



Review

Nurse migration from India: A literature review

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ABSTRACT

Background: A profound nursing shortage exists in India where nurses are increasingly outmigrating to practice nursing in surrounding countries and abroad. This is important globally because countries with the lowest nursing and healthcare workforce capacities have the poorest health outcomes.

Objective: This review sought to synthesize and unify the evidence about nurse migration from India and includes a look at nurse retention within India.

Design: A comprehensive literature review was performed to synthesize and unify both qualitative and quantitative research.

Data sources: Bibliographic databases searched included CINAHL, MEDLINE, PsycINFO, and EconLit using associated keywords for empirical and descriptive literature published between January 2004 and May 2014. Hand searches of the Nursing Journal of India from 2004 to February 2014 and the Journal of Nursing Research Society of India from its inception in 2007–February 2014 were also completed.

Review process: 29 studies were selected and analyzed for the review. Data were appraised for quality; reduced through sub-categorization; extracted; and coded into a framework. Thematic interpretation occurred through comparing and contrasting performed by multiple reviewers.

Results: Findings included an exponential growth in nurse recruitment efforts, nurse migration, and a concomitant growth in educational institutions within India with regional variations in nurse migration patterns. Decision-making factors for migration were based on working conditions, salience of family, and the desire for knowledge, skill, technology, adventure and personal enrichment. Challenges associated with migration included questionable recruiting practices, differing scopes of practice encountered after migration and experiences of racism and cultural differences. A shift toward a positive transformation of nursing status in India has resulted in an increased respect for individual nurses and the profession of nursing. This was attributed to the increased globalization of nursing.

Conclusions: Results from this review can be used to shape health policy and advocate for nursing reform in India. As India's healthcare infrastructure continues to evolve, effective programs to improve conditions for nurses and retain them in India are needed. Additionally, as the globalization of nurses increases, more research is needed to develop effective programs to aid in a smooth transition for nurses who migrate from India.

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What is already known about the topic?

- A profound nursing shortage exists in India and nurses in India are increasingly migrating from India to practice nursing in other countries.
- Nursing has been traditionally viewed as a low status position in India, contributing to the nursing shortage.
- Push and pull factors have been previously associated with nurse migration from India. Push factors include limited opportunity for professional development and unsafe working conditions in India. Pull factors are described as incentives for migration including better salaries and improved working environments.

What this paper adds

- Migration and recruitment of nurses from India has grown exponentially, resulting in an increase of nursing educational institutions in India.
- A new emphasis on the importance of family in the migratory decision making process and the desire for adventure and personal enrichment has emerged.
- Transitional challenges with migration are prominent and highlight the need for future research to develop and study programs to ensure a more effective transition for nurses who migrate from India.
- A gap in research exists regarding effective programs to retain nurses in India.
- The increased globalization of nurses has increased the perceived status of nursing in India and better positions nurses to advocate for effective nurse retention programs.

1. Background

A significant nursing shortage exists in India where nurses are increasingly migrating to practice nursing abroad (Walton-Roberts, 2012). According to Senior (2010), 2.4 million more nurses were needed to fulfill nursing workforce capacity needs in India for 2012. Nations with the lowest healthcare workforce capacities have the highest mortality rates and the poorest health outcomes (Senior, 2010). India ranks among the top 50 countries for highest infant mortality rates where 25% of all neonatal deaths in the world occur each year (Bhakoo and Kumar, 2013; Central Intelligence Agency, 2014).

The nursing shortage in India has been largely attributed to the historical stigmatization associated with the work of nurses (Nair, 2012). The provision of nursing care involves touching strangers from the opposite sex and contact with bodily fluids. This type of work was perceived as promiscuous and polluting among Hindu traditionalists, the predominant religion practiced in India, and was reserved for those from lower caste positions or those with limited economic resources (Johnson et al., 2014; Reddy, 2008). Researchers have largely reported this stigmatization as a “push factor” for nurse migration from India (Walton-Roberts, 2010). Although caste discrimination is no longer legal in India, cultural stigmas are complex and are not easily erased (Sweas, 2013). However, a positive shift in the perception of nursing as integral to the

healthcare system is beginning in India. The draft national healthcare policy for India was recently released for public comment recognizing that nurses make up 2/3 of the workforce in India, and calling for the emergence of nurse leaders to improve patient care and nursing education in India (Ministry of Health, 2015). Although these recent changes in the Indian healthcare system have resulted in vast improvements, India is not on target to meet the World Health Organization millennium development goals for 2015 (Bhakoo and Kumar, 2013).

The push and pull theory of nurse migration was prevalent in literature in previous years (Alonso-Garbayo and Maben, 2009; Kline, 2003; Meija et al., 1979). Meija et al. (1979) theorized push forces as factors contributing to out-migration, particularly from low and middle-income countries. Push factors included limited opportunities for professional development and unsafe working conditions, whereas pull factors were described as incentives for migration, such as better salaries, and improved working conditions (Kline, 2003). However, Prescott and Nitcher (2014) challenged the application of this theory and suggested a broader approach is needed to understand the complexities of the political, economic and sociocultural dynamics of nurse migration. Prescott and Nitcher (2014) contended push and pull theories focus on individual decision-making rather than the global context of migration. Widening the lens to examine the issue of nurse migration from and retention within India will capture the global implications and provide the researcher with supplementary tools for health policy development. The WHO (2010) called for its member states to develop health migration policy based on research. The changing political, social, economic, religious, and cultural climate in India significantly influences the nursing shortage and nurse migration (Johnson et al., 2014; Walton-Roberts, 2010, 2012). A literature review is needed to contextualize and synthesize the evidence, identify gaps in the literature, and determine essential research needs that can be used for health policy development on the migration, recruitment and retention of nurses in India. According to Biswakarma (2012), attraction and retention of nurses is central to addressing the health workforce shortage in India. The primary purpose of this literature review is to synthesize and unify the growing body of descriptive and empirical research on nurse migration from India, including nursing recruitment and retention within India.

2. Methods

The research team was comprised of two nurse researchers with experience in international collaborations, international research, nursing workforce regulatory standards and policy, and publication and one medical librarian experienced in conducting nursing literature searches. In addition, the first author's research trajectory includes the study of the phenomenon of global nurse migration with a focus on India, and includes more than 600 h over the last four years conducting faculty development workshops and nursing research in India. Dearholt and Dang (2012) emphasize the importance of

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