

DOI: <https://doi.org/10.3126/jmcjms.v14i02.98080>

ISSN: 2091-2242

eISSN: 2091-2358



Original Research

Determinants of Overseas Migration among Nurses in Private Hospitals of Biratnagar

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Received: 1 January 2026

Revised: 14 July 2026

Accepted: 17 July 2026

Citation:

Bhandari A, Bhandari M, Mandal PK. Determinants of overseas migration among nurses in private hospitals of Biratnagar. Janaki Med Coll J Med Sci. 2026;14(2):18-28.



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ABSTRACT:

Background and objectives: Nurses are the backbone of the healthcare system, yet the migration of the skilled health workforce contributes to a decline in the skilled workforce available in their home countries. Understanding the factors determining migration is crucial for policy formulation and human resource planning in Nepal. The objective of this study was to identify push and pull factors influencing migration abroad and to find out the association between migration abroad and selected demographic variables.

Materials and Methods: A descriptive cross-sectional study was conducted involving 210 nurses working in a private hospital selected through a non-probability purposive sampling technique. Data were collected using a self-administered structured questionnaire. Data analysis was done in SPSS version 16.0 using both descriptive and inferential statistics.

Results: The findings showed that 85.2% of respondents intended to migrate abroad. The key pull factors include better salary, improved lifestyle, a better future for the family, and professional development opportunities in destination countries. The major push factors were low salary, lack of designated posts, limited career advancement, limited educational opportunities and limited job opportunities. Furthermore, there is a significant association between migration intention and variables such as marital status, satisfaction with salary, family member abroad, place of residence, and plans ($p < 0.05$).

Conclusion: This study concluded that the majority of nurses in private hospitals intend to migrate abroad due to key push factors such as low salaries, limited career advancement, and a lack of job opportunities, along with pull factors such as higher income and career opportunities. These findings highlight the need to enhance working conditions in hospitals, improve salaries and incentives, strengthen retention policies, and expand career development opportunities to enhance recognition and job satisfaction in the home country.

Keywords: Abroad migration, Influencing factors, Nurse

INTRODUCTION

Migration of health care professionals has become a major global concern due to its impact on health workforce availability, particularly in low- and middle-income countries. The International Organization for Migration defines migration as the movement of individuals across international borders or within a state away from their habitual residence, regardless of cause or duration [1]. Nurses' migration has accelerated in recent years, driven by globalization, disparities in healthcare systems, and economic

inequalities between countries [2]. At the same time, the global nursing workforce shortage remains a serious challenge. The World Health Organisation estimated a deficit of 5.9 million nurses worldwide in 2018 [3]. To address this workforce gap, high-income countries increasingly rely on internationally educated nurses, resulting in increasing recruitment and employment opportunities for migrant nurses within the Organization for Economic Co-operation and Development (OECD) countries [4].

Decisions to migrate are influenced by a complex interplay of pull and push factors. Pull factors include better salary, opportunities for professional development, improved quality of life, better working conditions and more stable health care systems. In contrast, push factors include low remuneration, limited career advancement, limited educational opportunities, heavy workloads and poor working conditions. Among these factors, the substantial wage disparity between high-income and developing countries remains one of the driving factors for migration [5]. In South Asia, nurse migration has become a major workforce challenge; India faces an estimated shortage of 2.4 million nurses while over 640,000 nurses are working abroad [6]. This outward migration has further influenced the country's health care system, which is already experiencing inadequate staffing as its doctor-nurse ratio is only 0.67 per 1,000 population, below the WHO recommendation benchmark of 2.3 per 1,000 [7].

In Nepal, nurses' migration has emerged as a growing concern for the sustainability of the health workforce. According to the Nepal Nursing Council, approximately 25,000 of the country's 73,883 registered nurses are

currently working abroad, due to a lack of comprehensive retention policies and limited employment opportunities [8]. This substantial outflow of nursing professionals contributed to a workforce shortage, which affects the quality of service within the country. A study conducted among nursing students in Nepal found that 92.5% intended to migrate, citing low salaries, poor working conditions, unemployment and limited opportunities for education as the primary motivations for migration [9]. Furthermore, many nurses are focusing on preparing for international licensure examinations such as the NCLEX and Occupational English Test (OFT), to enhance their prospects of international migration, which contributes to the loss of skilled professionals from Nepal's healthcare system [10].

MATERIALS AND METHODS

A cross-sectional study was conducted in two private hospitals of Biratnagar (Neuro-cardio and Multispecialty Hospital and Birat Nursing Home Private Limited. The study population included nurses with PCL, BSc, BNS, and MN degree qualifications working in these institutions. Auxiliary Nurse Midwives (ANMs) were excluded from the study. A non-probability purposive sampling technique was adopted; 105 nurses were selected consecutively from each hospital in equal numbers, and the total sample size was 210. Data were collected within two weeks using a pretested, self-administered structured questionnaire, which was developed based on the study objectives, literature review, and expert consultation. Ethical approval was obtained from the Research Management Committee of Biratnagar Nursing Campus, and administrative permission (Ref: 350/081/082; Ref. No. 698) was secured

from both hospitals. Participants were informed about the study's objectives and their status in the study, and confidentiality and privacy were strictly maintained. The collected data were edited, coded, and analyzed using SPSS version 16; both descriptive and inferential statistics were used for the data analysis.

RESULTS

Data were collected among 210 nurses across two private hospitals in Biratnagar using a self-administered questionnaire. The data were systematically organized, analyzed, and interpreted in accordance with the study objectives, employing both descriptive and inferential statistics. As illustrated in Table 1, the overall mean and standard deviation of age were 24.09 ± 3.210 , with the majority of the respondents (89.5%) belonging to the age group (21- 30) years. Almost all of the respondents were female (98.1%), and more than three-fourths (77.6%) lived in urban areas. Brahmin/Chhetri (36.2%) and Janjati (33.3%) were the predominant ethnic groups. Most of the respondents (90%) followed Hinduism, and three-fourths of the respondents (76.2%) were single. Regarding education, 72.9% held a PCL Nursing degree, whereas a smaller fraction had attained bachelor's or master's qualifications. In terms of job experience, 71.9% had 1-5 years of professional experience, and almost all of the respondents (96.7%) worked as staff nurses, and more than half of the respondents (61.9%) earned NPR 21,000-30,000 monthly. Notably, the majority of the respondents (84.8%) reported being dissatisfied with their salary (Table 1). Table 2 represents the respondents' intention and plan for migration. The findings showed that 43.3% of

respondents had a family member abroad,
while 85.2% of respondents reported plans to

Table 1: Socio-demographic Information of Respondents**(n= 210)**

Variables	Frequency (f)	Percentage (%)
Age		
≤20 years	15	7.1
21-30 years	188	89.5
>30 years	7	3.3
Median and (IQR) =24 and (26-22)		
Gender		
Female	206	98.1
Male	4	1.9
Place of residence		
Urban	163	77.6
Rural	47	22.4
Ethnicity		
Brahmin/Chhetri	76	36.3
Janajati	70	33.8
Madhesi	57	27.1
Muslim	3	1.4
Dalit	3	1.4
Religion		
Hinduism	189	90
Buddhism	11	5.2
Christianity	5	2.4
Islam	4	1.9
Kirat	1	0.5
Marital status		
Single	160	76.2
Married	50	23.8
Educational level		
PCL	153	72.9
B.Sc. Nursing	29	13.8
BNS	27	12.9
MN	1	0.5
Job Experience		
<1 years	37	17.6
1-5 years	151	71.9
6-10 years	19	9.0
>10 years	3	1.4
Working Position		
Staff Nurse	203	96.7
Nursing Officer	3	1.4
Nursing Supervisor	4	1.9
Monthly Income		
NPR 10000-20000	63	30
NPR 20000-30000	130	61.9
NPR 30000-40000	16	7.6
NPR 40000-50000	1	0.5
Median= 23000		
Salary Satisfaction		
Yes	32	15.2
No	178	84.8

Table 2: Respondents' Intention and Future Plan on Migration (n=210)

Variables	Frequency (f)	Percentage (%)
Family members abroad		
Yes	91	43.3
No	119	56.7
Abroad Migration Intention		
Yes	179	85.2
No	31	14.8
Future Plan		
Pursue further study and work abroad	89	42.4
Work abroad	74	35.2
Work in Nepal	27	12.9
Pursue further study in Nepal	20	9.5
Country Chosen		
USA	84	40
Australia	38	18.1
UK	31	14.8
Canada	17	8.1
Others	40	19

(Others in country include Dubai, Germany, New Zealand)

Table 3: Pull Factors Influencing Abroad Migration (n=210)

Pull factors	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n (%)
Better Earning Opportunities	18 (8.6)	14 (6.7)	76 (36.2)	102 (48.6)
Better Job Opportunities	10 (4.8)	13 (6.2)	89 (42.4)	98 (46.7)
Better Lifestyle in Destination Countries	8 (3.8)	19 (9.0)	60 (28.6)	123 (58.6)
Opportunities for Career Growth	8 (3.8)	13 (6.2)	81 (38.6)	108 (51.4)
Better Payment for Extra Working Hours	12 (5.7)	21 (10.0)	52 (24.8)	125 (59.5)
Influence of Peers or Colleagues to Migrate	22 (10.5)	43 (20.5)	98 (46.7)	47 (22.4)
Better Educational Opportunities for Personal Development	10 (4.8)	12 (5.7)	94 (44.8)	94 (44.8)
Better Opportunities to Improve Professional Skills	8 (3.8)	11 (5.2)	75 (35.7)	116 (55.2)
Better Future for Family	10 (4.8)	7 (3.3)	70 (33.3)	123 (58.6)

migrate, highlighting that the desire to migrate is not only influenced by having family members abroad. Regarding plans, 42.4% of respondents intended to pursue

further studies and work abroad, with the USA emerging as the most preferred destination (40%), followed by Australia

(18.1%) and other countries (19%), as shown in Table 2.

Table 3 above shows the pull factors influencing migration abroad. The table shows the distribution of respondents' levels of agreement on various factors. Among pull factors, more than half of respondents strongly agreed that better pay for extra working hours (59.5%), a better lifestyle in destination countries (58.6%) and a better future for family (58.6%) were major motivations. Moreover, a significant number of respondents also strongly agreed that professional skill development (55.2%) and opportunities for career growth (51.4%) influenced their decision. Additionally, nearly half of the respondents strongly agreed that better earning opportunities (48.6%), better job opportunities (46.7%) and educational opportunities (44.8%) were attractive pull factors. Nearly one-fourth of respondents (22.4%) moderately acknowledged the influence of peers.

Table 4 represents the push factors influencing migration abroad. The findings show that the most significant reasons were low salary (68.6%), high workload in hospitals (48.1%), lack of designated posts or career advancement opportunities (38.1%) and lack of job opportunities (32.9%). A considerable number of respondents also

strongly agreed that negative societal

perception toward nurses (21.4%), limited educational opportunities (19.0%), and difficulty in pursuing higher studies (14.8%) contributed to their decision to migrate abroad. In contrast, factors such as marriage to a man living abroad (48.6%) and family pressure to migrate (45.2%) were less influential.

The association between abroad migration and socio-demographic variables is presented in Table 5. Significant associations were observed between abroad migration and place of residence ($p=0.018$), ethnicity ($p=0.003$), marital status ($p=0.003$), salary satisfaction ($p=0.001$), family members abroad ($p=0.012$), and plan ($p=0.001$). Salary satisfaction was negatively associated with abroad migration (OR=0.136; 95% CI: 0.058–0.320), whereas having family members abroad was positively associated with abroad migration (OR=3.032; 95% CI: 1.243–7.394). No statistically significant associations were observed for age, religion, educational level, job experience, working position, or monthly income ($p>0.05$).

Table 4: Push factors influencing migration abroad

(n=210)

Push Factors	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n (%)
Lack of job opportunities	6(2.9)	36(17.1)	99(47.1)	69(32.9)
Lack of Designated Post or Career Advancement`	2 (1.0)	17 (8.1)	111 (52.9)	80 (38.1)
Low Salary	3 (1.4)	14 (6.7)	49 (23.3)	144(68.6)
Family pressure to Migrate	40 (19.0)	102 (48.6)	58 (27.6)	10 (4.8)
Marriage to a man living abroad	41 (19.5)	95 (45.2)	56 (26.7)	18 (8.6)
Limited educational opportunities	12 (5.7)	39 (18.6)	119 (56.7)	40 (19.0)
Difficulty in pursuing higher studies	3 (1.4)	68 (32.4)	108 (51.4)	31 (14.8)
Negative perception of societies toward nurses	18 (8.6)	65 (31.0)	82 (39.0)	45 (21.4)
High workload in hospital	4 (1.9)	35 (16.7)	70 (33.3)	101(48.1)

Table 5: Association between abroad migration and socio-demographic variables

Variables	Abroad Migration		Unadjusted OR	CI	p-Value
	Yes	No			
Age					
≤24 years	116 (87.9%)	16 (12.1%)	1.726	0.801-3.722	0.160
>24 years	63 (80.8%)	15 (19.2%)			
Place of residence					
Rural	35 (74.5%)	12 (25.5%)	0.385	0.171-0.866	0.018*
Urban	144 (88.3%)	19 (11.7%)			
Ethnicity					
Brahmin/Chhetri	71 (93.4%)	5 (6.6%)	0.195	0.067-0.564	0.003*
Janajati	61 (87.1%)	9 (12.9%)	0.408	0.167-0.996	
Others	47 (73.4%)	17 (26.6%)	0.362	Ref	
Religion					
Hindu	160 (84.7%)	29 (15.3%)	0.581	0.128-2.628	0.476
Others	19 (90.5%)	2 (9.5%)			
Marital status					
Single	143 (89.4%)	17 (10.6%)	3.271	1.475-7.253	0.003*
Married	36 (72.0%)	14 (28.0%)			
Educational level					
PCL	132 (86.3%)	21 (13.7%)	1.337	0.587-3.047	0.488
Bachelor and above	47 (82.5%)	10 (17.5%)			
Job Experience					
≤5 years	162 (86.2%)	26 (13.8%)	1.833	0.623-5.395	0.266
>5 years	17 (77.3%)	5 (22.7%)			
Working Position					
Staff Nurse	174 (85.7%)	29 (14.3%)	0.500	0.050-4.972	0.554
Nursing Officer	2 (66.7%)	1 (33.3%)	1.500	0.055-40.633	0.810
Nursing supervisor	3 (75.0%)	1 (25.0%)	0.333	Ref	
Monthly Income					
NPR≤23,000	105 (88.2%)	14 (11.8%)	1.723	0.800-3.711	0.161
NPR >23,000	74 (81.3%)	17 (18.7%)			
Salary Satisfaction					
Yes	18 (56.2%)	14 (43.8%)	0.136	0.058-0.320	0.001**
No	161 (90.4%)	17 (9.6%)			
Family members abroad					
Yes	84 (92.3%)	7 (7.7%)	3.032	1.243-7.394	0.012*
No	95 (79.8%)	24 (20.2%)			
Future Plan					
Pursue further study and work in Nepal	17 (36.2%)	30 (63.8%)	0.003	0.000-0.027	0.001**
Pursue further study and work abroad	162 (99.4%)	1 (6%)			

(Note: * significant p-value <0.05, ** Fisher Exact Test)

DISCUSSION

The present study has shown that the majority (89.5%) of respondents were young adults aged 21–30 years, which aligns with the previous study that reported 93.2% of

respondents in the 20–30 years age group [11]. Moreover, a notable proportion (71.9%) of the respondents in the present study reported having 1–5 years of job experience, which corresponds with a study that showed 78.64% of the respondents shared similar

experience [12]. Regarding monthly income, 61.9% of the respondents reported earning between NPR 21,000–30,000. In contrast, the study conducted in another setting of Nepal found that only 22.39% earned within a similar range. The differences might be due to changes in salary scales over time, institutional policy, and differences in sample size [13]. Furthermore, the majority (84.8%) reported dissatisfaction with their salary, similar to the findings of the studies conducted in Nepal where high proportions (86.5% and 95%) expressed similar dissatisfaction [11,14].

In the present study, more than half (56.7%) of the respondents reported that they have no family members abroad yet; these findings contrast with the study where 53.5% and 53.95% reported having family members overseas [15,16]. The differences might be due to regional differences or evolving migration trends. The study has shown that about half (45.7%) expressed the desire to pursue further studies and migrate abroad, which was consistent with the studies conducted in Biratnagar that reported a similar desire among nurses (39.4%). These findings indicate that young nurses hold strong academic and professional ambitions, often viewing foreign countries as destinations for better opportunities [17]. The results of this study have demonstrated a strong interaction between push and pull factors that influence nurses' plans to relocate overseas. Better compensation for working more hours was a major pull factor (65.7%). This is consistent with research which found that 75.72% of respondents expressed similar motivations, highlighting the crucial role that family and economic goals have in influencing migration decisions. Migration was also closely linked to broader

social and familial upliftment. Similarly, a better future for families and a better lifestyle in destination countries were equally influential, strongly agreed, and agreed by (59%, 35.2%) and (59%, 33.3%) of respondents, respectively, supported by the study [12]. Furthermore, aspirations for career growth opportunities and better earning opportunities were strongly agreed and agreed by (56.2%, 33.3%) and (56.2%, 32.4%) of respondents in this study, which are consistent with two different studies that reported 87.9% and 84.2% of the respondents cited better income and educational prospects as compelling reasons for their intent to migrate [17,18]. However, better job opportunities, better educational opportunities and peer influence were comparatively less influential pull factors, which align with the studies [11,18].

The current study has shown that the major push factor was low salary, strongly agreed and agreed by (70.5%, 25.7%) of respondents. This is consistent with the studies which reported 95.14%, 90%, 62.3%, and 70.9%, all indicating widespread dissatisfaction with salary among nurses [12,17,18,19]. A considerable proportion of respondents also reported limited educational opportunities (60% agreed, 19% strongly agreed) and lack of designated post and career advancement (59% agreed, 36.2% strongly agreed), which were also prominent push factors comparable to findings where 92.9% expressed similar views [17]. Additionally, lack of job opportunities was strongly agreed and agreed by (26.7%, 56.2%) of respondents, which was consistent with the studies reported (70.2%) and (90.5%) of respondents had similar points of view regarding it [11,18]. Likewise, difficulty in pursuing higher studies was strongly

agreed and agreed by (19%, 52.4%) respondents, which is consistent with the study [14]. High workload was also reported as a significant factor, strongly agreed and agreed by (46.7%, 33.3%) of respondents, aligning with a study which identified heavy tasks, extended working hours, and night shifts contributing to migration intentions [19].

Interestingly, (21.9%, 48.6%) of respondents strongly disagreed and disagreed that family pressure appeared to be a less influential push factor in the current study, and this contrasts with where 79.7% of respondents reported that family members played a significant role in shaping their migration aspirations [11]. Similarly, (24.8%, 47.6%) of respondents strongly disagreed and disagreed that marriage to a man living abroad was not a prominent driver. This finding aligns with the study that reported 74.75% of the respondents disagreed that marriage to a man living abroad played a significant role in migration decisions [12]. The perception of societal negativity towards nurses was agreed and strongly agreed by (36.2%, 21.9%) of respondents in this study, closely aligning with the findings of the study where 62.13% of nurses expressed similar sentiments [12].

This study found significant associations between nurses' intention to migrate and age, place of residence, ethnicity, marital status, salary satisfaction, family members abroad, and plans, which is consistent with the studies showing that marital status, salary satisfaction, and family members abroad emerged as particularly strong predictors of migration intention [16,20]. Similar to the current study, another study identified a strong relationship between age and

migration intention, indicating that younger nurses could be more likely to look for chances overseas [19]. However, the impact of age may change depending on the situation. [21,22]. These differences might be due to variations in study settings, sample characteristics and socio-cultural factors influencing migration decisions.

CONCLUSIONS

This study concluded that the majority of nurses in private hospitals in Biratnagar intend to migrate abroad due to key push factors such as low salary, limited career advancement, and lack of job opportunities, along with pull factors like better income and career prospects abroad. These findings suggest that improving salary, career growth, and working conditions is essential to reduce nurse migration from Nepal.

ACKNOWLEDGEMENT

The authors sincerely thank the University Grants Commission (UGC), Nepal, for providing the Faculty Research Grant. We also acknowledge the Biratnagar Nursing Campus Research Management Committee for administrative approval and express our gratitude to the nurses of Birat Nursing Home Private Limited and Neuro-Cardio Multi-speciality Hospital for their cooperation and participation in this study

AUTHOR'S CONTRIBUTION: Research concept, design, literature review, data collection, Report writing, data analysis and manuscript preparation-**AB**; Literature review, data analysis, manuscript preparation-**MB, PKM**. All authors read the final version of the manuscript before publication.

CONFLICT OF INTEREST: None declared

FUNDING

This study was financially supported by the University Grant Commission (UGC) Nepal.

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