

## **The Case of Moldovan Female Migrants Providing Home-Based Assistance to Informal Caregivers in Turkey: The Impetus for Aged Care Reform**

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### **Abstract**

*The case of Moldovan female migrants is examined in the context of their engagement as care attendants for Turkish families with care dependent older people. In this case, the Moldovan female migrants represent an example of the globalized demand for in-home-care support for aged care recipients. Drawing on 300 interviews of female migrant care workers from Moldova this opportunistic study sought to gain base level insights relating specifically to aged care workers operating in Turkey. The aging of the Turkish population and the gradual shrinking of the traditional caregiver labor pool has seen an increasing reliance on migrant care workers. The preceding trends signal an impending crisis for future aged care services within the public and private sectors. The authors call for a heightened sense of political consciousness in Turkey for the development of strategic planning and flexible policy options for the building of a sustainable long-term aged care workforce.*

**Keywords:** Circular migration, evidenced-based policy, feminization, human capital, transnational caregiving programs

*Oh, Janus share your foresight and your hindsight with me. How did I get here ? And where am I going?*  
(Bridges, 1951, p.2).

### **Introduction: Overview**

Reference to the mythical Roman God Janus is relevant in the sense that the Turkish Republic in light of the demographic transition to an ageing society will need to initiate a workforce planning strategy for reviewing and developing policies and programs regarding both informal and formal aged care systems. Tatar et al. (2011) report that “ According to TURKSTAT 6.8% of the total population was aged 65 or over in 2008” (p.141). Turkey’s statistical authority, TÜİK, has projected that by 2023 the population of Turkey will be close to 84 million with approximately 8.6 million people being 65 years and over representing 10.2 per cent of the total population. Kirdi et al. (2007) reported that based on projections from the Turkish Statistical Institute that “ the elderly population counted as 3.9 million in the 2000 Census is forecasted to represent 19 per cent of the overall population in 2050” (p.7). Evidence is now available that clearly demonstrates that the aging of world societies has seen an increasing demand for the care of older people. Kluzer, Redecker and Centeno (2010) highlight the increasing tendency for families to informally employ migrant care workers to assist with aged care in their homes, so as to delay the transfer of aged care recipients into institutional care. In particular, foreign-born workers are now seen as an important part of the supply chain in helping to meet the global demand for aged care (Badkar, Callister & Didham, 2009; Di Santo & Ceruzzi, 2010; Martin et al; 2009; Redfoot & Houser, 2005; Rodriques, Huber, & Lamura, 2012).

By way of illustration Redfoot and Houser (2005) report that “tens of thousands of nurses, aides, and domestic caregivers leave their homelands each year to work in more developed countries. The overwhelming majority of these workers are women, and many end up providing long-term care services to the aging populations in developed countries” (p.ix).

The preceding trend towards the ‘*feminization*’ of migration is also endorsed by such researchers as Van Hooren (2011) who introduced the concept of the ‘*migrant in the family model of employment*’ and Di Santo and Ceruzzi (2010) in their case study of Italy in which they describe how informal family caregivers are hiring female migrants as care workers. Work by Kofman (2004) on the diverse forms of female migration adds further validation to the expanding nature of female engagement in aged care work.

There still exists in Turkey a strong attachment to familialism which is a traditional cultural value that emphasizes close family relationships that includes entrenched gendered dimensions of care for older family members (Yumakli, 2011). However, as Turkey progresses towards rapid modernization the strong commitment to informal family caregiving is showing a slow but progressive decline due to the use of support services provided by migrant women as ‘nursing’ attendants. The preceding practice is perhaps in part, the result of what Krzyzowski (2011) suggests to be the ever present potential for “multiple tensions between social expectations and individual practices within the sphere of caregiving” (p. 56). Redfoot and Houser (2005) provide a clue that may help to explain the decreasing willingness of native-born Turkish women to assist with full-time informal caregiving of older people when they suggest that “One solution for women caught in the conflict between increased caregiving responsibilities and careers is to hire low-skilled and undocumented international workers for support” (p.14).

According to Koehn (2004) the increasing phenomenon of transnational caregiving programs needs to be understood as operating across what he terms a ‘*social-cultural divide*’ that ultimately creates a myriad of complex research and policy challenges for both donor and host countries. Presently, there is little public awareness of the nature and extent to which migrant care workers are operating throughout Turkey (Kaska, 2006). Stilwell et al. (2004) report that for most host countries “it is more difficult to collect information about emigrants than immigrants” (p.596). The present study represents an initial attempt to overcome a dearth of research in this area by attempting to gain some preliminary insights into the motivations and situation surrounding the labor force participation of Moldovan female migrants working as part of informal family caregiving in Turkey. As such, this study is deemed to have relevance, in so far, that it may help to build a case for improving the future care of the older population.

### ***Nursing Dependency in Turkey: Looking Ahead***

On the basis of current and future health projections it is expected that Turkey will experience a marked rise in the number of dependent older individuals requiring nursing care either at home or in a residential aged care facility (Kirdi et al; 2007).

At the present time nursing dependency is very widespread amongst the aged population in Turkey and is evidenced by the fact that more than 35% of individuals at age 60 and above have disabling health related conditions. When looking at health trends for those in advanced age approximately 53% of the men aged 80 and above, and 70% of women of the same age group are reported to be suffering from at least two chronic health related problems. Approximately 5% of individuals aged 60 and above are mentally disabled, while more than 3% of this group are also physically disabled (Tufan, 2007). The Turkish Alzheimer Association has reported that there are approximately 500,000 dementia patients in need of either informal or formal care. Half of this number is made up of Alzheimer patients (Tufan, 2007). Calculations drawn from international data show that the current number of nursing dependent older individuals in Turkey is in the realm of 600,000 people. The danger facing Turkey as a consequence of population aging is that while the demand for long-term care services will increase substantially the ability to meet this inevitable challenge may be seriously compromised by failure to comprehensively address the need for public policy and workforce planning (Friedland, 2004). Tatar et al. (2011) report that in the case of Turkey the number of nurses per 100,000 people (156 in 2010) is the lowest when compared to other Mediterranean countries like Greece, Italy and Spain. The increasing phenomenon of nursing dependency amongst older people in Turkey is inescapably a matter of national and regional concern requiring attention from a range of areas encompassing interdisciplinary and multidisciplinary research, evidenced-based policy, program development and strategic planning for workforce health service delivery systems (Junkers,

Moldenhauer & Reuter, 1996; Pousset, 2002). In light of the preceding challenges it seems opporune to offer the following insight provided by Redfoot and Houser (2005):

Policies and programs that address perceived needs at the national level and international levels cannot ignore the individual needs and aspirations of both those who need long-term care and those who would provide that care (p.xv).

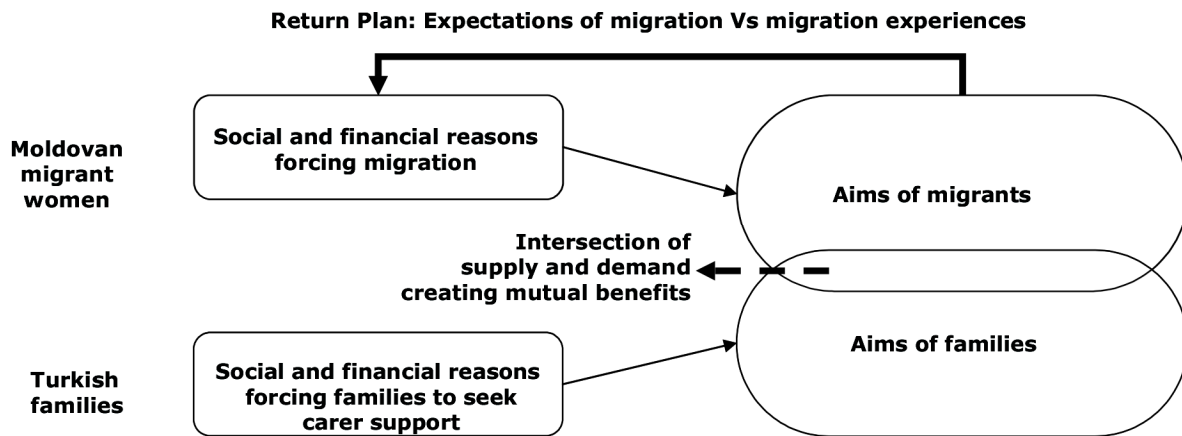
### ***Female Migration From Moldova: A Synopsis***

The Republic of Moldova previously part of the USSR, is a country geographically located between Romania to the west and Ukraine to the north, east and south. It is considered to be one of the poorest countries in Europe with high levels of unemployment. A range of organisations in Moldova have made it their business to study migration patterns with the general finding that the “leaving population can be characterized by persons aged up to 50 years from low income families” (Stratan et al; 2013, p.30). According to a report from CIVIS/IASCI (2010) aproximately 71% of migtants from Moldova are married with a strong motivational drive to send money to support their spouses and children. The emigration flows from Moldova including other developing countries is determined mainly by migrants aspiring to achieve a better life for themselves and their families (Stratan et al; 2013). Onica (2008) highlights that in order to deal with poverty many women in post-Soviet Moldova started to see “themselves compelled to take on the role of breadwinner, the searcher of options in order to survive” (p.22). In many cases this has led to single and married women becoming transnational migrants. Luecke et al. (2007) point out that “In the case of the Republic of Moldova it is well documented that remittances have helped reduce absolute poverty in Moldova as perceived by households themselves” (cited in Stratan et al; 2013, p.30). Female migrants from Moldova are known to be motivated by the work opportunities arising from the international demand for social care of the elderly and many engage in what has been referred to as ‘circular migration’.

According to Mosneaga (2012) “Circular character of migration suggests that the migrant has to return home from the country of temporary stay upon achievements of his/her purposes” (p.1). Bartolomeo et al. (2012) refer to circular migration as lacking a clear definition and suggest that “circular equals temporary when the subject leaves the country of origin for work more than one time” (p.2). Gorlich and Trebesch (2008) in reference to Moldova’s labour exodus speak of seasonal or short-term migration rather than circular migration and argue that it provides a mechanism for coping with poverty as well as reducing “the psychological and social costs of separation” (p.109). Morokvasic (2004) introduced the concept of ‘settled mobility’ to illustrate that for some migrants mobility becomes a strategy whereby they seek opportunities for work by operating in transnational space involving a lifestyle of being ‘here’ and ‘there’ a coming and going type of migration. According to a report by CIVIS/IASCI (2010) the profile of female migrants from Moldova shows that they are predominantly young (18- 44 years), married and more educated having either completed university education or completed high school. Kaska (2006) reports that Moldovan female migrants in Turkey are generally involved in domestic work which is generally for the care of older persons and organised through family and informal networks. While domestic work requires low skilled workers the trend in Turkey has been for middle and/or upper class families to employ well educated female migrants in a range of domestic duties (Akalin, 2007). The Ministry of Labour in Turkey while appearing to be intolerant of undocumented migrant labour is seemingly more accepting of migrant domestic workers particularly those with relevant nursing qualifications and experience (Akalin, 2007; Celik, 2007).

### ***The Research Model***

This research draws upon the case of Moldovan female migrants undertaking domestic work with Turkish families in order to actualize improvements in their overall economic and social conditions from what currently exists within the home country (Hillman, 2007). The situation whereby Turkish families are unable to fulfill their demand for nursing care attendants for older family members from local resources makes for a mutually agreeable contract between Turkish families in need of care support and migrant care workers. It is noteworthy that research by Tartar et al. (2011) in their report *Turkey: Health Systems Review* that “There are no support services or policies for informal caregivers in Turkey” (p.141).An examination of Figure 1 shows the theoretical model behind the focus of the research.



**Figure 1: Theoretical Model of the Research**

Marinucci (2007) argues that we can no longer assume that women “participate in migration only as a companion or, eventually for family reunion” (p.6). According to Marinucci “the changes to women’s role in many societies, their insertion in the labor market, their advancement on the emancipation process, and, above all, the increasing number of female migrants make more and more (questioning) arguable and outmoded the reduction of women as just passive agents on the migratory act” (p.6). Han (2007) speaks of the ‘erosion of social roles’ and offers the view that the involvement of women in migration has helped to alter traditional concepts of marriage, family life and gender roles in society. This investigation drawing upon the theory of Rational-Choice (Elster,1986) undertook to examine the extent to which Moldovan female migrants included a considered intention for a ‘return plan’.

### **Research Methodology**

The study conducted throughout 2005 utilised a questionnaire which was initially developed by an expert panel of five comprising the lead researcher, a medical officer, an experienced nurse in aged care, a psychologist with professional experience with migrants and a female bilingual from Moldova employed as a career teacher in a Turkish high school. The questionnaire was subsequently modified based on an extensive review of relevant academic and research literature including constructive feedback from several experts in the field of migration studies. The research questionnaire was then subjected to a pilot test in the city of Antalya with a subject group of 20 female migrants matching the background of the proposed study group. The pilot test provided additional opportunities for further modifications including provision for questions concerning the planned intentions by each migrant interviewee for returning back to their country of origin. Migrant responses were subsequently analyzed by way of submitting research data to a SPSS program.

It was initially planned to interview 1000 Moldovan migrant women. Various approaches were used for contacting the research participants and involved networking with associations founded by migrants from Moldova, doctors, senior practitioners working in the health and medical sectors, civil servants and relevant people already known by the lead researcher. An incentive payment of US \$300 for each individual participating in the study was used to foster interest in the research. All migrants participating in the study were also asked to assist in recruiting other migrant women from Moldova who might be willing to be interviewed. Despite the support from the preceding organisations and key personnel it was only possible to achieve a final total of 300 successful interviews which fell short of the initial sampling target. Research interviews with 300 female Moldovan care attendants were held in seven major Turkish cities comprising İstanbul, İzmir, Antalya, Ankara, Trabzon, Van and Gaziantep. The preceding cities were selected on the basis of the lead researcher having a close professional relationship with key health services personnel associated with NGOs in each respective city resulting from their involvement in the initial 2005 compilation and subsequent ongoing research associated with the *First Turkey Atlas of Gerontology*. Table 1 shows the spread of migrant participants across the seven selected Turkish cities.

**Table 1: Study Sample by Numbers Located in Seven Major Turkish Cities**

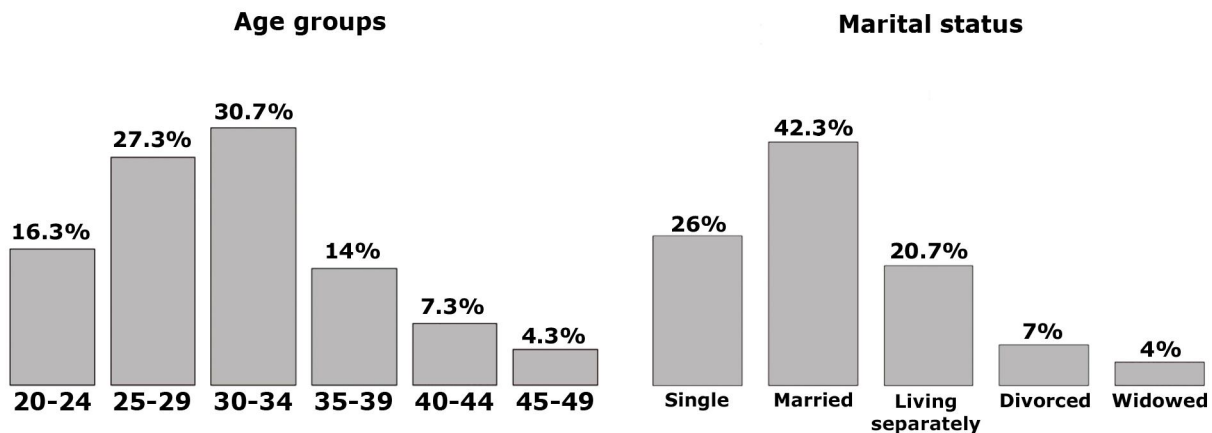
| <i>City</i>  | <i>Number of Individuals</i> | <i>Percentage</i> |
|--------------|------------------------------|-------------------|
| İstanbul     | 83                           | <b>27.7</b>       |
| İzmir        | 55                           | <b>18.3</b>       |
| Antalya      | 41                           | <b>13.7</b>       |
| Ankara       | 38                           | <b>12.7</b>       |
| Trabzon      | 44                           | <b>14.7</b>       |
| Van          | 19                           | <b>6.3</b>        |
| Gaziantep    | 20                           | <b>6.7</b>        |
| <b>Total</b> | <b>300</b>                   | <b>100.0</b>      |

A team of 27 interviewers comprising a mix of senior university students in the field of social gerontology and experienced personnel from relevant community based organisations attended a weekend training session in the city of Antalya under the leadership of the lead researcher. An essential task of the training sessions involved the preparation and briefing of the interviewer team along with familiarisation with the study questionnaire aimed at avoiding potential communication misunderstandings between each interviewer and their respective number of assigned interviewees. Interviews were either conducted in the apartments of the migrant workers or in a mutually suitable location. The bilingual career teacher was available to assist in cases where the participating female migrant displayed low proficiency in Turkish.

The total subject group of 300 were retested after 6 months following completion of the initial interviewing work. The sampling approach for the study resulted in an ‘opportunistic’ sample and did not adhere to the requirements of random selection (Voß, 2004) thus preventing any conclusive generalizations from the research findings. However, while the preceding shortfall is acknowledged it is argued that this initial investigative study helped to set the scene for further studies into migrant care workers in Turkey.

**Research Findings**

The age range for participants varied from 20 years to 49 years with three out of four participants being 30 years old or below. In terms of marital status, 63% of the respondents (N=189) indicated that they were married with 21% (N=63) living separately from their husbands. Approximately 78% (N= 234) of the respondents indicated that they had one or more children. Prior to migration approximately one out of every two migrant women (48% / N= 143) had been working outside the home in some paid capacity or other. Some 30% (N=90) had been working within the private sector, 10% (N=30) had been self employed, and 7% (N=21) had worked as civil servants. Interestingly, approximately 79% (N= 236) reported having academic and /or professional diploma level qualifications. When examining the survey data some 12% (N=37) of the women with no formal qualifications had been working in low level employment prior to migrating to Turkey. Figure 2 provides bar graph illustrations relating to the age spread and marital status of the female migrant study group.



**Figure 2: Study Sample Profiling Age and Marital Status**

### ***Human Capital***

The use of the term 'human capital' encompasses the idea of a set of attributes possessed by an individual comprising skills, competencies, knowledge, personal and social skills that in combination indicate the ability to perform general or specific labor related tasks of economic value. In the case of migrants the ability to 'fit' within the social and cultural fabric of the receiving country entails finding employment as well as having the ability to understand and speak the language of the host country. The present study found that 84% (N= 252) of the subjects did not speak Turkish while only 6% (N= 18) indicated that they spoke fluent Turkish, while 10% (N=30) indicated that they had the ability to only speak a little Turkish. The general belief that Moldovan migrants learn to speak Turkish in a very short time was found to be invalid for this subject group. While it should be expected that female migrant care attendants from Moldova or elsewhere need to have sufficient ability to communicate in Turkish, the reality is that their generally low level of fluency represents a major weakness in their respective contributions to human capital.

The level of education is another important indicator of human capital and for the Moldovan migrant women involved in this study they recorded an average educational attainment of 13.4 years with 40% (N=120) of respondents receiving some professional training, and 54% (N=162) of respondents completing a university degree.

### ***Income Level***

In light of the preceding section on human capital the following question was addressed: What is the market value of the human capital offered by Moldovan female migrant care attendants? It was found that for the study group that monthly income earnings ranged between US \$200-350 with 132 care attendants (44%) receiving a monthly income between US \$200-249. The preceding group of migrant women were then followed by those whose monthly income was between US \$250-299 representing 25% (N=75) of the study group. Finally the remaining two groups displayed monthly income earnings of US \$300-349 for 48 (15%) of the migrant carers while 45 (15%) of migrant care workers were receiving monthly earnings of US \$350 and above respectively. In terms of human capital contributions 153 (51%) of the respondents indicated that they had already had experience in the field of nursing before migrating to Turkey. Analysis showed that former experience in the nursing field resulted in higher monthly income. Among the group with a monthly salary of US \$300 and above, the majority of the female care attendants had prior aged care related experiences, while the lowest monthly earnings generally involved those with a university degree without any previous care related experiences. This study validated to some degree the value placed on the set of skills, competencies, knowledge and particularly the level of previous experiences that the female migrant was able to bring to the care attendant role.

### ***Return Plan***

This research also explored the extent to which the female migrant care workers from Moldova had a 'return plan' as part of a rational decision making process. According to Dietzel-Papakyriakou (1993) the nature and effectiveness of a return plan is actualized according to the perceived success or failure of the migration experience. Table 2 provides a range of female migrant responses relating to their perceived level of success or otherwise in achieving their economic aspirations and goals arising from their migration experience in Turkey.

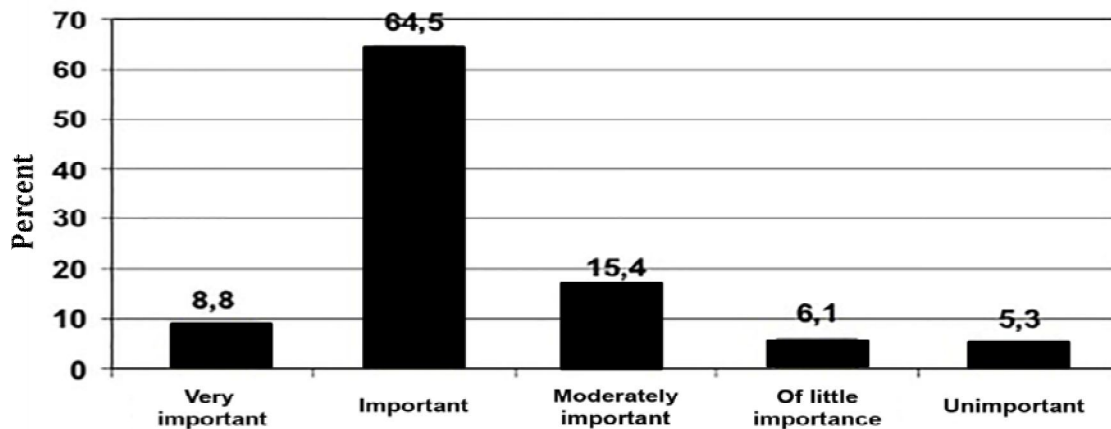
It is noteworthy that a high proportion of the women believed that on return to Moldova that they would experience reduced opportunities in a) finding a job (44.7% / N= 135 ) and b) protecting and / or returning to their previous job (54% / N= 162). The proportion of respondents who reported that their purchasing power had increased (59% / N= 177) was congruent with the level of perceived increases in opportunities for going on a holiday (47.3% / N= 142) and opportunities for improving nutritional status (48.9% / N= 147). Altogether the majority of participants indicated that their economic position as a consequence of migration to Turkey had improved (63% / N= 189) and that they were in a better position to support their families back home (68% / N= 204). These findings would suggest that for the majority of respondents there appeared to be some meaningful approximation to the realization of their economic goals.

**Table 2: Perceived Level of Achieving Economic Goals of Migration**

| <i>Today...</i>   | <i>Increased (%)</i> | <i>Same (%)</i> | <i>Decreased (%)</i> |
|---|----------------------|-----------------|----------------------|
| My opportunity to find a job in Moldova                   | 39.7                 | 15.7            | 44.7                 |
| My possibility to protect my work place in Moldova        | 31.3                 | 14.7            | 54.0                 |
| My career prospects in Moldova                            | 42.0                 | 57.7            | 0.3                  |
| My purchasing power                                       | 58.9                 | 17.1            | 24.0                 |
| My opportunities for improved nutrition                   | 48.9                 | 29.8            | 21.3                 |
| My opportunity for a holiday                              | 47.3                 | 14.4            | 38.3                 |
| My general economical position                            | 62.8                 | 15.2            | 22.0                 |
| My opportunity to provide financial support for my family | 68.4                 | 16.3            | 15.3                 |

**NOTE:** SEE FIGURE 3 NEXT PAGE

A Likert Scale using the degree of importance in relation to the actualization of a return plan by reaching economic goals showed that 65% (N= 195) of the respondents indicated that it was important, while approximately 9% (N= 27) of the respondents perceived this issue as very important (see Figure 3). While the preceding result may reflect an initial and genuine ‘intention’ by the majority of respondents to return permanently to their families, the reality of the workplace structures in the home country may for some women mean further engagement in the migration process.



**Figure 3: The Level of Importance Shown by Moldovan Female Migrants in Achieving Economic Goals as Part of a Return Plan**

**Discussion**

While the findings of this opportunistic small scale research effort cannot be generalized, they nevertheless provide some important insights into the world of female migrants from Moldova wishing to enhance economic opportunities for themselves and their respective families. The attraction of Moldovan female care attendants to Turkey may indeed be partially explained by Redfoot and Houser (2005) who express the view that “ regional proximity also plays an important role in the migration of long-term care workers” (p.12). The preceding emphasis on regional proximity is useful as a motivating factor, particularly for married female migrants who may be keen to take advantage of relatively short employment periods that allow for rotating terms of engagement and disengagement within a host country. The profile of the study group matches closely with the age range, marital status and general level of education for Moldovan female migrants as reported by Akalin (2007), Celik, (2007), CIVIS/ IASCI (2010) and Straton et al. (2013). While the reasons for the low participation rate in this study were not entirely clear it can be reasonably assumed that for some migrant carers there may have been issues relating to illegal migration status, while others may have chosen to remain anonymous for fear that their visa or employment may be cancelled. If the incidence of migrant care workers with illegal migrant status is high then appropriate evidenced-based policy actions are required to correct the situation including the provision of improved avenues for short-term and long-term visa applications.

Celik (2007) claims that Turkey is experiencing a ‘care crisis’ and a ‘care deficit’ arising from demand exceeding supply in relation to residential and community long-term care provision for the aged population. However, developing a long-term aged care workforce in Turkey that is inclusive of migrant care workers “will require more engagement across international boundaries” (Redfoot & Houser, 2005, p.xiv). It is now a reality in many countries including Turkey that measures to alleviate the current and future pressures on the demand for paid caregivers for the elderly will involve the use of migrant female labor to fill the gaps (Van Hooren, 2011). Turkey’s interest in joining the European Union will no doubt create a range of pressures to overhaul its existing immigration policies. Kirisci (2003) identified that Turkey was now displaying a trend towards immigration rather than emigration *per se*. Kilberg (2014) reports that Turkey implemented legislation in April 2014 aimed at managing both legal and illegal migration which includes a procedural framework for humanitarian migration. An underlying message from the present study is that Turkey needs to initiate a systematic national study of the labor force participation of female migrants employed by Turkish families for aged care support services. More importantly, Stilwell et al. (2004) argue that “Having reliable data about the health-care workforce is key to good workforce planning. Establishing and maintaining appropriate information systems on human resources, including a data base on migration is a vital first step” (p.598).

It will be important for Turkey to review its current systems for collecting statistics on migration flows to and from the country and where necessary take action to eradicate any system related failures (Diallo, 2004). Work undertaken by Zhang (2012) raises serious questions concerning the existence of a ‘hidden population’ which refers to the illegal trafficking of migrant laborers arising from unregulated or poorly regulated migration systems. Future workforce planning for aged care migrant workers will need to give due attention to a) the implementation of policies and allied strategies to ensure the ethical recruitment of migrants and b) the provision of appropriate channels for the lodgement of complaints particularly those involving abuse and exploitation.

While this study demonstrates that more work needs to be done to unravel the multifaceted issues and overall effectiveness of migrant aged care services as part of informal family caregiving, it signals more importantly that Turkey must sooner than later undertake to 1) build a sustainable and quality based long-term aged care workforce to support formal and informal caregiving and 2) devise a planning and policy based framework to arrive at a balanced recruitment of both local and migrant aged care workers. The Australian Productivity Commission (2008) provides a valuable commentary on the future direction of aged care services that holds much relevance for Turkey:

Demand for care may...shift from being a continuum that moves from home, into low-level care and then (typically for only a short time) into high-level care, towards a pattern concentrated at the two ends of the spectrum. Moreover, the direction of care at each of these ends seems likely to rise, so that high-level care becomes less of an immediate antecedent to death ( Ergas, 2006, cited in Productivity Commission, 2008, P.36)).

Any future workforce planning will of course need to consider the issue of retention incentives for migrant care workers recognising that some workers will wish to work for limited periods of time only, while others will wish to stay longer. There will of course remain a train of enduring issues surrounding remittances to the home country, circular migration, ethical codes of conduct with regard to migration and policy measures that protect against human rights violations and unfair treatment. If immigration is seen as a possible solution to address a shortage of aged health care workers then the following question raised by Redfoot and Houser (2005) warrants attention “Should temporary visas be used to promote return migration, or should permanent visas be used to improve the integration of migrating workers?” (p.38). Some observers like Lowell (2005) and Stewart (2005) contend that receiving countries should be encouraged to introduce policies that promote short-term migration with the opportunity for return thus creating reciprocal benefits for both the host and source countries including benefits for migrant workers. Developed countries like Australia, Canada, the United Kingdom, United States, and New Zealand have been willing to encourage permanent immigration as one strategic option for coping with current and expected shortfalls in their respective long-term aged care workforces. On the matter of quality assurance outcomes Redfoot and Houser (2005) offer the following perspective on the use of international health care workers “The degree to which international workers improve the quality of services or create problems is a very complicated question-involving multiple policy objectives and definitions of *quality*” (p.xiv). For example: How is the overall quality of aged care, both formal and informal affected by cultural and linguistic differences arising from the utilisation of migrant health care workers ?



Future investigations into the use of migrant care workers for the purpose of complementing formal and informal family care of older persons should be mandated to examine issues relating to a) 'best fit' outcomes in terms of migrant language and communication skills, competencies and experiences in aged care and related qualifications and b) the level of need for further education and training to enhance human capital contributions to formal and informal family based aged care. Any research initiatives in the preceding areas of inquiry should be mindful of the recent call by the World Health Organisation (2012) for improved processes that enhance knowledge translation to support evidence-based policy making. The findings from the present study provide no resolutions to the many complex issues, concerns and challenges relating to the use of migrant caregivers, apart from drawing attention to the need for ongoing interdisciplinary and multidisciplinary research and policy development within Turkey. In the end, it is important to take heed of the observation made by Walsh and O'Shea (2009) "*It is impossible to separate the fate of migrant care workers from that of older people*" (p.128).

### **Conclusions**

This particular study should be seen as work in progress as it represents a means for encouraging Turkish health care professionals and policy makers to a) ask relevant questions concerning transnational caregiving programs b) address unskilled, often illegal migration of foreign workers seeking employment as aged care workers and c) seek evidence-based research on the need to build a long-term aged care workforce. Tartar et al. (2011) in their health systems review in Turkey report that "Turkey has a shortage of health care personnel at almost all workforce levels" (p.105). Disturbingly, Tartar et al. also report that "Turkey does not have a national policy or guidelines for palliative care. (...) Similarly the "hospice" concept is very new and there is also no legal framework covering this type of organization" (p.xix). Badkar, Callister and Didham (2009) identify the reality of the future challenge facing Turkey:

In the future, migrant caregivers for the elderly will be a unique group requiring a unique set of skills, and may require a specific immigration scheme given the projected future demand. In line with providing training to potential future caregivers, intelligent and ethical policy development around a structure for low skilled migrants is crucial (p.32).

The full impact of utilizing migrant health care workers as part of formal and informal caregiving of the aged in Turkey must be understood and acted upon according to impact outcomes and findings. A 2007 report by Kirdi et al entitled "*The Situation of Elderly People in Turkey and National Plan of Action*" indicates that 1) Turkey is beginning to make a transition to a new demographic structure and 2) that action needs to be taken in terms of providing long-term care for elderly people. While the need for action has been identified it is another thing to fully understand the consequences of '*structural lag*' (Riley, 1992). The notion of '*structural lag*' when applied to the present situation refers to the growing likelihood for a progressive mismatch between increasing numbers of vulnerable older people and the shortfall in the availability of an appropriately qualified and resourced aged care workforce. Workforce planning should also address the following question- Are public investments in elder care sufficient to attract and retain large enough numbers of Turkish employees? Equally important will be the need to understand "the ways that policy decisions regarding long-term care financing, immigration, credentialing, and recruitment affect the numbers and types of workers who migrate" (Redfoot & Houser, 2005, p.2).

The aging of Turkey's population will give rise to the number of older people with dementia and other disabling conditions. Unless substantive changes occur the aged care system will have enormous difficulty in providing quality care for the growing numbers of older citizens. Any future quest by authorities from the State Planning Organisation to set a strategic compass bearing for building a competent and sustainable aged care workforce in Turkey should be cognisant of the following proclamation by Stilwell et al. (2004) "it is clear that migration does not exist outside the development of health care systems and that a range of policy and strategy interventions is required to address the broader health systems issues that influence the retention, recruitment, deployment and development of health workers" (p.598). In the meantime, future planning for a long-term aged care workforce should also be mindful of the following caveat provided by Redfoot and Houser (2005):

The array of policy options, programs, and international arrangements used will have to be flexible and tailored to fit very different needs of each country (p.44).

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