

**Exploring the Push and Pull Factors Affecting
Third-Country Migrant Nurses in Malta**

A dissertation presented to the Faculty of Health Sciences in part-fulfilment of the requirements for the Degree of Master of Science in Nursing at the University of Malta

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FACULTY HEALTH SCIENCES

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Abstract

Background: The Maltese healthcare system is heavily dependent on its foreign nursing workforce. Most of these migrant nurses are third-country nationals (TCN) as they come from countries outside the European Union (EU) such as India, Pakistan, and the Philippines. As of October 2022, there were 1627 TCN nurses actively registered in Malta. The retention of these key workers is essential in delivering an effective and efficient universal healthcare system. An exploration of the push and pull factors affecting TCN migrant nurses in Malta was therefore needed to inform policy which can improve the retention of this key workforce.

Methodology: An exploratory qualitative research design with a multi-method approach was employed in the research study. Eight TCN nurses participated in online semi-structured interviews, five of whom also participated in a private, anonymous online asynchronous forum. Transcripts from the in-depth interviews and the online forum were coded and thematically analysed.

Findings: Pull factors that may attract and retain TCN nurses in Malta include good quality of life, rich culture, civil and political rights, presence of family, Maltese hospitality, English-speaking country, and availability of opportunities. Conversely, push factors that may influence TCN migrant nurses to leave and move to other countries include issues with quality of life, racism and inequality, difficulty settling in and achieving stability, bureaucracy in visa processing, and less desirable work conditions.

Conclusion: The identified push and pull factors were found to be multi-dimensional, context-sensitive, idiosyncratic, dynamic and may overlap each other. TCN nurse migration cannot be attributed solely to economic motives. Personal factors can also play a significant role in their decision-making process, and such factors can influence their migration choices. The research study presented a list of recommendations in relation to research, education, policy, and practice.

Keywords: NURSE MIGRATION, TCN NURSES, MIGRATION FACTORS, SKILLED MIGRATION, NON-EU WORKERS, PUSH AND PULL FACTORS.

Dedication

To Holger, who has walked every step of this journey with me.

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Abbreviations

ALLEA	All European Academies
ANCOVA	Analysis of Co-Variance
CADQAS	Computer Assisted Qualitative Data Analysis
CASP	Critical Appraisal Skills Programme
CAT	Critical Appraisal Toolkit
CI	Confidence Interval
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNM	Council for Nurses and Midwives Malta
DoH	Declaration of Helsinki
EBP	Evidence-Based Practice
EMBASE	Excerpta Medica Database
EU	European Union
FEN	Foreign-Educated nurses
FREC	Faculty Research Ethics Committee
GDP	Gross Domestic Product
GDPR	General Data Protection Regulation
HWFS	Health Workforce Strategy
HyDi	Hybrid Discovery
ICN	International Council of Nurses
ICNM	International Centre on Nurse Migration
MCAST	Malta College of Arts and Sciences
MFH	Ministry for Health Malta
MIDEQ	Migration for Development and Equality
MUMN	Malta Union for Midwives and Nurses
NGO	Non-Governmental Organisation
NHS	National Health Service
NMC	Nursing and Midwifery Council
OECD	Organisation for Economic Co-operation and Development
OET	Occupational English Test
PEO	Population, Exposure, Outcome

PICO	Population, Intervention, Outcome
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RCN	Royal College of Nursing
TCN	Third-Country National
UK	United Kingdom
UM	University of Malta
WEF	World Economic Forum
WHO	World Health Organization

Chapter 1

Introduction

1.1 Introduction

Global health systems have been facing long-term serious challenges due to the scarcity of healthcare professionals, especially in the field of nursing (Andel et al., 2022; Rivaz et al., 2017; Senek et al., 2020). The shortage of nurses impacts the delivery of an effective and efficient universal healthcare system. The relationship between inadequate nurse staffing levels and poor outcomes, including omissions of care and in-hospital mortality, is strongly recognised in the literature (Carvalho de Lima et al., 2020; Griffith et al., 2018; Labrague et al., 2022; Senek et al., 2020). In 2021, the International Council for Nurses (ICN) called for urgent action to retain and strengthen the global nursing workforce (ICN, 2021). This call has continued to echo in the literature and in the realms of health systems (World Economic Forum [WEF], 2022; World Health Organization [WHO], 2022).

According to the WHO, the worldwide nursing shortage was estimated at around 5.9 million in 2020, and it is predicted that one in six nurses will reach retirement age by 2030. To achieve the WHO's Sustainable Development Goal 3, an additional nine million nurses are needed in the global nursing workforce by 2030 (WHO, 2020).

Another report published by the Organisation for Economic Co-operation and Development (OECD), which sought to determine health system performance indicators, found that there were just under nine nurses per 1,000 population on average among OECD countries in 2019 (OECD, 2021). The adequacy of this nurse:population ratio has been widely challenged and debated in the literature for several years (Buchan et al., 2013; Kharazmi et al., 2023).

Over the last few decades, in view of the decrease in the nurse supply worldwide, most developed countries increasingly turned to foreign nurses to fill their domestic shortages, and many have now become dependent on migrant nurses to sustain

health systems. Malta is no exception. In 2018, Malta's nursing workforce consisted of 3,400 nurses, including 260 migrant nurses in the public sector, and 100 migrant nurses in the private sector (Thake et al., 2020). The percentage of foreign nurses in the nursing workforce of the country remains on the increase (Malta Chamber of Commerce, 2022), however, there is also a parallel increase in the number of foreign nurses leaving the country. Between January 2020 to September 2022, a total of 185 non-EU nurses left Malta for other countries (Parliament of Malta, 2022a).

In order to mitigate the recurrence of such turnover, it is essential to support the integration of these keyworkers by identifying how to meet their expectations and aspirations (Pressley et al., 2022). Freeman et al. (2011) proposed that an analysis of nurse migration can serve as a guide in policymaking, practice, and research. Roth et al. (2021) also suggested that factors influencing the migration intentions of foreign nurses could stem from different underlying issues depending on the unique context of a given country; thus, it is imperative to examine the issues that are specific to Malta. These arguments support the rationale for conducting a research study that seeks to investigate the push and pull factors that may affect the decisions of third-country national (TCN) migrant nurses in choosing to stay or leave Malta. Considering that TCN nurses make up a significant portion of Malta's nursing workforce, this study holds important implications for the country's healthcare sector.

1.2 Background of the Study

1.2.1 Global Nurse Migration

The mobility of foreign nurses from developing to developed countries is linked to the inevitable nursing globalisation (Jones, 2014). According to the International Centre on Nurse Migration (ICNM), one in eight nurses worldwide are foreign-trained. ICNM also predicts that around 10.6 million nurses will be needed to address the

existing nursing shortage and to replace the 4.7 million nurses reaching retirement age in the same decade (ICNM, 2022). The global nursing shortage opens a door of opportunity for internationally trained nurses to migrate to developed countries for better career prospects, job security, and higher remuneration (Marc et al., 2019). The move benefits migrant nurses, their families, and the communities they serve; economically, migrant nurses fill in the gap of the country's workforce shortages. Likewise, they contribute to the host country's Gross Domestic Product (GDP) and social security system. Their home countries also benefit from remittances of money sent from abroad (Squires, 2015).

In Europe, the constantly growing and ageing population poses a higher demand for healthcare services, thus, heightening the need for qualified nursing professionals (van der Heijden et al., 2018). According to the European Commission (2021), many TCNs are considered essential workers. Most are highly skilled individuals working in banking, education, pharmaceutical, health and social care industries – which include nursing (Sanchez et al., 2020). TCN nurses, therefore, are essential in the efficient operation of the European healthcare system. Their significant contributions have been consistently highlighted worldwide, especially during the COVID-19 pandemic (Castro-Sanchez et al., 2021).

Alongside the perception that migration opens many doors to nurses, the recognition that migration can also be stressful also prevails. Support for integration is essential to help newly arrived migrant nurses adapt to their new communities (Smith et al., 2022). In the absence of such support, concerns around the outcome of migration abound and the persistent global shortage of nurses continues to give rise to significant competition amongst countries to attract migrant nurses (Muslin et al., 2015). The call

for healthcare organisations and employers to be receptive to nurses' evolving realities has been clearly communicated in the international arena (ICN, 2022).

1.2.2 The Local Scenario

Currently, there are three main factors which pose a significant challenge to the Maltese healthcare system. These are: significant population growth, population ageing and population diversity (Ministry for Health Malta, 2022). These factors prevail against the backdrop to the global nursing shortage referred to above.

The National Health System Strategy for Malta 2023-2030 responsible for the development and implementation of a Health Work Force Strategy (HWFS) has identified research as one of the main priorities in developing its strategy. In turn, the Ministry for Health Malta (MFH) has underlined the importance of identifying trends and tackling challenges related to a multicultural workforce (Ministry for Health Malta, 2022). The findings of this research study are intended to contribute towards this end.

1.2.3 Third-Country National (TCN) Nurses in Malta

Table 1.1 shows that as of October 2022, 1627 TCN nurses were actively registered with the Council for Nurses and Midwives Malta (CNM; Parliament of Malta, 2022b). The majority of TCN nurses are from India (65.64%), Pakistan (14.63%), the United Kingdom (7.38%), the Philippines (7.01), and Nigeria (1.66%) (Parliament of Malta, 2022c).

Table 1.1

TCN Nurses Registered in Malta by Nationality as of October 2022 (Parliament of Malta, 2022c)

Country of origin	Population	Percentage
India	1068	65.64
Pakistan	238	14.63
United Kingdom	120	7.38
Philippines	114	7.01
Nigeria	27	1.66
Serbia	11	0.68

Table 1.1 (continued)

Kenya	7	0.43
Zimbabwe	6	0.37
Armenia	5	0.31
Australia	5	0.31
Russia	3	0.18
Ethiopia	2	0.12
Norway	2	0.12
South Africa	2	0.12
Canada	1	0.06
China	1	0.06
Colombia	1	0.06
Eritrea	1	0.06
Ghana	1	0.06
Libya	1	0.06
Moldova	1	0.06
Palestine	1	0.06
Peru	1	0.06
Somalia	1	0.06
Sri Lanka	1	0.06
Ukraine	1	0.06
TOTAL	1627	100

TCN nurses trained outside the European Union (EU) are in possession of foreign qualifications that are not automatically recognised in terms of *EU directive 2005/36/EC*. As a result, TCN nurses seeking registration in the EU must have their qualifications evaluated by the relevant national nursing council of an EU country. TCN nurses may be asked to take an aptitude test or complete a supervised adaptation period of practice prior to being registered as a qualified nurse in an EU member state (European Commission, 2023). According to the OECD (2021), India and the Philippines are the top two non-EU countries who are major producers of migrant nurses. Table 1.1 shows that the majority of TCN nurses in Malta come from India.

1.3 Research Aim, Question and Objectives

Considering the significant number of TCN nurses currently registered in Malta and the projected rise in the demand for nursing professionals, the aim of this research

was to investigate the push and pull factors that affect TCN nurses in Malta. Therefore, the research question adopted in this research study was the following:

What are the push and pull factors affecting TCN migrant nurses in Malta?

In order to achieve the overall aim of the research study, the following research objectives were set:

- To identify the pull and push factors experienced by TCN nurses in Malta
- To understand the migration decisions of TCN nurses in Malta
- To determine measures that can strengthen pull factors and mitigate push factors
- To contribute to the development of policy and strategy related to the nurse workforce in Malta

1.4 Significance of Research

This research study holds significant importance as it identifies factors which “push” nurses out of a country and the factors which “pull” nurses towards another country. These push-pull factors need to be recognised prior to adjusting work conditions and implementing innovative policy interventions accordingly, in the called for receptive manner advocated by the ICN. It is also significant because it provides a platform for TCN nurses working in Malta to voice their experiences and concerns. It is hoped that this research study will contribute towards further research, policy, education, practice, and subsequent strategy development which may strengthen the positive pull factors affecting TCN nurses working in Malta and may address the negative push factors affecting TCN nurses in relation to Malta.

1.5 Research Design

In this qualitative exploratory research study, data was gathered in two parts: through online semi-structured in-depth interviews, followed by a private (closed to participants in the interviews) anonymous, online asynchronous forum. The forum

ensued over a period of two weeks. Eligible participants were TCN nurses with an active CNM registration, who were working or have worked in Malta within the four-year period preceding the data collection in 2023, that is, between 2018 and 2022.

Ethical approval of the research study was granted by the University of Malta's (UM) Faculty Research Ethics Committee (FREC).

1.6 Conclusion and Overview of Research

This research study underscores the importance of exploring the push and pull factors that can influence the migration of TCN nurses in Malta. Furthermore, it acknowledges the contributions of migrant nurses to healthcare system across the globe.

Chapter 1, which presents the aim, objectives, and research question of this dissertation, sought to focus on the ways the global phenomenon of nurse migration affects Malta. Chapter 2 presents a review of the existing literature related to the subject matter. Research studies from various databases were obtained and screened using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. Using appropriate critical appraisal tools, the researcher was able to assess the quality of the selected studies and further explore the different facets of the research topic. Chapter 3 presents a detailed description of the research design employed in the research study while Chapter 4 presents the findings of the research study in a structured manner. Finally, Chapter 5 presents salient conclusions and recommendations which were elicited from the findings of the research study. The reflections of the researcher, who happens to be a TCN nurse working in Malta are also documented in a reflexive journal.

Chapter 2

Literature Review

2.1 Introduction

This chapter documents a review of literature related to the foci of the research study, which are migrant nurses, migration factors and migration decisions.

2.2 PEO Question

The PEO question below was developed to guide the literature review:

What are the migration factors that influence the migration decisions of migrant nurses?

Table 2.1 shows the individual PEO elements and their operational definitions.

Table 2.1

PEO Elements and Their Operational Definitions

Population	migrant nurses
	This term refers to foreign-trained nurses who migrated to live and work in other countries.
Exposure	migration factors
	This term refers to factors influencing migrant nurses' decisions to move to other countries.
Outcome	migration decisions
	This term refers to the decision of migrant nurses whether to stay, leave, or return.

2.2.1 Keywords, Synonyms, and Search Tools

This section describes the strategy employed in the literature search carried out between April and June 2023. This section also describes how the PRISMA guidelines and various appraisal tools aided the researcher in conducting the appraisal of the selected literature. The initial step was the identification of relevant keywords and phrases which were then used to search databases accordingly. The keywords and their

synonyms (together with variants based on alternative spellings or in association with different tenses) used in this search are shown in Table 2.2. The researcher then combined two or more key terms or phrases using the applicable Boolean operators to carry out compound or advanced searches (see Table 2.3).

Index or subject terms were also analysed in the bibliography section of the selected studies to have a more focused search. This enabled the researcher to conduct a more comprehensive and specific search in all databases. The researcher established database-specific searches for every database included in the review. Push-pull factors were not included as key terms as these terms would have limited the search. The researcher is aware that there are studies investigating the same phenomenon but use different nomenclatures. Instead, the term *migration factors* was used to initiate a broader search and to ensure no relevant studies were excluded. Lastly, the reference lists of all selected studies included in the review were reviewed for possible additional studies.

Table 2.2 presents the key terms and their respective synonyms that were employed in the search strategy.

Table 2.2

Key Terms and Synonyms

Key terms	Synonyms
migration factors	mobility factors, motivating factors, driving factors, determining factors, decisive factors, pressure factors, trigger factors
migration decisions	migration intention, migration choices, intent to leave or stay

Table 2.2 (continued)

migrant nurses	foreign nurses, internationally educated nurses, overseas qualified nurses, expatriate nurses, migrant registered nurses, third-country nurses
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Table 2.3 shows that the searches were done by combining keywords related to each concept. Parentheses were then used to group related words. Most databases have drop-down menus to easily combine keywords or phrases using Boolean terms.

Table 2.3*Formulating the Search Phrases*

Main key terms	Applying Boolean operators	Applying truncation/wildcards
migration factors	(migration factors OR mobility	(migration factors OR migrat*
migration decisions	factors) AND (migration	factors) AND (migrat* decisions
migrant nurses	decisions OR migration	OR migrat* choices) AND
	choices) AND (migrant nurses	(migrant nurses OR registered
	OR registered nurses OR	nurses OR foreign nurses)
	foreign nurses)	

2.2.2 *Information Sources*

Table 2.5 shows that the searches were done in different databases. A meta search was carried out using HyDi (Hybrid Discovery), the UM's search gateway to print and online library sources. The databases used in this review include PubMed, and the Royal College of Nursing (RCN) Library. RCN Library is considered as the largest nursing resource of nursing books and journals in Europe.

2.2.3 Eligibility Criteria and Limiters

Establishing the eligibility (inclusion and exclusion criteria) is consistent with best practice when establishing a reliable and high-quality research protocol (Patino & Carvalho Ferreira, 2018). The eligibility criteria presented in Table 2.4 below guided the reviewer to identify sources, to search systematically and consistently for evidence, and to filter searches to get the best possible search results. Inclusion and exclusion criteria established boundaries and minimised ambiguity in the literature search, while limiters narrowed down the search based on specific criteria. As shown in Table 2.4, the inclusion and exclusion criteria were used to retrieve all the relevant studies, as guided by the PEO elements. This also aided the researcher in setting aside personal biases while selecting the studies to be included in the literature review.

2.2.4 The Search Strategy Plan

Table 2.5 shows the search strategy plan used and the results obtained from the databases accessed. Filters such as language, study design, publication date (range), and publication status were used to yield the relevant results.

Table 2.4*Inclusion and Exclusion Criteria, Limiters and Their Rationale*

Inclusion criteria	Exclusion criteria	Rationale
Population – studies that include migrant nurses, any gender, any nationality, any ethnicity	Population – studies that do not include migrant nurses, studies about other professions	The focus of the study specifically addressed TCN migrant nurses in Malta.
Exposure – studies that include migration or mobility factors affecting migrant nurses	Exposure – studies that do not include nurse migration factors affecting migrant nurses	The focus of the study addressed the push and pull factors affecting TCN migrant nurses in Malta.
Outcome – studies that include the migration decisions of migrant nurses or the intent to stay, leave or return	Outcome – studies that do not include the migration decision of migrant nurses or the intent to stay, leave or return	The outcome of interest in this study included determining the decision of TCN migrant nurses to either stay, leave, or return to Malta.
Study designs – qualitative studies, mixed-methods research, cohort studies, case-control studies, case reports, cross-sectional surveys, and systematic reviews	Study designs – Newspaper articles, editorials and opinion columns, anecdotal information, background information, expert opinions, research proposals, incomplete studies	The literature search covered peer-reviewed literature to ensure the quality and validity of evidence. However, the researcher acknowledges that grey literature could also supplement interesting material in this research study. Thus, seminal sources from grey literature were included in the preceding chapter.

Table 2.4 (continued)

Limiters		
Inclusion criteria	Exclusion criteria	Rationale
Year of publication – studies published from January 2000 onwards	Year of publication – studies published by the end of December 1999	More recent studies provide a more accurate reflection of today's society
Language – studies published in English, keywords are mentioned in titles or abstract.	Language – studies in other languages and are not accessible in English	English is an international language and the language of the researcher. Most published studies were reported in English
Publication status – articles in full-text availability, published, dissertations, government reports, conference proceedings	Publication status – articles not available in full-text, studies that are not accessible through direct personal communication with author/s	All possible relevant articles must be retrieved.

Table 2.5*Search Trail Selection*

Search Engine / Database	Search Term	Results	Filters	Results upon applying filters	Studies to be screened
Hybrid Discovery (HyDi)	(migration factors OR migrat* factors) AND (migrat* decisions OR migrat* choices) AND (migrant nurses OR registered nurses OR foreign nurses)	234	Years: 2000-2023 Articles Reviews	69	20
PubMed	migration AND migrant nurses	189	Years: 2000-2023 Systematic reviews Review	62	44
Cumulative Index to Nursing and Allied Health Literature (CINAHL Complete)	(migration factors OR migrat* factors) AND (migrat* decisions OR migrat* choices) AND (migrant nurses OR registered nurses OR foreign nurses)	58	Years: 2000 -2023 Academic journals	52	41
Royal College of Nursing Library	migration factors AND migration decisions AND migrant nurses	908	Custom dates: 2000-2023 Discipline: Nursing Subject terms: Nursing, Nurses	97	24
TOTAL NUMBER OF RESULTS		1398		584	129

2.2.5 Identification and Selection of Studies

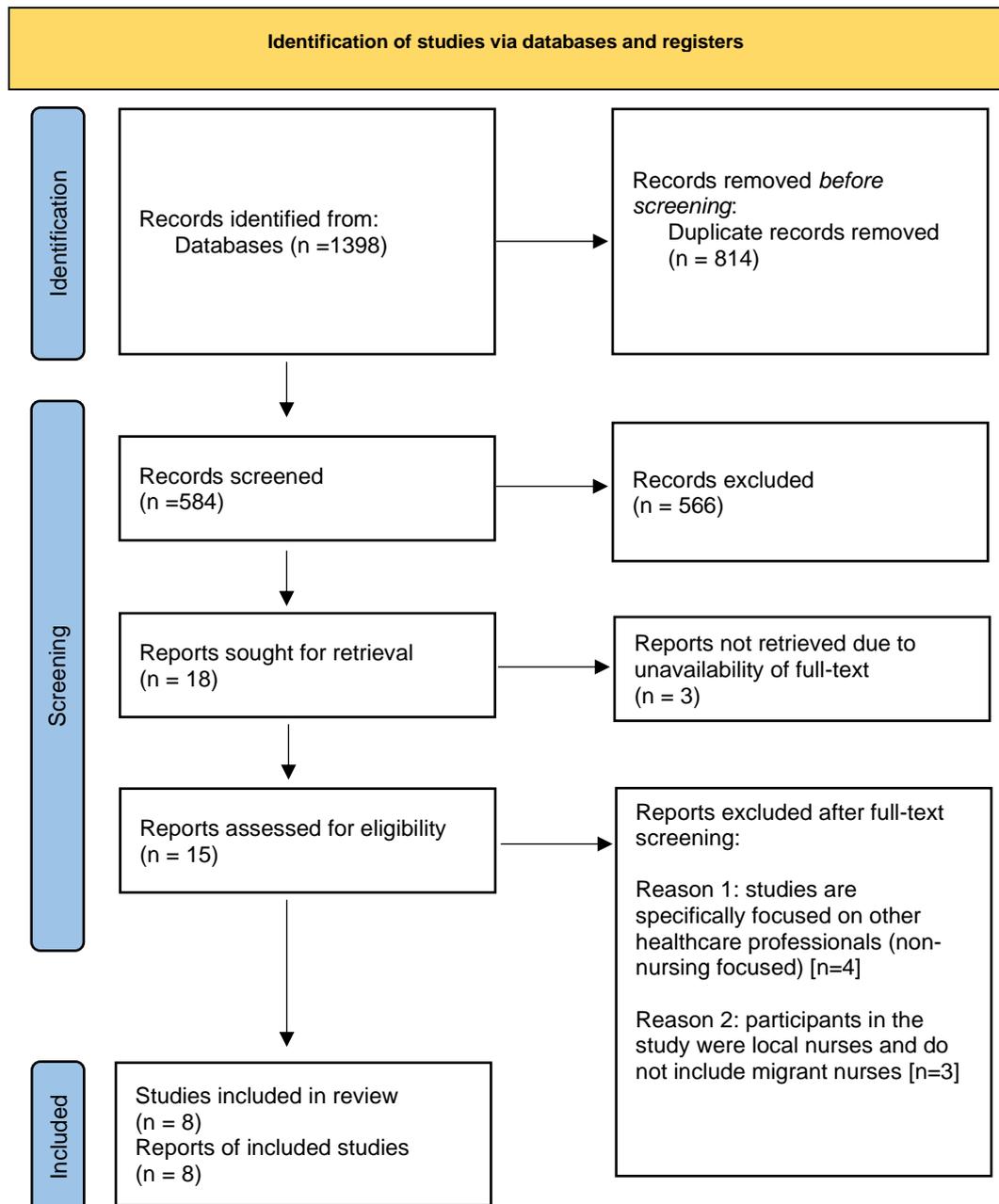
The PRISMA 2020 flow diagram was utilised to map out the number of identified records from the different sources (see Figure 2.1). Sources were sought from previous research studies, new research studies through different databases and registers, and new research studies through other methods such as websites, organisations, and citation searching. As suggested by PRISMA, the researcher reported the number of records from each database or register. Moreover, the number of records excluded was also specified. Duplicates were excluded and the remaining records were screened. Further screening led to the exclusion of nurse migration studies that do not fit into the PEO framework shown in Table 2.1.

The studies included in this review were published between 2009 to 2021 (n=8). These research studies were conducted in Germany, the United Kingdom, the United States, Singapore, Jordan, and India. Four of these research studies utilised a qualitative research design, while three others used a descriptive quantitative design. These seven studies (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Goh & Lopez, 2018; Nawalfeh, 2015; Norvedt et al., 2020; Oda et al., 2018 and Roth et al., 2021) sought to analyse the factors affecting migration decisions of nurse migrants. The eighth research study was a systematic review conducted by Moyce et al. (2016), and included 25 qualitative studies, 16 surveys or other secondary data collection, and two studies that utilised mixed methods research that all examined the push-pull factors of nurse migration, nurses' experiences, which also included the research study of Alonso-Garbayao & Maben (2009) as it covered the research studies conducted before April 2013.

Figure 2.1 illustrates the process of identification and screening of studies using the PRISMA 2020 flow diagram.

Figure 2.1

PRISMA 2020 Flow Diagram (Page et al., 2020)



2.2.6 Overview of Studies Included for Review

Participants of the selected studies were migrant nurses from India, the Philippines, Jordan, and South Africa. Some studies did not specify the country of origin of migrant nurses (Goh & Lopez, 2016; Moyce et al., 2016; Roth et al., 2021). Participants in the studies of Goh and Lopez (2016) and Roth et al. (2021) were migrant nurses working in two university hospitals in Heidelberg and in a tertiary-level hospital in Singapore, respectively. Indian nurses from the state of Tamil Nadu in Southern India who were working abroad or have returned to India were the participants in the study of Oda et al. (2018). The age of the participants across all studies, if mentioned, ranged from 18 years to more than 50 years.

The sample size across all studies ranged from 10 to 1,241 participants depending on the study design. None of the studies provided a strict age limit, with some studies not explicitly mentioning the ages of the participants (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Moyce et al., 2016; Oda et al., 2018). All research studies explored the effects of identified migration factors in relation to the migration intentions of nurses (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Goh & Lopez, 2016; Moyce et al., 2016; Nawalfeh, 2015; Norvedt et al., 2020; Oda et al., 2018; Roth et al., 2021).

The researcher acknowledges that studies included in the review examined the same phenomenon, albeit employing different terminologies. The use of different terminologies include factors influencing decisions to migrate (Alonso-Garbayao & Maben, 2009), reasons to leave and reasons to stay (Bidwell et al., 2014), factors influencing intentions to leave and predictors of their intention to leave (Goh & Lopez, 2016), push and pull factors (Moyce et al., 2016), reasons for migration and future plans (Nawalfeh, 2015), reasons for choosing a migration destination (Norvedt et al., 2020),

factors influencing migration (Oda et al., 2018), why nurses migrate and their expectations (Roth et al., 2021). As the term ‘push and pull factors’ encapsulates the abovementioned concepts, the author will be using push and pull factors in the synthesis section at the end of this chapter to collectively report the findings of the selected research studies as part of this literature review. Table 2.6 provides the following details for each of the final eight studies included in the literature review.

Table 2.6*Summary of the Retrieved Studies in Reverse Chronological Order*

Author & Country	Aim of the study	Research Design	Sampling & Population	Data collection	Data Analysis	Main findings
Roth et al., 2021 (Germany)	To determine motivational factors of migration to Germany and if migrants' expectations are met To determine challenges during workplace integration	Descriptive quantitative	Purposive sampling Internationally trained nurses in Germany n=64 (ages 18-29 years) and host nurses n=103 (all age groups)	Anonymous paper-based survey	Descriptive statistics Analysis of covariance (ANCOVA) on the 11 subscales of the SCORE questionnaire Multiple stepwise regression analysis on the 11 subscales of SCORE per study group	Factors identified: <ul style="list-style-type: none"> • Better working conditions and standard of living • Professional growth, advancement opportunities • Burnout • Adaptation difficulties • Lacking work and social support • Language barrier
Norvedt et al., 2020 (Norway)	To explore the reasons why Filipino nurses choose to migrate to Norway and the barriers to immigrants in Norway	Exploratory qualitative	Purposive sampling Filipino migrant nurses in Norway n=10 (average age of 30 years)	Interviews	Thematic analysis / Structural analysis	Factors identified: <ul style="list-style-type: none"> • Better salaries • Demand for nursing staff • Credential recognition challenges • Language competency • Loneliness and homesickness • Difficulty in acquiring permanent residence

Table 2.6 (continued)

Oda et al., 2018 (India)	<p>To determine the probability of migration abroad, and the motivational factors and determinants that influence migration</p> <p>To identify preferred destination countries</p> <p>To determine changes before and after international migration</p>	Quantitative	<p>Snowball sampling</p> <p>Indian nurses from the state of Tamil Nadu (including current and returned migrants)</p>	Survey questionnaire	Descriptive statistics, Probit analysis	<p>Factors identified:</p> <ul style="list-style-type: none"> • Better salaries • Job security • Better professional status perception • Poor working conditions (esp. in private sector at home country)
Goh & Lopez, 2016 (Singapore)	<p>To determine the levels of job satisfaction of migrant nurses, the relationship between job satisfaction levels, practice environments and intentions to leave, and the predictors of migrant nurses' intentions to leave</p>	Quantitative, Cross-sectional	<p>Stratified random sampling</p> <p>Migrant nurses working in a tertiary hospital in Singapore</p> <p>n = 495</p> <p>Ages: <30 – 243 31-40 – 201 41-50 – 43 >50 – 8</p>	Survey questionnaire	Descriptive statistics, Pearson-correlational coefficient analysis	<p>Factors identified:</p> <ul style="list-style-type: none"> • Presence of social support • Population diversity • Challenges in practice environments • Language barrier • Challenges in qualification recognition • Low societal attitudes towards nursing in their home country • Low promotional opportunities, management and bureaucracy issues

Table 2.6 (continued)

Moyce et al., 2016 (USA)	Review criteria were established as: Articles of primary research or secondary data analysis which examined push-pull factors of nurse migration, nurse experiences, and theoretical frameworks. No date restrictions were applied	Systematic review	Foreign educated nurses (FENs) Number of studies included n=44 studies	Three-part strategy using PRISMA	Thematic analysis	Factors identified: <ul style="list-style-type: none"> • Better employment conditions • Further educational opportunities incl. families • Esteem in the profession • Flexible working hours • Family & spouse benefits • Lack of job opportunities (home countries) • Poor working conditions • Political or economic instability • “Commodification” • Regulatory difficulties • Language barrier • Racism and discrimination • Differences in the scope of practice
Nawalfeh, (2015) (Jordan)	To determine the migration motivations and experiences of Jordanian nurses working in Gulf Cooperation Council (GCC) states	Qualitative, cross-sectional	Snowball sampling Migrant Jordanian nurses working in GCC states: n = 1241 (average age of 34 years)	Survey questionnaire	Descriptive statistics Frequencies and percentages	Factors identified: <ul style="list-style-type: none"> • Higher salaries and benefits • Career advancement • Educational opportunities • Desire to travel • Family reasons • Low cost of living • Geographic proximity to home country • Religion

Table 2.6 (continued)

Bidwell et al., 2014 (United Kingdom)	To explore the decision to leave South Africa and move to the UK, explore employment experience in the United Kingdom and overall experience in the United Kingdom versus Overall experience in South Africa and future plans	Qualitative	Heterogeneous sampling South African migrant healthcare workers migrant nurses n=10	Semi-structured interviews	Content analysis	Factors identified: <ul style="list-style-type: none"> • Luring recruitment strategies • Better salaries & career development • Better clinical experience • Insecurity and high crime levels • Racial tensions • Underutilisation of skills • Treated as “foreign”
Alonso-Garbayao & Maben, 2009 (United Kingdom)	To determine influencing factors of migration to the UK, including social and cultural perspectives influencing migration decisions, and influence in the choice of destination for migration	Qualitative (Interpretive) Longitudinal and cross-sectional	Migrant nurses from: India n=6 the Philippines n= 15	Face-to-face individual, semi-structured interviews	Framework approach analysis Intra-case and cross-case comparison	Factors identified: <ul style="list-style-type: none"> • Economic factors • High standards of care • Family members • Religious, cultural and gender factors • Lack of opportunities for development (from home countries) • Poor clinical resources

2.3 Critique of Retrieved Studies

In order to determine the quality of the selected studies in this review, three tools were used to critically appraise the included studies. These were (1) the Descriptive Study Critical Appraisal Tool (CAT), (2) the Critical Appraisal Skills Programme (CASP) checklist for Systematic Reviews, and (3) the Critical Appraisal Skills Programme (CASP) checklist for Qualitative Studies. These particular tools were utilised because of their reliability and the relevant study design employed in the selected research studies. A full set of guidelines for each appraisal tool can be found in Appendix K (CAT), Appendix O (CASP for Systematic Reviews), and Appendix M (CASP for Qualitative studies). The following section presents the appraisal of the retrieved studies using the appropriate critical appraisal tools.

2.4 Descriptive Study Critical Appraisal Tool (CAT)

2.4.1 *Research Questions*

In the research study by Roth et al. (2021), the focus was mainly on internationally trained nurses and their perceptions, specifically, on their expectations in their new country, and to understand the reason why they migrate. Oda et al. (2018) aimed to analyse the characteristics of Indian migrant nurses from Tamil Nadu and the factors that influence their decision or intention to migrate. Goh and Lopez (2016) sought to explore the relationships between job satisfaction and work environment and the intention of migrant nurses working in Singapore to leave. It also sought to find out the predictors of their intention to leave. As all three studies are aligned with the key question and were individually given a strong CAT score, the researcher decided to proceed with the appraisal.

2.4.2 Study Participants

In the research study by Roth et al. (2021), the sampling and recruitment of participants were done purposively in identified wards of two tertiary hospitals with internationally trained nurses. Using an intermediary in both hospitals, ward nurses were informed about the recruitment process and the purpose of the study to distribute information letters to potential participants. The study used a non-random sampling technique where it sought participants from two sources and garnered a response rate of 24.24% (64 out of 264 potential respondents). The study was given a CAT score of weak in this aspect.

Oda et al. (2018) initially wanted to recruit participants through random sampling from migrant nurses who are graduates of nursing schools from Indian universities (public and private) located in Chennai from years 1981-2011 for public schools and 1986-2012 for private schools; however, as the complete list of potential participants was not available from the two selected universities, the researchers employed a snowball sampling technique. A total of 265 nurses participated in the study. Although a non-random sampling strategy was used, the fact that it sought participants from both government and private educational institutions from different batches of school years, the study was given a CAT score of moderate.

Goh and Lopez (2016) employed a stratified random sampling technique based on the nationality distribution of foreign nurses in the Singapore Nursing Board. 495 out of the required 600 respondents participated in the study, which garnered an 82.5% participation rate. Thus, this study was given a CAT score of strong for this aspect.

2.4.3 Data Collection Sources and Methods

The research study by Roth et al. (2021) was given a weak CAT score due to the limitations of the research, including possible bias due to common method variance,

self-report, selection, or social desirability bias. All the variables of the study were assessed by self-reports of participants. A strong CAT score was given to the study by Oda et al. (2018), wherein two independent enumerators conducted the data collection. If the questions were unclear, the enumerators clarified them whilst on-site for those surveyed in person. For those questionnaires that were answered online and were incompletely filled out, further details were sought by enumerators to clarify answers. The data collection in the study by Goh and Lopez (2016) was conducted using self-reported questionnaires, where participants were allowed to answer within two weeks. This may have minimised recall bias and social desirability bias of participants. Thus, this aspect of the research was given a strong CAT score.

2.4.4 Data Collection Instruments

The data collection instrument used in the research study by Roth et al. (2021) was checked for reliability using Cronbach's alpha and showed acceptable internal consistency. As the validated tool was originally in English and was used in Germany, it was translated to German following the ISPOR guidelines for translation. Thus, a strong CAT score was given to this study in this aspect.

In the research study by Oda et al. (2018), the questionnaire used was already piloted in another study conducted in Kerala, another Indian state. It was modified to be more applicable and appropriate for Tamil Nadu. The questionnaire was not pre-tested after its modification, and thus, a moderate CAT score was given in this aspect. The research tool in the form of a questionnaire used in the study by Goh and Lopez (2016) was tested for internal reliability consistency using Cronbach's alpha 0.82. Thus, a strong CAT score was given to this aspect.

2.4.5 Ethics

Research studies by Roth et al. (2021) and Goh and Lopez (2016) were given a strong CAT score as an ethics board approved each study. Both received funding, with the first study being a PhD study while B-Braun, a pharmaceutical company, funded the latter. After seeking ethical approval, Roth et al. (2021) recruited the participants through intermediaries from two German hospitals. Ward managers served as intermediaries who promoted the study and distributed the information resources including a pack which contained the information leaflet, an anonymised paper questionnaire, and a reply envelope.

Ethical approval was obtained for in the Study of Goh and Lopez (2016) from the Institutional Review Board of the participating institution. Using stratified random sampling in recruitment, information sheets were given to participants, wherein it was highlighted that participation was entirely voluntary. It is unclear if ethical approval was sought in the study of Oda et al. (2018); thus, the study was given a weak score in this aspect.

2.4.6 Statistics

Roth et al. (2021) utilised descriptive statistics to calculate the means and standard deviation for continuous variables, while frequencies and percentages were used for categorical variables. Shapiro-Wilk-test of normality was utilised to check for normal sample distribution. Mean scores of the 11 subscales of the questionnaire were calculated and the Levene's test was used to assess the equality of variances for the 11 mean scores of the subscales of the questionnaire. To check the significant difference in the mean scores, Analysis of Covariance (ANCOVA) was used. Cohen's D was used to identify the magnitude of the mean score differences. All analyses were performed

using SPSS, where a statistical significance was defined with a $p < 0.05$ across all analyses. Thus, a strong CAT score in this aspect was given to this study.

Oda et al. (2018) utilised descriptive statistics using probit analysis to predict influencing factors that lead to migration of Indian nurses in Kerala. Confidence intervals (CI) were reported using two-tailed tests and were interpreted correctly. Critical value for a two tailed test is at 1.96; thus, having a CI at -1.96 and 1.96. Correlation coefficient was also used, and the magnitude of each measured variable was explicitly reported. Although multiple recruitment strategies were used, the study acknowledged its relatively small sample size and the employment of snowball technique, which in turn reflects less representation in sample. Thus, this study was given a moderate CAT score.

In a study by Goh & Lopez (2016), the power analysis for regression model was used to calculate the sample size. To achieve 90% at 5% level of significance, 429 participants were required. The study garnered 495 participants in total. Descriptive statistics were employed to describe the sample, where means and standard deviation were used to quantify the variable in the research. Pearson's correlation coefficient analysis was used to analyse the relationship of the variables and logistic regression for the predictors of migration. The sample size highly reflects the true estimate of the population due its sufficient power. The magnitude of correlation between job satisfaction and practice environment were all explicitly reported. T-test was also appropriately utilised in analysing intention to leave and job satisfaction, with a p value of < 0.05 . This study was given a strong CAT score.

2.4.7 Overall rating

Based on the CAT rating guidelines (see Appendix K), the research studies by Roth et al (2021) and Goh and Lopez (2016) were given a *High* CAT rating while the research studies carried out by Oda et al. (2018) was given a *Medium* CAT rating.

2.5 Critical Appraisal Skills Programme (CASP)

2.5.1 CASP for Systematic Review

In the systematic review conducted by Moyce et al. (2015), the review has a clearly defined research question focused on the lived experiences of nurses who emigrate from their home countries to work in a new country. The population studied is focused on foreign-educated nurses (FENs), while the exposure is emigration from their home countries, and the outcome considered is working in a new country. The author also employed a three-part strategy to identify research studies focused on the experiences of FENs using PRISMA guidelines. This ensured the relevance of the retrieved and chosen studies included in the review. Review criteria were established prior to conducting the literature search and included articles of primary research or secondary data collection that analysed push-pull factors of nurse migration, as well as nurses' lived experiences and theoretical frameworks. Relevant keyword searchers in various electronic databases were used. Excerpta Medica Database (EMBASE), Web of Science and CINAHL were the bibliographic databases used in the review. Citations in key articles were also reviewed, and a consultation with a migration expert was sought. The review was also conducted by two authors, which aided in reaching an informed consensus on what articles to include and exclude in the review.

The authors have not explicitly mentioned the use of any critical appraisal tool to assess the rigour of the studies selected. The use of an appraisal tool is essential in a systematic review to assess the study's relevance and trustworthiness of the results of

the published papers. It seemed reasonable for the review to combine the results of the studies included, mainly because it employed thematic analysis to analyse evidence. Two major themes were identified, wherein results under the same subthemes were combined and clearly explained through comparing and contrasting data. These results will be further discussed in the synthesis section in the later part of this chapter. It is unclear though whether an analysis of the sampling techniques and statistical tools used in the selected studies was carried out.

2.5.2 *CASP for Qualitative Studies*

All four qualitative studies included in this review (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Nawalfeh, 2015 and Norvedt et al., 2020) had clear research statements and objectives. Qualitative methodology was also the appropriate method for addressing each of the research's goals and objectives. The research designs employed in each study were also found to be appropriate and well-justified by each research. The recruitment strategies across the four studies were also found appropriate, and the strategies employed in relation to their research aims were well explained by the authors. Data collection in four studies was clearly explained, and the authors justified the use of the methods employed. Studies by Alonso-Garbayao and Maben (2009) and Norvedt et al. (2020) clearly established the relationship between the researchers and the participants to mitigate potential bias during the conduct of their research. However, this seems unclear in the research studies of Bidwell et al. (2014) and Nawalfeh (2015). Across all four studies, ethical considerations were taken into consideration. Data in each study was also analysed rigorously, and findings of each research were clearly presented. The results of the four research studies can be applicable in the local context due to the significant population of nurse migrants (TCNs) working in Malta. Findings

of the research studies may help in practice and policy development. Their results will be further discussed in the synthesis section below.

2.6 Synthesis of Evidence

The following section presents a synthesis of the results elicited across the eight selected studies. The following themes below emerged from the synthesis.

2.6.1 Determinants of Nurse Migration

The evidence is consistent with the widely agreed contention that specific often identifiable and interacting factors influencing migration decisions of nurses. Widely known as push-pull factors, push factors influence nurses to move out of their source countries and pull factors are those that influence them to move and explore new opportunities in other countries.

2.6.2 Pull Factors

Several pull factors were identified in this systematic review. A pull factor common to all the findings of the selected studies was better employment conditions (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Moyce et al., 2016; Nawalfeh, 2015; Norvedt et al., 2020; Oda et al., 2018 Roth et al., 2021). Nurses reported that better financial rewards, working conditions, benefits and flexible working hours are the driving pull factors that influence them to migrate to other countries. This was followed by career and educational opportunities (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Moyce et al. 2016; Nawalfeh, 2015; Roth et al., 2021). Migrant nurses valued career professional growth, career development opportunities and advancement, opportunity to practice with autonomy, educational opportunities as well as the chance to work in a first-world country, where there are high standards of care. Another common theme in the selected research studies was family (Alonso-Garbayao & Maben, 2009; Moyce et al., 2016; Nawalfeh, 2015;). Migrant nurses reported that

they consider their family members, especially their spouse's employment as an important factor in migration. Religion, culture, and gender are also influencing factors for migrant nurses (Alonso-Garbayao & Maben, 2009; Nawalfeh, 2015). Nurses also cited professional status as a reason to migrate (Moyce et al., 2016; Oda et al., 2018).

Other pull factors in the literature included high demand for nursing professionals (Norvedt et al., 2020), job security (Oda et al., 2018), population diversity (Goh & Lopez, 2016), management and social support (Goh & Lopez, 2016), cost of living (Nawalfeh, 2015), geographic proximity to home (Nawalfeh, 2015), luring recruitment strategies of employment agencies (Bidwell et al., 2014), and colonial ties (Alonso-Garbayao & Maben, 2009).

2.6.3 Push Factors

Most studies cited poor working and living conditions in their home countries as a major push factor (Alonso-Garbayao & Maben, 2009; Bidwell et al., 2014; Moyce et al., 2016; Oda et al., 2018; Roth et al., 2021). These studies cited a lack of job opportunities, poor clinical resources, burnout, emotional exhaustion at work, as well as low societal attitudes towards the nursing profession. Nurses also reported that political and economic instability (Moyce et al., 2016) and insecurity and high crime rates have pushed them to move abroad (Bidwell et al., 2014). Another common reason for migrant nurses to leave their source country was the lack of opportunities, specifically, for career development (Alonso-Garbayao & Maben, 2009). Moreover, Goh and Lopez (2016) found that besides low promotional opportunities, poor job fit, and management bureaucracy were also influencing factors. Language was another push factor which was determined in the evidence synthesised in the literature review (Goh & Lopez, 2016; Moyce et al., 2016; Norvedt et al., 2020; Roth et al., 2021). Nurses also cited deskilling as a push factor in nurse migration (Bidwell et al., 2014; Goh & Lopez, 2016; Moyce et

al., 2016; Roth et al., 2021). Deskilling within this context can be defined as a situation wherein a skilled nurse migrant's job does not match their experience and qualifications (Mollard & Umar, 2013). In international migration, this phenomenon of deskilling is most often related to the underutilisation of human capital in migrant's destination countries (Hagan et al., 2011). Recognition of qualification is also another theme common in nurse migration studies (Goh & Lopez, 2016; Moyce et al., 2016; Norvedt et al., 2020). Integration can also influence nurse migration (Moyce et al., 2016; Roth et al., 2021). Nurses also reported racism as factor that can influence migration (Bidwell et al., 2014; Moyce et al., 2016).

Other push factors in the literature included loneliness and homesickness (Norvedt et al., 2020), differences in the scope of nursing practice from nurse migrants' home countries compared to their destination countries (Goh & Lopez, 2016; Moyce et al., 2016), and the "commodification" of migrant workers (Moyce et al., 2016). Commodification in the context of labour was seen as a capitalist approach utilising external labour to push down the costs associated with that service or product. Limited employment rights and the increased significance of temporary workers were seen to be factors associated with commodification in view of economic globalisation (Stuart, 2010). Moreover, the use of nursing informatics such as electronic health systems (Goh & Lopez, 2016), and managerial experience in nursing were also determined to be push factors (Goh & Lopez, 2016).

2.7 Usefulness of Results in the Local Scenario

Despite the varied results of the different research studies in this literature review, common migration factors have been identified which are still relevant to the local scenario. This finding underscores the importance of recognising these factors to better understand migration patterns and their impact to health systems. Although nurse

migrants' experiences and backgrounds should not be transposed to other contexts without caution, the results can shed light on the nurse migration phenomenon in the local context since the selected studies addressed and explained several important facets of nurse migration. The factors influencing nurse migration were presented in the synthesis section above, highlighting the challenges experienced by migrant nurses.

2.8 Theoretical Framework

In 1956, Everett Spurgeon Lee of the University of Georgia pioneered a migration theory known as the Push and Pull theory (Fichtnerova & Vackova, 2021). This theory states that people's decision to migrate is influenced by push and pull factors, which either cause people to move to a new location or leave a previous one. These factors could be caused by economic, political, cultural, or environmental reasons (Lee, 1966). Push factors such as limited job opportunities, unavailable sources of income, poverty, scarce resources, poor living conditions, fear of prosecution, political injustices, weak healthcare system, cost of living crises, wars, and natural disasters can force people to leave their homes (Kanayo, et al., 2019).

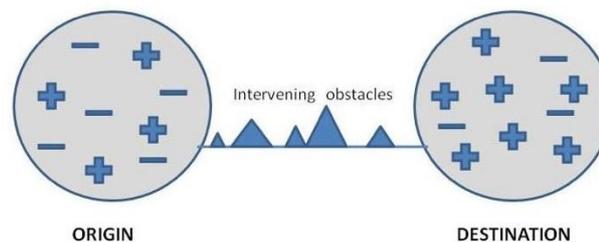
Pull factors are the opposite of push factors – they attract people to a particular place (Krishnakumar & Indumathi, 2014). Typical examples are more career opportunities, ease of settling or acquiring property, freedom in terms of religion, cultural and political views, free education and healthcare, superior social benefits, efficient transport systems, modern communication systems, and an overall better quality of life which has a stress-free, clean, and secure environment (Li, et al., 2014).

Figure 2.2 presents the Push and Pull factor by Lee (1966). Lee broke the migration process and possible factors related to the decision to migrate into four categories. These categories were associated with factors linked to the following: area of origin, area of destination, intervening obstacles, and personal factors. (Kanayo, et

al., 2019). Lee also emphasised that in each area, there are factors that may drive people away, or keep the people in the area. In line with Lee's claims, significant differences can be present between the origin and destination of migrants, wherein migration only takes place after both push and pull options are weighed. Lee also proposed that intervening obstacles are barriers that need to be overcome or mitigated before migration takes place. Furthermore, he also gave utmost importance to personal factors, which factors that can influence the individual in the act of migration. Lee's theory offers a suitable theoretical framework that guided the researcher in the discussion of the findings, which will be addressed further in Chapter 5.

Figure 2.2

Model of Push and Pull Factor



Note. The illustration depicts the origin and destination factors and intervening obstacles in migration. Adapted from *Demography* (Vol. 3, No. 1, p. 50), by E.S. Lee, 1996, Population Association of America. copyright by Population Association of America.

2.9 Local Studies About Migrant Nurses

Most local research studies about migrant nurses in Malta focused on aspects of integration. A postgraduate dissertation conducted by Attard-Bason (2011) which aimed to explore the experiences of qualified expatriate nurses in Malta, specifically sought to determine factors influencing expatriate nurses' adjustment in the Maltese context. She also proposed strategies that can help nurses adapt from a personal and professional perspective and determine strategies that may help nurses experience a smoother transition and adjustment while working in Malta. The study's recommendations

included a programme specially tailored towards the different needs of foreign nurses and a competency framework for training healthcare professionals, including local nurses, about cultural competency (Attard-Bason, 2011).

Another postgraduate dissertation by Agius (2015) which sought to compare the competencies of migrant nurses to those of local nurses as well as the integration of migrant nurses into the Maltese healthcare system, found that language barrier and cultural differences were the identified areas that needed to be improved to promote the integration of migrant nurses (Agius, 2015). The study recommended exploring the needs of migrant nurses from different cultural backgrounds and strata of society to bridge the identified barriers and further improve integration in the Maltese healthcare system (Agius, 2015).

In a postgraduate dissertation by Grima (2015) which aimed to appraise the integrative experiences of multiethnic migrant nurses in Malta, specifically in identifying the enablers and inhibitors of successful integration, the author found socio-economic viability, differences in scope of practice, career path, recruitment inconsistency, language and communication barriers, and self-affirmation as key issues affecting integration of migrant nurses. The study suggested enablers such as reliable recruitment process, acculturation, supported orientation and workplace learning to offset the identified inhibitors (Grima, 2016).

A research study by Buttigieg et al. (2018) aimed to determine the extent of integration of immigrant nurses into the Maltese healthcare system. Findings of the research highlighted the possible brain drain and depletion of migrant nurses to host countries due to the ongoing nursing globalisation and mobility, which seem to be overlooked by human resources when recruiting foreign nurses. The language barrier was also determined to be one of the significant obstacles faced by the local healthcare

management as well as by the migrant nurses themselves. It transpires that the language barrier creates friction between migrant nurses and patients, especially when no local nurses are around to assist in translation (Buttigieg, et al., 2018). Cultural differences, another theme that emerged in the research, could also lead to positive and negative outcomes. Local nurses learned from the experiences and training of migrant nurses. Foreign patients also felt at ease when being cared for by foreign nurses. However, the training and practice of migrant nurses in their home country, may not prepare them sufficiently for their expected role in a new country. Discrimination was also experienced by migrant nurses from colleagues and patients alike. They also felt that they had fewer opportunities than their local counterparts. Cultural competence and successful integration, formal language training, customised adaptation programmes, and a buddy system were recommended by this research (Buttigieg et al., 2018).

A postgraduate dissertation by Cassar (2019) aimed to determine what led Pakistani nurses to move to Malta and to understand their perceptions of how other healthcare professionals and patients at Mater Dei Hospital treat them. The findings showed that Pakistani nurses felt hopeless and powerless because health institutions did not address their concerns relating to rights, poor working conditions, and lacking infrastructure. Pakistani nurses (especially Christians) also revealed that they experienced unequal opportunities in their home countries, as Pakistan is a Muslim country (Cassar, 2019). The existing gender stereotype in Pakistan wherein males are superior to females was also brought up by participants. As for their experience working in the Maltese healthcare system, Pakistani nurses felt marginalised by colleagues and administration based on their nationality, ethnicity, and religion. The study recommended the importance of supporting Pakistani nurses by helping them integrate effectively into the system, as well as exploring the needs of all migrant nurses coming

from different backgrounds so that they can better integrate them into the system (Cassar, 2019).

In a national study conducted by the People Management Division of the Ministry for Health of Malta on the integration, assimilation, and retention of foreign workforce across all health professions within the Ministry for Health, findings showed that the language barrier, discrimination, and cultural differences are some of the issues affecting the integration of TCNs working in the MFH. Furthermore, the study also revealed that in order to attract and retain foreign workers into the Maltese public healthcare sector, long-term stability with respect to both career and personal life should be given priority. The study recommends the following: to establish a more effective and coordinated process in the engagement of foreign healthcare workers in the public service after recruitment, particularly TCNs; to improve the efficiency in the registration of TCN workers by increasing the manpower in regulatory councils; to establish a fast-track processing of residence permits as well as that of their dependents. Moreover, the study recommends the creation of a more consistent process in providing professional and sociocultural training to foreign workers, especially lessons in the Maltese language that can be useful in all settings; the appointment of ambassadors from established TCN nurses who may act as facilitators in the training and conduct of orientation programmes for new recruits; the continuation of the practice of hiring foreign workers, particularly TCNs on indefinite contracts. Lastly, to improve work conditions and benefits (Ministry for Health Malta, 2022).

2.10 Gaps in Research

This literature review determined key studies that sought to identify migration factors which can influence the decision of migrant nurses to stay or leave. Eight relevant studies were identified, and these were critically appraised using reliable

appraisal tools to determine the quality and validity of each study. The literature has shown that factors such as better employment conditions, career and educational opportunities, family, civil and political freedom are major pull factors that attract migrant nurses to other countries. On the other hand, poor work and living conditions, lack of opportunities, the language barrier, deskilling, integration difficulties, and racism were reported to be major push factors that influenced migrant nurses to leave their source countries. It is important to note that although the push-pull factors related to nurse migration may seem similar across different studies, they can be completely unique due to specific context of a particular country. This emphasizes the need for studying this topic in Malta. In fact, as suggested by Roth et al. (2021), exploring country-specific aspects and political developments is crucial to understanding nurse migration. Most local studies have only focused on concepts of integration and competencies of migrant nurses in Malta. One local study focused on the lived experiences of a particular nurse migrant group. No empirical research has been conducted to explore, specifically, push and pull factors that may exert an influence on the decision of TCN nurses to remain in or leave Malta. Besides the fact that TCN nurses constitute the largest group of migrant nurses in Malta, focusing on the local context is essential to understand and gain valuable insights into the nurse migration phenomenon in Malta.

2.11 Conclusion

This chapter presented the search and the appraisal of the literature related to factors which influence and impact migration decisions of migrating nurses. Furthermore, the theoretical framework addressing the aim of this research was discussed. A major limitation of this literature review is that the English language was

the sole language used during the literature search. It is acknowledged that relevant research studies published in other languages may have been missed.

The evidence which was appraised in the literature revealed that various factors influence nurse migration. Most studies highlighted that the key factors that influence nurses' decision to move to other countries are related to employment conditions, and to a lesser extent to career and educational opportunities. Family, religion, and professional status were also cited as major pull factors that attract migrant nurses to other countries. On the other hand, most studies reported that major push factors that can influence nurse migrants to leave include poor working and living conditions, deskilling, language barrier, lack of opportunities, challenges in integration and recognition of qualifications, lack of opportunities and racism. The literature review revealed that despite the growing research interest in nurse migration related to Malta, the specific factors which influence the migration decisions of migrant nurses in Malta are, to date, unexplored. The research documented in this dissertation seeks to address the push and pull factors affecting TCN nurses in Malta. The conduct of the literature search prior to the research study aided the researcher to systematically identify, appraise and synthesise the existing literature as well as to identify gaps in research.

The following chapter presents a detailed description of the methodologies employed in this research study.

Chapter 3

Methodology

3.1 Introduction

This chapter presents the research design, methods, recruitment of participants, data collection strategy, and data analysis utilised to achieve the study's research aims and objectives. This chapter also presents the ethical considerations of the research as well as the strengths and limitations of the study.

3.2 Operational Definitions

Table 3.1 outlines the operational definitions of the terms used in this research study.

Table 3.1

Operational Definitions Developed in This Research Study

Term	Definition
Pull factors	These factors attract people to a certain location (Parkins, 2010). In this study, the term pertains to factors influencing TCN nurses to stay or return to Malta.
Push factors	These factors force people to leave and migrate to another location (Parkins, 2010). In this study, the term incorporates factors influencing TCN nurses to leave Malta and migrate to other countries.
Third-country national (TCN)	This applies to migrants from non-EU member states (European Commission, 2023). In this study, it pertains to non-EU migrant nurses working or previously worked in Malta.

3.3 Research Problem and Purpose

As discussed in Chapter 1, there is a significant number of TCN nurses working in Malta. Moreover, 185 TCN nurses in Malta resigned and migrated to other countries between 2020 and 2022. Migration factors affecting TCN nurses in Malta that may be associated with this trend have never been empirically researched. Thus, this study aimed to explore the push and pull factors affecting TCN migrant nurses in Malta.

3.4 Research Question and Design

Table 3.2 presents an overview of the research purpose, question and design employed in this research study.

Table 3.2

Overview of Research Purpose, Question, and Design

Purpose	Research Question	Research Design
To explore the push and pull factors that affect TCN nurses in Malta.	What are the push and pull factors affecting third-country migrant nurses in Malta?	Exploratory qualitative research design with a multi-method approach (online semi-structured in-depth interviews and private asynchronous, anonymous online forum)

3.5 Philosophical Underpinnings and Concepts

Table 3.3 summarises the philosophical underpinnings and concepts that were adopted in this research study.

Table 3.3

Selection of Philosophical Underpinnings and Concepts

Philosophical paradigm	Constructivism
Approach	Inductive
Methodological choice	Multi-method Qualitative
Strategy	Exploratory
Time horizon	Cross-sectional
Data collection and analysis	Semi-structured interviews followed by a private, anonymous online asynchronous forum; thematic analysis

3.6 Epistemological and Ontological Consideration

Constructivism was the philosophical paradigm adopted in this research to explore the factors that can influence TCN nurses' migration in Malta. With this paradigm, nurse migrants were seen to construct their unique realities from their surroundings as influenced by social, environmental, or cultural factors. With a constructivist point of view, the researcher possessed some prerequisite knowledge of the topic and saw every step of the research as something that could shed light and give meaning to human behaviour and action.

Constructivism stemmed from the ideas of Berger and Luckmann (1966), who proposed that knowledge, including basic knowledge of everyday realities, derives from social interactions. Over time, these interactions between individuals and social groups within a system lead to the formulation of concepts or mental representations (Berger & Luckmann, 1966). Guba and Lincoln (1994) proposed that in constructivism, reality is perceived as a form of intangible mental constructions that are socially and experientially derived. The constructivist paradigm, therefore, allowed the researcher to explore and understand the realities of the participants from their unique constructs and meanings (Guba & Lincoln, 1994). Schwandt (1994) also proposed that constructivists believe knowledge and truth are derived from perspective. He also emphasised the pluralistic and plastic character of reality. Pluralistic means reality can be expressed differently through symbols and language systems, while plastic means reality is moulded to fit purposeful acts of intentional human agents (Schwandt, 1994).

Epistemology is a branch of philosophy that deals with knowledge and how knowledge is derived from various sources (Weaver & Olson, 2006). In a constructivist epistemology, knowledge is created through the experience of the research participants in a transactional position; that is, the researcher and the participant cannot be separated

in this paradigm (Guba & Lincoln, 1994). Indeed, Tashakorri et al. (2021) believe that in Constructivism, knowledge is co-constructed between the participant and the researcher and that the paradigms emphasise the participants' own construct, narratives, and lived experiences.

It is acknowledged that the researcher's worldview and knowledge may have influenced data interpretation. Therefore, it was important for the researcher to identify the philosophical underpinning from the conception of the research. (Bradshaw et al., 2017). The research study followed a constructivist position where the researcher was also a part of the research process. Notably, the values of the researcher being a TCN have influenced the nature and methodology of the research. To mitigate bias and achieve a balanced interpretation of the findings, the researcher employed reflexivity. In essence, the researcher's role was crucial in shaping the overall outcome of the research.

3.7 Research Design

This research study adopted a qualitative research design which arises from the study's underlying philosophical underpinning and research question. Qualitative researchers tend to explore and give insights into real-world problems while assuming dynamic and multiple realities (Korstjens & Moser, 2017).

Clark et al. (2021) proposed common reasons why qualitative research is utilised: (1) seeing through the eyes of people being studied, (2) the importance of context, (3) emphasis on process, (4) prioritising flexibility. Firstly, many qualitative researchers argue that it is essential to have a methodology for studying individuals that commit to understanding the social world through the perspective of the people they study (Clark et al., 2021). Using this lens as a researcher, themes may emerge differently from what is expected. It is, therefore, common for qualitative researchers to say that understanding and stating their participants' views are central to their research.

Secondly, qualitative researchers emphasise the importance of context by providing complete descriptions of what is being investigated. Also, the flexibility of qualitative research, allows researchers to change direction during investigation more easily than in quantitative research. Lastly, given its inductive approach, qualitative researchers can draw conclusions and contribute to knowledge from collected data (Bryman et al., 2021).

Denzin and Giardina (2011) highlighted the importance of qualitative studies in promoting core values and human rights. Morse (2012) also proposed that qualitative health research should be conducted with a higher sense of purpose, citing “a moral imperative of conducting research in the name of social justice” (Morse, 2012, p.51). By providing a platform for TCN migrant nurses to voice out their concerns, this research study falls into two domains of qualitative health research, as identified by Morse (2012). These include (1) studies that contribute to the examination of healthcare professions as well as (2) studies related to healthcare evaluation, policy, and programme development (Morse, 2012). Thus, a qualitative design was employed in this research as it was deemed appropriate to answer the research question.

3.8 Research Strategy

The specific focus had not been studied in-depth in the local context; thus, this research study adopted an exploratory research strategy. According to Stebbins (2008), exploratory research method is a type of qualitative research that aims to explore a new area of social or psychological life. This research strategy intends to gain valuable insights and gather preliminary information for understudied topics (Stebbins, 2011). As opposed to confirmatory research strategies, exploratory research starts during the data collection when examining observation records such as written notes, audio interviews,

or videotape. Records and memos are then closely examined, compared, and contrasted, leading to the formulation of concepts and themes (Stebbins, 2008).

Exploratory research can help the researcher produce a baseline study for future research (Stebbins, 2008). It is flexible and open-ended, allowing the researcher to explore insights, ideas, and perspectives without being rigidly constrained by specific hypotheses (Elman & Gerring, 2020). It follows an inductive approach and can provide detailed, rich data. Exploratory research also has a focused scope, meaning the study concentrates on a specific research question rather than comprehensively analysing a complex phenomenon (Stebbins, 2011). Moreover, it gives initial insights instead of making definitive conclusions (Elman & Gerring, 2020). An exploratory research design was opted in this research study as it is the first time that push-pull factors are being explored locally within context of TCN nurse migration. It is hoped that this research study will set foundation for further exploration of the TCN nurse migration phenomenon in Malta.

3.9 Research Methodologies

This research study pursued a multimethod approach. According to Brewer and Hunter (2005), using diverse methods to address a research question in social scientific disciplines aids in cross-validating and cross-fertilising research procedures and findings, thus, the advantage in conducting multimethod research. Principal methods employed by social research, such as surveys, fieldwork, and experimentation, can all potentially lead to valid empirical findings. However, it has been acknowledged that individual research methods have limitations but the limitations pertaining to each method are not the same (Hanson et al., 2019).

In this research study, the two methods utilised were online semi-structured interviews which were conducted between 4th August 2023 and 20th August 2023,

followed by a private, online anonymous asynchronous forum carried out between 24th August 2023 and 7th September 2023. The researcher opted to conduct one method at a time. It was deemed more manageable given the fact that both methods involved the same participants. This prevented the participants from being overwhelmed and confused. The interviews took approximately an hour each. The other method, the online forum, was conducted in private and asynchronously for approximately two weeks. Data collection is further elaborated in the subsequent section.

3.9.1 Data Collection

3.9.1.1 Target Population and Sampling. The target population of this research study were TCN migrant nurses who are working or have worked in Malta over the last four years prior to the data collection in 2023. Participants had to meet the following criteria: (1) TCN nurse, (2) with an active registration with the CNM, and (3) who is working or has worked in Malta between 2018 – 2022. This timeframe increased the likelihood of the availability of participants who fall within the study's pre-defined criteria. Participants practising abroad and previously registered with the CNM were also considered if they met criteria one and three. TCN nurses who pursued pre-registration training with higher education institutions in Malta were also considered, provided they met the defined inclusion criteria.

Snowball sampling was utilised in this research. This type of sampling is commonly used in qualitative research, specifically in sociology, anthropology and human geography (Penrod et al., 2003). The use of snowball sampling in this research might have encouraged hesitant eligible individuals to participate through referrals. Another advantage of snowball sampling is that it requires less planning and manpower than other techniques (Voicu & Babonea, 2011). However, like any other sampling method, snowball sampling has its limitations. Snowball sampling can make it

challenging to identify sampling errors or make generalisations about the sampling population. The researcher also had little or no control over the sampling method, as participants mainly came from referrals. There was also a possibility of sampling bias due to the lack of representation in the population sample. In fact, quantitative researchers often criticise the use of snowball sampling in research and refer to it as being at the margin of research practice (Atkinson & Flint, 2001). This is due to the lack of a sampling frame, which means that the population of interest does not have the same probability of being included in the study (Morgan, 2008). However, Creswell (2005) stated that the purpose of qualitative research is “not to have a representative sample but to have an in-depth exploration of the research topic of interest” (Creswell, 2005, p.327).

The University of Malta (UM) and the Council for Nurses and Midwives Malta (CNM) acted as intermediaries in the research study by sending out information letters and consent forms to potential participants. UM was chosen as an intermediary to contact possible participants, specifically TCN migrant nurses who completed their undergraduate and postgraduate nursing degrees from the university, including those who graduated from the certificate for graduates of the non-EU/EEA nursing programme. After the intermediaries disseminated the information letters, an open recruitment period took place until eight participants confirmed their interest. Upon reaching data saturation, meaning that enough findings had been collected to draw the necessary conclusions, other potential participants who had shown interest during the recruitment period were informed that the recruitment had ended and were thanked for their willingness to participate. Eight TCN nurses participated in the research study and were also invited to participate in the forum. Five of the eight participants voluntarily participated in the asynchronous online forum.

3.9.1.2 Research Instruments. Online semi-structured interviews and an anonymous online asynchronous forum were the primary tools used in this research. Online methods were chosen in this research study due to their ease of use, easy access to potential participants, and reduced cost. The first method of the data collection was conducted via semi-structured, in-depth interviews that gathered the first-hand experiences of TCN nurses to explore the push and pull factors affecting their decision to either leave or stay. Online interviews were carried out through Zoom. The researcher activated the Zoom function ‘Require encryption for third party endpoints (SIP/H.323)’ for confidentiality and security purposes. Semi-structured in-depth interviews are commonly used in qualitative research and most frequently in health science research (Wholey et al., 2015). It is conducted through a dialogue between the researcher and the participant using an interview protocol to guide follow-up questions, further prompting, and comments. This tool enables the researcher to collect open-ended data, explore the participants’ ideas, feelings, and thoughts regarding a particular research topic, and sometimes dive into sensitive and deep issues. As part of the university’s ethical procedure, the researcher was required to submit preset guide questions for both tools, recognising that the questions serve as prompts in exploring other facets of the topic. Guide questions for the in-depth semi-structured interview can be found in Appendix H.

The online asynchronous forum aimed at providing an additional platform to the participants to present their views asynchronously and anonymously whilst interacting with the other participants, which asynchrony, anonymity and interaction were not possible during the semi-structured interviews. The online forum was carried out through a web-based platform called *FocusGroupIt* (www.focusgroupit.com) due to its safety features, user-friendliness, and compliance with EU General Data Protection (GDPR). A video demonstration was available on the platform to guide participants

when signing up. Access to the online forum was only available to the researcher, who acted as the moderator, and only to those eligible and invited participants. Anonymising the identities of the participants from the researcher encouraged openness and participation. This may have also minimised the possibility of social desirability response bias where participants may underreport statements due to social norms instead of truthfully answering the questions (Bispo, 2022).

The online forum lasted for two weeks. This timeframe gave participants ample time to participate in the forum. It also reduced participants' recall bias as it gave them with more time to reflect and possibly recall issues that they might have missed during the interview (Polit & Beck, 2021). Nonresponses in the online forum were mitigated by the platform itself sending automated daily updates to participants through email regarding the forum activity, which also served as a reminder for them to participate. The guide questions used for the online forum can be seen in Appendix I. Research data was managed in adherence with the approved Data Management Plan (see Appendix J). Further information about the online forum platform can be accessed online at <https://focusgroupit.com/about>.

3.10 Data Analysis

3.10.1 Thematic Analysis

Thematic analysis was carried out to analyse themes and patterns of meaning from the collected data. According to Saldaña (2021), most qualitative researchers code their data during and after data collection as an analytic tactic. Coding is heuristic and is an exploratory process, without mathematical formulas or algorithms and instead analyses phrases for meaning (Saldaña, 2021). Braun and Clark (2006) proposed a thematic analysis composed of a six-stage process. It has become popularly useful for dissertation research because of its theoretical and methodological transparency and its

sympathetic approach to emerging data and themes that the researcher actively chooses (Clark et al., 2021). This process was pursued in this research through the following steps below:

3.10.1.1 Familiarisation. This involved transcribing information obtained from the semi-structured interview and the online forum. Saldaña (2021) suggested that rich discoveries can be made in the beginning with initial cycles, revealing insightful processes, emotions, and value systems.

3.10.1.2 Initial Coding. Open coding was initially used to capture the emerging properties of the data. Data that was found to be relevant or provided new insights were highlighted.

3.10.1.3 Identifying Themes. Clusters of coded data were refined into sub-themes. Properties of the emergent themes were analysed and elaborated to understand the interconnections between the data.

3.10.1.4 Reviewing Themes. Data sets were compared to the formulated themes, ensuring they were coherently sorted, and no insightful data were missed. Themes were combined to form high-order constructs.

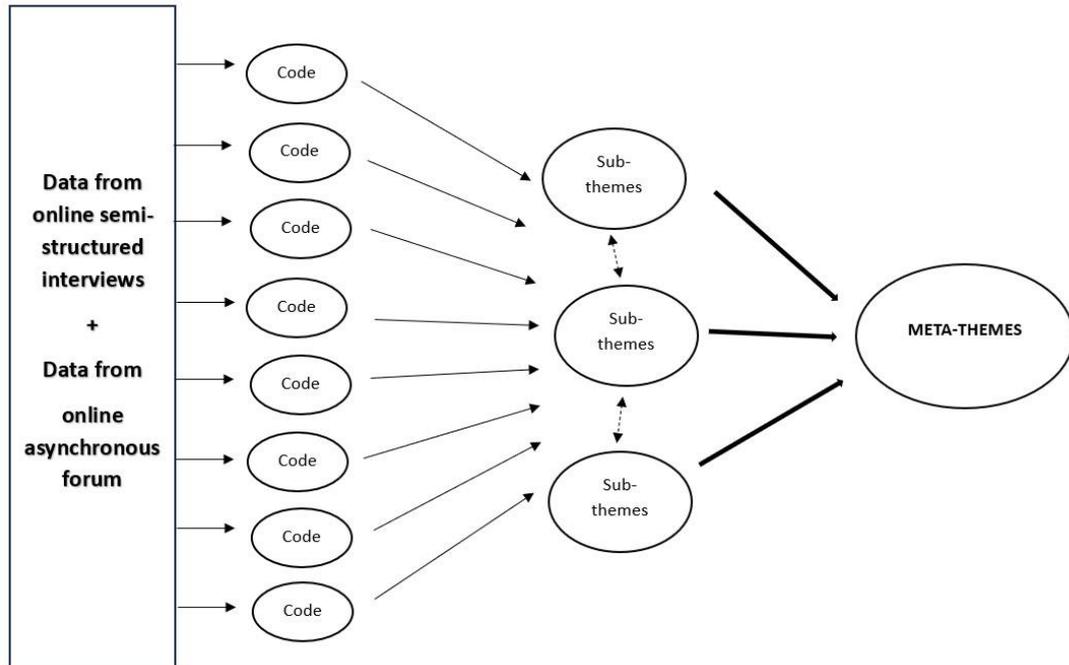
3.10.1.5 Defining and Naming Themes. As a final list of meta-themes and sub-themes were reviewed and generated, a short narrative was developed to describe or define each (see Appendix P). Doing this demonstrated how the themes may or may not be related. The researcher named the themes in a succinct but comprehensible manner.

3.10.1.6 Evidencing Themes. Finally, meta-themes were analysed using evidence derived from the codes that branched into sub-themes. This was done by addressing each identified sub-theme, documenting how often they come up and what they mean, and providing examples from the data as evidence. This process created a link between the themes and the wider literature.

Figure 3.1 illustrates an overview of the code-to-theme generating process adapted in this research study.

Figure 3.1

Overview of the Process of Derivation of Themes in This Research Study



Note. The illustration depicts the code-to-theme generation. Adapted from *the Coding Manual for Qualitative Researchers* (p. 298), by J. Saldaña, 2021, Sage. Copyright 2021 by Johnny Saldaña.

3.10.2 Computer-Assisted Qualitative Data Analysis Software (CADQAS)

This research study employed NVivo version 14, a computer-assisted qualitative data analysis software. It was used to effectively manage and analyse qualitative data. Using NVivo, data analysis was carried out in an organised way, ensuring that analysis was done rigorously in accordance with the aforementioned steps. NVivo also aided the researcher in storing the data securely in a single place, making it easy to keep track of data. Qualitative data was organised and connected to the transcribed data, which made it easier for the researcher to compare codes and themes.

3.11 Ethical Considerations

3.11.1 Ethical Principles in Research

Nursing research must uphold the highest ethical standards as any other research involving human participants (Gelling et al., 2021). Indeed, the Declaration of Helsinki (DoH), one of the most important documents in research ethics, stipulated that prior to conducting any research study involving human subjects, it is crucial to carefully assess any foreseeable risks and burdens compared to any anticipated benefits (World Medical Association, 2022). Ensuring adherence to ethical principles in research was imperative to maintain the quality standards of ethical conduct. Thus, this research study was governed by ethical principles of beneficence, respect for human dignity and justice. Moreover, professional support was offered to participants if required (see Appendix A).

3.11.2 FREC Code of Ethics

This research study adhered to the stipulated guiding principles of ethical research conduct published by the University of Malta's FREC, where regulations have been adapted from "Golden Rules to Ethical Research Conduct" by the European Commission Ethics for Researchers (2013). The complete list of the thirteen guiding ethical principles can be accessed on the UM website (University of Malta, 2023). Ethical approval was sought from the University of Malta's Faculty Research Ethics Committee (FREC). Approval (*FHS-2022-00306*) was granted on 3rd October 2022 (see Appendix A).

3.12 Research Integrity, Rigour and Reflexivity

Research integrity was essential in maintaining the trustworthiness of the research process (Roje et al., 2023). This research study adhered to the latest European Code of Conduct for Research Integrity 2023 published by the All European Academies

(ALLEA). Research integrity can be demonstrated by fundamental principles: reliability, honesty, respect, and accountability (ALLEA, 2023).

Trustworthiness is the criterion for evaluating rigour in qualitative studies (Guba & Lincoln, 1985). This principle demonstrates the importance of the study's credibility, transferability, dependability, and confirmability (Johnson et al., 2020). In this research study, credibility was shown by the researcher through openness and transparency in reporting possible biases and confounding factors and how they were addressed in the study. Moreover, the use of multimethod approaches was helpful in validating the initial data, thus, enhancing the quality and trustworthiness of the study. Transferability was shown by accurately describing recruitment, sampling, and methods: the pre-defined eligibility criteria, target population characteristics, timeframes in data collection, types of qualitative methods, the instrumentations used, and the analysis carried out. Dependability was ensured by asking research supervisors to review the codes and theme-generating process and by reporting the whole conduct of the research in complete detail so that readers can appraise the research practices followed by the study. Confirmability was demonstrated by applying the standards of rigour through supervision meetings and creating a clear audit trail to reflect on personal assumptions and biases.

Reflexivity is an attempt to uncover the underlying assumptions, biases, and reasons for conducting the research in a particular manner. Reflexivity was carried out throughout the research by keeping a reflexive journal – a written record of the research process to remove bias and enhance reliability. This is the most appropriate way of practising reflexivity (Lincoln & Guba, 1985). Charmaz (2014), informed by Constructivism, stressed the importance of reflexivity in research. The author proposed that bias exists in all research and preconceptions may come up time and again during

the research process. Furthermore, Charmaz (2014) highlighted that it is impossible to totally eliminate bias when considering the researcher's positionality, and that even in choosing appropriate methodologies, researchers “are not scientific observers who can dismiss scrutiny of our values by claiming scientific neutrality and authority” (Charmaz, 2014, p.27). Thus, from the earliest stages of the research to the data collection and analysis and presentation of findings, the researcher did not push his preconceived ideas, biases or stereotypes owing to his own personal experiences as a TCN migrant nurse who has worked both in Malta and abroad. Reflexivity was paramount in conducting this study by ensuring that the researcher was not using the participants to push his personal biases and interests as reflected in his researcher’s stance and reflexive journal (see Appendix P).

3.13 Strengths and Limitations of the Study

3.13.1 Strengths

- An exploratory research design created a strong foundation for future studies centred on the topic.
- Using a multi-method approach enhanced the rigour of the study. The asynchronous anonymous online forum gave the participants another opportunity to develop previously discussed topics during the interviews, come up with new salient statements, and a platform to interact with each other and discuss emerging issues.
- Anonymising the identity of the participants from the researcher during the online forum enhanced the trustworthiness of the research. This also minimised social desirability bias.

3.13.2 Limitations

- An exploratory research strategy may only come up with initial tentative findings.
- The possibility of sampling bias may have taken place with the use of snowball sampling as the researcher had little or no control over the sample.

3.14 Conclusion

This chapter has presented the research design, methodologies, and strategies utilised in this research study. It justified the chosen paradigm (constructivism), design (multi-method qualitative), strategy (exploratory strategy), and methodologies (semi-structured in-depth interviews, private, anonymous online asynchronous forum) to answer the research question, aims and objectives. The chapter also included a discussion on ethical consideration and ended by giving an outline of the strengths and limitations of the research study.

Chapter 4

Findings

4.1 Introduction

This chapter presents the main findings arising from the analysis of the data which was collected across the two methods employed in this research: online semi-structured interviews that took place between 4th August 2023 and 20th August 2023, followed by a private, anonymous, online asynchronous forum that was conducted between 24th August 2023 and 7th September 2023.

4.2 Demographics of the Study Participants

Table 4.1 summarises the relevant demographic data of the research study participants. Most of the participants of the study were female migrant nurses from Southeast Asia. More than half of the participants lived in Malta at the time of data collection while the rest of the participants had moved to other countries.

Table 4.1

Summary of Relevant Demographics of Research Participants

Participant	Age range	Gender	Origin	Residence Status
TCN 1	30-39	Female	Southeast Asia	Returned to Malta
TCN 2	30-39	Female	Southeast Asia	Left Malta
TCN 3	30-39	Female	Southeast Asia	Left Malta
TCN 4	40-49	Male	Southeast Asia	Currently in Malta
TCN 5	30-39	Female	Southeast Asia	Currently in Malta
TCN 6	30-39	Female	Southeast Asia	Currently in Malta
TCN 7	30-39	Male	Southern Africa	Currently in Malta
TCN 8	30-39	Male	Southeast Asia	Left Malta

4.3 Research Findings

As discussed in Chapter 1, this research aims to explore the push and pull factors that influence the decision of TCN migrant nurses to stay or leave Malta. Various themes emerged during the interviews and the online forum. Table 4.1 below presents the summary of the meta-themes and the emerging sub-themes. Sub-themes were further categorised into exogenous factors which are factors unrelated to the health system, and endogenous factors which are factors within the workplace or the health system. This categorisation used to distinguish the issues faced by TCN migrants was adopted from Bidwell et al. (2009). Although the two categories of exogenous and endogenous factors are not mutually exclusive, they facilitate analysis.

4.3.1 Meta-Themes and Sub-Themes

Table 4.2 presents the emerging themes in this research study.

Table 4.2

Emerging Themes Which can Influence the Migration Decisions of TCN Migrant Nurses

Meta-themes		
	Pull factors	Push factors
	Sub-themes	
Exogenous (beyond the health system)	Good quality of life	Issues in quality of life
	Rich culture, civil and political rights	Racism and inequality
	Presence of family	Difficulty in settling in and achieving stability
	Maltese hospitality	Bureaucracy in visa processing
	English-speaking country	

Table 4.2 (continued)

Endogenous (within the health system)	Availability of opportunities	Less desirable work conditions
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4.3.2 *Pull Factors*

Factors influencing the decision of TCN migrants to stay in Malta is one of the meta-themes in this research study. These factors are why TCN migrant nurses are attracted to live and work in Malta. This meta-theme is further divided into subthemes below, which present some statements explaining the positive of living and working in Malta.

To specify the data source below, the letter *F* was added at the end of the participant number (e.g. TCN n*F*) to show that the statement was derived from the online forum. Otherwise, it is given that the remaining verbatim statements are from the semi-structured interviews. It is important to note that participants in the online forum were anonymised (even to the researcher). For instance, TCN1 and TCN 1*F* may not refer to the same participant.

4.3.2.1 Good Quality of Life. Data suggests that Malta's weather, way of life, and availability of various recreational activities contribute to why nurse migrants find the island nation attractive. TCN 2 who previously lived in Malta explained "Life is laid back, I can say it's a quiet environment. It's a quiet place. It's not a fast-paced place, so it was really nice living in there." TCN 1, a returnee migrant nurse, mentioned a few points on what attracted her to Malta:

I get attracted to the weather because it's somehow, you know, similar and let's say like exactly, but mostly similar to [*home country*] [...] There's a lot of activities that you can do. And as I said, there's a lot of people that you meet, and you know, it's easy – it's like you're not going to be bored, but there's always something to do. And for me, I mean, even the food, there's a lot of diverse restaurants, so you won't feel really lonely when it comes to finding.

(TCN 1)

TCN nurses perceived Malta's way of life as appealing. Moreover, some participants (TCN 2) expressed the belief that Malta's relatively small size conferred an advantage by providing ease of access to nearby basic services.

4.3.2.2 Rich Culture, Civil and Political Rights. TCN migrant nurses seem attracted by Malta's rich culture and history. Those migrant nurses who had previously worked in Middle Eastern countries, highlighted a general sense of safety and freedom (particularly religious freedom) when living in Malta. These were some of the participants' comments:

I know that it is a historical place, and it is that is in the Bible. Malta is a historical place because Saint Paul came to Malta, and that's why Malta is famous.[...] The country where I worked before from, from the Middle East is not freedom so I felt that it [*Malta*] is like in my home country, we can go and come back at any time wherever we go and...and one more thing, there is a lot of church to go for prayer. (TCN 4)

I've been working in the Middle East for more than six years. The culture is different. It's you know, Arab, it's an Arab world – a Muslim country, so it's very different from when I came here to Malta. It's, it's different now. I like it here. I love my job now. (TCN 6)

The statements above show the importance that TCN nurses attach to aspects such as religion, culture and human rights as factors that can contribute to their happiness and well-being. Some participants also highlighted the contrast between living in a country such as Malta and living in the Middle East.

4.3.2.3 Presence of Family. When participants were asked why they chose Malta as their destination country, findings showed that almost all participants had relatives in Malta prior to their migration. Thus, familial ties was a significant factor in the decision of participants to migrate to Malta. For instance, TCN 1 said “I came here because of my cousin, and she was here first, and she sort of like encouraged me”. Similarly, TCN 4 mentioned that the main reason why he migrated to Malta was because of his aunt who was already working in the country while TCN 6 decided to move to Malta to join her husband, who had already secured a job in the country, after working in the Middle East. TCN 7 also elaborated her situation as follows:

In my context as well, I also have family, so that was well was quite influencing on my, on my decision to come [...] It's a bit of a safety cushion, you know, at least I have somewhat of a support group. (TCN 7)

The majority of TCNs who have moved to Malta acknowledged the significant influence that their family and relatives had on their decision to migrate. It appears that the prior presence of relatives on the island was perceived as a crucial support system for TCN nurses.

4.3.2.4 Available Opportunities. When participants mentioned their experiences related to employment in Malta, findings showed that participants value the availability of opportunities in Malta, especially educational and professional opportunities. TCN 5F described living and working in Malta as “a great opportunity, widening your horizon as a nurse and exploring and expanding your knowledge about

your endeavour.” Additionally, TCN 6 stated that in Malta “they [*employers*] offer a lot of CPD or continuous professional development. There's a lot of studies here and all. It always enhances me even at work, they help us to grow.” TCN 7 who hails from South Africa came to Malta for education and employment opportunities. She described her situation with the following statement:

I came to Malta to just you know, get the opportunity to get an education. That was really my goal, you know, and the opportunities as well were very promising as compared to my background. And also, the ready of the availability of jobs especially. Yeah, nursing and other jobs as well. (TCN 7)

Participants also mentioned that there are prospects for nurses to be assigned in a specialised nursing unit, for example, the chance to work in ITU as stated by TCN 2. TCN nurses recognised the importance of professional development along with work and educational opportunities.

4.3.2.5 Maltese Hospitality. Another positive factor reported by some participants is the friendliness and hospitality of Maltese citizens. Indeed, TCN 4 who previously worked in different Middle Eastern countries described Malta as “more friendly than the other countries that I worked before.” Some of the comments by other TCN nurses based on their experience are stated below.

I think most people, they were all very friendly, and I think I met a lot of friends there, especially Maltese [...] they were welcoming, acted like they're our own family. It's not like that we are coming from a different country, third world national or third-country national people. (TCN 8)

The positive factors would be when you meet locals who really embrace you and treat you well and are willing to go the mile for you. I can testify and say I've met wonderful Maltese who have literally embraced me and it's lovely. (TCN 7)

The aforementioned statements show that some TCN nurses felt a sense of belongingness while engaging with the locals, who warmly welcomed and embraced them. However, there were instances when issues of racism were experienced by participants. This will be discussed further in the following sections.

4.3.2.6 English-Speaking Country. Some participants also considered it advantageous that Malta is an English-speaking country, citing it as a significant benefit of living and working in the country. TCN 1 explained that “it's a big factor that the people here [*in Malta*] speaks English” citing it as “a plus point.” Other participants said:

It's easy because here it's bilingual. I mean they use English and Maltese, so starting working in Malta is not that much challenging because if you know the more English, you can survive in Malta the more than compared to the European country, this is the first benefit. (TCN 5)

One positive factor that made me stay in Malta is the fact that maybe not all but mostly everyone speaks English. It's a plus point to break any language barrier. And if ever you wish to apply in UK, you can be exempted from the language requirement since Malta is an English-speaking country. (TCN 3F)

Apart from its advantage in facilitating easy communication as mentioned by participants above, Malta as an English-speaking country also appeared as an advantage for TCN nurses in Malta who wish to move abroad as it exempts them from language requirements of English-speaking countries such as the UK.

4.3.3 Push Factors

The second meta-theme encompasses factors that can potentially influence or have influenced the decision of TCN migrant nurses to leave Malta. Under this meta-theme are subthemes that focus on the unfavourable circumstances faced and experienced by TCN nurses in the country.

4.3.3.1 Issues in Quality of Life. Despite Malta's appeal, participants were negative about some aspects related to the quality of life on the island. The reactions below attest to some of the issues faced on a regular basis:

Living in Malta, it's now a big challenge because first of all, it's overcrowding and then we are living in a small country with a large number of people. A lot of construction! [...] it is more polluted because of the road works and the traffic, and there are a lot of the plants and trees they are cutting. (TCN 4)

Recently, there's the power cuts happening because of too much, it's just like just overcrowded, too much power supply [*demand*] (...) I wish that there will be less traffic because it's really a hassle. And then if given the opportunity as well, to plant more trees. Think this is just you see now how the weather is and I think because there's not that much trees and plants all over Malta, so it gets really, really hot. (TCN 6)

When asked if there were things they would like to improve in Malta, some participants commented about the inefficiency of public transport:

It's hard because you have to wait for the bus and sometimes if you missed it, you cannot, you have to wait another 30 minutes or one hour. Imagine in the in summer or in winter, it's really terrible and you cannot always take the taxi because you know, it costs money, so you have no choice but to wait for the bus you know, and suffer. (TCN 1)

Colleagues who doesn't have a car, they have to run to go by bus and they have to wait for one hour or they have to wake up at very early just to get the transport. I think the issue also is the transport. (TCN 6)

When questioned further regarding the negative factors of living and working in Malta, participants cited the high cost of living. TCN 5F commented that “the salary [*of*

a nurse] is not enough to get you a decent flat to live unless you share or live on the other side [*outskirts*] of the island.” TCN 5 also shared that “salaries are not increasing that much” and that it is one of the negative factors TCN nurses are recently facing due to the high cost of living. Other participants shared the same sentiments:

Everything is just like so expensive. You know, when you go to groceries you buy your everyday needs, your necessities and all, it's just I feel like it's too much. Even the rents, the houses just to rent a house, it's too much like all your salary will just go. (TCN 6)

No, I will not return to work in Malta [*after moving to the United States*]. It is a beautiful place to go back for holiday, but salary is very low and houses including the cost of living is so expensive. (TCN 2F)

Although some participants (TCN 2) perceived Malta as generally safe, other participants also shared concerns regarding the increasing levels of criminality in the country:

Right now, the main issue is this state security. The crime rate has increasing, I mean I, will more focus on the safety and security rather than I mean from the prices because the price prices will be the second priority for me. (TCN 5)

Concerns of TCN nurses covered issues related to overpopulation, overdevelopment, environmental degradation, infrastructural deficits, cost of living and safety.

4.3.3.2 Racism and Inequality. TCN migrants reported that they felt a degree of racism and inequality, especially in the community. Below are some of the excerpts of the personal experiences they shared:

You know, some people, I'm not, I'm not generalising, but some when they realise that you are not from EU, even how they speak to you, you know,

sometimes it's, it's not that respectful, I must say so I don't know if they do that if one is an EU national or what, so, but I witness, you know, some of this. So that's my negative experience. (TCN 1)

For the negatives though, I'll do, say racism. I've had my share of racism. But you know it, it's expected. I mean it's expected. I, I'm being a person of colour. It's very obvious where I come from, so not many people would definitely be accepting or be receptive towards my attitude towards how, even if I was super super polite, you know, you'd see that they're really, really don't welcome me here, but it's okay [...] What can I say? The perception with regards to foreigners so you know you would understand all the hesitancy that some of the locals have with regards to the integration of foreigners in their country (TCN 7)

In the online forum, TCN 2F wrote that “the unwelcoming character of the people [*locals*] made her feel uncomfortable”, stating that it is “because the island is small and they [*locals*] are scared to be filled by foreigners”. Furthermore, she stated that at one point she was told to “go back to your country”. TCN 4F also strongly expressed that eight years of working in Malta “doesn't give her any reason to stay longer” as she does not want her and her family “living in fear” and fear that her child “being racially discriminated by the locals.” TCN 7 who is of African origin also shared strong insights about the inequalities and racism experienced by TCNs at work and in the community as stated below:

You see instances whereby someone with three years of nursing being promoted because they're a first-class citizen, I would say and compared to a TCN which had 15 years in the nursing career with more experience and more knowledge being sidelined, I mean I understand that. I mean, it's the law. But it is a bit sad because you understand that talent, you know it's it's talent that's just, you know,

being left to the side [...] I personally know them, and they left for the UK because they were a bit bitter because of the injustices [...] Even when I was looking for an apartment, when you tell them ‘listen, okay, I’m black’. Ohh my gosh, the phone would just get cut through like they don’t even give a reason. They just cut the phone. (TCN 7)

TCN migrants who had previously lived and worked in Malta and had moved to other countries expressed contrasting feelings about diversity. They perceived living and working in other countries with diversified environments to be more positive, where discrimination is less likely. TCN 3 who left Malta for the US stated that her experience living in the US was different because of diversity and people are “more approachable and friendly”. Moreover, TCN 2 who left Malta for the UK said:

It is more culturally diverse [*in the UK*] as well, so there, is the discrimination is less likely because you worked with different [*nationalities*]. It’s not only the British people you are working, you are working with different nationalities as well so the discrimination is less likely. (TCN 2)

Although some participants found locals to be friendly and welcoming as discussed in the previous sections, it was observed that some TCN nurses in Malta encountered instances of racism and inequality. Specifically, black TCN migrants perceived that they are more likely to encounter such incidents in the community and at the workplace.

4.3.3.3 Bureaucracy in Visa Processing. Strong statements below were also made by participants regarding their negative experiences with Identità, the government body responsible for issuing visas and work permits to foreign nationals including TCNs.

But before, when I was processing like my work permit to renew certain things. [...] You know, I have to be there 3 hours before the opening hours. Otherwise, I will not be entertained [...] if you miss like a one single document, [...] you have to go back and you have to do queue, queue again. [...] I mean, the employer doesn't pay your work permit. So also it's not a small amount you know. (TCN 1)

One of the other negatives is always the bureaucracy in terms of paperwork. [...] I mean having to wonder if you get sick and you don't have your ID and what if you don't have enough money, the bank and you can't go see privately. And without an ID and you can't go to primary healthcare. It was, it was a bit of a tough one, but. You know. Yeah, that's just. It is what it is. I've come to understand this. (TCN 7)

In addition, TCN 5F explained that “it’s a hassle for the nurses to comply with the requirements, say for example blood test, X-ray, vaccines and you have to book appointments as well and on top of that you have to pay on your own expenses.” Other TCNs compared their experiences with the bureaucracy in visa processing in Malta as compared to the visa processing system in other countries such as the UK saying:

Frustrating in a way that I like to work and I like to live in Malta, but it is very frustrating when it comes to the system like we need to renew our visa, we need, we need to, you know, prepare all the paperwork every year and you need to do that two months or three months before your visa will expire and it's it is very frustrating [...] unlike other European countries they can apply for a visa for three years like where I am now [*the UK*] I have three years visa so I don't really have to, to think about the visa and I can fold (*sic*) my work and my family (TCN 2)

That's why mainly I told you the people move from here to UK and all due to the due to citizenship programs and then they have to minimize the paper, pay the documents, to submit in the demand for the visa processing (TCN 4)

When migrants were asked in the forum about the potential facilitators and barriers should they wish to return to Malta, a returnee migrant explained below how a situation differs if one has EU relations and freedom of movement:

Based on my experience when I came back to Malta after living abroad for two years, now it's quite easier for me as I am married to an EU national. Work permit is not an issue now, I have freedom of movement compared to others who has to start again from scratch, finding employers, processing of work visa, and registering again at CNM. (TCN 1F)

The challenges in visa and work permit applications appeared to be issues experienced by TCN nurses and their families. Some TCNs cited that the paperwork, medical exams, costs, and efforts entailed in the whole process are taxing, considering that only permits with short validity are granted.

4.3.3.4 Difficulty in Settling in and Achieving Stability. TCN nurses made references to the difficulties encountered during the initial period of settlement in Malta. Some mentioned difficulties in the registration process with the Council for Nurses and Midwives Malta (CNM), the regulatory body of the nursing and midwifery professions in Malta. TCN 3 recalled “because when I started applying to be a nurse in Malta, it's not a very easy process, so it is a very challenging one and you need to go through a lot of interviews and exam.” TCN 2 also shared similar sentiments regarding the nursing registration process as stated below.

I guess I mentioned this before to you already about getting my license. I got my license like I waited for quite long. I already forgot how many, you know the duration that I waited [...] So yeah, it's unpredictable. (TCN 2)

Some TCN migrant nurses felt a sense of uncertainty and disappointment in achieving stability. This was especially the case of those wanting to live in Malta on a permanent basis. These feelings related to the difficulty in obtaining permanent residency and Maltese citizenship despite having lived in the country for a while. On the other hand, in the comments below, some TCN migrant nurses who left Malta and moved to other countries described the ease of acquiring such long-term benefits in other countries.

And, you know, I wanted to be going back to that answer about like the work permit is like for me, it's uncertain, like yearly you have to change your permit so I chose America because they do have like they offer green card like you know, the moment you get in here in America, you're already a permanent resident. You know, like you do have almost equal rights to American people except for the right to vote. (TCN 3)

I told you my wife has been here [*in Malta*] 10 years till now, she did not get citizenship especially. The least they can provide to the healthcare workers [...] because that COVID time we have worked hard a lot here and it was struggling, it was really challenging because we worked a lot with the people without thinking about our health and our life so we worked hard a lot. At least the government of the country should consider that the TCN and especially the healthcare workers, to give us [...] I feel it is difficult now, but once I get the citizenship and I'll be very happy to live here (TCN 4)

Moreover, as well, you can bring your family, you can have a citizenship after five years [*in the UK*] but it will take a long time, but still you will have that kind of opportunity or benefits from the government. (TCN 8)

Some of them [*TCN nurses*], they've been here for more than 10 years, 20 years, but they're not still getting the citizenship of Malta. I think that's why, if I ask my other colleagues, they like I have a lot of colleagues going to UK and I will ask them why do you want to go to UK? And then they will say it's because we don't get the citizenship here, there's no, or I cannot take my family here. (TCN 6)

Difficulty in obtaining a property or getting a loan is also a challenging hurdle for TCN migrant nurses, especially for those who wish to settle in Malta for good. TCN 6 found it challenging to buy a house and get a loan. Likewise, TCN 4 also found getting a loan as “not very easy” where “there is a lot of documents to submit.”

There is a big chance that we can buy a property here [*in the UK*] unlike in Malta, which I, I also, there is also a problem when it comes to buying property there because they will check your citizenship as well. (TCN 2)

In addition to the statements above, some migrants living in Malta acknowledged the fact that the difficulty of settling in the country had influenced them to consider moving to other countries. One participant mentioned:

I would find it difficult to settle in Malta like as a permanent base because it's, it's very difficult socially and the bureaucratic concept of it so that's why I would say yes, I want to leave, but I do not have anything set in stone as yet. (TCN 7)

Yeah, so I left [*Malta*] because there's no sense of security when it comes to living in Malta with regards to the visa. For me, my spouse needs to have a work permit to be allowed to stay there, and we've got a son, which is I also need to provide a visa for him, so that's why I left Malta because I cannot apply for a

visa every year while I'm staying there. (TCN 2)

4.3.3.5 Less Desirable Work Conditions. During discussions related to employment and work conditions, there was reference to the fact that in comparison to other countries, people work longer hours and earn lower salaries in Malta. This was perceived as a negative factor affecting TCN nurses.

I think the working hours because I compared it to *[another EU country]* you know it's the nurses there although there's a lot of work, but the working hours is seven-hour shift. *[...]* I mean working three days straight for 12 hours is not easy. It drains you. So if I don't know if they can improve this or change, you know. (TCN 1)

One of the positive thing is the salary is way higher compared to Malta when you go to a private care home, but when you go to NHS, which is their government hospital, it's more likely the same in Malta, but I am working in a home, so my salary is higher than there. (TCN 2)

So I think at least Malta, the Nursing Council or I don't know... who in the government should do something. For the nurses, like for their salary, for our salary, have more benefits...you know after all it's still like we need money. That's why we're here, you know? That's why we're leaving. (TCN 6)

TCN migrant nurses also perceived recognition and faster career progression in other countries as an important and attractive aspect of employment. This was especially the case of those who had moved to other countries and had been promoted in a shorter period.

Also, the career progression is very fast I can say because I'm here *[in the UK]* for two nearly two years now, but I became a unit manager with just after a year. So that's, that's how fast the career progression. (TCN 2)

In UK and at the same time you're given a career opportunity as well. So as you progress every year, your banding will increase as well, and your salary will increase as well. So, you have given the opportunity as well to explore to different...different divisions of health, say for example, you're not only a nurse. You can become a specialist nurse and you can go to different areas as well, even. (TCN 8)

The verbatim comments above show that while participants displayed an awareness of the significance of exogenous factors which are non-healthcare or non-employment related, they also show that the participants acknowledged the importance of working conditions, remuneration, and career progression in their professional pursuits.

4.4 Conclusion

This chapter presented the data obtained from the two data collection methods employed in this research: online semi-structured interviews and an asynchronous anonymous online forum. The two data sets were analysed collectively using thematic data analysis and the findings were outlined above. The data revealed two overarching meta-themes, namely, push and pull factors, which have the potential to influence the decision of TCN nurses to remain, leave or return to Malta. The sub-themes were further broken down and were classified as either endogenous, describing factors that are healthcare-related, or exogenous which are factors beyond the health system.

In the following chapter, findings shall be discussed thoroughly with reference to existing literature related to the research topic and as guided by the identified theoretical framework introduced earlier in this dissertation.

Chapter 5

Discussion

5.1 Introduction

This chapter discusses the main findings of this research study which were elicited following the analysis of data sets which were gathered through interviews and an online focus among TCN nurses related to the specific context of Malta. To recapitulate, the research question of this dissertation was “What are the push and pull factors affecting TCN nurses in Malta?”. A review of the related literature was carried out at the very start of the research study being reported in this dissertation. The literature review revealed evidence that identifies factors which encourage nurses to move to a country or region and factors which disincentivise nurse mobility towards a country or region. Evidence which pertains to Malta in this regard is to date meagre. The analysis of the data collected is discussed below against the backdrop noted previously referred to. The findings are also discussed with reference to Lee’s push and pull model of migration (see Figure 2.2). In line with the faculty dissertation guidelines, new literature was introduced where appropriate.

5.2 Push and Pull Factors Affecting TCN Nurses in Malta

Lee (1966) proposed that migration is influenced by push and pull factors, whereby push factors can force people to move to another place and pull factors can attract people to a certain place. Some scholars have argued that using the push and pull theory may be difficult in determining the most important positive and negative factors in both origin and destination in relation to different groups and classes of people. In view of the revealed gap in the literature which pertains, specifically, to Malta, and the exploratory nature of this research study, this criticism of Lee’s theory is perhaps of minimal concern. This research study sought to explore rather than intensely investigate the factors which pull and push TCN nurses to live and engage in employment in Malta. Given that research in the area of nurse migration only recently gained significant speed

across the globe, the concept of push and pull as forces influencing migration is still relevant and is in fact still being used in recent migration studies in various fields (Nikou & Lukkonen, 2023), (Valencia et al., 2022), (Maisiri, 2021), (Prabawa & Pertiwi, 2020); (Carvache-Franco et al., 2020), (Mohamed, 2020); (Pan, 2019).

Guided by Lee's framework, the findings of the research revealed numerous positive pull factors that attract TCN migrant nurses to Malta, and which may convince them to remain and also encourage them to return after having moved to another country. On the other hand, negative push factors were also identified, and these were found to have the potential to drive TCN migrant nurses away from Malta to other countries. Lee (1966)'s work advocated that migration should take place after weighing the significant differences between the countries of origin and destination. The findings of this research study concur with this recommendation because they show that the decision to migrate appears to be dynamic and multidimensional. Although participants were able to identify the positive factors that make Malta attractive as a destination country, their decision to migrate to Malta was not necessarily informed by a cumulative of positive factors. Instead, the majority of TCN nurses' decisions to migrate may be influenced by a predominant pull factor: the presence of family members or relatives in the country. This, therefore, to some extent challenges the notion that individuals migrate after considering an exhaustive list of positives and negatives. One may argue that it appears that a single reason, if predominant, may be sufficient for TCN nurses to migrate. It is important to underscore, however, that the value and regard of an originally predominant factor may change over time. The findings of this research study showed that TCN migrants tend to start comparing Malta to other potential destination countries, after having lived on the country for some time. This differed from when they had initially migrated to Malta from their former countries, when their

decision to migrate had seemed to be solely influenced by the presence family members or relatives in Malta. This resonated with the personal factors referred to by Lee.

Personal factors are acknowledged as essential for migration. These factors involve the perception of migrants associated with the area of origin or destination versus the actual factors. This seems to be evident in those TCN nurses who experienced negative push factors whilst living in Malta, of which they were unaware when first moving to Malta.

The push-pull theory proposed that in order for successful to take place, intervening obstacles need to be addressed and overcome. Intervening obstacles are factors that can hinder migration such as legal, geographic, or political barriers. Intervening obstacles were not explicitly mentioned by participants, but the data suggests that in the same way the presence of family members served as support during their transition to Malta, the process of coming back to Malta for potential returnee migrant nurses may be obstructed without family members. This was especially the case for those TCN nurses without EU family members.

As noted above, the decision-making process involved in the TCN nurse migration phenomenon in Malta seems complex. This observation is consistent with the literature. For example, a seminal study by Migration for Development and Equality (MIDEQ) which explored migrants' perceptions, knowledge and decision-making found that migration is a constantly evolving process. Migration does not conclude in a one-off decision but one that is revisited from time to time. In this study, the dynamic nature of the decision-making around migration is associated with the assumption that such decision-making is embedded with the humanistic desire for change and aspiration for a better life (MIDEQ, 2023). It is not possible to determine why a similar dynamic process prevails around decision-making of TCN nurses in Malta. The findings of this research study unveiled the dynamic nature of TCN nurse migration in Malta.

5.3 Pull Factors

5.3.1 Good Quality of Life

The participants' perception of a good quality of life in Malta appears to be a major pull factor for TCN nurses. Data suggests that Malta's pleasant climate, with most of the year being sunny and with its mild winters, seems to be popular with TCN nurses. Some cited the similarity of weather conditions in their home countries. Data also suggests that TCN migrant nurses perceived Malta as an enjoyable country to live in, with a laid-back lifestyle and a lot to offer when it comes to various recreational activities. These include diverse options of restaurants and venues for socialising with other people. The country's small size seems to be another positive factor for TCN migrant nurses as they found the proximity of basic services advantageous. These findings suggest that TCN migrant nurses are not only attracted to Malta for economic reasons, but because they also aspire to improve their lifestyle and quality of life. This mirrored the evidence in the literature in this regard. For example, Roth et al. (2021) similarly determined that one of the strongest motivations of migrant nurses to move to Germany was due to the country's higher standard of living.

It is interesting to note that the study by Akerlund (2015) which explored the experiences of Swedish lifestyle migrants in Malta, revealed that participants perceived "the good life" in three main categories: place, self, and social sphere. The data gathered from the TCN nurses in the research also spanned these three spheres. Place refers to the overall positive feeling of the place, its climate, culture, and environment. Self refers to a relaxed way of life, being free from worries, being healthy, and having an active lifestyle. The social aspect refers to the overall social atmosphere which may include the support of family and friends, belongingness, and communication (Akerlund, 2015). Arguably, this observation indicates that the home

country or region of the migrating nurse has little or no impact or influence on the pull and push factors relating to migration decision making. The increase in research studies carried out among nurse populations seems to suggest that comparisons of decision-making processes across different contexts can be made. It is anticipated that the findings of this research study may also contribute to such interesting comparisons.

The findings of this research study also showed that TCN migrant nurses perceived Malta as generally safe. According to the CrimeMalta Observatory which gathers statistics on the crime rate of the country, findings of the 2022 annual review showed a decreasing trend in the number of crimes over the decade. The report stated that there were 28 crimes per 100,000 population in 2022 (CrimeMalta Observatory, 2023). However, the findings of this research also found a growing concern of some migrant nurses regarding a perceived increase in criminality levels within the country. This contrasted with the annual report published by CrimeMalta Observatory which described the Maltese islands very safe. The dichotomy between the perception of safety in the country and statistics that show a decreasing crime rate merits further study, especially in light of the notion that the need for safety has consistently been considered central to human livelihood, health and well-being (Maslow, 1943). It is clear that perceptions of declining levels of safety merit serious attention in view of the impact such perceptions may have on nurse migration decisions.

5.3.2 *Rich Culture, Civil and Political Rights*

Findings from the study suggest that TCN migrants were attracted to Malta because of its rich history as well as its civil and political rights. Malta's megalithic temples are reported to have been built about a thousand years before the pyramids of Egypt. The country was also influenced by many powers such as the Knights of St. John, the French and the British colonisers (Elming, 2008). The United Nations

Educational, Scientific and Cultural Organization (UNESCO) listed three historical sites in Malta as UNESCO World Heritage sites (UNESCO, 2023). Moreover, there is a strong Catholic presence with Christian traditions dating back to 2000 years ago. Apostle Paul is believed to have introduced the Christian faith into the country in A.D.60.

For TCN nurses who previously worked in Middle Eastern countries, findings showed that even though salaries in those countries may have seemed more attractive, migrant nurses preferred Malta due to the sense of freedom they felt as opposed to the Middle East where freedom of expression, religious freedom, and the right to freedom of movement appears to have been significantly restricted. Religious freedom was clearly distinguished as an important factor for migrant nurses. In fact, the findings highlight the accessibility of churches in Malta, especially to those who hold a Catholic faith. This finding arguably challenges fears and concerns that migrants may migrate to Malta to dominate and change the country's religion or culture. The findings provide interesting evidence which actually may suggest the opposite. TCN migrant nurses chose to come to Malta with the view of participating in the perceived strong Catholic context and practice, and way of living of Malta. Moreover, this finding corresponds with existent evidence in literature. The literature abundantly and repeatedly showed that migrant nurses are highly likely to migrate to countries with similar cultures, language, and religious beliefs (Nawalfeh, 2015). For example, the findings of Alonso-Garbayao and Maben (2009) revealed that migrant nurses in the UK who previously worked in Gulf states, such as Saudi Arabia, felt that society's norms there were restrictive for women. Furthermore, the experienced incongruence with norms which the migrant nurses upheld, prompted them to move to the UK.

5.3.3 *Presence of Family*

Findings of the study showed that even though TCN migrant nurses consider economic reasons as a significant factor to migrate, most participants' decision to move was not solely based on monetary reasons. Non-economic reasons, such as the presence of family members or relatives in Malta, as noted earlier seems to have played a crucial role in their decision to migrate. It can be said that this creates a type of support for migrant nurses, which can be essential during the initial phase of adaptation to a new country. Seven out of eight participants had relatives in Malta prior to migrating to Malta.

The way in which nurse migration is influenced by the presence of family in the country that nurses want to migrate to, is also noted in the findings of earlier research which was carried out in other contexts and countries (Alonso-Garbayao & Maben, 2009; Moyce et al., 2016; Nawalfeh, 2015). Family support was perceived as a form of assistance that helps migrant nurses cope with physical and emotional stress in the workplace (Moyce et al., 2016). In line with this, Nawalfeh (2015) also found that family and marriage are reasons for the migration of Jordanian nurses who moved to Gulf countries. Furthermore, the findings of Alonso-Garbayao & Maben (2009), found that Filipino and Indian migrant nurses in the UK perceived social and personal factors to be more significant after their economic needs were met. Family members and networks of support were considered important elements that are conducive to migration (Alonso-Garbayao & Manben, 2009).

The findings of the research study also showed that returnee nurse migrants seem to have found it easier to come back to Malta without difficulties because they had family members who were EU nationals (for instance, a TCN nurse married to an EU national). According to the *EU Directive 2004/38/EC* of the European Parliament and of

the Council, citizens of the Union and their family members such as their spouse, partner, direct descendants under 21 and dependent direct relatives in the ascending line and of those of the spouse or partner, can exercise their right to move and reside freely within the territory of the Member states of the European Union. This finding suggests that having EU relations puts TCN migrant nurses in a significantly more advantageous position in terms of mobility and their financial situation.

5.3.4 Availability of Opportunities

TCN migrant nurses also found promising professional and educational opportunities in Malta. Evidence from this study strongly suggests that migrant nurses give value to continuing professional development and further studies. Furthermore, the possibility of diversifying their clinical experience by working in different areas seems to be a pull factor for migrant nurses. Career and educational opportunities as pull factors for migrant nurses were evident in the studies of Alonso-Garbayao and Maben (2009), Bidwell et al. (2014), Moyce et al. (2016), and Nawalfeh (2015), Roth et al. (2021). These studies showed that migrant nurses value career development opportunities, professional growth, autonomy, and further educational opportunities. One is therefore led to conclude that the eclectic evidence from this study highlights the importance of investing in providing migrant nurses with accessible career pathways and educational opportunities. In sum, the evidence points towards a serious concern about countries where such pathways and opportunities are not addressed well enough.

It is also notable that most of the participants of the study were in their thirties (n=7). A study by Gould et al. (2007) found that younger nurses focus broadly on their professional development and are likely to participate in development opportunities, while older nurses tend to reach a ceiling point in their expertise, where they perceive formal learning as unnecessary with no added value to their career. It can be presumed

that young TCN migrant nurses are more eager to improve and invest in themselves. Against this backdrop, the need for Malta to secure accessible and sustainable pathways and opportunities for the migrant nurse population is urgently called for.

5.3.5 Maltese Hospitality and Friendliness

Maltese hospitality seems appealing to TCN migrant nurses. Evidence from this research showed that migrant nurses found locals to be very friendly, generous, and welcoming. Migrant nurses who had previously worked in other countries than Malta, perceived the Maltese to be friendlier than the people they had worked with elsewhere. Furthermore, data suggests that some migrant nurses felt that they were treated like family members by some locals. This data fits in the evidence that relates to the perceived hospitality of the Maltese population. However, some participants, especially migrant nurses who hail from African countries, also remarked about having experienced racism. This will be further discussed in the subsequent sections. The presence of racism in the context of experienced hospitality, arguably, draws attention towards possible gaps in education amongst the population. Further research that studies the causes of racism in an otherwise hospitable context is called for may help to address reported instances of racism.

5.3.6 English-Speaking Country

The fact that Malta is an English-speaking country also appears to be a pull factor for migrant nurses. Evidence showed that this assisted migrant nurses in easily adapting to the country, especially in the workplace. Some migrant nurses clearly appear to prefer English-speaking countries when choosing their destination countries. Gaining language proficiency in the host country's language was often perceived as challenging by migrant nurses. This challenge faced by migrant nurses in other

European countries is described by Nortvedt et al. (2019). Therefore it is not surprising that the participants in this research study were attracted to Malta.

Though this factor may appear to lure TCN nurses, it can also work against Malta. The research data suggests that some TCN nurses consider Malta as a stepping stone to other countries, especially the UK. Since Malta is considered a majority English-speaking country by the UK, those TCN nurses who practised their nursing profession for a minimum of one year in Malta are exempt from submitting proof of English language proficiency to the Nursing and Midwifery Council (NMC) in the UK. This exemption allows them to easily register as nurses in the UK, although ironically it might mean they have lower scores in English proficiency than migrant nurses who arrive in the UK from other countries. This function of Malta being a 'stepping stone' to other countries merits further evaluation. The benefits and disadvantages which may be associated with such 'stepping stone' function can only be assumed to date, in the absence of evidence that focuses on this observed phenomenon.

In addition, with reference to language preference and proficiency issues, it is important not to overlook the data that shows that despite Malta being an English-speaking country, at times, TCN nurses are challenged by the fact that some locals have limited command of the English language. The implications of this finding cannot be underestimated, and it is hoped that further research is conducted on this focus.

5.4 Push Factors

5.4.1 Issues in Quality of Life

While sharing ideas about the attractions of Malta's lifestyle, participants also referred to aspects that might negatively affect their quality of life. Data from the research study showed that migrant nurses found it difficult and challenging to live in Malta due to issues of overpopulation and overdevelopment. Moreover, nurses showed

concern about pollution and traffic congestion. Inefficient public transport was also perceived to be an issue by nurse migrants, especially by those who use public transport to go to work. The findings of the research also showed migrants' concerns with the worsening summer heat (attributed to the lack of green areas and cutting of trees) and frequent power cuts. Evidence of the research shows that even TCN migrant nurses find Malta's fast-growing population as a challenge.

According to the World Population Review, a website which provides demographic data on global population, Malta ranks eighth in the top 10 most densely populated countries and territories around the world, with 1642 people in every square kilometre (World Population Review, 2023). Between 2011 and 2021, Eurostat also reported that Malta registered the highest increase in population among EU countries over a decade, partly attributed to migration. At the end of 2022, the population of Malta and Gozo stood at 542,051 (NSO, 2022).

The high population density of Malta has greatly affected the country's limited natural environment (Conrad & Cassar, 2018). With the country's reliance on tourism and the increase in its economic development, Malta ranked highest in exposure to pollution and environmental problems within the EU (Portelli et al., 2020). Traffic is also an apparent issue faced by the country, with 411,056 registered cars in 2022. This represented a high motorisation rate of 934 cars per 1000 inhabitants, with an average of 56 motor vehicles being registered daily (NSO, 2022). Collectively, this information substantiates the responses generated by the participants of this research study. In turn, the data points towards the need for development plans which value the experiences being recorded and the evidence which is being presented.

In this research study, TCN migrant nurses also referred to the increasing cost of living a negative factor. The cost of necessities and everyday needs were perceived by

migrant nurses to be high in comparison to other countries. Data showed that some migrant nurses feel that their salaries are not enough to cover the increase in the cost of living. Furthermore, TCN nurses referred to the high costs of accommodation. The participants who moved to other countries, such as the United States expressed their desire not to return to Malta because of the low salary and high cost of living. Those migrant nurses who previously worked in other countries and previously received better remuneration suggested that the authorities should review the work benefits the nurses are currently receiving. In the latest collective agreement for nurses and midwives signed on September 2023, the government of Malta has improved the salary and benefits of nurses (Cordina, 2023). This information substantiates the observations made by the participants of the research study. This action by the authorities is commendable and holds good promise for nurses in the country. However, such a sectoral agreement only covers nurses in the public sector. Given that most TCN nurses in Malta practice in the private sector, the initiatives and improvements happening in the public sector should ideally be paralleled in the private sector.

5.4.2 Racism and Inequality

Findings of the research showed that racism seems to be commonly experienced by TCN migrant nurses in Malta. The literature comprised studies that documented racism and discrimination of migrant nurses due to their skin colour and accent (Moyce et al., 2015). In this research study, it was found that discrimination stemmed from different sources: patients, colleagues, and managers. Marginalisation and social isolation were the most common forms of racism. According to Moyce et al. (2015), migrant nurses experienced racism when they felt a lack of trust from their colleagues (local nurses) and patients. They also reported increased supervision and scrutiny of

their tasks. This has caused feelings of insecurity, fear, isolation, and depression among migrant nurses.

According to Cineas (2023), racism within the nursing profession is still apparent for nurses that come from population minorities. Data from this research strongly suggests that racial discrimination and social stigma are more prevalent among black migrant nurses in Malta. Black TCN migrant nurses who participated in this research study referred to how locals seemed to be more apprehensive and unwelcoming towards dark-skinned individuals. Black TCN nurses mentioned the hesitancy of locals when it came to the integration of black migrants beyond the care giving context. Bidwell et al. (2014) also reported that insecurity and racial tensions are major push factors for nurses to leave South Africa and migrate elsewhere. Moreover, the research also found that the financial factor is no longer as influential as it had previously been in the decision of South African nurses to migrate. Racial tensions in South Africa were seen to be profound and were attributed to violence in the workplace and are today regarded as the major cause for migration (Bidwell, et al., 2014). Data from this research also suggested that there are migrants that are more disadvantaged, hence, more vulnerable than others. It also shows that TCN nurse migrants are not a homogenous group and along with their unique experiences, there are also subcategories within the TCN groups. Black migrant nurses in Malta appear to be more disadvantaged than other ethnic minorities. Whilst acknowledging the dangers and concerns regarding gaps in integration, it is important to be reminded that integration is a two-way process (Nheta & Svensson, 2022). It is hoped that plans and investment efforts should target both stakeholders in this two-way process, that is both the migrants and the locals. This approach may comprise the required novel way of moving forward efficiently and effectively as a multicultural international nurse workforce in Malta.

Findings from this research also showed that migrant nurses experienced inequality when it came to employment. Some experienced being discriminated against because of their TCN status. TCN nurses referred to how they are considered as the last resort when applying for jobs. This seems to suggest that TCN nurses are seen as a commodity and are only considered to be useful to fill the gaps that arise in the workforce. Data from this research shows that when it comes to promotion, European nurses are preferred to experienced TCN nurses. This has prompted the latter to leave Malta and move abroad. This unjust practice was documented in the evidence of other studies which were carried out in different contexts and countries. Moyce et al. (2015) found that a culture of commodification was present in foreign cultures, particularly among migrant nurses from the Philippines, where nurses are trained with a mindset of working abroad. Moyce et al. (2015) and Bidwell et al. (2014) also found that discrimination against migrant nurses was found to be a barrier to employment and career promotion.

The findings of this research indicate that those TCN nurses who moved abroad felt a sense of job security and seemed to have more equal opportunities for progression and specialisation. Conversely in Malta, they felt sidelined due to their TCN status. Therefore, the evidence from this research also suggests that this type of discrimination appears to be less likely abroad. One explanation to that may be the longer association that other countries such as the UK have with multicultural nurse workforces. The workforce in Malta only started to become multicultural a couple of decades ago. Cineas (2023) argued that in order to overcome systemic racism in the profession, building a diverse nursing workforce where there is representation of minorities such as Blacks and Asians is essential to heighten society's trust and cultural competence. The

arguments made by Cineas (2023) concerning equity and equality seem to provide a framework within which the situation of TCN nurses in Malta might improve.

5.4.3 *Bureaucracy in Visa Processing*

Findings from this research study also strongly suggests that the bureaucracy in Identità has profound influence on the decision of TCN migrant nurses to leave and migrate to other countries. Data showed how migrant nurses experienced having to queue for hours to apply for their residence permit, which had a validity of one year. This is opposed to a three-year work permit granted to migrant nurses who left Malta and moved to other countries such as the UK. Migrants also referred to the burden of the required paperwork, the expensive costs incurred in the annual renewal of the residence permit and the yearly medical costs entailed in supporting their applications. Furthermore, some migrant nurses from Malta who moved to the US reported that they were immediately granted permanent residence, which gives them the same rights as US citizens, with the only exception of not being able to vote in elections. Local studies have repeatedly recommended the need to review the processes involved in visa and work permit applications for TCN migrant nurses (Attard-Bason, 2011; Buttigieg et al., 2018; Ministry for Health Malta, 2022). It is hoped that the evidence provided in this research study will augment the much needed momentum to bring about change required in the operations of the organisations concerned, and the regulatory and legislative structures which determine their operations.

5.4.4 *Difficulty in Settling in and Achieving Stability*

Findings from this research study strongly suggest that one of the reasons why TCN nurses in Malta choose to migrate to other countries is because of the challenges in family reunification. This means TCN nurses find it difficult to bring in their immediate family members to Malta despite having guidelines in place for reunification with non-

EU family members. This scenario breaches the right to family reunification as a natural and fundamental human right stipulated under Article 16(3) of the 1948 Universal Declaration of Human Rights (United Nations, 1948).

Moreover, evidence from this research also showed that TCN nurses seemed to have been pushed to leave Malta because of the difficulty in obtaining Maltese citizenship despite having lived in the country for many years. Findings showed that TCN nurses, specifically from India, chose to migrate to other EU countries or the UK because the possibility of obtaining citizenship and of bringing in their dependents was higher. Some nurses expressed disappointment towards Maltese authorities. It was suggested that the Maltese authorities might have forgotten that migrant nurses risk their lives as front liners in order to serve the Maltese community. It was also suggested that in view of their important contribution during the pandemic, TCN nurses should be granted Maltese citizenship. The concerns and disappointments which the participants shared need to be balanced with the resources and capacity of the country in future planning initiatives and efforts to attract and retain TCN nurses in Malta. TCN nurses also appear to have faced a degree of difficulty due to the unpredictability of eligibility parameters and requirements when registering with the CNM. One apparent need that arises from the findings is for authorities in Malta to provide consistent and well-defined information and directions across all sources and time. Varying and changing information and direction was clearly not helpful to the participants.

Data from this research also showed that TCN nurses who moved to the UK thought that it was easier to secure an adequate residential property in the UK rather than in Malta. Furthermore, some migrants cited the difficulty of securing a loan from local banks due to the terms and conditions imposed. In sum, these findings suggest that some migrant nurses in Malta do not consider the country to be a permanent base.

5.4.5 Less Desirable Work Conditions

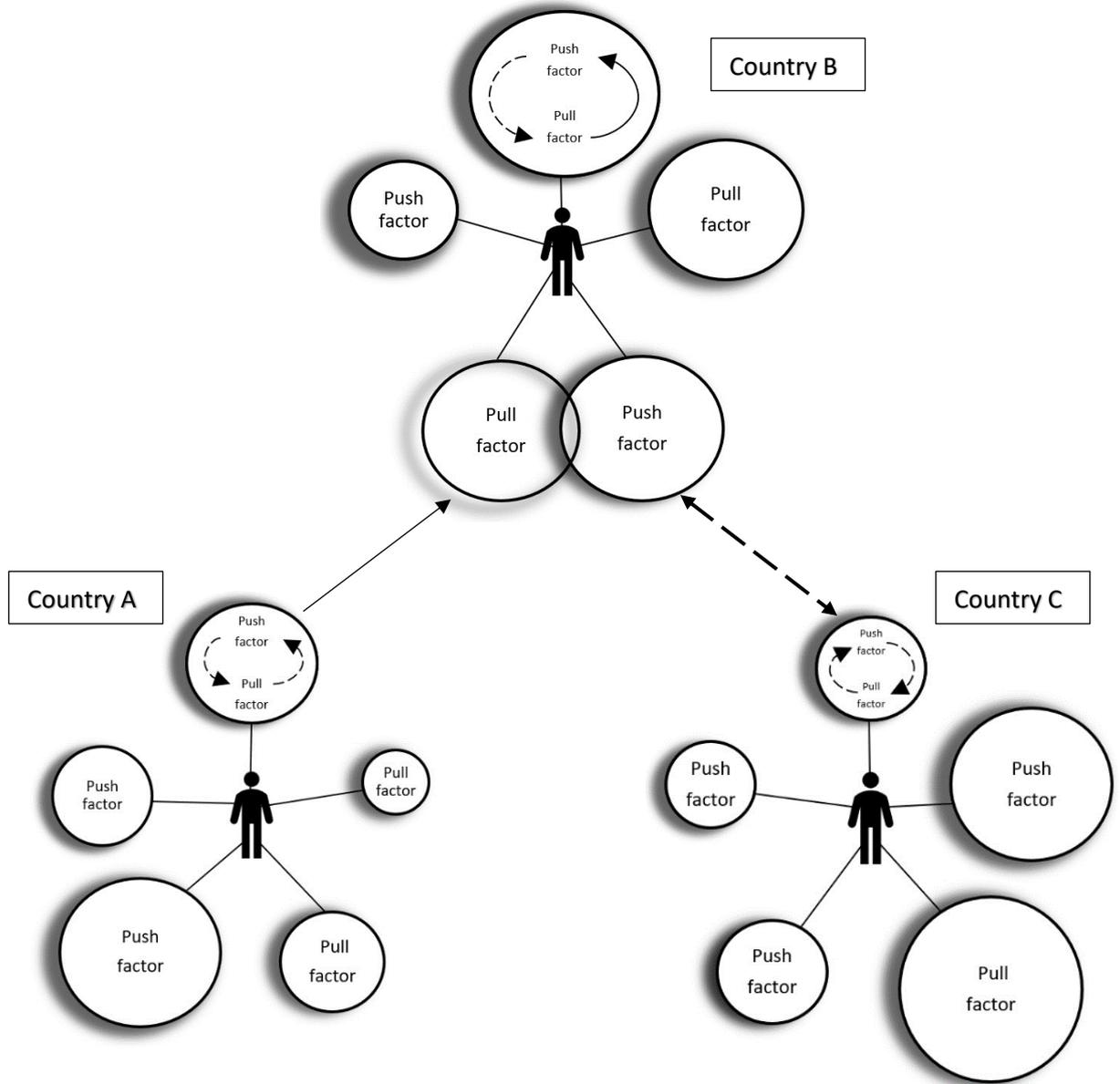
Evidence showed that Malta seems to have a restricted work-life balance due to the longer working hours. Nurses in the public service need to work 46 and $\frac{2}{3}$ hours while their European counterparts work with an average weekly working hours of 36-40 hours per week. The additional hours of employment appear to have an unfavourable impact on the TCNs. On 26th September 2023, weeks after the completion of the data collection, it was reported that in the 2023 sectoral agreement approved by the Government of Malta, nurses working in the public service on a 46-hour weekly roster would benefit from overtime payment for working the extra 6 and $\frac{2}{3}$ hours per week (Cordina, 2023).

Findings of the research also showed that dependent family members of migrant nurses who left Malta and worked abroad seem to enjoy more rights when it came to employment. Migrants who left Malta pointed out that their spouses who are on dependent visas do not need to apply for a work permit. On the contrary, Malta requires spouses of TCN migrants to apply for another work permit despite already possessing a dependent visa already. Although efforts were already made by the government regarding easing family reunification for TCN nurses, it seems that migrant nurses continue to face the same issue with their dependents and more effort and investment is required in this regard.

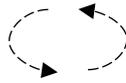
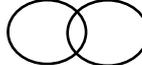
The following figure 5.1 presents the multi-dimensionality of TCN nurse migration process.

Figure 5.1

Multi-Dimensionality of TCN Nurse Migration Process



Legend:

-  - movement from one country to another.
-  - possibility of movement or change in dynamics
-  - movement between two countries (staying, moving, the possibility of leaving, or returning)
-  - dynamic shift of a pull factor becoming a push factor
-  - possible dynamic shift of push-pull factors
-  - overlapping of push-pull factors

Note. Multi-dimensionality of TCN nurse migration process. No copyright attribution required. Own work.

Figure 5.1 illustrates the dynamic and multi-dimensional migration process driven by push and pull factors that affect TCN nurses in Malta, as discussed in this research study. As shown in the illustration, the circles of different sizes represent the different strengths and dominance of push or pull factors in different countries at a point in time. These factors are multi-dimensional and may change over time, as represented by the shadowed circles, and place, as represented by countries A, B and C.

The curved solid arrow between push and pull factors represents the dynamic and transitional nature of the factors, where a pull factor can become a push factor in the future, for example, in the case of Malta, being an English-speaking country. The curved dotted arrows are any possible dynamics, which are not necessarily featured in this study, or in the literature. Some push and pull factors may overlap with each other, as shown in country B. An example of this scenario is when TCN nurses in Malta described the quality of life in Malta as being both a push and pull factor.

A TCN nurse may choose to migrate from country (A) to Malta (country B). TCN nurses who experienced the push and pull factors in Malta either (1) chose to stay or (2) decided to leave and move to another country (C), others (3) had the intention to move to another country, later, that is, in the future, while others (4) had left from another country (C) and returned to Malta. The double-headed bold arrow with a dotted line signifies all these four possibilities.

The illustration also depicts a person-centric model because a TCN nurse's own and specific values (priorities and preferences) can significantly influence the individual's decision to migrate or otherwise. The findings of this research study strongly suggest this. Equally strongly, the findings of this research study suggest that the decision to migrate may be influenced by one single predominant factor, for example, the presence of family members, rather than an aggregate of factors.

The illustration provided in Figure 5.1, seeks to present an overview of the factors prevailing in the migration and mobility decisions of TCN nurses. Admittedly, the illustration may not fully capture and exhaustively represent the intricacies and relationships that are associated with the complex nurse migration process. Further research is indicated, especially in view of the dynamic nature of the contexts and realities in which TCN nurses prevail.

5.5 Conclusion

The findings from this study showed that while there may be commonalities, push and pull factors affecting TCN nurses are multi-dimensional and dynamic. It can be said that the push and pull factors revealed in the evidence are context-sensitive and may vary across individuals and time. Some factors may be transitional while others are long-standing. Moreover, the decision to migrate may also be based on non-cumulative factors, wherein one factor may be influential enough for TCN migrant nurses to move elsewhere. Lastly, the result of research showed a concept of idiosyncrasy where each TCN migrant nurse has a unique experience. Indeed, De Haas (2021) proposed in his Aspirations-capabilities framework, that people's preferences and aspirations are not uniform among all societies over time and migrants should not be seen as passive subjects or actors that are just being pulled or pushed like atoms by somewhat abstract economic, political, demographic, and environmental forces (de Haas, 2021). Factors such as culture, education and exposure to media and other sources of images, ideas, and knowledge are likely to have a significant impact on people's preferences and notions of the 'good life' and, hence, personal life aspirations, as well as their knowledge, awareness, and perception of opportunities. This gives a more meaningful way of understanding the human agency in the migration process by conceptualising migration as a function of aspirations and capabilities to migrate within given sets of

perceived opportunity structures. On this basis, de Haas (2021) defined mobility as people's capability (freedom) to choose where to live – including the option to stay – rather than the act of moving itself. This line of reasoning potentially holds an alternative or complementary way of addressing the evidence which this research study presents. The referred pull and push factors may perhaps be viewed as capacity building elements towards enabling the optimal or maximal capacity of a TCN to choose where to go, settle or leave freely. At the very the least, the conduct of the research study provided some evidence pre-requisite to informed action to address any phenomenon. Meanings and implications of the evidence were explained and discussed in this chapter.

The next chapter concludes this dissertation with a set of recommendations emanating from the research study and a reflection about the conduct of the research study by a researcher, who is a TCN nurse engaged in the public health system in Malta, and who completed this research study and dissertation at the UM, in the capacity of a master's programme at the University of Malta.

Chapter 6

Conclusion

6.1 Introduction

This chapter summarises the findings of this research. The strengths and limitations are discussed, as well as the study's implications for further research, education, policy, and nursing practice.

6.2 Overview of the Significance of the Research

Several countries have conducted nurse migration studies. These studies have often been instigated in an effort to address the growing nursing shortage worldwide. Local studies have focused, specifically, on the integration and competencies of TCN nurses in Malta. The large migration of TCN nurses from Malta to other countries in 2020 has sparked the researcher's interest in exploring both the push and pull factors affecting the decision of TCN nurse migrants to stay in Malta or leave. The present study can contribute to strengthening the identified positive pull factors and addressing negative push factors, which can aid in retaining the TCN migrant population in Malta.

A literature review identified eight studies composed of three quantitative studies, four qualitative studies and one systematic review addressing push and pull factors affecting migrant nurses. The results of the review revealed that even though push and pull factors might have similarities across studies, exploring country-specific push-pull factors can shed valuable light on nurse migration in a specific context. The present study led the researcher to address this gap in the literature and explore the nurse migration phenomenon within the local context. The push and pull theory of migration by Lee (1966) was the theoretical framework that aided the researcher in analysing and interpreting the findings of this research.

6.3 Overview of the Research Methodology

An exploratory qualitative research design was employed in this study. The researcher pursued a multi-method approach comprising two methods: online semi-

structured interviews and an online anonymous forum conducted asynchronously over a period of two weeks. Ethical approval was sought from FREC before data collection. The study made use of snowball sampling. With the aid of intermediary agencies, eight TCN migrant nurses voluntarily participated in the research study, five of whom continued to participate in the second phase. Coding and thematic analysis were done to categorise and analyse the themes and patterns of the findings.

6.4 Overview of the Research Findings

The findings of this research reveal that there are numerous push and pull factors affecting TCN migrants in Malta. Pull factors that attract TCN migrant nurses to Malta include the country's good quality of life, support system, availability of opportunities, and Maltese hospitality and friendliness. On the other hand, the push factors that have influenced or potentially influenced TCN migrants to leave Malta include issues in quality of life, racism and inequality, bureaucracy in visa processing, difficulty in settling in and achieving stability, and less desirable work conditions. Findings show that even if there are common push and pull factors, they can be idiosyncratic and can be experienced differently. Having said that, push and pull factors were found to be dynamic, meaning there are no strict demarcation lines between the two, and some factors such as quality of life can overlap. Push-pull factors are also fluid and dynamic, meaning that what is now identifiable as a pull factor might in the future become a push factor. One example is related to the fact that English is widely spoken in Malta. This was found to be both a push and pull factor. When identifying migration factors that affect migration decisions of TCN nurses, the findings of this research went beyond the rigid model of push and pull.

6.5 Strengths of the Study

Using an exploratory research design led to the creation of a robust study that proposes salient recommendations for future nurse migration research. The two qualitative methods of data collection enhanced the research's robustness and matched the exploratory nature and purpose of this research study, whereby a broad sketch of the overall picture rather than detailed illustrations of a few specific foci was sought.

During the data collection stage, using a secure online forum platform that can anonymise the participants also lessened social desirability bias, led to more honest responses and discussions, thus enhancing the study's trustworthiness. The asynchronous nature of the online platform also reduced recall bias, giving the participants more time to reflect and express themselves.

6.6 Limitations of the Study

The researcher acknowledges that even though utmost was taken to ensure methodological quality, the research study still has some limitations. The lack of research experience in conducting a qualitative study may have been a limiting aspect for the researcher. This was mitigated by the guidance and advice of research supervisors.

The use of snowball sampling might have potentially caused sampling bias. Most participants are TCN migrant nurses from Southeast Asia who are in their thirties. The sampling technique employed may have given rise to a situation whereby TCN nurses of similar age and nationality were informing and advising each other about participation in this research study.

6.7 Recommendations for Research

Future studies are recommended to examine the extent of Malta's TCN nurse migration phenomenon. Quantitative or mixed methods may be employed to understand

this topic better. Further research may utilise quantitative tools used in the studies of Goh and Lopez (2016), Oda et al. (2018) and Roth et al. (2021). However, since some of these tools focus more on the employment context of push and pull factors, prior to the suggested replication studies, the respective tools need to be revised and validated in the local context since context may vary across several facets. Moreover, due to the dynamic nature of the push and pull factors, further research in the area is required to investigate where the noted dynamism stems from.

The research findings show that black TCN migrant nurses experience more racism and inequality in Malta. It is, therefore, essential to explore the notion of intersectionality across TCN migrant nurses. Intersectionality is an analytical framework for understanding how different social and political identities may lead to a unique combination of discrimination and privilege. This shows that not all migrants have the same privileges, and some may be more disadvantaged than others. In line with this framework, further studies should explore other subgroups of TCN migrant nurses, such as black, single parents, those with disabilities, females, LGBTIQ, or migrants with health complications. This may be helpful in an in-depth understanding of the perceptions and experiences of the different TCN migrant nurse subgroups within the local context.

6.8 Recommendations for Education

Since the findings of this research study underline how TCN nurse migrants in Malta value continuous professional educational opportunities, higher education courses such as postgraduate programmes should also be made accessible to them. Higher education institutions should review tuition fee guidelines as TCN migrant nurses in Malta are still required to pay hefty international fees instead of local fees despite being living and working in Malta. This provides an equal playing field for TCN migrant

nurses who wish to obtain qualifications for career progression or specialisation. For example, the government may consider providing bursaries to TCN migrant nurses and binding them to a scholarship agreement for a certain period in return.

TCN migrant nurses have also shown a keen interest in Maltese culture and the Maltese way of life including sociocultural norms. Educational courses promoting cultural sensitivity, like the *I Belong Programme* offered by the Maltese government, can also be customised for migrant nurses, and promoted in the workplace (Intercultural and Anti-Racism Unit Malta, 2023). Aside from the Basic Medical Maltese course, a prerequisite for TCN nurses working in the public service, other innovative ways of learning the Maltese language should also be made available on e-learning platforms such as *Duolingo* or *Babbel* as nurses working on a shift basis might find attending language classes after work hours challenging. Educational courses in integration and multiculturalism may also be offered to Maltese nurses and government employees working in multicultural environments. Moreover, integration may also be promoted through cultural and social events.

6.9 Recommendations for Policy

The Maltese government should be responsive to the needs of TCN migrant nurses by formulating a thorough strategy to strengthen pull factors and neutralise, if not eliminate, push factors. This should be evaluated regularly as push and pull factors are dynamic and fluid and tend to change rapidly over time, especially when other countries address their own push factors.

There should be closer collaboration of stakeholders with public and private sectors such as the Ministry for Health (MFH) People Management Division, Council for Nurses and Midwives Malta (CNM), Ministry for Social Policy and Children's Rights, Ministry of Education, Employment and the Family, Identità, Jobsplus, Housing

Authority, Malta Union of Midwives and Nurses (MUMN), academic entities such as University of Malta (UM) and Malta College for Arts Science and Technology (MCAST), organisations such as The Malta Employers' Association, Malta Chamber of Commerce, non-government organisations (NGOs) who work with migrants such as Migrants Commission, Aditus and Integra. The mentioned entities can comprehensively review current policies on migration, employment, and education and can create a sound strategy for retaining TCN migrant nurses. This may foster an integrated approach in strengthening pull factors and addressing the push factors. This could lead to retain such an essential skilled workforce. Policymakers can also explore endogenous factors affecting the quality of life, such as pollution, overpopulation, traffic, and infrastructure, which not only greatly affect TCN nurses but also Maltese society in general.

The Maltese government should also incentivise TCN migrant nurses by providing them with an easier route for long-term benefits such as permanent residency or citizenship. TCN nurses who become proficient in the Maltese language may be prioritised and considered for citizenship. This initiative has the potential to enhance the retention of highly experienced TCN nurses within the Maltese healthcare system, given the inherent challenges and costs associated with training and retraining new nurses.

Identità should also make the visa application process for TCN migrant nurses more user-friendly, and less bureaucratic. There should be clear guidelines, transparent procedures, and predictable outcomes. Moreover, Identità should also facilitate a more straightforward visa process for family reunification of TCN nurses' dependents. It is acknowledged that Identità has transitioned from the manual method of lodging visa applications to the online platform. This undertaking is expected to significantly reduce the waiting times experienced by third-country national (TCN) nurses during the visa application process.

Support should also be available for those TCN migrant nurses who left and wish to come back and work again in Malta. Bureaucratic hurdles should be removed for potential returnees, especially for those with experience working in the Maltese sector.

6.10 Recommendations for Practice

Building a diverse nursing workforce at the grassroots and leadership levels should be present in the Maltese healthcare community, where there is a visible representation of TCN migrant nurses. This would encourage a higher degree of confidence and trust from the Maltese public. Cultural competence should also be promoted among migrant and local nurses as integration is a two-way process. Cineas (2023) proposed that diversity in the nursing workforce enhances the capability of healthcare institutions to identify and address social determinants of health, thus, lessening health disparities. Moreover, diversity in the nursing workforce can help to attract and retain talent at all organisational levels. As two-way integration is aimed for, multicultural healthcare institutions should include courses about cultural sensitivity, inclusivity, and diversity in hospital e-learning platforms as well as induction programmes. These courses should highlight protecting the rights of ethnic minority groups such as TCNs. Moreover, an official task force or group composed of TCN nurse leaders in multicultural healthcare settings is also proposed.

6.11 Reflections on Learning

This study provided the researcher with a positive learning opportunity in conducting a qualitative multi-method data collection, data management, analysis, and interpretation. Although time proved to be a challenge in the conduct of the study, the expertise of supervisors and guidance from existing literature helped the researcher overcome these difficulties. Furthermore, the study was a reflective journey on

migration. As a nurse migrant this gave the author a unique opportunity to broaden and inform one's own insight into the nurse migration phenomenon, most notably in identifying factors that affect the daily lives of TCN migrant nurses in Malta. The use of a reflexive journal was helpful and gave the researcher the opportunity to re-examine biases, beliefs and other notions which may affect the analysis and interpretation of the study findings. The findings of this research shall be disseminated to relevant authorities who can influence policy development in the retention of TCN migrant nurses in Malta.

6.12 Conclusion

This research provided insights into the push and pull factors affecting TCN migrant nurses in Malta and in this regard therefore addressed the research question. Notwithstanding this, although the aim and objectives of the research study were addressed, the need for further research is clearly indicated as explained above.

It can be concluded that TCN nurse migrants do not come to Malta for economic purposes only. Most of the time, their decision to migrate can go beyond monetary reasons. TCN migrant nurses look at their lives holistically. Their decision to stay in Malta or leave may be influenced by various factors which can change over time, and where a single factor may be enough to influence their decision to migrate. It is essential to underscore the importance of looking at migrant nurses as human beings with dreams and aspirations for themselves and their families, and that principles of human well-being and happiness are also factors that matter to them.

Push and pull factors were also found to be dynamic in nature that may change over time. Therefore, re-evaluating the needs of TCN migrant nurses should be done regularly. Authorities, along with the relevant stakeholders, partners, and policymakers should comprehensively but also periodically study and review the TCN nurse

migration phenomenon in Malta. It is hoped that this research study contributes to the research required in this regard.

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Appendices

Appendix A

FREC Approval and Professional Support



Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>

The status of your REDP form (FHS-2022-00306) has been updated to Approved

form.urec@um.edu.mt <form.urec@um.edu.mt>
To: luiji.suarez.19@um.edu.mt

6 October 2022 at 07:51

Dear Luiji John Karlo Suarez,

Please note that the status of your REDP form (FHS-2022-00306) has been set to *Approved*.

You can keep track of your applications by visiting: <https://www.um.edu.mt/research/ethics/redp-form/frontEnd/>.

****This email has been automatically generated by URECA. Please do not reply. If you wish to communicate with your F/REC please use the respective email address.****

Appendix A (continued)

 L-Università
ta' Malta

Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>

Request for support from Richmond Foundation

Daniela Calleja Bitar <coo@richmond.org.mt>
To: Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>
Cc: Lynn Sammut <lynn.sammut@richmond.org.mt>

24 August 2022 at 17:31

Dear Mr. Suarez,

You have approval that the Foundation will provide support to your participants should they need it. I am copying the manager of the Psychological Support Services.

Good luck in your studies.

Kind regards,

Daniela

Daniela Calleja Bitar
Chief Operations Officer


RICHMOND

Richmond Foundation
Head Office and Training Centre
MCE House,
Triq l-Industrija

Appendix B

Information Sheet & Consent Form for Interviews



Participants' Information Sheet

Dear Participant,

My name is **Luiji John Karlo Suarez** and I am currently reading for **Master of Science in Nursing** at the **University of Malta**. As part of my course requirements, I am conducting a research study entitled **"Exploring the push and pull factors affecting third-country migrant nurses in Malta"**. The aim of this study is to explore the factors affecting the decisions of third-country national (TCN) nurses in staying or leaving Malta. Your participation in this study would help me gain a better understanding about the TCN nurse migration phenomenon in Malta, as well as strengthening identified pull factors, neutralising identified push factors, and providing baseline research for nurse migration studies in Malta. Furthermore, all data collected from this research shall be used solely for the purpose of this study.

You are being invited to participate in an online interview exploring your perspective as a TCN nurse who is either currently working or has worked in Malta anytime between 2018 to 2022. The interview will take approximately one hour and will be online at a time most suitable for you. The interview will be carried out through Zoom. For confidentiality and security purposes, the researcher will be activating the Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323)'. The online interview is voluntary. You are not obliged to participate and answer all the questions. You may withdraw from the study at any time without giving a reason. Furthermore, withdrawal from the study will not have any negative repercussions on you and any data collected will be erased. Data will be stored anonymously if it is impossible to delete (e.g. if it has already been anonymised). The online interview will be audio-recorded and will not be video recorded. Utmost confidentiality will be maintained throughout the study and your identity and personal information will not be revealed in any publications, reports or presentations arising from this research. The data may only be accessed by the researcher. All data collected will be pseudonymised meaning that the transcripts will be assigned codes and that this data will be stored securely and separately from any codes and personal data. The academic supervisors and the examiners will typically have access to coded data only. There may be exceptional circumstances which allow the supervisors and examiners to have access to personal data too, for verification purposes. The coded audio-recordings, and transcripts will be stored on the researcher's personal computer and mobile that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard.

There may be a minimal risk of emotional and psychological distress due to participation in the interview. In the event that you feel distressed, the service of a mental health professional from

Appendix B (continued)

Richmond Foundation will be available at +356 21224580 or info@richmond.org.mt without any financial cost on your part.

Participation in this study is completely voluntary and you are free to accept or refuse to take part without giving a reason. A copy of the information sheet and consent form will be provided for future reference. As a participant, you have the right, under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, to access, rectify and where applicable ask for the data concerning you to be erased. Once the study is completed and the results are published, the data will be retained in anonymous form. Any personal details will be destroyed.

This study has been approved by the Research Ethics Committee of the Faculty of Health Sciences at the University of Malta.

Thank you for your time and consideration. Should you have any questions or concerns do not hesitate to contact me on +356 99754869 or by e-mail luiji.suarez.19@um.edu.mt or my supervisors Ms Adrienne Grech on +356 2340 1193 or by adrienne.grech@um.edu.mt and Dr Maria Cassar on +356 2340 1139 or by email maria.cassar@um.edu.mt

Yours Sincerely,



Luiji John Karlo Suarez

Researcher



Dr Maria Cassar

Principal Supervisor



Ms Adrienne Grech

Co-Supervisor

Appendix B (continued)



Participants' Consent Form

“Exploring the push and pull factors affecting third-country migrant nurses in Malta”

I, the undersigned, give my consent to take part in the study conducted by Lujji John Karlo Suarez. The purpose of this document is to specify the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study and all questions have been answered.
2. I understand that I have been invited to participate in an interview, in which the researcher will ask questions to explore the factors affecting TCN nurses' decision to stay or leave Malta.
3. I am aware that the online interview will take approximately one hour, and I understand that the interview is to be conducted online and at a time that is convenient for me.
4. I am aware that the interview will be audio-recorded and transcribed by the researcher himself. Online interviews will be carried out through Zoom. For confidentiality and security purposes, the researcher will be activating the Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323)'. I understand that the interview will only be audio-recorded and will not be video recorded. I am aware that the researcher is the only person who has access to the data collected from the interview.
5. I am aware that the transcripts will be coded, and that this data will be stored securely and separately from any codes and personal data. The academic supervisor/s and examiners will typically have access to coded data only. There may be exceptional circumstances which allow the supervisor and examiners to have access to personal data too, for verification purposes.
6. I am also aware that the coded audio-recordings and transcripts will be stored on the researcher's personal computer and mobile that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.
7. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
8. I also understand that I am free to accept, refuse or stop participation at any time without giving any reason. This will have no negative repercussions on myself, and that any data collected from me will be erased. Data will be stored anonymously if it is impossible to delete (e.g., if it has already been anonymised).
9. I also understand that my contribution will serve to benefit the nursing profession in Malta in general as well as in gaining better understanding of the factors affecting TCN nurse migration in Malta.
10. I am aware that there is a minimal risk of emotional and psychological distress in participating in the interview. If I feel distressed in any way, I am aware that a mental

Appendix B (continued)

health professional from Richmond Foundation can be contacted at +356 21224580 or info@richmond.org.mt at no financial costs on my part.

11. I understand that under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, I have the right to access, rectify, and where applicable ask for the data concerning me to be erased.
12. I also understand that once the study is completed and results are published the data will be retained in anonymous form. Any personal details will be destroyed.
13. I will be provided with a copy of the information letter and consent form for future reference.
14. I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.
15. . I understand that my anonymity will be strictly safeguarded. Any information that may lead to the identification of any person will be concealed, and fictitious names / codes will be used instead. If I wish to receive a copy of the transcript, I may send a request to Luiji John Karlo Suarez via email to receive a copy of the transcript once completed

Participant: _____

Signature: _____ Date: _____



Dr Maria Cassar
Principal Supervisor
+356 2340 1139
maria.cassar@um.edu.mt



Luiji John Karlo Suarez
Researcher
+356 99754869
luiji.suarez.19@um.edu.mt



Ms Adrienne Grech
Co-Supervisor
+356 2340 1193
adrienne.grech@um.edu.mt

Appendix C

Information Sheet & Consent Form for the Online Forum



Participants' Information Sheet

Dear Participant,

My name is **Luiji John Karlo Suarez** and I am currently reading for **Master of Science in Nursing** at the **University of Malta**. As part of my course requirements, I am conducting a research study entitled **"Exploring the push and pull factors affecting third-country migrant nurses in Malta"**. The aim of this study is to explore the factors affecting the decisions of third country national (TCN) nurses in staying or leaving Malta. Your participation in this study would help us gain a better understanding about the TCN nurse migration phenomenon in Malta, as well as strengthening identified pull factors, neutralising identified push factors, and providing baseline research for nurse migration studies in Malta. Furthermore, all data collected from this research shall be used solely for the purpose of this study.

You are being invited to participate in an asynchronous online forum exploring your perspective as a TCN nurse who is either currently working or has worked in Malta anytime between 2018-2022. The forum will last for approximately two weeks. It will be carried out through an online platform called FocusGroupIt (www.focusgroupit.com) due to its security features and compliance with General Data Protection Regulation (GDPR). You are not obliged to answer all the questions and may withdraw from the study at any time without giving a reason. Furthermore, withdrawal from the study will not have any negative repercussions on you, and any data collected will be erased. Data will be stored anonymously if it is impossible to delete (e.g. if it has already been anonymised).

This online forum will be private and anonymous, and the discussion will only be accessible to the researcher and those eligible and invited participants. In the anonymous online forum, you will be assigned a default username for the group (e.g., "Participant 1", "Participant 2", etc.). The researcher who will act as the group moderator and other participants will never see any of the information you provided when registering initially for the platform (e.g., first name, last name, email address, username). The group moderator and participants will also be unable to associate your comments with your real identity in any exported data from the discussion. Once a forum is marked as anonymous, the moderator of the group will not be able to undo the group's anonymous setting to further ensure your anonymity. Utmost confidentiality will be maintained throughout the study and that your identity and personal information will not be revealed in any publications, reports or presentations arising from this research. Should you decide to participate in the online forum, you are expected to respect confidentiality by not revealing the content of the discussion. After the two-week forum, the discussion thread will be downloaded and secured by the moderator. The thread will then be permanently deleted and will no longer be accessible to participants. All data collected will be assigned codes and that this data will be stored securely and

Appendix C (continued)



separately from any codes and personal data. The academic supervisors and the examiners will typically have access to coded data only. There may be exceptional circumstances which allow the supervisor and examiners to have access to personal data too, for verification purposes. The coded transcripts will be stored on the researcher's personal computer and mobile that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard.

There may be a minimal risk of emotional and psychological distress due to the participation in the forum. In the event that you feel distressed in any way, the service of a mental health professional from Richmond Foundation will be available at +356 21224580 or info@richmond.org.mt without any financial cost on your part.

Participation in this study is completely voluntary and you are free to accept or refuse to take part without giving a reason. A copy of the information sheet and consent form will be provided for future reference. As a participant, you have the right, under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, to access, rectify and where applicable ask for the data concerning you to be erased. Once the study is completed and the results are published, the data will be retained in anonymous form. Any personal details will be destroyed.

This study has been approved by the Research Ethics Committee of the Faculty of Health Sciences at the University of Malta.

Thank you for your time and consideration. Should you have any questions or concerns do not hesitate to contact me on +356 99754869 or by e-mail luiji.suarez.19@um.edu.mt or my supervisors Ms Adrienne Grech on +356 2340 1193 or by adrienne.grech@um.edu.mt and Dr Maria Cassar on +356 2340 1139 or by email maria.cassar@um.edu.mt.

Yours Sincerely,

A handwritten signature in black ink, appearing to be "M. Cassar", written over a horizontal line.

Dr Maria Cassar
Principal Supervisor

A handwritten signature in black ink, appearing to be "L. Suarez", written over a horizontal line.

Luiji John Karlo Suarez
Researcher

A handwritten signature in black ink, appearing to be "A. Grech", written over a horizontal line.

Ms Adrienne Grech
Co-Supervisor

Appendix C (continued)

Participants' Consent Form

“Exploring the push and pull factors affecting third-country migrant nurses in Malta”

I, the undersigned, give my consent to take part in the study conducted by Luiji John Karlo Suarez. The purpose of this document is to specify the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study and all questions have been answered.
2. I have been invited to voluntarily participate in an asynchronous online forum that will run for approximately two weeks, in which the researcher will ask questions to explore the factors affecting TCN nurses' in Malta.
3. I am aware that the forum will be carried out through an online platform called FocusGroupIt (www.focusgroupit.com) due to its security features and compliance with GDPR.
4. I am aware that the online forum will be private and anonymous, and the discussion will only be accessible to the researcher who will act as the moderator and those eligible and invited participants.
5. I am aware that in the anonymous online forum, the group moderator and other participants will never see any of the information I provided when registering initially for the platform (e.g., first name, last name, email address, username). I am also aware that a default username will be assigned to me upon joining the forum.
6. I am aware that the online forum will be marked as anonymous, and the moderator of that group will not be able to undo the group's anonymous setting to further ensure my anonymity in the forum.
7. I am aware that should I decide to participate in the forum, I am expected to respect confidentiality by not revealing the content of the discussion.
8. I am aware that after the two-week forum, the discussion content will be downloaded and secured by the moderator. The thread will be then permanently deleted and will no longer be accessible to participants.
9. I am aware that the transcripts will be coded, and that this data will be stored securely and separately from any codes and personal data.
10. I am aware that the researcher is the only person who has access to this data. The academic supervisor/s and examiners will typically have access to coded data only. There may be exceptional circumstances which allow the supervisor and examiners to have access to personal data too, for verification purposes.
11. I am also aware that the coded data from the online forum as well as the transcripts will be stored on the researcher's personal computer and mobile device that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published.

Appendix C (continued)

12. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
13. I also understand that I am free to accept, refuse or stop participation at any time without giving any reason. This will have no negative repercussions on myself, and that any data collected from me will be erased. Data will be stored anonymously if it is impossible to delete (e.g. if it has already been anonymised).
14. I also understand that my contribution will serve to benefit the nursing profession in Malta in general as well as in gaining better understanding of the factors affecting TCN nurse migration in Malta.
15. I am aware that there is a minimal risk of emotional and psychological distress in participating in the online forum. If I feel distressed in any way, I am aware that a mental health professional from Richmond Foundation can be contacted at +356 21224580 or info@richmond.org.mt at no financial costs on my part.
16. I understand that under the General Data Protection Regulation (GDPR) and national legislation that implements and further specifies the relevant provisions of said regulation, I have the right to access, rectify, and where applicable ask for the data concerning me to be erased.
17. I also understand that once the study is completed and results are published the data will be retained in anonymous form. Any personal details will be destroyed.
18. I will be provided with a copy of the information letter and consent form for future reference.
19. I have read and understood the points and statements of this form. I have had all the questions answered to my satisfaction, and I agree to participate in this study.
20. I understand that my anonymity will be strictly safeguarded. Any information that may lead to the identification of any person will be concealed, and fictitious names / codes will be used instead. If I wish to receive a copy of the transcript, I may send a request to Luiji John Karlo Suarez via email to receive a copy of the transcript once completed

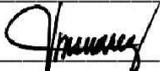
Participant: _____

Signature: _____

Date: _____



Dr Maria Cassar
Research Supervisor
+356 2340 1830
maria.cassar@um.edu.mt



Luiji John Karlo Suarez
Researcher
+356 99754869
luiji.suarez.19@um.edu.mt



Ms Adrienne Grech
Co-Supervisor
+356 2340 1830
adrienne.grech@um.edu.mt

Appendix D

Confirmation of Support from Intermediary (University of Malta)



**L-Università
ta' Malta**

Office of the Registrar

University of Malta
Msida MSD 2080, Malta

Tel: +356 2340 2385/6
academicregistrar@um.edu.mt

www.um.edu.mt

29 August 2022

Luiji John Karlo Suarez
15 Ligaya
Triq ix-Xghajra Sqaq 1
Zabbar ZBR 2610

Student code: 172300L

Dear Luiji John Karlo Suarez

I refer to your request for permission to contact student to participate in your research studies which you will be conducting for the dissertation which you will be submitting in partial fulfilment for the degree of Master of Science in Nursing.

The Office of the Registrar finds no objection to your request, subject to the approval of the Faculty Research Ethics Committee.

Yours sincerely

Dr Colin Borg
Academic Registrar

Appendix E

Request for Support from Intermediary (University of Malta)

Ms Maria Filletti
Manager I
Office of the Registrar
University of Malta, Msida
email: academicregistrar@um.edu.mt

Re: Intermediary for Data Collection

Dear Ms Filletti:

My name is **Luiji John Karlo Suarez** and I am a student presently reading for **Master of Science in Nursing** at the University of Malta. I am currently conducting a research study entitled **“Exploring the push and pull factors affecting third-country migrant nurses in Malta”**. The aim of this study is to explore the factors that affect the decisions of third country migrant nurses in staying or leaving Malta. This project is being conducted under the supervision of Dr Maria Cassar and Ms Adrienne Grech.

I am requesting the University of Malta to act as an intermediary when I come to the data collection phase. This involves forwarding information letters to your contact list once my research is approved by the faculty research ethics committee. **At this stage, I am seeking your kind approval for this request.**

My methods will involve online semi-structured in-depth interviews and private online asynchronous forum with TCN registered nurses who are currently working or have worked in Malta anytime between 2018-2022. Audio-recorded online interviews will be carried out through Zoom. For confidentiality and security purposes, the researcher will be activating the Zoom function ‘Require encryption for 3rd party endpoints (SIP/H.323)’. The online forum will be anonymous and will be carried out through a secure online platform called FocusGroupIt (www.focusgroupit.com) due to its privacy features and compliance with General Data Protection Regulation (GDPR).

Participation will be entirely voluntary, and participants will be free to withdraw at any point, without any repercussions. Data collected will be anonymised and will be stored securely on the researcher’s personal computer and mobile device that are password protected and are in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published. Identity and personal information will not be revealed in any publications, reports or presentations arising from this research. Only my supervisors and I will have access to this data. Due to the minimal risk of emotional and psychological distress in participating in this research, the service of a mental health professional from Richmond Foundation will be available at +356 21224580 or info@richmond.org.mt without any financial cost on the participant.

Appendix E (continued)

Should you require further information, please do not hesitate to contact me or my supervisors; our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,

Luiji John Karlo Suarez
Researcher
+356 99754869
luiji.suarez.19@um.edu.mt

Ms Adrienne Grech
Co-supervisor
+356 2340 1193
adrienne.grech@um.edu.mt

Dr Maria Cassar
Principal supervisor
+356 2340 1139
maria.cassar@um.edu.mt

Appendix F

Confirmation of Support from Intermediary (Council for Nurses and Midwives Malta)

 L-Università
ta' Malta

Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>

Intermediary for Data Collection

Bonett Elizabeth at Health Regulation <elizabeth.bonett@gov.mt>
To: Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>

24 August 2022 at 07:47

Dear Luiji,

Yes of course, please contact me when you need to send any emails.

Regards

Elizabeth Bonett
Registrar Nursing & Midwifery Council
Regulatory Councils
Department for Health Regulation

t +356 25953305 e elizabeth.bonett@gov.mt
https://health.gov.mt | www.publicservice.gov.mt | fb.com/servizzpubbliku
Kindly consider your environmental responsibility before printing this e-mail



MINISTRY FOR HEALTH
ST LUKE'S HOSPITAL, PIAZZA SAN LUQA,
PIETA', MALTA

From: Luiji John Karlo Suarez <luiji.suarez.19@um.edu.mt>
Sent: Tuesday, 23 August 2022 15:21
To: Bonett Elizabeth at Health Regulation <elizabeth.bonett@gov.mt>
Subject: Intermediary for Data Collection

CAUTION: This email originated from OUTSIDE the Government Email Infrastructure. DO NOT CLICK LINKS or OPEN attachments unless you recognise the sender and know the content is safe.

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Appendix G

Request for Support from Intermediary (Council for Nurses and Midwives Malta)

Ms. Elizabeth Bonett
Registrar
Council for Nurses and Midwives Malta
St Luke's Hospital, Pieta
email: elizabeth.bonett@gov.mt

Re: Intermediary for Data Collection

Dear Ms Bonett:

My name is **Luiji John Karlo Suarez**, and I am a student presently reading for **Master of Science in Nursing** at the University of Malta. I am currently conducting a research study entitled "**Exploring the push and pull factors affecting third-country migrant nurses in Malta**". The aim of this study is to explore the factors that affect the decisions of third country (TCN) migrant nurses in staying or leaving Malta. This project is being conducted under the supervision of Dr Maria Cassar and Ms Adrienne Grech.

I am requesting the Council of Nurses and Midwives Malta to act as an intermediary when I come to the data collection phase. This involves forwarding information letters to your contact list once my research is approved by the faculty research ethics committee. **At this stage, I am seeking your kind approval for this request.**

My methods will involve online semi-structured in-depth interviews and an online asynchronous forum with TCN registered nurses who are currently working or have worked in Malta anytime between 2018 to 2022. Audio-recorded online interviews will be carried out through Zoom. For confidentiality and security purposes, the researcher will be activating the Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323)'. The online forum will be anonymous and will be carried out through a secure online platform called FocusGroupIt (www.focusgroupit.com) due to its privacy features and compliance with General Data Protection Regulation (GDPR).

Participation will be entirely voluntary, and participants will be free to withdraw at any point, without any repercussions. Data collected will be anonymised and will be stored securely on the researcher's personal computer and mobile device that are password protected and are in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard and kept until results are published. Identity and personal information will not be revealed in any publications, reports or presentations arising from this research. Only my supervisors and I will have access to this data. Due to the minimal risk of emotional and psychological distress in participating in this research, the service of a mental health professional from Richmond Foundation will be available at +356 21224580 or info@richmond.org.mt without any financial cost on the participant.

Appendix G (continued)

Should you require further information, please do not hesitate to contact me or my supervisors; our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,

Luiji John Karlo Suarez
Researcher
+356 99754869
luiji.suarez.19@um.edu.mt

Ms Adrienne Grech
Co-supervisor
+356 2340 1193
adrienne.grech@um.edu.mt

Dr Maria Cassar
Principal supervisor
+356 2340 1139
maria.cassar@um.edu.mt

Appendix H

Guide questions for the online semi-structured interviews

“Exploring the push and pull factors affecting third-country migrant nurses in Malta”

DEMOGRAPHICS:

What is your age?

18 – 29

30 – 39

40 – 49

50 – 59

60+

What is your gender?

Male

Female

Transgender

Non-binary

Prefer not to answer

Other

Which of the following best describes the region where you come from?

Southeast Asia

Middle East

Americas

Eastern Europe

West Africa

Other

Which best describes your highest level of academic qualification as recognised in Malta (EQF)?

Undergraduate diploma / certificate or equivalent (EQF Level 5)

Appendix H (continued)

Bachelor's degree (EQF Level 6)

Postgraduate diploma/certificate (EQF Level 7)

Master's degree (EQF Level 7)

Doctoral degree (EQF Level 8)

GUIDE QUESTIONS:

For TCN nurses working in Malta:

1. What was your previous work experience?
2. How long have you been working as a nurse in general?
3. How long you been working as a nurse in Malta?
4. What was the main reason why you came to Malta?
5. What attracted you to come to Malta?
6. What three words would best describe your overall experience in Malta?
7. What are the positive and negative factors of living and working in Malta?
8. Why have you decided to stay in Malta?
9. Do you have plans in staying in Malta for good? (Yes, No, Why?)
10. Do you have any plans of moving and working in another country? (Yes, No, Why?)
11. If given the opportunity, what would you change/ improve in Malta?
12. Would you like to add anything further?

For TCN nurses who worked in Malta and moved to another country:

1. What was your previous work experience?
2. How long have you been working as a nurse in general?
3. How long have you worked as a nurse in Malta?
4. What was the main reason why you came to Malta?
5. What attracted you to come to Malta?
6. What three words would best describe your overall experience in Malta?
7. What are the positive and negative factors of living and working in Malta?
8. Why have you left Malta?
9. Have you considered going directly to the country you are presently in? (Yes, No, Why?)
10. Now that you have left for another country, have you regretted leaving Malta? (Yes, No, Why?)
11. If given the opportunity, what would you change/ improve in Malta?
12. Can you tell me something about the country you are residing in?
13. What are the positive and negative factors of living and working in the country you are residing in?
14. Would you like to add anything further?

Appendix H (continued)

For TCN nurses who worked in Malta and moved to another country, and returned to Malta:

1. What was your previous work experience?
2. How long have you been working as a nurse in general?
3. How long have you worked as a nurse in Malta?
4. What was the main reason why you came to Malta?
5. What attracted you to come to Malta?
6. What three words would best describe your overall experience in Malta?
7. What are the positive and negative factors of living and working in Malta?
8. Why have you left Malta?
9. Did you regret leaving Malta? (Yes, No, Why?)
10. Why did you come back to Malta?
11. Can you tell me something about your previous country?
12. If given the opportunity, what would you change/ improve in Malta?
13. Would you like to add anything further?

Appendix I

Guide Topics for the Online forum

“Exploring the push and pull factors affecting third-country migrant nurses in Malta”

Luiji John Karlo Suarez

0172300A

Guide topics for the anonymous online asynchronous forum:

TOPIC 1: Discuss your views about living and working as a TCN nurse in Malta.

TOPIC 2: State/ discuss your main reason why you came to Malta. What attracted you the most?

TOPIC 3: What are the main factors that motivated you to stay in Malta?

TOPIC 4: What are the main factors that motivated you to return to Malta? (For those who left and came back)

TOPIC 5: What are the main factors that motivated you to leave Malta?

TOPIC 6: Discuss your views about the things you would change/ improve in Malta.

TOPIC 7: Would you like to add anything further?

Appendix J

Data Management Plan

Data Management Plan

Title: Exploring the push and pull factors affecting third-country migrant nurses in Malta

Student: Luiji John Karlo Suarez

ID no.: 0172300A

Principal Supervisor: Dr Maria Cassar

Co-Supervisor: Ms Adrienne Grech

Types of Data to be collected and shared

1. Qualitative data will be collected. Participant consent will be sought beforehand. Data collection will be done through online semi-structured in-depth interviews and an online private asynchronous forum via secure and encrypted online platforms, namely Zoom and FocusGroupIt.
2. Demographic data (age, gender, region of origin, qualification level) will also be collected during audio-recorded interviews.
3. The raw data may only be accessed by the researcher. All data collected will be pseudonymised meaning that the transcripts will be assigned codes and that this data will be stored securely and separately from any codes and personal data.
4. The academic supervisors and the examiners will typically have access to coded data only. There may be exceptional circumstances that allow the supervisors and examiners to have access to personal data too, for verification purposes. If data is strictly required for verification purposes, the folder with the audio recordings will be shared with the supervision team or examiners via google drive with restricted sharing options and permission – only people with the link can access the folder. The researcher will only use the university's official email account which can only be accessed with 2-Step Verification, also called two-factor authentication in a registered device, which adds an extra layer of security to email access.

Storage, retention, and destruction of Data

A. Audio-recorded interviews

The coded audio recordings will be stored on the researcher's personal computer. The device will be password-protected, and data will be stored in a folder that is encrypted and password-protected. Anti-virus software has already been installed. Online interviews will be carried out

Appendix J (continued)

through Zoom. For confidentiality and security purposes, the researcher will activate the Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323).

Personal data and audio recordings will be kept on the researcher's computer (password-protected and encrypted) and will be destroyed after the final results are published.

B. Transcripts

Interview transcripts will be stored on the researcher's laptop, which is password-protected, in a folder that is also encrypted and password-protected. The transcripts will be anonymised. No personal data is included and information that may be identifiable (such as the initial self-introductions) will be deleted. The transcripts will be destroyed after the final results are published.

C. Consent forms

Consent forms will be stored on the researcher's laptop, which is password-protected, in a folder that is also encrypted and password-protected. The consent forms include the name, surname, and signature of the participants. These forms will be kept securely and will be destroyed after the final results are published.

D. Anonymous online forum thread

After the two-week anonymous online asynchronous forum, the discussion thread will be downloaded and will be kept on the researcher's laptop, which is password-protected, in a folder that is also encrypted and password-protected. Upon downloading, the discussion thread will then be deleted from the forum and will no longer be accessible to participants. Once the results are published, data will be retained as it is anonymous. Any personal details will be destroyed.

Security measures, Managing and maintaining the confidentiality of Data

A. Online semi-structured interviews

For confidentiality and security purposes, the researcher will be activating the Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323)'. Interviews will only be audio-recorded and will not be video-recorded. Utmost confidentiality will be maintained throughout

Appendix J (continued)

the study and the participant's identity and personal information will not be revealed in any publications, reports, or presentations arising from this research. The data may only be accessed by the researcher.

All data collected will be pseudonymised meaning that the transcripts will be assigned codes and that this data will be stored securely and separately from any codes and personal data. The coded audio recordings and transcripts will be stored on the researcher's personal computer and mobile that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard.

B. Anonymous online asynchronous forum

This online forum will be private and anonymous, and the discussion will only be accessible to the researcher and those eligible and invited participants. In the anonymous online forum, participants will be assigned a default username for the group (e.g., "Participant 1", "Participant 2", etc.). The researcher who will act as the group moderator and other participants will never see any of the personal information provided when registering initially for the platform (e.g., first name, last name, email address, username). The group moderator and participants will also be unable to associate your comments with your real identity in any exported data from the discussion. Once a forum is marked as anonymous, the moderator of the group will not be able to undo the group's anonymous setting to further ensure the participants' anonymity.

All data collected will be pseudonymised meaning that the transcripts of the discussion thread will be assigned codes and that this data will be stored securely and separately from any codes or personal data if any. The transcripts will be stored on the researcher's personal computer and mobile that are password protected and in an encrypted format. Any material in hard-copy form will be placed in a locked cupboard.

Utmost confidentiality will be maintained throughout the study and participants' identities and personal information will not be revealed in any publications, reports, or presentations arising from this research.

Appendix K

Critical Appraisal Tool (CAT) Guidelines for Descriptive Studies

52 | Part 3: Critical Appraisal Tools—Descriptive Study

CRITICAL APPRAISAL TOOL – DESCRIPTIVE STUDY

Key Question: _____

Author: _____ Year: _____ Ref ID: _____

Title: _____

Reviewer: _____ Date: _____

Refer to Descriptive Critical Appraisal Tool Dictionary for complete criteria. Complete only the section for the type of study design being appraised. Unless otherwise specified (by the phrase “any one item”), most or all of the applicable criteria listed for all ratings should be met for the item to get the identified rating.

A. Screening Question			
	Strong	Moderate	Weak
A1. Research question	Clearly focused. Highly relevant to Key Question. <input type="checkbox"/>	Fairly focused. Related to Key Question. <input type="checkbox"/>	Unclear or too broad. Unrelated to Key Question. <input type="checkbox"/>
Comments:			

Screening Decision		
<input type="checkbox"/> Reject (if weak)	OR	<input type="checkbox"/> Continue

B. Descriptive Exploratory Study			
	Strong	Moderate	Weak
B1. Study participants representative of target population	Random sampling and/or multiple recruitment / selection from various locations or groups; >50% agreed to participate (or ≥80% of exposed were tested). <input type="checkbox"/>	Random sampling not used but multiple recruitment/selection strategies used. Single source of participants; 30-50% agreed to participate (or 60-79% of exposed were tested). <input type="checkbox"/>	Random sampling not used. Recruitment/selection processes limited. Participants were volunteers; <30% agreed to participate (or <60% of exposed were tested). <input type="checkbox"/>
B2. Data collection sources and methods	No missing data. Assessors trained and clearly adhered to procedures. Biases minimized with respect to data collection procedures and measures. Clear temporal association. <input type="checkbox"/>	Minimal missing/inaccurate data. Assessors trained and likely adhered to procedures. Biases reduced with respect to data collection procedures and measures. Clear temporal association. <input type="checkbox"/>	Any one item: substantial missing/inaccurate data; unclear if assessors were trained; unclear if bias was reduced; or unclear temporal association. <input type="checkbox"/>
B3. Data collection instruments	Tools known to be valid and reliable. <input type="checkbox"/>	No attempt to assess validity and reliability of tools. Validity can be assumed based on questions asked and expertise of researchers. <input type="checkbox"/>	No attempt to assess validity and reliability of tools; neither can these be assumed. <input type="checkbox"/>

Appendix K (continued)

B4. Ethics <input type="checkbox"/> Not Applicable (see dictionary)	Approved by appropriate ethics review board or content indicates ethical conduct was ensured. Research report was not influenced. <input type="checkbox"/>	Not applicable.	Insufficient details provided regarding ethical conduct. Likelihood of research report being influenced could not be ruled out. <input type="checkbox"/>
B5. Statistics (See Table 5) Assess CI if reported	Appropriate statistics used (descriptive). Narrow CI with all values having the same direction of effect. Clearly adequate power. Results interpreted correctly. <input type="checkbox"/>	Appropriate statistics used. Reasonably narrow CI with uncertain direction of effect. Power likely adequate. Results interpreted correctly. <input type="checkbox"/>	Any one item: statistics were incorrect for the data; CI was wide; power was inadequate; or results were not interpreted correctly. <input type="checkbox"/>
Comments:			

Overall Conclusion	
<p>a) *Strength of study design: Weak</p> <p>b) Decision regarding quality of study: Consider your ratings for appraisal items 2-12 and identify the appropriate rating for quality.</p> <p><input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</p> <p>Rate the quality as HIGH if: most/all items rated strong, no weak items. Also, there are no major threats to the internal validity of the study or the ability to draw the conclusion that there is a possible association between the exposure and the outcome of interest.</p> <p>Rate the quality as MEDIUM if: either or both B2 or B5 were rated as moderate and neither rated as weak; other items rated as weak or moderate are insufficient to compromise ability to draw conclusions regarding a possible association between the exposure and the outcome of interest.</p> <p>Rate the quality as LOW if: either B2 or B5 was rated as weak; or other items rated as weak are sufficient to interfere with the ability to rule out other explanations for the findings and draw conclusions regarding a possible association between the exposure and the outcome of interest.</p> <p>c) Decision regarding directness of evidence</p> <p><input type="checkbox"/> Direct <input type="checkbox"/> Extrapolation</p> <p>*As per Table 1</p>	

C. Case Series/Case Report			
	Strong	Moderate	Weak
C1. Study participants representative of target population	Participants had characteristics similar to the larger group of interest. <input type="checkbox"/>	Not applicable	Participants were not similar to the larger group of interest. <input type="checkbox"/>
C2. Quality of description	Data collection methods were objective. Information bias reduced. Minimal missing information. <input type="checkbox"/>	Not applicable	Any one item: data collection methods were not objective, or details were incomplete and minimal efforts made to reduce information bias. <input type="checkbox"/>
Conclusion: Note: Write a statement about the credibility of the report and whether there appears to be aspects that warrant further research. A strength of study design and a quality rating cannot be assigned.			

Appendix L

Critical Appraisal Using CAT

Guide Key Question:			
What are the migration factors influencing the migration decisions of third-country migrant nurses?			
<i>Answerable by: STRONG/ MODERATE/ WEAK</i>			
A. Screening Question			
	Roth et al., 2021 (Germany)	Oda et al., 2018 (India)	Goh & Lopez, 2016 (Singapore)
A1. Research question	Strong	Strong	Strong
<i>Comments</i>			
Screening decision	Continue	Continue	Continue
B. Descriptive / Exploratory Study			
B1. Study participants and representatives of the target population	Weak	Moderate	Strong
B2. Data collection sources and methods	Weak	Strong	Strong
B3. Data collection instruments	Strong	Moderate	Strong
B4. Ethics	Strong	Weak	Strong
B5. Statistics	Strong	Moderate	Strong
<i>Comments</i>			
Overall conclusion (High/ Medium/ Low)	High	Medium	High

Appendix M

CASP tool for Qualitative Research



CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Appendix M (continued)



Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider
• what was the goal of the research
• why it was thought important
• its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider
• If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
• Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider
• if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

Appendix M (continued)



4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments:

Appendix M (continued)



6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
 - How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
 - If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
 - If approval has been sought from the ethics committee

Comments:

Appendix M (continued)



8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Appendix M (continued)



Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix N

Critical appraisal of Qualitative studies using CASP

CASP for Qualitative Studies				
Paper for appraisal and reference:	Norvedt et al., 2020 (Norway)	Nawalfeh, 2015 (Jordan)	Bidwell et al., 2014 (United Kingdom)	Alonso-Garbayao & Maben, 2009 (United Kingdom)
Section A. Are the results valid (Yes / Can't Tell / No)				
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes
2. Is qualitative methodology appropriate?	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issues?	Yes	Yes	Yes	Yes
6. Has the relationship between the researcher and participant been adequately considered?	Yes	Can't tell	Can't tell	Yes

Appendix N (continued)

Section B. What are the results? (Yes / Can't Tell / No)				
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes

Appendix O

CASP tool for Systematic Review



CASP Checklist: 10 questions to help you make sense of a **Systematic Review**

How to use this appraisal tool: Three broad issues need to be considered when appraising a systematic review study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Systematic Review) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Appendix O (continued)



Paper for appraisal and reference:

Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: An issue can be 'focused' in terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

2. Did the authors look for the right type of papers?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Look for

- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:

Appendix O (continued)



4. Did the review's authors do enough to assess quality of the included studies?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review have been combined, was it reasonable to do so?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- results were similar from study to study
- results of all the included studies are clearly displayed
- results of different studies are similar
- reasons for any variations in results are discussed

Comments:

Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

Appendix O (continued)



7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments:

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- the patients covered by the review could be sufficiently different to your population to cause concern
- your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- there is other information you would like to have seen

Comments:

10. Are the benefits worth the harms and costs?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- even if this is not addressed by the review, what do **you** think?

Comments:

Appendix P

NVivo codebook

Name	Description	Files	References
PULL FACTORS	Referring to factors that attract or retain TCN nurses in the context of migration.	9	68
<i>Availability of opportunities</i>	Refers to employment and educational opportunities.	6	7
Availability of jobs	Refers to the status of job availability, including nursing jobs, in Malta.	1	2
Opportunity to get an education, gain clinical experience, and CPD	Refers to the possibility of TCN nurses participating in further education, continuous professional development, and gaining clinical expertise in other nursing specialities.	5	5
<i>English-speaking country</i>	Refers to the benefits of Malta as a majority English-speaking country.	4	5
English-speaking country	Refers to how TCNs benefited from the ease of communication as Malta is an English-speaking country.	3	3
Exemption in English proficiency in the UK	Refers to the exemption of TCN nurses (who have worked in Malta for a year) from submitting proof of English proficiency to NMC UK for the purpose of nursing registration.	1	1
<i>Good quality of life</i>	Refers to the overall good quality of life in Malta as perceived by TCNs.	6	22
Generally safe environment	Refers to the overall sense of safety felt by TCN nurses residing in the country.	3	3
Laid back lifestyle	Refers to the relaxed and slow-paced lifestyle in the Maltese islands.	3	3

Name	Description	Files	References
Many things to do, leisure activities	Refers to social and recreational activities and the presence of diverse restaurants in Malta.	1	3
Pleasant weather, mild winters	Refers to Malta's year-round sunny weather and tolerable mild winters.	5	8
Seaside location	Refers to Malta's location being surrounded by the sea.	1	1
Short distances and availability of nearby services	Refers to the small size of the country, thus, the close proximity of basic services and easy access to purchasing goods.	2	2
Stability in general	Refers to the overall stability of TCNs.	1	1
<i>Maltese hospitality</i>	Refers to the friendliness and generosity of Maltese locals.	4	6
Maltese hospitality, friendliness	Refers to the friendliness and generosity of Maltese locals.	4	6
<i>Presence of family</i>	Refers to the presence of family members of TCNs prior to moving to Malta.	9	21
Family ties, family presence in Malta	Refers to the presence of family members of TCNs prior to moving to Malta.	8	15
Married to an EU spouse	Refers to TCN nurses married to EU nationals.	2	2
<i>Rich culture, civil and political rights</i>	Refers to Malta's culture and human rights.	4	14
A lot of Catholic churches	Refers to the availability and access to Catholic churches for Catholic TCN nurses.	1	1
Freedom, human rights	Refers to the unrestricted freedom felt by TCNs in Malta.	3	5
Religious freedom	Refers to the freedom of TCNs to practice their religion in Malta.	2	4

Name	Description	Files	References
Rich culture and history	Refers to the Malta as a country with rich cultural heritage and history.	3	4
PUSH FACTORS		9	122
<i>Bureaucracy in visa processing</i>	Refers to the barriers experienced by TCN nurses while applying for visa / work permit.	7	19
Bureaucracy in Identità, Challenges in yearly visa application	Refers to the challenges encountered by TCN nurses in the yearly application / renewal of work permits with Identità.	7	19
Difficulty in settling in and achieving stability	Refers to the difficulties encountered by TCNs during their initial arrival in the country and the barriers in achieving long-term stability.	9	22
Challenging process with nursing council registration	Refers to the challenges faced by TCNs during the registration process with Council for Nurses and Midwives Malta (CNM).	2	2
Difficulty in getting a loan	Refers to the challenges encountered by TCNs in obtaining a loan for the purpose of buying a property in Malta.	1	1
Difficulty in obtaining a property	Refers to the challenges encountered by TCNs in obtaining a loan for the purpose of buying a property in Malta.	2	2
Difficulty in obtaining Permanent Residency and Citizenship	Refers to the difficulty of TCNs in obtaining long-term permanent residency and Maltese citizenship despite having stayed in the country for a long-time.	6	12
Difficulty to settle in Malta	Refers to the overall sense of hesitancy of TCNs in making Malta as a permanent base.	1	1
Language barrier	Refers to the language barrier between TCNs and locals who are unable to communicate in English.	3	4

Name	Description	Files	References
<i>Issues in quality of life</i>	Refers to issues related to overpopulation, overdevelopment, infrastructure, traffic.	8	32
Difficult family reunification	Refers to the difficulty encountered by TCNs in bringing over direct family members/dependents in Malta.	3	3
Higher cost of living (incl. rent) in Malta	Refers to the high cost of living in Malta including accommodation and necessities.	7	8
Increasing criminality in Malta	Refers to TCN's perception of increasing criminality in Malta.	1	1
Inefficient public transportation and traffic	Refers to the challenges encountered by working TCNs when utilising public transport in Malta.	3	3
Lacking sense of security in living and working in Malta	Refers to the lack of sense of security (work permit and citizenship) of those TCN nurses who previously lived in Malta and moved elsewhere.	4	5
Lesser work benefits	Refers to the reduced benefits TCNs receive while working in Malta in comparison to the benefits they received in their previous country of work.	1	1
More freedom for dependents in other countries	Refers to the additional rights (employment) granted to dependents of TCN nurses working abroad.	1	3
Overpopulation, Overdevelopment and Pollution, Lack of green areas	Refers to the issues faced by TCN nurses in relation to infrastructure and environment.	2	7
<i>Less desirable work conditions</i>	Refers to the working conditions in Malta, which are comparatively inferior to those of other countries as perceived by TCNs.	6	13
Higher salary in other countries	Refers to the higher remuneration of TCN nurses working in countries	5	6

Name	Description	Files	References
Limited work-life balance	Refers to the challenges TCN nurses face in maintaining a satisfactory work-life balance while working in Malta.	2	2
Longer working hours compared to other EU countries	Refers to the longer working hours of nurses working in Malta than their counterparts.	2	2
Shorter visa validity in Malta	Refers to the short visa validity of TCN nurses (renewed annually).	2	3
<i>Racism and Inequality</i>	Refers to the unfair treatment and disparities experienced by TCN nurses in Malta.	7	31
Better job equality, equal opportunities abroad	Refers to the improved and equal opportunities in employment for TCN nurses who have moved abroad to work.	3	3
Cultural diversity and inclusivity in other countries	Refers to the diverse population and environment of TCN nurses working abroad, and their experience of inclusiveness in the workplace.	3	3
Difficulty in renting, finding accommodation (for TCNs of colour)	Refers to racial discrimination experienced by black TCN nurses from locals when seeking accommodation in Malta.	1	1
Discrimination, inequality in job applications and career progression	Refers to discrimination against TCN nurses and preference for locals in hiring and promotions.	4	6
Negative perception and disdain to foreigners, social stigma, unwelcoming feeling	Refers to the negative perception, stigma, and unwelcoming feeling experienced by TCNs.	5	18

This journal was helpful in allowing me to position myself as both a researcher and a TCN nurse. By acknowledging my own biases, prejudices, and baggage, I was able to write down my feelings and distance myself from any emerging issues that arose during my research study. Through writing, I was able to better manage my biases and remain faithful to the views of the participants, even when they were similar or differed from my own.

Appendix Q

Reflexive Journal

Reflexive Journal		
“Own your biases, but don’t be owned by them” -Naskar		
Research stage	Date	Reflection
Before data collection	12 th August 2022	<p>I think skilled third-country nationals should be more valued as a contributor to the Maltese community, especially TCN nurses. Some of my TCN friends who came to Malta invested a lot and had to shell out a big amount of money just to reach Malta – some of them even pawned their houses and properties hoping to improve their economic status and support their families back home. Starting their new lives, I witnessed first-hand their struggles and their victories (especially when they finally got their Maltese nursing registration).</p> <p>Although I had my fair share of struggles when I migrated to this country, I am still thankful that my initial years in Malta went by smoothly. Firstly, I did not come to Malta to work, I came here instead to pursue my master's degree. I initially thought of doing it in the UK, but I discovered that the UK university (where I graduated from) has a partner college here in Malta; hence, the tuition fee was cheaper, which was a big factor in choosing Malta.</p>

Coming from a family of professionals who valued education, my parents supported me all the way, even financially, from my tuition fees to my monthly allowances.

Within two years of staying in Malta, I met my partner and got married (he is an EU citizen). This made me feel advantageous. I do not need to renew my visa yearly, nor do I need any special authorisation to stay in the country. Having this privilege makes me think of my TCN friends, especially the struggles of everyday living as an expatriate. I feel sad realising that not all TCNs enjoy the same rights as I have.

It hurts me even more when locals look down on us TCNs - like when I hear Maltese stereotypes about Filipinos as domestic workers, carers, or live-in carers, “gib-filippina”. It seems like TCNs in general are only seen as a “commodity”, perceived as instruments to the benefit of the Maltese economy. It’s sad that people tend to generalise migrants.

One time, I attended a huge nursing conference, and to my surprise, parts of it were delivered in Maltese when it was obvious that there were a lot of attendees who were foreigners. At that same conference, a keynote speaker who delivered his speech in Maltese made remarks about migrant nurses and suggested that the Maltese healthcare system should follow the structure of Middle Eastern countries where locals are given managerial roles, and migrant nurses are given entry-level roles only. My friends and I felt so disappointed that we decided to just go home halfway through the conference.

Having mentioned all of these, I feel that my study can somehow be a platform to voice out the concerns of TCN nurses. This is mainly the reason why I decided to do this research. Of course, to have a balanced perspective, I will investigate both push and pull factors affecting TCN nurses in Malta.

I am already due for a promotion here in Malta as a Senior Staff Nurse. However, I plan to move to the UK next month to explore other opportunities. Most of my friends are specialist nurses there, and I have always wanted to specialise in Neuro or Stroke. I will give it a try, and if this venture does not work, I can always come back to Malta anytime having a permanent visa.

Before data collection 15th November 2022

Moving to a new country for work can be challenging, and sometimes the reality is quite different from what recruitment agencies promise. As a nurse working in the UK, I have found that the NHS is severely understaffed, and the workload is quite demanding. In the Stroke Unit where I work, I have to do almost everything, including tasks like ECGs, venepuncture, and IV cannulation, which are usually done by other professionals in Malta. Although carers take observations or vital signs, nurses are expected to explain the discharge letter to patients. This has made me appreciate the fact that I had more time with my patients in Malta, even though it was also busy.

Apart from the higher salary, living in the UK can be quite expensive. Unlike Malta, the council tax must be paid monthly, and electricity bills are higher due to the consistent use of heating during the winter. The weather can also be quite gloomy during the winter months, and

this can have an impact on mental health. Finding accommodation can also be challenging in the UK.

Considering these factors, I am considering returning to Malta early next year. I can easily go back to my previous role as a nurse in public service through the reinstatement route. In Malta, I would have more advantages, such as being on scale 8 (due to having a master's degree), not paying any rent (having a house of our own), having my own transport, and no electricity bills since we have PV panels. I know many colleagues who want to return to Malta from the UK but are unable to do so due to visa requirements, or the inability to renew their Maltese nursing registration. I believe that the government can still attract registered nurses who previously worked in Malta and are currently working in the UK by making some changes to this policy.

Data collection (online interviews)

4th August 2023

I find it truly fascinating to listen to the experiences of others through interviews. It's a great way to learn from their unique perspectives and enrich my own understanding of the world. During this interview, a black TCN nurse living in Malta shared her experiences of facing racism in various situations. While I empathise with her feelings, as a person of colour myself, I haven't encountered the same level of racial discrimination as she has. After our discussion, I feel that it is important to recognise that different groups may face different forms and degrees of racism. For instance, African migrants and those from Asian countries like myself may have different experiences. Nonetheless, it made me realise that we can all learn from each other's stories and work towards a more inclusive and equitable society.

Data collection (online interviews)	5 th August 2023	<p data-bbox="678 212 1428 1064">During the interview, I found myself relating to the participant who was married to an EU national. She shared her experience of living abroad for two years and returning to Malta without any visa or paperwork issues, which was similar to my own experience when I decided to come back to Malta from the UK. However, it is important to acknowledge that not all third-country nationals have the same rights as we do, and this can create significant challenges for them. The participant also mentioned her experience with some Europeans being hesitant to interact with non-EU individuals, which was not something I had ever encountered. This interview made me reflect that perhaps more things can be done to promote a greater awareness and understanding of the challenges faced by third-country nationals, and the importance of promoting inclusivity and diversity in our communities.</p> <p data-bbox="678 1142 1428 1400">Prior to the interview, I had a personal acquaintance with the participant in question. In order to maintain the integrity of the interview, we mutually agreed that we would set aside our personal relationship and conduct ourselves as strangers.</p>
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Data collection (online interviews)	6 th August 2023	<p>The participant voiced her concerns over the increasing crime rate in Malta, despite others mentioning how safe, peaceful, and laid-back the country is.</p> <p>In my opinion, Malta is generally safe, although there may be some petty crimes in certain busy areas. I had a personal experience where I lost my wallet with all my cards, but on the same day, I received a call from the police station informing me that they had found my wallet and that I could retrieve it. I was extremely grateful and happy to have my wallet back, and this experience proved that there are still good-hearted people in Malta despite some incidents of crime.</p> <p>It is crucial to recognise that the perception expressed by the participant is subjective and that all her emotions and perceptions are valid.</p>
Data collection (online interviews)	7 th August 2023	<p>During the interview, the participant shared her struggles with the yearly visa renewals for her husband and children. I can empathise with the challenges she and her family have faced. Although I had some bureaucratic issues with Identità when I first arrived, I have not had to renew my residence permit for a long time now as I am married to an EU national.</p> <p>Having a valid residence ID for five years has provided me with the freedom to reside in Malta without any restrictions. I can work full-time, part-time, or not at all, which has enabled me to focus on other aspects of my life while living in Malta. This flexibility has been a great advantage for me.</p> <p>Moreover, after five years, I will be eligible to apply for Maltese citizenship through registration, which is an</p>

		<p>exciting prospect. This will allow me to enjoy all the benefits of being a Maltese citizen, including the right to vote and the ability to travel visa-free to many countries. Overall, I acknowledge the difficulties that come with visa renewals, and I hope that the Maltese government can make the process smoother for those who have to go through it.</p>
Data collection (online interviews)	8 th August 2023	<p>During the interview, the participant highlighted her past experiences working in the Middle East, emphasising that life in Malta, a Catholic country, is vastly different and has had a positive impact on her. While I have never lived in a Middle Eastern country, I can only imagine the stark contrast. I did, however, spend some time living in a majority Muslim country, Malaysia, where my father was based in the late 90s. Even though I was only eight years old at that time, I vividly recall the country being open and not feeling restricted in any way.</p>
Data collection (online interviews)	10 th August 2023	<p>The participant felt an unwelcoming experience at her workplace, citing that her previous manager in the nursing home used to humiliate her in front of other staff, instead of privately resolving issues at work. Although I worked as a care worker in a nursing home in my early days in Malta, I have never experienced working as a staff nurse in an elderly home. As soon as I received my nursing warrant, I immediately worked in a hospital up until this writing. I have also never experienced being humiliated or shouted at in the hospitals where I practise (both public and private hospitals). Unexpectedly, I experienced bullying from another Filipino colleague while I was working in the UK.</p>

Data collection (online interviews)	11 th August 2023	<p>In in this interview, it was fascinating to listen to a fellow TCN migrant express his frustration with overpopulation. He repeatedly expressed disappointment with the increasing number of migrants in the country and how it negatively impacts his way of life. Locals often complain about the presence of foreigners in the media, and this interview provided another perspective on nurse migration. The interview made me realise that even another migrant can complain about the influx of migrants into the country.</p>
Data collection (online interviews)	20 th August 2023	<p>During the interview, the participant expressed his concern about the increasing cost of living in Malta and compared it to the UK where he currently resides. He specifically mentioned that food items, such as fruits and vegetables, are cheaper in the UK. While I agree that some basic goods have become more expensive in Malta, I must add that, having lived in the UK myself, I still found the overall cost of living to be higher there than in Malta. However, cost of living may differ in different parts in the UK. For instance, I lived in Cambridge which is one of the most expensive areas in the UK.</p> <p>He also highlighted that the possibility of specialising in the UK as a nurse. Though this might true, it is also possible for a nurse to specialise in Malta. In fact, there is a special register in the CNM for specialist nurses. As I see it, vacancies for such roles in Malta may only be made available based on the needs of the healthcare system which may not be as frequent given the country's small size as compared to the UK, with a lot of healthcare institutions.</p>

Data collection (online forum)	7 th September, 2023	<p>Most responses from participants in the anonymous forum were predominantly negative, despite questions being posed to extract balanced perspectives. Nevertheless, the forum provided a platform for participants to write thoughtful statements at their convenience, where they could safely express their views without fear or hesitation. Notably, in one thread, a participant composed an extensive statement comprising long paragraphs, which expounded on his/her negative experiences of the country. I somehow felt satisfied that the forum was able to do its job by making participants feel unhindered with sharing their views. However, to learn some of their personal struggles and hardships which are new to me can be quite disheartening.</p>
Findings and Discussion	28 th September 2023	<p>I was surprised when I discovered that the majority of the participants in my research study had relatives in Malta before they migrated. Although this may have played a role in their decision to move, it was something I could not personally relate to. When I arrived in Malta back in 2017, I had no contacts or family in the country. Another thing that surprised me is when one migrant referred to the fact that there are a lot of Catholic churches in Malta as a pull factor. Although born Catholic, I would not have considered this myself when I moved to Malta being a non-religious individual.</p> <p>What I can relate about the participants was when they mentioned about Malta as an English-speaking country. Coming from the Philippines where English is our second language, it was an advantage for me when I moved to Malta. It was helpful especially that the language of instruction in my postgraduate degree was in English.</p>

	<p>One participant mentioned that she came to Malta for educational purposes (aside from employment reasons). This was something I could relate to. As a person, I am quite ambitious. Before I came to Malta, I was already in a headship role back in the Philippines (earning a salary higher than average). I could say my life was comfortable. But because I valued education and I wanted to improve myself, I came to Malta to study. This made me realise that some migrants do not just come here for work but for other reasons as well. Having said that, I did not impose this view on my participants during the research process.</p> <p>At this stage of my research study, it was important to me that I stay committed to remaining faithful to the emerging data by not pushing my own perceptions and biases to a certain direction. The discussions I had with my supervisors helped me further reflect on this matter.</p>
<p>23rd October 2023</p>	<p>I attended a meeting as a member of the working group of the Health Workforce Strategy of the Ministry for Health Malta which tackles relevant issues of a multi-cultural workforce in the country. As I am about to finish my dissertation at this stage, I was careful that our discussions and agenda in the work group should not influence my data.</p>
<p>18th November 2023</p>	<p>Constructing the illustration that presents the multi-dimensionality of nurse migration phenomenon in Malta took me around 2 weeks to create. I kept updating because I want to ensure that it nearly reflects that complex and dynamic nature of the TCN nurse migration which was revealed in my findings. Honestly, it was a bit challenging to create an illustration using a static picture which features migration factors that are dynamic and multi-dimensional.</p>

Conclusion	23 rd November 2023	<p>I feel satisfied with the formulated conclusions and recommendations, and I see them relevant in the field of nurse migration specifically in the local context. I hope my research study can contribute to knowledge in this regard. I plan to disseminate my research study to the relevant authorities, so it serves its higher purpose which is to improve the lives of TCN nurses as human beings and who belong to key workforce in Malta.</p> <p>I also feel grateful that in this research study TCN nurses opened and shared their experiences with me. The statements they shared are very personal.</p>
	25 th November 2023	<p>Being a member of the working group of MFH is a good opportunity to make use of my research study's findings. I feel that this serves as a perfect medium where I can share and contribute to the findings of my research study. Debates regarding migration in Malta (and in other countries) are often inflamed by anti-migration populist discourse which only increases fear and prejudice. Policymaking should be evidenced-based and thus, discussions should be informed by research.</p> <p>Looking back, it made me realise that I really like the illustration of the migration factors that I formulated in this research study as I get to show the difference between Lee's model as compared to my own findings. I am hoping this can contribute to knowledge.</p>