

Migrant Remittance Practices among Hungarian Health Care Workers in Norway

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ABSTRACT: Although current researches aim to reveal the migration potential and practice of emigration of Hungarian health professionals, little attention is paid on measurable and descriptive data of their migrant remittance practices. The aim of this study is to present the relating patterns of remittance flows, demonstrating the usage and outcomes of migrant transfers, and investments through the relating literature, drawing especially on Tharmalingham's typology. I conducted a qualitative inquiry by half-structured interviews with Hungarian physicians and nurses employed in Norway in order to analyze their migrant remittance practices according to their social status, network, and motivations. Based on the data, I conclude that migrant remittances have greater impact on social, and economic mobility of the beneficiary family of lower-middle class health professionals, as the narratives showed that they are willing to remit much more than migrants from higher social class. Family-oriented, individual remittances are the most common sorts that are frequently invested in services besides materialized use.

KEYWORDS: migrant remittances, health care workers, Hungarian emigration, mobility, Norway.

Introduction

Emigration from Hungary: an increasing tendency

Nowadays, the proportion of those who plan to emigrate from Hungary is increasing. According to the longitudinal surveys of TÁRKI Monitor and Omnibusz, in 2012 the migration potential among the adult population was 19%¹, which is the highest proportion for the past twenty years. This means that, in 2012, almost every fifth Hungarian adult was planning to move to a foreign country for a longer or shorter period. The latest data show that by the beginning of 2013 migration potential had slightly decreased, but it may still be considered high.² Without having accurate data, the number of people who have actually emigrated can only be estimated. However, this finding is not surprising, particularly when one knows that the employment level in Hungary is one of the lowest in the European Union (KSH 2012:22).

The Demographic Research Institute of the Hungarian Central Statistical Office

1 Source: http://www.tarki.hu/hu/news/2012/kitekint/20120523_migracio.html

2 Source: http://www.tarki.hu/hu/news/2013/kitekint/20130220_migraciot_tervezok.html

published their most recent estimates about the foreign residency status of the 19–49 year old population with a permanent residence status in Hungary in 2013. According to the rapidly-arrived at estimation, 7.4% of the sample, or 35,000 people,³ were permanently living abroad (KSH NKI 2013). This figure does not correspond to the real number of emigrants. The sample did not include those who had ceased using their permanent addresses in Hungary, nor did the survey include those outside the specified age group. It can be concluded therefore that the number of Hungarians living and employed abroad is even higher than the number identified in 2013.

Notwithstanding any negative consequences of emigration, these emigrants can contribute positively through financial remittances, the impact of which may be crucial at the micro level during a period of economic recession. In numerous cases that concern individuals and households the investments and various services financed by migrant remittances provide more detailed information about the features of migration than data for the macro level. In this paper, after describing some data about Hungarian and international migrant remittances, I examine how these remittance flows influence social mobility and the welfare of the concerned households, and in which ways they reduce poverty.

In the following I argue that when examining emigration from Hungary it is not sufficient to focus only on the numbers of emigrants, or to reveal the disadvantages of the loss of human capital - as frequently described in the Hungarian media. These factors only represent a fraction of reality. It is necessary to take migrant remittances into consideration since they offer an unambiguous economic advantage in terms of the qualifications, professional experience, human capital and the living standards of the recipients.

Emigration of Hungarian health care workers

In Hungary, medical workers more frequently migrate than the societal average (Girasek et al. 2013). Semmelweis University Health Services Management Training Centre (HSMTC) has been collecting data about the willingness to migrate of Hungarian medical workers since 2003. The data in the research, entitled “*Observation on the intentions of labor market aspirations, migration and vocational motivations of resident doctors*”⁴ showed that approximately 64% of resident doctors were willing to migrate (Eke et al. 2009: 809).

According to data from the Hungarian Central Statistical Office (HCSO), in 2011 there were 34 active physicians in Hungary for every 10,000 people, which is considered an average rate for Europe (KSH 2012). At the same time, increasing numbers of doctors and health care workers are emigrating. The emigration of this

³ Approximately 3.4% of the Hungarian population

⁴ Original title: “Rezidens orvosok munkaerő-piaci elhelyezkedési szándékainak, migrációs és pályaválasztási motivációinak vizsgálata”

highly-qualified occupational group is not only seen in the statistics. It also has an empirically-experienced impact on the whole of society (HCSO).⁵

Research into the migration of Hungarian medical workers is still ongoing. The HSMTC of Semmelweis University is dealing with the issue of medical workers' willingness to migrate, and is launching a new project to observe the international movements of doctors in cooperation with the Swedish Karolinska Institute (Girasek 2013). Moreover, another research effort led by Ágnes Hárs (financed by the Hungarian Scientific Research Fund OTKA) has already started to collect data about emigrant Hungarian doctors, and results are expected by the end of 2014. It is vital to note that the main goal of the Demographic Research Institute's participation in the SEEMIG project, which contains eight countries (Austria, Bulgaria, Hungary, Italy, Romania, Serbia, Slovakia and Slovenia) and additional observer countries (Albania, Georgia, Ukraine), is to provide accurate data about demographic and emigration-related processes in South-East Europe.

Scandinavian countries as a destination for Hungarian emigrants

Scandinavian countries are not considered to be the most attractive destinations for Hungarians. This can be explained by their long distance from Hungary, unfavorable geographic conditions, different climates and the fact that most Hungarians lack the related language skills. However, these factors can act as pull-factors as well. In certain cases, emigrants have chosen Norway as a destination country precisely because of the relatively great distance from their home country, the different mentality of the locals and the adventure of encountering a less well-known culture, even if economic and standard of living considerations play a crucial role in the decision-making process too. However, the latest research demonstrates that Hungarian migrants, in order of strength of preference, opt for Germany, the United Kingdom, then Austria (in third place), followed by North America and the Benelux countries (KSH NKI 2013). Norway and Sweden are characterized by having a lower number of Hungarian immigrants compared to these other countries.

However, immigration to Norway is becoming more and more popular, both among members of EU states⁶ and Hungarian migrants. Among the EU/EEA countries, a significant growth in the number of immigrants to Norway occurred in 2007; a fact confirmed by data from Statistics Norway (SSB 2013).⁷ Thanks to accurate Norwegian administrative practices, we have exact data about Hungarian immigrants. On 1 January, 2001, 1,306 first generation migrants (of Hungarian origin, without a Norwegian background) were living in Norway, while by 1 January

5 It is important to note that there are attempts being made to keep doctors and residents in Hungary. The Lajos Markuszovszky Scholarship for doctors and the Károly Than Scholarship for pharmacists offers a monthly stipendium on the condition that the recipients do not leave the country, they work in Hungary for 10 years and they do not accept gratuities (Girasek et al. 2013).

6 Source: <http://www.ssb.no/en/befolkning/statistikker/innvbe/aar/2013-04-25>

7 Source: <http://www.ssb.no/befolkning/statistikker/innvbe/aar/2013-04-25?fane=tabell&sort=nummer&tabell=109859>

2013 the number had risen to 2,844. If we count *other* emigrants as well⁸, we can see that in 2001 the number of officially registered emigrants with a Hungarian background was 3,073. By 2013, the number had risen to 7,025. Accordingly, the data shows an increase in emigration to Norway.

Migrant remittances

The issue of migrant remittances is particularly interesting when one observes migrant ethnic groups that live in welfare states.⁹ There are two basic sources of data about migrant remittances. Macroeconomic analyses rely on balance-of-payment statistics, while microeconomic statistics are based on sample surveys. Balance-of-payment statistics are limited by the fact that they only contain recorded flows, and not every country is able to distinguish migrant remittances from other private transfers (Carling 2008). Although the IMF defines the concept of migrant remittances¹⁰ the concepts used in my paper require further explanation and will be provided in the following section.

My paper is designed to contribute to filling a gap in the knowledge and research about Hungarian migrant remittance practices. The empirical analysis described herein concerns the investments and developments that are attributable to remittance flows, and is intended to encourage further research into the subject. In the preceding decade, only one scientific article has been published in a Hungarian journal concerning this topic. This paper summarized the related literature and presented a statistical interpretation of Central-Eastern European remittances (see Rédei 2007). Although Rédei examined the effects of migrant remittances, she did not reflect specifically on Hungary but rather examined related international impacts. This current piece, therefore, is written to contribute to a better understanding of Hungarian migration and remittance practices, both at the theoretical and empirical level. In doing this, I explore the variables that relate to the remittances of qualified Hungarian labor migrants.

The following material is comprised of four main parts. In the following section I provide details about the theoretical background and literature about international migration flows and migrant remittances. I touch upon the theory of chain migration and cumulative causation. Afterwards, I summarize the methodology used in the research. In the fourth section I present my findings about the migrant remittance practices of the sample. I have divided this section into four main parts: a description

8 including foreign adoptions, foreign-born individuals with one Norwegian-born parent, Norwegian-born with one foreign-born parent, born abroad of Norwegian-born parents, and persons born in Norway of two foreign-born parents

9 In this article, when using the term 'welfare state', I refer to the Social-democratic (or Scandinavian) model of welfare state, as classified and defined by Esping-Andersen (1990).

10 "Remittances represent household income from foreign economies arising mainly from the temporary or permanent movement of people to those economies. Remittances include cash and noncash items that flow through formal channels, such as via electronic wire, or through informal channels, such as money or goods carried across borders." (IMF 2009: 272) Balance of Payments Manual, 6th edition.

of the characteristics of remittance-sending migrants, the role of networking and favors, the various ways remittances are used as investments in services and social ties, and finally, the further plans of emigrant health care workers. Finally, I provide my conclusions.

Theory

Review of the research question

In the paper I reveal the characteristics of migrant remittance practices and provide details about how Hungarian health personnel living in Norway invest the money they remit. First, I determine the factors that had the greatest impact on the observed group's remitting behavior and the factors that influenced the remitting patterns of the respondents. Then I present information about the uses of these flows. This refers to more than the precise spending patterns of beneficiary households or the effects on their microeconomic situation. My research questions were the following: 1) how do various investments made using migrant remittances sent by Hungarian health care workers contribute to the welfare of households and/or reduce the extent of household poverty?; and, 2) what are the prominent attributes of the affected social groups in relation to the remittance patterns? These questions could be easily applied to a large sample but due to the smaller sample size and methodological approach the present research is intended to demonstrate trends rather than provide clear answers. However, I first put incoming migrant remittances to Hungary in an international context by presenting some data.

International data about migrant remittances

The most accurate data about migrant remittances is contained in the Balance of Payment Statistics of the World Bank. The World Bank counts personal remittances from personal transfers and the compensation of employees.¹¹ According to the latest data available, in 2012 Hungary received 2.14 billion USD¹² of personal remittances, comprising 1.72% of the total GDP of the country in 2012 (World Bank 2014). This represents an increase of 0.06% compared to 2011. It can also be stated that in the last decade the highest annual amount of remittances to Hungary occurred in 2008 (2.51 billion USD) (see Figure 1). This amount followed steady increases in remittances

11 "Personal remittances comprise personal transfers and compensation of employees. Personal transfers consist of all current transfers in cash or in kind made or received by resident households to or from nonresident households. Personal transfers thus include all current transfers between resident and nonresident individuals. Compensation of employees refers to the income of border, seasonal, and other short-term workers who are employed in an economy where they are not resident and of residents employed by nonresident entities. Data are the sum of two items defined in the sixth edition of the IMF's Balance of Payments Manual: personal transfers and compensation of employees." (Source: <http://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT>)

12 Source: <http://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT/countries>

which continued until the beginning of the economic crisis. In comparison, I present data from neighboring countries (see Figure 2). Apart from with Hungary's western neighbors (Austria and Slovenia), remittances as a percentage of the total GDP of the neighboring countries are higher than for Hungary. Despite this fact, this comparison cannot be made without an additional comment about the World Bank ranking system. The neighboring states of Hungary are significantly different in terms of the size of their economies. Migrant remittance flows (as a percentage of GDP) in 2012 were 1.91% in Romania, 2.11% in the Slovak Republic, 2.43% in Croatia, 4.79% in Ukraine, and 7.37% in Serbia (see Figure 3). Some slight changes occurred in comparison to previous years: for instance, remittances to Slovenia, Croatia and the Slovak Republic constantly increased. However, the proportion of remittances is lower among countries with economies more developed than Hungary's (Austria 0.7%, Slovenia 1.42% and Poland 1.42%). The data indicate that the remittances of a country with a weaker economy are more visible as components of GDP, although the total amount of remittances depends on many other factors such as the number of emigrants, migration potential, destination countries, etc. With regard to these factors, Hungary's data are approximately average compared to its neighboring countries.

World Bank data also indicates that 4.86 billion USD was sent to migrants' countries of origin from Norway in 2012. This is the largest amount of money that was sent from any Nordic country (see Figure 4). Even though we do not have exact data about the proportion or amount of remittances from Norway to Hungary, it may be assumed that the gradually increasing presence of Hungarians will be having positive effects on the amounts sent.

Empirical research on Central and Eastern European migrant remittances

An EU-SILC database analysis from 2005 gives insight into the role of remittances in poverty reduction in Hungary and other Central and Eastern European countries (Poland, Czech Republic and Slovakia) (Giannetti et al. 2009). The research for which these data were collected was designed to explore the role of remittances in reducing inequalities and poverty, as well as the risk of social exclusion, and included a comparison of remittances with welfare transfers (such as child and housing benefits, etc.) to examine to what extent remittances reduce inequality. The results of the research showed that, although remittances and welfare transfers reduce the risk of poverty, the effects of social transfers are greater in every country. However, the study indicated that the impact of migrant remittances on poverty reduction in the observed Central and Eastern European countries is statistically significant. In the following section I briefly summarize some definitions and theories about migrant remittances.

Theories about migrant remittances

The literature differentiates between two types of remittances; economic and social remittances (Castles–Miller 2009). The term economic remittances is applied to the money transfers made by migrants to their countries of origin, while social remittances relates to acquired skills, habits, practices and attitudes which promote further development in the home country. According to Sørensen, by using the two different definitions of remittances we can understand migration “as a social process in which migrants are potent agents of economic, social, and political change” (Sørensen 2004:8). Further distinctions that are employed concerning the terms that are used for migrant remittances include *individual* and *collective* remittances. The latter signify that migrant associations or communities in the host country gather resources from their members in order to support educational or health-related facilities, or to finance infrastructure (Castles–Miller 2009).

Sometimes investments into material objects, such as the building of houses, have impacts beyond the manifestation of the buildings themselves. The reason for this is various forms of symbolism, such as the maintenance of the cultural roots of the family, or protection of the national and religious identity of the second generation. According to the findings of Marta Erdal (2012), the two major sources of motivation for the house construction in Pakistan of Pakistani immigrants to Norway are practical and symbolic (Erdal 2012). Although her interviewees mentioned that the constructions were used primarily for holidays and to support relatives, the act of house building as the “physical manifestation of the migrant’s connection with the homeland” was considered an additional factor. (ibid. 635)

The most commonly cited theory is connected with the names of Lucas and Stark who determined migrants’ motivations to remit (Lucas–Stark 1985) and connected it with the theory of the *new economics of labor migration*. The theory claims that households make decisions about the act of migrating which influence remittance behavior (Massey 1993). Lucas and Stark define three different types of motivation; *pure altruism*, *pure self-interest*, and *tempered altruism or enlightened self-interest*. Their findings showed that it is practically impossible to distinguish between altruism and self-interest and they highlight the fact that pure altruism does not fully explain migrant remittance practices.

Literature offers a different kind of typology. Tharmalingam distinguished five main categories of migrant remittances according to the theory of Transnational Social Spaces. The author carried out his research with Tamil and Somali immigrants that were living in Norway. His categories of remittances were family-oriented, politics-oriented, welfare-oriented, network-oriented and investment-oriented (Tharmalingam 2011). Furthermore, he defined the difference between the three types of reciprocity by observing the expectation migrants had that they would return and their moral commitment. The first form of remittance practice relates to

mutual expectations: when sending somebody abroad to live is a conscious economic act. The second form is linked to a moral commitment that expects nothing in return. This form supposes that the migrant is strongly attached to his or her family, who take the act of remitting for granted. When we speak about kinship relations we may regard this form of remittance as a type of investment. Remittance transfers maintain and strengthen family and reciprocal ties, even if the sender does not receive anything in return (Faist 2000). Finally, the altruistic mode contains neither moral commitment nor expectations of return (Tharmalingam 2011).

Another question emerges when studying remittance behavior: do individuals with a higher level of education remit more than unskilled workers? Recent research by Bollard and Rapoport which was designed to reveal the relationship between education and remittance behavior showed that migrants with a higher income remit more; the phenomenon is more strongly explained by the level of salary than the family situation (Bollard et al. 2009).

Migration chain and migration shell theories

Through observing migrant remittances and understanding the networking patterns of migrants both at home and in the host country some remarkable information may be derived. Because of this fact I briefly highlight the approach of *Network theory* to the perpetuation of migration. The theory observes how the costs and benefits of the migrant change according to their belonging to a network. According to network theory, when the network reaches a certain size the expansion of the network reduces the expense and risk of moving, which in turn increases the probability of migration; migration thus becomes self-perpetuating (Massey 1993). The concept of cumulative causation defined by Massey says that migratory flows become more likely in relation to increases in international movement (Massey 1990). Connected to the above-mentioned theory, Tilly draws attention to the significance of *trust networks* which can indicate a high level of solidarity between people who are connected to the network (Tilly 2007). Besides an intense level of attention, support and stronger ties on the part of the migrants, members contribute to maintaining long-distance migration flows through their specific business activities.

Sik asks why networks play such an important role in the process of international migration (Sik 2012). The answer can be found in the characteristics of the network that the market or state do not provide (ibid.137). On the one hand, interpersonal networks reduce expenses and risks while at the same time increasing trust, seemingly free of charge. They also help encourage the utilization and interpretation of information, and, of course, ease the integration process of the immigrant into the host country. Sik's conclusions regarding the migration shell differ from Massey's in two ways. Sik extends the meaning of the concept since he considers the migration shell to be much more of a conscious investment by the migrant, and he argues that

networks of potential migrants should also be considered as part of the migration shell (ibid. 156).

Features of the analysis

In my work I analyzed migrant remittances according to two main features: namely, through their type and use, and the motivation behind them. For the usage variable I distinguished between three main types: 1) services and human capital that is chiefly invested in services that promote development; 2) materialized investments (such as house construction or renovation, tangible assets, various other forms of investment); 3) symbolic remittances. While the first two categories of remittance relate to the strengthening of family ties and networking of the migrant, the latter kind is funneled into maintaining culture and values. The motivation for remitting is therefore defined through reference to these two groups.

Methodology

Sampling

I chose the interview method for my research. I conducted half-structured in-depth interviews with 13 dedicated Hungarian health care workers who are employed and living in Norway, and two Hungarian doctors currently living in Sweden and Finland. Regarding the results of the research, the two additional interviewees did not change the outcomes as they were employed under similar circumstances in a welfare state. Nevertheless, their participation contributed to the data. I found the interview method to be appropriate as the interviewees had broad scope to provide details about their living conditions and perceptions about living abroad. These details and pieces of information derived from personal stories allowed a deeper understanding of the research questions - deeper than would have been possible through use of a questionnaire. Certain sensitive topics, such as details about financial situations or plans for the future were generally shared without restraint. Therefore the selection of this method had positive effects on the validity of the research.

On the other hand, the reliability of the research is less due to the application of this method. I worked with a relatively small sample (15 respondents). The main reason for the small sample size was the considerable difficulty encountered in finding interviewees. Firstly, the interviewees I identified could not suggest other potential respondents in Norway, and secondly, in several cases people who would have been suitable interviewees did not agree to participate in the research. The opportunities were also limited by the fact that Norway is not the primary target country for Hungarian medical workers, which influences their number and accessibility. There

is no organized community of Hungarian medical workers in Norway where the research could have been publicized; interviewees had to be personally identified.

I searched for potential interviewees using two methods. Two social networking sites helped with the recruitment of some interviewees. This method turned out to be the less effective way as only two people volunteered to take part in the research when this method was employed. The other sampling technique used was the *snowball method*. Respondents suggested other potential respondents who they either knew personally from Hungary or Norway, or who they had never met but had heard about. Individual interviewees were able to suggest more than one future participant.

The interviews were either personally conducted or done via Skype. Considering that Norway is a geographically extensive country, the opportunity to reach the interviewees personally was not always available. In terms of methodology there were no significant differences between the two types of interviews. A personal tone often evolved quickly during Skype-meetings as well.

Composition of the sample

Regarding age, profession and origins the composition of the sample was very diverse. (see Table 1) The 15 interviewees were between 28 and 55 years old. One person was in their twenties, nine in their thirties, four in their forties, and one in their fifties. Omitting the two outlying values, the arithmetical mean of the years that the interviewees had spent in Norway was 5.2; the median of the total was 5. The number of years spent abroad had a great impact on the findings of the analysis. There were two interviewees who did not speak about migrant remittance practices, although those who had been living in Norway for longer did speak about these practices.

At the beginning of the sampling process a question arose concerning exactly who could be identified as a Hungarian health care worker. The sample contained 11 Hungarian emigrants from Hungary and four ethnic Hungarians from Transylvania, Romania. It is important to emphasize here that the ethnic Hungarian interviewees were working in nursing so the majority of the nurses in this sample were not Hungarians from Hungary. The ethnic Hungarians were of Romanian nationality when entering Norway, and according to official statistics they did not augment the Hungarian population of Hungarian origin. It is really important to distinguish between these two groups as their socioeconomic and cultural backgrounds are different in most cases. For my research I determined that the criteria 'being Hungarian' meant having a Hungarian identity and Hungarian mother tongue. The common features of the four Transylvanian interviewees were that they all graduated from nursing colleges and they were working in nursing and elderly care in Norway. Two of the nurses were blood relations and had known another of the interviewees

before moving to Norway. The three of them came to Norway without transiting Hungary, unlike the fourth care worker who moved to Norway after residing for a few years in Budapest. Since they all had strong feelings about being Hungarian, I did not question the legitimacy of their existence in the sample. All the nurses provided details about migrant remittances, although in their case the remittances were being made to Transylvania, Romania.

The sample included, by profession, eight doctors, six nurses and a pharmacist. Regarding where the doctors had been educated, five had received their diploma at PTE¹³, two at SOTE and one at DTE. Three Transylvanian nurses had graduated in Romania, and the fourth went to a Norwegian college. The doctors obtained their qualifying exams in various areas of specialty: there were family doctors, anesthesiologists, a neurosurgeon, a psychiatrist, an obstetrician-gynecologist, a traumatologist and a dentist. However, some doctors had to start a completely new course of vocational training in Norway.

The gender distribution was 4:11 in favor of women. The findings described in this paper have not necessarily been influenced by the fact that fewer interviewees were male. Norway is a strongly egalitarian country, where – as opposed to Hungary – there are no differences between the salaries of men and women employed in the same field. The extent of migrant remittances is influenced by several factors which have stronger effects than gender. These include the social status of the migrant and his or her family, their income, the numbers of years spent abroad and the number of family members who have emigrated. Data about the profession of the interviewees' parents was collected. From this we can see that care workers with college degrees tend to come from the lower-middle class. Nonetheless, there are blue-collar workers or simple mental workers among the parents of doctors as well. Later, we will see how much influence the family's financial situation has on the amount of remittances of those interviewed. It is also shown in the data that more highly educated parents received migrant remittances from children who had emigrated as well.

Interview topics

In the following I present details about the topics that were included in the course of the interviews. The interviews centered around three main areas, namely: 1) an examination of the migrant's walk of life; 2) migrant remittance practices; and, 3) attitudinal variables. The migrant 'walk of life' section touched upon the topics of demographic variables, the period prior to the migrant's emigration, the motives of the migrant, the move itself, the characteristics of the profession (domestic and foreign) and an examination of the professional and ethnic social networking of the individual. Concerning the topic of remittances, I asked about the motive for

13 University of Pécs, Medical School (PTE), Semmelweis University (SOTE), University of Debrecen (DTE)

remitting, the nature of the remittance, the frequency and the exact amount that the beneficiaries spent, as well as the target of the spending. I also inquired about potential social remittances as well as material ones. Finally, I asked questions about the migrant's future plans and the potential for them to return home. I found it important to talk about issues that provided an insight into the respondent's perceptions of the differences between the host and the receiving country.

Results

In the next section, I present the findings about migrant remittance practices. First, based on the sample I demonstrate some characteristics of willingness to remit. I show according to which parameters migrants remit and I provide details about those who did not mention this activity. Following this, I talk about the relationship between favors and chain migration. Finally, in the third section I describe the specific use of migrant remittances using a classification scheme which distinguishes between the following categories: 1) remittances invested in services and human capital; 2) materialized remittances; and, 3) symbolic remittances in practice. I also briefly discuss the future plans of the interviewees.

Who is not making remittances?

In order to understand remittance practices, one must understand the individual's ties to the motherland, family, and their main motivation for emigrating. Regarding the type of migration, two-thirds of the cases can be classified as *colonizing* migration, but *career*, *circular*, and *chain* migration have also occurred.¹⁴ Regarding the cause for migration, it is more difficult to classify the individuals, as dissimilar motives played a role in the decision. (see Table 2) The two reasons most commonly mentioned by interviewees were financial problems and the insecurity of the workplace in the home country. This was followed by personal attachment, emotional involvement and fear for the uncertain future of family and children. The state of the Hungarian health care system was clearly indicated as a push factor in the narratives, even if it was not always expressed explicitly. Two interviewees stated that they would never go back to work in Hungary because of the deteriorating situation of the Hungarian health care system. For methodological reasons I can also point out that a number of potential interviewees who categorically refused to participate in the research argued similarly. It is important to note that, among nurses and care workers (as

¹⁴ The literature distinguishes between at least five types of migration. These categories are based on "the extent to which migrants retain positions in the sending networks, and the degree to which the move is definitive" (Tilly 1991: 13). Colonizing migration means that migrants move to a territory where they did not live before. Coerced migration involves forced or obligatory departure. Circular migration signifies that the immigrant maintains social ties with the home community and frequently returns to the country of origin, for which he feels responsible. The way immigrants form kinship chains to prepare for the arrival of relatives is called chain migration. Finally, career migration denotes the seeking of transnational professional working opportunities.

opposed to doctors), no one mentioned the health care situation as a primary or even secondary motive for migration.

However, it is essential to analyze the circumstances of those who did not remit any money back home from Norway or the two other Nordic states. Five interviewees out of 15 (all doctors) stated that they had not sent home any money in the past. However, clarifying questions highlighted that these statements were not entirely true because financial assistance had been provided to family members or others. In the following, I examine the factors that explain the lack of willingness to send remittances.

One determining factor is the time spent abroad. Two interviewees who had been living in Norway for less than a year explained that they could not afford to send funds home until they had stabilized their financial situations. However, they were planning to send remittances in the future:

*"We regard ourselves and our earnings as the financial background of both our families. So if worst comes to worst, it'll be us who get behind them."*¹⁵ (Ágnes)

The other main arguments which were heard from interviewees was that "they [potential beneficiaries] did not ask", or "there was no need" for financial support. Several respondents explained that their families made a good living at home and were not struggling with financial problems. In my sample nurses did not mention this factor, but 5 doctors out of 8 stated that they did not send any money home. Since the primary beneficiaries were parents in the vast majority of cases, the most important factors that influenced the amount sent are demographic variables related to social status and occupation.

My results showed that expatriate children of parents from the middle or upper classes much less frequently sent home remittances than did the children of lower middle class parents. Consequently, the results of my sample did not correspond with the outcomes of Bollard and Rapoport's research which found that more educated individuals of a higher socioeconomic status remitted less. One reason can be found in the huge differences in salary between Norway and Hungary/Romania; namely, purchasing power parity. In 2012 the GNI per capita in Hungary was 20,710 USD, in Romania it was 16,860 USD, while in Norway it was 66,960 USD (World Bank Data 2014). Those who had relatively high standards of living in their country of origin probably had less grounds for remitting money to their families, as the offering of support to wealthy parents does not correspond with their social status. Some of the interviewees mentioned that they and their parents were doing well for themselves in their home countries: accordingly, asking for money or services from the emigrant relative would not fit the profile of the elevated social status. Moreover, the moral

¹⁵ "De úgy tekintünk magunkra és a keresetünkre, hogy ez az anyagi háttér mindkettőnk családja számára. Tehát ha beüt a krak, akkor mi leszünk azok, akik odaállunk mögójük." (Ágnes)

commitment to support the family through remittances is much lower or simply does not exist in well-off families. On the other hand, it is possible that interviewees of a higher social class preferred not to reveal their financial background and money-transferring practices and therefore they consciously evaded giving an answer. My observations indicate that interviewees from families of a lower social class spoke more frankly and naturally about money-related topics, financial problems or situations, while the others had a preference for avoiding the topic.

Interviewees who did not send money home rarely named financial problems as being reason for their migration. Instead, the state of the Hungarian health care system, the future prospects of their family and children and politically-related reasons were most commonly offered. It is important to remember that alongside the remittances that were acknowledged, significant transfers may be being made that remain unrevealed by the interview. Just as with official statistics, qualitative methods of inquiry allow respondents the possibility to conceal the truth; a phenomenon which may occur more frequently with respondents of higher social status. But how do the beneficiaries spend the money they receive in the home country, and how does it contribute to development?

Chain migration and favors

The phenomenon of chain migration is observable among Hungarian health workers employed in Norway. 11 of those interviewed out of the 15 reported that they had had some relatives already living and working abroad before their own migration to Norway. It is also noteworthy that almost half of the interviewees had close relatives at the time of the interview who were living in other foreign countries. This phenomenon was described by the interviewees themselves: “One causes the other.”¹⁶ Gizella summarized not only her own but also the story of other emigrant families of her acquaintance. She stated:

“Several people came to Norway through us: my brother, his former wife, his current wife. I believe that we did good to many, although it is not sure that the Norwegian state is glad. But all of them work, they pay tax to the Norwegian state.”¹⁷ (Irén)

This case shows that the theory of chain migration can be applied at the micro level as well as the macro since invitations from increasing numbers of family members who reside abroad make migration more probable. In encouraging emigration, besides family ties, having an amicable and collegial network also plays a role. According to my observations one can get specific help with employment abroad in two primary ways.

¹⁶ “Egyik hozza a másikat”. (Gizella)

¹⁷ “Általunk többen kijötttek Norvégiába. A testvérem, a volt felesége, a mostani felesége. Azt hiszem soknak jót csináltunk, bár a norvég állam nem biztos, hogy örül. De az összes dolgozik, adót fizet az államnak.” (Irén)

The first takes the rather informal form of favors, where experienced acquaintances provide information about a foreign social system and living circumstances and provide loans or temporary accommodation. However, a more practical way may also include help with planning the act of migration such as offering job opportunities, for instance. Here are two examples of informal help which describe conditions for migration:

“I didn’t call her [my sister-in-law], I rather kept her aware that here is an opportunity. I can’t decide instead of her, but I’m here, I can guarantee the circumstances.”¹⁸ (Sára)

“In October a friend of my husband’s came to find some job. And with him, his friend [came]. The latter received a job, but the friend of my husband didn’t because he left for home earlier. They lived at our place for free for two months; we hosted them and fed them.”¹⁹ (Leonóra)

In the sample 11 interviewees stated that since they have emigrated they have provided assistance to friends who were interested in the practical side of life abroad. In three cases job seekers have been successfully helped to enter a specific workplace by the interviewees; in four cases respondents managed to accommodate others. Inquiries through email were relatively frequently received by respondents, and loans were often mentioned as well (four times by interviewees). According to the theory of Sik, people who have gained information about living conditions abroad may be considered to be part of the migration shell (Sik 2012). Having knowledge about opportunities can have a great influence on an individual in decision-making about migration. Overall, one can see from the abovementioned cases that the theory of chain migration also seems to be confirmed at the micro level. The more informal relationships the migration-planning person has, the more information he or she will receive in the future which will facilitate the act of migration. This means that favors embedded in networks maintain and make further migration more probable. In many cases, migrants get to know both sides of this phenomenon.

The use of remittances

Table 3 illustrates the various services and materialized remittances that were most often mentioned in the narratives. I created a simple index from the data, considering that the items have the same strength. Obviously, services and materialized investments are not of the same value, thus the applicability of the indices is limited. Nonetheless, the table illustrates the differences and some trends in the remittance-sending activity of doctors and nurses.

¹⁸ “Én nem hívtam, inkább tartottam benne a lelket, hogy itt van a lehetőség. Én nem tudok dönteni helyette, de én itt vagyok, biztosítani tudom a körülményeket.” (Sára)

¹⁹ “Októberben a férjem egyik barátja jött ki munkát keresni. És vele egy barátja. Az utóbbi kapott munkát, (...) de a férjem barátja nem talált, mert előbb elment haza. Ők két hónapig ingyen laktak nálunk, elszállásoltuk őket, enni adtunk nekik.” (Leonóra)

Investments in services

From the various services, education, health care, family events, and occasional financial support were particularly often mentioned by the respondents. In the following I examine how these contributions contribute to the growth and well-being of the beneficiary families, and to what extent.

The data show that care workers are more likely than physicians to spend the remittances they make on fostering education (see Table 3). Three of the four nurses described such investments, and it turned out that often there was a very specific motivation for the decisions they made. Sára (a nurse) has been financing her sister-in-law's nursing college education for three years from Norway. This relation also works in the same Norwegian town. Previously, the same nurse financed the obtaining of a driving license for her nephew. She stated that remittances only make sense if they serve as investments:

“When one of them doesn't have a job, or they have financial problems for some reason, transferring them a certain amount is practically just temporary help. It does not help them in the long-term.”²⁰ (Sára)

Leonora, also a nurse, paid her sister's university fees for three years (600 NOK per month) and Zsuzsa, another nurse who was interviewed, contributed to the cost of a German language course for her son which provided him with greater chances on the Swiss labor market. In the cases of these family-oriented remittances we can see a strong moral commitment on the part of the sender. According to a theory proposed by Tharmalingam these acts cannot be considered to be altruistic since there are no expectations on the sender's side, except that the receiver should complete their education. Those relatives who did not spend money that was remitted on education generally did not have a potential beneficiary of an appropriate age or stage of life, or simply did not need financial support for education. Investing remittances in education did not occur among respondents whose parents were more highly educated (held university degrees), but it was common rather among nurses.

Accordingly, among the members of the lower social class, remittances that support education have a significant impact on social mobility. There are other examples of the facilitation of inter-generational mobility due to migrant remittances. This pattern may clearly be seen in the following cases: A migrant nurse, being a child of skilled worker parents, is able to cover her children's or nephew's college or university-expenses. They, in turn, will be thus more likely to achieve a higher level of education which surpasses that of their parents. Therefore, the *status attainment path model* (Duncan–Blau 1967) can be identified among the interviewees through the special characteristics that I observed in the narratives of the nurses. In my sample the husbands of the nurse interviewees had similar or rather lower

20 “Amikor valamelyiknek nincs épp munkahelye, vagy különböző okok miatt anyagi problémáik vannak, az hogy hazaküldök egy nagyobb összeget, gyakorlatilag csak egy ideiglenes segítség. Nem segít nekik hosszú távon.” (Sára)

levels of education than their wives. This is the reason why, in this model, taking into account the level of education of the mother, not the father, is more appropriate.

Financing of health care services and treatments through remittances was also mentioned. This form of contribution brought significant changes in the living standards of the families of the respondents. Although only 5 people mentioned such contributions, one of them specified the exact amount. In the case of Leonora, family members from three different countries financed her mother's treatment for cancer.

*"We send around 1000 NOK regularly. Her monthly medication costs 100 000 HUF; we pay for it more or less every third month. The father of my husband lives in Germany, the brother of my father-in-law is in the US, together we three pay this amount."*²¹ (Leonóra)

Interestingly, only one doctor specified that he financed health services through remittance money, while four nurses acknowledged that their remittances went for this purpose. Only one person's remittances concerned paying for 'prevention and recreational services' (in answer to the question who paid for his mother's swimming pass). However, many of the interviewees who had not sent anything home for this purpose were considering the impending health problems of their aging parents. Nevertheless, this example demonstrates that having a physical presence near to old and infirm parents is a less convenient solution than remitting from abroad:

*"When the time comes, it is much easier to pay somebody, I can better afford it rather than live next to them, suffering from problems, in addition to taking care of them."*²² (Sára)

The interviewees also alluded to family events like weddings, Christmas and PhD defenses abroad which would have been organized in a different way without external financial help. Due to the orientation of the remittance-sending activity, financing the above-mentioned services requires a solid moral commitment which can be linked to the second phase of Tharmalingam's theory. In addition, these events and services evoke a sense of safety and future prospects in a family that contribute to the general well-being of the household.

Materialized remittances

Mention of consumer goods in the context of remittances was not common. Interestingly, however, two items appeared in several narratives: dishwashers and washing machines. Mention of this equipment highlights the current status of the household in the narratives. For Zsuzsa, who had washed her clothes in a stream for decades, since her house was without plumbing, owning a washing machine and

21 "Körülbelül 1000 koronát küldünk rendszeresen. 100 ezer Ft az egy havi gyógyszere, ezt nagyjából háromhavonta mi fizetjük. A férjem apja Németországban él, az apósom tesója Amerikában, mi hárman fizetjük ezt az összeget." (Leonóra)

22 "Ha eljön annak az ideje, valakit megfizetni sokkal könnyebb, sokkal inkább megengedhetem magamnak, mintha ott élnék mellettük, problémákkal szenvednék, és ráadásul még rájuk is kéne vigyázzak." (Sára)

dishwasher was a clear sign of a rise in her standard of living. Irén said that her family was now living in Romania under similar circumstances to how she lived in Norway:

“Anytime we go home, we help them [the family]. We have already renovated the house two times where we live. They are living as we do here. So, a dishwasher, washing machine, everything can be found in that house.”²³ (Irén)

Nevertheless, ownership of consumer goods did not have special prestige for the sample, except for these items. Apart from two exceptions, those interviewees who mentioned migrant remittance activities also identified some form of material investment, such as renovating their own or their relatives’ houses, or covering public service expenses. Expenses that were mentioned include renovating houses, paying for services, paying bills and/or rent and paying for the installation of a thermostat or plumbing. In many cases beneficiaries would have faced serious problems if they had not received assistance from abroad:

“They don’t spend on luxury, but it facilitates their everyday life a bit. My parents divorced six months ago, my mother moved out, and I’m paying her rent and her overhead expenses.”²⁴ (Dani)

Among the answers, welfare products were not mentioned by respondents when speaking about the use of materialized remittances, but it appears that the relative well-being of respondents’ families has definitely increased due to the money that has been sent. We can find some examples of the poverty-reducing role of remittances; the following statement highlights a case of unexpected expenses occurring after a natural disaster struck:

“My mother lives alone as a pensioner, I’m not sure that she could have paid a huge amount by herself in order to have the house fixed. But it was totally destroyed. There were storms and hail. Accordingly it was necessary to have everything changed. At that time it was good that one could earn more.”²⁵ (Zsolt)

Lastly, I should briefly mention two cases where collective remittances were mentioned. In the first case the motivation was primarily religious. One respondent said that he had several times supported his former Christian communities, the Baptist Church in his hometown, and a youth group at his university. In the sample at least three interviewees were identified as being very religious but apart from the aforementioned example the others did not speak about supporting their churches.

23 “Ahányszor hazamegyünk, segítünk nekik. Már kétszer is felújítottuk a házat, ahol lakunk. Úgy élnek, mint itt. Tehát mosogatógép, mosógép, minden van abban a házban.” (Irén)

24 “Nem luxusra költök, hanem kicsit megkönnyítette a mindennapjaikat. Elváltak a szüleim fél éve, anyu elköltözött, és most az albérletét és rezsijét én fizetem.” (Dani)

25 “Anyukám egyedül él nyugdíjasként, nem biztos, hogy ki tudott volna fizetni egyedül milliós összeget ahhoz, hogy meg tudja csinálni a házat. Pedig teljesen tönkrement. Viharok voltak, meg jég, tehát szükség volt teljesen lecserelni. És akkor jó volt, hogy az ember itt jobban tud keresni.” (Zsolt)

The other individual had remitted only once to a community when her former college needed help to buy a piano. However, with the exception of these cases there were no more examples of the collective form of remittances. These examples approach altruism, even if some commitments were necessarily related to these institutions.

Accordingly, the material uses of the remittance flows of the sample did not include spending on welfare items; nevertheless, they had a poverty-reducing effect and increased the well-being of the recipients.

Symbolic remittances

Symbolic remittances might not seem to be related to welfare or poverty-reduction, although two examples show that they can be indirectly connected to both. The cases concerned two Transylvanian nurses. One interviewee, Zsuzsa, spoke at length about her house which was built in Transylvania. In her imagination this house would later serve the purpose of hosting guests during summer, or in other words, it would become a site for agro-tourism. The guests – mainly friends – would pay for their accommodation, but at a much lower price than they would at a local hotel. This act of building the house can be considered a materialized remittance since it involves a dwelling place. At the same time, it also represents an entrepreneurial investment as the family would receive some income from it. But we can also see that there may be another driver, which is the desire to share culture, natural beauty, and a rural atmosphere with friends from different countries. One cannot determine the intensity of the different forms of motivation, but it is sure that the purpose of the investment is more than purely material.

Similar ambitions were also identified in other cases. Irén had inherited an old castle in Transylvania that she wanted to transform into a guesthouse. The transformation would occur after her younger son had grown up, and when the family could finally move back home. She and her Norwegian husband intended to organize guided tours and hikes in the surrounding area, as well as host guests in the future hotel. The two cases differ from each other since Zsuzsa's plans exist only in theory, while Irén's husband has already organized trips to Romania with his travel agency. Nevertheless, both of them are motivated by the idea of sharing and transmitting values. Besides these goals, the investments would enable them to retain their identities and maintain their familial-ethnic sentiments and the established enterprises would contribute to the economic revival of their families.

Evaluation of changes in future prospects

I shall touch upon the topic of *social remittances* using only a few words. All of the physicians and nurses interviewed spoke about gaining professional skills or obtaining knowledge from which they could profit in the future, not only in the host country but at home as well. Almost all the doctors mentioned the desire to meet the professional challenge, a notion greater than simply becoming competent

at using the different systems of another country and learning another language. The Hungarian physicians who were employed in Norway said that they had to have much wider vocational competences than in their home country.

“Here [in Norway], I do many more things. Here, I plaster, suture, tailor, we provide gynecological treatment, we are pretty well otolaryngologists. If someone is snowed in, I may have to conduct a delivery. You have to use everything you know, everything that you studied at university.”²⁶ (Matild)

“The sky is the limit, what one can do, where one can send a patient.”²⁷ (Odette)

The respondents commented on the development of their experience in the field of specific treatments as well:

“Classic solutions, operations and procedures that we dealt with in Hungary are undertaken in a different way here, in the field. Often in a more effective, cheaper and better way.”²⁸ (Ferenc)

However, a dentist thought that her work was more challenging back home:

“In Hungary I could have carried out work requiring a much higher level of qualification. Patients had more opportunities too. Here, in Norway, people do not have such high demands.”²⁹ (Terka)

The question was whether all of this professional knowledge was capable of being exploited by the representative of the profession in the home environment. Interviewees doubted if the Hungarian health care system was capable of attitudinal changes in the near future under the present financial conditions.

The future plans of the interviewees were varied. Nine of them stated that they would not move back to Hungary in the foreseeable future (within 10 years). Among these there were a few who had been living in Norway for only a few years, but some of them had been living there for more than 10 years. Only three of them stated that they would move back to Hungary within 5-10 years although during the research period one doctor had already left Norway to restart his practice, partly in Hungary. Consequently, the potential for the return of the emigrant Hungarian health care workers in the sample appears to be low. This result may originate from the original marital status of the interviewees (who had arrived in Norway with a spouse),

26 “Itt sokkal több mindent csinállok. Itt gipszelek, varrok, szabok, nőgyógyászati kezelést végzünk, fül-orr-gégészek vagyunk jóformán. Ha behavazik, lehet, hogy szülést kell levezetnem. Mindent használni kell, amit tudsz, amit tanultál az egyetemen.” (Matild)

27 “Valahol a csillagos ég a határ, hogy az ember mit csinál, hova küldi az ember a betegeket.” (Odette)

28 “Azokat a klasszikus megoldásokat, műtéteket, vagy eljárásokat, amit Magyarországon megoldottunk, itt másképpen oldják meg a szakmában. Sokszor effektívebben, olcsóbban és jobban.” (Ferenc)

29 “Magyarországon sokkal kvalifikáltabb munkát végezhettem. A betegeknek is több lehetőségük volt. Itt Norvégiában nem igényesek az emberek.” (Terka)

the existence of well-established familial relations abroad (e.g. the emigration of the whole family, a local husband), and the important aforementioned living and working conditions.

Summary

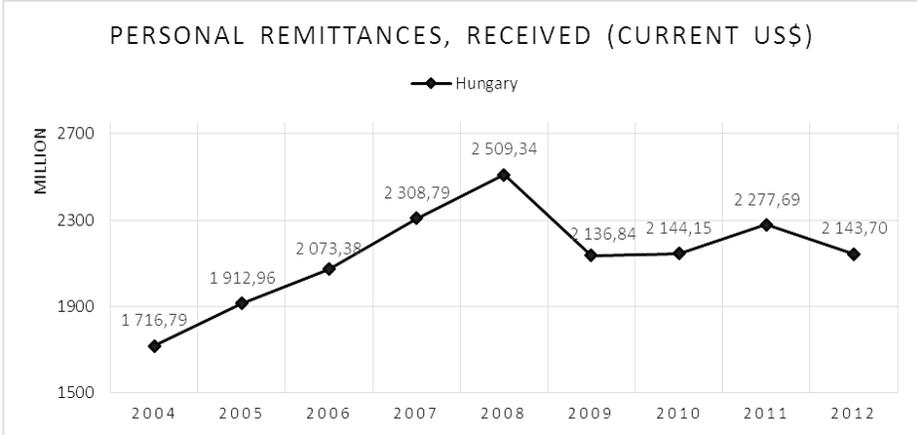
To sum up, in my paper I describe how I investigated Hungarian medical workers from different fields in order to get a deeper insight into the characteristics of migrant remittance practices. By revealing the different patterns and outcomes of these flows I observed whether remittances contribute to the welfare of the recipient family and whether they reduce poverty in other cases. The narratives of the interviewed medical workers confirm that remittances have significant effects on the living standards of the individual, particularly concerning improvements in social standing. One argument in support of this statement is that the above-mentioned patterns demonstrated that migrants from the lower-middle class invest much more of the money remitted on the education of their kin than people from the upper-middle class. On the whole it is important to note that lower-middle class people tended to speak about their remittance practices more frequently, thus I gained more information about them.

The interviewees had one characteristic in common that might have arisen partly due to their occupations and their original motivation for migration. This concerns the state of the Hungarian health care system. Their remittance practices were rather family-oriented; there was little evidence of network-oriented remittances. Collective remittances were mentioned only twice which suggests that remittances in most cases were aimed at supporting the closest members of the family. Investigation showed that those interviewees who had left their home countries because of professional rather than financial reasons sent home much less than others. Finally, it should be noted that the sample respondents did not refer to welfare-investments, but the well-being of the beneficiaries of remittances was reported to have demonstrably increased due to the investments in various services and materials.

Whether the remittances of Hungarian health care workers can compensate for the loss of human capital in the home country or not is difficult to answer. However, evidence suggests that physicians who emigrate can return to their home countries with a variety of newly-learned skills, significant professional experience, international networks and changed attitudes in some cases. Moreover, social remittances should always be considered when researching and describing migratory movements and remittance practices.

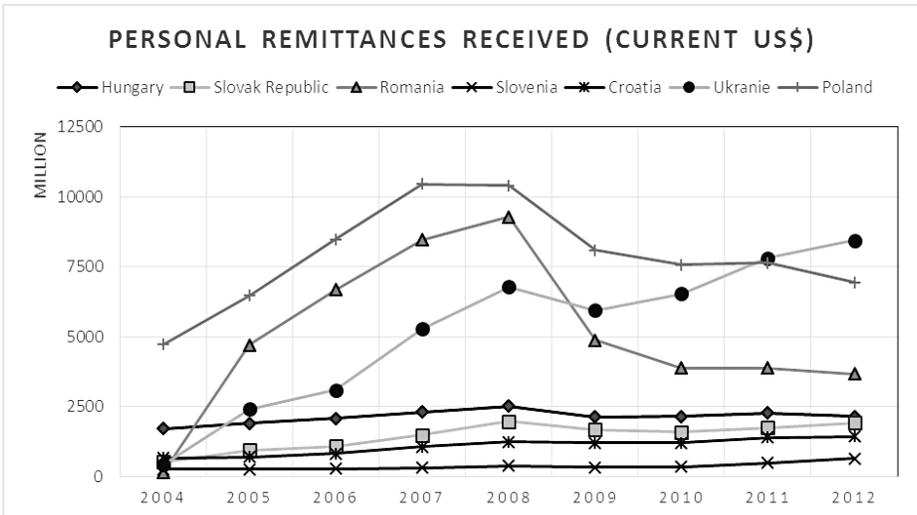
Tables and Figures

Figure 1: Amount of Personal Remittances in Hungary (current US\$)



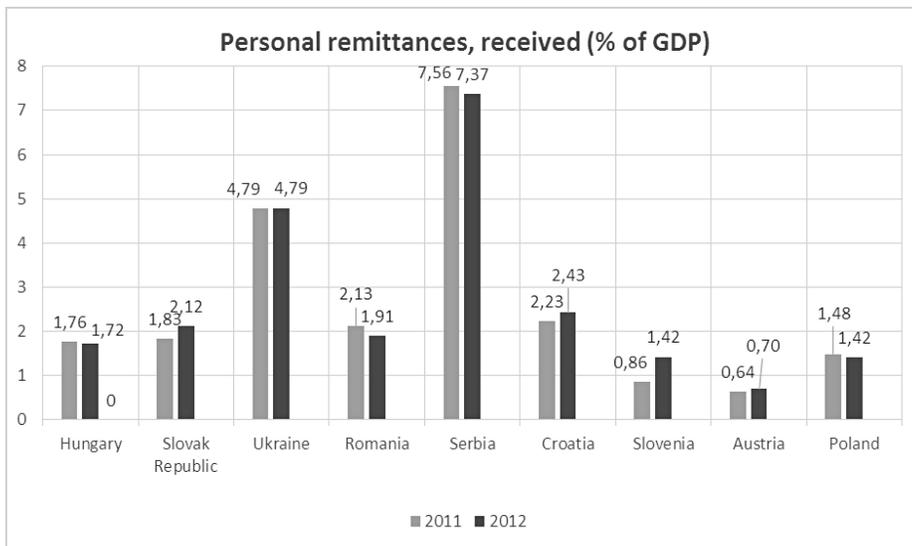
Source: World Bank 2014.

Figure 2: Personal Remittances by Central-Eastern and Eastern-European Countries (current US\$)



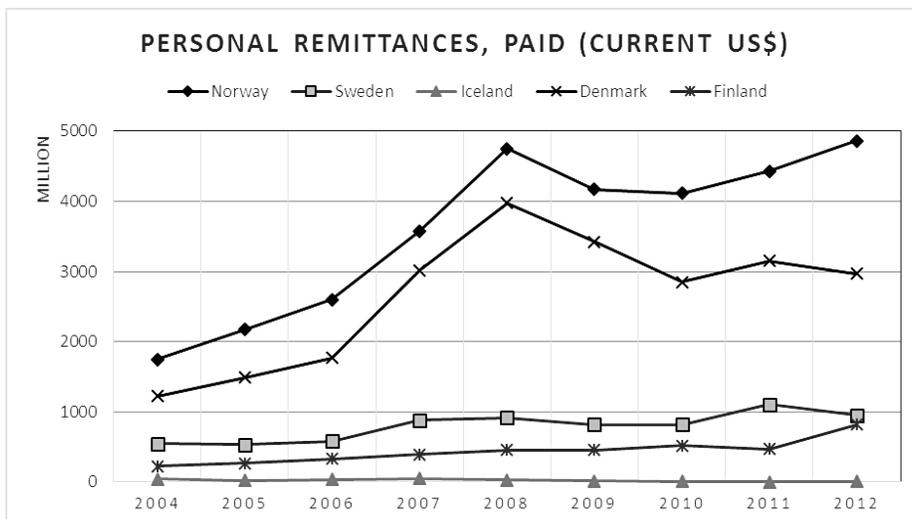
Source: World Bank Data 2014.

Figure 3: Proportion of Personal Remittances of GDP, Central-Eastern and Eastern-European Countries



Source: World Bank Data 2014.

Figure 4: Personal Remittances Paid by Nordic Countries (current US\$)



Source: World Bank Data 2014.

Table 1: Demographic Variables of the Interviewees. (* Ethnic Hungarian)

Demographic Variables					
Name	Gender	Age	Education	Current job	Father's Job
Care Workers					
Leonóra*	F	28	nurse (college)	care worker	turner
Gizella	F	55	social pedagogue	personal assistant	locksmith, foreman
Mária	F	35	social worker, social policy expert	care worker	cattle raiser skilled worker
Sára*	F	35	nurse (college)	helpdesk assistant	carpenter
Zsuzsa*	F	48	nurse (college)	care worker	
Irén*	F	47	nurse (college)	care worker	craftsman assistant, locksmith
Physicians					
Ágnes	F	35	Doctor of Medicine Master of Arts	emergency physician	mining engineer, university professor
Odette	F	42	Doctor of Medicine	family doctor	dairy industry overseer
Dani (SWE)	M	31	Doctor of Medicine	psychiatrist, psychotherapist	carpenter
Zsolt	M	34	Doctor of Medicine	family doctor	locksmith, technician
Matild	F	34	Doctor of Medicine	family doctor	carpenter
Krisztina (FIN)	F	33	PhD, Doctor of Medicine	neurosurgeon	engineer
Terka	F	31	Doctor of Dentistry	dentist	winemaker, craft engineer
Ferenc	M	45	Doctor of Medicine	obstetrician, gynecologist	doctor of medicine
Albert	M	35	pharmacist	pharmacist	pharmacist

Table 2: Interviewees' Basic Variables of Migration.

Basic Variables of Migration				
Name	Reasons	Type	Year of Arrival	Potential of Return
Care Workers				
Leonóra*	1, 2	1	2010	0
Gizella	2	2	2011	0
Mária	1, 2, 4	1	2008	2
Sára*	7	1	2000	0
Zsuzsa*	1	4	2010	3
Irén*	2 (5)	1	1993	2
Physicians				
Ágnes	1, 5, 4	1	2013	0
Odette	1, 4, 7	1	2008	2
Dani (SWE)	7	3	2007	2
Zsolt	1	1	2008	0
Matild	3	1	2013	0
Krisztina (FIN)	2	3	2006	4
Terka	4, 3 (5)	1	2008	0
Ferenc	3, 1 (7)	3	2007	1
Albert	1, 6, 7	1	2010	0

* Ethnic Hungarian

Reasons Mentioned for Moving to Norway	
1	Mainly financial problems
2	Personal reasons (marriage, family reunification)
3	Bad situation of Hungarian health care system
4	Uncertain future prospects
5	Political situation in the home country
6	Crisis, bankruptcy
7	Other (adventure, beauty of the landscape)

Type of Migration	
1	Colonizing
2	Chain
3	Career
4	Circular

Potential for Return	
0	not planned at all
1	planned in the next 1-4 years
2	planned in the next 5-10 years
3	circulating
4	planned for a shorter period in the future

Table 3: Remittance-sending Activity and Use of the Amount Received in the Home Country of the Interviewees

Name	Remittance activity (self-declared)	Type of Remittances					
		Financed Services			Materialized Remittances		
		Health care	Education	Visits	Gifts (sent to the country of origin)	Housing (overheads/bills/renovation)	Loans (taken out in the home country)
Care Workers							
Leonóra*	1	1	1	1	1	1	0
Gizella	1	0	0	0	1	1	1
Mária	1	1	0	1	0	0	1
Sára*	1	1	1	1	1	0	0
Zsuzsa*	1	0	1	1	0	1	0
Irén*	1	1	0	0	1	1	0
		67%	50%	67%	67%	67%	33%
Physicians							
Ágnes	0	0	0	0	1	0	1
Odette	1	0	1	1	0	1	0
Dani (SWE)	1	1	0	1	1	1	1
Zsolt	1	0	0	1	1	1	0
Matild	0	0	0	0	0	0	0
Krisztina (FIN)	0	0	0	1	1	0	0
Terka	0	0	0	1	1	0	0
Ferenc	0	0	0	1	1	0	1
Albert	1	0	0	1	1	1	1
		11%	11%	78%	78%	44%	44%

Source: own data and calculation.

Legend	
0	No
1	Yes

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