

**PROCEEDING TO THE “EXIT”: MEDICAL DOCTORS’  
EMIGRATION FROM TURKEY**

**Profession-Based Approach to Migration Reasons**

By

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## **ABSTRACT**

For a long time, migration reasons have been discussed with limited frameworks and often through ethnic lenses. In order to offer a complementary approach to the literature, I adopt a profession-based approach to examine the reasons and motivations for migration in this study. I investigate why the number of medical doctors leaving Turkey has been swiftly rising. To find out the different sets of motivations particularly applied to medical doctors in Turkey, I use a triangulation of different research methods. First, I carry out a discourse analysis of political leaders' speeches targeting medical doctors. Secondly, I interpret the specifically designed online survey to have a broader understanding of the situation. Lastly, I conduct interviews with members of representative groups, including students/new graduates, and experienced doctors in Turkey, as well as doctors who have already emigrated and reside in Germany. Additionally, I conduct an expert interview with the co-chair of the Turkish Medical Association. In the analysis part, I focus on the reasons for migration specific to medical doctors, such as doctor-patient relations and extreme working conditions. Various motivations and amplifier factors lead medical doctors to the "exit". The findings point to the depreciation and degradation of dignity, while the broader picture can be summarized as the absence of hope for a change.

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## LIST OF ABBREVIATIONS

<b>Abbreviation</b>	<b>Definition</b>
TMA	Turkish Medical Association
CDA	Critical Discourse Analysis
DHA	Discourse Historical Approach
OECD	Organisation for Economic Co-operation and Development

# 1. INTRODUCTION

Exit, Voice, and Loyalty (1970), written by the economist Albert O. Hirschman, defines two possible ways in which the members of an organization can react to the deteriorating performance of the organization. Members can leave or utter a word. In simple terms, if you do not like the restaurant as a customer, you either switch to another one or speak to the manager. As an employee, you can either quit the job or bring up your concerns as an attempt to change the business. According to Hirschman, the former one is called “the exit”, and the latter is called raising “the voice”, including “from faint grumbling to violent protest” (Hirshman, 1970, p. 16). Exit and voice framework has been used beyond the business field and applied to different organizations in various disciplines including migration studies. This thesis is about understanding the reasons for emigration through listening to the voices from both those who exit and those who stay.

The main question of the thesis is the following: Why are medical doctors leaving Turkey? The number of doctors who have left Turkey and who are planning to leave Turkey has been swiftly rising in recent years, yet there is limited research on this issue. Exit alone can be a warning of a deterioration, while voices, by nature, can inform about the reasons. As migration is a complex phenomenon, mixed combinations of various drivers and motivations exist. Different combinations of these might emerge for different professional groups. In this research, I investigate reasons for migration from a profession-based approach, focusing on medical doctors. The aim of the thesis is to unveil the overlooked reasons specific to medial doctors to “exit” Turkey.

The incentive to investigate this topic was sparked by the increased number of such exits in the last years and the focus on medical doctors was inspired by personal connections in Turkey.

My positionality helped me to relate with the exit, as a migrant from Turkey, and heeding the voices as I keep abreast the agenda in Turkey. Throughout the research, I expanded my knowledge on health-sector related matters as someone who has never worked on such a topic previously. In brief, I was partly an insider and an outsider of this subject as a researcher.

The thesis is divided into five main chapters. First, I briefly discuss the existing migration literature with references to drivers of migration and professional migration. Additionally, I explain how my approach to literature has been shaped by the shortcomings and expectations of the current literature. Secondly, I provide background information on the scale of medical doctors' migration from Turkey, the intriguing key points to understand the context, and my research objectives. In the methodology chapter, I explain the following three methods I employ to answer my research question: discourse analysis, online survey, and interviews. The findings and analysis chapter includes the discourse analysis and a concept map to explain the main factors encouraging medical doctors to migrate. I also describe the most relevant concepts, the relations among different factors, and the substantial findings of the survey and interviews. Before I present the conclusion, lastly, I discuss the main contributions and the overall meaning of the key findings of this thesis.

## **2. LITERATURE REVIEW**

In this chapter, the main theories of migration drivers are explained after briefly mentioning the requirement for a multidisciplinary approach to migration. In addition, the limitations of the main approaches as well as attempts to develop alternatives are discussed. Later, I focus on professional migration, which is often researched within development and policy-based perspectives. Lastly, I state my approach to the literature in this research as well as my goals and intended contributions.

### **2.1 Migration**

The term migration is not self-explanatory. It indicates spatial mobility, but one needs to question it, if possible, describe what kind of mobility, whose mobility, and what kind of spaces are being discussed, namely, from where and to where. Migration is a complex phenomenon which requires to be studied through an engagement of numerous disciplines. As Brettell and Hollifield (2009) put it, migration studies are shaped among different fields and used across disciplines; various approaches to it are adapted from anthropology, sociology, political science, legal studies, history, economics, and demography. Every discipline naturally prioritizes specific units of actors and methodology according to their research questions. Moreover, each discipline has ground on major theories based on certain assumptions to shed light on different research questions of migration. Thus, a significant degree of interaction between these disciplines is certainly required, already exists, and continues increasing because these disciplines on their own are not comprehensive enough to capture different features and dynamics of migration.

Migration is multifaceted; therefore, it needs to be interpreted within the social, historical, political, and economic contexts in which it occurs. The complexity of the study of migration

requires that it not be seen through a simple set of rules. This is why it is impossible for one migration theory to fit all cases, if that is the goal. Nevertheless, I believe that the complex nature of social processes should not disincentivize the theorization and conceptualization of migration. In that sense, I agree with de Haas, that this complexity is “the very reason why we need social theories, as they help us to make sense of and to discern patterns...of human experiences and social interactions” (2021, p. 3). Indeed, it is exactly the complexity drives me to research migration, among many other reasons.

## **2.2 Drivers of Migration**

As Ravenstein (1885) stated, migration is not a random phenomenon. There is a vast body of literature on drivers of migration focusing on different aspects such as economic reasons, climate change, education, wars, and authoritarian regimes. The top-down approach focuses on structural conditions, like market forces and extensive policies to model migration flows. Besides that, the bottom-up approach emphasizes the experience of individual migrants, households, families, and communities, still in relation to larger factors affecting their decisions and actions of them. Between these macro-level and micro-level approaches, “meso-level” exists, as labeled by Thomas Faist (1997). The meso-level is described mostly as relational, which focuses on the social ties of movers and stayers. Namely, there are three levels of analysis, first, structural; second, relational; and lastly, the individual level according to Faist. In short, it is theorized that migration is shaped by a mixed combination of macro-, meso-, and micro-level factors. I find this perspective helpful to adapt to my own research.

One of the well-known approaches to drivers of migration is the push-pull theory (Lee 1966), among many earlier contributions such as Ravenstein (1885), and neo-classical migration theory (Harris & Todaro 1970; Stark 1991). The push-pull theory is still useful, considering the economic opportunities and the politics of sending and receiving states. It makes sense to

compare economic problems on the one hand, and demand for labor and financial opportunities on the other. The same applies to such factors as political freedoms and political repression. These models by themselves are not sufficient to capture all aspects, at least for my research, as various factors exist to be analyzed with different approaches and methodologies at different levels of analysis. Despite the criticisms of these models for being limited and ahistorical, these models still provide a substantial analytical tool, especially when they are combined with other approaches.

Although the attempts to simplify or shape a model for migration theory are much appreciated, it needs to be acknowledged that certain assumptions hold the literature back from considering the numerous aspects of migration. To give an example, methodological nationalism (Wimmer & Schiller 2003) is among these constraints for migration studies. It has been further subjected to critique by many scholars, one of which is Saskia Sassen (2001), as she did not consider the nation-state as a unit of analysis. Furthermore, as de Haas (2021) articulated, there are several factors that hold literature back from progress in the understanding of migration, including disciplinary and methodological divisions between qualitative and quantitative research. Another factor is the tendency to adopt state-oriented categories for classification without questioning the ideological or quotidian views. Especially, the distinction between ‘forced’ and ‘voluntary migration’ is a heavily constrained framework to describe migration reasons. In addition, there is a one-sided understanding of migration with a “receiving country bias and the concomitant ignorance of the causes, consequences and experiences of migration from an origin-area perspective” (de Haas 2021, p. 3). This is another significant factor that motivates me to research my topic from the origin-area perspective in order to have better comprehension.

Having said that, migration research has been much centered around an either explicit or implicit understanding of push-pull factors or utility-based neo-classical assumptions. They remain simplistic and are not able to fully capture the many aspects of real-life experiences.

The distinctions such as micro-macro level factors are not enough to explain all the drivers and are not able to capture the complexity of the diverse factors of migration. As Skeldon (1990) and de Haas (2011) argued, push-pull models are too deterministic. Therefore, critical and alternative approaches have been improved by several scholars to go beyond the push-pull factors and an economy-based perspective (Hirshman 1978, Hatton & Williamson 1998, Castles & Miller 1998, Carling 2002). Moreover, Benson and O'Reilly (2009) reframed drivers as aspirations and desires. Furthermore, reconsiderations of drivers of migration have been discussed, as Van Hear, Bakewell, and Long (2018) argued in their “push-pull plus” scheme, the dimensions of drivers are varied, including locality, scale, selectivity, duration, and tractability. Apart from these critical attempts, migration drivers have been developed in other dimensions too. For instance, gender was not considered as a key factor to understand migration and disregarded for a long time. The number of studies and scholars, such as (Christou & Kofman, 2022), focusing on gender aspect of migration drivers and feminization of migration (Donato & Gabaccia, 2015) has been growing (Tittensor & Mansouri, 2017). In short, the critical and new approaches continue to contribute to the existing gaps in the literature.

### **2.3 Professional Migration**

The phenomenon of professional migration became more prominent with globalization. The skills, capabilities, and nature of actors are inevitable to discuss as the distinction among policymakers is made in relation to the nature of actors. Skilled migration led policies to be adapted to the demographic changes and labor shortages of competing economies in receiving countries. Economists and sociologists take into consideration the labor market in the receiving society or the economic situation of sending society, and this is something non-negligible when one studies professional migration. Significant progress has been made in understanding skilled migration and brain drain. One of the profound works concerning health professionals is

presented by Skeldon (2009), in which he goes beyond the receiving country bias and considers the impact on the country of origin. However, the studies are still very much dependent on policy-based understanding. Thus, migrants are described through a value-added understanding focusing on their contributions to the economy and development of the country of settlement. However, skilled migration is open to being studied further, especially with differences between professions and motivations; a more multi-layered approach is pertinent.

The competition among receiving countries to attract highly skilled people has been rising. Medical doctors constitute a significant group to be studied for many reasons, one of which is the rising need for healthcare professionals, especially after the COVID-19 pandemic. “The mobility of physicians is one of the strategies in many OECD countries to fill the gap between their supply of health services and their population healthcare needs” (Czaika 2018, p. 18). In that sense, policies are designed to attract and control mobility in a way that seems to be a “win-win” for migrants and receiving countries; yet the sending countries are obviously not one of the winning actors. Specifically, the mobility of medical doctors is important regarding many aspects for policymakers and the receiving country. To give an example, they have a direct impact on the well-being of society. Moreover, the geographically limited location of medical services with an insufficient number of doctors is also among the distinctions that make them differ from those of other skilled professionals (Moullan 2018, p. 302). In this case, the key issue of development is not simply economic. Impact of migration is related to the health policy and needs of the society, which is not developed enough to be self-sustained for most of the countries. In many of the discussions, migration is shaped and controlled by policymakers, and migrants are framed as contributions to society with their skills in value-creation processes. This grabs the attention of many scholars and policymakers. This scholarly focus on contributions of skilled migration to society and on migration policy ignore the individual aspirations and motivations of migration. Thus, there is a need for further research within the

micro-level factors. Furthermore, the development and policy-based approaches have also been criticized by sociologists and anthropologists who are more focused on qualitative and migrants' experience-based interpretations, rather than quantitative analysis of cause-effect factors in line with classical functionalistic models. Therefore, in this regard, I believe researching individual and group-level motivations for professional migration is crucial to go beyond repetitive positive attributions of development and contribution.

## **2.4 My Approach to the Literature**

I research the drivers of migration and examine migration from a profession-based approach by focusing on medical doctors from Turkey. In this study, I aim to go beyond the general push factors derived from Turkey and investigate the overlooked reasons specific to medical doctors emigrating. I concentrate on the individual and group level analysis to understand motivations for migration. In a way, I avoid restricting this study to macro theory as if only the structural level factors determine individual actions.

I attached importance to the approach by anthropologists assuming that “migrants themselves are agents in their behavior, interpreting and constructing within the constraints of structure” (Brettel & Hollifield, 2009). Migrants become agents within conjunctures and their subjectivities matter. My central question is “why?” which is posed to medical doctors as the main agents. My research mostly relies on the experiences, actions, and motivations of medical doctors who have studied and practiced in Turkey. By doing this, I aim to consider medical doctors as the main actors rather than treating them as passive agents of structural forces.

In this sense, I embrace Haas's definition of human mobility as “people's capability to choose where to live including the choice of staying” (2021, p.1) and challenge the understanding of cause-and-effect response to certain factors where the actors are seen as passive decision-

makers. I believe it is important to emphasize the distinction between the intrinsic and instrumental value of migration, and consider the role of force and choice (Carling 2002, 2014; de Haas 2021).

While researching aspirations, motivations, and abilities; another crucial point that one needs to keep in mind is that staying might be an active choice too. In other words, people might choose the “voice” option (Hirshman, 1970), one of the two choices besides “exit”, as mentioned in the introduction. This is also partly related to my attempt to go beyond the classical framework to understand motivations, aspirations, and capabilities. I aspire to avoid using the categories and discourses of “disciplining the reality” creates (Pecoud 2013). In relation to this, I question the distinctions, and categories such as “voluntary migration” and “forced migration” although it is not my primary goal. In this way, I acknowledge those who are able to migrate even though they are not eager to, or those who are willing to but not able to migrate, or those who stay even in a condition that could be described as forced.

I aim to contribute to the literature by revealing the factors and reasons specific to the medical profession in Turkey. Although the reasons related to the receiving and sending countries become relevant from time to time, I mostly focus on motivations related to the medical profession and medical doctors themselves as individuals and as a group. By only focusing on emigration from Turkey, I acknowledge that my scope is limited to a particular state, Turkey, as the sending country. The reason for this limited scope is the requirement to consider migration in the social, political, historical, and economic context in which it occurs, as mentioned previously. In this regard, my approach is still related to a state-based analytical view; however, nation-state and ethnic lenses are not the primary tools for this study. I intend to frame this research by focusing on the profession and where they are educated instead of their ethnicity or citizenship. Although the subjects of this study have certain diversity in terms of ethnicity, it is not relevant to the purpose of this research. In this study, I do not approach

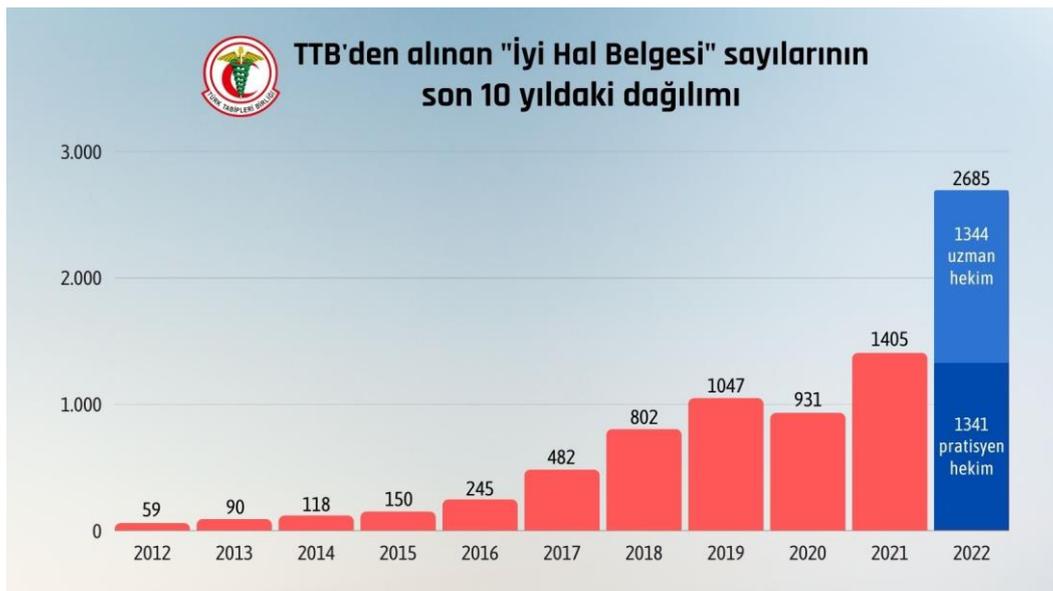
studying migration through an ethnic lens. Rather, I intend to prioritize their professional activity, which in a broader sense contributes to the literature, by putting profession ahead of ethnicity or citizenship. In conclusion, my goal is to go beyond the shortcomings of the current literature and combine the different approaches to find out unique, unconventional, and medical doctors' specific reasons to emigrate.

### 3. CONTEXTUAL INFORMATION

The number of doctors who are leaving Turkey has sharply risen in the last few years. One of the main organizations giving detailed information about the issue in Turkey is the Turkish Medical Association (TMA) (Türk Tabipler Birliği). Although the exact number of doctors who migrated is not shared by any institutions, the TMA provides statistics to compare the scale of change in the last decade. The graph below shows the number of requests for “the Certificate of Good Standing” which is one of the supporting documents for medical doctors to work abroad (Türk Tabipleri Birliği, 2023a).

**Figure 1**

*The number of “Good Standing Documents” received from TMA.*



*Note. By Türk Tabipleri Birliği, 2023. The bar chart shows the number of “Good Standing Documents” taken from Turkish Medical Association each year. The last bar is divided into two, whereas “pratisyen hekim” is the Turkish for general practitioners and “uzman hekim” is the Turkish for “specialist”.*

The numbers in 2023 demonstrate a continuation of the trends in the previous years (Türk Tabipleri Birliği, 2023b). The number of doctors who received a good standing document in the first four months of 2023 is 881. This number has currently exceeded the number for the overall year of 2018 by 81, the number in the first four months of 2022 by 100 people. It is

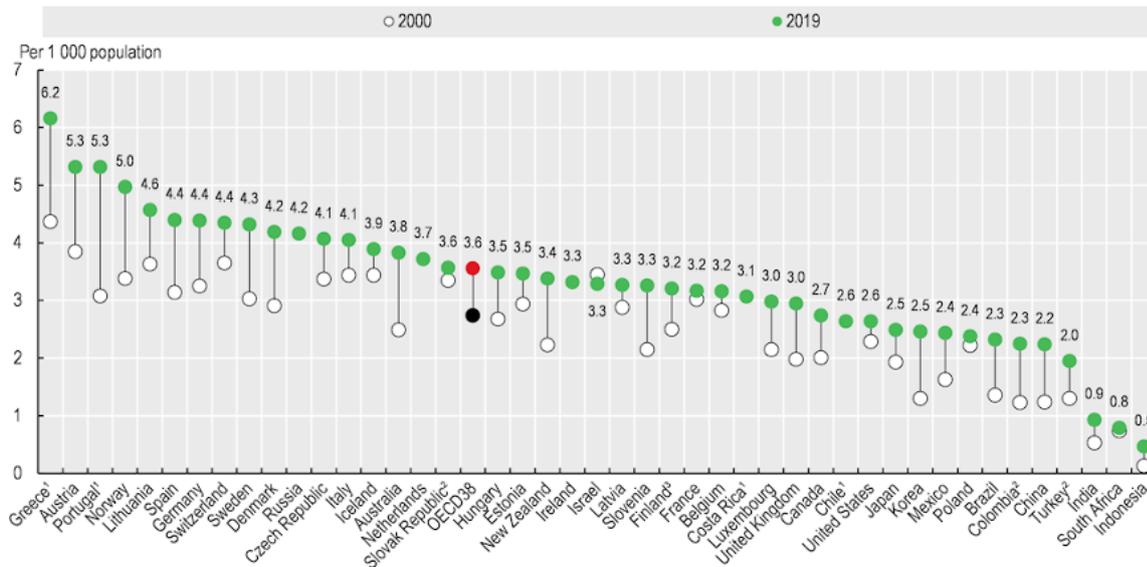
important to note that the number for 2012 is only 59, whereas the number is 2685 with a steep increase within a decade. This graph provides data for only the medical doctors registered with the association. It does not include those who retired, resigned, changed jobs such as to pharmaceutical companies, or those who never registered as they migrated right after graduation by applying to research labs, graduate studies, or other career paths. In other words, this number offers a useful estimation of the speed of the change but underestimates the total amount of emigration. TMA also warns that this is rapidly speeding up, thus expecting an even higher number of departures, especially considering the high number of unfilled spots for certain specialties after the medical exam.

TMA expects the number for the overall year of 2023 to be 2500-3000, noting that this number varies with the conditions of the country (A. I. Okten, personal communication, May 5, 2023). Although it is impossible to pinpoint an exact number, the existence of the numbers for good standing documents helps in having a realistic comparison within years. Another important point of information, related to the resignation bans during COVID-19 outbreak, is the number of medical doctors who left public service, approximately 10.000 in the last two years (A. I. Okten, personal communication, May 5, 2023). These doctors either retired, moved to the private sector, or moved abroad.

Statistics show that mobility of health care professionals is rising in many countries as well as the studies on emigration of medical doctors. So far, researchers draw attention in various cases including Nigeria (Lawal, et al., 2022), Brazil (Mota & Riberio, 2019), Romania (Rohova, 2011), Philippines (Robredo, Ong, Eala, & Naguit, 2022). However, there are several reasons for Turkey to be an outlier, one of which is the number of doctors per capita (oecd-ilibrary.org, 2023). Turkey is at the bottom of the OECD ranking in this field, which makes the situation riskier and makes the concerns more plausible.

**Figure 2**

*The comparison of the number of doctors per 1000 population different countries*



*Note. Turkey<sup>2</sup> indicates that the number for Turkey includes not only doctors providing direct care to patients but also those working in the health sector as managers, educators, researchers and similar (adding another 5-10% of doctors).*

Perhaps due to these alarming numbers, the Ministry of Health (Sağlık Bakanlığı) presented a set of reforms in the last years following the lessons learned from COVID-19 pandemic such as changes in the performance-based salary calculations and the White Reform that includes various changes to the appointment and examination systems for medical doctors, as well as “the Violence in Health Law” that foresees harsher penalties and judgement for violence against health professionals.

The most preferred countries of destination are reported to be Germany, the UK, Sweden, and the US, among others. The most common destination is Germany as there is a rising demand and decent work conditions. Turkey has been listed as fourth in OECD data for Germany, following Syria, Ukraine, and Serbia (OECD.Stat, 2023). Compared to these the first three countries, the salary for medical doctors in Turkey is higher. Also, the salary of medical doctors is relatively higher than other professions in Turkey. In short, Turkey presents a different case in terms of the salary as well.

The context of Turkey is also distinct to study emigration of medical doctors considering many factors such as the rising cases of verbal and physical aggression towards medical doctors<sup>1</sup>. Furthermore, the president's speech on 8 March 2022 targeting medical doctors became highly controversial. Many political leaders, medical students, doctors, and associations show reactions to this speech, and addressed during the protests, moreover, this speech has been referred by various media agencies. The fact that this speech targets emigrating medical doctors makes it an important part of the research.<sup>2</sup> In short, another reason is the attitude towards medical doctors by political leaders, patients, and patient's relatives, despite the rising need and experiences of COVID-19 pandemic.

Consequently, the combination of the interesting factors that make Turkey an outlier and the shortcomings of the literature regarding migration reasons shaped my main research question. Briefly, I aim to answer the following question: why do medical doctors leave Turkey? In other words, what are the reasons and motivations for the emigration of medical doctors? I am interested in investigating the reasons particularly applied to them professionally in the context of Turkey. In the next chapter, I will explain the methodology chosen to answer this research question.

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<sup>1</sup> See news reports (Duvar.English, 2021), as well as statements from political representatives (Birgun.net, 2020) stated an increasing amount of violence against health workers.

<sup>2</sup> This assumption was first driven by the reactions and protests of the medical associations, students of medicine, various media agencies in fact, as the discourse analysis, survey and interview results indicate the role of political discourse turns out to be highly significant.

## 4. METHODOLOGY

As I explain in the previous chapter, the number of medical doctors leaving Turkey to practice abroad has been swiftly rising in the last few years. The scope of this thesis is to explore why they are leaving, so I employ a combination of qualitative and quantitative methods to explore the reasons and motivations particularly applied to them professionally. Thus, I answer my research question by using three methods: discourse analysis, an online survey, and semi-structured in-depth interviews.

I believe that triangulation (Rheindorf 2023) of these methods is the best way to answer my research question. As Brettel and Hollifield explained, the diverse methods and the various bodies of data yield different knowledge about migration since they can reach some voices but exclude others (2000). Hence, combining several methods to conduct migration research is helpful since they serve to complement each other and make it possible to reach more voices.

In addition to the qualitative methods I employ, I include an online survey. Bjerer (1997, p. 222) asserts that large-scale social surveys are needed as it is the only way to demonstrate a relative quantitative significance of various phenomena, the distribution of characteristics as well as the relations between variables. Nevertheless, she also argues that limitations that come from the method of investigation must be acknowledged to have valid results, which similarly applies to detailed studies of social contexts where the researcher should step back despite the fascination of the complexity of life. In short, I acknowledge the intrinsic limitations of each method and myself as a researcher studying a social context that I am partly connected to. Therefore, I combine three methods to go beyond these limits and access different voices as much as possible. In the next sections, I explain the scope of each method in the following order: discourse analysis, online survey, and interviews including one fully structured expert interview and semi-structured in-depth interviews.

## 4.1 Discourse Analysis

Discourse analysis is a well-known approach that is used in various disciplines, in which, the basic units of analysis are texts, discourses, discursive events and strands. I employ discourse analysis to explore the issue from a top-down approach. I focus on discourse analysis of senior political leaders, including the presidents and chair people of political parties. Several political leaders in Turkey have speeches directly targeting medical doctors, their complaints, and their departure that also give valuable insights into their approach to the issue. Particularly the speech of Erdoğan, which also comes up in different parts of this research, encouraging doctors to leave Turkey, received negative reactions from medical associations, a few media channels, and many political leaders. Therefore, the main focus is on Erdoğan's speech targeting medical doctors on 8 March 2022. Additionally, the leaders of two main opposition political parties made follow-up public speeches as a reaction to Erdoğan's words. These are also briefly analyzed following a detailed analysis of Erdoğan's speech.<sup>3</sup> For the methodological framework to analyze selected speeches, I use the Discourse-Historical Approach (DHA) (Wodak & Reisigl 2017) as one of the approaches in the broader field of Discourse Studies, particularly Critical Discourse Studies (CDS). I use DHA because it focuses on power relation in discourse including self-and other representation and it helps to explore discursive strategies used by various actors including government agencies and political leaders.

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<sup>3</sup> The actors in this part are official representatives making public speeches on press releases, in official meetings, on the rostrums on various platforms, or/and inaugural speeches. All speeches used are available online in video format since they are either publicly shared by the accounts of political parties or broadcast on various media channels.

## **4.2 Survey**

### **4.2.1 Aim of the Survey**

Surveys are designed to produce systematic and structured data to collect information from a sample aimed to be representative of a larger population. Surveys have been a popular choice among migration researchers with quantitative approaches (Salamonska, 2022) and they are extensively used to serve to the need for data on migration (Font & Méndez, 2013). I conduct an online survey in order to have an overall view of the experiences and tendencies of students of medicine and medical doctors. The primary condition for participating in the survey was either to be currently enrolled in a medical school in Turkey or to have obtained a medical diploma from a university located in Turkey.

### **4.2.2 Content of the Question Sets**

The survey questions aim to better comprehend the distribution of factors and the importance of different motivations. The survey consists of a set of multiple-choice questions and one open-ended question to provide opportunity for respondents to make comments and share more information regarding any of the previous responses. In multiple choice questions, for some cases, the choice “other” is provided to give space to participants presenting different opinions from the standardized choices if they needed. Some questions such as age, gender, city of residence and the university are fixed for every respondent to have simple demographics and make sure the sample has a measurable degree of variety. Other multiple-choice questions are designed to appear based on previous answers in such a way to have a meaningful flow. For instance, the question related to satisfaction of working conditions does not appear if the respondent is a student or currently not working.

Furthermore, the survey contains four main sets of questions to identify the reasons and motivations for migration. First, the respondents who do not think of going abroad answer questions for primary reasons to study in Turkey. Secondly, the respondents who are planning to go abroad are shown a set of questions such as the steps they have taken so far, or the destination country in addition to motivation related questions. Thirdly, the respondents who are indecisive or willing to work abroad, but not planning to yet, will answer all questions related to advantages and disadvantages for working both in Turkey and abroad. Lastly, the respondents who already emigrated will have questions to identify their motivations as well as their current location, duration of living abroad, and their willingness to stay there long term. Thus, the flow is particularly and consistently designed to benefit both the respondents to answer questions only concerning them and me as a researcher to have a meaningful data for the analysis process.

#### **4.2.3 Response Collection Process**

I design the survey via Qualtrics and distribute online<sup>4</sup> by using different social media channels and acquaintances to reach a high number of participants from diverse regions. In addition to the diversity of the sample, an online survey was also advantageous for respondents regarding the short amount of time required. Using Qualtrics online was also helpful for me as the researcher to save, read out, and analyze the results. Response collection period started on April 29 lasted until May 13. I stopped distributing the survey and collecting responses one day before the presidential and parliamentary elections in Turkey to eliminate a possible distortion of the results based on the election outcome.

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<sup>4</sup> See Appendix D

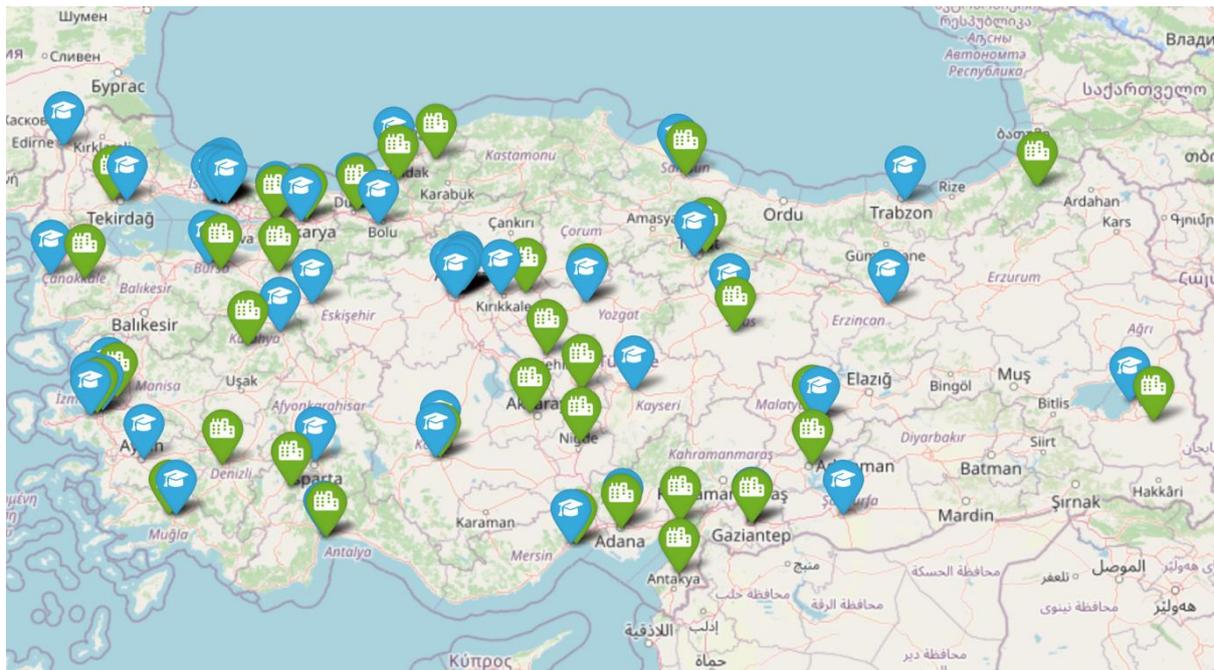
#### 4.2.4 The Variety among the Sample

Within the two-week period, the survey reached 352 participants residing in various cities in and outside of Turkey. Among 352 participants, 302 completed all the questions a fact that could provide insights to me for further studies regarding the design and the length of the survey. 50 incomplete responses are removed to create a meaningful set of data and to avoid distortion of the findings. Thus, only 302 completed responses were considered in the analysis. Since this survey is designed and conducted to have an outlook of the experiences and tendencies of medical doctors, I aim to get a decent level of diversity among the sample in terms of residence, age, gender, position, and specialization. To demonstrate this, the city of residence and the location of the university's where participants have been studying or graduated are shown on the map below. In addition to the map, gender and age distribution of the survey participants are shown in the following graphs.<sup>5</sup>

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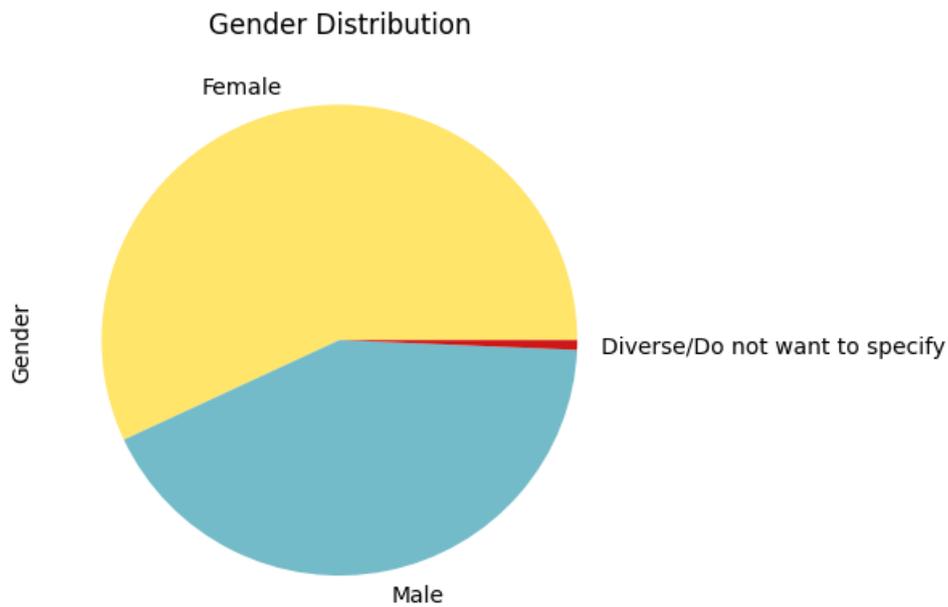
<sup>5</sup> 33 participants residing abroad completed the survey, however, they are not shown on the map. Twenty-eight of them live in Germany while three of them are in the UK, and the last two participants reside in the US.

**Figure 3**  
*Map of survey participants*



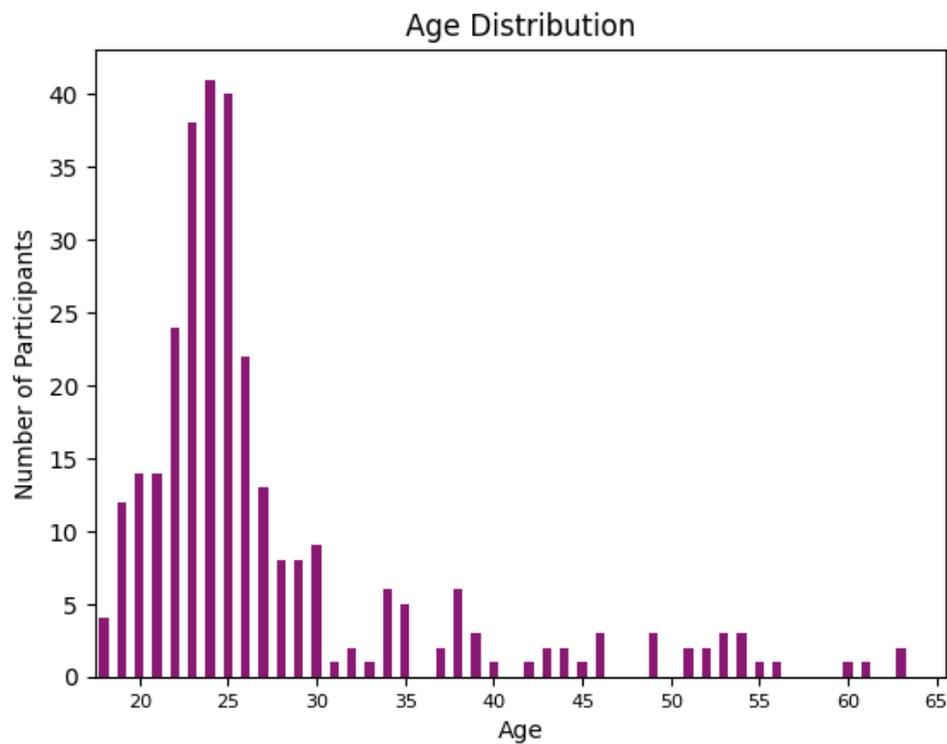
*Note. Map indicates the variety of survey participants. The green pins show the current city of residence (37 cities). The blue pins denote the universities in which the participants have been studying or graduated (105 universities).*

**Figure 4**  
*Gender Distribution Chart*



*Note. The pie chart demonstrates the gender distribution among survey participants.*

**Figure 5**  
*Age Distribution Chart*



*Note. The bar chart demonstrates the age distribution among survey participants.*

Except for the fact that most of the participants are consisting of young doctors (under 30 years-old), a considerable amount of diversity has been accomplished within the other parameters.

### **4.3 Interviews**

I believe interviews are the most enlightening method in terms of understanding the factors to migrate on the individual level. This qualitative method also provides flexibility to examine the issue deeper and allow research to evolve during the study. As my purpose is to explore the emigration reasons and motivations of medical doctors, I conducted in-depth semi-structured interviews with them to answer my research question. Additionally, I conducted an expert interview to gain a more well-rounded perspective on the topic.

### **4.3.1 Expert Interview**

I reached out to Turkish Medical Association to get information and request for an interview with someone who is familiar with the topic. They positively responded my interview request, and I conducted an interview with the co-chair of the Turkish Medical Association named Dr. Ali İhsan Ökten. It was a fully structured interview, and the questions were planned to gain further insights for the scale of emigration and comments for the future.

### **4.3.2 In-depth Semi-Structured Interviews**

I conducted in-depth, semi-structured interviews with medical students and medical doctors in Turkey, and/or who have already migrated to practice their profession in Germany. The primary condition to be included in the sample is the same as survey participants, thus, all interviewees are either currently studying at a medical school in Turkey or hold a medical diploma from a university located in Turkey. The third group, those who already left to practice abroad, are chosen from Germany since it is the most common destination for reasons which are explained in detail in the findings and analysis chapter.

#### **a. The sample**

The interviewees consist of three groups:

- 1) students, interns, or recent graduates
- 2) doctors who have been practicing over 3+ years
- 3) those who have already migrated to Germany.

I selected these groups to find a representative unit of sample within these groups:

- 1) Four students/recent graduates from different universities and different stages of education/experience

- 2) Four experienced medical doctors from different specialization, and city if possible
- 3) Five medical doctors who currently live in Germany but from various locations, specialization, and duration for living abroad.

The list of interviewees and their characteristics are mentioned in the tables below.<sup>6</sup>

**Table 1**

*1<sup>st</sup> Group: Students and recent graduates in Turkey*

<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Current City of Residence</b>	<b>Stage/Graduation Year</b>
S1	27	M	Ankara	New Graduate - July 2022
S2	27	M	Bakü	Graduated on July 2021
S3	23	F	Muğla	3 <sup>rd</sup> -year student
S4	25	F	Tokat	New Graduate - July 2022

*Note. First group of interviewees are consisting of students and recent graduates.*

**Table 2**

*2<sup>nd</sup> Group experienced doctors in Turkey*

<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Current working place</b>	<b>Position / Specialization</b>
E1	35	M	Private Hospital	Specialist - Orthopedics & Traumatology
E2	30	M	Public Hospital	Anonymous <sup>7</sup>

<sup>6</sup> Further details regarding interviewees are not displayed to assure their anonymity. Some participant information can only be partly shared to demonstrate the variety of the participants upon request of reviewers for scientific reasons.

<sup>7</sup> E2 only shared this information with the researcher, did not consent to share it with the 3<sup>rd</sup> parties.

E3	27	F	University Hospital	Assistant Doctor – Infectious Diseases
E4	29	M	Public Hospital	Assistant Doctor - Radiology

*Note. Second group of interviewees are consisting of doctors with at least 3 years of experience.*

**Table 3**

*3<sup>rd</sup> Group living in Germany.*

<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Duration</b>	<b>Current working place</b>	<b>Position / Specialization</b>
G1	52	M	Since 2012	Private Clinic	General Practitioner - Assistant Doctor
G2	30	F	Since 2017	Medical Institute	Assistant Doctor - Neuroradiology/Psychiatry
G3	29	F	Since 2018	Private Firm	Medical Consultant & Medical Image Research Assistant
G4	25	F	Since 2022	Hospital	Assistant Doctor - Internal Medicine - Geriatrics
G5	24	F	Since 2022	Currently not working	N/A

*Note. Third group of interviewees are consisting of doctors currently reside in Germany.*

## **b. Finding the Interviewees**

I reached out to possible interviewees by using social media platforms and through acquaintances from different social environments. I intentionally avoided finding possible interviewees from the same environment. For instance, if a former colleague suggested people she knows, I only choose one person from the suggested group. Another example is that, if a friend of mine from high school suggested two experienced doctors from the same hospital, I chose the one who has a different specialization from the rest of the participants. The only exception for this is the German teacher I have been in touch. He and his wife provided German courses for tens of students, and they have been teaching online for the last 3 years. Thus, they have students from different locations in Turkey as well as outside of Turkey, in addition, they have former students who have been living in Germany. I could reach 3 interviewees through this German course, one for each group, therefore they are in different stages of their career and none of them have the same specialization or have graduated from the same university. In short, I intentionally avoided snowball sampling to keep myself out of an echo chamber. Instead, I listened to diverse voices to reach varied lived experiences which was my primary goal as I mentioned in the beginning of the method section.

## **c. Conducting the Interviews**

In total, I sent a message or an e-mail to 19 potential participants, 14 of them accepted the interview request<sup>8</sup>, but one of them cancelled later because of personal matters. Two of them living in Germany did not answer the request, one participant in Germany kindly rejected because of his busy schedule. Two of the participants did not meet the criteria to be assigned into groups; one has experience of less than three years, and the other one has just arrived in Germany. In total, I conducted 13 interviews including four interviewees from the first two

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<sup>8</sup> Please find the interview request message/mail and the briefing in the Appendix B

groups and five interviewees from the third group. Even though, they were mostly eager to spend time, they hardly could find time to be interviewed because of overtime working, or/and conference trips. Thus, we had to postpone or reschedule quite often. The work life of the interviewees was a primary reason for doing this research became the reason I had difficulties doing it. One more time, I thank all of them for having volunteered to spare time and contribute to this study.

All interviews were conducted between 26 April 2023 and 13 May 2023. The duration of the interviews was 42 minutes on average, they mostly took between 35-45 minutes without the briefing section. The longest was slightly over an hour, and the shortest one lasted 15 minutes. Except for two interviewees, they were keen to share their opinions, memories, thoughts, and feelings. Each interviewee answered all my questions in details, they asked if something was not clear to them. I made a briefing at the beginning of the interview and asked them to sign the consent form<sup>9</sup> to ensure that they can comfortably share personal experiences. Their honesty and answers indicate their trust in my professionalism to follow the ethical policy of the research and keep their personal information anonymous.

Throughout the conversation, many questions came up, especially with the two following questions: “How do you see your future?” and “What would make you stay in Turkey?”. Overall, it was easy talking with them. Even when they mentioned something technical that I might not be familiar with, they kindly explained it in a way a non-healthcare professional could understand. However, most of the time when referring a health policy or a technical term, they used phrases such as “you know, or you probably heard about this”, “I am sure that comes up when you research”, “as you know” which show their belief to my familiarity of the context and competence with the topic. They thanked me for researching this topic and asking them

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<sup>9</sup> Please find the consent form in the Appendix A

important questions, even helping them to understand themselves. Overall, it was easy talking with them, and I always got positive feedback at the end of the interview.

#### **4.4 The Approach to Analyze the Results**

I completed the discourse analysis portion before analyzing the survey results and interviews for two reasons. First, I wanted to make sure I had a sufficient understanding of what has been said from a top-down approach. Second, was to check later what kind of connections might be found between the discourse analysis results and findings from other type of methods later, if any.

The survey results are aggregately analyzed at the end of the response collection period. While preparing the survey and interview questions, as well as analyzing them, both deductive and inductive approaches were used. In other words, I had themes in mind that are conventionally used to formulate questions such as the level of satisfaction regarding working conditions, or career development opportunities, however, new themes were revealed in the meantime.

After all the interviews were conducted, I transcribed and translated the relevant parts of the conversations. Themes were then created based on the overall survey results and interview findings. I used color coding for themes because I think it is the most convenient approach to identify motivations to emigrate. More importantly, it was helpful to differentiate broader factors from various medical profession-specific factors. In short, the analytical approach was based on thematic coding. In addition to that, I discovered the connections between different concepts and identified patterns within and between different sample groups.

In the following chapter, I will explain the results and analysis, thus, I suggest referring back to interview participants table when necessary.

## 5. FINDINGS AND ANALYSIS

In this chapter, firstly, I present the discourse analysis findings. Then, I provide a concept map to present the most important findings of the study, derived from the combination of different methods used in this research. Later, I clarify relevant themes encouraging medical doctors to leave Turkey. Additionally, I explain how these themes are linked and how other factors amplify their effect. Finally, before moving on to the discussion chapter, I touch upon the gender aspect, the reasons to stay, and the attractive factors about Germany.

### 5.1 Discourse Analysis

In this section, I first focus on analyzing Erdoğan's speech targeting medical doctors as it is the most controversial and referenced speech in this context. Following a detailed analysis of that, I briefly analyze the in-response speeches by leaders of main opposition political parties.

#### 5.1.1 Analysis of Erdoğan's speech in March 2022 – “If they are going, let them go!”

I analyzed Erdoğan's speech, specifically the part related to medical doctors' concerns, by referring to the quotes in chronological order without leaving out any statement. I used the Discourse-Historical Approach (DHA) (Wodak & Reisigl 2017) for the methodological framework. I built upon my analysis with the understanding of blame avoidance as a theme adopted by the government agencies in their communication strategies. Thus, my analyses are guided by Hannson (2015), who is a prominent scholar in the field, as Erdoğan's speech includes and combines different ways of blame avoidance.

This speech “addresses” incidents including verbal and physical violent attacks in hospitals, targeting health workers who raise their “voices” about the challenges. The president first brought up the issue in the speech in the following sentences:

*“Something else has come out lately, this or that happens in hospitals so on and so forth.”<sup>10</sup>*

In the framework of blame avoidance, the way of representing actors and actions is chosen in a particular way (Hansson, 2015, p. 302). The incidents are mentioned in an impersonalized and deagentalized way with a high level of generality and abstractness (Leeuwen, 1996, 2008). The beginning sentence illustrates an example for this strategy.

After partial problem acceptance with the following statement, the president starts to “win the argument” (Hansson, 2015, p. 305). Winning the argument is one of the strategies of the public administration approach (Hood, 2011) to blame avoidance.

*“Look, we may have some mistakes. Brothers/sisters, who built these huge city hospitals? Do we have any cities or districts in our country without any hospitals? I am myself following these closely. Doctors leave because they receive little money.”*

In these words, the president points out that blame lies elsewhere and leads to a counterattack. Then he continues with the following words:

*“My dear brothers/sisters, I speak frankly. The friend speaks bitterly but speaks the truth<sup>11</sup>. We are the ones who built these hospitals. Isn't it this state that educates and trains these doctors? I am asking, isn't it this state? So? This state educated and trained you. What costs the most? Health. But now “they got underpaid”. I asked, how much do they earn at the minimum? Around 8 thousand 9 thousand (Turkish Lira), and the highest they paid is around 25 thousand (Turkish Lira). Despite this, do they run away to the private sector for higher salaries?”*

He draws attention to the fact that the state invests in doctors, and he brings up the “cost” of medical education. In this part, topos of (financial) burden and topos of numbers are used as

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<sup>10</sup> The speech was originally made in Turkish and the original version is publicly available online. I translated all the speeches and quotes used in this chapter.

<sup>11</sup> Direct translation of the idiom “Dost acı söyler” in Turkish, similar to “a friend's eye is a good mirror” or “better a lie that heals than a truth that wounds”

argumentative schemes (Wodak & Reisigl, *The Discourse-Historical Approach (DHA)* 2017). Moreover, it is common in Erdoğan's speeches to equate "we" with "the state", as is the case in this example. Thus, blaming and denying strategies in this speech are employed, and they contribute to the "us" and "them" distinction while having positive-self representation and negative-other representation.

Then, he reiterates his sincerity mark words, "*I am speaking frankly; I like to speak frankly,*" right before one of the most controversial sentences is spoken.

*"So be it; if they are going, let them go!" (in original language: "Giderlerse gitsinler")*

This phrase transformed into many news headlines; it has been quoted by many politicians, as well as health workers, even after more than a year. It is commonly understood that any mention of this sentence is associated with the president and refers to this speech. Usually, this phrase has been referred to describe Erdoğan's or the government's attitude towards health workers. In the following part, he briefly suggests possible solutions regarding the growing need for more doctors.

*"We will employ our newly graduated doctors here and carry on with them. I go even further; if necessary, we will quickly invite and employ those who want to return to our country from abroad. These places will not be empty, do not worry. We continue our way with assistant doctors because these places will not be empty, we will do what needs to be done."*

It is crucial to emphasize that there is no mention of work conditions and concerns of health workers. In other words, voices are heard but disregarded. Avoiding mentioning in concrete terms, or simply silence, might be as meaningful much as speaking out. Instead, the focus is on possible future solutions and is far from acknowledging the concerns and problems of today.

Lastly, a new perspective that serves to avoid blame comes up. In the closing sentence of the speech, the president employs one of the most powerful legitimation tools which is "morality".

In this case, attributing moral value to the profession of medical doctors is used to blame the degradation of this profession with their financial expectations.

*“It is not probably very humane to base such a sacred/cherished profession as medicine upon money.”*

Following this speech, the Turkish Medical Association has accused Erdoğan of making efforts to cover up the crisis in health system and portray physicians in a way that their only demand seems to be money.<sup>12</sup> It shows that blame avoidance efforts seem to be noticed from the other side of the rostrum.

### **5.1.2 Counter-Discourse by the Opposition Political Parties**

After Erdoğan’s famous speech, political leaders and representatives made public speeches related to medical doctors and published statements on social media, particularly on March 14, Medicine Day in Turkey. Many political leaders referred to the famous phrase “*Let them go*” to draw attention to medical doctors’ concerns and use this phrase to attack Erdoğan.

The aforementioned phrase has been referred to and recontextualized on various platforms. Recently, it was recontextualized by the leader of opposition parties in the context of elections in May 2023. One of the election promises of the opposition party is to send away the ones who said, “*Let them go.*” Instead of just letting the doctors go, they build on the discourse to claim the doctors who left would return and the current doctors who did not leave would stay with the promise of better conditions. In short, many seem to continue to refer to this phrase, even though more than a year has passed since the speech was made. To exemplify this, the second most prominent leader from the main opposition coalition, Meral Akşener quoted a video edited and

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<sup>12</sup> See: <https://m.bianet.org/english/print/258800-physicians-to-erdogan-we-will-stay-here-in-this-land-to-heal>

shared by her political party, the Good Party (İyi Parti), and wrote the following on her Twitter account<sup>13</sup>:

*“The ones who said, “Let them go!” will be going on May 15 (right after the election day); and our doctors will stay as we treat them with great respect<sup>14</sup>”*

It is worth mentioning the recontextualization of the original speech. Nevertheless, the main scope includes Erdoğan’s analyzed speech and the speeches in response by the two opposition party leaders<sup>15</sup>. The first leader is from Republican People’s Party (CHP), the center left party and the main opposition. The second one is pro-Kurdish, positioned as a democratic socialist, People’s Democratic Party (HDP). Both speeches<sup>16</sup> were made in the political party group meeting on March 15, one week after Erdoğan’s speech, namely, on the next day after Medicine Day.

The chairman of the main opposition party (CHP), who is also the candidate for the presidential election of 2023 Kılıçdaroğlu, made a public speech<sup>17</sup> in the group meeting of his party. In his speech, he partly addresses medical doctors by starting with a reminder of the commemorative day. Then, Kılıçdaroğlu mentioned the self-sacrifice and devotion of the doctors to their work during the pandemic. He continued by mentioning the difficulties and contributed to ‘humanizing’ them by reminding of their families. As opposed to impersonalization and deagentalization of the president, Kılıçdaroğlu attempts to draw a picture of the challenges they

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<sup>13</sup> See the tweet [https://twitter.com/meral\\_aksener/status/1642150839866347520](https://twitter.com/meral_aksener/status/1642150839866347520)

<sup>14</sup> Alternative translation might be “they will stay as our crown” indication they are more than welcome and precious, similar to “giving someone red-carpet treatment”

<sup>15</sup> To stay in the limited scope of this research, the two opposition parties have been chosen as they have the highest number of representatives in the parliament to oppose the coalition government; however, in a broader context, the time frame and actors can be expanded to draw a more comprehensive picture.

<sup>16</sup> Kemal Kılıçdaroğlu’s speech is transcribed in Turkish on the official website of the political party (CHP). Erdoğan’s speech is fully available in online media channels, but I translated them myself from Turkish to English after I analyzed them in Turkish.

<sup>17</sup> The most relevant quotes are referred while explaining the analysis. I can provide the transcription and translation of the full speeches, if requested. See the transcription of the full speech <https://chp.org.tr/haberler/chp-genel-baskani-kemal-kilicdaroglu-tbmm-chp-grup-toplantisinda-konustu-15-mart-2022>

had to endure with a counter strategy. Then, Kılıçdaroğlu continues his speech by addressing and quoting Erdoğan's words:

*“They could not see their families; they could not see their relatives. They tried to say goodbye to their children, their little children, from behind the glass and they tried to hug them. When this issue came to the fore, when the demands of doctors and health workers came to the fore, many young doctors went abroad, he made a statement saying, ‘I am speaking frankly, if they go, let them go.’ Here I say; We are the ones who will send you through democratic means, all of them will stay here in their country, and they will care for patients.”*

He ends this part of the speech by calling out to the doctors in the following words. This part directly refers to the emigration of medical doctors.

*“It has come to such a point that they force you to go abroad. Do not go; You will stay here, together, we will send (them).”*

There is a difference between the construction of “we” and “them” if we compare the two speeches. While Erdoğan uses the state and “we” interchangeably, and the negative other “they” were doctors, in the last except presented here, “they” means the regime of Erdoğan. It might not be so clear to whom Kılıçdaroğlu refers exactly with “we”; however, there is a call to act “together (we)” to send “them”.

Another “attack” on Erdoğan's words comes from the co-chair of the People's Democratic Party (HDP) Mithat Sancar. Sancar has a more aggressive tone compared to Kılıçdaroğlu. After celebrating Medical Day and saluting the strike going on, he explicitly criticizes blame avoidance:

*“They are putting the burden of the deteriorated health system on the shoulders of health workers. They target health workers to hide the areas where their own responsibilities lie.”*

In this way, he emphasizes that Erdoğan points at doctors and delegitimizes the actors instead of discussing their problems, except financial concerns. Also, Sancar recontextualizes the phrase to express what and who needs to leave.

*“Physicians are not going anywhere! Who will go? The ruling government will go. This government that deems hunger and oppression proper for people will be gone. We are not going anywhere, we are here, and we will definitely send you to the dustbin of history.”*

In addition to that, Sancar’s recontextualization of the issue and his way of describing social actions as “struggle” emphasizes the “problem” and “blame.” In fact, he comments on some policy changes that Erdoğan brought upon on Doctor’s Day.

*“He also made three or five promises. None of these are sufficient to meet the legitimate demands of physicians. Not even close. Rights do not come by grace. Rights are acquired through struggle.”*

As is seen in the examples above, the construction of “we” and “they” are similar to Kılıçdaroğlu’s approach, but this one directly and explicitly targets the government. Similar rhetoric has been used by other political leaders too. For instance, the chairman of the Workers Party had a similar approach in his speech on the same day after he referred to the famous phrase:

*“They (the ruling government) stand against health workers; we stand by them!”*

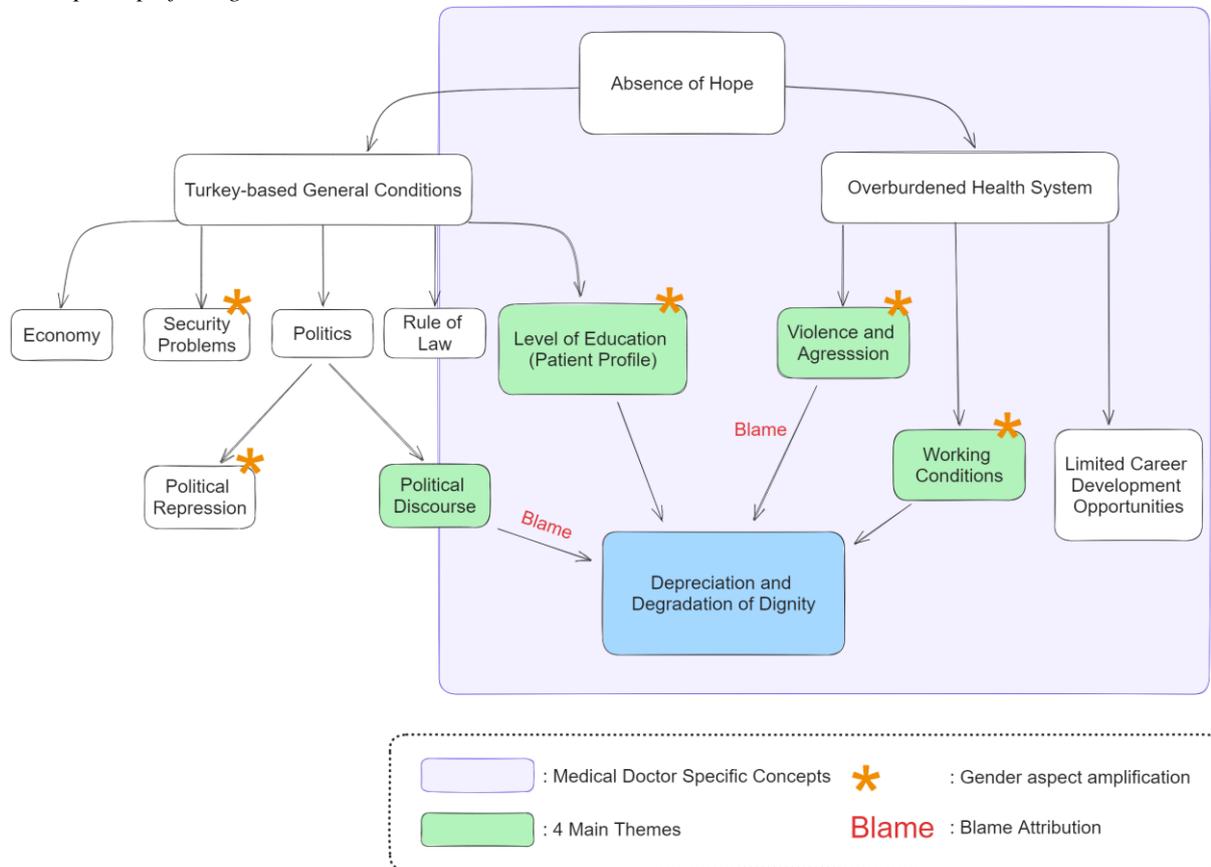
Politicians, activists, members of various political parties as well as medical doctors, especially from the Turkish Medical Association continue to react to this issue by referring and recontextualizing Erdoğan’s phrase for over a year as of May 2023.

To sum up, the main scope was Erdoğan’s controversial speech employing blame avoidance strategies. This speech demonstrates that “voices” were disregarded, in fact, used to counterattack by using moral legitimation as well as pointing out the material cost. This

framework also serves the positive self and negative other representation. Furthermore, the recontextualization of the discourse by different political actors showed how health-related issues have become more politicized in recent years. Having said that, this analysis demonstrates that it is critical to understand that the word “politika” means two things in the Turkish language: politics and policy. It is a meaningful point to make a transition to the concept map below.

## 5.2 Survey and Interview Findings

**Figure 6**  
*Concept Map of Emigration Factors*



*Note.* Concept map describing the main themes and factors leading to emigration.

The concept map describes the main findings in a visual form, and it can be consulted throughout the next sections of the findings chapter. As demonstrated, factors encouraging medical doctors can be divided into two main headings: General Conditions in Turkey and Overburdened Health System. The former can be applied both to other groups migrating from Turkey and for similar contexts. Turkey-based conditions cannot be taken out from the grand scheme as they are part of the complex mechanism driving medical doctors to leave Turkey. However, the main scope of the thesis is to discover other factors specifically applicable to medical doctors, instead of general reasons. Therefore, this section focuses on specific factors facing medical doctors that become prominent in decisions to migrate.

The purple-colored area refers the medical doctors' specific factors. This area includes the level of education in the society as it is perceived as patients' profile by participants. The purple-colored area also contains part of the political discourse and rule of law. The reason for this is these two subjects have both direct and indirect effect that might be applied to medical doctors' decisions. To clarify, there are political discourses specifically targeting medical doctors, one of which is discussed above, while there are other political discourses referred to them in relation to their connection to Turkey, for instance, as citizens or/and migrants who are addressed instead of their profession. Rights, law, and justice was another subject brought up both regarding their profession in reference to specific labor rights and lack of meritocracy in institutions and in relation to general cases in Turkey.

To further shed light on the links among these factors, several Turkey-based general conditions have a direct or indirect link, consequently, these conditions can serve as amplification factors. For instance, the high rate of inflation has a direct impact on salary. To put it differently, they increase the role of other factors as they make the problems more severe as in the case of gendered effects marked in orange. Briefly, below I present the main findings by focusing on the medical doctors' specific factors while the concept map serves as a guide to help the reader to comprehend the themes and their connections.

## 5.2.1 Main Themes applied to Medical Doctors

### a. Overburdened Health System

As mentioned in the context information, Turkey is one of the OECD countries whose number of health workers per population is the lowest (see figure 2). Moreover, the high patient load has increased further especially after COVID-19 pandemic. The already existing vast patient numbers make the situation worse because routine examinations had to be postponed during the pandemic (A. I. Okten, personal communication, May 5, 2023). As a result, checkups and appointments had to be scheduled for months later. That is one of the reasons for the excessive amount of utilization of the emergency services. The co-chair of TMA draws attention to problematic health policies with a striking example in the expert interview:

Turkey is the only country in the world that has more emergency service visits than its population in a year. Last year: the number was over 130 million. Most of the patients are not even emergency, they register in the emergency service because they cannot find appointments, or they cannot afford so they have to come to the emergency service.

The patient distribution in the emergency services was also highly criticized in several interviews due to the problems of the appointment system. Medical doctors could not allocate the necessary time to properly examine a patient, which is also disadvantageous for the patients and public health. G5 shares her experience:

Patients usually come to the emergency service because the appointments are full, but I cannot help them as a practitioner there because a specialization is needed for their problem, so I send them to relevant department. It is like tennis match. ... Daily patient registration in the emergency I was working in was almost 2000; what kind of emergency system is this? The number of patients I had to take care of were between

250-300 in a 24-hour shift. I do not have time to examine each patient while 70 patients are waiting on the line. If I do, the number of patients rises to 100 or 120, then they make the next colleague stressed because they wait for hours. ... How can we call this practicing as a doctor? This is neither beneficial to the patient nor I can be beneficial to the patient. I actually thought about resigning earlier...

In short, neither doctors can practice their profession ideally nor patients could get decent treatment in these conditions. According to many interviewees, the high number of patients and long waiting time in the queues resulted in pressure on the medical doctors at least in two ways. The first one is the pressure of missing something essential for the patients' health due to the extremely short examination time allocated, as S3 exemplifies:

Professors are telling us how to take anamnesis that usually take 30 minutes because even a patient tells you that they have headache; you need to question the whole body from head to toe. Then, we go to the clinic and see how you cannot apply anything you have learned so far because you only have 10 minutes. You can miss out so many things in 10 minutes, if you do, you are being called guilty, not the system.

The blame factor mentioned in the concept map becomes relevant at this point because a number of patients make doctors responsible for not getting a decent service. G4 states:

Patients have already problems of their own, they might be in pain, but you must make them wait because of the reasons that are out of your hands. I understand them they get angry because they have been suffering there but you seem like the guilty one and you have to deal with these things which significantly affect your motivation.

The second pressure consists of medical doctors being left in an overworked position, sacrificing their own time and energy because of overbooked appointments and long patients' queues. E4 states:

I start working at 8:30 in the morning and cannot leave my room until 12:30 (afternoon). When I take a break for 10 minutes, at least one patient starts complaining about me, asking where the doctor is or whether they had to wait for hours. When one of them becomes aggressive, complaints among patients spread and provoke each other. We are often exposed to verbal violence.

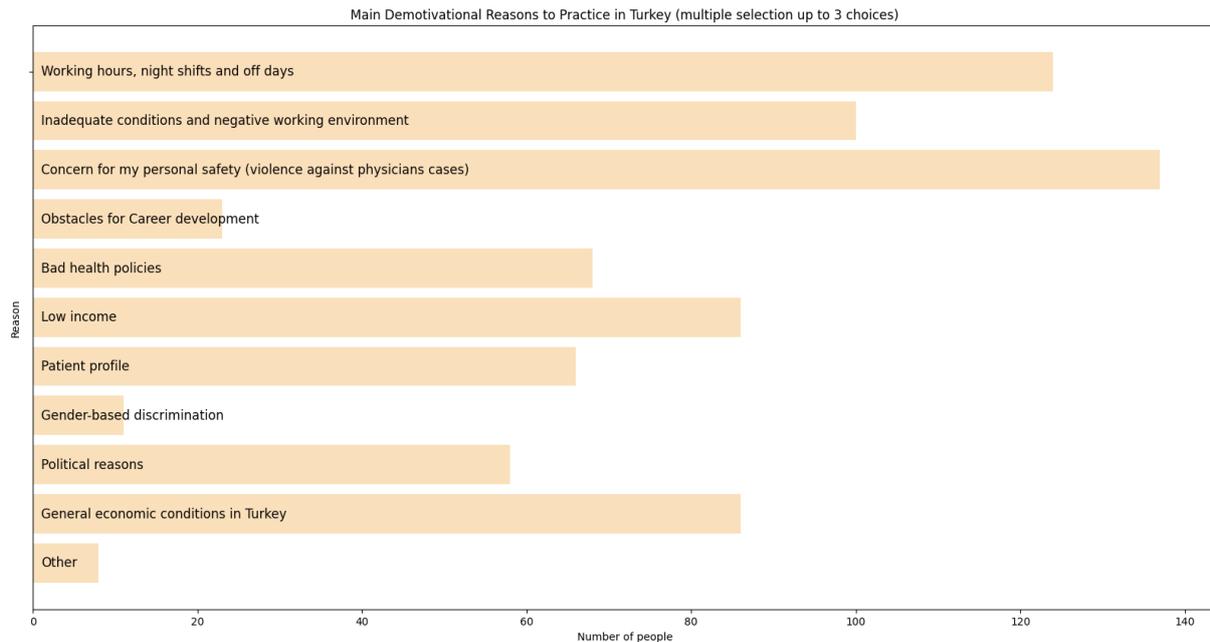
In short, the overburdened health system is the source of many issues that are explained in this section. Thus, this is an important root cause of many other reasons that encourage medical doctors to migrate. The blame attribution to the medical doctors and the pressure of the overcrowding result in an adverse effect on doctor and patient relations.

### **b. Doctor-Patient Relations**

In this study, doctor–patient relations mainly refer to the physical and verbal aggression towards health workers, particularly medical doctors. Aggression became widespread especially in the last decade as I mentioned in the contextual chapter. Violence became prominent as one of the substantial problems and factors leading to emigration, if not the most significant. Research results demonstrate that physical and verbal aggression towards medical doctors by patients and their relatives is an unusual motivation to migrate while it has been one of the most influential factors in this context. In the survey, *concern about personal safety (violence against doctors)* was reported as the most demotivational reason to practice in Turkey.

**Figure 7**

*Main Demotivational Reasons to Practice in Turkey Chart*



*Note. The bar chart demonstrates the survey response to the question asking the 3 main demotivational reasons to practice in Turkey.*

In addition to the survey results, concerns about personal safety were a crucial topic during every interview except for one brief interview. It came forward mainly in the first half of the conversation as interviewees brought up the subject, without me asking anything related to the issue.

Almost all interviewees mentioned that they either encountered physical and verbal aggression and/or became a prime witness when a colleague faced it in the hospital. If not this, they speak of another violent case which happened in the hospital/university/workplace where they have been working. Some of them also addressed similar cases around Turkey, including the murder of cardiologist Ekrem Karakaya, who was shot in the hospital while working.

A considerable number of interviewees not only mentioned violence but described it either as a milestone or a possible turning point. For instance, when I asked, “Have you ever thought about going abroad?” and I always received a “yes” to this question from each interviewee.

Even interviewees S1 and S4, who explicitly said that they are less likely to go abroad in the short run, answered “yes” to this question. When I asked them “(Since) when?”, I got similar answers from various interviewees including S1, S2, and S4, such that they first started considering emigration when the violence cases became widespread. Even if S1 and S4 have different personal reasons to stay, they also mentioned that in case they had to live through it personally then, this might be the point for resignation or emigration.

Although violence against doctors became widespread recently, it was not something newly occurring as G1 referred to his working days back in Turkey, a decade ago, when threats – such as a warning look or a word – were a part of the usual workday in public hospitals, especially in emergency services. G5 narrates the experience in emergency service as a combat situation, saying “patients and we were like in a war”:

When we started studying at the medicine faculty, violence against doctors had already started in Turkey and it was exponentially increasing. I remember that I was scared when my parents (they are also doctors) were going to work and this affected me a lot. I am so strict about this. Why did I go abroad? This is partly why I am abroad; I ‘did not find my life on the street’<sup>18</sup>.

Thus, violence against doctors is a non-negligible issue and “the biggest motivation” (E3) for many of them, especially for interns, newly graduated, and assistant doctors.

To shed light on how violence has become a rooted concern of medical doctor' life both at work and even in daily life for some cases, S1 exemplifies how taking precautions against possible threats becomes a part of 112 training:<sup>19</sup>

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<sup>18</sup> “Canımı sokakta bulmadım” is an idiom in Turkish implying one has no intention of endangering their life or getting in any trouble. It is used to express the need to protect one's health, not to wear oneself out and to take precautions.

<sup>19</sup> This is a training in emergency ambulance service.

Inevitably, we started to think that every patient or patient's relative could attack us. ... One of the first training in 112 was to ensure your own safety first, then ensure the safety of the scene, then intervene in the case. ... Since I am working at 112 services with the ambulance, we constantly go in and out of houses, they warn us don't close the doors when you enter the house. Why is there such a situation? Why can't we do our job with peace of mind? ... Why should I have to worry about my own life when I am going to save someone else's life?

Furthermore, concerns are not limited only to the working environment or hours. S1 explains that he feels obliged to take precautions outside of his workplace too, since the 112 station is near where he lives. Thus, he unavoidably comes across patients' relatives – he told that even going for grocery shopping might be a reason to get nervous.

In addition to this, getting used to experiencing such concerns in daily work life, one of the things that are “normalized” for interviewees is reported as attackers going unpunished. When some of the interviewees share their experiences and they also draw attention to how the attackers are released on grounds of their first offence or they are conditionally released. They refer to this issue as “the usual” or use phrases such as “not surprising” or “of course nothing happened” as this situation became prevalent. E4 emphasizes the distrust to the just treatment of the judiciary process:

There were relatives of patients, who came at me or sworn at me. In some of them, I had to endure because the person in front of me sees red and it is very painful to know that if he does something to me, the possibility of impunity is very high. If I do something to him, me being penalized is very likely because I am a civil servant.

Lastly, some of them added how similar cases negatively affect their motivations to practice in Turkey. This issue also decreases the expectations for an effective change, i.e., to prevent this

from happening or deterrent punishment for the attackers. The concerns raised here show that the new protection policy, mentioned in the contextual chapter, presented by the president on Medicine Day 2022 does not reassure the interviewees.

### **c. Political Discourse**

While one could argue that the scope of this study is limited with its analysis of only Erdoğan's speech on 8 March 2022, however, this speech resonated the most in discussions of emigration of medical doctors. To reiterate the discourse analysis results mentioned above, the most convenient framework for analyzing the speech is blame avoidance. Some interview findings are in line with the discourse analysis results. The renowned phrase "Giderlerse gitsinler<sup>20</sup>" was one of the responses given to the open-ended question asking further comments at the end of the survey. A few interviewees mentioned the same phrase, such as S2 who was in the last stages of moving into Germany as the time of the interview: "I was on my way to Baku on the day he said, 'let them go'. I was wondering if I was doing the right thing by leaving, then I heard him and understood that I made the right decision."

It is not unexpected that this extensively used phrase has been referred by the interviewees too, nevertheless, the discourse is particularly important for two reasons regarding migration decision. First is the resentment caused by dispraise and depreciation. To give an example, E4 explicitly states that hearing these words on TV affects the emotional connection to practice this job in Turkey. Secondly, the blame attribution to the doctors is prominent in this context. As I explained in the previous section, political discourse is built upon avoiding responsibility for the problems while patients blame doctors because of the overburdened health system. Although this research did not focus on the direct relation between political discourse and patient' attitudes, the possible impact of political discourse on patients should not be

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<sup>20</sup> Which can be translated into English as follows: "If they go, let them go"

disregarded. To conclude, doctors are blamed both by the patients and by the political discourse of the president as demonstrated in the concept map.

#### **d. Patients Profile**

Patients profile is listed as 7<sup>th</sup> among demotivational reasons to not practice in Turkey in the survey (see figure 7). Several interviewees mentioned patients' attitude in various ways. Some of the interviewees told touching stories and fond memories of them with their kind patients. However, a considerable number of interviewees also add that even one patient in a day with discouraging attitude can make your work life challenging. Besides physical and verbal aggression mentioned above, a few interviewees refer to difficulties including distrust of the treatment, questioning the competence of the doctors, or even asking them to step out of ethical bounds<sup>21</sup>. Moreover, the attitude towards doctors is also related to the approach to the science of medicine. To clarify, G3 speaks of how some patients do not understand the situation or do not follow the treatment suggested by doctors because they believe in unscientific solutions. She referred to this as part of being respected as doctor when she compared the working life in Germany and Turkey.

A similar comment has been brought up by E4 whose duty was to check the patients at their houses and distribute medicine as a way of triage during the COVID-19 pandemic. He was also appointed to vaccine distribution to houses for old and bedfast patients. E4 emphasizes the effect of patients' profile on migration decision in these words:

We went to 30 houses a day, one out of three claims that coronavirus does not even exist, they do not want to use medication because they believe the pills will make them infertile, also, I would not say they treated us well. When I saw people's perspective

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<sup>21</sup> by pressuring them with political connections for purposes such as getting certain prescriptions

towards us, I had this eagerness to go abroad because I understood how difficult to practice this profession in Turkey.

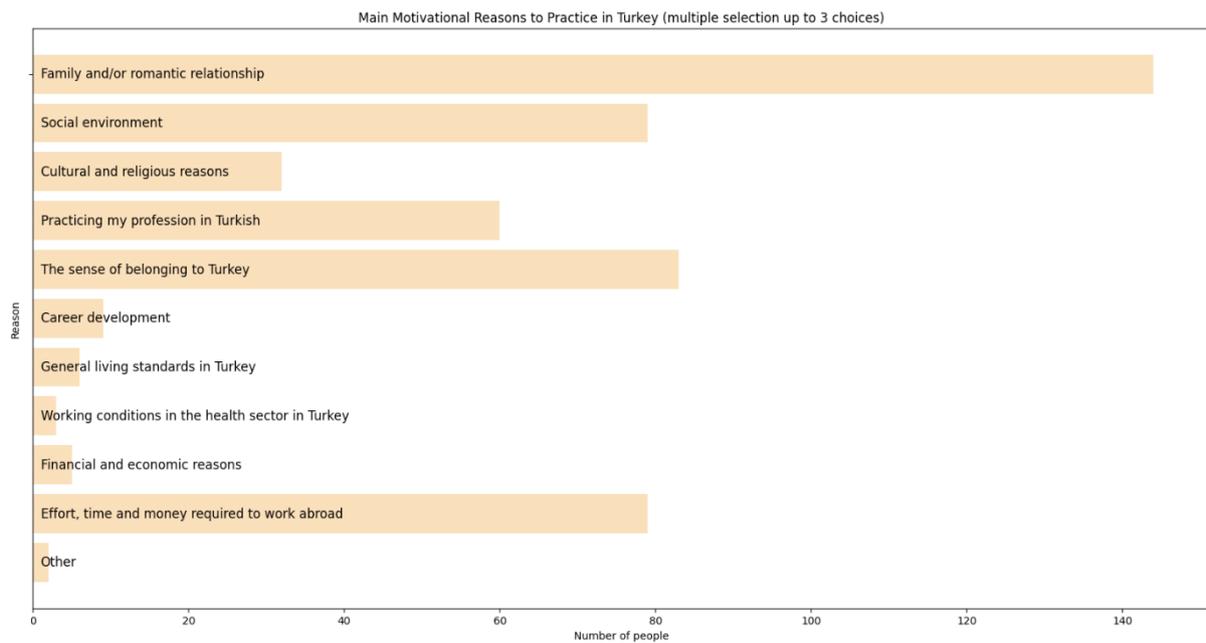
One of my interview questions to understand why participant choose this profession was “How did you decide on studying medicine?”. Besides family and education system encouragement, good salary, and prestige; the eagerness to help people healing was one of the answers that came up. Considering the health system, doctor-patient relations, political discourse, and working conditions, it is difficult to argue that they found what they expected. The common response was negative when I asked the follow-up question: “Did you find what you expected?” The expectations later turned out to be a disappointment for many interviewees. Firstly, it is hard to keep the same living standard with high inflation rates even the salary is relatively good compared to other professions in Turkey. Secondly, being a doctor was one of the prestigious professions in Turkey until recently for the reasons explained above. Lastly, reduced time for examination as well as the patients profile make some of them question whether practicing their job is still meaningful in terms of helping people. Briefly, the expectations they had when they decided to study medicine do not turn out to be off for many reasons. Having said that, the next part is related to the conditions in which they are practicing medical profession.

#### **e. Working Conditions**

As it is demonstrated in the figure 8, working conditions is the least frequently mentioned reason –except for “other”- among the motivations to practice in Turkey. This question is answered only by participants who selected one of the three choices in the beginning: not planning to go abroad, would go if they had the opportunity, and hesitant choice.

**Figure 8**

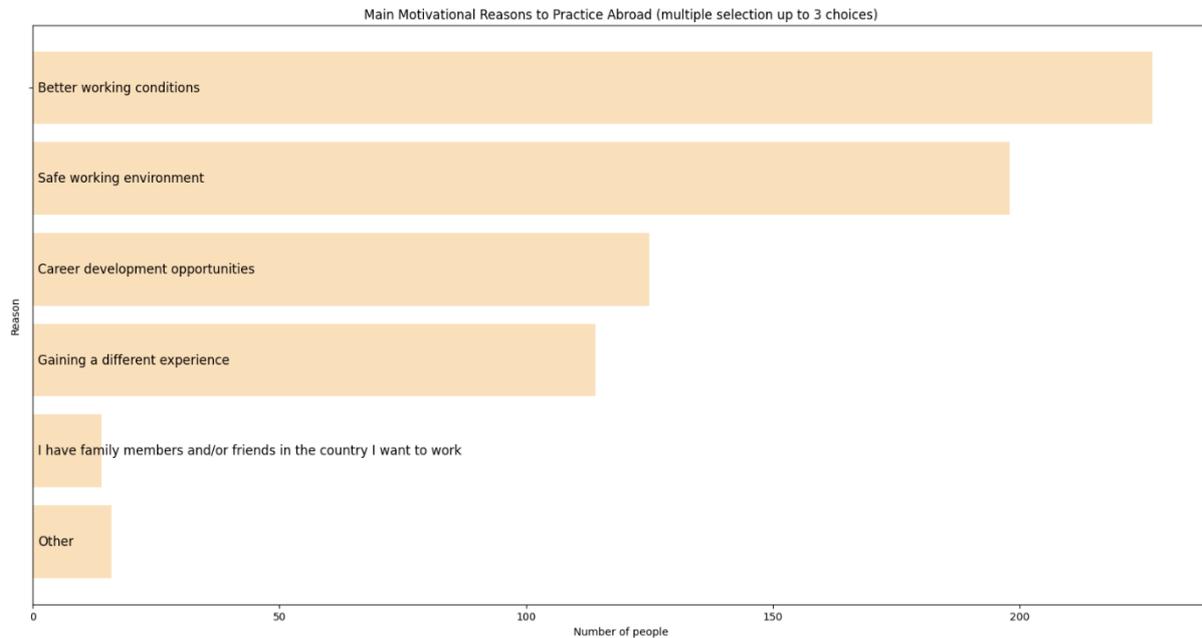
*Main Motivational Reasons to Practice in Turkey Chart*



*Note. The bar chart demonstrates the survey response to the question asking the 3 main motivational reasons to practice in Turkey.*

Furthermore, having better working conditions is the top choice among most important reasons encouraging to work abroad (see figure 9). This question has been answered by who would go if they had the opportunity, indecisive, who are planning to go abroad, and who are abroad.

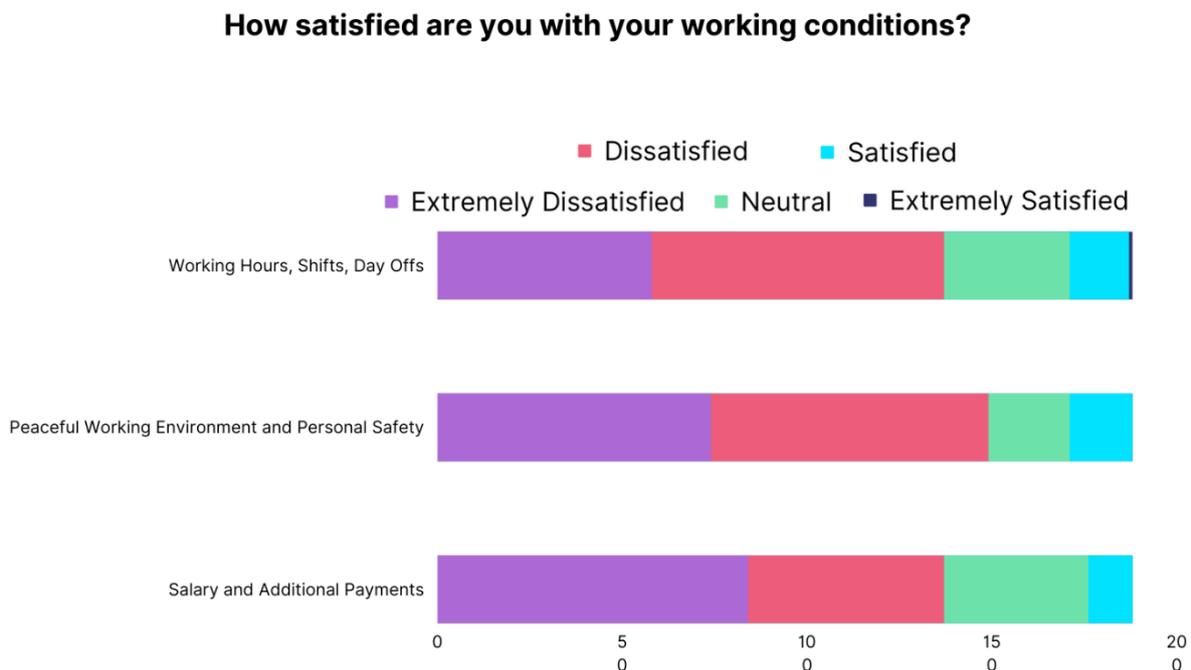
**Figure 9**  
*Main Motivational Reasons to Practice Abroad Chart*



*Note. The bar chart demonstrates the survey response to the question asking the 3 main motivational reasons to practice abroad.*

In brief, working conditions are reported to be extremely significant for many survey participants in their migration decisions. I want to emphasize that working conditions are multifaceted, thus refer to various factors. Moreover, three aspects of working conditions were rated by survey participants who are currently working in Turkey. As shown in figure 10, the level of satisfaction is considerably low.

**Figure 10**  
*Working Condition Satisfaction Chart*



*Note. The stacked bar charts demonstrate the survey response to the questions asking the participant’s level of satisfaction regarding working conditions.*

Additionally, the low level of satisfaction was also the dominant view among interviewees especially for the long working hours, 24-hour and 36-hour shifts, and restricted ability to take days off. In particular, the last year of medical school, referred to as the internship period are called “inhuman” or a “ceaseless effort” by some interviewees. S1 has stated:

We had 24-hour shifts 7 times in two weeks for anesthesia internship. Human physiology cannot stand this working schedule, so you either make a mistake somewhere or your body gives up even your mind could resist. Once I fell asleep while I was sitting on a chair and our anesthesia instructor woke me up by kicking me. After seeing those treatments, working at 112 seems comfortable for me.

Moreover, COVID-19 makes working conditions more difficult for many health workers as indicated by the expert and a couple of interviewees. To exemplify, E4, an assistant doctor, was one of the interviewees who worked in extreme conditions during the pandemic:

Pandemic certainly has an impact on my (migration) decision. I had to take care of almost 450 patients during COVID-19 in 36-hour shifts, which means more than 10 patients in an hour, so I could not even find time to eat. Imagine this with a white protection gown and a face shield in a room in which the temperature is over 30 degrees as it was risky to use air conditioning. After living through such experiences, you know...

There is no doubt that COVID-19 was challenging for many. The pandemic was mentioned as one of the factors that make the conditions severe, but it was mostly referred to as a temporary challenge among many difficulties.

Although medical doctors are paid well compared to the other professions in Turkey, salary is among one of the discouraging factors because of many reasons. One is the wage increase applies to net salary and do not apply to the performance system. Thus, salary increase does not overtake hyperinflation in Turkey. Furthermore, there were a few complaints about not getting full payment for the additional hours of work and *icap*<sup>22</sup> hours. For instance, E1, who is on the preparation phase to practice in Germany, mentions few problems regarding this, such as assigning shifts more than the maximum limit and unpaid overtimes.

Salary is brought up with a different perspective by E1 who works both as a clinician in a private hospital and an academician like many other academicians in medical faculty<sup>23</sup>. He was

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<sup>22</sup> being ready to be called for duty

<sup>23</sup> Most of the academicians in Turkey in the field of medicine also work as clinicians, so in many cases, it goes hand in hand, making the working hours more intense.

currently at the stage of considering work offers abroad at the time of the interview. He mentioned the effect of low salary on career development opportunities<sup>24</sup> when he talks about the difficulties faced when he needs to go to a conference to present his work:

We earn money at a level that we cannot even keep up with in the scientific international arena, it is difficult to afford to go abroad for education or conferences. We cannot even buy a simple house or a car. I do not want to come back to Turkey under these circumstances. In fact, to be able to pursue my dreams I should not come back because apparently, they cannot be achieved under these conditions.

In addition to working hours and salary, other dimensions exist. Although the survey question did not focus on each factor, interviews complement this study by specifying different aspects in detail, including compulsory service in randomly assigned cities and relations with co-workers. One of the dimensions is the physical conditions and equipment even in well-known, leading university hospitals. Interviewees reflect upon the lack of essential materials in hospitals besides lack of equipment for occupational safety and health. Three interviewees working in Germany mention basic safety and health materials provided by the workplaces when they were asked to compare working conditions in Turkey and Germany. G2 states:

I went to Germany for a summer internship, and I was impressed. Later, I went back to Turkey as an intern, I could not even find disinfectant when I had to take blood. Then, I thought why I would suffer in these conditions for my whole life.

Relations with co-workers were among the topics brought up in the conversation with advantages and disadvantages. While the solidarity among health workers was praised, young interviewees, in the beginning stages of their careers, reflect upon mobbing by senior

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<sup>24</sup> which is included on the concept map, however, this study will not refer to this topic in detail as it was not prominently reported as one of the most important factors.

colleagues. It was interpreted as additional pressure and disrespect besides the patients' attitude. Disappointments arise from the expectation from the co-workers who can relate what an intern or a new medical doctor have experienced in contrary to someone from outside the healthcare sector. The hierarchical order is one of the demotivational factors especially for interns and new graduates as G4 stated:

I remember that there were chairs and one stool in the room. When someone senior enters the room, I must get up as an intern and sit on the stool because they had to sit in the better chair. If you are a rookie in Turkey, you are toast! You get most of the shifts, you get the worst of the insults.

G4 explains how hierarchy works among co-workers in the hospital. A few interviewees and survey participants state, mobbing is one of the aspects which make working environments more challenging.

To sum up, interview findings are compatible with many of the survey responses. Yet, they provide detailed information to complement unclear parts of survey results. Patients' attitude towards medical doctors, political discourse and intense working conditions are the most important headings to making practice their profession difficult. To comprehend the results, I would suggest considering the combination of these factors, rather than evaluating each theme individually. Therefore, it is necessary to explain how different themes are linked and how the combination of these factors generate a new theme: Depreciation and Degradation of Dignity

## 5.2.2 Connecting the Dots

### a. Depreciation and Degradation of Dignity

During the conversations with the interviewees, the four themes explained above were associated with several terms. To exemplify, “the feeling of being worthless”, “getting less than deserved”, “spending years of time and effort for very little”, “not being respected”, “degradation of dignity”, and “losing reputation” were a few among many. The term “depreciation” corresponds to all these terms in this section. Interviewees mentioned depreciation as a response to different questions. This shows that the sense is common among many of them, even if they experience this feeling differently. For instance, G5 refers to<sup>25</sup> being respected and treated as a human being in connection with working conditions, patients' profile as well as violence by patients and relatives:

When I was coming to Germany, my expectations were working in humane conditions, namely, being treated like a human being, not being shouted at or sworn at. My expectation was to practice medicine without the constant fear of whether this person would beat or kill me.

All interviewees from the third sample group made similar comments on getting respect from the patients, mostly when they were asked to compare the work life in Turkey and in Germany. Furthermore, S4 brings up this issue in relation to mobbing by senior colleagues. In addition to already-existing “hatred” and “distrust” of medical doctors in society, mistreatment by co-workers makes her question: “Did I study for this? Is this what I worked so hard for?” More

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<sup>25</sup> The question was the following: what were your expectations when moving to Germany and could you meet them?

interestingly, S3, a student who never had a working experience still touched on this as an interpretation from her daily life observance:

... As if the person in front of them is not a human being, as if there is no margin of error in any way. ... If you do well, you are the best, but if you make the slightest mistake, then you are nothing. I feel like no one notices your previous works, the time and effort you put into until you sit in that chair. Besides, I also meant what you get financially because the effort and money you earn are incomparable.

Yet, being appreciated is multidimensional, both in material and immaterial ways. It is expected from different actors, including patients, co-workers, politicians, as well as hospital administration. E4 narrates being unprotected, namely, the lack of security in the hospitals and inadequate precautions for violence against doctors, as a reproach to the administration. E4 is an assistant doctor who is currently learning German and planning to go when he completes his assistantship. He describes hospitals and employees as the “orphan children of the state<sup>26</sup>” whose vital problems are ignored. Then, he emphasizes the significance of depreciation: “The most important thing is to feel worthless here; it is not only in economic terms. Even if my salary doubles or triples, I will still not give up my idea of going abroad.”

To conclude, these findings show that depreciation is a crucial reason to work abroad where they can be treated in the way they expect. However, I would like to highlight that depreciation refers to many aspects and expectations from various actors. Furthermore, depreciation did not occur in one day; hence, bringing the respect back would also require time and effort. A few

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<sup>26</sup> “I have to go through detailed security checks in shopping malls, but everyone can enter into a hospital with a sharp object, hospitals are not safe places anymore. Why is the importance given to shopping malls not given to hospitals? Hospitals do not deserve to be treated as orphan children of the state, or we as employees do not deserve this.”

interviewees discuss sources of deprecation by including media representation and education; therefore, it is also a long-term issue associated with many other components.

### **b. Absence of Hope**

In this section, I aim to present the overall findings in a broader perspective by taking a step back in the concept map. The additional results presented in this chapter are also intended to help the readers to better comprehend the concept map, namely, migration reasons. Considering all themes mentioned, it can be summarized as follows: the expectations and requirements are as simple as personal safety and decent working conditions; however, problems and migration motivations are extremely complex. The biggest challenge of many interrelated themes is that it is not easy to solve all these problems. Yet, many of them are amplified by various macro level factors. Survey and interview findings suggest that medical doctors expect these reasons to exist in the long run. In relation to this, the duration of migration is expected to be long-term for many of them.

Each problem on the concept map is a part of the bigger picture encouraging medical doctors to leave Turkey and practice their profession abroad. The most outstanding finding of this research is the absence of hope for a change in the overburdened health system and general conditions in Turkey in the short term. In other words, motivations for migration are not purely because problems exist, but also because problems are not perceived as likely to be solved in the short term. Even though recent policy changes are presented, they are interpreted as either ineffective or temporary in the interviews – if it is among one of the topics discussed – including the expert interview. S2 answers the question “What would make you stay in Turkey?” by referring to hope as many other interviewees did.

The system is bad, but people have little hope that it will change. If there were hope, they would stay. I think so. If I had hope, I would have stayed too. I wish I could have

said that it will be like this for one year or two years, but then it will be better. ... The reason why people migrate is hopelessness. It is getting worse; I mean, if it stays constant, maybe people will get used to it, but it is getting worse and worse. There have been some changes, incentives, and so on, but they are temporary solutions, so the real problems are not solved.

Absence of hope also manifests itself with fear of having it, in other words, disappointment, especially among younger participants. For instance, S3 is the only interviewee who is still currently studying. She has been learning German to pursue her career abroad: “It seems like everything in Turkey is so corrupt that no matter what you dream of you are sure to be disappointed somehow.”

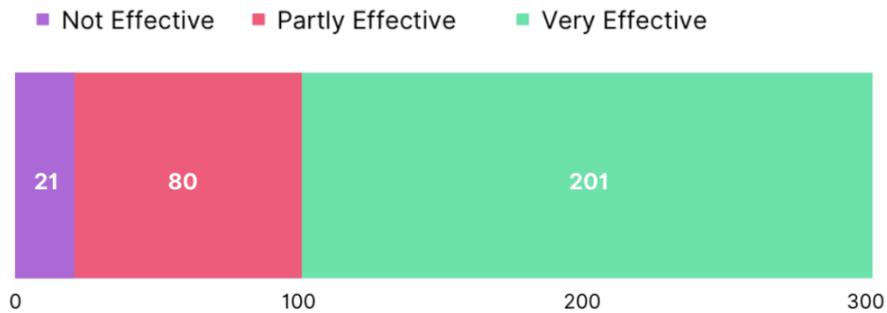
Examples of how the absence of hope is perceived by the migrants or prospective migrants in this study can be further increased. For instance, a few interviewees mention “desperation” as there is nothing left to do to change this anymore when they refer to the ways they consulted before. A few interviewees also describe going abroad as the “only solution” left to them as all else is out. For instance, E4 states:

There is no way out; they do not leave any space to do my job properly. The more we speak out, the more we try to be disciplined in different ways, we are caught up in the middle. We are aware of the poor quality of our service, but we cannot do anything to change it. We set out hopes on some things, but we see that they will not come true; we will see what will happen in the election.

As this quote signifies, the survey and interviews were conducted before the 2023 presidential and parliamentary elections. It was not part of the interview guide, but it was partly included in the survey questionnaire to understand the importance of it. Figure 10 demonstrates the responses given to the related question.

**Figure 11**  
*Effect of Political Conditions Chart*

**How effective is political conditions in Turkey on your decision?**

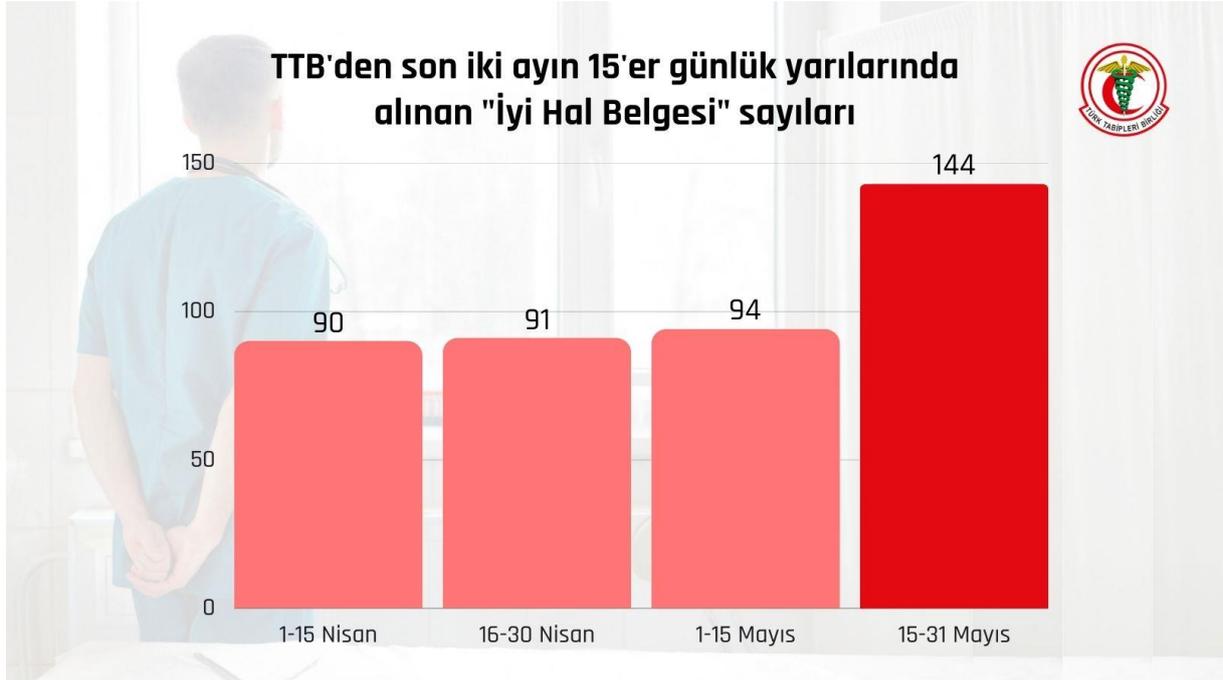


*Note. The stacked bar charts demonstrate the survey response to the question asking the effect of the political conditions in Turkey on their decision.*

In the expert interview, the co-chair of TMA states that the number of requests for Good Standing Certificates is 811 in the first four months of 2023. He adds that it is expected to be at least three times more, probably around 2500-3000. As shown in Figure 12, the number of requests increased two weeks after the parliamentary and the first round of presidential elections (Türk Tabipleri Birliği, 2023c). These recently shared statistics also confirm how participants responded to the question above.

**Figure 12**

*Latest Number of Good Standing Documents Taken from TMA*



*Note. By Türk Tabipleri Birliği. The bar chart presents the last 2 month's (April and May) data for the number of taken Good Standing Documents separated in 2 weeks periods.*

Moreover, concerns for the future are also brought up with the uncertainty of today. E2, an experienced doctor in his last stages of preparation for Germany, states that he would go to the US if the motivation would be earning money. Instead, he emphasizes that he needs to consider raising a child, and his main reason is going to a place with no future anxiety related to the general conditions and workwise.

Survey results regarding long-term plans show that only a few participants plan to return after gaining experience. 47 out of 91 participants who plan to move abroad plan to stay for the long term. Whereas 26 are indecisive, only 18 participants out of 91 plan to return to Turkey after gaining experience. Thus, the main tendency is not towards circular migration, but rather staying for good as the problems exist.

Most participants abroad are either hesitant or decide to stay abroad in the long term. Out of 33 survey participants living abroad, only 6 participants state that they are indecisive, whereas the remaining 27 indicate their willingness to stay abroad for the long term. In other words, none of the participants abroad states that they plan to return. This survey result is also compatible with the interviewees residing in Germany. According to interviewees living there for years, they had a similar sense of hopelessness regarding a change, even back then, in terms of politics and the health system when they decided to leave. G2 argues that it has been obvious since 2014 that there will not be a positive change. A similar comment was brought up by G3 when I asked her about the decision to leave: “The fact that nothing has changed in the election results after Gezi<sup>27</sup> made me completely desperate.”

Comparing and contrasting the conversations with different interviewee groups and their ages, I realized a pattern suggesting that hopes started to get lost around a decade ago. In the next section, I highlight three other research findings which are not included in the concept map but are crucial to comprehend the big picture.

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<sup>27</sup> Gezi Park Protests are a set of public demonstrations and civil protests against the Turkish Government, beginning on 28<sup>th</sup> of May, 2013 and continuing until 20<sup>th</sup> of August, 2013.

### 5.2.3 Outside the Map, Inside the Picture

Throughout the study, especially during the interviews, I came across many components, factors, and themes, such as mainstream media and social media's effect on migration decisions, a good level of satisfaction regarding medical education. Malpractice suits, exceptional medical cases due to undeveloped public health, and language barriers between health workers and refugees in the hospitals can also be listed in additional findings. Nevertheless, I emphasize only the three such factors, which I believe contribute to the main purpose of this thesis.

#### a. Gender

One of the most distinctive findings is the gender aspect. When the gender aspect has an amplifying impact, it is marked with orange stars on the concept map. In this way, the gender aspect is partially included in the map, however, the importance of the gender aspect on migration decisions is worth discussing. A few examples are given in this brief section to demonstrate how gender – more precisely being a woman could be only discussed in the limited scope of this study – is related to many other factors. The first one is the feeling of safety and personal security. As G5 states: “I do not feel safe in Turkey, neither as a woman nor as a doctor. Why should I stay in Turkey then?” This sentence, which summarizes her primary reasons for migration, was one of the most striking parts of the interview. She adds the following in the discussion:

If I had been born as an ordinary cis-hetero man, yes, there was still a possibility of violence ... but I would feel safe in my daily life; why would not I feel safe if I was a cis-hetero? ... If I were a man, then maybe I would have thought more about staying in Turkey instead of coming here.

Safety concerns also came up in other conversations related to the violence against doctors, as well as general safety concerns in Turkey. For example, G2 responds to the question “What would make you stay in Turkey?” in the following way:

Fundamental human rights and knowing that my rights will be protected. If I knew that nothing would happen to me as a woman there because this plays a big role for me; if I knew that I would not be second class as a woman ...

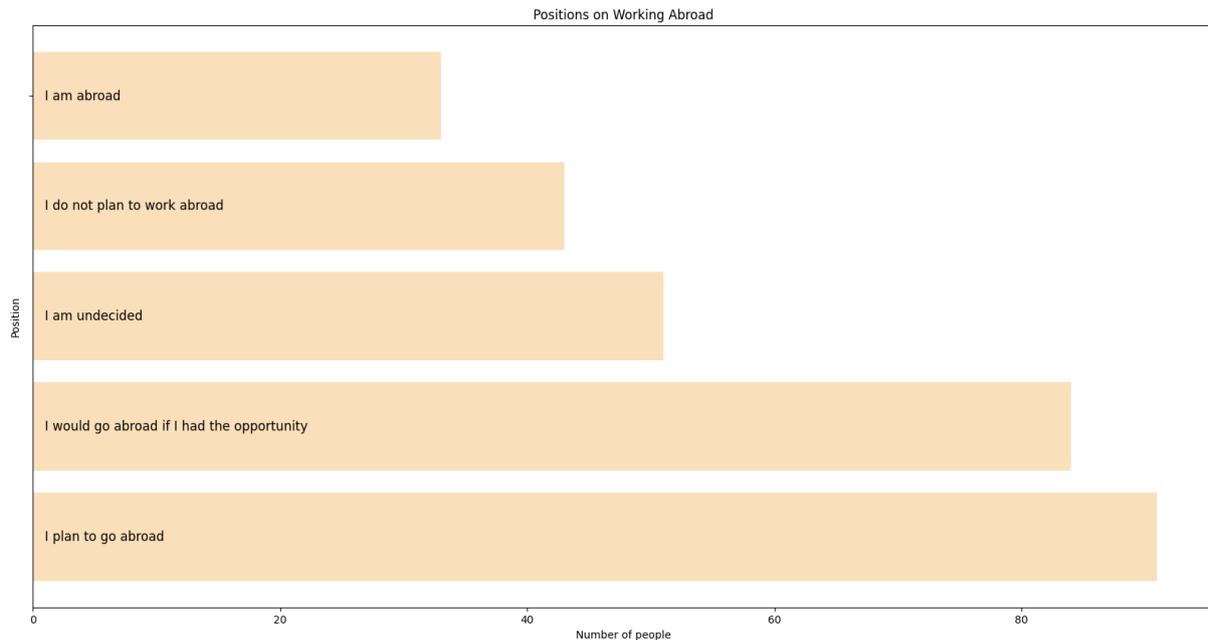
In addition to these, gender-biased attributions exist related to certain specializations and roles. For instance, a woman wearing scrubs is associated with being a nurse, while a man wearing scrubs is associated with being a medical doctor as explained by S4. She also adds that it was disturbing at the beginning, but it happens often so you got used to it over time. This distinction also is one of the factors affecting women in terms of “depreciation”. Briefly, gender is a significant factor that makes the effect of other themes more severe and apparent.

### **b. Reasons to Stay**

Staying also has a crucial role in understanding migration because staying does not only mean not leaving. As seen in the previous section (see Figure 8), the top two motivations to practice in Turkey are: family and/or romantic relationship (144 responses) and the sense of belonging to Turkey (83 responses). The social environment is listed third along with effort, time, and money required to work abroad as 79 respondents select both options. The choices of those not planning to move abroad provide some insights for understanding the reasons to stay. In that sense, interviews also help complement the unspecified reasons and the gaps in the explanations in the survey results. Yet, only two interviewees explicitly indicate that they are more likely to stay in Turkey unless certain difficulties got more severe for them, such as violence.

**Figure 13**

*Position on Working Abroad Chart*



*Note. The horizontal bar chart demonstrates the positions of participants with respect to working abroad. This question is asked at the very start of the survey and is used to present each type of survey participant with appropriate questions.*

Moreover, one of the first questions in the survey design is shown in Figure 13. The second most frequently selected choice is added in case migration motivations exist but opportunities are limited. The reverse way is also possible, as S1 exemplified. When I asked whether he had ever thought about moving abroad, he says that he had thought about it. Yet his father, also a medical doctor, encourages him to leave if he finds an opportunity. However, he explains:

I would be lying if I said I didn't think about it. Even my father tells me and my brother to go if we can. But frankly, I don't want to leave this place to them by going because of these difficulties. It's partly related to my political stance. Someone has to stay and fight. I respect those who leave, and I am happy for those who stay.

After discussing this for a while, he continues with the following words:

If I did not have anything left from my family here and had to do something from scratch, I would go without a second thought. I am considering staying because of political reasons. I do not want to give up the achievements our family has made with great efforts and sell them to a certain political group. I think of staying here and fighting as long as I can.

This example shows that staying might be an active choice too, despite the difficulties. Also, family plays a key role both in migration and staying reasons. S4 states that she has one and only reason to stay, that is her family. Nevertheless, she also explains how to stay despite the challenges and concerns. Like many others who avoid choosing risky specialization for personal security concerns as well as work conditions, S4 states that she changed her mind from being a cardiologist to a less problematic specialization. She has been studying for the relevant medical exam accordingly. She describes how she changed her mind after an exhaustive emergency service experience, and she adds that: “I also realized that what we do has no value in people’s eyes.” Briefly, choosing a low-risk specialization and changing fields are among the ways to continue practicing in Turkey with less risk and relatively better conditions. In short, the reasons to stay vary from social belonging to political reasons. Moreover, staying might require medical doctors to find ways to fight and endure the challenges or adapt accordingly.

### **c. The Last Stop: Germany**

In this part, I discuss some of the motivations and incentives participants stated regarding choosing Germany as the destination country. I also briefly mention some of the advantages and disadvantages of Germany. Most of the information is based on the interviewees residing in Germany, but survey results and interviewees who are prospective migrants to Germany also contribute to these insights.

E3 is an assistant doctor whose specialization is infectious diseases. She shares her tentative plans to go abroad, mostly to places related to her specialization; then she says that her migration would not be a “classical migration” considering the destination. When I ask a follow-up question to elaborate on this phrase, she defines classical migration as “a recent trend of intensely studying German and spending a lifetime on getting equivalence due to the belief that Germany accepts everyone easily”. As Germany becomes a “classical” destination for many, attractive factors include decent work conditions and living standards, economic stability, developed technology and quality equipment, and travel opportunities with a Schengen visa.

In addition to these, several incentives play a key role in the decision, especially getting information through acquaintances, social media, and agencies that guide the migration process in exchange for money. Particularly, young interviewees mention advertisements, notifications, and information meetings organized by commercial agencies. A few interviewees mention that they have friends who moved to Germany before, who guided and helped them to find their route. Even if they do not have any acquaintances, knowing that other people went there and share experiences online shows that this way is available, as G3 states. Lived experience in Germany for a short term has an influential impact on interviewees who had a chance to have exchange programs, summer internships, and language courses abroad. Although some of them are processual rather than causal, it might be argued that an easier process makes the decision more attractive. A few interviewees mentioned that the process is easier compared to the UK and the US; however, language is one of the barriers for Germany. Yet, long and difficult medical exams with application fees are among many reasons for not choosing the US and the UK, despite English is commonly known than German. Furthermore, Germany provides two benefits in relation to Turkey. The first one is the short distance to visit Turkey, and the second one is the high population from Turkey living in Germany, whom they can address

professionally and relate to socially. Lastly, interview participants mentioned several difficulties and disadvantages in Germany, to name a few, such as detailed documentation requirements, less social environment, longer time to have a specialization compared to Turkey, and language barrier, especially in the first years.

The advantages and disadvantages are briefly discussed in order to better comprehend the relationship between expectations and the country of destination. To sum up, the primary focus of the chapter is mostly drawing attention to factors that outweigh the burden of leaving compared to staying. Yet, it is important to mention the difficulties of practicing in another country, such as learning a new language, getting an equivalence certificate and possible downgrading of qualification. In the next chapter, I discuss the meaning of these findings in the theoretical framework and in real life, then I present the concluding remarks.

## 6. DISCUSSION & CONCLUSION

As the main findings of the research illustrate, migration is shaped by several factors and reasons at different levels. The general conditions in Turkey, which are not favorable, only provide an incomplete picture to explain the primary reasons for the increasing number of “exits.” There are significant motivations that the profession-based approach made possible to discover. If I had focused on the migration from Turkey to Germany through ethnic lenses, I would probably not be able to come up with such overlooked reasons and unconventional motivations. Shortly, the profession-based approach allows me to elaborate on a different and overlooked set of migration reasons.

To summarize the key findings, the overburdened health system results in serious obstacles to practicing the medical profession, including extreme work conditions and problematic doctor-patient relations. Work conditions are one of the biggest motivations for medical doctors to proceed to the “exit.” Doctor-patient relations, especially verbal and physical aggression towards medical doctors, seem highly significant in migration decisions. Doctor-patient relations and political discourse blame medical doctors for the shortcomings of the health system, which creates extra pressure on them. These factors and patients’ negative attitudes contribute to the depreciation and degradation of dignity, which is a key and unique reason for their migration decision. Furthermore, these factors relate to each other as well as Turkey-based general conditions. Moreover, the gender aspect manifests itself as a significant amplifier for other factors. In sum, the primary motivation is not only that problems exist; rather, these problems are rooted and require long-term fixing. Hence, the main reason is the absence of hope for a change in either health policy-related factors or in general conditions in the short term. Yet, increasing migration adversely affect the overburdened health system. In other words, the root causes become even more severe as a result of continuous emigration.

Regarding limitations, this research has been conducted in an intense period between the devastating earthquake and the recent election, thus, the emotions and feelings were mixed for many participants as well as me. One aspect that I would have done differently if I had more time is to look out for more diverse participants and extend this research.

For future research, I have a few suggestions. The first one is to bring “loyalty” into play instead of only mentioning “exit” and “voice” because the discussion is otherwise partial. Secondly, the gender aspect, which I could only briefly mention, is open for further research and is deeply needed in migration scholarship on medical doctors. Another suggestion for further study is to focus on the UK, which was reported as the highest preferred destination country in the survey results. Lastly, comparisons with other health workers, such as nurses, might be interesting, especially since the information and statistics on this topic are highly limited, at least in the context of Turkey.

Considering all the reasons from the discourse analysis, survey, and interviewees, one of my contributions to the literature is challenging the distinction between forced and voluntary migration. Profession-based migration is often uncritically associated with better working conditions as skilled migrants are often considered passive agents of policies as well as voluntary actors. By placing medical doctors at the core of this research, I draw attention to the questioning of voluntariness when personal safety is a matter of concern. As opposed to attracting health workers in many countries, this case shows that they can also be driven out by unsupportive government, the policies as well as the negative attitudes of patients.

Another contribution of this study is emphasizing that “exit” and “voice” are not mutually exclusive concepts, especially when the exit is not as easy as switching brands but rather moving into another country. Exit can increase when the voices are not heard, disregarded, or oppressed, as “exit may itself be a form of voice” (Brubaker 2023, p. 1). In fact, my eagerness

to listen to voices has been inspired by those who exit. Many survey participants selected the option “I would leave if I had the opportunity”. It shows that migration motivations exist even when the opportunities do not. On the contrary, even if opportunities exist, staying might be an active choice to exercise voice, exemplified by S1’s stance. Hence, I reiterate that conditions, motivations, and abilities for cross-border movement need to be carefully considered when studying migration reasons.

## APPENDICES

### A. Consent Form (in Turkish and in English)

#### Katılımcı Onay Formu

Orta Avrupa Üniversitesi'nde yer alan Profesör Rainer Bauböck ve Asistan Profesör Luca Varadi danışmanlığında Müge Uğuz'un yürüttüğü araştırma projesi kapsamında bir sohbete, kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum. Çalışma ile ilgili açıklamalar sözlü olarak araştırmacılar tarafından yapıldı. Görüşmenin ses kayıt cihazı ile kaydedilmesine ve araştırmalarda kimliğimin gizli tutulmasına onay veriyorum.

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Tarih	İmza
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#### Participant Consent Form

I hereby consent to participate in a conversation within the scope of a research project conducted by Müge Uğuz under the supervision of Professor Rainer Bauböck and Assistant Professor Luca Varadi at Central European University. I agree to participate voluntarily, without any pressure or coercion. I confirm that briefing of the research project has been given by the researcher. I consent to the conversation being recorded with a voice recorder device and understand that my identity will be anonymized in research.

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Date	Signature
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## **B. Briefing e-mail for interviewees (in Turkish and in English)**

Merhaba,

Türkiye'de tıp eğitimi almış doktorların deneyimleri ve fikirleri ile ilgili yaptığım araştırma projesine katkı sağlamayı kabul ettiğiniz için çok teşekkür ederim.

Görüşmemiz yaklaşık bir saat civarında sürecektir ve sadece katılımcı (...) ve araştırmacı (Müge Uğuz) arasında bir konuşma şeklinde gerçekleşecektir. Araştırmacının yazılı bir şekilde üzerinde çalışabilmesi ve eksiksiz bir şekilde not alabilmesi için konuşmalar (görüntüsüz bir şekilde) katılımcının izni ve bilgisi dahilinde ses kayıt cihazı ile kayıt altına alınacaktır. Katılımcının talep ettiği noktalarda ses kayıt cihazı durdurulabilir ve katılımcı istemediği soruları atlayabilir. Katılımcının tam ismi gizli tutulup araştırma grubu dışındaki hiçbir kişi ile paylaşılmayacaktır. Farklı katılımcılarla da görüşmelerin ayarlandığını bildirir tüm görüşmelerin toplu bir şekilde analiz edileceğini hatırlatmak isterim.

Bu görüşme, Orta Avrupa Üniversitesi (Central European University)'nde göç ile ilgili araştırmalar yapan bir yüksek lisans öğrencisi olarak yazdığım tez için önemli katkılar sağlayacaktır. Herhangi bir soru için benimle bu mail adresinden iletişime geçebilirsiniz.

Maile eklediğim katılımcı onay formunu görüşmeden önce imzalayıp bana iletebilerseniz çok sevinirim. Araştırmacı ile ilgili herhangi bir sorun yaşamanız durumunda danışmanım Luca Varadi'nin iletişim bilgilerini aşağıda bulabilirsiniz.

VaradiL@ceu.edu

Vakit ayırdığınız için tekrar çok teşekkürler. Yarın ... saatte görüşmek üzere

Aşağıda zoom linkini bulabilirsiniz.

Hello,

Thank you very much for agreeing to contribute to my research project on the experiences and opinions of doctors who have studied medicine in Turkey.

The interview will last approximately one hour and will be a conversation between the participant (...) and the researcher (Müge Uğuz). For the researcher to be able to work on it in a written form and take complete notes, the conversations (without video) will be recorded with a voice recorder with the permission and knowledge of the participant. The voice recorder can be stopped at the points requested by the participant and the participant can skip the questions they do not want to respond. The full name of the participant will be kept confidential and will not be shared with anyone outside the research group. I would like to remind you that interviews with other participants are being arranged and all interviews will be analyzed collectively.

This interview will be an important contribution to my dissertation as a master's student at Central European University researching migration. For any questions, you can contact me at this email address.

I would be grateful if you could sign and return the participant consent form attached to the email before the interview. In case you have any problems with the researcher, you can find the contact information of my advisor Luca Varadi below.

VaradiL@ceu.edu

Thank you very much again for your time. See you tomorrow at ... time

You can find the zoom link below.

Müge Uğuz is inviting you to a scheduled Zoom meeting.

### **C. Survey Distribution message (in Turkish and in English)**

Merhabalar, sizlerle 3 dakikalık kısa bir anket paylaşıyorum. Bu anket, Central European University bünyesinde yüksek lisans seviyesinde yürütülen, doktorların deneyimleri ve hekim göçü ile ilgili bir araştırmaya katkı sağlayacaktır.

Doldurursanız ve paylaşırsanız seviniriz. Şimdiden teşekkürler!

[https://qualtrics.ceu.edu/jfe/form/SV\\_02NsR9fGM5B95Ai](https://qualtrics.ceu.edu/jfe/form/SV_02NsR9fGM5B95Ai)

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Hello, I am sharing a 3-minute questionnaire that will contribute to a research on doctors' experiences and migration, which is being conducted at the Master's level at Central European University. I would be grateful if you could fill it out and share it. Thank you in advance!

[https://qualtrics.ceu.edu/jfe/form/SV\\_02NsR9fGM5B95Ai](https://qualtrics.ceu.edu/jfe/form/SV_02NsR9fGM5B95Ai)

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