A STUDY ON ANALYZING THE MIGRATION INTENTIONS OF NURSES AT THE LIFELINE MULTISPECIALITY HOSPITAL, ADOOR

Project Report

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By

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DECLARATION

I, **ASWIN BABU** here by declare that the project report entitled **"A STUDY ON ANALYZING THE MIGRATION INTENTIONS OF NURSES AT THE LIFELINE MULTISPECIALITY HOSPITAL ADOOR"**, has been prepared by me and submitted to the University of Calicut in partial fulfilment of the requirement for the award of Master of Business Administration, is a record of research done by me under the supervision and guidance of research guide **Ms. JIS JOSE KOREATH, Assistant Professor** Naipunnya Business School, Pongam, Koratty East,Thrissur.

I also declare that this project work has not been submitted by me fully or partly for the award of any Degree, Diploma, Title or recognition before any authority.

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Date: **YPAWMBA044**

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CHAPTER I
INTRODUCTION

1.1 INTRODUCTION

Nurse migration has emerged as a critical issue in the global healthcare system, influenced by a variety of social, professional, and economic considerations. With an emphasis on the factors that affect nurses' decisions to move, the ensuing effects on healthcare systems, and possible policy responses, this study seeks to analyze the migration intentions of nurses. In order to effectively manage issues of healthcare labour shortages, care quality, and the sustainability of health services, both source and destination nations must have a thorough understanding of these components.

The desire for more pay, better living circumstances, and more professional prospects has historically been the main driver of nurse migration. The trend of international recruiting initiatives, globalization, and communication technology improvements have strengthened in the last few decades. Due to ageing populations and rising healthcare needs, high-income nations are experiencing a scarcity of healthcare personnel. As a result, these nations have aggressively sought out nurses from lower- and middle-income nations. This leads to a complicated situation where source nations—which frequently already struggle with insufficient healthcare resources—struggle with an additional loss of nursing personnel.

Many context-specific factors that fall into the general categories of push and pull factors affect nurses' intentions to move. A few push reasons are low pay, unfavourable working conditions, a dearth of prospects for professional growth, and unstable political environments back home. Pull considerations in destination nations, on the other hand, include better working conditions, greater income, more opportunities for professional advancement, and generally higher standards of living. To regulate migratory movements and lessen adverse effects on healthcare systems in both source and destination nations, solutions for addressing these variables must be developed.

This study is important because it provides an empirical investigation of the factors influencing nurses' intentions to migrate, filling a large gap in the literature. It provides insightful information on the characteristics of migratory nurses, which helps with the

development of focused retention plans. The report also emphasises how nurse migration affects healthcare systems and the necessity of long-term workforce planning. Policymakers, healthcare administrators, and international organisations involved in workforce planning and management in the healthcare industry will find the findings to be very useful.

There will be a mixed-methods strategy used to accomplish the study goals. Nurses will be surveyed as part of the quantitative component to get information on their migration intentions, demographics, professional experiences, and opinions on their working circumstances. A sample of nurses from both the source and destination countries will get this survey. In-depth interviews with nurses who have moved or are thinking about moving will be a part of the qualitative component, along with important informants including hospital administrators, legislators, and nursing association members.

Nurse migration is a complex issue with broad ramifications for international healthcare systems. This study intends to give policymakers and healthcare administrators useful insights by providing a thorough grasp of the elements influencing this phenomena through an analysis of nurses' migration intentions. Coordination of national and international efforts is needed to address the issues surrounding nurse migration and develop long-term solutions that will help both migrant nurses and the healthcare systems they support.

According to a 2022 KPMG report, India is currently facing a major shortage of nurses, with a large migration to foreign countries in search of better possibilities. Even with an annual capacity of more than 300,000 nursing seats and a nine-fold rise in the number of institutions providing diploma nursing programs over the previous 12 years, the nation still has an eight-fold shortage of allied healthcare workers. The fact that many nursing graduates are unprepared for the workforce and look for work overseas since they receive insufficient compensation, benefits, and recognition in India makes the shortage worse. With 96 nurses per 10,000 residents, Kerala has the highest ratio among the states; Goa and Uttar Pradesh have some of the lowest.

1.2 STATEMENT OF THE PROBLEM

The Lifeline Multispecialty Hospital in Adoor is facing an important problem due to a planned migration of nursing personnel. Nurses play an important role in providing quality healthcare, and their departure can cause significant interruptions in patient care, higher workloads for existing staff, and increased expenses associated with recruiting and training new employees. Despite the hospital's attempts to promote a positive working environment, there is evidence that factors such as organisational burden, job satisfaction, work environment, and demographic traits such as age and education influence nurses' intentions to quit the organisation.

Specifically, the link between the organization's workload and the nurses' migration intents should be thoroughly investigated. High workloads may result in burnout, diminished job satisfaction, and, eventually, the choice to seek employment elsewhere. Furthermore, nurses' total job satisfaction at the hospital is a significant predictor of their professional dedication and retention. A thorough analysis of nurses' satisfaction with their duties, remuneration, career development prospects, and recognition is required to understand their migration plans.

Furthermore, the work environment, which includes managerial support, collegial connections, and physical working conditions, has a substantial influence on nurses' decisions to stay or quit. A helpful and good work environment can reduce the urge to relocate, but a bad one can increase it. Finally, demographic characteristics like age and education level may influence migration inclinations. Younger nurses or those with greater educational degrees may have different goals and possibilities than their older or less educated peers.

Addressing these concerns is critical for the hospital to establish successful methods for retaining nursing personnel, providing high-quality patient care, and maintaining operational efficiency. The study seeks to give thorough insights into these characteristics, allowing the hospital to conduct focused interventions to lower nurse migration intentions while also improving overall work satisfaction .

1.3 OBJECTIVES

1. To study the relationship between the organization's workload and migration intention.

2. To determine the level of job satisfaction among nurses at The Lifeline multispecialty hospital, Adoor.

3. To understand how work environment influencing the intention of migration at The Lifeline multispecialty hospital, Adoor.

4. To find the demographic factors such as age and education, that influence the migration intention.

1.4 SCOPE OF THE STUDY

This study focuses on thoroughly investigating the elements that impact nurses' migration intentions at Lifeline Multispecialty Hospital in Adoor. It investigates the link between organisational burden and nurses' inclinations to migrate, looking at how the demands of their positions, such as patient-to-nurse ratios, administrative chores, and overtime, influence their intentions to leave. The study examines the workload to see whether high expectations cause burnout and a desire to seek job elsewhere.

This study examines the variables influencing nurses' migration intentions at Lifeline Multispecialty Hospital in Adoor. It investigates how organisational burden, job satisfaction, work environment, and demographic characteristics like age and education influence nurses' desire to relocate. By analysing these aspects, the study hopes to discover opportunities for improvement in nurse retention.

The study combines quantitative data from surveys with qualitative insights from in-depth interviews to provide a full picture of the causes for nurses' relocation plans. It also compares experiences from other hospital departments to provide targeted suggestions.

The findings will help hospital managers and policymakers establish successful ways for managing workloads, increasing job satisfaction, creating a supportive work environment, and addressing the unique requirements of different demographic groups. This will eventually assist to prevent nurse migration while also ensuring that Lifeline Multispecialty Hospital provides high-quality healthcare.

Purpose of the study

The purpose of the study is to fully analyse all of the factors that impact the migration intentions of nurses at Lifeline Multispecialty Hospital in Adoor. The study's specific goals are to investigate the relationship between workload and migration intentions, evaluate the impact of job satisfaction, understand the influence of the work environment, identify demographic factors, assess financial stability and salary satisfaction, and investigate the role of recognition and appreciation.

By exploring these factors, the study seeks to gain a thorough understanding of the drivers behind nurses' migration intentions. The findings will serve to inform strategies and interventions aimed at improving nurse retention, enhancing overall job satisfaction, and creating a supportive work environment at Lifeline Multispecialty Hospital. Ultimately, this research endeavors to contribute to the stability and effectiveness of the healthcare workforce by addressing key factors influencing nurses' decisions to stay or migrate.

Hypothesis of the study

- **Null Hypothesis (H01):** There is no significant relationship between the organization's workload and nurses' migration intentions.

  Alternative Hypothesis (Ha1): There is a significant relationship between the organization's workload and nurses' migration intentions.

- **Null Hypothesis (H02):** There is no significant relationship between the work environment and migration intentions.

Alternative Hypothesis (Ha2): There is a significant relationship between the work environment and nurses' migration intentions.

- **Null Hypothesis (H03):** There is no significant relationship between age and the migration intentions of nurses.

  Alternative Hypothesis (Ha3): There is a significant relationship between age and the migration intentions of nurses.

- **Null Hypothesis (H04):** There is no significant relationship between the department and the migration intentions of nurses.

  Alternative Hypothesis (Ha4): There is a significant relationship between the department and the migration intentions of nurses.

- **Null Hypothesis (H05):** There is no significant relationship between gender and the migration intentions of nurses.

  Alternative Hypothesis (Ha5): There is a significant relationship between gender and the migration intentions of nurses.

1.5 RESEARCH METHODOLOGY

The systematic approach and techniques utilized to conduct the investigation, gatherinformation, analyze data, and arrive at dependable conclusions are referred to as research methodology. To ensure the accuracy and validity of the study findings,a variety of research methods, tools, and procedures must be selected and employed. The comprehensive framework and design of a research study, encompassing its objectives, inquiries, and hypotheses, as well as its data collection methods, sampling strategies, data analysis procedures, and ethical considerations, are all encompassed within its methodology. It provides a well-structured approach to conducting research, guiding researchers in their systematic exploration and analysis of a particular subject or issue.

The choice of research methodology employed will be contingent upon the nature

of the study, its objectives, the type of data required, and the available resources. Quantitative research, qualitative research, mixed methods research, experimental research, case study research, survey research, and action research are all common research approaches. Each methodology possesses a distinct set of methods and resources that are utilized to systematically and comprehensively gather and examine data. The validity, accuracy, and dependability of study conclusions are critically relevant t upon the research technique. It provides a structured and transparent research process that allows other researchers to replicate or build upon the study. The authenticity and quality of research findings are enhanced by well-designed and executed research methodologies.

1.5.1 Research design

A research design offers a structure for the collection and analysis of information. A research design is also known as a framework or blueprint. Research plans establish a framework for the collection and analysis of data. As a result, the research plan serves as the basis for studying the problem once the hypothesis has been formulated. The methodology used in a study is crucial to the reliability and validity of the findings. Therefore, this section focuses on the research technique used for this study to achieve the research objectives. This section of the document also includes a description of the tools used to measure various constructs relevant to this study.

Descriptive research is used when studying a specific phenomenon and there is a need to describe, clarify, and explain its internal relationships and properties. Descriptive research aims to provide an accurate profile of the individuals, events, and situations being surveyed, as well as the method of analysis before data collection. In contrast to exploratory research, descriptive research defines the questions, individuals surveyed, and method of analysis before data collection begins. A research design is the blueprint for a research study. It is the framework that has been established to seek answers to research questions. The design of the study defines the type of study (descriptive, correlational, quasi-experimental,

experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, etc.

The chosen methodology for this study is the "Descriptive Research Design". Explanatory research is used to explain the characteristics of a population or phenomenon under investigation. It aims to accurately depict the individuals involved in the study. The focus is on providing a detailed description of the participants. This scientific approach involves observing and describing the behavior of a subject without exerting any influence.

1.5.2 Population of the study

The term "population" refers to the total set of individuals (either people or products) who, according to the researcher's sampling criteria, have a certain attribute. In this study, the population consists of 420 employees (Nurses) who are working at THE LIFELINE MULTISPECIALITY HOSPITAL, ADOOR

1.5.3 Sampling

Sampling is the process of picking a representative sample from the complete population. In this investigation, a simple random sampling method was used. Participants in the nurse stratum were picked at random using a random number generator or a similar approach to guarantee that each nurse had an equal chance of being chosen. In basic random, the lottery technique was used. It can be a useful method for doing basic random sampling, particularly when the population size is manageable and each member of the population has an equal chance of selection.

1.5.4 Sample size

A statistical sample's size is determined by the number of observations it contains. Any empirical study that uses a sample to learn about a population must take sample size into account. The sampling size research covers workers working within the organization. The research survey included 110 nurses who work at "THE LIFELINE

MULTISPECIALITY HOSPITAL, ADOOR."

1.5.5 Source of data:

In research, data can be obtained from various sources, categorized as primary, secondary, and tertiary. Primary sources involve data collected first-hand by the researcher through methods such as surveys, interviews, observations, and experiments. Secondary sources include published literature, government reports, organizational records, and internet databases that contain data that has already been gathered by others for various purposes. Collections of information that have been assembled or synthesized from primary and secondary sources can be found in encyclopedias, bibliographies, indexes, abstracts, and other tertiary sources. Researchers often use a combination of these sources to gather comprehensive and robust evidence to address their research questions and objectives effectively. The project was compiled using facts, figures, information, and analysis by the researcher. The information thus collected is taken from two sources namely

- Primary data
- Secondary data

Primary data

A primary source is also known as first-hand information. It is collected by the researcher himself directly from the source.

The sources of primary data used here are:

- Questionnaire
- Formal conversation
- Interview
- Observation

Secondary data

The data which have been collected and compiled for some other purpose by someone else and is used by the researcher for the interest of his research study is known as secondary data.

The sources of secondary data used here are:

- articles
- Web page
- Journals
- Company report

1.5.6 Tools of Data Analysis

Statistical analysis

Statistical analysis is an important component of research as it allows researchers to derive meaningful understandings from collected data. While raw data collection provides the foundation, statistical treatment of data is vital for organizing and interpreting this information effectively. The statistical tools used for this study include.

→ **Percentage Analysis**

A percentage frequency distribution is a display of data that specifies the percentage of observations that exist for each data point or grouping of data points. It is a particularly useful method of expressing the relative frequency of survey responses and other data. Percentage analysis is used for the representation of the distribution of data. It refers to a special kind of rate or percentage used in making comparisons between two or more series of data. A percentage is used to determine the relationship between the series. It is a particularly useful method of expressing the relative frequency of survey responses and other data.

→ **Regression Analysis**

Regression analysis identifies the relationship between a dependent variable and one or more independent factors. Researchers can investigate the impact of changes in the independent variables on the desired outcome by fitting a regression model to the data. This process offers important insights into relationships between variables and the ability to predict. Regression analysis is a powerful tool in quantitative research because it is flexible and can handle a wide range of data sources and research questions. In this study, employee retention strategies were considered as the independent variable, while employee happiness was treated as the dependent. The purpose of the regression analysis was to ascertain whether there was a statistically significant correlation between employee happiness and retention attempts by examining the data gathered from surveys and employee feedback. The regression analysis results provided insights into the effectiveness of retention strategies in promoting a positive work environment and increasing overall employee Happiness.

→ **Correlation Analysis**

Correlation analysis is a statistical method used to examine the strength and direction of the relationship between two or more variables. In this study, correlation analysis was employed to understand how different factors, such as organizational workload, job satisfaction, work environment, and demographic variables, influence nurses' migration intentions at The Lifeline Multispecialty Hospital, Adoor. The analysis identified significant relationships, indicating how changes in one variable might be associated with changes in another. For example, a positive correlation between high workload and migration intention suggests that as workload increases, so does the likelihood of nurses considering migration. This method provides valuable insights into the interconnectedness of various factors, helping to identify areas where interventions can be made to improve nurse retention and job satisfaction. By understanding these relationships, hospital management can develop more targeted and effective strategies to address the issues leading to migration intentions.

→ **ANOVA**

ANOVA, or Analysis of Variance, is a statistical technique used to compare the means of three or more groups to determine if there are any statistically significant differences between them. It works by partitioning the total variability of a dataset into variability between groups and variability within groups. The F-statistic, calculated from ANOVA, measures the ratio of variance between groups to variance within groups; a higher F-value suggests a greater likelihood of significant differences. The p-value indicates the probability that the observed differences are due to chance, with a value below a significance level (e.g., 0.05) suggesting that the differences are statistically significant. If significant differences are found, post-hoc tests are often conducted to identify which specific groups differ from each other. ANOVA is commonly used in research across various fields, such as psychology and business, to assess the effects of different treatments or conditions and guide informed decision-making based on statistical evidence.

→ **T-TEST**

The t-test is a statistical technique used to determine if there is a significant difference between the means of two groups. It calculates the t-statistic, which reflects the size of the difference between group means relative to the variability within the groups. There are several types of t-tests: the independent samples t-test compares the means of two separate groups, the paired samples t-test assesses differences between related groups (such as measurements taken before and after an intervention), and the one-sample t-test evaluates if the mean of a single sample differs from a known value. The significance of the t-test result is determined by the p-value, which indicates the probability of observing the data if the null hypothesis (that there is no difference) is true. A p-value below a significance threshold (e.g., 0.05) suggests that the observed difference is statistically significant. T-tests are widely used in various fields, including psychology, medicine, and business, to assess hypotheses and make data-driven decisions based on the comparison of means.

Software utilized for analysis

- **Microsoft Excel:**

Microsoft Excel is a commercial spreadsheet application utilized for basic calculations, graphing, pivot tables, and macros. It organizes and manipulates data using cells arranged into rows and columns, displaying data through charts and graphs. Microsoft Visual Basic allows for complex numerical methods and coding directly in Excel.

- **SPSS (Statistical Package for the Social Sciences):**

SPSS is a widely used software for statistical analysis in social science research. It offers an intuitive interface for performing diverse statistical analyses, managing data, and visualizing outcomes. With SPSS, researchers can analyze complex data sets efficiently and accurately, making it a valuable tool for both novice and experienced researchers. Its extensive range of features includes descriptive statistics, correlation analysis, regression analysis, factor analysis, and more, making it versatile for addressing a wide array of research questions. Overall, SPSS streamlines the analytical process and aids in deriving meaningful insights from data in the social sciences.

1.5.7 Period of the study

The research duration spanned over 56 days, starting from 1st April and concluding on May 26th, 2024. This timeframe enables a thorough investigation of the research objectives within the specified schedule. Over this duration, activities such as data collection, analysis, and interpretation will be carried out to fulfill the study's objectives efficiently. Adhering to this timeline, the research aims to provide insightful information and augment the existing knowledge base in the relevant field.

1.5.8 Questionnaire design

The questionnaire designed to assess the migration intentions of nurses at The Lifeline Multispecialty Hospital, Adoor, begins with demographic questions to gather information on participants' age, gender, education, and department. Following these demographic

inquiries, the questionnaire features a series of Likert-scale questions that evaluate various aspects of job satisfaction, including opportunities for growth, overall job satisfaction, and salary satisfaction. Additional sections address perceptions of the work environment and organizational workload. The questionnaire aims to measure the impact of these factors on nurses' intentions to migrate, providing insights into how different variables influence their decision-making. By collecting data on these dimensions, the questionnaire seeks to identify areas for improvement and develop strategies to enhance job satisfaction and retention. The results will inform targeted interventions to address key issues and improve overall nurse retention and organizational stability.

The format of a five-point Likert scale, for example, could be:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

1. Very Satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very Dissatisfied

1. Always
2. Most of the time
3. Sometimes
4. Rarely
5. Never

1. Very well
2. Well
3. Neutral
4. Poorly
5. Very poorly

1.6 **LIMITATIONS OF THE STUDY**

Despite the comprehensive approach taken in this study to analyze the migration intentions of nurses at Lifeline Multispecialty Hospital in Adoor, there are several limitations that need to be acknowledged. Firstly, the study is confined to a single hospital, which may limit the generalizability of the findings to other healthcare settings with different organizational structures, work environments, and demographic profiles. Secondly, the reliance on self-reported data from surveys and interviews may introduce response biases, as participants might provide socially desirable answers or may not accurately recall past experiences. Additionally, the cross-sectional nature of the study means that it captures data at a single point in time, which may not fully reflect the dynamic nature of migration intentions influenced by changing circumstances and evolving professional and personal goals. Another limitation is the potential impact of

unmeasured confounding variables that could influence migration intentions, such as personal life events or external economic factors, which were not controlled for in this study. Finally, the study's mixed-methods design, while providing a comprehensive understanding, may face challenges in integrating qualitative and quantitative findings seamlessly, potentially leading to incomplete or skewed interpretations. Despite these limitations, the insights gained from this study are valuable for informing targeted strategies to improve nurse retention and address the factors driving migration intentions within the context of Lifeline Multispecialty Hospital.

1.7 INDUSTRY PROFILE

1.7.1 Introduction to the hospital industry

In 2024, the hospital business will remain an essential component of the global healthcare system, delivering a wide variety of crucial services from emergency care to highly specialized treatments. This industry is distinguished by a wide range of hospital types, including general hospitals that provide comprehensive services such as emergency care, surgery, and obstetrics, as well as specialty hospitals that specialize on certain medical specialties such as cardiology, orthopedics, or pediatrics. Teaching hospitals provide two functions: patient care and medical teaching, whereas community hospitals provide a wide range of healthcare services to their communities. The industry comprises both public hospitals, which are sponsored by government agencies, and private hospitals, which are owned by people, businesses, or non-profit organizations.

Several major trends and advancements will have a significant impact on the healthcare business by 2024. Technological innovations are at the forefront, with telemedicine becoming widely adopted, allowing patients to receive healthcare remotely, improving convenience while lowering the pressure on physical medical facilities. Artificial intelligence (AI) and machine learning are transforming diagnoses, treatment planning, and operational economies, while robotic surgery improves surgical precision using less invasive approaches. Electronic health records (EHRs) improve patient data management,

provider coordination, and overall care quality.

Policy and regulatory changes have a substantial influence on the healthcare business. There has been a significant movement from volume-based to value-based care models, with an emphasis on patient outcomes and cost efficiency rather than the sheer amount of services delivered. Health insurance reforms are affecting hospital payments and patient coverage, forcing changes to hospital operations and financial planning. Compliance with demanding regulatory requirements is critical in assuring patient safety, quality of treatment, and data security in an increasingly complicated healthcare landscape.

Economic and demographic variables influence the demand for hospital services. The aging population is a primary factor, as older persons often require more medical care, which raises the demand for hospital services. Population health management is becoming increasingly important, with an emphasis on preventative care and chronic disease management to minimize hospital admissions and enhance overall public health. Rising healthcare costs are a constant concern, forcing hospitals to innovate in cost-effective treatment delivery and investigate alternate payment mechanisms to remain financially viable.

Workforce trends create additional difficulties and possibilities for the healthcare business. Addressing the lack of trained healthcare professionals is critical, needing strong education and training activities to prepare the next generation of healthcare workers. Furthermore, managing burnout and increasing the well-being of healthcare professionals is critical for keeping a motivated and productive staff. Hospitals are using a variety of initiatives to help their personnel, recognizing that their well-being has a direct influence on patient care quality.

Despite these developments and changes, the healthcare business still confronts considerable obstacles. Financial pressures are a perennial problem, with hospitals having to weigh the expenses of sophisticated medical technology against financial limits. Reductions in payments from insurance companies and government programs exacerbate these financial issues. Regulatory compliance remains a difficult and demanding issue, forcing hospitals to continually adapt to evolving laws and regulations governing patient

privacy and data security.

Access to care is another essential problem, with hospitals working to ensure that all patients, particularly those in rural and underdeveloped regions, have fair access to healthcare services. Addressing gaps in healthcare outcomes across demographic groups remains a top issue for hospitals as they strive to deliver inclusive and comprehensive treatment to varied populations.

Looking ahead, the hospital industry is likely to continue its trend of integrating modern technology, emphasizing patient-centered care, and implementing sustainable and efficient healthcare delivery models. Collaboration with other healthcare providers, payers, and technology businesses will be critical for improving health outcomes and patient experiences. As the sector navigates these developing challenges and possibilities, hospitals must strike a balance between technology improvements and the delivery of compassionate, high-quality patient care in a rapidly changing healthcare market.

1.7.2 Strengths of the Indian Hospital Industry

- The Indian healthcare market, which was valued at US$ 110 billion in 2016 is now projected to reach US$ 638 billion by 2025.
- The healthcare sector, as of 2024, is one of India’s largest employers, employing a total of 7.5 million people.
- A recent research report predicts that the integration of Artificial Intelligence (AI) within the Indian healthcare sector will create nearly 3 million new jobs by 2028.
- India’s public expenditure on healthcare touched 2.1 % of GDP in FY23 and 2.2% in FY22, against 1.6% in FY21, as per the Economic Survey 2022-23.
- Two vaccines (Bharat Biotech's Covaxin and Oxford-AstraZeneca’s Covishield manufactured by SII) were instrumental in medically safeguarding the Indian population against COVID-19.
- Availability of a large pool of well-trained medical professionals in the country.

- The number of allopathic doctors with recognised medical qualifications (under the I.M.C Act) registered with state medical councils/national medical council increased to 1.3 million in November 2021, from 0.83 million in 2010.

- In the Interim Union Budget 2024-25, the government allocated Rs. 90,659 crore (US$ 10.93 billion) to the Ministry of Health and Family Welfare (MoHFW).

- The Indian government is planning to introduce a credit incentive program worth Rs. 50,000 crores (US$ 6.8 billion) to boost the country's healthcare infrastructure.

- India's health sector has experienced substantial growth in terms of employment and income. The fast growth of the Indian healthcare business is being driven by increased coverage, services, and spending by both public and private institutions. The presence of highly skilled medical workers in India provides a competitive edge.
- India's healthcare business has been growing at an exponential rate, and estimates indicate that it will continue to expand in the future years. The hospital market, which was valued at USD 98.98 billion in 2023, is predicted to reach USD 193.59 billion by 2032, rising at an 8.0% CAGR.

1.7.3 Types of health industry

→ **Healthcare Services**

Healthcare services cover a wide range of institutions and personnel that provide medical treatment. Hospitals and clinics provide acute care, emergency services, surgical operations, and specialised medical treatments. Primary care physicians, including general practitioners, family doctors, and internists, provide routine examinations, preventative care, and treatment for common ailments. Specialist care focuses on treatments offered by professionals in specialties such as cardiology, dermatology, cancer, and neuroscience. Outpatient treatments also address medical requirements that may not require hospitalisation, such as same-day procedures, diagnostic testing, and

physical therapy. Nursing homes, assisted living facilities, and home health care all provide long-term care to those who have chronic diseases or disabilities.

→ **Pharmaceutical and biotechnology**

The pharmaceuticals and biotechnology section is critical to the health business because it develops, manufactures, and markets drugs and new therapies. Pharmaceutical businesses manufacture pharmaceuticals for a variety of health ailments, whereas biotechnology companies use biological processes to build novel therapies and medical equipment, frequently focused on cutting-edge genetics and molecular biology. Pharmacy services, including retail and online pharmacies, distribute prescription prescriptions and provide patient counselling, ensuring that people obtain the right medications and learn how to use them properly.

→ **Medical Instruments and Equipment**

The medical device and equipment industry provides critical tools for diagnosing, treating, and managing health issues. Imaging technologies such as MRI and CT scans, as well as laboratory equipment and other diagnostic tools, are used to discover and monitor health conditions. Pacemakers, insulin pumps, and dialysis machines are examples of therapeutic devices used to treat or manage a variety of medical diseases. Durable medical equipment, such as wheelchairs, hospital beds, and home oxygen equipment, provides long-term help to patients by improving their quality of life and meeting their health needs.

→ **Health insurance**

Health insurance is an essential component of the healthcare business, offering financial protection for medical bills. Private firms provide a variety of healthcare insurance policies, including Health Maintenance Organisations (HMOs), Preferred Provider Organisations (PPOs), and Exclusive Provider Organisations (EPOs). Public health insurance programmes, such as Medicare, Medicaid, and national health services, cover eligible people and ensure access to required medical treatment. Managed care organisations, such as HMOs and PPOs,

provide healthcare services through a network of providers, to lower costs and improve quality.

→ **Health Information Technology**

Health information technology has transformed the healthcare industry, increasing the efficiency and efficacy of medical services. Electronic Health Records (EHR) are digital copies of paper charts that allow healthcare practitioners to easily share and access patient data. Telemedicine uses telecommunications technology to enable remote delivery of healthcare services, including consultations, diagnosis, and treatment. Health apps and wearables, which are mobile applications and gadgets that measure health data, give health information, and encourage wellness, enable people to monitor and manage their health more proactively.

→ **Public Health**

Public health programmes aim to improve population health using a variety of tactics and treatments. The Centres for illness Control and Prevention (CDC) and the World Health Organisation (WHO) manage public health programmes, illness prevention, and health education. Nonprofit organisations focus their efforts on health education, advocacy, and research on particular health issues or demographics. Environmental health investigates and resolves the effects of environmental elements on human health, such as air and water quality, food safety, and pollution management, to ensure that populations live in better surroundings.

→ **Mental Health Services**

Individuals' psychological well-being requires access to mental health treatments. Psychiatric hospitals and clinics offer inpatient and outpatient treatments to treat mental health conditions. Licenced professionals provide psychological counselling, treatment, and support for mental health difficulties, assisting individuals in coping with stress, anxiety, depression, and other disorders. Substance abuse treatment programmes and institutions provide rehabilitation and assistance to people battling with addiction, fostering recovery and mental health stability.

→ **Alternative and complementary medicines**

Alternative and complementary medicine provides therapeutic alternatives to standard medical treatments. Chiropractic therapy treats musculoskeletal disorders via spinal adjustments and manipulations. Acupuncture is a traditional Chinese medical procedure that includes placing tiny needles into precise places on the body to relieve pain and cure a variety of health issues. Herbal medicine makes use of plants and plant extracts to treat ailments. Holistic methods, such as homoeopathy and naturopathy, place an emphasis on natural cures and the body's ability to heal itself, offering patients alternative health alternatives.

→ **Health & Wellness**

The health and wellness category promotes general well-being via a variety of programmes and services. Fitness and recreational centres, such as gyms and fitness studios, promote physical exercise and a healthy lifestyle. Dietitians and nutritionists provide nutrition and dietetics services, which encourage healthy eating and address dietary-related health conditions. Wellness programmes provided by corporations or community organisations promote total well-being, stress management, and preventative health practices. These activities collectively lead to better health outcomes and a higher quality of life for people and communities.

1.7.4 Challenges Faced by Healthcare Industry

→ **Cyber security**

The healthcare industry is particularly vulnerable to cyberattacks because to the volume of personally identifiable information (PII) and protected health information (PHI) stored by hospitals and health systems. According to research, 60% of healthcare organizations have been targeted by ransomware attacks in the last year, while the number of successful assaults on the healthcare business has more than doubled during the same period.

It has become critical for healthcare firms to solve their cybersecurity vulnerabilities since more than just financial ramifications are at risk. Patient outcomes are

compromised, and it might mean the difference between life and death. Approximately 80% of ransomware attacks on hospitals cause interruptions in patient care, which generally last two weeks. These interruptions frequently require organizations to redirect treatment to other institutions, which has been related to greater problems with medical operations and higher fatality rates.

Meanwhile, the cost of addressing a data breach in the healthcare business exceeds $10 million, with a single ransomware assault potentially costing up to 30% of yearly operational income. With hospital and health system operating margins of less than 2% and still recovering from mainly negative margins in 2022, few organizations can afford the expenditure.

→ **Telehealth**

In the early days of COVID-19, the healthcare industry embraced telehealth; by April 2020, its use had increased 78 times over the previous two months. However, the gradual return to in-person care, along with the expiration of the public health emergency, which removed numerous limits on when and how telemedicine might be utilised, has raised concerns about telehealth's future.

Telehealth accounts for around 5% of all medical claims. However, approximately 70% of all telehealth claims are for mental or behavioural health sessions, indicating that other medical specialties have not completely embraced telemedicine use. It is also probable that utilisation could decline in 2024 and beyond due to ambiguity regarding which treatments Medicare will cover, how much physicians will be paid for telehealth consultations, and whether practitioners will be authorised to administer prohibited medications during telehealth sessions.

→ **Competition**

Brick-and-mortar health systems are facing more competition and upheaval. Standalone urgent care clinics are expanding at a 7% yearly pace, and 80% of the US population now lives within a 10-minute drive of an urgent care facility. (Notably, this figure excludes clinics within retail establishments, which number more than 2,500.) These clinics are

popular due to their convenience, as they are open longer than the average doctor's office.

In addition, retail firms that have not previously supplied care delivery services are entering the game. In 2022, Amazon purchased primary care provider One Medical; CVS Health and Walgreens also acquired primary care and home health firms; and Best Buy has concentrated on remote patient monitoring in the home. To top it off, venture capital company General Catalyst has intimated that it may buy a hospital.

All of these measures are expected to have a substantial influence on the healthcare business in 2024 and beyond. Hospitals and doctor's offices with high wait periods to book an appointment or see a doctor may struggle to compete with clinics that work extended hours or are willing to send a care provider to someone's house.

→ **Invoicing and payment processing**

The healthcare business is particularly vulnerable to revenue leakage, with up to 15 cents of every dollar produced going uncollected. The fundamental difficulty that organisations confront is inefficient revenue cycle management (RCM) processes. Manual processes are commonly used for activities such as confirming a patient's insurance information, getting prior permission, tracking the progress of a claim, and appealing denials. These manual procedures are time-consuming and prone to human mistake, thus they incur additional costs, most notably in the form of employee time. This leads to payment delays, which means healthcare organisations take longer to get reimbursement for the services they deliver. Unfortunately, around 75% of suppliers employ manual methods for collections, and as a result, about 70% require more than 30 days to collect payments from patients.

Electronic invoicing and invoice processing can help to expedite these operations by automatically tracking invoices from the moment they are received. This can help to eliminate mistakes, shorten payment times, and enhance cash flow for healthcare providers. It is worth noting, however, that certain claims or previous authorization denials will continue to require personal involvement.

→ **Price Transparency**

Two United States rules attempt to assist patients understand the cost of healthcare services and prevent unexpected expenditures. First, the Hospital Price Transparency Rule compels hospitals to post price lists for popular treatments and procedures that are both machine-readable and consumer-friendly. Second, the No Surprises Act requires hospitals to offer good-faith estimates of care costs and prohibits out-of-network payments for services performed at in-network facilities.

While the American Medical Association and the American Hospital Association support these laws, they have also acknowledged the burden they can place on healthcare professionals. For example, it is difficult to establish a single, set pricing for a medical service since organisations frequently negotiate various costs with different insurance providers. Furthermore, developing pricing transparency technologies takes time and demands financial and human resources that are in limited supply in healthcare organisations. Finally, the arbitration procedure for insurers and providers to negotiate a "surprise bill" delivered to a patient is likely to result in smaller payments, thereby harming the hospitals and health systems that offer the services.

→ **Big data**

The typical healthcare system generates 137 gigabytes of data every day. This data is important for a variety of reasons, including documentation of treatment provided, insight into a patient's general health and wellness, and an audit trail for compliance and legal purposes. The healthcare business struggles to manage massive data because up to 80% of it is unstructured, such as free-text physicians' notes or medical photographs, which cannot be effectively represented in database rows. Normalising unstructured data to make it look like structured data improves its usefulness for clinical and business decision-making, but the process is costly and time-consuming when performed manually.

In 2024, data crunching will be an important consideration for the healthcare industry, as organisations seek to study their data to better understand clinical and financial outcomes.

Data crunching is the process of converting raw data into a machine-readable format. Knowing the use case, understanding the data sources, and documenting the process are all key to success.

→ **Health equity**

Prior to the 2020 pandemic, the detrimental effects of economic and social marginalisation on health outcomes were extensively recognised. However, greater rates of hospitalisation and mortality from COVID-19 among non-white Americans, along with lower vaccination rates, show the healthcare industry's continued challenge to deliver equal treatment. Other instances include an increase in cancer deaths and maternal mortality rates.

In response, the Centres for Medicare and Medicaid Services (CMS) has established five goals for promoting health equity in the United States over the next decade. These goals include gathering more accurate data on patients' barriers to accessing care, increasing capacity to address inequities in care, and making healthcare services more available.

The Centers for Disease Control and Prevention (CDC) has indicated that addressing health equity "requires ongoing societal efforts" to remove barriers to care and address long-standing injustices that patients face based on their race, gender, sexual orientation, disability status or other factors. The healthcare industry has an important role to play, but institutions in education, government, public safety and the private sector also need to be involved.

→ **Slow clinical workflows**

EHR systems are used by about 80% of office-based physicians and 96% of hospitals in the United States. This is a considerable increase from fewer than 20% of physicians in 2001, owing mostly to government payments granted in the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. In terms of clinical workflow, EHR systems appear to have both yin and yang. They enhanced care delivery by simplifying note-taking, making better decisions, and sending reminders and notifications to clinical personnel. However, certain aspects of EHR systems have been

related to negative effects on clinical processes, ranging from slow load times to information overload. Clinical personnel also spends more time staring at their computer screens than they do with patients, as well as more time making clinical notes or recording visits in order to file invoices.

A variety of technological advancements have the potential to enhance clinical workflow in EHR systems, including the use of generative AI to automate documentation and make information search simpler. The issue for the healthcare sector in 2024 is to identify suitable use cases for such advances while ensuring that they do not distract clinical personnel during patient visits.

→ **Provider shortages**

The healthcare business is experiencing a substantial scarcity of skilled personnel to provide care. The Association of American Medical Colleges predicts an overall physician deficit ranging from 37,800 to 124,000 by 2034. Meanwhile, a 2023 review of data from the 2022 National Nursing Workforce Survey revealed that more than 610,000 experienced registered nurses — over one-third of all nurses in the United States — are considering leaving their positions within the next five years owing to stress directly related to the epidemic.

Several factors contribute to the projected shortages. Burnout is one of the most common, caused by a combination of higher workloads during the epidemic and the expanding amount of administrative activities that clinical personnel are required to do. Furthermore, approximately 45% of physicians are above the age of 55; as these physicians approach retirement age, there are insufficient medical school and residency programme graduates to replace them.

The physician and nurse shortage is particularly severe in rural parts of the United States. Since 2005, about 200 rural hospitals have closed, and another 600 are on the verge of doing so, owing to their inability to compete with the higher incomes and better working conditions offered by suburban and metropolitan facilities. This will have a huge influence on the healthcare business in 2024 and thereafter. Patients in remote locations

will have to travel further to receive the treatment they require, leading to inferior health results.

→ **Patient experience**

Patient satisfaction has been dropping due to slow clinical processes and provider shortages. Long wait periods — nearly a month (26 days) on average between booking a new-patient appointment and the appointment date — and ongoing manual processes for organising appointments, renewing prescriptions, and discussing test findings all contribute to a negative patient experience. These increase the risk of a patient switching doctors, resulting in lost income and harming the reputation of a hospital or health system.

In 2024, the healthcare industry will continue to adapt to these problems with physical modifications such as cutting-edge buildings and a variety of technological solutions. Technologies that can improve the patient experience include self-scheduling, automated reminders, digital check-in, and real-time payments.

World's status of the health Industry

The beginning of the millennium marked significant strides in global health, evidenced by a remarkable halving of child mortality, a one-third reduction in maternal mortality, and significant declines in infectious diseases such as HIV, tuberculosis (TB), and malaria. Consequently, global life expectancy rose from 67 years in 2000 to 73 years in 2019. These improvements were facilitated by enhanced access to essential health services and a reduction in health risks, including decreased tobacco use, alcohol consumption, and child undernutrition. However, since the conclusion of the Millennium Development Goals (MDGs) in 2015, progress has stagnated, threatening the timely achievement of the Sustainable Development Goals (SDGs) by 2030. Indicators such as maternal mortality, under-five and neonatal mortality rates, premature mortality from major non-communicable diseases (NCDs), and suicide and road traffic mortality rates exhibit a slower rate of reduction.

Despite considerable success in reducing health concerns, such as tobacco use,

contaminated water, sanitation, and child stunting, there is still room for improvement. Persistent high exposure to dangers such as alcohol use and hypertension, along with the growing incidence of obesity and poor air quality, present continuous concerns. Furthermore, the increase of access to critical health services has slowed since 2015, with financial challenges owing to healthcare expenses persisting and disparities in access to health services expanding. Disadvantaged people suffer higher health risks and death rates due to inadequate access to essential services such as competent birthing help and clean cooking technology. These gaps were sharply underlined during the COVID-19 pandemic, which exacerbated existing inequities and caused significant disruptions to health-care facilities.

The COVID-19 pandemic, which caused 14.9 million extra deaths and a loss of 336.8 million years of life worldwide between 2020 and 2021, has drastically slowed improvement in health indices. Disruptions in healthcare services reversed good trends in immunisation coverage, malaria and tuberculosis incidence, and reduced treatments for neglected tropical diseases (NTDs). Inequities in access of COVID-19 vaccinations emphasised the differences between and within countries. The pandemic's effect serves as a sharp warning of the possible comeback of infectious illnesses, exacerbated by variables such as antimicrobial resistance (AMR) and climate change, both of which continue to erode the environmental and social determinants of health.

The global health landscape has undergone rapid demographic and epidemiological transitions, with NCDs now accounting for nearly three-quarters of all deaths annually. This trend is projected to escalate, with NCDs expected to comprise approximately 86% of global deaths by 2048, contributing to an estimated 77 million NCD deaths out of nearly 90 million total deaths annually. To counter these challenges and achieve the SDG targets by 2030, it is imperative to intensify efforts and accelerate progress. Prioritizing global, regional, and national interventions to prevent maternal and child deaths, reduce NCD mortality by addressing underlying risk factors, and enhance equitable access to essential health services while minimizing financial hardships is critical. Furthermore, timely, reliable, and disaggregated data is essential to inform policies and guide actions aimed at maximizing health gains and eliminating inequalities. Addressing these

multifaceted challenges requires coordinated, sustained efforts across all levels to ensure meaningful and equitable health improvements globally.

The 2024 edition examines more than 50 health-related indicators from the SDGs and WHO's Thirteenth General Programme of Work. It also discusses the conclusions of the Global Health Estimates 2021, specifically the impact of the COVID-19 pandemic on life expectancy and healthy life expectancy.

Indian Scenario

India's healthcare industry has seen substantial expansion and transformation in recent years, with a predicted 12.59% increase in 2024-25. This development demonstrates the country's dedication to improving healthcare infrastructure and accessibility, which is backed by significant government investments and creative policy measures.

Since 2016, the Indian healthcare business has grown at a strong compound annual growth rate (CAGR) of over 22%. The hospital market was valued at USD 98.98 billion in 2023 and is projected to reach USD 193.59 billion by 2032, with a CAGR of 8% (Organiser) (Latestly). This expansion is part of a larger trend that involves significant improvements in several sectors such as telemedicine and artificial intelligence (AI) in healthcare. The telemedicine industry is estimated to reach USD 5.4 billion by 2025, with a 31% CAGR. Meanwhile, AI applications in healthcare are likely to rise at a 45% annual rate by 2024 (Organiser) (Latestly).

Government actions have had a significant impact on this growth trajectory. For example, the Ayushman Bharat initiative, which began in 2018, is the world's largest government-funded health insurance programme, covering approximately 55 crore people from disadvantaged households. It offers annual health coverage of up to Rs 5 lakh per family and has facilitated over 6.2 crore free hospital admissions through its network of over 26,000 empaneled institutions, including 11,000 private facilities (Latest data).

Infrastructure development has also been a top emphasis, with large expenditures in new hospitals and educational institutions. Prime Minister Narendra Modi has inaugurated five new All India Institutes of Medical Sciences (AIIMS) and announced 202 healthcare

development projects in 23 states and union territories. The initiatives, worth over Rs 11,700 crores, aim to improve healthcare accessibility and quality through medical institutions, specialist units, and research centres (Organiser).

Furthermore, the Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) demonstrates the government's attempts to strengthen healthcare infrastructure, with a budget of Rs 64,180 crore till 2025-26. This mission is to improve healthcare facilities in rural and urban regions, preparing for future public health emergencies (Organiser) (Latestly).

India's healthtech sector is likewise expanding rapidly, with hiring expected to rise by 15-20% by 2024. This spike is being driven by the incorporation of technology into healthcare services, including the creation of digital health infrastructures under the Ayushman Bharat Digital Mission. This effort intends to provide a seamless flow of health data, giving users improved access to information and healthcare services.

Overall, India's healthcare industry is seeing rapid expansion, thanks to large investments, creative regulatory initiatives, and an emphasis on technology-driven solutions. This achievement not only improves healthcare delivery, but also places India as a global leader in healthcare innovation.

Kerala Scenario

The 2024 Kerala Budget has made tremendous progress in the state's health sector, demonstrating a holistic strategy to enhancing healthcare services and infrastructure. With a goal of making Kerala a medical hub, significant monies have been invested to improve medical education, healthcare infrastructure, and particular health projects.

Allocations to medical education include ₹401 crore for general growth, ₹217 crore for select medical institutions, and ₹22.79 crore for dentistry colleges. The Malabar Cancer Centre and the Cochin Cancer Research Centre would receive ₹42.50 crore for cancer care and ₹29 crore for robotic surgical development, respectively.

Special emphasis has been placed on mental health and neuroscience, dialysis centres, stroke centres, and stem cell/marrow transplantation, demonstrating a wide commitment

to innovative medical therapies. The budget prioritises healthcare access for disadvantaged communities, allocating ₹32 crore to tribal healthcare and ₹65 crore for SC community healthcare.

Furthermore, the government is addressing the health needs of distinct communities through a variety of initiatives. These include the Karunya Scheme for low-income families, Medisep insurance for government employees, and the AAWAZ scheme for migrant workers. The budget includes gender-specific health projects such as Amma Manasu (addressing postpartum depression) and Bhoomika (offering medical care to violence victims), demonstrating its inclusive character.

The interlinkage of sports and health is also highlighted through projects like Healthy Kids Play for Health, which aims to develop playgrounds in rural areas. This initiative underscores the government's commitment to integrating physical activity with health promotion.

In addition to healthcare, the 2024 budget has significant environmental implications, with an outlay of ₹765 crore for environmental schemes covering agriculture, water resources, and energy. This comprehensive approach indicates the state's recognition of the interconnectedness of health and environmental well-being .

Overall, the 2024 Kerala Budget reflects a robust and multifaceted strategy aimed at enhancing healthcare infrastructure, expanding access to medical services, and addressing the diverse health needs of its population. These efforts are crucial for sustaining the state's progress in healthcare and ensuring equitable health outcomes for all residents.

Current Scenario

The current global health sector is marked by significant achievements and ongoing challenges. Since 2000, life expectancy has increased from 67 to 73 years, driven by reductions in child and maternal mortality, and declines in infectious diseases like HIV, tuberculosis, and malaria. Technological advancements such as telemedicine and AI have also expanded healthcare access. However, progress has stalled post-2015, complicating the attainment of Sustainable Development Goals (SDGs) by 2030. The COVID-19

pandemic has exacerbated this slowdown, causing 14.9 million excess deaths and reversing gains in immunization and infectious disease control. Additionally, health inequities persist, particularly affecting disadvantaged populations and highlighting the need for equitable healthcare access. Environmental health risks, such as air pollution and rising obesity rates, further compound these challenges. In India, states like Kerala are making strides with significant healthcare budget allocations, focusing on medical education, cancer care, and targeted health initiatives for vulnerable groups. This multifaceted approach underscores the necessity for sustained investment and innovative policies to address global health disparities and ensure comprehensive healthcare improvements

1.8 COMPANY PROFILE

1.8.1 History of Company

Lifeline Hospital was established in the year April 24th 2005 by Dr. S. Pappachan, an expert Obstetrician, Gynaecologist and Fertility Specialist to offer world-class healthcare to people at affordable costs. Within a few years of its inception, Lifeline had proven that the highest quality and latest forms of treatment and management are possible even in peripheral settings. The key elements needed are vision and dedication.

Lifeline Hospital is a 300-bed tertiary care unit for the Mother and the Newborn on par with international standards. The hospital caters mainly to Infertility Treatment, IVF, IUI, ICSI, high-risk Obstetrics and Gynaecology cases, Neonatology &Paediatrics, Bariatric Surgery, Urology, Genetics as well as General Medical, Laparoscopy and Anomaly Scan Centre & Fetal Therapy while especially providing infertility treatment, an issue of major concern in modern society irrespective of the age of the couple. Backed by state-of-the-art equipment, highly qualified and experienced doctors, and committed paramedical and supportive staff, Lifeline has ushered in a new era in the field of health care. Lifeline is different from other institutions of its kind. It provides the latest technology combined with tender loving care for the patients in a clean healthy atmosphere where you get the best result.

As a natural corollary, Lifeline is now recognized as a leading centre in India offering competitive medical tourism packages to patients from neighbouring countries like the Middle East, and African countries, as well as from USA, UK, Australia and other European countries.

FOUNDER

A doctor is not only shaped by quality education, according to Dr. Pappachan. Empathy-driven purity of heart is unavoidable. The life of Dr. Pappachan exemplifies the aforementioned reality. If Venture Lifeline had simply been a company founded with profit as the main goal, it would never have become such a universally respected and trusted hospital. Zachariah and Soshamaas's oldest of their six children, Dr. Pappachan, was born. He had been nurturing the desire to become a doctor ever since he was a young boy. Pappachan's motivation to begin this journey of serving humanity most sincerely came from the simple doctor who lived next door.

1.8.2 OBJECTIVES OF ORGANISATION

- To identify the processes needed for the quality management system and their application throughout the organisation.
- To determine the sequence and interaction of these processes.
- To determine the criteria and method to ensure that both the operation and control of these process are effective through proper document control, customer/patient related process etc.
- To ensure the availability of resources and information necessary to support the operation and monitoring of these procedures. These resources are identified in the Managerial Review Meetings.
- Implement action necessary to achieve planned result and continual improvement of these processes.

1.8.3 QUALITY POLICY

To achieve the aim of patient happiness, Lifeline is devoted to providing patient customers with the greatest, world-class facility healthcare by enhancing workflow, fostering an ideal workplace, and offering patients safe, ethical medical care with loving care.

1.8.4 ACHIVEMENTS OF ORGANISATION

- Introduced Embryo scope in Kerala.
- Introduced Computer Aided Semen Analysis in Kerala.
- First Test Tube Baby Centre of Central Travancore.
- First Anomaly Scanning Centre of Central Travancore.
- 58-year-old woman gave birth to twins-First in India.
- IVF success rate is 40% much above the world average.
- Neonatology-Maintaining the survival rate over 95%.
- Awarded for best eco-friendly hospital in the state from Kerala State Pollution ControlBoard.
- Around 1000 test tube babies were delivered.
- First foetal therapy unit in Central Travancore.
- High Volume Bariatric Surgery Centre.

1.8.5 FACILITIES OF ORGANISATION

- Antenatal Care.
- Four Dimensional Ultrasound Scanning.

- C.T.G Machine to assess fetal heart rate.
- Doppler studies for fetal blood flow.
- PAP smear test.
- Colposcopy.
- Cry cauterisation.
- Treatment for excessive menstrual bleeding including Novasure Ablation.
- Treatment of stress incontinence including TVT.
- HRT.

1.8.6 DEPARTMENTS OF ORGANISATION

- Department of Fertility
- Department of Genetics
- Department of Obstetrics & Gynaecology
- Department of Fetal Medicine & Fetal Therapy
- Department of Neonatal Intensive of Care Unit
- Department of Paediatric
- Department of Paediatric Surgery
- Department of Minimal Access Surgery
- Department of Bariatric Surgery
- Paramedical Division

- Department of Endocrinology
- Department of ENT
- Department of Pulmonary
- Department of Neurology
- Department of Anaesthesia
- Department of Radiology
- Department of Gastroenterology

1.8.7 ABBREVIATION

- DNB - Diplomate of National Board.
- NABH - National Accreditation Board for Hospitals & Health Care.
- NABL - National Accreditation Board for Testing & Calibration Laboratories.
- CSSD - Central Sterile Services Department.

1.8.8 Company's Mission and Vision

MISSION

The mission of LifeLine Hospital is to build, maintain and look after our community health, with unparalleled and affordable care, nurture a deep connection between patients, clinicians, teachers, researchers, and staff members to represent a society valuing gratitude, selfless work, commitment, accountability, and an urge to be an example to the younger generations.

VISION

The vision of Lifeline Hospital is to become our nation’s top world-class healthcare provider ingrained in accessibility, affordability, commitment, andvirtue, and disrupt the sector with breakthrough medical practices and innovations to elevate the quality of care to unprecedented levels.

1.8.9 DEPARTMENTS IN THE COMPANY

- Human Resource Department
- Finance Department
- Marketing Department
- Public Relations Department
- I T Department
- Purchase Department

❖ **HUMAN RESOURCE DEPARTMENT**

- This hospital's Human Resource Department is special because it fosters positive relationships between employers and employees as well as among employers.

- All employees' private records are kept in his department. It is the division in which employee issues are resolved. This division makes sure that employees' dynamism, effectiveness, competencies, and motivation are all developed in a methodical and organised manner.

- The welfare of the workforce, safeguarding every employee's right in the workplace, and offering more amenities are among the HR manager's major duties. HRD handles issues relating to personnel, such as accepting applications from candidates, interviewing new hires, and setting up development programmes.

- 700 people work with Lifeline, including trainers and students. Punching machines are set up in this department to collect attendance for the hospital's

permanent workers, and identity cards are issued by this division.

- Employees have the option of taking unpaid time off, paid vacation, and sick leave. Once every month, casual leave is granted, and after six months, up to 10 days of sick leave, up to 12 days of yearly leave, and leave rather than these are loss of pay, are permitted.

- The corporate office hosts monthly meetings of the staff welfare committee, wheredecisions are made on a case-by-case basis.

1.8.10 DETAILED STUDY OF HUMAN RESOURCES OR PERSONNEL DEPARTMENT

The organizational function known as human resource management (HRM) is responsible for hiring, supervising, and directing all of the individuals who work there. The most critical component of management is human resources. It involves bringing people and an organization together to achieve each party's objectives. It seeks to obtain the finest performance from individuals by gaining their unwavering cooperation. To effectively accomplish an organization's goals, it is an art to obtain, develop, and sustain a skilled workforce. It aids in an organization's and its members' achievement of their individual goals. It aims to increase employees' productive contributions to the company in a way thatis morally and socially responsible.

The process of gaining training, evaluating, compensating, and attending to employees' concerns over their labor relations' health, safety, and justice is known ashuman resource management. In other words, human resource management focuses on the management of people. Since people make up every organization, developing their labor skills, inspiringthem to perform at a higher level, and ensuring that they remain committed to theorganisation are crucial to accomplishing organizational goals. Regardless of the sort of organization government, business, education, health, recreation, or social action—this is true, HRM refers to a collection of activities andprogrammes created and implemented to maximise both employee and organizational effectiveness.

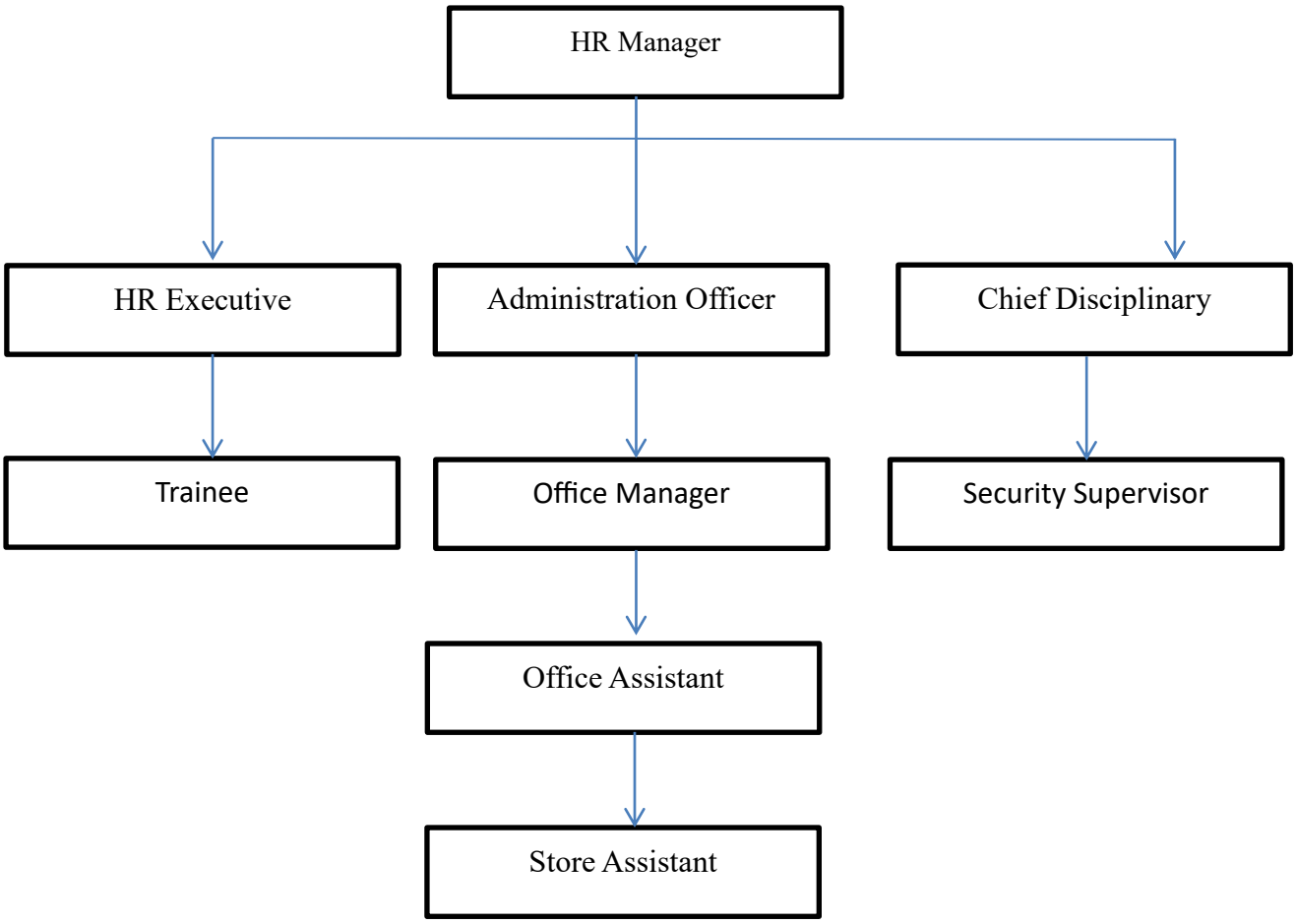


Figure 1.1: HR CHART

Functions of HR department

- Conducting job analysis (determining the nature of each employees job)
- Planning labor needs and recruiting job candidate
- Selecting job candidates
- Conducting orientation and training programmes for new employees
- Managing wage and salaries (compensating employees)
- Providing incentives and benefits
- praising performance
- Communication with employees (interviewing , counseling, discipline)

- Training and developing managers
- Building employees commitment

Role and responsibilities of HR manager

- The HR manager oversees the recruitment of new employees, their selection, training, remuneration, benefits, and performance evaluations. She also ensures thatthere is discipline and good working relationships at Lifeline Hospital.
- He is in charge of offering counsel and direction to the officers and employees operating in the unit under the General Manager's direction in matters pertaining toperformance evaluation, etc.
- The HR manager is in charge of securing the necessary approval from the managing director or chairman for the formation of roles, pay sales, and other requirements forfilling in time-to-time manpower requirements.
- In this organisation, the HR manager is in charge of overseeing the proper administration of all statutory and non-statutory welfare activities.
- The HR manager is in charge of preparing the pay bull and submitting it to the finance department for distribution.
- The HR manager is in charge of determining the organization's and its workers' training needs.
- He draughts policies for human development and provides interpretation of variouslabour regulations.

Recruitment

The recruitment policy is implemented at the corporate level and follows a centralised structure at Lifeline Hospital. The process of finding and obtaining job applicants from whichqualified candidates can be chosen is known as recruitment.

Selection of employees

Employees in this organisation are chosen on two levels: the worker level and the materiallevel. Based on their skill levels, the workers are divided into three levels:

- High skilled workers
- Semi skilled workers
- Unskilled Workers

For the purpose of hiring new workers, Lifeline Hospital conducts interviews in a manner akin to a structured interview. The question and allowed answers for the direct interview arepredetermined, and the response is evaluated for content appropriateness.

Training and development methods

The training and development programs are being offered by Lifeline Hospital's human resource department to increase current or future employee performance. This isdone by teaching employees how to perform better, usually by changing their attitudes or enhancing their knowledge and skills. By giving employees questionnaires to complete to gather information about whether training is necessary, the organization is undertaking training programs like off-the-job training.

Performance appraisal process

The process of systematically evaluating a person's performance on the job and developmentpotential is known as a performance appraisal. The performance evaluation program's goals are as follows:

- Improving the performance of employees.
- Establishing job expectations.
- To use the training and development needs of employees.

Since this is the simplest and most often used method for evaluating employee performance, the method of performance evaluation used to assess employee performance is no rating scale approach. Each scale, which ranges from good to poor, represents a performance characteristic relating to a particular task, such as reliability, initiative, output, alternative, attitude, cooperativeness, and the like.

❖ FINANCE AND ACCOUNTS DEPARTMENTS

- Planning, organizing, managing, and controlling financial activities, such as the acquisition and use of an organization's funds, is known as financial management. The management of finances is referred to as finance.
- The financial section is effective. Maintaining the inflow and outflow of money is oneof its primary functions, which also ensures good financial operation.
- The department's head and finance manager chooses how much money to give each department while avoiding money waste. Management depends on finance, thereforemanaging finances is a key task of management.

Financial functions

- Perform all works connected with insurance coverage of fixed asset.
- Keeping personnel file of employees relating to salary computation and annual increment.
- Prepare profitability trend report and wage analysis.
- Quarterly and yearly financial report preparation.
- Making blank statement.
- Preparation assisting the co-ordination at all works connected with finalization ofaccounts.
- Assisting statutory/vigilance/auditors from headquarters in connection.
- Make internal and external purchase

Responsibilities of financial manager

- Financial planning
- Raising of necessary fund
- Controlling the use of fund
- Disposition of profit
- Account finalization
- Tax planning
- Bookkeeping and accounting

- Internal audit
- Profit planning

The cost is controlled in raw material and reduction to expense as there is limitation of utilization of funds. The company will always have a comparison of budgets and actual stock in stores. Store department is an auxiliary department of the financial department. The major purpose of this department is to receive raw materials from the suppliers to different departmentand there after verify the bill/invoice to ensure of incoming material and to quality and value with purchase order.

❖ MARKETING DEPARTMENT

Marketing management is a business discipline which is focused on the practical application of marketing techniques and the management of a firm‘s marketing resources and activities.

Marketing is the performance of business activities that direct the flow if good and services from producer to customer to the end users of the product. Marketing is the total system of interacting business activities designed to plan, promote and distribute want satisfy products and services to present and services to present and potential customers.

This department is responsible for implementation of Hospital marketing programs, including external and internal communication, patient satisfaction monitoring, advertising and community education and awareness.It serves the clients and patients of the hospital by using their feedback to develop product that satisfy their needs and improve the services to meet their expectation. Thedepartment was created to ensure that service delivery meets world class standards.

❖ PUBLIC RELATION DEPARTMENT

The PR department is in charge of managing both internal and external communication. They are also in charge of implementing the hospital's marketing programmes that are related to the hospital's overall mission and vision, as well as managing and improving information flow both within the hospital and between the

community it serves.

Because the function of public relations within an organisation has evolved intothat of a spokesperson for the management, they actively seek feedback from both employees and customers and inform management of the implications of various decisions for customers' employees.

Writing and distributing news releases, feature articles to the press, compiling apress list, creating newsletters, managing and maintaining a media information service, setting up press, radio, and television interviews, and organising promotional and marketing efforts are all duties that PR specialists in this fieldare responsible for.

The department of public relations is in charge of patient and visitor cooperation, community relations, hospital publications, media relations, special events, and fundraising support.

❖ IT DEPARTMENT

Information storage, protection, processing, transmission, and subsequentretrieval as needed would all fall under the purview of the information technology department.

Therefore, the theoretical underpinnings and computation of the information systems discipline provide knowledgeable scholars with unique opportunity toinvestigate the academics of various business models as well as associated algorithmic processes inside a computer science discipline.

The academic and professional field of information systems (IS) connects the corporate world with the clearly defined computer system world and is developing into a brand-new scientific topic of study.

In order to gather and evaluate digital information, information systems— often referred to as legacy information systems—include people, processes, data, software, and, to some extent, hardware. information systems specifically dependent on computers.

Functions

- Purchasing the department's necessary gear and software
- Managing software licences.
- Network and database administration.
- Create software applications in response to user requests.
- Assure the department's existing systems are functioning properly.

PURCHASE DEPARTMENT

- The supply chain department is another name for the purchase department. When it comes to sustaining and continuing the supply of supplies to support hospital operations at the lowest cost possible while preserving the quality of the materials, the purchase department is helpful.
- The person in charge of purchases makes arrangements to buy the necessary medication after receiving the pharmacy's purchase order. The administrative section issues the purchase orders for the large pieces of equipment.
- The supply chain department is another name for the purchase department. When it comes to sustaining and continuing the supply of supplies to support hospital operations at the lowest cost possible while preserving the quality of the materials, the purchase department is helpful. after receiving the pharmacy'spurchase order

❖ **OPERATIONAL DEPARTMENT**

Department of fertility

The team of fertility specialists combines cutting-edge research with time-tested treatments to offer professional diagnosis and a broad variety of family planning alternatives.

The services combine the most recent technological advancements and scientific discoveries to maximise chances for conception and a healthy pregnancy.

The personal interest lies especially in the guidance and treatment for “Poor responders” and those with “Repeated IVF failure”. Our success rate is amongst the highest globally. They also bring together a team of India’s top ART specialist, Embryologists, Andrologists, gynaecologists and fetal medicine experts to increase the chance of delivery a healthy baby.

The first hospital in Kerala to offer an Embryoscope for IVF is Lifeline. Regularly use artificial insemination, intrauterine insemination (IUI), and ovulation induction. The use of assisted reproductive technologies such as in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), frozen embryo transfer (FET), and assisted laser hatching is also used by them to conceive.

The fertility department is also added with 3rd Party Reproduction-Donor Egg, Donor Sperm, Donor Embryos, Surrogacy Cryopreservation, Trophectoderm Bismy, and Testicular Sperm Extraction like TESA and PESA is also practiced.

Department of genetics

The most cutting-edge technology and cutting-edge treatment options are offered to parents all around the world by this department. The Next Generation Sequencing technology, developed by Lifeline, has completely revolutionized genomic treatment. The best and most affordable next-generation sequencing for pre-implantation genetic diagnosis has fewer mistakes.

Pre-implantation genetic diagnostic (PGD) and pre-implantation genetic screening (PGS) are the tests that are used to determine whether an embryo's chromosomal makeup is generally normal.

In circumstances where several IVF attempts have failed and pregnancies have been lost repeatedly, couples can get a better outcome by using karyotyping, polymerase chain reaction PCR, and the gel documentation system. Here, NIPT, or non-invasive prenatal testing, is carried out to identify any DNA flaws in the child's DNA from the mother's blood.

Department of obstetrics & gynecology

The department of obstetrics and gynaecology offers a robust support network along with a thorough and holistic approach to the medical condition of women, their pregnancy, and postpartum care.

The obstetric team takes care of gynaecological and prenatal cases, including normal and caesarean deliveries. Additionally, it responds to all gynaecological and obstetrical crises around-the-clock.

The team members are skilled and really driven. They are experts at managing preterm births and high-risk pregnancies. The Department is actively involved in educating the future generation of physicians through prestigious residency and fellowship programmes, as well as medical student education.

Women at Lifeline have alternatives for labour and after recovery, including Deluxe Maternity Suites, in addition to receiving the most cutting-edge treatment to fit the requirements of every mother and child.

Department of fetal medicine & fetal therapy

The Department of Obstetrics and Gynaecology at Lifeline Hospital includes the Foetal Medicine Division, which is dedicated to providing thorough, cutting-edge diagnosis and treatment for disorders affecting the foetus.

The main focus of this division is on employing various diagnostic techniques to ascertain the health of the developing youngster. When pregnancies are difficult due to foetal anomalies, the department specialises in diagnosis, thorough management, and counselling.

A wide range of ultrasound services, including antepartum scans in the first, second, and third trimesters, Down syndrome screening, foetal ECHO, 3D/4D ultrasound, and ultrasound-guided operations, are offered by the knowledgeable faculty.

Department of Neonatal Intensive Care Unit

One of the top daycare centres in Kerala, Lifeline's level 4 Neonatal Intensive Unit provides the most cutting-edge medical care for vulnerable infants. This 70-bed Neonatal ICU may house both in-utero and externally born infants who are referred from other institutions.

For our smallest population, a newborn intensivist on staff is available around the clockto deliver the most cutting-edge evidence-based care. Modern Giraffe Omni Beds withhigh-frequency ventilators, CPAP units, in-house ECHO, neorosonogram, BERA, andROP for vision are used to care for babies in the NICU.

Department of paediatric

From their 28th day of life, infants and children at Lifeline receive sensitive care fromthe Outpatient section of the Paediatric department. The pediatric consultants' full-time team works to ensure that the patients receive proper care.

A variety of severely ill children are cared for by interdisciplinary teams at the pediatric intensive care unit with its step-down ICU. It has the necessary tools forproviding urgent supportive care, such as intubation, ventilators, nebulizers, and multipara monitoring systems for respiratory and oxygen saturation monitoring.

Department of Paediatric Surgery

Surgery may be required soon after birth for premature and critically unwell neonates to correct birth malformations or abnormalities. A very high level of specialized care is necessary when operating on these critically ill babies. Our pediatric anesthesiologists at Lifeline offer superior neonatal surgery services for newborns with congenital and acquireddisorders. They collaborate closely with fetal medicine specialists, obstetricians, and neonatologists.

Department of Minimal Access Surgery

The Department of Minimal Access Surgery provides a broad range of specialized surgeries, including both surgical and gynecological procedures. One of India's most cutting-edge laparoscopic institutes, Lifeline's department provides a variety of minimally invasive procedures for a wide range of diseases. The FOGSI has acknowledged this department as a center of excellence for training in both basic and advanced endoscopy.

Department of Bariatric Surgery

Lifeline has a comprehensive strategy for treating patients undergoing successful bariatric surgery for a variety of disorders brought on by morbid obesity. The numerous obese individuals served by this department will have their emotional, surgical, and medicinal requirements met. Treatment options for ailments including type 2 diabetes and obstructivesleep apnea are also available.

Paramedical divisions

The Lifeline paramedical division includes a cutting-edge laboratory, a blood bank with competent therapy, a department for nutrition, a department for physical medicine, and a department for highly qualified nurses.

Lifeline has a staff of passionate, committed, and highly regarded clinicians who are skilledin managing a range of medical, surgical, and infertility concerns as well as being able to carry out challenging clinical treatments.

Department of endocrinology

Endocrinology is a branch of biology and medicine dealing with the endocrine system, its diseases, and its specific secretion is known as hormones. It is also concerned with the integration of developmental events proliferation, growth, and differentiation, and the psychological and behavioral activities of metabolism, growth and development, tissue, functions, sleep, digestion, respiration, excretion, mood, stress, location, movement, reproduction, and sensory perception caused by hormones. Specialisation includes behavioral, endocrinology and competitive endocrinology**.**

Department of ENT

A medical specialist, is concerned with the diagnosis and treatment of disorders of the head and neck, including particularly the ears, nose, and throat. Doctors who specialize in the area are called otorhinolaryngologists, otolaryngologists, head and neck Surgeons, or ENT surgeons or physicians. Patients seek treatment from an Otorhinolaryngologist for four diseases of the ear, nose, throat, base of the skull, head, and neck. These commonly include functional diseases that affect the sense and activities of eating, drinking, speaking, breathing, swallowing, and hearing. In addition, ENT surgery encompasses the surgical management and the reconstruction of cancers and benign tumors of the head and neck as well as plasticsurgery of the face and neck.

Department of pulmonary

There is an advanced pulmonary function laboratory, a dedicated sleep medicine unit apartfrom an interventional pulmonology suit. The department also has programs running forsmoking cessation pulmonary rehabilitation and respiratory allergy.

Department of Neurology

Neurology is the branch of medicine concerned with the study and treatment of disorders of the nervous system. Neurology deals with the diagnosis and treatment of all categories of conditions and diseases, involving the central and peripheral nervous system, including their coverings, blood vessels, and all effector tissue, such as muscle, neurological, practice relies heavily on the field of neuroscience, the scientific study of the nervous system. The nervous system is a complex, sophisticated system that regulates and coordinates body activities. It has two major divisions, the central nervous system, the brain and spinal cord, the peripheral nervous system: and all other neural elements, such as ears, skin, eyes, and other “sensory receptors”.

Department of anaesthesia

Anesthesiology, anesthesia or anesthetic is the medical specialty concerned with the total care of patients before, during, and after surgery. It encompasses anesthesia, intensive

care medicine, critical, emergency, medicine and pain medicine.

Department of Radiology

Radiologists use a variety of imaging techniques, such as X-ray, ultrasound, computed tomography (C T), and nuclear medicine, including positron emission tomography (PET) and magnetic resonance imaging (MRI) to diagnose and/or treat diseases. The radiology department may also be called the X-ray or imaging department.

Department of gastroenterology

Gastroenterology is the branch of medicine focused on the digestive system and its disorders. Diseases affecting the gastrointestinal tract, which include the organ from the mouth into the anus, along the elementary canal, or the focus of this specialty. Decisions practicing in this field are called gastroenterologists.

1.9.11 OTHER DEPARTMENTS

Front office department

The front office department at Lifeline Hospital provides the best customer service to all of its clients. Multiple counters are managed by two or more staff members. This section offers services like admission, exchange, cashier, registration, and reception.

Housekeeping department

The provision of a clean, pleasant, organized, and functional environment for patients as well as hospital staff is known as housekeeping services. Cleaning services are provided at hospitals in compliance with specific guidelines. Biomedical disposal is carried out when necessary.

- White bag - general trash
- Green bags are used for biodegradable medical waste.
- Yellow bag - Infectious trash that is sent for shredding is packaged
- Black bag for hazardous materials

Medical record department

The MRD is in charge of maintaining the patient's medical records. The previous day's IP and OP records are brought to MRD from the appropriate wards, and the information is compared to the information on patients who have been released. The reference register and discharge register are two different registers utilized in MRD. Patient records, etc.

Pharmacy department

The hospital's pharmacy is open for business 24 hours a day, dispensing medication to IP and OP patients in various departments while nursing stations are monitored by a module. Three counters in the department are under the supervision of 15 staff and 3 trainees.

Bio-medical department

The equipment employed in various hospital departments for the delivery of hospital services is the focus of the biomedical department. The biomedical engineer's principal duty is to manage the equipment.

1.9.12 SWOT ANALYSIS

Strengths

- Specialized Expertise: Fertility hospitals possess specialized knowledge and expertise in reproductive medicine and technologies.
- Experienced Medical Team: Having skilled and experienced medical professionals, including fertility specialists, embryologists, and nurses, is a significant strength.
- Advanced Technologies: Utilizing state-of-the-art fertility treatment technologies and equipment.
- Strong Patient Base: Having a well-established and growing patient base due tothe increasing prevalence of fertility issues.
- Patient-Centric Care: Providing personalized and compassionate care to patients throughout their fertility journey.

Weaknesses

- Costs of Treatment: High costs associated with fertility treatments might limit accessibility for some patients.
- Intensive Emotional Toll: Fertility treatments can be emotionally and mentally challenging, leading to potential patient anxiety and stress.
- Resource Allocation: Efficient allocation and management of resources, such as time and staffing, can be a challenge in a dynamic healthcare environment.
- Limited Insurance Coverage: Insufficient insurance coverage for fertility treatments, making it financially burdensome for patients.

Opportunities

- Technological Advancements: Embrace emerging technologies to enhance success rates and offer a broader range of treatments.
- Collaborations and Partnerships: Collaborate with research institutions or other hospitals to enhance research and development efforts in reproductive medicine.
- Community Education Programs: Conduct educational programs and workshops to raise awareness about fertility issues and available treatments in the community.
- Telemedicine Services: Extend services through telemedicine, reaching patients in remote areas or those seeking initial consultations and follow-ups.

Threats

- Regulatory Changes: Evolving regulations and compliance requirements affecting healthcare operations and treatment options.
- Competition: Competition from other fertility hospitals or healthcare providers offering similar services in the region.
- Economic Factors: Economic downturns affect patients' ability to afford fertility treatments due to financial constraints.
- Public Perception: Negative publicity or misinformation about fertility treatments impacts public trust and perception of such hospitals.

CHAPTER II
LITERATURE REVIEW &
THEORATICAL FRAMEWORK

2.1 REVIEW OF LITERATURE

Philomina Thomas, BSc (Nursing), Master of Nursing (Published in Nursing Inquiry, (02 November 2006) The International Migration of Indian Nurses this study aims to identify the factors responsible for the international migration of Indian nurses. Based on responses from 448 nurse practitioners, educators, and administrators, economic factors, dissatisfaction with working conditions, and social attitudes towards nurses were found to be crucial for migration. Nurses from the private sector and certain linguistic and religious groups were more prone to migration. Government sector nurses were concerned about adjusting to work conditions abroad but were less keen to migrate due to better pay scales and facilities. For many government sector nurses, the lack of promotional avenues due to government policies also influenced their decision to migrate. This study highlights the need for health policymakers to address nurse migration, considering both its economic benefits and the loss of vital medical personnel for national goals.

Jennifer Gray and Leigh Johnson (2008) Intentions and Motivations of Nurses to Migrate: (International Journal of Migration, Health and Social Care, 2008) synthesizes six empirical studies on nurse migration motivations and intentions. The review indicates that motivations varied depending on the country of origin, with nurses from more developed countries migrating for personal reasons, while those from less developed countries migrated for economic, professional, and family reasons. The study underscores the need for country-level research in resource-poor countries to inform health system policies and workforce development strategies that balance individual nurses' rights to migrate with retention efforts. Further research is recommended to understand migration decision-making processes and experiences of individual migrating nurses.

Álvaro Alonso-Garbayo and Jill Maben (2009) Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate, explores the decision-making process of nurses from India and the Philippines to migrate to the UK. The study challenges the predominant economic-focused theory of migration by examining diverse motivations among nurses from different countries and migratory backgrounds. Through qualitative interviews with nurses (n = 21), the research reveals

that while economic reasons initially trigger migration, other factors such as professional aspirations, social considerations, religious and gender-related issues, and family support also play significant roles. Nurses from India aim to stay in the UK, while Filipino nurses often come as temporary migrants to support their families back home. The findings suggest that understanding these diverse motivations can aid in improving retention strategies for healthcare workers in both source and destination countries.

Margaret Walton-Roberts, published in the India Migration Report (2010) Student Nurses and their Migration Plans: A Kerala Case Study, examines the training and migration patterns of nurses from Kerala, southern India. The chapter discusses the global shortage of trained nurses and the increasing demand for nurses worldwide, often met through international migration. It explores the concept of the 'Global Care Chain,' where international migration, including that of domestic workers, compensates for care deficits in developed nations. Kerala's migration patterns, predominantly towards the Middle East, present a distinctive model within India. The chapter highlights geographical and institutional hierarchies in international nurse recruitment, emphasizing Kerala's unique position in the context of global migration trends.

Eunjoo Lee, Jung Tae Son (Journal of Korean Academy of Nursing Administration, 2010; 16(4): 437-445. Factors Influencing Intention of Migration by Hospital Nurses in Korea - This study aimed to identify the factors influencing the intention of migration among Korean hospital nurses. Conducted using a cross-sectional correlational design, data were collected from 512 nurses working in 7 hospitals in D city and K province of Korea. Analysis using descriptive statistics, chi-square, and multiple hierarchical regression revealed significant differences in migration intention based on age, educational background, marital status, work experience, and yearly incomes. Although high intention to migrate was observed, preparation levels were low. Variables independently associated with migration intention included graduates of RN-BSN program, personal and environmental factors. Nurses with lower perceptions of nursing images and work conditions had higher migration intentions. The full model explained 37.3% of the variance in migration intention. Strategies to enhance work conditions are crucial to prevent brain drain in Korea, and further investigation into the effects of nurse

migration is warranted

Michelle Freeman et al. (International Journal of Nursing Studies, (2012). Employment Goals, Expectations, and Migration Intentions of Nursing Graduates in a Canadian Border City: A Mixed Methods Study explores migration intentions of graduating baccalaureate nursing students in a Canadian border community and factors influencing their decisions. The study found that while 86% preferred working in Canada, two-thirds considered migrating abroad, with factors like knowing a nurse who worked in the US (Michigan) and living in a border community influencing migration intentions. The value-expectancy framework identified job factors driving migration intentions, highlighting graduates' doubts about their future work environment meeting their job expectations, which may impact integration and retention in the workforce.

Sreelekha Nair (2012) Moving with the Times: Gender, Status and Migration of Nurses in India and it explores the intricate dynamics of gender, status, and migration among nurse in India. The book delves into the factors influencing the migration patterns of nurses, considering the social and cultural aspects shaping their decisions. With 246 pages, it provides a comprehensive analysis of the challenges and opportunities faced by Indian nurses, shedding light on the evolving roles of gender and status in the nursing profession within the context of migration trends in India's healthcare workforce.

(Margaret Walton-Roberts (March 9, 2012) Contextualizing the Global Nursing Care Chain: International Migration and the Status of Nursing in Kerala, India, examines the evolving status of nursing in Kerala in the context of international migration. The article discusses how a colonial discourse of caste-based pollution has transitioned to a discourse of sexual pollution amidst expanding migratory opportunities. Drawing on survey and qualitative research, Walton-Roberts cautions that the rising occupational status of nursing in India does not necessarily translate to improved social status, particularly in the matrimonial market. The study argues that Global Nursing Care Chain (GNCC) analysis must go beyond workplace contexts to understand how Global Care Chains (GCCs) interlock and differ from each other. This comprehensive approach highlights the

complex interplay between professional and social dynamics in the migration of Keralese nurses.

Aaron Asibi Abuosi & Patience Aseweh Abor (Journal of International Migration and Integration, 2015. Migration Intentions of Nursing Students in Ghana: Implications for Human Resource Development in the Health Sector - examined migration intentions among Ghanaian nursing students, revealing factors such as salary differentials, established networks in destination countries, career progression, and rural postings influencing their decisions. In Canada, Employment Goals, Expectations, and Migration Intentions of Nursing Graduates in a Canadian Border City: A Mixed Methods Study by Michelle Freeman et al. (International Journal of Nursing Studies, 2012) found that while 86% preferred working in Canada, two-thirds considered migrating abroad, influenced by factors like knowing a nurse who worked in the US and clinical experiences. These studies highlight socio-economic, demographic, and job-related factors shaping migration intentions among nursing students and graduates, with implications for healthcare workforce development.

Eunjoo Lee, PhD, RN (July 9, 2016) Factors Influencing the Intent to Migrate in Nursing Students in South Korea. This study aimed to identify the level , of intent to migrate among Korean nursing students and the factors influencing their intention to migrate. Data from 886 nursing students in two nursing schools were analyzed using descriptive statistics, chi-square tests, and hierarchical multiple regressions. Results showed moderate levels of intent to migrate among nursing students. Variables independently associated with intention to migrate were class year and having previously considered the possibility of overseas employment upon admission to nursing school. The full model explained 45.1% of the variance in intention to migrate. The study highlights that the most significant predictor of intent to migrate among nursing students was the consideration of overseas employment upon admission to nursing school. It suggests investigating strategies to enhance the nursing work environment to positively manage the intent to migrate among nursing students.

Chandra Poudel, Lucie Ramjan, Bronwyn Everett, Yenna Salamonson Chandra Poudel and colleagues (2017) "Exploring Migration Intention of Nursing Students in Nepal: A Mixed-Methods Study investigate the migration intentions of nursing students in Nepal", utilizing a mixed-methods approach. The study surveyed 799 nursing students and conducted 12 semi-structured interviews to assess their intentions and the factors influencing them. Results indicated that 92.5% of participants expressed an intention to migrate, primarily for postgraduate qualifications. Factors such as low professional identity and nursing not being the first career choice were significant predictors of migration intention. Interview data highlighted additional reasons, including low salaries, unemployment, poor working conditions, and a lack of professional autonomy in Nepal. The study suggests that improving postgraduate education opportunities, promoting a positive image of nursing, and enhancing the clinical learning environment could help retain nursing graduates in Nepal. This research underscores the need to address both economic and non-economic factors to reduce the migration of nurses from resource-poor countries.

Margaret Walton-Roberts, Vivien Runnels, S. Irudaya Rajan, Atul Sood, Sreelekha Nair, Philomina Thomas, Corinne Packer, Adrian MacKenzie, Gail Tomblin Murphy, Ronald Labonté, and Ivy Lynn Bourgeault (2017) Causes, consequences, and policy responses to the migration of health workers: key findings from India, its investigates the drivers and impacts of health professional migration from India. Through surveys and structured interviews with various stakeholders, the study reveals that shortages of health workers in India vary by region and specialty, and are not solely caused by international migration. The data show that health worker migration is embedded in broader health workforce management issues, with no clear policy agenda to address it. Conflicting views among decision-makers about the need to restrict migration complicate policy responses. The findings suggest that addressing health worker shortages in India requires focusing on domestic policies related to training, recruitment, and retention rather than viewing migration as the primary issue. This study provides critical insights into the complex factors influencing health worker migration and its consequences on the Indian healthcare system.

Bernadeta Goštautaitė et al. (Health Policy, 2018. Migration Intentions of Lithuanian Physicians, Nurses, Residents, and Medical Students -This study examines emigration intentions among Lithuanian healthcare professionals and students, revealing that 39% of students, 21% of residents, 12% of nurses, and 6% of physicians planned to emigrate within two years. Emigration decisions were associated with socio-demographic, financial, organizational (teamwork climate in hospital), and social (perceived social worth) factors. High social worth and positive teamwork climate reduced emigration intentions, while factors like age, gender, family situation, and financial considerations increased migration intentions. The study underscores the need for policy interventions to retain healthcare workforce and address challenges related to emigration intentions.

Margaret Walton-Roberts (February 26, 2019) Asymmetrical Therapeutic Mobilities: Masculine Advantage in Nurse Migration from India, explores masculinity, migration, and the evolving occupational status of nursing, focusing on therapeutic mobilities. The study examines the increasing interest of Indian men in nursing careers, particularly driven by the profession's international mobility potential. Analyzing migration trajectories from India to Canada between 2008 and 2016, the research reveals a higher representation of male nurses in international migration contexts compared to India, with male nurses benefiting more from these mobilities in terms of post-migration occupational success. The paper emphasizes the therapeutic impact of mobilities on the status of nursing in India but highlights gendered disparities in migration outcomes, underscoring the importance of recognizing uneven mobilities in nursing. Additionally, it discusses how international mobilities influence ongoing transformations in nursing education, employment, and regulatory structures in India.

Emine Öncü PhD, Sümbüle Köksoy Vayısoğlu PhD, Gülendam Karadağ PhD RN, Burcu Alaçam PhD, Pınar Göv PhD, Alime Selçuk Tosun PhD, Nuray Şahin Orak PhD, Aslıhan Çatıker PhD, (Published: 17 October 2020) "Intention to Migrate Among the Next Generation of Turkish Nurses and Drivers".This study aims to determine the main driving factors influencing senior nursing students' decisions to migrate and to evaluate the effect of attitude towards migration on career planning. Conducted with 1,410 Turkish nursing students, a cross-sectional study collected data

using a Descriptive Form and Attitude Scale for Brain Drain (BD-s), analyzed through multiple regression and decision tree analysis. Results showed a mean attitude score towards migration of 56.30 ± 12.09 (min 16- max 80). Socio-political factors and working conditions emerged as main push–pull drivers for migration. Participants with overseas experience, career plans, and studying in metropolitan areas had higher BD-s scores. Attitude towards migration was the strongest predictor of career planning. Findings suggest the shortage of nurses would persist in Turkey due to students' intentions to migrate, indicating implications for nursing management regarding career prospects, initial salaries, and career development.

Ferry Efendi S.Kep.Ns, MSc., PhD, Hisaya Oda MA, Anna Kurniati SKM., MA., PhD, Samuel S. Hadjo MPH, Ima Nadatien SKM., M.Kes, Imelda L. Ritonga S.Kp, MPd, MN (Published in Nursing & Health Sciences(16 July 2020) Determinants of Nursing Students' Intention to Migrate Overseas to Work and Implications for Sustainability: This study investigates the prevalence of Indonesian nursing students intending to work in Japan and the predictors of their migration intention and definite plans to work in Japan. With a sample of 1,407 Indonesian nursing students, factors such as age, residence, overseas experience, family income, language proficiency, knowledge about nurse migration related to Indonesia-Japan cooperation, and motivations to migrate to Japan were associated with migration intentions and definite plans to work abroad. The study emphasizes the importance of understanding both source and destination country contexts for sustainable international nurse recruitment, suggesting structured policies targeting education sectors to address sustainability issues.

Patience Toyin-Thomas, Paul Ikhurionan, Efe E Omoyibo, Chinelo Iwegim, Avwebo O Ukueku, Jermaine Okpere, Ukachi C Nnawuihe, Josephine Atat, Uwaila Otakhoigbogie, Efetobo Victor Orikpete, Franca Erhiawarie, Emmanuel O Gbejewoh, Uyoyo Odogu, Itua C G Akhirevbulu, Yakubu Kevin Kwarshak, Oghenebrume Wariri Drivers of Health Workers' Migration, Intention to Migrate, and Non-Migration from Low/Middle-Income Countries, 1970–2022: A Systematic Review shows the migration of healthcare workers (HWs) from low/middle-income countries (LMICs) is a pressing global health issue. This systematic review aimed to synthesize the

drivers of HWs' out-migration, intention to migrate, and non-migration from LMICs. Among 107 included studies focusing mainly on doctors and nurses, the UK and the USA were identified as top destination countries. Key macro-level factors driving migration/intention to migrate included remuneration and security problems, while career prospects, good working environment, and job satisfaction were major meso-level drivers. These factors remained relatively constant over five decades and were consistent across geographical regions in LMICs. The review underscores the urgent need for collaborative strategies to address this global health challenge.

Navaneeth Kunnumbrath and Prakash Babu Kodali, (April 2023) Exploring migration intention among registered pharmacists in Kerala: a mixed-methods study investigates the intention to migrate among pharmacists in Kerala, India, and explores the factors driving pharmacist migration. The study, involving 256 registered pharmacists, found that 44.5% expressed a high intention to migrate. Factors such as younger age, more opportunities abroad, better salaries, and a negative outlook towards a pharmacy career in Kerala were associated with a higher intention to migrate. Push factors influencing migration intentions included lower incomes, poor working conditions, lack of respect and recognition, professional conflict, and social connections. The study underscores the need for equitable wage policies, prevention of unlicensed pharmacy practice, societal awareness improvement, and clear job roles for pharmacists to address migration intentions effectively.

Yong-Shian Goh PhD, MN, BHSN, Violeta Lopez PhD, MNA, BSN Job Satisfaction, Work Environment, and Intention to Leave Among Migrant Nurses Working in a Publicly Funded Tertiary Hospital, this study aimed to investigate the job satisfaction level of migrant nurses in a multicultural setting, focusing on the relationship job satisfaction, work environment, intentions to leave, and predictors of intentions to leave. Conducted on 495 migrant nurses in a tertiary public-funded hospital in Singapore, the findings revealed overall job satisfaction among migrant nurses, negatively correlated between with the work environment. Interestingly, pre-existing groups of Chinese migrant nurses did not facilitate better assimilation for newly arrived Chinese migrant nurses. Predictors of intention to leave included having supportive nurse managers and

nursing practice environment. The study emphasizes the importance of a supportive work environment in retaining migrant nurses, suggesting the need for empowering nursing managers and providing information during recruitment to enable informed choices for migrant nurses.

Khina Sharma, Ashok Kumar, Mahendra Kumar, and Ranjit Pal Singh Bhogal Indian Nurse's Diaspora in Global Health Care; Uncovering the Key Findings About Migration of Nurses from Indian Perspective: A Review by Khina Sharma, Ashok Kumar, Mahendra Kumar, and Ranjit Pal Singh Bhogal, published by the All-India Institute of Medical Sciences, Jodhpur, Rajasthan, India, and the Post Graduate Institute of Medical Education and Research, Chandigarh, India, explores the significant impact of nurse migration on India's healthcare system. The review highlights that India, with 1.38 billion people, is the largest source of migrating healthcare professionals. Despite efforts to develop a future-ready healthcare workforce, many Indian nurses migrate to developed countries. The primary motivators for migration are economic, but safety, security, respect, and dignity also play crucial roles. The review uses a scoping methodology to identify causes, consequences, and strategies related to the international migration of Indian nurses. It underscores the serious implications of health workforce migration on developing countries and calls for strategies to address these issues to retain healthcare professionals within the country.

Marie Percot (Volume 26, Issue 1) Indian Nurses in the Gulf: Two Generations of Female Migration by Marie Percot (Volume 26, Issue 1) focuses on the evolving migration patterns of female nurses from Kerala to the Gulf countries. Based on fieldwork conducted in both the Gulf and Kerala, the study reveals that Keralese nurses have not only sought lucrative careers abroad but also aspired to new lifestyles where traditional gender roles are redefined, emphasizing improved female agency and nuclear family structures. The article demonstrates that over three decades, this migration has become a strategic endeavor, with Keralese nurses capitalizing on new opportunities in Western countries. This shift highlights the broader global implications of the Indian, specifically Keralese, diaspora in the Gulf, influencing lifestyle choices and societal norms among these migrant nurses.

Dr. Reni Sebastian Political Economy of Migration from Kerala: The Case of International Migration of Keralite Nurses To U.K, this study examines the migration phenomenon of nurses from Kerala, India, a state known for its high literacy rates and skilled workforce. Nurses from Kerala constitute a significant proportion of those migrating abroad from India. The paper delves into the political economy of this migration, including major destination countries such as the U.K., and discusses the implications of such migrations on the Kerala economy. It suggests suitable strategies to address the challenges posed by nurse migration from Kerala.

Shelby L. Garner, Shelley F. Conroy, and Susan Gerding Bader Nurse migration from India synthesizes empirical and descriptive literature on nurse migration from India, aiming to understand the phenomenon and its implications for healthcare. The review highlights the exponential growth in nurse migration from India and explores factors influencing migration decisions, challenges faced by migrating nurses, and the evolving status of nursing in India. Decision-making factors for migration include working conditions, family considerations, and professional aspirations. Challenges encountered include questionable recruiting practices, differing scopes of practice, and experiences of racism. The review also discusses the positive transformation in nursing status attributed to globalization. The findings underscore the need for health policy reforms in India to improve nursing conditions and retain nurses, as well as the importance of research to support migrating nurses effectively.

2.2 THEORETICAL FRAMEWORK

The theoretical framework in this paper analysing the migration intentions of nurses at Lifeline Multispecialty Hospital, Adoor, is critical for various reasons. For starters, it improves conceptual clarity by defining and clarifying important terms including migration objectives, job satisfaction, workload, and work environment. This clarity guarantees that your study focuses on well-defined variables, allowing for a more methodical examination of their linkages and effects in the hospital context.

Second, a theoretical framework directs this study design by proposing hypotheses or research questions based on recognised theories or models. By basing your research on

current theoretical perspectives on nurse migration, you guarantee that your findings are theoretically sound and address significant issues of workforce dynamics and healthcare delivery.

Furthermore, theoretical frameworks provide a prism through which to understand our findings. They present a formal framework for studying why specific factors impact migration intentions among nurses at Lifeline Multispecialty Hospital, as well as how these elements interact within the organizational setting. This interpretative framework not only improves the depth of research but also helps you get relevant insights from your data.

Furthermore, by setting our study within wider theoretical discussions and current literature on nurse migration, theoretical frameworks assist in contextualizing your findings. This contextualization is critical for understanding your study's distinctiveness within the greater body of research, as well as detecting parallels and contrasts with findings from other contexts and studies.

Furthermore, using a theoretical framework aids in theory building by testing, improving, or expanding current hypotheses about nurse migration. This method not only enhances theoretical understanding but also has practical consequences and policy suggestions for improving nurse retention and satisfaction in healthcare organizations.

2.2.1 Key Theories and Concepts

1. **Job Demands and Resources (JD-R) Model**

The JD-R Model is frequently used to study how job variables affect employee well-being and performance. It contends that workplace demands (e.g., workload, time constraints) and job resources (e.g., support from coworkers, possibilities for advancement) interact to influence job satisfaction and other outcomes such as turnover intention. This approach can help you investigate how workload (a job demand) and elements of the work environment (job resources) at Lifeline Hospital affect nurses' intentions to relocate. It implies that a heavy workload combined with limited

employment resources may boost migration intentions as nurses look for better working circumstances elsewhere.

2. **Theory of Job Satisfaction**

The Theory of Job Satisfaction identifies elements that impact job satisfaction, influencing employee attitudes and behaviours, including migration intentions. Workload, connections with coworkers and superiors, remuneration, and prospects for professional progress are all important elements in determining job satisfaction. Using this theory, your study can investigate how these characteristics affect work satisfaction among nurses at Lifeline Hospital and, as a result, their migration plans. Nurses who are unsatisfied with their jobs may be more likely to explore moving to other hospitals or countries that provide better working circumstances.

3. **Push-Pull Theory of Migration**

The Push-Pull Theory of Migration analyses migration decisions by focusing on push factors (bad characteristics of the existing environment) and pull factors (good qualities of future destinations). Push factors in your situation might include difficult working circumstances, low job satisfaction, restricted prospects for advancement, and insufficient organizational support. Higher salaries, better benefits, superior work-life balance, and professional growth possibilities available elsewhere may all be considered pull factors. Understanding these reasons may help explain why Lifeline Hospital nurses may opt to relocate or stay.

4. **Human Capital Theory**

Human Capital Theory examines how people's skills, knowledge, and education shape their economic behavior, particularly migration decisions. In your study, demographic parameters such as age and education may be analyzed using this approach to better understand their influence on nurses' migration plans. Nurses with a higher level of education and abilities may be more willing to contemplate migrating if they believe there are greater prospects elsewhere. In contrast, Lifeline Hospital's ability to retain

nurses with valued talents may be determined by how successfully it uses and compensates its human resources.

5. **Organizational Support Theory**

Organisational Support Theory explores how support from supervisors, coworkers, and the work environment affects employee attitudes and behaviours. High levels of organisational support are linked to higher work satisfaction, reduced turnover intentions, and stronger loyalty to the organisation. Applying this methodology will assist in determining the extent to which Lifeline Hospital offers enough support to its nurses, which may reduce migration intentions by establishing a pleasant work environment and resolving issues about job satisfaction and workload.

6. **Social Exchange Theory**

According to Social Exchange Theory, individuals consider their ties and interactions with an organization when deciding whether to stay or go. Employees evaluate the benefits (e.g., recognition, career advancement) and drawbacks (e.g., workload, job unhappiness) of their jobs. This theory, as applied to your research, can provide light on how nurses at Lifeline Hospital view the benefits and costs of their work environment and organizational connections, which influence their migration decisions. Understanding these interactions is critical to developing successful retention tactics.

7. **Health Workforce Migration Framework**

The Health Workforce Migration Framework, created for healthcare workers, takes into account job satisfaction, workload, career possibilities, and demographics to predict migration intentions. It emphasizes the specific problems and motives that influence migration choices in the healthcare industry. Using this methodology, your research may systematically investigate how these characteristics interact at Lifeline Hospital and guide targeted strategies to increase nurse retention and satisfaction.

2.2.2 Factors Affecting the Migration of Nurses

Migration intention among nurses is a complex and multifaceted issue influenced by various factors at personal, professional, and systemic levels. Globally, nurses consider migration for a multitude of reasons, often driven by both push and pull factors that impact their career trajectories and personal aspirations.

Push Factors:

Working Conditions: Nurses may consider migration due to dissatisfaction with working conditions in their home countries, such as long working hours, inadequate staffing, and challenging work environments.

Salary and Benefits:Disparities in salary and benefits between countries can motivate nurses to seek better financial remuneration and opportunities for career advancement abroad.

Career Development: Limited opportunities for professional growth and career advancement in their home countries may lead nurses to consider migration to countries offering better prospects for skill development and specialization.

Political and Social Instability: Political instability, social unrest, or lack of security in their home countries can compel nurses to seek safer and more stable environments elsewhere.

Quality of Life: Concerns about the overall quality of life, including access to healthcare, education, and basic amenities for themselves and their families, may drive migration decisions.

Pull Factors:

Better Opportunities: Countries with robust healthcare systems and nursing shortages actively recruit international nurses, offering attractive employment opportunities, career advancement, and professional recognition.

Higher Standards of Living: Improved standards of living, including better housing, healthcare, education, and overall quality of life, attract nurses seeking to enhance their well-being and that of their families.

Work-Life Balance: Countries promoting better work-life balance and supportive workplace environments appeal to nurses looking for a healthier work environment and improved job satisfaction.

Education and Research: Access to advanced education, training, and research opportunities in nursing specialties may attract nurses interested in furthering their academic and professional credentials.

Migration Policies: Favorable immigration policies, including streamlined visa processes, work permits, and opportunities for permanent residency or citizenship, can influence nurses' decisions to migrate.

Individual Factors:

Personal and Family Considerations: Family reunification, better educational opportunities for children, and proximity to extended family members may influence migration decisions among nurses.

Language and Cultural Compatibility: Proficiency in the host country's language and cultural adaptability are essential factors that affect the ease of integration and successful migration outcomes.

Professional Recognition: Recognition of qualifications and experience gained abroad, along with opportunities for professional growth and advancement, are significant considerations for nurses contemplating migration.

Networks and Support Systems: Access to social networks, professional associations, and support systems within the host country can facilitate integration and ease the transition for migrating nurses.

Understanding this push and pull factors, as well as individual considerations, is crucial for healthcare policymakers, employers, and international organizations seeking to address nursing shortages, improve retention strategies, and create supportive environments that attract and retain skilled nurses globally. Efforts to enhance working conditions, invest in professional development, and promote global mobility while addressing systemic challenges can contribute to a sustainable and resilient healthcare workforce worldwide.

CHAPTER III

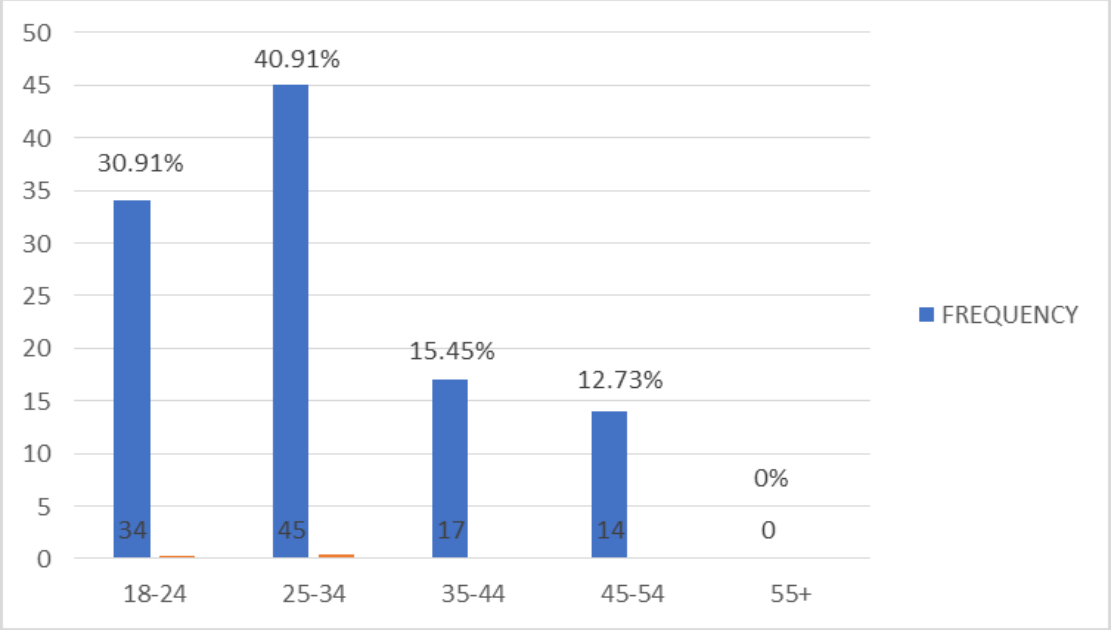
DATA ANALYSIS & INTERPRETATION

DATA ANALYSIS

Table 3.1: Age of the respondent

AGE	FREQUENCY	PERCENTAGE
18-24	34	30.91%
25-34	45	40.91%
35-44	17	15.45%
45-54	14	12.73%
55+	0	0%
TOTAL	**110**	**100%**

Figure 3.1: Age of the respondent

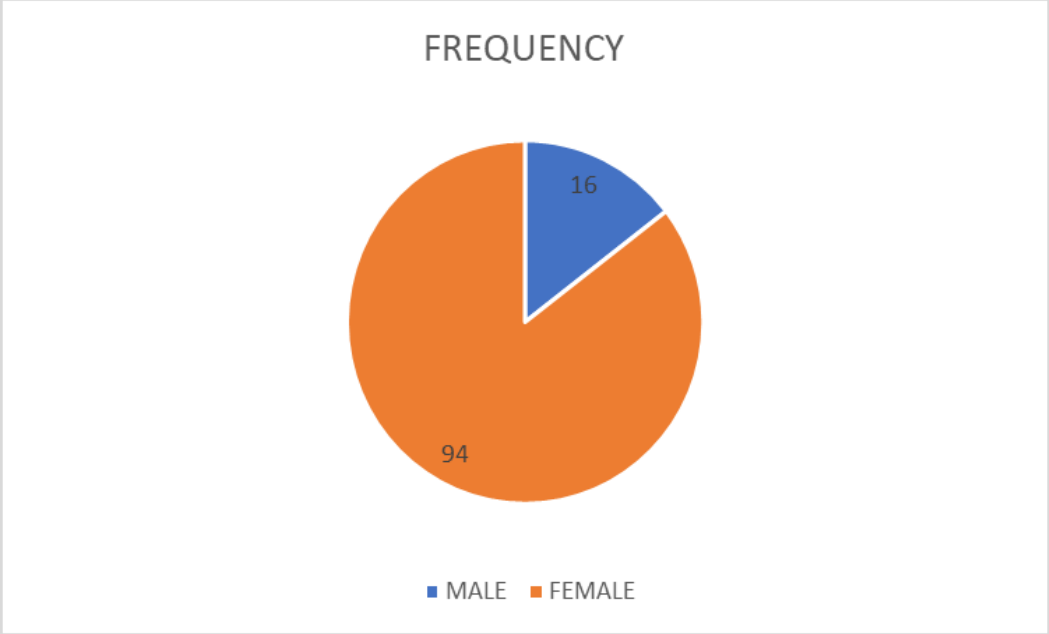


Interpretation: The table shows that 30.91% of the respondents are between the age group of 18-24 years. The majority of the respondents, 40.91%, are in the 25-34 age group. Additionally, 15.45% of respondents fall within the 35-44 age range, while 12.73% are in the 45-54 age group. Notably, there are no respondents in the 55+ age category.

Table 3.2 Gender of the respondent

GENDER	FREQUENCY	PERCENTAGE
MALE	16	14.55%
FEMALE	94	85.45
TOTAL	**110**	**100%**

Figure 3.2: Gender of the respondent

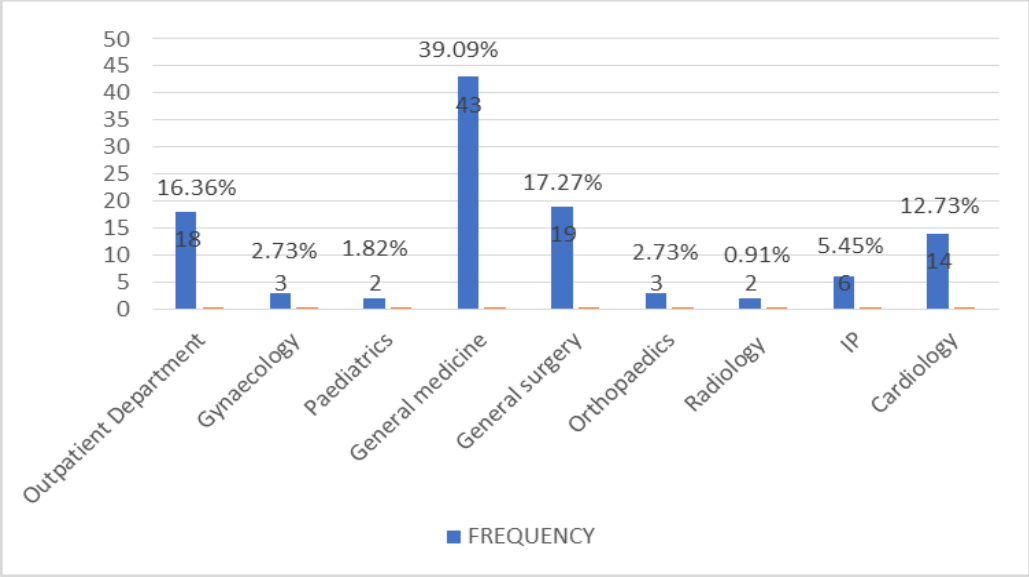


Interpretation: The table shows that 14.55% of the respondents are male, while the majority, 85.45%, are female. The total number of respondents is 110, making up 100%.

Table 3.3 Department of the respondent

DEPARTMENT	FREQUENCY	PERCENTAGE
Outpatient Department	18	16.36%
Gynaecology	3	2.73%
Paediatrics	2	1.82%
General medicine	43	39.09%
General surgery	19	17.27%
Orthopaedics	3	273.00%
Radiology	1	0.91%
IP	6	5.45%
Cardiology	14	12.73%
No Answer	1	0.91%
TOTAL	110	100.00%

Figure 3.3: Departmnet of the respondent

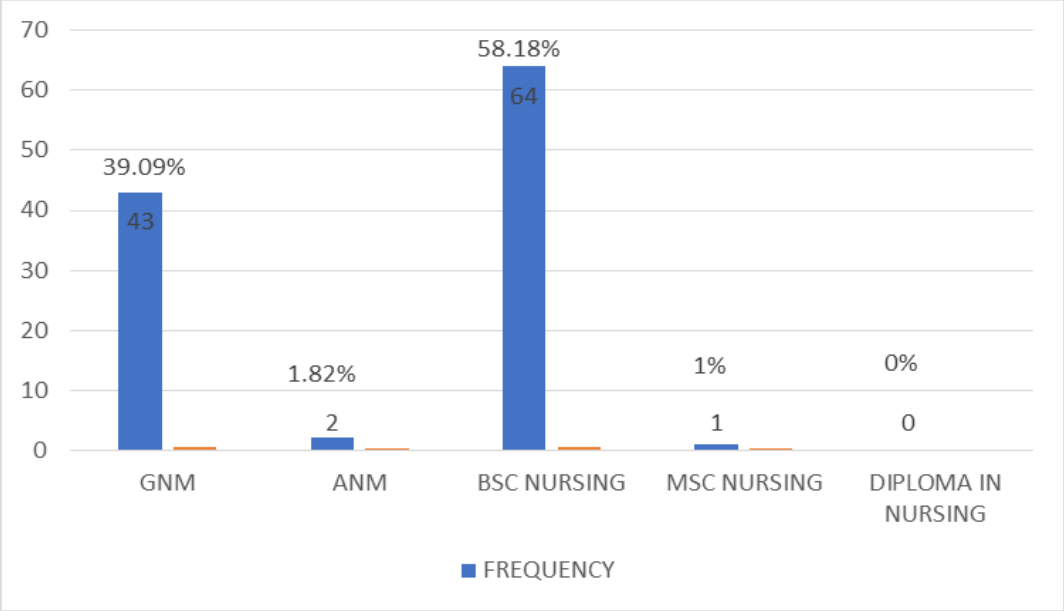


Interpretation: The table shows the distribution of respondents across various departments. The General Medicine department has the highest number of respondents at 39.09%. The General Surgery department follows with 17.27%, and the Outpatient Department has 16.36%. Cardiology accounts for 12.73% of the respondents. Orthopaedics and Gynaecology both have 2.73%, while Paediatrics has 1.82%. Radiology and No Answer categories each have 0.91%. The IP department constitutes 5.45%. The total number of respondents is 110, making up 100%.

Table 3.4: Education Qualification of the Respondent

QUALIFICATION	FREQUENCY	PERCENTAGE
GNM	43	39.09%
ANM	2	1.82%
BSC NURSING	64	58.18%
MSC NURSING	0	0%
DIPLOMA IN NURSING	0	0%
NOANSWER	1	0.91%
Total	**110**	**100%**

Figure 3.4: Education Qualification of the respondent

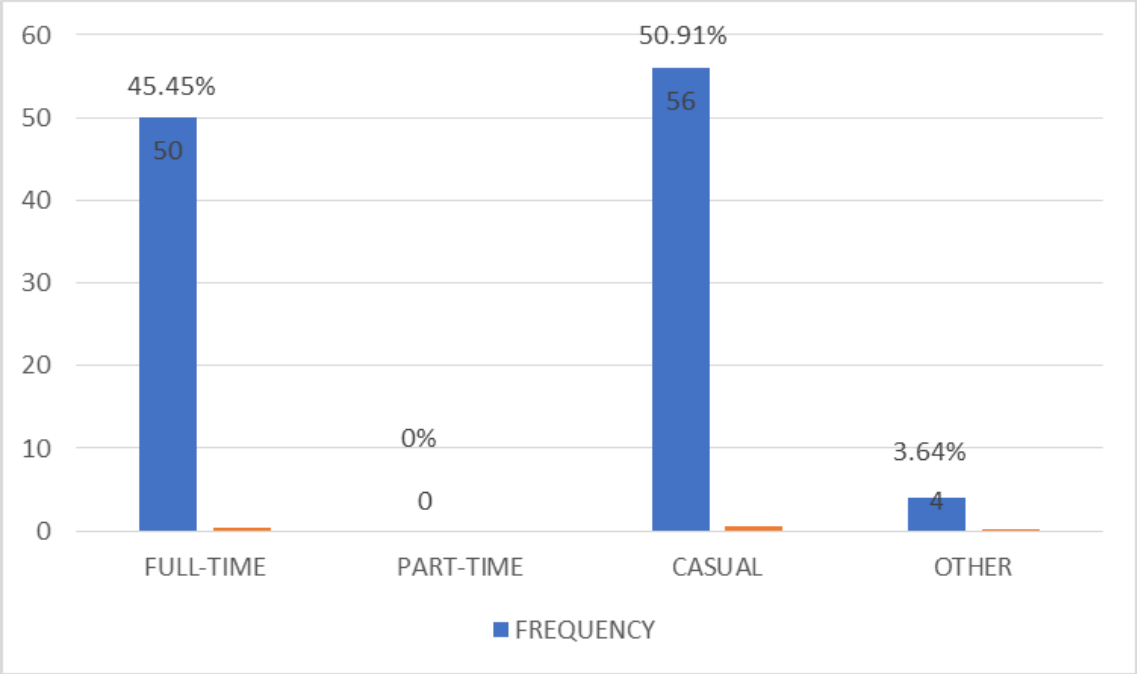


Interpretation: The table shows the distribution of respondents based on their qualifications. The majority, 58.18%, have a BSc in Nursing. Those with a GNM qualification make up 39.09% of the respondents. A small percentage, 1.82%, have an ANM qualification, while there are no respondents with an MSc in Nursing or a Diploma in Nursing. Additionally, 0.91% of the respondents did not provide an answer. The total number of respondents is 110, making up 100%.

Table 3.5 Current Employment Status

OPTIONS	FREQUENCY	PERCENTAGE
FULL-TIME	50	45.45%
PART-TIME	0	0%
CASUAL	56	50.91%
OTHER	4	3.64%
TOTAL	**110**	**100%**

Figure 3.5: Current employment status

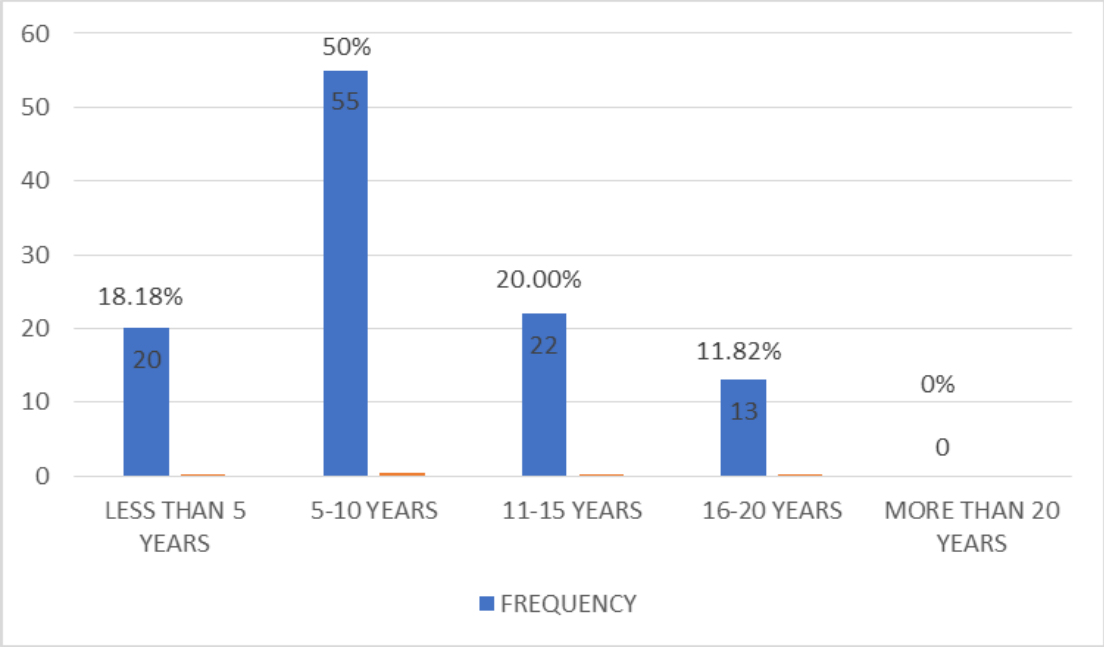


Interpretation: The table shows the distribution of respondents based on their employment status. A significant portion, 50.91%, is employed on a casual basis. Full-time employees account for 45.45% of the respondents. There are no part-time employees, while 3.64% fall into the 'Other' category. The total number of respondents is 110, making up 100%

Table 3.6 Experience status

EXPERIENCE	FREQUENCY	PERCENTAGE
LESS THAN 5 YEARS	20	18.18%
5-10 YEARS	55	50.00%
11-15 YEARS	22	20.00%
16-20 YEARS	13	11.82%
MORE THAN 20 YEARS	0	0%
TOTAL	**110**	**100%**

Figure 3.6: Experience status

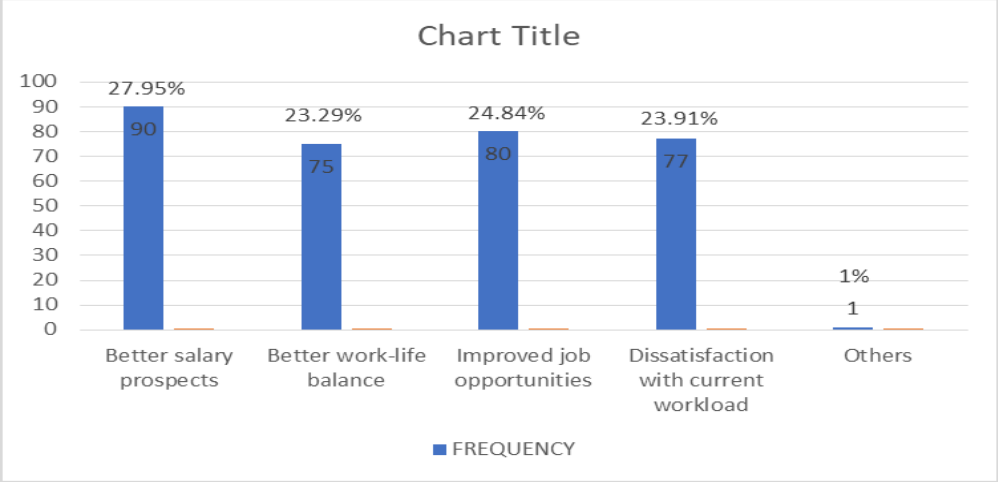


Interpretation: The table shows a notable concentration of respondents with less than 5 years of experience (45.45%) and a significant presence of mid-career professionals with 11-15 years of experience (50.91%). There are no respondents with 5-10 years or more than 20 years of experience, highlighting specific demographics within the surveyed population. These insights are crucial for designing targeted strategies for career development and training that cater to the diverse experience levels present in the organization.

Table 3.7: Primary Reasons for Migration

REASONS	FREQUENCY	PERCENTAGE
Better salary prospects	90	27.95%
Better work-life balance	75	23.29%
Improved job opportunities	80	24.84%
Dissatisfaction with current workload	77	23.91%
Others	1	1%
TOTAL	**110**	**100%**

Figure 3.7: Primary Reasons for migration

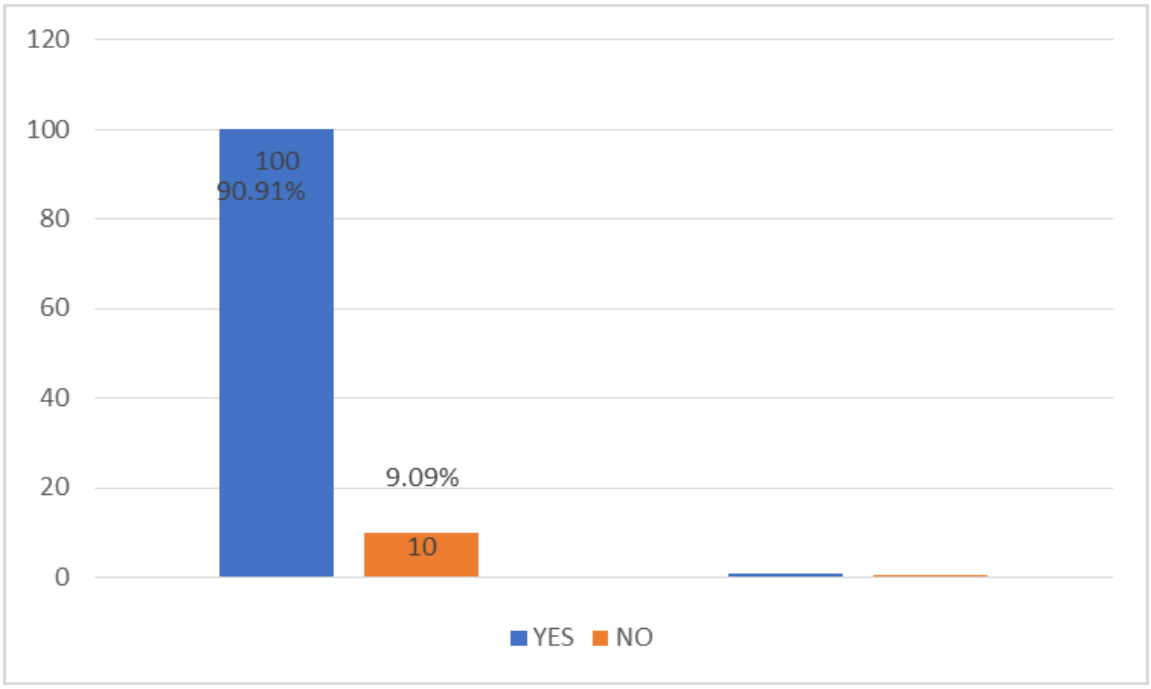


Interpretation: The table provides insights into the diverse reasons influencing respondents' decisions to consider new job opportunities. A significant number, 27.95%, are motivated by better salary prospects, reflecting a common desire for financial advancement. Additionally, 23.29% prioritize achieving a better work-life balance, highlighting the importance of quality of life factors in job satisfaction. Another 24.84% cite improved job opportunities as a key factor, indicating a strong interest in career growth and development. Moreover, 23.91% express dissatisfaction with their current workload, underscoring its impact on overall job satisfaction and retention. These findings illustrate the multifaceted nature of job-related motivations and suggest areas where organizations can focus efforts to enhance employee satisfaction and retention strategies.

Table 3.8: Migration intention of the respondent

PARTICULAR	FREQUENCY	PERCENTAGE
YES	100	90.91%
NO	10	9.09%
TOTAL	**110**	**100%**

Figure 3.8: Migration intention of the respondent

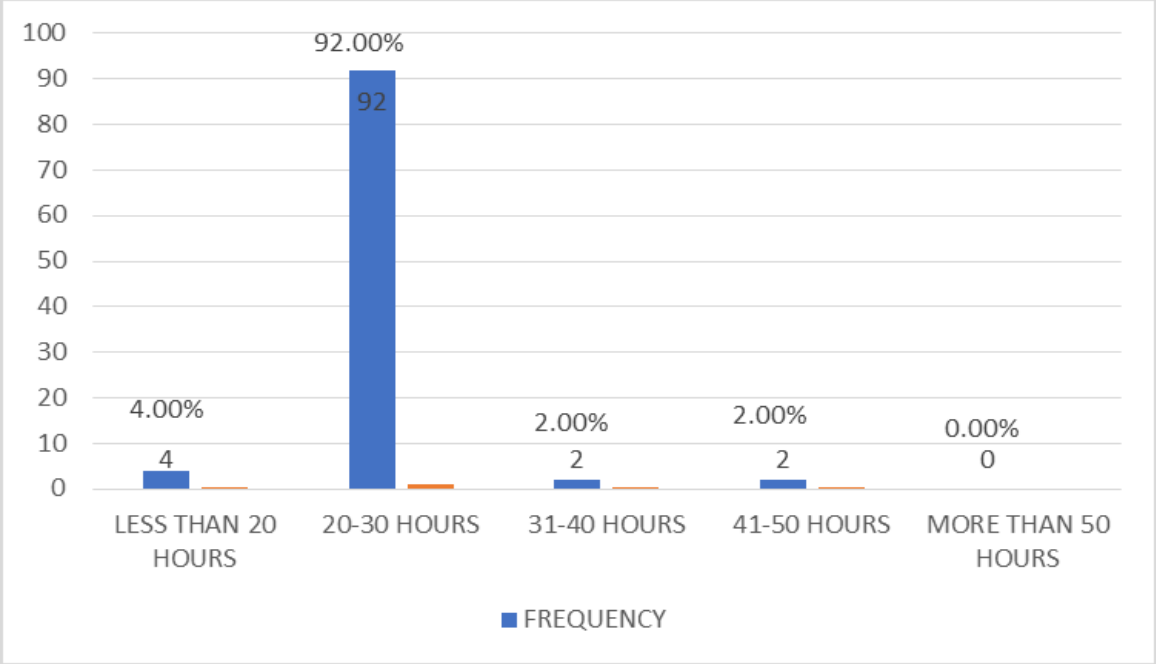


Interpretation: The table shows the migration intentions of the respondents. A significant majority, 90.91%, indicated an intention to migrate, while only 9.09% do not intend to migrate. This data highlights a strong inclination among respondents towards seeking opportunities or life changes that involve migration, reflecting potential trends in mobility and underlying factors driving such decisions within the surveyed population.

Table 3.9: Working hours status

WORK HOURS	FREQUENCY	PERCENTAGE
LESS THAN 20 HOURS	4	4.00%
20-30 HOURS	92	92.00%
31-40 HOURS	2	2.00%
41-50 HOURS	2	2.00%
MORE THAN 50 HOURS	0	0.00%
TOTAL	**100**	**100%**

Figure 3.9: Working hour's status

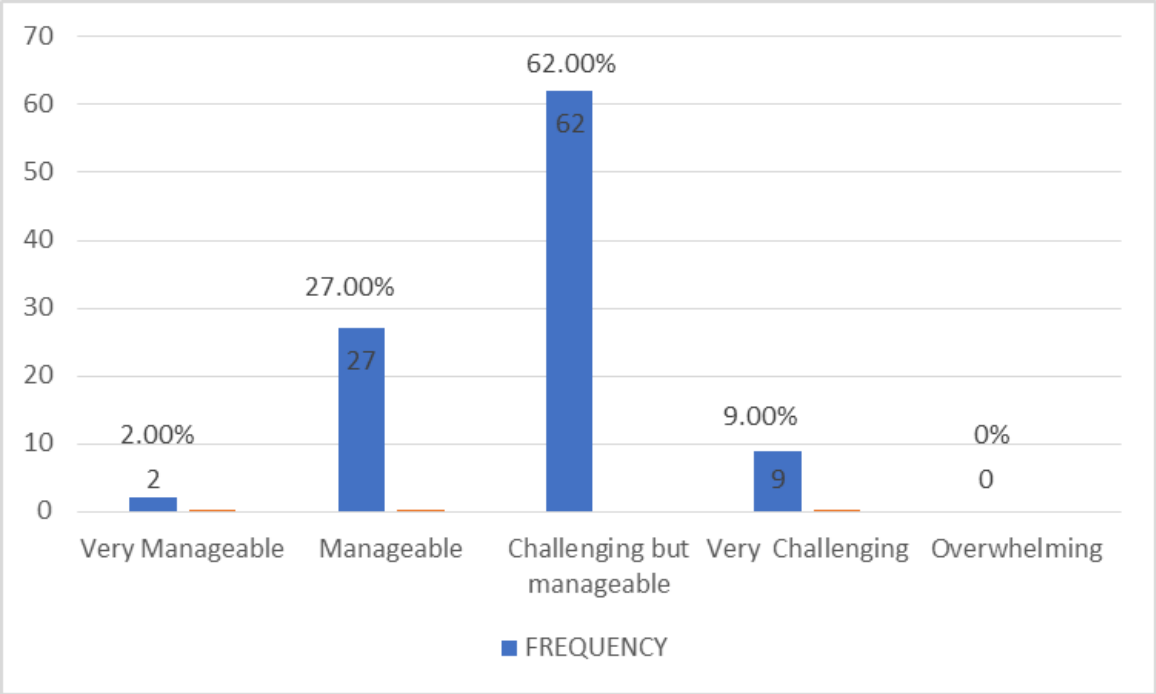


Interpretation: The table shows that the majority of respondents, 92.00%, work 20-30 hours per week, indicating a prevalence of part-time schedules. A small portion, 4,00%, work less than 20 hours, while 2.00% work 31-40 hours and another 2.00% work 41-50 hours. No respondents are working more than 50 hours. This data highlights a dominant trend of part-time work among respondents.

Table 3.10: Workload status

WORKLOAD	FREQUENCY	PERCENTAGE
Very Manageable	2	2.00%
Manageable	27	27.00%
Challenging but manageable	62	62,00%
Very Challenging	9	9.00%
Overwhelming	0	0%
TOTAL	**100**	**100%**

Figure 3.10: Work load status

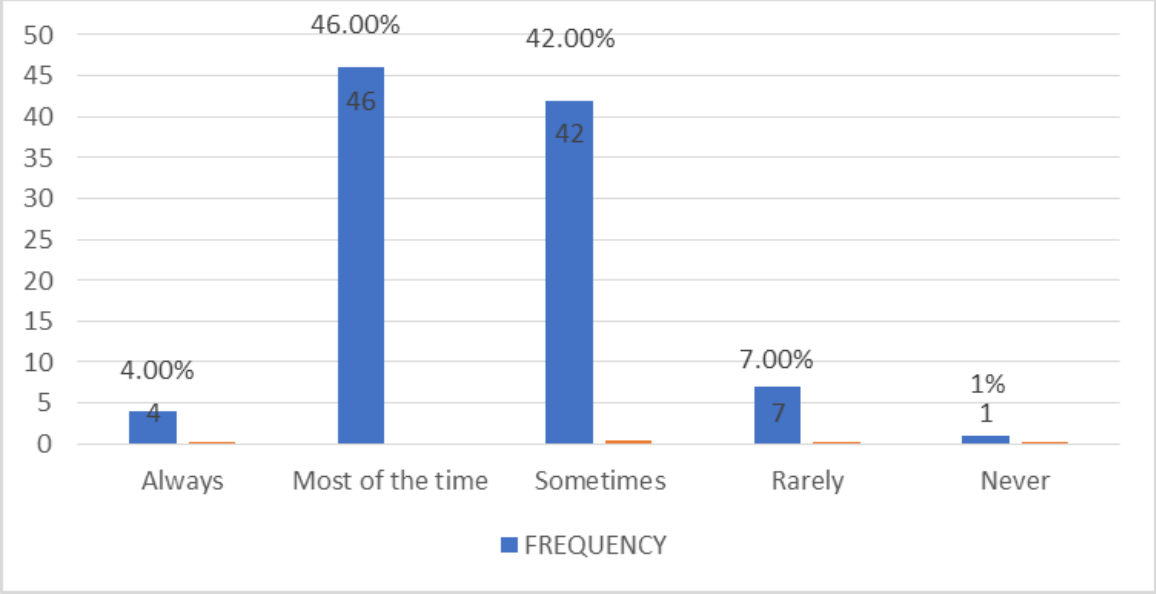


Interpretation: The table illustrates the workload status of the respondents. The majority, 62.00%, find their workload challenging but manageable. A notable 27.00% consider their workload manageable, while 9.00% find it very challenging. Only 2.00% of respondents describe their workload as very manageable, and none find it overwhelming. Additionally, 9.09% did not provide an answer. This data indicates that most respondents face a challenging workload, with a significant portion still managing it effectively.

Table 3.11: Adequate Staffing for Patient Care status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	4	4.00%
Most of the time	46	46.00%
Sometimes	42	42.00%
Rarely	7	7.00%
Never	1	1.00%
TOTAL	**100**	**100%**

Figure 3.11: Adequate Staffing for Patient Care status

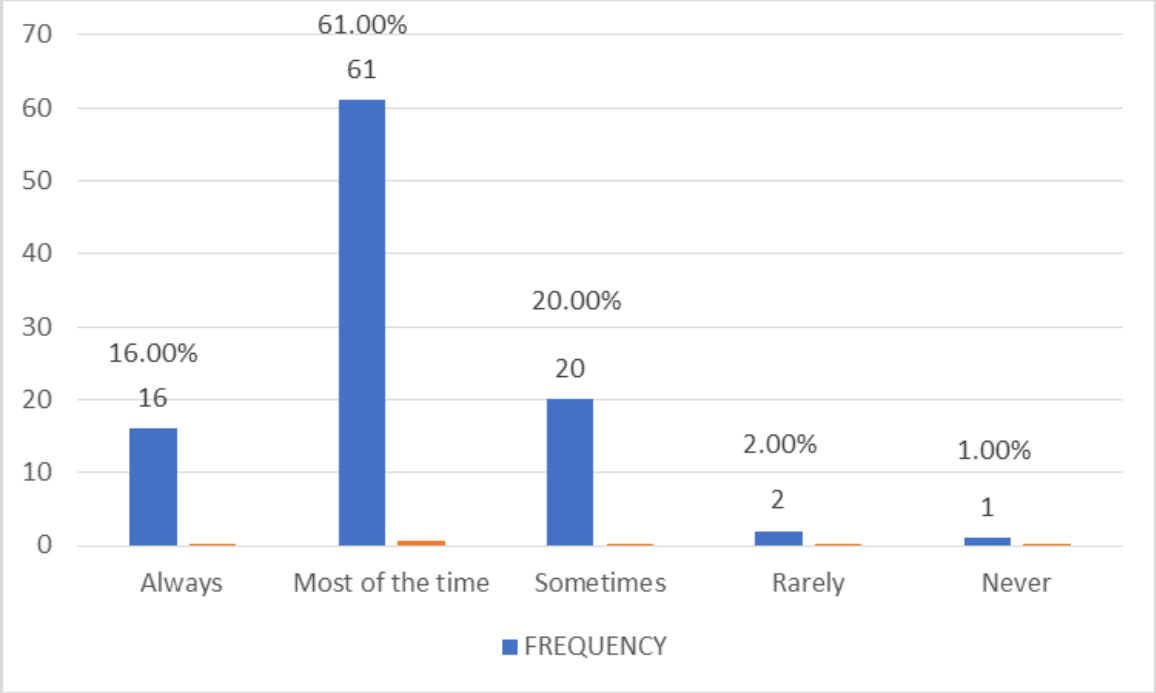


Interpretation: The table reveals varying perceptions of staffing adequacy for patient care among respondents. About 46.00% feel staffing is adequate most of the time, 42.00% find it sufficient sometimes, and smaller percentages find it rarely adequate (7.00%) or always sufficient (4.00%). Only 1.00% believes staffing is never adequate, with 10.00% not providing an answer.

Table 3.12: experience high-pressure status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	16	16.00%
Most of the time	61	61.00%
Sometimes	20	20.00%
Rarely	2	2.0%
Never	1	1.00%
TOTAL	**100**	**100%**

Figure 3.12: experience high-pressure status

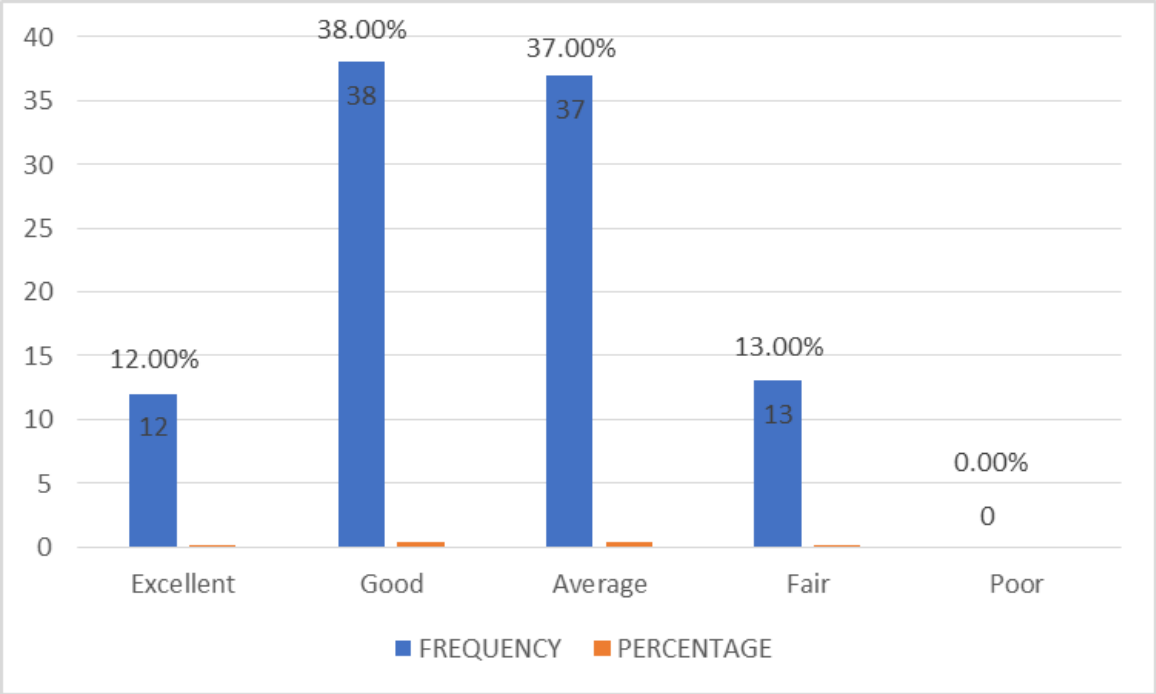


Interpretation: The table shows the experience of high-pressure status among respondents. A majority, 61.00%, feel high pressure most of the time, while 20.00% experience it sometimes. Additionally, 16.00% always feel high pressure, 2.00% rarely feel it, and 1.00% never feels it .This data indicates that high-pressure situations are common for many respondents.

Table 3.13: Communication among team members status

PARTICULAR	FREQUENCY	PERCENTAGE
Excellent	12	12.00%
Good	38	38.00%
Average	37	37.00%
Fair	13	13.00%
Poor	0	0.00%
TOTAL	**100**	**100%**

Figure 3.13: Communication among team members status

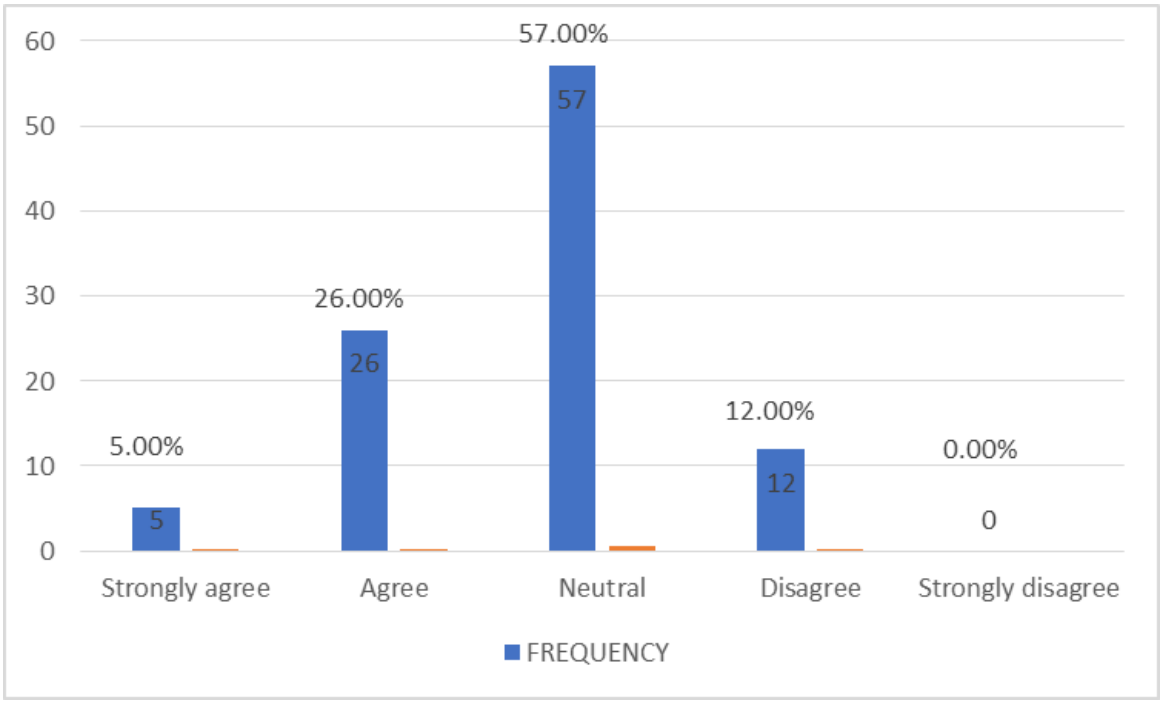


Interpretation: The table shows the status of communication among team members. A majority of respondents, 38%, rate team communication as good, while 37% consider it average. Additionally, 13% find it fair, and 12% rate it as excellent. Notably, no respondents rated team communication as poor. This data suggests that while team communication is generally positive, there is room for improvement.

Table 3.14: Sufficient support from team status

PARTICULAR	FREQUENCY	PERCENTAGE
Strongly agree	5	5.00%
Agree	26	26.00%
Neutral	57	57.00%
Disagree	12	12.00%
Strongly disagree	0	0.00%
TOTAL	**100**	**100%**

Figure 3.14: Sufficient support from team status

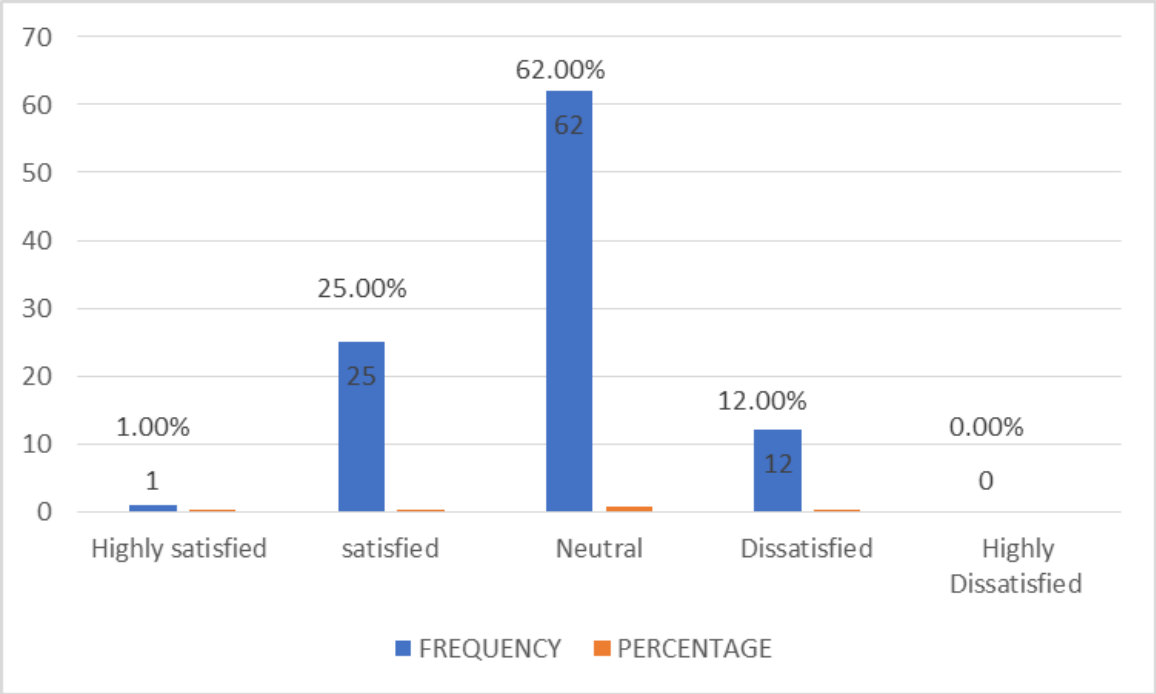


Interpretation: The table shows the status of sufficient support from team members as perceived by respondents. A majority, 57%, remain neutral on the adequacy of team support. Meanwhile, 26% agree that they receive sufficient support, and 5% strongly agree. On the other hand, 12% disagree, and no respondents strongly disagree. This data indicates that while some respondents feel adequately supported, a significant portion is neutral, suggesting potential uncertainty or inconsistency in team support.

Table 3.15: Satisfaction with opportunities for growth in workplace status

PARTICULAR	FREQUENCY	PERCENTAGE
Highly satisfied	1	1.00%
satisfied	25	25.00%
Neutral	62	62.00%
Dissatisfied	12	12.00%
Highly Dissatisfied	0	0.00%
TOTAL	**100**	**100%**

Figure 3.15: Satisfaction with opportunities for growth in workplace status

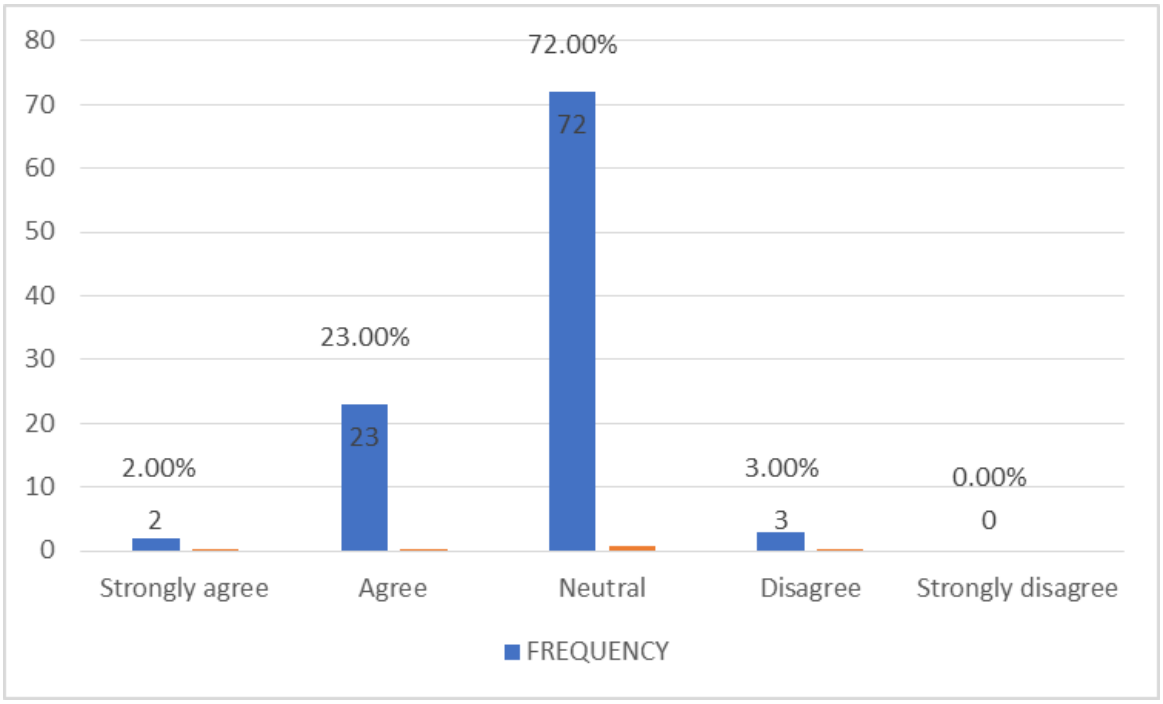


Interpretation: The table shows respondents' satisfaction with opportunities for growth in the workplace. A majority, 62%, are neutral regarding growth opportunities. Meanwhile, 25% are satisfied, and 1% are highly satisfied. Conversely, 12% are dissatisfied, and no respondents are highly dissatisfied. This data suggests that while some respondents are content with growth opportunities, most are neutral, indicating room for improvement in this area.

Table 3.16: Resources and facilities are provided to perform duties status

PARTICULAR	FREQUENCY	PERCENTAGE
Strongly agree	2	2.00%
Agree	23	23.00%
Neutral	72	72.00%
Disagree	3	3.00%
Strongly disagree	0	0.00%
TOTAL	**100**	**100%**

Figure 3.16: Resources and facilities are provided to perform duties status

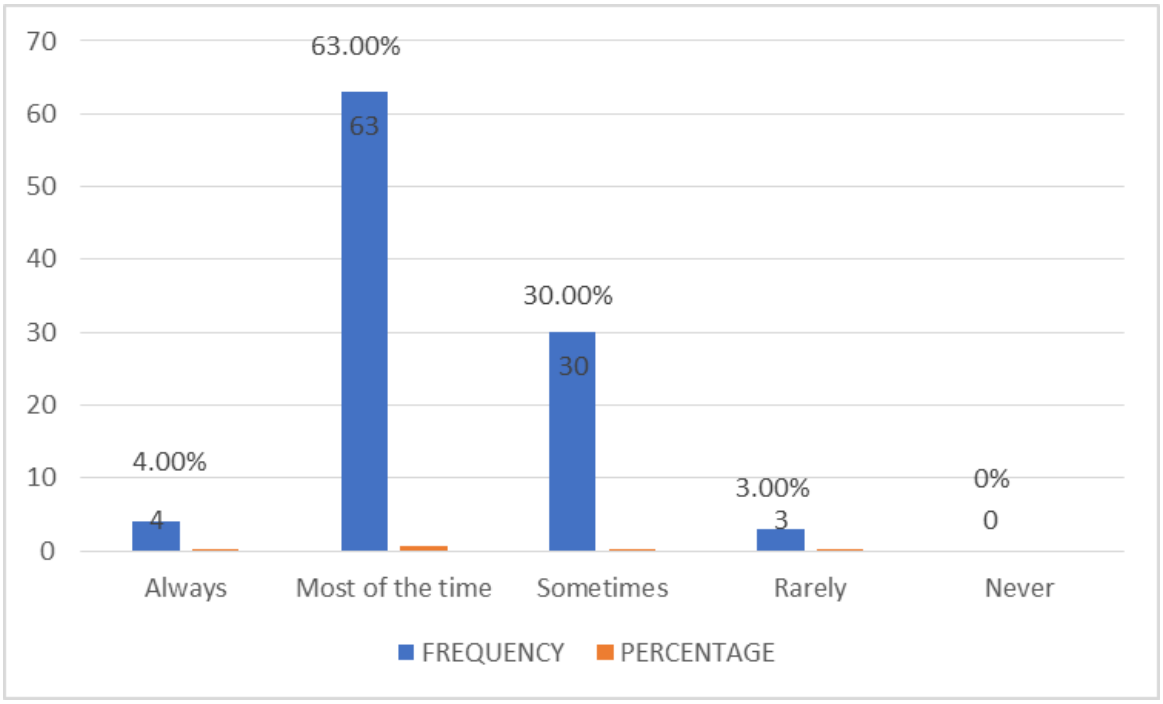


Interpretation: The table shows respondents' perceptions of whether resources and facilities are provided to perform their duties. A majority, 72%, are neutral on this matter. Additionally, 23% agree that sufficient resources and facilities are provided, while 2% strongly agree. On the other hand, 3% disagree, and no respondents strongly disagree. This data suggests that while a portion of respondents feel adequately supported with resources and facilities, a significant majority are neutral, indicating potential uncertainty or inconsistency in resource provision.

Table 3.17: Experience of burnout or fatigue due to work load status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	4	4.00%
Most of the time	63	63.00%
Sometimes	30	30.00%
Rarely	3	3.00%
Never	0	0%
TOTAL	**100**	**100%**

Figure 3.17: Experience of burnout or fatigue due to work load status

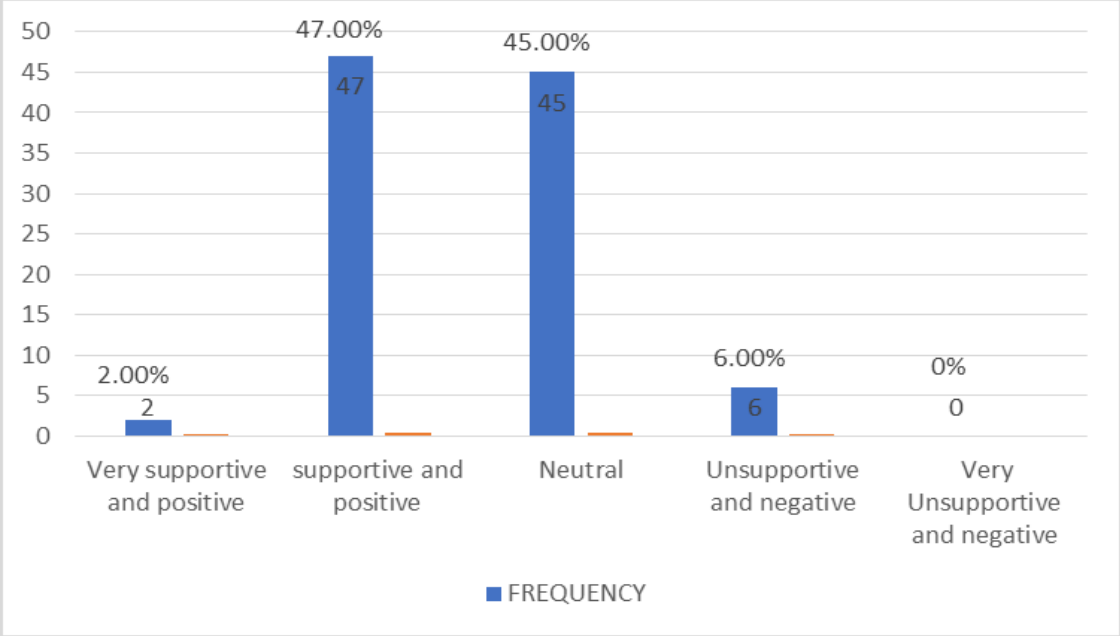


Interpretation: The table shows respondents' experience of burnout or fatigue due to workload. A majority, 62.6%, feel burnout or fatigue most of the time, while 30.4% experience it sometimes. Additionally, 4% always feel burnout or fatigue, and 3% rarely feel it. No respondents reported never feeling burnout or fatigue. This data highlights that burnout or fatigue due to workload is a common experience among the respondents.

Table 3.18: Overall work environment in workplace status

PARTICULAR	FREQUENCY	PERCENTAGE
Very supportive and positive	2	2.00%
supportive and positive	47	47.00%
Neutral	45	45.00%
Unsupportive and negative	6	6.00%
Very Unsupportive and negative	0	0%
TOTAL	**100**	**100%**

Figure 3.18: Overall work environment in workplace status

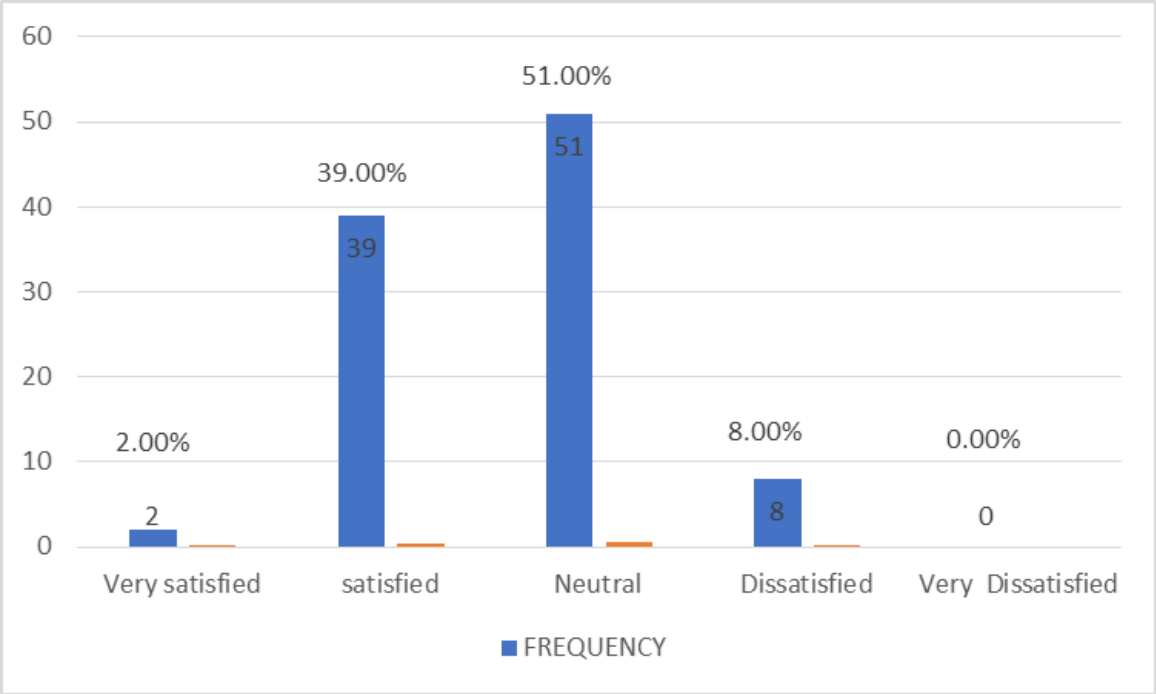


Interpretation: The table shows respondents' perceptions of the overall work environment in their workplace. A significant portion, 47%, finds the environment supportive and positive. Additionally, 45% are neutral about their work environment. A smaller percentage, 6%, find it unsupportive and negative, while 2% view it as very supportive and positive. No respondents described the environment as very unsupportive and negative. This data suggests that while the work environment is generally perceived positively, a substantial number of respondents remain neutral, indicating potential areas for improvement.

Table 3.19: How satisfied are with current job status

PARTICULAR	FREQUENCY	PERCENTAGE
Very satisfied	2	2.00%
satisfied	39	39.00%
Neutral	51	51.00%
Dissatisfied	8	8.00%
Very Dissatisfied	0	0.00%
TOTAL	**100**	**100%**

Figure 3.19: How satisfied are with current job status

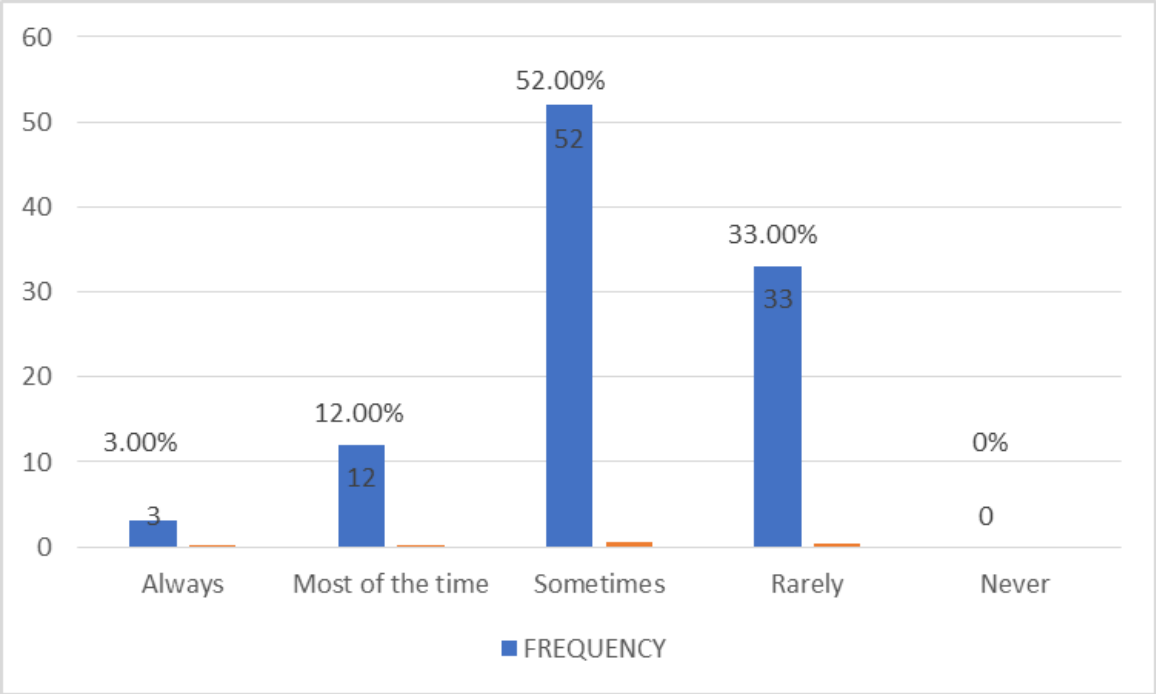


Interpretation: The table shows respondents' satisfaction with their current job. A majority, 51%, are neutral about their job satisfaction. Additionally, 39% are satisfied, and 2% are very satisfied. Conversely, 8% are dissatisfied, and no respondents are very dissatisfied. This data indicates that while some respondents are content with their job, a significant portion is neutral, suggesting potential areas for enhancing job satisfaction.

Table 3.20: Recognition or appreciation in work place status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	3	3.00%
Most of the time	12	12.00%
Sometimes	52	52.00%
Rarely	33	33.00%
Never	0	0%
TOTAL	**100**	**100%**

Figure 3.20: Recognition or appreciation in work place status

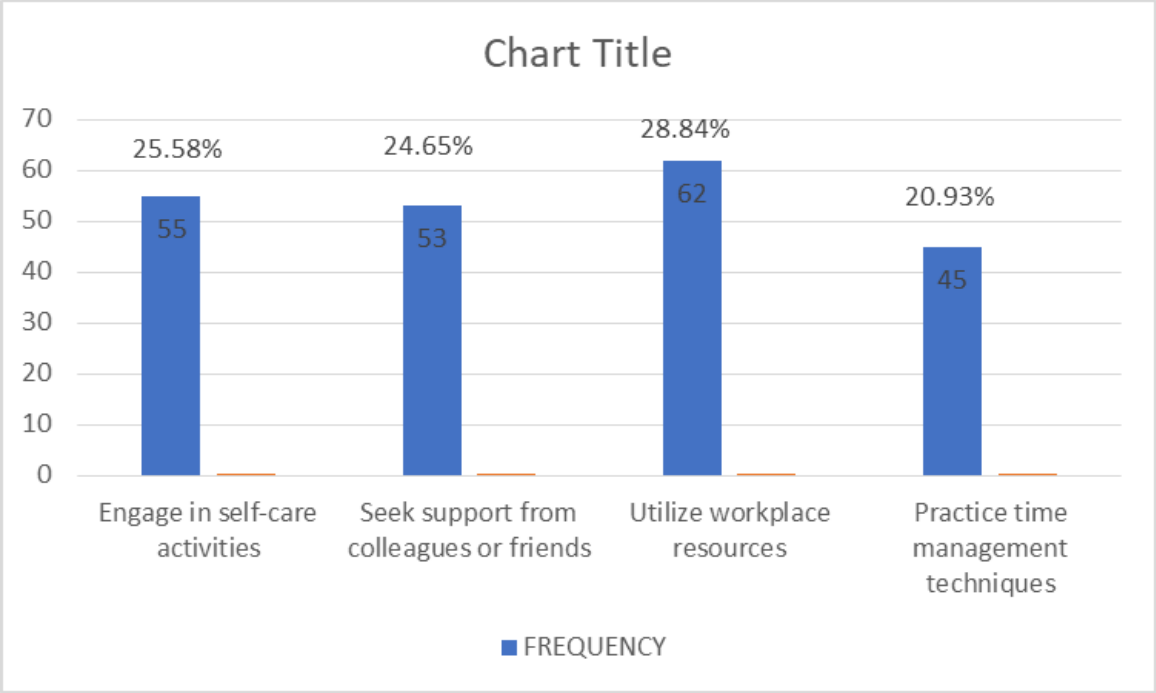


Interpretation: The table shows respondents' perceptions of recognition or appreciation in their workplace. A majority, 52%, feel appreciated sometimes, while 33% feel appreciated rarely. Additionally, 12% feel recognized most of the time, and 3% always feel appreciated. No respondents reported never feeling recognized. This data suggests that while some recognition is occurring, there is room for improvement in making employees feel consistently appreciated.

Table 3.21: How does cope with stress related to workload status

REASONS	FREQUENCY	PERCENTAGE
Engage in self-care activities	55	25.58%
Seek support from colleagues or friends	53	24.65%
Utilize workplace resources	62	28.84%
Practice time management techniques	45	20.93%
TOTAL	**100**	**100%**

Figure 3.21: How does cope with stress related to workload status

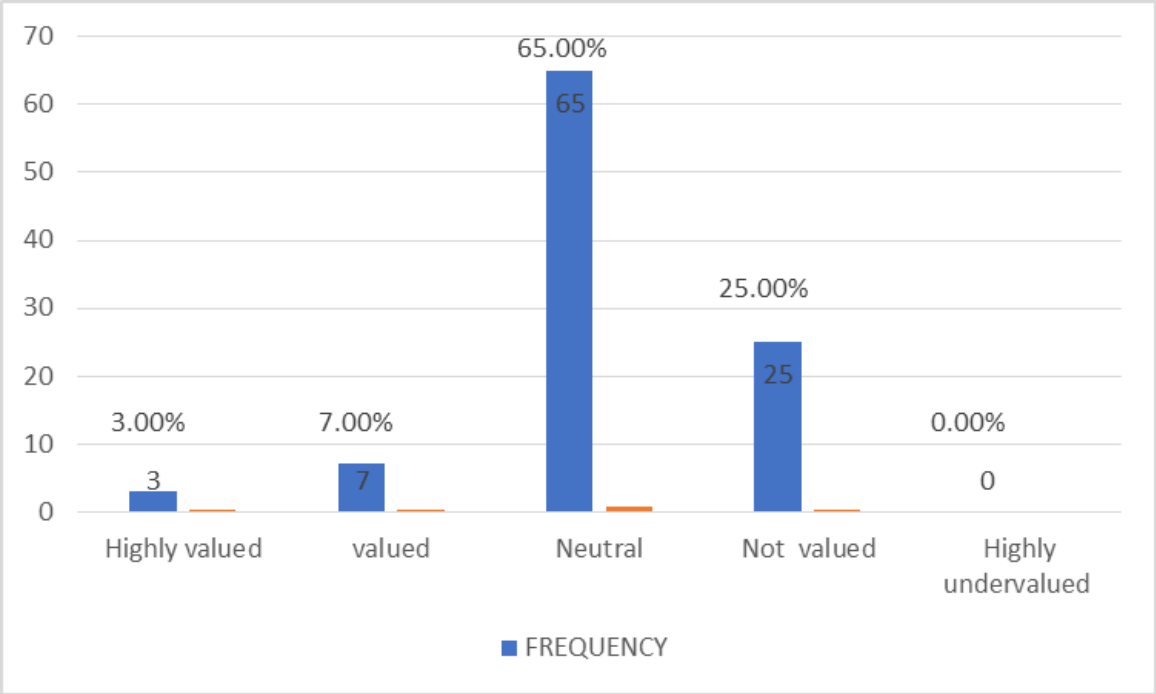


Interpretation: The table shows how respondents cope with stress related to their workload. A significant portion, 28.84%, utilizes workplace resources to manage stress. Additionally, 25.58% engage in self-care activities, while 24.65% seek support from colleagues or friends. Meanwhile, 20.93% practice time management techniques. This data indicates that respondents employ a variety of strategies to cope with stress, with utilizing workplace resources being the most common method.

Table 3.22: Professional expertise and insight valued by organization status

PARTICULAR	FREQUENCY	PERCENTAGE
Highly valued	3	3.00%
valued	7	7.00%
Neutral	65	65.00%
Not valued	25	25.00%
Highly undervalued	0	0.00%
TOTAL	**100**	**100%**

Figure 3.22: Professional expertise and insight valued by organization status

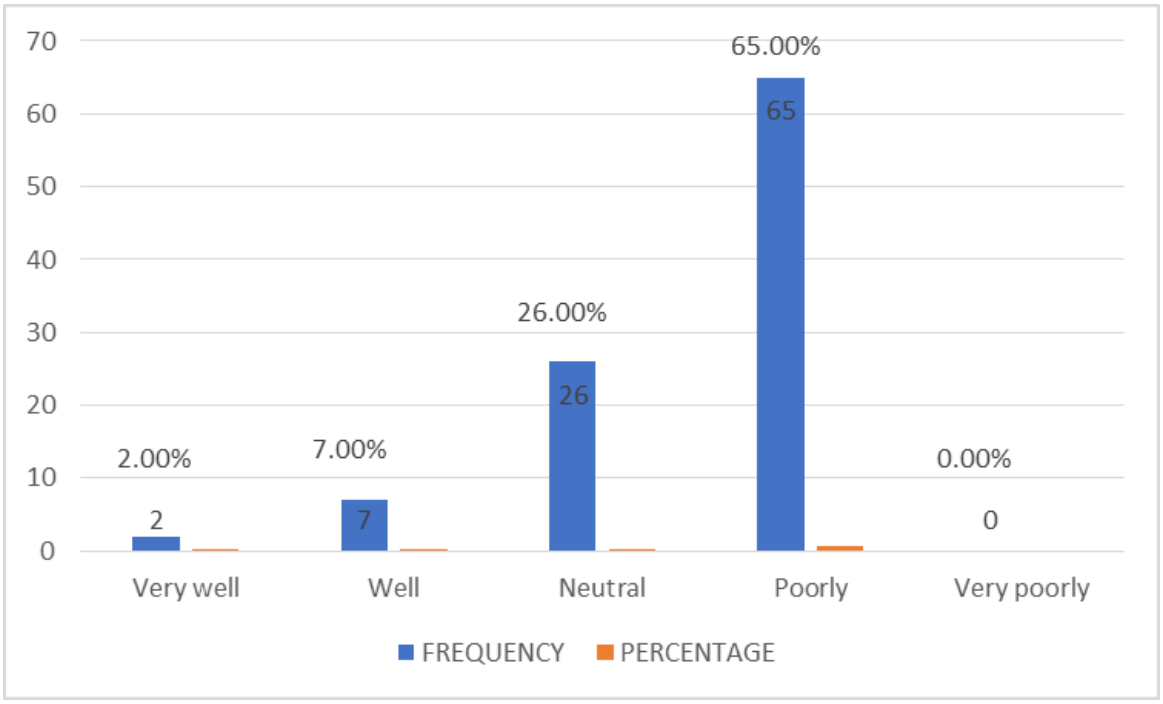


Interpretation: The table shows respondents' perceptions of how their professional expertise and insight are valued by their organization. A majority, 65%, feel neutral about the value placed on their expertise. Additionally, 7% feel valued, and 3% feel highly valued. Conversely, 25% feel their expertise is not valued, while no respondents feel highly undervalued. This data suggests that many respondents are uncertain about how much their expertise is valued, indicating potential areas for improvement in recognizing and appreciating professional contributions.

Table 3.23: Organization addresses concerns and feedback raised by nurse's status

PARTICULAR	FREQUENCY	PERCENTAGE
Very well	2	2.00%
Well	7	7.00%
Neutral	26	26.00%
Poorly	65	65.00%
Very poorly	0	0.00%
TOTAL	**100**	**100%**

Figure 3.23: Organization addresses concerns and feedback raised by nurse's status

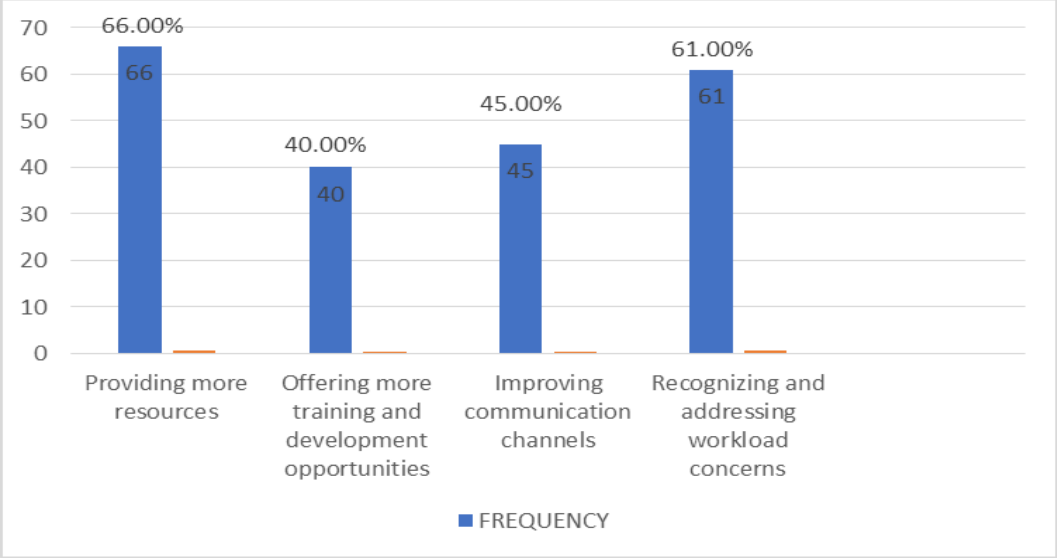


Interpretation: The table shows respondents' perceptions of how well their organization addresses concerns and feedback raised by nurses. A significant portion, 65%, feels that concerns and feedback are addressed poorly. Additionally, 26% feel neutral, 7% believe concerns are addressed well, and 2% think they are addressed very well. No respondents feel that concerns are addressed very poorly. This data indicates a prevalent dissatisfaction with how organizations handle nurses' concerns and feedback.

Table 3.24: How does cope with stress related to workload status

REASONS	FREQUENCY	PERCENTAGE
Providing more resources	66	66.00%
Offering more training and development opportunities	40	40.00%
Improving communication channels	45	45.00%
Recognizing and addressing workload concerns	61	61.00%
TOTAL	**100**	**100%**

Figure 3.24: How does cope with stress related to workload status

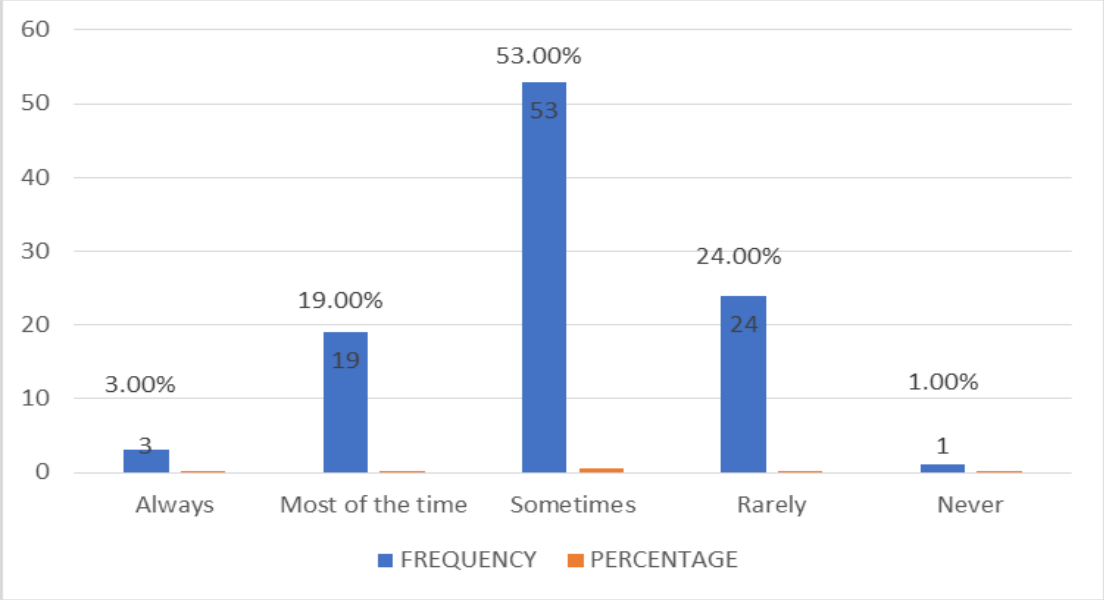


Interpretation: The table shows respondents' suggestions for coping with stress related to workload. A significant portion, 66%, suggests providing more resources. Additionally, 61% believe recognizing and addressing workload concerns is important, while 45% advocate for improving communication channels. Furthermore, 40% recommend offering more training and development opportunities. This data indicates that respondents see multiple areas for improvement to better manage stress related to their workload.

Table 3.25: How satisfied with your current salary considering your qualifications and responsibilities status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	3	3.00%
Most of the time	19	19.00%
Sometimes	53	53.00%
Rarely	24	24.00%
Never	1	1.00%
TOTAL	**100**	**100%**

Figure 3.25: How satisfied with current salary considering your qualifications and responsibilities status

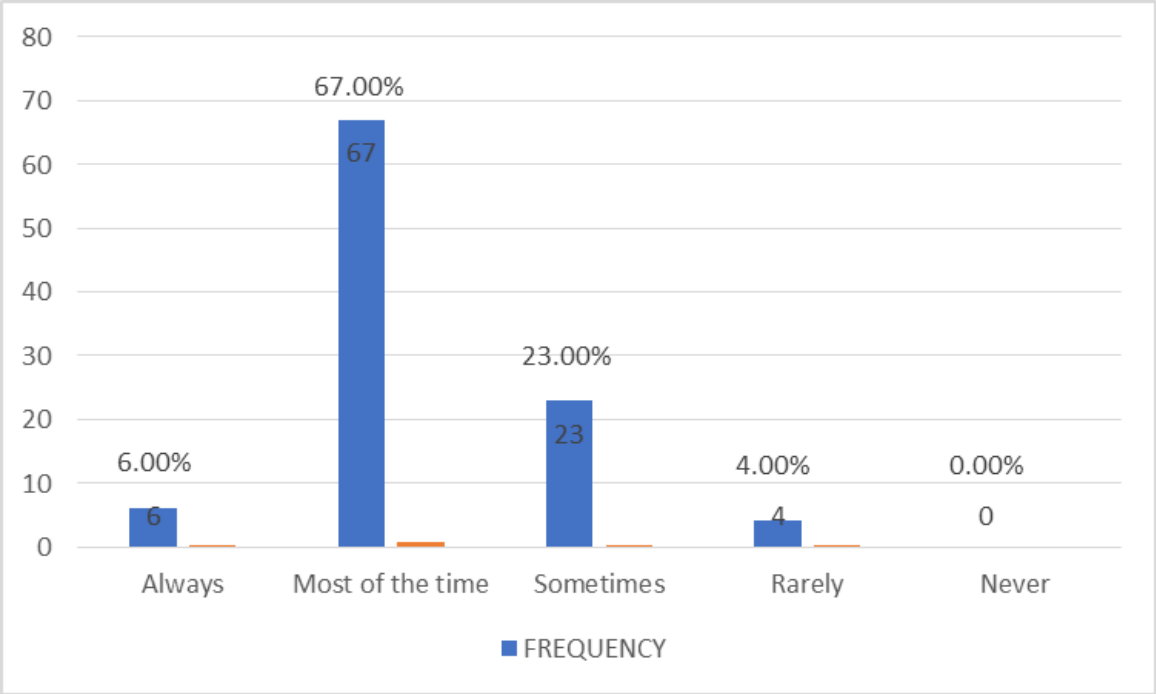


Interpretation: The table shows respondents' satisfaction with their current salary considering their qualifications and responsibilities. A majority, 53.5%, are sometimes satisfied with their salary. Additionally, 24.2% are rarely satisfied, and 18.2% are satisfied most of the time. A smaller percentage, 3.1%, is always satisfied, while 1% are never satisfied. This data suggests that while some respondents are occasionally content with their salary, there is significant portions who are infrequently satisfied, highlighting potential concerns about compensation adequacy.

Table 3.26: Salary discrepancies or issues (delayed payments, incorrect pay) status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	6	6.00%
Most of the time	67	67.00%
Sometimes	23	23.00%
Rarely	4	4.0%
Never	0	0.00%
TOTAL	**100**	**100%**

Figure 3.26: Salary discrepancies or issues (delayed payments, incorrect pay) status

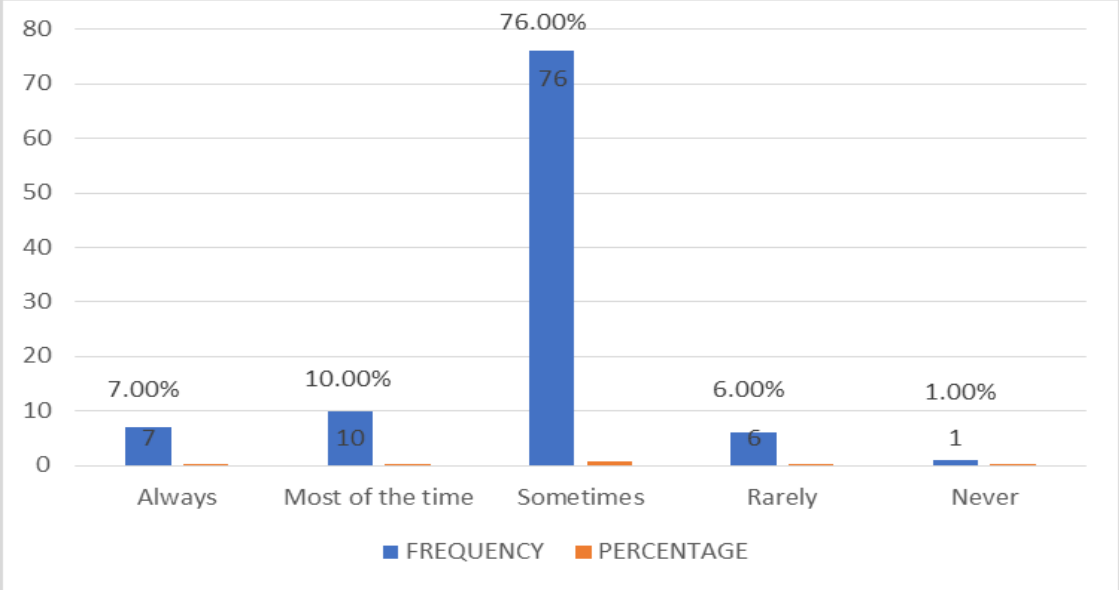


Interpretation: The table shows respondents' experiences with salary discrepancies or issues such as delayed payments and incorrect pay. A majority, 66.7%, report experiencing these issues most of the time. Additionally, 23.2% encounter them sometimes, while 6.1% face these issues always. A smaller percentage, 4%, experiences them rarely, and no respondents report never facing salary discrepancies. This data indicates that salary issues are a common problem, with the majority of respondents frequently encountering such discrepancies.

Table 3.27: Financially stable in your current position considering your salary status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	7	7.00%
Most of the time	10	10.00%
Sometimes	76	76.00%
Rarely	6	6.00%
Never	1	1.00%
TOTAL	**100**	**100%**

Figure 3.27: Financially stable in your current position considering your salary status

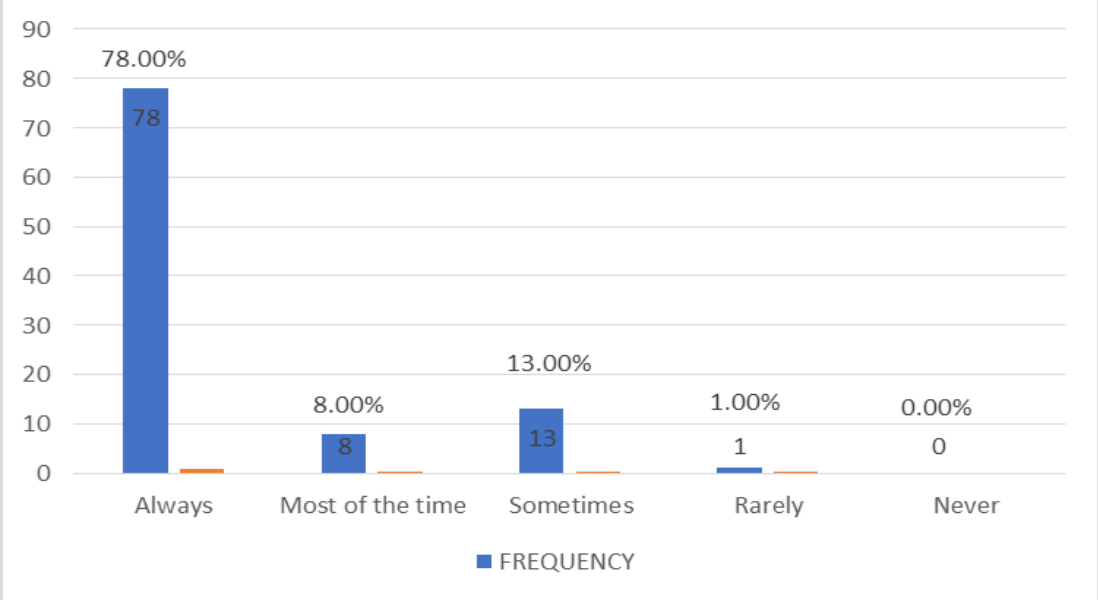


Interpretation: The table shows respondents' perceptions of their financial stability in their current position considering their salary. A majority, 76%, feel financially stable sometimes. Additionally, 10% feel stable most of the time, while 7% always feel financially stable. A smaller percentage, 6%, rarely feels financially stable, and 1% never feels financially stable. This data suggests that most respondents experience financial stability intermittently, indicating concerns about consistent financial security.

Table 3.28: How often would the prospect of a higher salary elsewhere influence your decision to migrating to other location status

PARTICULAR	FREQUENCY	PERCENTAGE
Always	78	78.00%
Most of the time	8	8.00%
Sometimes	13	13.00%
Rarely	1	1.00%
Never	0	0.00%
TOTAL	**100**	**100%**

Figure 3.28: How often would the prospect of a higher salary elsewhere influence your decision to migrating to other location status



Interpretation: The table shows how often the prospect of a higher salary elsewhere would influence respondents' decision to migrate to another location. A significant majority, 78%, would always be influenced by the prospect of a higher salary. Additionally, 13% would sometimes be influenced, and 8% would be influenced most of the time. A smaller percentage, 1%, would rarely be influenced, and no respondents reported that they would never be influenced. This data indicates that higher salary prospects are a strong motivating factor for migration among the respondents.

3.3 STATISTICAL ANALYSIS

CORRELATION ANALYSIS

Relationship between Workload and Migration Intentions

Table 3.3.1: Correlations

Correlations			
		Mean organization workload	Mean migration intention
Mean organization workload	Pearson Correlation	1	.319**
	Sig. (2-tailed)		0.001
	N	100	100
Mean migration intention	Pearson Correlation	.319**	1
	Sig. (2-tailed)	0.001	
	N	100	110
**. Correlation is significant at the 0.01 level (2-tailed).			

Interpretation: The correlation analysis shows that there is a statistically significant relationship between the organization's workload and employees' migration intention. The correlation coefficient of 0.319 indicates a moderate positive relationship, meaning that as the workload in the organization increases, so does the likelihood of employees considering migration. This finding is supported by a very low p-value of 0.001, which suggests that the observed correlation is unlikely to be due to chance. In practical terms, it implies that high workload levels might be a factor contributing to employees wanting to leave the organization. Therefore, managing workload effectively could potentially help to reduce migration intentions among employees, contributing to better retention and organizational stability.

REGRESSION ANALYSIS

Influence of Work Environment on Migration Intentions

Table 3.3.2: Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.094[a]	0.009	-0.001	0.37396
a. Predictors: (Constant), avg_work environment				

Table 3.3.3: Anova

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.123	1	0.123	0.877	.351[b]
	Residual	13.705	98	0.140		
	Total	13.828	99			
a. Dependent Variable: avg_INTENTION MIGRATION						
b. Predictors: (Constant), avg_Work environment						

Table 3.3.4: Coefficients

Coefficients[a]						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.405	0.237		5.914	0.000
	avg_Work environment	-0.082	0.088	-0.094	-0.937	0.351
a. Dependent Variable: avg_intention migration						

Interpretation: The regression analysis indicates a very weak positive correlation (R = 0.094) between the work environment (average _Work Environment) and the intention to migrate (average_ Intention Migration), with only 0.9% of the variance explained (R^2 = 0.009). The model is not statistically significant (Sig. = 0.351), and the work environment is not a significant predictor of the intention to migrate (t = -0.937, Sig. = 0.351). Thus, the work environment does not significantly influence the intention to migrate, suggesting other factors may be more impactful.

ANOVA

Impact of Demographic Factor age on Migration Intentions

Table 3.3.5: Descriptives

Descriptives								
A1								
					95% Confidence Interval for Mean			
	N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
18-24	34	1.03	0.171	0.029	0.97	1.09	1	2
25-34	45	1.00	0.000	0.000	1.00	1.00	1	1
35-44	17	1.06	0.243	0.059	0.93	1.18	1	2
44-54	14	1.57	0.514	0.137	1.27	1.87	1	2
Total	110	1.09	0.289	0.028	1.04	1.15	1	2

(A1: considered migrating to another location for work)

Table 3.3.6: Teat of homogeneity of variances

Test of Homogeneity of Variances					
		Levene Statistic	df1	df2	Sig.
considered migrating to another location for work	Based on Mean	56.126	3	106	0.000
	Based on Median	13.748	3	106	0.000
	Based on Median and with adjusted df	13.748	3	28.861	0.000
	Based on trimmed mean	48.912	3	106	0.000

Table 3.3.7: Anova

ANOVA					
A1					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.751	3	1.250	24.815	0.000
Within Groups	5.340	106	0.050		
Total	9.091	109			

(A1: considered migrating to another location for work)

Interpretation: The ANOVA results show that there is a statistically significant difference in the consideration of migrating for work among different age groups ($F = 24.815$, $p < 0.05$). This indicates that age significantly affects whether individuals consider migrating for work. Given that the means range from 1.00 to 1.57, it can be inferred that older age groups, particularly those aged 44-54, are more likely to consider migrating for work compared to younger age groups. However, the variance among groups is not equal, as indicated by Levene's Test, which should be taken into account when interpreting these results.

ANOVA

Impact of Demographic Factor Department on Migration Intentions

Table 3.3.8: Descriptives

Descriptives								
A1								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
GNM	43	1.21	0.412	0.063	1.08	1.34	1	2
ANM	2	1.00	0.000	0.000	1.00	1.00	1	1
BSC NURSING	64	1.02	0.125	0.016	0.98	1.05	1	2
MSC NURSING	1	1.00					1	1
Total	110	1.09	0.289	0.028	1.04	1.15	1	2

(A1: considered migrating to another location for work)

Table 3.3.9: Test of homogeneity of variances

Test of Homogeneity of Variances					
		Levene Statistic	df1	df2	Sig.
A1	Based on Mean	37.622	2	106	0.000
	Based on Median	6.424	2	106	0.002
	Based on Median and with adjusted df	6.424	2	53.738	0.003
	Based on trimmed mean	30.803	2	106	0.000

(A1: considered migrating to another location for work)

Table3.3.10: Anova

ANOVA					
A1					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.990	3	0.330	4.319	0.006
Within Groups	8.101	106	0.076		
Total	9.091	109			

(A1: considered migrating to another location for work)

- **Interpretation:** The descriptive statistics show the mean responses for each department, with GNM (General Nursing and Midwifery) having a mean of 1.21, ANM (Auxiliary Nurse Midwife) and MSc Nursing both having a mean of 1.00, and BSc Nursing having a mean of 1.02. The overall mean for all respondents is 1.09.

- In the Test of Homogeneity of Variances, Levene's test results indicate that the assumption of equal variances is violated ($p < 0.05$), suggesting significant differences in variances between the groups.

- The ANOVA results show a significant difference between the groups ($F(3, 106) = 4.319$, $p = 0.006$). This implies that the department to which the respondents belong has a significant effect on their consideration of migrating for work.

- The ANOVA analysis indicates that there are significant differences in migration consideration across different nursing departments. Specifically, the GNM group shows a higher mean score, suggesting they are more likely to consider migrating for work compared to other groups. Further post-hoc tests would be needed to identify which specific groups differ from each other.

T-TEST

A t-test was conducted to examine the difference between male and female responses to the question of whether they have considered migrating to another location for work. The objective was to determine if there is a statistically significant difference in migration consideration based on gender.

Impact of Demographic Factor gender on Migration Intentions

Table 3.3.11: Group statistics

Group Statistics					
gender		N	Mean	Std. Deviation	Std. Error Mean
A1	Male	16	1.06	0.250	0.063
	Female	94	1.10	0.296	0.031

(A1: considered migrating to another location for work)

Table 3.3.12: Independent Samples test

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
A1	Equal variances assumed	0.766	0.383	-0.424	108	0.672	-0.033	0.078	-0.189	0.122
	Equal variances not assumed			-0.478	22.793	0.637	-0.033	0.070	-0.177	0.111

(A1: considered migrating to another location for work)

Interpretation: The descriptive statistics indicate that the mean response for males (N = 16) was 1.06 with a standard deviation of 0.250, while for females (N = 94), the mean response was 1.10 with a standard deviation of 0.296. Levene's Test for Equality of Variances showed no significant difference in variances (F = 0.766, Sig. = 0.383),

implying that the assumption of equal variances holds. The t-test results, assuming equal variances, yielded t(108) = -0.424 with a p-value of 0.672. Similarly, the t-test not assuming equal variances resulted in t(22.793) = -0.478 with a p-value of 0.637. Both results indicate that the difference in mean responses between males and females is not statistically significant.

The t-test analysis demonstrates that there is no significant difference in the consideration of migrating for work between males and females. Both genders have similar mean scores, with the mean difference being -0.033 and a 95% confidence interval ranging from -0.189 to 0.122. These findings suggest that gender does not significantly influence the decision to consider migrating for work, indicating similar attitudes towards migration between males and females.

CHAPTER IV

FINDINGS, RECOMMENDATIONS & SUMMARY

4.1 FINDINGS

FINDINGS FROM PERCENTAGE ANALYSIS

- The most of respondents are aged between 25-34 years, comprising 40.91% of the total sample, with an additional 15.45% aged 35-44 years. This indicates a predominantly younger to middle-aged workforce.
- The majority of respondents are female, comprising 85.45% of the total, while 14.55% are male. The total number of respondents is 110**.**
- General Medicine is the largest department (39.09%), followed by General Surgery (17.27%) and Outpatient Department (16.36%). Cardiology accounts for 12.73%, and IP makes up 5.45%. Radiology and No Answer categories each represent 0.91%.
- Most respondents have a BSc in Nursing (58.18%), followed by GNM (39.09%). Only 1.82% have an ANM, and none have an MSc or Diploma in Nursing. 0.91% did not provide qualification details.
- Most respondents are casual employees (50.91%), with full-time employees at 45.45%. There are no part-time employees, and 3.64% are in the 'Other' category.
- Most respondents have 5-10 years (50.00%) or 11-15 years (20.00%). There are no respondents with more than 20 years.
- Respondents consider new jobs for better salaries (27.95%), improved work-life balance (23.29%), better opportunities (24.84%), and dissatisfaction with workload (23.91%).
- 90.91% of respondents intend to migrate, indicating a strong inclination towards migration.
- 92.00% of respondents work 20-30 hours per week, indicating a prevalent part-time schedule.
- 62.00% of respondents find their workload challenging but manageable, while 27.00% consider it manageable. 9.00% find it very challenging, and 2.00% view it as very manageable.

- 46.00% of respondents find staffing adequate most of the time, 42.00% sometimes, 7.00% rarely, and 4.00% always. Only 1.00% think it's never adequate.
- 61.00% of respondents feel high pressure most of the time, 20.00% sometimes, 16.00% always, 2.00% rarely, and 1.00% never. High-pressure situations are common for many respondents.
- 38% of respondents rate team communication as good, 37% as average, 13% as fair, and 12% as excellent. No respondents rated it as poor, indicating generally positive communication with room for improvement.
- 57% of respondents are neutral about receiving sufficient team support, 26% agree, and 5% strongly agree. 12% disagree, with no strong disagreement. This suggests mixed perceptions of team support, with a notable portion being uncertain.
- 62% of respondents are neutral about growth opportunities at work, 25% are satisfied, and 1% are highly satisfied. 12% are dissatisfied, with no one highly dissatisfied. This indicates that most are neutral, suggesting a need for improvement in growth opportunities.
- 72% of respondents are neutral about the adequacy of resources and facilities for their duties. 23% agree, 2% strongly agree, 3% disagree, and no one strongly disagrees. This suggests that while some feel supported, a significant majority are uncertain about resource adequacy.
- 63.00% of respondents experience burnout or fatigue most of the time, 30.00% sometimes, 4% always, and 3% rarely. No respondents reported never feeling burnout or fatigue, indicating it is a common issue among the respondents.
- 47% of respondents find the work environment supportive and positive, 45% are neutral, 6% view it as unsupportive, and 2% find it very supportive. No respondents see it as very unsupportive, suggesting general positivity but room for improvement.
- 51% of respondents are neutral about job satisfaction, 39% are satisfied, and 2% are very satisfied. 8% are dissatisfied, with no one very dissatisfied. This indicates general contentment but highlights areas for improving job satisfaction.

- 52% of respondents feel appreciated sometimes, 33% rarely, 12% most of the time, and 3% always. No one reports never feeling recognized. This indicates some level of appreciation but suggests a need for more consistent recognition.
- 28.84% of respondents use workplace resources to manage stress, 25.58% engage in self-care, 24.65% seek support from colleagues, and 20.93% use time management techniques. This shows diverse stress-coping strategies, with workplace resources being the most common.
- 65% feel neutral about their expertise being valued, 7% feel valued, and 3% feel highly valued. Meanwhile, 25% feel their expertise is not valued. This highlights uncertainty in recognition, suggesting room for improvement.
- 65% of respondents feel their concerns are addressed poorly, 26% are neutral, 7% feel addressed well, and 2% very well.
- 66% suggest providing more resources, 61% emphasize recognizing workload concerns, 45% call for better communication, and 40% recommend more training opportunities.
- 53.00% are sometimes satisfied with their salary, while 24.00% are rarely satisfied. 19.00% are mostly satisfied, 3.00% always satisfied, and 1% are never satisfied. This indicates general dissatisfaction with salary adequacy.
- 67.00% of respondents often face salary issues, 23.00% sometimes, and 6.00% always. Only 4% rarely encounter issues, with none never facing them. This shows frequent salary discrepancies.
- 76.00% of respondents feel financially stable sometimes, 10% most of the time, and 7% always. 6% rarely feel stable, and 1% never do.

FINDINGS FROM STATISTICAL ANALYSIS

CORRELATION ANALYSIS: The moderate positive correlation ($r = 0.319$, $p = 0.001$) indicates that higher organizational workloads significantly increase employees' migration intentions, suggesting that effective workload management could reduce migration intentions and improve retention.

REGRESSION ANALYSIS: The regression analysis reveals that the work environment is not a significant predictor of migration intention ($R = 0.094$, $R^2 = 0.009$, $p = 0.351$), suggesting other factors may be more influential.

ANOVA: The ANOVA results show a significant difference in migration consideration among age groups ($F = 24.815$, $p < 0.05$), indicating that age affects migration decisions. Older age groups, especially those aged 44-54, are more likely to consider migration compared to younger groups. However, unequal variance among groups (Levene's Test) should be considered in the interpretation.

ANOVA: The analysis reveals significant departmental differences in migration consideration, with GNM respondents showing the highest inclination to migrate, confirmed by ANOVA ($F(3, 106) = 4.319$, $p = 0.006$) and Levene's Test ($p < 0.05$), necessitating posthoc tests for detailed group comparisons..

T-TEST: The analysis reveals no significant gender difference in migration consideration scores (males: $M = 1.06$, $SD = 0.250$, females: $M = 1.10$, $SD = 0.296$), supported by Levene's Test ($F = 0.766$, $p = 0.383$) and t-tests ($t(108) = -0.424$, $p = 0.672$; $t(22.793) = -0.478$, $p = 0.637$), indicating that gender does not significantly affect the decision to consider migrating for work.

4.2 RECOMMENDATIONS

Address Workload Management:

- Reduce Workload: Given the significant relationship between workload and migration intention, it's crucial to manage and reduce workload where possible. Implementing strategies to balance workloads can help in improving job satisfaction and reducing the likelihood of migration.
- Provide Support Resources: Offer additional resources and support to help employees manage their workloads more effectively.

Enhance Recognition and Appreciation:

- Increase Recognition Programs: Develop and enhance programs to recognize and appreciate employee contributions regularly. This could improve overall job satisfaction and decrease the desire to migrate for better recognition elsewhere.

Improve Communication and Feedback Channels:

- Enhance Communication: Focus on improving communication channels within teams and between management and staff. Address concerns and feedback more effectively to ensure employees feel heard and valued.
- Act on Feedback: Implement changes based on employee feedback to show that their concerns are taken seriously.

Develop Career Growth Opportunities:

- Offer Training and Development: Provide opportunities for professional development and training to support career growth. This can help in retaining employees by enhancing their skills and making them feel valued.

Review and Adjust Compensation:

- Evaluate Salary Structures: Regularly review and adjust salary structures to ensure they are competitive and fair, considering qualifications and responsibilities. Address salary discrepancies to improve financial satisfaction.

Foster a Supportive Work Environment:

- Create a Positive Work Environment: Strive to maintain a supportive and positive work environment. This can enhance overall job satisfaction and potentially reduce the intention to migrate.

Consider Demographic Factors:

- Tailor Strategies to Age Groups: Since age affects migration intentions, consider tailoring retention strategies to different age groups. For example, providing specific support for older employees who may be more inclined to migrate could be beneficial.

Monitor and Evaluate Impact:

- Regular Assessments: Continuously monitor the impact of implemented changes on employee satisfaction and migration intentions. Adjust strategies based on feedback and results to ensure effectiveness.

4.3 SUMMARY

This study examines the factors influencing the migration intentions of nurses at The Lifeline Multispecialty Hospital, Adoor. Specifically, it explores the relationship between the organization's workload and employees' migration intentions, finding a statistically significant moderate positive correlation (correlation coefficient of 0.319, p-value of 0.001). This suggests that as the workload increases, so does the likelihood of nurses considering migration, highlighting the need for effective workload management to improve retention.

In assessing job satisfaction, the study reveals that nurses' satisfaction levels are generally neutral to slightly positive. Most nurses are neutral regarding growth opportunities (62%) and overall job satisfaction (51%), while salary satisfaction is more mixed, with a significant portion only occasionally satisfied (53.5%).The work environment's influence on migration intentions was found to be minimal, with a very weak positive correlation (R= 0.094) and no statistical significance (p = 0.351), indicating that other factors might be more impactful.

Demographic factors such as age and department significantly affect migration intentions. ANOVA results show that older nurses, particularly those aged 44-54, are more likely to consider migrating. Differences in migration considerations were also observed across nursing departments, with GNM nurses showing a higher likelihood of considering migration. Gender, however, does not significantly influence migration intentions, as both male and female nurses have similar attitudes toward migration.

These findings underscore the importance of managing workloads, addressing salary concerns, and considering demographic factors to improve nurse retention and reduce migration intentions at The Lifeline Multispecialty Hospital

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WEBSITES

https://lifelinehospitalkerala.com/

https://www.facebook.com/TheLifelineMultispecialtyHospital/

www.lifelinehospitals.co.in

APPENDIX

QUESTIONNAIRE

1. Age
   - 18-24
   - 25-34
   - 35-44
   - 44-54
   - 54+

2. Gender
   - Male
   - Female

3. Department
   - Outpatient Department
   - Gynecology
   - Pediatrics
   - General Medicine
   - General Surgery
   - Orthopedics
   - Radiology
   - IP
   - cardiology
   - Other

4 . Qualification
   - General Nursing and Midwifery (GNM)
   - Auxiliary & Midwife (ANM)
   - BSc NursingMSc Nursing
   - Diploma in Nursing
   - Other

5. What is your current employment status as a nurse?
   - Full-time
   - part-time
   - Casual/Temporary
   - other

6. How many years of experience do you have as a nurse?
   - Less than 5 years
   - 5-10 years
   - 11-15 years
   - 16-20 years
   - More than 20 years

7. Have you ever considered migrating to another location for work? *
   IF the answer is negative, feel free to go ahead and submit the form.

- Yes
- No

8. If yes, what are the primary reasons influencing your intention to migrate?

- Better salary prospects
- Better work-life balance
- Improved job opportunities
- Dissatisfaction with current workload
- Other

9. On average, how many hours do you work per week?

- Less than 20 hours
- 20-30 hours
- 31-40 hours
- 41-50 hours
- More than 50 hours

10. What is your opinion of the workload in your present position?

- Very manageable
- Manageable
- Challenging but manageable
- Very challenging
- Overwhelming

11. Do you Agree adequately staffed to handle patient care in your workplace?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

12. How often do you experience high-pressure situations due to workload?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

13. How would you rate the communication among team members in your workplace?

- Excellent
- Good
- Average
- Fair

- Poor

14. To what extent do you agree with the statement: "I receive sufficient support from my leadership team"?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

15. How satisfied are you with the opportunities for professional growth in your current workplace?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

16. To what extent do you agree with the statement: "Adequate resources and facilities are provided to perform myduties effectively"?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

17. How often do you experience burnout or fatigue due to workload?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

18. How do you perceive the overall work environment in your workplace?

- Very supportive and positive
- Supportive and positive
- Neutral
- Unsupportive and negative
- Very unsupportive and negative

19. How satisfied are you with your current job as a nurse?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

20. How often do you receive recognition or appreciation for your work from colleagues or superiors?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

21. How do you cope with stress related to workload in your workplace?

- Engage in self-care activities
- Seek support from colleagues or friends
- Utilize workplace resources
- Practice time management techniques
- Other

22. To what extent do you feel your professional expertise and insights are valued by your organization?

- Highly valued
- Valued
- Neutral
- Not valued
- Highly undervalued

23. How often do you believe your organization addresses concerns and feedback raised by nurses?

- Very well
- Well
- Neutral
- Poorly
- Very poorly

24. What role do you think leadership could play in improving the work environment for nurses in your workplace?

- Providing more resources
- Offering more training and development opportunities
- Improving communication channels
- Recognizing and addressing workload concerns
- Other

25. How often do you feel satisfied with your current salary as a nurse, considering your qualifications andresponsibilities?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

26. How often have you experienced salary discrepancies or issues (e.g., delayed payments, incorrect pay)?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

27. How often do you feel financially stable in your current position as a nurse, considering your salary?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

28. How often would the prospect of a higher salary elsewhere influence your decision to consider migrating toanother location for work?

- Always
- Most of the time
- Sometimes
- Rarely
- Never