

Chapter 2

Factors Influencing Migration and Job Satisfaction amongst Malaysian Nurses Working in Other Countries

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July 2023

This chapter should be cited as

Soh, K.L., S. Japar, K.G. Soh and Y. Tsujita (2023), 'Factors Influencing Migration and Job Satisfaction amongst Malaysian Nurses Working in Other Countries', in Tsujita, Y. and T. Kato (eds.), *Human Resource Development, Employment, and International Migration of Nurses and Caregivers in Asia and the Pacific Region*. ERIA Research Project Report FY2023 No. 07, Jakarta: ERIA, pp.27-46.

Chapter 2

Factors Influencing Migration and Job Satisfaction amongst Malaysian Nurses Working in Other Countries

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The shortage of nurses is a global issue that impacts healthcare settings worldwide. The World Health Organization reported an incredible dearth of nurses globally. Many countries have developed strategies, including recruiting foreign nurses, to counteract the 'crisis in the nursing workforce', which increases the number of nurses migrating to other countries. Malaysian nurses are being recruited to work in the Middle East, Singapore, and Australia. A clear understanding of nurses' job satisfaction is crucial to improve nursing practice in different healthcare systems and cultures. The study assesses the factors influencing migration and job satisfaction amongst Malaysian nurses working in other countries. A cross-sectional online survey was conducted amongst Malaysian nurses working abroad. Frequency, percentage, mean, and standard deviation were used for descriptive data. Student t-test and analysis of variance (ANOVA) were used for the inferential statistics. A total of 165 participants (77.5%) are satisfied working in other countries. The total mean satisfaction score is $28.00 \pm SD 6.03$. There is no significant association between the nurses' total satisfaction score and sociodemographic characteristics except for first nursing education and job satisfaction level of Malaysian nurses working in other countries, with a P-value of ≤ 0.05 . The total challenging experience total means score is $29.68 \pm SD 8.33$. There is a significant association in the five components of the challenges encountered by nurses with nurse demographic characteristics such as first nursing qualification, highest academic degree, experience in nursing, length of time working abroad, and type of workplace, with a P-value of ≤ 0.05 . The study outlines job satisfaction and the reason for Malaysian nurses working abroad. Overall, they are satisfied and choose to work abroad mainly because of high salaries and good benefits. The work challenges in Malaysia can be a factor pushing nurses to work in other countries.

1. Introduction

Nursing service is essential. A shortage of nurses affects the effectiveness of quality care provision (Rajan, Oda, and Tsujita, 2017). The scarcity of nurses has been an issue worldwide (Matsuno, 2009). A previous study found that developed countries such as the United States and the United Kingdom projected a 29% shortage of registered nurses by 2020 (Matsuno, 2009).

Demand for nurses impacts healthcare settings worldwide. The World Health Organization (WHO) reported that Asia has a great dearth of nurses, especially in countries with large populations such as Bangladesh, India, and Indonesia. As of 2011, Thailand was facing a shortage of 43,000 nurses in the public and private sectors, and community, general, and specialist service hospitals claimed a shortage of 18,230 registered nurses (National Health Commission Office of Thailand, 2011). Singapore reported that a deficiency of nurses continued to be a serious concern (Matsuno, 2009). Singapore should have had almost 50,000 nurses by 2020 but only 36,000 nurses were working in 2018 in private and public hospitals (Health Information and Management System Society Asia Pacific, 2018).

As of 2017, there was 1 nurse for every 300 people in Malaysia, far from the WHO recommendation of 1 to 200; to achieve the ratio, Malaysia would need 130,000 nurses, up from the current 105,988 registered workforce (Malaysian Nursing Board, 2017). Of the total population as of 2018, 6.5% (2.10 million) were senior citizens (65 years and above) (Department of Statistics Malaysia, 2018). The senior population is expected to increase by 2030 (Barnett, Namasivayam, and Narudin, 2010).

To counteract the 'crisis in nursing workforce', many countries have developed strategies, including recruitment of foreign nurses. Malaysia has signed agreements with Albania, Bangladesh, India, Indonesia, Myanmar, Pakistan, and the Philippines for their nurses to obtain a temporary practicing certificate to work in Malaysia and is employing them to bolster the workforce. Malaysian nurses, however, are being recruited to work abroad such as in the Middle East, Singapore, and Australia. According to the health ministry, 3,000 Malaysian nurses are working in the Gulf countries (Augustin, 2017). A total of 12,458 nurses are registered with the Oman Nursing and Midwifery Council (Shukri, 2020), 63% (5,109) of whom are Omani and 37% from 40 countries, mainly India (6,056), the Philippines (523), Malaysia (146, 1.2%), and others.

Despite the constantly high demand for nurses over the decades, data are limited to gauge Malaysian nurses' migration to other countries. Therefore, it is crucial to evaluate the purposes of migration and resolve the issues and challenges of working in Malaysia and abroad.

General Objective

The objective of the study was to assess the factors influencing migration and job satisfaction amongst Malaysian nurses working in other countries.

Specific Objectives

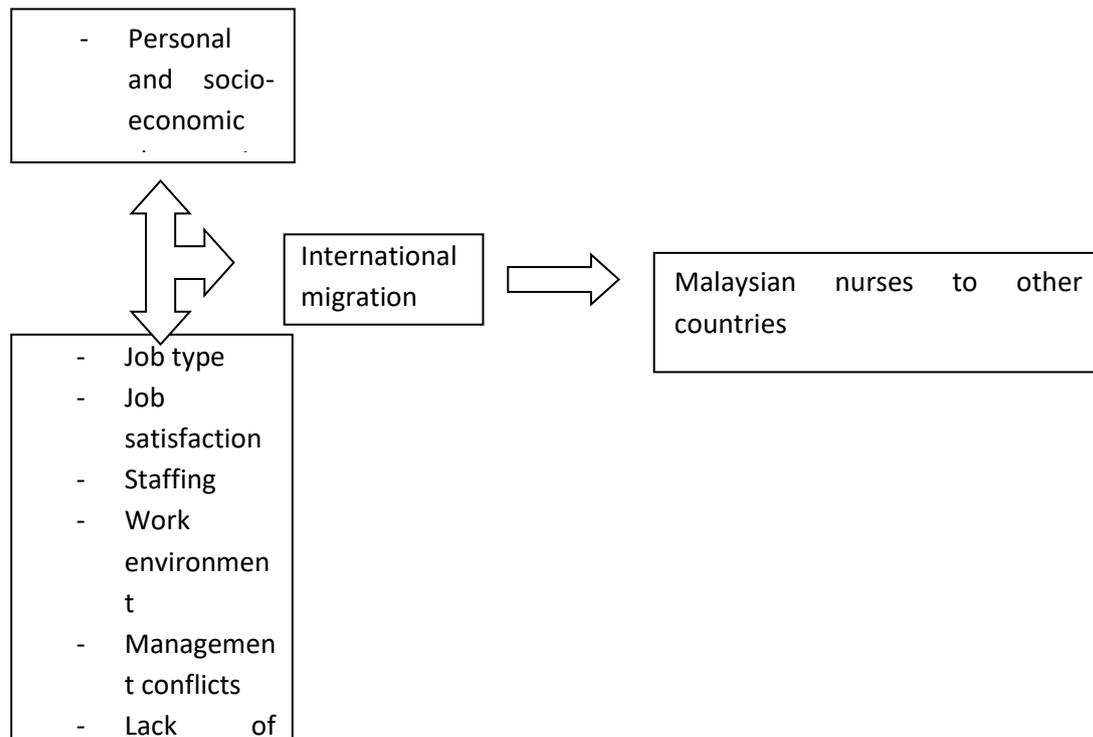
- (i) Determine the factors affecting Malaysian nurses' migration to other countries. Elucidate the job satisfaction level of Malaysian nurses working in other countries.

- (ii) Examine the association between job satisfaction level of Malaysian nurses working in other countries and their characteristics.
- (iii) Explicate the association between the challenges of working in Malaysia and the characteristics of nurses working in other countries.

Conceptual Framework

Figure 2.1 illustrates the migration of Malaysian nurses. Personal and socio-economic status is one reason they migrate. Other factors are a better working environment abroad, more opportunities for career development, greater occupational advancement, and higher economic status. The push factors in Malaysia, such as lower wages, poor working conditions, inadequate support, and conflicts with management, have led to demoralisation and burnout. The intensity of workload and poor working conditions drive nurses to migrate, retire early, or even leave the profession.

Figure 2.1: Conceptual Framework of Migration of Malaysian Nurses



2. Methods

Research Design

The Nurse Migration Survey was a study designed as quantitative research using an online survey. The quantitative analysis describes international migration and job satisfaction levels amongst Malaysian nurses working in other countries.

Instrument

The study was used to describe the socio-economic background of Malaysian nurses working in other countries, job satisfaction level, and the difficulties of working in Malaysia. The survey included personal profiles, educational details, career advancement working abroad, and reasons of leaving Malaysia.

Participants

This study was conducted amongst 200 Malaysian nurses working as registered nurses in other countries. Bibi Florina, the former director of nursing, said about 3,000 nurses were working abroad (Augustin, 2017). The study's sample size was 213. The inclusion and exclusion criteria of the participants were as follows:

Inclusion Criteria

Malaysian nurses working in other countries

Currently working as a registered nurse, nurse assistant, or caregiver in other countries

Exclusion Criteria

Non-Malaysian nurses

Holding a nurse aid or nurse assistant license or any related degree

Data Collection

The nurses were identified through alumni nurses, email, phone, mail, social media, video conferencing, or nurses working in other countries. Nurse agents were contacted to help distribute questionnaires. The Nurse Migration Survey, consent form, and participant information sheet were emailed when the nurses' email addresses were identified. As there was no list of a target population, a snowball sampling technique was used to select Malaysian nurses who met the study criteria of the sample population.

Data Analysis

Data were analysed using Statistical Package for the Social Sciences version 24. Descriptive statistics were used to describe the personal and socio-economic backgrounds of Malaysian nurses. The quantitative analysis consisted of two stages: (i) descriptive statistics and analysis (frequency, percentage, mean, standard deviation); and (ii) differences between variables with student t-test and ANOVA to determine the association between job satisfaction level and challenges faced by Malaysian nurses working abroad and nurse demographic characteristics. The significance level was determined at a p-value of ≤ 0.05 .

Ethical Considerations

The ethical approval to conduct the study was obtained from the Universiti Putra Malaysia Ethics Committee for Research Involving Human Subjects. The participants were required to answer a self-administered questionnaire. The return of the completed questionnaire indicated that they had consented to the study. All participants' information was handled confidentially according to applicable laws and regulations. When the study results are published or presented, participants' identities will not be revealed. Data were archived and may be transmitted abroad for analysis, but participants' identities will not be revealed at any time.

3. Results

Response Rate

A total of 223 participants responded to the questionnaire; 2 were excluded as they no longer worked abroad. After data cleaning, another eight were excluded as they had just completed their nursing studies in the last 3 years. The final number of participants was 213 or a response rate of 95.5%.

Sociodemographic Characteristics

Participants who were 31–40 years old made up 48.8% (n=104) and those 21–30 years old 23.9% (n=51). The mean age and standard deviation (SD) were 36.7 ± 7.4 years old. Most participants were female (94.8%, n=202) and Muslim (67.6%, n=144); 51.6% were married and 39.0% single. Most did not have relatives working as nurses (54.0%, n=115) or relatives who worked abroad (74.2%, n=158). Most responders had never emigrated before (86.9%, n=185) but had contacts in the current country of destination (70.0%, n=149). About 44.1% (n=94) of the participants had worked abroad for more than 4 years. Table 2.1 shows participants' social demographics.

About 59.2% (n=126) of the participants had more than 10 years of working experience, with a mean and SD of 12.8 ± 7.8 ; 72.3% (n=154) had graduated with a diploma in nursing and only 22.5% (n=48) had a bachelor's degree in nursing. More than half the participants obtained their highest educational qualification from private universities (54.9%, n=117), mainly in Malaysia (94.4%, n=201).

Almost all nurses involved in the study were registered with the Malaysian Nursing Board (98.1%, n=209). Most were working in Saudi Arabia (79.3%, n=169), most were registered nurses (90.1%, n=192), and most were working in the government sector (74.2%, n=158) and in hospitals (99.1%, n=211). Most participants declared that they themselves (55.9%) or a parent (39.4%) were the most important motivator for choosing nursing.

Table 2.1: Sociodemographic Characteristics and Nursing Background of Migrated Malaysian Nurses

Demographic (n=213)	n(%)	Mean±SD
Age		36.7±7.4
21–30	51(23.9)	
31–40	104(48.8)	
41–50	46(21.6)	
≥51	12(5.6)	
Gender		
Male	11(5.2)	
Female	202(94.8)	
Religion		
Hindu	17(8.0)	
Christian	34(16.0)	
Muslim	144(67.6)	
Buddhist	15(7.0)	
Sikh	3(1.4)	
Current marital status		
Single	83(39.0)	
Married	110(51.6)	
Widowed/Separated/Divorced	20(9.4)	
Is there any nurse amongst your family/relatives?		
Yes	98(46.0)	
No	115(54.0)	
Has any nurse amongst your family/relatives worked abroad as a nurse?		
Yes	55(25.8)	
No	158(74.2)	
Have you previously emigrated?		
Yes	28(13.1)	
No	185(86.9)	

Do you have family, friends, professional colleagues, and other contacts in the current country of destination?		
Yes	149(70.0)	
No	64(30.0)	
How long have you been working abroad? (years)		54.1± 49.2
≤1	56(26.3)	
>1–3	49(23.0)	
>3–5	16(7.5)	
>5	68(31.9)	
Experience in nursing (years)		12.8 ± 7.8
≥ 5	39(18.3)	
6–10	62(29.1.)	
11–15	51(23.9)	
≥ 16	61(28.6)	
First nursing qualification		
Certificate in nursing	11(5.2)	
Diploma in nursing	154(72.3)	
Bachelor's degree in nursing	48(22.5)	
Where above qualification/degree was acquired		
Malaysia	210(98.6)	
Singapore	1(0.5)	
Saudi Arabia	1(0.5)	
United States of America	1(0.5)	
Type of above nursing school/college		
Government	110(51.6)	
Private	103(48.4)	
What is your highest academic degree?		
Postgraduate	18(8.5)	
Bachelor's degree	97(45.5)	
Post-basic or bachelor of science	48(22.5)	
Diploma/General	50(23.5)	
Type of above nursing school/university		
Government	96(45.1)	
Private	117(54.9)	
Where highest academic degree was obtained		

Malaysia	201(94.4)
Saudi Arabia	2(0.9)
Singapore	2(0.9)
United Kingdom	4(1.9)
Australia	2(0.9)
United States of America	2(0.9)
Current registration status with Malaysia Nursing Board	
Not registered	4(1.9)
Registered	209(98.1)
Where are you currently working?	
Saudi Arabia	169(79.3)
Singapore	16(7.5)
United Arab Emirates	8(3.8)
Oman	7(3.3)
Germany	6(2.8)
Bahrain	5(2.3)
Australia	1(0.5)
United Kingdom	1(0.5)
Current occupation in other countries	
Registered nurse	192(90.1)
Midwifery staff	13(6.1)
Nursing administrator	4(1.9)
Nurse educator	3(1.4)
Director of nursing	1(0.5)
Current workplace	
Hospital	211(99.1)
Others	2(0.9)
Type of workplace	
Government	158(74.2)
Semi-government	33(15.5)
Private	22(10.3)
Who decided/motivated/persuaded you to study nursing?	
Yourself	110(51.6)
Father/Mother/Parents	83(39.0)

Others	20(9.4)
Most important out of the above	
Yourself	119(55.9)
Father/Mother/Parents	84(39.4)
Others	10(4.7)

4. Factors Driving Malaysian Nurses to Migrate to Other Countries

Reasons for Working in Other Countries

The primary motivation for working in other countries is higher salary and better benefits (96.7%, n=206). They were also cited as the most important reason (82.6%, n=176) for working abroad. Developing a high level of nursing skills (36.6%) and achieving a better quality of life (31.9%) were amongst the factors that inspired them to migrate. Table 2.2 details the reasons for working in other countries.

Table 2.2: Reasons for Working in Other Countries

Reasons	Yes	No	Most important	Second most important
	n(%)	n(%)	n(%)	n(%)
Higher salary and better benefits	206(96.7)	7(3.3)	176(82.6)	33(15.5)
Higher level of nursing skills and technology	78(36.6)	135(63.4)	52(24.4)	50(23.5)
Better quality of day-to-day life	68(31.9)	145(68.1)	39(18.3)	43(20.2)
Same religion	41(19.2)	172(80.8)	30(14.1)	42(19.7)
Self-respect/dignity	31(14.6)	182(85.4)	30(14.1)	33(15.5)
Children's education/future	24(11.3)	189(88.7)	30(14.1)	40(18.8)
Interested in country's culture	16(7.5)	197(92.5)	14(6.6)	43(20.2)
Can speak the local language	15(7.0)	198(93.0)	12(5.6)	39(18.3)
Can bring/petition family	11(5.2)	202(94.8)	18(8.5)	34(16.0)
Family/relatives live there	10(4.7)	203(95.3)	17(8.0)	40(18.8)
Possible to obtain the country's nursing license	9(4.2)	204(95.8)	15(7.0)	32(15.0)
Geographical proximity (near Malaysia)	6(2.8)	207(97.2)	8(3.8)	43(20.2)
Low recruitment and processing fee	6(2.8)	207(97.2)	11(5.2)	37(17.4)
Can obtain citizenship	3(1.4)	210(98.6)	12(5.6)	37(17.4)

Reason for Studying Nursing

The study aimed to find the main reason for studying nursing. Easy to find a job (42.7%, n=91) and a higher salary and better benefits (44.1%, n=94) were the most important reasons, followed by ease of finding a job (35.2%) and helping the family financially (33.3%) (Table 2.3).

Table 2.3: Reasons for Studying Nursing

Reasons	Yes	No	Most important	Second most important
	n(%)	n(%)	n(%)	n(%)
1. Ease of finding a job/employability	91(42.7)	122(57.3)	75(35.2)	33(15.5)
2. Help the family financially	62(29.1)	151(70.9)	71(33.3)	33(15.5)
3. Higher salary and better benefits	62(29.1)	151(70.9)	94(44.1)	34(16.0)
4. Provide service to the sick and needy	60(28.2)	153(71.8)	57(26.8)	34(16.0)
5. Work overseas	43(20.2)	170(79.8)	34(16.0)	49(23.0)
6. Gain self-confidence in decision-making	35(16.4)	178(83.6)	23(10.8)	32(15.0)
7. Family encouragement	25(11.7)	188(88.3)	19(8.9)	38(17.8)
8. Was not admitted to other courses such as medicine	25(11.7)	188(88.3)	9(4.2)	43(20.2)
9. Parent/relative is a nurse	21(9.9)	192(90.1)	19(8.9)	32(15.0)
10. Achieve better social status	15(7.0)	198(93.0)	22(10.3)	36(16.9)
11. Likes the uniform	14(6.6)	199(93.4)	17(8.0)	34(16.0)
12. Escape from social pressure at home	5(2.3)	208(97.7)	10(4.7)	36(16.9)
13. Find a better spouse such as a medical doctor	2(0.9)	211(99.1)	5(2.3)	37(17.4)

Changes in Life Before and After Working as a Nurse in Another Country

Most participants experienced changes in their economic status (92.0%, n=196) after working as a nurse in other countries. More than half experienced changes in their professional (63.8%, n=136), social (50.7%, n=108), and family life (57.7%, n=123) upon migrating. Most indicated they planned to work in another country (71.8%, n=153) after the contract. Table 2.4 shows life before and after working as a nurse in another country.

Table 2.4: Changes in Life Before and After Working as a Nurse in Another Country

Changes	n(%)
Economic	196(92.0)
Professional	136(63.8)
Family life	123(57.7)
Social	108(50.7)
Plan to work in other countries	153(71.8)

Current Feeling About the Decision to Choose Nursing as a Profession

Table 2.5 shows how participants feel about their decision to become a nurse. Most said they were happy (83.1%, n=177).

Table 2.5: Current Feeling About the Decision to Choose Nursing as a Profession

Emotion	n(%)
Very unhappy	12(5.6)
Unhappy	1(0.5)
Neither happy nor unhappy	23(10.8)
Happy	80(37.6)
Very happy	97(45.5)

Challenges of Being a Nurse in Malaysia

Most nurses said they did not experience difficulties dealing with patients (75.6%) and occupational hazards (70.9%) in Malaysia, whilst 96 participants (45.1%) said that low salaries and poor benefits were incredibly problematic. Connections and/or corruption in getting work and promotion (68.5%, n=146), a high ratio of patients to nurses (67.6%, n= 144), poor working conditions (61.5%, n=131), and complicated relationship with superiors and fellow workers (51.2%, n=109) were the main difficulties of working in Malaysia. Inadequate facilities or infrastructure in hospitals (58.2%, n=124) caused problems. Table 2.6 details the adversities faced by the participants.

Table 2.6: Distribution of Difficulties Experienced by Nurses in Malaysia

Difficulties	n(%)				Mean	SD
	1	2	3	4		
Dealing with patients	75(35.2)	86(40.4)	38(17.8)	14(6.6)	3.05	1.03
Occupational hazards	56(26.3)	95(44.6)	36(16.9)	26(12.2)	2.90	0.95
Limited opportunities for career advancement	31(14.6)	60(28.2)	69(32.4)	53(24.9)	2.85	0.93
High ratio of patients to nurses	20(9.4)	49(23.0)	86(40.4)	58(27.2)	2.77	1.02
Low salary/few benefits	23(10.8)	39(18.3)	55(25.8)	96(45.1)	2.67	1.01
Connection/corruption in getting work and promotions	20(9.4)	47(22.1)	81(38.0)	65(30.5)	2.61	0.94
Inadequate facilities/infrastructure in hospitals	32(15.0)	57(26.8)	87(40.8)	37(17.4)	2.46	0.96
Poor working conditions (heavy tasks, long hours, night shift)	29(13.6)	53(24.9)	69(32.4)	62(29.1)	2.21	0.98
Difficult relationship with superiors and fellow workers	41(19.2)	63(29.6)	78(36.6)	31(14.6)	2.15	0.95
Lack of nursing skills and knowledge (competencies in nursing)	59(27.7)	73(34.3)	57(26.8)	24(11.3)	2.04	1.01
Gender discrimination by patients	88(41.3)	59(27.7)	46(21.6)	20(9.4)	1.99	1.00
Gender discrimination by management	82(38.5)	62(29.1)	47(22.1)	22(10.3)	1.96	0.89

SD = standard deviation

1. Not at all difficult, 2. Not particularly difficult 3. Fairly difficult 4. Extremely difficult

Note: Total mean satisfaction score 29.68±SD8.33

Table 2.7 shows the association between the total score of challenges of being a nurse in Malaysia and demographics and nursing characteristics. The five components of demographics and nursing characteristics—first nursing qualification, highest academic degree, experience in nursing, length of

time working abroad, and type of workplace—were significantly associated with the challenges, with a P-value of ≤ 0.05 .

Table 2.7: Association Between Total Mean Score of Difficulties Being a Nurse in Malaysia and Nursing Characteristics

Characteristics	Mean	SD	df	f	P
Religion ^b			4	1.01	0.40
Hindu	32.06	8.05			
Christian	27.41	8.10			
Muslim	29.92	8.64			
Buddhist	29.67	6.25			
Sikh	30.33	1.53			
First nursing qualification ^b			2	5.60	0.004*
Certificate in nursing	26.45	6.35			
Diploma in nursing**	28.87	7.61			
Bachelor's degree	33.00	9.99			
Highest academic degree ^b			3	4.41	0.005*
Postgraduate	28.50	8.99			
Bachelor's degree	31.09	8.88			
Post-basic or bachelor of science	26.15	8.50			
Diploma/General	30.74	5.49			
Current marital status ^b			2	0.89	0.41
Single	29.60	8.21			
Married	30.15	8.47			
Widowed/Separated/Divorced	27.45	8.06			
Experience in nursing (Year) ^b			3	6.99	0.001*
≥ 5	32.38	8.67			
6–10	32.26	8.80			
11–15	26.98	7.59			
≥ 16	27.57	6.95			
Length of time working abroad (years) ^b			3	2.81	0.04*
≤1	27.18	8.46			
>1–3	31.69	8.42			
>3–5	29.75	7.15			
>5	30.24	8.45			
Previously migrated ^a				3.35	0.07
Yes	28.36	9.97			
No	29.88	8.06			
Type of workplace ^b			2	7.86	0.001*
Government	28.79	7.19			
Semi-government	34.79	10.93			
Private	28.36	9.06			

Note: Difficult experience total mean score $29.68 \pm SD 8.33$.

* $p \leq 0.05$ considered statistically significant.

**The nursing programme increased the curriculum's theory components to 50% in 1992. Thus, nurses enrolled in the nursing programme after 1992 received a diploma in nursing. Before 1992, nurses graduated with a certificate in nursing.

^a Independent t-test.

^b One-way independent analysis of variant.

5. Job Satisfaction Level of Malaysian Nurses Working in Other Countries

Of the 213 participants, 165 (77.5%) were satisfied working in other countries. Many participants were satisfied serving the sick and needy (74.6%, n=159) and with the ease of finding a job (72.3%, n=154). About 69.5% were satisfied with the degree of self-respect, salaries, and benefits. About 65.3% were satisfied with the relationship with fellow nurses and superiors and 61% were gratified with career development, including promotion. Nearly 43.2% (n=92) were satisfied with children's education or childcare. The total mean satisfaction score was 28.00±SD6.03, excluding participants who indicated that the component did not apply to them. Table 2.8 details the participants' satisfaction level.

Table 2.8: Malaysian Nurses' Satisfaction Level Components

Components	n(%)				Mean	SD
	1	2	3	NA		
1. Serving the sick and needy	6(2.8)	36(16.9)	159(74.6)	12(5.6)	2.61	0.80
2. Social status of nurses	37(17.4)	55(25.8)	109(51.2)	12(5.6)	2.23	0.93
3. Working in other countries	6(2.8)	33(15.5)	165(77.5)	9(4.2)	2.66	0.73
4. Ease of finding a job/employability	8(3.8)	47(22.1)	154(72.3)	4(1.9)	2.65	0.65
5. Degree of self-respect	17(8.0)	46(21.6)	148(69.5)	2(0.9)	2.60	0.67
6. Salaries and benefits	36(16.9)	25(11.7)	148(69.5)	4(1.9)	2.49	0.84
7. Relationship with fellow nurses and superiors	16(7.5)	53(24.9)	139(65.3)	5(2.3)	2.53	0.74
8. Career development including promotion, training	21(9.9)	54(25.4)	130(61.0)	8(3.8)	2.44	0.82
9. Working conditions (working hours, night shifts)	25(11.7)	56(26.3)	127(59.6)	5(2.3)	2.43	0.79
10. Children's education/child-rearing (if any)	18(8.5)	38(17.8)	92(43.2)	65(30.5)	1.74	1.29
11. Care for parents-(in-law) (if any)	22(10.3)	36(16.9)	98(46.0)	57(26.8)	1.82	1.27
12. Relationship with spouse (if any)	15(7.0)	33(15.5)	102(47.9)	63(29.6)	1.82	1.31

NA = not applicable, SD = standard deviation

1. Dissatisfied. 2. Neither dissatisfied nor satisfied. 3. Satisfied.

Note: Total satisfaction score 28.00± 6.03.

6. Association between Job Satisfaction Level and Sociodemographic Characteristics

One-way independent ANOVA and independent t-test showed no significant association between total satisfaction score and sociodemographic characteristics of the nurses except for first nursing education and job satisfaction level of those working in other countries (p=0.05). Table 2.9 shows the

detailed analysis of the distribution of association between sociodemographic status and job satisfaction level.

Table 2.9: Association Between Job Satisfaction Level and Sociodemographic Characteristics of Malaysian Nurses Working in Other Countries

Characteristics	Mean	SD	df	f	P
Religion (n=213)	28.00	6.03	4	0.32	0.87
Hindu	29.00	8.05			
Christian	27.97	8.10			
Muslim	28.02	8.64			
Buddhist	27.27	6.25			
Sikh	25.33	1.53			
First nursing qualification			2	3.11	0.05*
Certificate	30.27	5.69			
Diploma	28.38	5.69			
Bachelor's degree	26.27	6.87			
Highest academic degree			3	1.23	0.30
Postgraduate	29.61	4.43			
Bachelor's	27.23	6.21			
Post basic	28.75	6.27			
Diploma	28.20	5.89			
Current marital status			2	0.80	0.45
Single	27.35	6.39			
Married	28.38	5.73			
Widowed/Separated/Divorced	28.60	6.21			
Experience in nursing (years)			3	1.46	0.23
≥ 5	28.28	5.38			
6–10	26.68	5.63			
11–15	28.49	7.05			
≥ 16	28.75	5.82			
Length of time working abroad (years)			3	0.68	0.57
≤1	28.43	6.43			
>1–3	27.12	5.83			
>3–5	27.58	6.85			
>5	28.53	5.34			
Previously migrated				3.28	0.07
Yes	27.25	8.28			
No	28.11	5.64			

*p ≤ 0.05 considered as statistically significant.

^a Independent t-test.

^b One-way independent analysis of variant.

7. Discussion

Factors in Malaysian Nurses' Decision to Migrate to Other Countries

The study described the factors in Malaysian nurses' decision to migrate to other countries and reported job satisfaction. Most nurses (96.7%) said the main reason for deciding to work in other countries was high salaries and better benefits; 82.6% cited higher salaries and better benefits as the

most important reason, followed by the opportunity to attain a high level of nursing skills and technology (47.9%) and better quality of life (38.5%).

In Malaysia, the minimum basic nursing salary for a newly appointed Grade U29 nurse with diploma qualification is RM1,797 per month and a RM145 increment per year (Malaysian Civil Service Commission, 2021a). Nurses with a bachelor's degree can apply for Grade U41, with a basic salary of RM2,426 per month and a yearly increment of RM225 (Malaysian Civil Service Commission, 2021b). However, most nurses with a bachelor's degree are commonly in Grade U29 because U41 posts are limited. The average basic annual income for Grade U29 is about RM21,564 and for Grade U41 RM29,112. Malaysian nurses working overseas commonly earn triple the salaries they could earn in Malaysia (Lajiun, 2016).

The shortfall of nurses in Malaysia is mainly caused by low wages. In Singapore, newly graduated Malaysian nurses are offered almost SGD3,000 per month, but in public and private hospitals in Malaysia only SGD670 a month (Augustin, 2017). The International Council of Nurses Workforce Forums said that starting salaries in Asian countries appeared to start slightly lower in 2013 (Catton, 2018). In 2015 and 2016, salaries apparently stagnated and declined.

The high salaries paid in other countries pull Malaysian nurses to work there. The study shows that nurses working in Malaysia are paid less than those in other countries, where salaries are triple those in Malaysia. Nurses elsewhere migrate to seek better wages, improved working conditions, and higher living standards than in their own countries (Kline, 2003). The economic and social status of Indian nurses, for example, improves significantly after working abroad (Oda, Tsujita, and Rajan, 2018). Besides higher salaries, job security and improved social status after working abroad most satisfy nurses (Oda et al., 2018).

Job Satisfaction Level of Malaysian Nurses Working in Other Countries

The study found that most Malaysian nurses were satisfied with their current position in other countries. Most said they were working in government hospitals, which they perceived as giving them job security. In Maslow's (1943) hierarchy of needs, unmet safety needs can be just as important as unfulfilled physiological needs. Psychological safety needs, including job security, work-life conflicts, and occupational stress, are emerging threats to nursing job security (Staempfli and Lamarche, 2020). A study of data from the 1990s, when funding to the California healthcare system was significantly cut, found that threats to job security diminished job satisfaction (Burke, Ng, and Wolpin, 2015). Most participants in the present study reported that their lives changed economically (92%) and professionally (63.8%), and as did their family life (57.7%) after working in other countries. A qualitative study in the United States found that similar factors influenced graduating nursing students' and practicing nurses' intent to stay in their homeland or workplaces, including competitive pay and benefits, positive work environment, and personal and professional development (Owens, Burwell, Deese, and Petros, 2021).

Association Between Job Satisfaction of Malaysian Nurses and Nurse Characteristics

The study provides valuable insights into the association between job satisfaction and the first nursing qualification. Although most nurses (77.5%) working abroad have only certificates or diplomas for

their first nursing qualifications, they have higher salaries and better benefits than other health science professionals with a bachelor's degree and working in Malaysia. Amongst the participants, one is a director, four are nursing administrators, and three are nurse educators, indicating that nurses from Malaysia have opportunities for promotion in healthcare organisations abroad. The study is congruent with Troy, Wyness, and McAuliffe (2007): The nursing profession is a passport to opportunities to work in any country. Threats to job security and lack of career advancement cause negative job satisfaction (Staempfli and Lamarche, 2020). Malaysian nurses demonstrate higher satisfaction working overseas because they are entitled to employee benefits and career advancement opportunities. They have the chance to develop their careers by practicing and learning a high standard of nursing skills, which increases their job satisfaction and fulfils their needs (Kline, 2003; Staempfli and Lamarche, 2020).

Job satisfaction is significant in nurses' intention to leave Malaysia. A study in a teaching hospital reported that 40% of staff nurses intended to leave their jobs, the most critical determinant being a low degree of satisfaction (Ramoo, Abdullah, and Piaw, 2013). Malaysian nurses tend to feel more empowered and committed to their organisation in Malaysia than their foreign counterparts in other countries, but are less likely to be satisfied with their jobs (Ahmad and Oranye, 2010). In Malaysia, updating nursing knowledge and providing quality care are the most critical factors motivating nurses to continue professional education (Chong, Sellick, Francis, and Abdullah, 2011). Therefore, the career development pathway for nurses must be examined, including their motivation, job satisfaction, and perspectives, to retain them in Malaysia.

Most Malaysian nurses are educated and fluent in English, allowing them to communicate effectively with other healthcare providers, patients, and their families abroad and helping them adapt to their superiors and colleagues. Non-English-speaking nurses had lower job satisfaction (Timilsina Bhandari, Xiao, and Belan, 2015). Workplace language barriers disrupt nurses' interactions with patients and colleagues. This finding shows the importance of group cohesion in influencing job satisfaction (Staempfli and Lamarche, 2020).

Association Between Difficulties Working in Malaysia and Nurse Characteristics

The study found that nurses' main difficulties are related to connections and/or corruption in employment and promotions (68.5%, n=146) and to professional relationships with superiors and fellow workers (51.2%, n=109). A previous survey on emotional exhaustion showed that it stemmed from job demands, lack of supervisor support, and work-family conflict (Rhéaume, 2021). The present survey found that organisational resources can positively affect employee well-being. Decision latitude and managerial support decrease work-family conflict, suggesting that a work environment that fosters nurse autonomy and policies that support nurses can improve nurses' well-being. The study found that nurses who choose to work in other countries may want to avoid the challenges they encountered in Malaysia.

Participants' other major difficulties are the high ratio of patients to nurses (67.6%, n= 144) and poor working conditions (61.5%, n=131). An international survey of 6,212 registered nurses in seven countries determined staff characteristics, working environment, absenteeism, and intention to leave (Burmeister et al., 2019). It found that nurses' perception of staffing adequacy greatly influenced their intention to leave regardless of country and staff characteristics. Nursing staffing was identified as a

significant predictor of absenteeism and intent to leave, with a 25% higher rating of perceived staffing adequacy associated with lower odds of absenteeism and intention to leave. The international survey findings pointed to staffing adequacy as a critical variable in nurse retention.

The present study found a significant association between challenging work experiences in Malaysia and first nursing qualification ($p \leq 0.004$), highest nursing qualification ($p \leq 0.005$), experience in nursing ($p \leq 0.001$), length of time working abroad ($p \leq 0.04$), and type of workplace ($p \leq 0.001$). Nurses who were offered work in other countries with their first nursing qualification or those who gained higher qualifications after working overseas looked for a better working environment. Ninety-six nurses (45.1%) indicated that low salaries and poor benefits were incredibly problematic. The challenging work in Malaysia and low salaries could be unbearable, pushing nurses to find work in other countries.

The study found an association between challenging work experience in Malaysia and length of time working overseas. Most of the nurses worked in government or semi-government agencies, which provided them with a sense of job security, directly improving their psychological safety. The absence of psychological safety, caused by a lack of career development opportunities and poor working conditions, is a threat to self-actualisation (Kline, 2003; Staempfli and Lamarche, 2020). Conflicts with superiors delay staff appointment or promotion, which can discourage nurses from serving in Malaysia. Attentive and supportive supervisors help improve the workplace environment (Shier, Turpin, Nicholas, and Graham, 2021). Higher salaries, better benefits, and a supportive work environment remain the key contributors to Malaysian nurses' satisfaction in other countries (Timilsina Bhandari et al., 2015; Tsujita, 2018).

A systematic review to identify factors that influence the decision of experienced nurses to leave or remain in acute care work found that inadequate conflict management, lack of support, poor work environment, overcrowded work schedules, and disproportionate staffing levels lead to demoralisation and burnout (Hollis, 2019). The findings showed the importance of positive administrative change in retaining experienced nurses and in improving the mentoring of newer nurses, which ultimately help improve patient outcomes. Some nurses decide to retire early or leave the profession because of the work intensity and poor working conditions (Catton, 2018). Nurses in the present study reported that inadequate facilities or infrastructure in hospitals (58.2%, $n=124$) in Malaysia made work difficult, but most nurses said they had no difficulties dealing with patients (75.6%) and occupational hazards (70.9%).

The present study provides a general overview of job satisfaction amongst Malaysian nurses working in other countries. It emphasises the importance of employers and managers in ensuring that nurses are always satisfied in their workplace. Management teams should continue supporting nurses and maintaining a good working environment and positive relationships. Employers and managers should be more aware of factors that affect nurses' job satisfaction, such as self-respect, relationships with colleagues, and career development, which management teams should prioritise. Malaysia is just one country that will face a lack of nurses over the next 1–10 years as they migrate to other countries (Matsuno, 2009). The ageing population and a nurse shortage are significant concerns in many countries, including Malaysia (Walani, 2015). Malaysia needs more nurses. Their contributions should be recognised and appreciated by providing them with better job security and respect. Given that working abroad is more attractive than working in Malaysia, we suggest that the government take further action to retain them in the country (Matsuno, 2009).

Limitations

The cross-sectional research design of the study provided information about the challenges of nurses in Malaysia and their job satisfaction in other countries at a point in time. The design may have problems inferring changes and trends over time concerning job satisfaction (Polit and Beck, 2020). Purposive and snowball sampling methods used may not be generalisable. Self-report bias such as dishonest answers and differences in understanding and interpretation of the questions may exist when survey questionnaires are used (Polit and Beck, 2020).

8. Conclusions

The study provides an overview of job satisfaction of Malaysian nurses and why they work abroad. Overall, they are satisfied in other countries. They choose to work abroad mainly because of the high salaries and better benefits. The challenges they face in Malaysia can be a factor pushing them to work in other countries. There are no significant differences in sociodemographic status and job satisfaction of nurses in Malaysia and Malaysian nurses working abroad except the first nursing qualification. There are significant differences in nurses' sociodemographic status and challenges in Malaysia, including first nursing qualification, highest qualification, length of service as a nurse, length of time working overseas, and type of place they work in other countries. The preliminary findings on Malaysian nurses' migration may guide the Public Service Department, the Ministry of Health, and the Nursing Board to develop effective strategies, including fostering a healthier work environment, reviewing nurses' salaries, expanding career opportunities, and enhancing job security. Such measures will resolve issues such as nursing scarcity and improve the quality of patient care.

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