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MBA DISSERTATION

TOPIC: Migration of Indian Nurses to Ireland

MBA  Human Resources

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Dissertation submitted in part fulfillment of the requirements for the degree of International Masters in Business Administration at Dublin Business School
DECLARATION

I, Nisha Nizar declare that no portion of the work referred to in the dissertation has been submitted in support of an application for another degree or qualification of these or any other university or other institute of learning. Further, all the work in this dissertation is entirely my own, unless referenced in the text as specific source and included in the bibliography.

Signed: ------------------------------  Date: 23.05.2016
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Above all, I would like to thank God Almighty for wisdom and perseverance that he has been bestowed upon me during this dissertation, and indeed throughout my life.
Table of Contents

Chapter 1: Introduction 1 ................................................................. 9

1.1. Executive Summary ................................................................. 9

1.2. Introduction ............................................................................. 9

1.3. Background ........................................................................... 12

1.4. Rationale of the Research ......................................................... 13

1.5. Research Questions ................................................................. 14

1.5.1. Sub questions ....................................................................... 14

1.6. Problem Statement ................................................................. 15

1.7. Rationale of the Study ............................................................. 15

1.8. Significance of the Study ......................................................... 15

1.9. Research Hypothesis ............................................................... 15

1.10. Research Aim and Objectives: ............................................... 16

1.11. Research Structure ............................................................... 17

1.12. Summary ............................................................................... 18

Chapter 2: Literature Review ............................................................ 19

2.1. Introduction ............................................................................. 19

2.2. Motivating Factors for Migration ............................................ 20

2.3. Push and pull factors affecting the migration of nurses from India to Ireland .............. 22
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4. Ireland as a receiving country</td>
<td>26</td>
</tr>
<tr>
<td>2.5. India in Global Migration</td>
<td>29</td>
</tr>
<tr>
<td>2.6. Migration of Indian Nurses</td>
<td>29</td>
</tr>
<tr>
<td>2.7. Motivating Factors for Migration of Indian Nurses</td>
<td>31</td>
</tr>
<tr>
<td>2.8. Reasons for research</td>
<td>32</td>
</tr>
<tr>
<td>2.9. Nurses to Ireland</td>
<td>32</td>
</tr>
<tr>
<td>2.10. Culture of Ireland</td>
<td>34</td>
</tr>
<tr>
<td>2.11. Patterns and trends of this relocation</td>
<td>35</td>
</tr>
<tr>
<td>2.12. Impacts of Nurse Migration</td>
<td>35</td>
</tr>
<tr>
<td>2.15. Nurses from India choose to relocate, to stay, or to come back to their home country</td>
<td>42</td>
</tr>
<tr>
<td>2.16. Issues in Nurse Migration</td>
<td>43</td>
</tr>
<tr>
<td>2.17 Migration Criteria</td>
<td>44</td>
</tr>
<tr>
<td>2.18 Proposed strategies can be used to diminish migration of nurses from India</td>
<td>44</td>
</tr>
<tr>
<td>2.19 Advantages and Disadvantages of Nurse Migration</td>
<td>48</td>
</tr>
<tr>
<td>2.20 Ethical questions related to Nurse Migration</td>
<td>49</td>
</tr>
<tr>
<td>2.21 Conceptual Framework</td>
<td>49</td>
</tr>
<tr>
<td>2.22 Conclusion</td>
<td>50</td>
</tr>
<tr>
<td>Chapter 3: Research Methodology</td>
<td>51</td>
</tr>
<tr>
<td>3.0 Introduction</td>
<td>51</td>
</tr>
<tr>
<td>3.1 Present Research Proposition</td>
<td>51</td>
</tr>
</tbody>
</table>
3.2 Research Onion

3.3 Research Paradigm

3.3.1 Justification of the research paradigm

3.4 Research Approach

3.4.1 Justification of the research approach

3.5 Research Design

3.5.1 Justification of the research design

3.6 Sampling Method and Sample size

3.7 Research Collection

3.7.1 Primary Research

3.7.2 Secondary Research

3.7.2.1 Quantitative Research

3.7.2.2 Qualitative Research

3.7.3 Justification of the method of data collection

3.8 Data analysis

3.9 Ethical Consideration

3.10 Summary

3.11 Research Timeline

4.3.1 Interview no:1

4.3.2 Interview no:2
4.4 Quantitative data analysis .................................................................................................................. 62

4.4.1 Quantitative data analysis ........................................................................................................... 64

Demographic Details ................................................................................................................................. 64

Q1. Gender of the Respondent ............................................................................................................. 64

Figure: 4.1 - Gender of Respondent ...................................................................................................... 64

Q2. Age Group of the Respondents ........................................................................................................ 65

Figure 4.2 - Age of Respondent ........................................................................................................... 65

Q3. How long you have been working away from India in Ireland? .................................................. 66

Figure 4.3 - Duration in Ireland ........................................................................................................... 66

Q4. What are the factors about India that were not desirable for you? .............................................. 67

Figure 4.4 - Push Factors ....................................................................................................................... 67

Q5. What are the factors which made you choose Ireland as a place to work in? ................................. 68

Q6. Which work environmental factors of Ireland if implemented in India would drive you back to India? ........................................................................................................................................ 69

Figure 4.6 - Stay Factors ....................................................................................................................... 69

Q7. “I would be happy to go back to India if same conditions of Ireland is replicated because” .................................................................................................................................................. 71

Figure 4.7 - Stick factors ....................................................................................................................... 71

4.4 Correlation between the Factors .................................................................................................... 72

Non Parametric Correlation .................................................................................................................. 72
4.5 Results and Discussion ........................................................................................................... 73

4.6 Qualitative data and Discussion............................................................................................ 74

4.7 Summary ............................................................................................................................... 75

Chapter 5: Conclusion and Recommendation........................................................................... 76

5.1 Linking objectives with the findings...................................................................................... 76

5.1.1 Calculating the number of nurses that have migrated from one place to another during 2005 to 2015 ......................................................................................................................... 76

5.1.2 Identifying the ways of their relocation ........................................................................... 76

5.1.3 Identifying the factors have led to their migration and the reasons why other nurses have still continued their service in India........................................................................................................ 77

5.1.4 The facilities those are available in Ireland that attracts nurses for migration from India to Ireland ..................................................................................................................................................... 77

5.1.5 Understanding and Analyzing the affects of migration of the skilled nurses in India..... 78

5.1.6 Identifying the policies and strategies that influence the retention or deployment of Indian nurses. .................................................................................................................................................. 78

5.1.7 Identification of the continuing methodologies to ease the negative impacts of migration ......................................................................................................................................................... 79

5.1.8 Recommendation of the strategies and the policies to decrease the level of migration of skilled health experts......................................................................................................................... 79

Chapter 6 ........................................................................................................................................ 83

6.1 Self Reflection on own Learning and Performance................................................................ 83
6.2. Reflection on Learning MBA ................................................................. 84

6.3 Challenges ......................................................................................... 86

6.4. Why to do a MBA ? ........................................................................ 87

6.5. Skills developed from MBA ............................................................... 88

6.5.1 Time administration Skills ................................................................. 88

6.5.2 Critical assessment Skill ................................................................. 88

6.5.3 Research and Investigative Skills ...................................................... 89

6.5.4 Diversity and Teamwork aptitudes ................................................... 89

6.6 Conclusion ......................................................................................... 89

References ............................................................................................ 92

Appendix .................................................................................................. 101

Fig 1: Questionnaire Link shared in Social Media .................................. 104

Fig 2: Survey Responses ....................................................................... 104

Fig 3: SPSS Output ................................................................................ 105
Chapter 1: Introduction 1

1.1. Executive Summary

The research contains a detailed discussion about the pull and push factors influencing the migration of the Indian nurses to Ireland. The migration trends and patterns are also studied and the reason behind the migration is also analyzed. Additionally, the research study also contains the implications of such migration of the health care expert and the recommendations are provided to control the migration of the health care expert. These establishments can add to the improvement of the human resource approaches and the methods of reinforcement to control the healthcare systems. It is therefore, hoped that this research will help in the generation of the interest so that people take deep interest in understanding the reason of migration of the nurses from India to Ireland. This research study contains a useful insight and details that can help the lawmakers and the policymakers in planning ahead of the strategies and policies. The research also helped in the analysis of the reasons that leads to the migration of nurses outside India.

1.2. Introduction

Globally there was a shortage of skilled workers; especially nurses. The number of nurses that are trained for being a part of the labor market often fall short and it is because of this reason why there is a need for employing skilled persons in Ireland (Bach 2016). The developing issue that most of the developing nations face is with regards to the mass migration of the people who are experts in health who go to the developed nation for their employment (Skeggs 2015). The replacement of work force is defined as, the international movement of workers from one employment base to another employment base (Bach 2016). The relocation crosses within the national and international boundaries. The reason behind such migration is to face changes in
their work environment. The factors that contribute to the change of work of nurses are as follows: concerns of individual and absence of chances for professional growth (Timmons 2014). Other factors may include the low income rate, bad working conditions and too much pressure at the time of working (Skeggs 2015). These variables have induced the nurses to shift their workplace from one country to another country altogether (Bach 2016). Of all the most significant grievances that health care experts hold is relating to low compensation rate and overpowering of the workload (Skeggs 2015). Despite that the income rates were revised as per the sixth pay Commission in the year 2008. The pay rates and the stipends are however, still lower than most of them offered in India. This creates an impression that most of the nurses preferring migrating to other countries than just staying in India (Timmons 2014).

Other economical factors are also referred to other than the organizational variables. It is the aim of this research study to instigate an idea of further research study to understand the reason why the migration takes place (Bach 2016). The research shall also understand the critical impacts of the migration of the nurses and with the help of the methodologies in this research study; we shall also identify the capacity and at the same time diminish the flow of the experts from health sector of India (Timmons 2014).

In Ireland there is an increasing demand for the skilled nurses since the early 2000. It is because of this reason ‘why Ireland has focused on attracting nurses who have skilled value and look at ways for attracting the nurses’ (Skeggs 2015). The introduction of the green card facilities help in attracting more and more highly skilled workers to Ireland. Such measures have been a controversial issue over the past years in Ireland (Timmons 2014). The green card facilities allow only those workers to work who are considered as professionals as per the ICT norms having technologist and engineers. The nurses who are eligible for such occupations may
make an application to the experts group who after proper scrutiny of their skills may issue green card to the nurses for their employment course. It was initially decided that the green card holders should include those people who stay far away or have a long distance to overcome. However, it was seen that those who do not stay at a very distance were also getting access to the green card facilities (Timmons 2014). The reason behind this was that Ireland wanted all kind of skilled persons in their region. When a person is employed in Ireland as a worker then he or she is subject to any kind of facility that shall be part of Ireland. Nurses are inclined towards making their life better and it is because of this reason they have decided to migrate to Ireland from India (Bach 2016). The nurses spent a huge amount of money in their education however, they fail to get proper job satisfaction in their course of time and this becomes the main reason why they opt to migrate from one region to another region (Skeggs 2015). This however, creates a shortage of nurses in India, but the Government of India has still not understood that the skilled nurses are leaving their own nation serving elsewhere (Timmons 2014). The Government should take appropriate steps for the improvement of the working conditions of the nurses. It is evident that Ireland shall be the next country in reaching the levels of employing immigrant skilled staff. The rapid increase of nurses from India to Ireland is soon to create a big history. The working conditions in Ireland are well enough that it is bound to attract many people there and this is the main reason why people want to opt for Ireland as part of their daily job employment (George 2016).

Many nurses have reported that, “Low salary is a huge issue in India (Timmons 2014). Most of the nurses who leave India, especially those from Kerala, say they have to work abroad to earn their dowry.” As per the report of one of the nurses in India, “They tell me that they come from middle and lower middle class families and dowry is present in their communities due to
which they have to earn more money.” It because of lack of respect and negative attitude towards them they chose to stay abroad instead of staying in India (George 2016). Apart from the prevalent economic factors and bad working conditions the social attitudes that people have towards nurses have also influenced migration. The infrastructural condition of nurses in India make the migration of nurses possible all across the nation. The fact that Ireland offers a more relaxed work environment creates a scope of the migration of workers (George 2016).

1.3. Background

The craving to establish more professionally and personally is referred to as the global movement of health experts across the nation. The aim of this research study is to identify the factors that motivate the nurses for migration. The factors that motivate the nurses for migration are economic, political and general living conditions of the health experts in all the nations (Skeggs 2015). The conveyance of healthcare labor is very intensive. The proficiency, quality and value of administrations are all subject to the availability of capable nurses whenever required. Restructuring of health sectors is in progress and in many nations the privatization and centralization of such conventional patterns of work and managing the health sector and financing system of the nations wherein the migration takes place (George 2016). The migration shifts from one place to another nation, from public sector to private sector and it ranges from one speculation zone to another speculation zone. This however, helps in the interconnection of nations and ensures that there is cross border transactions of trade and services (Kurien 2014). Nurses from developing nations mostly started migrating because of variety of reasons like advanced training and perpetual travelling. Nurses are interested in having better lives for themselves and for their families. Nurses in India fail to enjoy the work they are into and that is why they seek for a job change outside India. In India, particularly, the nurses are not given
respect and value and when it comes to their work they are often avoided and treated as servants of their patients. The Indian people fail to understand the importance of nurses and that is why there is a shortage of good nurses in India. There are many factors that help in the determination of job satisfaction and comfort level (George 2016). Ireland for this reason is considered as one of the best places for the nurses to work. It offers great opportunity to people and help in increased job satisfaction levels. The climate, culture and the friendly nature of people makes Ireland a comfortable place to work at. The health sector in Ireland is at constant boom (Kurien 2014). The skilled people at the health sector have the tendency of migrating to Ireland only because there is enough to exploit and create such a scenario that helps in the growth of people in that sector (Skeggs 2015). Every year many vacancies are open at Ireland for many employers to employee people who are skilled at the field of nursing or otherwise. The Irish people are proud of the fact that so many people come to Ireland every year and that Ireland is considered as one of the best places to work at. The formation of the Green Card has enabled the employers to work at Ireland. The significant feature of the Green Card has helped in the employment of skills in Ireland. To obtain the green card work permit, a person should be employed in Ireland for a salary more than 30000 pounds, this includes the nurses and other skilled people in the field of health. If the employee continues to stay in Ireland for the period of 5 more years then he or she may then apply for a long term visa application. Once this is granted he or she shall be considered as an Irish citizen (Kurien 2014).

1.4. Rationale of the Research

The reports of many Indian health sectors have reported that many Indian nurses are not contented with their present scenario of working. The most common factors that has caused discontent amongst them is late payment of salaries, deferred promotions and lack of growth or
recognition and the failure to achieve the basic comforts of life. Hence, this is why many of the health care experts chose to move out from their comfort zone of work. The health care experts look for a more financial and more intrinsic organization that they may choose to work in. There is an emerging concern in the locale so that the effects of the brain drain can be understood. There is a need for the creation of the approaches and methodologies that will help them in retaining their health expert staff in their region. However, the issues of the return and maintenance of heath expert staff are not well explained and understood and require a detailed study. This is an area of concern that most of the countries need to focus on (Kurien 2014).

1.5. Research Questions

1) What are the push and pull factors affecting the migration of nurses from India to Ireland?

1.5.1. Sub questions

a) What is the extent of the migration of gifted skilled nurses? What are the patterns and trends of this relocation?

b) Why do nurses from India choose to relocate, to stay, or to come back to their homecountry?

c) What are the impacts and/or outcomes of migration?

d) What are the economic consequences of migration?

e) What policies and strategies to be implemented to hold, or to moderate the impacts of Migration?
1.6. Problem Statement

The proposed research examines the reasons and the recommendations that is to be conducted to understand the reason of migration of the nurses and the ways to control their migration. The recent problem in the area of nursing in India is related to the migration of the nurses from India to abroad.

1.7. Rationale of the Study

In this research, the researcher will conduct an in depth research of the reasons that have led to the migration of nurses abroad India. This study will focus on the reasons and at the time also provide recommendations for the control of their migration. This shall amount to the rationale of the research study.

1.8. Significance of the Study

This study will help the policy makers in identifying the reasons why the migration of nurses take place. The research will also help them in comprehending ways and the possible implications of such marketing concerning the deployment of the heath skilled nurses. This will help in the retention of the nurses in their home country.

1.9. Research Hypothesis

The research was conducted in the light of the following assumptions:

- The poor economic conditions of the nurses have affected their job security
- Unfavorable healthcare sector changes and affects the organizational feature and the conduct of the skilled health care experts.
- Strong support from accomplices for the healthcare system enhances the association and
thus reduce the propensity of skilled nurses to migrate.

- Unfavorable socio cultural factors and other financial components and organizational influences improve the chances of the nurses to migrate.
- A good quality training programs help in the retention of the nurses back in their home country.
- Negative relationships between the service provider and the service receiver push the nurses out from their home place.

1.10. Research Aim and Objectives:

The aim of this research study is to identify the pull and push factors that force the migration of the nurses from India to Ireland. The aim of this research is to understand and analyze the consequences thereafter on the health care setting and make appropriate recommendations and the ways how nurses can be retained in their countries. The following are the main aim of this study:

- Calculate the number of nurses that have migrated from one place to another
- Identify the ways of their relocation
- Identify the factors have led to their migration and the reasons why other nurses have still continued their service in India
- The facilities those are available in Ireland that attracts nurses for migration from India to Ireland.
- Understand and analyze the affects off migration of the skilled nurses in India
- Identify the policies and strategies that influence the retention or deployment of Indian nurses.
- Identification of the continuing methodologies to ease the negative impacts of migration
1.11. Research Structure

Figure 1: Research Structure

(Source: Created by author)

1.11.1 Introduction:

This chapter provides a brief introduction of the selected topic that shall be researched on. This chapter contains the questions, background, aims, objectives, significance and rationale of the study.

1.11.2 Literature Review:

This chapter shall discuss the studies and relevant theories including the models and concepts related to the topic chosen for research.
1.11.3 Research Methodology:

This chapter shall contain the data collection process, sample size and research philosophy of the researched topic.

1.11.4 Analysis and Interpretation:

This chapter shall discuss the results that were conducted on the sample size and interpretation of the results shall be discussed accordingly. The researcher will then explain the data collected and explain them accordingly.

1.11.5 Recommendation and Conclusion:

This is the final chapter that shall show the relation between the theories and the research objectives and the approaches that were taken in the literature review with the help of the collected data. The researcher at the end of the research shall provide the recommendations that shall help in the retention of the nurses in India.

1.12. Summary

The first chapter of this research study shall give a brief introduction about the topic on which the research is conducted. The researcher shall perform a research methodology by the use of research objectives and aims. Finally, the researcher shall provide a set of recommendations that shall be applied to the problem identified.
Chapter 2: Literature Review

2.1. Introduction

The international mobility of nurses has grown significantly in late decades because of globalization and supply-demand flow. There is a growing demand for skilled nurses across the developed countries due to ageing population, the increased prevalence of chronic diseases, shortages of doctors, nurses and pharmacists. (Gostin, 2008:1828). Developed nations has came up with many strategies and solutions for this shortage . These incorporate eliminating the staffing necessities of clinics from one perspective and training and retention of local nurses , upgrading productivity by increasing and utilizing the skills of existing nurses etc. Recruitment of migrant nurses was an imperative technique to address deficiencies. Progressively, in any case, it is seen with worry by some developed countries and confined, in this light, as a short term solution. Indian nurses search for abroad open doors on account of the absence of chances for expert professional development and skill development at home and in light of poor working conditions and low quality training. They also aspire to work and live abroad. Plus, relocation additionally relies on portability of skills, acknowledgment of capabilities, recognition of qualifications, social networks and active recruitment(Dussault et al, 2009: 22).

This particular section reveals the issues concerning migration of Indian Nurses to Ireland. It is important to consider the fact that Globalization characterizes as the interconnectivity between nations (Zachs 2012). This particular aspect ensures cross-border nations in case of trade, services as well as cash and individuals for the same. It expands ways for creating openness through nations in streams as well as improved universal principles in managing with cross-border flows. Nurses from developing nations mostly started migrating because of variety of reasons like advanced training and perpetual travelling (Ygnace, Al-Deek and Lavallée 2012).
Nurses are interested in getting better life for themselves as well as for their families in an overall manner. Migration besides the benefits, further burdens activities on home nations for facing compounding nursing shortages in an overall manner. As a result, it is essential in understanding nursing workforce for solving the conveyance issues that is considered as imperative in nature. The primary aim is to guarantee the ways for compelling asset improvement in case of educating nurses in and around the globe in the near future (Ygnace, Al-Deek and Lavallée 2012). It checks ways for appropriation of ways inside nations in way of crosswise in and across countries border along with the aim of impacting ways and approaches for identification of social, political as well as financial and human resources frameworks. With respect to the current context, one thing which should mentioned is that this particular aspect outlines a positive feedback that influences nursing activities in an adverse ways. So, as a result, it is important to understand the fact that nursing shortages considers as the HR crisis in case of health care systems in the near future (White 2012).

This study clearly mentions about the issue pertaining to nurse migration to developing countries. Each individual are liable in taking decisions for their own good. If they migrate for better living conditions as well as pay structure, these people should be encouraged. It is necessary to understand the fact that living in poor working condition will spoil the future of fresh nursing aspirants in any forms.

2.2. Motivating Factors for Migration

Many researchers suggest that migration of Indian nurses to Ireland is mainly for individual reasons or systematic (Walton-Roberts, 2010: 208). Among most of the developed countries North America (the USA and Canada), the UK, Ireland and Australia are figured as vital and
favored destinations of Indian nurses. In the event of vast shortage of nurses, migration has started in a very large extent worldwide since the 1990s.

Probably the most regularly referred explanations behind migration from nations of low pay, which makes it difficult to bear the cost of the essential necessities of life; absence of training and higher education; pay rates that are not practical regarding the dangers and measure of work; absence of social and/or retirement advantages; absence of modern facilities; and an unsuitable or shaky political environment (Bundred and Levitt, 2000).

Another factor which should be highlighted is that young professionals for deciding relocation because of the absence of chances in professional development (SAVASDISARA 2012). Important aspects which are concerned in particular domain are skill development, organizational perspectives as well as low pay rates and poor working conditions. Other elements in pushing nurses for outside nation like poor pay, dangerous workplace as well as political flimsiness for nation origin in the near future. It includes variable like ‘pull in medical attendants especially from outside nations like high pay rates, better working conditions as well as vocation improvement in an overall manner’ (Roy 2012).

The International Council of Nurses (ICN) states that keeping in mind counteract migration, it is basic to comprehend the examples, basic causes and the long haul results of relocation on health care. The pattern of movement is from provincial to urban, lower pay regions to the more well-off, and from developed to developing nations. On account of nurses, the primary driver of movement ('push' components) stem from the longing for more professional improvement opportunities, the requirement for greater wage compensation and the issue of individual wellbeing despite political changes. (ICN, 2001).
On critical analysis, it is noticed that various scholars analyses migration for different purposes (Polakoff and Lindio-McGovern 2011). Sociologists emphasizes social as well as cultural consequence in case of migration in the most appropriate way. Most of the geographers lay on stressing ways on time as well as distance significance especially on migration. It emphasizes economists in undertaking economic aspects of migration in the near future (Oonk 2012). The main objective of the study is to examine in the socio-economic as well as characteristics among the migrants. It finds out the significant push as well as pulls factors in case of migration to developing countries in an overall manner. It is important to consider various factors of migration as these various factors help in motivating people by classifying into various categories under study. It includes economic factors that indicate that migration primarily gets motivated by economic factors in an overall manner (Nasta 2013). As far as developing countries are concerned, it deals with low income as well as unemployment for pushing the migrants in way of developed areas.

2.3. Push and pull factors affecting the migration of nurses from India to Ireland

There are certain pull and push factors which affects the relocation of the nurses from India to Ireland. Low salary is the major push factor in the source country, like India. Due to poor working conditions and lack of facilities, the nurses migrate to the developed countries like Ireland. In an overall manner, in nursing profession, it lacks respects back in India. Heavy workload is one of another reasons behind this relocation. The other factors responsible for migration, are poor infrastructure, lack of facilities in an advanced manner. Non-adherence of the rules, policies and protocols also go under push factors The element of poor quality of education and lack of enough opportunities in case of professional growth in restrictive system is also considered to be important (Monroe 2012).
Another thing which should be mentioned with respect to the current context is the involvement of heavy workload for the nursing profession that makes them migrate in destination countries like Ireland (Nash 2012).

Attractive salary packages in the foreign countries, like, Ireland, play the role of pull factors. Modern facilities alum with better opportunities will be provided here. This will help in career progression as well. Adhering to the system or to the protocol will help to do so. The nurses will also be treated with respect, which is missing in the base country (Lindio-McGovern 2014). There, the best opportunities come along with less work pressure. The personal skill development as well as professional growth will also be indulged here. It also gives the chance to work with better technology. The pull factors also include, good life styles along with better future.

Aside from economic factors, disappointment with working conditions and despondency with common social attitudes towards medical caretakers were recognized as being of significant significance for the global relocation of Indian nurses. It was observed that nurses working in the private division and from some linguistic and religious groups were especially inclined to movement. The way that they delighted in better pay scales, a more casual work air and more offices may have likewise had impact here. (Thomas 2006)

The worldwide nursing shortage is not the sole deciding element for why nurses enter the migration process and the hidden reasons are muddled. Nurses are pushed by their nations of origin and pulled by beneficiary nations to move. The availability of jobs, open doors for expert or professional success, self-improvement, acknowledgment of expert skill, an expert workplace, delicate business approaches, stable socio-political situations, personal satisfaction, appealing
pay rates, and social and retirement advantages speak to a few of the force figures that pull in nurses to the recipient nations. The accompanying push components in the source nation add to nurses migration: low wages, constrained profession opportunities, restricted training opportunities, absence of facilities, insecure and/or unsafe working conditions, absence of social and/or retirement advantages, an unsuitable or precarious political environment and the pervasiveness of HIV/AIDS. It is a mix of both the push and pull factors that contribute to the nurses migration worldwide.

**Stick Factors** includes family responsibilities as well as ties in case of sources country like India in the present study. High cost of immigration process as well as lack of information of the destination country also is a major factor. Familiarization of ways in regard with immigration process for the same and involves in socio-cultural as well as language differences in the near future (Medica 2012).

**Stay Factors** involves in good income by the destination country like Ireland in the present study, which includes work satisfaction as well as flexible systems for conducive in migrants like migrant-friendly policies in an overall manner (Li 2014). It enhances in viewing at the dignity in case of nursing profession. The factor takes care of marriages as well as families in accordance with proper course of action and ensures better working conditions as well as quality of life for the same (Hemianaxephippiger 2013).
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<tr>
<th><strong>Push Factors (Source Country)</strong></th>
<th><strong>Pull Factors (Destination)</strong></th>
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<tbody>
<tr>
<td>Low salaries</td>
<td>Lucrative salary packages</td>
</tr>
<tr>
<td>Poor working conditions</td>
<td>Better working conditions, with modern facilities</td>
</tr>
<tr>
<td>Lack of respect particularly for the nursing profession</td>
<td>Adherence to systems/protocols</td>
</tr>
<tr>
<td>Heavy workload</td>
<td>Respectful treatment</td>
</tr>
<tr>
<td>Lack of proper infrastructure and facilities</td>
<td>Less workload</td>
</tr>
<tr>
<td>Non-adherence to rules/protocols</td>
<td>Opportunities for professional growth and skill development</td>
</tr>
<tr>
<td>Less opportunity for higher education</td>
<td>Opportunity to work with better technology</td>
</tr>
<tr>
<td>Poor quality of education</td>
<td>Better future career opportunities</td>
</tr>
<tr>
<td>Lack of opportunities for professional growth</td>
<td>Good lifestyle</td>
</tr>
<tr>
<td>Restrictive hierarchical system</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Stick Factors (Source Country)</strong></th>
<th><strong>Stay Factors (Destination)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family responsibilities and ties</td>
<td>Good income</td>
</tr>
<tr>
<td>Cost of immigration process</td>
<td>Work satisfaction</td>
</tr>
<tr>
<td>Lack of information and unfamiliarity regarding the immigration process</td>
<td>Flexible system more conducive to migrants (migrant-friendly policies)</td>
</tr>
<tr>
<td>Socio-cultural and language differences</td>
<td>Dignity for the nursing profession</td>
</tr>
<tr>
<td>Requirement regarding re-qualification and its associated costs</td>
<td>Marriage and family</td>
</tr>
<tr>
<td>Familiarity with home country health systems</td>
<td>Better working conditions</td>
</tr>
<tr>
<td>Uncertainties about the destination country job market</td>
<td>Better quality of life</td>
</tr>
</tbody>
</table>

Figure 2: Factors Affecting Migration
2.4. Ireland as a receiving country

Shortages in the EU Demographic projections recommend that shortages in health services staff in Europe will increment in the following couple of years inferable from either a contracting pool of youthful associates or a maturing/resigning workforce. In this connection, a rising extent of youngsters will need to enter the health profession, if current training rates are maintained (OECD, 2008: 20). Rising salaries, new restorative innovation, expanded specialization of health services, and population ageing are pushing up interest for social insurance labourers in OECD nations. Accordingly, there was a drawn out development in physician and nurse density in OECD nations in the 1970s and 1980s, however the development rates have hindered strongly since the mid 1990s. (OECD, 2010: 4).

<table>
<thead>
<tr>
<th>Foreign trained nurses</th>
<th>2000/1</th>
<th>%</th>
<th>2005</th>
<th>%</th>
<th>2007/8</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>6 204</td>
<td>14.3</td>
<td>8 758</td>
<td>14.4</td>
<td>4 717</td>
<td>47.1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>50 564</td>
<td>8.0</td>
<td>75 109</td>
<td>6.2</td>
<td>5 107</td>
<td>0.5</td>
</tr>
<tr>
<td>Austria</td>
<td>8 217</td>
<td>14.5</td>
<td>12 510</td>
<td>6.2</td>
<td>5 302</td>
<td>0.5</td>
</tr>
<tr>
<td>Denmark</td>
<td>4618</td>
<td>6.0</td>
<td>5 109</td>
<td>6.2</td>
<td>5 302</td>
<td>0.5</td>
</tr>
<tr>
<td>Finland</td>
<td>122</td>
<td>0.2</td>
<td>274</td>
<td>0.3</td>
<td>5 302</td>
<td>0.5</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>3 479</td>
<td>1.4</td>
<td>2 379</td>
<td>1.4</td>
<td>5 302</td>
<td>0.5</td>
</tr>
<tr>
<td>Sweden</td>
<td>2 517</td>
<td>2.5</td>
<td>2 878</td>
<td>2.7</td>
<td>2 585</td>
<td>2.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreigner nurses</th>
<th>2000/1</th>
<th>%</th>
<th>2005</th>
<th>%</th>
<th>2007/8</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>1 099</td>
<td>0.7</td>
<td>1 448</td>
<td>1.0</td>
<td>2 271</td>
<td>1.5</td>
</tr>
<tr>
<td>France</td>
<td>7 058</td>
<td>1.6</td>
<td>2 486</td>
<td>3.4</td>
<td>3 364</td>
<td>9.4</td>
</tr>
<tr>
<td>Germany</td>
<td>27 427</td>
<td>4.2</td>
<td>2 546</td>
<td>3.8</td>
<td>24 892</td>
<td>3.4</td>
</tr>
<tr>
<td>Italy</td>
<td>6 730</td>
<td>2.0</td>
<td>38 364</td>
<td>9.4</td>
<td>2 037</td>
<td>3.6</td>
</tr>
<tr>
<td>Portugal</td>
<td>5 077</td>
<td>13.9</td>
<td>2 037</td>
<td>3.6</td>
<td>2 037</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Table 1: Immigrant Nurses Registered in EU
(Source: (Kodoth et al. n.d.))
Techniques of OECD nations to adapt to deficiencies include: reducing hospital beds and some of their accompanying nurses, as a result of expanding day-case treatment, diminishing the length of stay and the release of long-stay patients to private homes and domiciliary settings. Increment in domestic training has been suggested however the length of training is a hindrance in taking care of transient demand. Different recommendations are to enhance maintenance through better organization and management, to draw in back the individuals who have left the healthcare workforce; to receive a more effective expertise blend and enhancing productivity.

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>1,851</td>
<td>570</td>
<td>1,631</td>
<td>1,805</td>
<td>1,918</td>
</tr>
<tr>
<td>EU</td>
<td>707</td>
<td>851</td>
<td>912</td>
<td>996</td>
<td>950</td>
</tr>
<tr>
<td>Others</td>
<td>1,075</td>
<td>2,154</td>
<td>2,631</td>
<td>1,347</td>
<td>550</td>
</tr>
<tr>
<td>Total</td>
<td>3,633</td>
<td>3,575</td>
<td>5,174</td>
<td>4,148</td>
<td>3,418</td>
</tr>
</tbody>
</table>

*Source: An Bord Altranais, Annual Reports.*

Table 3: Number of newly registered qualification at the Irish Nursing Board
(Source: (Kodoth et al. n.d.))

Ireland started in recruiting nurses on international basis in the year 2000. Ireland depends upon vigorous in case of universal nurse recruitment especially in UK, New Zealand and Australia (Kwigomba 2014). In Ireland, 5,466 nurses on the dynamic register in March 2008 were Indian nurses compared with 4,091 medical attendants from the Philippines. Mirroring this pattern, right around seventy five percent of managers peddled under an overview positioned India as the essential source nation for enlisted nurses took after by Philippines, the second most grounded supplier of nurses, positioned by a fifth of respondents as the essential source country (Bobek et al., 2011: 66-7). Non-EU migrant medical caretakers represented 35% of new participants to the Irish Nursing Register somewhere around 2000 and 2010 (Humphries et al, 2012: 45).29 Their share grew from 9 % of yearly registrants in Ireland in 1995 to 60.2 % in 2005 (Yeates, 2009:
155). It has been accounted for that employers in Ireland abstained from recruiting from the EU since the English dialect abilities of EU medical caretakers to be insufficient (Bobek et. al. 2011: 105).

<table>
<thead>
<tr>
<th>Country</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>1634</td>
<td>2037</td>
<td>1868</td>
<td>295</td>
<td>71</td>
</tr>
<tr>
<td>Philippines</td>
<td>366</td>
<td>439</td>
<td>195</td>
<td>94</td>
<td>17</td>
</tr>
<tr>
<td>Australia</td>
<td>44</td>
<td>37</td>
<td>49</td>
<td>68</td>
<td>17</td>
</tr>
<tr>
<td>New Zealand</td>
<td>13</td>
<td>22</td>
<td>27</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>Nigeria</td>
<td>39</td>
<td>36</td>
<td>46</td>
<td>18</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 2: Number of non EU nurses Registered in Ireland (Source: (Kodoth et al. n.d.))

The expansion in Indian educated nurses in Ireland was the immediate consequence of active international recruiting projects by open offices and considerable enrolment by private organizations for private medicinal services foundations in Ireland. Of the two noteworthy open enlistment ventures - the Dublin Academic Teaching Hospitals (DATH) Recruitment Project and the HSE Nursing/Midwifery Recruitment and Retention National Project, in 2005 the HSE enrolment venture focused on enlistment drives at nurses from Philippines and India and in 2006 at just Indian medical caretakers. After 2007, however there was a sharp decrease in the number of medical caretakers enrolling in Ireland, influencing Indian nurses radically. With the recession setting in, some public hospitals in Dublin chose to stop international recruitment in 2008. In March 2009, the Health Services Executive introduced an recruitment moratorium i.e. an order that there is to be no more enlistment of staff or advancements in public service (Bobek et al., 2011: 110) note that the medical caretakers in private nursing homes have not been influenced by the financial downturn – they even report getting higher pay rates. Nevertheless, there are signs that non EU nurses were searching for jobs elsewhere. Somewhere around 2008 and 2010,
confirmation solicitations were handled for the benefit of roughly 4202 non-EU migrant nurses, which would sum to 29% of those enrolled subsequent to 2000 (Humphries et. al, 2012: 48). A decrease in total verification requests made in the interest of nurses in Ireland in 2009 and 2010 to 2714 and 1356 separately (Humphries et al, 2012: 49), may recommend that the crest in 2008 was because of the underlying fears brought on by the recession.

2.5. India in Global Migration

India is considered as the essential source for migrant health experts for the same. This particular nation ensures reliable position in and among the topmost countries in migration for gifted as well as semi-talented nurses in an overall manner (Kremer, Lieshout and Went 2012). It is noticed that India considers as second just to China in aggregate sizes for around 25 million. As far as demographic profile is concerned, nation assumes for making essential sources of destinations if form of critical business factors in an effective way. Fundamental destinations include emigrant Indian talented as well as semi-skilled labourers by incorporation in US, UK as well as West Asia and South-East Asia (Korkiasaari 2015).

2.6. Migration of Indian Nurses

India is an aggressive player in the supply market for foreign nurses While the Philippines keeps on being the main supplier of nurses, other countries for example, India are rising as vital source nations. India has highly skilled and well trained , English-talking nurses. The official figure of nurses migration is not available but it is seen that most of the best hospitals in India are
encountering mass resignations and shortage of nurses. Another report says 20% of current Indian nursing school graduates goes abroad. In Ireland and the United Kingdom, the quantity of Indian nurses even overwhelmed those from the Philippines, the leading source of nurse migrants there as recently.

Late surges of nurses to the Gulf nations and the OECD from the India have been significant. Number of Indian nurses are a growing continuously in the OECD nations in the previous decade. In 2000, India positioned 6th as far as origin country of nurses in the OECD nations with 22,786 medical caretakers in the region, far underneath the Philippines, the main exporter of nurses (Dumont and Zurn, 2007: 212). From there India had turned into the foremost supplier of nurses to the UK and Ireland, the third biggest wellspring of source of internationally educated nurses (IEN) in the US and the third and fourth biggest supplier of nurses separately to New Zealand and Canada. India represented 10% of IEN in the US in 2008 (US Human Resources and Service Administration, 2010) and 5.3% of the foreign trained workforce in Canada in 2005 (contrasted with 30.3% from the Philippines) (Kumar and Simi, 2007: 29). India has been third among the top source nations of migrant nurses entering New Zealand, after the UK and the Philippines. The yearly enlistment of nurses trained in India expanded from none in 2000 to 100 in 2005 (Zurn and Dumont, 2008: 37). In the previous three years, an aggregate of 1003 Indian medical caretakers enrolled in New Zealand.

At present India is way below the WHO benchmark for medical for nurses and midwives. The balanced ratio for India was 2.4 nurse-midwives for 10,000 people in 2005. (Rao M. et al, 2011: 3, 4). Recent studies shows that that India confronts a 40 to 50% deficiency of nurses. With more than 2000 nursing schools and universities in 2007, India was turning out more than a lakh of nurses yearly. In 2010, the quantities of nursing schools and universities had expanded to more
than 3000. Nonetheless, the country likewise loses a huge extent of the nurses it trains as, as indicated by one source, more than 20% of the yearly turnover of understudy student nurses headed for foreign shores every year (Sinha, 2007). Further, the dispersion of nurses is exceptionally skewed towards the southern and north eastern states and towards the urban territories. Kerala has more than 16 nurse-midwives for 10,000 individuals (Rao K. et. al., 2012). In 2010, the government approved and started more than 260 nursing schools and lowered the eligibility criteria. (TOI, May 12, 2010). Nonetheless, a sudden increment in educational institutions has prompted genuine worries about readiness and quality of training.

2.7. Motivating Factors for Migration of Indian Nurses

Most important thing is to consider is the fact that significant push factors establishes ways for Indian medical nurses migration by OECD nations for lack of accessibility of jobs in respect with pay rates in an overall manner. It is noticed that caretakers are paid in scope for 3000 to 8000 rupees per month (Hemianaxephippiger 2013). Relocating Nurses from developing countries accentuate the monetary thought process as the primary explanation behind movement in light of the fact that the remuneration bundles in their home countries is a long way from appealing. However, onward migration of nurses from nations that give high compensations to others is stand out sign of more differing inspirations. Relocation is an existence methodology for Indian nurses (Percot, 2006). Progressively, Indian nurses are utilizing the Gulf nations, where pay rates are appealing, as a stop on their journey to the OECD nations. There is likewise huge development of Indian nurses inside the OECD nations. Noticeably Indian nurses in the UK and Ireland have shown their interest to move to the US, Canada and Australia. Indian nurses are known for their inclination for permanent residence in an OECD nation contrasted for case with Filipino medical caretakers, the other prime resource of nurses (Alonso-Garbayo and Maben:
This inclination is prone to make them search for destinations that are moderately more secure. Destination nations subject to interminable or repeating shortages may need to calculate this their policies. Choice of Destinations In the mid 2000s the UK and Ireland got to be favoured destinations for Indian nurses. Though compensations were higher in the US and in Australia, movement to these nations took longer (up to two years) contrasted with the UK or to Ireland (six months to a year) (Matsuno, 2006: 62, Pazhanilath, 2003).

2.8. Reasons for research

It is important to understand the fact that developing migration activities requires skilled nurses on global basis and includes incidental press reports for accounting the level of magnitude for the same. Moreover, it requires enough research on esteemed confirmation for issuing for empowering ways in undertaking strategy creators in planning for utilization of precise data for future analysis purpose (Gutberlet and Snyman 2012).

2.9. Nurses to Ireland

Ireland is a good example of potential for extra developed nations to join the positions of current major host country in dynamic worldwide nurses recruitment. For a considerable length of time Ireland delivered more nurses than it could utilize, and Irish nurses were exceptionally looked for after by other created nations, including the United Kingdom and the United States. The late Irish recession brought about the expansion of jobs for nurses in Ireland, to such an extent that the quantity of occupations surpassed the residential supply of utilized nurses. In this manner, Ireland turned into a noteworthy host as opposed to a source nation and now recruits effectively abroad, particularly in the Philippines. Long-standing nursing migratory examples between the United Kingdom and Ireland have completely switched: Ireland is currently a noteworthy destination for U.K. nurses instead of vice versa.15 And, as in the United Kingdom,
Ireland is currently importing more new participants to nursing than it is preparing locally. (Aiken et al. 2004)

Understanding the fact that best thing in life is to enjoy work for what one are paid while working under particular healthcare organization. As far as job is concerned, it relates with lot of factors that determines the comfort levels as well as satisfaction for the same. Ireland is considered as the great place that aims at offering better opportunity for grand professional life as well as growth. Culture, climate as well as friendliness of people make it better place for preferred work destinations in and around the world (Gemenne, Brückner and Ionesco 2012).

Health sector in Ireland is considered as the boom. In order to exploit the scope, it is necessary in creating scenario and arranging dedicated team of experts, which aims at providing great recruitment services at Ireland in an overall manner (Hemianaxephippiger 2013). It mainly ensures recruiting talents in multiple niches as well as nursing recruitment to Ireland in core areas in and across the world. Many vacancies are offered each year in way of numerous employers who have associations in covering the nursing placements in the near future (Frieden 2012). It has enough state as countless aspirants by reaching changed destinations in the most appropriate way. Especially the successful candidates mostly upload testimonials to testifying excellence in recruitment services provision as proper course of action. For recruiting nurses, it requires a fully licensed recruitment agency in Ireland as well as approved licence number for the same which is to be registered under Irish Nursing Board as well as HSE in an overall manner (Fratzscher 2011).
2.10. Culture of Ireland

Ireland is considered as the Roman Catholic dominated country that poses respect for every religion. All the visitors are welcomed whole-heartedly as well as make ways in comfortable for the same (Feldman 2012). It feels like homes as well as adapts in cultural differences for solving the issues as far as possible. Ireland is considered as the land of colourful celebrations as well as throughout the year in taking place in the most appropriate way and one of the perfect destinations for working as well as achieving dreams for better future (Hemianaxephippiger 2013).

**English language requirements for Migrant Nurses to Ireland (IELTS)**

<table>
<thead>
<tr>
<th></th>
<th>Listening</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.5</td>
<td>6.5</td>
<td>7.0</td>
<td>7.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>

**The numbers**

From the research studies it can be seen that percentage of foreign-educated working physicians in Canada, Australia, and Ireland comes within 21% and 33%. The percentage of foreign nurses is 5% to 10% among the overall nurses workforce. For future analysis, the migrating nurses will be compared with the physicians through this percentage. It includes absolute numbers for increased ways in case of representing depletion in the scarce resources of the countries in form of supply for nurses in proper course of action (Ford and Kawashima, 2016). These migrated nurses are major portion of women in the Ireland. They get the interest in Ireland due to their better role as well as job atmosphere.
2.11. Patterns and trends of this relocation

Through research, it is known that Carousel movement of the nurses is acknowledged around the globe. The main aim of these carousel nurses is to leave their base or own countries and to move to the other places or countries for overall better professional lives. Their credentials and skills are developed (Aaca 2014). In the most proper way, it is recognized during international migration. The trends and patterns of this relocation alter over time to time. This development is observed in the developed countries as well as the countries with full of international migrants. Ireland is famous as a hub, where nurses will be imported and exported through recruiting from India (Hemianaxephippiger 2013).

2.12. Impacts of Nurse Migration

Migration of nurses globally influences numerous nations over the world. The migration procedure can be advantageous at both the individual and countrywide level. However there are negative impacts that can have a remarkable effect.

2.12.1 Impacts of migration on nurse immigrants

While considering the impact of migration of nurses on the person, there are both constructive and contrary perspectives. The most broad and huge advantage from nurse migration is that it improves their financial condition and also their families. For most common migrated nurses, the essential aspect that impacts their choice is finance which is considered to be the most important factor. Majority of nurses are paid less around the world, especially in developing countries. However nurses compensation is not great in developed country, the money is impressive and generous for nurses from developed country. Nurses from developed countries make an average around ten to twenty times more than what they would gain in their nations of origin. With this
increment in income, nurses can send cash back to their nations of origin and enrich the lives of their families.

In spite of the fact that the improved pay is a remarkable advantage to migrant, there are likewise a few unfavorable encounters that these nurse migration persist in the beneficiary nations. To begin with, there is frequently a time of change in accordance with the new workplace that can be more challenging. Numerous nurses must abandon their families to work in the new nation and it is hard to live in a new place without that network of support. Research in the past has revealed that nurses who are trained outside experiences difficulty adapting to new workplace in a remote nation. Due to the difference in language and social contrasts are much of the time reported. Due to the imminence of an accent, worker nurture frequently have challenges, even when their local language is the same as that of the beneficiary nation. Adjustment to exhaustive set of work principles in the beneficiary nation can likewise represent a test for this populace of nurses ..(Li et al. 2014)

Hindered working environment relations result might be of disappointment with the work. Some nurses reported emotional state of solitude, depression, trouble adapting, disappointment, confusion, and loss of self-esteem while the adjustment procedure. Additionally, research have revealed that migrants, especially those from Asian nations, experience both high rates of mental pain and depression. A major number of nurse workers experience the ill effects of the passionate loss of their family. Long haul geological detachment from their family drives the nurses to have sentiments of instability in regards to their marriages and disappointment over the lost passionate connection with their kids.
Discrimination is a crucial moral issue with migrant nurse. They frequently experience the ill effects of separation because of inadequately established equality in rules and ubiquitous double standards. Regardless of working similar hours and similar shifts, nurses are paid not as much as who were from beneficiary nation. In addition, nurses from developed countries, for example, the US, the UK, or Australia were paid higher pay rates than nurses who moved from the Philippines, China, or India.

While some nurses may underestimate this imbalance, others will consider this out of line and unfair conduct. Recently arrived nurse are exploited and inclined to dangerous work practices and susceptible to to labor practices which are insecure and compulsory overtime because of pledged agreements, a language obstacle, or fear of vengeance. Moreover, the nurses are regularly confined to entry-level positions, dominantly performing direct care or work that is less attractive, and might be barred from job openings for work that would prompt upward portability career wise. The inequality keeps nurses from getting further training and progression or administrative positions. Foreign nurses can likewise experience the ill effects of the patients themselves, who will decline treatment from a nurse because of their ethnicity or nationality.

2.12.2. Impacts of nurse migration on the source country

A standout amongst the most evident and positive impacts of nurse relocation on the source nation, particularly in developed countries, is the extensive remittance to home from nurses to another country every year. A portion of the developed beneficiary nations brag that the settlements abroad sent back by transient nurses give greatly required budgetary backing to the source nations. The WHO evaluated that abroad healthcare staffs sent around $70 billion to
their source nations in 1995. Unfortunately, in any case, a significant part of the cash is not
reinvested once more into the medicinal services framework.

Although overseas nurses sent back huge amount of cash to their nations of origin, it was not
able counterbalance the loss of talented nurses. Nurses relocating from developing to developed
countries are frequently abandoning an officially hindered framework. Relocation of these medical
caretakers from poorer countries makes an endless loop in their human services framework. The
undesirable work conditions and low remuneration aggravate healthcare migration to more
developed nations. This thus brings about an expanded workload and harmful work conditions in
the source nation, which facilitate prompts more attendants to move far from the source country.
For eg: Sub-Saharan Africa experiences 25% of the world's ailment trouble yet they just have
1.3% of the skilled nurses and 1% of the world's monetary assets, which includes loans given
from abroad. In this manner, the nursing deficiency is more serious and felt all the more
emphatically in the source nations. The movement depletes the source nations of urgently
required gifted staff.

Nurse migration can likewise be valuable to the source nation. Attendants working abroad can
help in the improvement of transnational associations and organizations. In addition, if the
medical caretakers come back to their home country, they carry with them upgraded skills and
new ideas. In developing nations particularly, the experience picked up by medical caretakers
working abroad in more developed countries may improve the learning and aptitudes and. In
view of these potential advantages, nurse relocation can be seen as a twofold edged sword for the
source nation. Research has appeared, in any case, that the negative effects of nurse migration
far exceed the advantages. (Li et al. 2014)
Another negative impact that source countries face in the wake of nurses migration is the educational expenditure. Developing nations regularly openly finance or finance nursing training. At the point when openly subsidized nurses move to another nation, the source country loses both the healthcare professional and the cash put resources into their education. In this way, it is as though the poorest nations are financing the expense of educating healthcare workers for wealthier countries. Around 70% of nursing alumni from the Philippines move to another country. The expansive rate of migrant nurse brings up the issue of whether relocation is an individual's decision and/or right or in the event that they are getting away from a social obligation. This inquiry prompts critical inquiries on human rights, social and worldwide equity, and the mind boggling relationship between them. Serving inside the national medicinal services framework is a nurses social obligation, especially when the source nation has put fundamentally in their instruction. Nurses might be seen as shameless or socially untrustworthy for deserting their country of origin to go to another nation for individual reasons. On the other hand, these medical caretakers additionally have the privilege to move to acquire better living conditions, professional success, and expert improvement opportunities. (Li et al. 2014)

2.12.3. Impacts of migration on the recipient country

While nurse migration balances the nursing shortage in beneficiary nations, there are additionally a few worries that are raised by the procedure. One of the essential worries that beneficiary nations have with migrant nations is the security of their patients. Foreign-educated nurses may have an alternate level of training or dialect capacity, which could influence patient safety or quality of patient care. Nurse migration results in a multicultural nursing workforce inside the medicinal services framework, however the social insurance norms differ from nation to nation, Healthcare team performance might be ruined because of the distinctive social
foundations of the nurses. Although numerous beneficiary nations have a multinational human services work power, great multicultural differing qualities may constrain the efficiency of the nursing group. It likewise takes time for groups to adapt to new culture. A few specialists have recommended that a more advanced choice strategy for enrollment and a progressing assessment of nurse result as to enhancement of the workforce ought to be actualized to minimize security issues that may emerge because of migrant nurses [27]. On the other hand, a multicultural workforce might be favorable in offering better individual focused look after multicultural patients and for patients in general. Some beneficiary nations pick up an indirect financial advantage from relocating attendants. In nations, for example, the United Kingdom or Australia, migrant nurses are required to finish a 1-or 2-year pre registration nurse course and additionally language classes prior to employment. Migrants also pay for their fundamental living expenses. Hence, for beneficiary nations, preparing migrant nurses is a productive industry and adds to their national economy. (Li et al. 2014)

A few moral issues are likewise raised for the beneficiary nations. It is exceedingly quarrelsome whether beneficiary nations ought to be permitted to select nurses from abroad, especially on the off chance that they are developing nations as of now encountering a nursing shortage. It is conceivably dishonest for beneficiary nations to misuse the nursing workforce from abroad to ease their own lack when the source nations have incredibly destabilized social insurance frameworks or when the source nations have invested in the healthcare education of the nurses.

2.13 Nursing Shortage

The estimated six million nurses and midwives in the WHO European Region are insufficient to meet present and anticipated future needs. In a few of the EU nations, expected shortages are
MIGRATION OF INDIAN NURSES TO IRELAND

complemented by the way that the healthcare workforce is maturing and a developing extent of specialists will resign soon. These nations are broadening systems to cure shortages. Governmental level, the EU countries seek to minimize migration from developing countries citing ‘ethical’ concerns about shortages at the source. Nonetheless, nurses from developing nations including India remain a potential source of supply that has been tapped by the EU nations every once in a while. In this connection, this paper looks at the prospects for the movement of nurses from India to the EU and the challenges in this respect.

The global movement of nurses has become vigorous in late decades because of globalization and supply-demand flow. It has been encouraged by improved network including better flow of information, communication and reduced costs of travel. There is an expanded interest for properly trained nurses in developed countries in the world today due to ageing population and shortages of skilled healthcare staffs (Gostin, 2008:1828).

Nursing shortage mainly continues ways for feeding desire of health professionals for seeking better professional services and weakens particular country national boundaries in proper course of action. It includes loss of healthcare professionals that weakens country health care system as well as consequences in extreme cases.

Understanding the fact that growing supply of registered nurses is measured in absolute numbers as well as relative inadequate supply of nurses. It is presented as a dramatic global impact as per the recent years (Hogeveen and Lam 2011). There are high nurse vacancy rates as presented in the industrialized as well as developing countries for the same. Most of the factors contribute in high vacancy as well and attrition rates in health systems for influencing in the migration levels
in the near future. In most of the exception cases, shortages of nurses are presented in all regions in and around the world as well as constituting for priority concern in an effective way.

2.14 Driving Factors of Nurse Mobility

From an individual perspective, the main reason for migration is economical benefits. Though there are many more reasons that influence migration. For instance, the nurses from Saudi Arabia decides to migrate in spite of the lucrative salary package they have. In this case migration happens for professional and social reasons and wellbeing, that highlight the influence of the cultural environment – specifically some religious and gender-related issues. Family support and support from migratory networks in the source country and destination countries are also important elements for migration. Nurses from India report coming to the United Kingdom to stay, while Filipina nurses come as temporary migrants sending remittances to support their families in the Philippines. (Matsuno 2000)

This study shows the diverse motivations of nurses from different countries and with different migratory backgrounds and provides evidence that factors other than economic factors influence nurses' decision to emigrate.

2.15. Nurses from India choose to relocate, to stay, or to come back to their home country

As per the discussion, the migration of the nurse from the resources to the destination, completely depends upon the pull and push factors. Non-financial factors include political forces, age, poverty as well as past colonial and cultural ties between source and destination countries. It facilitates emigration process, employment opportunities especially for family members as well as existing transnational communities in the most appropriate way. In addition, it considers as better life as well as livelihood for discussing on the root decisions for migrating to the
destination countries in proper course of action (Siow and Ng 2013). On research, it is found out those major reasons behind finding out the health workers migration considers as pull factors of better remuneration and continues with safer environment as well as improved living conditions in the destination countries. Push factors generally includes lack of support from higher authority, lack of facilities as well as promotions. There is lack of involvement in the decision-making process and heavy workloads in the source countries in an overall manner. Theories capture ways for all driven forces in influencing individual decisions for moving on in the near future. Migration especially occurs in perceived cost for moving in comparison with perceived cost of staying as proper course of action. It explains on nurse migration as well as absence of wage incentives in regard with higher wage incentives offered in Ireland.

2.16. Issues in Nurse Migration

It is noticed that great deals and media attention attracts nurse migration in the recent years, which involves right to healthcare activities in place of workers’ rights that require paramount of understanding on health care sectors. The issues include stakeholders like consumer and patient and include government, worker as well as health professional in an overall manner (Soliva, Takahashi and Kreuzer 2012). In this particular section, it discusses on right work as well as right practices in case of exploitation as well as discrimination for proper course of action. It deals with vulnerable migration for future analysis purpose. International migration policy issues reveals conflicting sets in form of stakeholders rights and presented with various ethical questions in relation with nurse migration in the near future (Hogeveen and Lam 2011).
2.17 Migration Criteria

It is very necessary to know that in immigration criteria, like, in case of entering countries, the nurses have the tendency to meet the national security. In most appropriate way, the employment will be accessed. The permanent as well as temporary base is needed for staying purpose. It mainly tightens the border restrictions after the terrorist attacks as well as opening borders in creation of new economic agreements. In case of national security, the mobility of the nurses will be affected, which includes expansion of European Union as well as continues for influencing in the nurse’s migration patterns in an effective way. Special concern is shown on taking decisions in borders for maintaining future course of action. In contrast, to bring temporary employment the negotiation will help in facilitating ways. This negotiation is done by introducing General Agreement on Trade in Services for progression levels to the foreign healthcare workers (Salami and Nelson, 2014). It mainly encourages nurse migration at various regional levels in the most appropriate way and involves mutual recognition as well as allowing agreements for re-accreditation for linking economic cooperation in an overall manner. The factor involves in future impact for agreement in case of global nurse mobility as well as clearing ways for the same. Some of the examples include Protocol II in case of Caribbean community as well as common market for the same. North American Free Trade Agreement as well as Trans-Tasman Agreement and Nursing Direction are included in case of European Union in an overall manner.

2.18 Proposed strategies can be used to diminish migration of nurses from India

Recruitment of nurses by industrialized countries from developing countries has been basic practice for a considerable length of time. Globalization, a significant pattern of the 21st century, raises the world's familiarity with the financial and social variations between countries. The
Immediate effect on nurse migration underscores the moral, financial, and social disparities amongst source and destination nations. It is regularly more practical for industrialized nations to select from developing nations; be that as it may, the consumption of source nation assets has made a worldwide healthcare services emergency. Destination nations are being tested on the moral ramifications of forceful enlistment and their absence of building up a manageable independent domestic workforce. Also, source nations are going up against the same difficulties as they battle to subsidize and teach sufficient quantities of medical caretakers for local needs and migrant replacement. (Delucas 2014)

Certain attempts, like, international agreements, national guideline, and legislation are made to lower down the migration rate. Migration is characterized as controlled mechanisms by globalized nations. This requiting process has diverse effects. It improves the individual’s freedom by exploring the movement. In the double standard way, it exposes the corruption behind the recruitment process. In addition, it also helps in maintain balance between labor rights and human rights of the company. Collective concerns as well as nation concerns will also be taken care of. It needs policy analysis as well as decision-making process in the near future. It effectively demonstrates ways for supporting systems incentives as well as sanctions for monitoring for implementation. It estimates mobility resulting from sources destinations as far as possible and enables net gain of knowledge as well as skills for the same. (Kremer, Lieshout and Went 2012). Understanding the fact that various codes of practices involves in addressing ethical, international instruments for introduction of national as well as international levels in an overall manner. Codes tend for assuming international migration for permanent loss in case of source country for missing assumptions for future analysis purpose (Nie et al. 2014). It argues codes for rendering inadequate information systems in the most appropriate way. India needs to
be developed in such a way that it can provide the facilities like Ireland. In India, the atmosphere should also be good to work for. The people should get the motivation. The criteria, which are absent in the past, should be incorporated and be upgraded in the near future. The government has to pay the attention for this issue. Through different techniques, the government can help in this way. (Polakoff and Lindo-McGovern 2011).

Projects to build nurse retention and diminishing steady attrition are generally required inside India. The International Council of Nurses (2008) proposals for positive practice situations for nurses ought to be utilized to construct and fortify nurse retention programs for nurses. These suggestions address components including occupational wellbeing, safe workloads, organizational and peer support, proficient advancement, self-sufficiency, employer stability, reasonable compensation, acknowledgment projects, and access to required facilities and supplies. While these projects require a budget plan, the International Council of Nurses (2008) underlines the high cost of a risky or unfortunate workplace. Moving costs used to recruit, replace, maintain and train new nurses from places having high attrition can use for nurse retention.(Garner et al. 2015).

The migration of health workers from India prompts the non-accessibility of standard quality health services to the poor segment of the population as the majority of them rely on the public health system, especially in the states which give low wages to healthcare staff. The greatest test confronted by the general healthcare framework is the deficiency of talented nurses in the nation. There is an intense shortage of medical caretakers in the nation. A large portion of medical caretakers who relocate abroad are exceedingly experienced. Along these lines, loss of qualified staff can seriously affect the working of healthcare frameworks in the nation. Migration of skilled nurses particularly in sub-Saharan Africa has prompted virtual
breakdown of healthcare facilities in the area. Results of global migration in extreme cases have been measured in lives lost (WHO 2006 b)

Overcoming worldwide shortage of nurses is one of the priority area of International Council of Nurses (ICN 2007). The nursing shortage confronted in developed nations is prompting high scale of migration of nurses. ICN recognizes the privilege of nurses to migrate but, in any case it denounces the act of enrolling nurses by the nation where the powers have not possessed the capacity to do imperative training and recruiting of nurse to confront the developed shortages. It is basic that nursing ought to be considered as a fundamental piece of HRH (Human Resources in Health). Solid political responsibility is required for enhancing the nursing circumstance in India. Great working conditions must be given so that nursing workforce can be created and conveyed in the public health force satisfying the suggested staffing standards. Nurses ought to be considered as active individuals from the health team, not only for giving service and to be a part of decision making process so that it is possible for her to provide all the necessary and holistic service to patients. The nursing training program in India ought to be reinforced. The Indian Nursing Council ought to be vested with imperative forces, so it can work with in coupled with the State Nursing Councils with the end goal of controlling and keeping up standard in nursing education and training. The government should take activities to make and engage pioneers from the nursing society itself. Additionally, there ought to be endeavors to give satisfactory framework, compensation and working conditions to the nurses. Endeavors ought to be made by the government to hold qualified nursing staff in the nation. Diminishing development of nursing staff outside the nation must frame one of the need zones of the legislature. The medical attendants pick migration as a sensible choice emerging out the circumstances existing in the nation. Sufficient motivating forces, both money related and
something else, should be given with a specific end goal to hold healthcare staff. Addressing the issues and problems confronted by the nursing society will cause not just to in diminishing migration from the country additionally to some degree it will help in decreasing the nursing deficiencies confronted in the nation. (Gill 2011)

2.19 Advantages and Disadvantages of Nurse Migration

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<td>International Nurse Migration focuses on providing professional practice opportunities for the same.</td>
<td>International Nurse Migration involves in closure of health facilities in accordance with nursing shortages in depleted areas for the same.</td>
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<td>International Nurse Migration involves in trans-cultural diversity like racial as well ethnic diversity.</td>
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International Nurse Migration aims at providing global economic development for the same.

International Nurse Migration involves in gaining knowledge base as well as brain gain.

International Nurse Migration involves in sustained maintenance as well as development of family members.

| Figure 4: Advantages and Disadvantages of Nurse Migration |

### 2.20 Ethical questions related to Nurse Migration

Ethical Nurse Recruitment process aims at protecting individual protection in case of freedom movement in the near future, which emphasizes ways for good faith bargaining between employers as well as employees in the most appropriate way. It rights health workers for decent benefits as well as protection from exploitation in an overall manner and includes calls for regulatory recruitment agencies for the same (Kremer, Lieshout and Went 2012). In addition, it needs to solve issues for recruiting nurses from countries suffering from dramatic shortages of nurses in an overall manner. There are various ethical questions revolves around nursing migration from one place to another. It is necessary to emphasize on the best practices and get hold of future activities in the most appropriate way.

### 2.21 Conceptual Framework

The conceptual framework for this research study is provided in a pictorial format, which would systematically highlight the brief of the study to the reader at a glance.
Figure 2.5: Conceptual Framework

2.22 Conclusion

The report provides detailed data about the push and pull factors influencing the migration of Indian nurses to Ireland, migration trends and patterns, reasons behind the migration, impacts on healthcare policies and the arrangements being attempted in the respective nations to diminish outward movement. From the above literature review we can conclude that certain push and pull factors affect the migration of Indian nurses from their home country to Ireland. Even though the factors are mainly economical, certain social and political factors also contribute to migration. Nurse migration has certain advantages and disadvantages which has been explained in detail in the section above. These discoveries can add to the improvement of human resource approaches and techniques to reinforce the limit of healthcare systems to convey productive and compelling services. It is hoped that this report will generate interest in further study of the issues relating to the migration of health professionals. Hence putting all together the secondary data research has provided useful insights and details that can assist policymakers in planning ahead the policies and strategies for retention of nurses in the source country.
Chapter 3: Research Methodology

3.0 Introduction

In this section, the researcher has intended to discuss the research methods and the germane process to highlight the research work. The chapter has highlighted the discussion and argument of several research approach, paradigms, and philosophies. Discussion of the research method justified the selection of the particular research strategies and the researcher has supported the research methods.

3.1 Present Research Proposition

Migration of the skilled nurses from India to Ireland is associated with various factors. Social, political, and economical factors are responsible for the migration event of the nurses as found in the journals and articles. Migrations in the western countries are providing ample opportunity to the nurses but also create problem in the availability of the skilled nurses in India. In the present study, a survey has been conducted to highlight the main concept of the research as well as the principles and the implementation of the research challenges. For doing the research, the researcher has collected the data from various sources (Lee and Sheffield 2013). In the later sections of the chapter the detailed process of the data collection and the method of sampling have been described.
3.2 Research Onion

The diagram of the research onion presented here is without the philosophies of axiology, epistemology and ontology. The most crucial step after understanding the research philosophy is to choose the proper steps to continue with the research plan. Thus, these features are not included in the above diagram of the research onion. Research onion highlights the answers of the research process and associates with the research methods appropriate for the research (Soy 2015). Furthermore, the research onion has depicted the important strategies and associated with the correct application of the methodologies. During the analysis of the research questions the understanding of the reasons behind the migration of the skilled nurses from India to Ireland has been cleared. The outer layer of the onion has helped to perform answer to the research questions.

Figure 3.1: Research Onion

(Source: Wahyuni, 2012)
after selection of the research philosophy. Research philosophy is comprised with the first layer of the onion model. The researcher can develop a generalized idea about the evaluation of the research with the aid of the research onion. Research process is associated with several redirections of the research articles winch is comprised of the interpretation, realism, and positivism of the related philosophies of the research (Bryman2015). Analysis of these parameters has helped the researcher to study the philosophies in depth. The knowledge acquired from the different philosophies has developed several methods discussed in the later stages of the research methodology.

3.3 Research Paradigm

As stated by Qi and Gani(2012) research paradigm can be sub divided under three categories. The three categories are distinct from each other such as realism, positivism, interpretivism. Apart from these post-positivism is considered as the approach of research, which is based on the description of the research. Interpretivism is associated with the better interpretation of the research topic based on the respective situation. In addition, the observational data also provide the ample opportunity to understand the process of the given situation. Moreover, the last paradigm i.e. realism is comprised of the combination of the positivism and interpretivism. According to Amelina (2012) the realism concept made the paradigm more oriented towards detail and descriptive analysis.

3.3.1 Justification of the research paradigm

Analysis of the several research paradigms has highlighted the fact that positivism is the correct research paradigm for this particular research. Positivism research paradigm will provide the opportunity to the researcher to understand the migration behaviour of the skilled nurses and make the conclusion according to the findings. Moreover, it is clear that the research work need
intense observation along with the extensive observation (Finley 2014). However, the other research paradigms are also capable of providing enough opportunity to conduct the research work but the problem is the other paradigms are oriented towards the fact and data. Therefore, the researcher has provided the justification for the selection of the positivism.

3.4 Research Approach

Approach of the research can be subdivided into two distinct types of research approach such as inductive approach and deductive approach. Amelina and Faist (2012) has proposed that the deductive approach is dependent on the availability of the knowledge and deduction of the required knowledge as per the requirement of the research. Sometimes it is considered as the top down approach of the research work. Inductive approach is the opposite of the deductive method and it is completely different in nature (Whong and Wright, 2013). In this research work, the researcher has develop the hypothesis at the beginning and then reject or support the hypothesis at the end of the research with proper justification. Two research paradigms helped the researcher to according to the requirement of the research.

3.4.1 Justification of the research approach

To gain the in-depth knowledge of the migration behavior of the skilled nurses the researcher has selected the inductive research approach to help the researcher to find germane solution for the issues of the research. The deductive approach of research provides the researcher with the opportunity to gain deep knowledge on the different substances (Tran, 2016). The gathering of the research data has helped the researcher to find the appropriate conclusion for the research. It is evident that the better analysis is based on the deduction method and the observation based approach towards the conclusion. Therefore the selection of the deductive method has been justified by the researcher.
3.5 Research Design

According to Robson and McCartan (2016), research design is considered as the blueprint of the research work, which ensures the success of the research principles. Research design also helps to perform the research in a productive manner and it helps to carry out the research work in an authentic manner. It is dependent on the analysis of different dimension of the research parameters. Two types of research designs are explanatory and exploratory research design. Explanatory research designs help to describe the situation in a much lucid fashion (Williams 2011). In exploratory research design the researcher is bound to perform the detail and deep analysis of the facts and explore new hypothesis for the research. Moreover, the research design also helps to frame the research questions and research objectives. Research question helps to guide the research work in a particular direction for the success of the research. Apart from these, there is another research manner known as descriptive research, which is based on the description of the topic.

3.5.1 Justification of the research design

In case of this research, the descriptive research design is the best approach that can help to carry out the research in a successful manner. The central theme of the research is to analyze the issues, benefits and the push and pull factors related with the migration of the skilled nurses from India to Ireland. Therefore, the selection of the descriptive research design is effective for providing the description in detail. Kenney (2010) stated that the in-depth analysis of the situation could help to draw the germane conclusion as well. In addition, it also helps to answer the question of the research in detail, which is important for the productive completion of the research work.
3.6 Sampling Method and Sample size

Selection of the sample and the sample size is the most important thing for the researcher to conduct a research successfully. Several processes have been applied to the research, which is discussed in the later sections of the research work to gain the feedback from the sample. In this research 100 random nurses are selected from different health care of the Ireland and 4 nurses from respective health care to meet the criteria of the sample size. This will be helpful enough in the discussion of the qualitative research questions (Graham et al., 2012).

3.7 Research Collection

Every research has the most important element that helps to proceed with the objective of the research work i.e. data. Therefore, it is important to gather relevant data from the various sources. The researcher has chosen the secondary sources in addition to the primary data. The researcher has also performed the primary and secondary researches.

3.7.1 Primary Research

The primary research approach and the primary data have been described elaborately in this section. The researcher has to collect the data from the primary sources (Taylor et al., 2015). Primary sample is associated with the human sources and the opinion poised by the sample human. In the present research, 100 nurses and 4 nurses from different health care organizations have been selected.

3.7.2 Secondary Research

In this type of research, the researcher carry outs the data collection from the germane secondary sources. The secondary sources of reference are the journals and books from where the researcher chose the literature review descriptions. In this case of research, the researcher
takes into consideration the theories and models established by the other researcher in those journals and articles

3.7.2.1 Quantitative Research

Quantitative research is chiefly dependent on the quantitative research data (Maxwell, 2012). The quantitative data is associated with the general feedback received from the chosen samples. Quantitative numerical data is the most important asset of the research work as it provide authentication to the research work. The calculation of the mathematical data is associated with the formation of table, chart and graphs. The numeric data is collected by the data collection that is based on questionnaire.

3.7.2.2 Qualitative Research

The qualitative research is associated with the direct acquisition of the data from the respondents and associated with the descriptive opinion provided to the researcher. So the researcher can adopt the process of telephonic interview or can follow the confrontational method for the collection of the data. Constraints of time are faced by the qualitative research and the researcher should take into consideration the telephonic interview process.

3.7.3 Justification of the method of data collection

In this research, the researcher has used the method of the primary and secondary research. As the researcher intended to perform the analysis of the migration nature of the Indian nurses to support the germane process of the data collection in primary and secondary manner. The nurses are supported the submission of the numeric data and the four respondents provide the description of the situation to the researcher. In addition to this, the journals and books were also important from the theoretical point of view for data collection.
3.8 Data analysis

Quantitative data acquired from the feedback questionnaire and the interviews was paramount in this aspect. The charts and graphs represented the quantitative data and the qualitative data was derived from the confrontational methods and interviews.

3.9 Ethical Consideration

As per the act of data protection 1998, the respondent interests are needed to be safeguarded by the researchers. Moreover, the researcher never forced the respondents to provide responses. The researcher has assured the respondents about the fact that no data will be published without taking the permission of the respondents. These are some of the ethical considerations that were appropriately fulfilled by the researcher.

3.10 Summary

During the chapter, the researcher has developed the importance of the research method. Prior justifications have been provided for the various research strategies and the implementation of the research methods. Furthermore, different type of research study, design, and description have been discussed and analyzed. Several methods of sampling and their selection processes in the research have also been depicted. The ethical considerations that have been implemented in the research have also been studied. Justified analysis of the migration pattern of the skilled Indian nurses has been done in several steps of the research.
### 3.11 Research Timeline

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Chapter 4: Data analysis and Findings

4.1 Introduction

This specific section is associated with the study of the primary data collected from the respondents and the data has been analyzed. In this section, the researcher has developed the quantitative and qualitative questions. The statistical method for the analysis of the data has helped to perform relevant interpretation of the quantitative questions. Moreover, the data have been presented in the form of tabular data and graphical data form. The overall study has been summarized in the conclusion part of the study.

4.2 Qualitative Data Analysis

This section of the research is comprised of the qualitative data collection from the two selected nurses working in two different hospitals of Ireland. The nurses were selected due to having the migration history and are the professional expert in the field. They have been asked about the factors that made them migrate to Ireland from India. Aim of this descriptive interviews from the respondents was to frame the questions for the survey questionnaire. Respective responses for semi structured interview is as follows-

4.3 Interview no:1

The respondent is a from northern part of India, who came to Ireland as adaptation nurse 9 years ago. Currently she is working with St.Luke’s hospital in Rathgar as a staff nurse. She is 35 yrs old and has more than 4 yrs experience in India as a nurse before migrating to Ireland. The researcher asked her about the factors which she found undesirable in India which lead her to migrate to Ireland. The respondent actually gave a lot of reasons like Low wages, lack of proper protocols and policies followed, absence of opportunity for career growth, There is no scope of
practice back in India for nurses, life-work balance is not maintained and no training is provided to update the knowledge. In India, there still exists a hierarchy system in India, there is no respect is shown to the nursing profession which are most undesirable factors which actually made her migrate. She has been working in this country for 9 yrs, even though she is a native of India, and missing her family, she is actually happy with the facilities provided and respect and consideration given to her profession. Unlike in India, the healthcare staffs work as a team in Ireland. Lots of training is given in their field every year for example on Manual handling, CPR extra. The hospital/HSE board pays for the training which is held every year and the nurses get paid for the hours they spent for training. This actually helps the nurses to keep their knowledge in their field up to date. High salary, cleanliness and good working environment has attracted her towards Ireland. When the respondent was asked about the changes to be implemented to bring her back to Ireland, her response was if the hospitals back in India can administer a proper system with the policies and protocols as in Ireland she will be happy to go home. As in Ireland, trainings, good career growth opportunities, cleanliness and good working environment should be provided. In addition to this Salary is the most important thing they are looking for.

She added that, she is not degrading India and according to her the main cause for all this is the uncontrollable population increase faced in India. She never faced any difficulties when she came to this country. Everything seems to be welcoming and all the natives were very helpful. If all this factors are implemented in India, she would be very happy to go back to India as she is missing her family, relations ceremonies and above all the culture. The interview covered all the aspects like push, pull, stick and stay factors.
4.3.2 Interview no:2

The second respondent left the country due to the low salary scheme for the nurses in India. After completion of the degree the respondent migrate to Ireland for better pay scheme. She had shared the experience of working in India and highlighted the fact of restrictive hierarchical system in the healthcare scenario, which restricted the proper recognition of a professional nurse. In addition, the nurses never get the amount of respect the doctors received. There is less opportunity in India for getting higher education in the field. The main problem highlighted was the fact of heavy workload and less recognition in India. Higher pay rates for the nurses in Ireland and better working conditions attracted the respondent towards Ireland. She depicts the fact of the working condition that help the nurses to make improvement in the professional skill and develop better reasoning power of critical situation. She is more concerned with the better career opportunity in Ireland that helps to improve the qualification of the nurses. The decision of her leaving India was not very suitable for the family members of the respondent. However, the family has agreed to the respondent for the sake of the better career growth in Ireland. She has highlighted the fact of cultural and language difference that leads to the fact of homesickness as an outcome of migration. It is not very easy to live in foreign country without communicating in mother tongue for a long period. If provided the same conditions back in India, she is very happy to go home for a reunion with his friends, family and relatives.

4.4 Quantitative data analysis

From the qualitative analysis, ie; semi structured interviews, the questions were framed for qualitative analysis. A sample of 100 nurses with the migration history have been selected across various hospitals and nursing homes. An online survey was also done via social networks like face book, survey monkey and received 16 responses altogether. In total, including the physical
the responses received is 82. The results of the questionnaire were analyzed using IBM SPSS software Version 22 and can be found in the appendix. The author of this research has used a survey of 8 questions which fetched discrete as well as continuous data. Researcher used IBM SPSS data analytic software for the analysis of the data, to calculate the frequencies and percentage of responses and univariate analysis is done. Pie charts and bar charts has been generated using the statistical data output. Statistical derivatives and Correlations using spearman’s rho has been found out. The output and the data entries are attached in the appendix.
4.4.1 Quantitative data analysis

Demographic Details

Q1. Gender of the Respondent

<table>
<thead>
<tr>
<th>Gender of the Respondent</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Female</td>
<td>64</td>
<td>78.0</td>
<td>78.0</td>
<td>78.0</td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>22.0</td>
<td>22.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Figure: 4.1-Gender of Respondent**

78% of the respondents were female nurses from India and only 22% of the respondents accounts to male. It shows the female nursing population is migrating to other countries compared to the male nurses.
Q2. Age Group of the Respondents

<table>
<thead>
<tr>
<th>Age of the respondent</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid 18 to 24</td>
<td>18</td>
<td>22.0</td>
<td>22.0</td>
<td>22.0</td>
</tr>
<tr>
<td>25 to 34</td>
<td>37</td>
<td>45.1</td>
<td>45.1</td>
<td>67.1</td>
</tr>
<tr>
<td>35 to 44</td>
<td>27</td>
<td>32.9</td>
<td>32.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4.2 - Age of Respondent

The highest percentage of nurses took part in Survey falls into 25 to 34 age group. Most of the had passed the nursing degree from India, had experiences working in that country and due to the undesirable factors in India, decided to migrate. Around 45% of the respondents are from this group, 22% falls below 25, and 33% are from more matured group of 35 to 44 age range.
Q3. How long you have been working away from India in Ireland?

![Figure 4.3-Duration in Ireland](image-url)

The data collected from respondents shows that migration is continuing in a high rate. Nearly 34% of the nurses came to Ireland within 6 months span. 27% have been here since a year and 22% been here for a longer time. The trends show that the number of the nurses migrating is more or less similar.
Q4. What are the factors about India that were not desirable for you?

<table>
<thead>
<tr>
<th>Push Factors</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low salaries</td>
<td>26</td>
<td>31.7</td>
<td>31.7</td>
<td>31.7</td>
</tr>
<tr>
<td>Heavy workload</td>
<td>24</td>
<td>29.3</td>
<td>29.3</td>
<td>61.0</td>
</tr>
<tr>
<td>Less opportunity for higher education</td>
<td>8</td>
<td>9.8</td>
<td>9.8</td>
<td>70.7</td>
</tr>
<tr>
<td>Restrictive hierarchical system</td>
<td>7</td>
<td>8.5</td>
<td>8.5</td>
<td>79.3</td>
</tr>
<tr>
<td>Lack of respect in nursing profession</td>
<td>10</td>
<td>12.2</td>
<td>12.2</td>
<td>91.5</td>
</tr>
<tr>
<td>Poor Training facilities</td>
<td>7</td>
<td>8.5</td>
<td>8.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 4.4-Push Factors**

According to most of the respondents the low salaries in India and heavy workload has where the main factors affected their migration from India to Ireland. 32% quoted salary and 29% quoted heavy workload. Rest of the factors less opportunity for higher education, restrictive.
hierarchical system, lack of respect in nursing profession, poor training facilities where quoted more or less similar It ranges from 9% to 12%.

Q5. What are the factors which made you choose Ireland as a place to work in?

<table>
<thead>
<tr>
<th>Pull Factors</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Higher pay rates</td>
<td>26</td>
<td>31.7</td>
<td>31.7</td>
<td>31.7</td>
</tr>
<tr>
<td>Good working conditions</td>
<td>21</td>
<td>25.6</td>
<td>25.6</td>
<td>57.3</td>
</tr>
<tr>
<td>Vocational improvement</td>
<td>13</td>
<td>15.9</td>
<td>15.9</td>
<td>73.2</td>
</tr>
<tr>
<td>Better career opportunities</td>
<td>11</td>
<td>13.4</td>
<td>13.4</td>
<td>86.6</td>
</tr>
<tr>
<td>International Exposure</td>
<td>11</td>
<td>13.4</td>
<td>13.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4.5-Pull Factors

Here also the major responses says that higher salary(32%) and good working conditions(26%) attracted the nurses to Ireland. Career growth and exposure are more or less same percentages.
Q6. Which work environmental factors of Ireland if implemented in India would drive you back to India?

<table>
<thead>
<tr>
<th>Changes to be Implemented</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to system protocols</td>
<td>13</td>
<td>15.9</td>
<td>15.9</td>
<td>15.9</td>
</tr>
<tr>
<td>High quality training programs</td>
<td>11</td>
<td>13.4</td>
<td>13.4</td>
<td>29.3</td>
</tr>
<tr>
<td>Lucrative salary packages</td>
<td>29</td>
<td>35.4</td>
<td>35.4</td>
<td>64.6</td>
</tr>
<tr>
<td>Better working conditions</td>
<td>23</td>
<td>28.0</td>
<td>28.0</td>
<td>92.7</td>
</tr>
<tr>
<td>Opportunity to work with better technology</td>
<td>6</td>
<td>7.3</td>
<td>7.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4.6 - Stay Factors

Majority of the nurses are ready to go back to India if the government provides them a better salary package and better working conditions. Around 35% is willing to go back if they get a
better pay. 28% is looking out for better working environment, work life balance and cleanliness. The adherence to policies and practices is another main factor respondents are considering. Hence if this factors are implemented in India, we can reduce the migration of nurses to a greater extent and reduce the shortage and brain drain caused by migration.
Q7. “I would be happy to go back to India if same conditions of Ireland is replicated because”

<table>
<thead>
<tr>
<th>Missing Factors in India</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social culture and language differences</td>
<td>10</td>
<td>12.2</td>
<td>12.2</td>
<td>12.2</td>
</tr>
<tr>
<td>Familiarity of the home systems</td>
<td>21</td>
<td>25.6</td>
<td>25.6</td>
<td>37.8</td>
</tr>
<tr>
<td>Cost of immigration process</td>
<td>10</td>
<td>12.2</td>
<td>12.2</td>
<td>50.0</td>
</tr>
<tr>
<td>Family ties and responsibilities</td>
<td>34</td>
<td>41.5</td>
<td>41.5</td>
<td>91.5</td>
</tr>
<tr>
<td>Uncertainties about the destination country job market</td>
<td>7</td>
<td>8.5</td>
<td>8.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 4.7 - Stick factors**

The main factors the migrant nurses missing in Ireland is their family, friend and relatives. It accounts to nearly half i.e; 41% of nurses said they miss their family. Familiarity to home systems
and speaking in mother tongue accounts to 26%. They are better comfortable in India, but the high wages and better work conditions and career progression and pulling them towards Ireland.

4.4 Correlation between the Factors

Correlations

Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of the respondent</td>
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<td>.73713</td>
<td>82</td>
</tr>
<tr>
<td>Pull Factors</td>
<td>2.5122</td>
<td>1.40760</td>
<td>82</td>
</tr>
<tr>
<td>Gender of the Respondent</td>
<td>1.2195</td>
<td>.41646</td>
<td>82</td>
</tr>
<tr>
<td>Duration in Ireland</td>
<td>2.2827</td>
<td>1.14921</td>
<td>82</td>
</tr>
<tr>
<td>Push Factors</td>
<td>2.6585</td>
<td>1.67936</td>
<td>82</td>
</tr>
<tr>
<td>Changes to be Implemented</td>
<td>2.9756</td>
<td>1.16508</td>
<td>82</td>
</tr>
<tr>
<td>Missing Factors in India</td>
<td>3.0854</td>
<td>1.22928</td>
<td>82</td>
</tr>
</tbody>
</table>

Non Parametric Correlation

<table>
<thead>
<tr>
<th>Spearman's rho</th>
<th>Age of the respondent</th>
<th>Pull Factors</th>
<th>Gender of the Respondent</th>
<th>Duration in Ireland</th>
<th>Push Factors</th>
<th>Changes to be Implemented</th>
<th>Missing Factors in India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of the respondent</td>
<td>Correlation Coefficient</td>
<td>.006</td>
<td>.955</td>
<td>.007</td>
<td>-.002</td>
<td>-.012</td>
<td>.117</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.957</td>
<td>.048</td>
<td>.578</td>
<td>.001</td>
<td>.361</td>
<td>.294</td>
</tr>
<tr>
<td>Pull Factors</td>
<td>Correlation Coefficient</td>
<td>.056</td>
<td>1.000</td>
<td>.075</td>
<td>-.019</td>
<td>-.003</td>
<td>.022</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.557</td>
<td>.949</td>
<td>.929</td>
<td>.457</td>
<td>.845</td>
<td>.584</td>
</tr>
<tr>
<td>Gender of the Respondent</td>
<td>Correlation Coefficient</td>
<td>.007</td>
<td>.976</td>
<td>1.000</td>
<td>.007</td>
<td>.207</td>
<td>.028</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.948</td>
<td>.499</td>
<td>.876</td>
<td>.081</td>
<td>.600</td>
<td>.521</td>
</tr>
<tr>
<td>Duration in Ireland</td>
<td>Correlation Coefficient</td>
<td>-.022</td>
<td>-.310</td>
<td>-.017</td>
<td>1.000</td>
<td>-.019</td>
<td>-.040</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.578</td>
<td>.928</td>
<td>.870</td>
<td>.071</td>
<td>.719</td>
<td>.684</td>
</tr>
<tr>
<td>Push Factors</td>
<td>Correlation Coefficient</td>
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<td>-.003</td>
<td>.067</td>
<td>-.019</td>
<td>1.000</td>
<td>-.014</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.361</td>
<td>.457</td>
<td>.061</td>
<td>.051</td>
<td>.496</td>
<td>.053</td>
</tr>
<tr>
<td>Changes to be Implemented</td>
<td>Correlation Coefficient</td>
<td>.117</td>
<td>.922</td>
<td>.028</td>
<td>-.040</td>
<td>-.014</td>
<td>1.000</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.354</td>
<td>.945</td>
<td>.060</td>
<td>.719</td>
<td>.699</td>
<td>.550</td>
</tr>
<tr>
<td>Missing Factors in India</td>
<td>Correlation Coefficient</td>
<td>.034</td>
<td>.961</td>
<td>-.072</td>
<td>-.061</td>
<td>.214</td>
<td>.014</td>
</tr>
<tr>
<td>N</td>
<td>Sig. (2-tailed)</td>
<td>.759</td>
<td>.564</td>
<td>.521</td>
<td>.584</td>
<td>.053</td>
<td>.600</td>
</tr>
</tbody>
</table>

| N                  | Sig. (2-tailed)       | .82 | .82 | .82 | .82 | .82 | .82 | .82 |
Descriptive statistics and correlation between the factors have been found out using **Spearman's rank correlation coefficient** or **Spearman's rho**. Spearman's coefficient, like any correlation calculation, is appropriate for both continuous and discrete variables, including ordinal variables. It assesses how well the relationship between two variables can be described using a monotonic function. (Wikipedia, 2016)

Here in the above data, age has a weak positive correlation of 11.7% to Changes to be implemented and vice versa. The same age variable has a weak negative correlation with push factors -10.2%. Gender of respondent has a weaker positive correlation of 20.7% with missing factors in India. Push factors has weaker positive correlation of 21.4% with missing factors and vice versa.

### 4.5 Results and Discussion

In this section of the research, the findings of the data from the quantitative and the qualitative source have been identified and analysed. The analysis of the data depicted in the tabular and graphical method. Data from the quantitative and qualitative source has been gathered and the data has been collected through the collection of feedback method. As a concluding note it is clear that several factors are responsible for the migration behavior of the skilled nurses from India to Ireland. In the following part, the result collected from quantitative and qualitative source has been analysed in–depth to conclude from the feedback generated by the respondents.

The questionnaire session has extract the feedback of the participated nurses and indicates a major portion of the migrated nurses have strongly agreed to the fact that some push and pull driving forces is the major contributor for the migration of the nurses from India to Ireland (Anand and Bammidi 2014). Studies have indicated that several factors like social,
political and economic related parameters are the essential driving force that encourages the migration of the nurses in western countries. Low quality training, education and uncertain career profile in India has changed the motivation of the qualified nurses. The graphical representation has shown the increasing number of the skilled nurse migrant (Tiwari et al. 2013).

Quantitative analysis shown a major portion of the nurses has agreed to the fact that the relocation in Ireland has left positive impact on the lifestyle. As the country offers lucrative salary packages for the nurse and provide excellent working environment so the nurses feel less pressure during work and it improve the professional ability also (Wells and White 2014). Furthermore, the questionnaire feedback has identified economic consequences are the major parameter that encourage the migration. Low pay scale in India discourages the nurses towards the profession. Moreover, the data analysis has revealed that the migrant nurses are encouraging the fellow nurses to move in Ireland for better lifestyle (Hanafin and Dwan O'Reilly 2015).

4.6 Qualitative data and Discussion

Discussion with the respondent nurses has given ample source of information that helps in the discussion of the migration reason of the skilled nurses. During the questionnaire session it has found that two of the nurses have migrated to Ireland after the completion of the basic nursing degree to gain advanced technical knowledge and establish the career. Another two respondents have the working experience in India and due to negative experience the respondents move to Ireland to get the aid of the advanced technology. The skilled nurses migrated in Ireland are pursuing the nursing career above 3 years on average (Tiwari et al. 2013).

Qualitative data analysis has indicates that the pay rate of the nurses are very low in India and the working hierarchy system do not give the necessary respect to the nurses. The unusual
working condition has indicated by two respondents that motivate to perform migration in Ireland as the country offers ample opportunities to the nursing professionals (Bradby 2013). Moreover, the motivational factors like higher pay rates, better working conditions, improvement in the professional career and the nurses get the opportunity to work with modern improved technology. One of the respondents has indicated that the reason behind the migration is to gain the better technical knowledge to improve the qualification as a nurse (Dywili et al. 2013).

On the other hand, the respondents has also indicates the issues regarding the involvement of the respective families. The family members are not usually entertained by the decision of the migration. However, considering the situation of the professional career the respondents have overcome the emotional attachment with the family (Garner et al. 2015). In addition, for some cases the family members also provide necessary support to perform migration. Furthermore, the respondents have reported the incident of missing the home nation due to the long detachment from the social culture and familiar language. The foreign country cannot offer the familiarity of the home system and it is quite difficult for the nurses to maintain the ties with the family and responsibilities towards the family. In addition, the respondents have also indicates the issue of the high cost for the immigration process and uncertainties of the foreign job situation (Percot 2015).

4.7 Summary

In the above portion a detailed discussion on the quantitative and qualitative data analysis has been performed depending on the feedback of the respondents. The discussion has provided the facts and details regarding the research topic. Thus, it can be conclude that the migration of the skilled Indian nurses to Ireland is associated with several socio-cultural, political, and economic and push-and-pull factors.
Chapter 5: Conclusion and Recommendation

This research project has shown the migration of the nursing staff from India to Ireland by offering useful insights into the factors and contexts. These influences in both the lifestyle and career of the nurses and migration and international recruitment get influenced. The effective management of the migration process can also be analysed by the emerging pattern of international migration. Origin, destination and migrated people get benefitted from this. This needs the co-ordination between placement agencies, recruiting, employers and states. Moreover, in this part, the relevant objectives, which were made before, will be justified. The recommendations have been provided in this chapter as well.

5.1 Linking objectives with the findings

5.1.1 Calculating the number of nurses that have migrated from one place to another during 2005 to 2015

To link this objective with the research, the literature review section and the quantitative question 3 have been associated. In the literature review, it is discussed that the migration is not only constricted to Ireland but also it spread towards U.S., U.K. in the last 2-3 decades. In the Gulf nation, the registered number of Indian medical caretakers is 60,000. This is due to high demand of skilled nurses all over the world. This data is analyzed through quantitative analysis. So, the numbers of migrated nurses are not only limited to English speaking country but also spread to the non-English speaking country, like Austria, Switzerland, etc. Hence, this objective is justified.

5.1.2 Identifying the ways of their relocation

This objective has been linked with the literature review and the patterns and trends part in the draught section. Carousel movement of the nurses observed through this research. These
ways of the relocation are due to a better opportunity in the destiny states or may be due to professional training. The main aim of these carousel nurses is to leave their base or own countries and to move to the other places or countries for overall better professional lives. Their credentials and skills are developed. In the most proper way, it is recognised during international migration.

5.1.3 Identifying the factors have led to their migration and the reasons why other nurses have still continued their service in India

This objective can be linked through whole literature review, like the motivation factors for migration of Indian nurses, push and pull factor, Ireland as a receiving country sections and also through question 4&5 of the quantitative analysis. From this research, it can be found that the key factor behind this migration is the decent pay in the Ireland than India. Along with this key factor, there are also several influencing factors, like better work opportunity, better training, moderated work load and moreover respect for them. The continuation of other nurses in India can be linked to question 8 of the qualitative analysis. Though they are not satisfied with Indian atmosphere, still they are stacked there due to family responsibility. Certain other factors re uncertainty of the job in the foreign country, social culture and language difference, and cost of the immigration process. Therefore, through the whole research, this objective also got justified.

5.1.4 The facilities those are available in Ireland that attracts nurses for migration from India to Ireland.

This objective of the research has been aligned with the 2.4 section of the literature review section and along with the quantitative question no 1 and the qualitative question of the data analysis. All the factors are well explained through the whole research work. The facilities are well-equipped infrastructure, less workload, better life style and all over the high payment.
Career wise also the nurses can grow as they are provided with the better training over there. Thus, it can be mentioned that this objective has also been aligned with the subject matter.

5.1.5 Understanding and Analyzing the affects of migration of the skilled nurses in India

To link this objective with the study, it has been linked with the qualitative question 2 and 3. Through the research, it is known that the lack of proper training is compelling the nurses to migrate to the foreign courtiers. If these skilled nurses migrate to India, then India will be benefited with all the international health care sections. The health care structure will also be modified.

5.1.6 Identifying the policies and strategies that influence the retention or deployment of Indian nurses.

This objective can be linked through the question in the draught. The strategies and policies behind the deployment and the retention are easily identified through this research. Most of the migrant nurses involve frequent victims for poor enforced in case of equal opportunity in the most appropriate way. It is important to understand the fact that serious problems occur from migrant nurses. It includes incidents for the hidden blanket of silence as well as difficult for quantifying ways for future analysis purpose. It enforces for equal opportunities policies as well as pervasive double standards in an overall manner. Most of the migrant nurses experience with dramatic situations on the job. It includes colleagues in misunderstanding ways for determining professional skills as well as increased sense of isolation in the most appropriate way. These strategies will help in deployment. While certain other factors, like descent salary, better life style will help in retention. Thus, this objective is highly justified.
5.1.7 Identification of the continuing methodologies to ease the negative impacts of migration

This objective is linked with the question in the drafts and the qualitative analysis. There are many negative impacts of the migration. India is undergoing lack of caregivers in medical sectors. Because of that, the general people are being suffered. Both the healthcare and economical structure are losing balance because of this migration.

5.1.8 Recommendation of the strategies and the policies to decrease the level of migration of skilled health experts

The recommendations regarding the strategies to decrease the level of migration are described below:

Migration is characterized as controlled mechanisms by globalised nations. This requiting process has diverse effects. Certain attempts, like, international agreements, national guideline, and legislation are made to lower down the migration rate.

India needs to be developed in such a way that it can provide the facilities like Ireland. In India, the atmosphere should also be perfect to work for. The people should get the motivation. The criteria, which are, absent in the past, should be incorporated and be upgraded shortly.

Collective concerns, as well as nation concerns, will also be taken care of. It needs policy analysis as well as decision-making process shortly. It effectively demonstrates ways for supporting systems incentives as well as sanctions for monitoring for implementation. It estimates mobility resulting from sources destinations as far as possible. It enables net gain of knowledge as well as skills for the same.
It is important to understand the fact that various codes of practices involve in addressing ethical, international instruments for introduction of national as well as international levels in an overall manner. Codes tend for assuming international migration for permanent loss in case of source country for missing assumptions for future analysis purpose. It argues codes for rendering inadequate information systems in the most appropriate way.

The criteria, which are, absent in the past, should be incorporated and be upgraded shortly. The government has to pay the attention to this issue. Through different techniques, the government can help in this way.

It is noticed that globalization affected ways for nursing with the relocation of foreign-educated nurses in the form of developed nations for the same. It further burdens activities on home nations for facing compounding nursing shortages in an overall manner. It is essential in understanding nursing workforce for solving the conveyance issues that is considered as imperative in nature.

Most of the specialists aim at leaving to different segments as well and parts of the nation for the proper course of action. It needs to handle with great difficulties as well as individuals for future analysis purpose. It includes issues about unreported ways for propelling nurses for family circumstances in the most appropriate way. It includes the degree of individuals for accomplishments of youngsters in selecting families for the same.

It is important to understand the fact that pulls components accept nations for persuasive factors like deciding factors in an overall manner. It decides over the migration flow as well as trends for the same. It desires ways for enhanced pay rates as well as building up pull factors. It is considered as the prime reason for individuals for immigrating purpose in case of skilled work
pay as well as better working conditions in the most appropriate way. It includes powerful factors for apparent nations in suitably qualified staff for the same. It mainly aims at surpassing ways for assessing supply as well as bringing provisional ways for delayed abilities for the range of professionals in the most appropriate way.

Equal opportunities policies, as well as pervasive double, should be applied to the standards in an overall manner. Most of the migrant nurses experience with dramatic situations on the job. It includes colleagues in misunderstanding ways for determining professional skills as well as increased sense of isolation in the most appropriate way.

It is very necessary to know that in immigration criteria, like, in the case of entering countries, the nurses have the tendency to meet the national security. In the most appropriate way, the employment will be accessed. The permanent as well as the temporary base is needed for staying purpose. It mainly tightens the border restrictions after the terrorist attacks as well as opening borders in the creation of new economic agreements.

Safeguarding policies as well as affecting health care professionals in an effective way. It requires in staying on the permanent basis as well as the temporary basis for the same. It implies access to employment in the most appropriate way. It involves nurse's mobility as well as affected in place of national security. It concerns ways as well as decisions in borders for maintaining the future course of action.

The Government of India and the Ministry of Human Resources should take the initiative efforts to set up the standards by implementing new nursing education as per the international level. To observe the growth, it is very important to expand the nursing education in the private area. It will lower down certain incident like poor facilities in the private nursing training
institution. The education in both private and public sector will raise the interests of the stakeholders for the consultation process.

To improve the education of global standards, it is very necessary to conduct different assessments. This will help to know the gap between the nursing practice in India and the nursing practice over Ireland. It will also give rise to certain strategies to overcome this.

The Government should open multi-facility hospitals, which will play as a major source of requiting the nurses inside India. It should also be noticed that they should be well paid and well treated like Ireland.

Finally, India should face the serious concerns those are occurring on the training quality. This training quality is expanded with the duration in the nursing education. The Government should take care in such a way that the nurses over here will be treated equally like overseas nurses. This should be taken care of from all aspects, like salary, life style, benefits, treatment, respect, etc. India carries a good reputation at stake built by several generations of skilled nurses. These factors will force the nurses to come back to their origin, i.e. India and working over here. This will help India to grown in both ways, like in health sector and economically. Thus, to conclude, this it can be said that the skilled nurses should be encouraged more to retain in India and to serve the international service in their country.
Chapter 6

6.1 Self Reflection on own Learning and Performance

In this section, the researcher tries to layout the learning procedure and self-reflection on abilities created over the span of the course, MBA in Human Resources. This section is partitioned into two sections. The initial segment will focus on recognizing the researcher's learning style with different speculations, and second part will disclose regarding why to do a MBA in HR and the third is about the skills accomplished by the researcher as an international MBA student at Dublin Business School. The researcher here reflects the dissertation content and the procedure of composing the thesis through the diverse learning styles she accomplished while her studies. The self-reflection part gave the researcher the chance to express and assess the distinctive methods of the learning styles.

Researcher has done her Bachelor’s in Aeronautical Engineering in India and have an overall professional experience of over 8 years bringing together expertise in the areas of customer service, human resources, administration. She resigned her job as an Assistant Manager in Retention and Revenue department in Vodafone in India, got more attracted to managerial jobs in HR, resigned her job and joined for MBA at Dublin Business School in April 2015. The researcher considered this study as a chance to build up her skills in the area of Human Resources, and the delicate abilities of authority, collaborations well as the soft skills of leadership, teamwork, ethics and communication that are so critical for effective management.

Doing a MBA has not just expanded her insight in general and inside business related themes, however it has additionally given me a chance to pick up and enhance numerous abilities. While the greater part of my modules furnished me with scholarly data which was obviously fundamental to the thesis procedure, one of my modules specifically, which
concentrated on the most proficient method to create both personally and professionally, was very important in helping to understand the significance and enhancing certain skills. This module likewise helped the researcher to discover learning styles and how they can be advantageous to us during the entire MBA experience.

6.2. Reflection on Learning MBA

According to Honey and Mumford (2000) learning is a procedure that happens when individuals show that they know something they never knew or when they can accomplish something they never did. Dale (2001) characterizes learning as a basic human procedure, which is vital survival and crucial to development. Further she included that learning can occur in any settings and under any arrangement of circumstances and that learning does not need be formal or organized but rather it needs to be for accomplishing some result.

Learning styles are different for every individual. There are five sorts of learning style as indicated by Kolb 1984. Divergent, convergent, assimilating accommodating and Andragogy learning styles are the different learning styles. Understanding the learning style of a man is vital to empower learning as indicated by that strategy. Each individual reacts to their learning styles one way or the other.

Figure 1: Learning Styles
**Divergent learning style:** This style alludes to the learning style of individuals who are sensitive. Individuals with disparate learning style incline toward watching than use creative energy and consistently accumulate data to take care of issues. These individuals want to work in groups and listen with a receptive outlook and like to get individual input.

**Convergent learning style:** This sort of learning style is connected with individuals who take care of issues. Individuals having this learning style will utilize their learning to figure out how to discover answers practical issues. These individuals don't depend on interpersonal qualities and lean toward more specialized work. They are best at finding handy uses for thoughts and hypotheses. They can discover quick and effective answers for issues. Along these lines, these individuals are more keen on performing technical tasks than social or interpersonal issues. Subsequently this kind of learning style accomplishes expert and technology abilities.

**Assimilating Learning Style:** Assimilating learning style creates learning through a legitimate methodology. Thoughts and ideas are given more significance than to individuals. Individuals with such learning style are keen on unique ideas and find logical explanation to theories rather than a practical approach.

**Accommodating Learning Style:** This learning style depends generally on instinct. This learning style does not involve logic. They are pulled in to new difficulties and encounters. Accommodating learning style makes individuals depend on others for data than complete their own investigation.

**Adult Learning (Andragogy):** Malcolm Knowles contrived the idea of adult learning and promoted it in the period from 1978 to 1990. The hypothesis expressed that when individuals have a tendency to carry on in the methods for a adult and reflects mature behaviour, the individual is said to be in a condition of adulthood. The idea is deciphered diversely by various professionals and in different nations. It is usually comprehended as the way to deal with academic learning style of developed people and all the more basically comprehended as the hypothesis of practice or at the end of the day learning through handy experience.

All through my entire MBA I have seen my activist attributes are exceptionally solid. I learn best by "having a go" regardless of what it is I am doing, and I am both hopeful and adaptable with respect to getting coursework finished. Reflecting on the dissertation process, my learning
MIGRATION OF INDIAN NURSES TO IRELAND

style was very much activist in its approach. I stayed energetic about the entire procedure overall, and confronted any difficulties with much optimism. While I made a week by week calendar of my objectives for the week, on the off chance that I didn't complete a specific piece - for example, my literature review - inside the planned time span, I didn't get annoyed about it, rather taking an adaptable approach and tweaking my timetable for the next week, permitting additional opportunity to finish it.

Reflecting on and evaluating my learning across the entire MBA course, I trust that while the process was challenging, it was likewise profoundly valuable. It permitted me to build my academic knowledge, improve my independent learning, advance my research skills and expand my overall knowledge. The MBA experience all in all has enhanced my authoritative, correspondence and interpersonal skills. These factors combined with my enhanced ability to self-motivate, and manage my time efficiently, have increased my confidence in researching and writing, and as a person overall. Pursuing an MBA has furnished me with the profitable information and abilities expected to seek a career in HR and it has significantly enhanced numerous transferable skills, which will be beneficial to me later on, in both my vocation and individual life.

6.3 Challenges

While the taught modules, especially Research Methods, had set me up for the dissertation process and had prompted the detailing of my research proposal, I found that initiating the dissertation itself was not without its challenges. The primary test I experienced was an lack of inspiration to start the procedure. Towards the start of my paper I had an inclination that I was in a limbo of sorts. There was so much work which should have been completed that I was uncertain where to begin and I thought that it was difficult to rouse myself to start. Be that as it may, when I found a way to persuade myself and in the wake of accepting my exam results and meeting with my manager, my trust in my capacity to do my dissertation significantly increased. Reflecting now, I increase in confidence in certain was additionally a
contributing variable to an increment in my motivation. While I class myself as a confident individual generally, when confronted with new difficulties it is anything but difficult to end up uncertain of one's own capacities. Later on in the event that I am confronted with new difficulties, which I'm certain I can't avoid being, I will think about these past times when I felt uncertain of myself, and spotlight on how I conquered this inclination and figured out how to accomplish my objectives. Another test I confronted amid my thesis was the absence of review responses I got from respondents. In spite of the fact that I had been cautioned already of this happening in my research methods class, it was still extremely baffling. The procedure of sending reminders to respondents was tedious yet in reflection it permitted me to enhance my interpersonal and persuasion skills.

6.4. Why to do a MBA?

MBA is about dealing with the business. The researcher has related knowledge working in Human resources sector in India and have seen people managing projects with varied skills. From the 8+ years of work experience, the researcher had built up her mentoring and initiative skills by watching her directors, line managers and delegating the work to the colleagues when required. She additionally had chance evaluate her performance every year on appraisal meetings and reviews. Still being performing within the TAT and utterly well, she lacks the abilities to be the best player of the team. Following 8+ years of working, she understood the value of a MBA degree. The following obstacle was to choose the appropriate stream for MBA. Being the area of interest and with the past experience in the same field, researcher chose HR stream which has vast opportunities for career growth.
6.5. Skills developed from MBA

The main objective of doing an international MBA was that to develop managerial skills for future career progression in HR and for international exposure. This skills have been developed during the course of the study. Most important skills attained during the course are research skills, time management skills. This skills along with the research has helped the researcher to develop and improve herself both personally and professionally and when mixed up with her past practical experience can definitely help her build a strong professional career.

6.5.1 Time administration Skills

As part of the course work, the researcher had to submit assignments and present group reports and presentations within the time constrains. Initially it was very hard to meet the deadlines and submit the course work on time due to bad planning and time management. The researcher took this as a weakness and worked towards it and developed a new habit of time management. In the thesis stage, she could begin and figured out how to finish the takes a shot at time, as she attempted to keep a course of events along the dissertation tenure. Time management helps the researcher in her whole MBA program and will help her in future as well. It will help her to focus on the tasks and complete within the dead line. It will also help in proper planning without losing a single minute. Ultimately it gives an extra benefit to build up the mind of researcher to take over jobs or assignments, which associated to time as target.

6.5.2 Critical assessment Skill

In the course time there were numerous contextual analyses for the analyst to investigate and talk about the same as groups. A portion of the group assignments and group presentations lead the specialist to broad contentions. Initially phase of the course, she was not ready to make coherent arguments with others, despite the fact that she had smart thoughts and judgements. In
any case, persistent activity through the course works made her great at basic assessment of the subjects. Furthermore, the strategy for writing literature review utilized as a part of various assignments and exposition demonstrated to her generally accepted methods to build up a basic point of view and assess the conclusions in hypothetical structure.

**6.5.3 Research and Investigative Skills**

Thesis gave the certainty on the procedure of examination, for example, arranging, managing breaking down a review and deciphering the information into a significant conclusion. The exposition helped her to know more about the different sub segments in exploration, for example, philosophy, information investigation and so on. The techniques used to gather the information, examination of information and inferring conclusions were helped her to broaden her analytical skill altogether.

**6.5.4 Diversity and Teamwork aptitudes**

The atmosphere in the college was another experience to the researcher to interface in an international community and to build up the communication skill. The academic discussions inside the group and whole class also, helped her in conveying everything that needs to be conveyed all the more obviously and convincingly in an enhanced group. Besides the researcher's capacity to viable cooperation with the general population was enhanced particularly. Researcher trusts that this will be useful in future, when a circumstance emerge to work with the diverse nationalities.

**6.6 Conclusion**

The whole Masters program helped the researcher to identify her strength and weakness. Self-reflection on learning segment helped her to distinguish her learning styles and preferences
and detriments of those styles. Thus, as an aggregate result of the course, the researcher could build up analytical mind with solution-oriented way of thinking along with knowledge of basic marketing concepts and relevant skills. This will be significantly valuable in her future vocation, where these abilities can be applied effectively.
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Appendix

Appendix 1: Survey Questionnaire and Results

(Quantitative Approach) – 100 nurses (Quantitative)

Demographic Profile

1. Please specify your gender
   - Male
   - Female

2. Which age group do you fall in?
   - 18 to 24
   - 25 to 34
   - 35 to 44
   - 45 to 54

3. How long have you been working away from India in Ireland?
   - 6 months
   - 1 year
   - 2 years
4. What are the factors about India that were not desirable for you?

- Low salaries
- Heavy workload
- Less opportunity for higher education
- Restrictive hierarchical system
- Lack of respect in nursing profession
- Poor quality of education

5. What are the factors which made you choose Ireland as a place to work in?

- Higher pay rates
- Good working conditions
- Vocation improvement
- Better career opportunities
- International Exposure

6. Which work environmental factors of Ireland if implemented in India would drive you back to India?
MIGRATION OF INDIAN NURSES TO IRELAND

- High quality training programs
- Lucrative salary packages
- Better working conditions
- Opportunity to work with better technology

7. “I would be happy to go back to India if same conditions of Ireland is replicated because”

- Social culture and language differences
- Familiarity of the home systems
- Cost of immigration process
- Family ties and responsibilities
- Uncertainties about the destination country job market
MIGRATION OF INDIAN NURSES TO IRELAND

Fig 1: Questionnaire Link shared in Social Media

Fig 2: Survey Responses
Fig 3: SPSS Output

MIGRATION OF INDIAN NURSES TO IRELAND