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Belarusian Medical Professionals in Emigration:

Identity, Integration, and Professional Adaptation in Poland, Lithuania, and Germany

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EXECUTIVE SUMMARY

This report analyses the processes of adaptation of Belarusian medical professionals who left the country after the events of 2020 and continue today their professional and social trajectories in exile. The study employs a mixed-methods approach, combining a survey (48 respondents) and semi-structured interviews (7 respondents). This approach allows the study to capture both macro-level trends and the internal mechanisms underlying adaptation in new conditions.

Context

After 2020, Belarusian medical professionals faced a high level of administrative and political pressure, which became a key driver of their forced emigration. At the initial stage of this process, this was further compounded by the COVID-19 pandemic. In this study, these factors are treated as the structural context for the analysis of adaptation.

According to international organisations, political pressure was exerted against medical workers, including dismissals, searches, threats, and forced psychiatric examinations.

As a result, a significant number of Belarusian medical professionals were forced to leave the country. Their departure does not constitute traditional labour migration; rather, it is driven by the need to preserve personal safety, professional ethics, and human dignity. This forced nature of emigration creates specific conditions for the analysis of adaptation.

Methodology

The study is based on a mixed-methods approach. The survey was conducted in October 2025 and collected responses from 48 Belarusian medical professionals who had emigrated. They reside in Poland, Lithuania, and Germany; however, the geographical distribution is treated as a characteristic of the sample rather than an analytical basis. The study focuses on general mechanisms of adaptation rather than cross-country comparison (which would require a substantially larger sample).

The second stage consisted of interviews. Seven semi-structured interviews (4 men, 3 women) were conducted in Russian in November 2025. In order to ensure maximum anonymity, we deliberately did not record the country of current residence as a separate variable. Even where the country is mentioned or can be inferred from partisipants' responses, this information is not used for cross-country comparisons.

The thematic blocks included: the decision to leave, degree of preparedness, professional adaptation, family and social changes, and internal transformations. Transcripts were processed using thematic coding. Triangulation ensured the consistency of findings across both stages.

Key Findings

1. Politically forced nature of emigration

   The majority of medical professionals left Belarus due to threats, persecution, or the impossibility of working in accordance with professional ethics. For many, relocation was not a choice but a necessity. This resulted a high level of emotional tension and vulnerability at the early stages of adaptation. Survey responses indicate a prevailing conviction that a return to Belarus is impossible in the near future.

2. Structural unpredictability and the "spontaneity" of departure

   A large proportion of respondents describe their departure as rapid or unprepared. Interviews show that this spontaneity resulted from the accelerated deterioration of conditions in Belarus and a lack of clear information about opportunities for legal and professional integration abroad. Thus, this was not psychological impulsiveness but a structural inability to plan.

3. Nostrification as a central institutional barrier

   According to the survey, the greatest challenge for medical professionals was the nostrification of diplomas. This is confirmed by interviews that describe difficulties in obtaining documents from Belarus, lack of transparency of procedures, lengthy timelines, and high emotional and financial costs. During the nostrification period, many respondents effectively lose their professional status, creating a sense of disqualification. However, after obtaining the right to practise, confidence and professional agency are restored.

4. The important role of Belarusian communities and informal networks

   Institutional support exists in host countries, but it is insufficient for effective navigation of complex procedures. Interviews show that Belarusian diaspora chats, mutual-assistance groups, and professional communities become a key source of information, consultation, and psychological support. In many cases, they substitute for formal support mechanisms.

5. Professional identity and its transformation

   Relocation initially leads to a temporary "disruption" of the professional role: medical professionals experience loss of status, confidence, and social visibility. However, after successful entry into the new healthcare system, professional identity is restored. At the same time, Belarusian cultural and professional belonging is maintained through networks and ethical standards.

6. Future outlook and hybrid strategies

   Most respondents do not plan to return to Belarus under the current regime but leave this possibility open in the event of political change. Professionally, the dominant orientation is towards consolidation in the country of residence, combined with conditional openness to return.

Conclusion

The adaptation of Belarusian medical professionals in exile is a complex process shaped by political causes of departure, institutional barriers, emotional challenges, and community support intersect. Despite sample limitations, the study identifies stable mechanisms of adaptation that are crucial for understanding the needs of this professional group.

The report emphasises the need for:

- increased transparency in nostrification procedures,
- institutional support for diaspora initiatives,
- development of specialised adaptation programmes for medical professionals in exile,
- recognition of the psychological burden associated with forced relocation at the institutional and policy levels.

The study contributes to a deeper understanding of the experience of Belarusian medical professionals in exile and provides a foundation for further academic and policy initiatives.

INTRODUCTION AND CONTEXT

Following the events of 2020, medical professionals in Belarus emerged as one of the most vulnerable professional groups. Medical workers who adhered to professional ethics, documented injuries sustained by victims, refused to sign falsified documents, or expressed professional disagreement or civic views faced various forms of pressure. According to statements and analyses by international organisations, including Amnesty International[1] and the Office of the United Nations High Commissioner for Human Rights (OHCHR)[2], medical personnel were subjected to disciplinary measures, threats, dismissals, searches, and even forced psychiatric examinations of a clearly political nature. International reports also document politically motivated persecution of medical professionals for expressing opinions, participating in protests, and refusing to comply with demands that contradict professional ethics.

Further evidence of deteriorating working conditions and increasing professional risks can be found in communications by Belarusian professional initiatives, which after 2020 focused on documenting violations of medical workers' rights and the growing politicisation of the healthcare system. These materials do not provide a systematic account of all cases of persecution but indirectly confirm a broader trend of increasing pressure on the medical community, aligning with the conclusions of international human rights organisations.

International and Belarusian media also recorded the vulnerability of medical workers even prior to the political crisis, which allows for a better understanding of the broader systemic background[3]. The Belarusian healthcare system already exhibited elements of internal instability and insufficient protection for workers, which became an additional precondition for the subsequent escalation of pressure.

Taken together, these sources confirm that after 2020 Belarusian medical professionals found themselves in a situation where adherence to professional standards and moral obligations became associated with significant risks. For many, emigration became a necessity aimed at preserving professional ethics, humanitarian principles, and personal safety. This is not conventional labour migration; rather, it is a response to political and institutional pressure accompanied by psychological trauma and the loss of professional stability[4].

Poland, Lithuania, and Germany became the most frequent destinations for Belarusian medical professionals, reflecting not so much the attractiveness of these countries as the availability of practical evacuation channels and the possibility of subsequently restoring professional practice. However, the integration process proved to be highly complex. Among the main barriers, respondents identified a lack of transparent information on nostrification, difficulties with legalisation, cultural differences, language barriers, and emotional instability associated with persecution and forced departure.

In this context, the present study aims to provide a comprehensive analysis of the adaptation of Belarusian medical professionals to new living and working conditions, the transformation of their social and professional roles, the effectiveness of institutional and diaspora-based support mechanisms, and their experiences of restoring professional identity in exile.

1. Amnesty International, Belarus, crackdown on medics: «Do you want one of your children to disappear?», January 2021, (03.12.2025).

2. OHCHR. «Belarus: Experts Alarmed at Reports of Coercive Psychiatric Treatment as Punishment for Political Dissent.» Press release, 24 April 2025. (24.10.2025).

3. BBC News, Нападения на врачей: белорусские медики о происходящем в стран, (13.08.2020); RFI, «Это медицина катастроф» – медики Беларуси вышли на акции против насилия силовиков, (15.08.2020); Reformation, Более 1300 медиков подписали открытое письмо против насилия, (23.10.2020); Настоящее время, Репрессии и онлайн-консультации: как белорусские врачи объединились, чтобы помогать пациентам и друг другу, (15.11.2021).

4. Delfi, «Еще в Минске мы понимали, что уезжаем навсегда». Легко ли врачу из Беларуси получить право на работу в Литве и Украине?, (30.11.2022); Наша Ніва, «Поликлиника ждала нового травматолога, а тот исчез». Сколько медиков уехало из Беларуси?, (12.11.2023); VITRINA, «Эмиграция стала единственным шансом сохранить себя как врача». История беларуса, который сменил беларускую больницу на польскую клинику, (11.10.2025).

RESEARCH METHODOLOGY

The choice of research methodology was determined by the study's objectives and two key factors:

1. The absence of precise statistical data on both the number of doctors who have emigrated from Belarus and the number of citizens of the Republic of Belarus employed in the medical sector abroad.

On the Belarusian side, such statistics, if collected at all, are not publicly available. European statistical reports are typically published with a delay and provide only highly aggregated information. For example, publications by the Polish Central Statistical Office distinguish only Ukrainian citizens among foreign nationals: in 2023, 19.1 thousand Ukrainian citizens and 6.1 thousand other nationals were employed in healthcare and social assistance, where one may assume that Belarusian citizens may constitute a substantial share[5]. Other publications provide data on the number of work permits issued to Belarusian citizens by sector; however, this does not allow verification of how many actually work in the Polish healthcare system, as employment based on a work permit is only one of several legal pathways to professional practice in Poland[6]. A similar situation can be observed in other EU countries. For this reason, the general population in this study remains unknown and cannot be formally defined.

2. The combination of traumatic migration experience, which individuals are not always willing to share with researchers, and the specific characteristics of the medical profession, which is marked by a degree of professional closedness vis-à-vis society.

An additional assumption was that most Belarusian doctors relocate to the same countries as the Belarusian population more broadly, namely Poland, Lithuania, and Germany[7]. Accordingly, these countries were identified as the primary locations for recruiting respondents.

In light of these considerations, we employed convenience and snowball sampling, which are commonly used to collect data from hard-to-reach or dispersed populations. This approach allows the inclusion of members of the target group but does not guarantee formal representativeness of the results for the entire population of Belarusian medical professionals in emigration.

During the first stage (from 16 October to 31 October), data were collected through a survey. The instrument was an anonymous online questionnaire developed using Google Forms. The questionnaire included the following components:

a) closed-ended questions (single- and multiple-choice questions, Likert scales[8]),

b) open-ended questions for qualitative analysis.

The questions were structured into four thematic blocks: emigration and ties with the home country, professional adaptation, social integration, and identity.

On average, completion of the questionnaire took approximately 20 minutes.

A minimum sample size of 40 respondents was planned, recruitment was conducted through:

a) professional diaspora communities and associations of Belarusian medical professionals;

b) personal contacts and snowball sampling, whereby participants shared information about the survey with colleagues.

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5. GUS. Cudzoziemcy wykonujący pracę w Polsce w 2023 r., (11.06.2024).

6. Пар. Raport *Migracje Białorusinów do Polski i Unii Europiejskiej. Krajobraz po sierpniu 2020 r.*, O. Chmiel, P. Kaźmierkiewicz, K. Sauka, A. Kulesa (red.), Warszawa 2021, s. 40.

7. Eurostat, URL Statistics | Eurostat (31.10.2025).

8. In the study, we used 5-point and 10-point scales. When interpreting the latter, scores from 1 to 3 were classified as indicating a low level of agreement, while scores from 8 to 10 were classified as indicating a high level of agreement.

Only individuals who had worked as doctors in the Republic of Belarus for at least one year prior to emigration were eligible to participate. Respondents were identified through a unique account linked to an email address. In cases where multiple responses were submitted from the same account, only the most recent submission was retained for analysis.

During the second stage, semi-structured interviews were conducted. Seven interviews were planned within the project and were conducted as intended (4 men and 3 women). This allowed for a deeper understanding of the personal, emotional, and professional aspects of adaptation among Belarusian medical professionals in exile.

The interviews were conducted between 1 and 9 November 2025 in Russian — the language most comfortable for all participants — in line with the ethical principle of minimising barriers for vulnerable groups.

To ensure maximum anonymity, the country of current residence was deliberately not recorded as a separate variable. Even when mentioned in participants' narratives, this information was not used for cross-country comparisons. This decision was driven by the high level of risk faced by Belarusian medical professionals in exile and the potential for identifying individuals through combinations of professional, gender, and contextual characteristics.

Recruitment of interview participants followed the same logic as the survey, using snowball sampling and professional contacts among Belarusian medical professionals in exile. Some interviews were conducted online, while others were conducted face-to-face. Given the principle of anonymity, it is possible that some interview participants also completed the questionnaire.

The interview guide was structured around seven thematic blocks defined in advance:

- decision to leave;
- spontaneity or preparedness of relocation;
- changes in professional role;
- family and everyday life transformations;
- motives for choosing the destination country (without specifying the country);
- professional adaptation;
- internal personal changes

All interviews were transcribed using secure digital tools, and data were stored in an encrypted environment (Proton Drive) in full compliance with ethical requirements for research involving vulnerable groups.

Analytical Approaches and Data Processing

The research context required a mixed-methods approach that combined quantitative and qualitative analysis of survey data and semi-structured interviews with an examination of available official materials (reports and statistics) and media publications. This approach allows not only the identification of general trends but also the analysis of the mechanisms underlying them. Moreover, a mixed-methods approach is particularly appropriate for studying migrant groups in which open discussion of traumatic experiences may be limited.

Quantitative and qualitative analyses of the survey data included descriptive statistics and an examination of response distributions across key metrics: preparedness for relocation, institutional barriers, professional and family transformations, availability of support, and overall satisfaction with the integration process.

Analysis of data collected through semi-structured interviews helped to clarify and deepen specific aspects of the findings. Thematic coding was employed: the texts were read repeatedly, and key categories were identified (linguistic, institutional, and emotional barriers; forms of support; changes in professional identity; role dynamics). The codes were developed based on shared observations by the two researchers and refined as the analysis progressed. This procedure enabled the systematisation of the main interpretative patterns and the identification of recurring structures of meaning.

Triangulation

The study applied methodological triangulation to compare survey results with findings from semi-structured interviews. This approach enabled the integration of a “broad overview” (general trends identified through the survey) with “in-depth mechanisms” (detailed explanations emerging from the interviews).

Triangulation proved particularly useful in cases where the survey identified a general problem (such as nostrification, difficulties with language adaptation, or reliance on informal networks), while interviews allowed for the reconstruction of specific situations, motivations, and strategies underlying these findings.

Thus, triangulation enhanced the robustness of the conclusions and helped to distinguish individual cases from stable patterns.

Ethical Aspects

At the start of the survey, participants were informed about the purpose of the study, the conditions under which their responses would be used, and their right to refrain from answering questions they might perceive as sensitive. All interview participants provided informed oral consent. No data enabling personal identification were collected. To protect anonymity, participants were given the option not to indicate their country of residence, and even when such information appeared in responses, it was not used for cross-country comparisons.

All collected data were stored in a secure environment, and the research process complied with ethical standards commonly applied in studies involving vulnerable groups and risks related to political persecution.

Interview questions were formulated in a gender-neutral manner, and participants were given full freedom to decline to answer questions that might cause emotional discomfort or relate to sensitive aspects of personal experience.

Study Limitations

Given that the actual number of Belarusian doctors who have emigrated is unknown and that the sample was non-formalised, the study’s findings reflect trends and characteristic features of the surveyed group but cannot be extrapolated to the entire potential population with statistical precision. Nevertheless, the data provide valuable insight into the general problems, motivations, and needs of this group.

An additional limitation is the absence of geographic attribution for interview participants, a measure introduced to protect their anonymity. This limits the possibility of cross-country comparisons but does not affect the analytical focus of the study, which centres on general mechanisms of adaptation among Belarusian medical professionals in exile.

GENERAL CHARACTERISTICS OF THE SAMPLE

The study includes two groups of participants:

1. survey participants,
2. participants in semi-structured interviews.

Both groups represent the same socio-professional segment: Belarusian medical professionals who predominantly left Belarus after 2020 due to threats to personal safety, deteriorating working conditions, or limited opportunities for professional development. For comparative purposes, several respondents who emigrated prior to 2020 — primarily for economic reasons — were also included. These participants underwent nostrification under standard conditions, without the facilitated procedures introduced during the COVID-19 pandemic.

Survey Sample. The survey targeted Belarusian medical professionals who, after 2020, resided in or were undergoing professional integration in Poland, Germany, and Lithuania. The geographical focus of the sample was defined at the design stage, as these countries constitute the primary destinations for Belarusian medical professionals in the region.

The survey included 48 participants representing various medical specialties and levels of professional training. Participants were at different stages of adaptation—from the initial phase of nostrification to partially or fully integrated employment in medical institutions.

The interview sample corresponded to the survey sample in its main characteristics. Due to safety considerations, risks of identification, and the small sample size, participants were asked not to indicate their country of residence; even when such information emerged during interviews, it was not used in the analysis.

Taken together, the two components of the sample provide both a quantitative overview of general adaptation trends and an in-depth understanding of individual mechanisms, enabling the full implementation of a mixed-methods research design.

Based on the processed questionnaires, responses from 48 respondents were included in the analysis.

By gender: 52.1% men and 47.9% women.

By age: 16.7% were under 30 years; 60.4% were aged 31–46 years; and 22.9% were aged 46 years and older.

According to Belstat data as of early 2025, among practising doctors in Belarus, 72.8% were women and 27.2% were men. The average age of a practising doctor was 42.5 years[9]. Compared to these figures, the proportion of men in the sample is higher, and the average age is slightly lower than the national average in Belarus.

One quarter of respondents live alone; 64.6% live with a spouse; 10.4% live with a partner.

More than half of respondents have children, with 41.7% living with them. In 45.8% of cases, respondents do not have children.

By country of residence, 75% of respondents resided in Poland, 12.5% in Germany, 8.3% in Lithuania, and 4.2% in another EU country, with initial legalisation having taken place in Germany.

According to informal observations, despite the anonymous nature of the survey, refusal to participate was estimated at no less than 30%. In addition, approximately 15% of participants discontinued the survey after starting the questionnaire. These figures are based exclusively on informal communication. The questionnaire could be submitted only after all mandatory questions had been completed. Notably, among the 48 respondents, only 16 used email accounts containing elements of personal information in the account name.

9. БелТА, Белстат подсчитал, сколько врачей в Беларуси, (11.06.2025).

SURVEY RESULTS

Emigration and Ties with the Home Country

At the initial stage, we examined several aspects related to emigration. The majority of respondents (60.4%) left the country 1–3 years ago, following the onset of Russia's aggression against Ukraine. Based on qualitative accounts, a significant proportion of respondents expressed hope for rapid political change or, at minimum, an end to repression. To a lesser extent, there were expectations of a certain "immunity" in the context of the ongoing epidemic. Almost one third of respondents (29.2%) left as a direct result of the events of 2020. A total of 6.3% left the country prior to 2020, while another 4.2% emigrated within the past year. All those who left recently chose Poland as their destination country. This choice can be attributed to linguistic and cultural proximity, as well as to the presence of a relatively large community of compatriot colleagues capable of providing support during the adaptation process.

The distribution of responses to the question "What was the main reason for emigration?" is presented below.

Table 1: Reasons for emigration

Political persecution	39,6%
Concerns for personal safety (safety of family)	31,2%
Desire for professional development and higher income	16,7%
Job invitation from the host side	4,2%
Other	6,3%
Preferred not to answer	2,1%

More than two thirds of respondents identified political factors as the primary reason for emigration. This finding supports the interpretation of migration as forced rather than driven by structural dynamics of the global labour market.

More than half of respondents (54.2%) reported that the decision to relocate was taken spontaneously, without thorough prior preparation. The remaining respondents reported planning their relocation in advance. Notably, this pattern was also observed among individuals who left for political reasons.

The clear majority of respondents (72.9%) stated that they do not visit Belarus at all after emigration. This closely aligns with the group that cited political reasons for relocation.

Continued ties with the country of origin may be reflected in continued interest in events taking place there. Respondents were asked whether they follow medical news from Belarus through any channels, ranging from official sources to informal professional communication Of these respondents, 29.2% reported following such news regularly, while 41.7% did so periodically. A total of 8.3% do not follow developments at all. The remaining respondents reported paying attention only when major events attract broader public attention.

From the perspective of the future development of the Belarusian healthcare system, the outlook of doctors in emigration is of particular importance. In the questionnaire, this question was placed at the very end to allow respondents to consider it reflectively. As a result, 48% reported plans to build their careers outside Belarus and did not consider returning. Another 33.3% stated that they would consider r returning only in the event of a highly favourable offer. Readiness to return as soon as the situation changes was expressed by 10.4%, although it is likely

that this figure will not increase as integration progresses. A total of 8.3% reported that they had not yet defined their personal strategy. From this perspective, the outlook for Belarus appears rather pessimistic. Some of the underlying reasons for this assessment are discussed below.

Overall, the findings indicate that Belarusian doctors entered emigration predominantly for political reasons and, as a result, exhibit a high degree of disengagement from their home country, which may in turn function as a motivating factor for integration into the host environment.

Professional Adaptation

The medical profession is widely classified as a shortage occupation in many countries (Polish: *zawód deficytowy*) and requires a very high level of professional competence[10]. For this reason, in countries such as Poland, medical professionals may begin working in the healthcare sector even prior to the formal nostrification of their diploma. At the time of the survey, 75% of respondents were employed, with the majority (66.7% of the total sample) working in the position of doctor, and the remainder occupying positions of mid-level or junior medical staff. In terms of employment settings, 47.9% of respondents work exclusively in public healthcare institutions, 20.8% exclusively in a private one, and 4.2% were engaged in private practice. Only one respondent reported neither working nor intending to work in the medical profession. A total of 14.6% were at the stage of education or retraining, while 8.3% were actively seeking employment in their field. These findings suggest that the complexity and duration of medical training, combined with sustained global demand for doctors, discourage Belarusian doctors in emigration from leaving the profession.

The proportion of those currently working as doctors fully coincides with the share of respondents whose diplomas have already been recognised in the country of residence (66.7%). An additional 27.1% were at various stages of diploma recognition process. The survey did not identify any cases in which diploma recognition had been denied.

The nostrification process in EU countries is highly bureaucratic. In addition, during the COVID-19 pandemic, temporary simplified procedures were introduced to mitigate staffing shortages in national healthcare systems. As a result, respondents, depending on the timing of their emigration, found themselves on different tracks and experienced somewhat different pathways of professional adaptation.

Respondents were asked[11] to assess the degree of difficulty and clarity of nostrification systems in their countries of residence. The average score was slightly below 7, indicating that the process was perceived as complex and confusing. Overall, 54.2% of respondents assessed the process in this manner, while only 8.4% reported no significant difficulties.

The main bottleneck in the nostrification process was identified as the inability to collect and submit all required documents (68.8%). Two key factors complicate this process: delays or refusals by Belarusian medical universities to provide required documentation, and the inability of respondents to travel to Belarus in person to resolve these issues.

The qualification examination was identified as the second most significant obstacle, with 50% of respondents describing it as excessively difficult. Those who had already taken it assessed its difficulty at 8.0 out of 10. This assessment reflects not only the breadth of topics covered and language barriers, but also differences in the organisation of national healthcare systems, as medical training in Belarus focuses primarily on the domestic system. One third of respondents noted a lack of understanding of the sequence of nostrification procedures. This is the only issue that can be directly addressed through measures such as expanding of informational guides and developing specialised resources. Examples of such resources include guides published by the Belarusian Medical Solidarity Foundation for Poland, Lithuania, Sweden, the Czech Republic, and the United Kingdom[12].

10. K. Dębkowska, U. Kłosiewicz-Górecka, A. Szymańska, A. Wejt-Knyżewska, K. Zybertowicz, Wykwalifikowani cudzoziemcy w Polsce – scenariusze zatrudniania w perspektywie 2035 r., Policy Paper, nr 1, Polski Instytut Ekonomiczny, Warszawa 2024, s. 17–18.

11. Here and in subsequent sections, a 10-point scale was used for evaluative questions.

12. ByMedSol, Гайды по легализации (01.12.2025).

In addition, 22.9% of respondents reported unfriendly attitudes on the part of officials, while 10.4% cited frequent legislative changes and a further 10.4% noted resistance from colleagues who were citizens of the host country.

The data show that an overwhelming majority of respondents (81.3%) sought advice or other assistance during the nostrification process from Belarusian colleagues who had already completed or were undergoing the same procedures. This finding indicates that informal professional solidarity among Belarusian medical professionals operates in practice. Slightly more than one third (35.4%) sought assistance from colleagues of other (non-Belarusian) citizenship. A total of 20.8% used the services of lawyers or consultants affiliated with Belarusian diaspora organisations. Only 8.3% respondents attended state consultations, and the equal share consulted private lawyers or consultants.

Belarusian doctors in emigration generally report a high level of confidence in their professional knowledge and skills. In response to the question "Are your medical knowledge and skills sufficient to work in your profession in the country of residence?", 62.6% answered affirmatively, while the remainder assessed their level as satisfactory or average; no one suggested that their knowledge was insufficient. Similarly, no respondents reported frequently feeling unable to cope with their professional duties.

One source of confidence may be the similarity of medical practices. However, the survey showed that only 20.8% of respondents perceive such similarity, while 6.3% consider practices to be completely different. Follow-up interviews indicated that Belarus is characterised by a gap between formal medical protocols, which are largely similar across EU countries, and actual clinical practice, shaped by the capacities and equipment of healthcare institutions. In emigration, this gap appears less pronounced, which helps to contextualise these responses.

The work of a doctor almost always involves verbal interaction with patients. To perform professional duties at a high level, it is necessary to possess not only medical terminology in the language of the host country, but also everyday communication skills. In this area, respondents' self-assessments were more reserved. A total of 45.8% reported full confidence, while 6.3% assessed their language proficiency insufficient. Further analysis showed that this group largely overlaps with respondents who relocated within the past year and with those who do not plan to work in the medical profession and therefore do not invest in learning professional language skills. Overall, 37.5% experience a language barrier at work constantly or fairly often, and 27.1% in everyday life, which generally indicates rather successful adaptation and integration.

Belarusian doctors expressed limited enthusiasm regarding the organisation of the healthcare system in the host country. This reflects both the level of organisation of healthcare in Belarus and the fact that medicine everywhere faces operational difficulties. A total of 70.8% assessed the system in their new location as satisfactory, while 25% rated it as high.

The shortage of medical personnel in Belarus has not been accompanied by significant increases in salaries for healthcare workers. Those wishing to earn more must take on more shifts, work more than a full-time equivalent, and combine employment across multiple workplaces. All of this leads to fatigue and affects the quality of services provided[13]. A total of 45.8% of respondents agreed that work intensity in the host country is lower than in Belarus. A further 27.1% considered work intensity to be approximately the same, while another 27.1% perceived it as higher.

More than half of respondents (55.5%) stated that they are fully satisfied with their work in the host country. Only 8.4% reported dissatisfaction.

Respondents were also asked about the relationship between work intensity and income. More than two thirds confidently stated that their income has increased compared to Belarus. In 33.3% of cases, this income increase occurred alongside a reduction in work intensity. In other words, respondents reported earning more while working a standard workload than they had previously earned by combining multiple jobs in Belarus. Only 12.5% reported a decrease in income. This group likely includes respondents who are not yet working as doctors, as well as those who previously held administrative positions or worked as highly specialised professionals and are currently engaged in general practice. This is confirmed by responses regarding current positions: for 48% of respondents, their current professional position represents a downward shift compared to their previous role in Belarus.

Nevertheless, 68.8% stated that their overall well-being in emigration has improved (significantly so for 54.2%), while 27.1% reported a decline (significant in 10.4%).

13. Salidarnast. Эксплуатация труда медиков в Беларуси: Отчёт по результатам социологического исследования. Июнь 2023, (07.09.2023).

Summarising this section, it can be stated that:

- Belarusian doctors in emigration possess a relatively high level of foundational training, enabling them to overcome nostrification-related barriers and to re-establish themselves professionally in a new environment;
- greater difficulties are reported by those who have not yet completed diploma recognition and therefore have not entered medical practice as doctors;
- the incomes of most respondents have increased alongside a somewhat lower intensity of work compared to Belarus, creating a structural challenge in the context of potential future return.

Social Integration

Emigration is not only about finding one's place in the global labour market, but also about achieving a comfortable existence within a community. Social integration is commonly understood as a process that involves active engagement with the surrounding social environment, including interaction with its norms, values, and behavioural patterns. When relocating to another country, two integration strategies can be distinguished: striving to merge as fully as possible with the local society (assimilation) and attempting to preserve distinct national and cultural characteristics (diasporisation).

Social integration may be facilitated by activities and forms of support provided by civil society organisations. Respondents were asked whether they participated in the activities of such organisations. The responses are presented in the Table 2 below:

Table 2: Participation of Belarusian Medical Professionals in Organisations

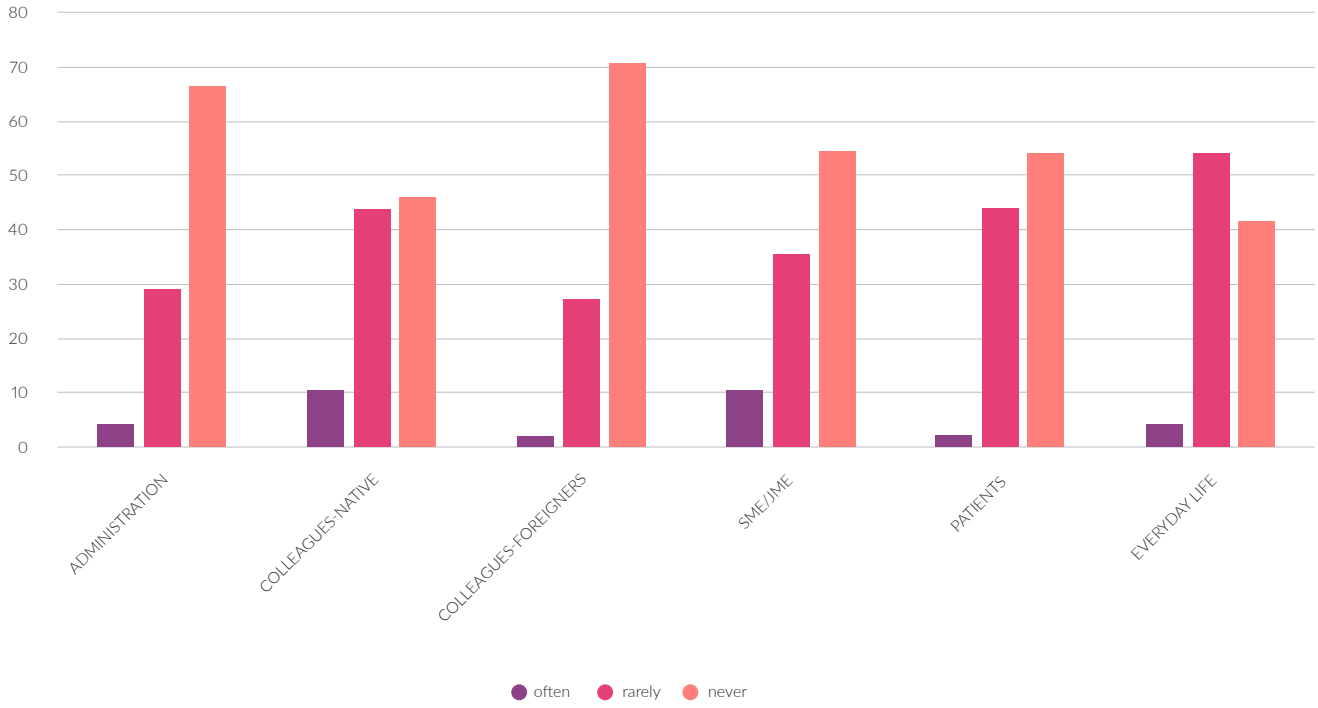
Trade unions	43,8%
Belarusian diaspora organisations	43,8%
Associations of Belarusian doctors abroad	31,3%
Associations of "Russian-speaking" doctors	12,5%
Ukrainian diaspora organisations	6,3%
Russian diaspora organisations	–
None of the above	29,2%

The majority of respondents reported maintaining connections with both professional and diaspora organisations. We were interested in the nature of this involvement. A large majority of respondents (80%) indicated that they follow the social media accounts of the respective organisations. A total of 42.9% stated that they are formal members of organisations. Regular participation in organised activities and events was reported by 22.9% of respondents, while a further 40% participated rarely but consistently monitored announcements via social media. In addition, 22.9% confirmed that they provide online consultations within the framework of these organisations' activities. Overall, while virtual forms of engagement are particularly prominent, offline participation is also present, including initiatives focused on mutual assistance within the diaspora.

In response to the open-ended question regarding the usefulness of participation in professional and diaspora organisations, approximately 12 answers were received. These can be grouped into two clearly identifiable categories: (1) assistance during legalisation and exchange of experience, and (2) organisation of leisure activities.

Inclusion in the host community may be hindered by experiences of discrimination and marginalisation. Respondents were asked whether they had encountered such phenomena in their professional or everyday lives. The responses are presented in the diagram below:

Diagram 1: Encounters with Discriminatory Attitudes in Professional and Everyday Life



Respondents reported encountering manifestations of xenophobia or perceived superiority relatively rarely. Such experiences were most often reported in professional contexts, particularly in interactions with colleagues who are citizens of the host country and with mid-level or junior medical staff. Tensions with host-country colleagues may reflect, beyond individual factors, dissatisfaction with what is perceived as a relatively easier pathway to professional recognition, as well as differences in willingness to accept lower pay or heavier workloads. Relations with mid-level and junior medical staff require further research. A positive aspect is the nature of interactions with patients. A total of 22.9% agreed with the statement that patients are generally wary of foreign doctors, while approximately one third were unable to determine their position.

On average, respondents assessed their level of integration into life in the host country at 6.06 out of 10, with no pronounced differences between countries. A high level of integration (scores from 8 to 10) was reported by 23% of respondents, while a low level was reported by 16.7%. The question of whether the host-country system facilitates full integration into the local community proved challenging for respondents. Almost 40% were unable to determine their position; 35.4% rather agreed (with no respondents expressing full agreement); 22.9% rather disagreed; and 2.1% fully disagreed.

This uncertainty, together with experiences of discrimination, was reflected in responses to the statement that in host countries “we will always be second-class people.” A total of 37.5% expressed varying degrees of agreement with this statement, while 52.1% expressed disagreement. Among respondents from Lithuania and Germany, opinions were evenly split (50/50), whereas greater optimism was expressed by those who emigrated to Poland.

There were no doubts regarding the question of whether doctors are more respected in the host country than in Belarus. A total of 93.7% agreed with this statement (70.8% fully), while the remainder were undecided. This constitutes a strong indictment of the Belarusian healthcare system.

Views on whether doctors are more socially protected in the host country than in Belarus followed a similar pattern: 87.6% responded affirmatively, and no respondents expressed disagreement.

Identity

The Belarusian revolution and Russia's war against Ukraine have sharpened questions of identity. While experts and public figures debate whether this constitutes a lasting trend or merely a temporary phenomenon, this study examines identity in the context of emigration trajectories, focusing on assimilation versus the preservation of distinctiveness.

A total of 60.4% of respondents expressed a desire to fully merge with the local community. At the same time, 50% of respondents explicitly defined this aspiration in terms of assimilation. The same share of respondents (60.4%) also reported a desire to develop Belarusian national identity, including interest in the Belarusian language, history, and culture. This combination of orientations may reflect the lasting influence of the Belarusian protest movement of 2020. Whether this aspiration will develop into concrete practices or remain at the level of declaration will be shown by future surveys. Given the dominant intention not to return to Belarus, this tension between assimilation and identity preservation remains analytically unresolved.

Despite the challenges associated with relocation, responses concerning family relationships reflected relatively high levels of adaptation and the perception that adequate income can be earned without excessive workloads. A total of 60.4% of respondents disagreed with the statement that they spend less time with their family, while only 20.8% agreed with this. This response pattern is likely related to the fact that not all respondents emigrated together with their families. Those who did reported that their relationships with a spouse or partner improved (39%), while relationships with children predominantly remained unchanged.

Responses indicate that emigration did not significantly affect plans to form a family, while 32.4% reported an increased desire to have children.

A new country may also entail different models of the distribution of family and gender roles. A total of 45.8% of respondents agreed that such models differ from those in Belarus, while 35.4% found it difficult to determine their position.

Response dynamics regarding emotional well-being after emigration revealed notable variation. At the early stage of data collection, more positive self-assessments prevailed; however, toward the end of the survey, more negative emotional evaluations became more frequent. This suggests that predominantly forced emigration driven by political motives constitutes a profoundly traumatic experience. Overall, emotional well-being improved for 41.7% of respondents and deteriorated for 39.6%.

Life satisfaction was assessed by respondents at 6.54 out of 10, which is relatively high given the circumstances. A high level of satisfaction was reported by 37.5% of respondents, while a low level was reported by 12.5%.

INTERVIEW FINDINGS

This section presents the main thematic findings derived from seven semi-structured interviews with Belarusian medical professionals who left Belarus after 2020 and currently reside in EU countries. In total, responses from seven interviewees were analysed: four men and three women. The interviews aimed to deepen understanding of personal motivations, professional strategies, and social experiences of medical professionals in exile. The analysis is structured around the main interview questions, allowing for the identification of both common patterns and individual-specific experiences.

Decision to Leave and the Understanding of "Readiness"

Interviewees describe the decision to leave as a forced and often stressful step, driven by threats to personal safety, pressure in the workplace, or a general sense of insecurity after 2020.

"Readiness" to leave was generally understood not in terms of documents or financial resources, but as psychological readiness to leave a familiar environment and to accept that a return to Belarus in the near future was unlikely.

For some respondents, the decision to leave resulted from a gradual accumulation of risks and a growing sense of professional vulnerability. Others emphasised that at a certain point a "critical threshold" was crossed: threats, summons to law-enforcement bodies, or risks to close relatives made departure the only possible choice. By contrast, only one interviewee described departure as a pre-planned career strategy, with relocation prepared in advance.

Nature of Decision-Making: Spontaneity, Unexpectedness, Personal Resources

Interview responses indicate considerable variation in the degree to which the decision to emigrate was spontaneous. In some cases, only a few days passed between realising the necessity of departure and the actual relocation. In others, the process took weeks or months; however, even in these cases respondents describe it as forcibly accelerated rather than carefully planned.

Interviewees identified several factors that facilitated faster adaptation during the first months after relocation:

- prior knowledge of the language of the host country at least at a basic level;
- professional skills that were relatively transferable to the new context;
- support from friends, colleagues, or acquaintances who had already undergone nostrification or were in specific cities or countries;
- access to information through diaspora groups and informal networks.

At the same time, many interviewees emphasised that even with these resources, they lacked clear information about the scope of nostrification requirements, the duration of procedures, and the resources needed during the transitional period.

Changes in Professional Role and Self-Perception after Relocation

For all interviewees, relocation entailed a substantial rethinking of their professional role. At early stages, they described a sense of temporary professional "disqualification": loss of status as a practising doctor, the need to retake examinations, attend courses, and work in positions not corresponding to their qualifications. This was accompanied by feelings of diminished professional significance and being undervalued.

Gradually, as nostrification progressed and initial work experience was gained within the new healthcare system, interviewees reported restoration and strengthening of professional self-respect. They emphasised that the medical training received in Belarus enables them to feel competent in clinical practice, while the main challenges relate to language and the organisational features of work in the host country.

Transformation of Family and Everyday Roles

Changes in family and everyday relations constitute one of the aspects of adaptation highlighted in the interviews. Interviewees describe how, after relocation, habitual patterns of daily life and distribution of responsibilities changed depending on living conditions in the new country. In some cases, this was related to different work schedules or greater autonomy in everyday decision-making.

In other situations, relocation led to a temporary increase in the burden on one partner while the other was undergoing nostrification, intensive language training, or job search. Such changes are described as adaptive and contextual rather than as long-term transformations of family relationships..

Factors Influencing the Choice of Host Country

Interviews indicate that in most cases the choice of country of current residence was not the result of long-term planning or systematic comparison of different countries. Instead, it was shaped by forced circumstances and limited time for decision-making. Interviewees describe this choice as predominantly pragmatic and oriented towards stabilising their situation as quickly as possible after leaving Belarus.

The practical factors most frequently mentioned included linguistic and cultural proximity, as well as the presence of social contacts — relatives, friends, or colleagues — already residing in the host country and able to provide support during the initial stages. For some interviewees, the experience of other Belarusian medical professionals who had already completed legalisation and nostrification procedures was also important, contributing to a perception of a more understandable and predictable pathway of professional adaptation.

At the same time, the interviews do not provide grounds for broad generalisations regarding structural factors influencing country choice, such as overall labour market policies or systemic legal mechanisms. The motives mentioned are individual and fragmented in nature and do not constitute a basis for cross-country comparison.

It should be noted that information about the country of residence was not used as an analytical variable in the interview analysis. This was done in order to minimise the risk of identifying participants and does not allow differences between countries to be treated as an independent analytical result.

Overall, the choice of country is described as pragmatic, aimed at maximising the speed of legalisation of status and restoration of professional activity.

Experience of Professional Adaptation: Barriers, Support, Interaction with the Healthcare System

All interviewees identified nostrification and initial professional adaptation as the most difficult phase of their migration experience. The main barriers included:

- difficulties in obtaining and confirming documents from Belarus;
- lengthy and not always transparent review procedures;
- high language proficiency requirements;
- the need to master new professional standards and protocols, including legal and regulatory requirements.

Interviews also emphasised the significant role of supportive factors. Interviewees frequently mentioned assistance from other Belarusian medical professionals who had already completed the legalisation pathway, as well as support from colleagues and individual work teams in the host country. In most cases, this support was informal and based on personal contacts, advice, and exchange of experience.

Interaction with the host-country healthcare system was described as requiring time for adaptation, but ultimately providing a more predictable and rule-based professional environment than in Belarus.

Internal Transformation: Identity, Psychological Stability, Future Orientations

When describing internal changes, interviewees often referred to early stages of relocation marked by uncertainty and the loss of familiar professional status, followed by the gradual development of confidence and a sense of control over their lives. Experiences related to responsibility for family members and the need to make important decisions under conditions of limited information were particularly prominent.

As adaptation progressed, responses increasingly reflected growing professional motivation, a sense of future prospects, and greater stability. Regarding future orientations, interviews reveal an intention to continue professional life in the current country of residence in the medium term. Openness to returning to Belarus is mentioned exclusively in conditional terms and is linked to the possibility of significant political and structural changes.

SUMMARY OF KEY FINDINGS

Triangulation of survey and interview data points to a coherent pattern of adaptation operating across several analytical levels. At the macro level, adaptation is shaped by the political context that forced individuals to leave Belarus and complicated both the collection of documents and the ability to plan for the future. At the meso level, institutional procedures in host countries — most notably diploma recognition (nostrification) — play a central role in shaping adaptation trajectories. At the micro level, adaptation depends on individuals' own resources and the support they receive from the community.

This multi-level configuration helps explain why adaptation among Belarusian medical professionals in EU countries is not linear but gradual, involving a transition from destabilisation and temporary loss of professional role to recovery and the formation of a renewed professional identity.

Overall, the findings underscore both the resilience of the Belarusian medical diaspora and the importance of political and institutional conditions that minimise barriers and facilitate fuller integration.

LIST OF REFERENCES

- Amnesty International. *Belarus: Crackdown on Medics*. (03 December 2025).
- BBC News. *Attacks on Doctors [Нападения на врачей: белорусские медики о происходящем в стране]*. (13 August 2020).
- BelTA. *Belstat reported the number of doctors in Belarus [Белстат подсчитал, сколько врачей в Беларуси]*. (11 June 2025).
- ByMedSol. Legalisation Guides [Гайды по легализации] (01 December 2025).
- Chmiel, O., P. Kaźmierkiewicz, K. Sauka, and A. Kulesa (eds.). Belarusian migration to Poland and the European Union: The landscape after August 2020 [Migracje Białorusinów do Polski i Unii Europejskiej. Krajobraz po sierpniu 2020 r.]. Warszawa, 2021.
- Current Time. *Repression and online consultations: how Belarusian physicians united to support patients and one another [Репрессии и онлайн-консультации: как белорусские врачи объединились, чтобы помогать пациентам и друг другу]*. (15 November 2021).
- Delfi. *"Even in Minsk, we understood that we were leaving forever." How easy is it for a doctor from Belarus to obtain the right to work in Lithuania and Ukraine? [«Еще в Минске мы понимали, что уезжаем навсегда». Легко ли врачу из Беларуси получить право на работу в Литве и Украине?]*. (30 November 2022).
- Dębkowska, K., U. Kłosiewicz-Górecka, A. Szymańska, A. Wejt-Knyżewska, and K. Zybertowicz. *Skilled foreigners in Poland: Employment scenarios through 2035 [Wykwalifikowani cudzoziemcy w Polsce – scenariusze zatrudniania w perspektywie 2035 r.]*. Policy Paper No. 1. Warszawa: Polski Instytut Ekonomiczny, 2024. Pp. 17–18.
- Eurostat. Statistics | Eurostat (31 October 2025).
- Office of the United Nations High Commissioner for Human Rights (OHCHR). *Belarus: Experts Alarmed at Reports of Coercive Psychiatric Treatment as Punishment for Political Dissent.* (24 October 2025).
- Nasha Niva. *"The polyclinic was expecting a new traumatologist, but he never arrived." How many medical professionals have left Belarus? [«Поликлиника ждала нового травматолога, а тот исчез». Сколько медиков уехало из Беларуси?]*. (12 November 2023).
- Reformation. *More than 1,300 medical professionals signed an open letter against violence [Более 1300 медиков подписали открытое письмо против насилия]*. (23 October 2020).
- RFI. *"This is disaster medicine": Belarusian medics took to the streets to protest violence by security forces [«Это медицина катастроф» — медики Беларуси вышли на акции против насилия силовиков]*. (15 August 2020).
- Salidarnast. *Labour exploitation of medical workers in Belarus: Report on the results of a sociological study [Эксплуатация труда медиков в Беларуси: Отчёт по результатам социологического исследования]*. June 2023.
- Statistics Poland (GUS). *Foreigners performing work in Poland in 2023 [Cudzoziemcy wykonujący pracę w Polsce w 2023 r.]*. (11 June 2024).
- Vitrina. *"Emigration became the only way to remain a doctor." The story of a Belarusian who left a Belarusian hospital for a Polish clinic [«Эмиграция стала единственным шансом сохранить себя как врача». История беларуса, который сменил беларускую больницу на польскую клинику]*. (11 October 2025).

ANNEX 1.

Triangulation Table (Survey vs. Interviews)

Theme	Survey	Interviews	Triangulation Result
Spontaneity of relocation	64% indicated that they were not prepared	Majority (1, 2, 3, 6)	**Convergence**
Role of friends / acquaintances	71% received assistance	Present in all interviews	**Strong convergence**
Differences in attitudes towards doctors	78% reported improvement	Full confirmation (1, 2, 5, 6, 7)	**Strong convergence**
Bureaucratic obstacles	Frequent difficulties	Especially cases no. 2, 5, 6	**Convergence**
Increase in confidence	According to open-ended responses — yes	No. 2, 6, 7	**Convergence**

Methodological note

Convergence indicates consistent alignment between survey and interview data, while strong convergence denotes alignment that is both consistent and extensively supported across interview narratives.

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