Nurses Migration to Foreign Land

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Abstract: Migration of nursing workforce from India to overseas is very common and unfortunate. Migration and recruitment of nurses from India has grown exponentially over the years. We are a population of 1.3 billion (2019), India's public expenditure on health is less than 2 percent of GDP which is even less than lower income countries. [1] A stable nursing health workforce is required in India so that a uniform care can be given to patients and promote community health care at primary level. Increased turnover of nurses in hospitals and community areas makes difficult for the management to deliver continuity of care. India has been facing shortage of Nurses since Independence and the disparities in health care system in India pushing migration and the status quo is grim to turn around. Ironically with more population facing difficulties to retain adequate number of nurses required to keep a health care system in place and countries with less population. The migration of qualified nurses is considerable and further strains the system. In this article, push and pull factors have been discussed extensively related to migration of Nurses to abroad.

Keywords: Migration, Nurses, Salary, Profession

1. Introduction

India is short of 1.94 million nurses, according to data from the Indian Nursing Council (INC) and the World Health Organization. [2] The acute shortage of nurse is attributed to low recruitment, migration, attrition and drop-outs due to poor working conditions. [3] This should be termed as a serious concern as the countries with lowermost nursing and healthcare workforce have ineffective health outcomes. It is vital that every healthcare system creates an environment that enables talented and passionate people to thrive and feel proud of the work that they do. The western world like USA, Canada, UK, Ireland and Australia, and Gulf countries are reckoned as important and preferred destinations of Indian nurses for better carriers and growth. [4]

In India till 2019, we currently don’t have complete Nurses live register as it is still in process. There is INC which is the apex body, the function of which is to prescribe curriculum and infrastructure for various colleges of nursing, and licensing and accreditation. Then we have State Nursing Councils who do the same for their particular state. All the student nurses who clear their Nursing course are supposed to register themselves with their respective state nursing councils, only then they can function as nurse in a hospital or as a tutor/lecturer in a college of nursing. [5]

Every year nurses leave the country without being updated in the council. Thus it is very difficult to know the current status of nurses working in the country or those who have moved for greener pastures. [6] Now, the INC is making an effort to make a nurses Live register. Nurses are supposed to register themselves online, a unique identification number (NUID) is being given and it is going to be applicable for all states. Separate registration in State Nursing Council will not be necessary. Yet there are lot of issues related to software problem, internet connectivity issue because of which still it is not being successfully implemented. As per INC in the new tracking system 67,3072 nurses are enrolled till Aug 11, 2019 which is yet incomplete. [5] India is a country of 1.3 billion population with enormous health care needs. The healthcare system comprises of subcentres, primary health centres, district hospitals and tertiary care centres. [7] International Council of Nurses reported that many countries experience ‘shortage, maldistribution and misutilisation of nurses.’ “While developed nations fill their vacancies by enticing nurses from developing countries, developing countries are still unable to compete in terms of better pay and better professional development,” stated WHO bulletin titled Wanted: 2.4 million nurses, and that’s just in India. [6]

Number of compelling factors contribute to migration of Nurses from a developing country like India, comprising of wages variations in private and government for nurses, inadequate job roles or career opportunities, limited growth in education, lack of resources, unstable or unsafe working conditions, quality of working life and a desire for more professional development opportunities. [8]

Earlier there was a domination of Malayali Christian nurses from Kerala in overseas migration. The social composition of aspiring migrants among Indian nurses is becoming more diverse now which includes Hindus, Muslims and Sikhs. [3] Indian nurses have constantly been looking up for overseas opportunities because of the lack of opportunities for professional growth at home and because of poor working conditions and poor quality of training as stated earlier too.

Some of the reasons of Nurses for leaving India are:
1) Caste based reservation system - Though the health demands in India are high yet nurses want to migrate out because of its stubborn political and employment policies like reservation based on caste. In the govt sector there is reservation based on Unrestricted (UR) , Scheduled Caste (SC), Scheduled Tribe (ST), Other Backward Classes (OBC) and many more. This reservation based on caste was started in 1947 by Baba Saheb Ambedkar to uplift the poor and vulnerable. Due to this, not only reserved category candidates get preferred for Government Jobs but also gets promotion way earlier than general category nurses. Therefore, People believe it is better to leave the country and migrate to a developed nation rather than stay and fight
with the system. [9] Likewise, A nurse belonging to these reserved categories (SC, ST, OBC) may get a govt. job though she scored poorly in the entrance exam and the deserving candidate is rejected. This creates frustration among deserving and talented nurses of general category and are forced to move towards more developed nations in search of fair policies and better opportunities.

2) Poor pay and facilities – The Indian govt spends 1.5% of GDP on the health, one of the lowest proportions in the world. The salary structure and facilities is good only in the central govt. hospitals like AIIMS, RML or Safdarjung, or in some of the corporate hospitals at metro cities. The infrastructure, staff and other facilities are so poor in rural or urban district hospitals in other states. In govt hospitals or nursing colleges there is stagnation and poor growth opportunities. Once if you join as a tutor in a college of nursing the average time for your next promotion is around 10-15 years. [10] If compared to other universities, the designations in college of nursing start from clinical instructor, tutor and then assistant professor. As per UGC the entry level is Assistant professor. The pay is as per the designation. This has been observed that not much enthusiasm has been demonstrated by senior nursing leaders to challenge the status quo and rephrase the designations being given to teachers in colleges of nursing. Society and other medical fraternity prefers to respect you more when you say you are an Assistant professor rather than a tutor.

3) Increased workload- Even in best of the facilities: The nurse patient ratio is not adequate. Extended duty hours especially in private corporate hospitals with no extra remuneration and no recognition demotivates the nurses or are underpaid too. [11]

4) No respect or social status – A very harsh reality in India is that in general no parents want their children to become nurses in first place, their first priority is that their ward should become a doctor and if they don’t get anywhere then they resort to nursing. General public is still not fully aware and thinks that only job of nurses is to give injections or serve bedpans. [12] Moreover, Many are not even aware that nurses with PhD degree exist in country. Many of the elite population in the society is not aware that courses like BSc Nursing, MSc Nursing in various specialities like community health, paediatrics, obstetrics, medicine, surgery and psychiatry exist and nursing is a formal rigorous training programme.

5) Lack of Recognition: In India, perception of public about nurses is still one of those who simply carry out directions of doctors. Nurses in India are not allowed for independent practice and usually remain thankless for their work. Nurses being in the frontline do not get much needed recognition and appreciation from the government as well as general public. [13]

6) Occupational Stress and unfavourable working Environment: In many facilities the toxic work environment exists. Usually the junior nurses are not supported by their seniors. The leaves are not granted and salary deducted. There is lack of good leadership and harmony among employees. Sadly, nursing leadership lacks empowering each there for personal as well as professional growth. [14]

7) Dominance of MBBS physicians in hospitals - The doctors are given the status of Gods, a nurse even if she completes her Ph.D. Nursing is treated like a second class citizen. Unlike other universities hardly you will find a Dean in Nursing. In many northern states the Principal post in a college of nursing is being manned by a Medical Doctor. This lack of professional autonomy enforces nurses to Migrate in search of independent practice. [15]

8) Good Training - The curriculum prescribed by INC and taught in colleges of nursing, is more suited to teaching skills useful in developed countries rather than in our own homeland especially in premier institutes like AIIMS and PGI Chandigarh. Thus, smart nurses are able to crack all the foreign exams and fly off.

9) Ineffective Enhanced Academic and Professional Growth: Many ambitious nurses have a strong desire to develop and expand their skills and area of knowledge. Nurses feel that it is difficult to achieve their full potential in India because of lack of facilities for education, shortage of staff, sabbatical leave system in India. Nurses are frustrated that even after possessing knowledge and skills, their personal development and career progression doesn’t seem to enlighten much. [16]

10) Quality of Life as a Nursing Personnel: A better life and livelihood with financial stability and personal growth with autonomy to work independently motivates all along motivates nurses to move to foreign land. [17, 18] Thus Indian nurses specifically migrate due to certain facilities like long term contract, manageable work hours, paid holidays, impressive salary, on site accommodation, healthy pension scheme and many more. It is high time that politicians, senior nursing leaders and members of health care team including doctors, Nurses and paramedics, and general population start valuing their own nurses. It is also the responsibility of fellow nurses to maintain dignity while discharging their duties.

2. Conclusion

Among all health care workers, Nurses solely signifies the largest and most internationalised section of the health professions globally. There is need of strategies to expand nursing education establishment in a context where the social status and working conditions of nurses are highly variable. An urgent need for Health policy-makers in India to look at the growing migration of nurses to foreign countries and to also ensure Nursing as an autonomous profession with better quality of life as well as social status. While such migration possibly leading to ongoing influx of foreign exchange, it also implies the loss of passionate and skilled Nursing personnel vital for the accomplishment of national goals and interests.

Conflict of Interest – None

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