Author's response to reviews

Title: Nursing brain drain from India

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Author's response to reviews:

We thank the reviewers for their thoughtful comments, which we have addressed in the revised manuscript as follows:

Reviewer 1:

1. Female versus male nurses.

96% of our study participants were female, and we have included a description of the demographic characteristics of our sample in the revised manuscript.

2. Article is short, could add:

• Background on nursing in Kerala
• Size of nursing workforce, training capacity
• Extent of migration of workforce in general from Kerala, health workforce in order to put nursing migration in context

We have added the recommended information, including statements about the nursing workforce (7.9 per 10,000 population) and the training capacity (769 nursing education institutes). We have included comparisons to the migration of highly skilled doctors and information technology professionals, to put nursing migration in perspective (not unique in this regard). At the same time, we are aiming for a concise message about circular migration of nurses from India and have framed these new discussion points within a focused argument throughout this short report.

3. Doubtful about the conclusion that fifth of the country’s nursing labour force is lost to wealthier states through circular migration.

We have supported our finding with evidence from previous studies including: Thomas P. The international migration of Indian nurses. Int Nurs Rev 2006;53:277-83; Khadria B. Migration of Highly Skilled Indians: Case Studies of IT and the Health Professionals. OECD Science, Technology and Industry Working Papers 2004;6; Kaushik M, Jaiswal A, Shah N and Mahal A. High-end physician migration from India. Bull World Health Organ 2008;86:40-5. In a large survey of over 400 nurses in northern India (culturally and geographically distinct
from Kerala), 63% of nurses intended to emigrate. India loses over half of its doctors graduating from the most prestigious institution in the country, the All-India Institute of Medical Sciences (AIIMS), to wealthy foreign countries. It is not surprising, then, that in a south Indian setting, which routinely exports nurses to other parts of India as well as the rest of the world, 20% of the pooled labour time was spent abroad. We have modified our conclusion so as not to overstate the result: “up to one fifth of the nursing labour force may be lost to wealthier states through circular migration, as illustrated by one private hospital in southern India”.

Reviewer 2:

1. Data come from a single hospital. Would be useful to replicate enquiry in other hospitals in India and make comparative studies from other countries.

We agree that the generalizability of our findings would be strengthened with data from other institutions and other countries. We have included supporting evidence from previous studies as described above. Future studies in India and elsewhere are warranted to verify and extend these findings.

2. Are the factors similar for other paramedical professions? Also could look at doctors, etc.

We have included data from previous studies on the striking rate of emigration of India’s top medical graduates, as described above, as well as information technology professionals. Together these findings show that brain drain is not unique to the nursing profession, nor to the health care professions in general.

3. This is a Christian hospital, but the importance of this is not fully explored.

We have briefly noted in the revised manuscript that historical and cultural forces likely explain, at least in part, the observation, noted by previous authors (Thomas P. The international migration of Indian nurses. Int Nurs Rev 2006;53:277-83) that Christian nurses are more likely to emigrate than other religious groups. Historically, Indian nurses were recruited by the British colonial forces under the guidance of Florence Nightingale as early as 1914, and were eventually organized under the Indian Military Nursing Service. Nightingale’s model of nursing, based on explicitly Christian principles, meant that Christian nurses were more easily trained and perhaps more aggressively recruited by British colonial powers. Moreover, sociologist Ranjan Ragavachari posits that this religious group may be more open to allowing women to work outside the home and indeed the country, because of cultural norms rooted in Hinduism (that relegated nursing to the realm of the polluting and impure). (Reference: Warner RS, Wittner JG. Gatherings in Diaspora. Temple University Press, 1998) This discussion, which is beyond the scope of our short report, is encapsulated briefly by referring to historical and cultural factors and referencing the appropriate source for interested readers.

4. There are many positive aspects of circular migration that could also be highlighted in the article.

We do acknowledge that positive economic, professional, and social
development may result from circular migration, and have modified the manuscript to include this statement more clearly. At the same time, we emphasize that costs to “supplier” countries should be balanced with these potential benefits.

Once again, we thank the reviewers and feel that amendments based on their comments have improved the quality of our short report.

Yours sincerely,

Michael Hawkes