

## Book Reviews

**Radha Adhikari. 2019. *Migrant Health Professionals and the Global Labour Market: The Dreams and Traps of Nepali Nurses*. New York: Routledge.**

The book *Migrant Health Professionals and the Global Labour Market: The Dreams and Traps of Nepali Nurses* is a study of the motives behind the migration of Nepali nurses to the United Kingdom (UK). The author, Radha Adhikari, is a nurse-turned-academic and this book is based on her doctoral research. She has presented a vivid picture of the migration of Nepali nurses and their struggles, achievements, aspirations, and hardships in the UK. The migratory trends of nurses from developing countries to industrialized ones have resulted in acute shortages of nurses in the source nations (ILO 2017). Adhikari highlights the factors that push and pull Nepali nurses to the UK. In the introduction, she emphasizes how nurses make up most of the female migrants from Nepal. While labor migration is dominated by men, nurse migration is mostly about women traveling for professional work (GoN 2022).

In Chapter One, the author explains how nursing developed as a profession in Nepal. She highlights the history of nursing in Nepal before 1951. At that time, a lot of work that happened at hospitals, particularly assisting women who were giving birth, was considered a culturally polluting *juṭho*, especially by high caste Hindus. The families of nurses used to perform a cleansing ceremony on them before they were reallocated into their houses. This entailed doing *sun-pānī charkine*, a sprinkling of gold-dipped water to make them ritually clean and socially acceptable again. Adhikari is of the opinion that complex socio-cultural factors created barriers to finding candidates interested in nurse training in the early days. Nurses explained that wearing white uniforms did not attract candidates for marriage in the early days. A white *sārī*, then similar to nursing uniforms, is usually worn by Hindu widows as a cultural obligation.

Gradually, nursing education shifted from vocational to formal education in universities in Nepal. After the privatization of education in the 1990s, the Council for Technical Education and Vocational Training (CTEVT) was established which introduced provisions for technical education in the private

sector. The author states that students enrolled in the nursing program for opportunities to go abroad. After the privatization of nursing education, the number of institutes producing nurses mushroomed, but there were serious questions about the quality of their training. Owners and promoters of nursing colleges took the institutes for granted and saw them as *pakkā ghāṭā nakhāne* business (a business that will never bear a loss).

With an increase in the number of institutes that produced nurses, the Nepal Nursing Council (NNC) and the Nursing Association of Nepal (NAN) were established for professional regulation. Despite the production of plenty of nurses, the Ministry of Health and Population was unable to employ nurses in the government sector. At the same time, while the privatization of the health sector created more employment opportunities, a lack of effective health policy created severe labor exploitation of nurses. These asocial and unprofessional changes encouraged Nepali nurses to go abroad.

In Chapter Two, Adhikari analyzes migration and the market economy. Here, she explains the nurses' points of view regarding their decision to migrate to the UK. She interviewed nurses in Nepal who were preparing to migrate who told her that they were moving to find better professional opportunities, higher pay, better standards of living, better future for their families and an easy life in the West. However, some nurses who had already migrated to the UK and experienced British life expressed a certain regret. A few nurses said that it was just *hāwā* and *hallai hallā* (hearsay and whim) which inspired them to migrate. Another factor was family influence. The decision to migrate from Nepal is an individual and a collective one. The second section of this chapter is about the "study abroad" business. Nepali nurses used various international educational consultancies and other professional and social networks to realize their migration.

After going through complex processes to obtain visas, the nurses reached the UK with new dreams, which is explained in Chapter Three. The challenges of registering with the UK nursing regulatory body, the Nursing and Midwifery Council (NMC), still lay ahead. Eligibility to practice in the UK as a professional nurse depends on obtaining an NMC pin, the timing of arrival, and support through social and professional networks. The Department of Health (DoH) provides work permits for nurses to practice professionally. Achieving a professional career, from entering the UK to practicing in the National Health Service (NHS) is a process full of trouble and difficulties. Many nurses experienced this process as *kahilyai nasakkine*

*samasyāharūko sikrī* (never ending chain of troubles and difficulties). The author also explains how the DoH code of practice on the international recruitment of healthcare professionals, which was developed to promote ethical practices, has failed. In fact, it created a space for the poorly regulated private sector to exploit migrant nurses.

Chapter Four explains the nurses' experiences of the working environment in the UK. In Nepal, they worked in reputed hospitals in good positions. They had imagined working in highly sophisticated, modern, and well-managed healthcare institutes in the UK. Although they were well-qualified, experienced, and skilled, they were undervalued by the UK health care system. They worked in lower positions that demanded minimal skills. Most nurses worked in private nursing homes which was not what they had dreamed about before leaving for the UK. At their workplaces, they experienced racism and discrimination from patients and their managers. They felt the difference in language and culture as barriers for occupational socializing. Nepali nurses shared that the NMC was discriminatory as it set different criteria of English language requirements for European Union (EU) and non-EU trained nurses. They felt that the criteria were being set on the basis of their command over English rather than their nursing skills and capabilities. Despite all of these struggles, many Nepali nurses successfully transitioned from carers in private nursing homes to professional nurses in the NHS.

Chapter Five describes the family and social lives of Nepali nurses in the UK. One of the motivations behind migration was a better future for their families, although most of the nurses left behind their children and husband and migrated alone. Children of nurses faced problems adjusting to the UK countryside. The husbands of migrated nurses also faced challenges in accepting gender roles when they reached the UK on dependent visas. Husbands frequently complained about their wives, saying that the UK is a *rāniko deś* (country run by the queen).

The conclusion explains how although the overall migration experiences of nurses were very complicated and challenging, their dream of living and earning in the UK strongly stimulated their migration process. With an increasing number of migrant nurses, a network called the Nepalese Nurses Association was established to support Nepali nurses working and living in the UK and to help peoples of rural areas in Nepal.

Adhikari does not compare nurse migration with labor migration which happens in relatively big numbers from Nepal. While labor migration is motivated only by economic factors, migration of nurses is also driven by hopes of better lives for their families in the UK. While labor migrants make an enormous contribution to the Nepali national economy, the contribution of nurse migrants is comparatively insignificant. This book also lacks exploration of the experiences of the few nurses who have returned from the UK to work in their motherland. Despite these shortcomings, Adhikari's book is an important contribution that enhances our understanding of the contrast between expectations and reality of Nepali nurse migrants in the UK.

## References

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