CrossMark

RESEARCH ARTICLE

Navigating Exodus: Understanding the Migration Dynamics of Health Care Professionals from Turkey

Merve Kurnaz Ay[1], Birsen Bilgen Sivri[1], Larissa Burggraf[2],
Merve Canbaz[3], Kemal Çelik[1], Mehmet Ali Çetiner[4],
Abdullah Mücahit Çiftçi[5], Mustafa Demirtürk[6], Umut Eryiğit[1],
Jan Gehrmann[7], Şule Kurt[8], Raphael Kunisch[9], Lemye Zehirlioğlu[10],
Marco Roos[9], and Zekeriya Aktürk[9,11,*]

ABSTRACT

Objectives: **We aimed to determine the reasons for the emigration of health workers who left Turkey and the difficulties experienced before and after the migration.**

Methods: **This is an exploratory qualitative study of open-text fields focusing on migrant health workers from Turkey. Answers given to five open-ended questions directed to the participants in our survey, with 513 participants between April and June 2022, were used. Data were analyzed following content analysis.**

Results: **A total of 506 responses were analyzed. The mean age of the participants was 39.9 ± 8.8 years (54.2% men, 77.5% medical doctors). Almost all participants reported that the political atmosphere in Turkey forced them to migrate. Some participants were unable to do their jobs due to the increasing violence in the health system in recent years. Most participants saw migration as the only way out, as they did not feel free and safe. Comparatively, they were in a better economic situation in Turkey and had a higher standard of living.**

Conclusion: **Migration creates a sense of security while at the same time accepting a lower standard of living. To organize the sustainable migration of professionals, it is beneficial to ask what framework conditions need to be created and to access the labor market in particular.**

Keywords: Asylum seekers, healthcare professionals, human migration, social integration.

1. INTRODUCTION

The international migration of healthcare professionals has emerged as a critical concern within the realm of international health policy (Yildirim, 2009). This phenomenon, often referred to as "brain drain," denotes the relocation of individuals possessing valuable knowledge, skills, and capabilities to countries offering improved living and working conditions. The migration of healthcare workers shares commonalities with the brain drain observed in other professions (Bezuidenhout *et al.*, 2009). Migration, an age-old human practice, is primarily driven by the quest for resources and improved

living standards, albeit for diverse reasons. Among the various forms of international migration, the most notable surge is attributed to brain drain (Gökbayrak, 2008; Kizito *et al.*, 2015).

While brain drain is prevalent across multiple occupational sectors, healthcare professionals have garnered particular attention (Aluttis *et al.*, 2014). The factors motivating health workers to migrate are typically categorized as "push" and "pull" factors. "Push factors" encompass internal forces compelling migration and can include issues such as inadequate compensation, unfavorable working conditions, limited career prospects, political instability, violence, and persecution, among others. Conversely, "pull factors" constitute external factors that make migration appealing, such as higher income, superior working conditions, political stability, career opportunities, and a brighter future (Buchan & Dovlo, 2004; Wiskow, 2006).

International brain drain predominantly transpires from economically disadvantaged countries to wealthier nations, from nations with lower educational standards to those with higher educational standards, and from countries marked by internal instability to those characterized by greater peace (People's Health Movement *et al.*, 2005). Countries grappling with brain drain often experience a loss of skilled workforce, increased burdens on remaining personnel, limitations in accessing quality healthcare services, and disparities in healthcare service accessibility (Chen *et al.*, 2006). Given the global demand for skilled healthcare professionals, the escalating rate of brain drain, and the challenges faced by countries from which these professionals depart, this issue remains of paramount significance (Bimal *et al.*, 2016).

A significant portion of the participants in our study consists of healthcare professionals whose lives were upended following the July 15, 2016, coup attempt in Turkey. In the aftermath of the coup, the Turkish government released lists of individuals alleged to be linked to the coup in official newspapers. Consequently, thousands of individuals whose names appeared on these lists were dismissed from public service (Sertdemir Özdemir & Özyürek, 2019). Many of these individuals had their passports confiscated and were prohibited from leaving the country or seeking employment, both in the public and private sectors. In response to these circumstances, thousands of people were compelled to leave the country through illegal means (Akdeniz & Altıparmak, 2018). According to Gall and Tuncel, the surge in authoritarianism since 2016 prompted students, academics, entrepreneurs, medical professionals, and businesspeople to flee the country. Additionally, numerous affluent individuals liquidated their assets and relocated their families and capital abroad. Government data and analysts reveal a substantial and alarming outflow of talent and capital, underscoring a profound loss of confidence in President Recep Tayyip Erdoğan's leadership (Gall, 2019; Tuncel, 2021).

The primary objective of this qualitative study is to uncover and elucidate the motives behind the migration of healthcare workers departing Turkey. It seeks to understand the challenges they encountered both before and after migration, variations in their lives within Turkey and abroad, and their aspirations and plans for the future.

2. Methods

2.1. Type of Research

This research constitutes an exploratory qualitative study that draws on narrative and biographical accounts of migrant health workers from Turkey.

2.2. Data Collection Tools and Methods

To gather data, we designed an online questionnaire, incorporating 62 items based on common knowledge and a comprehensive literature review. Additionally, five open-ended questions were strategically placed in various sections of the questionnaire to collect qualitative data. Data collection occurred between April and June 2022, with qualitative data being derived from responses to the open-ended questions.

2.3. Recruitment and Informed Consent

Participants were provided with a survey link via Google Forms on the internet. Prior to their involvement, participants were fully informed about the study's purpose, length, and the guarantee of anonymity. They were also assured that their data would be used exclusively for research purposes, with no disclosure of their identities. Participation was indicated by the electronic submission of a completed questionnaire. Ethical approval was obtained from the ethics committee of the Medical Faculty of the Technical University of Munich (IRB number 2022-123-S-KK).

2.4. Utilizing Open-Ended Questions

In the context of quantitative surveys, open-ended questions serve as valuable tools to explore and further elucidate participants' ideas (Jackson & Trochim, 2002). The following open-ended questions were posed to participants:

1. Can you share the reasons for your emigration from Turkey?
2. Could you describe your experiences upon arriving in your current country? How did you arrive, and what challenges did you encounter? What were your initial emotions?
3. Can you recount your experiences after settling abroad?
4. If you were to compare your life in Turkey with your life abroad, what differences would you highlight?
5. Could you share your future plans?

Responses to these open-ended questions generated approximately 53,000 words of qualitative content.

2.5. Data Analysis

The analytical focus of this study centers on the narrative descriptions of migration, exploring how participants perceived their migration experiences and how these experiences influenced their personal lives and professional careers. The original Turkish text was translated into English by the researchers through online collaboration. To standardize the translations and reach a consensus, three team meetings were conducted. Additionally, all authors had the opportunity to oversee and provide instant feedback on the translations.

Data analysis was performed using content analysis (Mayring, 2014) with the assistance of MAXQDA software (VERBI GmbH, Germany). Individual passages were systematically coded and then aggregated into hierarchically structured main and subcategories. The themes presented here were subsequently created based on these categories. The presentation of findings includes direct quotations from participants to provide their perspectives.

The frequency of participants' mentions of themes and categories determined the extent to which they discussed these topics. Additionally, the relationships between sub-dimensions within the themes were explored. Identified concepts, themes, and the interconnections between them were compared and interpreted within the context of the research focus. For the presentation of results, concise statements from participants were selected and are presented in the following section.

3. Results and Discussion

A total of 506 respondents provided responses to the open-ended inquiries. The participants exhibited a mean age of 39.9 ± 8.8 years, ranging from 24 to 71 years. Predominantly, over fifty percent of the respondents were male, and more than three-quarters identified as medical doctors. Notably, a quarter of the participants lacked any academic title, whereas 6.3% held the rank of professor. The sociodemographic attributes of the participants are detailed in Table I, while Fig. 1 presents a visual representation of participant responses through a word cloud.

TABLE I: Sociodemographic Characteristics of the Participants

		n	%
Sex	Male	274	54.2
	Female	232	45.8
Occupation (grouped)	Medical doctor	392	77.5
	Nurse/midwife	54	10.7
	Dentist	18	3.6
	Pharmacist	10	2.0
	Other	32	6.3
Academic title(s) in Turkey (if any)	None	138	27.3
	Specialist	113	22.3
	Dr.	114	22.5
	Assistant Prof.	34	6.7
	Assoc. Prof.	47	9.3
	Prof.	32	6.3
	Specialist MD	28	5.5

Fig. 1. Word cloud computer output.

3.1. Theme 1: Motivation for Migration

In Turkey, the State of Emergency was declared following an alleged coup attempt on July 15. Subsequently, an extensive campaign, characterized as a witch-hunt, was initiated to intimidate perceived adversaries. Despite the fact that hundreds of thousands of individuals were not linked to the coup, the government, under its media influence, classified them as traitors, subjecting them to unwarranted separation. This categorization led to the imposition of decree laws that violated essential civil, political, economic, social, and cultural rights—such as the right to work, education, and a fair trial—resulting in civilian casualties (Aydin & Avincan, 2023).

Many participants recounted that the political climate in Turkey compelled them to migrate, characterizing their move as forced migration. Some highlighted the absence of freedom of opinion and expression. Disturbingly, a portion of the participants revealed instances of arrests and torture, while others expressed concerns about ongoing judicial scrutiny and the looming threat of arrest. Specific anxieties regarding personal safety within Turkey were also articulated.

One participant shared:

"*As a result of my opposition to the government, subscription to opposition newspapers and magazines, and having an account in the opposition bank, I was declared a terrorist. An investigation was launched against me, and an arrest warrant was issued.*" (Pharmacist, 41 F)

Another participant stated:

"*I fled the country after the coup because, after being released on probation after two years in prison, new documents were added to the judicial file, and I had a fear of being caught again, kidnapped, tortured.*" (MD Assistant Prof., 38 M)

Nearly all participants conveyed that they were dismissed from the public sector, rendering them unemployed and subject to social exclusion. They asserted that a government-initiated political lynching campaign had usurped the dissidents' rights, obstructing their access to work, education, and even basic living conditions, with properties confiscated. Thousands were left jobless and their lives disrupted, experienced social genocide through denunciations from acquaintances, lacking any judicial investigation.

The violation of human rights is not a contemporary phenomenon but a historical recurrence. Throughout history, various groups worldwide have faced discrimination and ill-treatment by dominant factions rooted in factors such as age, gender, ethnicity, language, or other biases (Sidanius & Pratto, 2001). Dominant minority groups or tyrannical regimes, by infringing upon fundamental human rights, have historically terrorized perceived threats to their authority and wealth. The targeted groups are typically isolated, stigmatized in economic, legal, and political spheres, and ultimately subjected to social exclusion and discrimination, leading to the deprivation of basic human rights (Stanton, 1998).

One participant recounted:

"*First, I was expelled, I got a job in a private hospital, then I received threats on the phone. Soon after, I was arrested on the allegations and accusations of having Bylock and my old credit card from Bankasya. I stayed in prison for 11 months.*" (MD, 39 M)

Another participant shared:

"I was dismissed by a decree law. My child was studying abroad. They canceled my passport and prevented me from seeing my child. They prevented me from working in domestic private institutions most of the time. I was portrayed as an enemy and a terrorist, mainly by health directors and governors, and prevented from working. I had no security of life." (MD, 53 F)

"I could not start the specialization training that I am entitled to due to the security investigation." (MD, 29 M)

While almost all participants cited political reasons and pressures as the primary motivation for their migration, some also expressed disillusionment with the country's institutions, citing incompetence and corruption as reasons for their despair about the nation's future. The participants collectively reported that their lives took a downturn after the attempted coup on July 15, 2016, with thousands labeled as members of an armed terrorist organization overnight. Dismissals, judicial proceedings, and imprisonment became commonplace, fostering a climate of fear. Additionally, seemingly innocuous activities such as subscribing to certain magazines or newspapers, holding accounts in specific banks, or having associations with particular institutions were deemed criminal offenses, resulting in dismissals and legal consequences (Aydin & Langley, 2021).

The dissemination of propaganda against targeted groups plays a crucial role in garnering public support for implementing oppressive policies (Bilewicz & Vollhardt, 2012). In this context, ideologies or states utilize propaganda materials to foster hostility and stigmatization against specific groups, portraying them as threats to society. These groups can be stigmatized through repressive laws, limiting their religious and economic freedoms, increasing social burdens, and portraying them as societal threats (Mandel, 2002). Morally excluding a group from society facilitates violent actions against them, intentional exploitation, and a lack of empathy when witnessing their suffering (Staub, 1990).

One participant mentioned:

"Political reasons; due to fear they will turn my children against their parents in educational institutions." (Nurse, 33 F)

Other participants expressed:

"The penetration of political Islam into every moment of life, the recognition of incompetence, and the normalization of all kinds of immorality without even feeling the need to hide it anymore." (MD, 32 M)

"Political reasons. I was purged from my job with a statutory decree, and an arrest warrant was issued for us. I worked as a civil servant for twenty-one years. There was not a single crime file against me. On July 15, 2016, we were declared terrorists, and everything was taken from us. We could barely save our lives and escaped to [Country]." (Health officer, 46 M)

"As a result of the plot set up by the dictator Erdogan in July, reasons such as having a bank account and cancellation of Digitürk subscription, which was not a crime before but later accepted as a crime. Denunciation due to going to America and membership for 'Kimse Yok mu' foundation." (Dentist, 55 M)

"I would commit suicide if I continued to live in Turkey; everything was so bad." (MD, 28 M)

"Being persecuted by RTE and its supporters, the Hitler of the century." (MD, 53 M)

Some participants highlighted that escalating violence in the healthcare sector in recent years hindered them from performing their duties, leading to concerns about their safety. Participants also reported a decline in the quality of education due to academic incompetence, prompting them to seek better educational opportunities abroad. The rising incidents of violence against medical professionals, exacerbated by the President's statement, "*Let them go*," (Cumhuriyet, 2023) accelerated resignations from the public sector and created additional burdens for those left behind. Additionally, workplace harassment and deteriorating working conditions, coupled with shortened examination times, emerged as key professional reasons for doctors to migrate:

"In summary, increased workload, working without being able to go to the toilet, lack of financial and moral compensation, moreover, the risk of violence, normalization of verbal violence and door banging, as well as pessimism about social, moral and legal issues in general, and hopelessness about the future. Despite having to work without breathing, the scapegoat in the health system is the doctor." (MD, 34 F)

"As a doctor, I had terrible days, I was mobbed, I was subjected to violence from patients, I fainted from exhaustion while working, I continued to work with an IV drip." (MD, 27 F)

While some participants migrated for economic reasons, others expressed concerns about the future for themselves and especially for their children. A small number of participants cited family reunification as the reason for their move.

"The gradual decline of the education and health system, as well as cultural and social corruption. I couldn't see a better future for my daughter." (Health technician, 41 M)

Some contributors expressed a belief in societal corruption and moral degeneration, leading to a loss of trust and alienation from Turkish society. A substantial number of participants expressed feelings of worthlessness.

"I was unemployed as a result of the decree laws. I was unable to do my job as a lecturer. I've been legally pursued. I did not get the support I expected from the society. My close friends have become slanderers. After all, as a society, I feel great anger at those who caused this. It was unclear what the outcome of the judicial pursuit would be. I decided to emigrate because I realized that I could no longer live in Turkey. I left because I lost confidence in the country and its people and felt insulted." (MD, Prof., 53 M)

"I left the country because of the complete collapse of the justice system in Turkey, the fact that the country is governed by a one-man system, and I no longer have the patience to live in an evil society that does not speak up in the face of so much theft, corruption, and lawlessness. I lost my sense of belonging to the country." (MD, Assoc. Prof., 55 M)

"I think the collapse of social morality will get worse and will not improve for a long time. This situation is persistently fueled, and the right step is not taken collectively . . ." (MD, 34 M)

3.2. Theme 2: Migration and Post-Migration Experience

Owing to political turmoil and the oppression of citizens critical of the government, Kurds, and members of revolutionary leftist groups, a significant number of individuals have departed Turkey since 2016 (Avincan *et al.*, 2023). According to WorldData, Turkey is a notable source of refugees heading to the West. In 2021 alone, 26,152 asylum applications were submitted by Turkish citizens. Driven by atrocities and human rights violations, thousands of Turkish asylum seekers have sought refuge in Europe, Canada, and the United States (WorldData, 2022). While nearly all participants reported leaving their homeland under irregular circumstances, some even faced the perceived risk of death during migration.

Participant narratives vividly depict the challenges encountered during migration, including feelings of disappointment, despair, fear, uncertainty, and the emotional toll of leaving behind everything familiar. Some participants suffered from psychological trauma and depression resulting from the migration process. Womack's study emphasized that refugees forced to flee from the State of Emergency regime in Turkey exhibited signs of stress, fear, and trauma, with some grappling with post-traumatic stress disorder (Womack, 2021).

One participant shared:

"On my way out of Turkey, I crossed the [River] river by boat. I gave sleeping pills to my 1.5-year-old daughter. Due to the psychological violence that the smugglers used to silence the child, I gave the drug more than necessary. I've seen babies who were intubated when the drug we used was given in an overdose." (Nurse, 33 F)

Another participant recounted:

"While passing through [River], the boat got stuck in the sand. Men got off the boat and tried to push it. Everyone was suddenly off their feet. We spent 3 minutes in the water up to our throat. I managed to get back into the boat with the help of a lady. My wife couldn't help me because she was holding our 6-month-old baby, who was not wearing a life jacket at that time. We always felt alone and helpless." (MD, 32 M)

Throughout the migration, participants grappled with disappointment, despair, fear, uncertainty, and the profound challenge of abandoning their past lives. Some participants reported experiencing psychological trauma and depression as a consequence of the migration process, a finding supported by Womack's study, which observed stress and fear among refugees fleeing the State of Emergency regime in Turkey (Womack, 2021). The psychological toll of human rights violations, such as stigma, targeting, social pressure, and the mental well-being of victims, remains underexplored in empirical studies. Some quotations of the participants explaining their psychological state are given below.

"It was a path where I threw away my memories and my homeland, where I risked death, just to start a new life, just to get my diploma." (MD, 28 M)

". . . Although it makes you feel safe to be out of Turkey, uncertainty causes fear." (MD, Assistant Prof., 47 F)

"It was a journey of uncertainty with physical difficulties, danger of life, and prolonged starvation, where it was impossible to be mentally ready. There was no safety of life and property." (MD, 35 M)

". . . it was a seriously traumatic period. As I left Turkey with a boat, I looked behind and felt no misery. The scars left on me were too big. It led to a trauma, which made a thought of return impossible." (MD, Assoc. Prof., 57 M)

"My fears are gone, but my traumas still persist. I take psychiatric support." (MD, 39 F)

Participants who underwent detention and camp processes in host countries after migration and were subsequently granted residence permits often engaged in language courses to expedite integration. They promptly pursued professional equivalence processes, demonstrating a proactive approach to adapting to their new environment.

"In [Country], we stayed for months in a refugee camp, then in a flat. I got a B2 level language certificate without a language course. Then, I enrolled in a medical language course and passed the

exam. After I passed the medical language exam, I applied for recognition of my medical license." (MD, Assistant Prof., 32 M)

"I immediately started preparing for the [Medical Licensing Examination] exams in [Country]. I gave the first two exams in about 7-8 months, which I had no idea before. It is always compared to the Medical Licensing Examination in Turkey, which is definitely more detailed and difficult exams than in Turkey. My spouse and I have worked very hard." (MD, Specialist Dr., 34 F)

The primary challenge encountered by participants post-migration appeared to be the slow-functioning bureaucracy. Despite the shortage of healthcare workers in many host countries, the bureaucratic process, often inefficient and dependent on civil servants, resulted in significant delays in achieving professional equivalence. Additionally, the COVID-19 pandemic, language barriers, adaptation difficulties, housing issues, and economic distress were identified as other post-migration challenges.

"I was only able to get a residence permit in 4 years. During this process, I felt very worthless, and the officers of this place made me feel that very well. Both the social pressure in Turkey and the attitudes of the officers after I came here made me feel like I had nowhere to go in the world." (MD, 32 M)

"...I think that I have been discriminated against and hindered from the residency permit to my professional status. I think the officers are responsible for this individually. Because my friends who came with me but lived in different states got their equivalency and have been working for a year. I guess I am unlucky in terms of officers." (MD, 33 M)

While some participants reported experiencing culture shock after migration, others mentioned encountering racism, humiliation, feelings of worthlessness, and loneliness. However, a subset expressed gratitude towards the host country, feeling more free, peaceful, and relieved compared to their experiences in Turkey.

"I had to experience several annoying incidents because of my headscarf. As I came to believe that there are people with prejudices against the headscarf, I had to remove my headscarf just because I believed that in these conditions, I cannot manage to work anymore." (MD, 33 F)

"The migration is altogether a problem. Once an important person, you are now a person without any qualifications. We encountered several ill-treatments. I stayed in camps, and sometimes I was furious. But I had also seen many favors that I had never seen from my own country." (MD, Assoc. Prof., 55 M)

"I did not come with a visa. The process of leaving Turkey was full of dangers. It was a journey full of fear of capture, extortion, and death. Loneliness, desolation, helplessness. Despite all this, when I left my country, I felt freedom again for the first time in years." (MD, 31 F)

"The feeling of freedom is indescribable. There is no fear that the police will knock on my door in the morning. If I summarize it in just two words, 'No fear.' But I receive psychiatric support because of the trauma I experienced." (Pharmacist, 37 M)

3.3. Theme 3: Differences in Life in Turkey and Abroad

In reflecting on their lives in Turkey and abroad, certain participants drew a distinct line between their experiences before and after the alleged July 15 coup attempt. Prior to this event, they enjoyed a high standard of living and a dignified existence in Turkey. However, the aftermath of the coup attempt led to the abrupt loss of privileges and opportunities they had accumulated over their lifetimes, compelling them to leave the country. The state of emergency declared on July 20, 2016, originally in response to the coup, transformed into a 'witch hunt,' subjecting government opponents unrelated to the coup or any crime to discriminatory practices. Hate speech used by the government in election campaigns further polarized society, leading to individual stigmatization and strained family relationships, as inspired by political figures and government officials (Abramowitz & Repucci, 2018; Demir, 2021; Girdap, 2020).

Participant accounts illustrated the profound societal shift experienced post-July 15. One participant expressed, "The question of prestige in the society should actually be separated as before and after July 15. Before July 15, our reputation as doctors was not bad, but after that and after being expelled by the statutory decree, we were almost not even considered human anymore." (MD, 39 M)

Another participant succinctly described the transformation, stating, "*It's like I came out of hell*" (Health officer, 43 M), while another likened it to "*coming out of a stuffy and smelly room into fresh air.*" (MD, 29 M)

Although most participants enjoyed better economic situations and a higher standard of living in Turkey than abroad, they left due to a perceived lack of freedom and safety.

"Although I had an above-standard and comfortable life in Turkey, I am satisfied with my average life here, which is uncomfortable and requires more struggle. I feel more secure and peaceful here. I don't think it is possible to live in Turkey without belonging to or being close to any ideological, social, or religious organization and without worrying about the future." (Dentist, 43 F)

While participants often lost status and reputation upon migration, they reported feeling more peaceful, happy, and hopeful for the future: *"We are currently receiving support from [Government institution]. My spouse and I are doctors, but we couldn't start working. Even if we do, we probably won't feel very well until the language barrier is lifted."* (MD, 29 F)

When asked about the significant differences between their lives in Turkey and abroad, participants highlighted concepts such as freedom of expression, democracy, respect, civilization, social opportunities, and better working conditions. They emphasized the ability to freely express thoughts, live in a more civilized and democratic society, be valued, and witness mutual respect. Some participants even expressed regret for not having migrated earlier:

"...I believe it would be very unfair to compare [Country] with Turkey. One is democratic, and the other is a country ruled by a dictator." (MD, 33 M)

"In addition to differences such as freedom, human rights, legal security, democratic rights, and their use. There are many differences that I cannot count, such as respect for nature and human beings and protection of nature." (MD, 39 M)

"In Turkey, you try not to make eye contact with anyone, even while walking on the street. The community you address while you are a doctor is a much more ignorant and underdeveloped segment." (MD, 30 M)

"It is, of course, difficult to settle in a foreign country, to find a house, to find a job, to find a day-care center. We do not know the system. We do not know what to do and how to do it. But I was very unhappy in Turkey." (MD, Specialist Dr., 32 F)

"People here are respectful to each other and mostly friendly. Even people, whom you do not know, do not pass by without saying hello." (Dentist, 41F)

"I feel very safe in [Country]. Democracy, justice, humane life, respect for the environment, fixed rules are very good." (MD, 55 M)

However, some participants expressed feelings of alienation abroad, an inability to fully express themselves in a foreign language, a resulting loss of self-confidence, discrimination experiences, and regret over leaving Turkey. The challenges of migration included separation from family, social isolation due to language barriers, difficulty accessing health services, loneliness, and a deep yearning for family and homeland.

3.4. Theme 4: Future Plans

The participants' future plans predominantly revolved around their professional aspirations. Many expressed a desire to attain a proficient language level, enabling them to integrate into the host society, contribute to the well-being of their adopted countries, and achieve professional equivalency. In addition to those seeking professional recognition, some aimed for a career change, professional development, academic pursuits, or even retirement with plans to explore the world. Example quotations are given below:

"I want to teach as a professor at the university. ([Country]/[Continent])" (MD, 30 F)

"If we can get a residency permit, get my equivalency and start working as a nurse first. Then get a C1 and become an educator at the [Institution] school. To complete my unfinished doctoral education. Becoming a member of an international aid organization and supporting people in need." (Nurse, 33 F)

"I want to be able to do my job here, to reach a level where I can communicate easily with individuals in the society in terms of language and to be a part of the society I live in. After starting my profession, I would like to engage in voluntary medical activities abroad as much as possible." (MD, Specialist Dr., 38 M)

While the majority of participants cited "raising their children well" as their foremost future plan, others highlighted objectives such as gaining economic freedom, recovering lost assets, and restoring family unity:

"I want to work for my children to grow up in an environment that is far superior in terms of education, health, economy and mutual respect, internalizing human and moral values and placing them in their lives." (MD, Specialist Dr., 46 F)

"Working and regaining what I lost in my own country. To establish a new life with our children, to continue our lives as respected and loved people in the society." (MD, Specialist Dr., 43F)

While a few participants expressed a desire to return to their home country in the future, the majority aimed to adapt to their current residence and contribute positively to the local community. Two such quotations are given below:

"I want to learn the language of the country I live in and work. I want to travel the world. When I go to Turkey, I want to make donations that will embarrass those who turned their backs on me, talked to me, and said, 'You are on the wrong track.'" (Nurse, 33 F)

"I realize that I am getting older. I intend to spend the rest of my life for the good of humanity. I will keep my own welfare at a moderate level and strive to be beneficial to the country I am in, to the victims, to everyone in need, and to humanity. I would love to have my family with me." (MD, Prof. Dr., 53 M)

4. CONCLUSION

A robust and effective health system aimed at safeguarding and enhancing the well-being of the populace and combatting diseases hinges on the presence of an adequate number of skilled healthcare professionals. However, integrating the health workforce into the system necessitates navigating a complex interplay of socioeconomic, cultural, and political factors. The global landscape has witnessed a contentious discourse surrounding the migration of healthcare workers, catalyzed by a myriad of influential variables. This multi-faceted issue has garnered significant attention from international organizations in recent years.

This qualitative study illuminates the narratives of healthcare professionals who endured victimization, discrimination, segregation, and the weight of societal expectations, all intensified by the Turkish government's actions in the wake of the July 2016 coup attempt. Fleeing the looming specters of political persecution, terrorism, a deep erosion of trust in the judiciary, the capriciousness of the rule of law, and an increasingly hostile economic environment, many educated individuals sought refuge in Europe and North America. Participants endured victimization, lived in a state of 'civil death,' and faced interrogations, torture, dismissals, and exile. Consequently, a considerable number of former Turkish healthcare workers have resettled in Western countries and sought asylum.

It is imperative to recognize that migration should be regarded as a continuous, long-term process that profoundly influences an individual's entire life journey. Migration goes beyond simply reaching a foreign country; it is an evolving process that involves various facets, including the accreditation of documents and access to integration programs. Against the backdrop of a shortage of skilled workers in Western countries, it seems downright negligent not to enable migrant skilled workers to participate in the labor market more quickly. This perspective aligns with established principles in sociology and social research, which emphasize the significance of an individual's biography and identity in the realm of migration studies (Rosenthal & Bogner, 2009; Siouti, 2016). Nevertheless, there remains a need for further analyses that explore the enduring effects of migration in diverse contexts where individuals live and work. In the healthcare sector, attaining professional equivalency is a pivotal element of the migration process, one that necessitates careful adaptation within healthcare policies.

5. LIMITATIONS OF THE STUDY

First, it's essential to acknowledge the constraints on the generalizability of our findings attributed to the qualitative design of this study. Qualitative research, by its nature, offers in-depth insights into participants' experiences, but it doesn't seek to provide universally applicable conclusions. Consequently, the broader application of our results to other settings should be approached with caution.

Second, we must consider the potential impact of post-traumatic stress disorder and depression on participants' willingness to engage with the study. Individuals dealing with these conditions might have been hesitant to respond to our inquiries, as these questions could potentially trigger distressing memories. Consequently, the study may not fully encapsulate the experiences of those who have undergone the most severe challenges related to migration.

DATA AVAILABILITY

The study dataset is available under Mendeley Data: Aktürk, Z. (2023), "MigraTur Qualitative Dataset," Mendeley Data, V1, doi: 10.17632/x4r3m4g3t6.1. An e-book will be published, including all qualitative data and some demographic information of the participants.

AUTHORS' CONTRIBUTIONS

ZA developed the study idea. ZA, BBS, KÇ, MAÇ, AMÇ, MD, UE, MKA, ŞK, and LZ developed the methods. ZA, BBS, KÇ, MAÇ, AMÇ, MD, UE, MKA, MC, ŞK, and LZ contributed to data collection and data analysis. ZA, BBS, KÇ, MAÇ, AMÇ, MD, UE, FG, MKA, ŞK, LZ, MC, LB, JG, RK, and MR drafted the paper, ZA, BBS, KÇ, MAÇ, AMÇ, MD, UE, MKA, ŞK, LZ, MC, LB, JG, RK, and MR read and approved the final manuscript.

Conflict of Interest

The authors do not have a conflict of interest in this study.

References

Abramowitz, M. J., & Repucci, S. (2018). Democracy beleaguered. *Journal of Democracy*, *29*(2), 128–142.

Akdeniz, Y., & Altıparmak, K. (2018). *Turkey: Freedom of expression in jeopardy. violations of the rights of authors, publishers and academics under the state of emergency*. Retrieved June 09, 2019. https://wwwenglishpenorg/wp-content/uploads/2018/03/Turkey_Freedom_of_Expression_in_Jeopardy_ENGpdf.

Aluttis, C., Bishaw, T., & Frank, M. W. (2014). The workforce for health in a globalized context-global shortages and international migration. *Global Health Action*, *7*(1), 23611.

Avincan, K., Aydin, H., & Ersoy, E. (2023). "Us vs. them": Stigma, discrimination, social exclusion and human rights violations in Erdoğan's Turkey. *Journal of Contemporary European Studies*, *31*(4), 1323–42.

Aydin, H., & Avincan, K. (2023). Am I a terrorist or an educator? Turkish asylum seekers narratives on education rights violations after a crackdown following the 2016 failed coup attempt in Turkey. *Globalisation, Societies and Education*, *21*(1), 78–101. https://doi.org/10.1080/13642987.2020.1713108.

Aydin, H., & Langley, W. (2021). Introducing human rights in Turkey. In H. Aydin & W. Langley (Eds.), *Human Rights in Turkey: Assaults on Human Dignity*, Springer, 3–22.

Bezuidenhout, M. M., Joubert, G., Hiemstra, L. A., & Struwig, M. C. (2009). Reasons for doctor migration from South Africa. *South African Family Practice*, *51*(3). 211–215. https://www.ajol.info/index.php/safp/article/view/44783.

Bilewicz, M., & Vollhardt, J. R. (2012). Evil transformations: Social-psychological processes underlying genocide and mass killing. In A. G. de Zavala & A. Cichocka (Eds.), *Social Psychology of Social Problems: The Intergroup Context*, (pp. 280–307). Palgrave Macmillan/Springer Nature.

Bimal, M. K., Kaur, R., & Kaur, R. (2016). Factors intend to brain drain among staff nurses. *International Journal of Advances in Nursing Management*, *4*(4), 327–330.

Buchan, J., & Dovlo, D. (2004). *International recruitment of health workers to the UK: a report for DFID*. https://assets.publishing.service.gov.uk/media/57a08cd440f0b652dd0015b8/International-recruitment-of-health-workers-to-the-UK.pdf.

Chen, L., Evans, D., Evans, T., Sadana, R., Stilwell, B., Travis, P., van Lerberghe, W., & Zurn, P. (2006). The world health report 2006: Working together for health. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/43432/9241563176_eng.pdf?sequence=1&isAllowed=y.

Cumhuriyet (2023, April 1). *Erdoğan 'Giderlerse gitsinler'demişti: Doktorlar akın akın Almanya'ya... [Erdoğan Said, 'If They Go, Let Them Go': Doctors are Flocking to Germany...]*. Cumhuriyet. https://www.cumhuriyet.com.tr/saglik/erdogan-giderlerse-gitsinler-demisti-doktorlar-akin-akin-almanyaya-2066918.

Demir, V. (2021). Freedom of the media in Turkey under the AKP government. In H. Aydin & W. Langley (Eds.), *Human rights in Turkey: Assaults on human dignity*. (pp. 51–88). Springer Link.

Gall, C. (2019). *Spurning Erdogan's Vision, Turks Leave in Droves, Draining Money and Talent*. The New York Times. https://www.nytimes.com/2019/01/02/world/europe/turkey-emigration-erdogan.html.

Girdap, H. (2020). Human rights, conflicts, and dislocation: The case of Turkey in a global Spectrum. *American Journal of Qualitative Research*, *4*(1), 69–84.

Gökbayrak, Ş. (2008). [The debates on international migration and development: An investigation on brain drain]. *Ankara Üniversitesi SBF Dergisi*, *63*(3), 65–82.

Jackson, K. M., & Trochim, W. M. (2002). Concept mapping as an alternative approach for the analysis of open-ended survey responses. *Organizational Research Methods*, *5*(4), 307–336.

Kizito, S., Mukunya, D., Nakitende, J., Nambasa, S., Nampogo, A., Kalyesubula, R., *et al.* (2015). Career intentions of final year medical students in Uganda after graduating: The burden of brain drain. *BMC Medical Education*, *15*, 1–7.

Mandel, D. R. (2002). *Instigators of Genocide*. Oxford University Press.

Mayring, P. (2014). *Qualitative Content Analysis: Theoretical Foundation, Basic Procedures and Software Solution*. GESIS Leibniz-Institut für Sozialwissenschaften. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-395173.

People's Health Movement, Medact, Global Equity Gauge Alliance, University of South Africa (2005). *Global Health Watch 2005-2006: An Alternative World Health Report*. Zed Books. https://reliefweb.int/attachments/4d6ee887-f6d6-367d-a2bd-62da865ac63f/AF558D1E144DAD0BC1257130005C9B60-medico.pdf.

Rosenthal, G., & Bogner, A. (2009). *Ethnicity, Belonging and Biography: Ethnographical and Biographical Perspectives*. LIT Verlag Münster.

Sertdemir Özdemir, S., & Özyürek, E. (2019). Civil and civic death in the new authoritarianisms: Punishment of dissidents through juridical destruction, ethical ruin, and necropolitics in Turkey. *British Journal of Middle Eastern Studies*, *46*(5), 699–713.

Sidanius, J., & Pratto, F. (2001). *Social Dominance: An Intergroup Theory of Social Hierarchy and Oppression*. Cambridge University Press.

Siouti, I. (2016). Biography as a theoretical and methodological key concept in transnational migration studies. In *The Routledge international handbook on narrative and life history* (pp. 189–199). Routledge.

Stanton, G. H. (1998). *The Eight Stages of Genocide*. Genocide. http://www.genocide-watch.com/images/8StagesBriefingpaper.pdf.

Staub, E. (1990). Moral exclusion, personal goal theory, and extreme destructiveness. *Journal of Social Issues*, *46*(1), 47–64.

Tuncel, K. (2021). Turkey's New Emigration Wave and Its Implications. *MANARA magazine. Available at:* https://manaramagazine.org/2021/03/turkeys-new-emigration-wave-and-its-implications/.

Wiskow, C. (2006). *Health worker migration flows in Europe: Overview and case studies in selected CEE countries-Romania, Czech Republic, Serbia and Croatia*. Citeseer. *Available at:* https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161162.pdf.

Womack, V. (2021). Trauma of Turkish Women and Children in an Era of Political Unrest. In H. Aydin & W. Langley (Eds.), *Human rights in Turkey: Assaults on human dignity (S. 435–448)*, Springer Link.

WorldData(2022). *Development of asylum applications from citizens from Turkey 2000 to 2022. Asylum applications and refugees from Turkey*. Online (access date 14 February 2024). https://www.worlddata.info/asia/turkey/asylum.php#:~:text=Asylum%20applications%20of%20refugees%20from,in%20Iraq%20and%20in%20Norway.

Yildirim, T. (2009). [Health Workers and International Migration: A Study on the Causes of Migration]. *Ankara Üniversitesi Tıp Fakültesi Mecmuası*, *62*(3), 87–94.