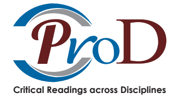
Journal of Productive Discourse
Volume 4 Issue 1, 2026. pp. 95–111
Kathmandu, Nepal
DOI: https://doi.org/10.3126/prod.v4i1.94358



Health Workers' Migration Intentions: Causes and Implications in Nepal

Jeevanath Devkota[1], Saroj Pokharel[2], Shree Ram Dahal[3]
[1]Faculty of Social Welfare, Japan College of Social Work
[2]Department of Sociology, Active Academy College
[3]Vidhya Bikash English School

Abstract

Despite substantial public investment in health professional education, Nepal continues to experience persistent emigration of skilled health workers. This study examines the key push and pull factors shaping Nepali health workers' intentions to emigrate and assesses the perceived impact of this migration on the domestic healthcare system. Drawing on primary data collected from 64 health workers in Kathmandu and employing a descriptive qualitative approach, the findings identify inadequate wages relative to living costs, limited career advancement opportunities, political instability, lack of job security, and unfair recruitment practices as major push factors. Key pull factors include higher remuneration, improved working conditions, access to advanced medical technologies, a quality of life, and expectations of greater job security in destination countries. The out-migration of health workers has exacerbated staffing shortages, increased workloads, delayed service delivery, and contributed to a decline in the quality of care. The ongoing brain drain threatens progress towards universal health coverage. Without targeted interventions, Nepal may continue to struggle to retain skilled healthcare workers and ensure equitable healthcare access for all citizens. The study highlights the need for competitive compensation, improved working conditions, and transparent career pathways to strengthen health worker retention in Nepal.

Keywords: health worker, migration intention, push and pull factors, Nepal

Article Info.

Corresponding Author
Jeevanath Devkota

Article History
Received: December 25, 2025
Accepted: April 21, 2026

Email
jeevan1525@gmail.com

Cite
Devkota, J., Pokharel, S., & Dahal, S. R. (2026). Health workers' migration intentions: Causes and implications in Nepal. *Journal of Productive Discourse*, *4*(1), 95–111. https://doi.org/10.3126/prod.v4i1.94358

Introduction

In recent times, nurses in Nepal have repeatedly staged demonstrations in front of hospitals, articulating various demands, including "Stop labor exploitation" and "Ensure fair valuation of labor." A primary concern is the mismatch between workload and compensation. Health workers are responsible for supporting themselves and their dependents. Nurses are often required to work under extreme conditions without

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adequate breaks for rest, meals, or hydration during their duty hours. In some hospital wards, a single nurse is responsible for 22–25 patients, whereas in critical care ICUs, one nurse may be expected to care for up to three patients per shift. This imbalance in the nurse–patient ratio has led to a decline in the quality of care provided to patients. In addition, maternity leave provisions are insufficient, and requests for extended leave may result in forced resignations. Despite these challenges, relevant authorities, including the judicial system and professional bodies such as the Nepal Nursing Association and the Nepal Nursing Council, have not adequately addressed this issue at the national level (Pariyar, 2025).

International migration is an important facet of globalization. People are moving across the globe, especially from the Global South to the Global North, in search of better employment opportunities, family reunification, business prospects, and higher education. It is often argued that increased globalization—including cross-cultural engagement and international trade—benefits everyone, and a shift toward isolationism or nationalism harms economic growth (Hill, 2024). As of 2020, cross-border migrants accounted for 281 million, representing 3.6% of the global population (McAuliffe & Oucho, 2024). One positive outcome is that migrants who move from developing to developed countries for work send remittances back to their countries of origin, contributing positively to economic growth, as well as to the health and education sectors, thereby fostering broader economic development (Khan, 2024). However, a pressing issue faced by many underdeveloped countries in recent years is brain drain. The emigration of skilled labor can negatively affect the domestic economy in the long term due to shortages of human capital (Ratha, 2005; Acosta et al., 2009), potentially creating obstacles to sustainable development.

The first issue is that governments in developing countries allocate resources to the education sector either from domestic public revenue or through loans from international organizations such as the World Bank. However, after graduating from university (or high school) and acquiring professional skills, many young people plan to emigrate abroad rather than contribute to their places of origin. This trend is also evident among Nepali healthcare workers. According to available data, approximately 15 percent of Nepali health workers have officially emigrated abroad for several reasons (ILO, 2017).

The second issue concerns the exodus of skilled health workers, which has resulted in a shortage of experienced healthcare personnel not only in rural areas but also in Nepal's capital city, Kathmandu (Ghimire & Neupane, 2025; Sharma & Khanal, 2022). Currently, approximately 50,500 health personnel are employed nationwide; however, the actual required workforce is approximately 65,000. Projections indicate that by 2030, the demand for nurses in Nepal will rise to 81,000; however, the increasing trend of migration poses substantial challenges to meeting this target. Data from 2002 to March 2025 indicate that approximately 45,400 nurses obtained no-objection certificates (NOC) to work overseas (IVP Nepal, 2025), suggesting that a significant number of health workers may be preparing to emigrate.

Based on primary survey data and qualitative analysis, this study aims to explore three research questions from the perspective of health workers. First, what are the push factors driving the migration of skilled medical

personnel from Nepal to other countries? Second, how does the emigration of health workers affect Nepal's health sector? Third, what policy measures can be identified to ensure that health workers remain in Nepal in the long term?

The remainder of this paper is organized as follows. Next section 2 provides a critical review of existing national health policies in Nepal discusses the theoretical framework and reviews the relevant empirical literature. Section 4 describes the survey data and research methodology. Section 3 presents the main findings of the study and examines the potential impact of migration on Nepal's healthcare system. Section 4 concludes the paper by outlining key policy directions.

Until the early 2010s, the administration of Nepal's health system was largely centralized and bureaucratic. Although district headquarters managed local health facilities, oversight was directed by the central government through a defined "chain of command" that extended from the central level to the regional, zonal, district, and local levels. Under the 2015 Constitution, health system responsibilities were distributed across the three tiers of government—federal, provincial, and local—assigning certain functions exclusively to each level while others were shared (The Constitution of Nepal, 2015). As part of Nepal's principal health sector policy 2019, the goal of the National Health Policy (NHP is:

> Develop and expand a health system for all citizens in the federal structure based on social justice and good governance and ensure access to and utilization of quality health services. (DoHS, 2019, p. xxiii)

This policy intends to enhance healthcare access, quality, and equity by focusing on underserved and rural areas. It also calls for workforce development, training, and the retention of healthcare professionals as essential components of a functional healthcare system. However, in practice, medical doctor positions in rural areas remain vacant due to a lack of applicants. As a result, people must travel to the capital city, Kathmandu, even for simple medical procedures, which imposes significant costs on poorer populations. Government hospitals are often perceived to provide lower-quality services than private institutions, and qualified health workers are rapidly migrating abroad, thereby undermining these policy goals. A recent study (Jha et al., 2025) posited that although the country produces thousands of skilled healthcare workers each year, it faces challenges in providing sufficient employment opportunities, competitive pay, and career advancement prospects within the domestic system.

Nepal's diverse geographical and socioeconomic realities create distinct challenges for its healthcare system. Although initiatives have been undertaken to improve healthcare access and implement the NHP, questions remain regarding its effectiveness at the local level. Major obstacles to local health services include inadequate infrastructure, shortages of skilled health workers, and insufficient funding (Khadga et al., 2025; Shrestha et al., 2025).

The existing policy framework remains inadequate for mitigating the primary causes of health worker migration, namely low wages and limited opportunities for professional development. This failure to retain talent directly compromises the policy objective of ensuring equitable service distribution. Furthermore, despite recognizing the need to strengthen rural healthcare, the policy provides insufficient incentives for workers to remain in these

regions, resulting in a concentration of skilled professionals in urban centers and a deepening shortage of healthcare workers in rural areas. Finally, Nepal's approach does not adequately counter the pull of international labor markets offering better compensation and working conditions, nor does it establish mechanisms such as diaspora engagement programs to mitigate the ongoing loss of skilled personnel (Ghimire, 2026; Paudel, 2025).

To address the research questions outlined above, this section reviews relevant migration theories and empirical findings related to health worker migration and its effects on the healthcare system. Neoclassical migration theory argues that migration is an individual cost–benefit decision driven by differences in opportunities and wages between the destination country and the country of origin (Lee, 1966; Sjaastad, 1962). Wallerstein's world-systems theory posits that some countries (core nations) are wealthier and more powerful, while others (peripheral nations) are poorer and dependent on them. Globalization and capitalism create and sustain these inequalities. The core problem lies in the unequal exchange between wealthy and developing nations, whereby skilled workers emigrate from the latter to the former, ultimately creating long-term socioeconomic disadvantages for peripheral countries (Simpson, 1990).

These arguments are particularly relevant to countries such as Nepal, where per capita income and health workers' wages remain relatively low compared with those in developed countries, thereby encouraging migration abroad and contributing to shortages of doctors and nurses. Structural functionalism, in contrast, views society as a complex system of interdependent parts (structures) that work together to maintain stability and fulfill societal needs. Each institution (e.g., healthcare) serves a specific social purpose. When these systems or structures fail to perform their duties or roles effectively, dysfunctions emerge and the system becomes destabilized (Parsons, 1975). A country can progress when it maintains fair rules, strong law and order, and low levels of cheating, corruption, and opportunism. Everyone should have opportunities to participate in political decision-making and benefit from economic growth, and power and wealth should not be concentrated within a single class. When such rules and systems exist—whether formally codified or practiced in reality—they help markets function more effectively, increase trade between regions and countries, and encourage investment and saving, which supports long-term economic growth (Acemoglu et al., 2005; Galiani & Sened, 2014).

Nepal's institutional quality remains weak due to corruption, poor implementation of law and order, and the concentration of power within certain groups. Educated individuals, including skilled health workers, often feel that they are not fairly rewarded for their work. Hence, we argue that institutional weaknesses also act as push factors encouraging emigration abroad.

Network theory suggests that when individuals move to a new location, they connect with other migrants while maintaining ties with family members, friends back home, and migration agents, gradually forming social networks. Such networks facilitate migration by providing information and support, making relocation easier and less risky (Boyd, 1989; Massey, 1988).

This theory is also relevant in the Nepali context, as Nepal has long relied on strong family,

community, and ethnic networks. Migrants share information about jobs, visas, wages, housing, and working conditions and often provide financial and emotional support to new migrants, including skilled workers.

The political environment is closely linked to socioeconomic conditions. Political instability discourages new investment and makes existing businesses, including hospitals, reluctant to expand their facilities, resulting in limited employment opportunities. Consequently, many health workers plan to emigrate. This relationship has not been adequately addressed in existing literature; therefore, this study aims to fill this theoretical gap.

The concept of "brain drain" gained attention after the 1950s, when skilled and educated individuals migrated from the UK to North America (Grubel & Scott, 1977). Women have also migrated to European countries since the 1950s to meet the demand for low-paid, risky, and low-skilled labor (Phizacklea, 2022). Migration has long been debated for its positive and negative effects on societies and economies. At the macro level, freer mobility can raise education levels and wages, as individuals pursue higher education to secure employment abroad. Returning migrants often earn higher salaries because of their international experience, further incentivizing education and skill development (Mayr & Peri, 2008). Similarly, the influx of highly educated migrants enhances the competitiveness and economic performance of destination countries, primarily through macroeconomic gains, underscoring the importance of policies that encourage skilled migration (Oliinyk et al., 2021).

However, migration can also adversely affect source countries, particularly poorer ones. The recruitment of healthcare workers from developing countries weakens critical healthcare services, as observed in sub-Saharan Africa and in countries such as Australia, which rely heavily on foreign-trained doctors in rural and underserved areas (Scott et al., 2004). In the short run, emigration may be viewed as a loss; however, in the long run, it can also generate benefits through increased investment in new businesses, stronger diaspora networks, and expanded political and social support for the country of origin. By promoting higher education and encouraging return migration or remote contributions, countries can transform brain drain into brain gain, thereby fostering human capital development and innovation (Guarnizo et al., 2003; Issac & Tripathi, 2024). In the Philippines, for example, the government supports the training of qualified nurses so that they can obtain high-paying jobs abroad and contribute to the national economy through remittances (De Haas et al., 2019).

At the meso level, student migration from low- and middle-income countries to high-income nations can stimulate short-term economic growth in home countries, partly by promoting education and civic engagement (Rasamoelison et al., 2021). Health workers from wealthier families often do not provide basic healthcare services in remote areas, even when they do not migrate abroad (Gent & Skeldon, 2006). Nevertheless, some scholars argue that the scale of brain gain remains smaller than that of brain drain, meaning that the outflow of skilled individuals can still negatively affect economic development and social welfare in source countries (Schiff, 2005; Pokharel et al., 2024). Others note that even large-scale migration of scientists, healthcare workers, and

IT professionals can generate positive diaspora externalities, and countries such as the United States benefit economically and innovatively by attracting talented individuals (Docquier & Rapoport, 2012; Issac & Tripathi, 2024; West, 2010).

As argued by previous research (Boniol et al., 2022), a minimum of 23 trained health professionals per 10,000 people is required to ensure adequate healthcare coverage. However, many low-income countries continue to experience a declining availability of these professionals.

The migration of nurses from poorer Asian, African, and Small Island nations to wealthier countries reflects labor market inequalities and uneven development, as destination institutions increasingly rely on migrant nurses for hospital operations and workforce restructuring (Crush & Pendleton, 2011; Valiani, 2012). Nurses exemplify feminized care work that is globally stratified, illustrating how some countries treat healthcare labor as an export industry (Banerjee, 2012; Walton-Roberts, 2015). In Nigeria, between 2005 and 2015, approximately 25 percent of skilled doctors and nurses migrated to developed economies, posing a serious threat to the national healthcare system (Ebeye & Lee, 2023).

In the Philippines, health workers migrate abroad due to low salaries in both private and public hospitals, outdated hospital technologies, limited job opportunities, and poor working conditions. Nevertheless, the migration of skilled nurses contributes significantly to the national economy through remittances (Dimaya et al., 2012). In the India–UK nurse migration corridor, scholars also argue that profit-driven intermediaries influence curricula, provide specialized training, and prepare nurses to meet the workforce requirements of the United Kingdom (Merz et al., 2024).

Some empirical studies further confirm that economic shocks in Kyrgyzstan have increased international migration practices (Agadjanian & Gorina, 2019). Political instability has also been found to have a significant positive effect on remittance income in Sub-Saharan African countries (Ajide & Alimi, 2019). A study examining migration pull factors found that nurses and doctors are motivated to work in Saudi Arabia by higher salaries and benefits, employment entry opportunities, religious considerations, advice from family and friends, and evolving workplace environments. Employment abroad provides long-term financial and career advantages, as well as opportunities for religious practice. Migration benefits individuals through improved skills and income and supports source countries through remittances, highlighting the importance of strategic planning and international collaboration in health workforce management (Almansour et al., 2023).

It has also been observed that some women migrate to Gulf countries not solely because of poverty but to escape restrictive family expectations and community norms. Others migrate abroad to avoid arranged marriages and pursue greater personal freedom in destination countries (Mahdavi, 2016).

Nepal produces a large number of healthcare professionals annually, including approximately 2,000 medical doctors, 7,610 nurses and midwives, and 6,540 paramedics from 21 medical colleges. Despite this considerable

supply of skilled workers, the national labor market offers limited employment opportunities. Developed countries attract Nepali healthcare professionals with higher salaries and better working conditions, while individual factors, such as young age, family support for migration, and low levels of patriotism, further encourage workers to migrate abroad (Jha et al., 2025). Athough Nepal is producing new doctors, their outward migration poses severe challenges to Nepal's health care system (Karki et al., 2024).

Outward migration poses severe challenges to Nepal's healthcare system. Two decades ago, onlya small number of nurses emigrated; however, even newly graduated nurses are now increasingly seeking employment overseas. The loss of medical professionals, many of whom were trained through government-funded programs, has weakened Nepal's healthcare infrastructure. Nearly half of the national healthcare workforce has emigrated, resulting in critical staff shortages that disproportionately affect rural and marginalized populations.

Nepali nurses migrate to the United Kingdom in search of better opportunities, driven by family expectations and global demand for healthcare workers. This migration brings both pride and hardship, creating professional and social challenges abroad while reshaping gender roles and social dynamics in Nepal. Education and migration are closely connected, as nursing is widely viewed as a pathway to a better life overseas. The privatization of nursing education in Nepal has expanded training opportunities but has also contributed to corruption and an oversupply of graduates. Migration decisions are often family-driven rather than purely individual. In the United Kingdom, Nepali nurses face significant challenges, including visa constraints, occupational downgrading, language barriers, and discrimination. Despite these hardships, many eventually achieve professional stability and obtain permanent residency. Overall, migration economically empowers women and contributes to shifts in traditional gender roles within families and society (Adhikari, 2019).

The literature demonstrates that skilled health worker migration from developing to developed countries has both benefits and drawbacks. While migration can weaken healthcare systems in source countries by creating staff shortages and limiting access to care, it can also generate gains through education, diaspora networks, and return migration. Despite these potential benefits, the loss of trained healthcare professionals poses serious challenges by reducing healthcare capacity and increasing inequalities. Although several studies have examined the migration of Nepali health workers, existing research lacks a micro-level analysis based on primary survey data that explores the motivations behind migration intentions and their potential effects on Nepal's health sector. This study aims to address this gap in the literature.

Methodology

This study employed a descriptive qualitative method using focus group discussions (FGDs) to examine the factors that motivate individuals to migrate abroad. This approach allows for an in-depth understanding of phenomena and issues based on participants' experiences and perceptions (Kim et al., 2017). A field survey was conducted among health workers employed in hospitals in Kathmandu from April 1 to July 16, 2025. Some interviews were conducted in person, but for most participants, questionnaires were distributed at their workplaces and collected

later. Selecting hospitals or health workers could introduce selection bias; therefore, we also included respondents encountered randomly in the city or community to minimize this limitation. The interviews were conducted in English, with each session lasting 35–45 minutes. The sample comprised 64 health workers.

The unit of analysis was individual health workers. Health workers are defined as those whose primary responsibility is to support, enhance, or deliver services aimed at maintaining and improving health. This category includes doctors, nurses, midwives, public health specialists, laboratory and health technicians, medical and non-medical technical staff, personal care workers, community health workers, and practitioners of traditional or alternative medicine. It also encompasses individuals involved in health management and support services, such as cleaners, drivers, hospital administrators, district health officials, social workers, and other related professions (WHO, 2022).

The questionnaire contained 29 questions organized into six sections, incorporating both structured and open-ended items. The first section collected demographic information, including age, gender, marital status, education level, professional background, and years of experience. The second section addressed push factors motivating migration from Nepal, focusing on income, salary satisfaction, working hours, working conditions, career advancement opportunities, access to medical equipment, political instability, and transparency in hiring processes. The third section gathered information on pull factors attracting health workers abroad. The fourth section explored current challenges in the health sector, while the fifth and sixth sections addressed normative issues, emphasizing recommendations for improving the health sector.

Results and Discussion

Respondents' Demographic Characteristics

Among the 64 respondents, 62.5% were female and 37.5% were male. Additionally, 64.1% were married, and 35.9% were unmarried. The age distribution indicated that the majority of participants were under 34 years of age, with 15.6% aged 35 years or older. Regarding educational attainment (measured in completed years), 60.9% had 0–13 years of education, 23.4% had 14–16 years, and 15.6% had 17 or more years of education. Work experience varied significantly: 35.9% had 1–4 years, 50% had 5–9 years, and approximately 14% reported more than ten years of experience, with only four individuals possessing over 15 years.

Participants held various roles within the health sector, including nurses (42.2%), medical technicians (23.4%), pharmacists (12.5%), healthcare workers (9.4%), doctors (6.3%), radiologists (6.3%), and human resource staff (1.6%).

Several inferences can be drawn from this information. First, the predominance of female respondents (62.5%) aligns with the global trend in which care-related work is primarily undertaken by women. Second, the age range of participants, predominantly 25–29 years, corresponds to a life stage when individuals often consider mobility and seek new opportunities. Third, most respondents had completed only 13 years of education, whereas developed countries require highly skilled and certified health workers. Finally, the migration of experienced health workers to higher-paying destinations could create a shortage of senior staff, potentially affecting leadership and supervision within the healthcare system.

Table 1

Respondents' Demographic Background (N = 64)

Category	Sub-category	Percentage (%)
Gender	Female	62.5
	Male	37.5
Marital Status	Unmarried	35.9
	Married	64.1
Age Group	< 24	17.2
	25–29	45.3
	30–34	21.9
	> 35	15.6
Education	0–13	60.9
	14–16	23.4
	17 and above	15.6
Work Experience (yrs)	1–4	35.9
	5–9	50.0
	10–14	7.8
	15 and above	6.3
Occupation	Nurse	42.2
	Medical Technician	23.4
	Pharmacist	12.5
	Healthcare Worker	9.4
	Doctor	6.3
	Radiologist	4.7
	Human Resource	1.6

Note. Created by the authors based on survey data, 2025.

Push Factors

The primary reason for the intention to emigrate appears to be economic. Among the 64 respondents, only 9.4% earned more than NPR 50,000 per month, while the majority (61%) earned between NPR 30,000 and 40,000. Some respondents earned less than NPR 20,000 (Table 2). Only 10.9% reported that their salary was sufficient to meet their family's needs, whereas 89.1% indicated that their income was inadequate to sustain their livelihoods in urban areas.

Table 2

Respondents' Salary Range (in NPR) (N = 64)

Monthly Salary (000)	Percentages (%)
<19	3.1
20-29	14.1
30-39	60.9
40-49	12.5
> 50000	9.4

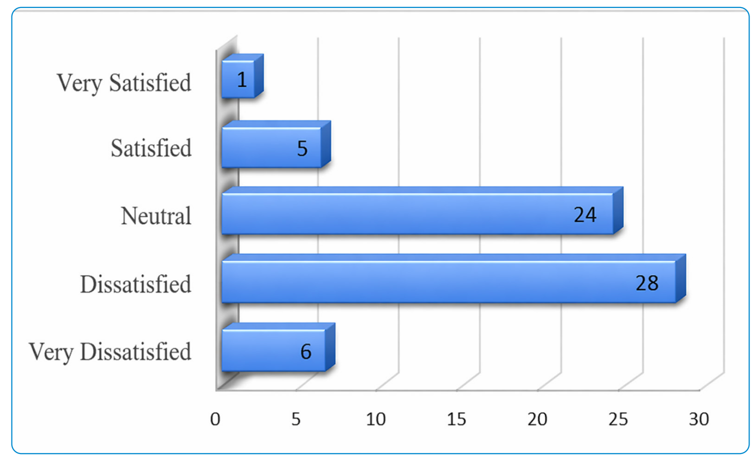
Note. Created by the authors based on survey data, 2025.

In fact, approximately NPR 70,000 per month may be necessary for a nuclear family to meet basic living expenses in Kathmandu. An oversupply of health workers in urban areas relative to actual demand could also explain why hospitals often do not pay the government scale. Additionally, although 18% of respondents were unaware of the salary range for health workers abroad, 88% were well informed. Consequently, as argued by Toyin-Thomas et al. (2023), the salary difference between Nepal and developed countries serves as a strong motivation for seeking employment overseas.

Job satisfaction emerged as another closely related factor. Most respondents reported either dissatisfaction or neutral feelings regarding their jobs (Figure 1), with only a small number expressing satisfaction with their profession. Job dissatisfaction negatively impacts employees' work performance, commitment, and organizational effectiveness. Considering their current income, 76.6% of respondents expressed a desire to emigrate, 17.2% did not wish to emigrate, and 6.3% remained indifferent.

Figure 1

Health Workers' Job Satisfaction Level



Note. Created by the authors based on survey data, 2025.

The second factor relates to the work environment and opportunities for professional growth. Most respondents reported working 7–8 hours per day, which aligns with international standards; however, a small proportion indicated longer working hours and a higher health worker–patient ratio than the WHO benchmark. Most interviewees rated their working conditions as moderate to good (on a scale from 0 = poor to 10 = excellent), with 50.0% assigning a rating of 5 and 28.1% rating them as 6. Only a small proportion rated their working conditions as either very high (10.9%) or very low (10.9%), suggesting that health workers generally found their working conditions acceptable.

In addition, more than half of the respondents (54.7%) reported lacking access to modern medical equipment in their workplaces, while 45.3% indicated that such equipment was available. Although funding constraints may pose challenges, regular professional training and the provision of modern equipment are essential to motivate health workers and strengthen the healthcare system.

The third factor influencing migration plans is political and institutional quality. A substantial proportion of respondents (85.8%) reported that political instability in Nepal moderately or strongly influenced their decision to migrate abroad. Many expressed feelings of insecurity due to frequent strikes and occasional stone-throwing incidents at some hospitals. Furthermore, the survey revealed that although 54.7% of respondents believed there was transparency in the hiring of health workers, 45.3% expressed dissatisfaction, indicating persistent concerns regarding recruitment processes. These findings raise important questions about the country's institutional quality and the enforcement of the rule of law.

Pull Factors

Career growth and higher income are by far the most dominant motivator (80%) considering working abroad. Although living cost is expensive in developed countries, full-time certified nursing care personnel receive about 250,000 NPR and twice year bonus in Japan. Highly experienced doctors earn much higher in Australia, the USA, the UK, and Canada. The persistent income gap between developed and underdeveloped economies raises critical questions about why some nations achieve economic success while others fail.

Some respondents also hope to get permanent residency and a lot of chances to use modern technology. Most respondents preferred to migrate to English-speaking developed countries such as Australia, Canada, the UK, and the USA, several challenges may arise when seeking employment abroad. First, high-level English communication skills are mandatory for healthcare workers, however, those whose educational background is public school in Nepal may struggle to meet the language ability criteria. Also, they must meet legal requirements, such as having completed and passed internationally recognized certification. In this case, they should take additional courses and trainings in the destination countries. Most respondents believe there will be better job security and professional recognition.

Globalization, affordable airfares, widespread internet access for job searching, and exposure to job- and income-related information, foreign lifestyles on social media, as well as migration trends, may be other pull factors that we were unable to capture in our survey.

Impact on the Healthcare System

From the health workers' perspective, several issues have emerged due to the migration

of health professionals. Most respondents (38) reported a decline in the quality of care, indicating increased medical errors, uncoordinated services, and reduced patient satisfaction. Another 22 respondents experienced increased workloads, while a few (four) reported no impact on the sector. In hospitals, only a limited number of personnel are available to serve a large patient population, resulting in long queues, delayed services, and increased stress for both workers and patients. In this context, Mehta et al. (2024) argued that India faces a continuous shortage and unequal distribution of healthcare workers, resulted by structural issues such as job dissatisfaction, weak workforce planning, and brain drain. This shortage is particularly alarming in public and rural healthcare systems, leading to decreased accessibility and service quality. When patients perceive that hospitals cannot provide timely or reliable services, they often seek medical treatment abroad, particularly in India, despite the high financial burden on their families.

Rural areas are especially affected by staff shortages due to migration trends. Persistent political instability and declining consumer markets have undermined private sector confidence, slowing the investment needed to expand Nepal's healthcare infrastructure. Consequently, migration trends are likely to continue. Many health workers currently employed in urban areas, particularly Kathmandu, may already be preparing to emigrate. Given the shortage of nursing and elderly care workers in developed countries, a significant number of health professionals may move abroad when immigration policies become more flexible.

As a result, healthcare workers from rural areas may relocate to Kathmandu, further exacerbating the shortage of medical professionals in already underserved regions. Ongoing brain drain threatens progress toward universal health coverage. Without targeted interventions, Nepal may continue to struggle to retain skilled healthcare workers and ensure equitable access to healthcare for all citizens. Delays in implementing the NHP could accelerate the mass exodus of medical doctors from Nepal.

Conclusion

This study used primary survey data and applied qualitative methods to explore the factors motivating health workers to migrate abroad and their impact on Nepal's healthcare system. The key push factors for out-migration include inadequate wages to meet living expenses, dissatisfaction or neutrality toward current jobs, limited opportunities for career advancement, and, in some cases, perceptions of unfair hiring practices. Pervasive political instability, feelings of insecurity, and lack of job stability also influence migration decisions. Most respondents expressed a desire to migrate to Australia, Canada, the UK, and the USA. Pull factors include career growth, significantly higher wages, and opportunities for permanent settlement in destination countries. Globalization, affordable airfares, Internet access for job searching, quality of life, and abundant information and support from friends or relatives may also act as pull factors.

Challenges have emerged in Nepal's health sector due to the exodus of healthcare workers. These include a decline in the quality of care and reduced patient satisfaction. Medical doctor positions in rural areas remain vacant due to a lack of applicants. Existing health workers face increased workloads as a result of staff shortages. These pressures are particularly acute in public hospitals, leading to long waiting times, delayed

services, and heightened stress for both patients and healthcare providers. The emigration of skilled healthcare workers from underdeveloped to developed countries poses a serious challenge to the sustainability and equity of Nepal's healthcare system.

Following the nationwide nurses' strike in 2025, the authorities' decision to implement government-scale salaries represents a positive step; however, some private hospitals and clinics, particularly in rural and semi-urban areas, may not fully comply. To prevent labor exploitation, relevant authorities in all provinces should monitor and verify healthcare workers' actual salaries. Transparent hiring practices based on qualifications and experience should also be implemented nationwide. Additionally, there is an urgent need to modernize hospital infrastructure through updated technology, modern equipment, and improved health programs, alongside expanded training and professional development opportunities. Without comprehensive domestic reforms—covering pay, infrastructure, governance, and career stability—Nepal will likely continue to lose skilled healthcare workers to foreign labor markets.

Health workers often pay high fees to private agencies or brokers during migration. If there is clear evidence of an oversupply of health workers domestically, the government could establish a dedicated body to provide destination-country-specific training and facilitate overseas placement, at least in the short term, as is practiced in the Philippines. This approach could support the national economy through remittances while protecting health workers from exploitation by migration brokers.

This study examined migration motivations from the perspective of 64 health workers employed in urban areas. Consequently, the findings may not fully capture the broader macro-level dynamics of health worker migration across the country. Future research should include data from both rural and urban areas, employ econometric models to more robustly identify the key determinants of health workers' migration decisions, and adopt intersectional frameworks to better capture the complexity of health worker migration in Nepal.

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