployed individuals.

**Nationality.** In addition to Moldovan citizenship, 49% (27) of the respondents hold Romanian citizenship and a minority (5%) hold another nationality. A small number (7%, 4) no longer hold Moldovan citizenship.

**Geographical distribution.** The distribution of respondents by current state of residence shows a large number of countries: France (42%, 23 of 55), Germany (14%, 8), Greece (13%, 7), Portugal (9%, 5), Romania (7%, 4), Ireland (5%, 3), Spain (4%, 2), Sweden, Austria and Belgium (1 respondent each, 5% in total).

An exception was made for this question and geographical distribution was analysed for three age groups: 35 years or less, 36–45 years and 46 years or more. Respondents in the younger ( $\leq 35$ ) age group show more diversity in terms of their recipient countries: for example, Austria, Belgium, Spain and Sweden (see Table 4.29). Respondents aged over 35 years more frequently live in Portugal and Greece.



**Table 4.29. Countries of residence, distribution by age groups (n=55)**

Current country of residence	Age groups (years)					
	≤35		35–45		≥46	
	%	No.	%	No.	%	No.
Austria	3%	1	0%	0	0%	0
Belgium	3%	1	0%	0	0%	0
France	47%	15	42%	8	0%	0
Germany	9%	3	21%	4	25%	1
Greece	9%	3	16%	3	25%	1
Ireland	6%	2	5%	1	0%	0
Portugal	3%	1	11%	2	50%	2
Romania	9%	3	5%	1	0%	0
Spain	6%	2	0%	0	0%	0
Sweden	3%	1	0%	0	0%	0
United Kingdom	0%	0	0%	0	0%	0
Totals		32		19		4

**Mobility.** Of the 44 respondents, 73% (32) have lived in another country in the EU in addition to their current country of residence and the Republic of Moldova. These include a wide range of countries. Younger (≤35) respondents and middle aged (36–45) respondents have lived in a third country relatively more frequently than older respondents (see Table 4.30). Notably, eight respondents previously lived in France and currently live in another EU country.

**Table 4.30. Prior residency in a third EU country (n= 44)**

Third countries	Age groups (years)					
	≤35 n=26		36–45 n=15		≥46 n=3	
	%	No.	%	No.	%	No.
Austria	4%	1	0%	0	0%	0
Belgium	4%	1	0%	0	0%	0
Cyprus	0%	0	13%	2	0%	0
Czech Republic	4%	1	0%	0	0%	0
Denmark	4%	1	0%	0	0%	0
France	19%	5	20%	3	0%	0
Germany	4%	1	7%	1	0%	0
Greece	8%	2	27%	4	0%	0
Ireland	0%	0	7%	1	0%	0

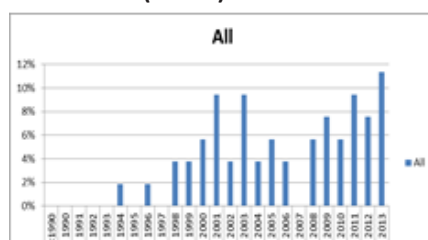
Third countries	Age groups (years)					
	≤35 n=26		36–45 n=15		≥46 n=3	
	%	No.	%	No.	%	No.
Portugal	8%	2	7%	1	0%	0
Romania	8%	2	7%	1	0%	0
Slovenia	4%	1	0%	0	0%	0
Spain	4%	1	0%	0	0%	0
Sweden	4%	1	0%	0	0%	0

### Differences across year of migration

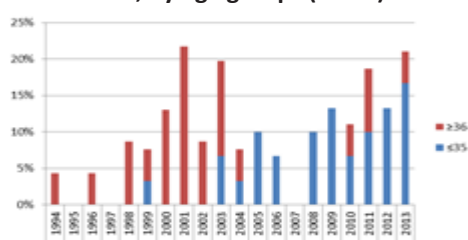
In order to understand the push and pull factors and their changes over time, it is important to consider the year in which the health professionals migrated to their recipient countries, as this may influence both groups of factors.

The earliest departure was in 1994 (one respondent), and the earliest arrival in the current country of residence was in 1998. More of the respondents left the Republic of Moldova only recently. Respondents' highest number of first departures (11%, 6 of 53) from the Republic of Moldova and arrivals (18%, 8) occurred in 2013 (totalling 13% of respondents) (see Figs. 4.6 and 4.8). Respondents have been in their current countries of residence for between six months and 15 years.

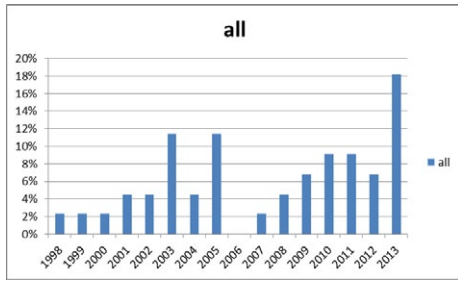
**Fig. 4.6. Year of departure from Republic of Moldova (n= 53 )**



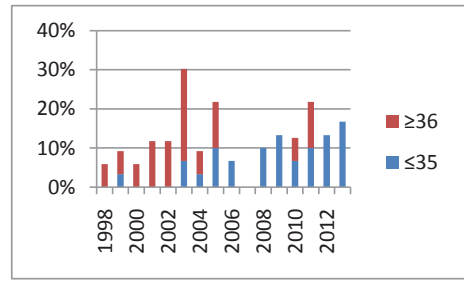
**Fig. 4.7. Year of departure from Republic of Moldova, by age groups (n=53 )**



**Fig. 4.8. Year of migration to current EU country of residence (n=44)**



**Fig. 4.9. Year of migration to current EU country of residence, by age groups (n=44)**



Younger ( $\leq 35$ ) respondents generally arrived later in their recipient country than those aged 36 and over. Nevertheless, respondents from both groups left the Republic of Moldova in 2013: seven respondents in the former age group reached their recipient country and one respondent in the latter.

### *Push factors*

Respondents' most frequently reported reasons for migrating are **financial**: dissatisfaction with salary (91%, 39 of 43) and with the general economic condition in the Republic of Moldova (74%, 32). The second most frequently mentioned push factors are related to the **general living conditions and political situation** in the Republic of Moldova: poor living conditions and infrastructure (58%, 25); and dissatisfaction with the political situation (44%, 19). The third most frequently cited reasons are connected to **work environment and professional opportunities**: dissatisfaction with working conditions, such as lack of medical equipment (42%, 18); general dissatisfaction with the Moldovan medical system (42%, 18); unattractive study opportunities (e.g. high cost, not widely recognized) (42%, 18); and lack of professional development opportunities (37%, 16). Lastly, respondents report **personal and social factors** including starting a life in a new country (49%, 21); lack of personal development opportunities (33%, 14); unattractive development opportunities for children (30%, 13); unsatisfactory medical services for family members (28%, 12); and desire to participate in humanitarian actions outside the Republic of Moldova (9%, 4).

The importance of these push factors varies between the younger ( $\leq 35$  years) and older ( $> 35$ ) age groups (Table 4.31):

- younger respondents report less dissatisfaction with the economic situation in the Republic of Moldova (69% vs. 82%), and more dissatisfaction with the political situation (50% vs. 35%);
- older respondents assign more importance to lack of professional (41% vs. 35%) and personal (41% vs. 27%) development opportunities;
- younger respondents show more interest in starting a new life (62% vs. 29%) and are more concerned by unattractive study opportunities (54% vs. 24%).

**Table 4.31. Reasons for leaving Republic of Moldova (push factors), by age groups**

Reasons to leave Republic of Moldova	≤35 years n=26		>35 years n=17		All respondents n=43	
	%	No.	%	No.	%	No.
<i>Financial</i>						
Dissatisfaction with salary	88%	23	94%	16	91%	39
Dissatisfaction with economic situation	69%	18	82%	14	74%	32
<i>Living conditions</i>						
Poor living conditions (e.g. infrastructure, housing)	58%	15	59%	10	58%	25
Dissatisfaction with political situation	50%	13	35%	6	44%	19
<i>Professional</i>						
Lack of professional development opportunities	35%	9	41%	7	37%	16
Unattractive study opportunities	54%	14	24%	4	42%	18
Dissatisfaction with working conditions	42%	11	41%	7	42%	18
Dissatisfaction with Moldovan health-care system	42%	11	41%	7	42%	18
<i>Personal and social</i>						
Challenge of starting life in another country	62%	16	29%	5	49%	21
Desire to contribute to humanitarian causes	12%	3	6%	1	9%	4
Lack of personal development opportunities	27%	7	41%	7	33%	14
Unattractive development opportunities for my children	31%	8	29%	5	30%	13
Poor health-care options for my family members	27%	7	29%	5	28%	12

In addition, commonalities and differences can be observed in reasons to migrate over time (Table 4.32):

- dissatisfaction with the economic situation is reported most by those who migrated between 1999 and 2003 (93%, 13);
- dissatisfaction with salary is reported by more than 95% of the respondents in all groups except those who left between 2004 and 2008.
- the challenge of starting a new life is reported most frequently by those who left between 2004 and 2008 but this group reports dissatisfaction with living conditions less frequently;
- professional factors are reported more frequently by those who left between 2009 and 2013 (over 50% across various professional factors).

**Table 4.32. Reasons for leaving Republic of Moldova, by year of departure (n=41)**

Reasons to leave (multiple answers)	1994–1998 n=3		1999–2003 n=14		2004–2008 n=8		2009–2013 n=16	
	%	No.	%	No.	%	No.	%	No.
<i>Financial factors</i>								
Dissatisfaction with salary	100%	3	93%	13	63%	5	100%	16
Dissatisfaction with economic situation	67%	2	93%	13	63%	5	63%	10
<i>Living conditions</i>								
Dissatisfaction with political situation	33%	1	36%	5	25%	2	56%	9
Poor living conditions	67%	2	50%	7	38%	3	69%	11
<i>Professional factors</i>								
Dissatisfaction with working conditions (e.g. equipment)	33%	1	29%	4	0%	0	75%	12
Unattractive study opportunities	0%	0	36%	5	38%	3	56%	9
Dissatisfaction with Moldovan health-care system	33%	1	43%	6	0%	0	63%	10
Lack of professional development opportunities	0%	0	43%	6	13%	1	56%	9
<i>Personal and social factors</i>								
Challenge of starting life in another country	0%	0	36%	5	75%	6	56%	9
Desire to contribute to humanitarian causes outside Republic of Moldova	0%	0	0%	0	0%	0	25%	4
Lack of personal development opportunities	0%	0	29%	4	25%	2	50%	8
Unattractive development opportunities for my children	0%	0	29%	4	13%	1	50%	8
Poor health-care options for my family members	0%	0	29%	4	25%	2	38%	6

## Role of social network in the decision to migrate

All social networks (family, friends, patients/clients, colleagues) were generally supportive of respondents' migration. Those reported as most supportive are family (70%, 31 of 44) and friends (52%, 23). The least supportive are patients/clients (25%, 11) and managers/supervisors (25%, 11).

Encouragement by networks tends to vary by the age of respondents. Those aged over 45 years make less mention of encouragement from family members and friends (50%, 2) (Table 4.33). The younger age groups mention a greater variety of people providing encouragement and stimulating their travel to the EU. Some respondents left the Republic of Moldova for study reasons when they were aged 24.

**Table 4.33. Encouragement and discouragement of migration, by social networks (n=44)**

Social network group	Encouraged me to migrate	Neutral attitude	Did not encourage me to migrate	Don't know
	%	%	%	%
<i>≤35 years (n=26)</i>				
Family/relatives	73	19	4	0
Friends/acquaintances	65	15	8	0
Patients	23	35	0	4
Colleagues	58	15	4	0
Manager/supervisor	27	27	19	0
Study colleagues	58	8	4	0
<i>36–45 years (n=16)</i>				
Family/relatives	69	25	6	0
Friends/acquaintances	31	50	6	0
Patients	31	13	13	6
Colleagues	31	18	13	0
Manager/supervisor	25	13	6	0
Study colleagues	25	25	0	0
<i>≥46 years (n=2)</i>				
Family/relatives	50	0	0	0
Friends/acquaintances	50	0	0	0
Patients	0	0	0	0
Colleagues	0	0	0	0

Social network group	Encouraged me to migrate	Neutral attitude	Did not encourage me to migrate	Don't know
	%	%	%	%
Manager/supervisor	0	0	0	0
Study colleagues	0	0	0	0

Half of the respondents (50%, 22 of 44) reported that they experienced disapproval of their decision to migrate: managers/supervisors (27%, 6 of 22) and family (27%, 6) are the most outspoken of the social networks. Around a third (30%, 13 of 44) of respondents received recommendations on alternatives to migration, including suggestions from family (4) and supervisors (3). In addition, four respondents experienced conflict with family members arising from their decision to migrate.

Family, often already living in the recipient country, are the main providers of useful information on job and accommodation options (30%, 12 of 40) and legal migration (28%, 11). Friends are important information resources for job/accommodation options (43%, 17), study opportunities (25%, 10) and diploma recognition (33%, 13). Professional contacts (colleagues, managers/supervisors) are sources of knowledge on job/accommodation options (13%, 5) and have helped respondents to keep their jobs during the migration process (28%, 11 for both groups). Family members (33%, 13) and friends (8%, 3) provide another important form of assistance with care arrangements for dependent family members (Table 4.34).

**Table 4.34. Attitudes to migration among respondents' social networks, by age groups**

Support	Age groups (years)							
	≤35 n=25		>35 n=15		≤35 n=25		>35 n=15	
	Relatives		Relatives		Friends		Friends	
	%	No.	%	No.	%	No.	%	No.
Offered alternative solutions to migration	12%	3	7%	1	12%	3	0%	0
Against migration but respected my decision	20%	5	7%	1	4%	1	20%	3
Against my decision to migrate and it caused a conflict	12%	3	7%	1	0%	0	0%	0
Informed me about legal migration procedure to the EU	40%	10	7%	1	32%	8	7%	1

Support	Age groups (years)							
	≤35 n=25		>35 n=15		≤35 n=25		>35 n=15	
	Relatives		Relatives		Friends		Friends	
	%	No.	%	No.	%	No.	%	No.
Informed me about job/ accommodation opportunities in the EU	36%	9	20%	3	40%	10	47%	7
Informed me about diploma recognition procedure in the EU	24%	6	0%	0	28%	7	40%	6
Informed me about study/ scholarship opportunities in the EU	20%	5	0%	0	24%	6	27%	4
Helped me keep my job during my migration	4%	1	0%	0	0%	0	0%	0
Helped me with care arrangements for dependent (e.g. children, elderly, disabled) family members	24%	6	47%	7	8%	2	7%	1

### *Pull factors*

In order of frequency, respondents mentioned the following reasons for choosing their current country of residence.

- Existing **social network** of family and friends in the recipient country (67%, 28).
- Expectation of improving their **financial condition** (50%, 21).
- Expectation that their **career will improve** (40%, 17).
- Expectation of available **job opportunities** in the health sector (31%, 13) and other sectors (31%, 13) although only three respondents (7%) had specific job offers prior to their migration. No-one was recruited by an agency.
- **Personal and family reasons:** 29% (12) migrated due to their partner's determination to live in the EU; 24% (10) expected access to better development opportunities for their family members; and 7% (3) migrated to be with a partner who is an EU citizen.
- **Study opportunities:** 14% (6) of respondents received scholarships prior to their migration to the EU. One respondent was attracted by the diploma recognition procedure in the EU country.

The frequency with which various pull factors are mentioned varies according to the age of respondents.



- Social ties of family and friends are noted more frequently by the over-35 age group (82%, 14 vs. 56%, 14 of those ≤35). Only respondents in the younger (≤35) age group have an EU citizen partner (12%, 3).
- Information about job opportunities inside and outside the health sector are more important pull factors for the over-35 age group (35%, 6 vs. 28%, 7 of those ≤35). Only those in the younger (≤35) age group received specific job offers in the health sector prior to departure (12%, 3).
- Quality education plays a larger role for the younger (≤35) age group, both because they received scholarships (20%, 5 vs. 6%, 1 of those >35) and because they have more interest in children's development opportunities (28%, 7 vs. 18%, 3 of those >35).

**Table 4.35. Reasons to migrate to current EU country of residence (pull factors), by age groups (n=42)**

Reasons to migrate	Age groups (years)				All respondents n=42	
	≤35 n=25		>35 n=17		%	No.
	%	No.	%	No.		
<i>Social and personal</i>						
Friends/relatives already living in the destination country	56%	14	82%	14	67%	28
Expected my children to have access to better development opportunities	28%	7	18%	3	24%	10
Partner wanted to migrate to/was located in the EU	28%	7	29%	5	29%	12
Partner comes from the destination country	12%	3	0%	0	7%	3
<i>Financial</i>						
Expected to improve my financial situation	48%	12	53%	9	50%	21
<i>Professional</i>						
Received a scholarship in the destination country	20%	5	6%	1	14%	6
Expected to improve my career in the EU	40%	10	41%	7	40%	17
Received information about job offers in the health-care sector	28%	7	35%	6	31%	13
Received information about job offers in other sectors	28%	7	35%	6	31%	13
Received a job offer in the health-care sector, prior to my departure	12%	3	0%	0	7%	3
Received a job offer in other sectors in the EU, prior to my departure	8%	2	6%	1	7%	3

Reasons to migrate	Age groups (years)				All respondents n=42	
	≤35 n=25		>35 n=17		%	No.
	%	No.	%	No.		
Recruited by an agency	0%	0	0%	0	0%	0

The year of departure also influences the reasons for departure. It is particularly notable that only 33% (3) of the group who migrated between 2004 and 2008 expected to improve their financial situation. In addition, respondents who migrated between 1994 and 1998, and between 2009 and 2013, had higher expectations of improving their career (Table 4.36).

**Table 4.36. Reasons to migrate to EU, by migration periods, 1994–2013 (n=40)**

Reasons to migrate	Migration period							
	1994–1998 n=2		1999–2003 n=14		2004–2008 n=9		2009–2013 n=15	
	%	No.	%	No.	%	No.	%	No.
<i>Personal and social</i>								
Friends/relatives already living in the destination country	100%	2	86%	12	67%	6	53%	8
Partner wanted to migrate to/was located in the EU	100%	2	29%	4	22%	2	27%	4
Partner comes from the destination country	0%	0	0%	0	11%	1	13%	2
Expected my children to have access to better development opportunities	0%	0	21%	3	22%	2	27%	4
<i>Financial</i>								
Expected to improve my financial situation	100%	2	50%	7	33%	3	53%	8
<i>Professional</i>								
Received a scholarship in the destination country	0%	0	7%	1	22%	2	20%	3
Received information about job offers in the health-care sector available to Moldovans	0%	0	43%	6	0%	0	40%	6
Received information about job offers in other sectors	100%	2	36%	5	22%	2	27%	4
Received a job offer in the health-care sector prior to my departure	0%	0	7%	1	0%	0	13%	2
Received a job offer in other sectors in the EU prior to my departure	50%	1	0%	0	0%	0	7%	1
Recruited by an agency	0%	0	0%	0	0%	0	0%	0

Reasons to migrate	Migration period							
	1994–1998 n=2		1999–2003 n=14		2004–2008 n=9		2009–2013 n=15	
Expected to improve my career in the EU	50%	1	36%	5	22%	2	47%	7

### *Departure preparations and initial period in EU country*

**Preparations prior to departure.** The following activities were the most frequently identified preparations for migration.<sup>9</sup>

- Requesting advice and information from Moldovans in the recipient country (69%, 25 of 36); only one respondent contacted a church or charitable organization.
- Researching the diploma recognition procedures (56%, 20); 39% (14) also initiated this process.
- Preparing for life in the recipient country by starting to learn the language (56%, 20), researching the culture (53%, 19) and trying to find accommodation (47%, 17).
- Trying to find, or finding, a job (42%, 15) and/or following additional professional courses (14%, 5).
- Preparing legal papers by applying for Romanian citizenship (39%, 14), or researching legal migration options (25%, 9).

Preparations for migration differ between age groups.

- The 36–45 age group requested advice from other Moldovans in recipient countries much more frequently (86% vs. 59% of those aged ≤35).
- Younger (≤35) respondents more often inform themselves of diploma recognition procedures (64% vs. 43%); start the procedure (46% vs. 29%); apply for Romanian citizenship (50% vs. 21%); look for, or find, a job prior to migration (50% vs. 29%); follow a professional course (18% vs. 7%); and research the culture of the recipient country (59% vs. 43%).

Respondents indicate having generally sufficient information about legal migration procedures and necessary documents (70%, 26 of 37), and around half (54%, 20) feel that they had sufficient information on job offers, accommodation and diploma recognition. Respondents had least information on diaspora associations in the recipient country

<sup>9</sup> All four respondents aged over 45 years did not answer the questions on preparations for migration.

(14%, 5). This question was answered by 67% (37) of the respondents (Table 4.37). In terms of age, more in the over-35 age group said that they had sufficient information about legal options (85% vs. 63%), while those in the younger group had more information about study options (50% vs. 23%) and diaspora associations (58% vs. 15%) (Table 4.38).

**Table 4.37. Respondents' access to information before migration (n=37)**

Topics	Yes (%)	No (%)	No answer <sup>11</sup> (%)
Legal migration procedure and necessary documents	70	22	8
Job offers in other sectors in the EU	54	19	27
Accommodation opportunities in the EU	54	30	16
Job offers in the health-care sector in the EU	46	32	22
Diploma recognition opportunities in the EU	46	35	19
Study/scholarship opportunities in the EU	41	32	27
Moldovan diaspora associations in the recipient country	14	49	37

**Table 4.38. Respondents' access to information before migration, by age groups (n=30)**

Topics	≤35 years n=24	>35 years n=13
	Yes (%)	Yes (%)
Legal migration procedure and necessary documents	63	85
Job offers in other sectors in the EU	54	54
Accommodation opportunities in the EU	50	38
Job offers in the health-care sector in the EU	54	54
Diploma recognition opportunities in the EU	46	46
Study/scholarship opportunities in the EU	50	23
Moldovan diaspora associations in the recipient country	58	15

### *Integration in the new country and obstacles encountered*

The majority (69%, 22 of 32) of respondents indicated that their expectations of life in the recipient country were completely (34%, 11) or partly (34%, 11) in line with their experience upon arrival. Conversely, 31% (10 of 32) of respondents noted that the reality was largely different (22%, 7) or not at all in line (9%, 3) with their expectations. Responses to this question show few differences between the age groups.

<sup>10</sup> It is likely that respondents passed over some questions that they felt were not applicable.

The process of adaptation in the recipient country is viewed neutrally (neither difficult nor easy) by 40% (14 of 35) of respondents. An almost equal proportion (37%, 13) regards the process of adaptation as moderately easy and very easy. The smallest group of respondents (9%, 3) perceives the adaptation process in the recipient country to be very difficult. No major differences were observed between the age groups.

The difficulties that respondents encountered cut across various domains: legal, employment, social/financial and personal/financial.

- **Legal difficulties:** the majority (53%, 16 of 30) experienced problems gaining legal residence or work status, some travelled to the EU without legal papers (30%, 9).
- **Work-related difficulties:** inability to work according to Moldovan qualifications (43%, 13); lengthy job search (43%, 13); difficulties learning the language (27%, 9), foreign status made it difficult to find a clinical job (33%, 10); and dissatisfaction with working conditions in the recipient country (33%, 10).
- **Financial worries:** arising from the need to send remittances and money for personal properties in Moldova (40% and 30%, respectively, totalling 70%, 21), expensive migration procedure (30%, 9) and debts (13%, 4) (see later discussion on remittances).
- **Social difficulties:** resources invested in migration of family members to EU (43%, 13). One respondent specifically pointed out emotional distress arising from absence of family members and being surrounded by foreigners.

It is notable that respondents do not commonly report some issues which are prominent in the Italy study: abuse from employers (7%, 2) and the necessity to pay other migrants for job offers (10%, 3).

**Obstacles.** The obstacles encountered show variations between age groups.

- Younger ( $\leq 35$ ) respondents reported more difficulty **learning a new language** although the recipient countries for these two groups of migrants were not very different.
- Respondents in the 36–45 age group reported **obtaining legal papers** (75% vs. 39%) as the main obstacle.
- Younger ( $\leq 35$ ) respondents make more mention of **poor working conditions, including salaries** (44% vs. 17%) on entering the recipient country, even though they are less likely to work below their qualification level (33% vs. 58%).

**Table 4.39. Main obstacles encountered in first three years of residence in recipient EU country (n=30)**

Main obstacles	%		
	≤35 years n=18	>35 years n=12	All respondents
<i>Legal</i>			
Experienced difficulties obtaining legal residence or work status	39	75	53
Journey to EU was difficult as I travelled without the legal papers	28	33	30
<i>Employment</i>			
Took more time than expected to find a job	39	50	43
Could not work according to my professional qualifications	33	58	43
Dissatisfied with the job conditions (e.g. low salary, isolation)	44	17	33
Have limited job offers as a clinician because I am foreign	33	33	33
Had to pay other migrants for a job offer	6	17	10
Experienced verbal and/or physical abuse from my employer	6	8	7
<i>Social</i>			
Invested many resources to bring my family members to the EU (e.g. parents, children)	28	67	43
Had to remit a large proportion of my income to Moldova to support my family	28	58	40
<i>Personal</i>			
Had to send a large proportion of my income to Moldova to cover personal expenses (e.g. property)	22	42	30
Experienced difficulties learning the local language	44	0	27
Accumulated debts in the EU	17	8	13

**Support from diaspora associations in recipient country.** One half (17 of 34) of respondents indicated that they have appealed to their migrant network (e.g. friends, family) in the recipient country for support with integration (43% of respondents ≤35 years; 62% of respondents >35 years). Some respondents (13%, 4 of 31) do not communicate with other Moldovans; 68% (21) communicate occasionally and 23% (7) communicate frequently.

Only 15% of all respondents noted support from diaspora organizations (8 of 55): seven younger (≤35) respondents and one over 35 years. Amongst these, the diaspora

organizations were successful in helping them to: find a job (4 respondents), find temporary accommodation (2) and meet potential employers (2). Respondents also mention receiving moral support (2), a loan (1), support with legal migration procedures (1) and with learning the language of the country of residence (1). Only three respondents mentioned that they are members of diaspora associations.

#### *Diploma recognition, employment and brain waste*

**Education.** Almost half (45%, 25 of 55) of respondents are doctors who have completed six years of studies: 15 followed a specialization and/or residency in the Republic of Moldova and two completed their studies in Romania. Nurses comprise the next largest group of respondents (44%, 24): all are college educated, all have followed additional professional courses in their field of competence, and one holds a master’s in nursing. Midwives are the next most numerous professionals (5%, 3): all followed the official study programmes and many courses afterwards (e.g. public health). The least numerous categories are feldshers (4%, 2) and public health specialists (2%, 1). Although there were two specialists in public health, one also graduated as a nurse and was counted in the study as a nurse.

**Obstacles to finding a job.** The obstacles encountered most frequently when pursuing a health professional career are lack of EU citizenship (48%, 15 of 31), lack of a diploma or professional qualifications (48%, 15) in the recipient country, or lack of experience in the profession (35%, 11) – use of medical equipment, for example. In addition, 10% mention their age as an obstacle and one respondent felt his/her age was an obstacle in a health professional career. However, 16% (5) of respondents did not encounter any of these obstacles.

There are few differences between the age groups although the younger group cited the obstacle of lack of experience in the profession more frequently (59% vs. 36%).

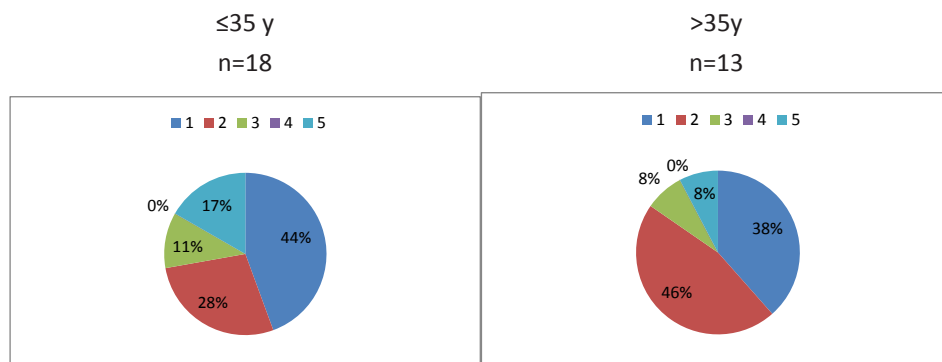
**Table 4.40. Main professional obstacles encountered, by age groups (n=31)**

Difficulty finding a job due to:	≤35 years (%) n=17	>35 years (%) n=14
- age	12	7
- gender	6	0
- status as non-EU citizen	47	50

Difficulty finding a job due to:	≤35 years (%) n=17	>35 years (%) n=14
- lack of experience in the profession	41	29
- lack of professional qualifications required in recipient country's health system	59	36
No obstacles encountered	12	21

**Diploma recognition.** Despite the difficulties encountered, 42% (13 of 31) of respondents have successfully completed the diploma recognition process and are able to use their qualifications and work in the EU. Another 35% (11) of respondents have encountered obstacles and not yet succeeded in the diploma recognition process. Some respondents have chosen to work in another field and/or dedicate their resources and time to family members (23%, 7). None of the respondents mentioned being deterred by the burden of expenses connected with diploma recognition.

**Fig. 4.10. Replies to question: have you tried to have your diploma recognized in the EU? (n=31)**



#### Answer options

- 1: Yes, I currently have a health degree that licenses me to work in the EU.
- 2: Yes, I have tried but experienced difficulties in the process and have not (yet) succeeded.
- 3: No, I decided to choose another professional path.
- 4: No, I couldn't bear the costs of diploma recognition in the EU.
- 5: No, I decided that it required too much time and energy that will compete with time I want to spend with my family.



This question shows a 56% response rate for both age groups. However, more respondents aged 35 years or less succeeded in the diploma recognition process; nearly half of respondents aged over 35 years applied unsuccessfully for diploma recognition.

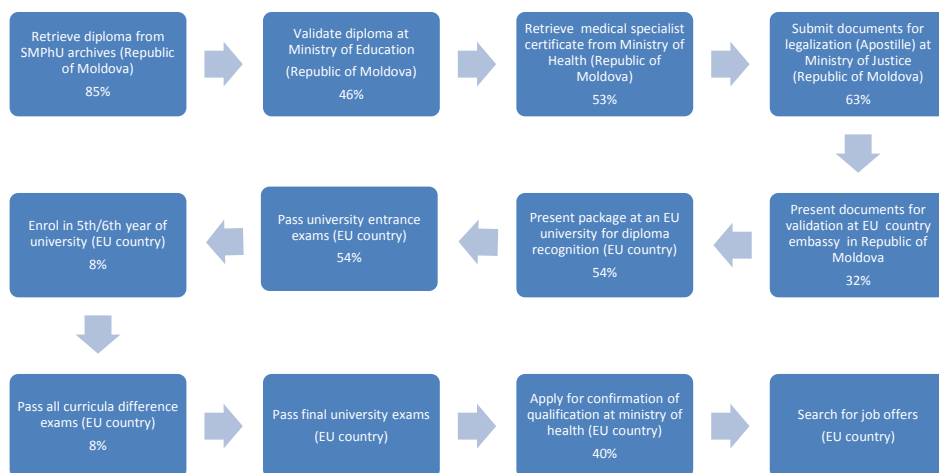
**Diploma recognition: MDs.** Just over half of the MDs (52%, 13 of 25) had applied for diploma recognition in their recipient countries: 46% (6) succeeded. However, four doctors who indicated that they are working as doctors in the recipient country did not answer the question on diploma recognition. This can mean that they are allowed to practice without diploma recognition but it is more likely that they skipped this question for other reasons. The obstacles that MDs experienced in the diploma recognition process are shown in Table 4.41.

**Table 4.41. Obstacles encountered by MDs during the diploma recognition process (n=13)**

Obstacles	Response	
	%	No.
High (legal) costs of diploma collection and translation in Republic of Moldova	39%	5
Payments/impediments imposed by Moldovan authorities for official documents required	39%	5
Payments imposed by destination country authorities during the diploma validation process	15%	2
Lack of information on a clear diploma recognition path	54%	7
Extra years of study required in current country of residence in order to qualify for a diploma in my profession	23%	3
Other (please specify):	31%	4

Doctors applying for diploma recognition face complicated procedures as a whole range of steps must be followed. An overview of this process and the proportions of respondents who experience problems at each step are shown in Fig. 4.11.

**Fig. 4.11. Overview of diploma recognition process for Moldovan MDs (n=13)**



**Licensing medical specialists.** Some questions on diploma recognition were directed specifically at medical specialists: of the 15 who completed this question, only one said that he received his licence without any extra efforts. Two respondents (13%) were required to do additional years of study (residency) in the recipient country and exams to obtain a licence as a medical specialist in the EU, and one is currently working as a resident. Only three (20%) of these 15 medical specialists have obtained a licence to work as a medical specialist.

**Diploma recognition for other health professional categories.** A third of the nurses (33%, 8 of 24) report that they have tried to gain diploma recognition in their recipient countries: four have succeeded. This means that only 17% of respondent nurses have recognized diplomas: all are employed as nurses in their recipient countries. Only one of the three midwives has achieved diploma recognition, and one of the two feldshers has a recognized nursing diploma.

Asked about obstacles to diploma recognition, 50% (12) of nurses responded to this question: 50% (6) note the requirement to take a specialist exam in the EU; four cite additional years of study related to this. Four respondents (33%) mention the high costs and obstacles created by officials in the Republic of Moldova. Three (25%) mention the lack of a clear diploma recognition procedure and another two (17%) complain of bribes or administrative hurdles in the recipient country. Additionally, six (50%) respondents felt that they could not afford diploma recognition; five of these were discouraged before attempting the process. One respondent cited a lack of health sector job offers as a discouraging factor.

Only 11 nurses answered the question on what they have chosen to do instead of going through, or finalizing, the diploma recognition procedures. Slightly over 50% (6) of these had decided that they would rather invest their resources and time in their family (4) and/or choose to work in another professional sector in the EU (2).

**Sources of information on diploma recognition.** Present data indicate that the majority of those who responded to this question (79%, 15 of 19) identified official information from their destination state as their main source of information on diploma recognition. The second and third most frequently used sources are online resources for health professionals in the recipient country (74%, 14) and information from the prospective study institution (53%, 10). Other sources include the personal network (47%, 9), social networking sites (16%, 3) and charitable organizations in the recipient country (16%, 3). Moldovan diaspora associations, recruitment agencies and Moldovan official information each accumulated 5% of responses. The data indicate that doctors use a wider range of sources of information on diploma recognition (Table 4.42).

**Table 4.42. Information sources used by respondents during diploma recognition process (n=19)**

Information sources	Doctors No.	Nurses No.
Official information from Moldovan authorities	0	1
Official information from recipient country authorities	12	3
Specialized Internet forums for health workers in current country of residence	11	3
Groups on social networking sites (Odnoklassniki.ru, Facebook, etc.)	3	0
Personal network (friends, relatives, acquaintances)	8	1
Recruitment agency	1	0
Official information from institution where you studied/planned to study	10	0
NGO or association in recipient country	3	0
Diaspora organization	1	0

**Current employment in the EU.** Respondents can be divided into four partly overlapping groups:

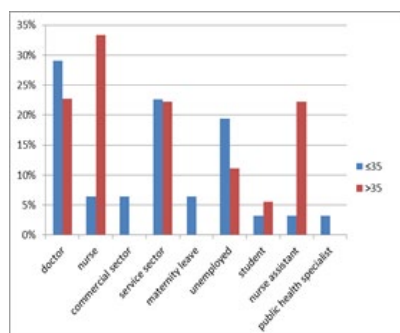
1. Professionals working in the health sector according to their medical qualifications (35%, 19 of 55):
  - 13 doctors (of 25) working as a medical specialist (3), general doctor (4), resident (1) or pharmacist (1), also as researchers (4 of 55) who

- have not sought diploma recognition and therefore cannot undertake clinical work but work according to their academic qualifications;
- four nurses (of 24);
  - one midwife (of 3) is working as a specialist in public health and also gained diploma recognition;
  - one feldsher (of 2) is working as a nurse (research team is unsure whether this is according to education).
2. Professionals working in the health sector but below their level of qualification (6 of 55, 11%). This group includes:
    - three doctors working as nurses
    - one doctor working as a nursing assistant
    - one nurse working as a nursing assistant
    - one feldsher working as a nurse assistant (research team is unsure whether this is below or according to education).
  3. Professionals working outside the health sector (catering, housekeeping or building industries, own business) (51%, 28 of 55). This group includes:
    - eight doctors
    - 18 nurses
    - one midwife
    - one feldsher.
  4. Professionals who took up a study (students), women on maternity leave<sup>11</sup> and unemployed individuals. This group includes only three people:
    - one midwife finalizing a postgraduate course
    - one nurse studying nursing education in EU
    - one MD in a residency post (also mentioned in group 1, working according to education and in training as medical specialist).

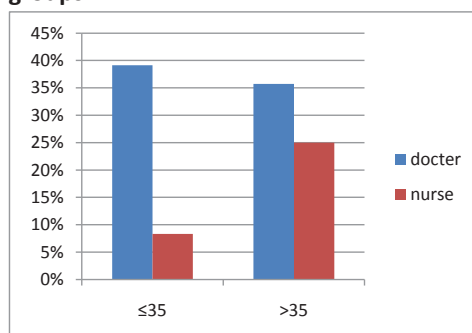
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11 Moldovan law provides 126 days of maternity leave. In cases involving complicated births, or the birth of two or more children, this can be extended to 140 days of fully paid leave. Additionally, young mothers can take up to 36 months of partially-paid maternity leave.

**Fig. 4.12. Analysis of respondents' current jobs, by age groups (n=53)**



**Fig. 4.13. Proportion of respondents working according to qualifications in the EU, by age groups**



The analysis per age group shows that doctors comprise nearly 30% of respondents in the younger ( $\leq 35$ ) age group who found a job in line with their education. Few nurses found a job in their profession and younger nurses ( $\leq 35$  years) appear to have had the most difficulty finding a job according to their qualification. Amongst the eight respondents working as nurses, four initially graduated as MDs.

At some point during their stay in the recipient country, the majority of respondents (66%, 23 of 35) have held a job outside the health sector (e.g. cleaning and catering industries). Just over half (51%, 18) have worked without a work permit. In addition, 26% (9) of respondents noted that they have never worked in the health sector of their recipient countries.

There are some differences between the age groups:

- respondents in the younger ( $\leq 35$ ) age group have worked less frequently outside the health sector (51% vs. 86%) and more frequently according to an EU qualification (19% vs. 7%).
- respondents in the older ( $> 35$ ) age group have worked more frequently on the basis of short-term contracts (50% vs. 24%).

### Stay factors

Stay factors influence decisions to remain in recipient countries and thus the rates of return. Stay factors include reluctance to disrupt family life and children's schooling; career development opportunities; and appreciation of the new life.

The most frequently reported reason to stay in a recipient country is lifestyle satisfaction in the EU (88%, 28 of 32). Other important stay factors are family-related and professional factors. The most frequently reported **family-related** reasons include the presence of the majority of family members in the recipient country (59%, 19); and a conviction that family members will have access to better medical services (63%, 20) and development opportunities (69%, 22) in the EU. Over half (56%, 18) of respondents said that their partner wants to stay in the EU, four of these have a partner who comes from the EU. Eight respondents indicated that their children do not wish to return and/or that they do not speak Romanian/Russian.

**Professional factors** are also frequently quoted: 44% (14 of 32) of respondents enjoy their current work; 47% (15) feel that professional development opportunities are available; and 72% (23) hope to find a better job in the EU in the future.

**Financial factors** are similarly important in the decision to stay: 63% (20 of 32) of respondents consider that they have a satisfactory income and 38% (12) send regular remittances to the Republic of Moldova.

In addition, over half of respondents 59% (19) feel that migration to the EU required a great deal of effort, and they prefer to stay rather than to repeat the process.

Respondents show differences by age group for limited parts of some stay factors. These differences are reflected in Table 4.43.

**Table 4.43. Different stay factors noted by respondents, by age groups (n=32)**

Reasons to stay in recipient country	≤35 years (%)	>35 years (%)
Partner wants to stay in my current country of residence	34	0
Need to send money regularly to my relatives in Republic of Moldova	45	88
Need to send money regularly to maintain my property (housing) in Republic of Moldova	25	50
Have struggled so hard to get where I am now, I do not want to move and face the same problems in another country	67	90

**Remittances.** The data show that two thirds (67%, 20 of 30) of the respondents send money to their relatives in the Republic of Moldova (response rate 55%): 68% of those in the over-35 age group and 53% of those aged 35 or less.

Less than half (45%, 13 of 29) of respondents feel that their family in the Republic of Moldova is not financially dependent on remittances but occasional financial support is welcome; 14% (4) report that their relatives are dependent on remittances; 24% (7) send remittances for predefined causes (study costs, purchases); and 17% (5) report that they send no remittances.

Table 4.44 presents the differences across age groups. Younger respondents more often report that that their family in the Republic of Moldova does not need remittances, and more frequently send money for a specific purpose. Respondents in the over-35 age group more frequently report that their family is dependent on their financial contribution.

**Table 4.44. Types and frequency of financial support sent to family in the Republic of Moldova, by age groups (n=29)**

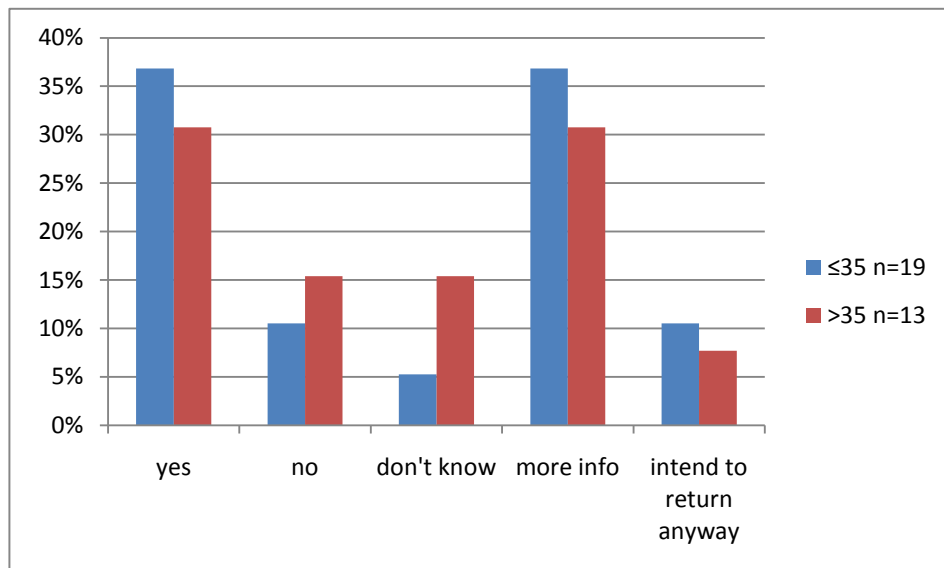
Types and frequency of financial support sent to family	≤35 years (%)	>35 years (%)
My relatives are dependent on the money I send them	6	25
I assist my relatives in Moldova by sending money but they are not dependent on it	29	67
I send money occasionally for specific purposes (e.g. medical care, education)	35	8
I send money seldom because my family members in Moldova do not need it	29	0

None of the respondents answered the question on the amount of money they send to the Republic of Moldova.

#### *Temporary or permanent return*

**Participation in professional exchange schemes.** In the quantitative study, 32 people answered the question on participating in professional exchange schemes: 34% (11) are interested; 9% (3) need more information; 9% (3) don't know; and 21% (7) are not interested. Three of the latter are not interested either because they already plan to return to the Republic of Moldova soon, or because, "they have other things to worry about in the recipient country" (individual response in comments). Younger respondents are more willing to participate in such schemes.

**Fig. 4.14. Willingness to participate in temporary exchange schemes, by age groups (n=32)**



There is wide variability in the responses concerning availability to participate in such schemes: from under 20 days for individuals employed in the health sector (not specified if this is according to their qualification) and researchers, to lengthy periods (e.g. 280 days) for health professionals employed in other sectors or currently unemployed. Some respondents have not been back to the Republic of Moldova for the last five years (individual response in comments) and yet are willing to participate in exchange schemes.

Respondents would be motivated by a clear purpose or goal for the exchange scheme (44%, 8 of 18). Among conditions that would encourage health professionals to participate in exchange schemes, respondents mention constructive attitudes from their Moldovan colleagues (50%, 9); remuneration and free accommodation (44%, 8, for each answer option); modern medical equipment (39%, 7); and continuation of their monthly salary from their employer in the recipient country during the period of the exchange scheme (e.g. holiday leave).

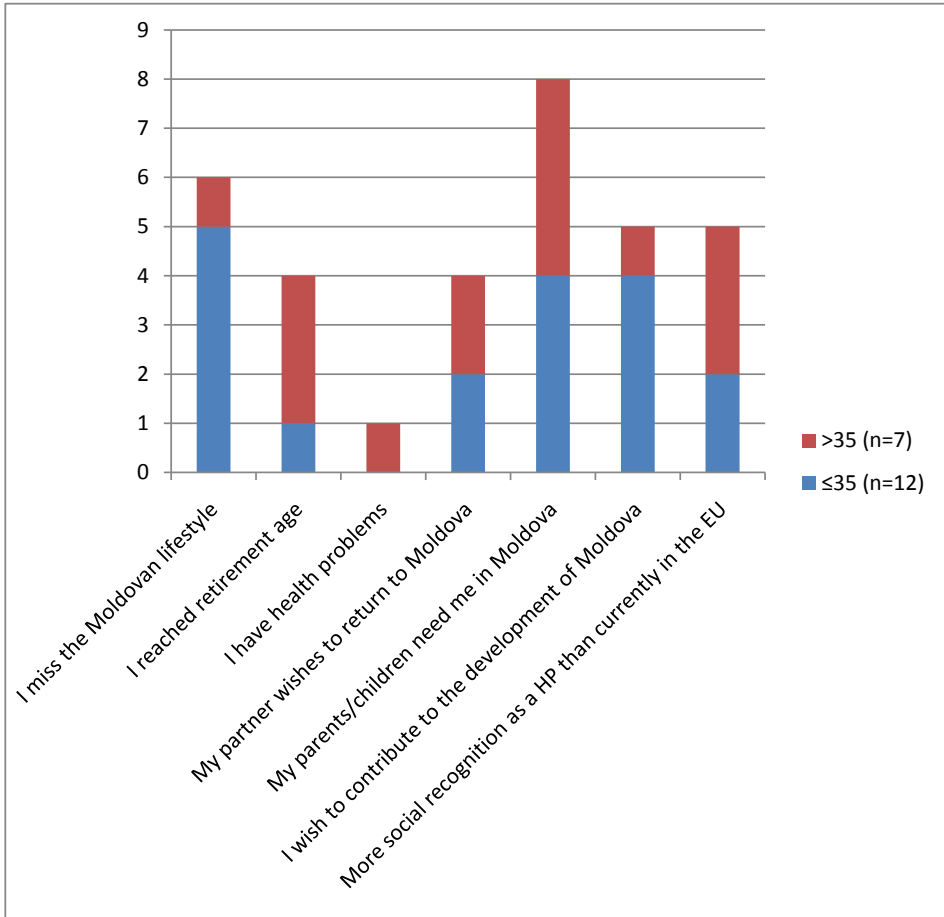
**Return intentions and decision factors.** On the question asking about intentions to return to the Republic of Moldova, almost half of the respondents (47%, 15 of 32) answer that they do not know. Around one third (34%, 11) are not planning to return and a minority of just under 20% (6) are planning to return. In the individual comments, two of the latter mentioned that they “would not exclude the possibility but are not sure when



they will return”, and three indicated that a return will not be possible for five to ten years, or even not until retirement.

When asked about the factors that would encourage respondents to return to the Republic of Moldova, answers divided into three distinct groups. Firstly, **personal factors** such as lifestyle (32%, 6 of 19); being with parents/children in the Republic of Moldova (42%, 8); partner’s desire to return 21% (4); health problems (5%, 1) and reaching retirement age (21%, 4). Secondly, **social factors** such as the desire to contribute to the development of the Republic of Moldova (26%, 5). This statement was complemented by personal comments expressing, for example, hopes for increased “stability of the political and economic systems” and “reduced corruption”. Thirdly, **professional activity** and development such as better professional satisfaction in the Republic of Moldova (26%, 5). Individual comments mentioned higher wages; modern medical equipment; higher retirement age; and “simple regulations for private practice”.

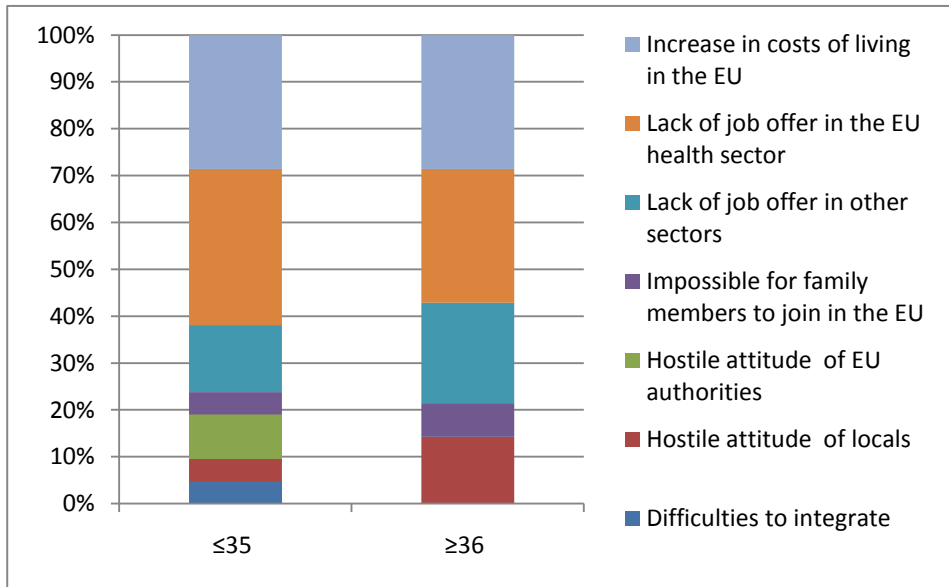
**Fig. 4.15. Factors that would encourage return to Republic of Moldova, by age groups (n=19)**



Among factors discouraging return to the Republic of Moldova respondents mention economic instability (63%, 12 of 19) and political instability (58%, 11), as well as the prospect of having to “start all over” in the Republic of Moldova (63%, 12). Among professional factors, respondents selected complicated regulations for private practice (32%, 6); insufficient remuneration (47%, 9); and limited possibilities to use professional experience/qualifications accumulated in the EU (37%, 7). Less than half of respondents (42%, 8) fear alienation from the Moldovan lifestyle, including “more aggression in communication within the Republic of Moldova compared to five years ago” (individual comments); and 37% (7) were discouraged by personal dissatisfaction with the results achieved during migration. Respondents also mentioned unattractive development opportunities for family members and existing financial obligations in their current country of residence (26%, 5 respondents for each answer option).

Conditions of life in the EU also have a considerable impact on respondents' possible decisions to return. All would return if they become unemployed in the EU; 65% (11 of 17) would consider return migration if they did not have a job within the EU health sector. A hostile attitude from locals, and/or administrative hurdles, would encourage 29% (5) of respondents to return to the Republic of Moldova and 12% (2) would return if their family members were unable to join them in the EU. Individual comments also note an inability to integrate and "feeling an outsider regardless of legal papers".

**Fig. 4.16. Reasons for respondents to return to Republic of Moldova, by age groups (n=17)**



### *Policy suggestions*

The three most important changes that respondents would like to see implemented are: salary increases proportional to expenses (97%, 29 of 30); improved technical equipment in health-care facilities (77%, 23); and actions to tackle corruption in the health system (70%, 21). In addition, respondents desire more respect from patients (43%, 13) and between colleagues (40%, 12). Procedural changes such as use of protocols (27%, 8) and increased transparency in the decision-making process (37%, 11) would further encourage Moldovan health professionals to return and/or participate in exchange schemes.

From experience within their recipient countries, respondents feel that innovative health sector solutions – such as social health campaigns (23%, 7) and volunteering

opportunities (10%, 3) –could contribute to the development of the Moldovan health system. An additional 20% (6) of respondents would be encouraged to collaborate by a health policy exemption for Moldovans who live in the EU.

## **4.6 Discussion on quantitative and qualitative EU components**

This discussion draws on both the qualitative and the quantitative components of the study on the mobility of Moldovan health professionals in recipient EU countries – comparing the findings and interpreting them jointly. The qualitative part of the study provides the stories of the health professional migrants. The quantitative part endorses these stories; shows migrants’ intergenerational differences and opportunities and chances of success in obtaining certified health work abroad; and, in particular, the strong stay factors that tend to intensify over time when living abroad under difficult circumstances. These factors hinder return to the Republic of Moldova. Among the differences found in the groups of respondents interviewed, age was seen to be a particularly important factor. In addition, not only the push, pull, stay and return factors but also the experience of migration and integration varied across age groups.

### **Mobility and geographical distribution**

The quantitative and qualitative study results both show continuing outmigration of health professionals from the Republic of Moldova. Although the numbers migrating to recipient EU countries show a clear dip between 2004 and 2009 (respondents’ motivation for migration also differed during this period), almost a third of all respondents left the Republic of Moldova within the past three years. In addition, the friends and relatives of younger migrants ( $\leq 35$  years) provided more encouragement to migrate than those of older respondents. This indicates that the social climate currently supports migration.

Two groups of respondents are identified in the qualitative study: (i) respondents aged 40<sup>12</sup> and above, most of whom left the Republic of Moldova more than ten years ago and migrated to Romania, Italy or Portugal with the intention of finding work as MDs; and (ii) a younger group of respondents who have migrated within the past ten years to the Netherlands, United Kingdom, Germany and Italy, motivated mainly by professional

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12 Although the qualitative study suggested a change between migrants below and above 40 years of age, it was decided to develop more age groups for the quantitative study (<25, 25–35, 36–45, 46–55). Answers were regrouped into three age groups for the Italy study and two age groups for the EU study.

(and personal) development opportunities. This second group can be characterized as ambitious professionals. The quantitative component also shows an increased presence in countries in north-west Europe, and generally more diversity in terms of recipient countries, among respondents aged 35 or less (i.e. the group that migrated more recently). This may indicate a shift in the migration destinations of Moldovan health professionals to countries in north-west Europe, which are becoming increasingly attractive for the younger generation of health professionals in terms of work and study options.

The qualitative study indicates that many younger respondents do not feel attached to any particular recipient country. Often, they have resided for a time in other EU/non-EU countries (e.g. for study opportunities) before settling in their current country of residence, and some are in the process of considering remigration to another EU country. After a stay abroad, some respondents return to live temporarily in the Republic of Moldova. These findings are endorsed in the quantitative study: half of the respondents aged 35 or less – but under one third of the older respondents – have lived in a third country.

## Push factors and pull factors

While the qualitative study shows a wide variety of primary motivations to migrate, the quantitative component shows that certain factors are common amongst the majority of respondents. For example, the financial situation and low salaries played a role in the decision to leave the Republic of Moldova amongst almost all respondents (91%), regardless of age. In order of importance, the reported push factors for Moldovan health professionals are: financial worries; general living conditions and political situation; lack of professional opportunities and poor working environment; and personal and social factors. The lack of educational opportunities and career opportunities are relatively more important push factors for younger respondents. However, the situation also changes over time: the most common reason for migration cited by respondents who left the Republic of Moldova between 2004 and 2009 is the challenge of starting a new life (rather than financial reasons).

The reasons for migrating to a particular country (pull factors) are determined by the existing social network of family and friends in the recipient country, followed by expectations of improving a migrant's personal financial situation, and career and job opportunities both within and outside the health sector. Finally, only a few of the respondents in both study components held firm educational or employment offers prior to departure (e.g. scholarship, residency or research position). This indicates that health professionals

are often unable to arrange a job or study while still living in the Republic of Moldova. Instead, they leave for a new country in the hope of being able to find study or work opportunities and, if necessary, will move on to another country. Existent migrant networks also encourage respondents to migrate and Moldovan health professionals often follow their family and friends abroad. This contributes to a cyclical process: the more health professionals who leave the Republic of Moldova and settle abroad, then the more attractive their recipient country becomes for others who base their decision to move on these experiences. Those respondents who opted to take up research positions generally moved to countries without extensive Moldovan networks (e.g. Sweden, the Netherlands).

## Preparation for migration

Moldovans preparing to leave for an EU country undertake a number of steps and have various sources of information on what to expect. Two thirds of the respondents had sought advice from other Moldovans in their recipient country. One half had informed themselves of the diploma recognition procedure and/or taken the first step in that process, such as retrieving their curricula from the archives. In addition, half had learned the local language, actively looked for jobs, followed additional professional courses, applied for Romanian citizenship and sought out information on legal migration and residence options. During the pre-departure phase, older respondents are more reliant on, and seek advice from, personal contacts in their recipient country. Younger respondents generally make more thorough preparations and focus more on obtaining Romanian citizenship as this facilitates legal migration and additional labour market opportunities in the recipient country.

## Diploma recognition

The difficulties encountered by Moldovan health professionals seeking diploma validation are apparent in both the qualitative and the quantitative studies. Based on the ECTS, this generally takes anywhere from a number of months up to one year and involves the need to obtain translations, cover legal expenses and obtain the necessary official stamps from various authorities, including several ministries. This process of diploma recognition presents a serious hindrance for the health professionals intending to work in medical services. Other obstacles include the overall costs, duration of the process and bureaucratic procedures (both in and outside the Republic of Moldova), as well as the need to learn a new language and to take the requisite exams. Only a quarter of all the doctors and other health professional respondents in the EU have succeeded

in gaining diploma recognition, and the demands have caused many to abandon this process.

Almost half of respondents aged over 35 have applied unsuccessfully for diploma recognition. Respondents aged 35 or less tend to have more success in completing the diploma recognition process, but a larger proportion have decided to pursue different professional careers or focus on supporting their families and therefore have not even started this complicated process. Lack of information on diploma recognition is perceived to be the main barrier to MDs being able to finalize this process successfully within the set time. The list of obstacles to diploma recognition for MDs shows that even the first step (retrieving diploma from SMPPhU) was a major problem for the large majority (85%) of respondents. This is compounded by the high legal (and illegal) costs of diploma collection and translation charged by both Moldovan and EU authorities, indicating that the problems surrounding diploma recognition are rooted in both the Republic of Moldova and the recipient countries. Nurses consider that diploma recognition is extremely difficult and very few succeed in completing this process. Their main obstacle is the exam linked to diploma recognition: the majority of nurses stated that they did not even start the diploma recognition process as they had been discouraged by the stories shared by social networks.

## **Integration, obstacles to finding a job, brain waste**

Driven to the EU by limited personal and professional development opportunities, the migration of ambitious MDs contributes to brain drain in the Moldovan health system and the loss of investments in the Moldovan education system. Qualitative study respondents have all followed a medical study at the university and qualified as doctors in the Republic of Moldova. All have found jobs consistent with their qualification or are pursuing further studies or (public health) research. Brain waste among this group of respondents is restricted to medical specialists working as general doctors and thus limited. Among quantitative study respondents, doctors have the best chance of finding a job that matches their qualifications, but only half of the respondents had achieved this at the time of the study. A few others were still studying. The quantitative study also includes nurses, feldshers and midwives who face more difficulties in diploma recognition and provide a less optimistic picture in terms of current employment and brain waste. Many respondents experience obstacles to finding a job in the recipient country, particularly one consistent with their professional qualifications. The most frequent obstacles to a health professional career are the lack of EU citizenship and/or lack of a diploma or professional qualification in the recipient country. Younger ( $\leq 35$ ) respondents also note

a lack of previous experience in their profession as, according to the qualitative study, they tend to migrate directly or shortly after finishing their studies in the Republic of Moldova.

Respondents in both parts of the study generally exhibit a positive attitude towards their life in the recipient countries. Several qualitative study respondents note a sense of excitement and appreciation despite the challenges faced in the first few years of residence in the EU (e.g. combining work and family life and/or finding a suitable job). The majority of quantitative study respondents indicate that their expectations of life in the recipient country were completely or partly matched by their experiences upon arrival. Nevertheless, respondents encountered a range of challenges, including legal, employment, social, financial and personal obstacles in the initial (three-year) integration period. Younger respondents seem to be able to integrate more quickly into the health sector and work less in the informal and/or non-health sectors in the recipient country. They also have a higher success rate with diploma validation in the recipient country than the older health professionals, despite similar obstacles and procedures. As already mentioned, this may be due to more thorough preparation before migration, including arranging legal matters. In general, the struggle to build a life in the recipient country is less strenuous for younger respondents. It is mostly older respondents who described their initial period in the recipient country as very hard: having migrated for financial reasons, they found it difficult to find jobs and still had to provide financial support for their family in the Republic of Moldova. Older qualitative study respondents look back on this period as a difficult time.

The younger respondents show that brain waste can be partly mitigated by appropriate preparation before migration; by not losing time working in low-qualified/low-paid jobs; and by searching directly for positions consistent with their educational qualifications. A specific group that stands out in the qualitative study comprises younger successful migrants, often researchers: in the interviews they repeatedly express their enthusiasm about their new life. These have seldom followed the lengthy diploma recognition procedures and consequently have been able to engage in professional activities matching their qualifications soon after arrival (e.g. academia).

Generally, respondents in the EU show poor communication with diaspora organizations but there are signs that younger people have more contact than their older colleagues. An increased number of active diaspora associations, and their improved visibility online, may contribute to this process and play an increasing role in the integration process for Moldovan health professionals.



## Stay factors and remittances

The majority of respondents in both study components state that they intend to stay in their recipient country for the foreseeable future. The qualitative study indicates that migrants who left the Republic of Moldova over ten years ago (mainly for financial reasons) intend to stay even if the financial crisis hitting recipient countries impacts negatively on their own financial situation. This is because their children have grown accustomed to their new country and because they do not know whether they will still suit the Moldovan health system or if they are licensed to work according to their Moldovan (expired) or EU (not valid in the Republic of Moldova) registered medical specialization. The group that migrated in the last ten years sees fewer reasons to stay in the recipient country because they can imagine themselves remigrating, depending on employment (including salary) and education opportunities. Quantitative component respondents offer a wide range of reasons for staying in the recipient country: the vast majority (88%) mention lifestyle in the recipient countries; and professional development and job opportunities are also mentioned frequently. These stay factors show the positive side of migrants wanting to stay. Some of these later migrants feel bound to their recipient country for the same reasons as the migrants who migrated over ten years ago.

None of the qualitative study respondents mention sending remittances to the Republic of Moldova. Some state that there is no need to do so because their families are well-off and have well-paying jobs or a good pension. However, the quantitative data show a different picture: two thirds of respondents report that they send money to relatives in the Republic of Moldova. Nevertheless, only a small minority (14%) states that they feel that their relatives depend on these contributions. Sending of remittances also shows variation by age groups: younger respondents more often say that their “relatives are financially independent” and send money home less frequently. When they do, it is usually for a specific reason. Older respondents send money regularly and believe that their relatives are dependent upon these payments. This indicates that the latter feel more financially burdened by the support they provide to family in the Republic of Moldova. It may be that this will change over time as younger respondents send more money as their relatives age, but this cannot be concluded from the data. Some respondents in the quantitative study informed the study on the amount of money sent home.

## Temporary or permanent return

Qualitative study respondents show little interest in either temporary or permanent return to the Republic of Moldova, mostly due to the lack of career opportunities, poor educational opportunities for their children, the poor financial situation and having no family left in the Republic of Moldova. The quantitative study shows that economic reasons (including low salaries in the Republic of Moldova) are the most common factors in the decision not to return, followed by the lack of career opportunities. The quantitative study also shows that only a small minority of respondents have plans to return. Respondents state that their living conditions in the recipient countries could have an effect on their decision on whether or not to return, indicating that return could be an option if they become unemployed. Younger health professionals are less negative about returning to the Republic of Moldova. They remain open-minded on this issue, many stating that they have neither plans to return nor plans NOT to return. This age group does not appear to be bound by stay factors such as financial obligations or children's needs, but their uncertainty is driven by a number of other reasons, including economic concerns. However, the few respondents who have tried to obtain a job in the Republic of Moldova in line with their (new, foreign-obtained) qualifications found too many (bureaucratic) obstacles and a lack of recognition of their experience and skills and so decided to remigrate.

## Participation in professional exchange schemes with Moldovan health sector

Some respondents express an interest in participating in professional exchange schemes but show widely differing opinions on the ideal set-up for such a scheme (time, payment etc.). Respondents would be motivated by a clear purpose or goal and might be encouraged to participate if they receive constructive attitudes from Moldovan colleagues; remuneration and free accommodation; modern medical equipment that enables them to share their experience with Moldovan colleagues; and continued payment of their monthly salary from their employer in the recipient country during the exchange scheme (e.g. during holiday leave).

# 5. Discussion

This discussion builds on the earlier discussions of the mixed method studies on Italy and on other EU countries. The findings of this study on the migration of Moldovan health professionals provide not only insights into the push and pull factors (many of which were documented in earlier studies and described in the literature review) but also extensive information about the entire process that health professionals must undergo from first consideration of their migration from the Republic of Moldova until several years into their residence in recipient countries. This includes the decision-making processes; how these decisions are influenced by opportunities; and the challenges faced in their recipient countries.

## ***Push and pull factors***

From the desk study it was noted that a combination of push and pull factors have driven a steady outflow of health professionals from the Republic of Moldova. These include unattractive salaries in the domestic health sector (Jelamschi & Rotundu, 2013); the low status of certain categories of health professionals (e.g. nurses, GPs) in the Republic of Moldova (WHO Regional Office for Europe, 2011); and the demand for Moldovan health professionals abroad (Chaloff, 2008).

The findings of this mixed method study both confirm these push and pull factors and add much more information and detail. The combination of open interviews and SAQs has enabled observation and analysis not only of the facts concerning migration but also the feelings and motivations experienced by migrant health professionals during the entire migration process. The majority of the respondents in this study mention their personal financial situation as a factor in their decision to leave the Republic of Moldova, but there are other motivating factors too, especially among younger migrants. These include career ambitions; the challenge of starting a new life; limited study opportunities in the Republic of Moldova; and the desire to join their relatives abroad. Health professionals who migrated between 2004 and 2008 state less often that they migrated for financial reasons or to improve their career opportunities. This could be related to changes in remuneration in the Moldovan health system. However, the reasons for leaving the Republic of Moldova are largely based on personal circumstances and on factors such as age and the planned destination country.

The impact of the push factors is probably enhanced by the attitudes among social networks of health professionals and the social climate in the Republic of Moldova, which encourage migration. Even some health-system managers support the migration plans of staff by keeping their jobs open during their absence, thereby allowing those migrants to work abroad with the hope that they will return to the Moldovan health system. Pull factors also vary by the age and migration destination of respondents. For migrants to Italy, the existence of an extensive social network (family, friends) is the most commonly mentioned pull factor (80%). This factor is mentioned less often by migrants to other recipient EU countries, particularly respondents aged 35 or less. Respondents in the other EU countries (all age groups) state more often (than those in Italy) that they expected to be able to improve their careers in the recipient country. This group of health professionals has high ambitions focused on career improvement and study. Surprisingly, although they mention job availability both in and outside the health sector as an important pull factor, respondents who migrated to Italy never secured a job in the health sector before departure (and very rarely in a different sector). A few respondents currently living in other recipient EU countries secured a job or study opportunity before leaving the Republic of Moldova. Those health professionals who decide to study abroad are often highly mobile: they have no specific destination country but rather travel from country to country, driven by opportunities such as bursaries. In such cases, the pulling factor is not the country but the opportunity.

## ***Preparation for migration***

Some respondents made preparations for migration, but this is more common among migrants to other recipient EU countries than those who migrate to Italy. Some of these other EU migrants, especially younger ones, search for study and job opportunities in a number of different countries before departure. Applying for Romanian citizenship to facilitate migration is a common preparation measure for health professionals to all EU countries. The proportion of respondents with dual Moldovan/Romanian citizenship is nearly the same among migrants to Italy (45%) as among migrants to other EU countries (49%). Migrants to other EU countries more often prepare documents for diploma recognition before departure and are more proactive in safeguarding their (legal) status in the recipient country. These migrants also consider that they are better informed on job offers and study opportunities. Migrants to Italy prepare themselves less thoroughly before departure, tending to rely on information from their social networks. Their attitude is summed up in a quote from one respondent, “we went to Italy without a job and with our eyes closed; we took a chance”. The International Labour Organization (ILO) representative in the Republic of Moldova reported that an estimated 5% of those

seeking employment abroad make enquiries at the 83 recruitment agencies registered in the Republic of Moldova. However, none of the respondents in this study had found a job through a recruitment agency. In the qualitative study (Italy), two respondents stated that they had been contacted by a recruitment agency but had not trusted the agency enough to take up a contract with them.

## ***Expectations and adaptation period in recipient country***

The qualitative study on migration of health professionals to Italy reveals that most migrants found it a real struggle to survive and integrate during their initial stay, much more than among those who migrated to other EU countries. However, this difference was not reflected in the quantitative study which found no differences in the proportions of respondents who perceived the initial period in the recipient country as easy or difficult, and few differences in the difficulties they faced. Financial worries are frequently mentioned by respondents in both studies, mainly due to obligations in the Republic of Moldova (including remittances). The accumulation of debts is mentioned as a problem by all age groups in all recipient countries. Thorough analysis of the data shows that it is not only the basic facts of what happened that makes respondents assess their adaptation period as difficult or less difficult. Respondents residing in Italy state less often that the reality did not match their expectations of the initial period in Italy (15%) compared to respondents who went to other EU countries (31%). This could explain why younger respondents in the other recipient EU countries complain more often about poor working conditions and salaries than the respondents in Italy or older respondents in other EU countries, even though these younger health professionals are less likely to work below their qualification levels. These younger respondents likely have higher expectations of successful migration than the respondents who went to Italy or the older respondents who went to other recipient EU countries.

It appears that times are changing: among migrants to other recipient EU countries, respondents in the younger age group are more likely than those in the older age groups (for the same countries) to report that they struggled with the new language. This could be because younger migrants often go straight into a prearranged job in the health sector upon arrival, older respondents tended to start in jobs in the informal sector where they learned the new language. Personal social networks provide the most support to migrants during their initial period in the recipient country. For both Italy and other recipient EU countries, around 15% of the respondents state that they had sought support

from diaspora organizations. The struggle to find work in or outside the health sector; to earn a decent wage; for family members to adapt to the new situation; and to find a good home all contribute to the lengthy period that many migrants endure before they are able to enjoy life in their new country.

## ***Employment, diploma recognition, brain waste***

Finding a job is an important concern for migrant health professionals. Analysis of the current jobs of respondents in both studies shows that large proportions of respondents are not working in the fields in which they were educated in the Republic of Moldova (Italy: 73%; other EU countries: 65%). This indicates severe brain waste among Moldovan health professionals in the EU. The proportions of those working in jobs that match their level of education are higher among MDs (Italy: 40%; EU: 52%) than among other health professionals. The percentage of MDs working according to their level of qualification in the other EU countries is increased by the number of researchers. However, the struggle is often hard, even for those who eventually find work in their chosen profession. The majority of respondents in both studies first had to work in the informal sector for a considerable time. All respondents (except the researchers) identify the main obstacle to finding a job in the health sector to be lack of a valid diploma (qualification) in the recipient country, followed by status as a non-EU citizen.

Embarking on the diploma recognition process is the most important step for those who want to build a career that matches their Moldovan qualifications, with the exception of those who decide to follow a research career. Some of these researchers have made a deliberate choice to leave clinical work but some still aim to seek diploma recognition (e.g. on completion of a PhD). As described in separate components of the study, the recognition process is lengthy, costly and demanding (of time, study). For this reason, many migrants either never begin or do not complete the process. The type of professional education is an important variable that, in part, determines a migrant's chances of achieving diploma recognition. In all recipient countries, doctors have a much higher success rate than other health professionals who, in reality, seldom succeed in this process. Doctors who manage to finalize their diploma recognition usually find a job as an MD, mostly in the private sector. A small number continue their education by obtaining a residency for medical specialization, but such positions are scarce. Both qualitative studies revealed that some respondents work as medical specialists (in line with their education in the Republic of Moldova) even though they are not officially registered in the recipient country. They are only allowed to perform medical specialists' procedures in private clinics.

The different age groups show variations in the numbers initiating and actually finishing the diploma recognition process. Younger respondents show more success in finishing the process, but a large proportion of them state that they chose a different career path and did not even initiate the process. Analysis of these other career paths shows that they do not involve pursuit of ambitious plans outside the health sector, but rather employment in the care, construction or catering industries. This other career path should probably be understood as acceptance of the fact that, for many, it is simply not feasible to work according to their professional education levels. The diploma recognition process may be tough (see discussions in separate country reports), but successful completion improves the chances of success in the health-care labour market in the recipient country.

## ***Stay factors***

Both studies show strong stay factors: respondents have adapted to and enjoy the lifestyles in their recipient countries. Often, migrants live many years in their recipient country before they manage to achieve their original aim: sufficient income, a house and a job. By the time they reach their target it is very hard to leave because their children have come to perceive the recipient country as their home or because it is hard to start a new life all over again. In Italy, most of the migrants are surrounded by family and so return to the Republic of Moldova would involve leaving family once again. Respondents in other recipient EU countries indicate that they wish to stay because of the specific career and professional opportunities available to them that cannot be found in the Republic of Moldova.

## ***Remittances***

Respondents do not mention the sending of remittances as a stay factor. However, a large proportion of migrants in both studies do send money to their relatives in the Republic of Moldova. Younger respondents state more often that they send money for specific reasons and that their families are not dependent on their financial contribution. Qualitative study respondents were more reluctant to disclose anything about sending money home: respondents in Italy state either that they do offer some support to their families back home or simply that they send money as a gift. Respondents from other recipient EU countries say that they do not need to support their families. In the quantitative study, analysis of the amount of money remitted shows clearly that even those respondents who state that their families are not financially dependent on them

still send substantial amounts of money. Sending money home seems to be a very delicate issue for migrant health professionals.

## ***Return to Republic of Moldova***

Only a small minority of the health professionals have definite plans to return permanently to the Republic of Moldova, and then mostly after retirement. Younger respondents in all components of the study still feel that they may return to the Republic of Moldova some day. However, the study shows that the longer it takes to build a life abroad, the weaker the urge to return to the Republic of Moldova. This is compounded by the difficulty of moving children and the energy required to start all over again. Financial matters often hinder a return but factors related to the health system are also seen to play a role. Issues such as lack of respect between health-care staff and between doctors and patients are mentioned regularly, as are the difficulties attached to starting a private practice and not knowing whether new qualifications (obtained abroad) will be recognized within the Moldovan health system. A minority of respondents in both studies show positive reactions to a temporary return to the Moldovan health system (e.g. through participation in professional exchange schemes) although willingness to participate would increase even more if such a programme is seen to have a clear goal. Reluctance to participate arises from concern about: (i) job security in the recipient country during such an absence; (ii) remuneration during the exchange scheme; and (iii) whether Moldovan colleagues would appreciate being shown what migrants have learned abroad. Nurses who do not (and cannot) work according to their level of qualification in Italy placed a different interpretation on this question as such a scheme could help them to retain their professional skills.



## 6. Conclusions

On the basis of the findings of the surveys conducted for this report, it appears that the Moldovan health professional diaspora consists of a very diverse group of people: differing in terms of educational background, choice of destination country and ambitions regarding the profession for which they were educated in the Republic of Moldova. Many have already lived abroad for many years; others left the Republic of Moldova only in 2013. Some have married partners from the recipient country. Some have succeeded in completing the diploma recognition process; others were unable to do so. When researching, analysing and describing the migration process of this diverse group, the commonalities between these health professionals also became clear. These include the fact that the vast majority left the Republic of Moldova for financial reasons and, particularly in the case of younger migrants to other EU countries, to pursue the challenge of starting a new life or taking up a study unavailable in the Republic of Moldova.

Another commonality observed is that only a small proportion of the migrants plan and/or desire to return to the Republic of Moldova. Various reasons are given for this: the unstable political economic situation; a health system that offers less opportunity to work according to desired professional standards; the limited respect afforded to health workers; and the fear that it will be difficult to readapt to the Moldovan health system after so many years living abroad. Returning after many years in a recipient country is a difficult option as stay factors became strong due to the often lengthy time it takes to reach a certain level of wealth and to feel at home in the recipient country. This makes the migrant health professionals, and particularly their children, feel more at home in their recipient country than they would in the Republic of Moldova. And it is not just a matter of returning home, it is also having to restart a whole new life.

Moldovan health professionals in Europe show enormous brain waste: more than half of the respondents work below their level of qualification, not only in the health sector but also outside, mostly in care, construction or catering. MDs have a greater chance of returning to practise their profession than other health professionals, but it takes a long time – as much as five to ten years after migration to the recipient country. However, this loss of professional competencies and qualifications does not lead to a decision to return to the Republic of Moldova and re-enter the Moldovan health system. Migrant health professionals consider that this health system does not remunerate according to needs or enable them to work according to professional standards, and is characterized by a high level of disrespect between health staff and between patients and health workers.

Hence, both personally and professionally, there is very little to attract health professionals in the EU to return to the Republic of Moldova.

Although respondents do not like to discuss remittances, the anonymous nature of the quantitative study SAQ allowed respondents to be more open about this topic. Moldovan health professionals provide financial support to their relatives in the Republic of Moldova, despite their own financial difficulties. This is a heavy financial burden and it seems that they prefer to convince themselves that they are under no obligation to send money home, but rather that it is an entirely voluntary action.

## 7. Considerations for policy

The migration of health professionals from the Republic of Moldova in the near future will be difficult to stop. The very strong push and pull factors that encourage health professionals to migrate to the EU – for financial and personal reasons and for study opportunities and professional development – are further endorsed by social networks in the Republic of Moldova and in the recipient countries. Many countries have become attractive to health professionals over the past few years, and the availability of Romanian citizenship facilitates migration to the EU. Furthermore, migration is encouraged by friends and family (especially among the younger respondents) and the process itself is eased by the extensive network of friends and relatives in countries such as Italy and France.

A number of steps could be taken to help diminish these push factors for Moldovan health professionals. First and foremost, recognizing the importance of a salary that offers the prospect of a comfortable personal financial situation; followed by the creation of work and study environments that enable application of, and access to, all of the skills and challenges related to medical work (sufficient equipment and infrastructure). It is in the interests of all stakeholders that Moldovan health professionals are able to continue to work at their acquired level of education, gain new skills and develop further in their professions. Mitigation of the brain waste resulting from the migration of Moldovan health professionals to EU countries is of high importance. Moldovan health professionals should be stimulated to prepare for migration by initiating their diploma recognition process before departure. Information regarding diploma recognition possibilities and procedures for all recipient countries should be easily available through various sources, including through the Internet, at universities and training institutions in the Republic of Moldova, at Moldovan embassies and consulates, and at diaspora associations in recipient countries.

It would be worthwhile to facilitate the diploma recognition procedures in order to allow Moldovan health professionals to continue working at their level of education and to gain new skills in their recipient countries. In particular, nurses should be supported in order to increase their chances of achieving diploma validation in the recipient countries. Two promising examples are already operating. Firstly, in Italy, specific agencies with offices in major cities support Albanian nurses by verifying their qualifications and preparing the documentation for recognition of their Albanian nursing skills. Secondly, in Portugal, MDs working for a Catholic NGO facilitated the recognition process of MDs. It would be worthwhile to investigate whether such agencies could be established to

support Moldovan health professionals, especially in Italy and France. More efficient diploma recognition procedures could start with an information package on the preparations and steps required for all health professionals who decide to migrate. International treaties with recipient countries for all health professionals and efficient procedures for diploma recognition bodies within the Republic of Moldova are also important. A large number of respondents have experienced difficulties in the Republic of Moldova – problems retrieving diplomas from university archives; inconsistencies in the diploma issued (e.g. name, numbers or names of courses); lengthy queues; and the requirement to be present in the Republic of Moldova during these procedures. The entire process needs to be made more efficient.

Facilitating the diploma recognition process and access to jobs for Moldovan health professionals in the recipient EU countries might also increase the likelihood of return. Respondents in the study indicate that the lengthy integration process and time and effort exerted to build a life in the recipient country is an important reason for not returning to the Republic of Moldova. The process could be shortened by assisting migrants to achieve speedy diploma recognition and to find a job that matches their level of education. In turn, a faster process with fewer obstacles could help to reduce the weight of some of the stay factors, thus allowing these health professionals to return to the Republic of Moldova before they have become “alien” to the system and before they “get stuck” in the recipient country.

A focus on the temporary or permanent return of younger migrant health professionals is likely to be fruitful. They are less bound to their recipient countries by factors such as financial obligations or children who are used to living abroad. In the study, they show more interest in the option of returning to the Republic of Moldova. However, the economic reasons that make them reluctant to return would need to be countered by offering an attractive return package with an income proportional to living expenses. In addition, opportunities for professional and personal development in the Republic of Moldova are crucial for encouraging younger health professionals to return to the Moldovan health system. Some respondents would welcome professional exchange schemes but specific goals would be required in order to increase their motivation. Such schemes could prevent Moldovan health professionals from feeling estranged from their own health system and provide them with evidence of change. In turn, this might encourage older migrants to return. Exchange schemes would also provide opportunities for migrants who live in EU countries to maintain their professional skills and licensing. For example, nurses who are unable to practice according to their profession are often afraid that they will lose their professional skills abroad, and medical specialists can

be reluctant to return because of uncertainty regarding their licence to practice in the Republic of Moldova.

The policy considerations presented here could prevent the outmigration that will result in a permanent loss of competencies for the Moldovan health system. Speeding up the procedures around diploma recognition and finding study opportunities in recipient countries with a focus on younger migrants are likely to be more effective than focusing on older migrants who have already accepted their recipient country as their new home.

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# Annexes

## Annex 1. Qualifications, previous and current jobs: brain waste in Italy

Code	Sex	Age	Qualifications (highest)	Current job	Previous jobs in Italy	
					Inside health sector	Outside health sector
06	F	32	MD, currently specializing in occupational medicine	Resident in occupational medicine		I washed dishes and also worked as a waiter in a pizzeria // while studying, yes.
01	F	31	MD, specialized in anaesthesia and reanimation	Anaesthesiologist (in private clinic) and emergency physician		As soon as we moved here I studied and worked at the same time because I had to. / I worked as a... children's nanny and as an elderly carer.
02	F	32	MD, specialized as a family physician	Locum family physician		Working in a house, I was cleaning, just like everyone else who came. After this I stayed with an old lady //when I received my residence permit I met a lady who had a graphics and printing office.
09	F	43	MD, specialized in radiotherapy	Emergency physician	//On 25 December 2004 I got my diploma recognition, so I've actually worked since 2005. // from 2005 till now – it's been eight years.//	//No, I've started to work after six years. // for the first six years I've done... (hesitates) generic work... not related to medicine// [briskly] yes.
10	F	36	MD, specialized in gastroenterology	Physician	//I've worked as a fiscal medical worker, checking patients on sick leave at home – I was checking: are they at home? // I did such a job for two years/	
					When I came – yes. I've been an OSS, too. It's like a medical assistant in a private structure. Well not a private structure, it was an elderly retirement home – that's less than a nurse, not even a nurse.	

Code	Sex	Age	Qualifications (highest)	Current job	Previous jobs in Italy	
					Inside health sector	Outside health sector
11	F	37	Nurse (three years of nursing college)	OSS	//I provided private health-care assistance// No, the very first job was the illegal one. I lived with an old man since he was also intubated and... basically he was on his deathbed.// I took care of the old lady at home, privately! I stayed in their house for a year and eight months, before that I would work as a replacement for two months here, then I would replace someone else for three months I was doing nightshifts as a carer at Maggiore Hospital.	// I had worked like that, doing housecleaning... in private houses. //  I started to work three weeks after I arrived on Italian territory//  As soon as I had... when I finally got my stay permit, residence permit, I was working in a restaurant as a chef's assistant and a dishwasher, and I had no satisfaction whatsoever in my job////But, anyway, bureaucratically it's not that simple. //
04a	F	37	Nurse (three years of nursing college)	OSS	I also worked as a badanta, assisting//as a badanta... first of all when you go and work (...) nobody tells you anything, you need to impose your conditions and after that ...	
04b	F	54	Nurse specialized in paediatrics, kinesiotherapy and physiotherapy	OSS	//I also worked in a children's hospital (...) they took me as some kind of substitute for a person who went on holiday//	I was only jobless for three days//for the first job I was told I needed to pay (...) (yes, I've worked obviously... mostly badanta.//  you work for 24 hours//you don't sit down for 24 hours//  I did ten years [very sad]// my first job...they didn't even let me use the TV, after that I changed jobs and ...//

Code	Sex	Age	Qualifications (highest)	Current job	Previous jobs in Italy	
					Inside health sector	Outside health sector
03	M	38	MD, specialized in anatomical pathology	Locum family physician	<p>/we found a retirement home where I started working as an OSS for about a year/ ...I did only night shifts, in the morning I would go to the physician's office or to the hospital//I went to a pass/fail exam and that was it! That's how it worked back in those days //</p>	<p>/And in June... we found an old grandpa and we started working with him (...) on an agreement with the grandpa's children we went to live in with the old man (...) actually the old man was self-sufficient, he didn't lay in bed and have to be taken care of. I could leave him and go to my internship</p>
08a	M	42	MD specialized in anaesthesiology and reanimation, currently specializing in thoracic surgery	Professional in training		<p>//Yes, I worked in a factory, I even (...) worked with plants! // For a year I worked at a plant making electric cables, another year...in any case, I could ... survive, provide my family with money and, at the same time, study and since studying is expensive ...</p>
12	F	n/a	Medical assistant (three years of nursing college)	OSS	<p>Badanta! I took care of a granny that... well basically she was like a corpse, but they kept her alive with all these machines. She was connected to tubes, there was an artificial breathing machine, oxygen masks and her life was supported artificially. // I did IVs and injections and administered her medications on time and changing her dressings (I worked as a badanta for exactly six years.</p>	//

Code	Sex	Age	Qualifications (highest)	Current job	Previous jobs in Italy	
					Inside health sector	Outside health sector
07a	F	29	Nurse (three years of nursing college)	Locum hospital and home-visit nurse		Yes, at the beginning (elderly carer)
07b	F	n/a	Midwife (three years of nursing college)	Housecleaning, currently training as an OSS	I worked as an elderly carer// as a carer – at first they didn't ask me whether or not I am a nurse! The person was 50 years old and had Alzheimer's and didn't know... at first.	First, there is no place for you to live // I came, I found a job – doing house-cleaning for an old family. I did some work as a replacement.
07c	F	43	MD, specialized as family physician	Maternity leave, currently training as an OSS	You start working as an elderly carer and you learn to work... a lot! // You have no house, it's good there, you don't pay the rent, you don't pay// in a way ... you know, when you go to their place they accept you.	And later they didn't renew my contract and after that I did some cleaning hours and after that... the daddy takes care! (smiles)//
05a	M	42	MD, specialized as an emergency physician	Emergency physician	//I've worked as a sanitary operator... I had a totally different job// it has improved as a level, ... experience-wise, I mean ... guardia medica is a basic medical service, night shifts.// at first I was performing things like echography, heart rate, laboratory tests (...) those were things that you did all day long//	// I practised massage //  I've worked as a mechanic in a glass recycling factory// It was a very interesting job that allowed me to work during the night and study during the day// I've had different jobs in between while I was learning the language I did some... it was like a take-off lane. The first years we... worked just like everyone else... //On the black market.//Just like all other women – cleaning... cleaning houses and elderly care.
05b	F	39	MD, specialized as family physician	Family physician		

## ***Annex 2. Interview guide for in-depth interviews with health professionals in Italy and other EU countries***

### *Guidelines for interviewers*

**Purpose:** This is a study by the Royal Tropical Institute (KIT), Amsterdam, the Netherlands. The overall objective is to increase understanding and to inform the Republic of Moldova on the reasons why Moldovan health workers migrate and how they could be assisted through policies and practices in the Republic of Moldova and in the receiving country.

**Participants:** People of Moldovan origin with a professional education in health and a postgraduate degree who are living and/or working in an EU Member State.

**Set-up:** face to face

#### **Role of the interviewer:**

- provides the introduction
- ensures a good atmosphere
- probes when more clarification is required or more examples are needed
- provides summaries of what has been said
- takes a neutral position
- does not profile himself/herself as an expert
- keeps track of time and the interest of the interviewee.

#### **Materials needed:**

- record sheet
- informed consent form
- tape recorder and tapes (around 45 minutes for each interview).
- Introduction:
  - welcome and thank you;
  - introduction and purpose;
  - confidentiality;
  - filling in the record sheet;
- ask again for permission to tape and explain that the tape will be used only by researchers and destroyed after it has been transcribed (anonymously);
- repeat the conditions to focus on:

- reasons to leave the Moldovan health sector (push and pull factors)
- reasons to stay in the recipient country (stay factors)
- reasons to return to Republic of Moldova

*This page must be completed directly after an interview*

**Interview code:**

Country of residence:

Date and time of interview:

Duration of interview:

Name of interviewer:

Name of transcriber:

Information on interviewee's:

- age
- sex
- professional education
- Italian region of current residence

*Before we go more in-depth, I would like to find out more about you.*

**1. Personal characteristics**

- a. Sex (don't ask)
- b. Age

**2. Education formal and informal**

*What is your educational background?*

*Probes*

- Type of education (field of health expertise), Where obtained? What degree?
- Type of education in competence areas other than health? Where obtained? What degree?
- Other learning trajectories followed (not directly related to health but may be important for certain jobs in health care e.g. computer skills, statistics, counselling, coaching).

**3. Where do you live currently?**

*Probes*

- *Can you tell me how what has happened since you received your diploma? Where did you live and work? What kind of jobs?*

(Interviewer can work with interviewee to draw a time line based on this information).

#### **4. Can you tell me about your current job?**

Probes

- *What kind of job do you have now?*
- *Why this job?*
- *Do you have one job or more?*

#### **5. Motivation to migrate**

*I would like to discuss your decision to migrate.*

*a. Why did you decide to leave the Republic of Moldova?*

Probe for different types of push factors

- Personal and social factors: partner's and children's roles in the decision to migrate; role of other family members who stayed behind; personal financial situation; whether interviewee has migrated before.
- Factors related to health work: job opportunities in Republic of Moldova, remuneration, status as a health worker.
- Factors related to Moldovan health system: organization, management, supplies; availability of retention schemes in Republic of Moldova.
- Stick factors: how easy was it to leave the country?
- Any other factor(s).

*b. What are your reasons for living and working in EU country/Italy?*

Probe for different pull factors

- Personal and social factors: personal financial situation and, for example – social expectations, opportunities for children's schooling, recruitment strategies for this country, informants of jobs or living in the recipient countries.
- Socioeconomic and political factors: job opportunities, lifestyle (including housing), social security, security in general, opportunities to send remittances home.
- Immigration policies: knowledge about visa or residence permits.
- Professional opportunities: continuous professional development, career prospects.
- Health-system factors: organization and management of health system in recipient country; infrastructure; and availability of equipment/medicine etc. in the health sector.



c. *What kind of information was available to inform your decision to come to this country?*

*How did you make the decision to move to Italy/EU country?*

Probe for:

- knowledge about employment in country X before migration.
- source of this information: e.g. people/recruitment programmes which informed you about working opportunities, discussion amongst colleagues about migration options (e.g. *How did you find out about the job you are working in now? With whom did you discuss your idea to leave? Who had an important influence on your decision?*)

*Could you please tell me about the pre-departure period?*

- *What did you have to do before leaving?* (Probe for diploma recognition/costs of documents needed/ acquiring of new skills such as (Italian or other) language, professional skills).
- *What is your opinion about the procedure to leave the Republic of Moldova?* (e.g. was it convenient? Expensive?)

*Looking back, what do you think about the information on which Moldovan health professionals base their decisions to migrate?*

*Do you now share information on migration with people in the Republic of Moldova and/or Italy/EU country?* (e.g. tips on diploma recognition)

*What advice/tips do you have for health professionals working in Italy/EU country? And for those who want to migrate to Italy/EU country?*

Option: *Did you consider ways to migrate without resigning completely from your position in the Republic of Moldova?*

## **6. Motivation for staying in current country of residence**

*You now work in Italy/EU country. Could you please tell me about your decision to stay in Italy/EU country?*

*What are the most important factors influencing your decision to stay in Italy/EU country?*

- interviewee should be asked for spontaneous response on most important reasons for staying ... and why?

In addition, probe for opinions on the following aspects.

**a. Personal and social factors**

- General lifestyle in Italy/EU country, the Italy/EU country language.
- What do people back home think of your status/career?
- Family life: children/partner currently in Italy/EU country? Did they migrate with interviewee?
- Role of partner/children play in decision to stay
- Opportunities for personal growth and lifestyle of interviewee and their family members.
- New friends.
- Membership of diaspora organization(s).

Remittances: does interviewee regularly send money to family or friends in the Republic of Moldova? Probe for: frequency; fixed amount or depending on purpose; purposes; approximate amount.

**b. Professional and health system factors**

- Recognition of professional qualification.
- Possibilities for professional networks, continuous professional education and career development.
- Bilateral agreements on health professionals between the Republic of Moldova and Italy/EU country.
- Professional qualification: does it help to get a better job/better salary/employers' respect?
- Career opportunities outside the health sector (for those who do not work in the health sector).
- Job satisfaction: including working hours, remuneration, opportunities for leave/vacation, opportunities to work while keeping a job in Moldova etc.

**c. Legal factors**

*Were there any legal arrangements which played a beneficial or hindering factor in the process of finding work and settling in your current country of residence?*

Probe for:

- kind of residency and influence of residency/legal status on job options;
- legal arrangements that helped/hindered the process of finding work and settling in Italy/EU country (e.g. diploma qualification, dual passport, recruitment programmes);

- assistance provided by Moldovan official bodies/diaspora organizations to find work according to qualifications.

*If applicable, do you have any suggestions on what would help you to find a job in Italy/EU country according to your qualifications (information regarding job availability, recruitment policies, access to training, migration policies)?*

*Would you do anything differently if you were to migrate now? If so, why?*

- e.g. diploma recognition
- try to keep your job in Republic of Moldova?
- anything else?

## **7. Temporary or permanent return**

*One of the purposes of our study is to investigate health professionals' willingness to return (temporarily or permanently) to the Republic of Moldova.*

*Where would you like to work in the future? How will you go about this?*

*Would you return to the Republic of Moldova at any point? If not, why not? If yes, probe: whether temporarily or permanently, and the reasons; benefit and disadvantages of returning.*

*What would attract you to return to the Republic of Moldova? Which factors are most important? And why?*

### **a. Personal factors**

- family ties, language
- living conditions
- retirement plans.

### **b. Political socioeconomic factors**

- living conditions;
- national economy/
- wage and working conditions,
- initiating a private practice in the Republic of Moldova.

### **c. Professional factors**

- training and career development
- membership of Moldovan professional associations
- possibilities of participating in exchange programmes in Republic of Moldova.

### **d. Health system factors**

- regulations for returning health workers and their families

- validity of diploma after return.

*How would you feel about returning?*

### **8. Policy changes and interventions**

*If policy changes are to be useful, it is very important that health professionals like you provide suggestions on changes they would like to see implemented.*

*Do you have any suggestions on interventions that would make circular or return migration feasible and desirable for you? in general (for other Moldovans)?*

- possible policy changes/interventions
- changes related to the Moldovan health system and labour market
- legal changes.

*Who would be responsible for ensuring implementation of the changed/new policies?*

Probe

- Ministry of Health, other ministries, health managers, others?

## Annex 3a. SAQ for quantitative survey

### Questionnaire for Moldovan health professionals in Italy

Code:

Organization:

E-mail address:

#### 1. Profile

In this section we would like to find out more about your personal background.

Have you ever been trained as a doctor, nurse or medical laboratory staff?      y/ n

If no, please do not complete  
the questionnaire

1.	Personal data	Answer (A)
	Age	Age group <25 25–35 35–45 45–55 >55
	Sex (F/M)	
	Civil status (married/single)	
	Domicile	
	Completed training (and diplomas) in Republic of Moldova after secondary school?	
	Number of years you worked as a health professional in Republic of Moldova	<6 months 6 months–2 years 2–5 years 5–10 years >10 years
	Completed training (and diplomas) in Italy after secondary school?	
	Year of emigration from Republic of Moldova	
	Year of arrival in Italy	
	Current job(s) in Italy ( <i>please specify</i> )	

#### 2. Push factors

In this section we would like to know why you decided to leave the Republic of Moldova.

2.1	What were your reasons for leaving Republic of Moldova? (please check all that apply)	A
	Challenge of starting life in another country	
	Few possibilities for development for my children (e.g. education)	
	Poor health-care for family members available in Republic of Moldova	
	Poor living conditions (infrastructure, housing)	
	Dissatisfaction with economic situation of Republic of Moldova	
	Dissatisfaction with political system of Republic of Moldova	
	Dissatisfaction with conditions at work: salary	
	Dissatisfaction with conditions at work: lack of equipment and supplies	
	Dissatisfaction with functioning of the national health system	
	Lack of professional development opportunities	
	Other (please specify):	

#### Have fellow Moldovans played a role in the decision to migrate to Italy?

2.2	Were you encouraged by fellow Moldovans to emigrate? (please check all that apply)	y/n
	<b>If no:</b>	
	No, I was not encouraged by anyone I informed about my plans	
	No, I was not encouraged as I didn't discuss my decision with anyone	
	<b>If yes:</b>	
	Yes, I was encouraged by fellow Moldovans to migrate	
	a) by friends/relatives/acquaintances	
	b) by patients/clients	
	c) by colleagues at work	
	d) by fellow students at the university	
	e) other (please specify)	

2.3	Was your emigration discouraged by fellow Moldovans?(please check all that apply)	A y/n
	<b>If no:</b>	
	No, I was not discouraged by anyone I informed about my plans	
	No, I was not discouraged as I didn't discuss my decision with anyone	
	<b>If yes:</b>	

<b>2.3</b>	<b>Was your emigration discouraged by fellow Moldovans?(please check all that apply)</b>	<b>A y/n</b>
	Yes, my migration was discouraged by fellow Moldovans:	
	a) by friends/relatives/acquaintances	
	b) by patients/clients	
	c) by colleagues at work	
	d) by students at the university	
	e) Other ( <i>please specify</i> )	
<b>2.4</b>	<b>Did your family members (partner, parents, children) support your decision to migrate? (<i>please check all that apply</i>)</b>	<b>A</b>
	No they did not support my migration to Italy	
	a) No, they tried to come up with alternative income solutions	
	b) No, they were against it but respected my decision	
	c) No, they were against and it caused a conflict	
	d) Other ( <i>please specify</i> )	
	Yes, they supported my migration and provided:	
	a) Information regarding the procedures needed for immigration in Italy	
	b) Information about working possibilities/housing in Italy	
	c) Information about diploma recognition in Italy	
	d) Information about study opportunities in Italy	
	e) Information about career opportunities as a health professional in Italy	
	f) Other ( <i>please specify</i> )	
<b>2.5</b>	<b>Did your friends/colleagues support your decision to migrate? (<i>please check all that apply</i>)</b>	<b>A</b>
	No they did not support my decision to migrate to Italy	
	e) No, they tried to come up with alternative income solutions	
	f) No, they were against it but respected my decision	
	g) No, they were against it and it caused a conflict	
	h) Other ( <i>please specify</i> )	
	Yes, they supported my migration and provided:	
	g) Information regarding the procedures needed for immigration in Italy	
	h) Information about working possibilities/housing in Italy	

<b>2.5</b>	<b>Did your friends/colleagues support your decision to migrate?</b> <i>(please check all that apply)</i>	<b>A</b>
	i) Information about diploma recognition in Italy	
	j) Information about study opportunities in Italy	
	k) Information about career opportunities as a health professional in Italy	
	l) My employer/boss saved my job in Republic of Moldova during my absence in Italy	
	m) Financial support for migration to Italy	
	n) Other <i>(please specify)</i>	

### 3. Pull factors

In this section we would like to understand why chose Italy as your migration destination.

<b>3.1</b>	<b>What were your reasons for choosing Italy as destination country?</b> <i>(please check all that apply)</i>	<b>A</b>
	My relatives/friends were already living there	
	My partner wanted to migrate/had already migrated to Italy	
	Expected to improve my financial situation	
	Expected that my children would have better schooling and career opportunities	
	Had information that there is a market for jobs outside the health sector (in-house caretaker; housekeeper)	
	Had information about a market for jobs inside the health sector	
	Specific professional opportunity (e.g. job offer) <b>in</b> the health sector prior to migration	
	Specific professional opportunity (e.g. job offer) <b>outside</b> the health sector prior to migration	
	Expected to have better career opportunities as a health professional	
	Attracted by a recruitment agency	
	Had information about upcoming regularization programmes (Sanatoria) for Moldovan citizens in Italy	
	Other <i>(please specify)</i> :	

### 4. Preparations

In this section we would like to know what preparatory steps you took before migrating to Italy.



<b>4.1</b>	<b>How did you prepare for your migration to Italy?</b> <i>(please check all that apply)</i>	<b>A</b>
	Learned Italian	
	Informed myself about the culture (lifestyle, people, environment etc.) in Italy	
	Followed additional professional courses	
	Sought advice from other Moldovans in Italy	
	(Tried to) find a job prior to arrival (agencies, internet forums, etc.)	
	(Tried to) find a house prior to arrival	
	Informed myself about obtaining legal status in Italy	
	Already held Romanian citizenship and knew I was therefore legally able to move to Italy	
	Applied for Romanian citizenship to facilitate migration to Italy	
	Informed myself about diploma recognition procedure	
	Began diploma recognition procedure (e.g. collecting documents required in Republic of Moldova)	
	Other <i>(please specify)</i> :	

<b>4.2</b>	<b>Before migrating to Italy did you had sufficient information about the living and working opportunities for Moldovan migrants?</b> <i>(please check all that apply )</i>	<b>Yes</b>	<b>No</b>
	Had sufficient information regarding immigration procedures and the legal papers required		
	Had sufficient information about housing opportunities in Italy		
	Had sufficient information about diploma recognition procedures in Italy		
	Had sufficient information about diploma study opportunities in Italy		
	Had sufficient information regarding job opportunities outside the health sector		
	Had sufficient information regarding job opportunities inside the health sector		
	Had sufficient information about diaspora networks in Italy		
	Other <i>(please specify)</i>		

<b>4.3</b>	<b>Looking back on the period you decided to go to Italy and were preparing for migration: were your expectations about life in Italy in line with the reality? (Only one answer possible)</b>	<b>A</b>
	Totally in line with reality	
	Partially in line with reality	
	Hardly in line with reality	
	Not at all in line with reality	

## 5. Building a life in Italy

In this section we would like to know what difficulties you have encountered while building a life in Italy.

<b>5.1</b>	<b>Was it difficult to build a life in Italy? (Only one answer possible)</b>	<b>A</b>
	Very difficult	
	Somewhat difficult	
	Neither easy nor difficult	
	Somewhat easy	
	Very easy	

<b>5.2</b>	<b>Did you encounter any of following difficulties in the first three years after arrival in Italy? (please check all that apply)</b>	<b>A</b>
	Found it difficult to learn Italian	
	Could not find a job as quickly as planned	
	Poor working conditions	
	Had difficulties with my legal status in Italy	
	Had to send a large proportion of income to the Republic of Moldova to pay my own expenses (e.g. for property, children that stayed behind etc.)	
	Had to send a large proportion of income to Republic of Moldova to support family or relatives	
	Tricked into paying other migrants for job offers	
	Tricked into paying other migrants for legal papers	
	Experienced physical/verbal abuse from employers	
	Journey to Italy was difficult as I travelled without the necessary documents	
	Have accumulated debts	
	I was not able to get a job at the level I studied for	
	Other (please specify):	

## 6. Diploma recognition process according to qualifications

In this section we would like to find out more about your experiences with diploma recognition.

6.1	<b>What were your main sources of information on diploma recognition possibilities? (please check all that apply)</b>	A
	Specialized Internet forums for health workers in Italy (in Italian)	
	Groups on social networking sites (Odnoklassniki.ru, Facebook, etc.)	
	Official information from Moldovan authorities	
	Official information from Italian authorities	
	Personal network (friends, relatives, acquaintances)	
	Specialized agency	
	Other (please specify):	

The following questions are different for medical doctors or for other health professionals. If you are a medical doctor please complete questions 6.2, 6.3 and 6.4; if you are a nurse, midwife, feldsher or other health professional please complete question 6.5.

For medical doctors

6.2	<b>Did you try to get a valid diploma in Italy to enable you to work as a medical doctor (only one answer possible)</b>	A
	Yes, I currently have a medical doctors' degree that licenses me to work in Italy	
	Yes, I am currently studying at an Italian university to obtain the additional ETCS (study hours)	
	Yes, I have tried but experienced difficulties in the process and have not (yet) succeeded	
	No, I decided to choose another professional path	
	No, I couldn't afford the diploma recognition process	
	No, I decided that it required too much time and energy that will compete with time I want to spend with my family	
	Other (please specify):	

6.3	<b>What specific problems did you face during your diploma recognition process: (please check all that apply )</b>	A
	a) High costs of diploma collection and translation in Republic of Moldova	
	b) Extra years of study required in Italy to obtain a diploma according to my profession	

<b>6.3</b>	<b>What specific problems did you face during your diploma recognition process: (please check all that apply )</b>	<b>A</b>
	c) Illegal payments requested by Moldovan authorities for providing official documents necessary	
	d) Illegal payments requested by Italian authorities during diploma validation process	
	e) Lack of information on a clear diploma recognition path	
	Other (please specify)	
<b>6.4</b>	<b>What steps did in the diploma recognition process you have to follow? (please check all that apply)?</b>	<b>A</b>
	Retrieve diploma from medical education institution in Republic of Moldova	
	Validate diploma at Ministry of Education	
	Validate diploma at Ministry of Health	
	Validate diploma at Ministry of External Affairs	
	Validate diploma at Ministry of Justice (Apostila)	
	Present package of documents at Italian embassy	
	Apply to Italian university for diploma validation	
	Take entrance exams at Italian university	
	Enrol in fifth year of university	
	Enrol in sixth year of university	
	Take subjects/exams that have different curriculums in Italy and Republic of Moldova curriculum (please specify how many)	
	Other (please specify):	
<b>6.5</b>	<b>Registration of your (Moldovan) medical specialization in Italy</b> <i>A doctor with a medical specialization has followed a clinical specialization leading to a registration in that specialization</i>	
	Have you been registered as a medical specialist in the Republic of Moldova	y/n
	Did you succeed in validating your medical specialist registration in Italy?	y/n
	<b>If yes:</b>	
	a) My registration was validated in Italy without needing to pass exams or extra years of residency	
	b) My registration was validated in Italy but I needed to pass exams	

<b>6.5</b>	<b>Registration of your (Moldovan) medical specialization in Italy</b> <i>A doctor with a medical specialization has followed a clinical specialization leading to a registration in that specialization</i>	
	c) My registration was validated in Italy but I needed to repeat some of my residencies	
	d) Other	
	<b>If no:</b>	
	a) No, I did not succeed in transferring my Moldovan medical specialist registration to an Italian registration and I repeated the same medical specialization in Italy	
	b) Tried but experienced difficulties in the process	
	c) Decided to choose another professional path	
	d) Decided that it required too much time and energy that will compete with time I want to spend with my family	
	e) Other ( <i>please specify</i> )	

*For health professionals who received a diploma in the Republic of Moldova in nursing, midwifery, as a feldsher or in laboratory sciences*

<b>6.6</b>	<b>Did you try to get a valid diploma in Italy according to your professional qualifications in the Republic of Moldova? (only one answer possible)</b>	<b>A</b>
	Tried and succeeded	y/n
	If you succeeded, please describe the steps you took and the outcome	
	If you did not succeed, what were the reasons?	
	Which of the following difficulties did you experience in the process:	
	a) High costs of diploma collection and translation in Republic of Moldova	
	b) Extra years of study in Italy required to obtain a diploma according to my profession	
	c) Required to pass the nursing qualification exam	
	d) Moldovan authorities requested illegal payments for official documents required	
	e) Italian authorities requested illegal payments during the diploma validation process	
	f) Lack of information on a clear diploma recognition path	
	g) Other ( <i>please specify</i> )	
	No, I have not tried to get a valid diploma in Italy for the following reasons:	
	a) Decided to choose another professional path	

6.6	<b>Did you try to get a valid diploma in Italy according to your professional qualifications in the Republic of Moldova? (only one answer possible)</b>	A
	b) Couldn't afford the diploma recognition process	
	c) Decided that it required too much time and energy that will compete with time I want to spend with my family	
	d) Knew that my qualification could not be recognized in Italy	
	e) Other ( <i>please specify</i> ):	

## 7. Entering the labour market in Italy

7.1	<b>Please indicate what kind of employment you have or have had in Italy (<i>please check all that apply</i>)</b>	A
	Started to work in the informal sector as I did not have the legal documents for residency status	
	Have worked on seasonal contracts (travelling to Republic of Moldova between contracts)	
	Have had many temporarily contracts	
	Worked under my level of competence outside the health sector	
	Worked under my level of competence inside the health sector	
	Have never found a job in the health sector	
	Have never found a job according to my qualification in the Republic of Moldova	
	Have never found a job according to my qualification in Italy	
	Work according to qualification I received in Republic of Moldova	
	Work according to qualification I received in Italy	
	Did not manage to get a fixed contract in the health sector	
	Work(ed) in the public health sector	
	Work(ed) in the private health sector	
	Experienced abuse from, or deception by, employers	
	Other ( <i>please specify</i> )	
7.2	<b>Please indicate what specific difficulties you faced to find and maintain a job in Italy as a health professional (<i>please check all that apply</i>)</b>	A
	Difficulty finding a job because of age	
	Difficulty finding a job because of gender (either sex)	
	Difficulty finding a job because of lack of EU/Italian citizenship	
	Difficulty finding a job because of lack of professional qualifications required in the Italian health system	

<b>7.2</b>	<b>Please indicate what specific difficulties you faced to find and maintain a job in Italy as a health professional (please check all that apply)</b>	<b>A</b>
	Having to pay another migrant for a job offer	
	Having to pay an Italian for a job offer	
	Other (please specify)	

## 8. Build a new life in Italy: assistance from the Moldovan diaspora network

<b>8.1</b>	<b>Did the diaspora network in Italy provide you with assistance to build up a life? (please check all that apply)</b>	<b>A</b>
	No, I have not been assisted by the diaspora network	
	Yes, they:	
	a) helped me to find a job	
	b) hosted me before I found a place to live	
	c) have helped me to learn Italian	
	d) have /helped me financially (e.g. loaned money)	
	e) introduced me to Italian friends	
	Other (please specify):	

## 9. Stay factors

This section provides us with better understanding of your life in Italy and why you have decided to stay.

<b>9.1</b>	<b>Why do you want to stay in Italy?</b>	<b>A</b>
	Very few of my family/relatives live in Republic of Moldova	
	Most of my family members live here	
	My children have better education opportunities in Italy than in Republic of Moldova	
	My children have more opportunities to be successful if we stay in Italy	
	My children are not interested in returning to Republic of Moldova and/or do not speak Romanian	
	I have married an Italian	
	My partner wants to stay in Italy	
	I like the lifestyle in Italy (food, holidays, working with colleagues)	
	I think Italy is a beautiful country	
	When family members fall sick, Italy offers better treatment possibilities	
	I have a good income in Italy	
	I need to send money regularly to my relatives in Republic of Moldova	

<b>9.1</b>	<b>Why do you want to stay in Italy?</b>	<b>A</b>
	I need to send money regularly to maintain my properties (housing) in Republic of Moldova	
	I prefer working in the Italian health sector	
	I have good opportunities to develop myself as a health professional	
	I like my current job	
	I am convinced that I will find a good job in Italy	
	My education in Italy is not valid in Republic of Moldova	
	I have been struggling so hard to get to where I am now, I do not want to move again and face these problems in another country	
	Other ( <i>please specify</i> ):	
<b>9.2</b>	<b>Do you send money to relatives/friends in the Republic of Moldova (<i>please check all that apply</i>)</b>	<b>A</b>
	Yes/no	
	<b>If yes:</b>	
	My relatives depend for their living on the money I send them	
	I assist my relatives in the Republic of Moldova by sending money but they do not depend on it	
	I send money occasionally for specific purposes (medical care, education, etc.)	
	I send money seldom because family members in the Republic of Moldova do not need it	
	I do not send money as I have no family members who need it in the Republic of Moldova	
	Can you indicate how much money you transfer to support your family in Republic of Moldova monthly (Euros)?	
	Other ( <i>please specify</i> ):	
<b>9.3</b>	<b>How would you describe your social life in Italy (<i>please check all that apply</i>)?</b>	<b>A</b>
	I hardly interact/communicate with fellow Moldovans	
	I casually interact/communicate with fellow Moldovans (parties, social gatherings, neighbours)	
	I actively communicate with fellow Moldovans (common projects, work, volunteering)	



<b>9.3</b>	<b>How would you describe your social life in Italy (please check all that apply)?</b>	<b>A</b>
	I am a member of a diaspora association	
	I hardly interact/communicate with Italians	
	I casually interact/communicate with Italians (parties, social gatherings, neighbours)	
	I actively interact/communicate with Italians (common projects, work, volunteering)	
	I feel integrated (part of) in Italian society	
	I do not feel integrated (part of) in Italian society	
	Other (please specify):	

## 10. Interest in temporary exchange schemes

In this section we explore whether you would be interested in returning to the Republic of Moldova for a short period in order to share your professional experience obtained in Italy with your Moldovan colleagues. The following section contains questions that will help us to understand better whether, and under what conditions, you would be interested in participating.

<b>10.1</b>	<b>Would you be interested in participating in temporary exchange schemes with the Moldovan health system?</b>	<b>A</b>
	Yes	
	No	

In no, skip to section 11

<b>10.2</b>	<b>Please note the number of days and times per year you would be willing to dedicate to exchange schemes</b>	<b>A</b>
	Number of days per year	
	Number of times per year	
<b>10.3</b>	<b>What conditions would you require in order to be interested in a temporary exchange scheme? (please check all that apply)</b>	<b>A</b>
	Adequate remuneration	
	A place to stay during this period	
	Moldovan health insurance discount	
	Correct equipment at work	
	Collegial attitude among colleagues	
	If my work arrangement allows me to be away from Italy	
	Other (please specify):	

## 11. Possible return to Republic of Moldova

In this section we would like to learn more about your willingness to return permanently to the Republic of Moldova in the future.

11.1	Would you be interested in a future return to the Republic of Moldova?	A
	Yes/No	
	<b>If yes:</b>	
	in about one year	
	within the next five years	
	within the next 10–15 years	
	after I retire	
	<b>If no:</b>	
	I have no interest in returning, but this could change in the future	
	I am certain that I will not return	
	Other ( <i>please specify</i> ):	

This question is only for those who answered yes to question 11.1

11.2	What personal/social factors would encourage you to return to the Republic of Moldova? ( <i>please check all that apply</i> )	A
	a. If my partner wanted to return to the Republic of Moldova	
	b. If my parents needed me in the Republic of Moldova	
	c. Homesickness	
	d. I would like to support the development of the country by using my competencies in the Republic of Moldova	
	e. If I receive more social recognition as a health worker in the Republic of Moldova than I currently get in Italy	
	f. An improved socioeconomic situation	
	g. Opportunities to start my own business in or outside the health sector in the Republic of Moldova	
	h. Health sector reforms that lead to improved salary and working conditions	
	i. Other ( <i>please specify</i> ):	
11.3	What factors in Italy could encourage you to return to the Republic of Moldova? ( <i>please check all that apply</i> )	A
	a. If I felt that Italians had a negative attitude towards (all) immigrants	
	b. If I felt that Italians had a negative attitude towards Moldovan immigrants	

<b>11.3</b>	<b>What factors in Italy could encourage you to return to the Republic of Moldova?</b> <i>(please check all that apply)</i>	<b>A</b>
	c. If I could no longer find a job in Italy	
	d. If I could no longer find a job in the health sector in Italy	
	e. If life in Italy became too expensive (daily living costs, taxes, education fees for children etc.)	
	f. If i did not feel well-integrated in Italian society	
	g. Other <i>(please specify)</i>	
<b>11.4</b>	<b>What factors would prevent you returning to the Republic of Moldova?</b> <i>(please check all that apply)</i>	<b>A</b>
	Socio economic situation in the Republic of Moldova	
	Limited opportunities to use my professional competences	
	No attractive financial (personal) possibilities (salary, starting own business/clinic etc.)	
	Alienation from fellow Moldovans and the Moldovan lifestyle (language, social life, interests)	
	Having to (re-) start my life in the Republic of Moldova	
	I can't show the successes of my migration in Republic of Moldova (e.g. improved financial situation, diplomas received in Italy)	
	Insufficient health/education opportunities for my family	
	Other <i>(please specify)</i> :	
<b>11.5</b>	<b>Please nominate three conditions/reasons that would encourage you to return home</b>	<b>A</b>
<b>11.6</b>	<b>What health sector <i>policy suggestions</i> would make returning more attractive for health professionals who currently work in Italy?</b> <i>(please check all that apply)</i>	<b>A</b>
	Salary increase proportional to expenses	
	Tackling corruption in the health system	
	Suspension of health insurance while residing abroad (not just for temporary return)	
	More attention on preventive medicine	
	Volunteering possibilities in public health system	

11.6	What health sector <i>policy suggestions</i> would make returning more attractive for health professionals who currently work in Italy? ( <i>please check all that apply</i> )	A
	Improved quality of the Moldovan health system (equipment, supplies)	
	Other ( <i>please specify</i> ):	

**Thank you for your time and opinions!**

## Annex 3b. SAQ for quantitative e-survey

### Questionnaire for Moldovan postgraduate health professionals in current EU country of residence

Code:

Organization:

E-mail address:

#### 1. Profile

In this section we would like to know more about your personal background.

1.	Answer
Age	
Sex (F/M)	
Civil status	
Nationality	Moldovan: Yes/No Romanian: Yes/No Both: Yes/No
Have you qualified as a medical doctor/nurse/midwife/medical laboratory scientist or technician? (If no, please do not complete the rest of the questionnaire)	Yes/No
What is your current country of residence?	
Have you worked as a health professional in the Republic of Moldova? If yes, in what position?	
How many years did you work as a health professional in the Republic of Moldova?	
Have you completed any education/training outside the Republic of Moldova or after secondary school?	
What is your current job(s) in your destination country	

#### 2. Migration history and plans

In this section we would like to know about EU countries in which you have lived for a period of six months or more.

2.		Answer	
2.1	In which year did you first leave the Republic of Moldova for a period of six months or more?		
2.2	In which year did you first arrive in your current country of residence?		
2.3	Since leaving the Republic of Moldova, have you returned for any periods of six months or more?		
2.4	Have you resided in any other EU countries for periods of at least six months? If no, please go to question 2.5	Yes	No
	In which countries?		
	What was the purpose of your stay(s)?	Work, study, other	
2.5	How long do you expect to stay in your current country of residence?		
2.6	Do you have plans to move to another country in or outside the EU (not Republic of Moldova) within the next two years?	Yes/No	

### 3. Reasons for leaving Republic of Moldova

In this section we would like to learn more about the reasons that caused you to leave the Republic of Moldova.

Please indicate the importance of each factor by using a scale of 0 to 5 (0: not important at all; 5: very important).

3.	What were your reasons for leaving the Republic of Moldova? (please rate each reason)	0	1	2	3	4	5
	Personal reasons						
	Lack of career development opportunities						
	Dissatisfaction with work conditions (including salary)						
	Dissatisfaction with situation in Republic of Moldova (e.g. political, economic, living conditions)						
	Other (please specify):						

<b>3.1</b>	<b>Personal reasons (please check all that apply)</b>	<b>Yes</b>
	Wanted a challenge and experience of living in another country	
	Wanted to join my partner in an EU country	
	Wanted to join my relatives in an EU country	
	Wanted a better future for my children	
	Other (please specify):	
<b>3.2</b>	<b>Lack of career development opportunities (please check all that apply)</b>	<b>Yes</b>
	Postgraduate study options in the Republic of Moldova are not attractive	
	My chosen study or medical specialization is not available in the Republic of Moldova	
	Quality of my chosen study is not sufficient in the Republic of Moldova	
	There was no opportunity to follow the (medical) specialization of my choice in the Republic of Moldova	
	Republic of Moldova has limited opportunities for research in my field of interest	
	Other (please specify):	
<b>3.3</b>	<b>Dissatisfaction with work conditions, including salary</b>	<b>Yes</b>
	Dissatisfied with salary	
	Dissatisfied with lack of equipment and supplies	
	Dissatisfied with hierarchical relations in Moldovan hospitals	
	Dissatisfied with doctor-patient relationship	
	Other (please specify):	

What are the reasons (is a better way of questioning)

<b>3.4</b>	<b>Dissatisfaction with situation in Republic of Moldova</b>	
	Dissatisfaction with economic situation	
	Dissatisfaction with corruption in society	
	Dissatisfaction with political system	
	Dissatisfaction with functioning of the national health system	
	Other (please specify):	

3.5	Which fellow Moldovans supported your decision to leave the Republic of Moldova? (please check all that apply)	Encourage	Neutral	Discourage	N/A
	a) Family members (partner, children, parents)				
	b) Friends/acquaintances				
	c) Patients/clients				
	d) Work colleagues				
	e) Fellow university students				
	f) Other (please specify):				

3.6	Did fellow Moldovans have any of the following reactions to your decision to leave the Republic of Moldova? (please check all that apply)	
	a) Suggested alternative income solutions	
	b) Were against it but respected my decision	
	c) Were against and it caused conflict	
	d) Provided information on the procedures needed for emigration to my current country of residence	
	e) Provided information about work possibilities/accommodation in my current country of residence	
	f) Provided information about diploma recognition in my current country of residence	
	g) Provided information about study opportunities in my current country of residence	
	h) My employer protected my job in Republic of Moldova during my absence	
	i) Other (please specify):	

#### 4. Reasons for choosing current country of residence

In this section we would like to understand why you chose your current country of residence as your migration destination.

4.	What were your reasons for choosing your current EU country of residence as your destination country? (please answer all)	A
	Personal reasons	Yes/No
	Opportunities for study/career development	Yes/No
	Job opportunities in my field of expertise	Yes/No



<b>4.</b>	<b>What were your reasons for choosing your current EU country of residence as your destination country? (please answer all)</b>	<b>A</b>
	Other ( <i>please specify</i> ):	Yes/No

<b>4.1</b>	<b>Personal reasons (<i>please check all that apply</i>)</b>	<b>Yes</b>
	Personal preference for my current country of residence	
	Relatives/friends were already living in that country	
	Expected to improve my financial situation	
	My partner wanted to migrate /was already living in my current country of residence	
	Expected better schooling and career opportunities for my children	

<b>4.2</b>	<b>Professional opportunities (<i>please check all that apply</i>) I migrated to an EU country because:</b>	<b>Yes</b>
	I was attracted by the study opportunities (e.g. high quality, low costs, international diploma recognition options)	
	I was able to secure a bursary for study or research	
	I had a specific professional opportunity (e.g. job offer) in the health sector prior to migration	
	I had information about a good market for jobs inside the health sector	
	I had information that there is a market for jobs outside the health sector	
	I am able to specialise in the field that interests me	
	I expected to have better career opportunities as a health professional	
	Other ( <i>please specify</i> ):	

## 5. Preparations

In this section we would like to know what preparatory steps you took before migrating to your current country of residence.

<b>5.</b>	<b>How did you prepare for migration to your current country of residence? (please check all that apply)</b>	<b>A</b>
	Started learning the language	
	Informed myself about the culture (lifestyle, people, environment etc.)	
	Followed additional professional courses	
	Sought advice from other Moldovans in my current country of residence	
	(Tried to) find a job prior to arrival (via agencies, internet forums, etc.)	
	(Tried to) find accommodation prior to arrival	

<b>5.</b>	<b>How did you prepare for migration to your current country of residence?</b> (please check all that apply)	<b>A</b>
	Informed myself about diploma recognition procedure	
	Began diploma recognition procedure (e.g. collecting required documents in Republic of Moldova)	
	(Tried to) obtain a bursary to study	
	(Tried to) obtain a research grant	
	Other (please specify):	

Do you have legal residency in your current country of residence?

<b>5.1</b>	<b>Did you take any of the following steps to pursue legal residency?</b> (please check all that apply)	<b>A</b>
	Informed myself about issues around obtaining a legal status in current country of residence	
	Already had Romanian citizenship and therefore able to move legally to EU	
	Applied for Romanian citizenship in order to facilitate migration to EU	
	Obtained a student visa prior to departure	
	Obtained a work visa/permit prior to departure	
	Obtained a tourist visa prior to departure	
	Other (please specify):	

<b>5.2</b>	<b>Before migrating to your current country of residence did you have sufficient information about living and working opportunities for Moldovan migrants there? (please answer all)</b>	<b>Yes</b>	<b>No</b>
	Had sufficient information regarding immigration procedures and the legal papers required		
	Had sufficient information about housing opportunities		
	Had sufficient information about diploma recognition procedures		
	Had sufficient information about study opportunities		
	Had sufficient information about the health system		
	Had sufficient information regarding job opportunities outside the health sector		
	Had sufficient information regarding job opportunities inside the health sector		
	Had sufficient information about the diaspora networks		
	Other (please specify):		

<b>5.3</b>	<b>Looking back on the period when you decided to move to your current country of residence and prepared yourself for the migration: were your expectations in line with the reality? (please choose one answer)</b>	<b>A</b>
	Totally in line with reality	
	Partially in line with reality	
	Hardly in line with reality	
	Not at all in line with reality	

## 6. Integration in recipient country

In this section we would like to know what difficulties you have encountered while building a life in your current country of residence.

<b>6.1</b>	<b>Was it difficult start a new life in your current country of residence? (please choose one answer)</b>	<b>A</b>
	Very difficult	
	Somewhat difficult	
	Easy	
	Somewhat easy	
	Very easy	

<b>6.2</b>	<b>Did you encounter any of the following difficulties in the initial (6–36 months) period after arrival in your current country of residence? (please check all that apply)</b>	<b>A</b>
	<b>Personal/social</b>	
	Invested a lot of effort to bring over family members (e.g. children, spouse, parents) and secure their living conditions	
	Found it difficult to learn the language	
	Felt discriminated against as a foreigner in society/workplace	
	<b>Professional</b>	
	Could not find a job as quickly as planned	
	Experienced poor working conditions	
	Experienced physical/verbal abuse from employers	
	Was not able to get a job at my level of qualification	
	(Clinical) employment options limited by my status as a foreigner	
	<b>Legal factors</b>	
	Legal status procedures required were lengthy and costly	

<b>6.2</b>	<b>Did you encounter any of the following difficulties in the initial (6–36 months) period after arrival in your current country of residence? (please check all that apply)</b>	<b>A</b>
	Had to forfeit professional/study opportunities because of my legal status/non-EU citizenship	
	<b>Financial</b>	
	Had to send large proportion of income to Republic of Moldova to pay my own expenses (e.g. for property, children that stayed behind)	
	Had to send large proportion of income to Republic of Moldova to support family or relatives	
	Tricked into paying other migrants for job offers or legal papers	
	Accumulated debts because of costs connected with migration	
	Other (please specify):	

## 7. Diploma recognition process

In this section we would like to find out more about your experiences with diploma recognition.

<b>7.1</b>	<b>Did you need to follow a diploma recognition procedure in your current country of residence? (please answer all)</b>	<b>Yes</b>	<b>No</b>
	Followed diploma recognition procedure for my medical doctor diploma (six years in medical faculty)		
	Followed recognition procedure for my medical specialization registration		
	Followed diploma recognition procedure for studies in another field /sector		
	Could work according to my Moldovan (medical ) diplomas without following diploma recognition procedure		
	Other (please specify):		
<b>7.2</b>	<b>What were your main sources of information on diploma recognition possibilities? (please check all that apply)</b>	<b>A</b>	
	Official information from Moldovan authorities		
	Official information from destination country authorities		
	Official information from institution where I studied/planned to study		
	Personal network (friends, relatives, acquaintances)		

<b>7.2</b>	<b>What were your main sources of information on diploma recognition possibilities? (please check all that apply)</b>	<b>A</b>
	Specialized internet forums for health workers in my current country of residence	
	Recruitment agency	
	Groups on social networking sites (Odnoklassniki.ru, Facebook, etc.)	
	NGO or association in destination country	
	Other (please specify):	
<b>7.3</b>	<b>Has your Moldovan medical specialization been registered in your current country of residence? (please check all that apply)</b>	<b>A</b>
	No, I was not registered as a medical specialist in the Republic of Moldova	
	Yes, I was registered as a medical specialist in the Republic of Moldova	
	Yes, my Moldovan medical specialist registration was validated in my current country of residence:	
	a) without needing to pass exams or extra years of residency	
	b) but I needed to pass additional exams	
	c) but I needed to repeat some of my residencies	
	No, I did not succeed in transferring my Moldovan medical specialist registration to an EU registration.	
	a) repeated the same medical specialization in my current country of residence	
	b) tried to transfer but experienced difficulties in the process	
	c) decided to choose another professional path	
	d) other (please specify):	
<b>7.4</b>	<b>What specific problems did you face during your diploma recognition process? (please check all that apply)</b>	<b>A</b>
	a) High (legal) costs of diploma collection and translation in Republic of Moldova	
	b) Extra years of study required in current country of residence to gain a diploma according to my profession	
	c) Illegal payments/impediments imposed by Moldovan authorities for providing official documents	
	d) Illegal payments required by destination country authorities during diploma validation process	
	e) Lack of information on a clear diploma recognition path	
	f) Other (please specify):	

7.5	<b>What steps in the diploma recognition process did you have to follow? (please check all that apply)</b>	A
	Retrieve diploma from medical education institution in Republic of Moldova	
	Validate diploma at Ministry of Education	
	Validate diploma at Ministry of Health	
	Validate diploma at Ministry of External Affairs	
	Validate diploma at Ministry of Justice (Apostila)	
	Present documents at destination country embassy	
	Apply for diploma validation at a university in current country of residence	
	Take entrance exams at a university in current country of residence	
	Enrol at university in current country of residence to repeat last 1–2 years of study	
	Take subjects/exams that have different curriculums in destination country and Republic of Moldova (please specify how many)	
	Other (please specify):	

7.6	<b>Were you assisted by a third party (e.g. NGO or diaspora association) at any stage of the diploma recognition process?</b>	A
	No, I was not assisted	
	Yes, I was assisted by a local (EU country) NGO	
	Yes, I was assisted by an international NGO	
	Yes, I was assisted by the organization that gave me a bursary	
	Yes I was assisted by a Moldovan diaspora association in my recipient country	
	Other (please specify):	

## 8. Building a life in current country of residence: assistance from the Moldovan diaspora network

8.1	<b>Has the Moldovan diaspora network in your current country of residence provided assistance to build your life in your current country of residence? (please check all that apply)</b>	A
	No, I have not been assisted by the diaspora network	
	Yes, they helped me:	
	a) to find a job	
	b) before I found a place to live	
	c) to learn the language of the destination country	

<b>8.1</b>	<b>Has the Moldovan diaspora network in your current country of residence provided assistance to build your life in your current country of residence?</b> <i>(please check all that apply)</i>	<b>A</b>
	d) financially (e.g. loaned money)	
	e) with diploma recognition procedures	
	f) other <i>(please specify)</i> :	

## 9. Reasons to stay in your current country of residence

This section provides us with better understanding of your life in your current country of residence, and the reasons that have made you decide you to stay.

<b>9.1</b>	<b>Personal reasons</b> <i>(please check all that apply)</i> <b>I want to stay in my current country of residence because:</b>	<b>Yes</b>
	I like the lifestyle (food, landscape, social norms and values)	
	Most of my family members live here	
	My children have more opportunities to be successful	
	When family members fall sick, the treatment possibilities are better here than in the Republic of Moldova	
	I am married to a citizen of this country	
	My partner wants to stay	
	My children are not interested in returning to the Republic of Moldova and/or do not speak Romanian/Russian	
	I have been struggling so hard to get to this point and do not want to move again and face these problems in another country	

<b>9.2</b>	<b>Professional reasons</b> <i>(please check all that apply)</i> <b>I want to stay in my current country of residence because I:</b>	<b>Yes</b>
	benefit from attractive study opportunities (e.g. high quality, low costs, international diploma recognition options)	
	currently receive a bursary for study or research	
	am convinced that I will find a good job in this country	
	have good opportunities to develop as a health professional	
	prefer working in the health sector in this country	
	like my current job	
	expect to have better career opportunities as a health professional	
	Other <i>(please specify)</i> :	

<b>9.3</b>	<b>Financial reasons (please check all that apply)</b> <b>I want to stay in my current country of residence because I:</b>	<b>Yes</b>
	have a sufficient income in this country	
	need to send money regularly to maintain my property (housing) in the Republic of Moldova	
	have financial obligations in this country (e.g. mortgage, loans)	
	Other (please specify):	

<b>9.4</b>	<b>Sending money to relatives/friends in the Republic of Moldova (please check all that apply)</b>	<b>A</b>
	Do you sometimes send money to relatives or friends in the Republic of Moldova?	Y/N
	If no, - My family in the Republic of Moldova does not need it - My family is not in the Republic of Moldova	
	If yes, how often do you send money?	every month every six months every year
	If yes, to what extent are your relatives dependent on the money you send? - They are dependent on it. - They sometimes use the money for specific purposes (e.g. medical care, education). - They do not depend on it but use it for “extras”	
	If yes, could you indicate the monthly amount you transfer per year/transferred last year to support your family in the Republic of Moldova?	

<b>9.5</b>	<b>How would you describe your social life in your current country of residence? (please check all that apply)?</b>	<b>A</b>
	I hardly interact/communicate with fellow Moldovans	
	I interact/communicate occasionally with fellow Moldovans (parties, social gatherings, neighbours)	
	I actively communicate with fellow Moldovans (common projects, work, volunteering)	
	I am a member of a Moldovan diaspora association	



<b>9.5</b>	<b>How would you describe your social life in your current country of residence? (please check all that apply)?</b>	<b>A</b>
	I hardly communicate or interact with the inhabitants of my current country of residence	
	I occasionally interact/communicate casually with inhabitants of my current country of residence (parties, social gatherings, neighbours)	
	I actively interact/communicate with citizens of my current country of residence (common projects, work, volunteering)	
	I feel integrated (part of) in the society of my current country of residence	
	I do not feel integrated (part of) in the society of my current country of residence	
	Other (please specify):	

## 10. Migration's effect on your professional skills

In this section we would like you to evaluate how migration to your current destination country has affected your professional skills.

<b>10.1</b>	<b>What effects on your professional skills have you experienced as a result of your migration? (please check all that apply)</b>	<b>A</b>
	I improved my competencies in my specialism obtained in the Republic of Moldova	
	I improved my competencies in a subject other than my specialism in the Republic of Moldova	
	Other (please specify):	

## 11. Interest in temporary exchange schemes

In this section we explore whether you would be interested in returning to the Republic of Moldova for a short period in your free time in order to share your professional experience in your current country of residence with your Moldovan colleagues. The following section contains questions that will help us to understand whether, and under what conditions, you would be interested in participating.

<b>11.1</b>	<b>Would you be interested in participating in temporary exchange schemes with the Moldovan health system (meaning that you will return temporarily to the Republic of Moldova)?</b>	<b>A</b>
	Yes	
	No	

If no, please skip to section 12.

11.2	What conditions would you require in order to be interested in a temporary exchange scheme?	A
	Adequate remuneration	
	A place to stay during this period	
	Moldovan health insurance discount	
	Correct equipment at work	
	Constructive attitudes from Moldovan colleagues	
	Practical outcome from your work	
	Interinstitutional agreement (to continue salary from my current employer)	
	Other ( <i>please specify</i> ):	
11.3	Please note the number of days and times per year you would be willing to dedicate to exchange schemes	A
	Number of days per year	
	Number of times per year	

## 12. Plans for return to Republic of Moldova

In this section we would like to learn more about your willingness for a permanent return to the Republic of Moldova in the future.

12.1	Would you be interested in a future return to the Republic of Moldova?	A
	Yes, in about one year	
	Yes, within the next five years	
	Yes, within the next 10–15 years	
	Yes, when I retire	
	I have no interest in returning, but this could change in the future	
	No, I am certain that I will not return	
	Other ( <i>please specify</i> ):	
12.2	What personal/social factors would encourage you to return to the Republic of Moldova?	A
	a) If my partner wanted to return to the Republic of Moldova	
	b) If my parents needed me in the Republic of Moldova	
	c) I miss the old way of life in the Republic of Moldova	
	d) I would like to support the development of the country by using my competencies in the Republic of Moldova	
	e) Other ( <i>please specify</i> ):	

<b>12.3</b>	<b>What factors in your current country of residence could make you to return to the Republic of Moldova?</b>	<b>A</b>
	a) If I felt that citizens in my current country of residence have a negative attitude towards (all) immigrants	
	b) If I felt that destination country citizens have a negative attitude towards Moldovan immigrants	
	c) If I could no longer find a job in my current country of residence	
	d) If I could no longer find a job in the health sector in my current country of residence	
	e) If the life in my current country of residence became too expensive (daily living costs, taxes, education fees for children etc.)	
	f) If I didn't feel well-integrated in the society of my current country of residence	
	g) Other ( <i>please specify</i> ):	
<b>12.4</b>	<b>What factors discourage you from returning to the Republic of Moldova?</b> ( <i>please check all that apply</i> )	<b>A</b>
	Socioeconomic situation in the Republic of Moldova	
	Limited opportunities to use my professional competences	
	No attractive financial (personal) possibilities (salary, starting own business/clinic etc.)	
	Alienation from fellow Moldovans and the Moldovan lifestyle (language, social life, interests)	
	Having to start another new life	
	I cannot showcase the successes of my migration in the Republic of Moldova to my relatives and friends	
	Insufficient health/education opportunities for my family	
	Other ( <i>please specify</i> ):	
<b>12.5</b>	<b>Please suggest three conditions/reasons that would encourage you to return to the Republic of Moldova?</b>	

12.6	What health sector policy changes would make the Moldovan health sector more attractive for Moldovan health professionals who currently work in the EU? <i>(please check all that apply)</i>	A
	Salary increase proportional to expenses	
	Tackling corruption	
	Suspension of health insurance payments while residing abroad (not just for temporary return)	
	More respect from patients/clients	
	Constructive attitudes from employers/colleagues	
	Improved quality of the Moldovan health system (equipment, supplies)	
	Other <i>(please specify)</i> :	

**Thank you for your time and opinions!**





**World Health  
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**WHO Regional Office for Europe**  
**UN City, Marmorvej 51**  
**DK-2100 Copenhagen Ø Denmark**  
**Tel.: +45 45 33 70 00; Fax: +45 45 33 70 01**  
**E-mail: [postmaster@euro.who.int](mailto:postmaster@euro.who.int)**