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To Stay or to Go?

Comparison of Migration of Nurses from Ghana and India

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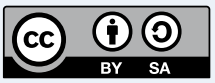

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Comparison of Migration of Nurses from Ghana and India

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1 Introduction

The Global Partnership Network (GPN) is a network of universities and civil society groups that conduct research, teaching, and training in all continents around SDG 17 "Global Partnership for Sustainable Development." GPN was founded in 2020 and is concentrated on knowledge creation, global economy, and development cooperation (*Global Partnership Network*). In light of global inequities and neocolonial asymmetric power relations, it is a great platform for organising comparative studies in various parts of the world and analysing transnational dynamics in the global economy. The project "*To stay or to go? Recruitment and Outmigration of Nurses from Ghana and India*" focuses on so-called Global Care Chains, another type of Global Value Chains and Global Supply Chains, which have become significant axes in the global market and economic development parallel to transnational production chains (Hochschild 2000; Yeates 2010). In the second half of 2023, the project was implemented by the University of Cape Coast (UCC), Ghana, with Dr. Angela Aakorsu, Prof.Kingsley Pereko and Dr. Nancy Innocentia Ebu Enyan as coordinators, and by the Jawaharlal Nehru University (JNU), New Delhi, India, with Prof. Praveen Jha, Prof. Sanghmitra Achraya and Prof Ramila Bisht as coordinators. Dr. Christa Wichterich from the GPN advisory board was the initiator and overall organiser of the project. Scholars and PhD students authored five papers in each country, and end of November 2023 a public webinar was conducted in each country.

Transnational healthcare chains – formally or informally organised - have been in place since the 1960s as a post-colonial labour regime to address social reproduction crises and a significant scarcity of health workers in the OECD region. They indicate a new international division of labour in reproductive and care work, based on North-South, economic inequalities and power asymmetries. Healthcare professionals, mostly women, move from the Global South to the Global North, from less wealthy to affluent nations. The export of care workers is used by governments in the South as a development strategy to gain remittances in foreign currency and to lower unemployment and poverty. To reorganise their domestic healthcare systems and handle the crisis of nursing on a low budget, governments and municipalities in the Global North initiate recruitment campaigns that address and attract healthcare labour (Wichterich, 2024a). These pathways of migration which organise and channel the export and import of labour, became themselves a profitable market for commercial agencies, and entrepreneurs.

During the COVID-19 pandemic, in most countries, the lack of healthcare provisions, equipment, and professionals as well as the infringement of people's right to health became evident. In many countries, healthcare work gained visibility and public recognition as never before. Applause, clapping and singing by civil societies and governments for the life-saving but risky endurance of healthcare workers publicly acknowledged the value of nursing which was always considered work of low value. In the Global South, the appalling situation during the pandemic deepened concerns about the outmigration of healthcare personnel. The OECD nations, however, stepped up their recruiting and care extraction tactics, frequently supposing that there would be an excess of nurses who were unemployed in countries of the Global South. Certain jurisdictions, like in UK and Germany, made immigration easier, and normalise the transnationalization of health care to manage their shortage of nurses and the crisis situations in their hospitals. It is a paradox that a greater number of nurses departed from Global South nations, such as Ghana and India, underscoring the tension between the individual freedom to migrate and the human right to health in their home countries. While governments of the Global South didn't substantially strengthen their efforts to keep the much-needed nurses in their home countries.

An important reference point for debates about global inequalities is the code of conduct for the recruitment of health workers, which was released by the World Health Organisation (WHO) in 2010. As the transnationalization of health care work became more commonplace but remained unregulated, this list included 57 countries, among them Ghana and India, that experienced a critical shortage of health personnel and should be excluded from consideration for recruitment (Cometto et al., 2023; Taylor & Dhillon, 2011). Although the goal of ethical and equitable hiring practices was promoted, the code is optional rather than legally binding and mandatory (Wichterich, 2024a). December 2021 saw the publication of an updated list that didn't include India anymore. Kerala was immediately included in the "triple win" programme of the German Federal Employment Agency and the Gesellschaft für Internationale Zusammenarbeit (*GIZ*). Through this project, the German government normalises the spatial fix of the country's social reproduction dilemma. The "triple win" formula promises a) fair working conditions in Germany, b) a brain gain for Kerala, and c) to help overcome the shortage of nurses in Germany (*Bundesagentur für Arbeit*). It presupposes equal chances within a system of global inequities and covers up the prevailing power asymmetries in this migratory regime (Wichterich, 2024b).

The German government's plans to fund a "migration and development centre" in Ghana to support Ghanaian nationals who have returned from Germany or have been deported is another contentious matter (African Courier 2023). The centre wants to mobilise potential applicants and provide information about hiring healthcare workers, but the sending state is responsible for setting up the training. Both these cases call into question the transnationalization of health care labour in global care chains.

The present paper analyses this complex scenario in the frame of the dilemma of an individual right to migrate and a citizen's right everywhere to health. It synthesises the articles contributed to the Global Partnership Network by giving an overview of the five papers from Ghana and five papers from India, and the two webinars which have both been published as Working Papers on the GPN website (GPN / Wichterich 2024a; GPN / Wichterich 2024b). Comparing the two Working Papers, this review takes a helicopter position to explore what facts, trends and perspectives India and Ghana do have in common, and what differences are evident. An underlying question is whether these Global Health Care Chains are actually a form of economic partnership.

2 Summary of five Ghana papers

The five papers from Ghana collectively provide a comprehensive understanding of the intricate dynamics surrounding the migration of Ghanaian nurses, addressing various facets of this critical issue.

2.1 Out-Migration of Ghanaian Nurses to Developed Settings: Implications for Health Delivery

Sarah Ama Amoo and Nancy Innocentia Ebu Enyan

This paper explores the implications of the ongoing exodus of Ghanaian nurses on health delivery. The findings reveal a substantial increase in the migration of Ghanaian nurses to North America and Europe, driven mainly by economic concerns and the pursuit of improved working and living conditions. This mass migration has led to considerable delays in accessing healthcare services and a shortage of basic health care in Ghana. Without immediate intervention, the health system in Ghana is poised to face numerous adverse consequences. The paper emphasizes that the loss of Ghana's nursing labor force to developed countries poses a serious threat to the citizens' access to quality primary health care. The study highlights the significant implications of nurse migration in Ghana, emphasizing the need for policymakers and healthcare institutions to prioritize fair wages, improved working conditions, and manageable nurse workloads to enhance nurse retention. By comprehensively addressing these factors, a more stable and satisfied nursing workforce can be achieved, ultimately improving the quality of healthcare services. The study suggests conducting longitudinal studies to track migration decisions over time and exploring qualitative aspects of job satisfaction through in-depth interviews. These initiatives contribute to a deeper understanding of nurse migration dynamics, informing policies for improved healthcare delivery (Amooh&Enyan, 2024).

2.2 The Driving Factors of Nurse Migration in Ghana

Kofi Ameyaw Domfeh, John Eliasu Mahama, Isaac Boadu,
Edward Kwabena Ameyaw, Kingsley Kwadwo Asare Pereko

This scoping review paper explores the driving factors behind the nurse migration profession in Ghana. The challenges faced by nurses have been further intensified by the COVID-19 pandemic, leading to increased burnout and intentions to leave their positions. In Ghana, where up to 69% of nurses and midwives express intentions to leave their positions, burnout and workplace violence emerge as critical factors affecting nurses to emigrate. Key themes such as age, job satisfaction, and workload emerged from the study, highlighting the multi-faceted nature of challenges faced by nurses. Wages were identified as a crucial determinant, emphasizing the need for fair salaries and additional incentives for rural postings. The study underscored the significance of equitable remuneration in reducing attrition. Job satisfaction, influenced by working conditions, recognition, and interpersonal connections, was crucial, with pay structure and administration, along with pay raises, significantly impacting job satisfaction. Workload, particularly excessive and inappropriate workload, emerged as a major driver of nurse turnover, linked to insufficient staffing levels and exposure to occupational hazards.

The study's implications are profound, suggesting that policymakers and healthcare institutions should prioritize fair wages, improved working conditions, and workload management in nurse retention strategies. The study highlighted that to build upon this research and further contribute to addressing healthcare workforce challenges, future directions could include longitudinal studies to track nurses over time, exploring how migration decisions evolve in response to external factors like policy changes or economic conditions. Additionally, delving deeper into the qualitative aspects of job satisfaction and psychological climate through in-depth interviews and focus group discussions can provide nuanced insights into nurses' experiences and perspectives (Domfeh et al., 2024).

2.3 Is Ghana government powerless to mitigate nurse migration? A review of evidence

Edward Kwabena Ameyaw, Kingsley Kwadwo Asare Pereko, John Eliasu Mahama, Isaac Boadu, Kofi Ameyaw Domfeh

This study reviews the existing policies and actions of the Ghanaian government related to the retention and migration of the nursing workforce, examining potential inconsistencies and evaluating the government's role as either an enabler or supporter of retention efforts. In the first quarter of 2022, approximately 30,000 nurses left Ghana in pursuit of better opportunities, posing a serious threat to the nation's healthcare system. Drawing insights from successful examples in other countries, the review proposes recommendations aimed at reversing the alarming trend of nurse out-migration, safeguarding the nursing workforce, and alleviating strain on the healthcare system. While acknowledging government initiatives to address healthcare professionals' emigration, the review identifies the absence of a dedicated policy framework to curb nurse out-migration, posing serious threats to the health sector's progress and necessitating urgent attention. To mitigate these challenges, the government is urged to focus on improving nurses' conditions by increasing remuneration and introducing allowances.

Additionally, sponsoring nurses for further education, expanding postgraduate study opportunities, and continually upgrading healthcare facilities are recommended strategies. The need for a specialised regulatory framework to control the rate of nurse migration from Ghana is highlighted, stating that the government is not at all powerless but it has to deliver (Ameyaw et al., 2024).

2.4 The Influence of International Policies on Health Workers' Migration

John Eliasu Mahama, Kofi Ameyaw Domfeh, Edward Kwabena Ameyaw, Isaac Boadu, Kingsley Kwadwo Asare Pereko

This scoping review has undertaken a comprehensive examination of health worker migration policies, incorporating international policies starting with structural adjustment programmes, bilateral labor agreements, and destination country practices. The intricate landscape of health worker migration is closely interlinked with the dynamics between source and destination countries, carrying significant implications for the global health workforce. International policies, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel, play a pivotal role as ethical guidelines, discouraging the active recruitment of health workers from source countries facing healthcare worker shortages. However, the effectiveness of these global policies heavily hinges on the commitment of destination countries, highlighting the interdependence among nations. Bilateral labor agreements, such as those exemplified by the UK-South Africa partnership, play a crucial role in shaping health worker migration patterns by providing a framework for ethical recruitment collaboration. Initiatives like Germany's "Triple Win" project and France's qualification recognition agreements exemplify the reciprocal advantages attainable through collaborative efforts.

The dynamics of health worker migration are significantly influenced by the policies adopted by destination countries. Policies that offer competitive salaries and favourable working conditions make these nations attractive to healthcare professionals. Nevertheless, the study highlights the ethical responsibility of destination countries, underscoring that these appealing incentives may potentially exacerbate the "brain drain" phenomenon in source countries. The review paper concludes that in the face of persistent challenges and evolving global dynamics, it is crucial that policies and frameworks undergo continuous evolution. This process should prioritize fostering cooperation between nations and advocating for ethical recruitment practices. Such endeavours are indispensable to guarantee equitable healthcare systems, address workforce shortages, and safeguard the rights and well-being of healthcare professionals worldwide (Mahama et al., 2024).

2.5 Public Debate on Nurse Migration in Ghana – A Newspaper Content Analysis

Isaac Boadu, John Eliasu Mahama, Kofi Ameyaw Domfeh, Kingsley Kwadwo Asare Pereko, Edward Kwabena Ameyaw

The core of this paper revolves around the intricate dynamics of global health equity, the sustainability of healthcare systems, and individual rights. This study aimed to investigate newspaper coverage and opinions related to the migration of nurses from Ghana. Through a content analysis of six popular news agencies, the findings reveal that a significant majority of published articles on nurse migration occurred after the COVID-19 pandemic (83.3%), with a prevailing sentiment against nurses' emigration (64%). Push factors identified include low remuneration and poor working conditions, while pull factors involve high demand for nurses in high-income countries (HICs), better working conditions, and higher remuneration. Outmigration is perceived as a problem rather than a chance for brain gain. Support for the emigration of nurses comes from the Ministry of Health, which emphasises streamlined emigration to address unemployment, offer financial benefits, and enhance professional knowledge.

The large number of missing jobs and jobless nurses in Ghana is the reason behind the government's strong support of the simplified emigration of Ghanaian nurses to Barbados and the United Kingdom. In contrast, the media and healthcare professional bodies oppose nurses' emigration, emphasizing its role in causing shortages of skilled and experienced nurses, adversely affecting the quality of healthcare services in the country. Proposed strategies to address emigration include providing better working conditions, competitive remuneration, motivation, and opportunities for professional development. The study's findings identify a divergence of opinions, with the media and healthcare professional bodies advocating for immediate attention to nurse retention, while higher authorities in the health ministry endorse a streamlined approach to nurse emigration, acknowledging its financial benefits and potential to alleviate unemployment (Boadu et al., 2024).

2.6 Webinar on 21st November 2023: Outmigration of Nurses from Ghana

The presenters focused on the core reasons for the problem—poor working conditions, a lack of resources, and economic aspects including low pay and expensive living expenses—while discussing the nurse migration issue in Ghana. They also talked on the moral conundrum that arises when nurses migrate and people need healthcare, stressing that a nurse's departure might make it more difficult for the local population to receive treatment.

2.6.1 Navigating the Nursing Exodus

Insights, Challenges and Strategies for Ghana's Healthcare Future – Reflection on Migration Trends

Anarfi Asamoa-Baah

Asamoa-Baah highlights that while poorer nations focus on producing more nurses, wealthier countries resort to poaching from economically disadvantaged regions, a practice dating back to the 1960s and 70s. The importance of global collaboration is highlighted so that the nurse exodus problem can be addressed by considering policies in both source and destination countries effectively addressing the issue demands a thorough understanding of its "epidemiology" — identifying who, where, when, how, and why. Unfortunately, detailed data is often lacking, emphasizing the need for comprehensive documentation to inform policymaking. It is also stressed that the current policy thrust of the Ghanaian government involves "managed emigration," allowing nurses to leave without discouragement. Thus, to address the situation, key areas requiring attention include improving wages, providing better living conditions, upgrading facilities, creating more career opportunities, and managing migration through bilateral agreements and return policies. Collaboration with international organizations, reinforcing training institutions, offering special packages for tutors, addressing infrastructure gaps, utilizing technology, and developing soft skills for student nurses are crucial steps. Lastly, it is emphasized that engaging stakeholders and the public is vital for striking the right balance between nurses' right to emigrate and citizens' right to receive quality healthcare (Baah, 2024).

3 Summary of five India papers

The papers discuss the international migration of female nurses from India, explore existing migration theories, examine the fairness in international healthcare workers' recruitment, investigate current newspaper debates on the migration of nurses from India, and the challenges faced by foreign nurses in Germany.

3.1 Movement of Female Nurses from India: A Discourse on Existing Migration Theories

Reema Gill, Sneha Maji, Sanjeet

This review paper seeks to elucidate the various stages and significant aspects of international labor migration originating from India, with a specific focus on female migration. It explores female nursing migration within the broader context of the extensive transnational movement of female care workers, particularly from developing to developed countries. To understand the case of South Asian nurses migrating to industrialized nations, this work analyzes current migration theories and discusses potential directions for an integrated theoretical approach. The paper critiques the Global North's reliance on the Global South, particularly through the utilization of surrogate human resources for health (HRH), as a cost-effective solution to address their HRH shortages. Nurses play a significant role in this global movement, reflecting broader issues related to the regulation and governance of international migration in the healthcare sector. The paper acknowledges the limitations of current migration theories in addressing the gender dimension adequately and proposes future empirical research to explore the determining factors behind women's migration decisions. It aims to contribute to filling existing gaps in understanding female independent migration in the nursing profession (Gill et al., 2024).

3.2 Literature Review of International Migration of Nurses from India

Daisy Zacharia

This literature review paper, conducted through content analysis, aims to focus on arguments and questions that shape current research about nursing migration from India. The study reveals that nursing in India has changed due to the influence of colonialism and religion. Earlier research also pointed out how colonial history and Western education institutions played a role in creating pathways for international migration within the nursing profession. These studies further emphasize the pivotal role of cultural and religious networks, coupled with the presence of diaspora in destination countries, in facilitating the mobility of skilled migration in the field of nursing. Researchers have examined the factors affecting nurse mobility and how it impacts both the countries they go to and where they come from. However, because international nurse migration is continually changing, studies need to closely examine the individuals and groups involved. It is essential to understand how the context is changing and how it influences the movement of nurses. Studies also need to look at how nurse migration affects the health systems in the destination countries, emphasizing the importance of paying attention to individual nurses' desires and cultural motivations for relocation. While much research focuses on nurses from Kerala, the study suggests exploring migration patterns in other regions.

The 2022 WHO report highlights Kerala's proactive role in global healthcare worker migration, particularly nurses, sustaining it as a primary source of migrating nurses within and outside India. Kerala's government has established regulatory agencies, Norka and ODEPC, with the latter operating as a travel agency that assists migrating nurses with air travel coordination and provides guidance on visa procedures, labor laws, and travel regulations. The paper highlighted that studies have looked at how institutions and policies support nurses moving to different places. This paper also raises concerns about whether international policies prioritize the requirements of wealthy nations at the expense of developing a more enhanced global health system. Nurses moving around the world happen because rich countries are spending less on healthcare, and their populations are changing. This means they need more nurses from other countries, and the usual ways nurses move are changing. New groups are appearing to handle these increasing needs. The COVID-19 pandemic has made these changes happen faster, showing how important it is to understand how all of this affects the global health system (Zacharia, 2024).

3.3 Exploring Fairness in International Healthcare Workers Recruitment: An In-depth Review of International and German Perspectives

Vaishnavi Mangal

In this paper, the author analyzes international and German sources detailing the ethics and standards associated with the fair recruitment of healthcare workers. The study identifies that the persistent global imbalance in healthcare workforce distribution is fueled by the prioritization of cost-cutting initiatives by affluent countries, neglecting the developmental needs of their own nations. Despite the establishment of the WHO Global Code on International Recruitment of Health Personnel in 2010, its voluntary nature and lack of legally binding provisions have hindered its effectiveness in preventing the exploitation of healthcare personnel. Developing countries are found to invest resources in training healthcare professionals, only to face their departure to developed countries, creating a cycle of resource depletion and hindered progress. The paper highlights the impact of healthcare worker migration on developing nations and emphasizes the need for a nuanced understanding of justice and fairness in international hiring practices. The reluctance of many developed countries to sign binding treaties reveals their desire to engage in recruitment practices that serve their interests without fearing sanctions. Thus, the conflict between economic goals and ethical labor practices highlights the challenges in addressing healthcare worker migration. Hence, the study emphasizes the need for a more comprehensive and enforceable framework to ensure fairness and ethical standards in global healthcare recruitment (Mangal, 2024).

3.4 Current Newspaper Debates on Migration of Nurses from India

Ajit Kumar

The study aims to conduct an analysis of media reports on the outmigration of nurses from India. It wants to provide a content analysis addressing perceptions of nurse migration as brain gain or brain drain. It discusses shortages of nurses, narrates the impact on healthcare delivery in India, analyses the narrative on migration benefits, and delves into the needs, arguments, and advantages of nurses migrating from India to Germany.

The analysis examines how the media reports and public opinions regarding the migration of nurses from India, specifically those relocating to Germany. It reveals contrasting viewpoints on nursing migration from India, with some authors supporting it based on perceived advantages such as better salaries, improved working conditions, and lifestyle in destination countries, contributing to brain gain for India. On the contrary, opposing authors highlight concerns about the shortage of nurses and care service providers in India, emphasizing disparities between public and private hospitals and rural and urban areas. Those against migration primarily include medical doctors, hospital managers, and journalists. Their opposition arises from the observed shortage of nurses, particularly specialized care nurses in private hospitals. Some journalists working in destination countries express disapproval due to poor working conditions and racial discrimination faced by Indian nurses. On the other hand, individuals in favour of migration, mostly nurses, argue that there are many trained nurses in India, especially in Kerala. They believe Indian nurses receive better pay and conditions in the Global North. To address the issue, the study suggests that the Indian government should open more nursing institutes, treat nurses better, gradually increase their salaries, and provide additional training for specialized medical care (Kumar, 2024).

3.5 Navigating the Healthcare Maze: Challenges and Issues faced by Foreign Nurses in Germany

Santosh Mahindrakar

The paper addresses the persistent scarcity of nurses in Germany and the government's initiatives to recruit foreign nurses, notably through the Triple Win project. Launched in 2013, this project has established bilateral agreements with ten countries. However, despite these efforts, only a relatively small number of 4,750 nurses were recruited through these programs within ten years. The paper discusses the experiences of nurses from non-German-speaking countries, exploring the challenges they face in adapting to a new language, culture, and work environment. It raises questions about their ability to effectively communicate and navigate complex rules and regulations in their acquired language. Additionally, it reveals the motivations behind nurses leaving their home countries for Germany, considering factors such as the cost of education. The study concentrates on narrating the experiences of foreign nurses. The author shares insights gathered from discussions and conversations with foreign nurses in Germany, aiming to provide a nuanced understanding of the challenges various social, professional, and cultural challenges in both their workplaces and daily lives. These obstacles are categorized into macro, meso, and micro levels. The shortage of health workers, particularly nurses, is a significant challenge for Germany's healthcare system and is exacerbated by an ageing baby boomer population, contributing to the demographic shift in the nursing workforce. Addressing the issue of ageing nurses and a high dropout rate among nursing students, which stands at around 30 per cent, Germany actively recruits foreign nurses. The study suggests that to effectively tackle these challenges, it is imperative for the government to proactively take the lead, set up state nursing councils and, provide robust leadership to shape the future of the healthcare system (Mahindrakar, 2024).

3.6 Webinar on 29th November 2023: Outmigration of Nurses from India

The discussion aimed to thoroughly explore the complexities of nurse outmigration from India. The presenters covered various aspects of the topic, including determinants of out-migration, barriers to health professionals' migration, fair migration for nurses, customization of skill training in India-UK nurse migration, and pull-and-push factors affecting nurses from the North-Eastern region of India. Overall, the discussion provides a thorough understanding of the diverse issues associated with nurse outmigration from India (Wichterich, 2023).

Dr. M. Prakassama from ANSWERS, Academy for Nursing Studies and Women's Empowerment Research Studies, Hyderabad, discussed the determinants of Indian nurses' migration to the USA and highlighted the evolving reasons for nurse outmigration over time. She emphasized that economic factors; the stigma attached to nursing work in India; and higher autonomy, and respect, in high-income countries are associated with nurse outmigration from India. Prof. Rajan Irudaya highlighted barriers to health professional migration, in particular female, such as obtaining emigration clearance to work in other countries, leading nurses to resort to various means to migrate to destination countries and the barriers they face upon returning to their own country. He raised questions regarding the facilities available in India for returning nurses and also pointed out the need for the mapping of power relations and ongoing processes in nurse migration. Prof. Margaret Walton Roberts highlighted the necessity of global data on nurse migration, emphasizing its importance in achieving universal health coverage by understanding nurses' mobility worldwide at the ground level. Additionally, she pointed out the challenge of collecting data due to multiple immigration pathways into the country and highlighted the importance of sustainable and fair pathways for internationally educated healthcare professionals (IEHPs). She revealed the two-step process of nurse migration from India to Canada that is nurses who are trained in India often come to Canada shortly after their graduation and enroll in college programs as students.

They typically enter post-graduate programs and, upon completing the assessment and licensing processes, work as registered nurses in Canada. Prof. Ramila Bisht particularly focused on the production of customized nurses through the customization of skill training in India, focusing on training nurses for objective structured clinical examinations (OSCE), simulation-based training, and soft skill development. She raised the point that market reforms in nursing education are often conducted under the guise of enhancing skills, while their true motivation lies in market profitability, leading to the engagement of private agencies that escape state regulation. Dr. Shashi Mawar discussed the migration of nurses from Northeast India, highlighting that nurses from the region are migrating both interstate and internationally. She stressed that due to the changing population trend, many nurses travelling outside India are engaged in elderly care.

4 Comparison

The case studies which have been made in Ghana and India (Global Partnership Network, 2024b, 2024a) explore the multifaceted nature of nurse migration and recruitment, revealing not only the forces and actors driving these trends but also their profound impacts on the domestic and international healthcare arenas. This comparative research delves into the two case studies to explore the root causes of migration and recruitment of nurses, the consequential effects on the health systems of both countries and the variety of policy measures enacted in response to these ongoing challenges. Based on the two Working Papers on Ghana and India, this paper aims to dissect the commonalities and differences of nurse migration and recruitment in Ghana and India. It becomes evident that these trends are not merely a matter of labour movement but are closely tied to broader socio-political and economic factors.

4.1 Commonalities and Similarities

The two Working Papers show that historical settings continue to create contemporary realities as we look at healthcare systems and nurse migration patterns in Ghana and India. Both countries share the colonial history of setting up a health care system, nursing as a profession and education of nurses (Gill, 2011; Vrooman, 2023). During the colonial era, nursing education was primarily provided and shaped by missionary institutions with a distinct female connotation (Gill, 2011). After independence, the countries made significant efforts to set up public health systems which can ensure a right to health for all. Development aid and international funding organizations also played a pivotal role in shaping the nursing profession and health systems (for India: Walton-Roberts, 2015; Walton-Roberts et al., 2017).

Both countries have a considerably long history of outmigration of health care workers. Over 8,000 trained nurses departed from Ghana already in 2003, in 2023, 1200 nurses left for the UK alone and 732 in January 2024 (Ocansey, 2024). Nowadays, around 3.000 nurses leave Ghana annually (Ghana Registered Nurses and Midwives Association, 2023).

Already in the 1960s, the emigration of young Indian women and nurses began, with Kerala as the main source of outmigration. Many early migrant nurses obtained their nursing diplomas through channels such as churches, or mission hospitals in Kerala or European countries, e.g. Germany. Most of the later migrants hold graduate or postgraduate degrees and leave the country for enhanced prospects and higher income in the Gulf region. In 2013, 640.000 Indian nurses were working abroad (Irudaya Rajan & Nair, 2011). Before the pandemic in 2019, 10.200 qualified nurses left the country (Walton-Roberts et al., 2022); Post-pandemic an estimated 36.000 or more nurses leave India each year (M.K. 2024). At the same time, the shortage of nurses is appalling, in particular in rural areas and India would need to add more than 4.3 million nurses by 2024 to meet the WHO norm of nurse-patient-ratio of 3:1000 (Tsujita, 2023).

It is a paradox that after the Covid-19 pandemic when the shortage of nurses everywhere was felt very much by the broader public, the exodus of nurses increased, mainly fired by intensified recruitment programmes by OECD countries who had experienced a shortage of health professionals during the pandemic as well. The GPN project "To Stay or to Go" has its focuses on the recent dynamics of migration and recruitment of nurses after the COVID-19 pandemic.

4.1.1 The Economics of Migration of Nurses

Numerous factors contribute to the migration of nurses from Ghana and India, however, in both countries economic factors are decisive. Primarily low income and unfavourable working conditions are push factors in the country of origin which encourage nurses to look for chances overseas. On the background of the economic gap between Ghana and India on the one hand and better economic opportunities in destination countries, the temptation of greater income and a better standard of living abroad are pull factors which promise to better their financial prospects and support their families. In Ghana, nurse migration is also influenced by other issues like the unemployment of nurses, resource scarcity, poor infrastructure, and unstable political environments.

The case studies of Ghana and India found that the patterns of outmigration are significantly influenced by working conditions. Nurses in India frequently face issues like excessive workloads, long hours, low staffing, and little funding in the country's healthcare system. Nurses experience burnout and discontent due to the high demand on the healthcare system and the absence of infrastructure and support mechanisms. As per a staff nurse working in a government hospital in Delhi, the nursing profession in India is becoming increasingly demanding and less appealing due to extended work hours, relatively lower wages, and restricted opportunities for career advancement (Kumar, 2024).

In a similar vein, non-decent working circumstances in Ghana cause nurse migration. Ghanaian nurses deal with problems such as low staffing, a shortage of supplies and equipment, and demanding work settings with high patient-to-nurse ratios. Ghanaian nurses become frustrated and disillusioned due to a lack of resources and the pressure to provide quality care despite systemic obstacles. This drives them to look for opportunities overseas where they can practice in settings with better support systems and infrastructure.

An important reason for the migration of nurses from Ghana and India is the desire for a higher standard of living. Nurses from India are drawn to foreign countries where they might experience better socio-economic conditions overall, as well as a higher standard of living, better healthcare facilities, and educational prospects for their children. Many Indian nurses who wish to migrate to nations with more developed social welfare and economic systems do so primarily because they want a better life for themselves and their families.

Similarly, nurse migration in Ghana is also motivated by the need for improved living conditions and the search for overseas opportunities where they can attain a higher quality of life and greater socio-economic stability, driven by the desire to improve themselves and their loved ones. Better housing, healthcare, education, and general living conditions are factors that nurses hope to provide to their families, and which seem to be easier to achieve in destination nations with more developed economies and social safety nets.

Furthermore, opportunities for professional growth are another important factor in the migration of nurses from Ghana and India because they want to improve their abilities, expand their clinical experience, and progress in their careers. Nurses frequently look for jobs outside to access cutting-edge medical technology, specialised training, and research chances that might not be easily found in the country's healthcare system. To improve their professional standing and career prospects, nurses seek to get advanced degrees, specialised training, and international certifications. The limited opportunities for nurses with higher education in India contribute to the trend of migration to high-income countries while in Ghana primarily specialist nurses are migrating to high-income countries. This trend is driven by their frustration resulting from the limited opportunities for post-graduate training, and mentorship programmes, to practice independently and develop their full potential in the home country (Zacharia, 2024).

Table 1: Push and Pull factors of Outmigration of Nurses from Ghana and India

	PUSH FACTORS	PULL FACTORS
INDIA	Low pay	Increased income
	Remotely placed jobs	Better work conditions
	Societal stigmatization of the profession	Professional career prospects
	Personal safety	Possibility of freedom, travel and adventure
	High education cost	Higher standard of living
	Burden of loan	Demand for nurses in high income countries
GHANA	Burnout from work	Higher demand for nurses and opportunities
	Workplace violence or unsafe work conditions	Better working conditions
	Income discontent	High remunerations
	Weak government structures	Earn more respect as professionals
	Political instability	Higher standard of living
	Lack of opportunity for skill advancement	Career progression

Both case studies (Mangal, 2024; Ameyaw et al., 2024) refer to the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) and are in favour of fair and ethical recruitment by countries and agencies of the Global North vis-à-vis countries of the Global South. However, they stress that the Code is voluntary and lacks legally binding rules and that it faces challenges in effectively preventing the exploitation of healthcare workers. Therefore international cooperation is crucial to strengthen ethical recruitment practices and address issues related to the migration of health personnel.

The prime destinations for nurses from both countries are the UK, USA, Canada and Australia, actually English-speaking countries. While both governments in the course of time took a number of measures to regulate migration, both of them attempted to expand nursing training to produce an excess of nurses to meet the demand of high-income countries and address unemployment issues in the home country. Kerala's skill development programmes and foreign language courses for nurses highlight a proactive approach aimed at facilitating nurse outmigration. This is given preference by the governments over health service delivery and the right to health for all in the country.

The Working Paper from Ghana speaks about discrimination and challenges which Ghanaian nurses face abroad, in the Indian case study, discrimination is discussed widely by the Indian nurse who is working in Germany. Many Ghanaian nurses report experiencing frustration, discrimination, and restrictions in their destination countries that prevent them from practising at their rightful professional level. This discrimination can manifest in various ways, including limitations on the scope of their duties or being treated unfairly, ultimately impacting their labour rights, overall job satisfaction and professional career.

A significant argument in the debate about outmigration is the factor of brain gain, meaning that nurses would work overseas for some years, and then return home with a rich experience which can be applied in the domestic health sector/market. However, neither in Ghana nor in India there is evidence of a considerable number of nurses returning home and afterwards working in the country of origin.

4.2 Differences

The discourses and recommendations surrounding nurse outmigration exhibit notable differences between Ghana and India.

While in particular, Ghana suffered from the 1970s onwards from a debt burden and structural adjustment programmes imposed by the International Monetary Fund and the World Bank which put severe constraints on public expenses and the development of the public sector, after the neoliberal turn in India with a privatization wave, individual nursing students faced high fees in the private colleges and had to repay a large debt burden for college fees and fees paid to private agencies. Plenty of newspaper articles are available discussing the exodus of nurses in Ghana, indicating a vibrant public discourse, especially during and immediately after the COVID-19 pandemic (Boadu et al., 2024). In contrast, finding corresponding newspaper articles in India was challenging, suggesting a lack of debate on the topic.

In Ghana, 64 per cent of the voices presented in newspaper articles were against nurse outmigration, while 36 per cent were in favour (Figure 1). Interestingly, government representatives and politicians favoured outmigration, which mirrors the state's interest in remittances whereas nurses, medical associations, health service representatives, and the public were opponents. In India, 43.5 per cent of articles were in favour of outmigration, with 56.5 per cent against it (Figure 1). The majority of opponents were medical doctors, hospital managers, and journalists, working in destination countries with poor working conditions and racial discrimination against Indian nurses. Mostly, nurses themselves favoured nursing migration.

Figure 1: The stand of reported news on nurses' migration

In the Ghanaian case study, there was a significant amount of discussion on the adverse impact of outmigration on healthcare provisioning and nursing within the Ghanaian healthcare system. Addressing how to curb this exodus was a major focus of the Ghana Webinar held in November (Baah in WP 2024). The accompanying working paper provided numerous recommendations for the government to consider to reduce emigration (Amooh&Enyan, 2024; Domfeh et al., 2024; Ameyaw et al., 2024, Mahama et al., 2024). In contrast, these considerations were much less prominent in the Indian working paper, and in the webinar, the focus was on "fair" migration. This mirrorsless public debate less concern about health service provisions in the country and a lesser commitment to providing recommendations to the Indian state on this issue.

There are notable differences between the recruitment dynamics in Ghana and India because of differences in institutional structures, legal frameworks, and the need for nurses worldwide. Private recruiting firms are an important source of nurse hiring in India, and they frequently demand astronomical fees from prospective nurses looking for work outside. Additionally, applications for migration have to be channelled through four government agencies, the most important being NORKA-roots and Overseas Development and Employment Promotion Consultants (ODEPC) in Kerala. Private placement agencies have come under fire for taking advantage of weaker people who have no choice but to go into debt. In contrast, bilateral agreements with destination nations or international organisations like the International Organisation for Migration (IOM) and the World Health Organisation (WHO) are frequently used in Ghana to assist in the recruitment of nurses. Even though the goal of these agreements is to guarantee moral hiring procedures and lessen the detrimental effects of brain drain, issues like oversight and control gaps still exist.

The Indian government enacted the Emigration Act of 1983 to govern emigration and regulate recruiting agents. This legislation implemented 'emigration clearance' to protect Indian workers migrating abroad. Additionally, the Act introduced a licensed recruitment system, in which the Protector General of Emigrants (PGE) issues Registration Certificates to Registered Recruitment Agents (Zacharia, 2024). Additionally, the Nurses Bureau under the Health Ministry oversees the hiring and deployment of nurses abroad. In 2015, the Indian Government categorized nurses under the Emigration Check Required (ECR) designation. Within the Emigration Clearance (EC) system, nurses are mandated to seek approval from the Protector of Emigrants office situated in New Delhi (Sharma et al., 2022). This policy has streamlined nurse recruitment, confining them to international contracts sanctioned by government authorities, and ensuring a more regulated and closely monitored emigration process. However, limitations in formal nurse migration rules may push nurses toward private agencies, affecting their freedom and status (Walton-Roberts et al. 2022). This highlights the need for a complete policy structure, as the lack of one has allowed private immigration sectors to grow.

In contrast, Ghana lacks regulations to curb nurse emigration (Kwansah et al., 2012). Though it has a policy framework in place, the challenge lies in the implementation process to address the concerning rate of nurse out-migration (Baah, 2024). Only a few initiatives were found to be taken. Key among them are the provision of allowances during nurses' training to attract personnel and increase the number of trained nurses, the provision of Deprived Area Incentive Allowance (DAIA), and the efforts to equip health facilities to aid in service delivery (Kwansah et al., 2012). Ghana focuses on long-term solutions by investing in healthcare infrastructure and increasing the capacity of nursing schools to produce more skilled professionals domestically (Jaddah, 2018; Pillinger, 2011).

5 Conclusion

In conclusion, the analysis of the migration scenario takes place in a situation of paradoxes, contradictions and conflicts (for an overview see the annex) . Firstly the paradox of the felt crisis of nursing during the pandemic, and the increase of recruitment and the exodus of nurses afterwards, secondly the conflict between the individual right to migration and the universal human right to health in each country; thirdly the paradox of the skill training in the Global South and skill usage in the Global North which make for another geographical gap and division of responsibilities, and finances. The Global Care Chains in which nurses from Ghana and India are involved, function in persisting global structures of inequality and power asymmetries, and a vicious circle they reproduce inequalities and stratified health care services.

In this structural framework, this paper sheds light on the intricate dynamics of nurse migration, explored by the 10 papers from the GPN project on Ghana and India, which have a profound impact on the global healthcare landscape. Both countries, while contributing significantly to the global nursing workforce, grapple with challenges stemming from the migration of their healthcare professionals. Ghana and India serve as compelling case studies, illustrating the economic structures of Global Care Chains and the multifaceted nature of nurse migration and recruitment.

Economic factors, job opportunities, and working conditions emerged as driving forces for nurse migration as push and pull factors from both ends.

The two case studies highlight that the persisting unfavourable healthcare situation in the countries of origin, characterized by uneven geographic distribution, heavy work burden, low pay and low recognition is a root cause of outmigration. Recruitment campaigns and placement offers in the Global North are the corresponding driving forces which attract nurses. Consequently, this migration has perpetuated and deepened the shortage of skilled and experienced nurses in the Ghanaian and Indian health systems, adversely affecting the quality of health service delivery in the nation. It is a kind of vicious circle that the nurses try to escape a non-decent work and income situation in their countries of origin through migration and at the same time reinforce this unfavourable situation by creating a deficit in skilled healthcare personnel and elevating the workload for those who remain. This paper navigates this dilemma and the contradiction between the individual right to migrate and the prevailing violation of the human right to health.

Furthermore, an increased social stratification of health care between the Global North and the Global South becomes evident. The Global North has the means to launch recruitment campaigns to manage crises in its labour market and to attract healthcare professionals from the Global South while the Global South doesn't increase its efforts substantially to improve the healthcare system to keep qualified nurses in the country. Recruitment mechanisms can be coined healthcare extractivism because they exploit the weaker position of healthcare workers in their countries of origin (Wichterich 2019). This results in new asymmetries, in particular the geographical gap between skill training and skill utilisation in the context of the global division of labour.

While we observe these inequalities, notions and programmes like "triple win" cover up the process of care extraction, and uphold globally stratified reproduction connections between affluent and poor, and between the North and South, West and East. Though the governments in Ghana and India attempt to regulate and supervise migration through policies and international agreements, it is not clear how far their efforts go and what they achieve. They give preference to strategies which look for remittances and reduction of the job problem in their countries over running a well-funded and equipped health sector which provides good health services to the entire population.

The shortage of skilled healthcare personnel due to nurse outmigration has tangible repercussions on the quality of healthcare services in both nations and has been critically discussed especially in the Ghana papers. To deal with its current workforce shortfall, Ghana turned even to the recruitment of nurses from other nations. For instance, in 2013, 350 Cuban medical doctors were invited by the Ghana Government to support national health care (Jaddah, 2018).

India draws a workforce, in particular, low-paid service providers and care givers from its northeastern states (Shashi Mawar in the Indian webinar). Instead of targeting to achieve Universal Health Coverage, the nurses trained are globally customized through training in both the countries of origin and destination to meet the specific needs of high-income countries. The assumption of brain gain, meaning the return of health care personnel to the country of origin, could later balance asymmetries but obviously does not happen in one of the countries. The two Working Papers and webinars focus on the micro and mezzo level of nurse migration processes and politics and don't analyse so much the repercussions on the global or macro level (apart from Ramila Bisht's presentation in the Indian webinar). The question of partnership does not come up. Global Care Chains from Ghana and India manoeuvre between North-South-cooperation and intensification of structural global inequalities, asymmetries and neocolonial structures.

The issue of social justice in these transnational structures and relations is taken up in the Ghana papers with regard to curbing the exodus of nurses, and in India with regard to partnership and fairness of recruitment, migration and integration in the destination country. A missing link regarding social justice is in viewing the nurse migration scenario from an intersectional lens. Nursing as a care profession is highly feminised, and this is a significant, often limiting factor to migration. Additionally, class, ethnicity, colonial, religious and rural-urban factors (plus caste in India) play a role in shaping the nursing profession and the candidates for outmigration. This differentiation, an intersectional perspective and the socio-demographic profiling of individuals will help in understanding which healthcare professionals are predisposed for migration and would need policy-level intervention to remain in the country of origin.

Coming in the end to a critical reflection of the GPN project, we have to concede that we didn't succeed in involving NGOs and civil society actors as initially planned[4]. There were only a few inputs made by civil society actors. That is one reason why the aspired impact on or boost for a public debate of the concerned issue was not achieved. However, the research revealed once again the political relevance of the topic and the need to discuss it with a broader public.

Therefore, a recommendation to GPN is to consider whether other countries could be included in the study, e.g. Mexico and South Africa to get an even more comprehensive picture of this complex global relationship between economic cooperation and power asymmetries.

4 One of the Indian authors, Santosh Mahindrakar, who was active as a trade unionist in India, now works as a nurse in a hospital in the German city of Bielefeld amd has brought his critical perspective on labour rights into the debate.

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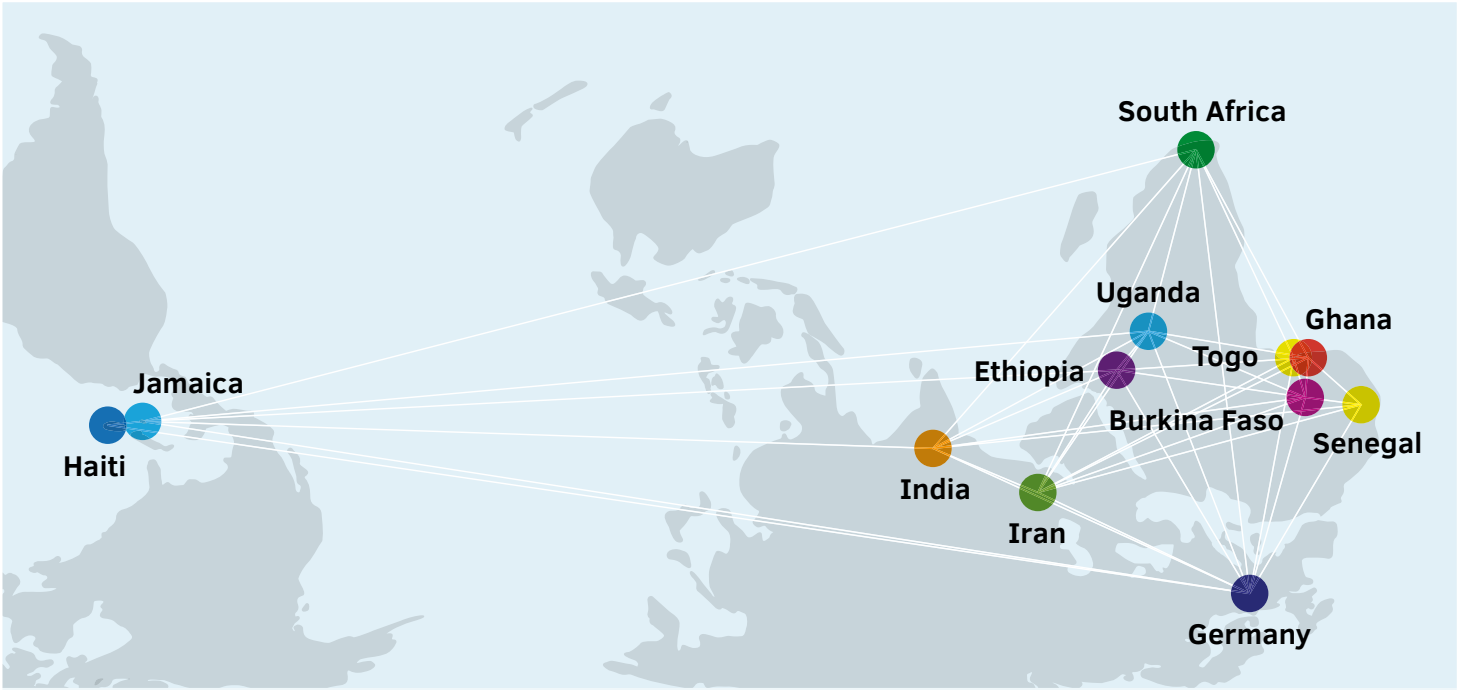

The Global Partnership Network

This world map displays all countries in which GPN partner institutions are located. The South-Up projection draws attention to overcome Eurocentrism and to take a multitude of perspectives and knowledges into account.

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