



# POLICY BRIEF 5

## Institutional and Regulatory Reforms for training of Nurses for Overseas Employment

### Summary of Key Issues

Major labour sending countries have provided various incentives to private sector educational institutions to produce globally competitive nurses. This is in line with the ILO's suggestion to extract maximum benefit from ever expanding global market for nurses. The Expatriates' Welfare and Overseas Employment Ministry of the Government of Bangladesh has also identified pursuance of nurse migration as an important strategy for entering into the highly skilled global labour market. The 2007 policy guidelines of the Ministry of Health and the Nursing Council of Bangladesh for the private sector worked as major obstacles in the way of participation of private universities in this area. The task-force set up by the Health Ministry has reviewed and suggested changes to the existing guidelines. This Policy Brief draws the attention of policy makers to make the necessary changes in the policy guidelines in light of the recommendations of the task-force.

### Introduction

Bangladesh earns its highest share of foreign exchange from migration of its human resources. In 2008, migrants' remittances reached US \$9 billion. According to World Bank, migrants' remittances account for 6% poverty reduction in Bangladesh. Besides remittances, migration leads to employment generation, transfer of knowledge and ideas, create interpersonal networks contributing to economic and social development of home and host countries.

Bangladesh predominantly participates in the semi- and unskilled labour market. In 2007, only 0.8% of its total migrant stock was professional. In order to reduce fraudulence in migration sector, to ensure better protection of migrants' rights in the countries of destination and to increase annual flow of per capita remittance, successive governments of Bangladesh have highlighted the need for increased share of professional and skilled migrants. In 2006, the government has framed the Overseas Employment Policy (OEP). A major goal of this policy is to expand the scope for migration of professionals. As women constitute less than 3% of the migrant flow from Bangladesh, an important goal of the OEP is to create scope of female migration from Bangladesh.

There is a massive demand for nurses in the global labour market and that demand is likely to increase in the foreseeable future. If Bangladesh wants to enter the global professional labour market, "nursing" is one of the key professions to prepare its human resource. It will address many of the goals of the OEP: increasing professional migration, reducing fraudulence, creating employment opportunity for women and increasing per capita remittance.

### Global Demand for Nurses

Nurses are in short supply in all regions, in the North as well as in the South. By 2050, one in every 11 person will be over the age of 80 in the developed West. The countries of the West will need huge number of health care providers for their aging population. Enrollment in nurse education has dropped in some of these developed countries. In Switzerland, for example, the number of new graduates decreased 36% between 1991 and 1998. In Poland, annual turnout of nurses has decreased 10,000 to 3,000 in ten years (ICN, 2003). In the past, Ireland used to be a sending country. With its economic growth, not only it does not send its nurses abroad it has become a receiving country as well. By 2014, the US alone will require more than 1.2 million new and replacement nurses.

Since 1980s, South-South migration has become an important trend. Nurses are in great demand in the countries of the South as well. Singapore, Thailand and Malaysia have developed massive healthcare industry and promote health tourism. Along with people from West Asia and South Asia, people from the North also travel to these countries to avoid delay in treatment. Specialised, general and all types of nurses are in demand, both in developed and developing states.

Within Bangladesh as well demand for nurses are huge. The country needs double the number of nurses that it produces now. Besides, newly emerging private hospitals such as Apollo, Square, United and Sikder have started operating to cater the needs of those who can pay more. Type of quality and specialisation they require are in short supply in Bangladesh. Therefore, these hospitals recruit nurses from other countries particularly India and Sri Lanka.

### Bangladesh Context

One of the major challenges of Bangladesh is the lack of understanding of the health sector policy makers on potentials of economic gain through adequate strengthening of nursing education. 53 of the total 61 nursing institutions of Bangladesh produce diploma nurses. It is only recently 4 institutions have started offering 4-year BSc degree. Only one institution offers post-basic BSc degree. As of June 2008, the total number of registered nurses was 22,555. The total number of nurses in Bangladesh with masters degree and above will not exceed 150. Needless to mention, the numbers are not enough to meet the national need. Therefore, Bangladesh does not have enough stock of nurses for overseas employment. Besides, majority of nurses so far trained do not meet the global standards. Ethical issues are also involved here. Nursing courses are mostly offered by public sector institutions, involving state resources. Nurses leaving for overseas employment will lead to loss of state resources. There remains a major policy gap in managing health care education in Bangladesh. This is evident from the fact that it is the only country in the world which has one nurse for every three doctors.

### Experience of the Philippines

The Philippines is a major labour sending country of the world. Like Bangladesh, it used to participate in the low skilled end of the market. The policy makers of the country decided that it would enter the market of professionals. Accordingly, it undertook necessary policy measures to enable public and private educational institutions to produce globally competent nurses. Earlier it had only 38 nursing educational institutions. By 2006, the number reached to 470 and these were located in different parts of the country. These are mostly private educational institutions. Over the years, The Philippines has sent the highest number of nurses (150,000) to various countries of the world. This was possible in such a short period of time, as it created space for private sector nursing educational institutions to flourish. It provided all kinds of incentives to the private sector. The only control that the state ensured is the quality of education curricula.

### Challenges of Expansion of Nursing Education in Bangladesh

Currently RMMRU is engaged in a national campaign to create opportunities of migration of nurses for overseas employment. This campaign is supported by DRC on Migration, Globalisation and Poverty. In 2005, RMMRU conducted a research on problems and prospects of nurse migration (Aminuzzaman, 2005). It was followed by another research specifically to understand the institutional and regulatory hindrances in the process of training quality nurses required for the global market (Siddiqui and Appiah, 2008). As part of the campaign on 9 June, 2008, RMMRU organised a National Workshop. The then Advisor for the Ministry of Health, important members of Nursing Council and heads of public and private nurses training institutions participated in the national consultation. The workshop identified the existing guideline as one of the major hindrances for the private sector to offer courses on nursing. Under the guideline, to open a nursing training institute, one needs to have one's own establishment, a 100 bed general hospital, .33 acre land in metropolitan area where a multi-storeyed building of 30,000 sft can be built. If the institution is outside the metropolitan

area, the land size should be one acre. It should have its own dormitory for 80 students and 3 class rooms. It is nearly impossible to offer courses on nursing for any private sector university or institution by fulfilling the infrastructural requirement imposed by the guideline. The following table highlights the requirements.

### Guidelines for Offering Nursing Courses and Establishing Nursing Institutes

To Establish Nursing Institute	To offer Nursing Courses
100 bed general hospital	100 bed general hospital
Own establishment	Own establishment
Students dormitory for 80	Students dormitory for 40
Own .33 acre land in metropolitan area where a multi-storeyed building of 30,000 sft can be built	Own .50 acre land in metropolitan area where a multi-storeyed building of 20,000 sft can be built
Outside metropolitan area 1 acre of land	Outside metropolitan area 1.65 acre of land
Permission for only 20 students per batch	Permission for 40 students per batch
3 class rooms	1 class room
1 demonstration room	2 demonstration rooms
1 laboratory	2 laboratories
Library room accommodating 50 students at a time	1 auditorium
6 administrative rooms	Residential quarters for principal, vice-principal, teachers and staff by phases
Visitors' room, guest room	
Fixed deposit for 4 year diploma course Tk. 2.5 million jr. midwifery Tk. 2 million	Fixed deposit Tk. 2 million
Tk. 50,000 non-refundable application fee	Tk. 25,000 for 4 year diploma course Tk. 15,000 for Jr. midwifery course

### Government Task-force on Nursing Education

As a follow up to the workshop, the Ministry of Health and Family Welfare formed a high level task-force on 17 June 2008. Apart from representatives of concerned ministries, the task-force was comprised of members of public and private nursing institutions, Nursing Council and experts. The task-force's role was to review the 1983 Bangladesh Nursing Council Ordinance; evaluate the existing curricula keeping in mind global changes and to suggest necessary changes; evaluate the existing guidelines for offering courses on nursing as well as establishing new institutions. The task-force worked for one month and suggested necessary changes and submitted the report to the Ministry of Health.

The task-force recommended no major changes in the 1983 Ordinance of Bangladesh Nursing Council. It also agreed that the curriculum currently being developed by the Bangladesh Nursing Council with Thailand's technical assistance is of high quality. So, there was no need to bring major changes in that. However, it highlighted the need for massive investment in this sector both by the government and private sector institutions in implementing this curriculum. Besides, to implement the curricula the educational institutions required a huge number of qualified teaching staff. Major changes were suggested in the guidelines for private institutions.

### Suggested Policy Changes

- The spirit of the guidelines should be to facilitate participation of the private sector and not to impose conditionalities that reduce the scope of their participation. The emphasis should be laid more on training curricula and quality of teaching rather than infrastructure and generating revenue.
- The Nursing Council Guidelines for offering courses in nursing and establishing nursing institutes should concentrate more on quality of education rather than infrastructural requirements such as size of the plot of land, capacity of student dormitories,

accommodation of institutional head and number of guards.

- The guidelines required certain physical and financial asset criteria for establishing nursing institutes. This is introduced to deter usurpation of funds generated through student fees. These requirements should not be applied to the established private universities when they introduce courses on BSc nursing. This is because the Universities have already received UGC's permission to operate after following certain rules and maintaining certain standards.
- It is understood that to provide adequate practical knowledge the students should have access to general hospitals. Instead of setting a pre-requisite of owning a 100 bed, hospital the universities should be allowed to run courses by coming into agreement with 100 bed capacity general hospitals and clinics to ensure practical training.

- Currently, students with science background are allowed to get enrolled in BSc nursing. In general, there is a drop in enrollment of students in science subjects due to financial constraints, particularly in rural areas. Students from all disciplines should be encouraged to study nursing. In order to ensure their knowledge in required science subjects, those who enrol in nursing course from non-science background will have to undertake pre-course in those subjects.

The Ministry of Health then placed the recommendations of the task-force to a ministerial "Jachai Bachai Sub-committee" (Selection Sub-committee). However, the committee did not appreciate the task-force's recommendations and the report did not see the light of the day. In the meantime, a new government came to power with a huge majority

in the parliament. At the same time, the current global financial crisis has created new pressure on the government to diversify its overseas labour market. Under such circumstances, RMMRU advocates for implementing the policy reforms suggested by the task-force on an urgent basis.

### Reference

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### Acknowledgement

RMMRU acknowledges the support of the Development Research Centre (DRC) on Migration, Globalisation and Poverty in publication of this Policy Brief. The DRC is a multi-country consortium based at the University of Sussex, UK and supported by the Department for International Development, UK. RMMRU is a partner institution of the DRC. The other partners are Institute of Social, Statistical and Economic Research of the University of Ghana and the University of East Anglia, UK.

The Policy Brief is based on Siddiqui and Appiah (2008) and proceedings of national consultation organised by RMMRU on 9 June 2008. It also draws from insights of Tasneem Siddiqui as a task-force member.

RMMRU thanks Dr. Tasneem Siddiqui and Margaret Appiah, a RMMRU-DRC intern from Ghana for preparing the Policy Brief.

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May 2009

