Migration of Skilled Nurses from Bangladesh: An Exploratory Study

Salahuddin M Aminuzamman
RMMRU, University of Dhaka, Dhaka

June 2007

Development Research Centre on Migration, Globalisation and Poverty
University of Sussex
Falmer, Brighton BN1 9SJ
United Kingdom
E-mail: suddin@bangla.net

C O N T E N T S

Background **3**

Key Questions **3**

Methodology **4**

Migration of Nurses – An Overview of the Global Scenario **4**

Migration – A Conceptual Overview *4*

Patterns of Female Migration *5*

Demand for Nurses and Care Providers **6**

Ageing and Migration *6*

Demand for Nurses *8*

Migration and the National Economy of Bangladesh **9**

Patterns of Migration *10*

Types of Migrants *11*

Migration of Nurses from Bangladesh **13**

Demand for Bangladeshi Nurses *15*

Opinion Survey of Nurses Willing to Migrate **17**

Student Attitudes Towards Nursing as a Profession *20*

Existing Demand, Supply and Capabilities of Nursing Institutions in Bangladesh **22**

Nursing Education *23*

Nursing Institutes *24*

Teaching Methodologies: Lack of Active Learning *25*

Conclusions and Policy Recommendations **28**

References **31**

Background

Bangladesh's economy is highly dependent on the export of human resources and the concomitant earnings in foreign exchange. Changes in the global labour market have meant an increase in the global demand for skilled and educated people. The market for the skilled and professionals[1] is not only limited to the Gulf and Southeast Asian countries but also includes developed countries. An overwhelming proportion of Bangladesh's international workforce consists of semi-skilled and unskilled workers in the Gulf region and Southeast Asia. Bangladesh is now facing stiff competition from new entrants such as Vietnam, Cambodia and Nepal in this traditional market. In these circumstances, the Bangladesh government is trying to diversify its international labour force and develop strategies to send skilled workers and professionals abroad.

To do this, the government and the private sector need access to quality research on potential markets. They also require information on Bangladesh's comparative advantage in accessing the market for professionals and the skilled. Bangladesh has already been sending nurses overseas. And now, the Fifth Five Year Plan has emphasised the need for developing manpower resources in the health sector with particular emphasis on nurses in view of the projected high demand.

Nurses from Bangladesh have migrated to the Gulf region and to Southeast Asia, including Saudi Arabia, Kuwait, Libya, Iran, Bahrain, Iraq, Malaysia, Oman and Brunei. The government of Bangladesh plans to have a bigger presence in this market. Currently there are restrictions on the migration of semi- and unskilled women. The government argues that the promotion of nurse migration is reflective of its commitment to the safe migration of women. The aim of this study is to explore the prospects for and constraints to promoting the migration of nurses from Bangladesh.

Key Questions

The broad objectives of the study are to assess the market and potential for Bangladeshi women to be employed overseas as nurses. The study has attempted to assess the trends in and potential demands for trained professional nurses in North America, Europe and the Gulf region. The specific research questions being addressed by the study are:

a. Is there a global demand for nurses, and therefore potentially for Bangladeshi nurses, in North America, Europe and selected countries of the Gulf-region and South East Asia?
b. Can Bangladesh export trained nurses to these countries as part of its skilled and safe manpower export strategy?
c. What are the major institutional and strategic limitations that the Nursing Training Facilities (NTF) in Bangladesh face in order to produce high standard human resources in nursing, keeping in view both national and potential international demand?

[1] BMET has classified short-term migrants into four categories: professional, skilled, semi-skilled, and unskilled. Doctors, engineers, teachers and nurses are considered professionals. Manufacturing or garment workers, drivers, computer operators and electricians are considered skilled, while tailors and masons are considered semi-skilled. Housemaids, cleaners and menial labourers are considered unskilled workers.

Methodology

The study is based on primary and secondary data. Preliminary information has been gathered through brainstorming sessions. Based on a review of contemporary literature on migratory movements and exchange of views with various other partners of the Migration DRC, a conceptual / theoretical and methodological framework has been developed for the study.

For primary data, migrant nurses and other key resource persons were interviewed. A focus group discussion was held at which a number of participants and stakeholders from the Ministry of Health, Directorate of Nursing, administrators of private and government nursing colleges, hospitals and medical colleges, returnee nurses and doctors took part. A questionnaire was administered to tap the opinions and understandings of prospective migrant nurses. A short survey was also undertaken among a group of university undergraduates to elicit their perceptions on nursing as a career in a European and North American context. Furthermore, secondary data and relevant information has been gathered from Labour Attachés in the Bangladesh Embassy in selected countries.

Migration of Nurses – An Overview of the Global Scenario

Migration – A Conceptual Overview

It is now understood that migration is hardly ever a simple individual action in which a person decides to move in search of better life-chances, pulls up their roots in the place of origin and quickly becomes assimilated in a new country. Migration and settlement tend to be long-drawn-out processes. Over time, *three* major sets of migration theories have emerged to try and explain migration and resettlement: *The neo-classical equilibrium perspective* emphasizes tendencies of people to move from densely to sparsely populated areas or from low to high-income areas, or link migrations to fluctuations in business cycles. These approaches are often known as 'push-pull' theories. *The historical-structural approach* has its roots in Marxist political economy, and stresses the unequal distribution of economic and political power in the world economy. Migration is seen here mainly as a way of mobilising cheap labour for capital. *The migration systems approach* sets out to provide a conceptual framework that includes both ends of the flow and studies all dimensions of the relations between emigration and immigration countries. It recognises the close links between flows of capital, commodities, ideas and people, and that such flows rise out of historical linkages (such as colonisation, military presence, political influence, trade or cultural penetration). The links can be categorised as state-to-state relations and comparisons, mass culture connections and family and social networks.

There is ample empirical evidence that migrants have the potential to contribute to the economic development of their home countries through their financial resources as well as their skills. They also have the potential to assist host countries with their skills, labour and efforts, and also address the growing demographic imbalances in destination countries, as populations age, and fertility levels fall below replacement.

The phenomenon of 'brain drain' has long been lamented, where individuals with the qualifications necessary to create a functioning modern economy emigrate from developing countries to developed economies, thereby crippling future development in source countries. Recently,

however, an increasing number of expatriates have returned to their countries of origin, bringing with them the knowledge, information, networks, and capital they acquired abroad. It is argued that this ‘brain-gain’, if properly managed by supranational laws, may work to correct the losses produced by brain drain.

Demographers are concerned with their projection that the majority (up to 98 percent) of population growth will be in the developing world, while the developed regions experience a decline in growth rates. Countries in Europe, Japan, and Canada are expected to have dwindling populations. These developed countries will have to strive to keep the ratio between workers and retirees constant to keep health care systems, pension funds and social welfare programmes running. In order to keep the ratio constant, these governments have no option but to bring in large numbers of migrants. Although demographers have noted that it is not possible to completely alleviate the consequences of an ageing population through migration, it may be able to play a role in increasing the labour force and maintaining labour/pension ratios for developed countries.

At present, about 175 million people (approximately 3 percent of the world), reside in a country other than where they were born. Sixty percent of the world’s migrants reside in more developed regions while the rest are in less developed regions. Asia as a developing region has been experiencing the most varied and dynamic types of international migration flows (Zlotnik 1998:7). Labour migration, especially of women, has grown rapidly in the Asia region since the 1980s and represents the fastest growing form of migration (Iredale and Guo 2000). The increasing feminisation of migration is illustrated by the fact that about 1.5 million Asian women were working abroad in the mid-1990s (Amjad 1996:346-9). Indeed, labour migration within Asia continued to grow through the 1990s with only a relatively minor hiccup resulting from the Asian financial crisis.

Patterns of Female Migration

Most of the female labour migrants, both within and outside of Asia, are unskilled. Migrant women are concentrated in jobs regarded as 'typically female': those of domestic workers, entertainers (often a euphemism for prostitution), restaurant and hotel staff, and assembly-line workers in clothing and electronics. These jobs are low in pay, conditions and status, and are generally shunned by local women. Many are often associated with patriarchal stereotypes of female characteristics, such as docility, obedience and willingness to give personal service. Occupations like domestic service lead to isolation and vulnerability for young women migrants who often have little protection against the demands of their employers (Lim and Oishi 1996).

The following are some of the distinctive features of female labour migration in Asia (ibid.):

- supply has been very flexible and migration has often been a family survival strategy. The relative lack of social constraints, the high female labour force participation rates, the active role of governments and migration agents and the support of social networks have all contributed to the flexibility;

- many decisions about the migration of women are made by people other than the women themselves -- families, communities, agents;

- social networks have supported and sustained the flows;

- female migrants are particularly vulnerable because they often go into individualised work places where there is greater isolation, less chance of contact and support, less protection of their rights and conditions and greater exploitation;

- the question of skills is nebulous -- many women take up 'unskilled' positions even though they have qualifications and experience in more skilled occupations, and some jobs are defined as skilled (such as entertainers) in order to satisfy government regulations in either sending or receiving countries. Nursing is the only skilled occupation that results in significant female migration (mostly to the US and Middle East).

- female migration represents a chance to break with tradition and the reins of familial control, to experience new environments, and to develop their confidence and skills.

Female migration from Bangladesh is a recent phenomenon. A significant proportion of female migration is through illegal channels -- through human traders. Less than one percent of the total migrant labour flow from Bangladesh consists of women. Data also indicate a downward trend in female emigration. However, such figures do not give a true picture of female migration from Bangladesh as a large proportion of women's migration remains undocumented (Siddiqui 2001). Various micro studies have shown that most of the migrants are young (15 to 30 years of age) when they first migrate (Siddiqui and Abrar 2000; Afsar 2000; Murshid 2000) and many are either illiterate or have rudimentary education, with a very few having completed the Secondary School Certificate (SSC). During 1991-2004, as many as 20,825 female unskilled and semi-skilled workers are said to have migrated to various Middle Eastern countries (Siddiqui and Abrar 2000; Afsar 2000; Murshid 2000).

Demand for Nurses and Care Providers

This section of the paper presents an overview of the demand side for nurses and other care providers in western countries. The main argument is that given the demographic pattern and aging populations, there is a huge demand for nursing and care provider services in most European and North American countries.

Ageing and Migration

Persons aged 80 or over currently number 70 million, the majority of whom live in developed regions. About 33 million are estimated to be living in less developed regions. They constitute about one per cent of the world's population and three per cent of the population of the more developed regions, and constitute the segment of the population growing most rapidly. By 2050, the number of those aged over 80 is projected to be five times that at present, and will include four per cent of the total world population. Indeed, in the more developed regions, one person out of 11 will be aged 80 or older.

At the next level, the number of persons aged 60 or older is estimated to be 605 million globally in 2000[2]. This number is projected to grow to nearly 2 billion by 2050. By 2050, the older cohorts will make up a projected 22 per cent of the world population -- 33 per cent in the more developed regions, 21 per cent in the less developed regions, and 12 per cent in the least developed countries. Furthermore, empirical data reveal that on an average about 16 percent of male and 37 percent of female elderly people stay alone in the selected developed countries[3] and need the constant care of a professional care giver (Table 1).

Table 1: Population Aged 80+ in Select Developed Countries

COUNTRY	**Population aged 80 years or older (% of total population)**				
	2000	2005 (estimated)	2010 (estimated)	2025 (estimated)	2050 (estimated)
Canada	3.1	3.7	4	5.1	9.5
USA	3.3	3.6	3.8	4.5	8
Denmark	4	4.1	4.2	5.9	9.7
Norway	4.3	4.6	4.7	5.4	9.9
Sweden	5.1	5.3	5.4	7.2	10.2
Netherlands	3.2	3.5	3.9	5.3	10.5
Italy	4	5.1	6	7.9	13.6
Greece	3.6	4.2	5.3	7	11.6
UK	4	4.4	4.6	5.6	10
Ireland	2.5	2.8	3.1	3.9	7.7
Spain	3.8	4.6	5.5	6.8	12.8
France	3.7	4.6	5.4	6.1	10.6
Germany	3.7	4.4	5.2	7.8	13.1

A number of developed countries in Europe and North America are facing a demographic dilemma: they need to care for increasing numbers of elderly people while their nursing workforce and carers are also ageing. The situation is further exacerbated in some of these countries where the number of people enrolling in nursing programmes is slowing down, resulting in a shortage of nurses. The number of care providers is also not increasing in keeping with demand.

[2] Persons aged 60 or older currently comprise 10 per cent of the world's population. The percentage is much higher in the more developed regions (20 per cent) than in the less developed regions (8 per cent). It is especially low in the least developed countries (5 per cent).

[3] Countries include Australia, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Japan, New Zealand, Norway, Sweden

Demand for Nurses

The migration of nurses has been the dominant mechanism through which the nursing workforce has been shored up, with developed countries recruiting nurses from developing countries[4]. Empirical analysis of the pattern of nurse migration to the United Kingdom showed that between 1990 and 2001 there was a significant increase in the number of countries sending nurses there. In 1990 nurses came from 71 countries, but by 2001 they came from 95 countries.

Between 2001 and 2002 for the first time there were more overseas nurses added to the register in the United Kingdom than there were local nurses. These 16,000 international nurses came largely from Australia, India, the Philippines and South Africa. While growth in the number of foreign nurse registrants from the Philippines has certainly been the most dramatic, other sources of nurses (mostly countries in Africa) have also experienced a notable increase.

Nurses are leaving the public health systems of African countries that were former British colonies for the British National Health System, where starting pay is $31,000 a year. In May 2004, at the annual assembly of the World Health Organization, African countries urged developed nations to compensate them for their lost investment in training nurses, and won a pledge to study ways to reduce the damage from the emigration of nurses.

Since 2001, the NHS has promised not to engage in 'aggressive recruitment' of African nurses, but this promise does not apply to private British hospitals, where African nurses often get their first jobs, following which they apply to the NHS. Since 1998, 12,115 African nurses have registered to work in Britain (Dugger 2004). In Malawi, where public sector nurses earn $1,900 a year, almost two-thirds of the nursing jobs in the public health system are vacant because of emigration as well as nurses switching to work in private hospitals and foreign-financed nonprofit groups. South Africa claims that it has spent $1 billion in the education of health workers who have since emigrated -- the equivalent of a third of all development aid it received between 1994 and 2000.

In the US alone, the nursing shortage will reach 450,000 by 2006. According to the US Labor Department, nursing is the fastest growing profession in the US with a 23 percent growth rate projected over the next 6 years. The ratio of newly licensed foreign-trained nurses to newly licensed nurses trained in the United States is surpassing the numbers seen in 1995.

Based on labour statistics and real income levels, the US currently has a ready market of over $5 billion in nursing jobs that cannot be filled. By 2006, there will be over $20 billion in nursing jobs that will not be fulfilled. By adding England, Canada, Germany, Japan, Norway and all the other developed economies, there will be a very high global demand for nurses in coming years.

[4] This migratory flow is becoming substantial in a number of instances. For example, in 2000 more than 500 nurses left Ghana to work in other industrialized countries: that is more than twice the number of new nurses who graduated from nursing programmes in the country that year. In Malawi, between 1999 and 2001, over 60% of registered nurses in a single tertiary hospital (114 nurses) left for jobs in other countries. Between 2000 and 2001 alone, 10% of nurses in Barbados left the nursing sector, the majority of whom left the country for employment elsewhere.

On the supply side, nursing school applicants and graduates in developed countries have declined by about 20 percent over the last 5 years. The net result is that developing countries[5] will be under pressure to supply the required number of professional nurses and care givers to European and North American countries. Developing countries can see this as an opportunity, provided they follow a strategic and planned approach towards migration. Without proper management, however, the nursing shortage could be a catastrophic disaster to healthcare delivery and the education system and indeed to the overall economy.

The foregoing analyses reveal that there is a dramatic change in the demographic structure, with an alarming increase of the number of the population aged 80 and above, who would demand more health and other care support services. Concurrently, there also appears to be a shortage of human capacities in terms of carers and nurses with various types of skills.

Migration and the National Economy of Bangladesh

International migration plays a vital and indispensable role in the national economy of Bangladesh (Siddiqui 2004). Thus, the whole issue of migration in Bangladesh needs to be reviewed and examined in a broader macro economic perspective.

The South Asian region was estimated to receive $32 billion in remittances in 2005, a 67 percent increase from 2001. With recorded inflows of $21.7 billion in 2004, Pakistan received $3.9 billion and Bangladesh $3.4 billion. Remittance inflow has helped Bangladesh combat unemployment and cut its poverty by six percent[6]. It has also helped households maintain their consumption levels in the face of economic shocks and adversity. Remittances are also associated with increased household investments in education and health, as well as bolstered entrepreneurship. International migration can generate substantial welfare gains for migrants and their families, as well as their origin and destination countries, if policies to better manage the flow of migrants and facilitate the transfer of remittances are pursued[7].

Empirical data suggest that out-migration has kept the unemployment rate virtually unchanged since the 1980s[8], even though the labour force growth is almost twice that of population growth. The continuous outflow of people of working-age and the accompanying inflow of remittances has played a major role in keeping the unemployment rate stable (Mahmud 1998 and Afsar 2000).

---

[5] Worldwide recruitment of nurses from the Philippines went up 65% last year, destroying the core of qualified, experienced nurses in many of its hospitals. This rate of recruitment will destroy the medical healthcare system in nursing schools as teachers and administrators leave the Philippines for the promise of riches and real wages over $50,000 annually in the US

[6] According to the World Bank's annual 'Global Economic Prospects' (GEP) report for 2006, remittances have association with significant declines in poverty in several low-income countries including six percent in Bangladesh, 11 percent in Uganda and five percent in Ghana. For details see *Daily Star*, 22 November 2005. These conclusions are borne out by findings of a recent World Bank research study on 'International Migration, Remittances and the Brain Drain'.

[7] World Bank's annual 'Global Economic Prospects' (GEP) report for 2006

[8] It is estimated that one-third of the total working age population of Bangladesh is either unemployed or underemployed (GoB 1998).

The annual average contribution of remittances was 26.5 percent during the period from 1977-78 to 1997-98 (Siddiqui and Abrar 2001). The steady flow of remittances has resolved foreign exchange constraints, improved the balance of payments and helped to increase the supply of national savings (Quibria 1988). Over the last ten years or so, the contribution of remittances to GDP hovered around 5.2 percent. However, taking into account the unofficial flow of remittances, its contribution to GDP would certainly be much higher[9].

Short-term labour migration is the most common form of population movement from Bangladesh. Bangladesh exports contract labour mostly to Middle Eastern and Southeast Asian countries. Saudi Arabia alone accounts for nearly one half of the total number of workers migrating from Bangladesh. Malaysia used to be the second largest employer of Bangladeshi workers. However, since the financial crisis of 1997, the number of Bangladeshis migrating to the Far East, particularly to Malaysia, has dropped significantly. The UK and USA are the two main destinations in the West. Australia, Canada, Germany, France, Italy, Switzerland, New Zealand, Belgium, Netherlands, South Africa, Spain and Japan are also preferred countries of destination.

Various factors and opportunities affect migration. In the case of Bangladesh, colonial ties, lack of opportunities in the country, better employment prospects overseas and sometimes the desire for more challenges influence emigration decisions. Sometimes better educational opportunities for their children, access to specialised jobs, wider opportunities for self-actualisation and better healthcare systems in destination countries are cited as major reasons for decisions to emigrate. Studies have also identified a combination of factors that influence short-term migration including distressed economic conditions, desire for further economic improvement, political considerations, information on job opportunities, operation of recruiting agents and social networks (Mahmood 1998, Siddiqui 2003).

Some studies have revealed gender-specific factors affecting the short-term migration of women. These include women's need to escape unhappy social situations, including bad marriages, harassment, violence and idle husbands. Women often see migration primarily as a quest for independence and a means of realising their self worth[10].

Patterns of Migration

According to the Bureau of Manpower, Employment and Training (BMET) data, during the last 29 years, a total of 3,924,027 Bangladeshi have migrated to various countries.

A significant percentage of Bangladeshis are also believed to have gone to the Middle East through irregular channels. The Government of Bangladesh is yet to collate information on the total number of people who have emigrated to industrialised countries. Estimates put the total number of Bangladeshis living as migrant workers, both on a regular and irregular status, at 1.1 million (Siddiqui 2000).

[9] Murshid (2000) finds that an increase in remittance by Taka 1 would result in an increase of Tk 3.33 in national income.
[10] The International Organization for Migration (IOM) and the LIN International Research and Training Institute for the Advancement of Women (INSTRAW) (2000), Siddiqui (2001)

Types of Migrants

BMET has classified short-term migrants into four categories: professional, skilled, semi-skilled, and unskilled. Doctors, engineers, teachers and nurses are considered professionals. Manufacturing or garment workers, drivers, computer operators and electricians are considered skilled, while tailors and masons are considered semi-skilled. Housemaids, cleaners and menial labourers are considered unskilled workers. During the early years of short-term labour migration, the proportion of professional and skilled workers was higher than that of semi-skilled and unskilled workers. In recent times, however, semi-skilled and unskilled workers have made up the majority of the migrants (see Table 2).

BMET data also show that Bangladeshi workers are predominantly male. In all cases, male emigrants outnumber female emigrants (Wrench and Qureshij, 1996). Bangladeshi emigrants to Europe and North America are drawn from a range of educational backgrounds, and constitute the professional, skilled and semi skilled.

Empirical data indicate that remittance flows did not increase significantly with a rise in the number of emigrants. For example, in 1997 emigration grew by 79 percent compared to the figure for 1996, and the remittance flow increased 12.52 percent, while in 1998 emigration grew by 29 percent while growth in remittances increased only by 4.86 percent. The most important reason for the disparity between number of migrants and remittance flows is that Bangladesh has increasingly been exporting more unskilled and semi-skilled migrants whose wages are lower than those of skilled and professional migrants. Wage rates have also fallen drastically over the past decade (Siddiqui and Abrar 2001).

It is also to be noted that at present the structure of job requirements in the receiving countries is undergoing significant changes. Skill development and occupational diversification are expected to become crucial if Bangladesh is to sustain the present levels of remittance flow in the coming years. The ability to access opportunities opening up in developing countries, such as Malaysia, and developed countries, such as the UK, USA, Canada, and Japan, are also going to play an important part in this process. It is also imperative to think about a planned labour migration policy to address the demand side of the international market. Taking into account its huge population resources, Bangladesh needs to review and examine its human resource development strategy in the light of the new and challenging opportunities in the international labour market.

Table 2: Distribution of Skill Composition of the Migration of Bangladeshi Manpower

Overseas Employment by Profession						
Year	Professional	Skilled	Semi-Skilled	Unskilled	Total	Remittance Mill $
1976	568	1775	543	3201	6087	23.71
1977	1766	6447	490	7022	15725	82.79
1978	3455	8190	1050	10114	22809	106.90
1979	3494	7005	1685	12311	24495	172.06
1980	1983	12209	2343	13538	30073	301.33
1981	3892	22432	2449	27014	55787	304.88
1982	3898	20611	3272	34981	62762	490.77
1983	1822	18939	5098	33361	59220	627.51
1984	2642	17183	5484	31405	56714	500.00
1985	2568	28225	7823	39078	77694	500.00
1986	2210	26294	9265	30889	68658	576.20
1987	2223	23839	9619	38336	74017	747.60
1988	2670	25286	10809	29356	68121	763.90
1989	5325	38820	17659	39920	101724	757.84
1990	6004	35613	20792	41405	103814	781.54
1991	9024	46887	32605	58615	147131	769.30
1992	11375	50689	30977	95083	188124	901.97
1993	11112	71662	66168	95566	244508	1,009.09
1994	8390	61040	46519	70377	186326	1,153.54
1995	6352	59907	32055	89229	187543	1,201.52
1996	3188	64301	34689	109536	211714	1,355.34
1997	3797	65211	43558	118511	231077	1,525.03
1998	9574	74718	51590	131785	267667	1,599.24
1999	8045	98449	44947	116741	268182	1,806.63
2000	10669	99606	26461	85950	222686	1,954.95
2001	5940	42742	30702	109581	188965	2,071.03
2002	14450	56265	36025	118516	225256	2,847.79
2003	15862	74530	29236	134562	254190	3,177.63
2004	19107	81887	24566	147398	272958	3,573.21
	181405	1240762	628479	1873381	3924027	31,683.30
	4.62	31.62	16.02	47.74	100.00	

Source: BMET data bank

The following sections of the paper examine whether Bangladesh can address the rising global demand for human resources, especially in nursing and care services.

Migration of Nurses from Bangladesh

In general, the Government of Bangladesh has a liberal legal regime for exporting male manpower. There have been some changes and shifts in migration policies and several acts have been amended. In order to make migration easier, the Immigration Act 1922 was replaced through the promulgation of a new Emigration Ordinance in 1982. This new ordinance is the key regulatory instrument with respect to migration. A few new rules have been framed under the ordinance of December 2002 including Emigration Rules, Rules for Conduct and Licensing Recruiting Agencies, and Rules for Wage Earners' Welfare Fund[11].

Until the late 1970s, the Bangladesh government had no clearly spelled out policy as regards female migration. Nevertheless, Bangladeshi women started taking up jobs, especially in Middle Eastern countries, either on their own initiative and based on their networks there, or through local agencies. Since the early 1980s, successive governments have either put a complete ban on the migration of all categories of female workers except professionals, or imposed restrictions on the migration of unskilled or semi-skilled women. Currently, unskilled and semi-skilled women are allowed to migrate only when accompanied by a male partner. Policies concerning female migration are discriminatory and breach constitutional provisions guaranteeing equal opportunity to men and women.

Since the 1980s, the labour migration process has changed globally. The demand for female labour has increased and employers have changed from being migrant friendly to migrant exploitative (Siddiqui, T and Abrar, C.R. 2000). In addition, new labour-exporting countries have entered the market. At the same time, a new instrument, the UN International Convention on Rights of all Migrant Workers and Members of their Families, 1990, has been framed to protect migrant workers' rights.

During the period 1991-2004, a total of 20,825 female workers migrated from Bangladesh through formal channels. Table 3 shows the distribution, which clearly reveals that almost 50 percent of the female workers are unskilled (housemaids and cleaners), while about 44 percent of these female migrant workers are semi-skilled (garment workers and factory workers). Just about 5.74 percent of the migrant female workers are nurses, of which 87 percent went to Middle Eastern countries and the rest to the Far East (mostly Malaysia).

[11] Under the 1982 Ordinance and rules framed in 2002, the government is authorised to grant licences to individuals and companies for recruitment for overseas employment and also holds the authority to cancel and suspend the same if found to be violating the prescribed code of conduct. Rules also permit the Government to set up special courts and penalise individual migrants who have breached contracts with foreign employers. Bangladesh has also signed the 1990 UN International Convention on Protection of Rights of All Migrant Workers and Members of Their Families. It has yet to ratify the instrument.

Table 3: Female Migration from Bangladesh by Profession 1991-2004

Profession	Middle East	Far East	Total	%
Doctor	175	0	175	0.84
Nurses	1038	157	1195	5.74
Teacher	13	0	13	0.06
Factory Workers	171	4845	5016	24.09
Garments Workers	3810	229	4039	19.39
Housemaid	6121	185	6306	30.28
Cleaner/ Labour	4048	33	4081	19.60
Total	15376	5449	20825	100.00

Nursing has been an important occupation for female labour migrants from Bangladesh. According to data collected from the Nursing Directorate, a large number of nurses migrated to the Middle East and other countries during 1985-1986. A significant number of these nurses went on their own; some left after resigning from jobs in the government. However BMET maintain data on female labour migration only from 1991 onwards. Comparison of time series data shows a sharp decline in the numbers and in the destinations of nurses from Bangladesh over the years.

Table 4: Nurse Migration for Overseas Employment (1985-86) and 1991-2004

	19985-1986		1991- 2004	
Destination	Number	%		
Saudi Arabia	364	38.24	957	80.08
Kuwait	348	17.76	24	2.01
Libya	223	16.98		
Iran	223	10.88		
Bahrain	166	8.11	23	12.80
Iraq	165	8.04		
Oman			20	1.67
UAE			14	1.17
Malaysia			153	12.80
Others			4	0.33
	2050	100	1195	100

Source: Rosie Majid Ahsan and AS Najmul Ahmad, 2000 and BMET 2004

There have not been any follow up studies as to why there has been such a decline, nor has the Government of Bangladesh or any other agency undertaken a formal review of the quality of services of Bangladeshi nurses working abroad. However, this research team, while interviewing Bangladeshi doctors and health professionals who have seen Bangladeshi nurses working overseas observed that, in general, Bangladeshi nurses are 'shy', 'culturally insensitive' 'inward

looking' but 'sincere' and 'hard working'. They also noted that Bangladeshi nurses grossly lack specialized nursing service skills and interpersonal and communication skills. Some noted a general lack of professionalism among Bangladeshi nurses.

Demand for Bangladeshi Nurses

As part of our assessment of the need for skilled nurses in Middle Eastern countries,[12] the research team communicated with various labour attachés of Bangladesh in selected countries. Given below are the results of these communications:

a. None of these countries have any formal statistical data as to the exact demand for nurses.
b. There is a huge demand for nurses in Saudi Arabia. The assessment is highly qualitative but an educated guess would put it around 25,000. This demand is expected to continue for the next 20 years or so.
c. During the SARS epidemic in the East, due to the temporary restrictions on Filipino nurses, there was a huge demand for Bangladeshi nurses in Saudi Arabia but the government could not provide the required numbers as they failed to match the minimum requirements set by Saudi employers.
d. There is also a high demand for nurses in Kuwait but Bangladesh cannot respond to the demand as the basic requirement is a BSc (nursing) for working nurses.
e. In UAE, immigrant nurses are required to pass a difficult professional examination. None of the Bangladeshi nurses have attempted to sit for the test in recent times.
f. Qatar has stopped recruiting from Bangladesh. The government has been trying to open this market but no tangible result has been achieved so far.
g. Oman has adopted a very stringent policy regarding expatriate workers that makes it difficult to gain any employment in that country.
h. There is no Bangladeshi doctor or nurse in Bahrain. A few years ago, some Bangladeshi nurses were recruited but they failed to communicate and were deemed short on professional skills. They were offered language and other professional training to meet the demands of the job. But a section of nurses declined to attend the training programmes and were ultimately sent back.

During a focus group session, nursing officials and various stakeholders were asked why there was such a noticeable decline in the migration of trained nurses. The summary of their observations and conclusions are provided below:

- A significant number of nurses could not perform up to the standards and expectations of employers
- Behavioural skills were noticeably lacking
- Communication skills were lacking. A number of nurses failed to understand instructions and follow up procedures
- Inter-personal skills and a professional attitude were absent

[12] Countries covered are Saudi Arab, Bahrain, Kuwait, UAE, Qatar and Oman. Bangladesh Embassies in Europe and North America do not maintain any dossier on migrant labour and or the demand of the labour market of those respected countries.

- Reluctance to adapt to the new and changing environment
- Failure to prove professional competence
- Failure to respond to the challenges and level of technical and professional demands of nursing under the modern heath management system
- Inability to handle some of the sophisticated medical equipment
- 'Too conservative' towards their male counterparts and professional colleagues
- Failure to socialize with colleagues, holding on to conventional attitudes in social interactions.

However, the focus group participants also noted that the government had not adopted any coherent or comprehensive policy towards the migration of nurses from Bangladesh. Though the BMET had organized some English language courses to address the important and critical lack of communication skills, these language proficiency courses could not produce positive results because of the following factors:

- the nurses nominated by the nursing directorate were older and lacked the aptitude to learn a language
- most of the nurses were being nominated by the nursing directorate because of political pressure rather than on the basis of their merit and potential
- some nurses thought a mere nomination to the English language programme would ensure their overseas placement and thus were less committed to learning the language
- some participants found the language course too short and rather hurriedly done with little or no preliminary assessment of the participants and their levels of skill.

It appears from the above observations that the prime factors for the declining numbers of emigrant nurses can be clustered under four categories:

- Lack of adequate communication skills
- Lack of cultural reorientation
- Lack of professional skills and training
- Lack of a comprehensive strategic plan for the exportation of skilled manpower (including nurses).

While responding to the question as to why Bangladeshi nurses did not want to apply to the non-Middle Eastern job markets like the Far East, North America or Europe, the focus group participants observed that:

- Nursing is highly specialised in those countries and Bangladeshi nurses could not qualify for such positions. Bangladeshi nurses lacked the required technical qualifications to apply for these positions.
- Language proficiency, especially in English, is very low.
- Academic preparations of the Bangladeshi nurses are far below the demand and standard of western nursing schools and thus nurses do not feel confident to apply.
- Nurses fear that they would not be able to pass the registration examination.
- The entire application/ examination system is very costly for an applicant to bear.
- There is a gross lack of information on nursing position openings.

- Bangladesh does not have any recognized test centre for such a recruitment process.

Opinion Survey of Nurses Willing to Migrate

This section presents the information related to Bangladeshi nurses and their perception about migration overseas. The analysis was based on the information drawn through an in-depth interview with selected questions put to 28 nurses[13]. The main research questions were: would they accept a North American / European nursing assignment as a migrant worker? What types of difficulties did they anticipate in getting such overseas jobs? Here is a summary of the results:

- 23 out of 28 respondent nurses said that it was very difficult to pursue a nursing career in Bangladesh, with limited opportunities for career growth.

- Almost all of the respondents expressed dissatisfaction their existing salary. They felt that their salaries were very low compared to the services they had to perform, including long hours of work and heavy workloads.

- They noted that the overall ‘social image of nursing’ was very low. This taxed them emotionally, especially when they thought about the implications of this for the next generation.

- All of them stated that if they got a nursing career overseas, especially in Europe, North America or Australia, this would significantly enhance their social image.

When respondents were asked to anticipate the difficulties in pursuing a nursing career overseas, the following observations emerged:

- Most of the respondents felt that socio-cultural problems and a racial bias would be the most severe problem
- However, they also noted that such discrimination would be better than living in a country where their profession was not treated with dignity and was socially looked down upon.

More specifically, the respondents anticipated the following difficulties in pursuing a nursing career overseas:

[13] 24 respondents of the survey are above 28 years of age. Two of them were in early 30s and 2 in their late thirties. All but two respondents were unmarried. 22 respondents are working in public hospitals and 6 are working at private clinics.

Table 5: Difficulties in Pursuing a Nursing Career Overseas

	No. of Respondents														
		2		6		10		14		18		22		26	
Adjustment with cultural															
To be treated as inferior															
Social discrimination															
Personal Security															
Possibility of abuse															
Family will disrespect															
Disruption of family life															
Adjustment with life style															
Changed climate															

As many as 26 nurses expressed their keen interest in an overseas job, especially in Europe, North America and Australia. They identified the following reasons for being interested in migration overseas, especially to the developed countries.

Table 6: Motivating factors for Migrating as Nurse

	No of Respondents											
High social recognition												
High social recognition												
Dignity of job												
More income and good life for family												
Job satisfaction												
Future of Children												
Career progression												
Education and skill development												
Better Quality of day today life overseas												

Eleven out of 26 respondents noted that they would prefer to settle down permanently in those countries should they get a legitimate opportunity. The rest (15) said they would not want to stay abroad for more than 10 years. They noted that at one point they would prefer to come back and 'serve the country' with their advanced knowledge, experience and training. They would also want to return to Bangladesh for cultural, emotional and religious reasons.

In general, nurses are not adequately aware about the potential and possibilities of overseas nursing employment in the high value western job market. Any information they received was through informal sources, including family members and relatives overseas.

Five nurses said they have been planning to emigrate for the last 2-3 years, but had not been able to make any headway.

Twenty-two out of 28 respondents said they were aware that they would need to qualify through certain eligibility tests before going abroad. They also acknowledged the need for some preparatory activities to ensure them eligibility for the overseas nursing market.

Respondents identified the following areas of functional skills that they considered as 'priority' for any overseas employment venture (Table 7).

Table 7: Required Skills and Preparations Needed for Migration

	No of Respondents											
		2		6		10		14		18		22
More specialized training												
Language and communication skill												
Orientation about exam system												
Local level coaching for registration exam												

However most respondents noted that 'salary' was not necessarily the most important factor but 'working environment', 'social acceptability', 'non-racial attitude' and 'equality of treatment' were more critical in influencing the destination choice. The Gulf as well far eastern countries emerged as the least favoured destinations, as they were perceived as being 'rude', 'unfriendly', tended to 'look down' on Bangladeshi migrants.

Those who expressed their willingness to stay permanently argued that the bleak employment prospects, low social image and poor wage at home would perhaps encourage them to stay back. They said they would not mind sacrificing their 'nationality' for the cause of proper education for their children and better employment opportunities.

The US appeared to be the favourite destination, followed by Canada, Australia and the UK. The US is favoured because of the perceived higher demand there for nurses, and also because of the high wage structure. The UK was perceived by a section of the respondents as 'conservative' and relatively 'unfriendly'. Australia was another favoured destination as it had lately become the 'popular destination of the new generation Bangladeshi migrant'.

When the nurses were asked about what their contribution to national development would be if they come back, they named several possibilities: remittances and investment, new skills, knowledge and experience. They would also be better equipped to serve the country through advanced knowledge and service experience.

Thus, the respondent nurses showed an interest and willingness to take on nursing jobs in Europe and North America. They were also equally concerned about their limitations and lack of preparedness. They were also aware of the potential 'cultural shocks' and 'professional challenges' in pursuing such a career choice.

The nurses noted that at present, other than getting some English language training, there is no opportunity to get any preparatory training and orientation for appearing for qualifying nursing exams. Respondent nurses offered the following suggestions:

- College of Nursing should introduce a special package programme for training and orientation for nurses willing to appears for overseas registration examinations
- BMET should introduce a special counseling service for potential applicants, providing information about the possible countries where nurses could apply.
- BMET in collaboration with the College of Nursing and /or the British Council/ American Centres should set up examination centres for nurses willing to sit for overseas registration examinations.
- BMET should also consider subsidizing the examination fees for applicant nurses after some form of a screening test. Or they could be asked to pay the fees on an installment basis.

Student Attitudes Towards Nursing as a Profession

Over the years there has been a shift in the mindset about professional preferences as well as migration. Nursing has been both culturally and socially seen to be a 'low esteem' job in Bangladesh. However, the young generation being exposed to western movies and other media, seem to have changed their attitude and approach towards the nursing profession. In order to assess the changing mindset, the research team made a small survey (n=100) of selected undergraduate students in different academic institutions[14]. The research team put some specific questions to them to tap their opinions of nursing as a profession.

On the whole, 35 percent of the respondents said they would be willing to accept nursing as a career if it was in countries of Europe or North America. However, almost none of them would consider taking up nursing in any Bangladeshi hospital, be it run by the government, private sector or international agency. Ninety one percent of the respondents noted that nursing as a profession is 'looked down upon' by their socio-economic classes.

However, a significant percentage of the respondents (74%) felt that nurses enjoy a lot more 'social honour, prestige and dignity' in the western context. Such a perception is based on various TV serials and movies they have seen over the years. Only one respondent noted that one of her family members had married a Filipino-American nurse – from whom she had learnt a lot about the nursing profession in the US.

[14] A sample of 100 female students were drawn from among the undergraduate students taking up BSc honours or equivalent courses at Faculty of Sciences of Dhaka University and Jahangirnagar University, selected private universities (East West University, Asia Pacific, Eastern University, Stamford University), Government colleges (Jagannath College, Kazi Nazrul College)

Some 35 percent of the respondents noted that if they were get a 'sure and guaranteed opportunity' to become nurses in Europe or North America, they would indeed take the opportunity.

Table 8: Percentage of Students Willing to Enter a Nursing Career in North America or Europe

(Question: Would you accept nursing as a career in North America or Europe if you are specially educated and trained with an assurance of such a job?)

	Total no of respondents	No. of respondents who said 'Yes'	%
Private University	30	7	23.3
Government College	35	18	51.4
Dhaka University	35	6	17.1
Total	100	35	35.0

Twenty three percent of the students from private universities opined that they would take up the nursing profession provided a job in a western country was assured afterwards. The students of public universities seemed to have less interest in this profession – 17 percent noted that they would have taken up nursing degrees had they been assured of opportunities for overseas appointment. Interestingly, a little over half (51 percent) of the respondents from government colleges said they would have taken up nursing had there been the possibility of getting overseas assignments in Europe or North America.

Students noted that they would have taken such a career-based education plan provided it was organized under the auspices of the Government of Bangladesh. About 85 percent of the students noted that their family members would feel safe if such an initiatives came from the government as a young professional talent search.

Respondents further observed that some supportive conditions needed to be created to make young Bangladeshi female students take up nursing careers overseas (see Table 9).

Table 9: Motivation Conditions as Perceived by the Students

(What would have motivated them to take in nursing as career outside Bangladesh?

Motivating Conditions	**Views of % respondents**
Changed social attitude towards nursing as profession	88
Proper academic and professional training organized by GOB	76
Accreditation of nursing degree by recognized western university	69
Positive image be created by media (print and electronic)	84
Government initiative to draw confidence and image	90

In response to the question, 'What, according to you, are the perceived qualifications for nursing jobs overseas?' the respondents noted that professionalism and language skills and mental strength would be the most important qualifications to get such overseas nursing jobs.

Table 10: Perceived Qualification and Skills

Skills	Percentage
High level of professional training	95
English language skills	90
Smartness and good look	55
Mental strengths	69
Physical fitness	73

The sample of this study is too small to make a broad generalization. However, it does show some indicative projections. The survey data indicate that there has been a noticeable change in mindset towards nursing as a profession; there is a greater willingness among young graduates to take up nursing in a western environment, which they see as treating the profession with honour and dignity. It would seem that nursing could be an honoured profession for upper middle class women in Bangladesh provided that there should be some form of assurance from the education institution of an overseas job in a developed country.

Existing Demand, Supply and Capabilities of Nursing Institutions in Bangladesh

Reportedly there are about 27,000 doctors in Bangladesh. If international standards are to be reached and maintained, this would demand 54,000 nurses. There are reportedly 19,000 registered nurses in the country of whom 13,000 nurses are in the public sector, about 2,000 nurses have gone abroad and the rest are engaged in private clinics and or awaiting government posts.

The international standard for nurse-patient ratio is 1:4 for general care and 1:1 for intensive care whilst the international nurse-doctor ratio is generally reversed, at about 2:1. In the case of Bangladesh, the general nurse-patient ratio is 1: 13. In 2002, there were reportedly 28,537 doctors who were available for services and the numbers of nurses was then estimated to be 17,566, making for a doctor-nurse ratio of 1:0.6.

There are two types nurses: (i) hospital-based nurses and (ii) community-based nurses. Health care delivery in rural areas, where 18 percent of Bangladesh's population lives, is done by community-based family planning and health workers. In rural areas, the ratio of such public health workers to the population is 1:4650. Though by definition and by training these workers can be called 'nurses', in the Bangladeshi context, more than 95 percent of the nurses work in urban settings and hospitals and clinics.

At present, the doctor-population ratio is 1:4650. Bangladesh should have 62,705 doctors by 2020 to achieve the goal of one doctor for every 3000 population. This projected estimate takes into account yearly production of doctors and drop outs due to retirement, death and migration. Bangladesh would also need 20,567 nurses on top of the current number. That is, the total number of nurses required by 2020 would be in the region of 37,623. If Bangladesh has to achieve a doctor-nurse ratio of 1:1, then the total number of required nurses would be 62,705. In other words, Bangladesh would need 45,649 nurses on top of the existing number.

Table 11: Number of Nurses Necessary to Improve Doctor-Nurse Rations under Assumption of Constant Doctor Nurse Ration (1:0.6)

Year	Estimated No of Doctors	Estimated No of Nurse	Increase in Absolute No.	% of Increase
2002	28537	17056		
2005	32739	19643	2587	16.34
2010	41636	24981	7925	46.46
2015	52470	31482	14426	84.88
2020	62705	37623	20567	120.58

Source: Chowdhury, Jafar Ahmed (2004)

Recent years have seen more international hospitals coming to Bangladesh with huge investments. These hospitals would also need highly skilled doctors and nurses of international standard and proficiency[15].

Thus it appears from the above analysis that considering the huge domestic demand and the gap in the supply side, Bangladesh cannot afford to take the risk of exporting nurses even to traditional destinations. It is necessary, however, to examine the export strategy from a broader human development strategy perspective rather than just as the export of manpower to meet a gap in demand.

Nursing Education

At present, there are four types of nursing education in Bangladesh. These are: (i) Bachelor's and Master's degrees in nursing; (ii) diploma in nursing, (iii) Diploma in midwifery and (iv) diploma in orthopaedic nursing. The diploma in nursing is a three-year programme, the diploma in midwifery (for women) a one-year programme. The diploma in orthopaedic nursing is for men. All programmes are approved by the Bangladesh Nursing Council[16] and the curriculum currently used to train the nurses was last revised in 1990.

The Nursing College, under the University of Dhaka, offers a Master's degree in Clinical Nursing, and a 4-year undergraduate program in General Nursing and Public Health Nursing. The annual intake of the college for the Bachelor's programme is 125 (including 5 foreign students).

[15] According to BOI data as many as 5 internationally reputed hospitals have already started the preparatory work for the developing their establishment in Bangladesh. According to BOI estimate this will demand as many 5670 specialist doctors, skilled nurses and technicians. The net demand of specialized nurses would be about 673.

[16] The Bangladesh Nursing Council (BNC) was formed on an adhoc basis in 1972. It gained its formal identity in 1983 through the Bangladesh Nursing Council Ordinance (Ordinance No. LXI of 1983). Whilst the basic purpose of the Council is the regulation of nursing education and registration procedures in Bangladesh, it is not able to perform all these functions efficiently because of a paucity of' skilled manpower to inspect, examine, make inquiries, develop curricula and monitor standards. The Council does not have resources and adequate expertise to professionally accomplish its agenda, particularly developing a comprehensive nursing regulatory system and ensuring the quality of education and research.

Approximately 855 nurses have completed a BSc in Nursing and Public Health Nursing from the College since its inception.

In the private sector, the College of Nursing of IUBAT offers a program leading to the degree of Bachelor of Science in Nursing (BSN). The program seeks to prepare a student for a career as a professional nurse, working as an independent service provider or employed in the public or private sector in Bangladesh, in regional countries or overseas. There is a good demand for graduate nurses within the country and abroad and the BSNs can easily fit into the local and international job market. The program consists of coursework in communication skills, the social, biological and physical sciences supportive to nursing, and professional nursing. Graduates of this program qualify for registration at the Bangladesh Nursing Council. These graduates are also eligible to write the US' National Council Licensure Examination to become registered nurses. The graduates are prepared to practice in both hospital and non-hospital settings and also have the foundation for an advanced study in nursing.

Nursing Institutes

There are 38 government nursing Institutes, 5 private nursing institutes[17] and one for the Armed Forces. All told, there are 44 nursing institutes. The objective of these institutes is to prepare registered nurses, midwives and orthopaedic nurses. There are also four Divisional Continuing Education Centres (DCECs) established in Chittagong, Rajshahi, Barisal and Mymensingh and two Rural Nurse Teaching Centres (RNTCs). These centres are being used to provide in-service education and training for senior staff nurses (SSNs), supervisors, instructors and nurse managers.

In addition, there are six specialization courses offered to nurses at various institutions (Table 12):

Table 12: Specialization Courses and Locations

Courses	Institutes
Orthopedic Course	RIHD, Dhaka
Psychiatric Course	Pabna Mental Hospital
Pediatric Course	BSMMU, Dhaka
Orthalmology Course	NIO, Dhaka
Chest Diseases Course	IDCH, Dhaka
ICU and CCU	NICVD, Dhaka

The Director of Nursing Services has overall responsibility for the management of human resources and Nursing Institutes (NIs). The Bangladesh Nursing Council has responsibility for the approval of the NIs to deliver the training programme, the setting and taking as well as marking of examination scripts. Empirical data however reveal that the nursing instructor-student ratios are uneven. The nursing institutes attached to Dhaka Medical College Hospital (DMCH) has an instructor-student ratio of 1:89; while 18 NIs have an instructor-student ratio of 1:12.5.

[17] Kumudini Hospital, Mirzapur, Tangail, Holy Family Red Crescent Hospital, Dhaka, Chandragona Mission Hospital, Chittagong, Rajshahi Mission Hospital, Rajshahi, Zahirul Islam Medical College, Bajitpur, Kishoregonj

Table 13: Distribution of Nursing Institutes Number of Teachers and Students by Divisions

Division	No of Institute	No of teachers	No of Students	Teacher-Student Ratio
Dhaka	9	39	1303	1:33
Chittagong	9	35	959	1:27
Rajshahi	10	35	959	1:27
Khulna	7	21	598	1:28
Barisal	3	13	226	1:17.5

The overall scenario looks uneven. Teacher-student ratios vary from as low as 1: 17.5 in Barishal division to as high as 1:33 in Dhaka division. The acceptable minimum teacher-student ratio is 1: 10. The teacher-student ratio shown above is, therefore, much above the acceptable level. In brief, looking at the data of the number of teachers vis-a-vis students, one may conclude that more teachers are necessary in order to impart proper nursing education in the country.

Various studies and review on nursing education and services note that the current system of education and training needs to be further developed and updated. Studies have recognized that updating the nursing curriculum should be the prime concern in order to achieve the goal of creating professional nurses in Bangladesh.

During a workshop organized by this research team, senior nurses and health professionals noted that the current curriculum is well designed to cater for the health care needs of Bangladesh and its objectives can be achieved within the limited resources available. However, in order to cater to international clients and institutions, some strategic interventions would be required.

The participants also noted that although the curriculum was revised nearly 13 years ago, its full and appropriate implementation has never taken place. The reason for this lack or poor implementation appears to be a mismatch between the curriculum and actual nursing practice, which is further hampered by:

a. Ineffective and outmoded teaching methods
b. Lack of appropriate tools for assessing students
c. Ineffective mode of instruction (English being used as medium of instruction).

Teaching Methodologies: Lack of Active Learning

The curriculum introduced an emphasis on active learning by students rather than passively listening to lectures and memorizing notes. However, there has been little evidence of an active learning approach being adopted by teachers. Although the emphasis is placed on communication skills, the observational studies indicate that in the wards qualified nurses communicate with patients via a complex system of written orders and indirectly with relatives and hospital support staff.

Studies have consistently found that the use of English language as a mode of instruction stands as a barrier to effective learning and thus improvement in the quality of nursing care. Both teachers

and students grossly lack communication skills in English. Thus a classroom becomes a place of transmission of information rather than actual learning. Instructors merely present note sheets rather than actual analysis or elaboration, resulting in the poor standard of nursing education and training[18].

Nevertheless, most of the workshop participants emphasized the need and importance of English as a mode of instruction. They strongly argued that students intake standard as well teachers skills need to be improved to make English an effective institutional mode. The following are some of the reasons for the retention of English as the mode of instruction:

- To help students understand and appreciate the state of the art literature on nursing and basic medicine
- To write reports in English – which basically are a universal practice
- To avoid alienation from international nursing
- To avail of opportunities for international assignments and work aboard
- To understand the doctors who generally prescribe in English
- To attend international and national workshops and seminars/ training

The following matrix shows the technical requirement for nursing positions in the US and Canada. Most other developed countries have similar requirements.

Table 14: Nature of the Demand for Specialized Nursing Services

United States of America	Canada
• Credentials, review of education, registration and license (a recognized nursing degree) • Qualifying the Commission on Graduates of Foreign Nursing Schools (CGFNS) Examination • Qualifying the NCLEX-RN examination • IELTS score of 7 in speaking and an overall band of 6.5. • Visa screen certificate. • At least two years of experience. Candidates must have experience in most spheres of healthcare (medical and surgical aspects) of adults, children and maternal areas as well as psychiatric and community health care. The qualifying exam consists of two parts. There are 260 questions in the exam. Questions	• Credential verification • Qualifying in Canadian Registered Nurse Examination • Language proficiency All Canadian provinces and territories except Quebec require that candidates write the Canadian Nurses Association Registration or Licensure Examination as part of the registration or licensure process. A three-year diploma in Nursing (15 total years of education), and Nursing License in your home country *or* a two-year diploma in Nursing (14 total years of education), & Nursing License in your home country or At least a two-year university degree at the Bachelor's level (14 total years of education), and Nursing License in your home country.

[18] A test of the nurses' ability in English language undertaken in late 2001 and early 2002 indicate that less then 1% both students and teachers are of sufficient competence to either teach, learn or speak in English.

covers areas like: a. Adult Care – Medical/Surgical b. Pediatrics c. Maternity/Midwifery d. Psychiatric/Mental Health, community health. The NCLEX-RN exam test covers: a. Safe, Effective Care Environment b. Health Promotion and Maintenance c. Psychosocial Integrity d. physiological integrity Candidates must have knowledge about the process of nursing, communication skills with the patients, awareness of American culture and proper documentation skills The nearest CGFNS test centres for Bangladesh are in India in Bangalore, Cochin and Delhi. The CGFNS qualifying exam cots $295. The visa screen program fee is $ 325.	Candidates must have a good knowledge of English and must complete the IELTS academic module and gain a mark of 6.5 in each category and an overall band score of 6.5.

A review of the recent advertisements for nursing vacancies show that there is a considerable demand for a wide variety of specialized nursing services. The following matrix presents a sample of recent vacancies.

Table 15: Types of Advertisement for Nurses in Europe, North America and Australia	
Ambulatory Care Nursing	Nurse Anaesthetist
Camp Nursing	Nurse Practitioner
Cardiac Nursing	Nursing Education
Case Management	Nursing Informatics
Clinical Nurse Specialist	Nursing Management
Correctional Nursing	Nursing Midwife
Crisis Intervention Nursing	Nursing Research
Critical Care Nursing (ICU) Disaster Nursing *(0)*	OB-GYN Nursing
Emergency Nursing	Occupational Health Nursing
Enterostomal Nursing	Oncology Nursing
Flight Nursing	Operating Room/Surgical Nursing
Forensic Nursing	Orthopedic Nursing
Gastroenterology Nursing	Psychiatric Nursing
Geriatric Nursing	Public Health Nursing
Holistic Nursing	Radiology Nursing
Home Health Nursing	Rehabilitation Nursing
Hospice Nursing	Renal-Dialysis Nursing
Hyperbaric Nursing	School Nursing
Infectious Disease Nursing	Travel Nursing

Labor-Delivery Nursing Medical-Surgical Nursing Neonatal Nursing Neuro-Surgical Nursing	Urology Nursing

During the focus group sessions, teachers and practitioner nurses noted that most Bangladeshi nurses lack various skills or requirements to qualify for the North American/ European and Australian examinations for nurses:

- Nursing courses are not as comprehensive and specialized as the western nursing courses and thus Bangladeshi nurses are not likely to score high in the qualifying examinations
- There is also a lack of adequate coaching on CGFNS examination
- Candidates generally have a poor IELTS score
- Higher failure rate in qualifying examination
- Lack of communication skills
- Lack of exposure to western culture and values
- High cost of visa screen process.

Furthermore, most Bangladeshi nurses do not have specific types of unique nursing expertise like Ambulatory Care Nursing, Disaster Nursing, Flight Nursing, Forensic Nursing, Hospice Nursing, Ambulatory Care Nursing, Radiology Nursing, Rehabilitation Nursing, Renal-Dialysis Nursing, School Nursing, Travel Nursing, or Urology Nursing.

The most striking factors are the lack of behavioural and communication skills amongst Bangladeshi nurses. In order to change this, some modifications in the content to the curriculum in relation to behavioural science and communications need to be incorporated. In order to meet international standards in teaching and professional skills, some of the most important behavioural skills would include: a. Perceptions of the human being in health, illness and death; b. Culture and its influence on human behaviour; c. Sociological perspectives of health and illness, d. Families, groups and human sickness; e. Human Psychology; f. Ethnic and cultural differences; g. study of human needs and attitudes.

In order meet international standards, nurses courses need to incorporate various communication skills modules which would include topics related to: a. self-awareness and professional awareness; b. positive sensitivity to clients, patients, and their families; c. team spirit; d. verbal and nonverbal communication skills; e. development of receptive habits; f. counseling skills and techniques, and g. willingness to accept challenges.

Conclusions and Policy Recommendations

In response to the basic research questions raised by the present study, we may conclude that there is a huge demand for nurses in the overseas employment market. However, the question remains as to how far Bangladeshi nurses can respond to the huge demand. This needs to be

examined from three perspectives: one – demand and supply of the need; second -- quality of local nurses, third – how does Bangladesh plan and project its human resource development policy. Given the present trend, Bangladesh can in no way respond to the projected overseas demand. Furthermore, the current training facilities, standard and curricula are simply not enough for the competitive employment market. In all respects Bangladesh falls far behind the required professional standard.

Assessment of the present and potential demand for nursing services and the present quality of nursing teaching in Bangladesh do not show much promise for addressing the potential international labour market for nurses. But this does not mean that Bangladesh should not attempt to address international labour market needs. In order to address such a high value and professionally challenging labour market, Bangladesh has to develop new plans and operational strategies. This research team argues that being a human resource exporting country Bangladesh should develop appropriate strategies to enter this potential and promising labour market. There is a need for a Human Resource Development (HRD) Strategy specially designed for catering to emerging and diversified overseas employment markets. The proposed HRD would demand an active involvement of the Government (through Ministry of Manpower, Ministry of education, Directorate of Health), private sector, private universities and manpower exporting agencies in Bangladesh.

Bangladesh has so far been concerned with only short-term contract migration where primarily the unskilled and semi skilled workers have been targeted. Given the demographic profile, types and traits of manpower and the externalities, planned migration can play an effective role in boosting the economy if it is strategies are made in light of international trends and demand. Planned migration in the light of current changes induced by globalization can be seen as an effective strategy for utilizing skilled manpower to augment the economic development process of a country like Bangladesh.

Given the quality of the nurses and considering the increasingly high level of in-country demand over the next two decades, it is not advisable to encourage the migration of nursing manpower from Bangladesh. The existing Nursing Institutions are yet to be fully able to cater to local needs and should continue to do so for the next one decades.

This researcher would argue that Bangladesh should, in principle, develop effective strategies for the export of high value skilled workers. Nurses should therefore be one of the strategic options for planned migration. However, with the current standard of nursing education, quality of nurse graduates and other institutional and preparatory limitations, Bangladesh at this point cannot address the demand in Europe and North America.

Bangladesh could follow the model of some of the nurse exporting countries like the Philippines where nursing schools have teamed up with northern partners to create, develop, promote and seek US based hospital and nursing home partners who wish to alleviate their nursing shortages. The partnerships have created strategic alliances with the nursing schools and hospital system and other health care providers.

The two main obstacles to nurse migration are language and the non-recognition of qualifications. Keeping in mind the increasing demand from the locally established private hospitals of

international standard, and the potential demand from the international labour market, the Government of Bangladesh could come up with a special project to establish at least one international standard nursing college with technical assistance from development partners, with the standard of intake at par with western nursing institutes. Furthermore private universities should be encouraged to set up international standard nursing institutes to primarily target the international labour market.

Nursing as a profession in Bangladesh is yet to attract students from middle class families. But the survey data reveal that university graduates are willing to take up nursing in western settings North America, Europe and Australia), where they consider nursing as a dignified, professionally respectable and rewarding occupation.

The Government of Bangladesh may consider some of the following approaches to encourage quality intake of nursing students:

1. Take up a special programme with the assistance of international development partners to introduce international nursing education in selected private universities.
2. Assist private nursing institutes of selected private universities in establishing link programmes with some elite nursing institutions of the North as well as obtaining necessary accreditations. This will improve nurses' technical competence while creating sensitivity to the cultural needs and considerations of various healthcare systems worldwide and thus create a truly globally competent nurse workforce.
3. Encourage private institutes to introduce scholarship programmes to fund the brightest students by placing them in a quality-nursing program.

As an immediate initiative, the Ministry of Manpower, with the assistance of the Ministry of Health and Education, should form a Task Force to review and examine the potential for exporting human resources in the health sector without affecting domestic demand[19].

Encourage private universities to open up nursing courses in collaboration with western nursing institutes. GoB should provide opportunities to private universities to use public medical colleges, hospitals and other specialized health facilities for on-the-job training of student nurses.

All Bangladeshi Embassies should take initiatives in collaboration with the Ministry of Manpower to prepare an inventory of projected demand for nurses in a global context, especially for Europe, North America, the Far East and Australia.

The electronic and print media should highlight the image and professional competence and recognition of nursing as a career, specially in western countries. Special features on the professional opportunities and working conditions of the nursing community in the west should be highlighted to develop an image of nursing and draw interest to this career. This will help break the prejudice against this profession.

[19] The Philippines is the largest exporter of nurses. Bangladesh has a lot to learn and share with the Philippines to develop a strategic plan for exporting skilled manpower without necessarily depriving the National Health Service and delivery system.

Bangladesh does not have a well-defined policy for motivating high-skilled emigration. The Emigration Act, which regulates emigration of workers from Bangladesh to foreign countries, discourages if not restricts high-skilled emigration based on the perception of 'brain drain'. Nevertheless a number of professionals have managed to leave the country on their own initiative, and in many cases by-passing the regulatory mechanisms. It is time now to make a realistic assessment of manpower policy as regards the skilled and highly skilled in the context of global opportunities and local demand.

References

Abrar, C.R. (ed.) (2000) *On the Margin: Refugees, Migrants and Minorities*. Dhaka: RMMRU.

Afsar, R., Yunus, M. and Islam, S. (2000) Are Migrants Chasing after the Golden Deer: A Study on Cost-Benefit Analysis of Overseas Migration by Bangladeshi Labour. Geneva: IOM (mimeo)

Ahmad, N. and R. M. Ahsan (1994) 'Women in Retail Trade Breaking the Tradition'. Comparative Study on Retail Trade Commission and Innovation, *Proceedings of IGU Commission on Geography of Commercial Activities*, Tokyo and Kobe.

Ahsan, Rosie Majid (1997) 'Migration of Female Construction Labours to Dhaka City, Bangladesh', *International Journal of Population Geography*, Vol.3, pp.49-61.

Akram, S.M. (2002) 'Migrant Workers' Rights and Obligations in Destination Countries' in *Module on Labour Migration Process for Awareness Campaign through Community Leaders and Activists*. Dhaka: RMMRU.

BMET (2002) Recommendations made by the honourable advisor of the Ministry of Labour and Employment to reduce the cost of migration and increase wage in a meeting with BAIRA on July 22 2001.

Dugger, Celia W. (2004) 'In Africa, an Exodus of Nurses,' *New York Times*, 12 July 2004.

Guest, Robert (2004) *The Shackled Continent: Africa's Past, Present and Future*. Macmillan.

Chowdhury, Jafar Ahmed (2004) Perspectives on Nursing Policy in Bangladesh

Gardner, K. (1995) *Global Migrants, Local Lives: Travel and Transformation in Rural Bangladesh*. Oxford: Clarendon Press.

GoB (1982) *The Emigration Ordinance 1982*. Dhaka Law Report.

GoB (1998) *Labour Force Survey*. Dhaka: Bangladesh Bureau of Statistics.

GoB (2003) *Task force Report on Human Development in Health, Nutrition and Population Sector*, Ministry of Health and Family Welfare

GoB (2004) *Statistical Pocketbook: Bangladesh 2004*. Dhaka: Bangladesh Bureau of Statistics.

Hugo, Graeme (1999) 'Undocumented International Migration in South East Asia, Asian Migration: Pacific Rim Dynamics', in Yen-Fen Tseng, Chilla Bulbeck, L-H Nora Chiang, Jung-Chung Hsu (eds) *Monograph No. l*, Interdisciplinary Group of Australian Studies (IGAS), Taiwan University,Taipei, Taiwan.

INSTRAW and IOM (2000) Temporary Labour Migration of Women: Case Studies of Bangladesh and Sri Lanka. Santa Domingo: INSTRAW and IOM.

International Labour Office (2000) 'Making the Best of Globalization'. Concept paper presented at the workshop, *Making the Best of Globalization: Migrant Worker Remittances and Micro-finance,* organised by ILO, Geneva, November.

International Organization for Migration (2000) *World Migration Report 2000*. Geneva: IOM.

IOM and UNDP (2002) *Proceedings of National Consultation Workshop on Labour Migration Process in Bangladesh*. Dhaka: IOM and UNDR

Iredale, Robyn and Pei Guo (2000) 'Theoretical Explanation and Policy Frameworks for Female Labour Migration in Asia: Case of the Philippines', *Oriental Geographer 44, 1.*

Kabeer, N. (2000) *The Power to Choose: Bangladeshi Women and Labour Market Decisions in London and Dhaka*. London and New York: Verso Press.

Mahmood, R.A. (1996) 'Immigration Dynamics in Bangladesh: Level, Pattern and Implications'. Paper presented for the Asiatic Society of Bangladesh, Dhaka.

Mahmood, R.A. (1998) Globalization, International Migration and Human Development: Linkage and Implications. New York: UNDP [unpublished].

Massey, D.S., Arango, J., Hugo, G., et al. (1993) 'Theories of International Migration: A Review and Appraisal', *Population and Development Review*, 19 (3), 431-456.

Quibria, M.G. (1986) 'Migrant Workers and Remittances: Issues for Asian Developing Countries'. *Asian Development Review*, 4.

Siddiqui, T and Abrar, C.R. (2000) Contribution of Returnees: An Analytical Survey of Post-return Experience. Geneva: IOM and UNDP.