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## **Student Nurses and Their Post Graduation Migration Plans: A Kerala Case Study.<sup>1</sup>**

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### **Introduction: nursing and global migration**

This chapter explores the training and migration of nurses from Kerala in Southern India. Many western observers argue that currently there is a worldwide shortage of trained nurses, and the demand for all types of qualified nurses can only be serviced through international migration (Brush, 2008). Others have argued that the root of this shortage is the fact that many nurses have voluntarily opted out of the sector due to relatively poor working conditions (Kingma, 2006). The job pressures and poor workplace experiences nurses face are due in part to the various forms of restructuring the sector has been subjected to, that has created new forms of flexible working conditions and resulted in the ‘churning’ of the labour force in the care sector (Gordon, 2005). Additionally, there are increasingly more international conventions that have some bearing on the recruitment of foreign trained nurses, and they are often incorporated into

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migration streams through specific policy instruments resulting in even greater 'flexible' and temporary forms of employment (Kingma, 2006). As a result there are legislative, economic and discursive factors necessary to consider when examining the experiences of nurse migrants, the systems within which they are employed, and how their mobility is orchestrated. Despite, or perhaps because of this complexity, our understanding of nurse migration from India is partial and incomplete; a situation that appears to be standard.

Despite ongoing debate about how best to manage nurses' international mobility, nurse migration remains relatively unchecked, uncoordinated, and individualized, such that some countries suffer from its effects while others benefit. This is not surprising given the varied nature of nurse migration between countries, inconsistent approaches to nurse migration management, and the proliferation of independent recruitment agencies. (Brush 2008:23)

This state of affairs then is not necessarily unique in the case of India, but it is more pronounced considering the increasing significance of nursing emigration from the country.

The global migration of nurses has recently been examined through the lens of the 'Global Care Chain' where international migration, especially of domestic workers, is used to compensate for a 'deficit of care' in the develop nations, thereby acting as a form of 'emotional surplus' transfer (Ehrenreich and Hoschchild, 2001; Misra and Merz, 2007). Nursing, however, is differentiated from that of domestic workers because nurses are professionals who possess credentials that are managed by professional bodies and they tend to be employed in institutional rather than private settings. Understanding the operation and outcomes of feminized global migration circuits such as those of nursing professionals' demands analysis through multiple lens and at various sites and scales. Structurally, the incorporation of nurses into the Global Care Chain requires assessment of numerous national and sub-national factors linked to the transference of this 'commodity', and this has been explored by Yeates (2009) in her extended

‘Global Nursing Care Chain ‘(GNCC) model. Within the GNCC model we can also assess the sending country context in order to understand how this type of feminized migration is legitimated, facilitated and reproduced (cf Oishi, 2005). Nursing is also an important example of the ‘institutionalization of migration (Goss and Lindquist ,1995) since it involves many agents to facilitate this form of migration, but also involves household decision making and resourcing. With this in mind this chapter explores the aspirations of students and faculty based at a number of nursing schools and colleges in Kerala with regard to international migration. Based on interview and survey research the chapter demonstrates the overwhelming desire of students to work overseas, and elaborates on their geographical preferences with regard to possible destinations. The results suggest that state and central government planners are aware of the potential mass exodus of nursing students, and have suggested various solutions to tackle this situation.

### **The Kerala context**

Kerala provides a somewhat distinctive model within India, and proponents of the ‘Kerala model’ of development argue “Kerala’s economic and social transformation took place without outside help” (Parayil, 2000:2). This statement overlooks the significant role played by international labour migration in Kerala’s economic development, where external remittances are estimated to have contributed to over 20% of the state’s GDP (Zachariah and Rajan, 2007). Kerala may be lauded for its socially and environmentally enlightened advances, but important migrant remittance capital inflows to the state come from regions in the world where development is less socially and environmentally benign, such as the Gulf. As a consequence, Kerala’s development is closely tied into global capitalist development; it does not stand outside of it. Examining the issue of nurse migration in relation to the ‘Kerala model’ is also timely

considering the recent critical reexamination of Kerala's development status with regard to female equity and empowerment (Eapen and Praveena, 2002; Rajan and Sreerupa, 2007).

Focusing on international migration also broadens the geographical lens with respect to Kerala and Malayalee identity, and is therefore an important contribution to the efforts to rethink the region as “ (a) as an entity swayed and shaped by national and global forces and other regions too, and (b) as an entity shaped in discourse, within specific institutions and always subject to the diverse pressures of the market.” (Devika, 2007: 30). The focus on migration and diasporic Malayalee identity is an increasingly important aspect of recent work on Kerala's socio-cultural and economic development (Zachariah et al 2001b:42, Osella and Osella, 2006, 2008), and the place of the female nurse migrant is particularly important to this Kerala narrative (George, 2005; Percot, 2006).

### **The Kerala tradition of migration and nursing**

Recent migration streams from Kerala have been predominately oriented to the Middle East. For example since the Kuwait war of 1990-91 Kerala emigration has more than doubled (Kerala State Report on Migration, n.d.). Over the last 25 years the state of Kerala in India has accounted for 40-60% of India's contract labour emigration to the Gulf (Nair, 1999). In 2004 the number of emigrants from the state was equivalent to 27 per 100 households, and researchers suggest that emigration, more than any other single factor, has made the most significant contribution to poverty alleviation in the state (Zachariah, Mathew and Rajan, 2001a). The 2007 Kerala migration survey indicates stasis in terms of emigration numbers from Kerala overall and a decline in the percentage share of female immigrants from 16.8% in 2003 to 14.4% in 2007 (Zachariah and Irudaya, 2007). Despite this decline, female migration continues to be of

importance to the state, since the majority of female migrants from Kerala tend to be skilled nurses, and researchers maintain that 90% of migrant nurses both across India and in the Gulf are from Kerala (Nair and Percot, 2007).

As the international demand for this sector of health workers continues to increase (Brush, 2008), the global migration of nurses will continue to be of importance to Kerala's economic, social and cultural development, despite the temporary variations in international demand. Kerala is clearly an important site to explore female migration related to the health care sector, and as such it stands in contrast to India as a whole, which has generally been perceived as a non-sending region when it comes to female migrants (Oishi, 2005). While much of the focus on females and migration in Kerala has been linked to women being left behind (Sekhar, 1996; Gulati, 1993), a growing body of literature has explored the migration of female nurses from Kerala to the USA (George, 2005; Williams, 2000), Australia and UK (Healey, 2006), Germany (Goel, 2008), and the Gulf Region (Percot, 2006).

Kerala is therefore somewhat distinct from many other states in India because it has a long tradition of female education, nurse training and nurse emigration rooted in the state's history of Christianity (Simon, 2009; Ambram, 2004), and missionary and colonial health care development (Kutty, 2000; Kawashima, 1998). As missionary and colonial medical systems developed in India in the late nineteenth and early twentieth century, Christian women were important recruits who did not face the same caste prohibitions that Hindu women did with regard to patient care (Jeffrey, 1988). High caste Hindu women were reluctant to enter nursing, and despite the higher status, none qualified even as medical doctors before 1914 (Arnold, 2000). Nursing continued to be viewed as a poor occupation reserved only for low caste women. By the time of independence the Bhoire Committee reported on the very poor working conditions still

present in the sector (Jeffrey, 1988). While female doctors in India do have high status, Jeffrey argues that nurses suffer from lower status due on part to the connotations of pollution linked to their work and the fact that the nursing profession was divided into several different educational categories (Jeffrey, 1988: 242).

In the current period the legacy of poor status is still felt by many in the nursing profession (George, 2005; Nair and Healey, 2006). More recently there has an argument that the profession has seen an increase in status, especially in light of the opportunity it presents with regard to international migration (Percot, 2006). This transition reflects the intersections between the changing social acceptance of the nursing profession within India, the changing international demand for nurses, and changes in state and society perceptions of female migration. The idea that these transitions are somehow synchronized in their progress is, however, misplaced. For example, one of the major push factors for nursing students to consider taking up international opportunities overseas is linked to low wages in India (Khadria, 2009), but also as a response to what this pay discrepancy communicates to them about the relative devaluation of nurses within the Indian medical system and society more generally (Walton-Roberts, forthcoming; Nair and Healey, 2006). Under these conditions the opportunity to emigrate has been widely embraced by Indian trained nurses, especially those from Kerala.

India cannot claim that the emigration of trained nurses is not a problem, since the number of nurses per thousand persons in India was 0.9 in 2006 compared to a world average of 1.2. (WHO, India office n.d). Recently there has been a shortage of nurses experienced in India (some teaching hospitals we interviewed at in Kerala told us they were running with only half of their nursing positions filled), and nursing programs have come through a phase of expansion in the early 2000s (personal interview Department of Nursing Education, Kerala, October 2008). In

2008 there were over 2,300 nursing programs in recognized educational institutions across India, yet this capacity was again being increased.<sup>2</sup> Kerala has been seen as one of the most important regions in India for the training of nurses, and there has been a concerted effort to raise the annual number of graduates in all programs from 2,000 in 2002 to over 14,000 in 2008, with a future target of over 20,000 (Personal interview, Kerala Department of Nursing Education, Trivandrum, October, 2008). Recently the Indian Nursing Council (INC) has implemented a number of changes to increase the number of institutions providing nursing programs and to increase student enrollment (Indian Nursing Council, 2008; Singh, 2008). The regulatory changes have been greeted positively by some health care groups, but with concern by others. For example student groups are concerned about how the proposed changes to both student entry and resource requirements will impact the quality and global reputation of Indian nurse training. The president of the Post Graduate Nursing Students Forum stated “It will be a great compromise as far as clinical experience is considered. This will also affect the prospects of those candidates who seek jobs in the U.K. and the U.S. and other foreign countries, since these countries are quality conscious. Even those who seek jobs here (in the country) would be affected,”<sup>3</sup> These changes have ramifications not only for India, but also internationally in light of the significant rate of international emigration of Indian nurses. Although official numbers are hard to locate, various surveys have suggested that the number of Indian nurses who intend to work overseas varies from 1/5 (Hawkes et al, 2009 in a sample of 99) to between 2/3(Thomas, 2008 in a sample of 448) and 3/4 (Khadria, 2009 in a sample of 40).

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<sup>2</sup>Nursing educational institutions recognized by Indian Nursing Council as of March 2008 Indian Nursing Council <http://www.indiannursingcouncil.org/Statistics.asp> accessed September 2nd 2009.

<sup>3</sup> [http://www.collegesintamilnadu.com/Education\\_News/20091/20090126e.asp](http://www.collegesintamilnadu.com/Education_News/20091/20090126e.asp) accessed May8th 2009.

## **Research on student intentions**

In order to assess the ongoing interest nursing students have in overseas migration, especially in light of the argument that the nursing profession is experiencing status improvement within India (Percot, 2006), research was conducted on student aspirations for overseas employment in ten government and private nursing schools and colleges in Kerala (3 Government Colleges, 6 private Colleges and 1 private School). A basic survey of over 1,100 students was conducted on their intentions to migrate. Interviews and focus groups with faculty and students were also conducted (a minimum of three interviews per college for an approximate total of 30) where respondents were asked about their views on overseas opportunities and the status of nursing in India. In addition five interviews were conducted with officials in the department of medical education (nursing) and in recruitment agencies, both private and government. Interviews with nursing students were conducted in Malayalam by the project's research assistant, Jithin Raj, all others were conducted in English by the author. Interviews were recorded and transcribed where permission was granted, and analyzed using Nvivo qualitative data analysis software. This chapter reports on student intentions to emigrate, which made up one part of this larger research project.

## **International demand for nurses and mapping migration opportunities**

Students across the 10 schools and colleges visited during the field work were asked to complete a survey about their personal background and their aspirations and intentions with regard to overseas migration post graduation. Over 1,100 students completed the survey (see table 1).

| Post-grad preference  | Total sample    | Gov't Colleges  | Christian Colleges | Hindu Colleges  | Female          | Male           | Christian       | Hindu           | Muslim         |
|-----------------------|-----------------|-----------------|--------------------|-----------------|-----------------|----------------|-----------------|-----------------|----------------|
| Sample size           | n=1169          | n=376           | n=360              | n=433           | n=979           | n=190          | n=441           | n=631           | n=95           |
| Kerala/India          | 32.2%<br>(377)  | 35.64%<br>(134) | 25.83%<br>(93)     | 34.64%<br>(150) | 34.01%<br>(333) | 23.16%<br>(44) | 26.30%<br>(116) | 36.93%<br>(233) | 29.47%<br>(28) |
| UAE                   | 15.48%<br>(181) | 10.64%<br>(40)  | 15.83%<br>(57)     | 19.40%<br>(84)  | 16.45%<br>(161) | 10.00%<br>(19) | 13.38%<br>(59)  | 15.53%<br>(98)  | 25.26%<br>(24) |
| Gulf (other than UAE) | 14.29%<br>(167) | 5.32%<br>(20)   | 10.83%<br>(39)     | 24.94%<br>(108) | 15.73%<br>(154) | 6.84%<br>(13)  | 9.30%<br>(41)   | 18.54%<br>(117) | 9.47%<br>(9)   |
| UK                    | 4.88<br>(57)    | 5.85%<br>(22)   | 6.39%<br>(23)      | 2.77%<br>(12)   | 3.78%<br>(37)   | 10.53%<br>(20) | 7.71<br>(34)    | 3.17%<br>(20)   | 3.16%<br>(3)   |
| USA                   | 11.04%<br>(129) | 10.90%<br>(41)  | 14.72<br>(53)      | 7.85%<br>(34)   | 10.93%<br>(107) | 11.05%<br>(21) | 12.93%<br>(57)  | 9.35%<br>(59)   | 12.63%<br>(12) |
| Australia and NZ      | 9.65%<br>(114)  | 14.63%<br>(55)  | 10.89%<br>(37)     | 5.31%<br>(23)   | 8.99%<br>(88)   | 14.21%<br>(27) | 13.15<br>(58)   | 7.93%<br>(50)   | 6.32%<br>(6)   |
| Ireland               | 5.05%<br>(59)   | 6.91%<br>(26)   | 6.67%<br>(24)      | 2.08%<br>(9)    | 4.60%<br>(45)   | 7.37%<br>(14)  | 7.03%<br>(31)   | 3.65%<br>(23)   | 4.21%<br>(4)   |
| Switzerland           | 2.22%<br>(26)   | 2.39%<br>(9)    | 2.5%<br>(9)        | 1.62%<br>(7)    | 1.94%<br>(19)   | 3.16%<br>(6)   | 2.27%<br>(10)   | 1.90%<br>(12)   | 3.16%<br>(3)   |
| Other                 | 5.05%<br>(59)   | 7.71%<br>(29)   | 6.94%<br>(25)      | 1.39%<br>(6)    | 3.58%<br>(35)   | 13.68%<br>(26) | 7.94%<br>(35)   | 3.01%<br>(19)   | 6.32%<br>(6)   |

**Table 1: Student nursing survey: Post graduate migration aspiration among student nurses, south and central Kerala 2008.**

Results demonstrate a fairly stable division across all religious groups regarding the percent who intend to remain in India to work. Between 25-36% of nursing students surveyed intended to remain in India after their graduation with Hindu students the most likely to remain at just over 36%, Christians the least likely at just over 26%. Male students are even less likely to remain at 23% compared to 34% of female students. With regard to popular locations to work overseas, Muslim and Christian students listed the United Arab Emirates (UAE) with the highest percent, but males in general are less likely to aim for the Gulf, and more likely to seek immigration to Australia and New Zealand and other locations. The USA is most appealing to Christian students, followed by Muslim students.

Accompanying the survey we conducted interviews and focus groups with nursing students and faculty.<sup>4</sup> Across the nursing colleges where we interviewed a definite geographical hierarchy existed that needs to be seen as deeply embedded tacit knowledge. There was a clear sense that taking a contract in the Gulf entailed a particular type of temporariness that was reflective of certain hardships, and that across the Gulf region as a whole there were significant differences:

M: Actually, Gulf country there is one ultimate concept, Gulf country people used to go over there and there is no chance to settle there and they come back. But if they go to western countries they do not come back to stay. Gulf country people are going, there is stress, especially if they are a family person, I mean married [life] it is hard... Abu Dhabi and Bahrain the whole UAE the economy is booming so salary is ok, but family accommodation is not affordable, so all of these are different psychological problems because of family separations etc.

Q: Dubai?

M. Actually in Dubai there previously nurses were seen as second class citizens, in the past all the nursing was a profession that was completely ...done by foreigners, but today the government has recognized the importance of nursing, and colleges are coming up. They are encouraging their own people to come forward and they are building nursing schools and colleges. So ultimately the status is improving...

Q: And Saudi Arabia?

M: Lots of restrictions; that is a problem. So if a person wants to enjoy their life they cannot do that in Saudi, that is a problem, but if you want to earn money it is good, it is the best place to go. But if you want to enjoy your life you can go to UAE, and spend lavishly. But you can't take much [home]

(Interview with faculty member nursing school, Varkala, October 15<sup>th</sup> )

Nursing students also held well developed ideas about their overseas options, and considered numerous variables in their selection:

F1.Nursing is job oriented course and my family supported me to come this field .I am looking for work abroad especially European countries. [Other students agree].

Q. Why European countries?

F1. Because of attractive salary and life is safer than Gulf countries.

M1. Attractive salary and climate is much better than Gulf countries.

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<sup>4</sup> All interview data cited here references only the location of the college/school. References within the interview indicate gender of the respondent ( F=female, M=male, Q=Question).

(Focus group with 3<sup>rd</sup> Year students translated from Malayalam, Kollam, October 18<sup>th</sup> 2008).

F2: I like to work in Australia because lots of opportunities is there and good salary.

F3: I like to go to Ireland because good salary is there, in Kerala only get Rs6,000-9,000 maximum, that's why I like to go Ireland.

F4: I have to go work in Italy because my convent is there I cannot work any other country I should go to Italy.

F3: I will go to Ireland because my auntie is working there; she will find opportunities for me , I will get one and half lakhs salary.

Q: Are you looking for temporary migration or permanent?

F1: I looking for temporary, which means after earn the money I like to comeback. [other students also agree].

(Focus group with 1st year nursing students translated from Malayalam, Ernakulum, October 23<sup>rd</sup> 2008).

Recruitment agents also circulate, reproduce and alter the geographical hierarchies that candidates internationalize based on various factors, and recruiters are also aware of the nature of interaction between the cultural preferences of different groups and potential destinations:

Q: Which countries in the Gulf are the least popular places for people to go to?

K: Bahrain because they won't get too much of a salary, is very low, and sometimes problems with payment it not in time, is late, 2months later, and also in Muscat also. Dubai and Saudi are ok, no problem, better options.

Q: ...for women where is the best place?

K: For women who want to earn money... the best place is Dubai... For people in Kerala, Dubai for them is a very big, like um heaven, they have got every kind of freedom there. They more people in Kerala are very orthodox. So going to Dubai is a big thing for them...the Muslims like it in the Middle East.

Q: What about the Christians?

K: Everything is all about money, they want to earn money they are ready to go anywhere. They do not get that much money here in India anywhere in India. Like a standard who is totally inexperienced he can get a salary of 24,000 rupees in Middle East but will only get 3,000 -4,000 rupees here. It is all about money.

(Interview with private recruitment agent, Varkala, September 13<sup>th</sup>)

International nurse recruitment is not only marked by geographical hierarchies, but also institutional ones. A specialized health recruitment agent explained how contracts differed between the public and private sector in various countries in the Gulf region:

M: Yes, they want to get employment directly with the ministry of health because it has good salary. And other benefits, like family status, yearly vacation, accommodation. This kind of thing should be provided by the hospital.

Q: Ok as a nurse in a government hospital with three years experience what benefits am I going to get, what will the contract include?

M: Now this is a very big question, normally in Saudi Arabia minimum salary is now 3,000, in Saudi Riyadh, in Indian rupees 36,000 per month minimum.

Q: Food and accommodation included?

M: In most cases they give food and accommodation since they will not have time to cook.

Q: Family status?

M: Yes, there is a hospital in Qatar that is providing family status for the female candidates, normally in the past it was only male that got family status, but in Qatar there are special cases, where after three months she can bring family, and children.

(Interview with private sector recruitment agent, Trivandrum, October 6<sup>th</sup> 2008).

The notion of onward or two-step migration was also clearly articulated by both students and faculty:

A. Arab countries are developed but we cannot get permanent settlement, but in countries like Australia we can, that is advantage... Especially in Gulf countries we have to come back .We will get experiences from Gulf countries then we can migrate to other countries. We like to come back Kerala after we get good savings from abroad.  
(Interview with faculty, Kottayam, 20<sup>th</sup> October 2008).

### **Networks and the reproduction of the nursing workforce**

During interviews with students and faculty the reasons for migration were various, but financial issues were overwhelming the most important. There was evidence of network migration, which is more often linked to unskilled migrants, and this suggests that such meta processes underlying family and unskilled migration are still important to skilled migrants, despite the different policy and institutional contexts within which they move. This short extract of a focus group held with nursing students demonstrates the range of opportunities the students perceive, the personal

networks that are in part structuring their migration, and the various reasons cited for their interest in working outside India.

F1: My sister working as BSc nurse, she encouraged to me come this field and also medical field has good job opportunities [better] than IT field.

F2: My auntie is a nurse, she motivated me because of nursing is good service and nursing has good job opportunities abroad.

Q: Where do you like to work as a nurse?

F3: I like to work in America because my parents are living in America.

F1 and F2: We looking for Gulf countries.

M1: I am looking for European countries because Kerala job opportunities are poor; also salary and facilities are poor.

(Focus group interview translated from Malayalam with student nurses, Kollam, October 18<sup>th</sup> 2008).

### **Network exclusions and competition by religion and national identity**

As the religious background of nursing students changes (Percot, 2006; Walton-Roberts, forthcoming), the dominance of Christian groups in the migration process was a concern for some student nurses and faculty regarding what they saw as networks of exclusion based on religion:

F2.... nurses from Hindu religion they have less chance to work in abroad ...they have less opportunities than Christians... Christian family has some relation [in] European countries therefore easy for Christian nurses to go abroad.

(Focus group interview translated from Malayalam with student nurses, Kollam, October 18<sup>th</sup> 2008).

Q: Do you think there are any problems overseas for nurses?

M: Yes...Christians are getting more chance to go abroad, because they are with their church, and according to some areas it is like your religion. And there are services, so many people are there to help them and according to the religion, like some areas like USA and Australia... there are services for Christians... the Hindu students are only getting chance from [after] other religions?

Q: So there is a problem of networks within religious groups, like Christian nurses are using their networks?

M: No no no, what I mean is they are getting more chance to go abroad.

Q: Why because they have friends?

M: No, not in Gulf countries, because they prefer to go to Europe and the UK. They are going all abroad and they are thinking ok and I can live my life according to my religion... so after they go they have their Christian groups and their relatives and other people in the country... And the Christians have family. After the Christian get more chance to go abroad.

(Interview with nursing school faculty, Varkala, October 3<sup>rd</sup> 2008).

### **Drains or circles: Circular migration, brain circulation and the case of the nursing profession**

The long standing debate over whether the international migration of skilled workers from India represents brain drain or brain circulation has not been assessed in the nursing sector to the same degree it has been in other sectors (Saxenian, 2006). Generally respondents felt that returning to India to work after a period overseas –brain circulation- was unlikely to occur for clinical nurses, but for teaching faculty there was great demand for their skills both in India and in the Gulf, and after working overseas for a period returning faculty were seen as more experienced and better equipped to educate and mentor students:

F1. I do not think I [come] back because my family in USA, but there is a chance to come back because of the share [financial] market is down. Other one is we can get nice experience from abroad and after we come back we get a good position in India.... My family stay in New York my husband also like to come with me, my ambition is to stay five years in USA

F2. I am going to USA because my husband's family is there ,I married after finish my BSc, if I go to USA I bring my parents along with me, that is my plan, but I will come back because my sisters are here...

F3: I like to go Ireland also I should send money to my family and I will back after two years and I want to settle here...

Q: Why not the Gulf?

F3: Because in Gulf it is too hot. One of my friend told we cannot save much money from Gulf while we save from Ireland and Australia that's why I like to go there.

(Interview with nursing faculty, Kollam, October 11<sup>th</sup> 2008)

Nursing faculty were in a strong position to use circular migration to its full extent. If hired in permanent government jobs teaching staff were permitted to take an unpaid leave of up to 5

years. During the research though we were informed that the government has placed a moratorium on the generous leave options employees in the health sector were able to claim. Now teaching staff were being denied the option to leave due to staff shortages. We were also told of doctors who had had their contracts terminated because they refused to return to India after a certain period overseas. Kingma (2006) argues that rather than prevent their departure in the first place, such restrictions only act to delay the reintegration of nurses back into the sending region. Students were also keen to use their planned overseas sojourn to assist them to reenter the Indian workforce, not as clinical nurses, but in management or teaching positions:

Q: After your temporary migration do you like to work in Kerala?

F3: Yes but not as a nurse, maybe looking for teaching and hospital management .My plan when I work in abroad as well is I will do hospital management courses . [other students agree, they also do not want work as nurse when they back from their temporary migration].

M: they will not work back here as a nurse, they will open some business. The biggest thing is salary difference. Maximum here is Rs10,000 per month, but there it is 1 lakh per month. So again coming back to work for 10,000 is too hard. They will take their money and use it for property etc ... The thing is there will not be a shortage in nurses because colleges are increasing and more students are coming...Actually this shortage I can say shortage is there, but I hope after a few years shortage will not be there.  
(Interview with faculty, Varkala, 15<sup>th</sup> October)

Q: When nurses come back do they reenter the profession?

A: They need to... Teachers they usually come back, they at the most leave for one or two years. ... they come back because their salary is much better, their status is better, different... Teachers, especially in the religious [colleges] they go and come back.

Q: Nurses don't come back to work?

A; Nurses they go and they don't usually come back, or they go and when they come back, they are middle aged, and there is no incentive to do government sector job, they do not work they don't feel like working anymore in this situation.

(Interview with Department of Nursing Education, Kerala Government, October, 2008)

### **How is the state managing nurse migration and shortage?**

The emigration of skilled workers, although it has not received the same attention of low skill migration is on the increase. It carries with it a number of important issues with regard to not only the socio-economic impacts on sending and receiving nations, but also in regard to the international development of educational sectors (OECD, 2002). This is especially evident in the case of nursing (Ball, 2004). Also the research examines the intersection of changing social perceptions of nursing in conjunction with the changing approach of the Indian and Kerala governments with regard to the training of nurses for export and the improvement of the teaching curriculum and improved standards of education (Baunman and Blthye, 2008). In 2003 The Kerala government successfully lobbied the Philadelphia-based CGFNS (Commission of Graduates of Foreign Nursing Schools) to have Kochi made an exam centre, in addition to Bangalore (The Financial Express, 2003). State approvals for the number of nurse training colleges have also been increasing during the 2000s, the central and state governments recognized the need to increase nurse trainee numbers, but also advocated to enhance training to international standards; for Kerala's nurse education officials this was implicitly in response to the fact that thousands of nurses do go overseas (Personal interview with Department of Nursing Education government of Kerala, October 2008). Additionally, the state is actively involved in the recruitment of labour; ostensibly to protect would be migrants from unlawful charges by other recruitment agencies. The Kerala Government-owned Overseas Development and Employment Promotion Consultants (Odepec) runs recruitment interviews, and in 2005 ran an interview for Saudi health authorities where 639 nurses were hired (Matthew, 2005). I also heard of cases overseas where the Indian Nursing Council assisted in nurse recruitment (personal interview, private hospital, Dubai, November 2008). In overseas visits Indian government officers vocalized support for migrant nurses who remit to their families back in Kerala,

referring to them as the nation's "devoted angels" (Matthew 2006). This gendered migration process needs to be examined through both a systemic political-economy framework, as well as how symbolic gender politics and social legitimacy continue to inform the migration process and themselves transform in the light of international demand (Oishi, 2005). Drawing all these issues together under the framework of the GNCC promises to be a valuable research agenda for understanding both the structural challenges India faces and the major issues of concern to nurses and their families. The nursing migration networks at play are highly complex, and while this may be seen as a win-win situation for India, the reality is that while India promotes its nurses for the overseas market, the Indian health systems lack adequate staffing (Healey, 2006). The nurses who enter western systems are also subjected to forms of discrimination that need greater state action to overcome (Dicicco-Bloom, 2004).

## **Conclusions**

The preliminary review of this research data provides a number of observations that are valuable to ongoing research on the migration of nurses from India. First, we can say that although the research suggests that almost 75% of students are *intending* to travel overseas, the actual number will most likely not be as significant. Even though demand for nurses overseas is likely to remain high, competition from other regions of the world has made the entry requirements higher.

Recently countries like the UK and Australia have increased the required International English Language Testing System (IELTS) scores from 6.5 to 7 and above for nursing, and this will preclude a significant number of potential candidates. Combined with the ongoing shortages within India's health system and the global contraction of labour demand in light of the 2008 financial crises and we will probably see some reduction in the percentage of nurses going

overseas (not that we can be sure what that percentage is already). Secondly, we can gauge from this preliminary overview that there has been an institutional reaction from the Indian Nursing Council to increase the pool of nursing candidates by lowering entry requirements and expanding the teaching capacity by easing the regulations governing the creation of new, mostly private colleges. This action raises a number of concerns over the quality of education provided, and the debt load that new students will be carrying. The rapid increase in teaching facilities accompanied with the decrease in the standards of entry suggests that India may emulate the Philippines in that this rapid expansion in nurse training with the explicit intention to service overseas demand has led to serious reductions in the quality of nurse education with resultant increases in the percent of graduates failing (Brush and Sochalski, 2007). Indeed there are signs of similar concerns already evident in Karnataka India, the state with the greatest nursing education capacity as a result of a rapid growth of nursing colleges in the early 2000s. Here only 25% of nursing students reportedly pass the first year exams, and there had been no improvement in average grades over the last five years (Balakrishna, 2009). Thirdly, we can see from some of the interview and focus group extracts that while the interest in working overseas is great, the majority of students anticipated that they would return to Kerala once they had worked overseas for a period of a few years. This sentiment was fairly strongly asserted by both students and faculty, yet research on this topic suggests that the reality of returning to Kerala after a number of years overseas will be far more challenging than many of the respondents realize (George, 2005; Percot, 2006). Even if nurses do return to Kerala the likelihood of them reentering the hospital workforce is, based on this research, unlikely. Fourthly, while financial incentives are seen as the most important reason for wanting to work overseas, other factors such as career development, the ability to work in better facilities with modern technology, and the desire to

work in a place where nursing is a respected profession were all factors influencing student's and faculty's, desire to work overseas. The role of networks were also clearly seen as important to potential migration options, not only networks respondents were included in, but also ones they felt excluded from.

The story of nurse migration from Kerala can be told from several perspectives and it richly illustrates the potential benefits of Yeates' (2009) work the GNCC, since this framework offers a useful and all encompassing approach that is still politically attuned to the gendered issues at play in this significant migration system. Indeed it is the very structured nature of this process that perhaps explains why India is a significant sender of nurse migrants, when its relative absence in other classes of female migration has been commented upon (Oishi, 2005). Against this backdrop nurse migration to large institutional hospitals with bone fide recruitment agencies is seen as a desirable, indeed permissible channel for the mobility of this class of skilled feminized migrant, and as such suggests that it will continue to be of significant policy and research interest both in India and abroad.

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