

THE INFLUENCE OF PERSONAL AND PROFESSIONAL VARIABLES UPON THE NATURE OF IMMIGRATION OF ROMANIAN DOCTORS TO FRANCE: THE MODERATING EFFECT OF GENDER*

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Abstract

It is widely acknowledged and statistically demonstrated that, in recent years, there has been an increase in the number of doctors leaving Romania and settling in France, a country which has become the main destination of these specialists. The aim of this research was to investigate the associations between seven personal and professional variables and the migration phenomenon, taking into account the moderation effect of doctors' gender. The participants were 176 Romanian doctors working in France at the time of our investigation. The results showed that female doctors were more inclined to permanently reside in France with respect to five of the seven variables, unlike men who seemed to be less inclined to choose permanent residence. Based on the results, a larger migration of Romanian doctors correlated with their choice to permanently reside in France is likely to affect the access of Romanians to high-quality medical services and this might further affect life quality in some areas of Romanian society. The article discusses the importance of this phenomenon to Romanian public administration and suggests potential policy/managerial implications.

Keywords: doctors' migration, permanent residence, Romania, France, personal and professional variables.

1. Introduction

This paper aims to analyze the particularities that underline the phenomenon of Romanian doctors' migration, given that the doctors' tendency to permanently live outside the country has a negative impact on healthcare services in Romania. The migration of healthcare personnel is crucial to the comprehension of the 'brain drain phenomenon', all the more since doctors play an important part in the accomplishment of good quality of life in the country of origin.

Our interest in the study of Romanian doctors' migration resides in the unprecedented dynamics of this phenomenon, which was the result of the EU-wide recognition of the medical degree obtained in Romania, starting on January 1st 2007. For Romanian healthcare personnel, their country's accession to the European Union (EU) implied the opening of 'a royal gateway to migration' (Tandonnet, 2003, p. 109), heralding an intensification of the intra-community migratory phenomenon because of the newly created opportunities of free circulation, settlement and work opportunities in this enlarged area (Mouhoud, 2007; Stănică, 2007; Ionescu, 2008; Michalon and Nedelcu, 2010).

The international migration of Romanian doctors represents a response to the particular problems that, on the one hand, the developed countries in the EU and, on the other hand, Romania, are confronted with. Specifically, the economic decline Romania recorded during the most recent financial-economic crisis (2008-2011) has had negative long term impacts on the Romanian healthcare system. The austerity measures and structural reforms adopted by the Government in response to the crisis (Law no. 118/2010) were considered among the most severe in Europe (e.g. Stoiciu, 2012), and enforced a cut of 25% of the wages of public employees, doctors included, and a structural reorganization of the health-care system, with the shutting down of 67 hospitals. Prior to the onset of the crisis and in the following years, the average wage of a Romanian physician represented only a 10th of the average wage of a French physician (Romanian Medical Council, undated), which, coupled with other economic and personal factors related to superior living conditions in the destination country and the prospects of professional advancement, basically provided the background for migration. Added to this, other drivers such as corruption, distrust in the state institutions and the state's inability to ensure optimal conditions for the exercise of the medical profession (e.g. European Commission, 2012), further explain the sharp rise in the migration of physicians.

The recruitment of highly qualified human capital in the healthcare area constitutes a convergence point of the migratory policy led by the developed states (Skeldon, 2009). The demographic situation of these countries calls for an increase in medical staff to allow them to be able to cope with the specific problems of the time. The ageing population and the growing number of seniors call for the creation of new jobs in healthcare and social fields, given the fact that the elderly need special care. The ageing of the population and the increasing number of the elderly is simultaneous, in certain developed countries of Europe, with the ageing of medical staff, while the

shortage of healthcare personnel cannot be filled by indigenous labor (Vasilcu and Séchet, 2010). Parallel with a life expectancy increase, the French population is getting older. In 2012, people aged 60 or more, represented 30.03% from the total population, and the elderly, aged 75 or more, were around 27% of the total number of the elderly (French National Institute of Statistics and Economic Studies, undated). This trend will likely trigger an increase of expenses in the health sector, and as a result the need to incorporate migrant specialists into the system will become stronger.

Furthermore, France is also facing an aging of medical staff, given that in 2014 the average age of French doctors was relatively high, despite generational renewal: 53 years for men and 49 years for women. In 2015, 26.4% of the practitioners which were members of the Medical Order of France, were over 60 years old and 23% of physicians in activity were retired (Conseil National de l'Ordre des Médecins, 2014, 2015).

2. Romanian 'medical brain drain'

The sharp increase in the migration of Romanian healthcare personnel can be seen as a direct consequence of the social and spatial inequalities in Romania and of the legitimate needs of human beings (Simon, 2008). The decision to emigrate is the result of an array of both external factors – pertaining to economic, social and political areas – and internal or personal reasons, consisting of the aspirations of the people who make the decision to move from one place to another. In the case of many Romanian doctors, emigration appears the result of an individual or family project, in which the personal and professional sides are inseparable; thus the general tendency leans in favor of settling down in the destination country (Guillaume, 2009).

The periods of economic decline had a negative impact on the healthcare system in Romania and on the standard of living in general (Beine, Docquier and Rapoport, 2009; Stoiciu, 2012). Consequently, the underfunding of the healthcare system appears as one of the major causes leading to the brain drain. As opposed to the fact that in Romania the average allocations to the healthcare budget in the last 20 years represents 3.2% of the gross domestic product, Central and Eastern European countries have allotted 7.3%, while the states of the Organization for Economic Cooperation and Development have allotted between 10 and 12%. Despite the World Health Organization's recommendations regarding the increase in funding allotted to the field and the cover of minimal healthcare costs, Romania has been unable to fulfill these indicators (e.g. World Health Organization, 2010).

The lack of involvement on the part of the political stakeholders and the incapacity of the Romanian government to promote effective policies to keep healthcare personnel in the national system, correlated with the austerity measures taken in recent years, have generated a wave of general discontent.

More specifically, in 2011, on the background of an already visible migration of physicians, the austerity measures introduced by the Government to reform the healthcare system, resulted in the closing down of 67 of the total 435 hospitals, with the cutting of 5,700 hospital beds, of medical staff licensing and wages (e.g. Stoiciu,

2012). Such measures have drastically limited the access of a large part of the population to healthcare services. In addition, the Romanian health system is also vulnerable owing to the additional costs of medications.

The structures of social, economic and political life in Romania reflect themselves on the life of its citizens and act as repulsive factors, encouraging the migration phenomenon. On this vulnerable terrain, the active recruitment policy led by the agencies in the developed countries has been fruitful: we are currently witnessing a real drain of the 'white coats'. For instance, since 2007 to the present day, more than 15,000 specialist doctors out of the 40,000 doctors licensed to practice medicine, i.e. over 37% of the licensed doctors, have left Romania (Curentul, 2014). According to the rules imposed by the WHO, if 2% of the doctors that are practicing in a country emigrate, the powers-that-be must give a 'red alert'. As such, this dramatic situation in the Romanian health system calls for urgent stimulating measures, directed towards limiting the migration phenomenon, taking into consideration the fact that in Romania, the lack of doctors alarmingly increased to 40-42% in 2014 (Romanian Medical Council, undated).

According to The Romanian Medical Council the emigration potential of Romanian doctors is very high, and so is the projected increase of the share of emigrant Romanian doctors in the next three years (Mediafax, 2016). Moreover, as a result of European inter-university exchange programs, an increasing number of medical students opt to complete their degree in European universities, which enables them a quicker integration into the destination society. Under these circumstances, as they do not need the certificate of conformity delivered by the Romanian ministry, these students are not registered in any Romanian statistics.

The research in the field shows that 'the skill and brain exchanges' (Fall, 2010, p. 223) normally enable both the country of origin and the country of destination to benefit from the professional experience acquired by the expatriated medical personnel. But can we really speak about a 'brain gain' in the case of the Romanian doctors' migration, as long as most of them appear to have the firm intention of settling down in France? How could they readjust to the living conditions in Romania after their life experience in a developed country? Furthermore, from the professional angle, the return to Romania of specialist doctors who practiced in France is at one point virtually impossible, since there are certain top specialties that require advanced medical technology that cannot be found in Romania.

Even though at first the difficulties of adjustment to a new society make many immigrants contemplate the idea of going back to their country of origin, the time spent in the developed country plays a major part in respect to the representations about and sense of belonging to that particular society (Rachedi, 2009). The longer the period of practice and the greater the investments in the country of destination, the stronger the feeling of alienation of the Romanian doctors towards their native country and the less envisaged the idea of returning to Romania. The professional

integration and the recognition by the medical body and by the social environment are the keys to integration in the host society (Farhat, 1998). Knowing that they are equal in rights with French doctors in terms of access to employment and wages is a particularly appealing aspect for Romanian doctors, who are reassured that they will acquire a good status and have successful integration in French society.

The period of practice of the medical profession in Romania and the experience gained in the medical field are, in their turn, fundamental variables facilitating the professional and social integration of the Romanian doctors, favoring their permanent settling down. Age is a major factor in the brain drain phenomenon. Young people of higher education generally appear to experience quicker integration, partly due to the fact that they feel less attached to a certain place and to their country of origin (Fangen, 2010). As such, the capacity of adjustment in the society of destination for Romanian medicine students is much greater if they did their specialization studies in France or in another European country. They already have a migratory and professional experience that comes as an advantage in the permanent migration.

Given the attractive wages and living conditions in the destination country, Romanian doctors' migration to France represents, in many cases, a family project that is quite rarely built on a return strategy (Schmoll, 2005). Due to their varied specialties, female doctors benefit from more opportunities than male doctors and this is why they tend more often to opt for a permanent migration, being characterized by a stronger will to succeed than male doctors (Temime, 2007, p. 116). Comparing to the less qualified female immigrant, who is marginalized by her underpaid insecure job, the female doctor has professional, social and cultural capital that in numerous situations makes her play the role of migration initiator (Bentchicou, 1997). Generally perceived as pillars of social practices and solidarity, female immigrants from Romania were characterized as much more skillful than male immigrants when it comes to developing a social network in the immigration society (Campani, 1995; Stalker, 1995; Harrison, 1998; Kofman, 1999; Ramirez, 1999; Bisilliat, 2000; Pessar, 2001; Green, 2002; Zontini, 2002; Brown and Connell, 2004; Catarino and Morokvasic, 2005; Nedelcu, 2005; Lutz, 2010; Morokvasic, 2010). They were shown to be less disposed to a migration of the 'return' type, an option that has a strong impact on the attitude of other family members.

Examining the migration from the gain and loss viewpoints is an issue that is difficult to solve. If at the level of the destination country, and also at an individual and family level, we may speak about a gain, for Romania, its doctors' migration constitutes a loss of capital.

Facing this major issue, the stakeholders seem to be ignoring the fact that the Romanian medical personnel play a decisive role in maintaining and improving the population's health state and, by way of consequence, in the economic and social development of the country.

3. France – the main receiver of Romanian doctors

France, the destination preferred by an increasing number of Romanian doctors (36,4% of the total number of doctors with European diploma who work in France), given the similarity in terms of culture and language, has been facing these past years a major healthcare staffing shortage, especially in rural areas (Conseil National de l'Ordre des Médecins, 2014). The phenomenon of 'medical depopulation' – as it was called by the press – triggered by the decrease in the number of medical students (numerus clausus abruptly decreased from 8,591 students in 1971, to only 3,500 in 1992) and the retirement of the doctors belonging to the baby-boomer generation, equally affect the smaller cities and the urban peripheries. Even if the number of students admitted in the second year of medical studies (numerus clausus) raised to 8,000 in 2012, we must consider the fact that in the last two decades the population of France increased, and the number of old people, a category of people who require complex medical services, grew considerably. The country has to cope not only with the reduction in the number of doctors and the ageing of the medical body, but also with the issue of the territorial inequalities, because of the diminished capacity of rural areas in attracting doctors. Regional disparities tend to widen as increasingly fewer doctors which are members of the Medical Order opt for the practice of liberal medicine. According to the scenario released by Conseil National de l'Ordre des Médecins de France, by 2030 a considerable decrease in medical population will occur in regions such as Corse (-35%), Languedoc-Roussillon (-30%), Ile-de-France (-26%), Provence-Alpes-Côte-d'Azur (-26%) and in Midi-Pyrénées (-22%) (Attal-Toubert and Vanderschelden, 2009).

Although Romanian citizens were subjected to restrictions concerning their access to the EU labor market until January 1st 2014, doctors and certain other professional categories have had the right to practice their job in France, starting with January 1st 2007, the date of Romania's accession to the European Union. In order to remedy its shortage of trained medical personnel, France adopted a bill concerning 'selective immigration', symbolized by the 'competence and talent' card, favoring the immigration in direct proportion with the demand on the labor market (Murphy, 2006).

The policy in favor of Romanian doctors' immigration yielded immediate results. Thus according to the data provided by Conseil National de l'Ordre des Médecins (2013), in no more than six years after Romania's accession to the European Union, the number of Romanian doctors registered in the French Medical Order grew by 2121,5% (from 158 people in January 1st 2007 to 3,510 people in January 1st 2013). The spectacular increase in this phenomenon was also determined by the entrance on the labor market of the recruitment and regional development agencies. We must not forget the network peculiarity of the migration phenomenon. As long as the social networks exert a decisive influence on the choice of the country of immigration and of the place of practice it becomes clear that the Romanian doctors who settled in France play an interfacing role between their destination society and the potential migrants originating from Romania.

4. The present research

The purpose of this research was to systematically investigate the role of seven personal variables upon doctors' choice between temporary versus permanent emigration to France, relationship moderated by gender. The hypothesized model of casual relationships is presented below (Figure 1).

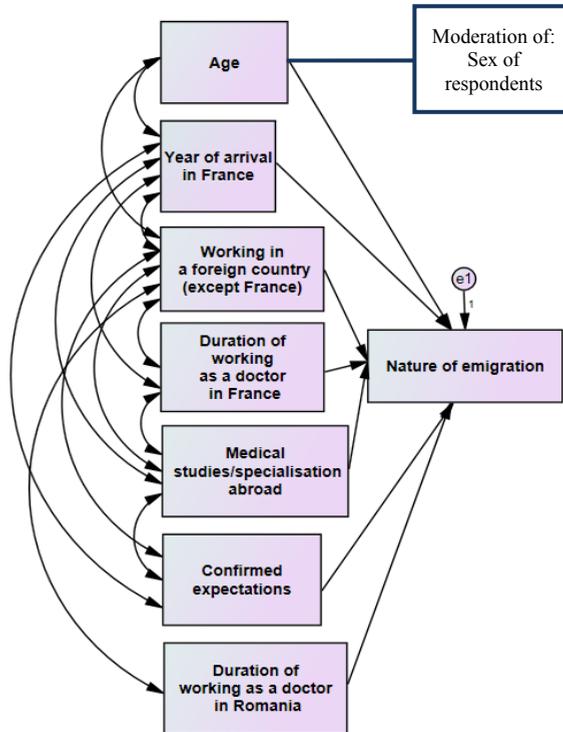


Figure 1: The hypothesized model of casual relationships tested in the present research

4.1. Procedure

Our methodological approach is based on several data sources supplied by a quantitative and qualitative survey performed in France, in 2013 and 2014, as a part of a research project financed by Agence Universitaire de la Francophonie. The main tool of our survey was a questionnaire accompanied by an extensive interview with the majority of our respondents on the topics approached in it. In order to recruit Romanian doctors practicing in France, we resorted to the 'snowball' technique. Thus we asked each subject to tell us the name of other Romanian doctors working in the same area or region. This technique proved to be particularly useful as each respondent accepted the interview knowing that one of their acquaintances had previously given it. The topics approached in the questionnaire consisted of four main fields: personal, professional, migration and integration data.

As secondary sources of information for this research we accessed the data from The Romanian Medical Council and the data available on the website of the Conseil

National de l'Ordre des Médecins from France. Finally, statistical analysis of the obtained data was performed using AMOS as implemented in the SPSS package software.

4.2. Participants

Applied to a total sample of 176 persons, the survey was conducted in 20 French counties, corresponding to seven regions. It thus covered a major part of the country, including two concentration poles of Romanian doctors in France – Paris and its suburbs, and Alsace and Lorraine in Eastern France – but also regions with less concentration, Brittany and Pays de la Loire. The plan to extend our research to other regions in France corresponds to our intention of constructing an image as close to reality as possible, of identifying certain aspects which often escape an analysis based solely on statistical data, and of being able to make an accurate analysis of the obtained results.

The mean age of the doctors was 38.6, the 31–40 age group being the best represented with 63.8%. Of the participants, 70.5% were females and only 34.5% were males. At the same time, 54% of the total number of doctors in our research were living in France together with their family, with 35.2% being divorced or single.

4.3. Instruments

All the measures were created specifically for the present research by its authors, and are detailed as follows:

- Age of respondents: this was measured with a single question asking respondents to indicate their age. Subsequently, five age categories were created: < 30 years (coded 1), 31–40 (coded 2), 41–50 (coded 3), 51–60 (coded 4), and > 60 years (coded 5).
- Year of arrival in France: this contained only one question, asking doctors to indicate the year when they arrived in France. Their responses were directly introduced into the database.
- Working in a foreign country (except France): this was measured as a dichotomous question (coded 'yes = 1', 'no = 0'). The respondents answered whether they had worked as doctors in a foreign country before arriving in France.
- Duration of working as a doctor in France: respondents indicated the number of years they had spent working as doctors in France. Participants' answers were introduced into the database.
- Medical studies/specialization abroad: the measure was dichotomous (coded 'yes = 1', 'no = 0') and asked respondents to indicate whether they went abroad for study or specialization in medical studies.
- Confirmed expectations: this is a computed variable based on three questions asking doctors to indicate whether their social, material and professional expectations were met in France or not. The values ranged from 0 (no expectations met) to 3 (all expectations met).

- Duration of working as a doctor in Romania: respondents indicated the number of years they spent in Romania working as a doctor. A categorical variable was the sex of the respondents, with its two components: feminine versus masculine.

4.4. Results

The statistical analysis was performed using structural equation modeling in AMOS for a manifest variable model. This model was tested with the moderation of the variable 'sex of respondents'. After the trimming process and the removal of two non-significant variables from the model, for the chi square test we obtained $\chi^2 (2, N = 176) = 3.3, p = .195$, which shows that there is no statistical difference between the observed and expected models. The indicators for the model indicate that the model fit is good. The following indicators were above .90, CFI = .996, GFI = .994, NFI = .990, and RMSEA = .060, within a confidence interval between .000 and .174. PCLOSE = .328 (greater than .05) and AGFI was .873. The analysis revealed the following path coefficients for the hypothesized model (see Table 1).

Moreover, in order to test whether there are statistically significant differences between free parameters in the two conditions feminine versus masculine, a critical ratio (CR) of difference test was performed (see Table 2).

To sum up the results, we found out that, in the case of female doctors, they chose permanent residence more often when (in order of effect size from high to low): the time they arrived in France was earlier, when they had more confirmed expectations, when the duration of working as a doctor in France was shorter, when they did not work as a doctor in a foreign country, and when they attended courses of specialization abroad. All these variables affected the nature of emigration of surveyed doctors to France. In the rest of the cases we did not find any significant effects.

In the case of male doctors, the only significant effect which contributed to a higher probability of permanent residence was higher confirmed expectations. In the rest of the cases we did not find any significant effects.

Moreover, the covariance/correlation analysis shows that, in the case of female doctors, the earlier they arrived in France, the more years they worked as a doctor, the chance of them having studies abroad, except in France, is higher, and they are more likely to have confirmed expectations in more areas of life (material, professional and social). In addition, if they attended courses of specialization abroad they have confirmed expectations in more areas of life and, finally, if they worked in a foreign country they are more likely to have worked for a shorter time as a doctor in France. All these effects are presented in order of their effect size from high to low. In the rest of the cases we did not find any significant relations.

In case of male doctors, the earlier they arrived in France, the higher the chance for them to have studied abroad, except in France, and the more years they worked as doctors in France. If they worked in a foreign country, they are more likely to have worked for a shorter time as doctors in France, and if they attended courses of specialization abroad, they have confirmed expectations in more areas of life. If they ar-

Table 1: Standardized and unstandardized regression weights and covariance for the model obtained

Variables	Standardized coefficient estimates	Unstandardized coefficient estimates	SE	CR
Sex = female (moderation)				
Path coefficients				
Nature of emigration < - >Duration of work as doctor in France	-.234**	-.02	.007	- 2.785
Nature of emigration < - > Confirmed expectations	.250**	.16	.046	3.517
Nature of emigration < - >Medical studies/specializations abroad	-.182*	-.18	.081	- 2.267
Nature of emigration < - Year of arrival in France	-.472**	-.04	.008	- 4.856
Nature of emigration < - Working in a foreign country	.222*	.43	.133	3.261
Covariances				
Medical studies/specializations abroad <-> Confirmed expectations	-.278*	-.087	.029	- 2.990
Medical studies/specializations abroad <-> Working in a foreign country	.003	.000	.009	.033
Working in a foreign country <-> Duration of working as a doctor in France	.203*	.269	.122	2.198
Medical studies/specializations abroad <-> Duration of working as a doctor in France	-.169	-.435	.228	- 1.912
Duration of working as a doctor in France <-> Year of arrival in France	-.557**	- 17.628	3.181	- 5.541
Medical studies/specializations abroad <-> Year of arrival in France	.533**	1.327	.252	5.271
Confirmed expectations <-> Year of arrival in France	-.283**	- 1.090	.306	- 3.557
Working in a foreign country <-> Year of arrival in France	-.068	-.087	.116	-.750
Confirmed expectations <-> Working in a foreign country	.070	.011	.014	.792

Note: ** $p < .001$; * $p < .05$.

Variables	Standardized coefficient estimates	Unstandardized coefficient estimates	SE	CR
Sex = male (moderation)				
Path coefficients				
Nature of emigration < - Duration of work as a doctor in France	.006	.000	.007	.053
Nature of emigration < - Confirmed expectations	.619**	.557	.090	6.156
Nature of emigration < - Medical studies/specializations abroad	-.099	-.088	.120	-.737
Nature of emigration < - Year of arrival in France	-.114	-.008	.010	-.752
Nature of emigration < - Working in a foreign country	.193	.268	.155	1.729
Covariances				
Medical studies/specializations abroad <-> Confirmed expectations	-.306*	-.051	.024	- 2.170
Medical studies/specializations abroad <-> Working in a foreign country	.180	.020	.015	1.289
Working in a foreign country <-> Duration of working as a doctor in France	.330*	.525	.232	2.266
Medical studies/specializations abroad <-> Duration of work as a doctor in France	-.225	-.558	.335	- 1.665
Duration of work as a doctor in France <-> Year of arrival in France	-.559**	- 18.086	4.995	- 3.621
Medical studies/specializations abroad <-> Year of arrival in France	.599**	1.325	.350	3.791
Confirmed expectations <-> Year of arrival in France	-.255*	-.557	.262	- 2.124
Working in a foreign country <-> Year of arrival in France	-.285*	-.404	.203	- 1.987
Confirmed expectations <-> Working in a foreign country	-.007	-.001	.014	-.057

Note: ** $p < .001$; * $p < .05$.

Table 2: Comparison of free parameters between 'feminine' and 'masculine' participants

Path coefficients	CR
Nature of emigration < - Duration of work as doctor in France	1.935
Nature of emigration < - Confirmed expectations	3.871*
Nature of emigration < - Medical studies/specializations abroad	.658
Nature of emigration < - Year of arrival in France	2.363*
Nature of emigration < - Working in a foreign country	-.813
Covariances	
Medical studies/specializations abroad <-> Confirmed expectations	.951
Medical studies/specializations abroad <-> Working in a foreign country	1.078
Working in a foreign country <-> Duration of work as a doctor in France	.978
Medical studies/specializations abroad <-> Duration of work as a doctor in France	-.304
Duration of work as a doctor in France <-> Year of arrival in France	-.077
Medical studies/specializations abroad <-> Year of arrival in France	-.003
Confirmed expectations <-> Year of arrival in France	1.319
Working in a foreign country <-> Year of arrival in France	-1.356
Confirmed expectations <-> Working in a foreign country	-.606

Note: *Significant in case CR is above 1.96 at a 95% level.

rived in France earlier, they are more likely not to have worked as doctors abroad, excluding France (relation not characteristic for female doctors) and they are more likely to have confirmed expectations in more areas of life (material, professional and social). All these effects are presented in order of their effect size from high to low. In the rest of the cases we did not find any significant relations.

Finally, we found statistically significant differences between free parameters (path coefficients) only in two situations: the paths from confirmed expectations to nature of emigration, corresponding to male and female doctors, are not the same for the two models. Moreover, the paths from year of arrival in France to nature of emigration are also different in case of male and female doctors surveyed within our study. Thus we have evidence to suggest a difference in the estimated population parameters. For women, the year of arrival to France has a significant effect upon their choice of permanent residence, unlike for men, where the effect is not significant. The confirmed expectation paths are significant in both cases (women and men) with the difference that the effect is significantly stronger in the case of men.

5. Discussion

The aim of the present study was to assess the influence of seven personal variables upon the nature of emigration (temporary vs. permanent) of Romanian doctors to France, taking into account the doctors' gender as a moderator variable. Based on our results, we hereby discuss several main drivers underlying the Romanian doctors' migration and suggest effective administrative and policy measures that should be implemented by the national and local stakeholders in order to address this critical issue.

First of all, we found that the available information concerning the analysis of Romanian doctors' migration phenomenon, in its most important aspects, is scarce. In

order to control and ameliorate the international migration flux of Romanian doctors, more thorough research should be performed in administrative sciences, regarding public policies and state and public institutions, regarding the characteristics, the tendencies of this phenomenon and the doctors' motivation, which lays at the basis of their decision to emigrate. Thus, acquiring deeper knowledge concerning the real magnitude and characteristics of the elite doctors' migration is the first step to be undertaken. Building a strong Romanian medical system further requires changes in the national and local policy and the implementation of planned and functional managerial decisions to make the medical system more attractive.

Secondly, our results indicate that there are a number of factors that contribute to the final decision of the surveyed doctors to permanently reside in France, such as the personal and professional expectations of doctors or work/study mobility. De Jong's research (2000) showed that expectations are important factors in permanent residence in the case of men and women, and this is because intentions are likely to predict actions. Doctors' expectations can be built on having a long term, coherent, stable, and effective national strategy for the medical sector, which avoids innumerable policy changes and administrative experiments, which weaken the system and suffocate personal positive expectations. In order to cultivate positive expectations doctors should have higher remunerations and the state's policies fighting the 'brain drain' in the medical system should be directed towards meeting the individual and familial needs of doctors.

More specifically, doctors' expectations often target individual and family interest, which takes priority over the collective and the national interest and they are attracted to those places that provide professional fulfillment and social ascension. National Romanian medical policies should therefore propose measures that target: social recognition and professional dignity, prospects in a medical career, opportunities for their family's future, and good options for raising and educating their children.

As a result of the crisis triggered by the exodus of doctors and after public and political debates and consultations, the first reactions of the political and administrative authorities were to grow the medical personnel remunerations by 25% (Government Emergency Ordinance nr. 35/2015), starting with the 1st of October 2015. The effects of such measures are still to be observed, but they will only partially satisfy the needs of the medical system.

What is more, the implementation of measures which can contribute to the enhancement of transparency, regarding the occupation of posts in the medical system, a more effective fight against corruption and nepotism elements from the system, equipping hospitals and associated structures with medical equipment, thus enabling the performing of the profession in line with the international standards in the field, the supply of specific professional resources (medication standards, medical instruments, chemical reagents, possibility to participate in internships training, etc.) are all important aspects that determine the decision to practice in Romania or to emigrate (Popa and Lucheaş, 2014).

However, in terms of policy, an individual has the 'right to leave any country, including his own, and to return to his country' (Universal Declaration of Human Rights, p. 4), according to personal prospects of professional development and to the rewards available and needed. Migration is the expression of human liberty (Gaillard and Gaillard, 1999; Docquier and Rapoport, 2007; Meyer, 2009). Yet, policy makers can increase the medical training capacities of their doctors and accompany this measure with prospects for recruitment into the health system. Romania can lose its investment in training capacities, if doctors migrate after graduation. Although not very popular, India, for example, proposed tax on the migration of highly skilled medical personnel (Bhagwati and Dellafar, 1973). What is more, Romanian policy makers could invest in the diversity and quality of medical training by: (1) encouraging the adaptation of the medical curricula to the local problems and situations, (2) sustaining the recruitment of foreigner university professors for the Romanian universities, based on investments in teacher's salaries and teaching conditions, (3) facilitating enrolments in academic institutions, and (4) sustaining knowledge and technology transfers between developed and developing countries.

Finally, on the one hand, we found that the birth country nostalgia and the myth of returning generally fade away in time, whereas the binds with the destination country become increasingly stronger. However, important differences between genders occurred, with only the female doctors in our study being affected by the year of their arrival in France. In other words, the further away the year of arrival was situated back in time, the bigger the chance of the doctor never to leave the destination country. Conversely, this was not characteristic of the male participants. The study results are similar to those referring to the importance of women in migration and their contribution to the definitive change of fixed residence. They show that, despite the inequalities on the labor market, 'women, compared to men, win in migration', while men may lose social status (Pessar, 2001, p. 63). Due to the cultural fund available, which she knows how to get the maximum value from the migration project, the woman doctor represents 'a powerful vector of integration' (Bentchicou, 1997, p. 17). On the other hand, we also found that a shorter time spent as a doctor in France, rather than a longer period, has exerted greater influence on the surveyed doctors' decision to choose permanent residence. Gender differences occur here as well, because men were not influenced by the duration of working as a doctor. This can probably be accounted for by psychological factors, namely much higher aspiration regarding professional and overall development and different perceptions of the potential benefits of migration.

In this context, gender should be an important variable accounted for by policy makers. Female doctors with children should get paid maternity leave, crèche or play home facility inside the hospital for the kids, Full Hospital support, and other allowances. In addition to an attractive remuneration, female doctors should be supported in their medical training. Becoming a specialist requires time and effort and available financial resources, and the process can be interrupted by marriage, pregnancy, ma-

ternity. Often doctor mothers handle concomitantly their professional training duties and their responsibility to their families, as resulting from our interviews. This is a sufficient reason to determine policy makers to protect and support female doctors with families and even encourage personal fulfillment within their family.

6. Conclusions and future outlook for policy makers

The aim of the present research was to investigate the relationship between seven personal and professional variables related to doctors and the migration phenomenon, considering the moderation effect of gender, and, based on the research findings, to suggest more effective policy and administrative measures. Our research paper's importance resides in its interdisciplinary approach used in testing the influence of a series of factors on Romanian doctors' emigration. Such an attempt has generated valuable insight in the decision-making processes of emigrant doctors, given the increasingly alarming crisis of medical personnel in the Romanian health system. The research findings suggested that male and female doctors are influenced differently by the independent variables and the policy and administrative measures should be diversified according to gender. Furthermore, 'expectations' play a major role in the doctors' overall decision-making of the permanent residence change, and thus should be considered in the implementation of policies.

The present research has some limitations. Firstly, on the whole, although our study included a disproportionate number of participants regarding gender, with 70% of doctors being females, which could lead us to hypothesize that this might be a potential explanation for a lack of significant associations in the case of male doctors, this research allows us to draw the conclusion that women are more likely to choose permanent migration owing to the existence of more factors which determine their decision to stay, in comparison with men. Secondly, although initially there was an attempt to obtain sample representativity, the data was finally collected on accessibility criteria. Prudency and further research is required in order to generalize our results.

References:

1. Attal-Toubert, K. and Vanderschelden, M., 'La Démographie Médicale à l'Horizon 2030: De Nouvelles Projections Nationales et Régionales', *Etudes et Resultats*, no. 679, 2009, [Online] available at <http://drees.social-sante.gouv.fr/IMG/pdf/er679.pdf>, accessed on March 26, 2016.
2. Beine, M., Docquier, F. and Rapoport, H., 'On the Robustness of Brain Gain Estimates', Centre for Research and Analysis of Migration Department of Economics, University College London, CDP no. 17, 2009, [Online] available at http://www.cream-migration.org/publ_uploads/CDP_17_09.pdf, accessed on February 19, 2014.
3. Bentchicou, N., *Les Femmes de L'immigration au Quotidien* (The Daily Life of Immigration Women), Paris: l'Harmattan, 1997.
4. Bhagwati, J. and Dellafar, W., 'The Brain Drain and Income Taxation', 1973, *World Development*, vol. 1, no. 1-2, pp. 94-101.

5. Bisilliat, J., 'Migration Féminine Comme Parcours Initiatique. La Conquête d'une Nouvelle Identité' (Female Migration as an Initiating Journey. Obtaining a New Identity), 2000, *Les Cahiers du CEDREF*, vol. 8-9, pp. 67-85.
6. Brown, R.P.C. and Connell, J., 'The Migration of Doctors and Nurses from South Pacific Island Nations', 2004, *Social Science & Medecine*, vol. 58, no. 11, pp. 2193-2210.
7. Campani, G., 'Women Migrants: From Marginal Subjects to Social Actors', in Cohen, R. (ed.), *The Cambridge Survey of World Migration*, New York: Cambridge University Press, 1995, pp. 546-550.
8. Catarino, C. and Morokvasic, M., 'Femmes, Genre, Migration et Mobilités' (Women, Gender, Migration and Mobility), 2005, *Revue Européenne des Migrations Internationales*, vol. 21, no. 1, pp. 7-27.
9. Conseil National de l'Ordre des Médecins, 'L'Atlas de la Démographie Médicale en France' (The Atlas of Health Demographic Indicators in France), 2013, [Online] available at <http://www.conseil-national.medecin.fr/demographie/atlas-national-873>, accessed on September 18, 2014.
10. Conseil National de l'Ordre des Médecins, 'L'Atlas de la Démographie Médicale en France' (The Atlas of Health Demographic Indicators in France), 2014, [Online] available at <http://www.conseil-national.medecin.fr/demographie/atlas-national-873>, accessed on March 10, 2012.
11. Conseil National de l'Ordre des Médecins, 'L'Atlas de la Démographie Médicale en France' (The Atlas of Health Demographic Indicators in France), 2015, [Online] available at <http://www.conseil-national.medecin.fr/demographie/atlas-national-873>, accessed on February, 2016.
12. Curentul newspaper, 'Alarmant! În ultimii șase ani 15000 de doctori au părăsit România', April 25, 2014, [Online] available at <http://www.curentul.info/2014/index.php/2014011395129/Social/Alarmant-In-ultimii-sase-ani-15000-de-doctori-au-parasit-Romania.html>, accessed on April 25, 2014.
13. De Jong, G.F., 'Expectations, Gender, and Norms in Migration Decision-making', 2000, *Population Studies*, vol. 54, no. 3, pp. 307-319.
14. Docquier, F. and Rapoport, H., 'L'immigration Qualifiée, Remède Miracle aux Problèmes Économiques Européens?' (Qualified Immigration, a Miracle Remedy for the European Economic Problems?), 2007, *Reflète et Perspectives de la Vie Économiques*, vol. 1, Tome XLVI, pp. 95-111.
15. European Commission, 'Raport al Comisiei către Parlamentul European și Consiliu privind progresele înregistrate în cadrul mecanismului de cooperare și verificare' (Report from the Commission to the European Parliament and the Council, On Progress in Romania under the Cooperation and Verification Mechanism), SWD (2012) 231 final, Bruxelles, July 18, 2012, [Online] available at http://ec.europa.eu/cvm/docs/com_2012_410_ro.pdf, accessed on January, 28, 2016.
16. European Network of Territorial Intelligence, Proceedings of IT-GO 2010 Conference, [Online] available at <http://www.territorial-intelligence.eu/index.php/eng/Publications/Seminars/IT-GO-2010/Proceedings-of-IT-GO-2010>, accessed on November 14, 2013.
17. Fall, M., 'Migrations des Étudiants Sénégalais. Impact sur le Développement de Leur Pays D'Origine' (The Senegalese Students' Migration. Impact on the Development of the Country of Origin), 2010, *Hommes & Migrations*, vol. 1286-1287, pp. 222-233.

18. Fangen, K., 'Social Exclusion and Inclusion of Young Immigrants. Presentation of an Analytical Framework', 2010, *Young. Nordic Journal of Youth Research*, vol. 18, no. 2, pp. 133-156.
19. Farhat, H., 'Des Médecins Français D'Origine Libanaise' (French Doctors of Lebanese Origin), in Simon-Barouh, I. (ed.), *Dynamiques Migratoires et Rencontres Ethniques*, Paris: l'Harmattan, 1998, pp. 263-271.
20. French National Institute of Statistics and Economic Studies, [Online] available at <http://www.insee.fr/en/themes/series-longues.asp?indicateur=pop-tranche-ages>, accessed on January 28, 2016.
21. Gaillard, A.M. and Gaillard, J., *Les Enjeux des Migrations Scientifiques Internationales. De la Quête du Savoir à la Circulation des Compétences* (The Impact of the International Scientific Migrations. From the Quest for Knowledge to the Competence Circulation), Paris: l'Harmattan, 1999.
22. Government Emergency Ordinance no. 35/2015 regarding the amendment and supplementing Government Emergency Ordinance no. 83/2014 on remuneration of personnel paid from public funds in 2015, (Ordonanța de urgență a Guvernului nr. 83/2014 privind salarizarea personalului plătit din fonduri publice în anul 2015) [Online] available at http://www.lexmed.ro/doc/OUG_35_2015.pdf, accessed on January 28, 2016.
23. Green, N.L., *Repenser les Migrations* (New Perspectives on Migrations), Paris: PUF, 2002.
24. Guillaume, J.F., 'Les Parcours de Vie, entre Aspirations Individuelles et Contraintes Structurelles' (Life Pathways – Between Individual Aspirations and Structural Constraints), 2009, *Informations Sociales*, vol. 6, no. 156, pp. 22-30.
25. Harrison, M.E., 'Female Physicians in Mexico: Migration and Mobility in the Life-course', 1998, *Social Science & Medicine*, vol. 47, no. 4, pp. 455-468.
26. Ionescu, I.I., 'Migrația românilor în Uniunea Europeană' (The Migration of Romanians in European Community), 2008, *Revista de Cercetare și Intervenție Socială*, vol. 23, pp. 23-26.
27. Kofman, E., 'Female 'Birds of Passage' a Decade Later: Gender and Immigration in the European Union', 1999, *International Migration Review*, vol. 33, no. 2, pp. 269-299.
28. Law no. 118/2010 on certain measures necessary to restore budgetary balance, published in Official Monitor of Romania no. 441 from June 30, 2010.
29. Lutz, H., 'Gender in the Migratory Process', 2010, *Journal of Ethnic and Migration Studies*, vol. 36, no. 10, pp. 1647-1663.
30. Mediafax, 'Exodul medicilor. 80% dintre studenți și doctori vor să plece din țară', August 19, 2016, [Online] available at <http://www.mediafax.ro>, accessed on August 19, 2016.
31. Meyer, J.B., 'La Percolation Mondiale des Compétences' (The International Percolation of Competences), in Jaffrelot, C. and Lesquesne, C. (eds.), *L'enjeu Mondial. Les Migrations* (The International Interest Migrations), Paris: Presses de Sciences Po – L'Express, 2009, pp. 245-252.
32. Michalon, B. and Nedelcu, M., 'Introduction. Histoire Constante et Transformation Récentes des Dynamiques Migratoires en Roumanie' (Introduction. Constant History and Recent Changes in the Migratory Dynamics in Romania), 2010, *Revue d'Études Comparatives Est-Ouest*, vol. 41, no. 4, pp. 5-27.

33. Morokvasic, M., 'Le Genre est au Cœur des Migrations' (When Gender Lies at the Heart of Migrations), in Falquet, J., Hirata, H., Kergoat, D., Labari, B., Le Feuvre, N. and Sow, F. (eds.), *Le Sexe de la Mondialisation. Genre, Classe, Race et Nouvelle Division du Travail* (The Gender of Globalization. Gender, Class, Race and New Division of Labor), Paris: Les Presses SciencesPo, 2010, pp. 105-119.
34. Mouhoud, E.M., 'Le Rôle des Migrations dans le Fonctionnement des Économies Européennes, des Effets Positifs Avérés, des Politiques Inadaptées' (The Part Played by Migrations in the European Economies, Actual Positive Effects, Inadequate Policies), in Stora, B. and Temime, E. (eds.), *Immigration: L'immigration en France au XX^e siècle* (Immigration in XXth Century France), Paris: Hachette Littérature, 2007, pp. 211-249.
35. Murphy, K., 'France' s New Law: Control Immigration Flows, Court the Highly Skilled', 2006, [Online] available at <http://www.migrationpolicy.org/article/frances-new-law-control-immigration-flows-court-highly-skilled>, accessed on December 15, 2014
36. Nedelcu, M., 'Stratégies de Migration et D'Accès au Marché du Travail des Professionnels Roumains à Toronto. Rapports de Genre et Nouvelles Dynamiques Migratoires' (Strategies of Migration and Access to the Labour Market of the Romanian Professionals in Toronto. Gender Relationships and New Migratory Dynamics), 2005, *Revue Européenne des Migrations Internationales*, vol. 21, no. 1, pp. 77-106.
37. Pessar, P.R., 'Women's Political Consciousness and Empowerment in Local, National and Transnational Context: Guatemalan Refugees and Returnees', 2001, *Identities: Global Studies in Culture and Power*, vol. 7, no. 4, pp. 461-500.
38. Popa, N. and Luceș, D., 'Étudiant en Médecine pour Emigrer? Options Professionnelles et Mobilité Territoriale chez les Étudiants en Médecine de Roumanie', in Krasteva, A. and Vasilcu, D. (eds.), *Migrations en Blanc – Médecins d'Est en Ouest*, Paris: l'Harmattan, 2014, pp. 83-100.
39. Rachedi, L., 'Apprendre l'Altérité à Travers le Récit de Soi: Histoire et Identité' (Learning the Otherness through One's Own Life Pathway), in Yanapassart, P. (ed.), *Paroles d'Acteurs de la Mobilité. De la Mobilité Géographique à la Mobilité Intellectuelle* (Accounts Given by Mobility Actors. From the Geographic Mobility to the Intellectual Mobility), Paris: l'Harmattan, 2009, pp. 107-120.
40. Ramirez, A., 'La Valeur du Travail, l'Insertion dans le Marché du Travail des Immigrées Marocaines en Espagne' (The Value of Work, the Moroccan Female Migrants' Insertion in the Labor Market in Spain), 1999, *Revue Européenne des Migrations Internationales*, vol. 15, no. 2, pp. 9-36.
41. Romanian Medical Council, [Online] available at <http://www.cmr.ro>, accessed on February 10, 2014, November 18, 2014, January 7, 2015.
42. Schmoll, C., 'Pratiques Spatiales Transnationales et Stratégies de Mobilité des Commerçantes Tunisiennes' (Transnational Social Practices and Mobility Strategies of the Tunisian Female Shopkeepers), 2005, *Revue Européenne des Migrations Internationales*, vol. 21, no. 1, pp. 131-154.
43. Simon, G., *La Planète Migratoire dans la Mondialisation* (The Migratory Planet in the Globalization Process), Paris: Armand Colin, 2008.
44. Skeldon, R., 'Of Skilled Migration Brain Drains and Policy Responses', 2009, *International Migration*, vol. 47, no. 4, pp. 3-29.

45. Stalker, P., 'Les Travailleurs Immigrés. Etude des Migrations Internationales de Main-d'Œuvre' (The Immigrant Workers, A Study into the International Migrations of Labor), Bureau International du Travail, Genève, 1995.
46. Stănică, S.I., 'Abordări, modele, teorii privind fenomenul brain drain', 2007, *Revista de Cercetare și Intervenție Socială*, vol. 19, pp. 61-98.
47. Stoiciu, V., 'Austerity and Structural Reforms in Romania: Severe Measures, Questionable Economic Results and Negative Social Consequence', Friedrich Ebert Stiftung, International Policy Analysis, 2012, [Online] available at <http://library.fes.de/pdf-files/id-moe/09310.pdf>, accessed on November 08, 2014).
48. Tandonnet, M., *Migrations. La nouvelle Vague*, (Migrations. The New Wave), Paris: l'Harmattan, 2003.
49. Temime, E., 'L'Immigration au Feminin' (The Female Immigration), in Stora, B. and Temime, E. (eds.), *Immigrances: l'immigration en France au XX^e siècle* (The Immigration in XXth Century France), Paris: Hachette Littérature, 2007, pp. 97-117.
50. Universal Declaration of Human Rights, Article 13.2., [Online] available at http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf, accessed on January 28, 2016.
51. Vasilcu, D. and Séchet, R., 'The International Migration of the Health Professionals: A Challenge for the Healthcare Sector in Romania', International Journal of Territorial Intelligence, 'Grand Ouest' Days of Territorial Intelligence and Socio-ecological Foresight, ENTI, Rennes. 2010.
52. World Health Organization, 'The World Health Report 2010', 2010, [Online] available at http://www.who.int/dg/speeches/2010/Keynote_health_financing_20101122/en/index.html, accessed on November 14, 2013.
53. Zontini, E., 'Towards a Comparative Study of Female Migrants in Southern Europe: Filipino and Moroccan Women in Bologna and Barcelona', 2002, *Studi Emigrazione*, vol. 145, pp. 107-135.