DRIVING FACTORS AFFECTING THE MIGRATION OF YOUNG NURSING CARE PROFESSIONALS FROM POKHARA IN A GLOBALIZED WORLD: A HOSPITAL ETHNOGRAPHY

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Abstract

Due to unfulfilled expectations in local health-care industry, the participating nurses working in private hospitals in Pokhara were willing to migrate abroad where their aspirations could be met. The irritation, worry, and unhappiness with their career were revealed by the focused-group discussion, in-depth interview, and kuragraphy methods utilized in this study among young nurses in Pokhara. Some of the nurses had already registered for overseas studies and jobs while still working in hospitals and awaiting their visas. As globalization has stimulated the movement of people, the concept of globalization in association with neo-classical and new economic theory of migration, transnationalism, neoliberalism and world-systems from an anthropological standpoint has been applied to analyze the reasons of participant nurses to migrate where the study found that the main reasons for them to migrate were low pay, an uncertain future, a lack of career opportunities, job pressure, and the trend of out-migration. These competent nurses desired to work in core nations have considered semi-periphery as a secondary option. Through the stories of young nurses, this study exposes the dire condition in Nepal’s health-care industry which is motivating nurses to relocate in destination countries resulting brain-drain.

Keywords: Aspirations, out-migration, kuragraphy, globalization, transnational migration, brain-drain

The backdrop

The trend of Nepali nurses migrating abroad for higher studies and working purposes has become a major concern in the contemporary times, however, the research gap is unfulfilled (ILO, 2017). As soon as, the students complete their 12th or PCL (Proficiency Certificate Level), they immediately get enrolled for IELTS (International English Language Testing System) or PTE (Pearson Test of English) classes. The scenario is true for entire disciplines. However, the situation is worst in the nursing sector as the opportunities for nurses are lucrative in foreign countries whereas in Nepal, they
are underpaid and over-exploited. From the discussion with nurses and language consultancies, the new trend of nurses taking exams such as OET (Occupational English Test) and NCLEX (National Council Licensure Examination) to work as a nurse in their destination countries was explored. Ultimately, the out-migration of such skilled human resource in today’s number depicts the future crisis in health care sector in Nepal. Nurses are crucial for health care industry as this particular industry in the present era can’t be imagined in their absence. Their role, skills and importance for the well-being of patients is undebatable. Tanaka and Miyamoto (2022) have presented the data that the global nursing deficit was anticipated to reach 5.9 million before the pandemic; moreover, COVID-19 induced the demand for nurses which made nurse shortages even more pressing in all countries. With the upsurged demand in the developed nations, the ample opportunities are created for migrating nurses. In contrary, the circumstances are quite opposite in Nepal. Nursing is a popular female profession in Nepal (Shrestha, 2020). This gendered approach to nursing practice is still frequent and widespread, which may be one of the causes for the country’s lower pay for nurses. Nurses in Nepal are paid a minimum wage based on their education, their pay is an injustice to their talents, devotion, investment in study, time, and, most importantly, disregarding of their importance (Adhikari, 2023). Adhikari (2023) highlighted concerns about meritocracy in private hospitals and portrayed the basic condition in Nepal that leads young nurses to have their passport stamped as government ignorance, and the future in private hospitals is unknown. Similarly, Sands, Ingraham, and Salami (2020) detailed the large migratory trend of Caribbean nurses to the developed world and indicated the need for additional research to understand the reasons for that pattern and its implications in the health care industry. By understanding a similar circumstance, this paper explains why the nurses in Pokhara are desperate to leave their country for a better future. Because out-migration is caused by push and pull forces, the ethnographic technique used in this study uncovers such causes through the stories told by young nurses about their experiences.

Description of the issue

A large percentage of Nepali nurses want to move for a variety of reasons, including low pay and an absence of occupational independence (Poudel, et al, 2017). The issues in Nepal’s healthcare industry, including inadequate pay and a lack of prospects, as well as nurses’ desires for themselves, all contribute significantly to their foreign migration (Thapa & Shrestha, 2017). Brain drain is an essential issue that must be addressed in Nepal’s current situation since it would result in a significant scarcity of competent workers in the country. When a large number of nurses leave, there will be a nursing shortage in the healthcare profession, posing a threat to the well-being of the local community. As young nurses in Pokhara are also found migrating and many of them are intending to relocate to other countries, it is critical to fully comprehend the reasons for their migration in order to address the negative consequences of migration in a timely manner.
The major goal of probing

The primary goal of this article is to explore and explain the factors motivating young nursing care providers working in Pokhara to relocate to foreign destinations from an anthropological standpoint, taking into account both the pull and push aspects of international migration in today’s globalized world.

Research deficit

Due to global shortage of healthcare professional, the demands for nurses have grown globally (Baines, 2023). In such situation, Nepali nurses are considering to migrate due to various push and pull factors in source and destination countries respectively. The migration of skilled nurses will result crisis in Nepali healthcare sector. Thus, studies have to be conducted to understand the scenario clearly so that the potential crisis can be avoided. However, there is limited number of studies focused on the migration of Nepali nurses in the globalization era. As globalization has intensified the flow of people, the concept of globalization is very essential to study today’s brain-drain. The anthropological researches in this topic with ethnographic approach were discovered missing, hence, this study is attempting to fulfill the lacuna in the context of Pokhara where young nurses were found intending to migrate.

Modus-operandi

Under the application of ethnographic approach within hospital settings, I purposively selected nurses from two hospitals in Pokhara valley. I aimed to understand the factors contributing to the migration of nurses in Pokhara in today’s scene of brain-drain. As ethnographic approach helps to decode the encrypted meanings, it helped me to reveal many aspects through the stories narrated by nurses. I got an opportunity as a researcher to immerse in the subject matter and bring out the reality. For this study, I used qualitative methods such as observation, interview and discussion. With the help of a nursing acquaintance, I contacted ten young nurses aged below 25 beginning in April 2023. Then I obtained permission from five of them to make their participation in my study. I went to their workplace with their consent to observe them. In their night offs, I usually had short conversations with them and in-depth discussions in their day offs. I conducted in-depth interview with 5 nurses (key-informants) serving in two different private hospitals in Pokhara, three of them had done PCL whereas two had completed BSc Nursing. In addition, I visited 3 language consultancies to observe the participation of nursing graduates preparing for English language tests. Among my five respondents, only one was married, two had already applied for abroad and waiting for their visas whereas the remaining three had commenced processing. After spending a month from contacting to meeting and talking, I was able to understand the scenario of the nurses in
Pokhara. I listened to their stories encrypted with their beliefs, frustrations, anxieties, and hopes and so on. By analyzing the situation of these young nurses revealed from interviews, discussion and observation along with kuragraphy (Desjarlais, 2003) which means the time spent with participants by talking and sharing things with them casually, I was able to interpret the real situation and conclude the research work. I established the integrity of researcher throughout the study in order to maintain the research quality.

**Conceptual/theoretical design**

This article is based on the first-hand dialogue with nurses. The situation of nurses in the country has been portrayed from in-depth conversations with young nurses working in Pokhara. The conceptual sketch depicts the migration of Nepali nurses. There are various reasons underlying behind the increasing migration which have been considered significant as it will result crisis in health care industry due to unavailability of enough manpower. The push and pull factors for nurses’ international migration in the period of globalization demands a deep anthropological analysis. There is an apparent link between globalization and migrations of people as globalization has uprooted countless people and triggered population shifts that are now difficult to govern (Dokos, 2017). As a result, analyzing nurses’ migration in the current circumstances necessitates a globalization perspective. The following conceptual framework consists the macro perspective of globalization along with the notions of neoclassical and new economics’ approaches to migration, transnationalism, neoliberalism and world-systems which allowed capturing and reflecting the scenario of brain-drain in this study.

![Figure 1: Conceptual/theoretical design of the study](image)
Theoretical dialogue

Globalization, from an anthropological standpoint, is a worldwide network in which individuals migrate across boundaries, resulting in intercultural interaction and sharing (Inda & Rosaldo, 2002). Appadurai (1996) has explained the globalization in the light of today’s flows of people, technologies, money, ideas and media information. These movements may be examined through the lens of transnationalism, which is tricky to express, uncertain as well as changeable by nature which has also been discussed by Lewellen (2002) and therefore, has shown the significance of ethnographic research. The transnationalism is a key feature of globalization which implies a loss of authority over a nation-state’s boundaries, citizens, and territory that has triggered the international migration (Huff, 2014). This approach further clarifies the skilled manpower’s migration across boundaries in the context of Nepal for multifaceted reasons which can also be viewed in terms of neoliberalism because the international migration and compelled labor in severe circumstances are common modes of human movement in neoliberal globalization (Wise, 2015). In the study, the destination countries of migration have been observed in terms of world-systems theory of Wallerstein (2004). Portnoi (2016) argues the contending as well as mutually reinforcing ideas and concepts on globalization contributes to a wide range of interpretations. As migration of the participant nurses in the context of globalization is a complex phenomenon influenced by multiple factors which require multiple theories to analyze. Hence, in this study aforementioned perspectives and approaches have been employed.

Push aspects

Those aspects prevalent in healthcare sector in Pokhara that forces these young nurses to migrate have been determined as push factors in this study. There is plethora of factors compelling tender nurses to consider foreign land as their workplace. From the interview with participants, these factors were revealed. Sumina (name changed), who is 20 years old is taking IELTS classes. She has a year of experience in hospital combined with her PCL certificate. She aims to go to Australia for her Bachelor’s in Nursing. She had confirmed that she wouldn’t pursue any further study in Nepal. The major reason for her was peer pressure as many of her friend have already gone Australia and Canada, some are in the process. She was sad because it was getting late for her compared to her friends. Similarly, for Shristee (name changed) who had completed Bachelors in Nursing, the reasons to go abroad were the lower salary, hectic schedule, lower satisfaction and unguaranteed future. Hence, she is preparing OET for migrating to work as a nurse in the UK. Her second option was to go the UAE but she exclaimed that she couldn’t afford to stay in Nepal any longer. Likewise, the similar problems and situations were shared by majority of the participants. From the discussion among them,
the common aspects were known which are under payment, lack of opportunities for career growth, unrewarding culture in hospital, lack of meritocracy and less facilities. Overall, the dissatisfaction and frustration were displayed by the nurses regarding their profession within Nepal, however, many of them don’t regret of studying it as it brings them lucrative opportunities outside the country.

**Pull aspects**

Unlike push factors, the pull factors are those that gravitates the nurses towards the country of their desire where they get more opportunities. According to the participating nurses, the United States, the United Kingdom, Canada, and Australia are their ideal destinations since they can find numerous promising and gratifying opportunities as nurses there. For example, Binika (name changed) wants to become RN in Canada and start her new life. She chooses Canada because she thinks it will be the best place to raise her children. She mentioned, the healthcare system, quality education, job opportunities for everyone, proper retirement plans and peaceful environment are the reasons that convince her Canada as the best place. She displayed her statement of purpose that she was using to apply for Canadian visa where she has written the same. Similarly, Yamuna (name changed) is waiting her visa of the UK. She chose the UK as she has her relatives there and she couldn’t stay in Nepal anymore as all of her friends were leaving Nepal. She has many friends already settled in the UK and she wants to join that circle. Their lifestyle generally known from the social media pulls her towards that fascinating world of her imagination. In the same manner, all the participants had more or less similarity in their voice.

**Migratory trend**

From the interviews with participants, it is known that the migratory trend has become a subject of worry. None of the participants wanted to stay in Nepal and many of them had already been processing for abroad. They were either waiting for visa or preparing for application. And from them it was discovered that many of their friends had already been to their dreamlands. Some of them believe that they will return back to Nepal but later in the future. For now, everybody seems in a race to land in one of their desired destinations. In case, if they couldn’t make it to the first world countries like the United Kingdom, the United States of America, Canada, Australia and New Zealand, they were holding options for Gulf countries such as Kuwait, the UAE, Saudi Arabia etc. From the world-systems of Wallerstein (1974), the first world countries can be considered core, the Gulf can be viewed as semi-periphery whereas Nepal remains periphery in this context of migration. This trend of migration from periphery to semi-periphery and core is getting stronger each day which is influencing younger children to pursue education up
to higher secondary and then go abroad. Nowadays, according to Tiniza (name changed) in Bachelor’s courses of Nursing, the quota isn’t fulfilled. As many students leave for abroad after their higher secondary education or PCL, the classes have few students only where it was really competitive and full in the previous years. Tiniza believes that since the Corona period, the scenario has changed because the trend of migration after PCL and 12 has intensified, leaving seats for students unfilled at the Bachelor’s level. Furthermore, I was able to collect information about the participation of nursing graduates in preparation of English language tests from the front desk of three different language consultancies in Pokhara where I found altogether 30 nursing graduates were preparing for tests like PTE, IELTS and OET among 100 students belonging to different subjects who were enrolled in those consultancies in the previous three months. This participation clearly indicates their intention for migration. The increasing trend of this migration pattern will invite crisis of manpower in healthcare industry in near future.

**Discussions**

The underlying issues are related to payment, job satisfaction, career progress, and future opportunities, as expressed by participating nurses during interactions and interviews, and are the primary motivators for them to relocate abroad. Likewise, they poured all their frustrations and anxieties due to the condition of nursing profession in Nepali context. Their dissatisfaction was too high to expect them to work in Nepal for their lifetime. They are found to have been working either as an intern as a part of curriculum or just for experience that can be an asset to their foreign education as well as employment. According to Kingma (2007), the nurses migrate for several reasons but not only for financial purposes; however, the migration pattern is influenced by the socio-economic aspects in both, country of origin as well as host country. Likewise, Dywili, Bonner and O’brien. (2013) have concluded that economic concerns were not the predominant reason for migration despite being commonly noted but there were several factors such as financial, professional, political, social, and personal. In the context of Pokhara, Nepal, some of the common factors reported by nurses in my study have been discussed below:

1. Salary

None of these nurses were satisfied with the salary they are paid. They believe they are underpaid and which is very low depending on the work they perform. Even the experienced nurses aren’t paid handsomely. The salary isn’t enough for themselves and when they think of their investment for this education, it drives them crazy and make anxious. They were lamenting that the money isn’t enough for their shopping and spending on hangouts. They have to rely on parents for their extra expenses. Tiniza exclaimed, “I
can make just 18,000 with overtime”. She told even the most experienced nurse can only make Rs. 30,000 per month. Sumina makes even lower, i.e., Rs. 10,000 per month. The salary seems pretty basic and furthermore, they reported that they are often paid untimely. As they were sent to nursing school with expectations that they could eventually look after their parents and family which seems quite impossible by getting employed in hospitals in Pokhara. Edward (2014) argues that the low pay is said to be a major reason why doctors and nurses in underdeveloped nations relocate and has presented data how the increment in salaries decreased their migration in Ghana. Similarly, these young nurses from Pokhara complained that one of the key motivators for their move is the low pay. According to the theory of neoclassical economy, international migration is fueled by wage disparities and job opportunities across countries which would be prevented if wage differences were abolished (de Hass, 2010). Thus, pay increases and the creation of appealing incentives in local hospitals are critical to dissuade their international desire.

2. Work Culture

The nurses in my study explained that the work schedule is not well developed or regulated by focusing on the perspective of work-life balance which costs them in their own health. Sometimes, a single nurse has to do multiple roles and double duties in the absence of enough manpower. A nurse despite her specialization is required to attend duties in several wards. Due to hectic schedule, they have to compromise on their private life. It has implications on their relationships, time with family and time for their hobbies. This clearly depicts, the work-life balance of these nurses is critical. They also mentioned that they are often exploited beyond their responsibilities and strengths. If they cannot perform well, they are easily replaced and hence are forced to work in spite of difficulties. According to Binika, the patient-to-nurse ratio is beyond the prescribed limit. There are instances when a single nurse is handling 3 to 4 patients in ICU (intensive care unit), likewise, couple of nurses deal with over 30 patients in general ward. This situation put a lot of pressure on young nurses and mostly freshers are panicked on these circumstances. Sharma and Rani (2020) have highlighted the influence of nurse-to-patient ratio in patient outcomes as the increased workload and decreased nurse-to-patient ratio can result medication errors, iatrogenic consequences, hospital morbidity, a longer hospital stay, and reduced patient safety. Also, Rony, Numan, and Alamgir (2023) have discussed the importance of work-life balance for the improvement of healthcare institutions, excellent care for patients and effective clinical results whereas work culture in health organizations in Nepal represents a severe scenario in terms of work-life balance approach.
3. Lack of career growth and future insecurities

The workforce in every profession expects job advancement and future stability. People generally migrate to areas with better possibilities and future prospects. According to the new economic theory of migration, the decision to migrate is the outcome of a collective decision aimed at improving income and career opportunities while limiting threats (de Hass, 2010). Similarly, nurses go to more developed nations in search of greater professional possibilities as well as higher pay and stability for family members back home (Hughes, 2007). In my research, nurses commonly emphasized the restrictions of their professional advancement in their own country. As I began to question my participants about additional causes encouraging them to migrate, they raised the issue of a lack of professional possibilities and future stability. I learned via in-depth gossips and talks that they are forced to continue working in the same setting without any incentives. Sumina and Shristee had expressed a desire to learn new skills and advance in their careers, but they said they don’t have enough opportunity to work and improve their abilities and knowledge. Furthermore, they stated that there are insufficient conferences, trainings, and seminars to make any improvements. As a result, their abilities remain stagnant, and they will be regarded incompetent in the future when new improvements are released. Furthermore, these nurses are concerned about their future in Nepal because in their view the government is doing nothing to address their concerns, while rich countries encourage their relocation. They are motivated to work in other countries because of the high compensation, lifestyle, amenities, and PR (permanent residency) chances.

4. Employment situation

Benach et al. (2021) argue that the nurses of various countries including Nepal have been negatively affected in their well-being due to employment and working circumstances, as well as job relationships, therefore, international and national binding legislation, as well as financial and wellness criteria, are required to improve nurse career prospects, working conditions, and work-life balance. An impersonal trait is one of the characteristics of neoliberal economy which is true for all profit-oriented industries including healthcare in today’s globalized world. The motivation for profit maximization makes this behavior common in every sector in profitable economy. In Nepali healthcare industry, the neoliberalism has contributed overtly in commercialization and privatization of healthcare sector (Mishra & Acharya, 2013). In today’s market, the competition among health service centers is too high which is true for health care professionals as well. Yamuna complained that professionals are considered in monetary terms as commodities that are deployed to maximize profit for the business. According to her, this is why human resources, such as nurses, are considered as machines to be used and are treated inhumanely by investors, owners, and CEOs. The participating
nurses described a situation in which they would be unable to continue working if their expectations were not met. Furthermore, their personal problems and difficulties are frequently disregarded. As a result, this demonstrates a situation in which the company anticipates maximum gain with minimal investment. According to these nurses, this illness reflects the problematic interpersonal relations in the health care profession, which has had a negative impact on their well-being.

5. Gendered view

The division of work based on the gender is a traditional concept which is considered to be outdated in the contemporary world. Nursing profession is one of the noble professions for both male and female. However, in Nepal nursing profession has been associated with females only since beginning. It is only since 19th of June, 2018 that Nepal Nursing Council allowed male to pursue nursing studies based on the gender-related policy of Government of Nepal (Nepal Nursing Council, 2018). So, the male’s absence in the profession till that date has stereotyped nursing as a female’s profession till today. Shristee, Sumina as well as Binika believe that as women are generally paid lower in Nepal, thus, this might be one possible reason for nursing profession as mostly nurses are females in Nepal. When a particular profession is associated with women only, the pay gap might widen (Çağatay, 2003). Hence, many opined that this must be the case behind lower salary in nursing profession in Nepal.

Conclusion

In conclusion, the scenario of nurse migration is a major concern in the context of globalization. The study clearly reveals that the growing participation of nurses in language examinations to meet the requirements for working in foreign countries reflects Nepal’s near-crisis of health workers. The main motivator is discontent caused by a poor wage, future uncertainties, a lack of chances, and a lack of career progress. Similarly, fulfillment of these features is attainable in prosperous nations that are attracting them. As a result, in order to avert a health-care catastrophe, the government, health-care manufacturers, and policy-makers must fulfill these needs of nurses. The only effective approach to dissuade migration is to create attractive possibilities within a country.

References


