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Determinants and Socio-Economic Impacts of Nurse Migration: Evidence from Migrant Healthcare Professionals

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ABSTRACT

The migration of nurses is a critical phenomenon with significant implications for both the source country and destination countries. This study explores the socio-economic conditions of migrant nurses and investigates the factor influencing their decision to migrate. The objective of the study is: To understand socio economic condition of migrant nurses and to find out the reason for preferring the destination and problem faced there. The study based on primary data collected from 50 nurses who working abroad. The research employs convenient sampling method by distributing a structured questionnaire through telephone. The findings highlight the primary challenges faced by migrant nurses, including cultural adjustment, professional integration and economic stability. Additionally, the study reveals that migration was preferred most of the nurses for career advancement and financial outcome and, more than one single push or pull factor is involved in migration. The analysis revels that better career opportunity, higher salary, and improved living conditions are the main drivers for migration. The study aims to provide a comprehensive understanding of the migration dynamics of nurses, contributing to policy discussions and managing and supporting migrant healthcare professionals. The study concluded that migration of nurses is necessary for professional growth of nurses and to achieve career advancement.

Keywords: Immigration, multifaceted, Auxiliary Nurse Midwife (ANM), General Nurse Midwife, new economics of labour migration.

INTRODUCTION

Migration is a complex and multifaceted phenomenon that has significant impacts on individuals, society, and economies worldwide. It involves the movement of people from one place to another, whether within a country or across international borders, often driven by factors such as economic opportunities, political instability, conflict, environmental changes, and social networks. In the historical context, many people migrated from their home countries to Gulf countries primarily for economic reasons. These Gulf countries, particularly during periods of rapid economic growth fuelled by oil revenue, offered employment opportunities, especially in sectors like construction, infrastructure development, and domestic services. Initially, many of these migrants were unskilled or semiskilled workers who sought better employment prospects and higher wages. However, over time, the migration patterns have shifted, and many people from Gulf countries have started to migrate to other foreign countries for various reasons. This shift can be attributed to several factors such as changing economic landscape, evolving job markets, geopolitical factors, educational opportunities, and changes in immigration policies.

The migration of highly skilled workers from less developed nations to industrialised nations is an inevitable part of the process of globalization and has positive and negative aspects. Those potentially advantaged often include the individual who move and the source, or home, country that receives capital in the form of remittance from those who have moved. At the same time, major disadvantages are incurred if departures impair a country's ability to deliver vital services in local communities. While nurses' migration affects different countries in different ways (Pittman et al,2007).

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Nurse migration refers to the movement of qualified nursing professionals across boarders in search of better opportunities, improved working conditions, and personal advancement. While migration itself is not a new concept, the scale and impact of nurses' migration in today's interconnected world have garnered widespread attention and concern. The significance increases in international flow of nurses in recent years heightened concern about the impact of migration on the nursing workforce and health system in both home country and destination country (Buchan and Sochalski, 2004). The number of nurses recruited into developed countries has increased significantly during the past decades particularly from developing countries. Understanding and addressing the impact of migration requires not only examining what pulls nurses into destination countries but also what pushes them from source countries (Buchan,2006).

After a period of perceived excess supply in many developed countries in the 2010s, more recent years have seen an increased demand for nurses, a growing concern about the need to provide healthcare services to aging population, and an increasing focus on healthy human resource more generally (P Srinivasan, 2016). English speaking countries that are actively recruiting nurses from developing countries: the United States, Canada, the United Kingdom, Ireland, Australia, and New Zealand. These countries have comparable health care systems and predict needing more nurses than they are producing and retaining, their predicted nurse requirements are large enough to deplete the supply of qualified nurses throughout the developing world (Aiken et al, 2013). The motive and intention of migrant varied by country of origin and by individual nurses. Nurses from more developed countries migrated for personal reasons, while nurses from less developed countries migrated for economic, professional and family reason (Gray and Johnson ,2009).

Migration of nurses, typically from low- or middle-income countries to more developed countries, is an area of research and health policy that has received increased attention lately. The debate on the migration of nurses is divided between advantage in the form of transfer of skill, knowledge and technology, professional development and improvement in remuneration and living standard of migrant workers, and the drawback arising from its impact on source countries, which often are resources and face health workers shortage (Rao et al, 2017). The data reveals that a severe shortage of nurses in most part of the world. Disparities in nurses' distribution, irrespective of the country are a major problem faced by health system today. Countries with relatively higher needs of health care do not have enough employed health workers, whereas countries with relatively lower requirements of nurses are some of the biggest consumers of health services. The availability of nurses in most of the countries does not match with the health needs of population. Most of the countries across the globe are presently facing acute shortage of nurses and witness a mal- distribution of nurses across states, rural and urban regions (Gill,2011).

Migration of Indian nurses probably started in mid- 1970s, with migration taking place primary to the Gulf countries. This was propelled by the oil boom in the Gulf and the construction of large number of new hospitals, creating an opportunity to earn good wages for Indian nurses. This resulted in a trend that continued for the next two decades as thousands of young girls, predominantly from Kerala, joined nursing school all over India with the intention to migrate. In more recent years, it has been reported that the preference of destination country has changed, and that countries in the Gulf are assuming the status of a transition destination. The nurses now increasingly prefer OECD countries, UK, and US has emerged as desired destination (Bhattacharya et al, 2011).

In Kerala, there's a significant movement of skilled workers seeking opportunities, among them nurses are one of the groups migrating frequently. Surprisingly, there is lack of detailed information regarding the reason driving their migration, the challenges they encounter in the process, and whether there are any ethical issues associated with their departure. This study intends to address the gap into the motivations behind nurses choosing to leave Kerala for employment in other regions. It seeks to shed light on the factors influencing their decision and the potential ethical implications of their migration. This paper aims to provide the various factors that drive nurses' migration, examining how they impact both the countries losing healthcare professionals and those gaining them. Understanding these factors is crucial for developing effective policies and support mechanism to address the complexities surrounding nurse migration.

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REVIEW OF LITERATURE

Donna S Kline (2003) published an article and the main purpose is to describe the push and pull factors of migration in relation to international recruitment and migration of nurses. The primary donor countries are Australia, Canada, the Philippines, South Africa and the United Kingdom; the primary receiving countries are Australia, Canada, Ireland, the United Kingdom and the United States. Nurses' migration to seek better wages and working conditions than they have in their native countries. Given the current conditions, developed countries continue to actively recruit foreign nurses to fill critical shortage.

Marko Vujicic, et al (2004) jointly publish an article to examines the role of wages in the migration decision and discusses the likely effect of wage increases in source countries in slowing migration flows. The paper uses data on wage differentials in the healthcare sector between source country and receiving country to test the hypothesis that large wage differentials lead to a larger supply of health care migrants. The result suggests that non-wage instruments might be more effective in altering migration flows. Wage differentials between source and destination country are so large that small increase in health care wages in source countries are unlikely to affect significantly the supply of health care migrants.

James Buchan and Julie Sochalski (2004) their article is based on a study supported by WHO, the International Council of Nurses, and the Royal College of Nursing, in United Kingdom. The study used interview with key information, data from professional registers and censuses and case studies in source and destination countries. This paper examines the policy context of the rise in the international mobility and migration of nurses. It describes the profile of the migration of nurses and the policy context governing in international recruitment of nurses to five countries: Australia, Ireland, Norway, the United Kingdom, and the United States. This paper highlights the policy challenges for work force planning and health system infrastructure that are created by the migration of nurse.

Ross. S. J, Polsky. D and Sochalski. J (2005) article aimed to predict the international migration of nurses to the UK using widely available data on country characteristics. The nursing and midwifery council serves as the source of data on foreign nurse registration in the UK between 1998 and 2002. The major findings of the study reveals that the shortage of nurse in the UK has been accompanied by massive and disproportionate growth in the number of foreign nurses from poor countries. Low-income, English-speaking countries that engage in high levels of bilateral trade experience greater loses of nurse to the UK.

Beverly J Mcelmurry, et al, (2006) publish an article and discuss common nursing labour issue and ethical concerns in nurse migration. Nursing migration is examined using primary health care as an ethical framework. Nursing migration believe that it will solve nursing shortage in developed countries and offer nurse migration better working condition and an improved quality of life. The authors believes that health for 5 all is a global issue and does not favour wealthy over poor countries but covers humankind as a whole. Although there is a worldwide shortage of nurses, manipulating nurses' migration is a poor solution to that problem because it causes complex issues within health and social system in recipient countries.

Paul H Troy, Laura A Wyness and Eilish Mc Auliffe (2007) article aim to establish the perceptions and opinions of those involved in the recruitment process, their role in recruitment and the effects of recruitment on both source and destination countries. A purposive sample of 12 directors of nursing, from major academic teaching hospitals in Dubai and hospitals in South Africa and the Philippines were recruited. A phenomenological approach was used with semi- structured interview as the data collection method. The study illustrates that countries no longer have any ownership of the health care professionals they train. In our globalised world, nurses have become global public good. It is no longer possible for one country to solve the migration problems.

Barbara L. Brush and Julie Sochalski (2007) published a research article and discuss Factors that have predicted nurse migration and policies that have eased the way. Furthermore, the authors analyse how various stakeholders influence migratory patterns, the implications of migration for nurses and public in their care, and the challenges that future social policy and political systems face in addressing global health issues engendered by unfettered recruitment of nurses and other health workers. Nurses predominantly seek migration to highly desirable

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destinations such as the Gulf countries, Europe, and North America, where the demand for health care has grown. The study concluded that, international nurse migration has been and will continue to be an integral feature of the nursing workforce with critical implications for the distribution of human resources in health care.

Barbara L. Brush (2008) in their article tried to examine emerging trends in global nurse migration and those effects on nurse workforce planning and development efforts in select donor and recipient countries. The data undertaken for study from Journal article, Media, Press released and data from various other sources such as PUMS, NSSRN, CGFNS, Nurse and Midwifery Council, to explicate new trend in nursing migration. The study found that rapid changes in nurse migration are significantly challenging nurse workforce management efforts in both donor and recipient nations. Global policies to manage nurse migration fail because neither developed nor developing countries are creating sustainable professional nurse workforce that meet their own needs.

Monika Habermann and Maya stagge (2009) in their article outlines the global context of and international influences on nurse migration. Liberalization of health market is identified as a trigger point steering movements of nurses globally. This article is based on extensive literature review and the analysis of quality issue in nursing field. Study revealed that the number of nurses migration in the last decades shows that the issue of nurse's migration is already of high importance for many countries. This will be enhanced by future accelerated development of nursing shortage in many countries.

Ayaka Matsuno (2009) in their article aim to capture the current situation of nurse migration from an Asian perspective. Asian countries are source of nurses as well as host for foreign country. The study is based on secondary source of data. Asian countries will continue to grow as source country to dispatch nurses to developed countries such as the US and UK. At least from the three countries for exporting nurses, the Philippines, India and China the movement of nurses are supported by the mutual interests from sending countries and receiving countries.

Nicola Yeates (2010) his article carried out based on secondary data collected from different sources of OECD countries. In this study the author asses the relevance of different policy approaches to nurse migration in promoting sustainability, social equality, the care commons and social development. The author argues for sustained international cooperation and coordination to address the major global challenges that nurse migration currently poses for public health, social reproduction and social development. The study concludes that the global dynamics nurse's migration is central to the objective of promoting professional, decently paid and compassionate form of care.

Reema Gill (2011) published a research article and the main focus is the issue of health system across the globe facing nursing shortage varying across regions and rural urban distribution. The study shows that the professional, social and economic reasons are considered to be behind the nursing shortage in India. Similar reason induces Indian nurses to look for migration opportunities in other countries. The findings of the study reveals that the government should take initiative to create and empower leaders from the nursing fraternity itself. Moreover, there should be efforts to provide adequate infrastructure, remuneration and working condition to the nurses. Efforts should be made by the government to retain qualified nursing persons in the country.

John R. Cutcliffe, et al (2011) conduct a descriptive study on the nurse migration in an increasingly interconnected World. According, this article considered the issue of nursing regulations within the context of globalization and psychiatric/mental health nursing. It draws attention to the increasingly mobile and connected international nursing workforce and yet the existence of significant disparity between countries and even states within countries as to the enforcement of professional's regulation. The data undertaken for the study is secondary in nature. In conclusion, WHO has drawn attention to the international shortage of nurses and the increasing health care burden in many countries.

Michelle Freeman, et al (2012) publish an article and the purpose of this article was to conduct an integrative review of case study methodology (CSM) in nurse migration research. The study illustrates the case study methodology being used in nursing research to describe, explore, and understanding complex issues. The integrated review was the first to examine the use of case study methodology in nurse migration. The findings

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reveals that nursing migration is a growing global phenomenon that has major implication for the nursing profession in every country.

Linda H. Aiken, et al (2013) published an article to explores emerging patterns of international nurse migration and focused on English speaking countries that are actively recruiting nurses from developing countries, the United States, Canada, the United Kingdom, Ireland, Australia and New Zealand. Data is gathered by using secondary data collection method and then graphical representation is being used. Findings of the study revealed that nurse supply appears insufficient to meet global needs now and in the future. Countries that use the most nurses should make the biggest investment in nursing education in both their own and the developing countries from which they recruit nurses.

Hongyan Li, Wenbo Nie and Junxin Li (2014) jointly publish an article based on the benefits and caveats of international nurse migration. Migration has a significant impact on both the individual and national levels. This article summarizes the factors that contribute to nurse migration from the perspective of the source and recipient countries. Additionally, the impacts and issues surrounding nurse migration were also analysed. The international council of nurse's workforce forum found that most of the industrialised countries will be imminently facing a nursing shortage due to the increased demand for healthcare. The study conducted that migration of individual nurses has not caused the global nursing shortage. Rather, the shortage is rooted in flawed national health care policy in source countries and economic and political strength of recipient countries. The issue of international nurse migration will solve quickly.

Srinivasan P (2016) conducted a descriptive research study and the aim of the study was to assess and find out the scenario of Indian nurses with regard to Trends, challenges, ethical concerns and guiding policies which have strong impact on the level of nurses' migration. The study focused on revealing information regarding OECD countries and their concern for shortcomings in nursing profession of origin countries and welcome benefits of receiving countries. The data undertaken for the study from the various sources like books, journals, online database and newspaper cutting. The findings of the study reveals that migration of nurses is necessary for professional growth of nurses to achieve carrier achievement and both push and pull factors are involved in migration.

Krishna D. Rao, et al (2017) publish an article using the state of Kerala as a case, aim to analyse and understand patterns in the internal and external migration of nurses from the state. The specific objective of the study is to estimate Kerala capacity for producing nurses, to determine the current availability of nurse in Kerala, to estimate the size and trend in the external migration of nurses from Kerala and to understand push and pull factors surrounding migration. Data from several sources have been used to estimate the stock of nurse in Kerala. These include estimates from published studies, the Kerala migration survey, official statistical reported by the ministry of health and family welfare and nurse registration data obtained from the INC. This report has highlighted the remarkable capacity that Kerala producing nurses and for supplying the rest of world and India.

Srinivasan P (2018) conduct a descriptive study to assess the opinion of nurses regarding migration and to find out the association of opinion of nurses with their demographic variables. The hypothesis of the study were there will be significant association of opinion of nurses with their demographic variables. The study is based on primary data. The study was conducted in Rajahmundry, Andhra Pradesh. Purposive sampling technique was adopted to select the sampling of 80 nurses including student nurses and professional nurses. Study findings concludes that the most of the nurses had strong positive intention to get migrated and there was no any association of their opinion with selected variables.

Anudari Boldbaatar (2020) article examine the impact of international nurse migration on the low and middle – income source countries in a comprehensive manner and present an overview and evaluation of the policy response adopted to mitigate the negative effects and to promote more equitable and sustainable practices in nurse migration. In this paper relevant database were used as the primary method of data collection, with backward and forward snowballing used as a secondary method. The review has shown that the impact of international nurse migration on countries is highly varied and multiple faced. The study is a narrative literature review with an inductive methodological approach used to analyse the fourteen articles in the review. The

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findings shows that existence of both negative and positive impact of nurse migration on the source low- and middle-income countries.

Objectives

(1) To find out the reason for preferring the destination country and problems faced there.

(2) To understand socio economic conditions of migrant nurses.

METHODOLOGY

Data was collected from 50 nurses who working abroad. The sample was few because they were limited in our area and with the help of the available one the researcher gathered the information of others. This was done by distributing a structured questionnaire through telephone. The questionnaire aimed to delve into the socio-economic circumstances of migrant nurses and to ascertain the motivations behind their decision to migrate. The collected data were processed with the aid of computer software Microsoft office and Microsoft Excel. Pivot table feature of MS Excel is used for tabulation, calculation and presentation of collected data. Additionally, mathematical tools such as the Likert scale (5 scaling) were employed to analyse the data.

Limitation

The limitation of the study involves facing challenges such as lack of enough available data and tracking migrant nurses can be difficult due to the absence of standardized systems for recording their movements and destination. Additionally, there are difficulties as some nurses may be unwilling to share personal information such as income and Savings. Due to these issues samples are limited to fifty.

THEORETICAL FRAMEWORK

Neo-Classical Theory --The oldest and best-known theory of international migration is Neo-classical Theory. It explains the impact of labour migration on economic development. According to this theory and its extensions, the cause for international migration is the geographical imbalance between demand and supply of labour. In regions where the supply of labour is elastic, but the labour is paid low wages and their marginal productivity is low, workers tend to migrate to a high-wage country. As a result of this trend, remittances generation has become a powerful incentive for labour-sending countries to encourage outmigration. In addition, migration contributes to the labour-receiving country's economy by fostering production, and the remittances receiving country could ideally reduce its income inequality and wage differentials. Harris and Todaro (1970) have pointed out facts which are supportive of this argument. They emphasize that the decision to migrate is heavily influenced by job opportunities available to the migrant at the initial stage and expected income differentials.

The New Economics of Labour Migration (NELM) New Economics of Labour Migration has been developed recently with the purpose of challenging the assumptions and conclusions of Neo-classical Theory. NELM focuses on migration from the micro individual level to macro units such as families, households or other culturally defined units. In other words, a key insight of this new approach is that the decision to migrate is not merely an individual decision, but is a collective decision of households or families where their aim is not only to increase income, but is also a risk management strategy in the context of market failures, in addition to failures in the labour market. However, the theory suggests not to ignore individual behaviour, but to study it in the context of a group. When a group is considered, households are in a position to diversify risks of economic well-being by utilizing labour resources in different ways. Massey (1993) argue that family members could be made to earn an income in order to minimize risks of job insecurity and income fluctuations by assigning them economic activities both in the country of origin and in the hosting country. Through this, deterioration of local income could be compensated by migrant remittances and vice versa. Furthering the argument, Cassarino (2004) opines that the return of migrants to the country of origin after achieving such targets as savings, insurance, household needs, acquisition of investment capital and skills is logical.

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Dual Labour Market Theory In 1979, Michael J. Piore introduced the Dual Labour Market Theory which is a divergence from micro-level models. The model shies away from viewing migration as a consequence of decisions made by individuals, and argues that international migration is the result of intrinsic labour demands of industrialized societies at present. Michael (1979) points out the permanent demand from industrialized and developed nations at present to facilitate their development propagandas as the cause of international migration. In other words, international migration happens not due to push factors seen in sending-countries, but due to pull factors seen in receiving-countries. According to Michael, push factors are low wages and high unemployment, while pull factors are essential and unavoidable needs expected to be fulfilled by foreign workers in receiving counties. Further, this theory emphasizes on four core features of industrialized countries that explicate the pulling of labour from other countries, namely structural inflation, motivational problems, economic dualism and the demography of the labour supply.

Network Theory Labour migration can happen for various reasons. Some of them are: a desire for high individual income, an attempt for risk diversification of household income, an international displacement with a market penetration strategy, and as a programme of recruitment to satisfy employer demands for low-wage workers. Even if several reasons could be observed as above, they alone cannot explain actual migration patterns. Other factors like geographical proximity to nation states, availability of social networks, institutions, and cultural and historical factors should therefore be focused on. Migration network is a contemporary concept linked to the concept of social capital. Arango (2000) defines migration network as a "set of interpersonal ties that connects migrants with relatives, friends or fellow countrymen at home who convey information, provide financial backups, and facilitate employment opportunities and accommodation in various supportive ways". These networks reduce the costs and risks of movement of people, and increase the expected net returns of migration. As a result of these networks, subsequent migrations have positively contributed to enhance opportunities for other migrants in their decision-making process. Further, Vertovec (2002), and Dustmann and Glitz (2005) state that the diaspora and other networks have the ability to influence migrants when the latter select their destinations. It is revealed that network connections are a form of social capital which grants wide access to employment abroad.

Migration System Theory The core assumption behind this theory is that migration contributes to change the economic, social, cultural and institutional conditions in both the receiving and sending country. De Haas (2010a) has identified that the Network Theory is closely affiliated to the Migration System Theory. Further, the focus of the System approach is both on the macro and micro linkages of places linked to the migration process. Micro level factors include kinship and friendship systems, while macro level factors focus on economy, dominance, political systems, national policies of immigration, and cultural and social systems. Unlike other models, the Migration System Theory emphasizes on the mutual link between migration and development. Therefore, this theory is relevant for developing a theoretical framework that considers migration in a broader development perspective. Not only economic development, but migration also supports social development. For instance, remittances sent back to family members could alter the social and economic context of labour-sending countries. Hence, it could be argued that migration has the ability to influence socio-economic development of the country of origin and encourage subsequent migration both at macro and micro levels (Wickramasinghe and Wimalaratana, 2016).

RESULTS

This study aims to analyse the impact of various factors, including wages and other influential elements, on the decision-making process of migration. Additionally, an assessment of the working conditions experienced by nurses in foreign countries. Data were collected from the nurses working abroad and data collected by sending questionnaire in google form and there response have been recorded, the collected data are tabulated and analyse. The present chapter continue with the analysis of collected information.

Table 1 Level of Education

Qualification	Number of respondents	Percentage (%)
B Sc Nursing	47	94

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M Sc Nursing	0	0
Other*	3	6
Total	50	100

Source: Primary Data

*ANM and GNM

Table 1 shows that out of 50 respondents 94 per cent hold the qualification in BSc nursing, with no respondents possessing MSc nursing qualification. The remaining 6 percent were categorised under "others" category, which includes qualification such as Auxiliary Nurse Midwife (ANM) and General Nurse Midwife (GNM). ANM refers to a diploma level course focusing on basic nursing care and midwife skills, primarily aimed at rural health care. GNM is diploma course that prepares students to work as general nurse and midwife in various health care setting. It is clear from the data migration is observed among nurses with BSc nursing qualification. Generally, in addition to BSc, MSc, ANM and GNM in nursing, common requirement may include relevant work experience, language proficiency, and passing licencing exams specific to the destination country.

Table 2 Working Country

Country	No.of Respondents	Percentage (%)
United Arab Emirates	13	26
United Kingdom	16	32
Saudi Arabia	9	18
Oman	4	8
Dubai	2	4
Austria	2	4
German	3	6
Bahrain	1	2
Total	50	100

Source: Primary Data

Table 2 illustrates the diverse distribution of nursing professionals among 50 respondents. The data reveals that 26 percent of the nurses are employed in United Arab Emirates, while 32 percent work in United Kingdom. Furthermore, 18percent contributed to the health care sector in Saudi Arabia, 8 percent work in Oman, and 6 percent in Germany. 4 Percent of the respondents are engaged in nursing roles in both Dubai and Austria. And mere 2 percent work in Bahrain. This shows the global dispersion of nursing professionals across various countries.

Table 3 Monthly Saving

Saving	No.of Respondents	Percentage (%)
Below 25000	14	28
25000-50000	20	40
50000-75000	14	28
Above 75000	2	4
Total	50	100

Source: Primary data

Table 3 clearly shows that the 78 percent of the respondents are having income of 1 to 3 lakhs. 22 percent of samples having income below 1 lakh. It is evident that income plays a crucial role as one of the significant reasons for migration. Along with income better living standard and living conditions are also the push factor compelled people to migrate.

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Table 4 Monthly Consumption Expenditure

Consumption Expenditure	No.of Respondents	Percentage (%)
Below 25000	17	34
25000-50000	24	48
50000-75000	4	8
Above 75000	5	10
Total	50	100

Table 6 illustrates the diverse factors influencing the working hours of migrant

Table 4 reveals that 34 percent of the respondents allocate their expenses to below 25000 of their income. Furthermore, 48 percent of the respondents spend within the range of 25000 to 50000, while 8 percent manage their expenses between 50000 to 75000, and 10 percent allocate their spending above 75000. It reveals that the majority of the migrant nurses tend to have consumption expenditure within the range of 25000 to 50000.

Table 5 Expenditure Pattern

Category	No.of Respondents	Percentage (%)
Food Items	39	78
Luxury Products	5	10
Expenditure for Child Education	2	4
Healthcare	4	8
Total	50	100

Source: Primary data

It is clear from the table 5 that 78 percent respondents use major portion of income for the food items. Additionally, 10 percent of the respondents use their income for the luxury products, 4 percent invested in children's education, and the remaining 8 percent is directed towards health-related expenses. The data reveals that migrant nurses allocate a significant portion of their income to food items.

Table 6 Factors Affecting Working Hours

Factors	No.of Respondents	Percentage (%)
Strict Government regulations	16	32
Weather in host country	3	6
Salary	19	38
None of the above	12	24
Total	50	100

Source: Primary data

Table 6 illustrates the diverse factors influencing the working hours of migrant nurses. Notably, 32 percent of the respondents underscores the significant impact of strict government regulations on shaping their working hours. A contrasting 6 percent identified the host country weather as a factor affecting their working schedule. For a majority of the 38 percent, the pivotal influence was attributed to salary considerations. 24 percent of the respondents asserted that strict government regulations, host country weather and salary were not decisive factor in determining their working hours. Instead, they emphasized the role of Personal preference, Regulatory framework, Employer policy, Contractual agreements, Cultural norms, Staffing levels, Patient load, and various other elements contribute to defining the working hours of migrant nurses. This nuanced perceptive underscores the multifaceted nature of the factors influencing their professional time commitments.

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FINDINGS

Among migrant nurses 82 percent are female and the remaining 18 percent are males. Those migrant number of females are larger than male because traditional beliefs assign caring and sympathetic roles exclusively to women. 74 percent of the respondents belongs to the younger generation, aged between 26 to 35, because they're attracted to foreign cultures and want to be free from family ties. While less than 5 percent are aged between 36 to 45. The migration decision significantly influenced by religious beliefs. Marital status significantly shapes the migration choice, with notable 54 percent unmarried nurses who predominantly opt for migration opportunities. Migration is not limited to urban nurses, as a significant 56 percent of migrant reside in rural areas. Migration is observed 94 percent nurses with BSc nursing qualification. Generally, in addition to BSc, MSc, and Diploma in nursing, common requirements may include relevant work experience, language proficiency and passing licencing exams.

Global migration among nursing across various countries like UAE, UK, Saudi Arabia, Oman, Dubai, Australia, Germany and Bahrain, with a notable 32 percent working in the UK. 50 percent of the respondents are engaged in professional roles within the migrant country for a period of less than one year. 44 percent prefer for working in the destination country only for 1 to 3 years. This is mainly because of the decision to migration would potentially separate respondents from their friends and families from their own locality. It is clear that migration is not for permanent settlement. Income is vital for migration, as evidenced by the fact that 78 percent of migrants have income ranging from 1 to 3 lakhs. This indicates that income levels strongly influence migration decision. The main reason people choose to migrate is the chance to earn more money in another country. About 90 percent of migrants believe they can earn a higher salary in the destination country than in their home country. 40 percent of the migrants have managed to save between 25,000 to 50,000, using various methods to protect their earnings. They employ a mix of approaches such as traditional savings accounts, investment portfolios, employer-sponsored programs, and sending money back to their home country through remittances. 48 percent of the migrant nurses tend to have consumption expenditure within the range of 25000 to 50000.

Migrant nurses allocate significant portion of their income for the consumption of the food items. The number of working hours varies depending on the country of employment. For instance, Bahrain, Germany, Australia, and the UAE typically maintain an 8-hour workday. On the other hand, Saudi Arabia and the UK require nurses to work for 12 hours each day. Oman and Dubai have a range of 6 to 10 working hours. The main reason for the variation in working hours is the consideration of salary, as stated by 38 percent of respondents. Other factors such as contractual agreements, staffing levels, and patient load also play a role in determining working hours. 96 percent of the people prefer using bank transfers to send remittances back home country because its simplicity compared to the complex procedures of alternative methods. Countries like UK, Saudi Arabia, New Zealand, Germany and Canada are actively involved in recruiting foreign nurses. Among this countries UK emerging as the primary focus of active recruitment effort. 40 percent of respondents choose to migrate for higher salary opportunities. Salary plays a significant role in migration decisions because it directly affects individuals' financial well-being and their ability to provide for themselves and their families. Other factors such as career advancement, quality of life, access to advanced medical technology, and a higher standard of living also play important roles in migration decisions. These factors collectively contribute to individuals' overall satisfaction and sense of fulfilment in their new environment, influencing their decision to migrate.

The data highlights that respondents consider climate, language, political stability, standard of living, and healthcare advancement when choosing a destination country. Among these factors, standard of living is the most important, with 40% of respondents selecting a country based on this criterion. This prioritization is because a higher standard of living directly impacts their professional and personal lives. It often translates to better wages, working conditions, healthcare services, education opportunities for themselves and their families, and overall quality of life. The most common language-related challenge is difficulty in adopting local accents, as reported by 62 percent of the respondents. 38 percent of the respondents secured their job through a nursing agency, while 30 percent obtained it through examination. It's clear that there is limited government support for migration decisions. 90 percent of the migration decisions are supported by family, highlighting the crucial role families play in such choices. 50 percent predominantly dependence on their savings to handle the financial aspects of international move, with no additional support for migration.

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Cultural experiences have a limited role in influencing the choice of destination country, as indicated by 56 percent of the respondents. Cost of living in the destination country can significantly impact the potential savings, posing a challenge to financial benefits associated with migration. 66 percent acknowledge that the cost of living significantly affect their savings. There is a noticeable disparity in the assignment of duties and responsibilities between males and female nurses. 74 percent of the data indicates lack of disparities in duty allocation, it also uncovers the pockets of inequality, such as the exclusive employment of the male nurse in critical situation like causality and emergency.

Continuous education programs play a crucial role in ensuring professional competence when navigating a new work environment abroad, as supported by 62 percent of the respondents. These education programs include specialized 57 training courses, language proficiency courses, professional development workshops, and certificate programmes. The government neither significantly encourages nor discourages nurse migration. Instead, their focus tends to be on those within the public healthcare system. There are varied opinions regarding organizations contributing to international migration, with a significant 36 percent emphasizing the crucial role played by the World Health Organization. When working abroad, writing, reading, listening, and speaking skills are essential. Among these, 68 percent argue that speaking skills emerge as the most crucial, especially in hospital settings in foreign countries. Effective communication with patients is vital to understand their concerns and deliver effective treatment.

70 percent support the idea that a minimum of one year experience is essential for every country. This experience helps in understanding the healthcare system, developing clinical skills, and adapting to different medical settings. For international migration, the minimum qualification required for nurses mainly revolves around having a diploma or bachelor's degree in nursing. 70 percent support having a bachelor's degree, while 30 percent support having a diploma in nursing. There exist certain challenges in overall working condition for nurses who migrate to foreign countries. Some nurses feel neutral about aspects like loneliness, increased working pressure, and cultural differences. However, they agree that language barriers affect patient care, and higher salary often motivates migration. It's important to understand that the nurse's working environment varies by country and healthcare system. Pay, workload, hours, culture, and career opportunities all shape the experience for migrant nurses.

CONCLUSION

In conclusion, among all healthcare workers, nurses tend to migrate at a higher rate. This migration is significant for nurses because it offers opportunities for career growth and professional success. Nurses often prefer migrating to countries such as the United Kingdom, Germany, Australia, and the UAE. The main reason behind their decision to migrate is the higher salary opportunities available in foreign countries, which can be three to four times higher than in their home country. Additionally, factors such as working hours and workload play a crucial role in their migration choice. In their home countries, nurses often face long working hours and heavy workloads, whereas in foreign countries, they may have shorter working hours, typically working three or four days per week. In their home countries, the number of female nurses is significantly higher, leading to a higher migration rate among female nurses. However, in foreign countries, both male and female nurses are equally represented. This disparity is mainly due to societal attitudes that nursing as an exclusively female profession in their home countries, and traditional beliefs assign caring and sympathetic roles exclusively to women. The status of nurses in their home countries is often poor, lacking decision-making freedom. In contrast, in foreign countries, nurses enjoy a status similar to doctors, both within hospitals and in society.

The healthcare system plays a crucial role in overall economic development, and thus, having an adequate number of nurses in hospitals is essential for providing necessary services. However, migration creates a shortage of nurses, which can negatively impact the healthcare system and overall economic development. Therefore, governments should provide adequate support for nurses and offer salaries based on their working hours and workload to mitigate the effects of migration.

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