

# CASE STUDY 5



*...there should be improvements in nurses' work conditions, workload, salaries, and more opportunities for their career growth, only these improvements would bring the nurses working abroad back to India*  
- Susan Samuel John

**SUSAN SAMUEL JOHN** has been working as an Associate Professor at a private nursing college in a district in, Kerala, India, since 2006. She lives with her family in a small township near Kottayam, Central Kerala. Her husband works as a Bio-Medical Engineer at Kottayam Medical College and she has two school-aged children.

Sister Susan graduated from a reputed nursing college in Delhi in 1995. After completing her BSc Nursing, she joined an established hospital in Delhi, where she worked until 1997.

## PRE-MIGRATION

Working at the Delhi hospital was a good professional experience for Sister Susan. The hospital provided good quality healthcare to patients, staff adhered to protocols of care, and the facilities available were of high standards, almost on par with international standards. However, even though the hospital was in India's capital city and had the best amenities, felt her workload was excessive and the pay was not satisfactory. Sister Susan feels that even now most hospitals in India do not have mechanisms to evaluate and regulate their staff's workload causing nurses to carry a burdensome workload and work for long hours. Hospitals also lack mechanisms to motivate staff, such as good pay packages.

The poor condition of the nursing cadre had started to de-motivate her. She would have loved to keep working in India if the salary and work conditions were better. In the present situation, she could hardly send back money to her family in Kerala. Sister Susan decided to look for work outside India and earn a salary that would help support her parents and siblings.

Sister Susan looked at all the countries that offered well-paid nursing jobs like Kuwait and Saudi Arabia. She had learned from friends that one could work with more professional freedom in the Gulf countries. In addition, many people from her home state of Kerala (Keralites) lived and worked in Gulf countries and they had built a good social support system. There was the possibility of working in a Western country, but the laws were stringent. Sister Susan had heard that the people who worked in the West found it difficult to save or send money back to their families, due to the high taxes. This information tilted her decision towards the Gulf countries, as financially supporting her family was a top priority.

Recruitment was handled by a private agency in Mumbai, which had placed the job advertisement in Times of India (a leading English newspaper). Sister Susan applied for a job in Bahrain in a government hospital and was selected. She did not have to pay any service charges for recruitment and the entire process was smooth and transparent. She underwent a free medical check-up and the recruitment process was completed in three months.

## MIGRATION

Sister Susan joined a Bahraini government hospital in 1997. The salary offered was almost eight times the salary that she earned in India. She received an excellent, furnished, three bedroom accommodation, which she was to share with two other ladies. The hostel was within walking distance of the hospital and had adequate security for the female staff.

Newly recruited nurses were given a proper induction and were oriented to the hospital and its systems. Initially, worked under a preceptor or nursing mentor, who mentored her for a month until she became familiar with the new system and was able to manage independently. The work condition was very good, compared to Indian hospitals. The hospital was equipped with advanced technology and infrastructure and provided quality health care facilities. Besides salary, had access to free medical treatment. The hospital environment was excellent and she found her colleagues cooperative. The hospital even arranged transportation for the nursing staff if they wished to go to the market. Sister Susan stated, with satisfaction, that she enjoyed the respect given to her as an individual and as a professional in her new position. She never experienced rude behaviour from colleagues or patients. She felt taken care of and safe.

Although this was the first time Sister Susan had worked outside India, she did not experience any cultural shock. She was able to follow her routine life as she did in India. She could follow her religious practices and go to a local church in Bahrain. She did not have to wear a veil 'parda'. The local "Keralite" community provided her with a strong support group and she attended cultural functions and gatherings within that social circle. The quality of life was good and she found it easy to settle down. She learnt the local language quickly, enabling her to improve her work performance and provide better nursing care.

Sister Susan worked in Bahrain for one and half year. Thereafter, she moved to the neighbouring country Qatar where she worked for three and a half more years. Her work situation in Qatar was much better than Bahrain, where migrant staff had job security, received a very good salary, and the workload was better distributed and managed. In Bahrain, however, the government had started encouraging more local staff and hired just graduated nurses, out of the local nursing college, thus affecting the job situation for the migrant workforce. The local nurses got better salaries and were favoured for promotions. Sister Susan recalled that there were incidences where the migrant nurses were assigned "lower level nursing tasks", but the local nurses were exempted from these tasks. In Qatar, she felt the work condition was more supportive to her. But, in general, the atmosphere in both countries was cordial and supportive.

Sister Susan is happy with her overall experience of working abroad and considers it to be a very positive chapter in her life. She was very satisfied with the remuneration that she received. She was entitled to an annual leave for 45 days and, every alternate year, the hospital provided a two-way fare to India for vacation. She gained good experience working in the quality hospitals in the Gulf. All staff received regular in-service education and monthly training. The hospitals provided opportunities for continued education in the form of short courses to improve knowledge and skills in nursing care. She completed an advanced cardiac nursing course while working there. The hospital appointed nursing educators who ensured that quality training and mentoring was provided to the staff. Sister Susan says she gained professionally and personally by working in the Gulf.

Sister Susan got married while she was working in Qatar. Her husband stayed with her in Qatar for about a year, but had to return to India since he could not get a job or a work visa. Sister Susan continued to work in Qatar for another year and then decided to come back to India to be with her husband and family.

Rejoining her family was the major reason for Sister Susan's return to India. Another reason prompting her return was her eagerness to complete a master's degree in nursing. In the Gulf, there was limited opportunity for higher education. After she decided to leave Qatar, she submitted a one month notice to the hospital. The relieving system in the hospital was smooth and hassle free. The authorities settled all the dues, including gratuity, before she left.

She was able to achieve her objective of gaining financial security, the primary reason that she had migrated out of India. This position enabled her to buy some land for her family in Kerala. Sister Susan returned to India in 2002.

## **RETURNING BACK**

When she left her job in the Gulf, Sister Susan was aware she was returning to a place where job opportunities were poor. It was a professional risk for her. One solace was the fact that, by then, her husband had a regular government job in India. She says that there are several nurses who have had to continue working in countries away from their families, because there are few opportunities in India and the salary is meagre.

Prior to her return, she did not make any plans or search for any jobs in Kerala. She thought it would be best if she did her research after she came back. Shortly after her return, she became painfully aware of the reality, that the situation for nurses had not changed much in the years she had lived abroad. Jobs similar to hers in the Gulf countries were impossible to come by in India. She opted out of jobs in private hospitals which paid less and did not offer a satisfactory working condition. She decided that if she failed to find a suitable career option in India, she would look for work abroad in a Western country.

Sister Susan spent a year taking care of her child and the rest of her family while simultaneously preparing for the entrance examination for the Master's degree. These times were not easy and the family had to face considerable financial problems since she had stopped earning a salary. She held on to her positivity and managed to tide over this rough patch. She was hopeful about getting a better job after completing her master's degree. Above all, she was happy to be with her family.

Sister Susan joined a public Nursing College in Kerala and graduated with a Master's in 2006. She had the option of joining one of the Employee State Insurance (ESI) hospitals as a staff nurse, which was a government job. However, she opted for the academic profession since she did not wish to return to unrewarding work system in clinical care. She joined a private college of nursing as a lecturer where she is currently employed. Since this is a teaching position, the nature of the work is very different from her clinical experiences in the Gulf so they cannot be justly compared. She finds her current work environment is good and she enjoys teaching.

## **LOOKING BACK...**

Coming back to India was a major challenge for her professionally. She realized that in the Gulf countries she had been working in some of the best hospitals, with the best equipment, and in well functioning environments and systems. She realized that after this experience it would not be easy for her to work in hospitals in India, where the working conditions were not satisfactory and the systems were not modernized or well functioning. These factors (plus the unsatisfactory remuneration) discourage most health workers, especially nurses, from coming back to India.

Health systems in India, both private and public, should be able to effectively utilize human resources, Sister Susan says. The nursing education system needs to be regulated so as to ensure good quality training. Policymakers should address the issue of limited career opportunities for professionals. The cadre of 'nurse practitioner' should be institutionalized. In Sister Susan's opinion, this will open a window of opportunities for India's nurses and will encourage them to come back if they have gone abroad.

Nurses are often not able to practice what they learn and are often burdened with unskilled tasks like shuttling patients to tests and investigations, and collecting laboratory reports. This belittles their skills and leads to wastage of crucial health resources. Sister Susan says that the Indian health system should learn from countries abroad and optimally use nurses for

providing nursing services only. Sister Susan also noted that in India there is a huge disparity in the salaries between doctors and nurses. In private hospitals, 75% of the profits are shared with the doctors. On the other hand, nurses are forced to work for longer hours and are compensated poorly.

Sister Susan feels the salary system of private hospitals should be improved and that the government should provide support through partial contributions. She reminds us that the health care of the population is addressed by public as well as private hospitals; hence it is the government's responsibility to facilitate improvements in the private system as well. She also suggested to address of the salary disparity between the doctors and nurses. Adequate importance should also be given to strengthen on-the-job trainings for nurses and promote continued education for them. Although there is a Continued Medical Education (CME) system for nurses, which requires them to attend 150 hours of classes; most nurses are not able to do so as they are often not relieved from duty for that much time. Such trainings and education improve the work performance of nurses and improve patient outcomes; therefore, hospitals should encourage them. Salaries should also reflect a significant raise for those completing higher studies.

## CONCLUDING

Sister Susan says she would advise health workers working abroad to continue working there if they are with their families. She finds it difficult to promote migrants to return to work in India given the existing work environment and pay, especially in the private sector.

She concludes saying that there should be improvements in nurses' work conditions, workload, salaries, and more opportunities for their career growth in India. Only these improvements would bring the nurses working abroad back to India and help improve the grossly inadequate nurse/patient ratio in our country.

