



Research article

Exploring the factors affecting undergraduate nursing students' migration intention: A qualitative study

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ABSTRACT

Background: The escalating global nursing shortage, fueled by the migration of healthcare professionals from resource-constrained nations to those with greater economic prosperity, presents a formidable challenge to healthcare systems worldwide. Nepal, grappling with a significant brain drain of its nursing workforce, serves as a poignant illustration of this phenomenon. The departure of skilled nurses not only jeopardizes the country's healthcare quality but also underscores the urgent need to address the underlying educational and systemic deficiencies contributing to this trend.

Aim: The study aims to explore the early formation of migration intentions among undergraduate nursing students in Nepal and identify key factors influencing their decision to pursue opportunities abroad.

Design: A descriptive qualitative research design.

Settings: The study was conducted at two urban nursing colleges in Nepal.

Participants: Seventeen nursing students in their final year of undergraduate studies.

Methods: Data were collected via semi-structured interviews and analyzed using thematic analysis.

Results: The thematic analysis unearthed four principal themes: (1) Aspirations Beyond Borders: Structural and Systemic Catalysts; (2) Navigating Personal Ambitions; (3) Socio-Political Currents Influencing Career Pathways; (4) Economic Incentives and Realities: Weighing the Prospects.

Conclusion: The study's findings highlight the need for systemic changes to retain nursing professionals in Nepal. There is a significant gap between policy initiatives aimed at improving the status of nursing and the persistent challenges nursing students face. This gap fosters disillusionment and drives migration intentions. The research underscores the urgent need to address systemic deficiencies, empower nurses, and ensure equitable recognition. These actions are crucial to cultivating a sustainable nursing workforce dedicated to advancing health equity.

1. Introduction

The escalating global nursing shortage, exacerbated by the migration of healthcare professionals from low-resource nations to more affluent countries, poses a significant challenge to healthcare systems worldwide. The World Health Organization (WHO) highlights this trend, which not only depletes the healthcare workforce in source countries but also underscores the disparities in global health resources (WHO, 2024). The “push and pull theory” provides a framework for understanding these migrations, attributing them to the push of adverse conditions in home countries and the pull of more favorable professional opportunities and lifestyles abroad (Gulzar et al., 2015; Kumpikaitė-Valiūnienė

et al., 2021). Notably, the inclination towards migration begins not after gaining professional experience but during the formative years of undergraduate nursing education, suggesting that interventions to curb this trend must begin early (Abuosi and Abor, 2015; Efendi et al., 2021a, 2021b).

The ethical dimensions of international nurse recruitment and migration have garnered significant attention from organizations such as the World Health Organization (WHO) and the International Council of Nurses (ICN). The WHO's ‘Global Code of Practice on the International Recruitment of Health Personnel’ emphasizes the importance of fair and transparent recruitment practices that do not exacerbate healthcare workforce shortages in source countries (WHO, 2010). The ICN also

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advocates for ethical recruitment and retention strategies that prioritize the well-being of nurses and the communities they serve (ICN, 2019). This study aims to contribute to this critical debate by examining the factors influencing migration intentions among undergraduate nursing students in Nepal, a source country experiencing significant nurse migration (International Labor Organization, 2017).

In the context of Nepal, the urge to migrate among nursing students is not just a fleeting inclination but a profound testament to the systemic and educational challenges they face within their homeland. Marked by one of the highest rates of healthcare worker migration within its region (International Labor Organization, 2017), this phenomenon is particularly evident among newly graduated nurses and doctors, many of whom find themselves in a precarious position—either unemployed or underemployed in urban healthcare settings. A revealing study by the Centre for Technical Education and Vocational Training (CTEVT) in early 2011 indicated that several nurse graduates resorted to accepting unpaid volunteer positions in healthcare institutions in Kathmandu, with some remaining unpaid for periods extending between six to nine months post-graduation (Adhikari, 2014). Given the imperative for new nurse graduates to maintain clinical competencies, continue their professional development, and accrue necessary experience, even unpaid roles hold considerable value. This pronounced trend necessitates a thorough exploration into the myriad factors and experiences that fuel such intentions to migrate. Despite efforts towards policy reforms aimed at bolstering Nepal's nursing sector, the challenges of retaining nursing talent are intensified by limited resources, deeply ingrained hierarchical structures, and suboptimal working conditions (Baral and Sapkota, 2015; Thapa and Shrestha, 2017). Investigating the perceptions and experiences of nursing students provides an invaluable perspective to comprehend the complex interplay of factors influencing their professional trajectory and identity formation (Tekir *et al.*, 2022; Thomas *et al.*, 2023). This exploration is crucial for identifying potential strategies that could address early turnover intentions and cultivate a more resilient healthcare workforce.

Integral to understanding these migration dynamics is a comprehension of Nepal's nursing education system, which bifurcates into two distinct streams. The first, aimed at high school graduates who have completed Year 12, leads to the BSc Nursing program—a four-year undergraduate course designed to prepare students for a comprehensive nursing career (Adhikari, 2010; Poudel *et al.*, 2018). The second stream, the Bachelor of Nursing Science (BNS) program, caters to students who have finished the Proficiency Certificate Level in Nursing (PCL Nursing) after Year 10. This three-year academic course is tailored to produce a mid-level technical nursing workforce, equipped with the necessary knowledge and skills to fulfill the country's nursing workforce demand (Adhikari, 2012). This dual-stream system reflects the educational pathways that shape the professional trajectories of nursing students, setting the stage for their future decisions regarding migration. By examining these educational experiences in conjunction with the broader systemic challenges, this study aims to illuminate the interplay of factors influencing nursing students' migration intentions.

Existing research predominantly frames the migration of healthcare professionals in terms of occupational motivations, highlighting barriers to career growth within their home countries and the allure of better opportunities abroad (Aluttis *et al.*, 2014; Walton-Roberts, 2023). Yet, the intricate interplay of professional ambitions, personal aspirations, and the broader socio-economic context—especially from the viewpoint of nursing students—remains insufficiently explored. Addressing this gap, our study employs a qualitative approach to delve into the experiences of undergraduate nursing students in Nepal, examining the systemic and social dynamics they encounter and how these factors influence their considerations to migrate. The aim is to generate comprehensive insights that could support coordinated efforts across educational, policy, regulatory, and cultural domains to bolster Nepal's healthcare workforce in the face of growing transnational mobility challenges (Adhikari, 2014; International Labor Organization, 2017;

Poudel *et al.*, 2018). The aim was to answer the following research question:

What factors influence the migration intentions of undergraduate nursing students in Nepal?

2. Method

2.1. Research design

A descriptive qualitative research approach was adopted, as articulated by Sandelowski (2010), to delve into the migration intentions of nursing students through the lens of their personal and professional experiences. The data collection process included semi-structured interviews utilizing a set of open-ended questions. These questions were developed to capture insights into economic motivations, social pressures, career ambitions, and the challenges in Nepal's healthcare environment. The study's inclusion criteria include a final-year student enrolled in a Bachelor of Science in Nursing (BSc Nursing) or Bachelor of Nursing Science (BNS).

2.2. Participants

A purposive sampling was used to select participants from two metropolitan tertiary nursing colleges. The study comprised seventeen final-year undergraduate nursing students, all of whom were female and between the ages of 18 and 25. There were no male participants included in the study. Out of the seventeen participants, ten were pursuing the BSc Nursing program, while the remaining seven were enrolled in the BNS program and had completed the Diploma of Nursing (PCL Nursing) course, along with prior experience as a staff nurse. The interviews were conducted in both English and Nepali to accommodate the participants' linguistic preferences. Notably, the study revealed that only five participants had initially chosen nursing as their first career, while most of the twelve had opted for medicine (see Table 1).

2.3. Data collection

The data collection phase occurred in June 2023. The primary method involved face-to-face, in-depth interviews using a semi-structured interview guide, which was audio recorded (see Table 2). The interview guide was refined through two pilot interviews, which were not included in the final analysis. The first author (AG), who was not involved in teaching the participants, conducted all the interviews. The interviews took place in a quiet, well-lit room within the Faculty of Nursing, ensuring privacy and minimizing distractions. The average interview duration was 25 min, ranging from 15 to 33 min. Data collection continued until saturation was reached. A total of 17 participants were interviewed, each participating in one interview only.

2.4. Data analysis

Upon completing the interviews, the first author (AG) transcribed the audio recordings verbatim and cross-checked them with the second author (YQ). This study employed a thematic content analysis approach, as Burnard *et al.* (2008) outlined. This process involved two authors (AG and YQ) independently and thoroughly reviewing the interview transcripts to become familiar with the content and make preliminary notes before coding. Following this initial review, the authors proceeded with the initial coding of the first three transcripts. The transcripts were carefully examined during this phase, and relevant words, phrases, and text sections were assigned descriptive codes. The authors then meet to review and compare their coding of the first three transcripts to ensure consistency and reduce individual biases. The authors then coded the remaining transcripts independently. Discrepancies in coding were resolved through collaborative discussions and consensus-building. These codes were systematically categorized based on their conceptual

Table 1

The sociodemographic characteristics of the students.

Number	Age	Gender	Living arrangement	Income status	Nursing as first choice	Preferred destination countries	Relatives abroad
P1	23	Female	With family	Middle	Yes	Australia	Yes
P2	22	Female	With family	Upper-Middle	No	USA	Yes
P3	21	Female	With family	Middle	Yes	USA	Yes
P4	22	Female	With family	Upper-Middle	No	Australia	Yes
P5	24	Female	With family	Middle	No	Australia	Yes
P6	21	Female	With family	Upper-Middle	No	Germany	Yes
P7	21	Female	With family	Middle	No	Australia	Yes
P8	21	Female	With family	Middle	No	USA	Yes
P9	20	Female	With family	Middle	No	USA	Yes
P10	22	Female	With family	Middle	Yes	Australia	Yes
P11	21	Female	With family	Upper-Middle	No	Australia	Yes
P12	21	Female	With family	Upper-Middle	No	Australia	Yes
P13	25	Female	With family	Middle	No	USA	Yes
P14	23	Female	With family	Middle	Yes	USA	Yes
P15	22	Female	With family	Upper-Middle	No	The UK	Yes
P16	22	Female	With family	Upper-Middle	No	Australia	Yes
P17	23	Female	With family	Middle	Yes	Australia	Yes

Table 2

Sample interview questions.

Based on your observations or insights into healthcare systems abroad, what key modifications would you introduce to Nepal's healthcare framework?
Could you recount a specific occasion where the structure of Nepal's healthcare system adversely affected your learning or practical training as a nursing student?
Describe your ideal nursing career. Do you consider such a career achievable in Nepal, or do you see it more likely through overseas opportunities?
How have societal attitudes or stereotypes about nursing in Nepal shaped your career goals, particularly regarding working within the country versus abroad?
Reflect on your personal ambitions and how they align or diverge from the conventional career trajectory of a nurse in Nepal.
How have recent socio-political developments in Nepal influenced your views on the stability and prospects of the nursing profession in the country?
Compare the economic aspects of nursing in Nepal with those of opportunities abroad. How do these considerations affect your career planning?
What are your thoughts on the wage disparity between nurses and doctors in Nepal, and how does this gap affect your view of the nursing profession?
Share an instance where the healthcare system's hierarchy influenced your decisions or role as a nursing student or professional.
Have you encountered or observed situations that compromised your safety or that of your peers as nursing students or practitioners? How did such experiences shape your perspective on pursuing a nursing career in Nepal?
How does your family and social circle's perception of nursing impact your decision to work in Nepal or explore opportunities abroad?

similarities and differences. Through an iterative process of discussion and refinement, the categories were further condensed and organized into overarching themes. The frequency and distribution of codes and categories across the interviews were tracked to identify the most salient and recurring themes and any divergent perspectives. An audit trail was also maintained, documenting the decision-making processes and rationale behind the coding and categorization choices. This audit trail served as a transparent record of the analysis, allowing for external scrutiny and enhancing the study's credibility.

The final set of themes, categories, and codes was derived through a systematic and iterative process of data immersion, coding, categorization, and thematic development. Table 3 presents an example of the data analysis process.

2.5. Trustworthiness

The trustworthiness of this study was enhanced through multiple strategies, including member checking, investigator triangulation, and reflexivity (Ahmed, 2024; Lincoln and Guba, 1985). Member checking involved sharing preliminary findings with participants to ensure their perspectives were accurately represented. Investigator triangulation was achieved by having two researchers independently code and analyze the data, with discrepancies resolved through discussion and consensus. Reflexivity was practiced throughout the research process, with researchers documenting their biases and assumptions to minimize their influence on data interpretation. Additionally, the research team adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong et al., 2007) to ensure transparency and rigor in reporting the study's methodology.

2.6. Ethical considerations

Ethical approval was obtained from the Nepal Health Research Council (NHRC-133/2023), the ethical committee of the Faculty of Nursing at Chitwan Medical College, Nepal (CMC-IRC/079/080–154), and BP Koirala Memorial Cancer Hospital Nursing College, Nepal (Ref No: 133/0791080). Before conducting the interviews, all participants were given a detailed document explaining the informed consent process. The participants were informed about the study's nature, objectives, and rights as participants, including the right to withdraw at any point without consequences. The researchers ensured data anonymity by using codes to identify the participants in the transcripts, data analysis, and the study report.

3. Results

Four themes and eight sub-themes were identified, as shown in Table 4.

3.1. Aspirations beyond borders - structural and systemic catalysts

The deeply ingrained structural and systemic issues in healthcare and education influence nursing students to consider migrating. The complex interplay of undervalued professional skills, educational gaps, and hierarchical challenges motivates students to seek better prospects abroad.

3.1.1. Inadequate utilization of graduate knowledge and experience

The research reveals a strong sentiment among nursing graduates that they are marginalized in healthcare decision-making processes. As one participant stated,

"In decision-making forums, the medical doctors and medical

Table 3
Example of the coding process.

Interview transcript	Code	Category	Theme
“In decision-making forums, the medical doctors and medical students are consulted. We, as nurses, are often left out.” (P11)	Systemic Limitations	Structural Inefficiencies in Healthcare System	Aspirations Beyond Borders: Structural and Systemic Catalysts
“We learned optimal nurse-patient ratios as care quality markers. Yet, in our hospitals, such standards seem a distant possibility.” (P1)			
“I envisioned nursing as a path to make a real difference. Yet here, I feel confined.” (P2)	Personal Growth Aspiration	Professional Self-Actualization and Empowerment	Navigating Personal Ambitions
“There’s a belief that going abroad is a man’s domain. But we, as nurses, are proving that wrong.” (P6)			
“Political supporters stormed in, disrupting critical care for their leader. It was chaos, and we were the easiest targets.” (P4)	Political Turbulence	Stability and Predictability in Healthcare Environment	Socio-Political Currents Shaping Career Pathways
“The wage gap is startling. We train for four rigorous years, work at the patients’ forefront, juggling tasks. It’s not about equal pay, but surely, we deserve to live decently without constant financial worries.” (P13)	Financial Motivation	Economic Drivers for Migration	Economic Incentives and Realities: Weighing the Prospects

Table 4
Themes and sub-themes.

Themes	Sub-themes
Aspirations beyond borders: Structural and systemic catalysts	<ul style="list-style-type: none">• Inadequate utilization of graduate knowledge and experience.• Inefficiencies within the educational and healthcare system.• Challenges in power dynamics.
Navigating personal ambitions	<ul style="list-style-type: none">• Quest for Professional Fulfillment• Breaking down prejudices
Socio-political currents shaping career pathways	<ul style="list-style-type: none">• Political instability• Societal factors
Economic incentives and realities: Weighing the prospects	<ul style="list-style-type: none">• Wages differences between healthcare practitioners

students are consulted. We, as nurses, are often left out.” (P11).

Other participants echoed similar exclusion from meaningful input despite on-ground experience.

“We’re informed post-facto, which negates our chance to contribute meaningfully. It’s discouraging to see our education and skills overlooked.” (P14).

3.1.2. Inefficiencies within the education and healthcare system

The findings reveal striking gaps between the theoretical knowledge taught in nursing education versus the contrasting realities of healthcare settings.

“Our textbooks paint an ideal healthcare picture from first-world angles, but our hospitals reveal a very different reality. The disparity is not just disheartening; it feels like a betrayal of our educational investment.” (P17).

Another participant echoed facing contrasting standards, sharing:

“We learned optimal nurse-patient ratios as care quality markers. Yet, in our hospitals, such standards seem a distant possibility.” (P1).

The condition of healthcare facilities also raised concerns.

“When you learn these are hand-me-downs from wealthier nations, it’s hard not to feel our system and skills are seen as second-tier.” (P13).

Cumulatively, these experiences resonated with one participant’s reflection:

“Realizing our expertise, health, and even lives seem undervalued drives my decision to seek opportunities abroad that better align with our educational ideals.” (P15).

3.1.3. Challenges in power dynamics

This exploration uncovers systemic power imbalances where nursing voices are frequently marginalized. A student shared the observation that nurses encounter scrutiny in demonstrating their competence, noting:

“A junior nurse caught a medication error, but instead of showing appreciation, our senior leader dismissed her concern and sided with the doctor. When the mistake emerged, the nurse faced scrutiny. It’s disheartening, a constant struggle to assert our judgment.” (P16).

Another student reflected on complex alignment expectations, sharing:

“The hierarchy isn’t just vertical; it’s a web. Senior nurses often side with doctors, even if it means disregarding their teams. There’s an unspoken rule: doctors’ views carry more weight.” (P 10).

Furthermore, underscoring power concepts, a student offered an insightful quote:

“Power in healthcare isn’t just held; it’s wielded. Knowledge alone isn’t enough currency – it’s about who has the authority to enact it.” (P5).

3.2. Navigating personal ambitions

The findings explore how students balance societal expectations against personal goals, illuminating migration as a journey towards transcending limitations and achieving self-actualization. This theme underscores participants’ view of overseas work as fundamental for realizing professional aspirations amid domestic undervaluing.

3.2.1. Quest for professional fulfillment

Notably, participants perceive attaining true professional fulfillment as viable mainly abroad.

“I envisioned nursing as a path to make a real difference. Yet here, I feel confined.” (P2).

Similarly, another participant stated:

“In Nepal, I often feel like I am just a cog in the machine, underappreciated. But internationally, I imagine boundless growth, where nursing is a valued profession, and I can excel.” (P7).

3.2.2. Breaking down prejudices

The narratives illuminate nursing becoming a catalyst for transforming patriarchal norms, with daughters transcending societal expectations by migrating. This marks a significant shift, showcasing women emerging as primary caregivers and challenging traditional gender roles. One student shared:

“Growing up, I always heard sons would care for their parents and lead the future.” (P3).

Her steady voice conveyed resolve, continuing:

“But here I am, challenging that notion daily. I see myself as no less capable than any man.” (P3).

Another student expressed the same sentiment, stating:

“There's a belief that going abroad is a man's domain. But we, as nurses, are proving that wrong. Their stories aren't just inspiring; they show our power to break the prejudices that are holding us back.” (P6).

3.3. Socio-political currents shaping career pathways

The research unveils the turbulent socio-political landscape nursing students must navigate, articulating how unrest and instability breed uncertainty and endangerment, influencing migration intentions.

3.3.1. Political instability

Students voiced concerns about how volatile politics and insufficient support profoundly impact their professional milieu.

“It's like walking a tightrope. A patient unfortunately passed away, and the family's grief turned into verbal and physical aggression towards us. It hit home how exposed we are, with no real protocols to protect us.” (P8).

Another shared witnessing unrest spill into hospitals, noting:

“Political supporters stormed in, disrupting critical care for their leader. It was chaos, and we were the easiest targets.” (P4).

3.3.2. Societal factors

Students articulate intense social pressures shaped by expectations and narratives that migration is the only viable professional pathway, fostering the undervaluation of domestic work.

“There's this unspoken rule among graduates. As soon as we finish, the next step seems set – preparing to go abroad. It's like there's no other path envisioned.” (P9).

Another student noted facing questions on staying intentions, sharing:

“At family gatherings, there's always someone asking, ‘Why stay here?’ or saying, ‘Your friends have all gone overseas.’ It's a constant echo, questioning your choice.” (P17).

This student highlighted contending with a glorification of migration, noting:

“Relatives living abroad often talk about the money they send home, painting an idealistic picture that can be hard to resist.” (P17).

3.4. Economic incentives and realities: Weighing the prospects

The findings underscore the pivotal role of economic factors in migration decisions, delving into the financial motivations and realities nurses face regarding salaries, costs of living, and overseas prospects.

3.4.1. Wages differences between healthcare practitioners

Students raised concerns over the sizable doctor-nurse pay gap despite similar duties, reflecting nursing's undervaluation.

“The wage gap is startling. We train for four rigorous years, work at the patients' forefront, juggling tasks. It's not about equal pay, but surely, we deserve to live decently without constant financial worries.” (P13).

Another student echoed this sentiment:

“It's about respect and recognition. We share similar pressures and risks as doctors. Yet, when it comes to wages, our role seems minimized.” (P2).

4. Discussion

This study elucidates the intricate web of systemic factors influencing the migration intentions of undergraduate nursing students in Nepal. Educational misalignments, skill underutilization, and disempowering hierarchical structures emerge as key drivers. These findings resonate with existing literature that identifies systemic shortcomings – such as resource scarcity, suboptimal working

conditions, and inadequate financial rewards – as significant push factors for nurse migration (Al-Yateem *et al.*, 2022; Lind Elmaco, 2022; Osei *et al.*, 2023; Pressley *et al.*, 2022; Sharma *et al.*, 2022; Smith *et al.*, 2022). Importantly, this research not only corroborates these established factors but also reveals that the seeds of migration intent are often sown during the formative years of nursing education. This underscores the critical need for early interventions to address these systemic challenges and foster a sustainable nursing workforce in Nepal.

The dichotomy between the high standards set by nursing curricula and the harsh reality of clinical practice is starkly highlighted in this study, echoing the “two worlds pitfall” in the realm of nursing education (Adha and Thomas, 2023). Benner's seminal work warns of the critical gaps that can emerge between theoretical knowledge and practical application during the crucial phases of nursing education, emphasizing the importance of blending educational ideals with hands-on experiential learning to mitigate disenchantment among nursing students (Benner, 1984). Our findings reveal that the disillusionment stemming from unrealistic expectations not only persists but is exacerbated by the underutilization of nursing judgments, directly challenging policy initiatives aimed at enhancing the professional standing of nurses (Etowa *et al.*, 2023; Rasheed *et al.*, 2020). This discrepancy lays bare the fact that genuine empowerment of the nursing profession remains more of an unfulfilled promise than a reality, despite legislative efforts to bolster nurses' autonomy (Godsey *et al.*, 2020; Rouhi-Balasi *et al.*, 2020). Furthermore, the prevailing dominance of medical authority within healthcare settings highlights a deeply entrenched cultural hierarchy that resists change (Belrhiti *et al.*, 2021). For graduates, the journey from educational environments imbued with ideals of elevated nursing roles to confronting unchanged, disempowering clinical practices represents a profound betrayal, potentially catalyzing considerations to migrate in search of environments that better align with their professional aspirations and values.

This study sheds light on migration as a perceived avenue for realizing professional ambitions and personal growth that seem elusive within domestic confines. Participants articulated that opportunities abroad not only promise to rectify the local undervaluation of the nursing profession but also offer a landscape ripe for limitless development. This sentiment is in harmony with existing literature, which identifies the scarcity of professional development avenues and the pursuit of higher qualifications internationally as primary drivers of nurse migration worldwide, especially from developing countries (Konlan *et al.*, 2023). Our findings add a nuanced layer to this discourse by encapsulating subjective narratives of self-fulfillment and career advancement facilitated by international mobility. The inclination towards seeking professional satisfaction overseas, juxtaposed against feelings of stagnation at home, echoes the constraints posed by rigid hierarchical structures on nurses' scope of practice, leadership emergence, and career progression. The allure of international experience is linked with the pursuit of autonomy and professional recognition—a quest seemingly thwarted by domestic barriers (Al-Yateem *et al.*, 2022; Racine, 2023).

The theoretical lens of structural empowerment provides a framework for understanding this phenomenon, suggesting that the availability of opportunities, resources, and supportive environments critically influences workplace behaviors and psychological well-being (İspir Demir *et al.*, 2023; Orłowska and Laguna, 2023). Our study illuminates how migration channels serve as a vehicle for women to assume roles as primary financial providers within their households, challenging traditional gender norms that typically assign this responsibility to male family members. This shift not only signifies nursing's potential to elevate socioeconomic status but also champions the empowerment of women to achieve financial independence (Damodaran, 2013). Echoing such “iconic narratives” of nursing abroad fosters a sense of heroic autonomy, inspiring further migration aspirations (Bludau, 2011; Kingma, 2018). Therefore, the desire for migration emerges from professional growth ambitions and a transformative agenda aimed at redressing

gender disparities, illustrating a complex interplay between career objectives and societal change.

The challenges faced by Nepali nursing students resonate with the broader power imbalances and systemic issues prevalent in healthcare systems globally, underscoring the need for a multifaceted approach that transcends individual-level interventions. Empowering nurses through “bottom-up” approaches, such as participatory action research and leadership development programs, can enhance job satisfaction and cultivate a more supportive work environment. Research suggests that involving nurses in decision-making fosters increased motivation, job satisfaction, and innovation, as nurses feel recognized and valued for their contributions (Moura *et al.*, 2020; Shatrov *et al.*, 2021). This empowerment is crucial, especially during rapid organizational changes, where nurses often feel voiceless (McMillan and Perron, 2020). Participatory action research, with its emphasis on the active involvement of participants in identifying and addressing workplace issues, has been shown to improve working conditions and job satisfaction (Cornish *et al.*, 2023; Hasanzadeh Moghadam *et al.*, 2024). In Nepal, fostering a collaborative healthcare model that recognizes nurses as equal partners in decision-making could help dismantle hierarchical structures (Khatri *et al.*, 2023). This could involve creating platforms for nurses to voice their concerns, participate in policy formulation, and advocate for their needs, alongside investing in leadership development programs to empower them to assume leadership roles and champion systemic change (Qtaib, 2023). The successful implementation of these “bottom-up” approaches necessitates a concerted effort from all stakeholders to cultivate a culture of collaboration, empowerment, and respect for nurses' expertise, thereby creating a healthcare system that values and retains its nursing workforce.

In addition to these systemic challenges, this study exposes the complex interplay of a turbulent sociopolitical environment and pervasive social pressures that significantly impact the migration intentions of nursing students. Participants highlighted the absence of protective measures in the face of political unrest and violence, alongside prevailing societal beliefs that migration represents the only feasible path to professional fulfillment. These narratives of political instability and the lack of safety protocols align with global trends identifying health worker security as a primary factor driving migration (Patience *et al.*, 2023). The personal accounts shared in this study shed light on how perceptions of danger and insufficient safeguards compel the contemplation of safer, more stable opportunities overseas (Roth *et al.*, 2021; Saad *et al.*, 2023).

Moreover, the glorification of migration within societal and familial discourse, as evidenced in this study, challenges the validity of pursuing professional goals within one's home country. This societal pressure creates a dilemma for nursing students who may be optimistic about local opportunities but are at odds with prevailing narratives that often disparage such aspirations. The decision to migrate, therefore, becomes a complex negotiation between personal aspirations and societal expectations, often requiring individuals to justify their choices against a backdrop of skepticism (Adebayo and Akinyemi, 2022; Adovor *et al.*, 2021). This confluence of sociopolitical instability, limited professional opportunities, and societal pressures underscores the need for comprehensive strategies that address these multifaceted challenges and empower nursing professionals to envision fulfilling careers within their home country.

This study underscores the critical influence of financial incentives on the migration intentions of nursing students, corroborating the extensive body of research that identifies wage disparities as a key factor driving nurses to seek opportunities abroad (Efendi, Oda, *et al.*, 2021; George *et al.*, 2019; Konlan *et al.*, 2023). Participants expressed astonishment at the significant income disparities between nurses and doctors in Nepal despite the demanding nature of their training and duties. This aligns with concerns that ongoing nursing shortages and high attrition rates are exacerbated by compensation structures that fail to reflect the escalating scope of nursing responsibilities (Ford and Thareja, 2023;

Nowak and Preston, 2001). While this study identifies a strong correlation between financial incentives and migration intentions, it is important to acknowledge that it does not definitively establish causation. Although research suggests that improving income levels for nurses in developing countries can significantly reduce migration rates, it is not the sole determinant. Studies have shown that low wages primarily drive health worker migration. For example, in Ghana, a wage increase program led to a 10 % reduction in the number of Ghanaian doctors abroad over six years (Okeke, 2014). Similarly, in India, the disparity in salaries between the private and public sectors is a crucial determinant of nurse migration, suggesting that better pay could mitigate this issue (Oda *et al.*, 2018).

Destination countries, while benefiting from the influx of skilled nurses, bear an ethical responsibility to mitigate the potential negative impacts on source countries such as Nepal. Adhering to the WHO Global Code of Practice on the International Recruitment of Health Personnel is essential to ensure equitable recruitment practices and prevent the recruitment of nurses from vulnerable source countries designated as “red listed,” such as Nepal (WHO, 2010, 2020). While nurse migration poses significant challenges, it is crucial to acknowledge the potential benefits it can offer to both source and destination countries. For source countries like Nepal, the diaspora of nurses can lead to increased remittances, which can contribute to economic development (Adhikari, 2023). Additionally, migrant nurses can gain valuable experience and skills abroad, which they can bring back to their home countries upon their return, thereby enriching the local healthcare workforce (Efendi, McKenna, *et al.*, 2021). Destination countries benefit from the arrival of skilled nurses, as they can mitigate workforce shortages and deliver culturally competent care to their populations (Chanda and Ghosh, 2022; Stokes and Iskander, 2021). By adopting a balanced and ethical approach, the potential benefits of nurse migration can be harnessed while mitigating its negative impacts, ultimately contributing to a more equitable and sustainable global healthcare workforce.

5. Limitation and future research

This exploratory study provides crucial insights into factors influencing nursing students' migration intentions. However, several limitations must be noted when interpreting the research. The study utilized a limited, non-randomized sample from a specific geographic area. While it provided valuable insights, the generalizability of the findings is constrained due to the diversity among nursing student populations on a global scale. Recruitment approaches also warrant caution regarding underlying participation biases. Consequently, incorporating larger-scale multi-country investigations could strengthen result implications. Additionally, the present analysis centered on students' intentions rather than tracking actual mobility over time. While early motivations provide crucial indicators to guide proactive retention, uncertainty persists surrounding intention-behavior consistency amid the complex decision dynamics involved. Longitudinal migration flows research is vital for connecting emerging aspirations to eventual destinations and practice contributions. Although this study aimed to recruit nursing students of all genders, the seventeen eligible final-year undergraduate nursing students were all female. Male nursing student may have different perspectives compared to their female counterparts. Therefore, future research should aim to include male students to gain a more comprehensive understanding of the factors influencing migration intentions within the nursing student population.

6. Conclusions and recommendations

The study reveals the complex factors that drive nursing students in Nepal to contemplate migration. The allure of professional recognition, personal growth, economic stability, and personal safety in destination countries casts a long shadow over the systemic challenges that persist within Nepal's healthcare landscape. The path forward necessitates a

concerted effort to bridge the chasm between educational ideals and clinical practice, ensuring that nursing graduates are equipped to navigate the complexities of the healthcare system and contribute meaningfully to patient care. Empowering nurses through participatory action research and leadership development programs can foster a sense of ownership and agency, enabling them to actively shape their professional environment and advocate for their needs. The pervasive power imbalances within healthcare hierarchies must be dismantled, fostering a collaborative model recognizing nurses as equal partners in decision-making.

The complexities of these power dynamics necessitate further exploration, particularly through participatory action research that actively involves nurses in identifying and addressing workplace challenges. Including other healthcare professions in this process is crucial to understanding and dismantling the deeply entrenched hierarchies that perpetuate these imbalances. Building bridging social capital and engaging those in higher power positions can facilitate collaborative solutions and create a more equitable and supportive work environment for all healthcare professionals. Furthermore, fair and equitable compensation that reflects the evolving scope of nursing practice is essential for retaining skilled professionals and acknowledging their contributions. Establishing safety protocols to protect nurses from violence and political unrest is equally crucial, ensuring a secure and supportive work environment.

The recommendations arising from this study are not a panacea but rather a call to action for long-term, sustainable change. The journey towards a resilient nursing workforce in Nepal demands a collective commitment from policymakers, educational institutions, healthcare leaders, and the nursing community itself. By fostering a culture of collaboration, empowerment, and respect, Nepal can create a healthcare system that values and retains its nursing talent, ultimately benefiting both the profession and the patients it serves. The road ahead may be arduous, particularly in the context of resource scarcity, but the pursuit of a nurse-empowered future is an investment in the health and well-being of the nation.

Ethics approval and consent to participate

Ethical approval was obtained from the Nepal Health Research Council (NHRC-133/2023), the ethical committee of the Faculty of Nursing at Chitwan Medical College, Nepal (CMC-IRC/079/080–154), and BP Koirala Memorial Cancer Hospital Nursing College, Nepal (Ref No: 133/0791080).

Consent for publication

All participants participated on a voluntary basis and gave their informed consent.

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CRediT authorship contribution statement

Animesh GHIMIRE: Writing – original draft, Visualization, Methodology, Investigation, Conceptualization, Data curation, Formal analysis, Writing – review & editing. **Yunjing QIU:** Writing – review & editing, Supervision, Formal analysis, Data curation, Methodology. **Basanta THAPA:** Investigation, Formal analysis. **Mina RANABHAT:** Formal analysis, Investigation.

Conflict of interest

The authors declare no conflict of interest.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data is not publicly available due to privacy or ethical restrictions.

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