

**Crisis-Driven Migration: Determinants of Sri Lankan Healthcare Professional
Migration to the United Kingdom**

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Abstract

The migration of healthcare professionals from global south to the global north has intensified post-covid, raising significant concerns for the sustainability and health system resilience in sending countries. The 2022 economic crises in Sri Lanka marked a critical turning point in this trend, triggering a rapid acceleration in the mobility of Sri Lankan healthcare professionals to countries such as the United Kingdom.

This research examines the root causes of post-crisis brain drain among Sri Lankan healthcare professionals through the application of the Aspirations-Capabilities-Catalysts (ACC) framework. Drawing on semi-structured interviews with Sri Lankan healthcare professionals currently employed in the UK, the study explores how long-standing migration aspirations and gradually accumulated migration capabilities interacted with crisis conditions to produce sudden and decisive migration outcomes.

The findings indicate that migration aspirations and capabilities existed well before the 2022 crisis but were insufficient on their own to explain the timing of migration decisions. Instead, the economic crisis functioned as a third factor of activation, a catalyst, compressing decision-making horizons, intensifying uncertainty, and eroding trust in institutional recovery. This transformed latent or dormant migration potential into immediate action, often framed by participants as “now or never” decisions. This study offers a conceptual clarification by integrating insights from Lee’s push–pull framework and de Haas’s Aspirations-Capabilities framework into the ACC framework. In the ACC framework, the place of origin and the place of destination are reconceptualised as mixed catalytic environments rather than as sites of unidirectional push or pull. Both locations contain positive catalysts that activate migration as well as negative catalysts that restrain it.

This research argues that while de Haas’s Aspirations–Capabilities framework provides a robust account of agency and structure in migration decision-making, it is analytically limited in explaining crisis-driven activation processes. Aspirations–Capabilities framework formalises aspiration as the socially shaped desire to migrate, analytically distinct from the capabilities which are a stock of resources or permissions yet relatively limited emphasis on the activation moment—that is, the temporal and contextual conditions under which latent or dormant aspirations and capabilities are transformed into observable action. This gap suggests to reconceptualise aspirations and capabilities in migration scholarship as context-contingent and time sensitive potentials whose activation is shaped by the third dimension of catalyst. From this theoretical gap, the Aspiration-Capabilities-Catalysts framework emerges.

By foregrounding this reconceptualization, the study contributes to migration scholarship of healthcare professionals highlighting the importance of catalysts in workforce mobility during different contexts such as crises.

Keywords: Brain drain; Healthcare professionals; Human resources; Migration; Aspirations capabilities and catalysts; Economic crisis; Sri Lanka

1. Introduction

The international migration of healthcare professionals from low and middle-income countries to high-income destinations has become one of the most critical challenges facing global health systems. Persistent workforce shortages in developed economies, combined with structural constraints in developing countries, have generated sustained patterns of skilled migration that reshape national healthcare capacities and human resource planning (Joshi et al., 2023; Sweileh, 2024). Within this broader context, Sri Lanka represents a particularly acute case following the economic crisis that culminated in the country's sovereign debt default in 2022.

Healthcare professionals constitute a strategically vital segment of national human capital. Their training is heavily subsidised by the public sector, and their retention is essential for maintaining service delivery, institutional continuity, and long-term health system resilience. The large-scale departure of Sri Lankan doctors, nurses, and allied health professionals in the aftermath of the economic crisis therefore poses serious implications for workforce sustainability, equity of care, and post-crisis recovery (Abeysooriya et al., 2023). While migration from Sri Lanka is not a new phenomenon, the post-2022 surge among healthcare professionals differs in its intensity and timing. Available evidence indicates a marked intensification of healthcare professional migration following the pandemic and the 2022 economic crisis. An estimated 7% growth in medical and healthcare professional migration reported while nearly estimated 1489 doctors migrated between 2022 and 2024 which is far above the previous annual average of 200 individuals (Niriella et al., 2025).

Although comprehensive real-time migration statistics remain limited, the convergence of administrative estimates, workforce reports, and professional accounts points to a clear post-crisis acceleration rather than a continuation of long-term trends. (IOM 2024; Abeysooriya et al., 2023). Existing migration theories, including push-pull models and human capital approaches, offer partial explanations focused on wage differentials, working conditions, and career opportunities. However, these frameworks struggle to explain why migration accelerated so rapidly following the crisis, given that many of the underlying structural constraints existed long before 2022.

This study adopts the Aspirations-Capabilities framework as its primary analytical lens to examine healthcare professional migration in the Sri Lankan context (de Haas, 2021). The framework's strength lies in its integration of individual agency and structural conditions, conceptualising migration as the capability to choose where to live rather than a simple response to economic pressure. However, findings from this research suggest that the framework is less equipped to explain how migration decisions are activated during periods of sudden systemic disruption.

Accordingly, this research empirically examines the root causes of post-crisis healthcare professional migration from Sri Lanka to the United Kingdom and to identify a conceptual gap within the Aspirations-Capabilities framework concerning crisis-driven activation mechanisms. While the Aspirations-Capabilities framework has been widely recognised for its

ability to integrate individual agency and structural conditions in migration decision-making (de Haas, 2010; Carling and Schewel, 2020), its binary structure shows analytical strain when applied to crisis-driven or rapidly shifting contexts. As illustrated by the migration of Sri Lankan healthcare professionals following the 2022 economic crisis, multiple triggering forces emerged that pushed or enabled migration action within compressed timeframes. These forces do not fit neatly within the categories of aspirations or capabilities alone. Rather, they operate as catalysts, activating or constraining migration decisions at specific moments by reshaping perceptions of risk, urgency, and feasibility.

In this context, the study identifies the need for an Aspirations-Capabilities-Catalysts (ACC) framework as a conceptual extension that makes explicit the role of activation mechanisms alongside aspirations and capabilities. By doing so, the paper contributes to human resource and workforce mobility debates by offering a more temporally sensitive approach to understanding migration in crisis-affected and similar sudden systematic disruption settings.

2. Theoretical Part

2.1 Brain Drain and Healthcare Professional Migration

The migration of healthcare professionals from developing to developed economies has been extensively documented in the literature on brain drain, global labour mobility, and health workforce planning. Research consistently identifies wage differentials, poor working conditions, limited career progression, and institutional instability as central drivers of healthcare migration from the Global South (Wickramasekara, 2015; Joshi et al., 2023). For destination countries such as the United Kingdom, international recruitment has become an institutionalised strategy for addressing chronic staffing shortages caused by ageing populations, rising healthcare demand, and insufficient domestic training capacity.

From a human resource perspective, healthcare migration represents both a labour market adjustment mechanism and a systemic risk. While destination countries benefit from an inflow of skilled professionals, source countries experience workforce depletion, loss of public investment in training, and increased pressure on already fragile health systems (Abeysooriya et al., 2023). These effects are particularly pronounced in public healthcare systems where retention relies heavily on professional commitment, social embeddedness, and expectations of long-term stability. Recent scholarship highlights that migration flows often intensify during periods of crisis, including economic collapse, political instability, and institutional breakdown (Vezzoli, 2015; Greenberg et al., 2025). Crises alter risk perceptions, disrupt professional norms, and weaken retention mechanisms that previously anchored workers to national institutions. However, much of the crisis-migration literature continues to rely on push-pull explanations, treating crises as amplified push factors rather than examining how they transform decision-making processes.

In the Sri Lankan context, the 2022 economic crisis was characterised by severe currency devaluation, shortages of essential medical supplies, fuel scarcity, declining real incomes, and erosion of trust in state institutions (Asian Development Bank, 2024). These conditions directly

affected healthcare professionals' ability to perform their roles and undermined confidence in the future viability of the public health system. Yet structural challenges such as workload pressure, limited professional autonomy, and constrained career pathways had existed for decades prior to the crisis. This raises a critical question for workforce and migration research: why did large-scale migration materialise when it did, rather than earlier? Addressing this question requires analytical tools capable of explaining not only why individuals desire or are able to migrate, but also when migration decisions are activated.

2.2 The Aspirations–Capabilities Framework

The Aspirations–Capabilities framework conceptualises migration as the outcome of individuals' aspirations to migrate and their capabilities to do so within specific structural contexts (de Haas, 2021). Unlike traditional push–pull models, the framework emphasises agency, recognising that migration is not merely a reaction to adverse conditions, but a choice shaped by perceptions of attainable futures. Importantly, it also conceptualises staying as an outcome of constrained or satisfied aspirations, rather than as migration failure.

Across migration scholarship, aspiration and capabilities have been conceptualised in multiple but partial ways. In classical economic theory, migration-related aspiration is implicitly framed as income maximisation in response to wage differentials (Ravenstein, 1889; Hicks, 1963). Push–pull models define aspiration as attraction toward perceived advantages in destination areas (Lee, 1966). Structural and world-systems approaches treat aspirations as socially produced expectations embedded within global inequality structures (Wallerstein, 1974; Massey et al., 1993). Aspirations are understood as forward-looking desires for improved wellbeing, professional fulfilment, and life quality, shaped by social comparison, information flows, and observed outcomes within reference groups (Aslany et al., 2021). In Aspirations–Capabilities framework, de Haas (2010; 2021) formalises aspiration as the socially shaped desire to migrate, analytically distinct from the capabilities required to realise that desire.

Capabilities refer to the resources, skills, legal pathways, and social networks that make migration feasible. Within healthcare professions, these capabilities often include internationally recognised qualifications, language proficiency, and transnational professional networks. Early discussions on capability were rooted in welfare economics and the critique of evaluating advantage purely through income, utility, or resources. The modern capabilities tradition is associated with Sen's intervention, where capability was framed as substantive freedom—what people are genuinely able to do and be, rather than what they possess (Sen, 1979; Sen, 1992; Sen, 1999). In this framing, functioning refer to achieved doings and beings, while capabilities refer to the real opportunity to achieve them (Sen, 1992; Sen, 1999). Building on Sen, Nussbaum advanced a more explicitly normative account by proposing a list of central human capabilities that should be secured as a matter of dignity and justice (Nussbaum, 2000; Nussbaum, 2009).

Within Aspirations-Capabilities framework, capability is operationalised as relatively static “stocks” such as resources, networks, and institutional/legal access (de Haas, 2021) despite strong theoretical reasons to treat it as dynamic, context-contingent, and time-sensitive element. The Aspirations-Capabilities framework has been widely applied to skilled migration and healthcare mobility, offering valuable insights into why similarly positioned individuals respond differently to the same structural conditions. However, its primary analytical strength lies in explaining who migrates and under what conditions, rather than when migration decisions crystallise. In contexts of sudden crisis, where aspirations and capabilities may remain relatively stable, the framework provides limited guidance on how latent migration potential is transformed into immediate action.

This limitation has important implications for human resource management and workforce planning. Healthcare retention strategies often assume gradual decision-making and predictable career trajectories. Crisis conditions disrupt these assumptions, suggesting the need for analytical approaches that account for activation mechanisms operating between aspirations, capabilities, and observed migration behaviour.

2.3. Identifying the Conceptual Gap: From Aspirations-Capabilities to Catalytic Activation

The Aspirations–Capabilities framework provides a powerful analytical lens for understanding migration by integrating individual agency with structural constraints (de Haas, 2021). Its central contribution lies in shifting attention away from simplistic push–pull explanations toward the conditions under which individuals are able and willing to migrate. Within this framework, migration outcomes are shaped by the interaction between aspirations (what people want) and capabilities (what people are able to do).

However, empirical evidence from the Sri Lankan healthcare sector reveals a critical limitation when the framework is applied to crisis contexts. Findings from this study demonstrate that both migration aspirations and migration capabilities were present among healthcare professionals long before the 2022 economic crisis. Many participants had expressed dissatisfaction with career progression, professional autonomy, and long-term prospects within Sri Lanka’s public healthcare system for several years prior to the crisis (Abeysooriya et al., 2023; Dharmasiri, 2024). Similarly, migration capabilities, such as internationally recognised qualifications, English language proficiency, and awareness of UK recruitment pathways—had accumulated gradually over time.

Despite the coexistence of aspirations and capabilities, large-scale migration did not materialise during this pre-crisis period. Instead, migration decisions were frequently postponed, deferred, or consciously resisted. Participants described strong professional commitment, moral obligation to serve locally, and hope for institutional recovery as factors that constrained migration, even when aspirations and capabilities were present. This empirical pattern suggests

that aspirations and capabilities alone are insufficient to explain the timing of migration decisions.

The 2022 economic crisis marked a decisive rupture in this equilibrium. The crisis did not create migration aspirations *ex nihilo*, nor did it suddenly generate migration capabilities. Rather, it altered the decision-making environment in which existing aspirations and capabilities were evaluated. Severe currency devaluation, shortages of essential medicines and equipment, fuel scarcity, declining real incomes, and the erosion of trust in state institutions fundamentally reshaped risk perceptions (Asian Development Bank, 2024). Under these conditions, previously tolerable constraints became unacceptable, and previously deferred plans were reframed as urgent necessities.

This study therefore identifies a conceptual gap within the Aspirations–Capabilities framework: the absence of an explicit mechanism to explain how migration decisions are activated during periods of systemic shock. The empirical evidence points to the presence of catalytic conditions, crisis-driven forces that compress time horizons, intensify uncertainty, and transform latent migration potential into immediate action.

To further clarify this activation gap, Lee’s push–pull theory (Lee, 1966) can be reinterpreted through the ACC lens as describing behavioural conditions rather than direct causal forces. In Lee’s original formulation, push factors at the place of origin, pull factors at the place of destination, and intervening obstacles jointly shape migration outcomes. However, when viewed dynamically, these factors do not operate as unidirectional pressures but as positive and negative catalysts that influence the timing and urgency of migration decision-making. At the place of origin, conditions such as economic crisis, institutional breakdown, and professional stagnation function as positive catalysts that accelerate exit decisions, while family ties, cultural attachment, and social status operate as negative catalysts that restrain migration. Similarly, at the destination, opportunities for professional advancement, diaspora support, and favourable immigration pathways act as positive catalysts, while restrictive policies, cultural distance, and uncertainty act as negative catalysts that raise activation thresholds. Lee’s concept of intervening obstacles, when viewed through the ACC framework, correspond to capability agency, determining whether individuals are able to mobilise resources and execute migration once catalytic conditions intensify (de Haas, 2010). This reinterpretation reveals that Lee’s framework implicitly captures activation dynamics but lacks an explicit temporal mechanism. The ACC framework makes this mechanism visible, thereby bridging classical push–pull explanations with the activation gap identified in the Aspirations–Capabilities framework.

From this perspective, the economic crisis functioned not as a root cause of migration, but as a catalyst that activated pre-existing aspirations and capabilities. This catalytic role helps explain why migration surged rapidly after the crisis, despite the long-standing nature of structural dissatisfaction. Recognising this activation layer does not undermine the Aspirations–Capabilities framework; rather, it reveals an empirically grounded extension point.

This paper therefore positions catalytic conditions as an analytically distinct dimension operating between aspirations, capabilities, and observed migration outcomes. While a full formalisation of an Aspirations-Capabilities-Catalysts (ACC) framework lies beyond the scope of this conference paper, the findings provide strong empirical justification for such an extension. Identifying this gap contributes to migration theory by highlighting the importance of timing, thresholds, and crisis dynamics in workforce mobility decisions, particularly within essential public service professions such as healthcare.

3. Methods

3.1 Research Design

This study adopts a qualitative research design to examine the migration decision-making processes of Sri Lankan healthcare professionals in the aftermath of the 2022 economic crisis. A qualitative approach is particularly well suited to exploring how individuals interpret uncertainty, risk, and institutional breakdown, as well as how aspirations and capabilities are re-evaluated under crisis conditions (Saunders et al., 2023).

From a human resource perspective, healthcare migration involves complex subjective judgments concerning professional identity, ethical obligation, family wellbeing, and career sustainability. These dimensions are not easily captured through quantitative indicators alone. Qualitative inquiry therefore enables a deeper understanding of how healthcare professionals construct meanings around migration and how crisis conditions reshape these constructions.

3.2 Sample and Data Collection

Participants included doctors and allied health professionals who migrated following the economic crisis. Purposive sampling was employed to ensure that participants had direct experience of working within Sri Lanka's healthcare system prior to migration and could reflect comparatively on pre- and post-crisis conditions.

3.2.1 Sample

Sixteen participants were recruited through email, community networks, and a purposive sampling technique.

The sample inclusion and exclusion criteria are as follows;

- Medical professionals originally from Sri Lanka who are now living and working/worked as medics in the United Kingdom.
- Must have studied/practiced medicine in Sri Lanka and currently (or recently) working in the UK since the year 2022.
- The must be resident in the UK with the exception of Birmingham, Cambridge, Manchester, London, Preston, Oxford, Wales which were excluded due to feasibility and access.
- Doctors who were not working in the health care system in UK for at least a minimum 1 year, and Sri Lankan doctors who were not trained nor registered in Sri Lanka were excluded.

Semi-structured interviews allowed flexibility to explore individual migration trajectories while maintaining consistency across key thematic areas. Interview questions focused on professional experiences in Sri Lanka, long-term career aspirations, awareness of migration opportunities, decision-making timelines, and the perceived impact of the economic crisis on migration choices. This approach enabled the identification of both shared patterns and individual variation.

3.3 Data Analysis

Interview data were analysed using thematic analysis, following a systematic and iterative process of familiarisation, coding, theme development, and refinement. This method is well established in migration and workforce research and is particularly effective for identifying explanatory patterns across qualitative datasets (Braun and Clarke, 2006).

Analysis was guided by the Aspirations–Capabilities framework while remaining open to emergent themes not fully captured by existing theory. This abductive approach allowed empirical findings to inform theoretical reflection, particularly in relation to crisis-driven activation processes. Themes were developed inductively from the data and subsequently interpreted in relation to aspirations, capabilities, and catalytic conditions.

3.4 Ethical Considerations

Ethical approval was obtained prior to data collection. The Ethics Committee of the University of Central Lancashire (University of Lancashire) approved this study. All participants were provided with detailed information about the study and gave informed consent before participating. Confidentiality and anonymity were strictly maintained, and all identifying information was removed from interview transcripts and subsequent analysis. Given the sensitivity of discussing professional dissatisfaction and institutional decline, particular care was taken to ensure that participants could speak freely without fear of reputational, institutional, or professional repercussions. Participation was entirely voluntary, and participants retained the right to withdraw from the study at any stage without consequence.

4. Findings

Analysis of the interview data revealed three interrelated core themes that together explain the post-crisis migration of Sri Lankan healthcare professionals to the United Kingdom:

- (1) long-standing migration aspirations
- (2) gradually accumulated migration capabilities
- (3) the economic crisis as a catalytic activation mechanism.

In addition, two cross cutting analytical sub-themes were identified.

- (4) Interplay Between Aspirations, Capabilities, and Crisis Conditions.
- (5) Crisis-Induced Reframing of Risk and Professional Identity.

Together, these findings demonstrate how migration potential existed well before the crisis but was only transformed into realised once catalytic conditions emerged.

4.1 Long-standing Migration Aspirations

Across all interviews, participants indicated that aspirations to migrate had developed gradually over many years. These aspirations were closely linked to perceptions of limited career progression, restricted professional autonomy, heavy workloads, and concerns about long-term professional sustainability within Sri Lanka's public healthcare system (Abeysooriya et al., 2023; Dharmasiri, 2024).

Importantly, migration aspirations were rarely framed as immediate intentions. Instead, participants described migration as a "future option" or a "backup plan," often contingent on improvements or deterioration in national conditions. Several respondents emphasised strong emotional attachment to Sri Lanka, professional pride, and ethical responsibility to serve the local population, particularly during the COVID-19 pandemic. These factors acted as powerful counterweights to migration aspirations. Extracts from participants follows as,

Participant 11: "Honestly, when I moved to the UK I wasn't really sure whether I'm going to stay here or not, to be honest, to say whether I had a very long term plan of establishing here. Yeah, I think, yeah." (Source: Field data)

Participant 7: "However, the work satisfaction is not here. It's there. Compared to Sri Lanka, it's very much less. And of course, in Sri Lanka as a consultant, we are the leader" (Source: Field data).

This finding is significant from a human resource perspective. It suggests that dissatisfaction alone does not automatically translate into workforce exit. Aspirations can coexist with commitment, loyalty, and institutional attachment for extended periods. Migration aspirations therefore functioned as a latent orientation rather than a direct predictor of behaviour.

4.2 Accumulated Migration Capabilities

In parallel with aspirations, participants had gradually accumulated migration capabilities over time. Most possessed internationally recognised professional qualifications, English language proficiency, and clinical experience aligned with UK healthcare standards. Many were well informed about overseas recruitment processes, licensing requirements, and visa pathways, even while continuing to work in Sri Lanka. Extract from participant 14 follows,

"Yeah. Even when I go back home by train, I do courses/training, I engage in teaching programmes even now." (Source: Field data).

Transnational social networks played a critical enabling role. Participants frequently referred to colleagues, former classmates, or relatives already working in the UK who provided information, reassurance, and practical guidance. Extract from the following participants evidence this.

Participant 11, “I mean, before coming here, yes, I speak to colleagues who have been working here, ask for their experience to have a picture of how the life would be. How would it like? (Source: Field data).

Participant 12, “but and I should mention there are few colleagues. Who helped a lot. If they didn't help me, I'm I. I was in the real trouble at the beginning, so they...they help me a lot” (Source: Field data).

Participant 9: “So for me, when I express when the crisis everything is there, actually I didn't search for jobs, I gave a call to my boss and said I am willing to come back. You do you have a post, so they advertise a post for me and had the interview especially for me and got me within 3-4 months.” (Source: Field data).

These networks reduced uncertainty and lowered perceived risks associated with migration (Vezzoli, 2015). Despite possessing these capabilities, many participants deliberately delayed migration decisions. Some reported having declined overseas opportunities in earlier years, choosing instead to remain in Sri Lanka in the hope of institutional recovery or personal fulfilment. This underscores a key insight of the Aspirations-Capabilities framework: capabilities represent potential mobility, not migration itself (de Haas, 2021).

4.3 Economic Crisis as a Catalytic Activation Mechanism

The 2022 economic crisis emerged as the decisive turning point in participants' migration trajectories. Respondents consistently described the crisis as a moment of rupture characterised by currency collapse, shortages of essential medicines and equipment, fuel scarcity, declining real incomes, and deteriorating working conditions (Asian Development Bank, 2024).

A defining feature of this period was temporal compression. Decisions that had previously been postponed were suddenly reframed as urgent and unavoidable. Participants frequently used phrases such as “now or never” and “no future if we stay,” indicating a sharp contraction of perceived time horizons. Extracts from participants demonstrates this;

Participant 13: “Definitely that financial crisis. Because it landed right on the time I was planning to go back. That was maybe fate, I don't know. But, that was that and, now or never situation was the trigger for us to decide to stay here.” (Source: Field data)

Participant 12: “with this economic crisis, that was a real turning point. With this economic crisis, I realised that there's no future.” (Source: Field data)

Participant 9: “to compensate (the low wage in public service) we engaged in private practise. So which was reasonable, but it's takes the most of additional time from us which we should have been with our family. So, that was in imbalance before the crisis. But with the crisis, with everything going over the roof. (Source: Field data)

Participant 3: “number one was... because during the economic crisis, when the schools closed, we had a huge fuel crisis, so that really affected us.” (Source: Field data)

The crisis also eroded trust in state institutions and healthcare governance. Many participants expressed a loss of confidence in the government's ability to stabilise the economy or protect the healthcare system in the medium term. Remaining in Sri Lanka came to be perceived as more risky than migrating, reversing earlier risk assessments. Extracts from participants follow,

Participant 8: *"After my patient died due to lack of oxygen, I decided I had to leave."* (Source: Field data)

Participant 3: *"The other thing is what I felt is when, when compared to UK, the Sri Lankan system- they are not actually listening to the people. They're not listening to people's problems"* (Source: Field data)

Participant 13: *"So, it was a very, very hard decision for both of us because we came to realisation if we go back, we are putting our kids at risk of not getting a good education and not getting the exposure to a decent society, that is what I would say. At that time law and order was not there in Sri Lanka and I did not want my kids to experience."* (Source: Field data)

Crucially, the crisis did not generate new aspirations or capabilities. Instead, it activated what already existed. In this sense, the economic crisis functioned as a catalyst, transforming latent migration potential into immediate migration behaviour. This finding is central to understanding why migration surged rapidly after 2022 despite long-standing structural challenges.

4.4 Interplay Between Aspirations, Capabilities, and Crisis Conditions

Beyond the three primary themes identified, the data reveal a critical interactional dynamic between aspirations, capabilities, and crisis conditions. Participants did not describe these elements as isolated factors; rather, they experienced them as mutually reinforcing forces whose significance shifted over time. Prior to the crisis, aspirations and capabilities existed in a state of relative equilibrium, moderated by professional commitment, social embeddedness, and expectations of institutional continuity. Several participants explained that although they were aware of overseas opportunities and possessed the means to migrate, they continued to invest emotionally and professionally in Sri Lanka's healthcare system. Extracts from participants follow.

Participant 10: *"I don't know how to tell that in English, but you don't have that. But if you ask me where I would prefer to work, it will always be Sri Lanka, because the satisfaction that I get by serving the people in Sri Lanka, it's a different level of satisfaction."* (Source: Field data)

Participant 7: *"Right. All the other people they follow. What? Whatever our decisions, right, so we have more kind of leadership role, more autonomy there. But in here we don't have that autonomy. We have to follow non-medical managers' decisions. Right. We always have a. We always fight for that in UK because of the reason the work satisfaction is less, I would say. So that's why I'm thinking is this."* (Source: Field data)

This suggests that aspirations were not purely individualistic or economically motivated but were embedded within broader professional identities and ethical commitments (Abeysooriya

et al., 2023). Migration aspirations therefore remained latent-present but inactive. The crisis disrupted this equilibrium by fundamentally altering the context in which aspirations and capabilities were evaluated. Capabilities that had once been considered optional or aspirational suddenly became urgent resources for survival and security. Similarly, aspirations that had previously been deferred were reinterpreted as necessary responses to systemic collapse. This interaction illustrates that migration decisions are not linear outcomes of aspiration or capability accumulation, but context-sensitive processes activated by catalytic shocks.

4.5 Crisis-Induced Reframing of Risk and Professional Identity

A further insight emerging from the data relates to how the economic crisis reshaped participants' understanding of professional risk. Prior to 2022, many healthcare professionals viewed migration as risky due to uncertainty surrounding accreditation, relocation, and family disruption. Remaining in Sri Lanka, despite its challenges, was perceived as professionally safer and morally defensible. The crisis reversed this risk calculus. Participants described how shortages of medicines, deteriorating infrastructure, and declining real wages undermined their ability to practise safely and ethically. Several respondents expressed concern that continuing to work under crisis conditions posed risks not only to their own wellbeing but also to patient safety. In this sense, migration was reframed not as abandonment, but as a rational and responsible professional decision. Extracts from participants follow.

Participant 1: *“The healthcare system is not properly managed and it's not like systematic, systematically managed, and it's not run electronically. So, there are a lot of data missing and then Infrastructure is very different.”* (Source: Field data)

Participant 2: *“I couldn't treat patients properly; even basic antibiotics were unavailable.”* (Source: Field data)

Participant 3: *“I used to do lot of operations without intra operated X-ray facilities. That is quite unacceptable.”* (Source: Field data)

Participant 6: *“My salary was not enough to survive, let alone save.”* (Source: Field data)

From an HR perspective, this reframing is critical. It suggests that workforce exits during crises may reflect a breakdown in the psychological and ethical contract between professionals and institutions, rather than opportunistic mobility. This deepens understanding of why retention collapses rapidly under systemic stress.

5. Discussion

The findings of this study provide strong empirical support for the Aspirations-Capabilities framework as a valuable lens for understanding healthcare professional migration. Persistent migration aspirations explain why individuals consider migration as a desirable life option, while accumulated migration capabilities explain how migration becomes feasible in practice.

Accordingly, the migration of Sri Lankan healthcare professionals to UK after the 2022 economic crisis is the outcome of individual healthcare professional's aspirations to migrate and their capabilities to do so within crisis-driven structural contexts. The emphasis is on agency, recognising that migration is not merely a reaction to adverse conditions, but a choice of individuals shaped by perceptions of attainable futures. Individual healthcare professionals migrated as an outcome of their satisfied aspirations. Aspirations and capabilities together account for who is able to migrate and under what structural conditions.

However, the framework becomes analytically limited when applied to crisis contexts, particularly in explaining the timing of migration decisions. In this study, aspirations and capabilities coexisted for extended periods without producing large-scale migration. Many participants described migration as a life-course process. Their positions on the aspirations-capabilities spectrum shifts across generations, and across the life cycle. Therefore, sudden acceleration of migration following Sri Lanka's 2022 economic crisis cannot be explained by changes in aspirations or capabilities alone, as neither dimension experienced a rapid transformation at the onset of the crisis.

Next, aspirations-capabilities framework explains at a given moment whether an agency could migrate, based on where they sit on the aspirations-capabilities spectrum. But it is limited in theorizing the mechanisms through which aspirations and capabilities evolve over time, or get transformed by the process itself. This static nature is further intensified that it either underweight, insufficiently theorize, or does not fold external triggering factors into the framework. Real-world migration involves many external factors that converts latent or dormant migration potential into realized migration action. The core of aspirations-capabilities framework is fundamentally oriented around agency where aspirations are in individual's minds and capabilities are located in their resource endowments. The external factors are concerned as background context that shapes aspirations and capabilities rather than independent forces with their own causal effect.

Integrating insights from Lee's push-pull framework with the Aspirations-Capabilities framework offers a conceptual clarification to external triggering factors as a third dimension. This paper label the third dimension as 'Catalyst' with application of analogy from chemistry to social catalyst in migration. In chemistry, a catalyst is "a substance that increases or decreases the rate of a chemical reaction without undergoing a permanent chemical change." Accordingly, a Social Catalyst in migration is External or internal factors that accelerate, shape or block the transformation of latent/dormant migration potential (aspirations + capabilities) into active migration or non-migration decisions, without permanently altering the fundamental aspirations or capabilities themselves.

The Aspirations-Capabilities-Catalysts framework, reconceptualise the place of origin and the place of destination in Lee's push-pull framework as mixed catalytic environments rather than as sites of unidirectional push or pull. Both locations contain positive catalysts that activate migration as well as negative catalysts that restrain it. Figure 1 represents this abstract social concept of 'catalyst' with the primary assumptions of 'constant aspirations and capabilities' or

they are in ‘latent/dormancy’. At the origin, factors such as family ties, cultural attachment, and social status act as negative catalysts, while economic crisis, political instability, and limited opportunities for knowledge acquisition act as positive catalysts. At the destination, opportunities for education, professional development, diaspora support, and flexible immigration regimes function as positive catalysts, while restrictive immigration policies, cultural distance, and social uncertainty operate as negative catalysts. Migration occurs when the combined catalytic balance across origin and destination becomes positive and is rendered actionable through sufficient capabilities. Data from the research survey explains that some participants formed their aspirations during their training in UK and fulfilled their capabilities by way of professional qualifications and UK experience but, returned to Sri Lanka and practiced for years until the economic crisis activated their migration action.

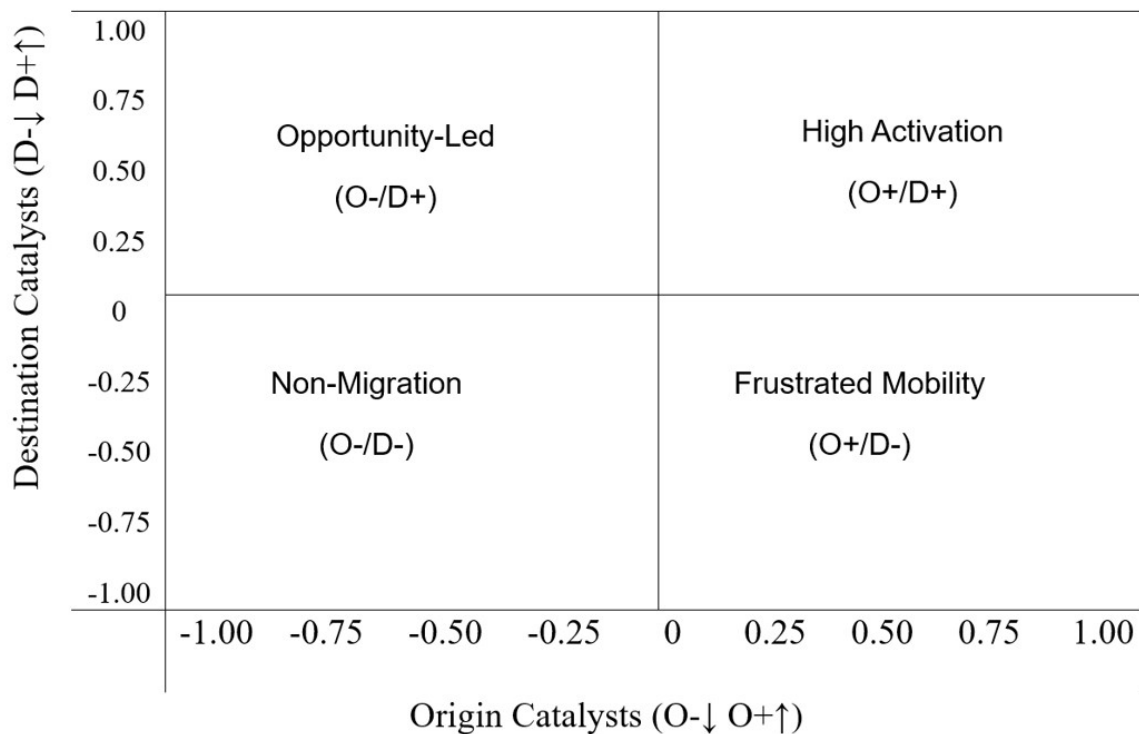


Fig. 1. Presentation of Mixed-Catalytic Environment in Migration

In this way, the ACC framework integrates and extends Lee’s push–pull theory while directly addressing the temporal activation gap identified in the Aspirations–Capabilities framework.

Moreover, data from participants explains that catalysts do not create aspirations or capabilities but dramatically accelerate decision making timelines from years to months. Brief returners described that they made their migration decisions within 3-6 months of crisis exposure, compared to years of previous tolerance. Some participants had air-tickets booked to return to Sri Lanka but specific crisis events pushed decision beyond tolerance threshold suggesting crisis as a catalyst by pushing accumulated pressures beyond individual tolerance thresholds, creating irreversible decision points (Fig.2.).

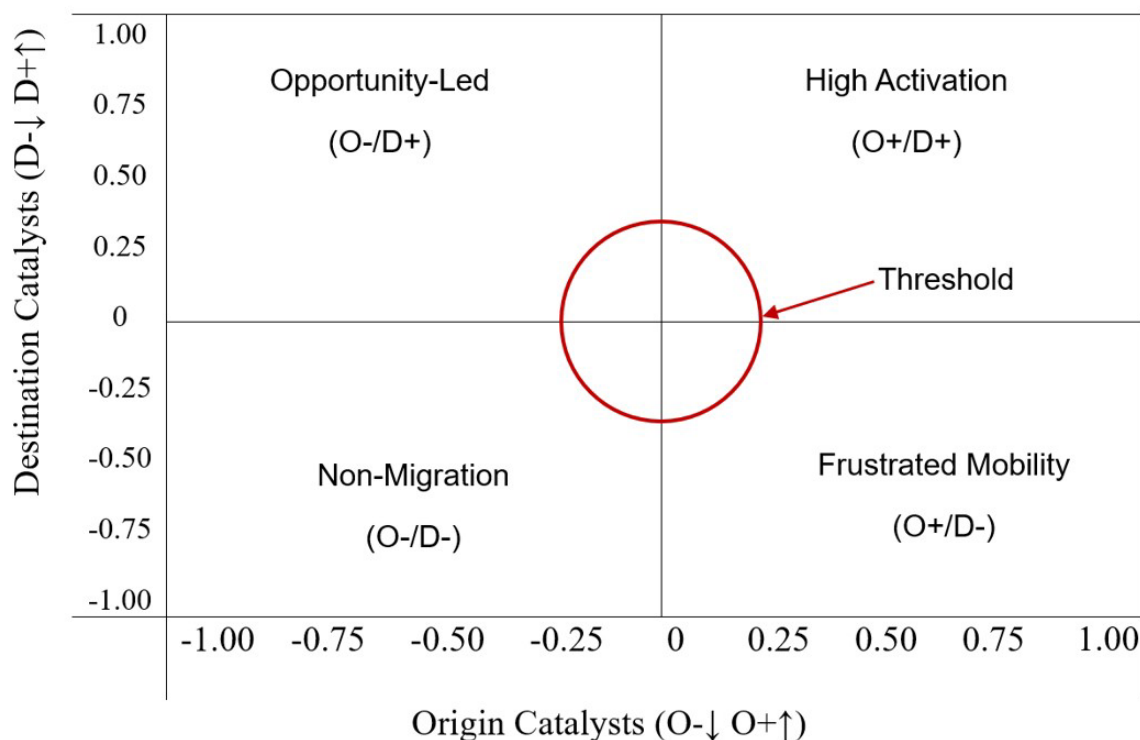


Fig.2. Presentation of Mixed-Catalytic Environment with Threshold in Migration

A further implication of these findings is the need to treat capability agency as an active decision-making force rather than as a secondary or purely enabling condition. Migration scholarship reveals that ‘Capability’ has progressively shifted from a normative conception of substantive freedom (Sen, 1992; Sen, 1999; Nussbaum, 2009) to an instrumental and resource-oriented construct within the Aspirations-Capabilities framework (de Haas, 2021). However, relatively limited attention has been given to the activation moment—that is, the temporal and contextual conditions under which latent capabilities are transformed into observable action.

This gap between treatment of capabilities as a stock of resources or permissions, rather than as a dynamic potential that requires catalytic conditions to become operative suggests the need to reconceptualise capability not merely as freedom, asset, or structure-embedded agency, but as a context-contingent and time-sensitive potential whose activation is shaped by internal and external catalysts. It is from this theoretical space that the Aspirations–Capabilities–Catalysts (ACC) framework emerges. The evidence from this research study suggests that capability agency plays a decisive role in timing and execution: individuals do not merely possess capabilities; they strategically accumulate, evaluate, and mobilise them. Under crisis conditions, the perceived costs of waiting increase sharply, and the activation of existing capabilities becomes central to migration decisions. Figure 3 explains how individuals’ ability to act in equal catalytic space changes with their capability level.

Reconceptualization of Capabilities:

“A context-contingent, time-sensitive potential,
whose activation is shaped by catalysts”

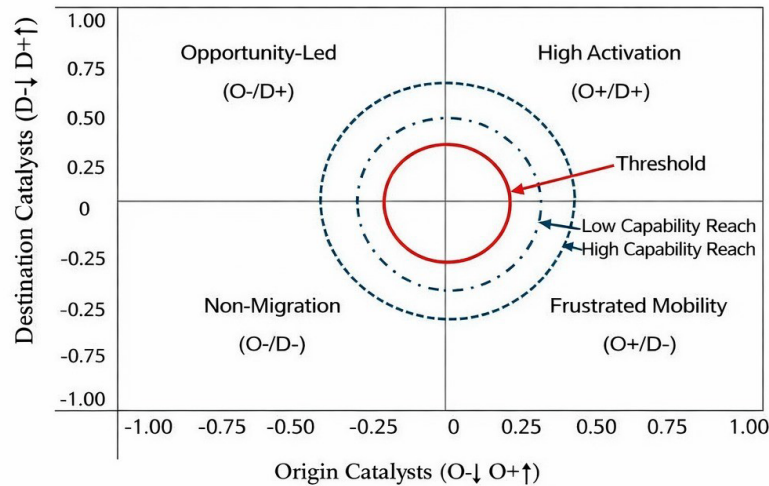


Fig. 3. Presentation of Mixed-Catalytic Environment with Threshold and Capability Reach in Migration

At this stage the primary assumptions of ACC framework is amended that ‘aspirations remain constant during the decision-making process’. The component of capabilities is added on the catalytic space diagram as a radius of action where,

- Inner (red) circle is the activation threshold (red)- migration potential exists but not yet activated because lack of required capabilities
- Medium radius- at this is low capability reach, some individuals approach the catalytic threshold but cannot migrate because their limited capabilities such as finances, weak networks, licensing barriers.
- Outer radius – at this high capability reach individual migrate with strong capabilities such as credentials, diaspora support, and legal access

Next, drawing from migration scholarship, aspiration is conceptualised within the ACC framework as an elevated form of future-oriented desire, oriented not merely toward acquisition or self-interest, but toward self-development, meaning, and contribution beyond the immediate self. It unfolds dynamically over time, shaped by accumulated life experiences, evolving personal values, and structural context. While individual capabilities are necessary for the realisation of aspirations, they are often insufficient in themselves. The translation of aspiration into action frequently requires catalytic conditions—external or internal factors that accelerate decision-making without constituting part of the final outcome. Ultimately, aspiration operates within specific temporal and spatial configurations that shape its direction, speed, and feasibility.

Catalysts are temporally situated, context-sensitive mechanism that activates the conversion of aspirations and capabilities into action by lowering behavioural thresholds and shaping directional pathways, while leaving the underlying motivational and resource structures intact. Because aspirations are individually constituted, catalytic situations generate heterogeneous behavioural responses even under shared structural conditions.

From an HR and workforce perspective, this insight is particularly significant. Healthcare systems often rely on professional commitment, social embeddedness, and gradual career progression to retain staff. However, systemic shocks can rapidly destabilise these retention mechanisms, triggering sudden workforce losses even among highly committed professionals. Understanding migration as the outcome of aspiration agency, capability agency, and catalytic activation therefore provides a more temporally sensitive explanation of workforce mobility than approaches that assume a linear progression from intention to action.

Beyond crisis driven international migration; the analytical logic of the Aspirations–Capabilities Catalysts (ACC) framework is not limited to specific shocks, professions, or national boundaries. The framework is equally applicable to non-crisis situations, to groups or sub-groups of individuals, and to mobility occurring across local, regional, national, or international scales. By explicitly incorporating direction (where movement is oriented), timing (when decisions are activated), and threshold logic (when migration potential becomes migration action), ACC enables migration to be understood as a time–space–directional behavioural process. In this sense, migration is conceptualised not merely as a response to exceptional crises, but as a general form of human behavioural movement unfolding under varying catalytic conditions.

While this research does not seek to propose a new migration theory, it empirically demonstrates the need to incorporate activation mechanisms and the active functioning of capability agency into migration analysis. This provides a clear foundation for future research to develop the Aspirations-Capabilities-Catalysts (ACC) framework as a formal conceptual model, informed by further empirical testing and scholarly debate.

6. Conclusion

This study set out to examine the root causes of post-crisis brain drain among Sri Lankan healthcare professionals migrating to the United Kingdom. Applying the Aspirations–Capabilities framework revealed that long-standing aspirations and accumulated capabilities were necessary but insufficient explanations for the timing and intensity of migration following the 2022 economic crisis.

The findings indicate that the economic crisis functioned as a catalytic activation mechanism, transforming latent migration potential into immediate action. This highlights a conceptual limitation in existing migration frameworks, which often struggle to account for factors that accelerate the human agency’s reaction and temporal clustering of migration decisions.

This research integrates insights from Lee’s push–pull framework with the Aspirations–Capabilities framework and offers a conceptual clarification to catalytic activation contributing to both migration theory and human resource scholarship. It underscores the importance of catalytic dynamics such as institutional stability, crisis preparedness, and trust as foundational elements of workforce retention. For policymakers and human resource practitioners, the findings suggest that sustaining brain drain requires addressing factors beyond aspirations and capabilities; the third dimension of catalysts such as confidence in the future viability of institutions.

Finally, this research provides a clear pathway for future research. Building on the empirical insights presented here, subsequent work will seek to formally develop the Aspirations-Capabilities-Catalysts (ACC) framework as a comprehensive analytical tool for understanding migration in crisis/different contexts. Such an extension has the potential to improve both theoretical precision and policy relevance in a world with dynamic interplay of diverse social, political, economic, cultural, and environmental factors that span not only national boundaries, but also certain geographical boundaries.

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