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Perils and Prospects of International Nurse Migration from Nepal

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SUMMARY

The shortage of healthcare workers in the countries of the Global North has lured many nurse professionals from Nepal to pursue international careers that are relatively better paid and highly regarded in contemporary Nepali society. A combination of factors in both sending and receiving countries has influenced and facilitated the international migration of nurses from Nepal. This policy brief draws attention to some of the more critical challenges associated with this migratory flow, particularly in relation to the United Kingdom. It seeks to raise greater public interest by highlighting some important policy implications surrounding the issue such as the ineffective management of the nursing workforce in Nepal; lack of monitoring and government regulation of international education consultancies; 'care drain'; and problems related to social and professional integration of nurse migrants.

I. Introduction

International nurse migration, particularly from countries in the Global South to affluent countries in the North, is a growing phenomenon worldwide that has led many nurses to seek opportunities abroad. In Nepal, over the past few years, nursing has increasingly been recognised as one of the most desirable female professions for young middle-class women, mainly because of the possibilities it presents in terms of migrating to the West, particularly countries such as the UK, USA, Australia and New Zealand.

Records from the Nepal Nursing Council (NNC) show that between the years 2002 and 2011, a total of 3,461 nurses formally migrated out of the country.[1] The actual number could be much higher. Such an outflow of nurses from Nepal (as well as other countries) has sparked international and local debates over the ethics and politics of 'brain drain' and 'care drain' as well as discussions around nurses' right to migrate for better life chances. The loss of experienced health care personnel from developing countries like Nepal is also well known. Further, the highly gendered nature of nurse migration from Nepal (only women are currently allowed to train as nurses in Nepal) has also raised concerns about the increasing feminisation of international nurse migration, a phenomenon often linked to rapid globalisation.

This policy brief seeks to generate debate on the various facets of Nepali nurse migration, particularly with reference to the UK. Based primarily on doctoral research under-

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taken by the author from 2006 to 2008,[2] it highlights the challenges that exist in both the sending and receiving countries. While the ineffective management of the nursing workforce and centralisation of training institutions are some factors influencing the decision to migrate, the process of migration through international education consultancies, some of which are involved in patently fraudulent activities, also pose another serious challenge to potential nurse migrants. The social context that views a nursing career abroad as a 'sign of progress' and the lure of high-paying jobs overseas cannot be underestimated either. At the same time, 'care drain' and its impact on health service delivery and nursing education in the sending country also raises serious concerns, while the migrant nurses themselves face problems such as de-skilling, social isolation and failure to integrate professionally in the destination countries.

II. Nursing Education in Nepal

In Nepal, nursing has recently become one of the most attractive female professions for a particular stratum of society, namely, the middle class. Nursing education in the country, however, has a very short professional history, dating back only to 1956 when the Ministry of Health, with assistance from the World Health Organisation and foreign Christian missionary organisations, took the lead in providing pre-university degree nurse trainings, which till today is known as the Proficiency Certificate Level (PCL)/Staff Nurse trainings. Formal nursing education beyond vocational training was introduced as a university degree by the Institute of Medicine (IOM), Tribhuvan University (TU), only as late as 1972.

There have been a number of significant changes in the field of professional nursing education since the late 1980s, a period that liberalised, among others, health workers' training. With the establishment of the Council for Technical Education and Vocational Training (CTEVT) in 1989 as a semi-autonomous umbrella body to involve private bodies in technical training, the provision of nursing education has turned into a profitable business.[3] As a result, the number of nursing colleges has been growing rapidly in the private sector, from six in the early 1990s to 14 in 2000 and 103 in 2010. In the summer of 2011, there were over 20 new nursing colleges awaiting approval from CTEVT.

In addition to the CTEVT-affiliated colleges, in the 1990s, three new universities were also established – Kathmandu University (1991), Purbanchal University (1995), and Pokhara University (1997). The BP Koirala Institute of Health Sciences in Dharan began its four-year bachelor's course in nursing in 1996, while the Maharajgunj Nursing Campus at the IOM, TU, started its master's in nursing in 1995. Thus, the number of institutions providing nursing education has also risen from just two Staff Nurse and five Auxiliary Nurse Midwife (ANM) training programmes under TU in the early 1980s to more than 160 in 2010.[4]

There has also been a continuous increase in the number of applicants seeking to enter nursing institutions in Nepal since the 1990s. For instance, the BP Koirala Institute of Health Sciences in Dharan received 1,900 applicants for 40 places in 2007, Bir Hospital (National Academy of Medical Sciences) Nursing Campus received over 3,000 applicants for 40 seats, and private colleges on an average received 200 applicants for 40 seats.

The proliferation of these nursing institutions and the increasing number of hopeful applicants has also created the ancillary industry of institutions offering nursing entrance exams preparation courses and consultancies that facilitate the process of international nurse migration.

III. Role of the Nepal Nursing Council

With the increasing scope and capacity for nursing education in the 1990s, an urgent need for some form of regulatory body to administer

and monitor nursing education was felt. The NNC was thus (re)established in 1993 as a professional body, with the main aim of serving as a watchdog of nursing standards.[5] It formulates policy to evaluate and review the curriculum, and other resources necessary for nursing education; determines the qualification and certifies nursing professionals; and formulates the code of conduct for nursing professionals. All in all, the NNC is the sole governing body ensuring the quality of nursing education and professional practice in Nepal. However, the NNC has been fraught with political interferences time and again. As the members of the NNC are nominated by the Minister of Health and Population, every time there is a change of government, the NNC board is also overhauled.

This frequent change in the NNC board has been one of the main constraints impeding the long-term planning of NNC's activities and the support that needs to be provided to the government in planning and managing the nurse workforce. For instance, as of July 2011, even though there were 34,226 nurses and ANMs registered with the NNC in the country, the total number of nurses working in the government and non-governmental health sectors was no more than 12,000.[6] This means that many nurses have chosen alternative forms of livelihood among which migrating abroad is one.

IV. Centralisation of Training Institutions

In Nepal, nursing has been an urban phenomenon in terms of both education and profession with training institutes and hospitals located exclusively in the urban centres. After completing their training, nurses opt to stay in urban locales, preferably in the Kathmandu Valley and some other major towns. The government has not been able to deploy or retain nurses in the district hospitals, where their services are most needed.

As a result, there is an over-supply of qualified nurses in Kathmandu and other urban centres who are neither willing to move to the rural areas nor able to find employment commensurate with their qualifications. Given this scenario, many resort to unpaid or voluntary work in order to remain updated on essential clinical skills. Unable to get absorbed into the urban workforce, nurses from Nepal are increasingly looking for work abroad, and since the turn of the century foreign employment has proved to be one of the main attractions for the nursing sector.

V. International Nurse Migration in Nepal: A Sign of 'Progress'

The migration of nurses to the UK, North America, Australia and New Zealand are perceived as a sign of 'real progress' in contemporary Nepali society. Not only does it represent professional achievement in a nurse's career, it also serves to enhance the status of an individual nurse and her family's *ijjat*, or social standing. Thus, a nursing student's career path typically revolves around obtaining a nursing degree, gaining a few years of experience in Nepal, and then seeking a job abroad. Nursing students envisage that migration to the UK (and other countries in the Global North) would also allow them with the opportunity to attain higher education in the health sector and work in the high-tech and modern healthcare systems of a developed country. Further, this pursuit of opportunities in western coun-

> Even though I was aware of the fact that many people, including my own friends, were leaving for the USA and UK to work as nurses, I was not sure about going abroad. Friends and relatives would frequently ask why I was not doing anything. This made me feel as though I was not successful in my career—a failure in life. I succumbed to the constant pressure of friends and family and decided to go to the UK through an IEC.
>
> –Interview with a Nepali nurse in Buckinghamshire, England, in early 2007

tries is driven by the hope that migration will also eventually pave the way for others in their family to access further education and employment in those countries.

VI. Preparing for Migration

With the rising the number of Nepali nurses seeking employment abroad, government-run training programmes as well as private institutions have even revised their curricula to cater to this group.[7] As the entry requirements for nurse training became more stringent, there was a proliferation of institutions offering nursing entrance exam preparation courses. And when the students complete their nursing education, which generally takes three years for a Staff Nurse course and four years for a BSc in Nursing, there are international education consultancies (IECs) on standby to orient the graduates towards the international market and facilitate the process of international migration. Notably, most of these IECs are also the ones that provide the preparatory courses. Thus, these IECs cater to the needs of potential nursing students as well as nursing graduates.

In terms of migration to the UK, nurses in Nepal commonly use three different channels: (1) going abroad to work as nurses with the assistance of IECs; (2) obtaining student visas but leaving Nepal with the intention of finding work through any means possible, again with the help of IECs; and (3) going as dependents of husbands who reach the UK first as students. In this regard, obtaining a job abroad is closely tied to finding nursing education or training overseas. Some IECs are known to send nurses who have already completed their training in Nepal for other nursing or health-related courses such as Dental Nursing or National Vocational Qualification (NVQ) training in the UK or to undertake the Overseas Nursing Programme, generally known as adaptation training, through an approved educational institution in the UK. After undergoing such training, individuals can register at the Nurse and Midwifery Council as qualified nurses, and then apply for work with the National Health Service (NHS) or private health facilities.

> Being jobless for almost six weeks, I was extremely stressed and regretted coming here every single day. I had hoped to work in a technologically sophisticated and advanced hospital in Britain but all that seems like a dream now. I currently work at a private nursing home in rural England.
>
> –Interview with a Nepali nurse in Buckinghamshire, England, in early 2007

Not fully aware of these channels and requirements, some Nepali nurses have paid as much as GBP 7,000 (approximately, NPR 9,00,000) to IECs/recruitment agents for suitable training placements and necessary assistance with visa applications. In the process, many Nepali nurses have been duped by IEC agents through false promises and left stranded in the UK without proper jobs, adaptation training and the much-needed initial support to navigate their way through the institutional and policy labyrinth. For instance, during the course of the research, it was found that some nurses entered Britain with an acceptance letter for an adaptation course from a college, but upon arrival learnt that the college did not even exist. Nepali nurses are not only cheated by Nepali agents but also by the British recruitment agencies that work in close collaboration with IECs in Nepal.[8]

VII. UK Government Policy

While nurse migration from Nepal to the UK (and other developed countries) is a new phenomenon, foreign-trained nurses working in the UK healthcare system is not. The National Health Service (NHS) has been receiving foreign healthcare professionals, including nurses, since its establishment in 1948.[9] However, the inflow of foreign nurses to the UK has fluctuated over the years, depending on the needs of the NHS.

The most significant event influencing the migration of Nepali nurses was the recruitment drive by the NHS in the late 1990s following the election victory of the Labour Party in 1997. The Tony Blair government made a political commitment to expand the NHS, and in 2000, decided to hire 20,000 more nurses by the year 2004. The NHS, particularly in England, undertook various measures to expand its nursing workforce, and increasing recruitment of foreign nurses became one of them.

While Nepal was not explicitly a part of this recruitment drive, news of nursing vacancies in the UK reached Nepal through personal and diaspora networks and private recruitment agencies. A few Nepali nurses went to the UK using their personal networks. Their friends and colleagues left behind then showed an interest to follow them, and within a few years, international migration became one of the most popular career moves for professional nurses in Nepal. The rising number of potential migrant nurses was accompanied by a massive increase in the number of recruitment agencies and agents. As a result, there was a surge in the employment of Nepali nurses in the British healthcare system after the year 2000.

In 2004, however, the UK's Department of Health (DoH) implemented a Code of Practice for International Recruitment of Healthcare Professionals. This Code was designed to address the ethical aspects of international nurse migration, particularly related to the 'brain drain' from low-income countries. Consequently, the recruitment of healthcare professionals from low-income countries, such as Nepal, was severely curtailed. The NHS stopped hiring foreign nurses who would require work permits. This has affected Nepali nurses since it means that in the absence of Permanent Residency (PR) status, they can no longer get NHS jobs but can only work in private nursing homes. This change in UK's policy and ignorance of it thereof is a major reason why Nepali nurses are stranded in the UK.

VIII. De-Skilling of Nepali Nurses in the UK

The issue of de-skilling is a problem that is acutely faced by most migrant nurses, especially in the aftermath of the aforementioned introduction of the Code of Practice for International Recruitment of Healthcare Professionals. With employment opportunities with the NHS having been closed, Nepali nurses have begun working in private nursing homes that offer services to the elderly and others in need of long-term care.

Many of these Nepali migrant nurses are well qualified and have years of work experience in Nepal but none of this is recognised by the British healthcare system. They are therefore forced to take up low-grade jobs, mostly in the above-mentioned private nursing homes. While the working conditions are also less desirable in the private sector than in the NHS, many nurses working in private nursing homes have found their jobs to be monotonous, less stimulating and menial. They feel that the clinical skills and knowledge they acquired in Nepal are not relevant in the nursing home setting in the UK.

However, most nurses view these jobs as a 'backdoor entry' into the NHS – work at the

> I used to work usually six to seven days a week initially, sometimes long days…and after the shift I had no social life. I would work in a nursing home, come home after the shift, then nothing, no family here and no friends nearby. I was desperately missing my family…I used to write and post letters, and I used to go to the village post office. There is nothing in the village, one church, one pub, a local shop and a post office. The post office was closed down a few years ago; after this, I felt that there was nothing in the village left for me…I felt so lonely and with no social life that I started going to the village church. My family joined me a year ago, it is better for me now…
>
> –Interview with a Nepali nurse in rural England in the summer of 2007

> I used to be very enthusiastic about furthering my study and advancing my professional career. Now all my desires and dreams have disappeared. I feel as though I am in a trap. I can't move around as my children are here. It is not easy to shop around for jobs and I can't just go back to Nepal either. When we are ready and our children are settled better, we plan to go back to Nepal. I want to take them back, but now I feel that I am stuck in a trap.
>
> –Interview with a Nepali nurse in rural Oxfordshire, February 2007

private nursing homes long enough to acquire a PR status, which would make them eligible for NHS jobs. After working in the UK with a work permit for at least five years, migrants are eligible for PR status. This allows them the chance to shop around for better jobs, as they no longer need work permits. After obtaining a PR, nurses can also apply for NHS jobs since the hiring freeze in the NHS is only for those who require work permits, and not to foreign nurses with a PR. But, with very few opportunities to advance their skills in private nursing homes, these nurses gradually lose their clinical skills as well as confidence and become de-skilled.

IX. Social Isolation

The Nepali diaspora community in the UK expanded ten-fold from 5,000 in 2001 to almost 50,000 in 2008. Amongst these are Nepali nurses who live and work in diverse locations from big cities such as London to rural areas. In the cities, they are able to benefit from the broader Nepali networks, with many of them living close to friends, and some sharing houses or flats with other Nepalis. Some of the nurses and their families also benefit from a small but close social support network provided by other Nepalis.

But those living in rural Britain are far from the reach of such extended networks.[10] Facing great difficulties integrating into British society and not being fully accepted by the local workforce, these nurses often find themselves all alone. The feeling of isolation is particularly acute since almost all of them would have made the initial journey alone, leaving their loved ones behind. It takes most nurses a year or longer to find a job and get a professional licence to work as a nurse. Only after acquiring such a licence and having settled down to a job, can their families join them.

X. Conclusion and Policy Implications

The international migration of Nepali nurses is only a part of the increased movement of healthcare professionals globally. Nurse migration, particularly from low-income countries to affluent countries in the West, frequently described as 'brain drain' or 'care drain', has raised public health and policy concerns worldwide. To address this issue, the UK introduced the Code of Practice for International Recruitment of Healthcare Professionals in 2004. However, the continued influx of health workers, including nurses, to countries experiencing nursing shortages in the North, has had adverse implications in the source countries. Some of the policy implications this brief highlights include the following:

- **Ineffective management of nursing workforce in Nepal:** Given the country's unstable political situation, constant political interference in its activities and frequent changes in its board, the NNC, the nurses' professional regulatory body, has not been able to assert any policy influence, particularly in nursing workforce planning and management. The NNC needs more autonomy and authority—but less political interference—so it can effectively work towards maintaining more desirable standards of nursing education and nursing service in the country.
- **Lack of monitoring and government regulation of international education consultancies:** Fraudulent activities by recruitment

agencies during the migration process has left many Nepali nurses in the UK without proper jobs or adaptation training.

- **Care drain:** The international migration of a small pool of senior nurses has created a serious shortage of experienced nurses in Nepal. The lack of qualified and experienced nursing professionals required to teach and administer training programmes is partly responsible for the poor standard of nurse training and education in Nepal.
- **Social and professional integration of nurse migrants:** In the destination countries, most migrant nurses and their families face challenges with social and professional integration. There is a need to recognise and value migrant nurses' clinical abilities and support them to further their career.
- **Awareness Raising:** All aspiring nurses in Nepal need to be fully aware of the employment market, working terms and conditions, and visa and work permit regulations in their desired destination, and not just rely on information handed to them by recruitment agencies.

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Notes

1 The information for 2011 is only till October. Of the total number of Nepali nurses who have gone abroad, more than 1,000 are known to be in the UK (Anita Ghimire, Ashok Rajbanshi, Bishnu Raj Upreti, Ganesh Gurung, Jagannath Adhikari and Susan Thieme [eds], *Nepal Migration Year Book 2010*, NIDS and NCCR North-South, Kathmandu, 2011).

2 The study was ethnographic and multi-sited with extensive fieldwork done in Nepal and the UK. In Nepal, the research focused on the socio-cultural context surrounding women's migration, particularly on how nurses are trained and prepared for migration. In this regard, 20 Staff Nurse training colleges, the CTEVT, Ministry of Health and Population and NNC were visited, and nursing students, academics, and senior nurse managers were interviewed. In the UK, meetings were held with over 100 Nepali nurses and in-depth interviews conducted with 22 nurses in Aberdeen, Dundee, Edinburgh, rural Northumberland, Lancashire, Buckinghamshire, Oxford, Swansea, London and Hastings. In both countries, meetings were held with the research informants in both their homes and in their relevant institutions, that is, in their everyday or 'natural settings' (Radha Adhikari, 'From Aspirations to "Dream-Trap": Nurse Education in Nepal and Nepali Nurse Migration to the UK', unpublished PhD thesis submitted to the University of Edinburgh, 2011).

3 Training fees are significantly higher in the private sector, yet middle-class parents are prepared to pay these fees as part of their daughters' future investment.

4 Ghimire et al, *Nepal Migration Year Book 2010*, NIDS and NCCR North-South, Kathmandu, 2011.

5 It was initially established in 1958 but was dismantled in 1972 as part of the 'New Education Plan' in Nepal. For over two decades, there was no regulatory body responsible for overseeing professional standards, but after much professional pressure, the NNC was eventually re-established in 1993.

6 P. Ghimire, 'Kina Bidesinchhan Nepali Nurse?', *Naya Patrika*, 21 July, 2011.

7 For instance, the introduction of entrance examinations by TU in 1993 was followed by all nursing colleges in Nepal adopting entrance examinations for professional training that were mainly conducted to assess the candidate's knowledge in three areas: English, Mathematics and General Health Science.

8 Radha Adhikari, '"The Dream-Trap": Brokering, "Study Abroad" and Nurse Migration from Nepal to the UK', *European Bulletin for Himalayan Research*. 35-36, 2009-2010, pp. 122-138; and M. Kingma, *Nurses on the Move: Migration and Global Healthcare Economy*, Cornell University Press, Ithaca and London, 2006.

9 The NHS UK was established in 1948 with one of the core principles of providing universal care to people from 'the *cradle to the grave*'. It is now the largest state funded health service in the world that provides a comprehensive range of health services, the vast majority of which are free at the point of use to residents of the United Kingdom.

10 Many unemployed Nepali nurses are desperate for work and accept jobs in any location that have nursing homes, and this includes rural areas.

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