Nurses Moving Abroad

Article by Muhammad Hussain[1], Muhammad Afzal[2]
[1]*Lecturer at the University of Lahore, Pakistan*
[2]*Ph.D in Nursing, Texila American University*
E-mail: mafzalaku@gmail.com

Abstract

Background: Pakistan as like developing countries has trained nurses for to meet their health care needs and achieve the Millennium Development Goals (MDGs). Unfortunately these nurses are leaving the country for better opportunities to developed countries.

Objective: The study aims to identify the factors involved in Pakistani nurses moving abroad and to draw together recommendations to retain nurses from the respondents through a questionnaire- based study in a selected government and private tertiary care hospital in Karachi, Pakistan

Procedure: Descriptive survey study was conducted in six tertiary care teaching hospitals of Karachi Pakistan. A sample of 307 nurses was taken randomly by lottery technique in six selected government and private hospitals which were demographically situated in different places in Karachi and serves a diversity of population.

Results: The results showed that low salary package, poor image of the nurse, and poor working conditions were the major reasons why nurses would like to leave the country and work or migrate abroad. The United Kingdom, Canada, and the United States of America are the most popular countries where Pakistani nurses would like to work and migrate.

Conclusion: The reasons for Pakistani nurses moving abroad are linked to the fulfillment of basic human needs, self esteem, safety and security needs. These issues are similar to the reasons of nurses in other source countries.

Keywords: Abroad, Infant mortality rate (IMR), Migration, Millennium Development Goals (MDGs),

Introduction

Pakistan is a country on the road to development. Development has been parallel to attaining the Millennium Development Goals (MDGs). According to United Nations Development Program (2013) there are eight MDGs out of which the most relevant to health are MDG No 4; reduction of child mortality; MDG No 5; improvement in maternal health; MDG No 6; combating HIV/AIDS, malaria and other diseases. Health care is a vital component in any development discourse. To achieve optimum health for its citizens, a country needs retention of health care workers as problems may arise when there is an imbalance between number of health professionals and the population of a country. This is true for all health care workers specially the nurses who are considered to be one of the front liners in the health system. This problem appears to be one which Pakistan faces today.

According to the Population Census Organization, the population in year 2008 was approximately 193,774,500 with approximately 78,698 nurses. The internationally required nurse - patient ratio in a given population is 1:35. In Pakistan, the nurse patient ratio is 1:400 (WHO, 2013). There is a need to examine the problem so as to be able to cater the health care needs of the country with the aim of achieving the MDGs for health by 2015.

The migration of nurses brings about the problem of shortage of nursing professionals in developing countries. Lindio-McGovern (2014) reported that "United Kingdom and the United

States are among several developed countries currently experiencing shortage of nurses … these countries encourage nurse migration for fulfillment of their needs" (p. 253). As a result, developing countries are at an increased chance of experiencing shortage of nurses. Nurse migration can be described as "the movement of nurses from one place/country to other place/country for nursing practice" (Buchan, Jobanputra, Gough, and Hutt, 2005). Therefore shortages of nurses are reported in both developed and developing countries. It is found that developed countries overcome their shortage through international migration.

Research problem

Pakistan has its own share of nurse migration problems. Although it is impossible to provide accurate statistics about the number of Pakistani nurses working in other countries, the Usher (2004) highlighted that, "about a quarter of Pakistani nurses are working abroad".

Research questions

1. What are the reasons for Pakistani nurses moving abroad?
   1.1 If given the chance to go abroad and work as a nurse, which country do the respondents prefer to go and why?
   1.2 If the respondents have to migrate and settle in a country for good, which county would it be and why?
2. What recommendations are given by the respondents for them to stay in Pakistan and practice their profession?
3. What are the implications of the findings in this study to nursing practice and the country's health care policies and needs?

Scope of the study

The study was encircled to 307 nurses who met the inclusion criteria taken randomly from six tertiary care private and government hospitals in the metropolitan city of Karachi, Pakistan. This descriptive survey, which was anchored on Abraham Maslow's Theory of the Hierarchy of Needs made use of a questionnaire to answer the research questions.

Literature Review

This section presents the relevant literature taken from primary and secondary sources of either research or conceptual literature. Appropriate headings were provided to ensure a logical and smooth flow of the readings presented.

Nurse migration and its effects

According to available statistics, 15% of nurses from the developing countries like India, Philippines and Pakistan are moving to developed countries every year. Graduate nurses have a greater potential for moving abroad compared to other professions. Khowaja (2007) cited by Nasreen stated that "every year western countries hire 33% nurses for their health care units only from The Aga Khan University Nursing School, Karachi Pakistan."

The WHO (2013) reported that infant mortality rate was very high in Pakistan as compared to other countries worldwide especially the neighboring countries like India, Iran, China, Bangladesh, Sri Lanka, except Afghanistan. Infant mortality rate (IMR) is defined as "the number of deaths of infants under one year old in a given year per 1,000 live births in the same year." Pakistan had an infant mortality rate (IMR) of 56/1000, India 42/1000, Iran 38/1000, China 14/1000, Bangladesh 44/1000, Sri Lanka 9/1000, Afghanistan 115/1000, (U.S. Census Bureau, International Database 2015). The above mentioned data suggest that the health facilities in Pakistan were very poor as compared to neighboring countries excluding Afghanistan. Although,

Pakistan Millennium Development Report 2013 showed a plan to reduce 68.5/1000 to 40/1000 infant mortality rate in year 2015.

The Maternal Mortality Ratio was defined by the WHO (2013) as the "260 mothers dying due to complications of pregnancy and delivery per 100,000 live births". The MDG 2013 Goal 5 focuses on maternal mortality ratio and reported that maternal mortality ratio remains high in Pakistan. The higher maternal mortality ratio is also a serious matter of concern, because preventing maternal deaths requires the right combination of investment and trained health care providers to keep women healthy during pregnancy, labour and post partum. MDG No 5 aims to reduce maternal mortality ratio by three-quarters during 2000-2015. Pakistan's Millennium Development Goal (2013) highlighted that "There are delays of three major contributing factors in maternal mortality ratio. The first delay was in seeking professional care; the second was related to logistical as most of the health centers and private clinics are located in urban areas; the third arises from the lack of adequate human resources and trained personnel at the service centers" (p. 45).

Status and image of Nursing in Pakistan

The nursing image in Pakistan gives a setback for nursing to advance professionally since the community looks at nursing negatively. According to Khowaja, and Jan (2007), cited by Nasreen (2007)

'There is no denying in the fact that nurses play a major role in delivering health care services. Their round-the-clock presence, observation skills and vigilance allows doctors to make better diagnoses and propose better treatments. They provide care and assist in cure, participate in rehabilitation of the patients, and provide support to the healthcare providers'. No other health care professional has such a broad and far-reaching role. Yet, the irony is that in our part of the world, they are still struggling against the norms which have denied them their due place among the professionals. This sad state of affair has compelled a number of qualified nurses to migrate abroad for better prospects - creating a vacuum in Pakistan'.

According to the WHO (2013), in Pakistan there is an average of one nurse against 3,578 individual patients, the ratio in context of doctors comes to one doctor for 1578 patients. There are only 78,698 nurses against 1, 26,350 doctors in the country which was contrary to the international standards. This depicts a wide gap between the demand and availability of nurses.

Reasons for nurse migration

Literature provides evidence of Pakistani nurses migrating to other countries, as developed countries are continuously attracting nurses of developing countries for fulfillment of their needs. One of the main reasons was that in the advanced countries, women, who have traditionally dominated the nursing profession, now prefer to join other more prestigious professions. It was possibly true that in both the rich and the poor countries, nursing as a profession has drawbacks in terms of attracting young people into nursing.

While economic gain was a crucial factor, it would not be correct to understand the international traveling of nurses to be a purely economic process. A study on migration of doctors and nurses from the Pacific Islands found that the propensities of nurses and doctors to migrate were influenced by income factors, close relatives living abroad, being trained internationally and working in superior conditions (Docquier, & Rapoport, 2012). In a review of health services in developing countries, it had been pointed out that the reality for many health workers in those countries was to be 'underpaid, poorly motivated and increasingly dissatisfied and skeptical' (Sunguya, et al 2014). In that sense, movement of nurses was a symptom of the deteriorating health systems in many poor countries. In those countries, wages were low, working conditions abysmal, and there were few incentives of any kind. It was not surprising that health workers in

the developing countries respond positively to the recruitment strategies now being adopted by many developed countries.

According to Pinkster, (2014) families and members of various groups leave their native homelands and move to other countries in order to achieve greater personal, political or religious freedom, as well as gaining economic opportunities unavailable to them in their countries of birth. That had been the result of a rapid internationalization of the market for different kinds of skilled labor, including nursing labor (Boucher, & Cerna, 2014).

Relevant research

Thomas, (2006) conducted a study on "*International Migration of Indian Nurses*". A random sample of 448 nurses was selected, and self developed questionnaire filled by participants, in which (63%) expressed their intention to migrate. She also identified that economic factors, dissatisfaction with working conditions and unhappiness with prevalent social attitudes towards nurses are the main factors for the international migration of Indian nurses. It was also observed that the nurses working in government sectors were less keen to migrate as compared to private sectors nurses, as they had better opportunities in terms of pay scales, relaxed working environment and job security.

Fang (2007) stated that the current level of unemployment of nurses in China has created interest in migration among nurses. Nurses were concerned about low wages, working conditions, and lack of job security. In most regions and cities in China, the average monthly salary is US $ 200 – 300.

Framework

Maslow's Theory of Hierarchy of Needs is a theory in psychology, proposed by Abraham Maslow in his 1943 paper *A Theory of Human Motivation*, which he subsequently extended to include his observations of humans' innate curiosity. In this study this theory was used to explain the reasons of Pakistani nurses for leaving their country. This theory is concerned with individual needs and how satisfaction of these needs, deficits and unsatisfied needs can lead to changes in behavior. It covers the components of physiological, safety, belonging, esteem and self-actualization needs of human being.

Professional nurses function within the health care and nursing environment where internal and external environment impact on their behavior. Internal reason relate to the setting within which professional nurses were practiced. The external reason refers to the external environment within which nurses and their families live i.e. political, economical and personal reasons. Unsatisfied needs in both the internal and external environment could be the motivating factors for Pakistani nurses opting to go abroad.

This study explored the reasons which contribute to the Pakistani nurses deciding to migrate for work in other countries. Unsatisfied needs at all levels are likely to contribute to their decision for migration in search of better opportunity. If these needs could be identified and addressed by the health care authorities and the nursing profession, it might be possible to stem the tide of nurses leaving the country for the benefit of the people and health care in Pakistan. (See Figure 1)
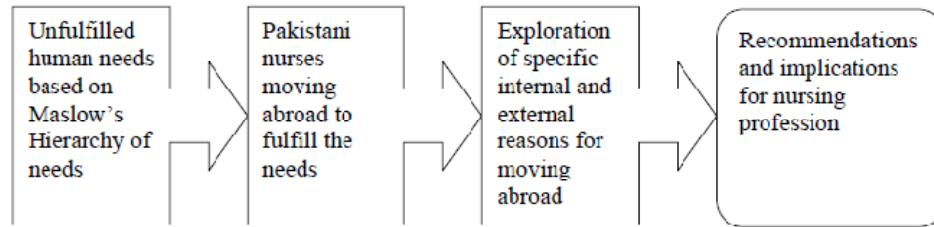
Figure 1: Maslow's Hierarchy of Needs used as Operational Framework to explain Pakistani Nurses' Reasons for Moving Abroad

Methodology

Setting

The study was conducted in six tertiary care in which three private and three government hospitals in the metropolitan city of Karachi. The selected hospitals have 100 -800 bed capacity and employing 50 – 600 registered nurses. These government and private hospitals are demographically situated in different locations and cover a diverse population of the rich, middle class and the poor.

Research design

As the objective of the study was to describe the reasons given by Pakistani nurses for moving abroad, therefore, descriptive survey design was used to answer the research questions.

Population

The target populations were registered nurses employed in the government and private hospitals in Karachi and whose age range from twenty to forty years old. However, those who were above age 40 years and those who refused to participate were excluded.

Sampling

Respondents' selection was solely based upon the selection criteria for inclusion in the study. Random sampling implies that the sample has been selected in such a manner that "each member of the population has an equal probability of being included" (Polit & Beck, 2003: p. 730).

Sample size

Gay and Diehl (1992) suggested 10 – 20 % of the population for a descriptive study. If the population is small then 20% may be required. This study got 15% of the population since the number of population was not too small nor not tool large.

Research instrument

A questionnaire was designed for this study to gather data to answer the research questions.

The items from the tool were generated from the literature, the theoretical framework, and from informal conversations with colleagues from the nursing profession. The questionnaire had two parts. Part I was the demographic data sheet which elicited responses to describe the respondents' demographic profile. Part II included questions on the respondents' reasons for moving abroad, countries where they prefer to go and recommendations for then to stay and work in Pakistan. This tool was tested for content and face validity by experts. The experts were professional nurses with Masters and PhD degrees who had practiced the profession both locally and internationally for more than 20 years. The drafted questionnaire was given to different experts in nursing, for their feedback for content, format, and sequence. The validated instrument was pilot tested.

Data gathering procedures

A formal written letter of permission to conduct the study including pilot-testing was obtained from the administration of the selected hospitals. Once the permission was given, the search for nurses who met the inclusion criteria was done with the help of the nursing service department of the hospitals. The selected respondents were contacted. The study was explained to each respondent and their individual consent was taken through the consent form. Each was given a questionnaire to fill up and was later collected by the investigator based on an agreed upon time and date.

Methods used to analyzed the data

Data entry was done by the primary investigator at the Texila American University, using the SPSS (version 20) computer program. Frequencies and percentages were calculated and graphically portrayed in tables and graphs. Reasons for nurses moving abroad and countries they preferred to go were ranked based on the frequencies.

Analysis, and Interpretation of Data

This section presents the results of the study based on the sequence by which the research questions were raised. The profile of the respondents is presented first followed by the results and discussion.

Profile of the respondents

Respondents were taken both from government and private institutions so that both sectors are represented. Table 3 illustrates the distribution of respondents from both sectors. There were more respondents from the private sector than the government sector with 58.95% of the respondents coming from the private sector and 41.04% coming from the government sector.

Tables 1, show the distribution of respondents according to personal profile such as gender, age, ethnicity, marital status, and number of children. Majority of the respondents (69.05%) are females, most are coming from the young age group, 20-25 years old, with 45.57%. This is closely followed by the 26-30 years old group, with 31.92%.

Table 1 Distribution of respondents according to personal profile

Personal profile	Frequency (f)	Percentage (%)
Gender		
Male	95	30.94
Female	212	69.05
TOTAL	**307**	**100**
Age		
20-25 yrs old	143	46.57
26-30 yrs old	98	31.92
31-35 yrs old	32	10.42
36-40 yrs old	34	11.07
TOTAL	**307**	**100**

Most of the respondents (43.64%) have a personal monthly income of Pak Rs. 10,000-15,000 or approximately US $ 90.90 – 136.36. When the monthly earnings of all the members of the family are combined, most of the respondents have Pak Rs. 25,001 – 40,000 or approximately US $ 227 – 364.

Majority of the respondents belong to the nuclear family structure (73.9%), own their homes (68%), are working as staff nurses (84.4%), while most had the 3 years General Nursing Diploma

as their highest professional qualification (48.53%) and took the Intermediate program before studying to be a nurse (49.51%). These data are in Tables 2

Table 2 Distribution of respondents according to educational qualifications

Category	Frequency (f)	Percentage (%)
Education before Nursing		
Matric	82	26.71
Intermediate	152	49.51
Bachelor's degree	66	21.49
Master's degree	7	2.28
TOTAL	**307**	**100**
Nursing Education		
General Nursing Diploma (GND)	149	48.53
GND + Nurse Midwifery Diploma (NMD)	80	26.05
Generic BSc Nursing (GBScN)	33	10.74
GND + NMD + Post Graduation (PG)	23	7.49
GND + Post RN BScN	10	3.25
GND + NMD + Post RN BScN	7	2.28
GND + NMD + PG + Diploma in Cardiology	1	0.32
GND + PG + Diploma in Cardiology	1	0.32
GND + Diploma in Cardiology	1	0.32
GND + Diploma in Mental Health	1	0.32
GND + Dialysis Technician	1	0.32
TOTAL	**307**	**100**

Research Question 1 - *What are the reasons for Pakistani nurses moving abroad?*

The most important reasons given by the respondents for them to move abroad were: salaries of nurses in other countries are better than Pakistan, status of nurses is higher in foreign countries than in Pakistan, and there are more benefits to nurses in other countries. Ranked lowest were: I have relatives abroad who are willing to help me, most of my immediate family are already abroad, and I have a fiancée who is working abroad.

The reasons for moving abroad were ranked according to frequencies and were categorized according to Maslow's Hierarchy of Needs. Tables 3 and 4 reflects these.

Table 3 Pakistani Nurses' Reasons for Moving Abroad Based on Maslow's Hierarchy of Needs, n = 307
Based on multiple responses

Reasons	Hierarchy of Needs	Rank	Frequency (f)	Percentage (%)
Salaries nurses in other counties are better than Pakistan	Biological and physiological needs	1	292	95.11
Status of nurses is higher in foreign countries than in Pakistan	Esteem needs	2	275	89.57
There are more benefits to nurses in other countries.	Biological and physiological needs	3	259	84.36
There are better job opportunities in other countries	Safety needs	4	258	84.03
There are better educational opportunities abroad.	Safety needs	5	239	77.85
I am not happy with the negative attitude of the Pakistani public	Esteem needs	6	237	77.19

towards nurses				
Working conditions are not good in Pakistan especially health facilities	Biological and physiological needs	7	223	72.63
Nurses have less job security in Pakistan	Safety needs	8	221	71.98
Living conditions in Pakistan are becoming unmanageable	Biological and physiological needs	9	214	67.70
There is no progress for career development / promotion in Pakistan	Self-actualization needs	10	199	64.82

Table 4 Pakistani Nurses' Reasons for Moving Abroad Based on Maslow's Hierarchy of Needs, n = 307
Based on multiple responses

Reasons	Hierarchy of Needs	Rank	Frequency (*f*)	Percentage (%)
I think in Pakistan, civilians have no equal rights as citizens	Safety needs	11	198	64.49
There is job fulfillment for nurses abroad which means that nurses are really doing nursing functions / responsibilities	Self-actualization needs	12	185	60.26
I am not happy with the way our government treat nurses.	Esteem needs	13	157	51.14
I think I will be able to adjust to political conditions abroad	Belongingness and love needs	14	153	49.83
I think I will be able to adjust to political conditions abroad	Belongingness and love needs	15	82	26.71
I have relatives abroad who are willing to help me	Belongingness and love needs	16	81	26.38
Most of my immediate family are already abroad.	Belongingness and love needs	17	56	18.24
I have a fiancée who is working abroad	Belongingness and love needs	18	22	7.16

Research Question 1.1 *If given the chance to go abroad and work as a nurse, which country do the respondents prefer to go and why?*

Most of the respondents (31.59% and 31.27%) wanted to go to the United Kingdom and Canada. Countries which were not popular include Iran, Sweden, New Zealand and Scotland. Three reasons emerged why the respondents selected the countries, there are: high salary package, good nursing image, and good health care facilities. (See table 5)

Table 5 Reasons Why the Countries were selected by the Respondents to Work as a Nurse n = 307 Based on multiple responses

Reasons	Rank	Frequency (f)	Percentage (%)
High salary package	1	220	71.66
Good nursing image	2	198	64.49
Good health care facilities	3	197	64.16
Higher educational facilities	4	182	59.28
Job security	5	172	56.02
Positive work environment	6	169	55.04

Equal rights to all civilians	7	162	52.76
Political & economic stability	8	117	38.11
Relative live in this country	9	110	35.83
Due to Holy & religious places / Weather is the same as Pakistan / To perform Hajj / Peaceful country	10	10	3.25

Question 1.2 *If the respondents have to migrate and settle in a country for good, which county would it be and why?*

Most respondents wanted to migrate to Canada, the United Kingdom, and the United States. High salary package, good nursing image and good health care facilities were cited as the reasons for wanting to migrate in these countries.

Research Question 2 *What recommendations are given by the respondents for them to stay in Pakistan and practice their profession?*

Three important recommendations emerged from the respondents for them to stay and work in Pakistan. They are the following: high salary package, positive work environment, and job security. Table 6 summarizes the respondent's recommendations.

Table 6 Recommendations by the Respondents for them to Stay and Work as Nurses in Pakistan n = 307
Based on multiple responses

Recommendations	Rank	Frequency (f)	Percentage (%)
High salary package	1	240	78.17
Positive work environment	2	213	69.38
Job security	4	209	68.07
Good healthcare facilities	4	209	68.07
Enhance nursing image	4	209	68.07
Higher educational facilities	5	200	65.14
Residential facilities	6	181	58.95
Transportation facilities	7	176	57.32
Political & economic stability	8	160	52.11
Equal rights to all civilians	9	156	50.81
I do not like to leave Pakistan	10.5	7	2.28
Medical facilities for nurses	10.5	7	2.28
Parents / job transfer facilities / Respect for human rights / Change the color of nurses' uniform			

Research Question 3 *What are the implications of the findings in this study to nursing practice and the country's health care policies and needs?*

The findings of this study strengthened the verbal claims of many nurses about the low salaries of nurses, low status and poor image, wanting health and educational facilities, and poor job security as reasons why nurses want to leave the country. Through an empirical study, data base about the realities of nursing practice in Pakistan has been provided.

The kind of problems and recommendations to address these problems require not only major actions from the nursing leaders and the nurses but political and legislative actions. The implication is that migration problems can only be addressed by looking at the bigger picture and moving for legal reforms for the nursing profession. This requires a lot of hard work, courage, logistics, and a sincere conviction for change.

Losing professional nurses to migration in other countries in an already depleted healthcare workforce further aggravates the poor health situation in the country. The health needs are high

but the delivery of basic healthcare services is dawdling. The government must recognize migration issues as real and must implement legislative actions to help correct poor salaries and working conditions, not withstanding the poor image of nursing in the country.

Discussion

The profile of the respondents in this study represents the profile of the nurses in Pakistan who are predominantly female, coming from the younger age group, and graduating from the three years Diploma in Nursing Program. Similar findings were found in the works of Mustafa (2005) in her study on *Barriers to Advanced Nursing Education* and Ghaffar (2007) in her study on *Job Satisfaction Among Nurses in Pakistan.*

Low salary of nurses in their own countries and poor working conditions were consistently mentioned as reasons for seeking nursing jobs in the more industrialized and developed countries. The reports from China (Fang, 2007), Philippines (Lorenzo, et al., 2007), India (Thomas, 2006), and Africa (WHO Report, 2013) specifically highlighted these reasons. In India, the poor image of nurses was also reported a reason for migration. Similarly, this has also been found in his study since India and Pakistan share a common culture.

Ghaffar (2007) found low salaries, poor working conditions, poor image of nurses, less opportunities for advancement and lack of educational opportunities as causes of job dissatisfaction in Pakistan. The "sad state of affair" in terms of salaries, benefits, working conditions and hostel facilities among nurses in Pakistan has also been described by Nasreen (2007). The findings in this study showed similar reasons for nurses to think of moving abroad.

The United States of America, the United Kingdom, Canada, Australia, New Zealand and Ireland has been reported by Aikin, Buchan, et al. (2004) were the countries which due to their own shortage of nurses recruit from source countries like India, China, and the Philippines. Pittman, Aiken, al. (2007) reported that the United States, United Kingdom, and Canada as receiving countries for foreign nurses who wish to work or migrate. These countries, being the major destinations for nurses attract Pakistani nurses as well. The long colonial relations with the United Kingdom make Pakistani nurses want to go to the United Kingdom. Canada has helped Pakistan in terms of nursing education way back in the 1970's. Thus, Pakistani nurses look at Canada as a good place to work and migrate.

Both the reasons given by the respondents for moving abroad and the recommendations they gave for them to stay and work in Pakistan echo Maslow's Hierarchy of Needs. Ranked one and three are "Salaries of nurses in other countries are better than Pakistan" and "There are more benefits to nurses in other countries." reflect the base of Maslow's Hierarchy of Needs which is biological and physiological needs. High salary package was also ranked as first when respondents were asked for the reasons why they selected the developed countries to work as nurses and to migrate. Indeed, humans need to basically satisfy these needs to be able to survive.

Ranked second was "Status of nurses is higher in foreign countries than in Pakistan." This is categorized as esteem needs. Having a good professional status is vital to one's self-esteem since it provides one with a sense of pride in one's work. Equated with a sense of pride are the motivation to work hard and the satisfaction that goes with being motivated to work. If nursing's professional image is not good in their own country, it may be a reason for them to find work in countries where the image of nurses is positive.

Safety needs refer to protection, security, order, law, and stability. Reasons related to safety needs were also consistently identified by the respondents. Among them are job and educational opportunities and job security. People tend to go to places where they feel secured.

The need for love and belongingness, while accepted as important ranked lowest among the identified reasons of the respondents probably because the significant persons in the respondents' lives are still living with them in Pakistan.

The findings in this study support earlier studies about nursing problems in Pakistan. Destinations for working as nurses or for migrating remains to be the more developed and industrialized countries like the United Kingdom, the United States of America, and Canada. Maslow's Theory of Hierarchy of Needs is a useful theory in explaining the reasons for migration of Pakistani nurses.

Summary

The study explored the reasons of Pakistani nurses for moving abroad, the countries where they would like to work or migrate, and the recommendations they made for them to stay and work as nurses in Pakistan and the implications of the findings of the study to practicing the nursing profession in Pakistan. A descriptive survey design was utilized using 307 nurses as samples who were randomly selected from 6 private and government hospitals in Karachi, Pakistan. A questionnaire was used to gather data after it was validated by experts and pilot tested to 32 nurses who were not part of the study. Frequencies, percentage, and ranking were used to organize the data which was interpreted in the light of Maslow's Theory of Hierarchy of Needs as framework. The results showed that low salary package, poor image of the nurse, and poor working conditions were the major reasons why nurses would like to leave the country and work or migrate abroad. The United Kingdom, Canada, and the United States of America are the most popular countries where Pakistani nurses would like to work and migrate. Recommendations made by the respondents relate to the reasons why they want to move abroad. If something can be done to the salaries of nurses, the image of the profession, and the working conditions, then nurses would stay and work as nurses in Pakistan. The results have deep implications for nursing leaders and the government to work for the fulfillment of the nursing profession in the country.

Limitations

The lack of financial, material, and human resources were the main limitations of the study. The researcher had difficulty securing both institutional and individual consent probably because the culture of research is not yet fully developed in many hospitals. There were delays in collecting the questionnaires due to the shifting duties of the respondents. Furthermore, since the turnover rates were high at the time of data collection, it was difficult to follow some nurses who were selected and met the inclusion criteria.

Conclusions

The reasons for Pakistani nurses moving abroad are linked to the fulfillment of basic human needs, self esteem, safety and security needs. These issues are similar to the reasons of nurses in other source countries. The more developed countries continue to attract nurses from less developed countries. This scenario brings in serious implications to nursing practice and the health care needs of the source countries. Addressing this long term problems in nursing migration and nursing shortage requires the concerted efforts of all stakeholders.

Recommendations

A qualitative study may be done to examine deeper reasons for nursing migration which may not have been caught by a descriptive survey alone. Nursing needs a stronger political will if these problems need to be worked out. Young nurses need to be trained, made aware of the issues confronting the profession in Pakistan, and supported by the senior nursing leaders so that together they may have a stronger voice to lobby for reforms at the local and national level. The findings of this study should be shared with the appropriate bodies in nursing and may serve as a spring board for further empirical evidence.

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