

Professional satisfaction among emigrated Nurses of Nepal: A cross-sectional web-based study

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Abstract: *Background:* Professional satisfaction is nowadays leading cause in increasing emigration of Nurses of Nepal. Thus, this research was conducted to identify the level of professional satisfaction among emigrated nurses in Nepal. *Methods:* A cross-sectional descriptive study was conducted among 102 emigrated Nepalese Nurses staying in the USA, UK, UAE, Australia, Denmark and Canada. A web-based semi-structured questionnaire based on the McCloskey/ Mueller Satisfaction Scale was used to collect data from participants. Data were analysed using statistical package for social science (SPSS) version 24. The descriptive and inferential statistical analysis was conducted to interpret the data. *Results:* The participants for the study were from Australia (57.8%) followed by USA (25.5%), UK (10.8%), from Canada (2.9%), UAE (2%) and Denmark (1%). It was found that 74.5% of participants were from 25-30 years of age group. The emigrated Nurses working in Australia were highly satisfied (74.6%) with their job. This study showed that the majority (68.63%) of participants had a high satisfaction level in their job abroad where 2.9% had a lower satisfaction level. *Conclusion:* It is concluded that Nepalese nurses have a high professional satisfaction level working in abroad. So, the government needs to plan the retention of nurses in the countries considering the facilities and motivation provided in the emigrant countries.

Keywords: Emigration, Professional Satisfaction, Nurses, Nepalese.

Introduction

Nepal is experiencing inequitable distribution of health workers and critical shortage in the health sector due to the emigration of Nurses in spite of the increasing rate of registration of qualified nurses. According to registration data of the Nepal Nursing Council, 4,155 registered nurses emigrated within two to three years. Emigration was linked to financial, professional, political, social and personal factors. Many studies had shown that poor working conditions and organizational climate are strong predictors of Nurses' professional satisfaction and emigration [1-3].

A study conducted among 60 nursing staff in Pune city had shown that 47% of nursing staff

were not satisfied with their job, 45% of staff were neither satisfied nor dissatisfied and only 8% were satisfied with their job in the hospital. It indicates there was a lack of professional satisfaction among hospital working nurses and the presence of high chances of emigration [3]. Similarly, in the Philippines, there were 30,000 vacancies for nurses where 150,000 nurses were working abroad [4].

As per Norway census in 2012, 30,700 skilled persons were migrated in the health and social sector from Africa, Asia and South America in which 38% emigration group were nurses [5]. Likewise, there were about 750,000 Nepalese nurses living in the UK [6]. In the nursing field, there are fewer career

opportunities, low payments but more workload which is causing job dissatisfaction and also social factors like, preferences for abroad settling is promoting emigration of nurses of Nepal [2, 7-8].

The emigration of nurses from developing countries to developed country is always in increasing trends where a study has shown negative experience of emigrated nurses in New Zealand in their working environment [9], so giving attention to an increasing trend of emigration it's important to state the condition of nurses in abroad. The objective of the study was to assess the professional satisfaction among emigrated nurses in Nepal.

Material and Methods

The cross-sectional descriptive study design was applied among 102 participants to find out professional satisfaction among immigrant nurses. The sample size was obtained using the prevalence (p) of 43.28% [2], 1.96 z value and assuming 9% error. The non-probability snowball sampling technique was used for conducting the web-based study.

The tool used for data collection was a modified structured questionnaire based on McCloskey/Mueller Nurses satisfaction scale [10] using a self-administered technique. Data was collected through web-based form and contacted through email and social media with emigrated nurses in different countries. Ethical approval was taken from the research committee of the college and informed written consent was obtained from the participants prior to the data collection. Data was transferred to SPSS v24 and descriptive as well as the inferential analysis was carried out. Overall satisfaction level was calculated as low, moderate and high considering one to five points.

Results

Among 102 participants, the two-thirds of participants (74.5%) were 25-30years age group and the least of participants (9.8%) were from the age group of more than 30 years of age group. The more than two thirds (75.5%) participants were married where the majority (67.5%) had no children. Similarly, 70.6% of participants belonged to the Hill area and the least of the participants (2.9%) were belongs to the Himalaya

area of Nepal. Likewise, nearly half (47.1%) of the participants were proficient certificate level (PCL) Nursing and the least of participants (6.9%) was Master in Nursing (Table 1).

Table-1: Socio-demographic characteristics of the participants (n=102)		
Variables	Frequency	Percent
Age		
20-24	16	15.7
25-30	76	74.5
>30	10	9.8
Marital status		
Single	23	22.5
Married	77	75.5
Never married	2	2
Family status		
Having children	25	32.5
No children	52	67.5
Geographical region		
Himalayan	3	2.9
Hill	72	70.6
Terai	27	26.5
Education		
Master in Nursing	7	6.9
PBBN	42	41.2
BSC Nursing	5	4.9
PCL Nursing	48	47.1
*Mean age ± SD (26.6±2.6)		

Nearly one fourth (23.5%) participants emigrated for 12 to 24 months and less than one fourth (16.7%) emigrated for 36 to 48 months. The study also showed the two-thirds (73.5%) of participants were working less than 8 hours and around one fourth (26.5%) were working for more than 8 hours. Furthermore, more than half (57.84%) of participants were working in Australia and the least of participants were working in Denmark, Canada and UAE (Table 2).

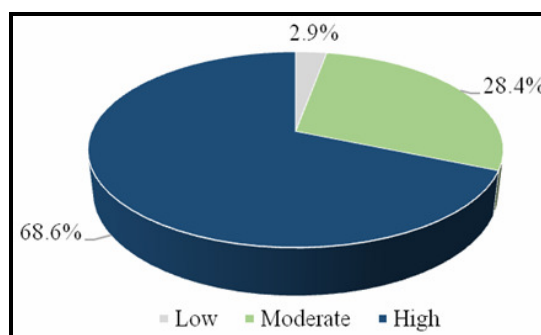
Table-2: Emigration duration, workload and emigrated country (n=102)		
Variables	Frequency	Percent
Duration of emigration (months)		
<12	22	21.6
12-24	24	23.5
25-35	20	19.6
36-48	17	16.7
>48	19	18.6
Workload (hours)		
<8	75	73.5
>8	27	26.5
Working country		
Australia	59	57.8
USA	26	25.5
UK	11	10.8
Canada	3	2.9
Denmark	1	1.0
UAE	2	2.0
*Mean duration of emigration ± SD (36.3±24.5)*Mean workload ± SD (8.6±2.7)		

The satisfaction dimension was measured based on the McCloskey/ Mueller satisfaction scale. Following the dimension of professional

satisfaction, satisfaction with professional opportunities had a high mean score (3.9) and satisfaction with the balance of family and work had the least mean score (3.7). Overall, the professional satisfaction level among emigrated nurses of Nepal was highly satisfied (Table 3).

Among 102 participants, 68.63% of participants had a high satisfaction level whereas 28.4% of participants had moderate satisfaction and 2.9% of participants had low satisfaction levels abroad.

Fig-1: Satisfaction level of the participants



The two-thirds (74.6%) of participants working in Australia had a high satisfaction level. The study showed that there was a significant association between working country and professional satisfaction (p<0.001).

Table-3: Dimension of professional satisfaction (n=102)			
Dimension of professional satisfaction	Mean	Standard deviation	Satisfaction level
Satisfaction with professional opportunities	3.9	0.7	Highly satisfied
Satisfaction with the rewards	3.9	0.7	Highly satisfied
Satisfaction with control and responsibility	3.8	0.7	Highly satisfied
Satisfaction with scheduling	3.9	0.8	Highly satisfied
Satisfaction with interaction opportunities	3.9	0.7	Highly satisfied
Satisfaction with the balance of family and work	3.7	0.8	Highly satisfied
Satisfaction with praise and recognition	3.9	0.8	Highly satisfied
Satisfaction with co-worker	3.9	0.8	Highly satisfied
Overall satisfaction level	3.9	0.6	Highly satisfied
*Mean score low satisfaction range (1.0-2.3), moderate satisfaction range (2.3-3.4) and high satisfaction range (3.4-5.0)			

Discussion

More participants belonged to the hill area of Nepal and fewer participants were from Himalaya areas. Likewise, nearly half of the participants had completed PCL nursing and the mean duration of emigration was 36.3 months. Among the total participants, more than half of the participants were working in Australia and the least of participants were working in Denmark. In the present study, the majority (68.6%) of participants had a high professional satisfaction level which was similar to a study conducted among emigrated Canadian nurses [11]. In that study, 86.2% of nurses were highly satisfied with their job in the USA. A similar study conducted in Singapore had shown well satisfaction level among nurses working in hospitals with their current job [12].

Likewise, a study conducted among 67 emigrated nurses revealed that 53.7% of emigrated nurses were satisfied and 43.3% of nurses were highly satisfied with their job in abroad [2]. In the present study, it had shown 28.4% of participants had a moderate satisfaction level. Another study conducted in the UK among Nepalese nurses had shown a different result where highly qualified nurses had a lack of professional satisfaction which is contradictory to the current study [13-14]. A similar study conducted among emigrated Filipino nurses working in Manitoba had shown only 34.7% job satisfaction which is comparatively low in level [4]. In the present

study, the least of participants (2.9%) had a low professional satisfaction level.

Similarly, the current study had shown a significant association between working country and satisfaction level. A similar study conducted in Australia had shown contradictory results where a negative correlation had seen between professional satisfaction and length of stay in Australia [15]. The present study had the limitation of having a minimum sample size despite continuous follow up through social media and emails. Despite the limitations, it had tried to maintain validity and reliability through the use of standard valid tools and developed a secure web-based database.

Conclusions

The majority of the emigrant nurses had a high satisfaction level with their job abroad and significantly related to the working country. Satisfaction among emigrated nurses was increasing which indicates the emigration rate will be increased in the coming days. Therefore, the government needs to identify the factors of emigration and job satisfaction within the country and should make a plan to address these issues.

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References

1. Asegid A, Belachew T, Yimam E. Factors influencing job satisfaction and anticipated turnover among nurses in Sidama zone public health facilities, South Ethiopia. *Nurs Res Pract.* 2014; 2014: 1-26.
2. Baral R, Sapkota S. Factors influencing migration among Nepalese nurses. *J Chitwan Med Coll.* 2015; 5:25-29.
3. Jagadale S, Chinchpure S. A Descriptive Study to Assess the Job Satisfaction among the Nursing Staff of Selected Hospital of Pune City. *Asian J Nurs Educ Res.* 2016; 6:204-208.
4. Dennehy S. Psychological Acculturation, Workplace Support and Perceived Work Satisfaction among Filipino Educated Registered Nurses in Manitoba [Dissertation]. *Canada: University of Manitoba*, 2013.
5. Schilgen B, Nienhaus A, Handtke O, Schulz H, Moesko M. Health situation of migrant and minority nurses: A systematic review. *PLoS One.* 2017; 12(6): e0179183.
6. Sapkota TN, Teijlingen van E, Simkhada P. Nepalese health workers' migration to the United Kingdom: a qualitative study. *Health Science Journal.* 2014; 8 (1): 57-74.
7. Shrestha GK, Singh B. Job satisfaction among nurses in a hospital. *J Nepal Health Res Counc.* 2010; 8(2):82-5.
8. Thapa B, Shrestha K. Factors influencing brain drain among Nepalese nurses. *Kathmandu Univ Med J.* 2017; 15:35-39.

9. Clendon J, Walker L. Nurses aged over 50 years and their experiences of shift work. *J Nurs Manag.* 2013; 21:903-913.
10. Mueller CW, McCloskey JC. Nurses' job satisfaction: a proposed measure. *Nurs Res.* 1990; 39(2):113-117.
11. Hall LM, Peterson J, Price S, Lalonde M, MacDonald-Rencz S. Stemming the flow of Canadian nurse migration to the US. *Nurs Leadersh.* 2013; 26 Special Issue: 1-19.
12. Goh Y, Lopez V. Job satisfaction, work environment and intention to leave among migrant nurses working in a publicly funded tertiary hospital. *J Nurs Manag.* 2016; 24:893-901.
13. Yarbrough S, Martin P, Alfred D, McNeill C. Professional values, job satisfaction, career development, and intent to stay. *Nurs Ethics.* 2017; 24:675-685.
14. Adhikari R, Melia KM. The (mis)management of migrant nurses in the UK: a sociological study. *J Nurs Manag.* 2015; 23:359-367.
15. Timilsina Bhandari KK, Xiao LD, Belan I. Job satisfaction of overseas-qualified nurses working in australian hospitals. *Int Nurs Rev.* 2015; 62:64-74.

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