

# Migration: A Descriptive Study to Explore Nurses' Opinion

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## ABSTRACT

**Background:** As the demand for nurses rises worldwide, commercial recruiters have become increasingly interested in the potential for exporting nurses from India to developed countries. While India does have a large potential labor pool that could be trained as nurses, at present India does not have enough professional nurses to meet its own domestic health services needs.

**Objectives:** to assess the opinion of nurses regarding migration and to find out the association of opinion of nurses with their demographic variables. The hypotheses of the study were there will be significant association of opinion of nurses with their demographic variables.(H<sub>1</sub>).

**Methods:** Quantitative approach, Non experimental descriptive exploratory study was conducted on opinion of nurses regarding Migration with 80 nurses including student and professional nurses in Rajahmundry, Andhra Pradesh, India. Purposive sampling was used and the data was collected by Structured Migration opinion questionnaire with paper pencil technique.

**Results:** Most of the Nurses (75%) had strong intention to migrate as they were in the category of more likely to migrate followed by only 25% had less intention and in the category of less likely to migrate. The overall mean score of opinion among nurses was 57.69 with mean percentage of 68. Based on Domains nurses had higher opinion for migration in Sense of profession as calculated Mean % was 76 (Rank I) followed by Finance (75%, Rank II), Responsibility to country (69%, Rank III), Desire to move (66%, Rank IV), Safety (65%, Rank V) and Stability (62%, Rank VI). There was no any significant association of opinion score of nurses with their selected demographic variables such as Age, Gender and Designation as calculated F value and independent t test value were statistically non-significant at 0.05 level.

**Conclusion:** Thus, study finding 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.

**Key Words:** Nurses, Migration, Opinion

## 1. INTRODUCTION

As the demand for nurses rises worldwide, commercial recruiters have become increasingly interested in the potential for exporting nurses from India to developed countries. While India does have a large potential labor pool that could be trained as nurses, at present India does not have enough professional nurses to meet its own domestic health services needs. <sup>[1]</sup>

However, there are a series of 'pull' and 'push' factors that motivate a person to leave home and family to pursue other opportunities.

Other factors play a key role in "pushing" nurses out of their home country including an unsafe work environment, lack of political stability, high work-loads, or lack of economic remuneration.

The “pull” factors address some or all of those concerns and promise a better situation elsewhere. [2,3]

“Many of these nurses are also single parents and when you’re faced with not only the financial needs of your children or perhaps elderly parents or even siblings, those financial constraints can become enormous. This is especially true in countries where family ties are strong and the responsibility for other family members is great.”

Apart from *economic factors*, *dissatisfaction* with working conditions and unhappiness with prevalent *social attitudes* towards nurses were identified as being of crucial importance for the international migration of Indian nurses. [4]

The migration of health workers is not new: nurses and physicians have sought employment abroad for many reasons, including high unemployment in the health-care labour market in their home country.

It was found that nurses working in the private sector and from some linguistic and religious groups were particularly prone to migration.

Nurses working in the government sector seemed to be more worried about being unable to adjust to working conditions abroad and therefore less keen to migrate. The fact that they enjoyed better pay scales, a more relaxed work atmosphere and more facilities may have also played a part here. [5]

First, new communication technologies are shaping a global labour market through electronic access which means that jobs, and often education for jobs by distance learning, are available internationally, as are visa applications and access to processes. It is commented that certain sets of skills and competencies are so specialized or in such short supply that they are being sourced globally.

Second, *rising incomes*, *new medical technology*, *increased specialization of health services*, and population ageing are

pushing up demand for healthcare workers in OECD countries.

Third, despite the lack of doctors and nurses in many developing countries, the first motivation for migration is often linked to more and better employment opportunities abroad (*encompassing salaries, working conditions, career advancement, etc.*). [6]

## 2. METHODOLOGY

A Quantitative approach, Non experimental descriptive exploratory research design was used. The study was conducted in Rajahmundry, Andhra Pradesh. A formal approval was obtained from the authorities and ethical consent was obtained from all subjects. Purposive sampling technique was adopted to select the sample of 80 Nurses including Student nurses and Professional nurses. Structured Migration opinion questionnaire for nurses were used to assess the level opinion of nurses regarding migration. Scale consist 17 items (5 point scale) with 6 domains including Desire to move, Safety, Finance, Stability, Sense of profession and Responsibility to country. The reliability of the structured opinion scale was calculated by Cronbach's alpha and calculated value was 0.72. The data was collected with paper pencil (Self report) technique. The data was analyzed by SPSS 21 version by descriptive statistics including frequency, percentage, mean, mean percentage and standard deviation and by inferential statistics for association with selected variables using independent t test and one way ANOVA.

## 3. RESULTS

The demographic variables of the study were age, gender and designation. Frequency and percentage distribution of nurses in terms of level were calculated as per standard scales criteria (Table 1).

Mean, Standard deviation, Mean % and Rank distribution of opinion score based on domains of opinion were calculated as per the standard criteria. (Table 2)

**Table 1: Frequency and percentage distribution of nurses in terms of opinion regarding migration- Overall and Domain N=80**

Criteria	Overall Opinion f (%)	Domain 1 (Desire to move) f (%)	Domain 2 (Safety) f (%)	Domain 3 (Finance) f (%)	Domain 4 (Stability) f (%)	Domain 5 (Sense of Profession) f (%)	Domain 6 (Responsibility to country) f (%)
Less likely to migrate	20 (25)	25 (31.2)	24 (30)	9 (11.2)	15 (18.8)	9 (11.2)	11 (13.8)
More likely to migrate	60 (75)	55 (68.8)	56 (70)	71 (88.8)	65 (81.2)	71 (88.8)	69 (86.2)

Further it revealed that nurses overall mean % of opinion for migration was 68. Based on Domains nurses had higher opinion for migration in Sense of profession as calculated Mean % was 76 (Rank I) followed by Finance (75%, Rank II), Responsibility to country (69%, Rank III), Desire to move (66%, Rank IV), Safety (65%, Rank V) and Stability (62%, Rank VI).

**Table 2: Overall and domain wise Mean, Std. deviation, Mean% and Rank of opinion score among nurses N=80**

Domains of opinion	Range	Mean±SD	Mean %	Rank
Desire to move	4-20	13.24±3.32	66	IV
Safety	5-25	16.27±3.44	65	V
Finance	2-10	7.49±2.06	75	II
Stability	2-10	6.19±1.97	62	VI
Sense of Profession	2-10	7.61±2.16	76	I
Responsibility to country	2-10	6.89±2.09	69	III
Overall	17-85	57.69±9.90	68	-

There was no any significant association of opinion score of nurses with their selected demographic variables such as Age, Gender and Designation as calculated F value and independent t test value were statistically non-significant at 0.05 level as shown in table 3.

**Table 3: Association of opinion score with selected demographic variables among nurses N=80**

Demographic variable	Mean	F/t value	df1/df2	p value
Age				
20-29	55.7			
30-39	49.7	2.774 <sup>F</sup>	2/77	0.06 <sup>NS</sup>
40-49	68.6			
Gender				
Female	55.8	0.04 <sup>t</sup>	78	0.96 <sup>NS</sup>
Male	56.0			
Designation				
Students (UG/PG)	57.1	0.90 <sup>t</sup>	78	0.36 <sup>NS</sup>
Faculty	53.7			

<sup>NS</sup>- Non significant <sup>F</sup>- One way Anova <sup>t</sup>- Independent t-test

#### 4. DISCUSSION

In the present study, level of opinion among nurses revealed that Most of the

Nurses (75%) had strong intention to migrate as they were in the category of more likely to migrate followed by only 25% had less intention and in the category of less likely to migrate. These findings were consistent with the study conducted by OECD countries migration of nurses where they found that country of Ireland which has the second highest nurses to-doctor ratio in the OECD (5 to 1) and where about 47% of the nurses were foreign-trained in 2008 compared with almost 36% for doctors. That being said, migration of nurses has increased in many OECD countries since 2000. However, in the United Kingdom and Ireland, between 2001 and 2008, new registrations of foreign-trained nurses decreased by a factor of 4 and 2.7, respectively. [7]

In the present study it revealed that nurses overall mean % of opinion for migration was 68. Based on Domains nurses had higher opinion for migration in Sense of profession as calculated Mean % was 76 (Rank I) followed by Finance (75%, Rank II), Responsibility to country (69%, Rank III), Desire to move (66%, Rank IV), Safety (65%, Rank V) and Stability (62%, Rank VI). These findings were consistent with study conducted by OECD countries where they found that Earlier, a few Indian nurses used to migrate because *earning prospects* were high. This helped them to send *remittances* back home, which were used for various purposes, e.g. building a new house, financing children's education and for a small business that the husband might start. Most of the private hospitals in India offer an initial pay of Rs. 8000 to Rs. 9000 per month, whereas an Indian nurse can earn as much as Rs. 80,000 per month as a starting salary after migrating to the Gulf countries. [8,9]

## 5. CONCLUSION

Thus, study finding 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.

**Author's Biographical Note:** The principal investigator belongs to the state of Tamilnadu and has completed Masters in psychiatric nursing from reputed institute Madurai Medical College, Madurai with strong academic background and many years of teaching experience. Investigator had also carried out related research activities in the field of psychiatric nursing related to therapies and elderly.

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