

Chapter 1

Orientation to the study

1.1 INTRODUCTION

The emigration of professional nurses from the Republic of South Africa (RSA) has aroused considerable interest from the nursing profession, health care institutions, the South African Nursing Council (SANC) and the South African government. Although some individuals may deny the fact that valuable resources are lost for this country, others are concerned about the impact this could have on the entire health care system in South Africa. According to Van der Vyver and De Villiers (2000:17) there is a dearth of research on the medical brain drain from South Africa. Speculations on the reasons for the emigration of medical doctors from South Africa include unacceptable working conditions, inadequate remuneration, political problems, violence and crime. In their study Van der Vyver and De Villiers (2000:18) found that the most important reason for leaving South Africa cited by medical graduates in Saskatchewan, Canada, had been the violence or lack of security in South Africa. Similar studies on the emigration of South African nurses were not found in the literature reviewed.

The following quotation, as expressed by an eighteenth century writer, suggests that migration is an age-old phenomenon:

Whatever state gives more encouragement to its subjects than the neighboring states do, and finds them greater rewards for that work; and by all these laudable ways makes human condition easier than it is elsewhere, and secures life and property better; that state will draw the inhabitants from the neighboring countries to its own: and when they are there they will, by being richer and safer, multiply faster. Men will naturally fly from danger to security, from poverty to plenty, and from a life of misery to a life of felicity ... (*The London Journal*, 1722 - quoted in *The Observer* of 23 February 1964, and cited in *The brain drain: report of the working group on migration*, Great Britain Department of

Immigration has influenced the historical and contemporary development of nations worldwide. History is filled with examples of individuals, families and members of various groups leaving their native homelands and moving to other countries in order to achieve greater personal, political or religious freedom, as well as gaining economic opportunities unavailable to them in their countries of birth (Chapman 2000:268). Depending on the reasons why people leave their countries of birth, their move from one country to another could be temporary or permanent. Highly skilled migrants represent an increasingly large component of global migration streams. The phenomenon is not new, but according to Iredale (2001:8), numbers and trends are changing rapidly. This author maintains that few countries take highly skilled professionals on a permanent basis, but many seek them on a temporary basis, supposedly to meet skills shortages while they train their own skilled workers. Skilled or highly skilled workers are usually defined as having university degrees or extensive experience in a given field. The category is not well defined and varies from one country to another, and could include highly skilled specialists, independent executives and senior managers, physicians, business people, “key workers” and sub-contract workers (Iredale 1999:90). This author states that individuals in these categories may move around the world in search of the highest paid and/or most rewarding employment; others may seek to take their skills where they feel they will be better able to use their capabilities and/or enjoy superior conditions of work and existence.

The perceived exodus of highly skilled professional nurses during the past few years is new to the nursing profession in South Africa. The decision to emigrate is a personal one, involving many factors which depend largely on the person’s individual circumstances. Knowledge of the factors that contribute to nurses leaving the country is critical for the nursing profession in South Africa. This would enable the profession to address the relevant issues to keep nurses in South Africa and to encourage the return of expatriate nurses.

The purpose of this study was to analyse and describe in detail the phenomenon of emigration of South African nurses. This was done through a literature study on the phenomenon of nurse migration, after which the research focused on intentions of newly qualified nurses on the register of the SANC to stay in or to leave South Africa. The experiences of South African

qualified nurses working abroad (expatriates), and the reasons why these nurses left South Africa were further investigated and described. Nurses who had left South Africa were requested via e-mail to provide narrative sketches about their decisions to leave South Africa and how they had fared since leaving. It was hoped that this might provide insight into their reasons for leaving, the working conditions in their new country and the general welfare of these nurses. It might also provide insight into whether these nurses were likely to return to South Africa or not.

When this study was initiated in 2002, it became clear that little reliable information was available in the literature on why nurses leave the country to work abroad, why some return to South Africa and why others decide to emigrate permanently. Although reasons for emigration from South Africa were found in the literature, they did not automatically apply to the nursing profession. Pure speculation on the reasons for nurse migration or generalisation of reasons might not reveal all the factors influencing nurse emigration. No information regarding a study of this nature was found in the literature reviewed.

1.2 RESEARCH PROBLEM

1.2.1 Background to the problem

The problem of the migration of nurses is a global issue that has been addressed by various international organisations in an attempt to find solutions. As far back as 1974 the International Council of Nurses (ICN) expressed concern about the migration of nurses. In 1977 a statement on migration prepared by the Professional Services Committee of the ICN was adopted. It was recognised that the reasons for and consequences of international movement differ from country to country, and national nurses' associations were urged to examine national policies with regard to immigration and emigration of nurses. According to the data collected by Mejia in 1979 in a study which was designed primarily by the World Health Organization (WHO), there are many complex, subtle and interlinked factors which determine migration, and these are largely conditioned by political, economic and social imbalances of the world systems and the different levels of development in the various countries (Logan 1980:119-121). Serious nursing shortages in many developed countries and

the active recruitment of South African nurses to address the shortfall in these countries have contributed to the exodus of South African nurses. Frequent references in newspaper reports to the emigration of nurses, nursing shortages and conditions in health care institutions prompted the researcher to conduct research into the problem. Widespread reporting on this issue has left the impression that this is a major problem. Since 1999, numerous South African newspaper reports have referred to nurse migration under headings such as *Nursing brain drain reaches chronic level* (Krost 2000a:2); *Low salaries prompt nurses to leave for greener pastures* (Gainsborough-Waring 1999:7); *Fed-up nurses are quitting SA in droves* (Krost 2000b:1); and *Ondersoek na uittoeg van verpleegkundiges* (Van Eeden 2003:18).

The debate and discussion on the migration of nurses is as relevant today as it was back in 1974. It has been discussed at various levels during the past few years. According to Herbst (2001:8), delegates at the International Academy of Nursing Editors' Conference held a discussion on the issue and came to the conclusion that the decision by many European and North American countries to cut down on expenditure on the education and training of nurses had resulted in severe shortages of available nurses in these countries. To alleviate the shortage of nurses in the various health care systems, these countries started deliberate recruitment of nurses from other countries. One of the countries targeted by recruitment agencies and health care institutions is South Africa.

The nursing profession has to take note of the factors contributing to the high numbers of nurses leaving South Africa. Reasons for leaving the country given by professional nurses in a study by a tertiary institution for distance education could be divided into personal reasons and professional reasons (Ehlers, Oosthuizen, Bezuidenhout, Monareng & Jooste 2003:30). At a workshop organised by the Democratic Nursing Organisation of South Africa (Denosa) in 2001, thoughts were expressed on factors contributing to the exodus of nurses. The factors emphasised at this workshop included poor salaries, frozen posts which resulted in remaining staff having to provide the same quality of care without the necessary staff complement, lack of equipment, exploitation of nurses, poor working conditions, gender discrimination, an increased crime rate and unsafe working environment (Denosa 2001:15). These were views expressed by delegates at the workshop and not information that was obtained through scientific research. Delegates at the workshop consisted of shop stewards, representing

nurses and midwives in various health facilities in the nine provinces, nursing agencies and representatives of SANC.

The results of the present study would be beneficial to government and policy makers in the nursing profession, who cannot make decisions on the basis of speculation; professional organisations like Denosa that have the interests of nurses at heart; health services managers; and individual nurses who might contemplate emigration.

1.2.2 The role played by recruitment agencies in the emigration of South African nurses

When this study was initiated, it was proposed that it should be done in three phases. It was subsequently decided that the research would be done in two phases, and that the information generated through interviews with recruitment agents would be used as a background to the problem. No information on the role played by recruitment agents in the phenomenon of nurse emigration from South Africa could be traced in the literature.

During 1999 the ICN expressed concern regarding the aggressive international recruitment of nurses, sometimes taking advantage of uninformed nurses. The contents of the contracts offered to these nurses were neither monitored nor regulated and nurses might be employed under false pretenses or misled about the conditions of employment. Internationally recruited nurses might be particularly at risk of exploitation or abuse because of the difficulty of verifying the terms of employment due to the distance, language barriers and costs involved (ICN 1999a:1-6).

Buchan, Parkin and Sochalski (2003:8) point out that international recruitment, which has included large-scale active recruitment of nurses, has increasingly become a solution to the nursing skills shortage in some countries. Private agencies recruiting for profit have increasingly become involved in the search for nursing personnel. They focus on large numbers of recruits, sometimes depleting a given health facility or contracting a significant number of newly graduated nurses. Recruitment agencies have received considerable negative publicity, especially in the UK, for alleged exploitation of nurses who left their home

countries to work in the UK. This criticism of recruitment practices resulted in England's becoming the first country (Buchan 2001a:67) to attempt to build ethics into its international recruitment practice when the UK Department of Health issued its guidelines on international recruitment of nurses in 1999. At the Royal College of Nursing (RCN) Congress in 2001, nurses deplored the systematic depletion of other countries' nursing workforce to address UK shortages (O'Dowd & Akid 2001:4). Despite the UK Department of Health's guidelines on international recruitment, the UK government in 2002 revealed that, only one year after the publication of the guidelines, two-thirds of the agencies that supplied nurses to National Health System (NHS) trusts did not comply with ethical recruitment practices (Mulholland 2002b:3). At the RCN Congress in the UK in 2002, serious allegations of exploitation of foreign nurses by recruitment agents were made (War 2002:11).

Buchan et al (2003:48) note the role of recruitment agencies as stimulators or active intermediaries in the process of international recruitment. In a study on international nurse mobility funded by the WHO, the authors found that recruitment agencies are of different types (international; single country focusing on assisting outflow; single country focusing on assisting inflow) and also function in different ways. In some cases the agency is the instigator of the movement of the nurse; in others, it fulfils a facilitative or supporting role. The authors maintain that there had been reports of agencies exploiting nurses by providing misleading information about pay and conditions in destination countries, or by charging high fees to enable nurses to move from one country to another.

These concerns motivated the researcher to obtain information on the operation of recruitment agencies in South Africa in an attempt to identify the possible contribution of such agencies to the emigration of South African nurses.

Literature on recruitment agencies was extremely limited, and information on international nurse recruitment agencies operating in South Africa could not be traced in the literature. Since these agencies are involved in the daily recruitment of and assistance to emigrating nurses, they were considered experts in the field and therefore their inputs were considered to be very valuable.

Eight recruitment agencies that recruited South African registered nurses to work in other

countries were approached. Only four recruitment agencies were willing to be interviewed, and this was on condition that questions regarding the numbers of South African nurses who had been recruited to work in other countries would not be asked. Unfortunately, not one of the agencies that advertised jobs in the USA was willing to be interviewed. Two informal information sessions, advertised in daily newspapers and presented by nurse recruitment agencies in South Africa, were also attended to gain some insight into the information supplied during such sessions.

The four agencies that were interviewed were competitors in the recruitment market, yet the information and answers provided by them in response to many of the questions were very similar, sometimes identical.

The four recruitment agencies interviewed indicated that they recruited South African nurses for various countries and that they had contracts with specific hospitals in those countries. One recruitment agency recruited only for hospitals in the UK and the Middle East, while the other three agencies recruited for hospitals in the Middle East (Saudi Arabia and the United Arab Emirates), UK, Australia and New Zealand. The agencies interviewed did not recruit nurses for the USA or Canada. All four agencies mentioned that active recruitment of South African nurses for positions in NHS hospitals in the UK was postponed after a request by the British authorities that recruitment agencies should not target developing countries to combat the nursing shortage in the UK. The agencies interviewed referred to this as a Code of Conduct or a moratorium. However, three agencies confirmed that although they respected the Code of Conduct and did not actively recruit nurses for the UK, they received numerous requests from South African nurses who wanted to work in the UK and those nurses were offered jobs in the UK. They also received requests from South African nurses working in the Middle East who wished to relocate to the UK. One agency stated that although it had not recruited nurses for the NHS in the UK for the past two years due to the Code of Conduct, it did have a contract with a private hospital group in the UK for which it was recruiting South African nurses.

All four agencies indicated that nurses with specific skills in critical care and operating theatre were in high demand in all the countries that needed South African nurses, but that nurses with any other South African qualifications could be placed. One agency specified that there was a huge demand in the UK for psychiatric nurses. According to all the agents, foreign

countries required some degree of nursing experience. Two to three years' experience seemed to be the average requirement. All four agencies agreed that degree and diploma qualified nurses were in demand in other countries. None of the recruitment agencies targeted nurses of a specific age. It was, however, mentioned that nurses younger than twenty-five years of age would not receive visas to work in Saudi Arabia. According to the representatives interviewed, there was no age limit for applying for a job in a foreign country. One agency indicated that it did not recruit nurses older than fifty-two, while another one mentioned that it would accept applications from nurses up to the age of fifty-five years.

All the agencies offered a comprehensive service to applicants who wanted to work in other countries. They offered assistance with professional nursing registration and with obtaining work permits or visas in all the other countries for which they recruited. The agencies confirmed that they would assist applicants with relocation by booking air tickets and accommodation.

All agencies offered applicants contracts with specific hospitals in the different countries. They also provided successful applicants with support or acculturation programmes while still in South Africa. The information provided by agencies included written guidelines as well as one-on-one information sessions to nurses leaving for Saudi Arabia. They emphasised that it was very important for nurses to understand the cultural differences and restrictions before they left South Africa. They provided compact discs and printed matter on the country to which applicants would be going. They also showed videos and provided information in groups as well as on an individual basis to prospective and successful applicants. All four agencies provided in-depth information on the cultural differences that candidates might experience.

In Saudi Arabia, candidates had to write a pharmacology test upon arrival and thereafter a buddy was appointed to assist the candidate for three months. The agencies did not prepare candidates for this test in South Africa, but candidates received the necessary support when they arrived in Saudi Arabia.

Agents explained that agencies did not offer free flights to successful applicants. This was a fringe benefit offered by the employers in the other countries, especially employers in the Middle East. They always offered free flights to the Middle East and flights back to South

Africa once the contract expired. Applicants also received free flight tickets for vacation every six months. Employers in the UK offered free one-way flights to successful candidates in some instances, but not always. Some hospitals assisted with air fare or free flights, but nurses were expected either to pay back the amount as soon as they started earning a salary in the foreign country or to work for a specified period of time for the hospital concerned. Nurses leaving for Australia and New Zealand had to pay for their own flight tickets.

The information provided by the agents indicated that the leave policies in the different countries were more or less similar, ranging from six to seven weeks per annum. The only country that offered South African nurses tax-free salaries and free accommodation was Saudi Arabia. In some instances nurses who left for hospitals in the UK might get subsidised accommodation. Employers would, however, arrange accommodation for nurses who needed it. Nurses in all countries enjoyed free basic medical assistance. Employers in all countries offered orientation programmes for foreign nurses joining their staff. Social activities in other countries were arranged by one of the agencies, while in Saudi Arabia nurses were offered tours and other social activities by the employing hospitals.

It also seemed that South African nurses had many opportunities to further their qualifications. Representatives indicated that South African nurses in the UK, Australia and New Zealand could apply to do specific courses after they had worked in these countries for a predetermined period of time. In Saudi Arabia there were no opportunities to obtain additional qualifications. However, in-service training was provided continuously in this country.

All the agencies indicated that nurses' salaries were quoted in the relevant countries' foreign currencies or in US Dollars, not in South African Rand. The strength of the South African currency therefore significantly influenced the nurses' earnings in South African Rand. In the period 2001–2003, when the South African currency was under pressure and weak against the other currencies, expatriate nurses earned much higher salaries when converted to SA Rand than they did during the latter half of 2003 and 2004, when the SA Rand was stronger against the US Dollar. Although the salaries did not change, the stronger Rand had a negative effect on the nurses' earnings when converted to SA Rand. South African nurses in other countries reportedly earned the following average salaries:

- ! Middle East: 2200--2750 US\$ per month tax free (in May 2004 this amounted to a R16 000--R18 000 tax-free salary per month)
- ! United Kingdom: £22 000--£28 000 per annum (in May 2004 this amounted to a salary of R286 000--R364 000 per annum, or R23 000--R30 000 per month before tax)
- ! Australia: In South African currency nurses earned approximately R16 000--R18 000 per month (before tax)
- ! New Zealand: In South African currency nurses earned approximately R14 000 per month (before tax)

Nurses were employed on the same terms and conditions as nurses/citizens of the specific country and the same benefits, such as paid leave and sick leave, were included in their packages.

The agents considered the salaries and benefits offered to South African nurses in the Middle East to be very generous. Accommodation was provided free of charge and the salaries were tax free. This implied that nurses only had to pay for their meals. Nurses in Saudi Arabia had to work between 40 and 46 hours per week. Salaries and benefits in the UK, New Zealand and Australia were fair, and according to the interviewed agents, South African nurses were able to afford an above-average lifestyle in all these countries.

All four of the agencies advertised their services in South African nursing journals because they believed this would give them the widest exposure. The agencies did not use daily newspapers for regular advertisements. They advertised in Sunday newspapers or daily newspapers only when they had special assignments or wanted to advertise specific presentations. They also used Internet facilities to provide information about the hospitals and countries for which they recruited. Interested nurses could contact them via the Internet.

No agency interviewed charged nurses any fees for services rendered. The agencies were paid by the recruiting hospitals in the other countries. Expenses incurred by nurses leaving the country differed from one country to another, but during October and November 2003 the following examples of expenses for nurses were obtained from the open-ended questions that concerned this aspect.

- ! Nurses leaving for Saudi Arabia needed almost no financial contribution of their own to enable them to leave. They had to pay for their own medical examination, which was done in South Africa and which could cost up to R2 000, as well as a police clearance certificate. Costs for photocopies of their documents and passport photos would also be paid by the applicant.
- ! Nurses leaving for the UK incurred costs, but in certain instances, hospitals refunded the nurses after they had worked for a specified period of time. Applicants were responsible for the Nursing and Midwifery Council (NMC) registration and the SANC verification fees as well as the cost of an NMC pack. The client in the UK paid for the work permit. Sometimes candidates had to pay their own air fare, but single tickets might be included in the benefits offered by respective recruiting hospitals.
- ! When Australia was the country of choice, nurses had to have at least R15 000 available to be able to pay for their air fare, accommodation, SANC verification and SANC transcripts.

Two informal information sessions hosted by international recruitment agencies that operate in South Africa were attended. The information given at these sessions supported the information gathered from the four recruitment agencies. The information generated suggest that the role played by recruitment agencies in South Africa in the emigration of South African nurses is one of facilitator rather than instigator of the movement of nurses from the RSA.

1.2.3 Data provided by the South African Nursing Council

The SANC provided the following information regarding the number of persons on the registers and rolls of SANC since 1998 (see Annexure A: Data provided by the SANC).

TABLE 1.1 Persons on the registers/rolls of SANC from 1998 to 2002

	2002	2001	2000	1999	1998
Registered nurses / Midwives	74 590	95 465	93 303	93 357	91 945
Enrolled nurses / Midwives	32 552	32 175	32 399	32 993	32 820
Enrolled nursing auxiliaries	45 445	45 692	45 943	47 611	49 989

TOTAL	152 587	173 332	171 645	173 961	174 754
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Although this study concerns only registered nurses, the information depicted in Table 1.1 provides a more comprehensive picture of the number of nurses, registered and enrolled, who could practise in South Africa. The total number of nurses on the registers and rolls of the SANC decreased by more than twenty-two thousand (22 000) during the five-year period depicted in Table 1.1. The biggest loss occurred at the level of registered nurses, with a decrease of more than seventeen thousand (17 000) during this five-year period. No reasons for the decrease in the total number of registered nurses in the RSA have been provided, but it is assumed that the emigration of South African nurses might be a contributing factor.

The SANC provided statistics on the number of verifications of qualification that were issued from January 2000 until June 2003. The verifications are the documents issued by SANC to verify nurses' qualifications. Nurses who contemplate leaving South Africa to work in other countries need such verification in order to apply for jobs in other countries. It was emphasised by the SANC that they issued the verifications but that they did not have figures about nurses who actually left South Africa. The issuing of a verification does not imply that a nurse actually left the country. Xaba and Philips (2001:2) note that the statistics on verification of qualifications released by the SANC only indicate how many nurses considered emigrating and not the figures of actual nurse emigration.

TABLE 1.2 Statistics for verifications issued by SANC

	2000	2001	2002	2003 (January - June)	Total
Verifications issued	2 543	3 677	3 432	1 972	11 624

The statistics depicted in Table 1.2 indicate that 11 624 nurses received verification of their qualifications from SANC from January 2000 to June 2003.

1.2.4 The problem statement

According to Ka Mzolo (2001:38), the exodus of nurses has left South Africa with a shortage of 20 000 qualified nurses. Recruitment agencies recruit nurses in South Africa mainly to fill vacant posts in the USA, UK, Australia, New Zealand and the United Arab Emirates (UAE). A record number of overseas nurses are working in the UK, and according to Hampshire (2001:16), Britain needs another 20 000 nurses within three years to be able to provide health care to its people. Hampshire asserts that the largest number of recruits (1460) to the UK in 2000 came from South Africa. It must be emphasised that this is only one of the countries recruiting South African nurses.

Nurses constitute the largest professional group in the RSA's health care services and form the backbone of primary health care (PHC) in South Africa. Consequently, if large numbers of nurses emigrate from South Africa the entire health care service suffers. Nursing shortages in first-world countries, the ability of these countries to offer attractive remuneration packages to nurses from South Africa, active recruitment by recruitment agencies and various economic, political and professional factors in South Africa contribute to the trend of nurses leaving South Africa to work in other countries. The emigration of South African nurses may pose a serious threat to the nursing profession and result in acute nursing shortages in this country within the next few years. The phenomenon of emigration of South African nurses has to be explored in order to be able to address the complex issues involved. The problem is: what are the factors that contribute to South African nurses' decisions to leave the RSA to practise in other countries?

1.3 SIGNIFICANCE OF THE STUDY

South Africa is losing professional nurses at a high rate. Taylor and Russell (1996:31-33) cite Twine of Econometrix, who asserts that the high rate of professional people leaving the country implies that South Africa is basically exporting human capital. The country had to invest large amounts of money in a capital resource that can never be measured on any balance sheet. According to him there is just no way of knowing how much the economy is losing. The 1999 Annual Report of the Medical Council of New Zealand shows that about 600 South African trained doctors are fully registered in New Zealand. According to Ncayiyana (1999:1107), this represents about R600 million worth of direct aid to New Zealand by South Africa if today's actual cost of producing a doctor is taken into account.

Although these figures refer to the loss of doctors, it should be pointed out that the loss of professional nurses is just as serious. The loss of South African medical and nursing skills was reflected in the 2003–2004 South African Health Review, produced by a non-governmental organisation, the Health Systems Trust. According to this report, South Africa's hospitals are critically short of doctors and nurses, yet thousands are filling lucrative positions overseas (Thom 2004:1). Not only does this represent an economic loss, but the loss of professional nurses at the current rate could undermine the delivery of health care services in South Africa. It is therefore essential to know why professional nurses are leaving the country and under what conditions they would be prepared to stay in or return to South Africa.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

1.4.1 Purpose

The purpose of this study is to analyse the factors contributing to the emigration of South African nurses and to recommend strategies to combat the large-scale emigration of South African nurses and possibly to recruit expatriate South African nurses to return to SA.

1.4.2 Research questions

To explore the phenomenon of emigration of South African nurses the following questions were set:

- ! What are the main factors (internal and external) that contribute to the emigration of South African nurses?
- ! How do expatriate nurses experience working in other countries?
- ! What steps can be taken to enable South African nurses to continue working in the RSA?
- ! What steps can be taken to enhance the probability that nurses who left South Africa return to this country?

1.4.3 Research objectives

The objectives of this study were to:

- ! identify and describe the internal and external factors that contribute to the emigration of South African nurses
- ! explore and describe the experiences of South African nurses working in other countries
- ! make recommendations for enabling larger numbers of South African nurses to continue working in the RSA (by addressing internal and external factors contributing to their emigration potential)
- ! recommend strategies to recruit ex-South African nurses working in other countries to return to the RSA as practising professional nurses

1.5 DEFINITIONS OF CONCEPTS

Concepts used frequently throughout this thesis are defined so that readers can share the researcher's meanings attached to each concept.

Analysis:	To study or examine something in detail in order to discover more about it (Procter 1995:43). In this study it refers to the analysis of the factors that contribute to South African nurses' decisions to emigrate.
Brain drain:	"Brain drain" implies a depletion of skilled people who are vital to the functional core of a national economy (McDonald & Crush 2000:5).
Contribute:	To give towards a particular aim or purpose (Procter 1995:299). In this study it refers to factors that help to bring about South African nurses' emigration.
Emigration:	Leaving one country to settle or to live in another (Procter 1995:450). In this study it refers to South African nurses leaving

the RSA to practise in other countries.

External factors: For the purpose of this study the external factors refer to factors indirectly related to nursing and health care, such as political, economic or personal factors, that contribute to South African nurses' decisions to emigrate.

Factor: A factor is one of the things that affects an event, decision or situation (Sinclair 2004:509). In this study it refers to circumstances that contribute to South African nurses' decisions to emigrate.

**Foreign country/
other country:** Refers to any country other than South Africa that employs South African nurses to practise nursing in that country.

Internal factors: For the purpose of this study the internal factors refer to factors directly related to nursing and health care that contribute to South African nurses' decisions to emigrate.

Needs: Refer to deficiencies that an individual experiences at a particular time (Ivancevich & Matteson 1996:158).

Skilled person: A skilled or highly skilled person is usually defined as having an academic qualification and/or extensive experience in a given field. The description includes highly skilled specialists, independent executives and senior managers, specialised technicians or trades people, investors, physicians, business people, "key workers" and sub-contract workers (Iredale 1999:90). The definition focuses on people who have received some specialised training.

South African nurse: In the context of this study a South African nurse is an educated

person who is registered with the SANC and is legally authorised to practise nursing as set out by the Nursing Act, no 50 of 1978, as amended.

1.6 THEORETICAL FOUNDATION OF THE STUDY

1.6.1 Assumptions

Burns and Grove (1997:48) define assumptions as statements that are taken for granted or are considered true, even though these statements have not been scientifically tested. Sources of assumptions are universally accepted truths, theories, previous research and nursing practice.

This study was based on the assumptions that:

- ! Newspaper reports of an exodus of South African nurses were true.
- ! There were internal factors, related to nursing and health care in South Africa, and external factors, related to living in South Africa, that could influence nurses' decisions to emigrate.
- ! Certain needs of nurses in South Africa were not satisfied and those unsatisfied needs might motivate South African nurses to emigrate.
- ! South African nurses working in other countries might be willing to return to the RSA provided certain conditions/needs were met.

1.6.2 Theoretical framework

Maslow's Hierarchy of Needs Theory was used as a point of departure in this study to establish what motivates the behaviour of South African nurses to leave South Africa to nurse in other countries. This theory is concerned with individual needs and how satisfaction of

needs, and deficits and unsatisfied needs, can lead to changed behaviour. Various authors have discussed Maslow's Hierarchy of Needs Theory and applied it to the work situation. In order to give a comprehensive discussion of the theory, references to authors who published work related to the theory will be made. Hersey and Blanchard (1993:33) argue that the behaviour of individuals at a particular moment is usually determined by their strongest need. It therefore seems important to have some understanding about the needs that are important to people in general and to nurses in particular. Maslow's needs hierarchy concept assumes that people have a set of needs that motivate behaviour. This Hierarchy of Needs Theory provides both a theory of human motives, by classifying basic human needs in a hierarchy, and a theory of human motivation that relates these needs to general behaviour (Wahba & Bridwell 1976:213). Maslow argues (Moorhead & Griffin 1995:83) that human beings have innate desires to satisfy a given set of needs, which are arranged in a hierarchy of importance, with the most basic needs at the bottom of the hierarchy. Maslow's Hierarchy of Needs (Figure 1.1) is depicted on five levels; the three sets of needs at the lower levels are called *deficiency needs* because they must be satisfied for the individual to be fundamentally comfortable, while the top two sets of needs are termed *growth needs* because they focus on personal growth and development. According to Maslow, the hierarchy into which human needs arrange themselves includes physiological, safety, belonging, esteem and self-actualisation needs (Maslow 1987:15). This theory posits that lower-level needs have to be satisfied before attention can be paid to higher level needs. The needs are:

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|---|----------------------|---------------------------------------------------------------------------------------------------|
| ! | Physiological needs: | basic human needs such as money, food, air, water and sleep |
| ! | Safety needs: | needs for physical shelter, freedom from threat, and for psychological security and stability |
| ! | Belonging needs: | social needs for love, affection, friendship and affiliation |
| ! | Esteem needs: | the needs for self-esteem, admiration and respect from other people, status, titles and promotion |

! Self-actualisation needs: the need for self-fulfilment and for achieving one's full potential

Figure 1.1 Maslow's Hierarchy of Needs (Adapted from Moorhead & Griffin 1995:83)

Maslow's theory assumes that a person attempts to satisfy the more basic physiological needs before directing behaviour towards satisfying upper-level self-actualisation needs. The physiological needs are the basic human needs required to sustain life itself, and until these needs are satisfied to the degree needed for the sufficient operation of the body, the majority of a person's activities will probably be at this level, and the other needs will provide little motivation. Hersey, Blanchard and Johnson (2001:37) explain that once physiological needs become gratified the safety needs become predominant, and only when these needs are fairly well satisfied will social needs emerge as dominant. After individuals have satisfied these needs to some extent they feel the need for esteem; both self-esteem and recognition from others, and once esteem needs begin to be adequately satisfied, the self-actualisation needs become more dominant.

Schultz and Schultz (1998:240) assert that the needs should be satisfied in the order presented and that only when the lower level needs are met and sufficient levels of physical and economic security are reached will the person be able to move on to satisfy the next level of needs. To satisfy the self-actualisation needs, employees should be provided with opportunities for growth and responsibility. Relative gratification of a given need submerges it and "activates" the next higher need in the hierarchy. This dynamic cycle over time of deprivation → domination → gratification → activation continues until the physiological, safety, social and esteem needs have all been gratified and the self-actualisation needs have been activated (Wahba & Bridwell 1976:214).

Although needs are satisfied according to Maslow's stated hierarchical order, one can have needs on different levels at the same time. Schwartz (1983:938) points out that even self-actualising people have physiological needs and are, in fact, related to them healthily and openly. This implies that Maslow did not mean that a person descends the hierarchy to its lowest level every time he gets hungry, thirsty or sexually aroused.

Simms, Price and Ervin (1994:64) point out that most previous studies had assumed that needs could be isolated and studied separately, whereas Maslow considered the individual to be an integrated whole. Therefore identifying needs for growth, development and utilisation of potential is an important part of self-actualisation. Ivancevich and Matteson (1996:160) argue that a crucial point in Maslow's thinking is that a satisfied need ceases to motivate;

therefore when a person decides, for instance, that he or she is earning enough money for the contribution he or she makes to the company, money loses its power to motivate. It is then that an individual will look for opportunities to satisfy needs on higher levels. According to Gerber, Nel and Van Dyk (1998:262), self-actualisation needs become uppermost once the first four needs are largely satisfied. People then spend their time in search of opportunities to apply their skills to the best of their abilities.

Human beings are motivated by unsatisfied needs, not by those that have been gratified. It could therefore be argued that when opportunities are not available and needs remain unsatisfied, a person may decide to leave his/her country to work in another country. To understand why people emigrate it is necessary to understand people's needs. A need is anything an individual requires or wants. In their discussion of need theories of motivation, Moorhead and Griffin (1995:78) point out that although satisfied needs may also motivate behaviour, behavioural changes are usually the result of need deficiencies. When an individual experiences a deficiency in one or more important needs, this might stimulate action on his or her part; it might trigger a search for ways to satisfy it. There are usually different options available to the individual for trying to satisfy a need. The individual will choose an option and carry out the behaviour chosen to satisfy the need.

A motive represents the individual's reason for choosing certain behaviour from among several choices. Motives are the channels through which the individual thinks the need can best be satisfied and thus reflect the specific behavioural choices enacted by the person. The manifestation of motives is actual behaviour. Hersey and Blanchard (1993:20) expanded on Maslow's concepts by explaining that motivation of people depends on the strength of their motives and that motives are directed towards goals, which may be conscious or subconscious. Motives determine the general direction of the behaviour of an individual, and in essence motives and needs are the driving forces of action. Maslow has distinguished between physiological and social motives, expressing them as intrinsic and extrinsic motivation. Extrinsic motivation is related to tangible rewards such as salary and fringe benefits, security, promotion, the work environment and conditions of work. Intrinsic motivation is related to "psychological" rewards such as the opportunity to use one's ability, a sense of challenge and achievement, receiving appreciation, positive recognition and being treated as a human being in one's own right (Gerber et al 1998:258). In this context the term "need" should not be associated with an urgency or a pressing desire for something, but simply with

something within an individual that prompts that person to action. All individuals have hundreds of needs but it is the need with the greatest strength at a particular time that leads to activity. In discussing Maslow's hierarchy of needs, Hersey and Blanchard (1993:34) point out that the hierarchy does not necessarily follow the pattern described by Maslow and that it was not Maslow's intent to say that this hierarchy applies universally. Maslow felt that this was a typical pattern that operated most of the time but realised that there were numerous exceptions to this general tendency. The authors argue that Maslow's hierarchy of needs is not intended to be an all-or-none framework but rather one that may predict behaviour on a high or low probability basis. Figure 1.2 attempts to portray the needs of people where satisfaction of physiological needs and self-actualisation needs occur, but social (belonging) needs, esteem needs and safety needs are unsatisfied.

When the physiological, safety and social (belonging) needs are satisfied to a large extent, people's behaviour tends to be dominated by esteem and self-actualisation needs, as shown in Figure 1.3.

Hersey and Blanchard (1993:37) emphasise that for different individuals, varying configurations of high-strength needs may be appropriate. In reality these configurations could fluctuate considerably from one individual or group to another.

1.6.3 The relevance of Maslow's Hierarchy of Needs to this study

Human beings are motivated by unsatisfied needs, therefore unsatisfied needs could be seen as the push factors in the emigration of South African nurses. Gratification of needs in a foreign country could be seen as pull factors influencing the emigration of South African nurses.

Professional nurses function within the health care and nursing environment. This is the internal environment, where the internal factors relate to the milieu within which professional nursing is practised. These are factors related to nursing and health care both globally and in the RSA.

Figure 1.2: Figure portraying need structure when belongingness, safety and esteem needs are high-strength needs (Hersey, Blanchard & Johnson 2001: 40)

Fig 1.3: Figure portraying need structure when esteem and self-actualisation needs are high-strength needs (Hersey et al 2001:40)

Apart from being members of a profession, nurses are also members of a population in a country. The external factors refer to factors related to the external environment within which nurses and their families live in the RSA. They include political, economic and personal factors. Unsatisfied needs in both the internal and external environment could be push factors in the emigration of South African nurses (see Figure 1.4).

In this study, factors that contribute to South African nurses' decisions to leave the country to work in other countries were explored and described. Unsatisfied needs on all levels might contribute to their decisions to emigrate. If these needs could be identified and addressed by the health care authorities and the nursing profession, it might be possible to stem the tide of nurses leaving the country, to the benefit of the people and health care in South Africa.

1.7 RESEARCH DESIGN AND METHOD

1.7.1 Research design

According to Burns and Grove (1997:225), the design of a study is the end result of a series of decisions made by the researcher concerning how the study will be conducted. The design is closely associated with the framework of the study and guides planning for implementing the study. It is a blueprint for conducting the study that maximises control over factors that could interfere with the validity of the findings. An exploratory, descriptive design was used in this study to describe the phenomenon of emigration of South African nurses.

Both qualitative and quantitative approaches were used to explore and describe the phenomenon of the emigration of South African nurses. The use of multiple methods, usually quantitative and qualitative research techniques, in the study of the same research problem is called triangulation. Morse (1991), cited in Burns and Grove (1997:245), suggests that qualitative and quantitative methods cannot be equally weighted in a research project.

Figure 1.4 Maslow's Hierarchy of Needs related to the external and internal environment
(Adapted from Moorhead & Griffin 1995:83)

The project can either be theoretically driven by qualitative methods and incorporate a complementary quantitative component, or theoretically driven by a quantitative method and incorporate a complementary qualitative component. It is emphasised, however, that each method must be complete in itself and must meet appropriate criteria for rigour. Duffy (1987), cited in Burns and Grove (1997:245), suggests that triangulation of methods produces richer and more insightful analysis of a complex phenomenon than can be achieved by either method separately. In this study the qualitative phase preceded the quantitative phase. The qualitative approach was used for item-generating purposes.

Qualitative research refers to the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design (Polit & Hungler 1999:712). Qualitative data are in the form of words and are analysed in terms of individual responses, descriptive summaries, or both. Data are organised into a meaningful, individualised interpretation or framework that describes the phenomenon that is studied. The findings from a qualitative study are unique to that study and it is not the intent of the researcher to generalise the findings to a larger population (Burns & Grove 1997:29).

Quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information about the world. It requires the use of instruments or tools that will generate the numerical data. Control, instruments and statistical analyses are used to produce research findings that present an accurate reflection of reality, in order to generalise the study findings (Burns & Grove 1997:29).

The purpose of a *descriptive* study is to observe, describe and document aspects of a situation as it naturally occurs (Polit & Hungler 1999:195), and according to Burns and Grove (1997:779), it provides an accurate portrayal of a particular individual, event or group in real-life situations for the purpose of discovering new meaning, describing what exists and determining the frequency with which something occurs.

Exploratory research is done to explore the dimensions of a phenomenon (Polit & Hungler 1999:702). Rather than simply observing and describing the phenomenon, exploratory research aims at investigating the full nature of the phenomenon, the manner in which it is manifested and the other factors to which it is related (Polit & Hungler 1999:17).

1.7.2 Research method

The research was conducted in two phases.

Data in **Phase 1** were collected using a qualitative approach. According to Mouton (2001:194) a strength of the qualitative paradigm is that it focuses on the subjective experiences of individuals. To explore and describe the experiences of South African nurses working in other countries a qualitative phase was conducted. Participants were requested to write their stories based on a few questions that related to the reasons why they left the RSA, their experiences in the other countries and possible intentions of returning to South Africa. They were also requested to comment on the services of recruitment agencies. These written narratives were obtained by e-mail, or where participants did not have access to e-mail they were requested to mail the narratives to the researcher. The text provided by these participants formed only one component of the larger study. Burns and Grove (1999:359) assert that text is considered a rich source of data that could contribute to a study using a variety of sources of data.

Data in **Phase 2** were collected using a quantitative approach. A questionnaire was mailed to a sample of newly qualified professional nurses registered with the South African Nursing Council (SANC). The population for this phase consisted of all the professional nurses on the register of SANC who had completed basic courses in 2002. The population included nurses who had completed basic degrees at universities or the comprehensive course (R425) leading to registration as a nurse (General, Community health and Psychiatric) and midwife and nurses who completed the bridging course (R683) for enrolled nurses leading to registration as General or Psychiatric nurse.

1.7.3 Population

The term 'population' refers to all the objects, subjects or members that conform to a set of criteria for inclusion in a study. It is sometimes referred to as a target population (Burns & Grove 1997:790).

1.7.3.1 Target populations for Phase 1 and Phase 2 of the study

Two populations were included, namely:

Population 1: South African registered nurses working in countries other than the RSA. The number of South African nurses working in other countries is unknown because no census was available.

Population 2: Registered nurses who had completed their basic training in 2002. According to the SANC records, 3331 nurses completed their basic training during 2002 (Annexure A: Data provided by the SANC).

1.7.3.2 Sampling

A sample is a subset of the population that is selected for a study, while sampling refers to selecting the groups of people, events or other elements with which to conduct a study (Burns & Grove 1997:794). Due to the fact that two populations were identified for inclusion in the study, the sampling procedures will be described in two phases.

Phase 1:

Purposive sampling, a procedure that involves the selection of persons who represent the desired population, was used. This is a non-probability sampling method which involves the conscious selection by the researcher of certain subjects to include in the study until data saturation has been achieved. Names and e-mail addresses of South African registered nurses working in other countries were forwarded to the researcher by friends and colleagues of those nurses working in other countries. Names and addresses of foreign students registered for courses in the Department of Health Studies, Unisa, were also utilised. After a group of 17 participants in other countries had been purposively selected, they were asked to provide names of other nurses working in foreign countries to the researcher. Snowball sampling was used in this phase of the study until saturation of data occurred. Although this approach increases the possibility of samples that are not representative (Burns & Grove 1999:238), it provided the only way of reaching the subjects working in other countries. This was because no census of South African nurses working in other countries could be

accessed. A total of 27 narratives were received and analysed.

Phase 2:

Probability sampling, which uses random selection procedures for the selection of a sample, was used to identify the newly qualified nurses on the register of the SANC. A computerised sample of 15% of all the registered nurses who completed their basic training in 2002 was drawn by the SANC statistician at the request of the researcher. A total of 501 names and addresses were supplied.

1.7.4 Data collection approach

The information was obtained in two phases.

Phase 1:

Narrative sketches were obtained from South African nurses working in other countries. Since non-probability sampling was used to identify participants, the researcher will not be able to generalise the findings to all South African nurses working in other countries. Individual circumstances, experiences and the working conditions in the countries in which the participants work might influence the participants' stories, limiting the generalisability of these findings. According to Bogdan and Biklen (1992:44), generalisability refers to whether the findings of a study hold up beyond the specific research subjects and the setting involved. The major purpose of this phase of the study was, however, to explore and describe the South African nurses' experiences that contributed to their decisions to emigrate and influenced their decisions of whether to return to South Africa or not, and to generate items for the quantitative phase – and not necessarily to generalise the research results.

Phase 2:

Due to the large population and sample size of registered nurses who completed their basic training in 2002 and their geographical distribution, a structured questionnaire consisting of both closed- and open-ended questions was used to obtain information. The open-ended questions required written responses from respondents, while options were provided by the researcher in the closed-ended questions. The advantages of using this method of data collection included the lower cost involved in distributing the questionnaires by mail rather than holding personal interviews; the possibility of complete anonymity offered by a questionnaire; and the absence of interviewer bias (Polit & Hungler 1999:349). A negative aspect of using mailed questionnaires is the low response rate. According to Burns and Grove (1999:272), respondents commonly fail to mark responses to all the questions, which can threaten the validity of the instrument.

1.7.5 Data analysis

Phase 1:

The narratives received from expatriate South African nurses working in other countries were analysed using the eight steps proposed by Tesch (1990:141-145) (see Chapter 4).

Phase 2:

Data obtained from the questionnaires completed by registered nurses who completed their basic training in 2002 were analysed by using the Statistical Package for the Social Sciences (SPSS) 12.0 computer program (see Chapter 5).

1.8 TRUSTWORTHINESS, RELIABILITY AND VALIDITY

Phase 1:

With regard to the qualitative data analysis, data verification was carried out according to Guba's model of trustworthiness (in Krefting 1991:214-222), which identifies four criteria for ensuring and establishing trustworthiness: credibility; applicability; consistency; and neutrality.

These aspects will be addressed in more detail in Chapter 3.

Phase 2:

Validity refers to the degree to which an instrument measures what it is intended to measure (Polit & Hungler 1999:717). Since this phase was conducted through a structured questionnaire developed by the researcher and based on the literature review, the validity was determined by piloting the questionnaire with respondents who were excluded from the study and who could comment on aspects such as the wording of the questions, comprehension and length of the questionnaire. Reliability is concerned with how consistently the measurement technique measures the concept of interest (Burns & Grove 1999:257). Both the validity and reliability of the questionnaire will be further explored in Chapter 3.

1.9 ETHICAL CONSIDERATIONS

According to Mouton (2001:238), the ethics of science is concerned with what is right and what is wrong in the conduct of research. This author states that because scientific research is a form of human conduct, such conduct has to conform to generally accepted norms and values. The ethical issues pertinent to conducting this research were the respondents' and participants' right to privacy, which included the right to refuse to participate in this research, the right to refuse to be interviewed, the right to anonymity and confidentiality and the right to informed consent. These rights were protected and will be further discussed in Chapter 3.

1.10 LIMITATIONS OF THE STUDY

Both qualitative and quantitative approaches have strengths and weaknesses. Data in Phase 1 were collected using a qualitative approach. A possible limitation of the study could be the utilisation of purposive sampling in the qualitative phase, which limits the generalisability of the findings. It is thus acknowledged that the findings of Phase 1 of the research may not necessarily be applicable to all South African nurses working in other countries.

Data in Phase 2 were collected using a quantitative approach. In Phase 2, questionnaires

were mailed to a sample of the registered nurses who had completed their basic training during 2002. The use of mailed questionnaires might result in a low response rate from these nurses, which could threaten the reliability of the findings. Other limitations uncovered by the researcher when conducting the research would be taken into account in the communication of the findings. All identified limitations will be enumerated in the final chapter of this thesis.

1.11 LIST OF ABBREVIATIONS

All abbreviations used throughout the thesis are listed on page xv, rather than in Chapter 1, in order to facilitate the reader's ready access to this list.

1.12 STRUCTURE OF THE DISSERTATION

The structure of this dissertation is provided in Table 1.3.

TABLE 1.3 Format of the dissertation

Chapter 1	Orientation to the study
Chapter 2	Literature review
Chapter 3	Research methodology
Chapter 4	Presentation and discussion of the qualitative findings of Phase 1: Narratives from expatriates
Chapter 5	Analysis, presentation and discussion of the quantitative findings of Phase 2: Registered nurses who completed their basic training in 2002: Intentions to emigrate
Chapter 6	Conclusions and limitations of the study. Recommendations for: ! facilitating the return of SA nurses working in other countries to the RSA ! enhancing newly registered SA nurses' ability to remain in the RSA 1) in the nursing profession, 2) in the health care services, 3) reducing emigration from the RSA as a whole ! future research

1.13 CONCLUSION

This chapter presented an orientation to the study. The purpose of the study, the research

questions and the objectives for the study were explained. Maslow's Hierarchy of Needs Theory, the theoretical framework for the study, was discussed in this chapter. Relevant concepts were defined and the structure of the dissertation was outlined. Chapter 2 presents the literature review relating to the external and internal factors that contribute to the emigration of South African nurses.