



Original research

Exploring migration intention of nursing students in Nepal: A mixed-methods study

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ABSTRACT

The objective of this study was to assess the migration intention of students enrolled in pre-registration nursing programs in Nepal, and to explore factors influencing this intention. Using an embedded mixed methods design, 799 nursing students were surveyed, followed by 12 semi-structured face-to-face interviews. The result showed that the majority (92.5%) expressed some intention to migrate, with three quarters of these listed furthering their study abroad as the primary reason. In the multiple regression analysis, those with lower professional identity, and those who reported nursing was not their first choice were likely to express migration intention. Interview data identified low salaries, unemployment, poor working conditions, insufficient postgraduate education, and a lack of professional autonomy in Nepal as reasons for their intention to migrate. Increasing opportunities for nurses to undertake postgraduate education in Nepal, promoting a positive image of nursing, and facilitating a supportive learning environment during undergraduate nursing education could help address the potential loss of nurses from Nepal.

1. Introduction

It has been said that gaining a nursing degree in developing countries is a passport for emigration (Connell, 2010). Though nurses' migration from developing to developed countries have existed for many decades (Kingma, 2007), there is a recent increase in the number of nurses migrating from low- and middle-income countries, for example, from the Philippines, India, China, Sub-Saharan Africa and Nepal, to developed countries, including to Australia, New Zealand, North America and the United Kingdom (Adhikari and Grigulis, 2014; Nair and Webster, 2013). The increasing drain of young and skilled nurses emigrating from developing countries is of concern, as it is likely to increase the disparity in health outcomes between people living in developed and developing countries (Magloire-Wilson, 2012). An example illustrating this drain was the report by Adhikari (2012), showing that between 2002 and 2011, 3461 Nepali nurses left the country, seeking better job opportunities in developed countries. This is occurring at a time when there is severe shortages of health professionals, including nurses, as indicated by the low nurses to population ratio; showing that Nepal has about 20 times less nurses per 10,000 population than other developed countries (World Health Organisation,

2011). Many nursing positions, especially in rural Nepal are not replaced when nurses leave these posts (Adhikari, 2015) and sadly, there is a lack of national mandate or guidelines for employment and retention of health professionals in the rural areas (Martineau and Subedi, 2010).

1.1. Nursing education system in Nepal

Nursing was exclusively a female vocation in Nepal, when it was first established in nursing colleges in 1956 (Adhikari, 2010). Between the period of 1997 and 2002, males were admitted to nursing colleges, however, reports from nursing faculties showed that some male nurses misrepresented themselves as doctors rather than nurses, and that they were not interested in delivering nursing care, has resulted in the change of heart of policy makers, making the decision to discontinue the admission of men into nursing colleges (Ogilvie, 1998).

Nepal is also experiencing an alarming growth in the private institutions offering medical and nursing education (Huntington et al., 2012; Nepal et al., 2016). This is often occurring without adequate workforce planning (Adhikari, 2015). In the last decade, the number of nursing colleges has multiplied from six in the 1990s to 103 in 2010

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(Adhikari, 2012). Consequently, approximately 6000 new nurses have graduated annually (Sharma, 2017), from the six universities and one vocational training centre. According to the Nepal Nursing Council (2017), the two principal pre-registration nursing programs are the Proficiency Certificate Level Nursing program (diploma nursing), and the Bachelor of Science in Nursing (baccalaureate nursing). The baccalaureate program, established in 1996, is the only pre-registration nursing qualification recognised by some international nursing boards, and was established partly to meet the market needs of those with aspiration to seek employment outside of Nepal (Adhikari, 2010).

Nurse migration from Nepal is becoming increasingly common due to an oversupply of nursing graduates from urban areas like Kathmandu (Adhikari, 2015). New graduates often find rural nursing positions unappealing; instead, many opting to migrate overseas (Adhikari, 2015). This is further fuelled by a sophisticated educational consultancy system (brokering agencies), set up for the sole purpose of assisting nurses to migrate abroad (Adhikari and Grigulis, 2014). Similar to the millions of Nepali job seekers in search of employment outside Nepal (Sunam and McCarthy, 2015), many nurses are also seeking to migrate overseas (Adhikari, 2012). Indeed, nurses' migration to affluent countries is highly respected in Nepali society; it is not uncommon for families to proudly acknowledge that their daughter, who has graduated as a nurse, is residing overseas in a developed country (Adhikari, 2010). Nevertheless, if migration among nurses in developing countries like Nepal becomes the norm, and part of the Nepali culture, this is likely to induce other nurses to also consider emigration, which will result in high nursing workforce turnover, leading to low morale among those who choose to stay working as nurses in the nation.

Little is documented in the recent literature as to why nurses from developing countries are choosing to emigrate (Zhou et al., 2016). It has been increasingly evident that among some nurses, migration intention occurs early: before entry into the nursing program or during their nursing studies (Hendel and Kagan, 2011; Nguyen et al., 2008). Many prospective candidates entering the nursing profession may perceive this qualification as the 'ticket' for their migration. This phenomenon has been reported in many developing countries such as the Philippines, India and Nepal (Adhikari, 2012; Choy, 2003; Connell, 2010). However, the topic of migration intention and the influencing factors among nursing students in developing countries like Nepal remains an under-explored area.

In studies undertaken in Ghana and Zimbabwe (Abuosi and Abor, 2015; Nguyen et al., 2008), a number of factors have been identified that influenced nursing students' decision to migrate abroad, including economic benefits, professional development, better work conditions and supportive social networks. In the seminal work of Mejia et al. (1979) commissioned by the World Health Organization on the global migration trends of physicians and nurses across 137 countries, other factors were also identified, which were an interaction of social, economic, political, legal, cultural, historical, and educational forces. As the System Theory Framework (STF) of career development takes into account a number of these factors (Patton and McMahon, 2006), the current study applied this framework to examine migration intention of nursing students. To our knowledge, this is the first time the STF of career development has been used to examine migration intention of nursing students.

1.2. Application of the systems theory framework to examine migration intention

Personal variables: Based on the framework, this study identified age, language usage, year of study in course, type of nursing program and nursing as first choice as personal variables and examined their influence on migration intention. For instance, proficiency in the host language has been reported to influence nurses' migration decision (Palese et al., 2010). Further, nurses who intended to migrate are also more likely to have a university level qualification (El-Jardali et al.,

2009). Additionally, there are also those who enrolled in a nursing program because of employment opportunities abroad (Labarda, 2011).

Social variables: Professional identity, belongingness and satisfaction with the clinical learning environment were selected in this study as social variables to be examined as variables that may influence migration intention. Professional identity can be defined as the knowledge, skills, values, beliefs and attitudes shared by nursing students that differentiates them from others (Adams et al., 2006). Professional identity is associated with job satisfaction and their retention in the nursing profession (Sabanciogullari and Dogan, 2015), and hence, likely to be related to migration intention. Similarly, belongingness has been described as the basis for human emotions and behaviours (Baumeister and Leary, 1995), and thus, may influence students' career decision-making (Borrott et al., 2016). During the course of their nursing studies, students' satisfaction with their clinical learning experience may influence migration intention, as these students may be exposed to the harsh reality of clinical nursing in developing countries, which may be in stark contrast to the panacea healthcare system, purported to exist in developed countries (Freeman et al., 2012).

Environmental variables: The main environmental variable examined for migration intention in this study was related to economic factors, including financial improvement (Dywili et al., 2013).

Applying the underpinnings from the STF, a hypothesized path model was developed, which aimed to examine participants' migration intention and its relationship to personal, social and environmental variables and the model was revised according to the study findings (Fig. 1).

Overall, the aims of this study were:

- To examine the migration intention of nursing students in Nepal, and to identify factors influencing this intention;
- To examine the relationships between personal (age, language usage, year of study in course, type of nursing program and nursing as first choice), social (professional identity, belongingness and satisfaction with the clinical learning environment), and environmental (economic factors) variables influencing the migration intention of nursing students in Nepal; and
- To explore the experiences of nursing students in relation to migration intention, professional identity, belongingness and satisfaction with the clinical learning environment.

2. Methods

2.1. Study design

We used an embedded mixed methods approach, with a dominant quantitative component supported by a qualitative component (Creswell and Plano Clark, 2011). Both the quantitative and qualitative data were collected between 21st April and 29th June 2013.

2.2. Participants

Following the initial pilot testing of the questionnaire, nursing students enrolled in two pre-registration programs, the four-year baccalaureate nursing or the three-year diploma nursing program, in four principal nursing colleges in Nepal were invited to participate in this study. In total, 799 respondents were recruited during 28 different teaching sessions, which exceeded the 694 threshold sample size required. This sample size calculation was, based on 10 predictor variables, 90% power, and 5% significance level to detect a small to medium effect size ($f^2 = 0.03$) (Faul et al., 2007). Survey respondents were asked to provide their contact details on their completed surveys if they were interested in participating in the interviews. From these consenting respondents, interview participants were selected based on their levels of migration intention, calculated using the Intention to

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