Araştırma Makalesi/ Research Article

The Status Related to Migration and Working Conditions of Nurses Who Migrated from Türkiye

Türkiye'den Göç Eden Hemşirelerin Göç Durumu ve Çalışma Koşulları

Işıl Duran [1] (iD)   Serap Altuntaş [2] (iD)

[1] Bandırma Onyedi Eylül University, Institute of Health Sciences, Balıkesir, Türkiye
[2] Bandırma Onyedi Eylül University Faculty of Health Sciences Nursing Department, Balıkesir, Türkiye

ABSTRACT
Objective: This study was conducted to evaluate the professional migration and working conditions of nurses who migrated from Türkiye.
Methods: The research was carried out on 130 nurses between June and August 2022. It was collected using an online questionnaire and evaluated by the researchers using statistical packages. The research data was collected using an online survey form consisting of 37 questions created by the researchers to determine both the descriptive characteristics of the nurses and their situations regarding professional migration and working life and was evaluated by the researchers using statistical packages.
Results: Examination of the findings regarding nurses' working life in the country migrated to showed that they mostly migrated to Germany (46.1%), had been working as nurses in that country for less than 2 years (66.9%), generally worked in an inpatient unit (26.2%) or a special unit (23.1%) and worked as a nurse (72.2%) in the desired unit (86.9%). In addition, they worked 40 hours or less per week in the country they migrated to (73.7%), and worked in accordance with the career plan (90.0%), but faced language problems (30.8%) and orientation problems (13.9%). They achieved job satisfaction (%77.6), and they could recommend their colleagues to work as a nurse in the country they migrated to (%87.7) The findings related to the future plans of the migrant nurses showed that they wanted to continue working in the country they migrated to for a while longer (51.5%), did not want to migrate from their current country of residence to another country (80.8%).
Conclusion: As a result of this study, the most common reasons for nurses to migrate from Türkiye are economic conditions and better living and working conditions in other countries, it was determined that their career goals were not met, and they did not receive the value they deserved. For these results, in order to reduce the migration tendency of nurses and prevent the loss of qualified nursing workforce, improving professional and working life conditions in line with their expectations and demands, conducting studies to analyze the reasons for professional migration in more detail, effective and sustainable nurse manpower policies to retain nurses, economic and it is recommended to determine health policies.
Keywords: Working conditions, migration, nurse, nursing, professional migration

ÖZ
Amaç: Araştırma Türkiye'den göç eden hemşirelerin göç nedenlerinin ve çalışma koşullarının belirlenmesi amacıyla gerçekleştirilmiştir.
Yöntem: Araştırma tanımlayıcı tasarımda planlanmış olup, Türkiye'den farklı ülkelere hemşire olarak çalışmak için göç etmiş 130 hemşire üzerinde gerçekleştirilmiştir. Araştırma verilerinin toplanmasında araştırmacılar tarafından oluşturulan, hemşirelerin hem tanıtıcı özelliklerini hem de mesleki göç ve çalışma yaşamına ilişkin durumlarını belirlemeye yönelik 37 soruluk çevrimiçi bir anket formu ile Haziran-Ağustos 2022 tarihleri arasında toplanmış ve araştırmacılar tarafından analiz edilmiştir.
Bulgular: Araştırma sonucunda hemşirelerin daha çok Almanya'ya (% 46.1) göç ettikleri, 2 yıldan az bir süredir o ülkede hemşirelik yaptıkları (% 66.9), genellikle yataklı servis (% 26.2) ya da özel birimlerde (% 23.1)   hemşire olarak (% 72.2) istedikleri birimde (%86.9) çalıştıkları saptanmıştır. Ayrıca göç ettikleri ülkede haftada 40 saat ve daha az çalıştıkları (%73.7), kariyer planına uygun olarak çalıştıkları (% 90) ancak dil problemi (% 30.8) ve oryantasyon problemi (%13.9) yaşadıkları görülmüştür. Hemşirelerin mesleki göç sonucunda mesleki doyum sağladıkları (% 77.6) gittikleri ülkelerde hemşire olarak çalışmayı meslektaşlarına önerebilecekleri (% 87.7) saptanmıştır. Gelecekte bir süre daha gittikleri ülkede çalışmaya devam edecekleri (% 51.5) ve bulundukları ülkeden başka bir ülkeye göç etmek istemedikleri(% 80.8) belirlenmiştir.
Sonuç: Bu çalışma sonucunda hemşirelerin Türkiye'den göç etme nedenleri arasında en fazla ekonomik şartların, yaşam ve çalışma koşullarının diğer ülkelerde daha iyi olmasının, kariyer yapma isteğinin karşılanmamasının ve hakkettiği karşılığı bulamamalarının yer aldığı belirlemiştir. Bu sonuçlara yönelik olarak hemşirelerin göç eğiliminin azaltılması ve nitelikli hemşire işgücü kaybının yaşanmaması için beklenti ve taleplerine uygun olarak mesleki ve çalışma yaşamı koşullarının iyileştirilmesi, mesleki göç nedenlerini daha ayrıntılı analiz edecek çalışmaların yapılması, hemşireleri elde tutacak etkili ve sürdürülebilir hemşire insan gücü politikaları, ekonomik ve sağlık politikalarının belirlenmesi önerilmektedir.
Anahtar Kelimeler: Çalışma koşulları, göç, hemşire, hemşirelik, mesleki göç

Introduction

International labor mobility and migration have become increasingly important for both developing and developed countries. About one in eight nurses work in a country other than where they were born or educated (World Health Organization, 2021). In recent years especially, the number of nurses going to work abroad has increased due to the increasing need for nurses in countries, particularly due to the COVID-19 pandemic, and economic conditions and this trend is increasing among young nurses as well. This phenomenon, called "professional migration", is considered to create significant problems in nurse human resources in the future, particularly in the sending countries. Migration to other countries can disrupt the current health infrastructure and negatively affect future planning in terms of health service provision and planning, negatively affecting the professional balance in the health care system (Thompson and Walton-Roberts, 2019; Yıldırım, 2010).

The factors that influence the migration rate include globalization, economic and political changes, the increase in technological developments, changes in societal expectations, the increase in the elderly population, changes in the burden and structure of disease, employment policies, and shortages in the nursing workforce. Also, the opportunities for nurses to invest in their home country and send foreign currency to their families, the desire to work in more positive working conditions and environments for career development, having better-designed health technology systems that inspire them to continue working, opportunities to attend advanced-level education, an increase in quality of life, and improved family well-being are among these factors (Goštautaitė et al., 2018; Vafeas and Hendricks, 2018).

The reasons for nurses' migration were challenging working conditions, heavy workload, unmet salary expectations, inefficient working conditions, undesired corporate services and management styles that fall behind employee's expectations, material and human resource deficiencies, lack of employment security, mobbing, violence and pressure (Buchan, 2002; Buchan, 2004; Denton, 2006).

The transactions related to nurses' migration to other countries for professional purposes are organized by corporate firms that operate for this purpose (Clark et al., 2006). This facilitates the migration of nurses. In Türkiye, the number of young nurses migrating to European countries has increased recently. However, there are studies on nurses who migrate to different countries (Adkoli, 2006; Buchan and Sochalski, 2004; Özkan and Hamzaoğlu, 2008). there is still not enough data on the professional migration process and working conditions of nurses who migrate from Türkiye. Based on this need, this study was conducted as a descriptive and cross-sectional to evaluate the professional migration and working conditions of nurses who migrate from Türkiye to other countries for professional purposes.

Methods

Participants and sampling

The population of the study consists of nurses who migrated from Türkiye to different countries to work as nurses. The study used a snowball sampling method, through reaching from one to another forming a sample of 130 nurses who were accessible online via a migrant nurse and were willing to participate in the study.

Instruments

In data collection, a 37-question online survey form was created by the researchers to determine both the descriptive characteristics of nurses and their professional migration as well as working life.

Data collection

The data were collected between June and August 2022 by inviting migrant nurses to access the prepared online survey form and share the access link with other migrant nurses.

Data analysis

The data obtained from the study were analyzed using statistical software with percentage and frequency distributions.

Ethical consideration

Prior to the research, ethical approval was obtained from Bandırma Onyedi Eylül University's ethics committee where the research was conducted (Date: 09.05.2022, No: 2022/5). In addition, voluntary nurses who were provided with written explanations following the informed online consent form were allowed to fill out the survey form.

Results

Regarding the demographic characteristics of the nurses who migrated to work as a nurse, the majority were under 30 years old (n=37, 28.5%), female (n=94, 72.3%), single (n=76, 58.5%), did not have children (n=78, 60.0%) or had only one child (n=29, 55.8%), had an undergraduate degree (n=94, 72.3%), had 11 or more years of professional experience (n=78, 60.0%) and chose nursing as a profession willingly (n=120, 92.3%). Considering their conditions before migration, the majority worked as a nurse in Türkiye before migrating (n=127, 97.7%), had less than 10 years of nursing experience (n=78, 60.0%), worked in the private sector (n=83, 63.8%), were ward nurses (n=71, 54.7%), worked in intensive care units (n=28, 21.5%), were partially satisfied with their job before migration (n=63, 48.5%) and had partially found a working environment fitting their career plans before migration (n=61, 46.9%) (Table 1).

Table 1. Distribution of the participants' descriptive characteristics (n=130)

Descriptive characteristics	n	%
Age		
30 years and below	37	28.5
31-35	33	25.3
36-40	30	23.1
41 years and above	30	23.1
Gender		
Female	94	72.3
Male	36	27.7
Having a child		
Yes	52	40.0
No	78	60.0
Number of children*		
1	29	55.8
2	22	42.3
3	1	1.9
Marital status		
Married	54	41.5
Single	76	58.5
Educational background		
High school	4	3.1
Associate degree	13	10.0
Undergraduate degree	94	72.3
Master's degree	19	14.6
Professional experience		
0-5 years	23	17.7
6-10 years	29	22.3
11-15 years	39	30.0
16 years and more	39	30.0

Table 1. (continue) Distribution of the participants' descriptive characteristics (n=130)

Descriptive characteristics	n	%
Choosing the nursing profession willingly		
Yes	120	92.3
No	10	7.7
Working as a nurse before migration		
Yes	127	97.7
No	3	2.3
Nursing experience before migration		
0-5 years	40	30.8
6-10 years	38	29.2
11-15 years	30	23.1
16 years and more	22	16.8
Sector worked as a nurse before migration		
Public	47	36.2
Private	83	63.8
The latest position worked before the migration		
Ward nurse	71	54.7
Education nurse	10	7.7
Chief nurse	16	12.3
Care services/Nursing services manager or deputy manager	7	5.3
Supervisor nurse	9	6.9
Other (infection, special unit nurse, etc.)	17	13.1
The unit worked last before migration.		
Emergency service	16	12.3
Operating room	6	4.6
Intensive care	28	21.5
Inpatient service	21	16.2
Gynecology clinic	7	5.4
Pediatric service	3	2.3
Education	13	10.0
Administration	21	16.2
Other	15	11.5
Job satisfaction before migration		
Yes	12	9.2
No	55	42.3
Partially	63	48.5
Finding a work environment fitting career plans before migration		
Yes	12	9.3
No	57	43.8
Partially	61	46.9
TOTAL	130	100.0

*Evaluation was made on 52 nurses who had a child.

Considering the findings regarding the professional migration process of nurses, the triggering factors in their decision to nurse in another country were mostly higher salaries and better economic conditions offered in other countries (n=59, 44.7%), they made their migration decision during the pandemic (n=48, 36.9%). Also, nurses migrated to another country due to reasons such as insufficient salary (n=100, 76.9%), living conditions in other countries (n=92, 70.8%), working conditions (n=89, 68.5%), desire to do a career (n=88, 67.7%), and not getting what they deserved (n=84, 64.6%). Furthermore, most nurses in the Marmara region (n=62, 47.7%) migrated via agencies (n=65, 50.0%), the majority of them did not have family members with them while migrating (n=81, 62.3%), they generally experienced living permit, residence permit, and orientation problems (n=49, 37.7%) (Table 2).

Table 2. Distribution of findings on the professional migration process of nurses

Findings on the professional migration process	n	%
Factors that influence the decision to do nursing in another country		
Familial reasons	7	5.3
Better salaries and economic conditions in other countries	59	44.7
Better working conditions in other countries	9	6.9
Deficit of nurses and career opportunities in other countries	6	4.6
The effect of the pandemic	9	6.9
Recommendations by other nurses migrating	12	9.2
Experiencing burnout	2	1.6
The social status of nursing is not at a desired level in my country	19	15.2
The general health policies in my country	2	1.6
Living conditions in my country	5	4
When did you decide on professional migration?		
Before the pandemic	20	15.4
During the pandemic	48	36.9
After the pandemic	8	6.2
When I was graduated from the university	6	4.6
When I was a university student	23	17.6
Other	25	19.3
Reason to migrate to another country*		
To do career	88	67.7
Insufficient salary	100	76.9
Working conditions	89	68.5
I do not get what I deserve	84	64.6
Living conditions in other countries	92	70.8
Region migrated from Türkiye		
Marmara Region	62	47.7
Aegean Region	22	16.9
Mediterranean Region	16	12.3
Central Anatolia Region	14	10.8
Black Sea Region	9	7
Southeastern Anatolia Region	3	2.4
No answer	4	2.9
Way of migration		
Via an agency	65	50.0
With individual facilities	33	25.4
Via a friend	32	24.6
The presence of family members while migrating		
Yes	49	37.7
No	81	62.3

Table 2. (continue) Distribution of findings on the professional migration process of nurses

Findings on the professional migration process	n	%
Family members accompanying during migration**		
Mother	2	4.1
Father	0	0
Spouse only	7	14.3
Spouse and children	4	8.2
Children only	7	14.3
No answer	29	59.1
Obstacles faced during migration*		
Orientation problem	36	27.7
Residence permit only	12	9.2
Residence permit and orientation	6	4.6
Residence permits and living permit	6	4.6
Living permit, residence permit, and orientation problem	49	37.7
Other	27	17

More than one option is selected.
**Evaluation was made on the number of nurses who migrated with family members.

Examination of the findings regarding nurses' working life in the country migrated to showed that they mostly migrated to Germany (n=60, 46.1%) and the USA (n=37, 28.4%), had been working as nurses in that country for less than 2 years (n=87, 66.9%), generally worked in an inpatient unit (n=34, 26.2%) or in a special unit (n=30, 23.1%) and worked as a nurse (n=94, 72.2%) in the desired unit (n=113, 86.9%). In addition, they worked 40 hours or less per week in the country they migrated to (n=96, 73.7%), worked in accordance with the career plan (n=117, 90.0%), but faced language problems (n=40, 30.8%) and orientation problems (n=18, 13.9%) (Table 3).

Table 3. Distribution of findings on nurses' working life in the country migrated to (n=130)

Findings on working life in the country migrated	n	%
Country migrated		
Germany	60	46.1
USA	37	28.4
Azerbaijan	12	9.2
England	11	8.5
Other (Canada, Austria, Switzerland, Cyprus, Norway, New Zealand, Australia)	10	7.8
Duration of nursing in the country migrated		
1-6 months	28	21.5
7-11 months	24	18.5
1-2 years	35	26.9
3-4 years	23	17.7
5 years and more	20	15.4
Unit worked in the country migrated		
Emergency service	9	6.9
Operating room	3	2.3
Inpatient service	34	26.2
Intensive care	22	16.9
Special units	30	23.1
Oncology	6	4.6
Pediatric service	5	3.8
Administration	17	13.1
Other	4	3.1

Table 3. (continue) Distribution of findings on nurses' working life in the country migrated to (n=130)

Findings on working life in the country migrated	n	%
Position worked in the country migrated		
Nurse	94	72.2
Nurse manager	26	20
Special nursing	4	3.1
Nurse aid	2	1.5
Education nursing	2	1.6
Infection control nursing	2	1.6
Nursing in the desired unit in the country migrated		
Yes	113	86.9
No	17	13.1
Weekly working hours in the country migrated		
40 hours or less per week	96	73.7
41-45 hours per week	1	0.8
46-50 hours per week	5	4.0
51 hours or more per week	3	2.4
Other (30-35 hours per week-optional)	24	18.3
Other (25-30 hours per week-optional)	1	0.8
Working in accordance with the career plan in the country migrated to		
Yes	117	90.0
No	13	10.0
Problems faced in the country migrated		
Language problem	40	30.8
Orientation problem	18	13.9
Language problem, Ethical values problem	5	3.8
Ethical values problem	10	7.7
Racism	3	2.3
Racism, Language problem	4	3.1
Racism, Ethical values problem	2	1.5
Racism, Orientation problem	1	0.8
Racism, Orientation, Ethical values problem, Language problem	10	7.7
Cultural problems	1	0.8
Language problem, Orientation problem	9	6.8
Orientation, Language problem, Ethical values problem	4	3.1
Orientation, Ethical values problem	1	0.8
I have not encountered	19	14.6
Problems with those working slowly	2	1.5
Duties of the authorities taking a role in the operation of the hospital	1	0.8
TOTAL	130	100

Regarding the satisfaction levels of migrating nurses, working as a nurse in the country they migrated to generally met their expectations (n=94, %72.3), they achieved job satisfaction (n=101, %77.6), and they could recommend their colleagues to work as a nurse in the country they migrated to (n=114, %87.7) (Table 4).

The findings related to the future plans of the migrant nurses showed that they wanted to continue working in the country they migrated to for a while longer (n=67, 51.5%), did not want to migrate from their current country of residence to another country (n=105, 80.8%), and those who wanted to migrate mostly wanted to go to the United States (n=11, 44.0%) and the United Kingdom (n=9, 36.0%) (Table 5).

Table 4. Distribution of findings on migrating nurses' satisfaction (n=130)

Findings on nurses' satisfaction	n	%
Did working as a nurse in the country you migrated to meet your expectations?		
It met my expectations	94	72.3
It did not meet my expectations	2	1.5
It met my expectations partially	34	26.2
Did you achieve job satisfaction in the country you migrated to?		
Yes	101	77.6
No	1	0.8
Partially	28	21.6
Do you recommend your colleagues to work as a nurse in the country you migrated to?		
Yes	114	87.7
No	1	0.8
Partially	15	11.5
TOTAL	130	100

Table 5. Distribution of findings on migrating nurses' future plans (n=130)

Findings on nurses' future plans	n	%
What do you want to do in the future?		
I want to migrate to another country	10	7.7
I want to work here for a while longer	67	51.5
I want to work here for the rest of my life	46	35.4
I want to return to my country and work there	7	5.4
Do you want to migrate from your current country of residence to another country in the future?		
Yes	25	19.2
No	105	80.8
The other country you wish to migrate to in the future*		
USA	11	44.0
England	9	36.0
Germany	2	8.0
Türkiye	2	8.0
Australia	1	4.0
Switzerland	1	4.0
Sweden	1	4.0
Spain	1	4.0
Thailand	1	4.0

Multiple responses were given and the percentages were evaluated on the number of nurses who wanted to migrate to another country.

According to study results, to reduce the tendency of nurses to migrate and prevent the loss of qualified nursing workforce, the related home countries should improve economic, working, and professional conditions, thus qualified nurses should be retained from migrating. For this, senior health managers should carry out detailed analyses of the reasons for professional migration and studies should be conducted to compare the working lives of nurses in the countries they migrate to with those in their home country to prevent negative effects on the quality of health services in the country.

Effective and sustainable nursing workforce policies, economic and health policies that will create attractive professional and living conditions to meet the expectations and demands of nurses through professional bodies should be determined to retain nurses in their home country. Furthermore, national human resource policies that enable migrant nurses to return to their home country should be established.

Discussion

The demand for health care services worldwide still increases. In particular, developed countries with elderly populations tend to employ young, educated, and experienced nurses from other countries. This phenomenon needs to be examined in terms of retaining nurses in the sending countries. This study, examining the nurses who migrated from Türkiye, found that nurses who migrated professionally to another country were young, female, single, with no child, with a bachelor's degree, experienced and chose their profession willingly, worked in the private sector before migration and were partially satisfied with their profession, and partially found a working environment fitting their career plans. These findings indicate that the nurses migrating from Türkiye, which has a young population, were young, educated, experienced, and passionate nurses, who are deemed more productive in terms of labor efficiency. The fact that most of the migrating nurses have been working in the related country for nearly two years points to an increasing migration trend. This is considered positive for the countries that have allowed immigrants. However, recent studies have shown that nursing students who will enter the workforce have a positive attitude towards migration and an increasing tendency towards brain drain before they graduate (Seven and Adadıoğlu., 2022; Turan, 2021). which is seen as a threat to Türkiye in terms of the loss of a qualified nursing workforce and its adverse effects on the health care system. A study conducted in Lebanon also indicates that highly educated, young, and experienced nurses have migrated more (Alameddine et al., 2020).

Nurses decided to practice nursing in another country mainly due to salary and economic conditions, during the pandemic, due to insufficient salary and inadequate living and working conditions, they benefited from agencies while migrating, most of them did not have family members while migrating and had a living permit, residence permit, and orientation problems. This shows that the failure to effectively improve the difficult working and living conditions of nurses, especially in Türkiye, a country where the income level is not very high, as in other countries during the pandemic process (Llop-Gironés et al., 2021), is effective in their migration to other countries. Also, the fact that countries bent the rules for the recruitment of migrant nurses to meet the demand for health services during the COVID-19 pandemic

process has increased the tendency to migrate. These show similarities to other studies in the literature. The fact that the countries where participants migrated to have higher income levels and better living conditions supports this finding. Similarly, other studies have reported that nurses from low-income countries are more likely to migrate due to main factors such as unfavorable working and employment conditions, insufficient salaries, and dissatisfaction (Davda et al., 2018; Gostautait et al., 2018; Vafeas and Hendricks; 2018). as well as the lack of career and self-improvement opportunities, and weak governance and poor management of the health care system (Alameddine et al., 2020; Adhikari and Melia; 2015). The increasing tendency of nurses to migrate leads to the emergence of new agencies to assist them in completing the necessary official procedures and to make the process easier, to which they apply for help. However, they still face difficulties regarding residence permits and orientation. This should be deemed as a problem to be evaluated and improved from the perspective of the countries that allow migrant nurses. Migrant nurses in different countries also experience cultural and language adjustment problems (Davda et al., 2018; Tie et al, 2018).

Nurses who migrate predominantly go to Germany, where they work as nurses in the inpatient services and in the units they prefer for nearly two years. Additionally, they work fewer hours in their current countries, work in accordance with their career plans, but face language and orientation problems. They have met their expectations and achieved job satisfaction in the country they migrated to; they want to continue working in that country for a while longer; and do not want to migrate from their current country of residence to another country.

The fact that Turkish nurses predominantly go to Germany may be attributed to Germany's previous policies of recruiting human resources from Türkiye and the larger Turkish population compared to other countries. It is a positive finding for nurses to see that nurses can work in better conditions in accordance with their career plans in the units they prefer and that their satisfaction increases in the countries they have migrated to.

The fact that nurses want to continue working in the country they have migrated to and do not want to migrate to another country indicates that they are satisfied with their current conditions. While this finding can be considered positive for the migrated country, unwillingness of nurses to return home is

an undesired situation for Türkiye. In particular, taking into account that there are predominantly Y and Z generation nurses in the health care system in recent years, it is important to create working and living conditions that meet their expectations.

The findings of our research indicate that nurses recommending their colleagues to work in the country they have migrated to is considered a threat to Turkiye's health care system, as it may trigger a tendency for migration among new graduate nurses, promote the idea of migration, and intensify the nursing shortage.

Conclusion and Recommendations

The study found that particularly during the pandemic, young, educated, experienced, female nurses, who are more productive in terms of labor efficiency, chose their profession willingly and worked in the private sector migrated to Germany more through agencies to improve their economic, working, and living conditions. The nurses mostly worked in inpatient units for less than two years, in accordance with their career plans and with shorter weekly working hours in the countries they migrated to. However, they faced issues related to allowance, language, and orientation during and after migration. After their professional migration, they were happy and intended to stay in their new country for a while longer to continue their careers and they did not want to leave their current country and move elsewhere.

Limitations of the Study

The inability to meet the participating nurses and therefore the data being collected through the online survey method caused limitations in the number of participants in the study. In addition, the limited number of studies on this topic led to limitations in the discussion of the study results. The results were limited to the self-declarations of the participating nurses.

Acknowledgments

The authors would like to thank to nurses who participated in data collection.

What did the study add to the literature?

- There is not yet sufficient data regarding the professional migration process and working life situations of nurses migrating from Türkiye.
- This research contributed to the literature by evaluating the professional migration and working life situations of nurses who migrated from Türkiye to other countries professionally.

References

Adkoli BV. (2006), Migration of health workers:Perspectives from Bengladesh, India, Nepal,Pakistan andSri Lanka. Regional Health Forum, 10(1), 49-58. Available at: (Accessed 24th March 2024) https://www.researchgate.net/publication/237483264

Adhikari R, Melia KM. (2015). The (mis)management of migrant nurses in the UK: a sociological study. Journal of Nursing Management, 23(3), 359-367. https://doi.org/10.1111/jonm.12141

Alameddine M, Kharroubi SA, Dumit NY, Kassas S, Diab-El-Harake M, Richa N. (2020). What made Lebanese emigrant nurses leave and what would bring them back? A cross-sectional survey. International Journal of Nursing Studies, 103. https://doi.org/10.1016/j.ijnurstu.2019.103497

Buchan J. (2002). Global nursing shortages BMJ, 324(7340), 751–752. doi: 10.1136/bmj.324.7340.751

Buchan J. (2004). International rescue? The dynamics and policy implications of the international recruitment of nurses to the UK. Journal of Health Services and Research Policy, 9 (Suppl. 1), 10–16. https://doi.org/10.1258/135581904322724086

Buchan J, Sochalski J. (2004), The migration of nurses:Trends and policies. Bulletin of the World Health Organization, 82(8), 587-594. https://doi.org/10.1590/S0042-96862004000800008

Clark PF, Steward JB, Clark DA. (2006), Theglobalization of the labour market for health-careprofessionals. International Labour Review, 145(1-2), 37-64. https://doi.org/10.1111/j.1564-913X.2006.tb00009.x

Davda LS, Gallagher JE, Radford DR. (2018). Migration motives and integration of international human resources of health in the United Kingdom: systematic review and meta-synthesis of qualitative studies using framework analysis. Human Resources for Health, 27, 16(1), 27. https://doi.org/10.1186/s12960-018-0293-9

Denton S. (2006). Nation-to-nation challenges to addressing the effects of emerging global nurse migration on health care delivery. Policy and Politics in Nursing Practice, 7(3 Suppl.), 76S–80S. https://doi.org/10.1177/1527154406293489

Goštautaitė B, Bučiūnienė I, Milašauskienė Ž, Bareikis K, Bertašiūt E, Mikelionienė G. (2018). Migration intentions of Lithuanian physicians, nurses, residents and medical students. Health Policy, 122(10), 1126-1131. https://doi.org/10.1016/j.healthpol.2018.07.001

Özkan Ö, Hamzaoğlu O. (2008), Uluslararası sağlık emek göçü: Ne, nasıl, neden? (Sözel Bildiri). TÜSAM 3. Sınıf Çalışmaları Sempozyumu. "Türkiye işçi Sınıfı Ve Emek Hareketi Küreselleşiyor Mu? Kongre Kitabı, İstanbul, 170-188.

Llop-Gironés A, Vračar A, Llop-Gironés G, Benach J, Angeli-Silva L, Jaimez L, Thapa P, Bhatta R, Mahindrakar S, Bontempo Scavo S, Nar Devi S, Barria S, Marcos Alonso S, Julià M. (2021). Employment and working conditions of nurses: where and how health inequalities have increased during the COVID-19 pandemic? Human Resources for Health, 16, 19(1), 112. https://doi.org/10.1186/s12960-021-00651-7

Seven A, Adadıoğlu Ö. (2022). Nursing students' attitudes towards brain drain in Türkiye: a cross-sectional study. Turkiye Klinikleri Journal of Nursing Sciences, 14(1), 179-84. https://doi.org/10.5336/nurses.2021-83339

Thompson M, Walton-Roberts M. (2019). International nurse migration from India and the Philippines: the challenge of meeting the sustainable development goals in training, orderly migration and healthcare worker retention. Journal of Ethnic and Migration Studies, 45 (14), 2583-2599. https://doi.org/10.1080/1369183X.2018.1456748

Tie YC, Birks M, Mills J. (2018). The experiences of internationally qualified registered nurses working in the Australian healthcare system: An ıntegrative literature review. Journal of Transcultural Nursing, 29(3), 274–284. https://doi.org/10.1177/1043659617723075

Turan FD. (2021). Career decision and career decision-making competences as the determinants of nursing fourth grade students' attitudes towards brain drain. Gümüşhane University Journal of Health Sciences, 10(4), 828- 841. (Original work published in Turkish)

Vafeas C, Hendrick J. (2018). A heuristic study of UK nurses' migration to WA: Living the dream downunder. Collegian, 25(1), 89-95. https://doi.org/10.1016/j.colegn.2017.04.001

Yıldırım T. (2010). Managing policies of health workers migration at the international level: An overview and situation assessment for Türkiye. Amme İdaresi Dergisi, 43 (4), 31-65.

World Health Organization (WHO) (2021). Global strategic directions for nursing and midwifery 2021- 2025. Available at: https://apps.who.int/iris/handle/10665/344562 (Accessed 24th March 2023)