

Emigration Barriers for Bangladesh Nurses

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Abstract

Demand for nurses is increasing across the world. Bangladesh produces a significant number of nurses each year. They contribute to meeting the country's nursing demands. Additionally, some nurses have the opportunity to emigrate, particularly to high- and middle-income countries. This descriptive study aimed to investigate perceived barriers to emigration among Bangladesh nurses. The participants were 430 Bangladesh nurses. Data were collected via a self-reported survey questionnaire. Nurses' demographic information and responses regarding migration were analyzed through descriptive statistics. Their responses to questions about barriers to migration were analyzed by content analysis. The study found that the majority of nurses were willing to emigrate and that they preferred to work as specialized nurses. The migration barriers they perceived were categorized into (a) personal, (b) academic, (c) administrative, and (d) economic. Relevant authorities and policymakers may use these findings as a basis for initiatives to minimize nurses' emigration barriers in order to better access nursing markets in high- and middle-income countries.

Introduction

Nurses are a significant part of any country's healthcare system. The demand for nurses is increasing due to expanding healthcare systems and healthcare needs. There is an acute shortage of nurses across the world [1]. To overcome this shortage, the number of nurses has been increased in several countries [2]. Bangladesh's government significantly invests in nursing to produce more nurses and has deployed large numbers of nurses to meet the country's healthcare needs. In Bangladesh, 19,510 students study for the diploma in Nursing Science and Midwifery every year, and 8,380 students study for the BSc in nursing [3]. These nurses contribute to achieving Sustainable Development Goal 3, which is to "ensure healthy lives and promote well-being for all at all ages" [4]. Many also have the opportunity to emigrate and work in other healthcare systems.

A favorable work environment for nurses has positive effects on the quality of nursing care and job stability. Unfavorable working conditions may encourage nurses to leave their country [5]. Other factors which influence emigration include inadequate wages, uncertain career development opportunities, limited educational facilities, a lack of work materials, and insecure working conditions [6]. A desire for greater professional development opportunities and improved personal safety may also influence emigration [7]. Bangladesh nurses tend to wish to emigrate for higher salaries, better standards of living, safer workplaces, greater security, and less stress. In Bangladesh hospitals, they must perform non-nursing work, are often overloaded with work receive poor wages, experience poor workplace security, have inadequate work materials, and suffer from stress [8]. The stress felt by nurses is exacerbated by a lack of promotion opportunities and experiences of workplace violence [9,10]. As a result, they are often willing to emigrate.

There is a huge demand for nurses abroad, particularly in middle- and high-income countries. In 2022, Bangladesh Overseas Employment and Services received a request from Kuwait for 1,100 nurses and some nurses emigrated [11]. Bangladesh nurses may have many other opportunities to migrate to middle- and high-income countries. In the periods 1985 to 1986 and 1991 to 2004, more than 1,000 Bangladesh nurses migrated to gulf countries [12]. Later, some Bangladesh nurses migrated to countries such as Libya, Kuwait, Saudi Arabia, America, Italy, and Canada. Recently, job opportunities for immigrants have expanded in many countries. It's important that Bangladesh nurses are made aware of these opportunities. Equally, the emigration process needs to be simplified and made more transparent. There is little emigration information available to Bangladesh nurses and the emigration process is difficult and confusing.

The aim of this study was to identify the barriers to emigration perceived by Bangladesh nurses.

Methods

This was a descriptive cross-sectional survey study. The participants were nurses working in different public and private hospitals in Bangladesh and abroad. The instruments were developed by the researcher within an expert group meeting. The instruments consisted of self-reported, open- and closed-ended questions. The closed-ended items investigated nurses' demographic information and their perceptions of working abroad. The open-ended questions investigated nurses' perceived barriers to migration. The instrument was developed as a Google Form accessed via a web link. The web link was posted to the Directorate General of Nursing and Midwifery (DGNM) website. Nurses were asked to participate in the survey between the 8th

and 17th of November 2022. Afterward, the data were retrieved and converted to an SPSS form. Descriptive statistics were used to analyze nurses' demographic information and their responses

regarding working abroad. The responses about perceived barriers were sorted into four categories: (a) personal, (b) academic, (c) administrative, and (d) economic.

Results

Table 1: Nurses' Demographic Characteristics (n = 430)

Items	Frequency	Percentage
Age		
20 - 24 years	88	20.5
25 - 29 years	196	45.6
30 - 34 years	78	18.1
35 - 39 years	34	7.9
40 - 44 years	20	4.7
45 - 49 years	9	2.1
50 - 54 years	4	.9
55 - 59 years	1	.2
Gender		
Male	180	41.9
Female	250	58.1
Marital status		
Married	277	64.4
Unmarried	150	34.9
Others	3	.7
Religion		
Islam	396	85.8
Hindu	44	10.2
Christian	14	3.3
Buddha	3	.7
Professional educational qualification		
Diploma in Nursing Science and Midwifery	201	46.7
Bachelor of Science in Nursing	225	52.3
Master of Science in Nursing	4	.9
Service experience		
1-5 years	278	64.7
6 -10 years	109	25.3
11 -15 years	21	4.9
16 -20 years	9	2.1
21 -25 years	10	2.3
26 -30 years	3	.7
Ownership of organization worked for		
Government organization	330	76.7
Non-government organization	100	23.3
Current workplace		
Bangladesh	408	94.9
Abroad	22	5.1
Willing to work in specialized nursing area		
No	15	3.5
Yes	415	96.5
Preferred nursing area		
Critical care nursing	120	27.9

Cardiac nursing	57	13.3
Emergency nursing	49	11.4
Surgical nursing	46	10.7
Pediatric nursing	36	8.4
Gynecological nursing	34	7.9
Medical nursing	33	7.7
Geriatric nursing	15	3.5
Palliative care nursing	14	3.3
Orthopedic nursing	12	2.8
Urology nursing	9	2.1
Psychiatric nursing	3	.7
Ophthalmic nursing	2	.5
English Language skills		
Little	18	4.2
Some	247	57.4
Sufficient	165	38.4
Computer skills		
No	6	1.4
Little	36	8.4
Some	177	41.2
Sufficient	211	49.1

The highest proportion of nurses (45.6%) was between 25 and 29 years old. More than half (58.1%) were female. 64.4% were married and 34.9% were unmarried. The majority (85.8%) were Muslim. 52.3% had completed a Bachelor of Science in Nursing degree and 46.7% had completed a Diploma in Nursing Science and Midwifery degree. Most (64.7%) had worked in nursing for between one and five years. More than three-quarters (76.7%) were working in public hospitals and 23.3% were working in

private hospitals. Most (94.9%) were working in Bangladesh - only 5.1% were working abroad. Almost all (96.5%) preferred to work in specialized nursing areas. The most popular (27.9%) specialization was critical care, followed by cardiac (13.3%), emergency (11.4%), surgical (10.7%), pediatric (8.4%), gynecological (7.9%), medical (7.7%), geriatric (3.5%), palliative care (3.3%), orthopedic (2.8%), urological (2.1%), psychiatric (.7%), and ophthalmic (.5%).

Table 2: Nurses' Responses about Working Abroad (n = 430)

Items	Frequency	Percentage
Willing to work in abroad		
No	12	2.8
Yes	418	97.2
Believes that they qualify to work abroad		
No	16	3.7
Yes	414	96.3
Preferred countries to work in		
Canada	133	30.9
The United States of America	79	18.8
Kuwait	55	12.8
Australia	42	9.8
Britain	41	9.5
Kingdom of Saudi Arabia	30	7.0
Japan	13	3.0
Italy	11	2.6
Germany	9	2.1
Singapore	7	1.6
Qatar	6	1.4
Switzerland	3	.7
Oman	1	.2

The vast majority (97.2%) of the nurses were willing to work abroad and most (96.3%) believed that they were qualified to do so. The most popular destination country was Canada (30.9%) followed by the United States of America (18.8%), Kuwait

(12.8%), Australia (9.8%), Britain (9.5%), the Kingdom of Saudi Arabia (7.0%), Japan (3.0%), Italy (2.6%), Germany (2.1%), Singapore (1.6%), Qatar (1.4%), Switzerland (.7%), and Oman (.2%).

Table 3: Nurses' Perceived Barriers to Working Abroad (n = 430).

SN	Sub-theme	Theme
1.	English language skills	Personal
2.	Lack of idea about abroad	
3.	Nursing curriculum	Academic
4.	Nursing education	
5.	Specialized training	
6.	Official procedures	Administrative
7.	Absence of monitoring, collaboration, and coordination	
8.	Financial facilities	Economic

Nurses' perceived barriers to working abroad were categorized into nine sub-themes under four top-level themes: (1) personal, (2) academic, (3) administrative, and (4) economic.

Discussion

Personal

English Language Skills

English is an international language and is of great use in native English-speaking countries. Nurses who are willing to work in such countries must be able to understand English. In Bangladesh, the native language is Bengali, and English is considered a second language. Although the country uses English for nursing education, it is used much less in nursing practice. Partially as result, many Bangladesh nurses have limited English skills. The participants perceived this as a barrier to working abroad as it would limit their ability to communicate with medical team members and patients, something that is necessary for providing proper care [13]. Nurses want improved English language practice introduced into nursing courses. They also want an alternative to IELTS.

Lack of Information about Emigrating and Working Abroad

Nurses need more information about emigration. There are few reliable sources of information about working and living abroad. Hence, they have limited knowledge about many aspects of life in a foreign country, such as job conditions, financial facilities, housing, moving children and other family members, security as a female, travel costs, visa processing, work agreements, and relevant regulatory authorities. Therefore, the participants demanded reliable sources of information about emigration, provided either online or via other mediums.

Academic

Nursing Curriculum

The nursing curriculum is central to nursing education. The goal of the nursing curriculum is to prepare skilled nurses. High-quality curricula contribute to preparing talented nurses for existing and future healthcare delivery systems [14]. Nursing education is composed of two distinct parts, theory and practical, both of which are essential [15]. Practical experience very significantly

contributes to the socialization of nurses [16]. It was felt that the nursing curriculum needs to emphasize clinical practice. The study participants also agreed that the existing curriculum needs standardizing in line with internationally recognized nursing standards. They perceived that the variance from such standards is a barrier to them working abroad.

Nursing Education

The purpose of nursing education is to produce clinically competent nurses who can provide high-quality, safe nursing care [17]. Quality nursing education requires teachers with theoretical knowledge and experience in clinical practice [18]. The quality of nursing education has been linked to the quality of curricula and teachers. Teaching materials and appropriate facilities are also essential [19]. The quality of education depends on both the quality and the number of teachers. Bangladesh nursing educational organizations are deficient in both teacher quality and quantity and also lack adequate teaching materials [20]. As a result, the theoretical education provided is of a lower quality than desired. Additionally, a lack of suitable teachers means that clinical practice training is less guided and monitored than required. There is also a shortage of subject-based teachers, meaning that one teacher often teaches more than one subject. Additionally, there is no Bangladesh-specific nursing education textbook available. Textbooks impact the quality of education, and they support teachers in planning and preparing class lessons and organizing instruction and learning [21,22]. Without such a textbook, teachers and students depend on websites and others countries' textbooks. The participants also suggested establishing an international nursing exam center in Bangladesh. This would allow them to become qualified and emigrate more easily.

Specialized Training

Nursing is a general term for a combination of many areas of healthcare. However, most nurses wish to work in specialized areas of nursing. Consequently, they desire more specialized training based on specific subjects or areas, but public organizations in Bangladesh generally do not offer such training. DGNM has arranged some specialized training for nurses and some private organizations also offer it, but the current provision is insuf-

ficient. Participants also felt that the quality of the specialized training available was inadequate and perceived that it was not internationally recognized. International recruiting agencies are targeting specialized nurses so there is a need to establish a specialized nursing training organization [23]. This should be done with the collaboration of developed countries' nursing experts to ensure quality and international recognition so that nurses will be able to emigrate more easily.

Delays to Official Procedures

Most of the participants were working in public hospitals. They perceived official emigration procedures as unnecessarily complicated and arduous. Among other requirements, they need to participate in exams, apply for visas, submit applications, obtain police verification, get no objection certificate, prepare passports and other documents, obtain liens, and obtain release from local authorities. They also need leave from work to complete some of these tasks. In addition, participants perceived a lack of collaboration between local hospital authorities, DGNM, and the Health Ministry. They felt that emigration requirements need to be streamlined and simplified and that collaboration between relevant bodies needs to improve.

Absence of Monitoring

The participants perceived that there is insufficient government monitoring of the nursing emigration process, both inside and outside of the country. Emigration is usually achieved via private recruitment agencies that act as intermediaries between nurses and foreign employers. Nurses must coordinate with them about required documents, medical tests, visas, salaries, air tickets, and other matters. They reported frequent inconsistencies between agreements made with the recruitment agencies and actual conditions working for foreign employers. Therefore, it is important to monitor the entire process (both in Bangladesh and abroad) that supports nursing emigration.

Financial Facilities

Among other reasons, participants stated that they wanted to emigrate or had emigrated for better pay. However, they recognized that emigration is expensive and may require borrowing money from relatives or banks. They reported that some nurses wishing to emigrate were not able to raise the required money. Therefore, they demanded easy-to-access, affordable loan facilities.

Conclusion

Bangladesh produces a significant number of nurses each year. There is a huge demand for specialized nurses in high- and middle-income countries. The aim of this study was to investigate the barriers that Bangladesh nurses face when wishing to emigrate. The study found that nurses faced personal, academic, administrative, and economic barriers to emigration. Policymakers and other relevant authorities should take steps to reduce or eliminate these barriers in order to help nurses emigrate.

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Conflicts of Interest

No conflict of interest has been declared by the authors.

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