

# The “dream-trap”: Brokering, “study abroad” and nurse migration from Nepal to the UK.

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## Introduction

As you wander through Kathmandu, past the “Democracy Wall”, towards Putali Sadak in Bagbazaar, through the crowds and traffic you may be struck by the spectacular billboards advertising study abroad (Figure 1). On this short, bustling road I counted over 100 hoardings for the education consultancy business targeting young educated people who want to work and study abroad. These boards are also seen in similar numbers in other areas of Kathmandu, indicating the huge demand for these services. In this paper I explore the rise of these institutions in the context of nurse training and the migration of nurses from Nepal, particularly to the UK.

International nurse migration from Nepal started mainly in the new millennium, and within less than a decade the number of Nepalese nurses working abroad has increased significantly. By the end of 2008, there were between 800 to 1,000 Nepalese nurses working in the UK. Similar numbers have migrated to the USA, Australia and New Zealand. Nurses are thus an increasingly important group of young educated Nepalese migrating from Nepal to a range of countries to fulfil their dreams of working and studying abroad. In the context of Nepal only women can currently train as nurses, so this phenomenon is very gender specific.

However, the practicalities of migrating are complex. It requires detailed knowledge of the opportunities available. Most importantly, migrants need to know how to negotiate the bureaucratic and regulatory hurdles. For this, many turn to International Education Consultancies (IECs) or, amongst nurses, “agents” or brokers who manage all the practicalities. These agents have mushroomed in the last decade; now over a thousand such organisations are to be found in Kathmandu, with branches in major cities in Nepal. It is their billboards that clutter the sides of buildings in the streets as mentioned above. They facilitate young and aspiring Nepalese people’s departure abroad; they help them to prepare official documents for visa application, such as course/job acceptance letters from a foreign university/employer; they assist in the preparation of bank statements; they offer visa and interview preparation courses, English language preparation, and they prepare Chartered Accountant’s (CA) and police reports. In short, they manage all the practical issues, subject to an exorbitant service charge.



Figure 1: IEC Business complex: Bagbazar (August 2008)

In order to review this education brokering business and its link to international nurse migration, the paper is divided into two main sections. Firstly, I look at the growth and expansion of professional nurse training in Nepal and its links with Nepalese nurse migration to the UK. Secondly, I examine the emergence of IECs and their “study abroad” programmes. Here I analyse how IECs have become increasingly involved in the nursing profession, starting from pre-training entrance exam preparation through to post-training international migration. I present case studies of individual nurses and their experiences of being “brokered”. As these migrants are open to exploitation, I argue for greater regulation of these brokers, and that nurses must be more aware of the frequently false promises made by them.

### Research methods

This paper is based on extensive multi-sited ethnographic style research I conducted in Britain and Nepal during the period 2006-2008. In the UK I met with over 150 Nepalese nurses, and interviewed 21 at great length, with countless follow-up conversations. Nearly all had used one or more of the Nepal-based IECs, first to prepare for the nursing entrance exam and later to come to the UK and settle. I followed this up by visiting six IECs in Kathmandu. I formally interviewed three directors, and four office staff. I also visited 18 nursing colleges in Nepal, the Nepal Nursing Council, the Centre for Technical Education and Vocational Training (CTEVT), the

Ministry of Health, four public teaching hospitals, and three private hospitals to gain better insight into the nursing training business. I also tracked down national newspaper adverts, and attended an “education fair” organised by some of these IECs. As a professional nurse, trained in Nepal with over ten years’ experience working in the UK, I have witnessed the plight of many nurses who were brokered to Britain. I thus contribute my personal observations of some aspects of IEC business development and changes within professional nursing in Nepal since the 1990s.

### **Nurse migration from Nepal to the UK: an overview**

Globally, nurses have been migrating since colonial times so this is not a new phenomenon (Choy 2003; Kingma 2006). However, with the increasing speed of recent economic globalisation, skilled professionals—including nurses—from a growing number of source countries are on the move to the affluent West, with almost no country remaining unaffected by the phenomenon (Kingma 2006). Nepal has also recently become involved. By 2007/2008 Nepal ranked fifth in the hierarchy of “source countries” of nurses coming to Britain (NMC 2009), and I estimate that there are between 800-1,000 Nepalese nurses living and working in Britain. A review of records from the Nepal Nursing Council (NNC—a professional regulatory body for nurses in Nepal) and various nursing colleges in Nepal revealed that a similar number of nurses have migrated to other major destinations, particularly the USA, Australia and New Zealand. Although nurse migration makes up a small percentage of the total number of people migrating from Nepal every year, it has a serious impact on Nepal’s health sector, as the total pool of senior qualified staff nurses in Nepal is relatively small. Nepal has only just over 10,000 staff nurses (end of April 2008) and this research suggests that between 20-30% of the total nursing workforce trained in Nepal is already working abroad.

With regard to Nepalese nurses migrating to the UK, the trend started in about the year 2000, as a direct consequence of the National Health Service (NHS) in Britain facing severe nursing shortages. At this time in the UK there was immense political pressure to recruit more nurses quickly to staff NHS hospitals. This led some of the NHS trusts in England to recruit directly from foreign countries to fill nursing vacancies. Nurses were actively recruited from the Philippines, India, Spain, Australia and South Africa (Kingma 2006; Winkleman-Gleed 2006). This recruitment drive did not reach Nepal directly, but through a combination of this news circulating through Diaspora networks and the rising use of internet facilities in Kathmandu. A few nurses were already living and working in the UK.

One nurse in particular, based in Hastings, who was already working within the UK health care system, saw an opportunity for Nepalese nurses to come and work here. She was central to the early facilitation process, managing adaptation training or supervised placements and helping nurses with work permits and jobs. As word of this opportunity spread, a few very experienced nurses made their way to the UK. News of them reached Nepal, and within a few years many more nurses started to make enquiries about opportunities in Britain. In these early years their move to the UK was made easier, since the vacancy situation facilitated access to British jobs. The number of overseas nurses joining the Nursing and Midwifery Council (UK) Register peaked during the period 2001-2002. Then, by 2004-2005 entry to the UK health system became increasingly difficult. Paradoxically, for the Nepalese, the migration flow continued to increase. Further personal networks developed, and the IECs moved in to seize this opportunity. Of an estimated total of 800-1,000 Nepalese nurses in the UK by the end of 2008, only 77 were trained through the Hastings' network, and the remainder were brokered by newer IECs. It is this link, between nursing and IECs, that I will examine next.

### **IECs in Nepal: their growth and development**

First set up just over a decade ago, this business rapidly grew, and is currently thriving. In the early 1990s there were only a few computer and English language training centres, mainly in Kathmandu, and IECs seem to have evolved, developed and expanded from these. As such they have a relatively short history.

The first English language and computer training institutes seem to have only been set up in the late 1980s, with rapid growth over the 1990s. Good English and computer skills figure amongst the most desired skills on the job market, post-1990 *Jana Andolan*, particularly in the non-government and development sectors. Computers were then new and exotic, relatively expensive and not widely available like today. Very few Nepalese could afford to have a personal computer at home. However, as English language courses and computer training became increasingly available on the market for young and middle-class aspirants, those who could afford the tuition fees started to attend classes. As the demand for computer and English Language training started to grow, market competition also started to rise.

By the late 1990s this business had expanded throughout the country. Personal computers became more widely available on the market, and were more accessible and affordable, allowing a greater number of members of the middle class to purchase them. The number of computer-literate and English language graduates increased, but not all graduates

were able to access the lucrative well paid—mainly development sector—jobs because the job market did not grow to absorb this new aspirant workforce. Consequently, business in the computer training and English language course sector started to slacken. New markets had to be found, and some of today's IECs actually emerged at that time. Business strategies changed, and some IECs found new scope for business, targeting the international education and migration market. While there is no exact record of how many IECs there are in this business, the general secretary of the Educational Consultancy Association of Nepal (ECAN) estimates that there are over a thousand such consultancies operating at the present time. The majority of them are based in Kathmandu, with branches in bigger towns such as Biratnagar, Dharan, Birjunj, Pokhara, Butwal and Chitwan.

With the surge in the number of institutes, three organisational networks recently emerged to coordinate them: Educational Consultancies Association of Nepal (ECAN), National Educational Consultancies Association (NECA) and Nepal Association of Australian Educational Representatives (NAAER). Many IECs are registered with all three, with ECAN having over 300 members, and NECA 111 members. As registration is not compulsory, there are many others that operate with no affiliation.

Since the mid-1990s, IECs have also been closely associated with professional nursing in Nepal. In the next section I will explore how the shift in status from private English language training and computer centres to IECs became linked to professional nursing.

### **Professional nursing – market penetration**

Professional nursing training in Nepal started in the mid-1950s and has always targeted women. It did not initially attract many people because parents often felt that it was not safe for their daughters to move away from their homes to train. Also at the time, the female literacy rate was extremely low, only 0.7%, so finding women educated enough to take up nursing was a challenge to the training authorities. Nursing instructors had to personally go around encouraging parents to send their daughter into nursing (Maxwell with Sinha 2004; Adhikari 2008).

By the 1970s, the number of young women passing the School Leaving Certificate (SLC) had increased and more women, encouraged by their families, showed an interest in nursing. The few training programmes in existence began receiving more highly educated candidates, and therefore had a better selection from which to choose. There were a number of reasons for the increasing attractiveness of nursing. In 1972, the education system in Nepal was modernised. Nursing training acquired the status of a university degree course run by Tribhuvan University (TU), which came

under the auspices of the Ministry of Education (Maxwell with Sinha 2004; NAN 2002). Until then, nursing training had been run by the Ministry of Health. The degree is still known today as the Proficiency Certificate Level (PCL)/Staff Nurse, and nursing has thus become not just a vocational training, but a university-level professional course. In addition to this, a significant event occurred in the mid-1970s when HRH Princess Prekchhaya enrolled as a nurse. For many people, the fact that nursing could be considered a profession fit for the royal family was a further incentive and good advertising.

In the early 1980s, there were only two Staff Nurse (SN) and five Auxiliary Nurse Midwife (ANM) training programmes, all publicly run under the TU. With the introduction of hospital and primary health care across the country as part of Nepal's development programme, the health services in Nepal continued to expand due to a growing need for qualified nurses. By the late 1980s, four of the ANM extension campuses were upgraded and started running staff nursing programmes to meet this growing need. In the 1990s, professional nursing continued to attract more candidates. Nursing campuses begin to receive increasing numbers of applicants with higher secondary school achievements. For example, in the 1980s, the majority of nursing students had second division SLC pass scores, but by the 1990s there were more applicants with first division SLC scores. The numbers of secondary schools had also increased, in line with National Development Plans. Many nursing candidates were also increasingly educated in private schools, with better overall SLC results in English, Maths and Science. In order to select higher achieving students, TU introduced an entrance exam in 1993 and this is now a requirement in all nurse training programmes.

In the late 1980s, there was another shift in nursing education and indeed in all technical education. The idea was to liberalise health workers' training and increase the private sector's involvement. The Council for Technical Education and Vocational Training (CTEVT), a semi-autonomous body, was established in 1989 to act as an umbrella body and to prompt the private sector to provide technical education. From then on, many ANM colleges were set up in the private sector and, within a decade, the number of ANM colleges in this sector had reached 40. This number has remained stable. However, from the early 2000s the private training of staff nurses started to expand rapidly. Bir Hospital started its own Academy of Medical Science and also started training staff nurses. By the end of 2007, there was a total of 39 Staff Nursing Colleges in the country run under TU, the CTEVT, and Bir Hospital. All these nursing colleges adopted entrance examinations to select staff nurse candidates. This exam was designed to test candidates' knowledge in three areas: English, Maths and General Health Science. As the entry requirements

became tougher, students started to prepare more seriously for the entrance exam. The English language tuition business, already in existence in Kathmandu, targeted this as a potential market. Some Computer and English Language Tuition Institutes reacted quickly and adapted their courses accordingly; they started designing and offering entrance exam preparation courses focusing on these new entrance exam requirements. Within a few years of the introduction of the new entrance requirements there were dozens of institutes catering for this market. Many smaller local entrance examination preparation centres/educational consultancies, located around nursing colleges have also sprung up across the country.

The Intel Institute is one such example. Located in Bag Bazaar in Kathmandu, the institute was set up in 1995 and, as well as specialising in nursing entrance examination preparation, it offers tuition over a range of other subjects. Their website announces: "So far, more than 1,800 students from Intel have been able to clear the entrance test conducted by well-known nursing colleges. Today many of these students are established nurses in Nepal and abroad".

Intel Institute is now one of the oldest consultancies, and has been offering staff nurse entrance preparation courses for over a decade. It has an impressive website with up-to-date information about the number of nursing training programmes available in Nepal, including the date of entrance examinations for particular nursing programmes, the total intake and entrance examination/admission criteria and other related issues. In fact, the Intel website offers the most comprehensive picture of nursing training programmes in Nepal. It also publishes the most up-to-date brochures on nursing training programmes. These show glossy photographs of young, successful-looking and modern nurses on the front cover. They include photographs of all of their successful candidates. In addition, posters are pasted to electricity posts on major street corners in Kathmandu. The Intel staff member I interviewed in autumn 2008 confirmed that business was thriving.

There was a further shift in university education in Nepal in the 1990s. Three new universities opened: Kathmandu University in 1991, Purwanchal University in 1995 and Pokhara University in 1997. Since the 2004-2005 academic year, these universities have been offering BSc Nursing courses; so yet another business opportunity has emerged for these tuition institutions. Ever reactive, Intel Institute started running their BSc nursing entrance preparation courses from 2006 onwards.

Once students have enrolled in nursing training, the training usually lasts three years for a Staff Nurse and four years for a BSc Nurse. When nurses complete their training, some of these same consultancies become involved in nurses' career orientation, since they offer services for

migrating onto the international market. Some IECs, such as Intel, offer services both for pre-training entrance preparation and post-training migration. Others, such as Versatile Educational Centre, Real Dream, UK/US Council, Complete Management System (CMS), only offer post-training nurse migration services. It is at this point that finding a job abroad sometimes coincides closely with finding nursing education or training abroad. Nurses who have already completed their initial training in Nepal sometimes find it easier to follow some other nursing or health-related training courses in the country to which they migrate. Some IECs, for example, have been involved in sending qualified Nepalese nurses for Dental Nursing or National Vocational Qualification (NVQ) training in the UK. I will look into these IECs next.

### **Nurse migration to the UK: some specialist agents and their market strategies**

In this section I discuss the IECs mentioned most often by the nurses interviewed and who have successfully brokered nurses to the UK, namely the Versatile Education Centre, Real Dream, UK/US Council and CMS. I will present their marketing strategies first.

Principally they use the media and newspapers. For example, Versatile Education Centre, Putalisadak, Kathmandu has offered “Free Counselling: Spot Admission” to study a wide range of subjects at London Thames College, London. An advert in *Kantipur*, Nepal’s daily national newspaper, dated 9th November 2008 reads:

*Do you want to make your guardians free from financial burden  
of your education?*

*If your answer is YES, join LONDON THAMES COLLEGE.*

*We GUARANTEE PAID PLACEMENT on selected courses.*

On the top of the course list comes NVQs Health and Social Care, and Dental Nursing. On the same page of *Kantipur* there are many other similar adverts. Interestingly enough, even in the Nepalese press, these adverts are usually in English, making them more attractive to those with a good level of education.

Additionally, these consultancies organise fairs. AlfaBeta Institute Private Limited, for example, advertises about consultants from the UK and other overseas institutions coming to various towns throughout Nepal for its “3rd Grand World Education Exhibition 2008” (Figure 2).

Similar fairs have been organised in 2009. Their advertisements can also be found on the ECAN and NECA website.

As mentioned above, the four IECs I discuss here developed their focus on the nursing migration business from 2000 onwards, because Nepalese



nurses started finding jobs in the UK. They charge between £3,000- £7,000 per nurse for helping to prepare all the necessary documents required for visa application, to liaise with their agents in the UK, and to help nurses find a job or training course. Between them, they have successfully brokered hundreds of nurses from Nepal to the UK. While the exact numbers are not known, when I visited Versatile's office in Putalisadak in 2008, I was told that they have helped over 300 Nepalese nurses to come to the UK. Similarly, Real Dream, UK/US Council and CMS have brokered many nurses. The nurses I met in the UK who had called upon Real Dream for assistance estimate that probably over 100 nurses are there thanks to this consultancy. The numbers for the UK/US Council and CMS are not known.



Figure 2: AlfaBeta advertisement in Kantipur (9th November 2008)

These institutes are rather opportunistic. They open and close as they become the object of public scrutiny and anger. Two of these institutions—Real Dream and UK/US Council—recently closed their offices in Nepal, although nurses still migrate informally through the networks they have developed. Three of the institutes have been linked to a certain degree of controversy and some public outrage in Nepal. Real Dream and UK/US Council agents were asked to refund money to nurses' relatives in Kathmandu, and they later closed their offices and disappeared. There has

been media exposure of some discrepancies in the nurse brokering business in Nepal. In particular, the Australian and the US Embassy have reacted to rising public concern and have released statements to this effect. In his statement, the Australian Ambassador, Mr Lade, advised Nepalese students to collect information about visa regulations, and courses and universities in Australia, and not to trust brokers. He said very diplomatically that some of the messages given to the public by the agencies seemed “too good to be true”.

The same article in the Himalayan Times stated that nursing was the fifth most popular course for Nepalese students wishing to study in Australia, and that student numbers have grown by 110% since the previous year. In effect, what is emerging is a combination of nurses being brokered abroad to work officially as nurses and nurses obtaining student visas, documents for college courses, etc., but with the intention of finding work by any possible means. As nurses try to leave Nepal to work by any means available, legal or otherwise, by exploiting gaps in the regulations, this makes them vulnerable to exploitation and thus later deeply resentful; their desire is often so strong that they are prey to unscrupulous practices. To understand better how this situation has come about, I will now address Nepalese nurses' migration experience in the UK.

### **Nurses' experiences in the UK**

In the UK, overseas trained nurses from outside the European Union (EU) member countries have to go through additional training to be registered to work here, called an “adaptation course” or, as it was renamed in 2006, an Overseas Nurses Programme (ONP). Upon successful completion of this programme, they obtain Nursing Midwifery Council (NMC) UK registration. However, these adaptation courses have become increasingly difficult to find as an increasing number of foreign nurses have flooded to the UK. The concomitant training capacity has not expanded according to the number of nurses. At one point in 2005-2006 there was a backlog of 37,000 overseas nurses waiting for proper training and assessment for full registration (Smith and Mackintosh 2007). This backlog meant that prospective nurses increasingly shifted to the private sector (particularly nursing homes) and consequently these places linked up with international nurse recruiting agents to further exploit the situation. Promises of placements became associated with hefty fees for their services. Many Nepalese nurses were part of this backlog. In the next section I will present some Nepalese nurses' migration experiences during this period of change, and what it is like to be brokered to the UK through these agencies. I present these narratives anonymously because a number of those interviewed were being threatened by IEC agents/brokers at this

end of the migration process. Under full media scrutiny, these brokers, worried about their business, cashed in on the very vulnerability they exploited by threatening nurses with being deported.

Ms X. completed her nursing training from a reputable nursing college in Kathmandu in the late 1980s. She worked as a staff nurse at a large teaching hospital in Kathmandu, and a few years later she had the opportunity to advance her career by studying for a Bachelor Degree in Nursing (BN). After completing her degree, she worked as Lecturer at a nursing college and then worked as a field officer for a large Non-Government Organisation (NGO), where she held a respectable and relatively well-paid position. By this time, she was married and had a child. As many of her friends started making inquiries about work abroad, and some had already left Nepal, she also started to seek the same opportunities. Some of her friends obtained a visa for the US, and she became increasingly tempted to follow in their footsteps, echoing many others' desires: "It all seemed so exciting and I also wanted to go to the US to work as a nurse as it seemed like the land of opportunity".

She had all the necessary documents ready and applied for an American visa twice through an IEC, but was refused both times. She says that she was very upset and disheartened by this. A friend suggested that she use a different consultancy and try Britain this time, if she still really wanted to go abroad. She turned to the UK/US Council. After discussing the matter with Ms X, the agent suggested she apply for an NVQ level-three student visa to go to Britain, as this seemed like an easy visa option. She had a week-long visa interview training session, where she was trained on how to answer questions at a visa interview, and completed her visa application. This time she was granted a UK visa. At every step in her preparation she was guided by the agent. She paid all the requested fees for the service, as agreed, and she expected that the agent would find her a job when she arrived in the UK. She had no intention of doing the NVQ training and only wanted to work as a nurse, but was able to get an 18-month student visa as a consequence. The agent had also told her that somebody would pick her up from Heathrow airport and take her to pre-booked accommodation. She had paid £370 for a month's rent and another £50 for somebody to take her to the accommodation arranged by the agent before she left Nepal. When she landed in Heathrow there was nobody to meet her at the airport. That was when all her problems started: "...fortunately I had a friend's number, so I rang her; this friend sent me a taxi to the airport to take me to her place in East London. I arrived there by two that afternoon. I stayed there for a few days, but I had to move out as there was not enough room for so many people. Later I contacted the agent again. The accommodation they arranged for me was very expensive. Another friend of mine was living in the Wembley area. I

went there and stayed there for about two weeks. While I was there, I started looking for a job or placement, anything really. Luckily, I found this place in Hastings [through her tireless efforts]. I spoke with the matron of this Nursing Home, and the matron said that she could put me on a waiting list for adaptation. But in the meantime I could start working as a carer. I lost the month's rent I had paid to the agent in Kathmandu; I got nothing back, not even a cup of tea". She had left her husband and son in Nepal and was missing her family badly. She did not find a proper nursing job for over a year, but had to stay in the country as she had borrowed so much money to pay the agent. She had to endure this situation until she completed her adaptation course. Finally she received her NMC Professional Identification Number (PIN) in early 2006, which allowed her to start practising as a nurse in the UK.

Others described similar problems upon their arrival regarding their accommodation and sense of being exploited. Another nurse I met in Hastings recalls her experience of visiting the UK/US Council when she was told by her agent that "...there are many opportunities waiting for you in the UK". She was totally convinced of this. Many of her friends had already gone to Britain, so she decided to go ahead with this agent. She paid £5,000 in service charges and NVQ training fees but, when she arrived in Britain, nothing had been arranged for her. Yet another nurse named Ms S. had obtained an adaptation student visa, a visa directly related to nursing conversion-adaptation training. She had paid all the agency fees to Real Dream in Nepal for them to find her accommodation and an adaptation placement. When I met her in Buckinghamshire in 2007, she had been living in various parts of Britain over a one-year period undergoing many difficulties and had finally got a place on an adaptation course in a nursing home there. Her accommodation which had been arranged by her agent was very cramped and in a sorry state. The rent was at a negotiated rate, but she had to share one room with no curtains at the windows. Now in London herself, she said that she could not believe that people in London lived like that, in such miserable conditions. As no adaptation course had been arranged for these migrants, they had to stay in London for weeks. The money they had brought with them from Nepal was about to dry up, and the future was very uncertain. She was very stressed, and explained how her mind (*dimag*) almost "cracked". Many nurses I interviewed referred to the increased "tension" and "mental torture" associated with migration and relocation.

There are many similar stories of Nepalese nurses being exploited by these IEC agents. The majority of nurses seem to have used one or more agents, and have had rather negative experiences. Upon their arrival in London, many were treated as any migrants are, as "disposable persons" (Shelley 2007). Upon reflection, the promises agents had made in Nepal

seemed empty but, as they had been blinded by the desire to migrate, they had not realised this at the time. I was told by some nurses of being threatened by their agents with deportation back to Nepal if they denounced them, so they had to keep quiet. Obtaining a UK visa and landing in Britain is one thing, getting a proper nursing job and benefiting from the opportunities available for professional advancement is another. A nurse I met in Hastings summed it up: "It is nothing like what the brokers say in Kathmandu; they say go ahead, there are lots of opportunities waiting for you". But when she arrived in the UK, she had to cross many hurdles and endure a number of disappointments. She already had a Bachelor's Degree in Hospital Nursing (BN) from Nepal, with many years of management and Intensive Care Unit (ICU) Nursing experience, but when she actually started looking for a nursing job, all her experience was worthless. She struggled for several years until she found a full-time job and a work permit, but she now feels that she has not yet furthered her career. Nevertheless, she, like others, feels that she cannot simply return to Nepal because of *bejjat* (shame) of not having achieved what she came to Britain for. Before she arrived, Britain was like a big "dream", but after several years in the country, it has become a "trap".

Highly experienced and qualified nurses have been forced to take any kind of nursing or care job. Those I interviewed felt that they have been "deskilled" in Britain. Before leaving Nepal, some had worked in specialist units in hospitals and others had been managing health care programmes, yet their past experience and specialist skills are not valued in the UK. Many have been very disappointed in their jobs, and their social and professional situations. Many have experienced racial harassment and discrimination at work. Despite all these challenges and unpleasant experiences, there is no sign of these nurses returning home.

One issue that the interviews reveal is the importance of *ijjat* (honour, status or prestige, in the sense of maintaining one's reputation and family name), in that there is a profound sense of failure if one returns without tangible achievements in the UK. The term used is *bejjat* (as in the loss of *ijjat*); after spending so much money, time and effort to come to the UK, there is nothing to show for it. I found that nurses do not want to go back to Nepal without a sense of social pride or a guarantee that they are either in a permanent job with a long-term work permit, or have permanent residency status in the UK. Without this, returning home could be seen as a failure by family and neighbours. For example, some nurses who entered the country as students have returned to Nepal to change their visa status after they have found a job that allows them to work full-time with a work permit. Even this visit was hard and very embarrassing for them. When people ask why they have come back, their shame of not being able to show anything for it, or express what they have achieved, is a huge issue

and places them in an extremely uncomfortable position. I cannot emphasise enough how strong this sentiment is in its power to keep nurses in the UK, even though they feel exploited.

Nurse X told me about her experiences. She went to Nepal in 2007 to change her visa status from an NVQ student visa to a work permit holder visa. She says it took her a long time to sort this out in Kathmandu. She was staying with her family, but her neighbours and others kept asking her the same questions: how long are you here for and when are you going back? She found this very hard to answer. She said: "...it's so embarrassing when people asked me what I was doing in Nepal, why I was there for so long. I told my immediate family about my problem with the visa but I couldn't tell anybody else. After that entire struggle to come to Britain, all that emotional and financial investment, we need to achieve something before we go, at least an NMC PIN and a permanent job. I could not even tell my grandmother... It was very difficult to tell people what my problem was".

Even if the urge to return home is so strong, the nurses I spoke to feel they have to wait. They do not want to go without being able to show something of what they have achieved. As another nurse told me, she is desperate to go home after almost two years, but she cannot just yet, as she has to wait until she completes her ONP and receives her NMC PIN. Otherwise she would have already gone back to Nepal like the wind (*tufan*), but it would all have to wait till after completion of her training, in the hope of having some positive news to share with her friends and family in Nepal.

### **Concluding remarks: Brokering migrants at the borders of education and work**

My research has highlighted an area where the boundaries between migration for education and for work abroad have become more blurred. The term "Education" has been increasingly used in Nepal as a mechanism to broker young Nepalese nurses to migrate to the affluent West. The brokering of nurses to the UK, under the banner of "International Education Consultancies" and "Study Abroad Programmes" is hugely profitable, and has been a response to changes in the UK visa situation for nurses. A new business trend has emerged with increasing numbers of higher education colleges from developed countries travelling abroad to recruit students for their courses and attract international students in particular. Some universities and colleges take part in educational fairs organised by local educational consultants in Nepal. The whole process has not only been seen as a profitable business for migration agents but also a good source of income for Western universities and colleges.

However, stories are circulating in Nepal whereby some of these brokering agencies have set up bogus colleges in the UK as a front in order to bring migrants into the country on student visas. It is hard, when still in Kathmandu, to be able to differentiate between genuine education and migration possibilities and outright fraud.

An increasing number of nurses trained in Nepal's growing number of colleges have a strong desire to migrate, study and work abroad. These routes abroad have been developed and adapted in response to the need for a foreign nursing workforce and nursing registration policy in the UK and elsewhere, and as a result of tighter immigration and border controls in Western countries. As border controls are tightened, people seek alternative ways to migrate, which is evident from the discussions above. Migration brokers emerge, business strategies are designed, new ways are discovered and existing agencies change their status or merge with other businesses. This is but one example: as it has become harder for Nepalese nurses to obtain UK work permit visas and or adaptation student visas, brokers have started selling "NVQ level three" and "dental nursing" "health and social care" training. As student visa requirements have become tighter, brokers have started to establish a direct link with higher education colleges, and some have even set up their own colleges in the UK and elsewhere. A common term for these colleges which circulates in Nepal and in the UK is "Hajariya College" or "Visa College" (Thousand Pounds College), and yet they have only been set up to help students renew their student visas—by charging a thousand pounds a year—to forge documents so that a one-year student visa could be renewed, and therefore the migrant could continue to stay and work in the UK.

Twenty years ago, few nurses in Nepal had global aspirations and plans to migrate and settle in the West. This has all completely changed in less than one generation. Now a new generation of nurses in Nepal is choosing nursing as a vehicle to migrate to the West, and fulfil their modern aspirations. Due to an apparent lack of government regulations regarding the new market in Nepal, IECs are exploiting education as business. They are brokering young and talented, educated, skilled (and unskilled) people abroad under the banner of "Study Abroad". Furthermore, they charge hefty fees. Once their prey has been ensnared, then these students or professionals are 'dumped' like disposable people, as illustrated by the nurses' stories I have reproduced here.

International nurse migration has emerged as a major global issue since the late 1990s. Nurse migration from a developing country like Nepal to developed countries like the UK has been labelled a "Brain Drain". As well as a brain drain, nurse migration has been seen as "Care Drain". An increasing number of women from developing countries are migrating to the developed West. They leave their family and loved ones behind to look

after young children, the sick and elderly and young children for people in affluent countries (Zimmerman *et al.* 2006). However, international migration has created a thriving market globally; much of the IEC market in Nepal thrives on international migration for education, or for jobs, or both. Many nurses have not found what they expected or dreamed about in Britain; instead the whole experience has been almost like falling into a trap. They do not want to go back without achieving something tangible. So they are further trapped.

However, the global movement of people in the 21st century is not going to slow down or stop due to tighter border controls. Instead the IEC business/international brokering practice needs to be addressed. This is not merely a question of picking out IECs in Nepal, but all stakeholders involved in this practice globally. Some of the IECs currently operating in Kathmandu to help nurses to migrate are very similar to the “gang-masters” involved in smuggling people into Europe (Shelley 2007). There is an urgent need to evaluate their ‘services’ and better understand their ethical and moral positions, and the political economy from which they emerge.

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