

# **The Journey to Becoming “Valuable” in the Neoliberal Global Health Market: A Qualitative Study on Nurse Migration from Türkiye to USA, UK, Germany, Australia and Ireland**

**Büşra Göktürk**

PhD student in Demography, Hacettepe University Institute of Population Studies, Ankara, Türkiye

[busragokturk95@gmail.com](mailto:busragokturk95@gmail.com)

**Alanur Çavlin**

Professor in Demography, Hacettepe University Institute of Population Studies, Ankara, Türkiye

[alanurcv@hacettepe.edu.tr](mailto:alanurcv@hacettepe.edu.tr)

## **Introduction**

The need for healthcare personnel has been increasing in the world, especially in the last few decades. Increases in life expectancy at birth, below replacement fertility levels and consequently aging population are the main reasons for this accelerated need, mainly in developed countries. Moreover, the COVID-19 pandemic has made it even more apparent how critically important the need for healthcare personnel is in unexpected health conditions. All these reasons have created a global health labor force market, which means relatively easy mobility of healthcare personnel around the world. Today, one in every eight nurses in the world is foreign-born. On the other hand, statistics of WHO show that the 89% of the global nurse shortage is in low- and lower- middle-income countries, and geographically a half of the world's regions have 80% of the world's total nurses in number (WHO, 2020a). In the light of these facts, WHO has emphasized the importance of countries' health infrastructures and the quantity and quality of health personnel, and suggested them to train more nurses urgently (WHO, 2020b).

The migration of health and care personnel from low- and middle-income countries to high-income countries may further increase inequalities. There are certain countries that have been trying to fill the nursing shortage in their country since before the pandemic by hiring foreign nurses, such as Australia, Canada, Ireland, the UK and the USA. (OECD, 2024). These countries have made their recruitment policies even more visible with the pandemic. While there are certain countries that are hunted for nurses in the international health labor market such as India, new countries have started to join these countries with the pandemic such as Ghana and Zimbabwe (OECD, 2024). Similarly, new countries have been entered to the market to hunt nurses such as Germany (OECD, 2024). In the other hand, WHO's 2010 General Code suggests member countries to consider ethical issues while recruiting migrant healthcare personnel, and not to 'hunt' any country's human investments (WHO, 2010).

While discussions on emigration of doctors in Türkiye began before the pandemic and this brain drain has been widely studied, the emigration of nurses was almost never discussed before the pandemic and has only started to appear in the media in the last few years (Elmacıoğlu, 2021). In the literature, studies examining the migration of nurses in Türkiye are quite limited. On the other hand, Türkiye is an upper-middle income country and according to WHO, there might be a shortage of 450,000 nurses in upper-middle income countries in the aging and stable young age group scenario in 2030 (WHO, 2020a). It is worth to research about that Türkiye as an upper-middle-income country has started to enter the international market of health labor force to be hunted after the pandemic and is important in terms of its mechanisms. The aim of this paper is to learn which mechanisms govern the emigration of nurses from Türkiye, how nurses choose the countries they will migrate to and their experiences during the migration process. These research questions' answers will fill a gap in the literature of mobility of global health labor force.

## **Theoretical focus**

Due to its complex nature, nurse migration can be understood through a combination of a number of theoretical approaches. In this study, as a result of the coding frame created in the thematic analysis of qualitative interviews, it was seen that migration mechanisms pointed to some theories in the literature. Lee's 'push-pull' theory comprehensively explains the push and pull factors (Lee, 1966), that shape nurses' migration decisions. While unfavorable economic, country-related and occupational conditions in Türkiye stand out as push factors, favorable country-related and occupational conditions in the destination countries are pull factors. These dynamics play a critical role in determining the international mobility of nurses. On the other hand, social network theory explains that nurses' existing social and occupational networks become a significant factor when migrating to destination countries. Furthermore, Petras (1981) explains how worldwide economic inequalities and the dynamics of global labor markets shape labor migration through economic relations in both source and destination countries. These theoretical approaches provide an important framework for understanding the multidimensional nature of nurse migration and the complexity of international health labor markets.

## Data and research methods

A qualitative research was designed to conduct in-depth interviews with 15 nurses who had a bachelor's degree and emigrated from Türkiye, or had made concrete preparations to emigrate (enrolling in a foreign language course or meeting with an international intermediary agency) after the pandemic. All interviews were conducted online and a semi-structured interview guide was used. The data was collected between December 2022 and January 2024. Ethics committee approval was obtained for the study and voluntary participation consent was obtained from the interviewees. The interviewees were determined using snowball and quota sampling strategies. Nurses who migrated/prepared to migrate were reached through groups on social media and online communication channels where migrant nurses come together to network, and after each interview, a reference was requested in order to reach the next interviewee in a similar situation. In order not to be limited to experiences related to a single target country, the diversity of target countries and an almost equal distribution were reached. The main characteristics of the interviewees are as in Table 1.

*Table 1. Main Characteristics of Interviewees*

Pseudonym	Age	Sex	Marital status	Nursing experience	Target country	Stage of process	Interview date
Hametan	27	Male	Married	3 years	Germany	Preparation	12/22/2022
Morfin	44	Female	Married	15 years	England	Preparation	3/7/2023
Muscoril	31	Female	Married	3 years	England	Migrated	3/7/2023
Ketavel	42	Male	Married	11 years	USA	Migrated	3/8/2023
Ator	29	Male	Single	7 years	England	Preparation	4/15/2023
Majezik	26	Male	Single	1.5. years	Germany	Migrated	11/15/2023
Aritmal	30	Male	Single	9 years	England	Preparation	11/16/2023
Heparin	33	Male	Single	3 years	Australia	Migrated	11/17/2023
Madol	26	Male	Engaged	4 years	Germany	Preparation	11/22/2023
Metpamid	26	Male	Single	1.5 years	Ireland	Preparation	12/11/2023
Aldolan	24	Female	Married	Internship	Germany	Migrated	12/16/2023
Genta	30	Female	Married	4 years	USA	Preparation	12/24/2023
Razina	25	Male	Single	6 months	USA	Preparation	1/2/2024
İespor	28	Female	Married	2 years	USA	Preparation	1/6/2024
Effient	33	Female	Single	10 years	USA	Migrated	1/7/2024

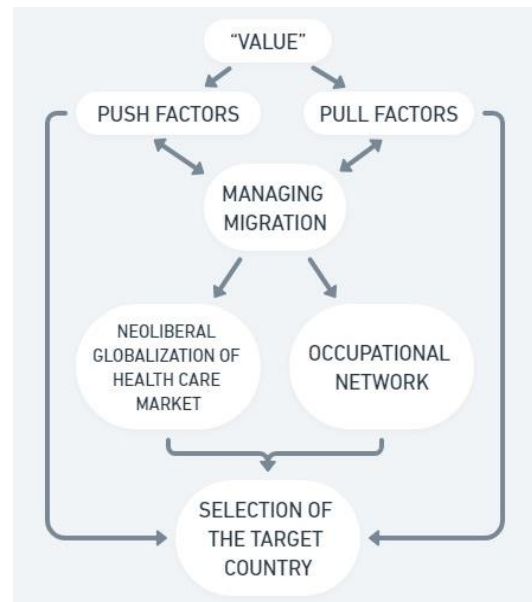
The interviews were audio-recorded with the permission of the interviewees and transferred to the computer environment verbatim. The texts were analyzed thematically with the Nvivo-14 program. In the first stage

of the analysis, open coding was done by considering the research questions. In the second stage, these codes that emerged with open coding strategy were grouped hierarchically under one another to achieve themes. In the third stage, the studies and theories in the literature were re-examined and it was determined that these codes are supported by some related literature. In the fourth stage, the coding frame was reshaped by considering the research questions and the related theories in the literature; hence, the themes have emerged.

## Findings

According to the coding frame created, the main mechanism in the emigration of nurses in Türkiye is the phenomenon of 'value' and it affects all mechanisms of migration. Push and pull factors are based upon the 'value' phenomenon, which means that not being valuable repels them and being valuable attracts them. The management of migration, on the other hand, is practically realized through both neoliberal globalization of the health care market, which manifests itself via international agencies, and occupational networks. Nurses consider more than one criterion when choosing the country to migrate, and these are again related to the value mechanism. The difficulties experienced in the migration process are mainly the language barrier and bureaucratic processes. A simplified version of the conceptual framework created as a result of the theoretical framework and coding frame is as in Figure 1.

Figure 1. Conceptual framework



To clarify the value mechanism as the main theme, the most featured reason why nurses in Türkiye, who were in a position almost untouched until the pandemic, created a migration flow with this process is that there is a so-called 'nurse inflation' in the country. Coding the analogy made by one of the interviewees, 'nurse inflation' is actually one of the indicators of the increasing commodification of healthcare services. Although Türkiye ranks one of the last among OECD countries in terms of the number of nurses per capita (OECD, 2023), related institutions, such as the Ministry of Health, universities and private hospitals, do not provide sufficient material and moral value to the nurses trained in the country. Among the reasons why the pandemic is a cornerstone is that they were exhaustive and felt much valueless during this process, which is also underlined in the relevant literature (Roberts, 2024). As a result of inadequate employment policies, nurses working in both public sector and in private sector are reaching the point of burnout due to heavy workload and low wages, and nurses who cannot find a job are reaching the point of burnout because of financial difficulties and future anxiety. Furthermore, their numbers seem to be high as a result of inadequate employment policies, which also reduces their value in the eyes of the public and private sector managers. The importance of the 'value' given to nurses has been a subject that has been underlined before for sustainability of health systems (ICN, 2024), and it acts here as a migration motivation. In the target destination countries, on the contrary, the fact that their jobs are more valuable motivates them to migrate.

To understand how neoliberal global healthcare market manages this new migration flow, the COVID-19 pandemic period is important. Turkish nurses have become familiar with how their colleagues work in other countries and their labor rights, and on the contrary, since they could not see the value they desired during the difficult pandemic process in their own countries, they have started to look for another way. At this point, international agencies, which are concrete players in the international health labor market, have come into play. Agencies, like a machine, are hiring nurses trained in low- and middle-income countries in

developed countries. The care crisis is at such a point that agencies that act as headhunters can only profit from this business and exist as a special business network. Apart from that, since the emigration of Turkish nurses is a relatively new trend, almost all of the interviewed nurses have a few people or institutions to help them or guide them at the initial stage. This has created an occupational network through social media and online communication channels and causes the volume of nurse emigration to increase gradually.

Nurses in Türkiye usually consider five countries and four criteria while selecting the target destination country. The countries are the USA, England, Germany, Australia and Ireland. The first of the criteria is easier and faster settlement in the destination country, which is most valid for Germany and England. The second is the welfare level of nurses in the target country, which is most valid for the USA. The third is the proximity of the target country to the country of origin, namely Türkiye, and this proximity is both geographical and cultural. This criterion is most valid for Germany and England. The last and most important is the value given to nursing in the target country and the job descriptions of nurses. This criterion is most valid for the USA. Australia, on the other hand, is less preferred due to both its geographical distance and the difficulty and cost of recruitment procedures, although the value given to nursing seem to be higher than the USA. Therefore, the almost universal nature of the job descriptions of the nursing profession and the overwhelming need around the world ensure that nurses are not limited to a single country to work in.

In this new migration trend, the experiences of nurses in this process are also important. For nurses in Türkiye, the most challenging factor in the migration process is the language barrier. The language barrier can even make many nurses either give up in the middle of the process or it can be a much longer process than usual. For example, for some interviewees, the fact that many intermediary agencies in Germany provide language courses and language proficiency exams free of charge makes Germany to be more preferable, although the value given to nursing in Germany seems to be lower than the others. The second and most challenging factor is the burden of bureaucratic processes. At this point, the USA's usual long visa and diploma equivalence processes, detailed documentation and finally visa retrogression seem to be the most challenging parts. On the other hand, countries such as Germany, England and Ireland are making bureaucracy as easy as possible and are able to attract nurses to their countries. Nevertheless, the USA is the first destination for nurses who prioritize the value given to nursing.

**Conclusion:** The findings of this study have helped to deeply understand how the international neoliberal health labor market shaped nurses' migration in Türkiye, as a new flow. Considering that the vast majority of healthcare personnel shortages today are actually in low- and lower-middle-income countries and that the training of each personnel is important for the future, as in the case of the COVID-19 pandemic, recruitment policies need to be reconsidered in order to maintain equality among countries. Low- and middle-income countries should protect and value the well-being of their healthcare personnel resources, and at the same time, international recruitment should not turn into a hunt. WHO guidelines should be followed in this regard and countries should not perceive this issue as a separate migration phenomenon. Considering that there might be a need for millions of nurses and care personnel in the world in the near future and that training these personnel is costly, it seems to be a vital issue for each country.

## REFERENCES

- Elmacıoğlu, L. (2021, December 7). *Türk Hemşireler Derneği Genel Başkanı: Biz istemesek de hemşireler göçü başladı, 2022'de gitmeyi planlayan çok kişi var*. INDEPENDENT Türkçe. [Türk Hemşireler Derneği Genel Başkanı: Biz istemesek de hemşireler göçü başladı, 2022'de gitmeyi planlayan çok kişi var | Independent Türkçe \(indyturk.com\)](https://www.indyturk.com/tr/turk-hemshireler-dernegi-genel-baskan-biz-istemesek-de-hemshireler-gocu-basladi-2022-de-gitmeyi-planlayan-cok-kisi-var)
- International Council of Nurses (ICN). (2024). *Charter for nursing: A global vision*. [https://www.icn.ch/sites/default/files/2024-04/TND\\_2024\\_Charter\\_EN.pdf](https://www.icn.ch/sites/default/files/2024-04/TND_2024_Charter_EN.pdf)
- Lee, E. S. (1966). A theory of migration. *Demography*, 3(1), 47–57. <https://doi.org/10.2307/2060063>
- Organisation for Economic Co-operation and Development (OECD). (2024). *Health at a glance 2024: OECD indicators*. <https://doi.org/10.1787/7a7afb35-en>
- Petrus, E. M. (1981). 3: The Global Labor Market in the modern world-economy. *International Migration Review*, 15(1\_suppl), 44–63. <https://doi.org/10.1177/019791838101501s05>
- Roberts, A. (2024, May 6). *It's National Nurses Week, and many nurses don't feel valued*. Chief Healthcare Executive. <https://www.chiefhealthcareexecutive.com/view/it-s-national-nurses-week-and-many-nurses-don-t-feel-valued>
- World Health Organization (WHO). (2010). *Global code of practice on the international recruitment of health personnel*. Sixty-third World Health Assembly, 2010 May.
- World Health Organization (WHO). (2020a). *State of the world's nursing 2020: investing in education, jobs and leadership*. WHO. Licence: CC BY-NC-SA 3.0IGO.
- World Health Organization (WHO). (2020b). *WHO and partners call for urgent investment in nurses*. <https://www.who.int/news/item/07-04-2020-who-and-partners-call-for-urgent-investment-in-nurses>