

Migration of Romanian doctors in France: migration trajectories integration and identity construction

Despina SAGHIN¹ and Maria-Magdalena LUPCHIAN¹

¹ Ștefan cel Mare University of Suceava

* Correspondence to: Despina Saghin. E-mail: despina.saghin@usm.ro.

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ABSTRACT: The permeability of borders and the migration of specialists from the Romanian health system after Romania's integration into the EU changed the relationship between emigrants and space, imprinting new meanings on the integration and identity of immigrants. In the context of free movement, individual identity, once belonging to a single country or society, has been replaced by a dual or transnational, multiple model. The objective of our research aims at the process of building a new identity, composite and dynamic, by relating both to the culture of the country of origin and to the destination society that requires compliance with a code of values and behaviours. The analysis is based on a survey based on a questionnaire conducted in 2020, on a sample of 87 Romanian doctors practicing in France. Statistical and cartographic analysis of the survey data was performed using statistical and cartographic programs Sphinx lexica and GIS. The results of the research undertaken reveal that professional activity and the relational network are factors that contribute decisively to a good integration in the French society. The exercise of the profession represents the factor that legitimizes the presence of Romanian doctors in the destination society and contributes, equally, to the development of social practices, representations and feelings of identity in close correlation with the complexity of migratory trajectories.

KEY WORDS: Romanians' doctors, migration trajectories, integration, identity construction.

1. Introduction

In the post-communist period, Romania registered a spectacular increase of emigration, the migratory practices registering significant changes from one period to another, depending on the niches that the Romanians took into account to make these movements possible (Stalker, 1995; Vasilcu. and Séchet, 2011). Within the highly qualified Romanian emigration, an important place was played by the migration of health specialists. Since the 1990s, the chance to practice the medical profession in a Western country has been to pursue medical specialization abroad - a symbol of personal success and professional recognition at the same time. Through the specializations offered to young graduates of medical schools in Eastern Europe, including

Romanian students, France has become a favourite destination for continuing medical studies and for a job at the end of them. The “royal path of migration” of the Romanian doctors has been opened, however, since Romania’s integration into the EU, as a result of the recognition of the medical diploma obtained in Romania and the granting of the right to practice the medical profession (Tandonnet, 2003; Vasilcu and Séchet, 2011). According to the data provided by the OECD, in 2018, 4764 Romanian doctors worked in France, this country remaining on the first place in the top of the preferences of Romanian health specialists, throughout the post-EU accession period”.

The number of the Romanian doctors practicing in France registered a spectacular increase (2917, 08%), in the period 2007-2018, according to data provided by the Conseil National de l’Ordre des Médecins Français (CNOM) and the OECD. At the beginning of 2013, the Romanian doctors ranked first among the doctors with a European diploma (36.4%) who practiced their profession in France, followed by Belgian (21%), Italian (11, %) and German doctors (10.1%).

The adaptability and the desire of the Romanian doctors to overcome the professional and cultural differences between the origin and the destination environment are determining factors in the success of the migration project. During the debut period of this project, the moral support from other members of the Romanian community was decisive, both in terms of their adaptation to the new living conditions and in terms of moving to other destinations in France. The intraregional or interregional movements of the Romanian doctors practicing in France, determined in certain situations by the termination of the employment contract, do not betray breaks in a negative sense in their professional career, but on the contrary, important achievements that have been capitalized and enriched their professional experience and life experience. The rather intense professional mobility, chosen or imposed, also led to a significant territorial mobility.

The life trajectory is far from linear, because it includes many decisive breaks not only with the country of origin, family, cultural environment in which the migrant lived, but also with the initial professional project, to be a doctor in Romania, a profession which is often the result of family choice and which ensures upward social mobility (Farhat, 1998). It is known that the medical profession has a great social value, which gives it a high prestige compared to other professions. Being a doctor in Romania before 1989 was a symbol of social success and the opportunity to practice this profession abroad, after that date, made it even more appreciated. Practicing this profession in France naturally involves new professional and social demands. This is the reason why the strong ties within the Romanian community in France were decisive in filling the gap caused by the rupture of the country of origin, providing true “anchors” that make it less difficult to adapt to new arrivals (Farhat, 1998). The value of the medical profession, the relations of the Romanian doctors with French colleagues or with those of other nationalities favour a variety of combinations of identities of the Romanian doctors. At the socio-professional level, some Romanian doctors have found a place in the French society, thanks to the professional integration and recognition they enjoy in the French medical community and in the social environment.

The migration in stages is thus the common denominator that characterizes the migration projects of many Romanian doctors in France. Often, this is a project that is built on the spot, depending on the labour supply, the opportunities that arise as a result of the connections in the Romanian community and the institutional connections. This ability to migrate for work to France is the result of these people’s ability to adapt to new working conditions and to establish complex relationships beyond the intimate circle, both with French and non-French nationals.

For most Romanian doctors who emigrated to France, the life trajectory is marked by four distinct stages: the first stage corresponds to childhood and youth spent in Romania, the second is the

period of medical studies (faculty and specialization) followed in Romania or supplemented by specializations abroad (in France or in another country), the third is identified with the period of practicing the medical act in Romania and, finally, the fourth stage is that of migration and establishment in France. We can also assume the existence of a fifth stage, which could correspond for a rather small number, to return to Romania if we consider that 8.3% of the surveyed doctors declared the temporary nature of the migration and expressed their desire to return to Romania.

Most studies that analyse the migratory phenomenon focus on the migration actors and less on the space. There are studies that focus on the French model of integration of migrants which involves a break with the environment of origin (Daum, 2005) and the adoption of a way of life and values specific to the destination society (Tandonnet, 2003; Green, 2002) in order to access superior living conditions (Séchet and Vasilcu, 2012). The role of migratory networks is addressed (Nye and Keohane, 1972; Potot, 2003.) and the importance of connections created within the community - true "anchors" that make it less difficult to adapt to the newly arrived (Farhat, 1998). In recent years, importance has been given to studies on the transnational family (Bryceson, and Vuorela, 2002) and the transnational community which is seen as a new type of social organization (Portes, 1995).

Of a special importance are the studies focused on individual aspirations, structural constraints (Guillaume, 2009) and the acquisition of a new identity (Bisilliat, 2000; Rachedi, 2009). Because migration is, above all, a "spatial proof", there are studies that analyse the migratory trajectories of the enlarged European space that are sketched between arrival, installation, transit and, in many cases, orientation towards a new destination (Simon, 2002; Tcholakova, 2008, Gonin, 2010). These are described in close correlation with the course and professional trajectories (Farhat, 1998), transnational space practices (Schmoll, 2005) and the functioning of an international migratory field (Simon, 1978; Waldinger, 2006).

2. Methods

This article is based on a survey on the migratory path of the Romanian doctors working in France, issues related to their integration into the French society and identity construction. The research took place between July and October 2020 and had as main tool the survey based on a questionnaire, applied to a sample of 86 Romanian doctors who emigrated to France and practice in that country.

The questionnaire was made in the Sphinx Lexica program, and the statistical analysis and processing was performed in the Eureka and Sphinx Lexica softwares. The structure of the questionnaire follows aspects related to personal and professional data, those related to emigration and integration. The data related to emigration cover the year of arrival in France, the migratory experience, the duration of the profession in this country, the factors that were the basis for the decision to emigrate and the nature of emigration. Integration in the destination society is pursued by the level of knowledge of the language at the time of emigration, the relationships with the family and the friends in Romania but also at work, the support provided by the members of the Romanian community, the French attitude towards immigrants, leisure and places frequented by them.

3. Results

The results of the survey we conducted indicate that the migratory trajectories of the Romanian doctors have taken on different meanings, closely related to the freedom to settle and practice the profession, the type of medical studies (faculty and specialization) and the desire for training and professional success.

The growing need for specialists and the opening of the labour market at European level meant, in the initial phase, a simple trajectory for most doctors who emigrated. Along the way, depending on the multitude of factors involved (termination of an employment contract, the desire to access a better economic situation, combined in most cases with the desire to reunite the family) these simple trajectories turned into complex or multiple trajectories.

The results confirm the results obtained in studies focused on migration, according to which immigrants adopt a “sedentary lifestyle in motion”, marked by a migration in stages (Tcholakova, 2008, 283). However, there are also Romanian doctors who have permanently settled in a certain place and started an integration process, most often supported by a strong community network.

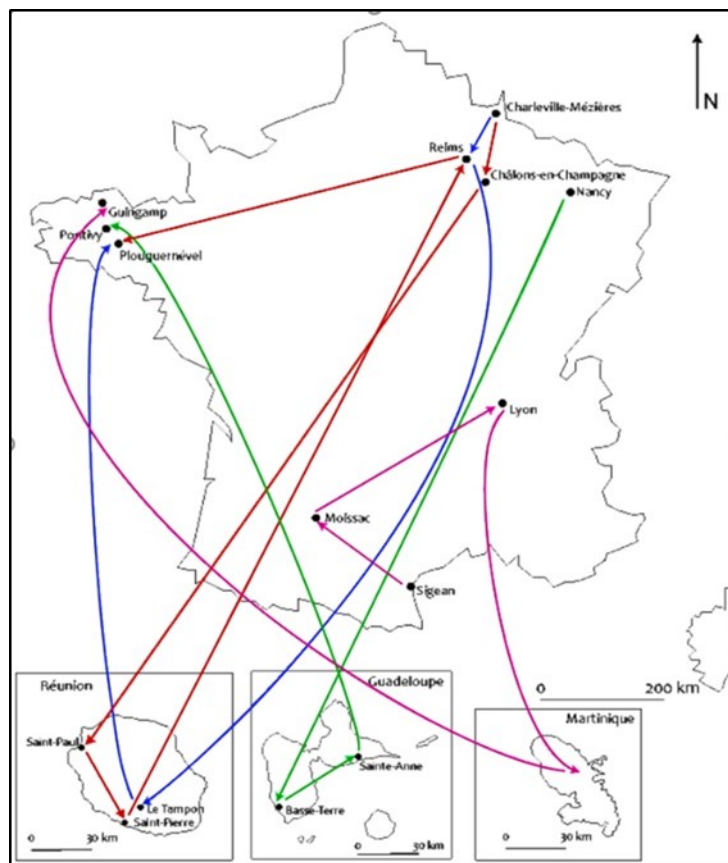


Figure 1 The complex migratory trajectories of Romanian doctors outside metropolitan France (Source: data obtained from the investigation).

The mobility of doctors in the wider European space is changing their relationship with the places where they settle to practice. The migratory paths take shape between arriving in this country, settling and practicing the profession, and, most of the time, the orientation towards a new destination (Simon, 2002). Often, the migration project is built on the spot, depending on the labour supply, the opportunities that arise from multiple network, community, non-community and institutional connections.

This ability to move is the result of the ability of these specialists to adapt to new working conditions and to form complex relationships beyond the intimate circle, with French citizens and those of other nationalities.

After the adaptation period, the doctors try to make the most of their professional skills, which translates into increased mobility, both in mainland France and in the French overseas territories (Fig. 1). The results of the survey indicate that the longer the immigration year and the longer the period of employment in France, the greater the chances of a sustainable settlement.

A surprising result of the survey reveals that a large part of the doctors who participated in the survey (54%) arrived before Romania's integration into the EU, a fact confirmed by previous research (Séchet and Vasilcu, 2012). This is explained by the policy of recruiting foreign practitioners promoted by France since the 1990s. This is the decree establishing the conditions for access to specialization in France for the best trained graduates of medical schools in Eastern Europe, the Orient Middle and Maghreb. The young doctors were recruited by some hospitals to compensate for the negative effects of the *numerus clausus*, which limited the number of doctors trained each year. After completing the specialization, which lasted 4 or 3 years, many of these specialists, well acquainted with the French medical system, were employed by the respective hospitals, the remuneration being significantly lower than that attributed to the French doctors.

A good integration in the destination society requires migrants to calculate their lifestyle, thinking and values according to the French model. Of the total participants in the survey, 74.7% were over 10 years old when they emigrated to France and 54% were over 15 years old. I deduced that, the higher the number of years spent in France, the more the nostalgia for the country and the longing for home decrease, and the desire to return to Romania decreases considerably.

The decision to emigrate was fuelled by the hope of good prospects for professional integration, with access to a status equal to that of the French doctors being considered a proof of professional integration, which can lead to social success. In the case of the Romanian doctors, the relations at work are, for the most part, of a professional nature (83.9%). A lower percentage of the Romanian doctors pointed out the existence of friendly relations with the French doctors at work and only 5.7% stated that there were competitive and conflictual relations, which gives, in general, the feeling of a good professional integration. The relationships change considerably, in favour of ethnic cohesion, if we analyse the relations with the Romanian doctors: 63.2% highlighted the existence of friendly relations, 55.2% professional relations and only 1.1% mentioned the existence of distant relations.

Although some studies have questioned work as a determinant of social integration (Bolzman and Vial, 2007), the professional activity continues to be considered a decisive integrating vector in any society and is therefore given major importance in the success of the migration project. Castel (1995) considers that stable work and anchoring in a solid relational network are basic resources that allow anyone to earn a place in society, and in the case of the Romanian doctors, practicing the profession is the way to legitimize their presence in the French society.

The problems of adaptation and integration into the French society also depend on national or regional identification. Most Romanian doctors support a binational attachment, both to the

country of origin and to the country of immigration. They adopt a dual or transnational model, multiple, an evolving identity, crossed by multiple trends: Romanian citizenship, French citizenship and European citizenship.

The connection with Romania and the idea of a possible return is also highlighted by sending sums of money to the country for the financial support of the family, but also by making investments. If the percentage of the Romanian doctors who provide financial support to their family members in Romania is 69%, in terms of investments, they prefer France, with a percentage of 77%, which indicates a trend of sustainable installation in the country of emigration. There is, moreover, a significant correlation between the percentage of doctors who intend to invest in France (77%) and those who aim for a permanent migration in this country (75.9%).

4. Conclusion

The migratory trajectories of the Romanian doctors practicing in France are closely related to the medical studies, the freedom to establish and practice the profession in a European country and the desire for training and professional success. Their migratory projects have as common denominator the migration in stages, and their life trajectory includes decisive ruptures not only with the country of origin, but also with the initial professional project and the migration project. The adaptability and the desire of Romanian doctors to overcome the professional and cultural differences between the origin and the destination environment are decisive factors in the success of the migration project.

Most Romanian doctors who practice in France live between “here” and “there”, because migration generates a lot of relationships that involve both the country of origin and destination.

The individual identity acquires a new meaning in the migration process, represented by a sense of belonging to two or more countries or more societies, as a result of belonging to more places. Most Romanian doctors support a binational attachment, both to the country of origin and to the country of immigration, by adopting a dual or transnational, multiple model.

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