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Brain drain in Nepal and the plight of young health professionals

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Brain drain, within the context of the health sector, is defined as the migration of health personnel in search of better standards of living and quality of life, higher salaries, access to advanced technologies, and more stable political conditions in different places worldwide.[1] Brain drain is an evident phenomenon in most developing and under-developed nations, but it has been at the forefront in Nepal for decades now. Nepali young health professionals are ready to emigrate to other nations within a few years of completing their undergraduate medical education.

The training of doctors started in Nepal in 1978, with the commencement of the medical program with 22 students at Institute of Medicine, Maharajgunj, Kathmandu.[2] The main objective was to produce doctors within the nation and promote medical practice in rural Nepal. At present, over 20 institutes train medical doctors[3] and roughly 2000 doctors are being produced annually in Nepal.[4] Yet, the density of medical doctors in Nepal is 8.1 per 10,000 population,[5] which reflects both the efflux of trained medical professionals to other nations and the need for doctors within Nepal.

The trend of emigration is alarming and the blaring brain drain phenomenon is increasing with each year. A retrospective study reported that 36.1% of graduates of the first 22 batches of the Institute of Medicine were working in foreign countries. The emigration rate has reached 53% in recent graduates compared to merely 14% in graduates of the early 1980s.[2] In addition, more than half of undergraduate students have thought of emigrating to another country and nearly two-thirds agree that foreign nations provide more lucrative remunerations to doctors.[6]

The underlying reasons behind brain drain can be understood by analysing various factors that govern migration. Migration is a net result of push and pull factors.[3,7] Within the sphere of health professionals, these "push and pull factors" have been contexualised in various studies.[3,7] Identified push factors include low salary, low job opportunities, unsatisfactory working conditions, lack of professional developmentand specialist training, and political instability in the home country. Similarly, pull factors include high employment opportunities due to shortage of health staff, higher salary, better working conditions, and "family and friends" links in destination countries.[7]

In Nepal, several factors are at play which are influencing the emigration of doctors. In a recent study conducted within the Kathmandu valley, the annual income of nearly half of the doctors was less than five-lakh Nepali rupees per annum.[8] The difference between the annual remuneration for a doctor in Nepal and USA is more than 18 folds.[2] Remuneration for an early career medical officer, serving in urban areas is low. In turn, younger doctors and recent graduates yearn for better wages and are more prone to job dissatisfaction.[9] Though lucrative employment opportunities are available in rural areas within Nepal, doctors prefer urban areas, where they can enjoy urban facilities and for a perceived better quality of life. It is also essential to assess the professional quality of

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life of doctors as a major factor contributing towards brain drain. The professional quality of life in Nepal (assessed by the WHO Professional Quality of Life Scale-5) needs improvement. Nearly two-thirds of doctors were found to have 'Burnout' and more than two-thirds of doctors were found to have 'Secondary Traumatic Stress'.[8] There is also a significant inverse correlation to the number of hours of work in a week and job satisfaction. There is a standard five-day per week working culture in most developed nations with stringent labour laws. In Nepal, mean number of days worked by doctors in a week is 5.74 ± 1.52 days and the mean number of hours worked in a week is 53.19 ± 24.09 hours.[8] The working hours per week clearly exceeds the limit of 48 hour per week set by 'The Labour Act, 2017'. The health sector continues to disregard the labour act of Nepal. Both medical graduates and specialists state that they are overworked and underpaid with minimum employee facilities.[7,8]

Newer challenges have emerged in recent years in Nepal. As sentinels of the health sector, we are facing changing disease patterns and novel diseases such as coronavirus disease 2019 (COVID-19). Though this has been a global burden, there has been a pronounced effect in the setting of Nepal, where the health care system is already under immense pressure and gross mismanagement. There is increased public expectation and an alarming rise in workplace violence which has exacerbated the mental stress within the workplace.[10] Many young Nepali professionals are disheartened by frequent news headlines of violence against doctors and increasing undue pressure on doctors from hospital administration for financial gain. There is also a limitation to the number of postgraduate training and specialisation programmes in Nepal.[6] This also forces several recently graduated doctors to opt for examinations such as United States Medical Licensing Examination (USMLE), Professional and Linguistic Assessments Board (PLAB), and Australian Medical Council (AMC) examination. These examinations open pathways for employment opportunities and postgraduate training in the United States of America (USA), the United Kingdom (UK), and Australia. The increasing need for doctors and growing professional network of Nepali doctors in the USA is fuelling immigration to the USA. Similarly, lenient immigration policies in the case of the UK, via the Highly Skilled Migrants Program (HSMP) and the recent changing geopolitical circumstances with the exit of the UK from the European Union have aided migration to the UK.[2]

There are attempts at curbing the migration of trained health professionals. The Ministry of Education (MOE) programme mandates that private medical schools provide scholarships to 10-20% of their merit students.[3,6] Then the MOE sponsored doctors are obligated to serve two years in government health bodies. However, studies suggest there is no difference between MOE scholars and private tuition (self/parents sponsored) students with regards to self-assessed likelihood of going abroad.[6] The MOE programme seems to be merely a short-term solution to the brain drain phenomenon, as several students choose to emigrate even after the completion of their two-year government contract. In addition, a period of rural service with the incentive of preference for postgraduation and increased wages in rural health facilities, are increasing the access to health in rural areas.[4] Yet, migration after postgraduation via specialist pathways has continued the brain drain phenomenon.

In summary the phenomenon of brain drain is prominent and a burning issue in Nepal. The 'push and pull factors' of migration need to be analysed to form a suitable solution, so that we can enable young doctors to lead a holistic and professionally fulfilling life within Nepal.

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