

**ORIGINAL RESEARCH ARTICLE****FACTORS INFLUENCING MIGRATION AMONG NEPALESE NURSES****R Baral^{1*}, S Sapkota²**¹ Bachelor of Science in Nursing, J.F. Institute of Health Sciences/ LACHS² Lecturer, J.F. Institute of Health Sciences/ LACHS**Correspondence to: Mrs Richa Baral, Bachelor of Science in Nursing, J.F. Institute of Health Sciences/ LACHS. E-mail: richabaral47@gmail.com***ABSTRACT**

Migration of Health workers has devastating consequences leading to loss of health workers in the nation of origin. This research was carried out to identify the push factors related to migration of Nurses from Nepal to other developed countries. A cross sectional descriptive study was conducted via different social medias. The data was collected from 67 migrated Nepalese Nurses to: Australia, USA, UK and Canada. Self-administered questionnaire in the form of “Google docs form” was used to collect data from respondents. The study showed that 70.15% of respondents were of 20-29 years of age. In the study, 38.80% of respondents were from Australia followed by 31.34% from USA, 16.43% from UK and 13.43% from Canada. When the researcher advised respondents to prioritize the major cause of migration by giving 1 to major and 8 to least responsible factor of migration, the study revealed that personal ambition (Mean: 3.18), lack of job and career opportunities in Nepal (Mean: 3.57), economical factors (Mean: 3.2), and job dissatisfaction (Mean: 4.90) are the main causes of migration among Nepalese Nurses. This study also showed that 55.22% of respondents were not satisfied with their job in Nepal. 53.74% and 43.28% of the respondents are satisfied and highly satisfied respectively with their job in abroad. It can also be concluded that lack of modern facilities merely is not only the motivating factor for migration among Nepalese nurses, age and personal ambition also play a role in migration.

Key words: *Migration, Nepalese Nurses, Push Factors.***DOI:** <http://dx.doi.org/10.3126/jcmc.v5i2.13151>**INTRODUCTION**

Oxford dictionary (2014)¹ defines migration as movement of people to a new area or country in order to find work or better living conditions. The term “Brain drain” is used when highly trained or qualified workers move from nation of origin to other nation usually for better pay or living conditions. Migration of technical personnel or brain drain is also known as “The human capital flight”.

Every year 250,000 youth are reported to leave Nepal for higher living standards, employment, better income, education, a luring western lifestyle, stability and security, as our country seemed incapable to provide those to the youths.² According to Nepal

Nursing council records, a total number of 3461 nurses migrated abroad between 2002 and 2011. The number further increased to 4155 from 2011 to 2013.

Migration is the result of interplay of many factors, which motivate and guide the individual’s decision to emigrate. Some of those factors are economic, cultural, social, political and legal forces. Other factors encouraging cross-border migration are usually considered under two main categories: “Push” factors (Supply) and “Pull” factors (Demand).⁵

A report by World Health Organization suggests that the migration of health-care workers has closely followed general trends in international migration. The migration of health workers is not new: nurses

and physicians have sought employment abroad for many reasons, including high unemployment in the health-care labor market in their home country. Second, there are now targeted recruitment drives for health workers from resource-poor countries to fill vacancies in richer countries, especially nurses.⁶

The insufficient number of health workers in less developed countries leads to delays in providing care, the closure of services, a lack of services in remote areas, excessive workload, demoralization, burn out, an inability to meet health goals and loss of life. These problems are further worsened by migration of health workers. Health workers, like workers in all sectors, tend to go where the working conditions are best. Income is an important motivation for migration, but not the only one. Other reasons include: greater job satisfaction, career opportunities, the quality of management and governance, moving away from political conflicts, war, and the threat of violence in the workplace.⁷

Migration of health workers including nurses are due to several factors. The phenomenon of migration has both positive and negative aspects. Though there are minimal advantages of migration of skilled people like nurses in terms of the remittance but more than this, it is losing skilled manpower of the nation.⁸

As the data shows, 4155 nurses migrated abroad till 2013. This may lead to serious skilled manpower scarcity in the country leading poor provision of health facilities and care. This scarcity of health manpower directly or indirectly also leads to economic loss of the country. No systematically collected data is found to know the extent of migration of nurses from Nepal to developed countries and the influencing factors of their migration. So, researcher chose this topic to provide an overview of the factors influencing migration of nurses so that it would be beneficial to develop special interventions to prevent migration of nurses. The main objective of the study is to identify the factors influencing migration of Nepalese nurses.⁹

MATERIAL AND METHODS

A descriptive cross-sectional research design was used to study on “Factors Influencing Migration among Nepalese Nurses”. Non probability snowball sampling technique was used for this study. The

study sample was 67 Nurses working and studying in four main developed countries (UK, Australia, USA and Canada). The study was conducted via online social networks like Facebook, Twitter and through electronic-mail. A self-administered questionnaire, developed through literature review was used to collect data. The questionnaire was forwarded to the sample in the form of ‘Google docs form’. The data collection and processing was completed in four weeks span. The questionnaire was divided into two parts. Part I consisted of socio demographic related questions. Part II consisted of questionnaire related to push factors.

As the respondents were capable of reading and giving their own consent, permission to collect the data was taken from each respondents by informed consent provided at the beginning of questionnaire and were encouraged to participate in the study voluntarily. The respondents were adequately informed about the topic of the study, institutional affiliations of the researcher and about the anonymity and confidentiality of the information provided. Research approval was taken from the research committee of J.F. Institute of Health Sciences/ LACHS.

The one and only medium of data collection was via electronic media. Data collection and processing was completed in four weeks span. The collected data was edited, organized, coded and entered into statistical package for social sciences (SPSS version 16). The findings were analyzed using descriptive statistic; percentage and frequency.

RESULT

Table 1: Distribution of the Respondents according to Age and Religion and Address

Variables	Frequencies (n=67)	Percentage
Age in Year		
20-29 Years	47	70.15
30-39 Years	17	25.37
40 and above	3	4.48
Mean Age: 28.36 ± 4.578		
Religion		
Buddhist	5	7.47
Christian	3	4.48
Hindu	57	85.07
Muslim	1	1.49
Other	1	1.49
Address in Abroad		
Australia	26	38.80
Canada	9	13.43
UK	11	16.43
USA	21	31.34

The table 1 shows that majority of the respondents (70.15%) belonged to 20 to 29 years age group and most of the respondents (85.07%) were Hindu. 38.80% of the respondents were residing in Australia followed by 31.34% in USA, 16.43% in UK and 13.43% in Canada.

Table 2: Distribution of Respondents according to their Educational Level and Designation in Nepal

Variables	Frequencies (n=67)	Percentage
Educational Level		
PCL	17	25.37
BN	17	25.37
B.Sc.	21	31.34
Masters and above	12	17.92
Designation in Nepal		
Nurse	39	58.20
Nurse and Student	6	8.96
Nurse and Teacher	20	29.86
Public Health Nurse	1	1.49
Reproductive Health Officer	1	1.49

The table 2 reveals that 31.34% of the respondents had completed B.Sc. Nursing Course. Likewise majority of the respondents (58.20%) were designated as a Nurse in Nepal.

Table 3: Respondents' opinion on Main Causes of Migration

Main Cause of Migration	Mean	Rank
Lack of training and educational opportunities in Nepal	2.67	1
Lack of job and career opportunities in Nepal	3.57	2
Personal ambitions	3.70	3
Economical factors	3.72	4
Job dissatisfaction	4.90	5
Married to the man living there	5.31	6
Political conflicts	5.94	7
Lack of modern facilities	6.06	8

As the researcher had asked the respondents to assign 1 for highest and 8 for least responsible cause of migration, lesser mean means the most responsible factor and higher mean means the least responsible factor for their migration. The table 3 shows that the major cause of migration of respondents was lack of training and educational opportunities in Nepal (mean: 2.67) which is followed by lack of job and career opportunities in Nepal (mean: 3.57), personal ambitions (mean: 3.70), economical factors (mean: 3.72), job dissatisfaction (mean: 4.90), married to the man living there (mean: 5.31), political conflicts (mean: 5.94), lack of modern facilities (mean: 6.06).

Table 4: Distribution of Respondents according to their Income in Nepal and abroad

Respondents' Income	Frequencies (n=67)	Percentage
Monthly income in Nepal		
Below 10,000	14	20.89
10,000 to 20,000	32	47.76
20,000 to 30,000	15	22.39
Above 30,000	6	8.96
Monthly income abroad		
Below 1,60,000	9	13.43
1.60,000 to 2,40,000	15	22.39
2,40,000 to 3,20,000	9	13.43
Above 3,20,000	34	50.75

The table 4 states that income of 47.76% of respondents in Nepal was NRs. 10,000 to 20,000 per month and only few of the respondents (8.96%) earned above NRs. 30,000 while abroad half of the respondents (50.75%) earn above NRs. 3, 20,000 per month.

DISCUSSION

Our study among 67 nurses revealed that lack of training and educational opportunities in Nepal was the main cause of respondents to migrate abroad (Mean: 2.67) followed by lack of job and career opportunities in Nepal (Mean: 3.57), personal ambitions (Mean: 3.70), economical factors (Mean: 3.72), job dissatisfaction (Mean: 4.90), married to the man living there (Mean: 5.31), political conflicts (Mean: 5.94), lack of modern facilities (Mean: 6.06). However, research published on 2009 which states that 63% of Nurses of India intended to immigrate because of dissatisfaction with working condition and also other main factor for immigration was better income.¹⁰ Study done by Lipuke in 2013 stated that five main causes of migration are poor remuneration, lack of professional development in home country, poor health care and system, easy availability of jobs in developed countries.¹¹

In our study, the respondents had given their reasons of migration as economic factors and job dissatisfaction in Nepal. Also research published by Connel (2008) states that the economic factors and the better working environment with more technological facilities are the main causes of migration among doctors

and nurses.¹²

The study by Sapkota, Teijlingen and Simkhada (2014) also revealed that the major push factors were low pay and conditions, political instability, poor work place security, lack of recognition, fear of placements in remote and rural areas of Nepal, unemployment, corruption, and lack of skill development opportunities.¹³

The current study has also shown that economical factor is also one of the cause to migrate abroad (Mean: 3.72) and those who earn up to NRs. 20,000 per month in Nepal earn NRs. 40,000 to more than NRs. 3, 20,000 per month abroad, which could be a good motivating factor for Nurses to move abroad and the article on 'Role of wages in the migration of health care professionals from developing countries' in 2004 on Human Resources for Health stated that there is correlation between the supply of health care migrants and the size of the wage differential between home country and destination country.¹⁴

CONCLUSIONS

The factors influencing migration are complex with no simple strategic measures to mitigate the phenomenon. This study has been able to confirm role of push factors on migration. Although, economic factors are the most commonly reported, they are not only the reasons for migration. From the findings of this study it can be concluded that the major push factors for nurses' migration is personal ambition (i.e. lack of training and educational opportunities in Nepal and personal ambition). From the study, we can also conclude that there are better working condition and environment, educational opportunities and better remuneration abroad as compared to Nepal, which could be the strong and good motivating factors for Nepalese Nurses to migrate abroad. The current study also revealed that educational system and job and career opportunities abroad is better than that of Nepal in the sense that students can work and study side by side and there are better and more realistic remuneration abroad than that in Nepal.

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