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MIGRATION OF TURKISH HEALTHCARE PROFESSIONALS TO GERMANY: THE ROLE OF PUSH-PULL FACTORS

Master's Thesis

Esma Esra HAMURCU

Master of Science in Migration Studies

2024

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During this procedure of writing my thesis, in which I experienced what it means to be an immigrant and learned many things about life from the very beginning, thanks to the Erasmus process that I started during my Master's degree in Migration Studies, I must say that it was not an easy and fun process to write my thesis while I was busy getting used to a new country. I managed to complete this process by trying to eliminate the difficulties of adapting to many unforeseen difficulties and changes, and also by having the support of valuable people in my life. I would like to thank these people.

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Last but not least, I dedicate this Master’s thesis to the childhood of my dear friend Nazım Han, who left us at a young age to live among the stars

TABLE OF CONTENTS

ABSTRACT

Migration of Turkish Health Professionals to Germany: The Role of Push-Pull Factors

Rising trends of violence in hospitals, lack of protection for healthcare professionals by government policies, economic changes, and diminishing purchasing power have collectively initiated what we commonly refer to today as "healthcare professionals' migration," a phenomenon rapidly unfolding. Moreover, after COVID-19 has emerged, this challenging period has started to increase the current problems. This study focuses on understanding the migration of healthcare professionals, given their crucial role in current and future societal health. It explores the push factors that prompted their migration from Turkey and the pull factors that explain why they chose Germany as their destination. The data necessary for this study were obtained through semi-structured questionnaire forms and in-depth interviews. In light of the findings of this study, the most influential push and pull factors driving healthcare professionals from Turkey to Germany have been examined under the headings of financial conditions, political conditions, social conditions, working conditions, and violence, based on participant responses. Furthermore, geographic proximity, bureaucratic ease, and social networks have been identified as other attractive factors influencing the choice of Germany. The globalization of migration and the phenomenon of transnationalism align with healthcare worker migration in this study. Additionally, the presence of the Turkish population in Germany and the social networks of the participants highlight the importance of having familiar connections when making migration decisions. Besides, the COVID-19 pandemic and the February 2023 earthquake have further exacerbated their workload, psychologically strained them, and influenced their migration decisions.

Keywords: Brain drain, migration of healthcare professionals, push-pull factors

July, 2024

ÖZET

Türk Sağlık Çalışanlarının Almanya'ya Göçü: İtme-Çekme Faktörlerinin Rolü

Hastanelerde artan şiddet eğilimleri, sağlık çalışanlarının hükümet politikaları tarafından korunmaması, ekonomik değişimler ve azalan alım gücü, bugün yaygın olarak "sağlık çalışanlarının göçü" olarak adlandırdığımız ve hızla gelişen bir olguyu hep birlikte başlatmıştır. Üstelik COVID-19'un ortaya çıkmasının ardından bu zorlu dönem mevcut sorunları daha da artırmaya başlamıştır. Bu çalışma, bugünün ve geleceğin toplum sağlığındaki önemli rolleri göz önüne alındığında, sağlık çalışanlarının göçünü anlamaya, onları Türkiye'den göçe iten itme faktörlerini ve neden Almanya'yı hedef olarak seçtiklerini gösteren çekme faktörlerini araştırmaya odaklanmaktadır. Bu çalışma için gerekli veriler yarı yapılandırılmış anket formları ve derinlemesine görüşmeler yoluyla elde edilmiştir. Bu çalışmanın bulguları ışığında, Türkiye'den Almanya'ya sağlık çalışanlarını yönlendiren en etkili itici ve çekici faktörler, katılımcıların yanıtlarına dayalı olarak finansal koşullar, siyasi koşullar, sosyal koşullar, çalışma koşulları ve şiddet başlıkları altında incelenmiştir. Ayrıca coğrafi yakınlık, bürokratik kolaylıklar ve sosyal ağlar da Almanya'nın tercih edilmesinde etkili olan diğer çekici faktörler olarak belirlenmiştir. Göçün küreselleşmesi ve ulusötesilik olgusu, bu çalışmadaki sağlık çalışanı göçü ile örtüşmektedir. Buna ek olarak, Almanya'daki Türk nüfusunun varlığı ve katılımcıların sosyal ağları, göç kararı verirken tanıdık bağlantılara sahip olmanın önemini vurgulamaktadır. Ayrıca, COVID-19 salgını ve Şubat 2023 depremi iş yüklerini artırmış, onları psikolojik olarak zorlamış ve göç kararlarını etkilemiştir.

Anahtar Kelimeler: Beyin göçü, Sağlık Çalışanı Göçü, itme-çekme faktörleri

July, 2024

ABBREVIATIONS

TDK: Türk Dil Kurumu (Turkish Language Instutituon)

OECD: The Organization for Economic Cooperation and Development

DEIK: Dış Ekonomik İlişkiler Kurulu (Foreign Economic Relations Board)

TUIK: Türkiye İstatistik kurumu (Turkish Statistics Organisation)

TTB: Türk Tabipler Birliği (Turkish Medical Association)

LMICs: Low- and Middle-Income Countries

NHS: National Health Service

EEA: European Economic Area

SHW: Skilled Health Worker

COVID-19: Coronavirus Disease 2019

GDP: Gross Domestic Product

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1: INTRODUCTION

Migration constitutes a multifaceted phenomenon with significant social, political, and cultural ramifications impacting both societies and individuals. It precipitates host and home society alterations, encompassing decision-making processes and influencing factors. Additionally, the migration process itself is shaped by the socio-environmental dynamics of the host society post-migration (Ayyıldız, 2022). Conversely, brain drain is characterized by the departure of skilled and professional individuals primarily from developing nations to developed ones (Akcapar, 2009). The Turkish Language Institution (TDK, 2023) defines brain drain as the departure of individuals possessing advanced knowledge credentials, including certificates, diplomas, and other documents, and scientists and specialists who relocate to work and reside in foreign countries (Kilinc, 2022). Oxford University Learner's Dictionary (Oxford Learners Dictionary, 2024) defines brain drain as 'the movement of highly skilled and qualified individuals to countries offering better working conditions and financial remuneration.' Brain drain entails the migration of professionals and scientists, resulting in significant loss for their countries of origin. The outflow of highly skilled individuals from developing or underdeveloped nations to developed ones negatively impacts the emigrating countries, causing loss of costs, loss of human capital required for technology production, and loss of qualified people to work on research projects, leading to a widening gap between developed and less-developed countries (Yalcinkaya & Dulger, 2017).

Brain drain is not confined solely to migration from less-developed to developed countries, as Yalcinkaya& Dulger (Yalcinkaya & Dulger, 2017) argue, but also occurs between developed nations. For instance, the migration of Turkish healthcare professionals to Germany, which includes e.g. nurses, physicians and physiotherapists, is a well-documented phenomenon, mirrored by the migration of German healthcare professionals to Canada, the United States, and the United Kingdom. However, developed nations are better equipped to mitigate shortages through immigration, a luxury not readily available to developing or less-developed countries (Sagbas, 2009).

According to data from the Turkish Statistical Institute (TUIK, 2023), in 2021, the predominant age group among Turkish emigrants comprised individuals aged between twenty and twenty-four years (12.3%), followed by those aged between twenty-five and twenty-nine years (12.1%), and individuals aged between thirty and thirty-four years (10.7%). The Foreign

Economic Relations Board (DEIK, 2013), in its report "Istanbul International Higher Education and Turkey's Position" in 2013, asserted that Turkey ranked among the top five countries globally, with 1.4% of its population pursuing higher education abroad.

Highly skilled migration involves professionals who have completed higher education in their home countries and are expected to contribute to their respective societies. However, the inclination to emigrate and serve abroad raises pertinent questions. The departure of highly skilled individuals essentially results in losing researchers, scientists, and skilled labor from the sending country at minimal cost, based on Tanrısevdi, Durdu, & Tanrısevdi (Tanrisevdi, Durdu, & Tanrisevdi, 2019), rendering the country's investment in their education largely futile. Moreover, in critical sectors such as healthcare, the absence of these professionals may precipitate unforeseen challenges, leading to potential breakdowns in the healthcare system (Ozdede, 2023). Given that the primary objective of healthcare professionals is to safeguard public health and prevent diseases based on Özdede (Ozdede, 2023), their departure significantly impacts the provision of essential services, particularly evident in the aftermath of the COVID-19 pandemic. According to Taylor, Dirican, & Deuschle (Taylor, Dirican, & Deuschle, 1968), nearly 25% of Turkish physicians aspire to practice abroad, with over 10% actively considering relocation in the 1960s (Last, 1969). Today, The Turkish Medical Association reported (TTB, 2021) approximately eighty physician resignations per month, and unofficial sources indicate over eight thousand physician resignations within eighteen months ending in October 2021.

Various factors prompt individuals to emigrate from their home countries, encompassing political, economic, and social dimensions. In the context of Turkey, the escalating emigration rates primarily reflect shifts in the country's political landscape (Uguz, 2023). Political, economic, and sociocultural transformations since the early 2000s have propelled emigration trends. Additionally, the onset of the COVID-19 pandemic in 2020 compelled individuals to seek improved employment and living conditions over the past four years, resulting in a significant influx of Turkish immigrants, particularly in Western Europe (Uguz, 2023). Consequently, this phenomenon has led to an influx of highly skilled individuals in destination countries while exacerbating labor shortages across various sectors.

Germany consistently ranks among the top desired destinations for migrants due to the longstanding historical ties between the two nations (OECD, Recent Trends in International Migration of Doctors, Nurses and Medical Students, 2019). Acknowledging the need for highly

qualified immigrants to sustain their established systems, Germany has actively attracted migrants (Geurts, Davids, & Spierings, 2020). A recent legislative development, known as the 'new migration law' as Karaca & Yurttaş's (Karaca & Yurttas, 2020) consent, enacted in July 2023, exemplifies Germany's proactive stance. This law abolishes language proficiency requirements and diploma equivalency criteria for prospective worker migrants while reducing the naturalization period from eight to five years and facilitating family reunification. By implementing these measures, Germany aims to address its significant labor shortages by welcoming a substantial influx of migrant workers.

Emigration from Turkey and immigration to Germany are influenced by push and pull factors. Push factors, rooted in adverse circumstances prevailing in the home country, propel individuals to seek opportunities elsewhere. Conversely, pull factors, characterized by favorable conditions in the destination country, attract migrants (Cicek, 2023). This study will delve into the push and pull factors driving Turkish healthcare workers' migration to Germany after COVID-19 period. It seeks to comprehend the forces compelling individuals to leave their homeland and the allure of settling in Germany. Specifically, the study will scrutinize post-COVID-19 era push factors and elucidate migrants' experiences in Germany. This will be achieved through a comprehensive literature review and twenty interviews with Turkish healthcare professionals who migrated to Germany following the COVID-19 pandemic. By adjoining working conditions, lifestyle standards, and socio-economic contexts between Germany and Turkey for healthcare professionals, this study aims to provide up-to-date insights into migration dynamics within the healthcare sector.

1.1.Background And The Research Topic

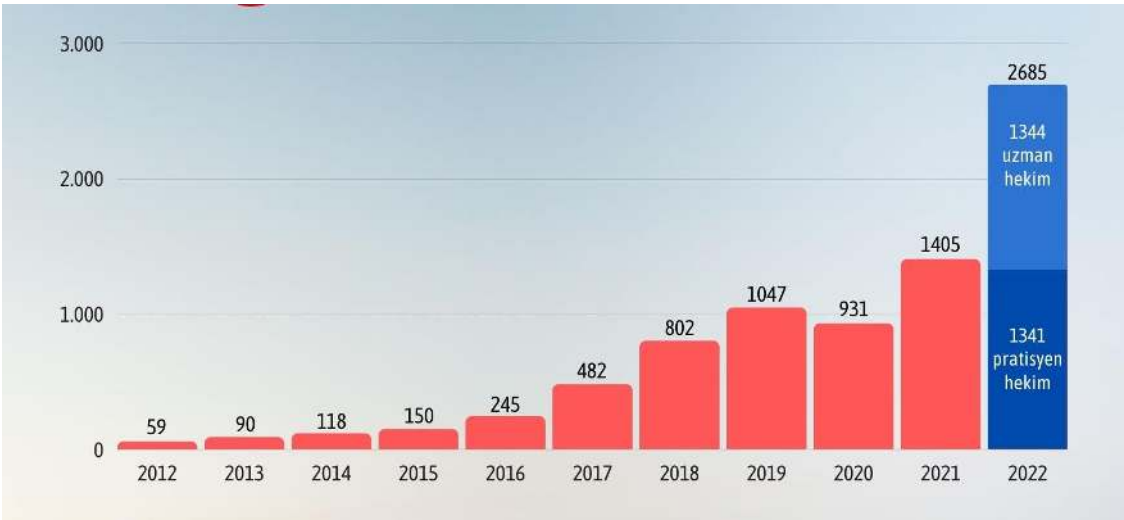
The constantly increasing population of Turkey because of the immigrants surfacing mainly from Middle Eastern countries has highly increased. The number of trained people in various sectors, including healthcare workers in the healthcare sector has also increased (Gencler, 2020). Especially after the beginning of the COVID-19 period, we saw that hospitals had many people and the number of healthcare workers was insufficient (Gencler, 2020). Since the beginning of this period, the population has increased, and the number of healthcare workers in hospitals has been decreasing. On the other hand, the increased number of migrations to Europe's Economic region has caused a gap in various sectors in Europe (Uguz, 2023). The increasing population goes hand in hand with a necessary increase in healthcare workers. Western European countries have especially started to look for new healthcare workers to fill

the gap in the healthcare sector (Uguz, 2023). They have begun to provide optimal conditions, which has attracted the people. When people compare conditions in Turkey and Europe, they start to make a choice, and this brings them to leave Turkey and start a new life in Europe.

Figure 1.1: Good Conduct Document from Turkish Medical Association in 2022

Resource: (TTB, ttborgtr, 2023)

Figure1.2: Good Conduct Document from the Turkish Medical Association in the Last 10 Years (2012-2022)



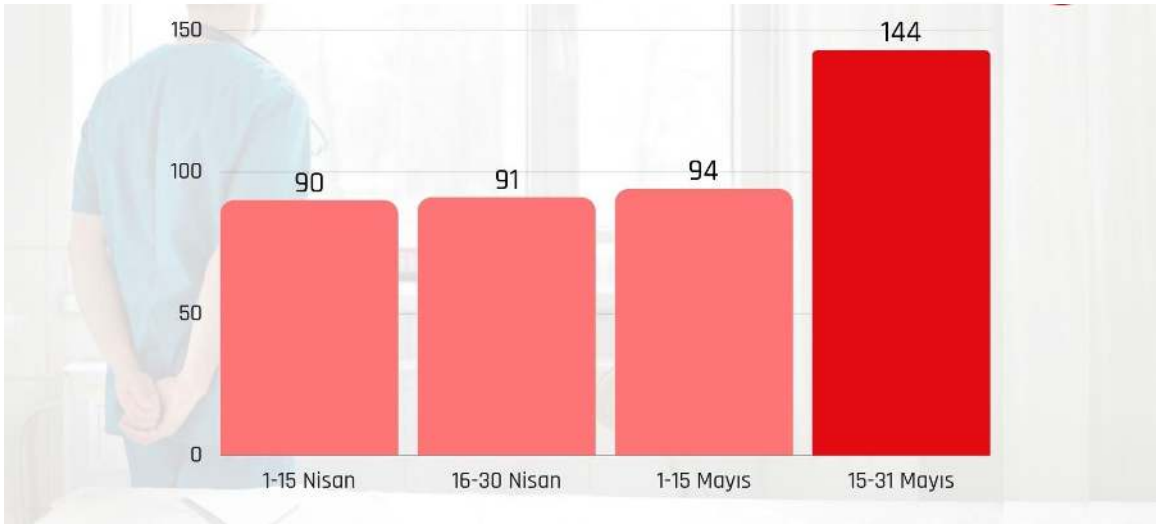
Resource: (TTB, ttborgtr, 2023)

Turkish Medical Association stated that (see Figure 1.1 and Figure 1.2) physicians have asked for their 'good conduct certificate' the most in 2022 in the last 10 years. This certificate can be used in a foreign country to prove their qualifications (Uguz, 2023). It allows them to

be recognized for their degrees by foreign governments. This certificate can be taken from the Ministry of Health and the Turkish Medical Association in Turkey (Uguz, 2023).

Moreover, according to the Turkish Medical Association's other statement (TTB, 2023) on their Twitter account, before the elections between 1-15 April, the number of people who wanted to have a 'good conduct certificate' was 90, between 16-30 April was 91, between 1-15 May was 94. Between the date of 15-31, it has increased to 144 (see Figure 1.3). This table signifies how the current political situation affects the choice of physicians in Turkey.

Figure 1.3: Number of Good Conduct Certificates Received from Turkish Medical Association in 15-Day Periods of The Last 2 Months (After 2022 Elections)



Resource: (TTB, 2023)

1.1.1. Social Networks

Turkish healthcare professionals take into consideration a high number of Turkish people when choosing Germany as their destination country since the social network is another significant reason for choosing the target country for potential immigrants (Sunata, 2014). Sunata (Sunata, 2014) stated that high-skilled migrants mostly share their social life with other skilled labor immigrants who come to that country, during their migration experiences. Most of all, people from the same or similar cultures come together and socialize. Gorgun (Gorgun,

2017) also stated in his study that social networks have a decisive role in determining the destination country and in the continuation of the migration process.

There are motivating factors and reasons behind each migration (Uguz, 2023). However, only some can successfully migrate around those who want to migrate. At this point, the social network comes to the fore. Social networks are vital relational frameworks that offer migrants resources, support, and information, greatly aiding their relocation and integration into new environments (Ryan & Mulholland, 2015). Relatives, friends, and social media groups play a role in helping people who want to migrate and look for opportunities at different levels (Demir, 2023). That is why some people can move quickly, but others cannot who wants to migrate.

Regarding migration to Germany, it is based on a long history between these two countries apart from healthcare professional migration. A migration relationship between Germany and Turkey makes migration convenient for potential Turkish immigrants (Uguz, 2023). Since Germany is a developed country, Turkish people mostly choose Germany to move to. Since the 1960s, millions of Turkish people moved to this country. The Turkish community has lived there, and there are many people to help and inform the new ones about the situation and how the process works in Germany. On the other hand, social media groups and other Turkish immigrants in Germany are willing to help each other during this process. Turkish diaspora meetings are highly popular, and there is an extensive communication network between Turkish highly-skilled groups (Yilmaz, 2023). Social media posts often highlight gatherings of Turkish healthcare professionals abroad, emphasizing the importance of shared values and community in immigrant life.

1.1.2. Working Conditions

Regarding healthcare professionals, the main reason and pull factor for some developed countries is that they have not raised enough healthcare workers and do not have enough medical labor force (Cronin, Clarke, Hendrick, Conroy, & Brugha , 2020). Because of easy movement, globalization has become renowned among professionals at the global level, and at this point, globalization causes the migration of knowledge and the migration of humans.

Healthcare workers' migration brings about undesired results. For instance, it may result in the corruption of essential health services in poor and undeveloped countries. Because of the

deficiency of healthcare workers, it can be observed that there is a decrease in the quality and amount of health services in addition to an increase in the workload of other healthcare workers. With the migration of healthcare workers, the function of the health system is disrupted. In addition, there are many effects on the emigration country's economy. The loss of healthcare professionals leads to health services slowing down, increasing demand for healthcare, and deteriorating public health. This hinders the prevention of epidemics and creates a negative cycle (Ozdede, 2023).

Globally, experiencing and working under COVID-19 conditions since the beginning of 2020 has shaped the expectations of healthcare professionals about life and work, and it has influenced decisions for moving the country (Saygili, Ataseven, & Yildirim, 2023). It has inspired some to move back to their home country and others to move forward to another country while optimizing countries based on whether the countries have successfully handled the pandemic process and have successfully protected their health workers during the COVID-19 pandemic. Working conditions, future plans, economic situations, and living conditions have started to shape the future direction of healthcare professional migration flows (Humpries, Creese, Byrne, & Connell, 2021).

In various countries, we can observe the migration of healthcare professionals. Moreover, in each country, push and pull factors may change. We can give examples from the literature by mentioning push and pull factors. For instance, a research study made in the United Kingdom (Korku, 2022) (Cronin, Clarke, Hendrick, Conroy, & Brugha , 2020) indicated that physicians have been working approximately between a quarter and half longer hours than average, and this is about to decrease in their life-work balance. Further, those physicians have reported that high levels of dissatisfaction with education, and career opportunities are the reasons for the migration of Irish physicians. Another research study made in Poland (Jakobczyk, Domagala, Kiedik, & Pena-Sanchez, 2020) indicated that 34% of physicians want to move from the country to Poland (Korku, 2022), to seeking for better conditions in foreign countries because of stressful working conditions in their current workplaces (Jakobczyk, Domagala, Kiedik, & Pena-Sanchez, 2020).

Moreover, the health system of the country, mentor support, and team soul may have been affecting the decision to move to another country (Bezuindenhout, 2009). However, the push factors are more distinctive than the pull factors in the migration of healthcare professionals. The most important push factors are salary, HIV/AIDS, life quality deficiency,

crime and violence, civil conflict, and political instability (Bezuindenhout, 2009). However, the distinguishing characteristics of this research will be the pull factors that arise in the aftermath of COVID-19. Pull factors for Germany have been found in a very stable labor market, including highly technological equipment, simple procedures, income opportunities, gaining working experiences abroad, and possessing German language skills physicians (Gkolfinopoulos, 2016).

Another reason for the resignations of healthcare workers in recent years are the system and the health policies (Bestas, 2024). A Twitter account named 'KSerefhanoglu' shared some messages from physicians who moved from Turkey, which supports this argument. "Derya Ece Ilıman, a 31-year-old obstetrician, said: "*I couldn't do anything but only work in my country and then sleep. I used to hold ten shifts each month for two years; each was thirty-six hours. I had a constant fear of being abused. Every day, I said to myself, 'Of course, this situation will change one day. 'But I was so tired of continuing like this, and I left my country. There are problems here; people wait in line for hours but don't even make a sound. Put aside violence, I've never even heard a person speak loudly. The system is based on respect for each other. The word '**let them go if they go**' (**giderlerse gitsinler**) was very hurtful. You are breaking your people, your own country. You don't want to do anything. You don't care if they give a lot of money. You don't want to stay. Now they say, 'Come back to your home'. Which home did they leave us, as a home, for us to return? They even took the idea of 'home' from people*." (KSerefhanoglu, 2023).

Today, the number of physicians per thousand inhabitants in Turkey is lower than the average of OECD countries, which is also an essential reason for the international migration of physicians (Aydan, 2023). This indicates that the number of healthcare professionals in Turkey is below than expected level and this causes an over workload and dissatisfaction in the workplace for healthcare professionals. This may cause healthcare professionals to do new searches. In a research study conducted by Mollahaliloglu et al. (Mollahaliloğlu, Çulha, Kosdak, & Öncül, 2014) with 3690 newly graduated general practitioners in 2009, approximately 70% of the participants stated that working conditions in Turkey were the most important reason for living or working abroad. According to the Physician Migration Abroad Survey conducted by the Nationalist Physicians Association and the March 14 Medical Students Association (The Nationalist Physicians Association and the 14 March Medical Association, 2022), in which all physicians of the country were considered as the population,

the rate of those who answered the question ‘Are you satisfied with working as a physician in our country?’ as definitely dissatisfied is 50% and the rate of those who responded as dissatisfied is 38.3%. The rate of those who are satisfied is only 9 percent. In the same study, the % of physicians who intended to work abroad was 72%, and the % of physicians who tried to work overseas was 49.71%. According to the study, also administrative reasons and performance pressure are decisive in physicians' desire to work abroad, respectively. The same study also revealed that 84% of medical students considered going abroad (Aydan, 2023).

According to a study by Istanbul Economy Research (TurkiyeRaporu.com, 2022), the rate of healthcare workers who say that the workload of healthcare workers increased during the COVID-19 period is 85%. OECD countries, which need more healthcare workers during the pandemic, have started to develop new policies and facilitate procedures to recruit healthcare workers from abroad. In addition, the economic crises in Turkey and the February 2023 earthquake played an encouraging role in healthcare worker migration. This has caused even healthcare professionals just starting their careers to migrate abroad (Aydan, 2023). Twitter account ‘KSerefhanoglu’ shared another tweet about another physician. “Pediatrician Mustafa Güler (35 years old, Netherlands): *I worked like a racehorse in Turkey. While the number of duties should have decreased according to seniority, it constantly increased. I had 13 duties in a month. Each one lasted 36 hours. On the way home, I fell asleep many times while driving. Thankfully, I didn't have an accident. I was seeing a patient every five minutes. I miss my country, people, and sincerity. I can return if working conditions will be improved*.” (KSerefhanoglu, 2023).

The pandemic, which started in March 2019, also affected the workload of healthcare workers. In a research study by Orlan (Orhan & Gumus, 2021) measured the stress levels of healthcare professionals during the pandemic. They researched almost 1500 healthcare professionals who work in various cities and hospitals in Turkey, and they discovered that the pandemic put healthcare professionals in a unique situation, which is extremely difficult. Orhan and Gümüş (Orhan & Gumus, 2021) found that over half of their participants, including nurses, physicians, assistant physicians, dentists, technicians, and physiotherapists, experienced moderate to high stress levels. This stress and high pressure affect the performance of healthcare professionals by causing mental health problems and leading them to feel burnout. Another tweet about another physician from the account ‘KSerefhanoglu’ also shows the increased workload of health professionals in Turkey. “Dr. Pınar Demir (41 years old, Gynecologist,

Germany): *People were treating physicians with such disrespect that they were surpassing their limits... We had no security of life. Everyone in Germany knows where to stand. Nobody makes you tired and nobody raises their voice at you. There is nothing that exists about violence. I was working six days a week in Turkey. I had no private life, no weekend vacation. Let's say I worked at night. I was still working the next day. Our working conditions were inhumane. You give so much from your life to become a physician in Turkey that there comes a time when you say, 'It is not worth it'. For example, I am currently preparing for the specialty exam, working from 8.30 to 14.30 in the morning. I have never wanted too much money. I just wanted to live like a human being and have peace. I always have an option to return, and I can return. After all, my loved ones are there. But right now, there is no environment in Turkey that I can return to. But if they change the working conditions to human dimensions, why should I not return if the violence ends?"* (KSerefhanoglu, 2023). According to Law No. 657 on Civil Servants, the weekly working time for public servant physicians in Turkey is 40 hours. However, it is regulated that different working hours may be determined in exceptional cases. Within the framework of this broad authorization, long working hours have been imposed on physicians. It is stated that the weekly working hours of on-call physicians can reach 120 hours, especially in cases where the number of personnel is insufficient (Aydan, 2023).

A Twitter account named 'DahiliyeDoktoru' tweeted about the problems experienced by physicians in Turkey; *Problems with incentive payments, Clinic restrictions, Mobbing, Unstoppable violence, Consultation times of less than five minutes, five hundred days of compulsory service for physicians who cannot find shelter and water in the earthquake zone, Assistants in the earthquake region, so-called followed but often unpunished white code cases.* (DahiliyeDoktoru, 2023). In this tweet, it is pointed to the effect of the earthquake, as well.

The earthquake, which happened in February 2023 in Turkey, affected all healthcare professionals all around the country, both physically and mentally. This big earthquake occurred in Turkey on February 6 and caused a significant financial and moral loss. Healthcare professionals who lived in the region and also who came to the area for help were affected by the situation and lived with significant stress and anxiety disorders afterward. After big traumatic cases such as earthquakes, not only the healthcare professionals who live there but also the other healthcare professionals who follow the news from the radio, TV, and different social media channels may show post-traumatic stress disorder symptoms (Sehlikoglu, Yilmaz-Karaman, Yastibas-Kacar, & Canakci, 2023). On the other hand, another study showed us that

healthcare professionals who lived the earthquake in real feel burnout and Show less personal success than the healthcare professionals who did not live the earthquake in real (Valenti , et al., 2014) (Zhen, et al., 2012).

1.1.3. Mobbing

According to another tweet, it is pointed to mobbing and lifetime compensation which is also a reason for being stressful for healthcare professionals. As it can be seen, mobbing in hospitals is another critical issue that healthcare professionals often face. Mobbing means psychological harassment, violence, and hostile behavior applied against a person working in a workplace by one or more people in the same workplace (Bestas, 2024). Although mobbing threatens all professional groups, this research (Bestas, 2024) has shown that this situation occurs most in the health sector. According to the results of this study conducted by Bestas (Bestas, 2024), the job satisfaction of healthcare workers exposed to mobbing is lower than the rest. This post shows the pressures on healthcare professionals in their workplace, as well.

1.1.4. Violence-Respect

When we focus on the healthcare professional migration, from another side, there has been a critical topic that the specialists highlight. That is ‘the violence’. Violence against healthcare professionals in Turkey has become a problem that needs to be focused on by the authorities (Uguz, 2023). According to public health experts and analysts from the Turkish Medical Association, this ascending trend of migration of Turkish healthcare professionals is caused by Turkey’s economic meltdown and a rise in cases of violence against healthcare professionals (Genc, 2022). In the Sputnik broadcast dated May 5, 2023, the general secretary of the Turkish Medical Association, Prof. Dr. Vedat Bulut, mentioned that this culture of violence, which has started to emerge in Turkey, is the biggest reason for the movement of healthcare professionals. He said that following people's statements in street interviews 'we have become able to beat the healthcare professionals': *'The majority of people in Turkey still have the courtesy, but unfortunately, some circles have a culture of violence and immorality! We sued this violence case in 2019, and the Ministry of Health did not give us this data even though they had statistics.*

However, we know that there is 30% verbal violence and five percent physical violence. These are just the amounts reflected in the white code, which healthcare professionals note in

case of emergency. Healthcare professionals are very busy; they do not report many cases and work in cramped conditions. However, we do not count the threats made on social media, namely virtual violence. This situation causes burnout syndrome and many other psychological problems. Typically, violence is the most important cause of healthcare professional Migration. Instead of serving in such a rude society, people prefer to go abroad, where violence is severely punished. Thirty-forty years ago, there was no concept of violence in our culture, as well. Unfortunately, it has increased as ignorance has increased. Violence is now spreading in all areas of society, but it is a very different dimension in health. Services are disrupted, and other people's lives are in danger. This situation needs to change. The state needs to make legal regulations on this issue, raise public awareness, and reshape people's culture. The language of violence that encourages violence should be removed from television.' (Cagatay, 2023).

According to Maral and Özdemir (Maral & Özdemir, 2023), the biggest reason why healthcare workers are exposed to violence is the disorders in the healthcare system. If efficiency in the healthcare system increases, the anger that leads to violence will decrease and disappear. The insufficient number of healthcare professionals and inadequate healthcare services make people angry and direct their rage toward healthcare workers (Bestas, 2024). Poverty, lack of education, social inequality, mental health problems, and other factors also affect violence against health workers according to Maral and Özdemir (Maral & Özdemir, 2023).

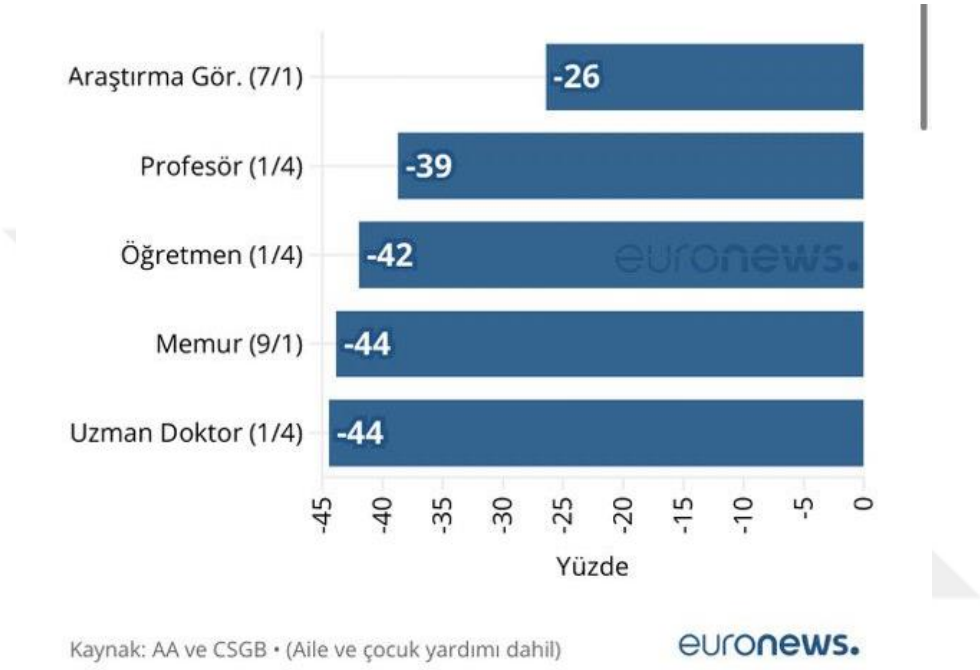
Verbal and physical aggression towards healthcare professionals distinguishes Turkey from healthcare professionals' emigration (Uguz, 2023). In 2013, the Health Union conducted research to quantify the incidence of violence against healthcare staff. It was determined that 8 out of 10 healthcare professionals in Turkey were exposed to verbal or physical violence. According to the research, healthcare violence in Turkey is most seen in the southeastern Anatolia region (HSSWU, 2013). The most minor violence is seen in the Eastern Anatolia region and the Black Sea region (HSSWU, 2013). It is also reported when a Turkish citizen says, "*Beating medical personnel is my wealth*" in a street interview conducted by Ilave TV. (ILAVETV, 2024). On 16.03.2024 Turkish physicians had a demonstration against violence in hospitals all around Turkey (TTB, 2024).

'KSerefhanoglu' shared another tweet about physicians "Dr. Uğur Üçyıldız (England): *Why would I want to work in such an environment if I was exposed to violence while working*

in an ambulance, even while trying to reach a patient's home within 8-12 minutes?" (KSerefhanoglu, 2023).

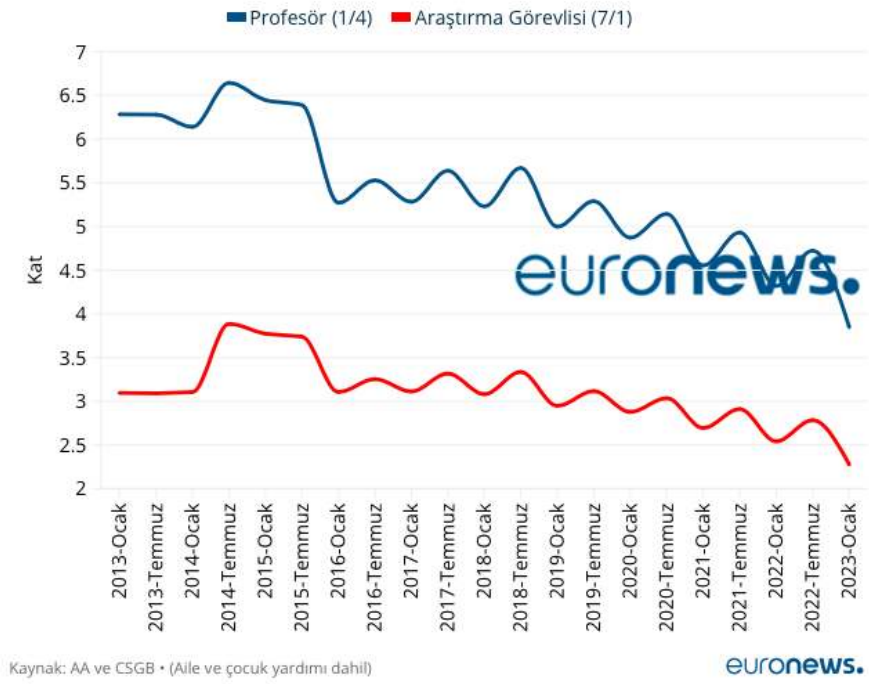
1.1.5. Financial Reasons

Figure 1.4: The Ratio of Teacher, Physician and Civil Servant Salaries to Minimum Wage in Turkey (2013-2023)



Resource: (Euronews, 2023)

Figure: 1.5: The Ratio of Salaries to Minimum Wage in The Last 10 Years (2013-2023)



Resource: (Euronews, 2023)

There is an economic dimension of this situation. These people's salaries' buying power has lost value incredibly since 2003 (seen Figure 1.4 and Figure 1.5). Physicians' salaries have depreciated by 44% in the last 10 years against the minimum wage.

The incomes of both general practitioners and specialists in Turkey remain lower than in most other OECD countries, and their incomes in dollar terms have steadily decreased over the years (Aydan, 2023). When we look at the salaries of healthcare professionals in Turkey, we see that nurses and other healthcare professionals receive salaries slightly above the hunger line, and even specialist doctors receive wages below the poverty line. Healthcare professionals unable to fulfill their requirements and desires due to a lack of financial earnings sometimes choose to quit their current positions and relocate to other countries due to changes in social structure, political influences, and psychological circumstances (Bestas, 2024). However, a tweet from Dr. Hakan bahadır (drhakanbahadir, 2023) shows the salary of physicians in Germany, according to their working years and seniority. As said in the tweet, the one-year assistant physician salary is 5.490 euros (gross), and the one-year specialist physician salary is 7.165 euros (gross). It has not been verified whether these salary figures are accurate; however, they are shared as they reflect the perceptions of healthcare professionals, which is also important. On the other hand, Dogan (Dogan, 2024), in his study, mentioned that the salary of

a newly graduated doctor is 5.000 euros in Germany. On the other hand, in Turkey, the specialist physician's salary has decreased more than two times against minimum wage in the last ten years (drhakanbahadir, 2023).

Most healthcare professionals are exhausted and crushed under heavy working conditions, as Özdemir & Kerse (Ozdemir & Kerse, 2020) consented, due to decreased economic purchasing power. Since Turkey is the 3rd country hosting the most refugees in the world, according to Gençler (Gencler, 2020), these migration flows are thought to be one reason for increasing the workload. Therefore, the remarkable salary difference between Turkey and Germany attracts Turkish healthcare professionals and leads them to migrate to Germany and other developed countries where they have more purchasing power.

1.1.6. Political Discourse

Turkish journalist Ruşen Çakır released a series (Cakır, 2023) in August 2023 about Turkish people who emigrated after 2017 from Turkey to various countries. The time points out the beginning of the new presidential system in Turkey. He conducted interviews with almost 80 high-skilled people, including Turkish physicians, LGBTIQ, and women who are Turkish citizens all over the world. As he claimed, according to his interview results, the most common reasons for leaving Turkey are mental peace, physical security, freedom of thought, predictability of political agenda, and a stable life expectancy. In these interviews, although all attendees used to live in better conditions in Turkey than most of the population, they preferred to move out from there. For healthcare professionals, even though migration conditions are difficult, for instance, IT personnel do not have to know the language of the target country, healthcare professionals have to know the language very well, and they also have to take professional qualification tests in Germany, they left their positions, sometimes their titles and come to Germany or another developed country as an assistant doctor. This journalist's work also highlights the political pressures in Turkey from the perspective of his interviewees.

1.1.7. Social Reasons

Furthermore, 'KSerefhanoglu' shared another tweet about another physician who had also moved from Turkey. "Demre Delipınar (26 years old, assistant in a psychiatric hospital in Germany for 1.5 years): *My friends in Turkey work in many heavier conditions than me, and they often come to exhaustion. Even working one hour of overtime is considered a sacrifice in Germany but not necessary in Turkey. From the day we start to work, we have the right*

tovacation 30 days a year. It is also possible to work only 3-4 days a week. Moreover, patients and their relatives treat us with great respect. Sometimes, I miss home, but I am delighted with my living conditions here." (KSerefhanoglu, 2023).

1.2. The Research Aim And Its Importance

As discussed in Chapter 1.1, there have been plenty of reasons to move out from Turkey from the Turkish healthcare professionals' point of view, including the power of purchase, violence, working conditions, mobbing, free time, number of duties, salary, intensive working hours, respect and political discourses. We consider these reasons as 'push factors. There have been other reasons, including the reasons Turkish healthcare professionals choose Germany to move in; we call them 'pull factors' as well.

I decided to study this topic to understand how Turkish healthcare professionals evaluate the push and pull factors in their decision to migrate and why they chose Germany in particular. To carry out my research, a general framework on push and pull factors theory was first drawn, and social network theory was second drawn. Turkish healthcare professional migration and the current situation in Turkey were discussed. Also, German and Turkish health systems were reviewed. In my research, I have focused on push and pull factors such as working conditions, the political situation of Turkey, economic conditions, social and family life, and violence for the study and to ask them some questions that were mentioned in the methodology part completely. However, the main research questions of this study are;

- How and in what ways do Turkish healthcare professionals evaluate major push factors and what are the meanings of push factors for them?
- How and in what ways do Turkish healthcare professionals evaluate major pull factors and what are the meanings of pull factors for them?
- Given the high Turkish population in Germany, are social networks affecting their decision to migrate to Germany?

Turkish healthcare professionals, who studied in Turkey and moved to Germany after the COVID-19 pandemic have been chosen as a case study. Examining Turkish healthcare professionals in Germany is an exciting topic since Turkish people constitute one of the most crowded foreign groups living in Germany. Turkish people have a long history in this country, as mentioned in Chapter 2.1.

Healthcare professionals in Turkey started to migrate to developed countries in recent years, also after the start of the COVID-19 pandemic (Saygili, Ataseven, & Yildirim, 2023). This situation might be related to the increased workload due to the pandemic and the political environment in Turkey, as well as the economy, working conditions, social changes, violence, and salaries. At the same time, the salary and working conditions in Germany. In this study, I investigated why Turkish healthcare professionals decided to migrate and tried to determine the influential factors. I tried to determine the push factors for Turkey and the pull factors for Germany. Additionally, I investigated why Turkish healthcare professionals have chosen to migrate to Germany, and whether social networks affect this decision-making process or not within the scope of social network theory. To answer all these questions, I interviewed 20 Turkish physicians, nurses, and physiotherapists, who migrated to Germany after the COVID-19 pandemic emerged.

CHAPTER 2: GENERAL OVERVIEW

2.1. Migration to Germany

Since the 1970s, when the term 'immigrant' is used in Germany, Turkish people are the first to come to mind. Among the immigrant population of 13,383,910 people, Turkish individuals constitute the largest group, numbering 1,487,110. (Bundesamt, Statistiches bundesamt, 2023) The labor agreement between Turkey and Germany, signed in 1961, was considered temporary at that time. Consequently, Turkish workers did not prioritize language acquisition and did not learn German. This agreement differed from those with other EU countries as it did not include a 'family reunification' clause, leading to the perception of Turkish workers as 'temporary' residents. As a result, they did not integrate into society and lived isolated lives, without receiving vocational education from Germany. Their primary goals were to save money, secure their family's future, and achieve a better standard of living upon returning to Turkey. The conditions for the second generation of Turkish immigrants were divided into two scenarios: 1. Those who immigrated to Germany through family reunification, and 2. Those born and raised in Germany. The first group of Turkish children faced difficulties due to language barriers and often had to work in heavy, low-skilled jobs like their fathers. However, the integration of the second group was easier, as they spoke German as their native language. Despite this linguistic advantage, they were culturally caught between the lifestyle of their families and the environment in which they were educated (Uzunpinar, 2022).

As previously discussed, the agreement between Turkey and Germany was signed during a period when Germany faced a significant labor shortage post-war, while Turkey experienced high unemployment. This agreement was mutually beneficial: Turkey gained foreign currency through remittances and alleviated its unemployment problem, whereas Germany addressed its labor shortage (Karaca & Yurttas, 2020). As previously mentioned, the 'guest worker' status of Turkish laborers, who initially migrated temporarily, was later extended by the German government, leading to workers bringing their families and becoming permanent residents in Germany. Additionally, some Turkish workers returned to Turkey (Gundogmus & Arpaci, 2019).

Turkish labor migration to Germany continued until the 1973 economic crisis and the subsequent oil crisis. This was followed by the 1980 coup in Turkey, during which there was a

significant increase in migration, including individuals from both the political left and right, as well as Kurdish populations (Gundogmus & Arpaci, 2019).

Additionally, since the onset of COVID-19, many highly skilled Turkish individuals have begun to leave the country (Aydan, 2023). Turkish journalist Rusen Cakir, in a broadcast on Mediascope TV via YouTube titled 'Big Migration,' mentioned that Turkish people in Germany are divided into two distinct groups: the first-generation Turkish immigrants and their children, and the recently migrated highly skilled individuals. According to Cakir, these two groups rarely interact and exist in essentially different worlds. He asserted that people feel a stronger connection with those who share similar worldviews, regardless of their country of origin, than with compatriots who have differing perspectives. This phenomenon illustrates the concept of becoming a 'global citizen,' as the world becomes more interconnected. Cakir emphasized that this migration is not driven by economic or professional motives but represents a fundamental break from Turkey, driven by a desire to leave the country (Cakır, 2023).

Figure 2.1: Where the World Wants to Move to in 2023

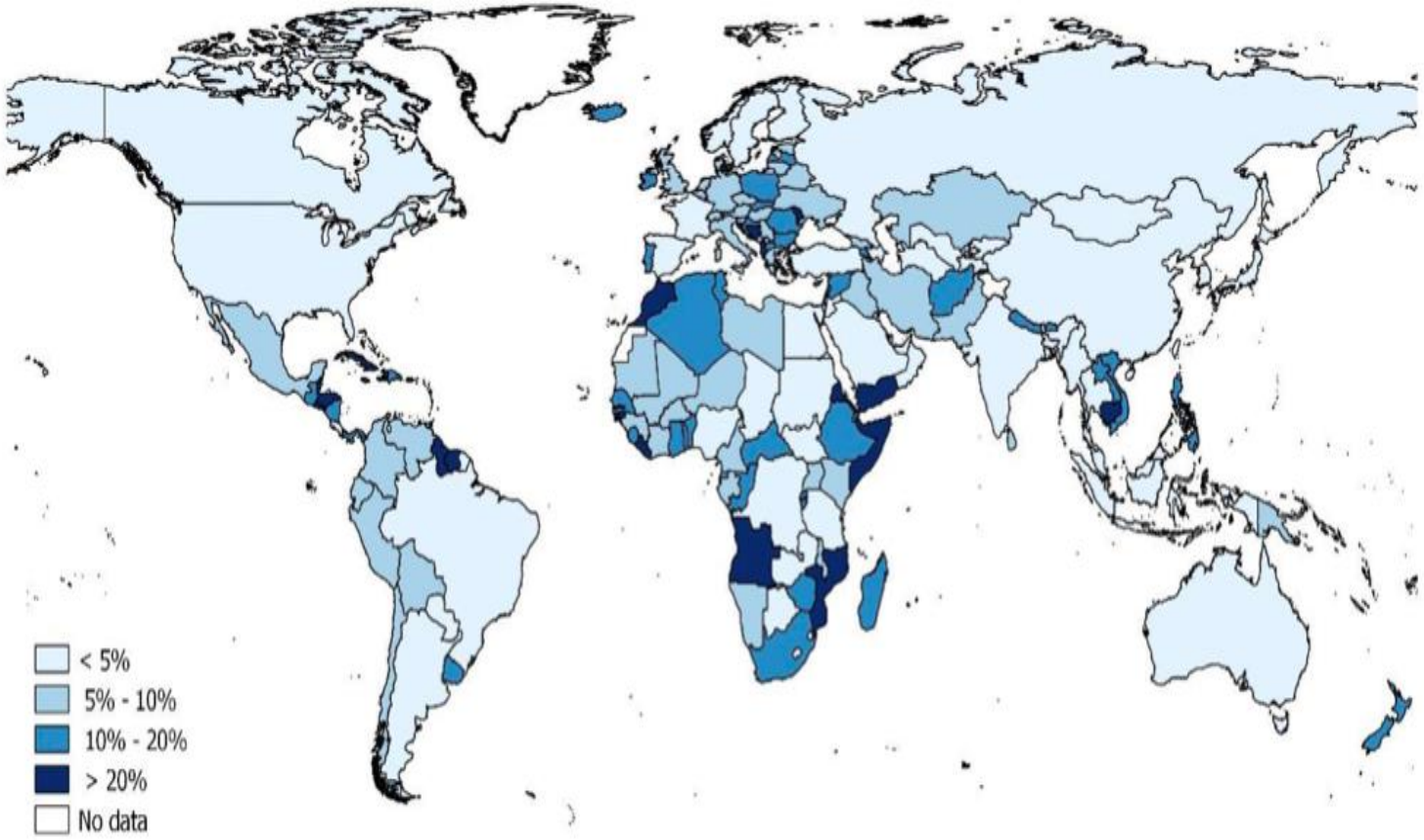
Resource: (Thelanguagenerds, 2023)

As depicted in the map (see Figure 2.1), improved by (Thelanguagenerds, 2023), which map created from the data of Google, Turkish people in Turkey mostly want to move to Germany. Geographical distance (Dedeoglu & Genç, 2017) and intense Turkish population (Levent, 2008) make Germany a target for potential Turkish immigrants as a developed country. 'Social welfare' (Dudu & Rojo, 2022) is an important fact for the brain drain. However, there is an important point that should not be forgotten is the brain drain not always based on monetary reasons. The countries which can not develop ideologies proper to the perspective of young people are every year lose their highly skilled people (Dulger, 2017).

Regarding highly skilled migration and brain drain, it is crucial to facilitate the ability of these individuals to contribute to their home countries after gaining valuable experience abroad. Utilizing their networks and channeling their savings back to their home countries is also significant. From a transnational perspective, maintaining ties with their home country and staying informed about its developments are essential. Social networks, communication networks, and applications such as Telegram and WhatsApp play a vital role in this process. These platforms are used not only for communication but also for enabling contributions to their home countries (Gunes, 2017).

Health Professionals are a part of the Global Migration Trend and during the last couple of decades, it has been happening much more than in previous years (Turin, Chowdhury, Rumana, Lasker, & Qasqas, 2022). Developed countries like Germany, due to their forecasts of a high-skilled worker shortage, apply some policies to recruit people who have quality professions (Ploger & Becker, 1981). Therefore, high-skilled migration predominantly occurs in developed countries. It can be observed that as a result of these policies, there has been a significant increase in high-skilled migration to these regions. According to a report in date of 2011 indicated that 26 million high-skilled immigrants, who have University degrees, were living in OECD countries (Ploger & Becker, 1981), (Koser & Salt, 1997), (Iredale, 2001), (Widmaier & Duomont, 2011).

Figure 2.2: Emigration Rate of The Highly Skilled Around the World in 2020

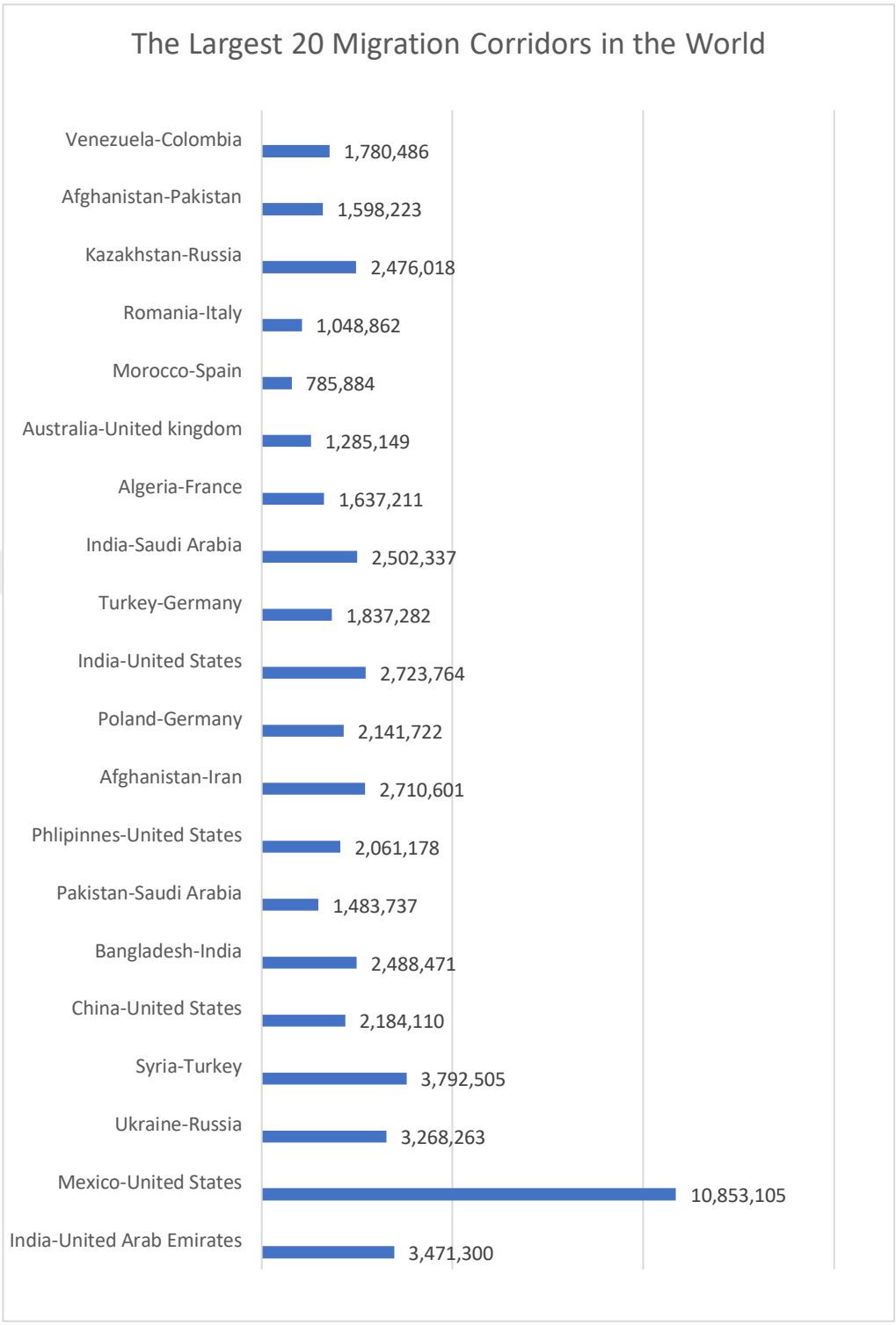


Resource: (D'aiglepierre, ve diğerleri, 2020, p.23)

The changes in today's developing world facilitate faster and easier movement. Additionally, numerous low-cost flight options and new technologies enable people to maintain contact with family and friends regardless of location and time. Globalization and internationalization have created a competitive environment where countries strive to attract highly skilled and educated individuals. Some European countries, such as Germany, are experiencing a labor shortage due to demographic shifts and are attempting to address this through international brain migration. They believe that the immigration of highly skilled individuals can mitigate these demographic challenges. In the 1960s, Germany primarily employed low-skilled workers (Gästarbeiter) through temporary agreements. However, in the 2000s, the focus has shifted to employing highly skilled individuals in knowledge-intensive positions. Recent changes to Germany's immigration policies now allow highly skilled non-EU individuals to move with their families and obtain permanent residency. The motivations of Gästarbeiter and today's highly skilled migrants differ significantly. Highly skilled individuals now occupy a privileged position, and international movement has become more common. One of the significant benefits of globalization is that these individuals can migrate with a transnational perspective, maintaining connections with their home countries while forming new connections in host countries, thus creating a new identity. They can establish networks globally, remain part of new communities, and transcend national borders (Fobker, İmani, Nipper, Otto, & Pfaffen, 2016).

The migration corridor between Turkey and Germany is one of the largest in the world (see Table 2.1). According to the IOM database, in 2022 (IOM, 2022), the number of Turkish immigrants in Germany was 1,837,282. The history of migration between these two countries dates back to the 1960s, and since then, the number of Turkish immigrants has exceeded millions. This figure does not include individuals who have acquired German citizenship.

Table 2.1. The largest 20 Migration Corridors in The World



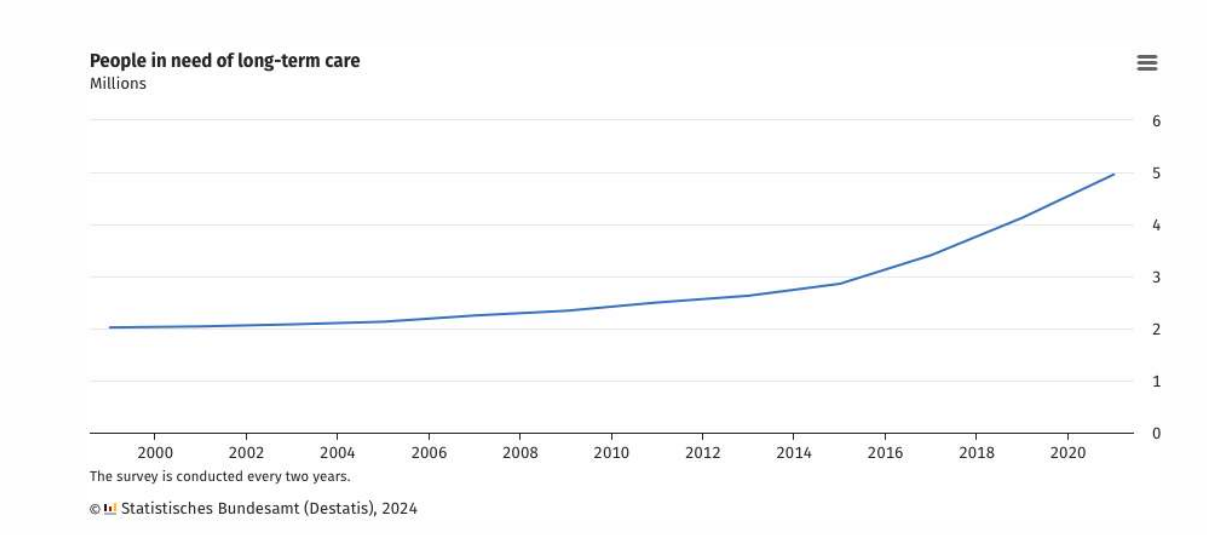
Resource: (IOM, 2023: pg.25)

2.2. German Health System

Germany is a social welfare state, as mandated by its constitution. One of the primary missions of the state is to provide equal conditions for protecting and improving the health of its citizens, regardless of their social and economic status. Germany ensures that everyone can benefit from its health services. The groups responsible for the country's health system and the delivery of health services include the Federal Ministry of Health, health insurers, health professional associations, patient organizations, and aid groups. According to general laws, every citizen and resident is required to have health insurance. In Germany, everyone has a family physician, who oversees their health from childhood. Referrals to specialists and other medical services are made by these family physicians. In most hospitals, all patients receive treatment irrespective of whether they have private or statutory health insurance. (Husmenoglu & Kusakli, 2021).

Germany's population has been aging rapidly (see Figure 2.3). The number of people in need of care increased from 3 million in 2016 to 5 million in 2021, marking a rise of 2 million in just five years. Approximately one-third of those requiring care are over the age of 85. This demographic shift underscores the urgent need for healthcare workers, including physicians, nurses, and physiotherapists, in Germany (Bundesamt, Statistiches bundesamt, 2023).

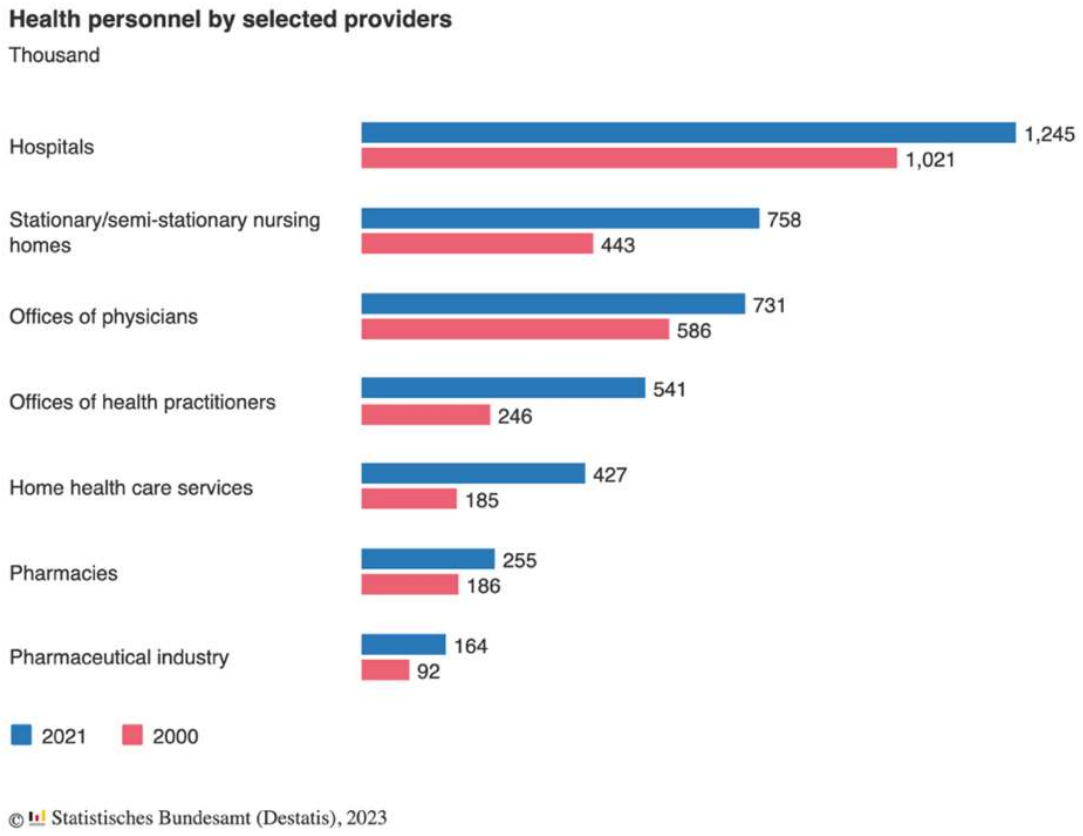
Figure 2.3: The number of people in need of long-term care in Germany



Resource: (Statistiches bundesamt, 2023)

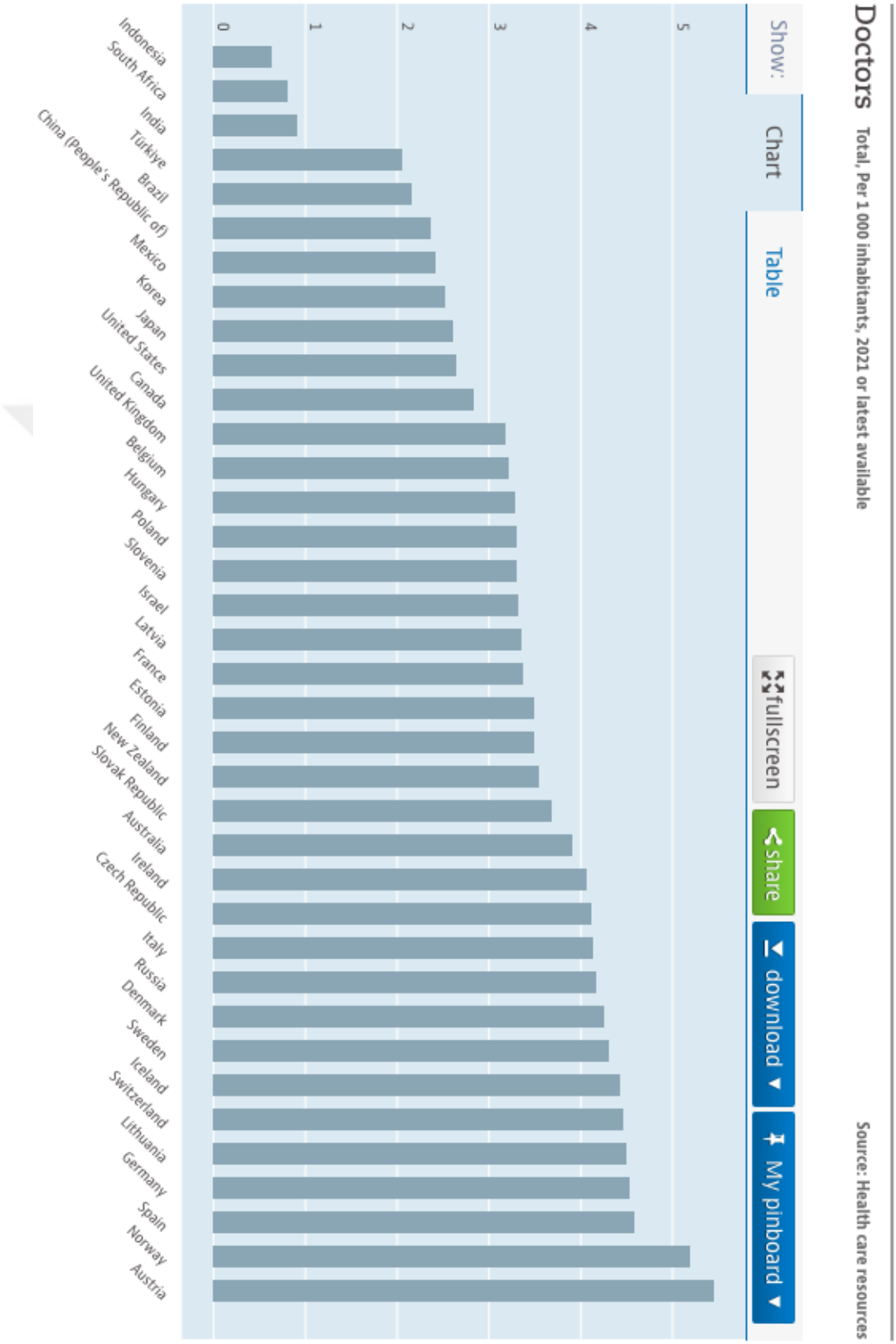
Dr. Gkolfinopoulos (Gkolfinopoulos, 2016) noted in his study that developed countries like Germany require healthcare professionals due to demographic factors, such as an aging population. Consequently, these countries often recruit healthcare staff from less-developed regions to address their workforce shortages. As illustrated in Figure 2.4, the distribution of healthcare workers in Germany from 2000 to 2021 shows a clear increase in the number of medical staffs over the years.

Figure 2.4: Health Personnel by Selected Providers



Resource: (Statistiches Bundesamt, 2023)

Figure 2.5: Number of physicians per 1000 Person in OECD Countries in 2021



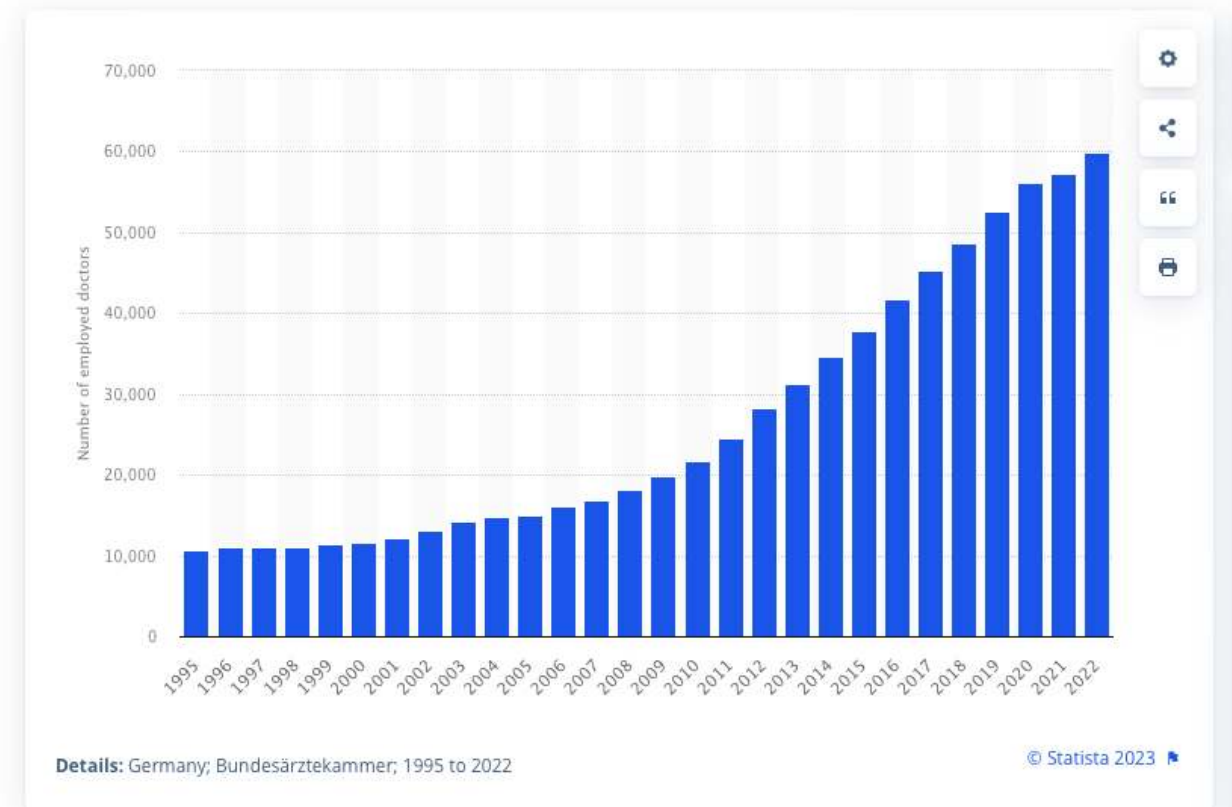
Resource: (OECD, 2023: pg.13)

Germany conducts various campaigns to attract medical staff, offering numerous incentives to entice them (see Figure 2.6). As illustrated in Figure 2.5, among OECD countries, Germany has approximately 4.3 physicians per 1,000 people, whereas Turkey has about 2.1 physicians per 1,000 people. The emigration of healthcare professionals from Turkey continues to reduce its number of physicians, while Germany benefits from this influx. According to OECD data (OECD, 2019), Germany ranks fourth in the number of physicians among OECD countries. A Twitter news account 'KRTKULTURTV' shared another news (KRTKULTURTV, 2023) that a hospital in the Charlottenburg region is offering €8,000 as a welcome bonus to foreign nurses. Additionally, it is claimed that most hospitals in this area are providing incentives between €1,500 and €2,000 to individuals who refer qualified workers to positions experiencing shortages. This news underscores the significant demand for healthcare professionals in Germany.

Figure 2.6: A Job Advertisement in Germany for Health Care Professionals

Resource: (Ger_service, 2024)

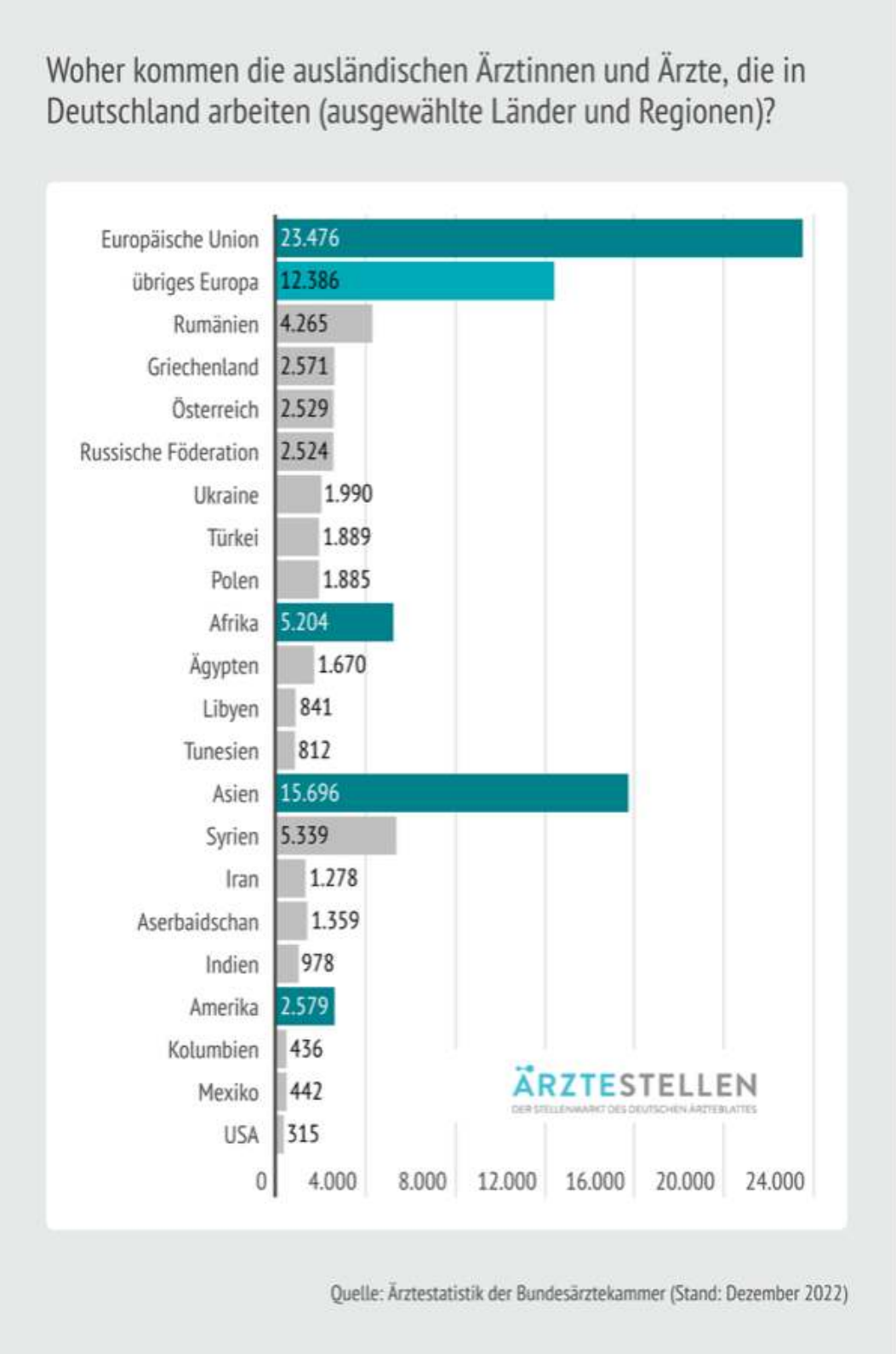
Figure 2.7: The Number of Foreign Physicians in Germany (1995-2022)



Resource: (Statistica.com, 2023)

Figure 2.7 illustrates the number of foreign physicians in Germany from 1995 to 2022, revealing a consistent year-on-year increase since 2000. By 2022, this number had reached nearly sixty thousand. Furthermore, the statistics from December 2022 (see Figure 2.8) show the number of foreign physicians in Germany from various regions, including the European Union, the rest of Europe, the rest of the world, and Turkey. According to this data, the number of Turkish physicians working in Germany was approximately two thousand in December 2022.

Figure 2.8: The number of Foreign Physicians in Germany From Each Country (December 2022)



Resource: (Aerztestellen.aerzteblatt.de/, 2023)

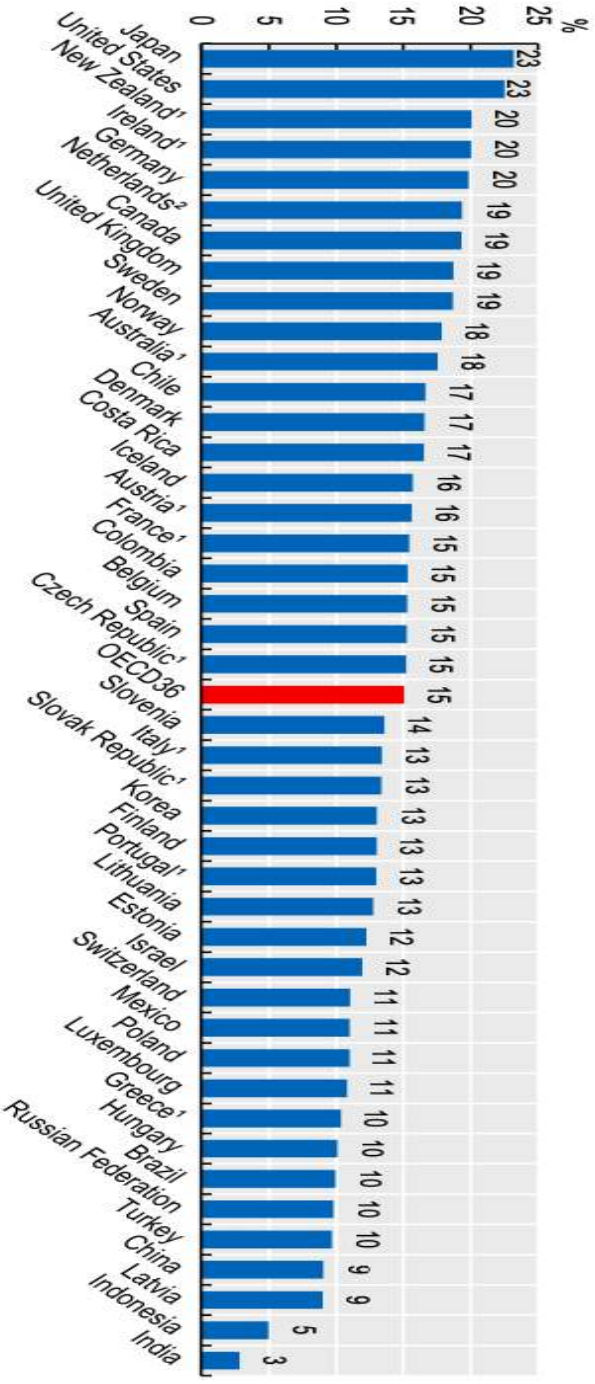
2.3. Turkish Health System

To understand the healthcare system in Turkey, examining the last twenty years provides valuable insights. In 2003, Turkey initiated a series of health reforms based on a liberal approach. In 2005, the country introduced the 'family medicine system,' which is similar to the system currently applied in Germany. However, the anticipated quality of service was not achieved, leading to criticism. The Ministry of Health is the supervisory and planning authority for health in Turkey. The country has implemented a general health insurance system that covers all citizens under a single framework. Additionally, in 2003, all insurance hospitals, corporate hospitals, and state hospitals were consolidated under one unified system (Cevik & Yüksel, 2019).

Regarding investment in the healthcare sector in Turkey, it is evident that state health expenditures are insufficient. Health sector expenditures play a crucial role in improving the quality and accessibility of health services both qualitatively and quantitatively (Gunes M. , 2024). For this reason, it is an important point for this study. When we look at the TUIK (Turkish Statistics Organisation) statistics while the state's health expenditures in Turkey were 280.2 billion Turkish liras in 2021, when the dollar exchange rate completed the year at 13.25, it became 463.5 billion Turkish liras in 2022, when the dollar exchange rate was 16.55 on average. The ratio of total health expenditure to GDP (gross domestic product) was 4.9% in 2021 and 4% in 2022. Public out-of-pocket expenditures for health increased by 98.8% compared to the previous year, reaching 112.8 billion Turkish liras in 2022 (TUIK, 2023) even though high amount of taxes.

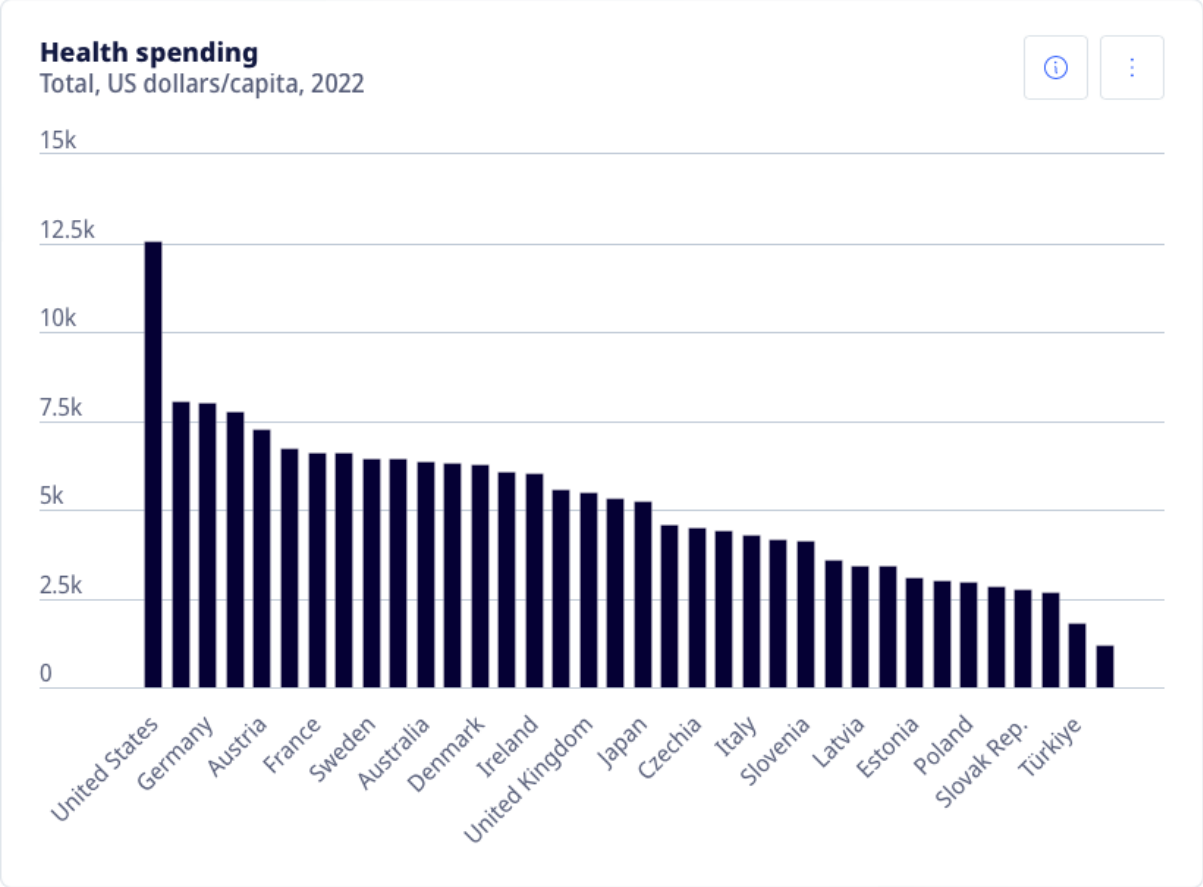
From the perspective of OECD countries, this situation becomes more apparent. Turkey is the fifth from last in the World in terms of health expenditures among OECD countries (OECD, 2019: pg.159) (see Figure 2.9). When we compare the health expenditures according to the GDP (gross domestic product) of the countries, (see Figure 2.10) Turkey ranks last among the OECD countries while Germany is in second place from the beginning (OECD, 2023). The Turkish government has not invested sufficiently in the healthcare sector, which negatively impacts the quality of the healthcare system.

Figure 2.9: Health Expenditure from Public Resources as a share of Total Government Expenditure, 2017 (or nearest year)



Resource: (OECD, 2019: pg.159)

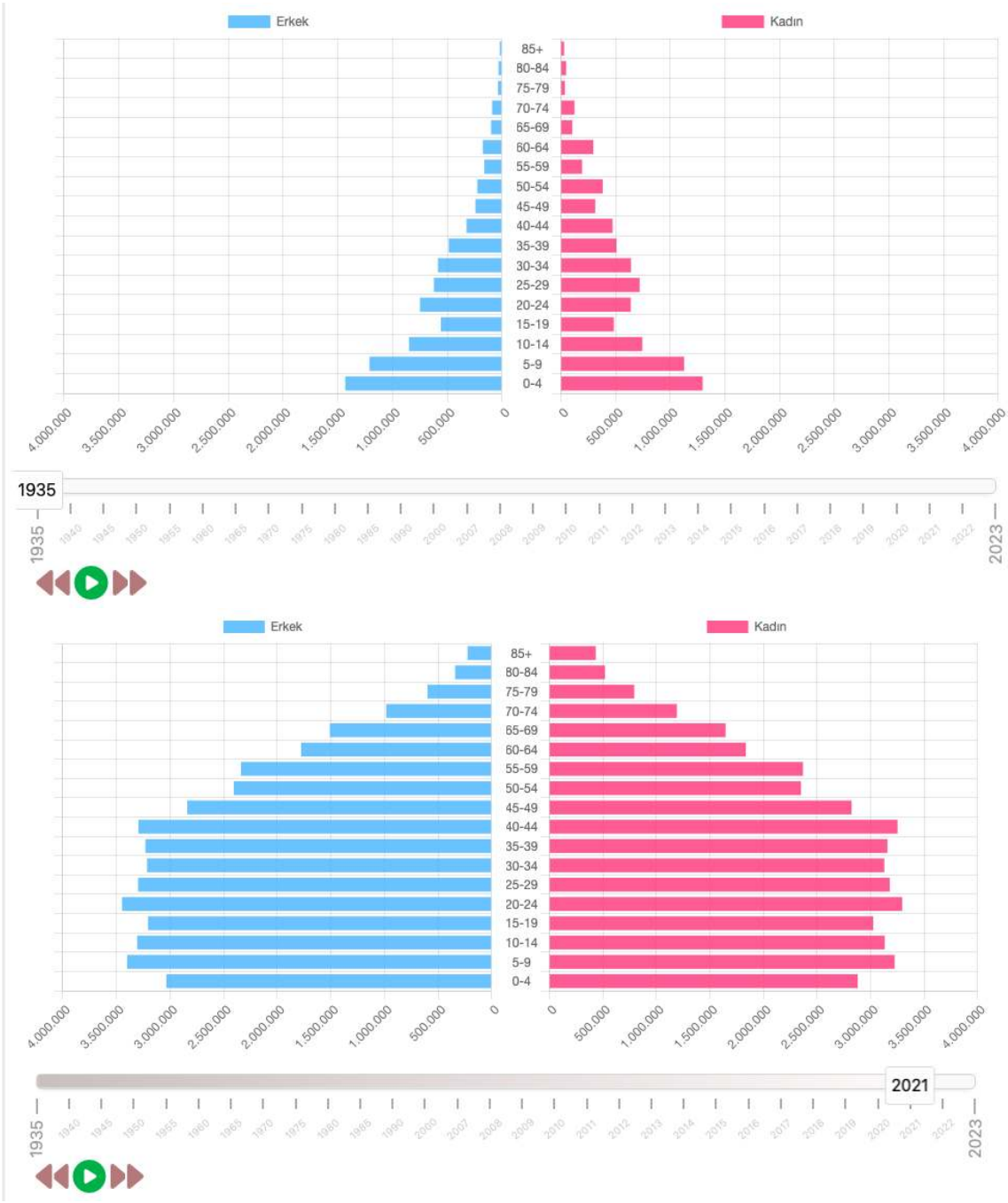
Figure.2.10: Health Expenditure as a Share of GDP (gross domestic product), 2022 or latest available



Resource: (OECD, 2023)

From Turkey's perspective, the necessity of healthcare is not significantly different from that of Germany. The percentage of people who are 85+ years old has been increasing since 1935 until 2021, (see Figure 2.11). This table indicates that the necessity of health care will continue to increase in Turkey (TUIK, 2023). Turkey, which is a rapidly aging country due to its demographic dynamics, will soon enter the category of 'old population countries' (United Nations, 2007) (Yavuz, 2018). According to TUIK (TUIK, 2024) data, it was observed that approximately one in every 4 households in Turkey had at least one elderly person in 2023. It is mentioned by Prof.Dr. Sutay Yavuz (Yavuz, 2018) in their study, considers the social and population changes in Turkey, it is thought that people's living arrangements and care needs will become an issue requiring attention within 10-20 years (Yavuz, 2018). This issue will be a growing problem for society shortly with the increasing healthcare professional deficiency in the country.

Figure 2.11: Turkey General Census (1935, 2021)



Resource: (TUIK, 2023)

CHAPTER 3: CONCEPTUAL AND THEORETICAL FRAMEWORK

In this study, I focus on Micro Migration theories which explain migration decisions on an individual basis. I especially focused on push and pull factors and social network theory which explains why healthcare professionals leave their home countries and the positive/negative aspects of their movement decision. Moreover, I focused on Transnationalism and Globalization since today's migration cannot be imagined without these two phenomena.

3.1. Conceptual Framework

In this chapter, I present previous research and literature pertinent to my topic and the broader research field. Initially, I provide relevant descriptions followed by a review of literature and articles focusing on the migration of health professionals from Turkey and globally, emphasizing push and pull factors. Subsequently, I discuss previous research concerning the impacts and outcomes of social networks.

Brain drain, as defined by Kwok and Leland (Kwok & Leland, 1982) , refers to the migration of highly skilled individuals from their home country to another country in search of better opportunities (Giannoccolo, 2009). A highly skilled individual is characterized by possessing either a university degree or substantial field experience. According to the OECD (OECD, 2019), this category includes highly skilled specialists, independent executives, senior managers, specialized technicians, tradespersons, investors, business persons, key workers, and sub-contract workers. High-skilled migration pertains to the movement of individuals who have made significant investments in their academic and vocational training. These individuals seek to maximize their return on investment by obtaining higher salaries and more advantageous employment conditions (Iredale R. , 2001). It is important to distinguish between skill-based and qualification-based criteria when identifying the professional expertise of an immigrant. Possessing a diploma alone is not sufficient to be considered a high-level specialist. Conversely, many individuals possess high-level skills and experience without holding formal qualifications. Skills can be acquired through experience rather than formal education or training (Koser & Salt, 1997).

The migration of healthcare workers from low- and middle-income countries (LMICs) to developed countries is a highly contentious aspect of globalization. Some countries, such as the Philippines, intentionally educate individuals as healthcare workers with the expectation

that they will subsequently migrate to developed countries. However, most instances of healthcare worker migration occur in an unsystematic manner, exemplifying a 'brain drain' for the countries of origin. Significant disparities in salaries, poor working conditions, lack of career development opportunities, and insufficient support are primary drivers of this migration from LMICs (Cometto, Tulenko, Muula, & Krech, 2013). Conversely, many developed countries increasingly rely on recruiting foreign-trained health professionals to maintain the quality of their healthcare systems (Eatan, et al., 2023). For instance, data from the United Kingdom's National Health Service (NHS) in December 2023 indicates that 36% of medical doctors were trained outside the country, with 75.4% of them trained outside the European Economic Area (EEA). Similarly, in Germany, 13.8% of medical doctors and 9.2% of nurses were foreign-trained as of 2020 (Khulmann, et al., 2023).

Push factors exist in the home countries of potential immigrants, motivating them to migrate. These factors encompass the various reasons individuals might have for leaving their country of origin. Conversely, pull factors are present in the host countries, representing the positive aspects that attract individuals to migrate. In essence, push factors are the negative conditions that drive people to leave, while pull factors are the positive conditions that attract them to a new location (Khalid & Urbanski, 2021).

Kline (Kline, 2003) examined a research study about nurse migration, indicating that nurses migrate primarily for better working conditions and higher salaries. They expressed that social and economic factors are at the forefront. In this study, they mentioned Kingman’s study (Kingma, 2001), which identified professional improvement as the most important push factor for nurses. In their home countries, nurses often lack opportunities and need to move from rural to urban areas to practice their skills effectively. The second push factor is better working conditions and higher salaries, as mentioned previously. The third push factor is personal security. For example, in Africa, high HIV rates pose significant risks to healthcare workers. In Zimbabwe, it is estimated that 26% of the general population is infected with HIV, and tuberculosis cases have increased fivefold since 1955, jeopardizing the lives of health professionals. Another study examined nurse migration in Jordan (Al Nawafleh, 2015) and identified several pull factors, including a positive workplace environment, professional development opportunities, and, most importantly, higher income. Financial reasons were the most prominent pull factor for Jordanian nurses. Additionally, financial factors were also the most significant push factor for their migration. Gencbas et al. (Gencbas, et al., 2024) also

investigated Nursing students' migration attitudes and they concluded that nursing students' attitudes towards brain drain and migration tendencies were below average. They determined that the reasons affecting this result were gender, income level, foreign language knowledge, and knowledge about the nursing profession abroad. They concluded that in order to further reduce the low migration tendency of nursing students, more career opportunities should be created for students, working conditions and wages should be improved, and their professional development should be supported.

A study conducted in Greece (Ifanti, A.A., Argyriou, Kalofonou, & Kalofonos, 2014) examined physician migration with a focus on push factors. The study considered the issue within the context of Greece's economic situation, identifying a close correlation between economic conditions and migration. The Greek health sector provides limited opportunities for physicians, with the main push factors being unemployment, job insecurity, decreased income, over-taxation, and restricted budgets for research institutes. One of the preferred destinations for Greek physicians is Germany, where significant pull factors include a physician shortage and higher salaries. Dr. Andreas Gkolfinopoulos (Gkolfinopoulos, 2016) also investigated the push and pull factors influencing Greek physicians who moved to Germany. According to his study, one primary push factor was the difficulty in securing positions in hospitals for specialization, often necessitating long waits on 'waiting lists.' Another significant push factor was the suboptimal working conditions in Greek hospitals, characterized by deficiencies in technology and medical materials, as well as a shortage of physicians due to high migration rates. Low salaries further contributed to this trend, along with systemic issues such as corruption, nepotism, and clientelism in Greek society. On the other hand, the most important pull factors attracting Greek physicians to Germany included streamlined procedures and the ease of securing specialization placements in hospitals. Dr. Gkolfinopoulos also approached the issue from a neo-classical perspective, highlighting that the choice of Germany was crucial for medical advancement and improving language skills. Furthermore, the study emphasized the importance of social networks in facilitating migration and ensuring its sustainability and continuity.

Schuman et al. (Schumann, Maaz, & Peters, 2019) conducted a qualitative study on physician migration from Egypt to Germany, interviewing 12 participants, including physicians and medical students. The study focused on the importance of professional improvement, concluding that push factors were more significant than pull factors. Professional factors

emerged as the most critical push factors. Some participants chose Germany due to the ease of licensing and registration procedures, while others viewed Germany as a transit country to other EU and developed countries. According to the study, the main push factors included the health system in Egypt, salary levels, training and learning opportunities, political climate, violence, crime, safety, and sanitation conditions. The pull factors identified were the technological quality of the German health sector and salary conditions. Additionally, the study found that social networks played a crucial role in facilitating and supporting migration, with previous immigrant counterparts providing significant support. Apostu et al. (Apostu, Vasile, Marin, & Bunduchi, 2022) similarly identified high salaries and good working conditions as the most important pull factors for Romanian physicians migrating to Germany. Their study focused on explaining push factors, highlighting average income, the number of immigrants, the number of hospital beds, unemployment rates, and fetal death rates as the most prominent push factors.

Haijan et al. (Haijan, Yazdani, Jadidfard , & Khoshnevisan , 2020) conducted a study on health professionals in low- and middle-income countries, focusing on push factors. They identified low income, unsuitable socio-economic conditions, political instability, lack of professional and educational opportunities, and family/personal concerns as significant push factors. The study analyzed these factors at the micro, meso, and macro levels. Another study by Mamiya, John, Alnahar, Bader, and Bates (Mamiya, John, Alnahar, Bader, & Bates, 2020) examined push and pull factors for healthcare professionals. They specified push factors as low pay, dangerous working conditions, unemployment, lack of resources, limited career opportunities, and economic and political instability. Conversely, pull factors included higher pay opportunities, better working conditions, better-resourced health systems, career opportunities, provision for post-basic education, higher standards of living, travel opportunities, political stability, and opportunities for aid work. And also, Karatuzla (Karatuzla, 2024) specified pull factors for healthcare professionals as better working conditions, better education opportunities and higher living standards. A research study conducted in Ethiopia (Sedeta, Abicho, & Jobre, 2022) focused on the financial perspective of physician migration. It found that push factors were more significant than pull factors, with financial reasons being the primary push factor for Ethiopian physicians. Additionally, the study identified unemployment among junior physicians, politicized hospital management, and poor management of physician migration as important push factors.

Eser et al. (Eser, et al., 2023) conducted a study on Turkish medical students to understand their reasons for migration. They surveyed 9,881 Turkish medical students from 39 different universities in Turkey and found that 60% of them expressed a desire to go abroad. For Turkish physicians, working conditions were identified as more significant push factors than pull factors, whereas social life and lifestyle were statistically more significant pull factors. The study also found that men were more inclined to migrate than women. The main push factors included long working hours, working conditions, the Turkish health system, compulsory service, and the difficulty of the central board exam (TUS). However, the primary driving factor was violence. Kamaz (Kacmaz, 2022) also conducted a survey with 375 medical students from Samsun Ondokuz Mayıs University Faculty of Medicine. As a result of the study, they concluded that the country the participants most wanted to immigrate to was Germany with 47.8%. And they found that 2/3 of the students participating in the study wanted to work abroad after graduation. High living standards and high earning potential were determined as pull factors, while working conditions, violence and current health policies were determined as push factors. Another study by Onal and Akay on Turkish physicians (Onal & Akay, 2023) asserted that push factors played a crucial role in physician migration. This study identified the status of LGBTIQ individuals as an important factor, with conservative and reactionary cultural elements being significant push factors. Financial factors were not the primary reasons for migration among Turkish physicians, being important only to a limited number of them. The number one driving factor was 'increasing violence' against physicians in Turkey, followed by 'working conditions' such as long working hours and a lack of vocational opportunities. Additionally, unclear job descriptions and hierarchical issues among physicians were significant driving factors.

Uğuz (Uguz, 2023) identified the main demotivational reasons for practicing as a physician in Turkey. These included working hours, night shifts and off days, violence, inadequate conditions and a negative working environment, low income, the general economic conditions in Turkey, poor health policies, the patient profile, political reasons, and gender-based discrimination, respectively. Unluturk (Unluturk, 2023) and Harman yıldız and Ozer (Harman Yıldız & Ozer, 2022) also mentioned in their study that physicians are dissatisfied with the increase in salaries based on performance and the image of physicians being damaged by politicians. and physicians claimed that the violence would end with more investment in the healthcare system and improvement of the physician's image. They found that increasing patient load, short appointment times, decreasing income level, malpraxis cases and

deterioration of physician image were the reasons for migration. On the other side, Hopyar (Hopyar, 2024) investigated return migration of highly skilled Turkish migrants from Germany, and after he made interviews with 47 people, he oncluded that high qualified people tend to turn from Germany to Turkey because of discrimination and prejudice.

Brennan et al. (Brennan , et al., 2023) examined the reasons for migration to and from the United Kingdom as a developed country in their current research study, emphasizing the importance of observing the effects of COVID-19 on migration flows. They found that the reasons for migration to and from the United Kingdom are similar to those of other developed countries. These reasons include poor working conditions, inadequate working facilities, better training and development opportunities, higher quality of life, the desire for lifestyle changes, and personal financial earnings. The primary push factors identified were short-term job agreements, lengthy enrollment processes, limited training opportunities, concerns about the new working environment, and lack of support. The study concluded that COVID-19 exacerbated all these factors, negatively influencing the decision to migrate.

In the context of social networking, Yakubu et al. (Yakubu, et al., 2023) in Nigeria highlighted that social networks play a crucial role in encouraging migration decisions by providing information such as job options and offers. Social networks guide potential migrants by offering insights about stakeholders, clarifying misunderstandings, and connecting potential immigrants with employers in Skilled Health Worker (SHW) migration. Seven and Adadioglu (Seven & Adadioglu, 2022) stated that one of the factors affecting the brain drain tendency is the knowledge about doing the profession abroad which is reached by social network easily.

3.2. Theoretical Framework

Push And Pull Factors Theory

Migration is an element, guided by a lot of factors e.g. economic factors, sociologic factors, political factors, some conditions that occur due to climate and natural disasters, demographic issues, conflicts and wars in the regions, and family reunifications (Urbanski, 2022). Pull factors are the aspects of a region or country where it attracts people to move there (Urbanski, 2022). Better working and living conditions, high-quality conditions of the healthcare system, high level of religious indulgence freedom, and better education chances. On the other side, push factors are the aspects of a place, region, or country that provide a lack

of employment opportunities, low quality of job and life, low quality of food, and lack of freedom of thought and religious intolerance of society and government, war and terrorism.

The push and pull factors theory is a migration theory that was created by Everett Lee in 1966. Lee examined two different determining factors for migration; those factors are macro and micro. Macro factors represent non-personal factors and micro factors represent personal factors (Caglayan, 2006). Additionally, according to William Petersen who is another examiner on push and pull factors, as he said a push factor in a period may turn into a pull factor in another period (Caglayan, 2006).

The push and pull factors theory focus on the factors that push people out from their place of origin and pull them into new destination countries. Those can be described as plus (+) and minus (-) factors (De Haas, Castles, & Miller, 2014). Push factors include a lack of monetary opportunities, political restrictions, and population increase. On the other side, pull factors include labor demand, monetary opportunities, and political freedoms (De Haas, Castles, & Miller, 2014). According to the push-pull factors theory, there are no absolute push and pull factors which is the same for all immigrants. It is a fact that push and pull factors have been highly different from each other for all immigrants. Moreover, the push and pull factors of every place are private with itself (Caglayan, 2006).

It is a fact that not only the negative factors bring about physicians leaving their home countries, but also the expectations of having a higher quality of life and promising opportunities in developed countries such as the US and UK, for Turkish healthcare professionals in Germany, attracts them to move to these countries. It can be possible to expand these opportunities to better technological conditions, financial incentives, better educational facilities, working in secure conditions, and better future possibilities for children (Balouch, Balouch, Qayyum, & Zeb, 2022).

A variety of studies have indicated that in Turkey and also in many developing countries like Pakistan, healthcare professionals are not satisfied with their working and living conditions. The reasons for physicians being unsatisfied with their jobs may have been stress levels, safety during the work, monetary reasons, and also violence to physicians in Pakistan, as in Turkey. On the other side, a deficient work environment has been an important reason. Consultants and supervisors may have been demotivated factors for junior physicians. To be a proficient

physician in the field, it's needs to have an intensive and endless education during whole their life (Korku, 2022) and this makes it important to have a good supervisor.

A survey study was made for a master's thesis of Coban (Coban, 2019) 148 people who have higher education levels and they specified push and pull factors as below for high-skilled people in general.

Push factors: Lack of education programs, monetarily lackness, work environment, inadequate facilities, boost opportunities, progression opportunities at work, institution relationship, closeness to science centers, lifestyle, political reasons, obligated military services.

Pull factors: Education chance, monetary opportunities, job opportunities, boost opportunities, closeness to science centers, people with the same nationality in the destination point (familiarity), Social Network, family relations, lifestyle, inclusivity of education and health systems, the credibility of the justice system.

Push-pull factors are used in migration studies pretty often. However, this theory is not completely enough to explain the effects of migration in terms of social networks. It neglects the importance of social capital. For example, it can not explain why the migrants from Algeria chose France to migrate. That's why it will be mentioned social network theory to explain the importance of social capital (Demir, 2023).

Social Network Theory

Social network theory is a dynamic theory that explains the phenomenon of migration and differentiates itself from other theories by paying attention to the importance of social networks (Demir, 2023). A lot of migration theory points to economic factors as a basic dynamic reason for migration. However, in this theory, it's emphasized that family relations, friendship, relatives, and ethnic elements can be effective in the sustainability, time, and choice of the target country in the process of migration (Demir, 2023). Social network gives people self-confidence and/or confidence in terms of decreasing the risks and giving easiness in affording the necessities in the migration country. Therefore, social networks are increasing the possibility of migration and forms sort of like social capital (Demir, 2023). It is said by Abadan-Unat (Abadan-Unat, 2002) that the Network is a connection between new immigrants and non-immigrants on the joint race, nationality, and friendship between the countries they immigrated

and emigrated. Through these constructed networks, the economic and social costs of migration can be reduced. Also, these networks help immigrants to facilitate their adaptation process (Gorgun, 2017). As Vertovec (Vertovec, 2002) said, migration is dependent on Social networks and thanks to that, it continues to create new ones (Coban, 2019). Moreover, Wilpert says that pioneer migrants constitute a substructure that connects emigrated and immigrated societies and this connection provides a migration opportunity to the other people in the emigrated society (Caglayan, 2006).

It is claimed by Gorgun (Gorgun, 2017) that due to the legal process and procedure of international migration being very difficult and problems being more complex, social networks are more important at this point for internal migration. International migrants face problems not only with legal procedures but also with social issues. Since international immigrants lose the validity of lifestyle, social relations, and cultural beliefs, they have to start everything from the beginning. Therefore, this becomes a problem that needs to be solved by them. At this point, we can see that there is a situation that is sociological and cultural and it needs to be developed a policy by the host country. Otherwise, social peace and integration cannot be provided and a problematic process may start both for host society and immigrants. About such a sensitive topic, immigrant solidarity groups can be directive and helpful to immigrants. For instance, regarding the nutrition habits of immigrants, to help them to consistent their current nutrition style and help them to have the same conditions, restaurants run by immigrants from their home country may be helpful, at least at the beginning. On the other side, it's important to have solidarity about language and education issues which they probably face difficulties at the beginning, as well. To support their integration into society, education, and language are highly important in their life. It has a strengthening effect on immigrants to have someone who has a joint migration experience and problems during the period. Immigrants who went through the same way before, always tend to help new immigrants. As Bartram, Poros, and Monforte (Bartram, Poros, & Monforte, 2017) said, potential immigrants, to make less risk on the migration, prefer to move to the places they know, and some people and organizations may help them (Gorgun, 2017). As we can see easily, social networks bring together immigrants and potential immigrants and make easier their migration process. Social networks are efficient even before migration decisions are made, as well as during and after the migration process. In addition, it has an aspect to connect these two sides. Moreover, social networks may be a direct reason for migration, because their social networks may find a new job opportunity and they may decide to migrate.

To summarize the problems that can be addressed by social networks, we can identify the following areas: the decision-making process, legal procedures, permissions, the migration policy of the target country, migration rights, educational opportunities, the integration process, and language acquisition. Social networks serve a directive function within the scope of these processes, providing essential guidance and support (Gorgun, 2017). Lastly, it can be said that the social network helps people to gain human capital. It is clear to see that an international student can get a new social network easier than others since the number of international students is very large and students can communicate with each other much more easily. So, these networks may help them to find a new job and education opportunities, also they can improve their human capital and add new skills and degrees.

It is indicated in the study of Kazlauskiene and Rinkevicius (Kazlauskiene & Rinkevicius, 2006) that some aspects of social capital, are share of knowledge about living and working opportunities and about the culture and lifestyle of the society, support for money, finding a job, and finding a living place. These social ties may have been academic institutions, family members or friends, spouses, academic funds, recruitment agencies, and national communities in foreign countries. Academic Institutions are good guides of instruction about the host country's society. Recruitment Agencies assist especially high-skilled migrants to find a job and proper accommodation, as well. This study by Kazlauskiene and Rinkevicius (Kazlauskiene & Rinkevicius, 2006) also indicated that all these social ties above have been highly important for high-skilled immigrants. However, its importance tends to reduce, as human capital increases. High-quality immigrants, like healthcare professionals, have higher skills and the skills and characteristics may replace the role of social capital. We can consider 'human capital' as a tool that has a decrease in migration costs and risks. The article by Gong, Sun, and Xuan (Gong, Sun, & Xuan, 2022) found that one of the drivers of highly skilled migrants was social networks e.g. kinship, partnership, and alumni relationships.

The emergence of social networks happening by the existence of convenient conditions. One of these conditions is the development of modern communication and transportation Technologies, especially globalization (Kaya, 2023). Globalization is a phenomenon that strengthens social network theory which is mentioned in this study, as well.

Social network is one of the key factors of migration. Especially, regarding the migration of Turkish people to Germany, we cannot evaluate this without considering social networks and their importance. A large amount of the Turkish population makes migration

easier for potential migrants in Turkey. They know the language of the country, and they know the bureaucratic process and the system. So, they explain the situation to the others. And they facilitate and support the migration of the other Turkish people. Moreover, they help other potential migrants find jobs, houses, and their integration process. In order to emphasize all these reasons, after it is recognized that the importance of this theory, the Social Network theory is used in this study.

Neo-Classic Micro Migration Theory

The micro approach of neo-classic theory considers migration as a rational decision of individuals. This decision includes both economic factors and psychological factors. After a comparative analysis of advantages and disadvantages, they decide willingly. Thus, migrants decide to migrate to the countries that they hope to meet their expectations in the best way. As seen, migration decisions are taken personally with an exact conscious (Todaro, 1969) (Vural, 2007) (Kaygalak, 1999) (Toksoz, 2006) (Gullupinar, 2012).

Based on Neo-classic migration theory, with macro aspects of work-labor, micro aspects of individuals lead to migration. In other words, migration originates from geographic differences in demand for labor, also the personal choice of individuals (Gullupinar, 2012). Lewis (Lewis, 1966) claims in their study that international migration is the result of an imbalance in the labor market and the difference in wages between developed and developing countries (Gullupinar, 2012). In the countries which have a high level of labor market, wage level has been low. However, in countries that have a low-level labor market, wage levels have been high. Due to the difference in wages, people move to countries that have a high wage level (Gullupinar, 2012). Individuals use their rational thought abilities and decide which option is the best for them, if they conclude they will get a higher advantage, then they decide to migrate. All those decisions should be evaluated as an investment in human capital (Abadan-Unat, 2002) (Gullupinar, 2012).

This theory suggests that the thing that starts migration is individuals who plan to earn a higher level of money. Certainly, before deciding to migrate, they have to afford economically some movement expenditures and also take responsibility for learning the language of the target country and the integration process, besides they have to invest to some extent. Thus, the country where an immigrant decides to move must be the best option so that they can get the best amount in return. Neo-Classic Micro Migration theory claims that individuals maximize

their benefits. They investigate a country that maximizes their welfare, they compare countries which are rivals and attract immigrants and then they choose the best option for them. Most individuals conclude that living in their home country is the best option. On the other hand, some of them conclude that migrating is the best for them (Borjas, 1989) (Gullupinar, 2012). Moreover, as (Gkolfinopoulos, 2016) said in his study, migrating to a developing country is also important for the personal improvement and qualification of people. As it can be seen easily, it is not only about money or payments. There is another side to this migration subject.

Chiswick (Chiswick, 2000) claims that immigrants are positively selected by the process itself spontaneously and high-skilled immigrants have a higher chance to migrate, to this extent. It's because they have human capital and this brings about to have a higher amount of income during their movement. The main determinant is personal variables e.g. age, experience, abilities, and educational background (Gullupinar, 2012).

Neo-classic micro migration theory is highly related to the topic of this study which reflects the decision of highly skilled people to move and includes not only the situation of the labor market in the countries but also personal improvement and qualification. The maximization of outputs and personal options are effective in this decision of migration. That is the reason that this theory is used in this study.

Migration Systems Theory

Migration systems theory examines that two or more countries create an inter-migration system and relations chain with the immigrant exchange (Gullupinar, 2012). This theory stands on a relation between two or more countries that have a geographical closeness or any other relation based on the past. e.g. United States and Mexico. They are neighbor countries and they have a migration and migrant relation in between. Moreover, West Africa and France have a long distance between each other. However, they have a migration relationship based on the colonial period. Furthermore, Turkey and Germany have a migration relationship based on the 1960s (Caglayan, 2006).

This theory defines migration as an output of the interaction of macro and microstructures. While macro structures represent institutional factors e.g. agents, relations between countries, laws, and employment organizations; microstructures represent the interaction network of immigrants with each other, knowledge, culture, and social capital, and

all those factors are connected with a series of mechanisms. When migration happens, macro and micro factors come together (Gullupinar, 2012) (Caglayan, 2006).

Faist (Faist, 2003) mentioned three main aspects of migration-systems theory below (Gullupinar, 2012);

1. Migration systems theory focuses on the process of migration systems. The movement has not been a one-off. However, it is an active process that includes an event chain. All pieces of this system affect one another and even the system. This hypothesis explains why after a migration starts it turns into a process that always feeds itself.
2. Migration systems theory emphasizes the existence of networks between countries rather than peoples themselves e.g. colonial ties, trade, and security agreements. Those networks generally exist before migration movements (Portes & Walton, 1981).
3. Lastly, systems theorists have strongly applied social network theory. A network is defined as a set of individual or collective actors e.g. individuals, families, companies, and nation-states, and in the sense of the relationships that bring them together.

As it said above, migration systems theory is about relations between countries like Turkey and Germany. It's because of the history between these two countries, there is a big Turkish community all around Germany and it provides an already-created system for new potential immigrants. All conditions are prepared and, in all places, where people may need, there are Turkish people are employed and somehow the system and the conditions are manageable and accessible for the people in all aspects of Germany. This theory is highly related to the topic of this study. It is helpful to explain the reason of the people that why they chose this country to immigrate, in one respect.

The migration of health professionals cannot be evaluated separately from the broader contexts of globalization and transnationalism. In today's world, it is evident that many individuals, particularly highly skilled professionals such as healthcare workers, seek new opportunities and leverage the tools provided by globalization to make optimal individual choices. They often continue their lives with a transnational perspective, maintaining ties with their home countries and cultures. The focus on globalization and transnationalism is crucial due to their significant impact on health professionals' migration. This type of migration differs from other forms, such as forced migration or economic migration, and therefore requires a

unique analytical approach. To fully understand the migration decisions of health professionals, it is necessary to comprehend the nature of globalization and its influence on migration choices, as well as the concept of transnationalism and how it shapes their behaviors and connections post-migration.

Brain drain can be identified as an international highly skilled labor migration that happens voluntarily and legally and it might be long-term or short-term, individual or collective (Labanauskas, 2019). This kind of migration is caused by globalization and transnationalism and it is discussed in the context of migration theories (Labanauskas, 2019). Therefore, discussing these two phenomena is inevitable when addressing brain drain, a key trigger for this study.

Transnationalism

According to Webster's third international dictionary, 'transnational' means 'extending or going beyond national boundaries' (Schiller, Basch, & Blanc, 1995). Also, another definition of 'transnationalism' is the full cooperation of an immigrant to the countries that reverse migration is neither likely nor imaginable (Schiller, Basch, & Blanc, 1995). Pries (Pries, 2008) describes transnationalism as a set of sustained border-crossing connections. It consists of social practices and network relations of individuals and informal groups. Several immigrants in the world belong to their host society. However, they continue to have some relations with their home society. Described as 'trans migrants', those people sustain their daily life with interconnections beyond international borders to their home countries. They are simultaneously engaging both with their host society and home society (Schiller, Basch, & Blanc, 1995).

The transnational process is generally seen as a part of 'globalization'. It is considered as the end of the Nation-State and the beginning of the world cities. Transnationalism, as a phenomenon, shows that immigrant people live beyond borders and restrictions; Moreover, they belong to more than one country. Transnationalism is a process and it exists in the middle of the life of families and individuals. Among all social classes, it is needed to have some resources to migrate and to have transnational relationships, to make certain of their social positions and resources. Under economic and social ambiguity conditions, those family networks are always used by households to survive in the host country (Knox & Taylor, 1995), (Gappert & Knight, 1989) (Schiller, Basch, & Blanc, 1995).

(Khagram & Levitt, 2004) separated Transnationalism with 5 different titles;

- Empirical Transnationalism is interested in empirical research about transnationalism as a phenomenon and the dynamics of it.
- Methodological Transnationalism, is interested in classifying available data and developing research designs and methods.
- Theoretical Transnationalism is interested in theoretical frameworks and new scientific explications, which are used in our research study.
- Philosophical Transnationalism, claims that basically and epistemologically social life is the first in transnational life.
- Public Transnationalism, claims that social spaces and normative options for transnational life could be detected, developed, and discussed.

This study explores various dimensions of transnationalism, including empirical, philosophical, theoretical, public, and methodological perspectives.

Globalization

Globalization is a phenomenon that consists of a couple of factors altogether. It can be said that a total result of sharing knowledge of people to another, movement of people, free and increasing trade between the countries, organizations and the people in connection and the opportunities occurs by them and disappearing borders between the countries all around the world. There is a strong relationship between globalization and migration, and it is very actual as well. Lots of cities all around the world, particularly some cities, are highly affected by the migration wave. The movement of the people becomes an important factor in shaping countries economically and socially. Especially in recent years with developing technologies and transportation systems, this fact has gained velocity and brought about a rapid change in economic, social, and political. Evolution in media also is an important reason for those changes. All of them reduce borders and make capital mobile and useable worldwide (Ciarniene & Kumpikaite, 2008). Communication technologies can be used all around the world and they increase competition remarkably. Moreover, those things have a big effect on the jobs people do to get paid, costs, and values, and also causes some opportunities and challenges. Precisely, not only economic reasons caused those changes and not only economic results happened at the end. Mostly it is seen that economic reasons and wage differences as the reasons for migration and globalization, and political and cultural reasons are highly important reasons to explain the

migration process and the results it led, as well. It is a fact that people cause cultural changes and increase cultural diversity in the cities they migrate. They bring together their daily life practices, cultures, and behaviors. They continue to live their own little and original cultures. That is the reason why we see New York City as 'Little Italy' and 'Chinatown', besides, in Düsseldorf's 'Little Tokyo', as well (Ciarniene & Kumpikaite, 2008).

Czaika and De Haas (Czaika & Haas De, 2014) described globalization as 'it is a situation, to be in connection all around the world which is expanding, accelerating and deepening in contemporary and social life.' As they said, we need to see globalization as a process that is political and technological at the same time. Due to technological improvements, the cost of connection and movement is highly decreased and people have found a chance to communicate with their families and networks easier than before. This situation leads them to keep a connection with all those people when they move to their host society and strengthen their transnational relationships. Increasing information flows all around the world with the improving technology, gives people a chance to know about the countries they did not know before. They have started to find new opportunities in those countries. When so-called reasons come together, they increase to willingness and ability of the people to move far countries. It is important to explain that today's globalization is not only led by technological improvements but also by political and ideological changes. The key point of globalization is increasing flow in every aspect of life: Those start with finance and trade and continue with ideas, ideologies, information, media products, democratic and economic management, and people, as well. Moreover, all those factors trigger one another. Trade, one part of alteration, affects people, the other part of the alteration, both in host society and home society. This is the globalization of migration according to Castles and Miller (Castles & Miller, 2009). This means, more countries will be affected by the migration movement at the same time.

Lecaj (Lecaj, 2019) examined that globalization is to unite all countries around the world politically, economically, and socially. Globalization changes life, demographic aspects of societies, social life economic life, and more. The earlier times, globalization was thought of only as a phenomenon to have some aspects like technological improvements, facilitating communication, and speeding up the exchange of information, later on, it was recognized that affected more people to migrate by getting easier transportation opportunities easily at the International area. We can describe globalization as spreading Western culture all around the world, as well. The economy is the first trigger of this and it leads some economic movements

to Western countries. People have started to search for economic welfare outside of their home countries. They have started to migrate to continue their life and they become under the influence of the host society, in the time. This situation leads to come about some joint values between migrants and host society. Besides, this leads to come about the thought that 'people are one nation in the world.' And also, affects migration issues. Earlier, people had been moving to closer cities inside of the borders. Later on, with globalization, migration also has won a rapidity in global aspect because people can move easier and faster and also since they can reach information globally.

It is also examined in the study of Gorgun (Gorgun, 2017) globalization and he said that it is an intensive intercommunication system that started with the Industrial Revolution. He claims that if there is a social, economic, or technological improvement in some part of the world, it cannot be thought that it will not affect the rest of the world. Additionally, in the case that there is an improvement in anything in the world, it has a strong relation with economic factors, certainly.

To discuss the impact of globalization on the healthcare sector in this context, it is essential to address the escalating global health crises, notably exacerbated by the COVID-19 pandemic in recent years. With the start of the pandemic, the healthcare worker shortage has started to increase, and developed countries have started to be more aggressive in recruiting foreign-trained healthcare workers, especially from low- and middle-income countries. Developed countries have been trying to make more sustainable their healthcare sector with foreign-trained healthcare workers and this approach makes developing countries suffer from a shortage of healthcare professionals, as well (Stievano, Caruso, & Shaffer , 2023). Because of the improvement of international trade and connection between economies worldwide, the movement of people, goods, and services has also increased. Even though globalization has plenty of positive effects on the healthcare sector e.g. developing access to medical technology and expertise, it has also negative effects and brings about many challenges for healthcare workers with increasing competition in the global market. This competition ends up with the exploitation of healthcare professionals and the decline of health service quality in some parts of the world. According to Stievano, Caruso, and Shaffer, (Stievano, Caruso, & Shaffer , 2023) the effects of globalization on the healthcare sector are multifaced and complex as explained above.

CHAPTER 4: METHODOLOGY

4.1. Introduction

The qualitative research method, which is interested in the social aspects of the world, is a method that tries to understand people, events, society, and the reasons behind behaviors, and observes people for this purpose. In qualitative research, which has an exploratory feature, researched facts and events are discussed in their own context and natural environment and interpreted in terms of the meanings people attribute to the events. The researcher acts like an explorer, tracing reality and paying attention to the subjective perspective of participants. Qualitative research does not seek a cause-effect relationship between events. Numerical data and statistics took less place. However, verbal and qualitative analyses are emphasized more. The sought answer to the question is 'why', but not numerical data (Karatas, 2015) (Baltacı , 2019).

There are three types of data collection methods in qualitative research. Observation, the examination of written materials, and interviews. The most used method is the interview. There are different interview techniques such as structured, semi-structured, unstructured, and focus group interviews. The main purpose of the interview is to get into people's inner world and try to understand their point of view. Interviewing is a powerful method that reveals people's perceptions, experiences, and feelings. Sometimes, even a single participant can provide the necessary data to solve the research problem, in this respect, we can say that each participant is unique. As a matter of fact, in terms of time and cost, the interview method does not make it possible to work with a very large sample group. Therefore, the aim is to obtain more qualified information with fewer people. And the size of the data obtained with large sample groups makes the analysis of the information difficult. And most importantly, after a certain stage, observations and interviews will begin to repeat themselves. For this reason, in qualitative research, an attempt is made to obtain a holistic picture that represents diversity, richness, and difference as much as possible, with fewer people, without concern for generalization. Qualitative research deals with emotional and subjective responses, but not measurable and objective behaviors and attitudes. Qualitative research adds emotion and texture to quantitative research. In qualitative research, a small number of people are generally studied, and there are no concerns about reaching definitive conclusions or generalizing the

results to the population. The findings provide an in-depth exploration of the subject and contribute to the understanding of social events (Baltacı , 2019) (Karatas, 2015).

There are four stages to the analysis of qualitative research data: coding the data, finding themes, organizing the codes and themes, and describing and interpreting the findings. The data obtained at the end of the research process is subjected to descriptive and content analysis. While descriptive analysis is used to process data that does not require in-depth analysis, content analysis requires a closer examination of the data obtained and reaching the concepts and themes that explain these data. Data that are found to be related to each other are brought together and interpreted within the framework of certain concepts and themes. Data summarized and interpreted with descriptive analysis are subjected to in-depth processing with content analysis and new concepts are discovered in this way. Similar data are brought together within the framework of certain concepts and themes and are organized and interpreted in a way that the reader can understand. In qualitative research, the inductive method is used to reveal the main themes of the problem under study and to create a meaningful whole, based on the collected data. For this purpose, coding is done among the findings, which are derived from the events and facts that the participant emphasizes the most. Sections of the data, such as a word, sentence, or paragraph, are named and these sections are examined, compared, and associated with each other. Then, based on these codes, themes are found that can explain the data at a general level and collect the codes under certain categories. Then, these codes and themes are organized and the collected information is presented to the reader in a processed form. At this stage, the researcher does not include her/his comments. It presents events and facts without distorting their reality. In the final data interpretation phase, the researcher adds their own opinions and comments about the results and makes explanations about their importance to give meaning to the data he/she has collected, to explain the relationships between the findings, and to draw some conclusions (Baltacı , 2019) (Karatas, 2015).

This study is an exploratory qualitative investigation aimed at elucidating the push and pull factors influencing Turkish healthcare professionals in Germany, and assessing the role of social networks in their decision-making prior to migration. Additionally, it seeks to understand Germany's demand for healthcare professionals, its healthcare system, and the historical context of migration between Turkey and Germany.

Data for this study were gathered from academic research, articles, theses, newspaper reports, and social media, supplemented by reports from Turkish and German local institutions. Interviews were conducted via Zoom using a snowball sampling technique with Turkish healthcare professionals currently residing in Germany. Through qualitative research methods, this study endeavors to uncover the push-pull factors influencing Turkish healthcare professionals' migration decisions.

By analyzing the experiences of twenty participants and applying theories such as social network theory and push-pull factors theory, it aims to provide a comprehensive understanding of Turkish healthcare professional migration to Germany and contribute to the existing body of research on this topic.

4.2. Selection of The Research Site

Employing a qualitative research approach, this study collected empirical data through multi-sited field research involving healthcare professionals aged 26 to 59 who migrated from Turkey to Germany following the COVID-19 pandemic, residing in North-Rhein-Westfalia, Hamburg, Berlin, Bayern, Baden-Württemberg, and Hessen (see Figure 4.1).

The selection of these six states was facilitated by a snowball sampling technique, where one participant referred another, and so forth. Given the challenge of reaching healthcare professionals, social media platforms such as Instagram and Telegram groups were utilized. Some participants volunteered to take part in the study, resulting in a diverse representation of cities included in the research.

Figure 4.1. Research Site of the Study

4.3. Limitations

This study is subject to several limitations. Firstly, interviews were conducted in Turkish, the participants' native language and the translation into English may affect the nuanced meaning originally expressed. Secondly, there is a potential for bias due to political reasons; many healthcare professionals declined to participate in interviews for fear of repercussions from the government, particularly regarding negative comments made during the interviews.

Participants were selected with the following inclusion criteria;

1) Completed their professional training in Turkey
2) Migratedto Germany after COVID-19 period
3) Currently working in Germany as doing their job in the health sector

Participants were provided with full details about the research and invited to a half-formal, half-informal Zoom discussion to discuss the research objectives. A semi-structured interview questionnaire was used to collect the data.

4.4. Selection of The Participants and Data Collection and Analysis

During the recruitment phase, I encountered significant challenges in reaching Turkish healthcare professionals in Germany. Despite the sizable Turkish diaspora within the healthcare sector in Germany, a majority declined participation in this study for various subjective and complex reasons.

After an extensive and arduous recruitment process, twenty participants were successfully enrolled, comprising thirteen physicians, three physiotherapists, and four nurses who migrated to Germany following the COVID-19 pandemic. Leveraging my social network was instrumental in contacting most respondents. Moreover, my previous one-year Erasmus exchange at Köln University in Germany provided valuable connections with healthcare professionals who had migrated there. The Snowball technique also proved effective in reaching additional participants.

The interviews were conducted over four months, from September 2023 to December 2023. These interviews were carried out via Zoom and each one of them lasted one hour to three hours. It was highly difficult to arrange these meetings, it's because of healthcare professionals' busy lifestyles and the longevity of our questionnaire and meetings. All these interviews were recorded during the interviews and reported as well-detailed. In addition, it was not used any coding program at this level, but it is categorized and coded by us.

CHAPTER 5: FINDINGS OF THE RESEARCH AND DISCUSSION

The findings were obtained as a result of interviews with 20 health professionals in Germany under the three main topics. These are:

1. Push Factors of Turkish Health Professionals to Leave Turkey
    - How did violence, social, financial, and political push factors affect their decision to migrate?
2. Pull factors of Turkish health professionals to choose Germany
    - How did social, financial, and political pull factors affect them to choose to Germany?
3. Whether the social network is important or not for choosing Germany as the target country
    - Was it effective for their decision that the existence of the Turkish population and the counterparts they already knew in Germany?

Table 5.1. Guideline-Based Interviews with Health Professionals; Sample Structure

Number of Respondants	**Name of Respondants**	**Sex**	**Accompanying family**	**Years practiced in Germany**	**Their age of migration**	**Previous Migration Experiences**
1	E1	Male	No	3 years	30	Yes
2	E2	Female	Yes	2 years	26	No
3	E3	Female	Yes	3 years	56	No
4	E4	Male	Yes	1 year	25	Yes
5	E5	Female	Yes	1 year	25	No
6	E6	Male	Yes	2 years	26	No

7	E7	Male	No	2 years	32	No
8	E8	Male	No	1.5 years	25	Yes
9	E9	Female	Yes	2 years	25	No
10	E10	Male	Yes	2 years	28	No
11	E11	Male	No	1 years	33	No
12	E12	Male	No	6 months	28	No
13	E13	Female	No	2 years	25	Yes
14	E14	Female	Yes	10 months	30	Yes
15	E15	Male	Yes	2 years	48	No
16	E16	Female	No	5 months	27	Yes
17	E17	Male	No	7 months	25	Yes
18	E18	Male	Yes	2 years	28	No
19	E19	Female	Yes	3 months	40	No
20	E20	Male	No	1 year	35	No

Table 5.2. Guideline-Based Interviews with Health Professionals; Sample Structure-2

Number of Respondants	Name of Respondants	sex	Knowledge of Foreign Language	Education
1	E1	Male	English, German	Physician
2	E2	Female	English, German	Physician
3	E3	Female	German	Physician
4	E4	Male	English, German	Physician
5	E5	Female	English, German	Physician
6	E6	Male	English, German	Physician
7	E7	Male	English, German	Physician
8	E8	Male	English, German	Physician
9	E9	Female	English, German	Physician
10	E10	Male	English, German	Physician
11	E11	Male	English, German	Physician
12	E12	Male	German	Physiotherapist
13	E13	Female	English, German	Physiotherapist
14	E14	Female	German	Nurse
15	E15	Male	German	Physician
16	E16	Female	German	Nurse
17	E17	Male	English, German	Physician
18	E18	Male	German	Physiotherapist
19	E19	Female	German	Nurse
20	E20	Male	German	Nurse

The average migration age of the participants varied from 25 to 56 years. There were 12 males and 8 females, except for three participants; E3, E15, and E19, the others were under

35 years. Their migration times vary between three months and three years. The participants in the study currently live in different states of Germany; Bayern, North Rhein Westfalia, Berlin, Baden-Württemberg, Hamburg, and Hessen. All participants have completed their education in Turkey and worked during COVID-19 time in Turkey, as well. Concerning their educational background, of all twenty participants, thirteen of them were physicians, three of them were physiotherapists and four of them were nurses.

Respecting their migration background, seven out of twenty participants had past migration experiences. Three of them were female and four of them were male. There were four physicians, one physiotherapist, and two nurses- Except for participant E14, the other six participants had their migration experience during their Erasmus period, however, she had experienced this period because of her husband's job. Moreover, participant E16 had taken a German course besides her internship, additionally. In this study, eleven physicians out of twenty and one physiotherapist had known English and German as foreign languages. The others had known only German.

In this section, it will be discussed why several health professionals emigrated from Turkey to Germany. This study examines what are the push and pull factors for them and whether any effect of the social network on their migration to Germany. In our well-detailed interviews, participants were asked to answer questions about their reasons for leaving their homeland. These questions, it was aimed at measuring the relationship between all the factors e.g. Professional factors, financial factors, social factors, and decision-making of migration.

In this study, push and pull factors are specified according to the highlighted reasons defined by the participants and also influenced by other studies conducted in the literature in Turkey and Worldwide.

Table 5.3. The Eight Themes of the coding Framework

The Eight Themes of the Coding Framework	
1	Professional Push and Pull Factors
	Working Conditions
	Long Working Hours
	Mobbing
	Hierarchy

	TUS Exam
2	Political Push and Pull Factors
	Respect to LGBTQI
	Respect to Women
	Elections Atmosphere
	Exportation with KHK (Decree Law)
3	Social Push and Pull Factors
	Social Pressures
	Bomb Incidences
	Life/Work Imbalance
	Conditions after COVID-19
	2023 Earthquake and effects
	Opportunities for mothers in Germany
	Happiness in Germany/Sadness in Turkey
4	Financial Push and Pull Factors
	Low/High Buying Power
	General Economic Conditions
	Travel Opportunities
5	Violence
	Physical Violence
	Respect to Women Healthcare Professionals
6	Social Network
	Accessing Information
	Socializing
	Finding a Job Easier
	Learning the System Easier
7	Geographical Closeness of Germany to Turkey
8	Diploma Equivalency and Bureaucratic Convenience

5.2. Main Push Factors

5.2.1. Professional Push Factors

In our qualitative research, we observed the reason of health professionals in many aspects. It can be easily said that when it comes to Professional factors, all participants have some strong reasons. Professional push factors were always highly clear and powerful. For example, most participants think that in terms of technology, and conditions in the hospitals in Turkey are not very promising. Also, working conditions, long working hours, and hierarchy around the health professionals in the hospital are other big reasons as a push factor to leave the system and to the country:

'Working conditions during COVID-19 highly affected my migration. At that time, I had friends who resigned by not coming to work for 3 days at the expense of losing their official positions, we worked under very ugly conditions. We had to work 24 hours a day, we couldn't choose any other alternative. You work 24 hours a day and only have 4 hours of rest. Then you rest for less than 24 hours and come back to the hospital the next morning. We said thank you and continued. In the second year of my stay in Istanbul, I spent my last year in the outpatient clinic, saying that I could no longer keep duty and that I had trouble sleeping. Frankly, I was very tired. Even though there was no pandemic, I was not very happy with the conditions. There was a lot of favoritism, inequality, and unpleasant situations. Even if you work very well, it is not enough for something, things change very quickly under the doctor's rule. I wish it had developed in the right direction, but things were happening that it shouldn't have happened.' (Female, 27, Nurse)

It is emphasized by this participant that COVID-19 made the conditions difficult. It is also mentioned that it is not very possible to have a work-life balance under these working conditions. Besides, hierarchy in the hospitals has affected the system as it said. We can also see in another participant's comment that from their point of view, the conditions and opportunities in the hospitals of Turkey have not been seen as very promising:

'I worked in the emergency department in Turkey for 2.5 years. I love being with patients very much. Aunties also love me very much, we joke with people. We are on very good terms. Frankly speaking, the facilities and system in Turkey were tiring us out. If no one interfered with us and you just practiced medicine, maybe you could be happy there too. It was tiring to wake up in

the morning and know that you might be able to go somewhere with a new assignment or that you would have to do something strange due to a new law. We were having problems. There were many problems such as patient transfer, lack of supplies, sending an ambulance somewhere and giving an order list to bring supplies, and distance to the center and facilities. I worked in a small district hospital in Yozgat, but it did not have one-thousandth of the facilities in a small city hospital in Germany. Working hours, available opportunities, and working conditions are all very different in Germany. I guess a city hospital would be established in Turkey with the materials we use once and throw away here. If you sew, you open a set and it has everything in it. And you use and throw away all the tools at once. In Turkey, at least the scissors in that set were in everyone's hands. When I first started working in Germany, I was surprised that there were new scissors in every set. It seemed like a waste to me. When I was working in Turkey, I would ask people to bring us a pair of scissors. If we found a pair of scissors in Turkey, we tried to sterilize them and use them again, or in other instruments, tests, and medicines. Even an X-ray machine was a luxury in Yozgat. Since the opportunities in Turkey are limited, doctors are looking for a solution and this is the obligation to create opportunities to improve people. You're trying too hard.' (Male, 28, physician)

Also, one physician who works in Turkey as an assistant in the brain surgery department whom I talked to out of the focus group said that the assistant doctors in their department who started their specialization 3 months before them, punished them if they didn't like what they did. They have to come to the department at 05:00 am every weekday and they leave there around 22:00 they do this like a cycle every weekday. At weekends, they have duties and they have to stay there for almost 30 hours even though their duty must end at the 24th hour of the duty:

'*I have no life anymore, I only work and sleep. No social life, no family life, I don't even have time to talk with my parents even though we live in the same house. I fall asleep every night on the sofa and my parents try to bring me to bed, I suddenly think that it's time to go to the hospital again and get stressed. I had 7 duties in 14 days this month. I start my duty at 5.00 am and finish it the other day at 2.00 pm. Then the next day at 5.00 am I start another duty. I forget how to sleep. I can't imagine my life during the next 4 years until I get my specialist title with this tempo. We are waiting for the next assistant people to share our responsibilities. Unfortunately, we have to do the same treatment to the new ones. Otherwise, we cannot stay resilient. I earn around 2k euros now, if I had worked in Germany I would have earned maybe*

the same amount of money more or less but these working conditions would be different. Mobbing, punishment, etc. everything is so difficult.' (Male, 27, Physician)

Another participant who was living in Turkey during this earthquake period reported that even though she was not living in this region, she was affected by this situation psychologically:

'I was always following the news and in the background of my mind, the earthquake was always there. ıt's because I was living in Istanbul and there was always an expected earthquake there, this thought destroyed my inner peace. After this earthquake, I completely decided to move to Germany.' (Female,27, Nurse)

5.2.2.Financial Push Factors

Participants were asked about the financial reasons for their decision to migrate to. Some participants thought that their job was highly difficult to do and they were not able to earn enough amount of money they deserved in Turkey. They think that Turkey does not provide them a good quality of life:

'It's a difficult job anyway. Working hours are hard. They can give money that will make employees smile. A fee is very important. But quality of life is also important. I told myself that instead of working in Turkey for the rest of my life, I would go and work in Germany for 10 years, everything was so tiring. I made a calculation.' (Female, 30, Nurse)

5.2.3. Social Push Factors

During the qualitative data collection process, it was asked to the participants about their social reasons and if they had any social push reasons to leave Turkey and choose Germany. As reported by the participants, they have affected social pressures and some incidences such as bomb explosion cases in Turkey.

'Once, I took a bus in Turkey, and I had short pants on me, an old guy told me that this was 'haram' and 'don't wear this kind of clothes'. A random person on the street may do mobbing to you, spontaneously.'. It is so creepy. In Germany, I don't have any fear of staying alive on the street or at work, in all aspects.' (Male, 25, Physician)

'During all my life, I always followed concerts but I had not gotten pleasure recently. Istanbul did not seem safe to me, I was escaping to Izmir at every chance. After the bomb incident in Istiklal, I decided to leave that city and country. I was trying to pass the days. I was passing my days patiently thinking that today is over and then the next day and repeat.' (Female, 27, Nurse)

Moreover, one male participant mentioned the difficulty of social life in Turkey.

'*Living in Turkey makes it challenging to find time for myself or my friends. This was one of the main reasons I decided to leave. I used to leave work around 8-9 PM and return in the morning around 6-7 AM. I often wondered when I would have time for hobbies or starting a family. It seemed like anyone who managed it would have to sacrifice other important aspects of life. It was very difficult.*' (Male, 25, Physician)

5.2.4. Political Push Factors

Participants were asked about the political reasons for their decision to migrate. One male participant who had an associate professor title had lost his job because of political reasons. As he reported, he started his life in Germany at beginner level:

*'I graduated from Çapa Faculty of Medicine, I lived and studied in Istanbul. I was also an associate professor at Çapa, I was exported with a KHK (decree law), and then I was acquitted. However, I didn't want to stay in Turkey because of what I experienced. My conditions were good and I was comfortable while working. I was happy doing my job, I was a cardiologist. My family, my life, everything was fine. I was an associate professor; my position was very good. I started from the bottom level in Germany.' (*Male, 48, Physician)

It is thought that the political atmosphere of Turkey has changed in recent years. They found the political situation unstable and fragile, and this made some participants anxious. Especially for female participants, the changing approach to the women and to LGBTQI become a serious reason:

'In Turkey, economy, politics, stress, chaos, the possibility of something happening every day, the country becoming increasingly unsafe for women, the perspective towards women, the perspective on minorities, the situation of LGBTIQ individuals, that is, the direct interference of people with everything is very disturbing. I don't like interference in someone's life. Everyone considers that they have a right to comment on others. This is annoying. People who come here

see the life and respect here. And they want to come and try. Germany treats applications from Turkey as if they were Afghans or Pakistanis. It's getting harder and harder. Unfortunately, there is a situation of equalization with the Afghans.' (Female, 25, Physiotherapist)

Even though some of the participants think that the political push factors are determinative in Turkey, some of them felt not very happy to leave there. One female participant from İzmir reported that she feels herself responsible to the founder of the country, Mustafa Kemal Atatürk:

"*I didn't want to leave my country, but I left, feeling very sad because I was so worn out. I am aware that many people like me leave Turkey, but I couldn't do anything. I think we disrespected Ataturk. Even though it was against my opinion, I had to leave the country. Somehow, if the conditions were better, I would desire to stay*." (Female, 27, Nurse).

5.2.5. Violence/Respect

It's observed around our participants that most of the female participants have not been content with the general respect of society toward women. As one female participant mentioned, when she was working in Turkey, patients were not listening to her. However, they were expecting validation from another male counterpart. Interestingly, this participant also reported that she has been facing the same respect problem with Turkish patients in Germany:

'They do not respect female doctors in Turkey. Incoming patients did not look at my eyes, and if there was a male doctor next to me, they would look at him and try to get approval from him. They were looking at the male doctor next to me as if saying "This woman is saying something, but what are you saying?" Patients were coming and disrespectfully trying to gossip with me. Being a woman was a big deal in the small town where I worked. Everyone was a guardian of morality. I rarely experienced disrespect in Germany, I only had problems with a few Turkish patients. They asked me questions like why did you come to Germany? I don't want to take care of Turkish patients. Wherever there is chaos, Turks emerge. Someone provoked an incident in the hospital last night, it revealed that they were Turkish people. Some patients complained about me to my chief, all of them were Turkish. I don't want to constantly tell my colleagues, "If they are Turkish, I don't want to take care of them." Turkish patients ask me for help in translating etc. They cause a lot of trouble. I don't want to discriminate between people. However, let's say if it's a Polish alcoholic patient, I don't feel uncomfortable, but I do feel uncomfortable with Turkish patients.' (Female, 25, Physician)

Increased violence and extreme social incidences intimated most of the participants. As one male participant mentioned, he had witnessed a protest on TV that the people were burning a physician model afterward. He mentioned this incident and how affected his decision to migrate:

*'My economic situation and my workplace, my colleagues are very good but one day I watched the news on the TV and people were firing physician models. Then I asked myself what I was doing. I regretted so much since I took the TUS exam. Instead of that I should have studied the German language.' (*Male, 25, Physician)

On the other hand, they think that the rules and courts in Turkey do not protect and provide justice in Turkey, and healthcare professionals do not feel secure there:

*'The violence is inevitable in Turkey. One time, someone tried to hurt me when I was working in the emergency service. One other time, I said to a patient who wanted to take a prescription to go to the family doctor and he started to insult me. I had two issues at the court and the judge did not punish the guilty 1 and fined the guilty 2. They said that 'there is no reason to prosecute.' (*Male, 32, Physician).

5.3. Main Pull Factors

5.3.1. Professional Pull Factors

Especially pull factors were seeming highly significant when participants compared developed and developing countries like Turkey and Germany. Vocational development opportunities are found more efficient in Germany by our participants. The value given to the employee seems another difference at the workplace, as it is mentioned by them. Hierarchy is not a case like in Turkey as this participant's comments:

'If you are an assistant doctor, all you are equal about working conditions. No respect, no exclusion, just working together equally. I call my masters 'you' here. Nobody talks behind anyone's back. Everyone keeps duty equally. I couldn't get a sick report in Turkey, which is prohibited for assistant doctors, but when I was sick here, I didn't come for a week once. Then when I came back to the hospital, I was still coughing and my chief sent me home again. He said, 'You are not well, go away' and sent me home. I stayed at home for 1 more week. Everyone asked, "How are you? Are you okay?" You can never see this behavior in Turkey when a professor comes and wishes you get well soon. They don't think about you, the only thing they

think about is who will take care of the patient instead of you. The most important reason for me to come here was that assistants have seniority in Turkey and it bothered me a lot. If I argued with someone here, I would resign the next day and start another week at another clinic. I can also count my previous work as part of my assistantship. I have this chance. My mind is at peace. At the hospital where I work, they support all my training for up to 5-7 days and cover training that will improve the department I work in. They support. They need working and successful doctors and they support you very much. I feel like I am working in a large private hospital like Medipol in Turkey. Everything is abundant. Conditions are good.' (Female, 25, Physician)

Some physician participants support the idea of the unnecessity of specialization exam in medicine (TUS) exam. They also think starting a department of specialization in Germany is highly easy and this makes it attractive to Germany at least for physicians:

*'TUS is a very meaningless exam and people study 12 hours a day for at least 1 year. That spot information is of no use. If you enter a department you don't like, you can't change it and you have to take the exam again. In Germany, you look at the job postings and go to the interview. My husband was first in surgery, then left and switched to urology. Everything is very easy. We came here after researching these conditions. We knew there was no exam.' (*Female, 25, Physician)

Another marked point is the quality and diversity of the treatment and post-treatment services that are given to the patients which are found better in Germany. It is also said that the value of hospital management to healthcare workers is higher in Germany. Their attitude towards patients who disrespect healthcare workers reveals how much they respect them. The treatment they encounter when they want to go on a vacation and when they are sick, also makes a difference for them. A participant says that when they get sick, the hospital management pays them extra money. However, the management deducted the money when they got sick:

'In Turkey, in the psychiatry department, there is only medication treatment. However, in Germany, there are many kinds of treatment for our patients e.g. art therapy, animal therapy, hand work therapy, ergo therapy, moto therapy, neuro therapy, box therapy, cooking groups, movement therapy, pool therapy, and shopping therapy. In the beginning, I was so sad about our patients in Turkey. I was thinking why not in Turkey; don't they deserve these kinds of therapies and treatments? Here we evaluate all patients every day respectively, we try to make

them socialize. We give everything to the people. However, in Turkey, all resources are limited. In these conditions, how could have healed? Germany supports their patients even at home. In Turkey, we always bring our all sheets to the office and we relax on the sofa bed which we bought with our own money. However, here in Germany, there is a duty room and there is a bathroom and a WC. They give us training, they think about how can we develop something together, they listen to you, and they give importance to your words. In this clinic once there was a patient who talked with me with a disrespectful style. I called my chef and informed him about this patient. We stop this patient's treatment in our hospital and forward him to another hospital. Even in your first year, you have 30 30-day annual permits. They don't include weekends and you continue to earn your salary. I call Germany my 'home'. When I visit Turkey, I get stressed. In Turkey, if you are sick, even if you have COVID-19, you have to work. However, here, if you are sick, you don't even show any report for up to 3 days. If you want, you have a chance to not come to work for 3 days successively, even every month. There is no limit. If you exceed 3 days, then they expect you to show a report. In Turkey, when you are sick and show a report, they cut it from your salary but here they pay you additional money since you are sick and may need money. (Male, 25, Physician)

A male participant also reported that he worked in an earthquake region, Hatay, and mentioned the difficulties of the conditions in that period. As he said, he had seen a huge number of patients after the earthquake. However, he has seen this situation as an opportunity to have more experience in the field.

"I worked as a family physician during COVID-19 and I was in Hatay. The process wasn't too bad. But then the February earthquake happened and that period was much more difficult. Hatay was very affected by the earthquake. Then I got through that process and came back. I worked in the field hospital during that period. During the earthquake period, I had the opportunity to see many patients and I felt like I was improving more." (Male, 25, Physician)

5.3.2. Financial Pull Factors

Following the questions on financial pull factors, such as the buying power of their salaries, the general economic conditions of Turkey, the quality of their life, the economic easiness offered them as a healthcare professional, whether they are satisfied with the situation or they have suffered. A female participant who has a newborn said that even though she has

gotten permission since she learned about her pregnancy, she has gotten paid. This case has two sides and she won in both of them:

'Everything is better than I expected in Germany. I can say that they give more than they promise. For example, I thought weekends would be included in annual permissions, but they are not. I have been on pregnancy permission since I found out about my pregnancy, that is since I was 40 days pregnant. I did not know that such a long pregnancy permission was given. You cannot work due to Covid and if you work in a psychiatry clinic. If there is no COVID, then you do not work in psychiatry, then they do not assign you to risky branches and you do not keep duty. And you continue to get paid. In Turkey, physicians' economic situation is sufficient to manage daily life. But it is impossible to buy a house or a car. It's not enough when plans and children are involved.' (Female, 26, Physician)

It can be seen in this part that the financial pull factors that are provided to healthcare professionals in Germany have been inviting for most of the participants. Especially when they make some calculations and compare these two countries, life expenditures, and their buying power, Germany becomes more appealing:

'In Germany, my husband and I, each of us earning 2.900 euros for a month and If I were a single mom, I would have a house, and car and take care of my baby alone. However, in Turkey, even only Kinder garden prices are terrible and people think about how to afford that much money! Also, they do not permit giving birth, in Germany I will be staying at home for almost 2 years for my baby." (Female, 26, Physician)

With developing technology, people start to see how other people live in different parts of the world and they also want to be able to have the things that they desire. This becomes a necessity to reach stuff naturally:

'I bought the latest iPhone as soon as I arrived, not because I needed it. I wanted to see how it is possible to have something so easily and I wanted to show it. I couldn't get that phone even if I worked for 10 years in TR under these conditions.' (Male, 28, Physiotherapist)

After the buying power decreases in Turkey, earning in a country where they will be able to earn money which has more buying power, has become more logical for the participants. They do the same job and put in some effort and their life become easier and more fertile:

'A nurse cannot work in Turkey and travel 4-5 times a year. I have traveled 4-5 times in 10 months, it is very comfortable even with 2 children.' (Female, 30, Nurse)

The wage difference between developed and developing countries is also evident in the answers given by the participants here. And the participants state that they prefer Germany, where the wages are better. As in the neo-classic migration theory, the wage level is high in Germany, which is a low-level labor country; But in Turkey, which is a high-level labor country, the wage level is low. The answers received here comply with neo-classic migration theory.

5.3.3. Social Pull Factors

Some participants who have married and have children experienced unexpectedly interesting things when they started to live in Germany. They pointed to the easiness of the movement in city life in Germany. Also, they emphasize that they have more free time and a more regular family life there. Besides, as participants said, they have been enjoying their time in Germany to living far away from their husband's family:

'My social life is very different in Germany. I take my stroller, leave the house, and go wherever I want. I am always outside during my free hours during the day. If I were in Turkey, I would have to think many times. How will I get on, how will I get off, what time does the car arrive, and how far can I go? These are all problems. Transportation is very good, you just take the train, bus or tram and go. Then you come straight back the same way. You don't have to worry about not being able to take the stroller anywhere, you don't have to worry about getting the stroller on or off, whether there is any free place on the bus or not. It is very easy for a mother to go anywhere and travel with a baby. In Turkey, you come home from work and cook, relatives and guests always come. You're always running around. It's quieter here. You have a life where you can spare time for yourself. My husband's family is farther away and we cannot meet. We are calmer because external factors have decreased in many senses. Our evenings are going better. We spend time with ourselves. In Turkey, whether we wanted it or not, an offer would come from the parents and after a certain point, it would turn into an order. Families were very involved in our work. There was a lot of confusion. My husband and I are both more comfortable now. We take turns babysitting the kids and going out and socializing. And this way we can relieve stress. We had a lot of work in Turkey and we were working hard and no one was of any use to anyone. With 2 children, the house is a little small, but we are still

comfortable. We are on the roof floor and we are worried about the noise, but they are understanding. Our landlord is also Turkish. My son started kindergarten and is learning German. We are going through an adjustment period as a family. It's going well right now. There is a group on Telegram for nurses in Bayern, we are planning to meet with them. Being here satisfies me. It might be more satisfying for me if my kids can keep up here.' (Female,30, Nurse)

One male participant reported that he has started to be a calmer person after he moved to Germany and he claimed that his relationship goes better than before. He believes that the people in Turkey are mostly lives unsatisfied:

'I became happier, more emphatic, and easier to communicate person after I moved to Germany. I was very unhappy and aggressive when I was living in Turkey. My relationship with my girlfriend has become better, we are the way pretty better right now. Even though I was living in a small town in Turkey, there were at least 7-8 people who committed suicide in 1 year. The rate of suicide in Turkey has increased in recent years. People are sad and desperate.' (Male, 28, Physiotherapist)

As one female participant notified, since life is cheaper in Germany, she said that she has a better and easier life. Also, it's because she is a mother of a new-born, the German state provides her with better living conditions with various social and economic help:

'The state sends a cleaning lady to the house because I am home alone. She comes to the house and helps up to 8 hours a week. Because I have no relatives, I am alone. In Turkey, I wasn't able to get permission to look after my child, and there is no kinder garden for such small babies. There is also a kinder garden here. I also still get my salary and I can afford it. However, the state still helps. The state supports your process so that you can make time for yourself. I was very surprised, I didn't expect this.' (Female, 26, Physician)

5.3.4. Political Pull Factors

Pull reasons of participants as strong as their push reasons. They found Germany, politically stable and the people respectful such as lifestyle and freedom of thought. These reasons attract some of the participants:

'There was an election here recently in the Hessen region, it was on Sunday. We saw a poster or two, but no one was talking about it, even at work, and we never heard it anywhere. I looked on Sunday and there were only subtitles on the TV. I didn't even understand the result. Then my friend from Turkey called and said, "Did you hear that the votes of X party have increased in the region you have been living in." And I said 'You follow it better than me' Unfortunately, people in Turkey are very politicized. I don't even think about politics here. I can't think of who is running the country etc. These issues do not concern us. Nobody is interested. But people are constantly clashing in Turkey and negative consequences happen to the people.' (Male, 35, Nurse)

*'I attended 'Pride' in Germany in many different cities; Cologne, Berlin, Stuttgart, Münster. I came across a number of my friends from high school and university. I attended a march in Istanbul when they removed the 'Istanbul agreement'. However, I was so scared. Pride was already a problem in Turkey. You are always under pressure from the police. Even if you like a tweet on Twitter, even that may be a problem. I came there because of political reasons. Life is so easy and relaxed in Germany. You are free.' (*Male, 26, Physician)

5.3.5. Social Network

It's the fact that there is a big Turkish community in many parts of Germany and some of them are still not able to speak German. This situation makes Turkish-speaking workers alluring to the employers in healthcare sector:

'The hospital I have been currently working in was looking for a Turkish-speaking physician for Turkish people who do not have enough German skills and education at all. I talk in this hospital just Turkish patients and that's why they prefer me after I'm 50 years old. There is a big demand from Turkish patients and also there is a specific part established for Turkish patients in this hospital. They invited me to this hospital and I accepted their offer since my daughter also works in Germany.' (Female, 56, physician)

As a female participant reported, people can access all kinds of information about working life in Germany from the Turkish community. This discourse is in line with the social network theory. Previous immigrants have already created a system and have learned the rules of the country and they lead other new potential immigrants to immigrate to this target country. They are also able to reach all that information because of technology such as social media, blogs, and the internet. This perspective is in line with globalization theory:

'It is very easy to come to Germany due to its conditions, that's why I came here, but I will go elsewhere after I secure myself here. We looked at it at first for Switzerland, but there was no data, on who came before us and under what kind of conditions they work, etc. We couldn't find any information. However, information about Germany is everywhere. It's very easy to reach here. That's why we were able to come to Germany. We later heard that people were using here as their first step. People here who have sufficient knowledge, language and experience, go to Switzerland. I can think about it later. They say the Scandinavian countries are very beautiful in terms of conditions, but I am from Urla, I cannot come to the cold anymore, this cold is enough for me.' (Female, 40, Nurse)

'The process of finding a job in Germany was very easy because of the Turkish people I had already known there. They helped me. Also, telegram groups for Turkish physicians helped me so much. There is a Telegram group named 'Doctoring & Appointment in Germany' which has more than 13k members and also another WhatsApp group named 'Baden-Württemberg solidarity group' and people share their experiences, if they confront any difficulty, then they write here and everybody helps each other without expecting anything. They share the exam questions, visa and diploma equality topics so on. 'Before I came to Germany, I had gotten help about probable problems in these WhatsApp groups.' (Male, 25, Physician)

'*Before coming to Germany, we received help from social media pages called 'Assistances aus der Turkei' and 'Doctorship in Germany'. Our German teacher in the course helped us on what path to follow. She gave a lot of support in everything. She even told us how to make our appointments.*' (Male, 28, Physician)

'The reason I have chosen Germany was because my friends were here, I was inspired and informed by them. Working abroad was a dream for me, but after my friends, I learned that it could come true. I share a lot of information with my friends who want to come, as well. I'm showing the way. Someone showed me the way too. This has become a chain now.' (Male, 28, Physiotherapist)

'I did an internship in Germany in my 3rd year of my study in medicine, and then I decided to come here, in a city close to Hamburg. One of my father's friends was also here, they gave me information and helped, we talked about what life would be like and how you could make money. I don't see them very often now, but they had an impact on me coming here. It's nice to

know someone is here. There was a place where I could stay, especially during my internship, and it was important.' (Female, 25, Physiotherapist)

'There is a page called 'berlindenmektup' on YouTube. I followed there for a long time. They explain everything about equivalence there too, it is the page of a person who provides consultancy. They also make and explain videos about finding a job. I watched them too.' (Female, 30, Nurse)

'I was a member of some WhatsApp, Telegram and Facebook groups, and also received information from YouTube. Since I learned everything while I was in Turkey, I encountered the situations I expected and I was not surprised. I was prepared for all situations. A German-Turkish family took care of my bureaucratic work here, they had a house and rented it out. They were supportive. There are also positive aspects to having many Turks here.' (Male, 48, Physician)

'The Turkish population here, and my close friends were also planning to come here, so I chose this country. The fact that there are so many Turks in terms of socialization and that we are a nation that Germans are familiar with, even though they see us as second-class citizens. It is also an advantage to come across Turkish patients and speak Turkish comfortably.' (Male, 25, Physician)

As this male participant stated, he had a wide range of knowledge about the conditions in Germany due to the information provided by social networks. It is a sign that they perceived the pull factors with the impact of the social network.

'Before coming here, I heard that it is easy to become a nurse in Germany and that they accept nurses more easily from some friends and on social media. I learned many aspects of it, both positive and negative. I did some research about working conditions and took a German course for 2 years. I was following 'serkanbeyde' on social media. This is just an example but there are many people. Before coming here, I contacted a family while I was in Turkey and they helped me to find a house. I also have a couple of friends here from Turkey. I am meeting with them too. I'm helping a few of my friends who want to come here. One of them even had a job interview, we completed his equivalence, and he was accepted to the hospital, now his

documents have gone to the foreigner's office, and we are waiting for preliminary approval.' (Male, 35, Nurse)

These comments illustrate that migration to Germany is facilitated by social networks, highlighting the importance of information exchange among established migrants. Since the 1960s, a migration chain has developed between Turkey and Germany, providing essential insights to potential migrants. These factors align with migration systems theory, which posits that individuals with strong social networks, rational decision-making abilities, and qualifications are more likely to migrate(Demir, 2023).

'*We are close to Turkey geographically and we feel less like an immigrant because of the existence of the other Turkish people. Our landlord is also Turkish. I don't have so many Turkish friend in my workplace because of the location, Bayern. There are not a lot of Turkish nurses there. However, I am trying to adapt to my German colleagues. Also, there is a Telegram Group with Turkish nurses, and we are planning to meet soon.* '(Female, 30, Nurse)

As this female participant reported, her landlord is Turkish and she is also in a Telegram Group including Turkish counterparts and she is planning to meet them. On the other side, she is trying to have a connection with her German colleagues. This discourse is in line with Transnationalism. According to Pries (Pries, 2008), Transnationalism is consisting of social practices and network relations of individuals and informal groups. Several immigrants in the world belong to their host society. However, they continue to have some relations with their home society. Described as 'trans migrants', those people sustain their daily life with interconnections beyond international borders to their home countries.

5.3.6. Geographic Closeness Of Germany To Turkey

It's obvious that there are many developed countries but in terms of closeness to Turkey, Germany becomes more alluring for healthcare professionals. Especially when we compare it for example with Canada or the United States, as most of the participants said, Germany is the best option in any aspect. One male participant emphasized the importance of his family in choosing Germany:

"*If you ask me why Germany, why I didn't choose the U.S. or Canada, I would say that it is so far away from Turkey. Even though, I have a social network also in these countries I didn't*

want to go there. I have a lot of friends in Germany and I am influenced by them also, I can see my family easily when they need me." (Male, 25, Physician)

From this participant's words, it can be understood that they are trying to keep their connection with their home country. This discourse is in line with Transnationalism. Besides, one male participant stated that there are more options to see in Europe than United States. That's because he chose Germany:

'*I did not want to go to the United States, Canada, or the United Kingdom because there is a huge human flow from every part of the world and everyone knows English. The competition is more, more expensive and the geographic distance is more, when you want to travel it's far away from everywhere. Germany is close to Turkey and to a lot of places for traveling*.' (Male, 32, Physician)

5.3.7. Diploma Equivalency And Bureaucratic Convenience

When it comes to starting a life in another country, there is no doubt that having a job easily or less bureaucracy than the average and also getting equivalency to what you have done is one of the most important things:

"*In Germany, diploma equivalency is way easier than the other countries. And the weather conditions are familiar in some places. Let's say Scandinavia is so cold and learning language is more difficult and more expensive. I would like to move to Switzerland but it's necessary to have 3-year EU working experience to work there. And another example is the United States, which is so competitive and expensive and far away from Turkey. Canada was logical but so far, too. Therefore, we have chosen Germany.*" (Male,26, Physician)

Even though some participants had chances to go to the English-speaking countries that they had already known better, they preferred Germany because of the easiness of diploma equivalency. This shows us that the ability to have a job takes a country in front of others:

"*We wanted to go to Canada, but the process is very complicated, it is easier in Germany. Equivalence is also easier than in other countries. Since the German language is a second foreign language in Turkey, it is easy to learn*." (Female, 26, Physician)

In addition to these comments:

"*Before I got my degree, I had a dream to go to Sweden. However, bureaucracy and the language are difficult. Working conditions and diploma equivalency are, as well. The German language is the way easier*." (Male, 32, Physician)

"*This was the only place where I could get my doctorate equivalence. In the United Kingdom or United States, it was much more difficult, long, and complicated. I was able to work in Turkey until I completed my process in Germany. I was able to manage the process from there. I was less worn out both materially and spiritually."* (Male, 48, Physician)

One participant also shared their feelings like this:

"*I wanted to come to a country from the European Union and this was the country where I could come most easily, which needed nurses and gave jobs to nurses. Otherwise, I can say that if I could find a job in France, I would prefer to go there*." (Male, 35, Nurse)

5.3.8. Strategies Developed By Health Professionals To Make The Migration: Making Agreements With Employment Companies

Employment companies have been popular in recent years in Turkey after it has become very difficult to leave the country because of long visa processes, the longevity of the equivalency process, and finding a proper job as an applicant:

"*I'd searched employer on the Internet and I'd sent so many E-mails but I couldn't get any response. Then I found an employment company and agreed with them, they found me a job. To my brother, as well. We just attended job interviews. And we two found our jobs and we've come to Germany*." (Male, 28, Physiotherapist)

As can be seen, the people help each other in all phases of migration. It's obvious that for some of the participants, it became a must to leave the country and move to a developed country:

"*I have a friend who came to Germany 2 years ago with aggreing with an employment company. I've come here with the same company which he recommended to me. I followed the same path which my friend followed*." (Male, 28, Physiotherapist)

Even if people migrate and start the adaptation process to the country they immigrate to, they continue to communicate and maintain ties with their country. They do not interrupt the flow of information with potential immigrants. This is an example of being a 'transmigrant' and shows that people continue to live beyond the borders of countries with the effect of globalization. This situation is a strong example of transnationalism.

Challenges

Professional Factors

As we see the answers of participants, most of them find Germany attractive to healthcare professionals. Nevertheless, some participants have opposite ideas:

"*I have a B2 level German certificate, actually this is an obligation all we have to get is a B2 certificate before we come here, but I'm not fluent because I'm so new in this country and this language. Sometimes some nurses say 'You don't even speak German properly; how do you understand patients? Physicians must be German!' Nurses are mobbing at the hospitals."* (Female, 25, Physician)

This answer shows us that not all German co-workers welcome Turkish healthcare professionals in Germany. Also, another participant thinks that Germany does not support his vocational improvement, unlike most of the participants.

"*I don't know if I found what I was looking for here, but if I get my assistantship then I might consider it. The clinic I am currently working in does not satisfy me very much. I don't learn much, I can't improve myself like my counterparts in Turkey and I think I'm falling behind*." (Male, 25, Physician)

Social Factors

When we asked our participants about their social life, most of them think that social life in Germany goes well for them. On the other hand, for some, the situations appear different:

"*I have lived in Germany for 3 years but I can not say that I have a German friend, just contacts. My social life has ended in these 3 years. In my workplace 98% of people are Germans but even I don't have German friends. I don't remember we went out together. They consider*

Turkish people as a regular Muslim country citizen or 3rd World country citizens. After those long years, they don't even invite me to their parties and events." (Male, 30, Physician)

These sentences indicate to us that, social factors are not going in the same direction for all the participants. Some participants think that 'discrimination and racism' are at a high level in the workplace in Germany:

"*I try so much to feel belonging and I attend some social volunteering activities for this aim. I do fireman voluntarily and I meet people and they think that I am kidding when I say I am a physician. They hardly believe that. They usually say that you are not shining, you don't have an aura, you are not cool. Even Turkish patients don't believe it, they say that a Turkish person can be an assistant of a doctor or a nurse, the most. At our volunteering activities, they give me the most difficult duties, and when I ask for help they get happy since I need help. Let's say when I say that I don't eat pork, they do not respect it. When a vegan says the same, they change their approaches. They think that everybody needs to live the same life. They consider a black hair guy as a potential bomber. I feel like an Afghan person came from the Middle East there. They think that I have 4 wives and I restrict my wife and I have no tolerance for non-hijab women etc*." (Male, 26, Physician)

Additionally, some of the participants expressed their opinions in another way. As one male participant reported, he finds life in Germany boring, unsocial, and difficult in terms of the services provided the people in daily life:

"*To be honest, my life in Germany is not promising right now. It's so boring. I was a very social person in Turkey and met my friends every day. You cannot find your previous life there in a week, and that is normal. I encountered normal difficulties. I struggled with finding a house, furniture, and address. People cannot socialize in the first place because of the language barrier. When you come here, you see that your German language is not good enough to establish social relations even though you took certificate exams. I fell into social starvation, I'm experiencing it right now. Before coming here, a family I contacted while I was in Turkey helped me find a house. I also have a couple of friends coming from Turkey. I am meeting with them too. I don't think I found what I was looking for here. There are many problems, I had to carry my washing machine and cabinet myself. You don't have to deal with this in Turkey. You agree with the 'house to house moving' company, they would do everything. Every company brings it to your home and sets it up. This is included in the price. You buy a wardrobe here, it*

costs 900 euros, it costs 150 euros to transport it, and 200 euros to take it home. Installation costs 300 euros. You see, it's an extra 650 euros. To be honest, in today's mind, I cannot say that I found what I was looking for because I am dealing with these problems and have fallen into a social void. Maybe I'll give a different answer next year. I can't say I fell into heaven right now. I don't think of going back to Turkey, for now. I tried for 2 years to come here, I'm still trying to adapt. Of course, this place is not indispensable. If I still feel like today after 1 year, if I still haven't recovered, then I will look for a way back." (Male, 35, Nurse)

Social Network

When we asked our participants about the existence of Turkish population in Germany, most of them think that it's an advantage for them. On the other hand, some of them don't think the same:

'I don't want to take care of Turkish patients. Wherever there is chaos, Turkish people are there. Someone caused a problem in the hospital last night, it turned out to be a Turk. There were patients who complained about me to my chief, all of them were Turkish. I don't want to constantly tell my colleagues, "If they are Turkish, I don't want to take care of them." Turkish patients ask me for help in translating their documents etc. They cause a lot of trouble. I don't want to discriminate between people, however if a Polish alcoholic patient comes, I don't feel uncomfortable, but I do feel uncomfortable with Turkish patients.' (Female, 25, Physician)

CHAPTER 6: CONCLUSION

We have investigated in this study how and in what ways Turkish healthcare professionals evaluate major push and pull factors and what are the meanings of these push and pull factors for them. Also, we investigated if social networks affect their decision to migrate to Germany when we take into consideration the Turkish population in Germany. This investigation is based on using the push-pull factors theory and the social network theory, as well. We have chosen qualitative research methods based on conducting twenty semi-structured interviews with healthcare professionals who migrated to Germany after the COVID-19 pandemic. The qualitative research methods supported our research study to understand how participants perceived push and pull factors in healthcare professional migration. At the end of our examination, we concluded that professional factors, violence, and social and political factors are the most prominent push factors for healthcare professionals, but financial factors are a less important push factor. Financial factors may be more important for another group of participants, but as a result of the semi-structured interviews we conducted with our group of participants, we came to this conclusion. Also, as a result of this study, we concluded that social, professional, and financial reasons are important pull factors. In addition, we concluded that Germany's geographical proximity to Turkey, diploma equivalence, and bureaucratic conveniences are effective pull factors. Additionally, as a result of this study, we concluded that social networks are important for the participants to choose Germany as a target country.

Professional factors were found to be highly significant factors in the migration of healthcare professionals. Working conditions in hospitals, the hierarchy among healthcare workers, the difficulty of TUS (medical specialization exam), long hours on duty, constantly changing laws, shortage of healthcare workers, senior managers not caring about healthcare workers, and the difficulty of taking leave even for health reasons; In Germany, the opposite is the case; being supported by managers when taking leave, in case of illness, and matters such as training and professional development, having certain working hours, having the opportunity to receive more vocational training in Germany, and having these training covered by the hospital are important driving factors. It is important for their employees. However, in Turkey, they neither permit to receive training nor cover the costs of training, which seems to be an obstacle to developing healthcare professionals in their profession. On the other hand, some participants may not think this way and that they cannot learn new things and are not supported. Some participants said they were not satisfied with the work they did in Germany.

Healthcare workers cannot fix the problems in the healthcare system in Turkey. However, the fact that people blame them, expose them to violence, and hold them responsible is exhausting healthcare professionals. It is thought that healthcare professionals left Turkey for economic reasons, but this is not enough. The political atmosphere and the culture of violence are also significantly influential. As it is seen, they try to use all ways to find a job in Germany and leave the country. Even if they have not been completely content about this movement, they believe that this is the best choice to make. Globalization is highly effective in this movement. Since the people easily follow the newest developments happening in the World. They see how other people live and work, under which conditions, and with what kind of opportunities. Therefore, they use their social and personal capital to reach these kinds of opportunities.

Violence and respect are other push factors for healthcare professionals. As stated by them, the culture of violence and disrespect towards healthcare professionals in Turkey disturbs healthcare professionals and alienates them from the profession. It is also stated that there is a general disrespect towards female healthcare professionals that makes healthcare professionals displeased. The reasons such as violence in hospitals, which can lead to death, citizens bragging about beating healthcare workers on TV, and burning healthcare worker models, are much more important reasons than financial reasons, as commented by healthcare professionals.

Social factors are important push and pull factors are assessed within this research. Healthcare professionals, being among the most highly educated and urbanized strata in Turkey, place significant value on individualism and a cosmopolitan lifestyle. Consequently, they may be more negatively impacted by the country's social environment over time. As mentioned by the participants, city life is easier in Germany, and transportation, social life, and business life are easier to balance; also, from their perspective, people are generally unhappy and restless in Turkey, whereas peaceful and balanced in Germany. Statistical data from statistical institutes of both countries, confirms this point of view. According to data from the German Statistical Institute (STATISTA, 2024), the happiness rate in 2023 in Germany was reported as 87% nationwide, while TUIK (TUIK, 2024) reported a happiness rate of 52.7% in Turkey for the same year. Besides that, as stated by them, after coming to Germany, they turned into happier personalities and started to have healthier relationships in their private life. Another reason is that the state in Germany socially supports new mothers and pregnant workers. On

the other hand, some participants also stated that social life in Germany is not very promising and that they are subjected to discrimination and racism.

Political reasons, significant push factors for healthcare professionals, play a crucial role in their decision to migrate. The increasing disregard for LGBTIQ and women's rights in Turkey's political climate is concerning for participants. From healthcare professionals' point of view, the political agenda of Turkey is a significant factor for migration. They compare the election atmosphere in Turkey and in Germany and according to them, Germany has a comparatively more favorable atmosphere. Our participants are a group of healthcare professionals, many of whom are doctors. These people are more in touch with society, and they have a comparatively more global lifestyle than the other part of the society. People who live more globally, who value individuality, who follow the world and constantly go on vacation abroad. Therefore, it is thought that they may be more sensitive to sociological and political changes in the country. The reason for their sensitivity may be the global lifestyle of these people.

The findings of this research show that financial factors are a prominent pull factor in the migration of healthcare professionals to Germany. It was stated that there are differences between Turkey and Germany in terms of healthcare workers. In terms of the opportunities the state gives to its employees, earning the salary they think they deserve, a better life opportunity that they can give to their children, the high cost of living in Turkey, and the fact that life in Germany is cheap and easy, having high purchasing power, being able to travel more in Germany, their money is more valuable and they earn more.

Besides that, it is observed that social networks affect the people who choose Germany. Since there is a large number of Turkish people in Germany who can't speak German properly, hospitals need to look for healthcare professionals who speak Turkish. The existing immigrant network attracts new potential immigrants and thanks to improved social media, they reach information flow which makes it easier to migrate. Besides, the existence of a huge amount of Turkish people and relatives of the participants is another reason to choose Germany. Due to the history of migration between these two countries, there is already so much detailed information about the system of Germany which the previous immigrants have created. It is stated that most of the participants either had a family member in Germany who helped them or their friends from Turkey who already migrated to Germany who influenced and helped

them, as well. It is seen from the answers of the participants that social networks are kind of an element that causes migration and also ensures continuity. It is observable that they had an idea about most of the pull factors thanks to the social network e.g. salary, working conditions, social life. They were prepared for the conditions in general due to they were informed about them in advance. This shows another aspect of social networks that is impacting healthcare professionals how they perceive push and pull factors. Besides social networks supporting the migration of healthcare workers from Turkey, they may in the future also support reverse migration. This can be also taken into consideration.

As most of the participants reported, the geographic closeness of Germany to Turkey is also effective in choosing Germany after Turkey. Even though most of them have at least basic English language skills, they didn't choose an English-speaking country e.g. Canada and U.S.A. because of their distance to Turkey. However, they have chosen Germany to take a chance at learning the German language from zero. The easiness of diploma equivalency and bureaucratic convenience appear as another important element of choosing Germany. It is also found that people benefit from employment companies to find a job in Germany. Turkish healthcare professionals make agreements with these employment companies; even now, the social network comes to the fore. Healthcare professionals mentioned helping each other to find this kind of company.

On the other hand, this research shows that with COVID-19 situation has the way harder for healthcare professionals in terms of increasing workload and physiologically. It is also found that the Earthquake that happened in 2023 february affected physically and physicologically to healthcare professionals even if they don't live in the earthquake region. Especially expected Istanbul earthquake affected healthcare professionals who used to live in Istanbul. In case of an earthquake happen there, they would face the same scene, according to their thoughts. These kinds of thoughts lead healthcare professionals to be exhausted, as it said by participants. In this regard, this study is unique from the other studies.

Moreover, it is also discovered in this study that Turkey's state invests the healthcare sector is highly low. Research showed that Turkey is the latest country among OECD countries to invest in their healthcare sector compared with their GPDs. It is a fact that investments significantly affect the quality of served healthcare. Increasing this amount will affect future services and qualities. Also, it is stated by Maral and Özdemir (Maral & Özdemir, 2023) and

Beştaş (Bestas, 2024) that as people are not able to reach a quality healthcare service, this leads them to be angry and as a result, they reflect their anger toward healthcare professionals. Making more significant investments in the healthcare sector by the state can be the basis for solving many problems there (Bestas, 2024).

Recommendations

Migration is predicted to continue until Germany by the healthcare professionals who participated in this study. This foresight is in concordance with the previous study examined by (Kline, 2003). Besides, as Kayhan Pala, a public scientist from Bursa Uludag University, the emigration of healthcare professionals might not affect the health system at the first point. When you compare the emigration rates of healthcare professionals with the rest of them, it might not seem like it can cause a significant deficit in the healthcare sector. However, it should not be forgotten that European countries are in a race to receive Turkish healthcare professionals since they are already well-trained people (Uguz, 2023). If this movement continues with the same rhythm over the next 10 years, our healthcare system will face serious trouble (Genc, 2022).

As a final note, in this study, the migration of healthcare workers, which is a very sensitive issue, was investigated through the topics of violence, economy, working conditions, wage dissatisfaction, COVID-19, and the February 2023 earthquake. This study also touches upon all these issues through current news and social media news and draws attention to the negative effects of healthcare worker migration today and in the future. In this respect, it is thought that this study can guide in taking the necessary measures to prevent healthcare worker migration. However, the twenty participants do not represent all of the healthcare professionals who migrated from Turkey to Germany.

REFERENCES

Abadan-Unat, N. (2002). Bitmeyen Göç. *İstanbul Bilgi Üniversitesi Yayınları*.

Aerztestellen.aerzteblatt.de/. (2023, 09 22). *https://aerztestellen.aerzteblatt.de/de/redaktion/deutschland-arbeiten-woher-kommen-auslaendische-aerzte.* Retrieved from https://aerztestellen.aerzteblatt.de/de/redaktion/deutschland-arbeiten-woher-kommen-auslaendische-aerzte: https://aerztestellen.aerzteblatt.de/sites/default/files/auslaendische_aerzte_herkunftslaender_2023.jpg

Akcapar, S. K. (2009). Turkish Highly Skilled Migration to the United States: New Findings and Policy Recommendations. In A. İçduygu, & K. Kirişçi, *Land of Diverse Migrations: Challenges of Emigration and Immigration in Turkey* (pp. 110-248). İstanbul: Istanbul Bilgi University Press.

Al Nawafleh, A. (2015). Managing Jordanian Nurse Migration to the Gulf Cooperation Council States . *EMHJ-Eastern Mediterranean Health Journal*, 220-225.

Apostu, S., Vasile, V., Marin, E., & Bunduchi, E. (2022). Factors Influencing Physicians Migration- A Case Study from Romania. *Mathematics*, 505.

Aydan, S. (2023). Hekim Göçü Açısından Türkiye'nin Çalışma koşullarının Değerlendirilmesi. *Hacettepe Health Journal* , pp. 895-920.

Ayyıldız, A. (2022). Kadınlaşan Göç Olgusunda Ağbağların ve Sosyal Sermayenin Sosyal Uyum Üzerindeki Etkisi. *Sosyal Politika ve Sosyal Hizmet Çalışmaları Dergisi*, 304-325.

Bahadır, d. h. (2022, 03 08). *twitter.com.* Retrieved from twitter.com: twitter.com/drhakanbahadr

Balouch, M., Balouch, M., Qayyum, W., & Zeb, Z. (2022). Career Aspirations of Junior Doctors in Pakistan: Exploring Reasons Behind the Brain Drain. *Journal of Ayub Medical College*, 501-506.

Baltacı , A. (2019). Nitel Araştırma Süreci: Nitel bir Araştırma Nasıl Yapılır? *Ahi-Evran Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 368-388.

Bartram, D., Poros, M., & Monforte, P. (2017). *Göç Meselesinde Temel Kavramlar.* Ankara: Hece Yayınları.

Bestas, I. (2024). Doctor resignations and International migration (2020-2022) media reflections. In *Versatile Approaches to Social Sciences: History, Tourism, Education, Economy, Politics and Communication.*

Bezuindenhout, M. (2009). Reasons for Doctor Migration From South Africa . *South African Family Practice*.

Borjas, G. (1989). Economic Theory and International Migration. *International Migration Review*, 457-485.

Brennan , N., Langdon, N., Bryce, M., Burns, L., Humphries, N., Knapton, A., & Gale, T. (2023). Drivers and Barriers of International Migration of Doctors to and from the United Kingdom: A Scoping Review. *Human Resources for Health*.

Bundesamt, S. (2023, 04 24). *Statistiches bundesamt.* Retrieved from destatis.de: https://www.destatis.de/EN/Press/2022/12/PE22_554_224.html

Bundesamt, S. (2023, 02 18). *Statistiches Bundesamt.* Retrieved from destatis.de: https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Personnel/_node.html#sprg267120

Cagatay, A. (2023, 05 05). *The Discussion That We Can Beat the Doctor (Radio Broadcast).* Retrieved from www.odysee.com: https://odysee.com/@SputnikT%C3%BCrkiye_Official:6/sh05052023:f

Caglayan, S. (2006). Göç Kuramları, Göç ve Göçmen İlişkisi. *Muğla Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 67-91.

Cakır, R. (2023, 08 19). Retrieved from mediascope.tv: http://rusencakir.com/Buyuk-Goc-6-Gorduk-ki-baska-bir-hayat-mumkunmus/8947

Cakır, R. (2023, 09 18). *youtube.com/medyascope*. Retrieved from youtube.com/medyascope: https://youtu.be/jRoueB0SAt0?si=yjitnNqFViDNIPsv

Castles, S., & Miller, M. (2009). *The Age of Migration* . Hampshire and London: MacMillan Press Ltd.

Cevik, N., & Yüksel, O. (2019). Turkey, Germany and India Health System: A Comparative Analysis. *Balkan Journal of Sciences*, 218.

Chiswick, B. (2000). *Are Immigrants Favorable Self-Selected? An Economy Analysis, C.B. Bretelli and J.F. Hollified (der), Migration Theory: Talking Across Diciplines* . Newyork: Routledge.

Ciarniene, R., & Kumpikaite, V. (2008). The Impact of globalization on Migration Process. *Social Research*, 42-48.

Cicek, A. (2023). Türkiye'deki Hekim Adaylarının Yurtdışına Göç Etme Eğilimleri. *Medeniyet Araştırmaları Dergisi*, 67-80.

Coban, E. (2019). Türkiye'de Beyin Göçü: İtici ve Çekici Etkileri. Yayımlanmamış Yüksek Lisans Tezi. İstanbul, Türkiye: Yıldız Teknik üniversitesi, Sosyal Bilimler Enstitüsü.

Cometto, G., Tulenko, K., Muula, A., & Krech, R. (2013). Health Workforce Brain Drain: From Denouncing the Challenge to Solving the Problem. *Plos Medicine*, 10(9).

Cronin, F., Clarke, N., Hendrick, L., Conroy, R., & Brugha , R. (2020). Factors Influencing Speciality Choice and the Effect of Recall Bias on Finding From Irish Medical Graduates: A cross Sectional, Longitudinal Study. *BMC Medical Education*, 1-11.

Czaika , M., & Haas De, H. (2014). The Globalization of Migration: Has the World Became More Migratory? *International Migration Review*, 283-323.

DahiliyeDoktoru. (2023, 05 07). *twitter.com/DahiliyeDoktoru.* Retrieved from twitter.com: https://twitter.com/DahiliyeDoktoru/status/1655317974008381442?cxt=HHwWhIC28aq77_gtAAAA

D'aiglepierre, R., David, A., Levionnois, C., Spielvogel, G., Tuccio, M., & Vickstrom, E. (2020, p.23). *A Global Profile of Emigrants to OECD Countries: Younger and More Skilled Migrants From More Diverse Countries.* Paris: OECD.

De Haas, H., Castles, S., & Miller, M. (2014). *The Age of Migration. International Population Movements in the Modern World.* London : Bloomsbury Publishing.

Dedeoglu , D., & Genç, H. (2017, 10 26). Turkish Migration to Europe: A Modified Gravity Model Analysis. *SpringerOpen* .

DEIK. (2013, mart). *Istanbul International Higher Education and Turkey's position.* Retrieved from www.deik.org.tr: https://www.deik.org.tr/Uploads/Uluslararasi-Yuksekogretim-Hareketliligi-ve-Turkiye-Nin-Konumu-Raporu-2.Pdf

Demir, E. (2023). Uluslararası Göç Teorileri Üzerine Sosyo-Ekonomik Bir Değerlendirme. *Academic Research Review* , 1407-1428.

Dogan, B. (2024). Refah Devleti Ülkelerinde Sosyal Çalışmacı İstihdamı. *Akademik Hassasiyetler*, 645-670.

drhakanbahadir. (2023, 07 25). *twitter.com.* Retrieved from twitter.com: twitter.com/drhakanbahadr

Dudu, S., & Rojo, T. (2022, 04 06). The European Union as a destination of Turkish migrants in 2008–2018. New Perspectives on Turkey. *Cambridge University Press*, pp. 140-159.

Dulger, S. (2017). Küreselleşmenin Türkiye İşgücü Piyasası Üzerine Etkileri: Beyin Göçü(2000-2015). Manisa: Manisa Celalbayar Üniversitesi, Sosyal Bilimler Enstitüsü Yayımlanmış Yüksek Lisans Tezi.

Eatan, J., Baingana, F., Abdulaziz, M., Obindo, T., Skuse , D., & Jenkins, R. (2023). The Negative Impact of Global Health Worker Migration, and How It can be Adressed. *Public Health*, 225-254.

Eser, e., çil, e., sen gündoğan, n. e., col, m., yıldırım öztürk, e. n., & Thomas, d. t. (2023). Push and Pull factors of why medical students want to leave Türkiye: A countrywide Multicenter study. *Teaching and Learning Medicine*.

Euronews. (2023, 01 16). *akademisyen doktor öğretmen ve memur maaşları asgari ücret karşısında son 10 yılda hızla eridi.* Retrieved from tr.euronews.com: https://tr.euronews.com/2023/01/16/akademisyen-doktor-ogretmen-ve-memur-maaslari-asgari-ucret-karsisinda-son-10-yilda-hizla-e#:~:text=Euronews%20Türkçe%27nin%20Sosyal%20Güvenlik,altında%20ücret%20alan%20işçilerin%20oranı

Faist, T. (2003). *Uluslararası Göç ve Ulusaşırı Toplumsal Alanlar.* İstanbul: Bağlam Yayınları.

Fobker, S., İmani, D., Nipper, J., Otto, M., & Pfaffen, B. (2016). Translocal Life and Integration of Highly Skilled Migrants in Germany. *Erdkunde*, 109-124.

Gappert, G., & Knight, R. (. (1989). *Cities in a Global Society.* California: Sage Publications.

Genc, K. (2022). Turkish doctors emigrate amid low pay and rising violence. *The Lancet, 400(10351)*, 482-483.

Gencbas, D., Üzümcü, L., Yavuz, D., Üstün, S., Türkoğlu, R., Bagherıyar, E., & Yetkin, İ. (2024). Determination of Nursing students' Attitudes Towards Brain Drain at a University and the Affecting Factors. *Journal of Health and Nursing Management*, 180-187.

Gencler, A. (2020). Türkiye'deki Suriyeli Sığınmacıların Sosyo-Ekonomik Yaşama Etkileri: Fayda Maliyet Ekseninde Bir Bakış. *Journal of Social Policy Conferences*, 111-145.

Ger_service. (2024, 07 28). *Ger_service.* Retrieved from twitter.com: https://twitter.com/ger_service/status/1318585270892191746?s=20

Geurts, N., Davids, T., & Spierings, N. (2020). The Lived Experience of an Integration Paradox: Why High Skilled Migrants From Turkey Experience Little Belonging in the Netherlands. *Journal of Ethic and Migration Studies*, 69-87.

Giannoccolo, P. (2009). *The Brain Drain: A Survey of the Literature.* Universita degli Studi di Milano-Bicocca, Department of Statistics, Working Paper.

Gkolfinopoulos, A. (2016). The Migration of Greek Physicians to Germany: Motivations, Factors and the Role of National Health Sectors. *European Policy Analysis*, 136-157.

Gong, Y., Sun, L., & Xuan, L. (2022, 08 24). Social Networks and drivers of Highly Skilled Migration: The Case of Shenzhen City in China. *WILEY* .

Gorgun, M. (2017). The Importance of Migration Social Networks in the Process of Globalization. *Süleyman Demirel University the Journal of Faculty of Economics and Administrative Sciences*, 1317-1327.

Gullupinar, F. (2012). Göç Olgusunun Ekonomi Politiği ve Uluslararası Göç Kuramları Üzerine Bir Değerlendirme. *Yalova Sosyal Bilimler Dergisi*, 7.

Gundogmus, B., & Arpaci, I. (2019). Almanya'da Türkiye'li Göçmenlerin Entegrasyon Sürecinde Avrupa Milli Görüşün Rolü. *Aksaray Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*.

Gunes, C. (2017). *Ortaokul Öğrencilerinin Beyin Göçü Kavramına İlişkin Algılarının İncelenmesi*. Ankara: Gazi Üniversitesi Sosyal Bilimler Enstitüsü ve Türkçe Eğitimi Anabilim Dalı, Yayımlanmış Yüksek Lisans Tezi.

Gunes, M. (2024). A Comparative Assesment on the Development of Public Health Expenditures in Turkey and Selected OECD Countries. *Research Studies Anatolia Journal*, pp. 29-71.

Haijan, S., Yazdani, S., Jadidfard , M., & Khoshnevisan , M. (2020). Factors Influencing The Migration Intention of Health Professionals in Low and Middle Income Countries: Critical Review With a Theoretical Model . *Journal of Contemporary Medical Sciences* .

Harman Yıldız, G., & Ozer, K. (2022). Neo-liberal Sağlık Politikaları ve Hekim Göçü. *SCAR*, 1-13.

Hopyar, Z. (2024). Geri Dönüş Motivasyonu Olarak 'Önyargı ve Ayrımcılık': Almanya'dan Dönen Nitelikli Türkler. *Journal of Abant Social Sciences*, 403-422.

HSSWU, H. a. (2013). *Sağlık Çalışanları Şiddet Araştırması.* Ankara: Sağlık-Sen AR-GE Birimi.

Humpries, N., Creese, J., Byrne, J., & Connell, J. (2021). covid-19 and Doctor Emigration: The Case of Ireland. *Human Resources for Health*, 1-10.

Husmenoglu, M., & Kusakli, B. (2021). German Health System Analysis in Covid-19 Pandemic. *Sağlık Akademisyenleri Derneği*, 156-162.

Ifanti, A.A., Argyriou, A., Kalofonou, F., & Kalofonos, H. (2014). Physicians' brain drain in Greece: A perspective on the reasons why and how to adress it. *ELSEVIER*.

ILAVETV. (2024, 03 31). *Youtube.com*. Retrieved from https://www.youtube.com/watch?v=pAuOggAlvT0

IOM. (2022, 12 26). *Göç ve Entegrasyon.* Retrieved from IOM: www.turkey.iom.int./tr/göç-ve-entegrasyon

IOM. (2023: pg.25, 09 25). *World Migration Report 2022.* Retrieved from https://www.iom.int: https://worldmigrationreport.iom.int/wmr-2022-interactive/

Iredale, R. (2001). The Migration of Professionals: Theories and Typologies . *International Migration* , 8-24.

Jakobczyk, K. D., Domagala, A., Kiedik, D., & Pena-Sanchez, J. (2020). Exploring Satisfaction and Migration Intentions of Physcians in Three University Hospitals in Poland . *International Journal of Environmental Research and public Health*, 43.

Kacmaz, E. (2022). Tıp Fakültesi Öğrencilerinin Beyin Göçüne Yönelik Tutumları ve İlişkili Faktörler. Samsun, Türkiye: Ondokuzmayıs Üniversitesi, Yayınlanmış Yüksek Lisans Tezi.

Karaca, I., & Yurttas, S. (2020). Alman Nitelikli İş Göçü Yasası Çerçevesinde Sağlık Çalışanlarının Almanya'ya Göç Edebilme Motivasyon ve Potansiyelleri. *İnsan ve Toplum Bilimleri Araştırma Dergisi*.

Karatas, Z. (2015). Sosyal Bilimlerde Nitel Araştırma Yöntemleri. *Sosyal Hizmet E-Dergi*, 62-80.

Karatuzla, M. (2024). Sağlık Çalışanlarında Güncel Konu İncelemesi: Beyin Göçü. *Journal of General Health*, V6, I1.

Kaya, M. (2023). Uluslararası Göç Sistemleri Kuramlarının Değerlendirilmesi . *Sosyal, Beşeri ve İdari Bilimler Alanlarında Uluslararası Araştırmalar*, 211.

Kaygalak, S. (1999). Zaman ve Mekan Boyutuyla Göç ve Kentleşme: Mersin-Demirtaş Mahallesi Örneği, Yayımlanmamış Yüksek Lisans Tezi, Mersin Üniversitesi, Sosyal Bilimler Enstitüsü. Mersin.

Kazlauskiene, A., & Rinkevicius, L. (2006). The Role of Social Capital in the Highky-Skilled Migration from Lithuania . *The Engineering Economics*, 49.

Khagram, S., & Levitt, P. (2004). Towards a Field of Transnational Studies and a Sociological Transnationalism Research Program. *SSRN*.
Khalid, B., & Urbanski, M. (2021). Approaches to Understanding Migration: A Mult-Country Analysis of the Push and Pull Migration Trend. *Economics&Sociology*, 242-267.
Khulmann, E., Ungureanu, M., Behrens, G., Cossmann, A., MacFehr, L., Klawitter, S., & Dopfer-Jablonka, A. (2023). Migrant Healthcare Workers During COVID-19: Bringing an Intersectional Health System-Related Approach into Pandemic Protection. *Frontiers in Public Health*, 11.
Kilinc, N. (2022). Searching for "Alternative Diaspora Spaces": Highly-Skilled Turkish Migrants' Social and Professional Life Experiences in Europe. *CAS Sofia Working Paper Series*, (12)1-37.
Kingma, M. (2001). Nursing Migration: Global Treasure Hunt or Disaster-in-The-Making? *Nursing Inquiry*, 205-212.
Kline, D. (2003). Push and Pull Factors in International Nurse Migration. *Journal of Nursing Scholarship* , 107-111.
Knox, P., & Taylor, P. (. (1995). *World Cities in a World-System.* Cambridge: Cambridge University Press.
Korku, C. (2022). Sağlık Çalışanlarının Uluslararası Göçü. *Sağlık Yönetimi Güncel Konular Üzerine Akademik Değerlendirmeler*, 35.
Koser, K., & Salt, J. (1997). The Geography of Highly Skilled International Migration . *International Journal of Population Geography*, 285-303.
KRTKULTURTV. (2023, 06 10). Retrieved from twitter.com: https://twitter.com/krtkulturtv/status/1667277330446778368?cxt=HHwWgIC89b_5raMuAAAA
KSerefhanoglu. (2023, 05 07). *twitter.com/kserefhanoglu.* Retrieved from twitter.com: https://twitter.com/KSerefhanoglu/status/1655137625857032194?cxt=HHwWhIC8udi5nfgtAAAA
KSerefhanoglu. (2023, 05 07). *twitter.com/Kserefhanoglu.* Retrieved from twitter.com: https://twitter.com/KSerefhanoglu/status/1655135031243710464?cxt=HHwWgICxidWinPgtAAAA
KSerefhanoglu. (2023, 05 07). *twitter.com/KSerefhanoglu.* Retrieved from twitter.com: https://twitter.com/KSerefhanoglu/status/1655135625031319554?cxt=HHwWhICwkZ3FnPgtAAAA
KSerefhanoglu. (2023, 05 07). *twitter.com/KSerefhanoglu.* Retrieved from twitter.com: https://twitter.com/KSerefhanoglu/status/1655137114768437248?cxt=HHwWgMCzxfibnfgtAAAA
KSerefhanoglu. (2023, 05 07). *twitter.com/KSerefhanoglu.* Retrieved from twitter.com: https://twitter.com/KSerefhanoglu/status/1655138357729525763?cxt=HHwWhoC8qaXknfgtAAAA
Kwok, P., & Leland, H. (1982). An Economic Model of the Brain Drain . *The American Economic Review*, 91-100.
Labanauskas, L. (2019). Highly Skilled Migration from Lithuania: A Critical Overview of the Period 1990-2018. *İstanbul Üniversitesi Sosyoloji Dergisi*, 229-248.
Last, J. M. (1969). Migrating Doctors. *Scottish Media Doctors* , 14-410.
Lecaj, F. (2019). Küreselleşme, Göç ve Kadın. *International Humanities and Social Science Review.*
Levent. (2008). *The migration story of Turks in Germany: from the beginning to the end. In R. Kasaba (Ed.).* Cambridge: Cambridge University Press.
Lewis, A. (1966). Sınırsız Emek Arzı ile İktisadi Kalkınma. *İktisadi Kalkınma Seçme Yazılar* , 89-131.

Mamiya, K., John, C., Alnahar, S., Bader, L., & Bates, I. (2020). Achieving Sustainable Developments Goal 3 on Health From Global Pharmacy Workforce. *Journal of Health Global* .

Maral, T., & Özdemir, M. (2023). The Effect of Disclaimer Reflected in the media on Violence Between Healthcare Workers and Patients. *Türk Hijyen ve Deneysel Biyoloji Dergisi*.

Mollahaliloğlu, S., Çulha, Ü., Kosdak, M., & Öncül, H. (2014). The Migration Preferences of Newly Graduated Physcians in Turkey . *Medical Journal of Islamic World Academy of Sciences* , 69-75.

OECD. (2019). *Recent Trends in International Migration of Doctors, Nurses and Medical Students.* Paris: OECD.

OECD. (2019: pg.159). *in Health at a Glance 2019: OECD Indicators, OECD Publishing, Paris.* Retrieved from OECD: https://www.oecd-ilibrary.org/docserver/4dd50c09-en.pdf?expires=1722270323&id=id&accname=guest&checksum=0D42CDC053C88AD24F5F023F064A392A

OECD. (2023, 01 01). *Health Expenditure as a Share of GDP.* Retrieved from https://www.oecd.org/en/data/indicators/health-spending.html

OECD. (2023: pg.13, 05 30). Retrieved from OECD.org: https://data.oecd.org/healthres/doctors.html

Onal, F., & Akay, F. (2023). Are Turkish Doctors in Deep Water? The Role of Professional Ethics and Factors Affecting the Medical Brain Drain: A Qualitative Study From Turkey. *Developing World Bioethics*.

Orhan, S., & Gumus, M. (2021). Covid-19 Pandemi Sürecinde Saglik Calisanlarinin Bilgi, Uygulama ve Stres Düzeylerinin Incelenmesi. *International Anatolia Academic Online Journal*, p. 7/2.

Oxford Learners Dictionary. (2024, 05 23). Retrieved from https://www.oxfordlearnersdictionaries.com/definition/american_english/brain-drain

Ozdede, S. (2023). Ankara Eğitim ve Araştırma Hatanesindeki Asistan Doktorların Yurtdışına Gitme Yönelimlerinin Mesleki Doyumu ve Tükenmişlik ile İlişkisi. Tıpta Uzmanlık Tezi. Ankara: Sağlık bilimleri Üniversitesi Ankara Sağlık Uygulama ve Araştırma Merkezi Aile Hekimliği Kliniği.

Ozdemir, S., & Kerse, G. (2020). The effects of COVID 19 on health care workers: Analysing of the interaction between optimism, job stress and emotional exhaustion. *Multidisciplinary Journal of Social Sciences*, 178-201.

Ploger, J., & Becker, A. (1981). *Labor, Class and The International System.* Newyork: Academic Press.

Portes, A., & Walton, J. (1981). *Labor, Class and the International System.* Newyork: Academic Press.

Pries, L. (2008). Transnationalism Societal Spaces: Which units of Analysis, Reference and Measurement? *In Rethinking Transnationalism*, 13-32.

Ryan, L., & Mulholland, J. (2015). Social Networks and Migration: Relocation, Relationships, and Resources. *Sociology*, 41-57.

Sagbas, S. (2009). Beyin Göçünün Ekonomik ve Sosyal Etkileri: Türkiye Örneği. İstanbul: Marmara Üniversitei, Sosyal Bilimler Enstitüsü. Yayımlanmış Yüksek Lisans Tezi.

Saygili, M., Ataseven, M., & Yildirim, B. (2023). Covid-19 Pandemisi Sürecinde Sağlık Profesyonellerinde Çalışan Sdakatini Etkileyen Organizasyonel Faktörlerin İncelenmesi: bir Üniversite Hastanesi Örneği. *Hacettepe Sağlık İdaresi Dergisi*, 1069-1082.

Schiller, N., Basch, L., & Blanc, C. (1995). From Immigrant to Transmigrant: Theorizing Transnational Migration. *Anthropological Quarterly*, 48-63.

Schumann, M., Maaz, A., & Peters, H. (2019). Doctors on the move: a qualitative study on the driving factors in a group of Egyptian physicians migrating to Germany. *Global Health*.

Sedeta, E., Abicho, T., & Jobre, B. (2022). Perceptions of Medical Doctors Living in Ethopia About Physician Migration: A Qualitative Study. *BMJ Open*.

Sehlikoglu, S., Yilmaz-Karaman, I., Yastibas-Kacar, C., & Canakci, M. (2023). Earthquake and Mental health of healthcare Workers: A Systematic review. *Klinik Psikiyatri Dergisi*, pp. 309-318.

Seven , A., & Adadioglu, Ö. (2022). Nursing Students' Attitudes Towards Brain Drain in Turkey: A Cross-Sectional Study . *Türkiye Klinikleri Journal of Nursing Sciences* , 179-184.

STATISTA. (2024, 06 30). Retrieved from statista.de: https://de.statista.com/statistik/daten/studie/153748/umfrage/allgemeine-zufriedenheit-mit-dem-eigenen-leben/

Statistica.com. (2023, 09 22). *statistica.com.* Retrieved from statistica.com: https://www.statista.com/statistics/582146/foreign-doctors-germany/

Stievano, A., Caruso, R., & Shaffer , F. (2023). Navigating the Health Professional Migration Tsunami in the Era of COVID-19 and Globalization A Call to Action for A Collective and Coordinated Response from Government and Non-Government Organizations . *Journal Healthcare*.

Sunata, U. (2014). Tersine Beyin Göçünde Sosyal Aglarin Rolü: Türkiyeli Mühendislerin Almanya'dan Geriye Göç Deneyim ve Algilari. *Türk Psikoloji Yazıları* , 85.

Tanrisevdi, F., Durdu, I., & Tanrisevdi, A. (2019). Beyin Göçü mü, beyin gücü mü? *Aydın Adnan Menderes University, journal of Travel and Tourism Research*, 133-158.

Taylor, C., Dirican, R., & Deuschle, K. (1968). Health Manpower Planning in Turkey: An International Case Study . *Medical Care*, 300-300.

TDK. (2023, 05 31). Retrieved from Türk Dil Kurumu Sözlükleri: https://sozluk.gov.tr

The Nationalist Physicians Association and the 14 March Medical Association. (2022). *Hekim Yurtdışı Göçü Araştırması.* the Nationalist Physicians Association and the 14 March Medical Association. Retrieved from https://www.milliyetcihekimlerdernegi.org/wp-content/uploads/2022/03/Hekim-Gocu-Arastirmasi.pdf: https://www.milliyetcihekimlerdernegi.org/wp-content/uploads/2022/03/Hekim-Gocu-Arastirmasi.pdf

Thelanguagenerds. (2023, 06 13). Retrieved from thelanguagenerds.com: https://thelanguagenerds.com/2023/where-the-world-wants-to-work-the-most-popular-countries-for-moving-abroad/?fbclid=PAAaZUe7_odrvtUlXobL0tDfNWdXh0I7itDfbtRYvCgxlvjJqAwD3V4hvIx6E_aem_th_ARgkluHd0nR2jxcq_91injQZhBuu794927exOAipLQ9be6-bEKCDbzlxOsBUhL8YbpA

Todaro, M. (1969). A Model of Labor Migration and Urban Unemployment in Less Developed Countries. *the American Economic Review*, 138-148.

Toksoz, G. (2006). *Uluslararası Emek Göçü.* İstanbul: İstanbul Bilgi Üniversitesi Yayınları.

TTB. (2021, 10 27). *The Turkish Medical Association*. Retrieved from https://www.ttb.org.tr/haber_goster.php?Guid=5558f074-36f5-11ec-8300-92eadc9247ad

TTB. (2024, 04 01). Retrieved from TTB: https://www.ttb.org.tr/duyuru_goster.php?Guid=fe219eca-e2c1-11ee-b3e1-be3efb330da5

TTB, T. M. (2023, 01 02). *ttborgtr.* Retrieved from twitter.com: https://twitter.com/ttborgtr/status/1609828230948683782

TTB, T. M. (2023, 01 01). *ttborgtr.* Retrieved from twitter.com: https://twitter.com/ttborgtr/status/1664189325834084354?cxt=HHwWhICz1fzXsZguAAAA

TUIK. (2023, 12 07). *TUIK.* Retrieved from https://data.tuik.gov.tr/Bulten/Index?p=Saglik-Harcamalari-Istatistikleri-2022-49676#:~:text=Toplam%20sağlık%20harcamasının%20GSYH'ye,yılında%20%254%2C0%20oldu.

TUIK. (2023, 12 31). *TUIK, Yas Grubuna Gore Nufus.* Retrieved from TUIK: https://nip.tuik.gov.tr/?value=YasGrubunaGoreNufus

TUIK. (2023, 04 06). *Uluslararası Göç İstatistikleri 2021*. Retrieved from tuik.gov.tr: https://data.tuik.gov.tr/Bulten/Index?p=Uluslararasi-Goc-Istatistikleri-2021-45814

TUIK. (2024, 06 30). *Türkiye Life Satisfaction Survey*. Retrieved from Turksh Statistical Institution: https://data.tuik.gov.tr/Bulten/Index?p=Yasam-Memnuniyeti-Arastirmasi-2023-49692#:~:text=Türkiye'nin%20%52%2C7,artarak%20%52%2C7%20oldu.

TUIK. (2024, 06 30). *Turkish Statistical Institution*. Retrieved from https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yaslilar-2023-53710

Turin, T., Chowdhury, N., Rumana, N., Lasker, M., & Qasqas, M. (2022). Partnering with Organisations Beyond Academia Through Strategic Colloboration for Research and Mobilisation in Immigrant/Ethnic Minority Communities. *BMJ Global Health.*

Turkish Medical Association. (2023, 07 01). Retrieved from https://www.reddit.com/r/Turkey/comments/13xf0xk/türk_tabipleri_birliği_ttbye_iyi_hal_belgesi/?rdt=44105

TurkiyeRaporu.com. (2022, 05). Retrieved from TurkiyeRaporu.com: https://turkiyeraporu.com/wp-content/uploads/2022/05/Doktorlar-Raporu-Mayis-2022.pdf

twitter.com. (2022, 10 01). Retrieved from twitter.com: twitter.com/drhakanbahadr

twitter.com. (2022, 08 13). Retrieved from twitter.com: twitter.com/drhakanbahadr

twitter.com. (2022, 06 04). Retrieved from twitter.com: twitter.com/drhakanbahadr

Uguz, M. (2023). Proceeding to the “Exit”: Medical Doctors’Emigration From Turkey. Vienna, Austria: Doctoral dissertation, Central European University.

United Nations. (2007). *World Population Aging 2007.* Newyork: United Nations Department of Economic and Social Affairs Population Division.

Unluturk, C. (2023). Sağlık Hizmetleri Dönüşürken Hekim Emeği Nasıl Dönüştü: Proleterleşme, Şiddet ve Göç. *Çalışma ve Toplum*, 79.

Urbanski, M. (2022). Comparing Push and Pull Factors Affecting Migration. *Economies*, 21.

Uzunpinar, M. (2022). Göçmen Karşıtlığının Göçmenlere Yönelik Sosyal Politikalara Etkisi-Almanya ve Türkiye Üzerine İnceleme. Ankara: Yıldırım Beyazıt Üniversitesi, Sosyal Bilimler Enstitüsü, Yayımlanmış Yüksek Lisans Tezi.

Valenti , M., La Malfa, G., Tomassini , A., Masedu, F., Tiberti , S., & Sorge, G. (2014). Burnout among Therapists Working with Persons with Autism After the Earthquake in L'Aquila, Italy: A Longitudinal Comparative Study. *J Psychiatr Mental Health Nurse*, pp. 234-240.

Vertovec, S. (2002). Transnational Networks and Skilled Labour Migration. Ladenburger Diskurs 'Migration' Gottlieb Daimler und Karl Benz Stiftung. *Ladenburg: Transnational Communities programme*, 1-15.

Vural, D. (2007). Uluslararası Göçmen Kaçakçılığı ve İnsan Ticareti, Yayımlanmamış Yüksek Lisans Tezi, Süleyman Demirel Üniversitesi, Sosyal Bilimler Enstitüsü. Denizli.

Widmaier, S., & Duomont, J. (2011). Are Recent Immigrants Different? A New Profile of Immigrants in the OECD Based on DIOC 2005/06. *OECD Social, Employment and Migration Working Papers* .

Yakubu, K., Blacklock, C., Adebayo, K., Peiris, D., Joshi, R., & Mondal, S. (2023). Social Networks and Skilled Health Worker Migration in Nigeria: An Ego Network Analysis. *Health Planning and Management*, 457-472.

Yalcinkaya, M. H., & Dulger, S. (2017). The Effect of Globalization on Brain Drain: Turkey. *Journal of Social and Humanities Sciences Research*, 1646-1654.

Yavuz, S. (2018). Future Living Arrangement Preferences of Middle Aged Individuals in Turkey. *Senex:Journal of Aging*, 3-18.

Yilmaz, E. (2023). 1960'lardan Günümüze Almanya'daki Göçmenlerin Durumu ve Türkiye Cumhuriyeti Devleti Tarafından Desteklenen Türk Diasporası. *Giresun Üniversitesi İktisadi ve İdari Bilimler Dergisi*, 161-177.

Zhen, Y., Huang Z, Q., Jin , J., Deng X, Y., Zhang L, P., & Wang J, G. (2012). Posttraumatic Stress Disorder of Redcross Nurses in the Aftermath of the 2008 Wenchuan China Earthquake. *Arch Psychiatr Nurse*, pp. 63-70.

ANNEX

Annex 1: Ethics Committee Approval

Karar: 89134

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T.C.
ANKARA SOSYAL BİLİMLER ÜNİVERSİTESİ REKTÖRLÜĞÜ
SOSYAL VE BEŞERİ BİLİMLER ARAŞTIRMALARI
VE
BİLİMSEL YAYIN ETİK KURULU
(SOCIAL SCIENCES UNIVERSITY OF ANKARA
INSTITUTIONAL ETHICS COMMITTEE OF SOCIAL SCIENCES AND
HUMANITIES RESEARCH AND PUBLICATION)

ETİK ONAY BELGESİ
(CERTIFICATE OF ETHICS APPROVAL)

Araştırma Yöntemi (Research Method)	Mülakat
Araştırmanın Adı (Study Title)	Türk Tıp Doktorlarının Almanya'ya Göçü
Sorumlu Araştırmacının Adı Soyadı (Principal Researcher Name Surname)	ESMA ESRA HAMURCU
Karar (Committee Decision)	UYGUNDUR

e-imzalıdır
Prof. Dr. M. Hakan TÜRKÇAPAR
Başkan (Chair)

e-imzalıdır
Prof. Dr. Aslı AKAY
Üye(Member)

e-imzalıdır
Prof. Dr. Ejder OKUMUŞ
Üye(Member)

e-imzalıdır
Prof. Dr. Mustafa ÇEVİK
Üye(Member)

e-imzalıdır
Prof. Dr. Sutay YAVUZ
Üye(Member)

e-imzalıdır
Prof. Dr. İsmail ÇAKIR
Üye(Member)

e-imzalıdır
Prof. Dr. Mehmet Emin BİLGE
Üye(Member)

Belge Takip Adresi : https://turkiye.gov.tr/ebd?eK=5451&eD=BSL4B7ST33&eS=89134

Annex 2: Questions for In-Depth Interviews

Background Information

1. Could you introduce yourself?
2. How did you choose your job? how do you describe your job? Did it make you happy to be? Would you like to do something else?
3. History of working; as a health professional which schools did you study and where and which places did you work? Do you think that you have enough experience in your field?
4. How did it happen that you are finding a job in Germany, difficulties and easiness?
5. Have you ever been a member of any social sharing group before you moved to Germany? Or have you ever taken any help from any immigrant/local person or any organization about migration?

Push Factors

6. How did affect COVID-19 to your decision to migrate? how were your working conditions at that time, if you worked?
7. What is your opinion about the economic conditions of Turkish health professionals? How were and how much did these conditions to your life? Was effective this circumstance in your decision to migrate and move to Germany? And how much does it affect?
8. What conditions did you face as working conditions when you were working as a health professional in Turkey and could you evaluate the working conditions? These conditions were how much affected your decision of migration and moving to Germany? And how much does it affect?
9. How did it affect your social relations when you were working in Turkey? Did these conditions affect your decision to migrate and move to Germany? And how much does it affect?

Pull Factors

10. Did you have any knowledge about the economic, social, and working conditions of health professionals in Germany? What kind of knowledge did you have? From where did you get that knowledge?
11. What is your reason for choosing Germany but not another developed country?
12. What are the differences in working life between Turkey and Germany?
13. What are the approaches of patients you faced in Germany?
14. How is going your social and family life in Germany? What are the differences between Turkey and Germany?
15. Did you get any help in social life and working life from Turkish/German people before/after migration to Germany? Have you had any membership on any social media channel after migration?
16. Do you have any social connections with Turkish health professionals in Germany, do you attend any special events together?

Comments Toward the Future

17. Do you think that you have found there what you were looking for? from which aspect have you found or could not find?
18. Do you think to turn back to Turkey and under which conditions would you consider it?
19. What do you think about the concept of the brain drain? Do you think that there is any positive aspect of that for the country that loses its brains, and what are they if the answer is yes?
20. What do you recommend to healthcare professionals who want to migrate to Germany or another country in Europe? Do you have any friend who is a health Professional, as well, that you helped with this?
21. What do you think about the migration of health professionals in Turkey?
22. Do you think that there will be many more Turkish health professionals in Germany in the upcoming years?