Chapter 2

Literature review

2.1 INTRODUCTION

The nursing profession is globally confronted by higher demands owing to an increased workload, a high rate of turnover, and a shortage of personnel. This shortage is due to a variety of factors, and if newspaper reports are anything to go by, in South Africa a major factor is the exodus of nurses leaving South Africa to practise in other countries. Apparently South African nurses are in high demand in other countries. South Africa invests large sums of money in the training of nurses. Kale (1995:3) points out that South African nurses are well trained, and many of them deal with medical problems and manage deliveries independently in community day-care centres. Nurses make up more than half of the health care professionals in the RSA and constitute the backbone of primary health care throughout the country, but particularly in rural areas. Despite their important role in the health care system, there were an estimated 30 974 vacant nursing posts countrywide in the RSA during 2003 (Pienaar 2003a:14; Van Eeden 2003:18). It is therefore essential to investigate the emigration of nurses and analyse the factors that contribute to South African nurses' decisions to leave the RSA for greener pastures.

The literature search was conducted with the assistance of the University of South Africa's subject librarian for Social Sciences. The following keywords were provided by the researcher: *nursing shortage; nurse turnover; migration and health; foreign and nurse; expatriate nurse; emigration and South Africa; recruitment and nurse,* whereafter the librarian conducted the following searches:

- A database search of references to Southern African material
- A database search of references to periodical articles and books
- OASIS search of references to books in the Unisa library
- MAGNET search of references to material in South African libraries

- Internet
- Newspaper reports

The following databases were consulted:

- Academic Search Premier
- CINAHL (R) Database 1999-2001/07
- CINAHL (R) Database 2002-2003/03
- Nexus - Database of current and completed research in South Africa
- ISAP - Index to South African Periodicals
- Business and Industry: Africa
- Medline.

The lists of references in journal articles and books were used to trace relevant articles not identified in the literature search conducted by the librarian. Newspaper reports that were published during the period that the study progressed were studied and kept for reference purposes (Annexure D: Copies of newspaper reports). The Internet was used continuously to search for relevant articles related to the shortage of nurses, the emigration of nurses and reports of the WHO, ICN and South African Migration Project (SAMP).

The literature review chapter has been divided according to the research questions that guided this study (see Section 1.4.2). The first section is concerned with the factors that contribute to emigration globally and in South Africa. Although the literature review revealed little information on the emigration of South African nurses, references to medical and other professionals leaving the country are made where applicable. Literature concerning the global shortage of nurses and migration of nurses elsewhere in the world was more readily available and constituted the foundation of this section of the literature review. International nursing shortages cannot be separated from the migration of nurses. In many ways similar factors might contribute to the shortage and migration issues of nurses. The researcher attempted to link the information in the literature on factors contributing to nurses' global migration to factors possibly contributing to the emigration of South African nurses. The second section of the literature review focuses on SA nurses' experiences when practising in other countries. In the third section, possible steps that could be taken to recruit ex-South African nurses to return to South Africa to practise nursing in the RSA will be investigated.

2.2 THEORETICAL FRAMEWORK USED TO CONTEXTUALISE THE LITERATURE REVISED RELEVANT TO THE EMIGRATION OF SOUTH AFRICAN NURSES

To understand why people emigrate it is necessary to understand people's needs. When an individual experiences a deficiency in one or more important needs it might stimulate action on his or her part; it might trigger a search for ways to satisfy it. Maslow's Hierarchy of Needs Theory was used as a point of departure in this study to establish what motivates South African nurses to leave the RSA to practise in other countries. Maslow's Hierarchy of Needs, depicted on five levels, was explained in Section 1.6.2. Classical references (old sources) and more recent publications on Maslow's work were consulted and referred to in the discussion and explanation of Maslow's Hierarchy of Needs Theory.

2.3 EXTERNAL FACTORS THAT CONTRIBUTE TO THE EMIGRATION OF SOUTH AFRICAN NURSES

In the context of the study, external factors are factors that relate to specific circumstances of living and working in South Africa that might have an effect on the decision of South African nurses to emigrate. The external environment is the South African context in which South African nurses live and practise nursing on a daily basis. It does not refer to factors related to the working environment of nurses in particular. References to studies on South African emigration will form the basis of this section of the literature review.

2.3.1 The emigration of skilled South African citizens

Globalisation has fundamental implications for the mobility of people in general and skilled persons in particular. The migration of human capital (skills and labour) is one of the key features of the globalisation process. South Africa is part of the global network and therefore shares in the exchange of skills and labour. South Africa has the most advanced higher education sector on the African continent and in many fields, particularly health care, information technology, engineering and accountancy, the skills produced are recognised and valued in the industrial countries. The countries of choice are the UK, Australia, New Zealand,

Canada and the USA (Crush 2002b:151). To be able to put the emigration of nurses from South Africa in perspective, it is necessary to review literature on the emigration of South African citizens in general. Nurses leaving South Africa could be seen as contributing to the "brain drain". McDonald and Crush (2000:5) explain that the "brain drain" implies a depletion of skilled people who are vital to the functional core of a national economy. Although definitions of skilled people vary, they all tend to focus on people who have received some sort of specialised training that results in superior technical competence. It is maintained that without these people the operation and development of the economy would be severely hindered. Furthermore, Brown, Kaplan and Meyer (2000:42) emphasise the fact that the brain drain, by definition, is not simply a question of absolute numbers, but that the skills profile of emigrants is also an important determinant of the impact on a country and its economy.

According to McDonald and Crush (2000:4), the debate on the emigration of South Africans has been based more on misinformation and guesswork than on methodologically sound research. Therefore the need for reliable data on the extent and impact of skilled migration, cannot be over-emphasised. Although statistics differ widely, it is accepted that significant numbers of educated professionals and entrepreneurs have been leaving South Africa to work elsewhere in the world. According to Mattes and Richmond (2000:10), official data from the period of South Africa's transition towards democracy (1991-1993) and the democratisation period (1994 to the present) reveal a rapid decline from a net gain of economically active persons to a net loss. In 1996 South Africa experienced its worst loss for at least eleven years. These authors further assert that official figures drastically underestimate the extent of skills emigration.

It is difficult to assess the real extent of emigration from South Africa. Official South African statistics on emigration are derived from forms that emigrants complete at one of the three main international airports in South Africa. Emigrants who do not complete the forms or depart from any other location are not captured in the official data. In addition, the data on South Africans who leave for another purpose such as travel, study or temporary work and then settle abroad might also not be captured. To prove that official statistics on emigration are far too low, Brown et al (2000:42) conducted a study in which data were collected for the five major recipient countries of South African emigrants for the period 1987-1997. These countries are New Zealand, Australia, the USA, the UK and Canada. The comparison of data

from all five recipient countries with South African figures showed consistent official under-reporting of emigration from South Africa. The official figure for emigration to these countries between 1989 and 1997, as reported by Statistics South Africa, was 82 811, whilst the data from the five recipient countries indicated that an estimated 233 609 people had left South Africa to settle in one of these five countries (Brown et al 2000:42). Official South African emigration statistics underestimated the loss by around two-thirds. It is estimated that between 1987 and 2001, South Africa lost 310 000 citizens, including 50 000 professionals. (Crush 2002b:152). This author adds that this is a significant brain drain by any standards. He emphasises that these estimates under count the outflow in at least two additional ways. Firstly, South Africans do not only emigrate to the five countries mentioned here, and secondly, there is considerable evidence from sectors such as health and education that skilled South Africans are being recruited to work overseas on fixed contracts. Although it may be argued that this is a temporary loss, the impact on these overburdened and understaffed sectors in South Africa could be considerable.

Data on the occupational profiles of South African emigrants are incomplete and a detailed occupational breakdown is only available for emigrants to Canada and New Zealand. In both countries, the natural sciences/engineering and health care are sectors in which South Africans cluster in greatest numbers. Another significant category in the New Zealand data is education. Health professionals and engineers account for the greatest share of emigration to New Zealand, but decreased after a peak in 1993. There was, however, an increase in other categories like computing and nursing (Brown et al 2000:43).

It is generally believed that white South Africans have a higher potential for leaving the country (McDonald & Crush 2000:4; Steinberg 2001:1). A popular myth in South Africa has it that English-speaking white males are the most likely to want to leave the country, with women, Afrikaners and black South Africans more likely to stay (McDonald & Crush 2000:6). However, the findings in this survey of skilled South Africans indicated that English-speaking whites were just as likely to want to stay in the country and that black South Africans, women and Afrikaners were just as likely to say they would leave. It was found that there was little racial difference in the intention to leave. Skilled black South Africans were just as likely to want to leave as white South Africans. Skilled blacks are more likely to leave South Africa on a temporary basis than whites, while slightly higher proportions of skilled whites say that a permanent move is likely (Crush 2002b:153; Crush, McDonald, Williams, Mattes, Richmond,

Rogerson & Rogerson 2002:4). This is confirmed by emigration agencies (Steinberg 2001:1). The image of males looking for new opportunities abroad still pervades the male bias of research into emigration. This is according to Kofman (1999:273-285), who asserts that the persistence of this view serves to reinforce the notion of women as passive followers and dependants, whose employment is of secondary consideration. She claims that the fact that women have entered professional and managerial occupations to a much larger extent in recent years seems to have been overlooked in accounts of international migration. A study of emigration from Australia reveals that in recent years more female professionals have left that country to spend a period of time abroad. Many current shortage areas worldwide are in sectors with a substantial female presence, such as nursing. The results of his survey into the factors determining the emigration potential by Crush (2002a:1) suggest, however, that women have significantly lower emigration potential than men, despite a remarkable concurrence between male and female South African citizens in their general attitudes and specific concerns about life in South Africa and abroad. Since nursing is a predominantly female profession, these findings might be important when the emigration potential of South African nurses is predicted.

The majority of South African emigrants are highly skilled people, and according to Kriel (2003a:15), the loss of skills and knowledge is a serious setback for South Africa. According to this author the Unisa Graduate School of Management estimates that South Africa lost R800 million in tax income in 1997 and a further contribution of R2,27 milliard to the gross national product due to emigration. The average contribution of graduates to the economy of the country is R7,4 million. Less money is spent in the country when skilled people emigrate. Crush (2002b:155) suggests that the overall economic impact of the brain drain on South Africa is ambiguous and deserving of more rigorous national-level analysis.

South Africa is experiencing a substantial loss of professional people due to circumstances and issues not related to the internal factors in their professions. The nursing profession is one of the professions losing highly educated persons to other countries. It is believed that the emigration of South African nurses can be attributed to both internal and external factors, and it is therefore necessary to establish which external factors influence people's decisions to emigrate. This section will review literature on studies that have identified factors why professional people are leaving South Africa. It is assumed that some of these factors are

relevant to the issue of nurses' emigration from South Africa.

2.3.2 Crime and violence

When an individual experiences a deficiency in *safety needs* it might stimulate action on his or her part, triggering the decision to leave the country in search of a safer homeland. In South Africa today, political violence is totally overshadowed by the high levels of violent crime the country is experiencing. Analyses of recent trends show increased levels of crime from 1990 to the present. Comparatively speaking, the incidence of violence in South Africa is extremely high. Furthermore the experience of being violently victimised in South Africa has almost become a statistically normal feature of everyday life in many urban and rural settings in South Africa (Hamber 2000:7-8). It appears as if more people have been considering leaving the country during the last decade than before. People's fears for survival in a country where crime and violence are escalating is an important reason for emigration. "Kill, plunder, rape, destroy -- That's the language of the new South Africa ... We are in the heart of darkness -- let nobody tell you otherwise" (Clarke 1998, cited in Van Rooyen 2000:73). According to Maslow's needs hierarchy the *safety needs* are lower-level needs that have to be satisfied in order for an individual to be motivated by higher level needs. Once *physiological needs* become gratified, the *safety or security needs* become predominant. These needs are essentially the need to be free of the fear of physical danger and of being deprived of the basic physiological needs. In other words, according to Hersey and Blanchard (1993:33), this is a need for self-preservation and in addition to fears in the here and now, there is a concern for the future. If an individual's safety or security is in danger, other things seem unimportant. People who fear for their physical *safety* are too busy attempting to satisfy these needs to be concerned about the higher needs such as*esteem and self-actualisation needs*. Unsatisfied needs on this level may well contribute to emigration from South Africa.

The Nedcor Project on Crime, Violence and Investment (1996) found that almost half of their respondents considered crime to be the most serious problem in South Africa, costing the country's business sector close to R16 billion per year (Wood 1996:33). An investigation into responses to the brain drain by employers of skilled personnel in South Africa, among a representative sample of 200 enterprises across the spectrum of public and private

enterprises, confirms media concerns about crime and violence as reasons why people are leaving South Africa (Rogerson & Rogerson 2000:35). In their study to determine the socio-demographic profile of South African doctors who have permanently emigrated to Saskatchewan, Canada, and to find the reasons why they left, Van der Vyver and De Villiers (2000:19) found that 43% of their respondents indicated that violence and lack of security were the most important reasons why they left South Africa. Those who indicated that they were victims of violence had either lost family members in violence, suffered physical harm to themselves or family members, suffered loss of possessions, received threats or experienced psychological trauma related to violence and crime. Findings in all these studies correlate with what Van Rooyen (2000:72) found in surveys in which 60% of emigrants regarded crime as the major reason for leaving South Africa. According to Ncayiyana (1999:1107), the challenges posed by the post-apartheid transformation serve as push factors for those who leave, but he agrees that by and large the overriding reasons for emigration are rampant crime and the threat to personal safety. Mittner (1999:31) reports that a survey of professional and managerial workers found the two most important reasons for emigration to be crime and violence.

The literature review indicated that gratification of *safety needs* is lacking and that crime and violence are pushing South Africans away. Although it might be difficult for someone who has not personally been a victim of violent crime to truly understand why crime is such a strong push factor for emigration, Van Rooyen (2000:96) found that the reaction of many South Africans to the death and destruction caused by violent criminals is to leave the country. This issue has to be addressed by government and the people of this country if the government is serious in its attempts to prevent further loss of skilled and educated people. In a survey among skilled South Africans, one quarter of those respondents with a high emigration potential said that improvements in safety and security would prevent them from emigrating (Mattes & Richmond 2000:20).

The crime rate and levels of violence are reasons for serious concern. Nurses living and practising in South Africa are affected in more than one way by crime and violence. On the one hand they might become victims of crime and violence like any other citizen of this country, while on the other hand they have to care for and nurse victims of violence and crime. In a study among nursing students at a distance education institution, 51,2% of the

respondents indicated that they would stay in the RSA if crime, rape and violence decreased (Ehlers et al 2003:33). A documentary on the trauma unit of a Johannesburg hospital revealed that doctors and nurses carry an unmanageable workload due to increased numbers of patients that need resuscitation as a result of injuries that they have sustained in violence and crime incidents (Carte Blanche, 12 May 2002). This implies that nurses are carrying heavy burdens due to crime and violence in the RSA, in both their professional and in their personal capacities.

2.3.3 Declining quality of life

The general perception is that the level of people's satisfaction with the quality of life influences their decision to emigrate. In answer to the question of why people leave South Africa, Van Rooyen (2000:102) states that perceptions of falling standards, mismanagement, incompetence and a growing decline in morality are issues which make South Africans desperate about their future. Van Rooyen (2000:107) points out that although there might be different views on the issues of falling standards, it is indisputable that there are serious problems in the areas of corruption, health care, education and the public service and that standards have deteriorated dramatically over the past few years. According to him many emigrants point to these declining standards and many fall back on the clichés that South Africa is "becoming just another African basket-case" and is turning into a "third-world country".

These views correspond with that of Mattes and Richmond (2000:16), who state "common wisdom is that the South African Brain Drain is heavily driven by white perceptions of a deteriorating quality of life since the demise of apartheid". In their survey skilled South Africans were asked about their level of satisfaction with a wide variety of measures of quality of life. They found high levels of dissatisfaction with the levels of taxation, cost of living and the standard of public and commercial services in South Africa. With the exception of standards of service, dissatisfaction extends across racial boundaries and is not a predominantly white disposition. Dissatisfaction with the levels of taxation, cost of living and standard of public services indicate unsatisfied *physiological needs*. Skilled South Africans are, however, far less dissatisfied with personal economic conditions, schools and available health care. On

the pessimistic side, this study reveals that skilled South Africans tend to feel that conditions will only get worse. They are particularly concerned about their future cost of living, levels of taxation and safety, and the standard of public services. This pessimism extends across the racial division. People who are concerned about the satisfaction of *physiological and safety needs* are too busy attempting to satisfy these needs to be concerned about higher-level needs (Schultz & Schultz 1998:240). Such people might perceive emigration as a viable option to meet their *physiological and safety needs* in countries other than the RSA. This also applies to registered nurses who might be unable to meet their financial obligations with their South African salaries, and who then seek better remuneration packages in other countries.

Pessimism about one's personal economic future, quality medical services and good schools is less severe, although still significant. Despite skilled people's satisfaction with available health care, Van der Vyver and De Villiers (2000:20) found that a large number of the medical practitioners who participated in their study indicated that they had worked in the South African public health sector immediately prior to their emigration and that their working conditions within the public sector and the hospital situation contributed to their decision to emigrate. Like doctors, nurses are also affected by conditions in the public health sector and it is assumed that these conditions might contribute to nurses' decision to emigrate. It is possible that skilled people's satisfaction with health care is a result of their ability to pay for services provided by private practitioners in private hospitals when they need medical care. They might therefore not be affected by the apparent "decline in conditions" in public hospitals to the same extent as South African citizens from lower income groups.

2.3.4 Financial prospects and affirmative action

The specific factors that stimulate migration vary, but according to Ojo (1990:663) the single most pervasive cause for emigration in all sub-Saharan Africa countries is the economy. These economic factors are not limited to the personal economic element of salary but also includes the general economic level of the country, and whether it can support relevant activities to an extent that will provide reasonable opportunities for trained people to utilise their training. Concerns about financial prospects and affirmative action relate to people's

physiological, safety, esteem and self-actualisation needs. About 10% of emigrants list concerns over the South African economy as a reason for leaving the country (Van Rooyen 2000:99). Distinct problems frequently cited by emigrants as a rationale for leaving the country concern the South African currency, the high personal income tax rate, as well as unemployment and affirmative action issues (Van Rooyen 2000:99). If an individual's job is threatened, his or her *need for security* is in danger of being unsatisfied. There is also a concern for the future. People might fear that they will not be able to maintain their properties or jobs, and therefore not be able to provide for their basic needs and those of their dependants. People have the desire to remain free from economic instability (*physiological and safety needs)*, and according to Maslow's needs hierarchy the safety and security needs have to be satisfied in order for an individual to be motivated by higher level needs (Hersey et al 2001:37).

The decreasing value of the South African Rand against the major currencies of the world, and attractive salary packages offered in other countries influence people's decision to emigrate. This might relate to gratification of *physiological and safety needs*. According to Rogerson and Rogerson (2000:35), the highly attractive salary packages offered in North America, Europe and Australia are a core reason given by skilled people for leaving South Africa. They assert that Saudi Arabia is an important destination for nurses because of the lucrative employment packages available in that country. If nurses are unable to satisfy basic needs such as affording a house or proper schooling or clothing for their children (*physiological needs*) in South Africa, they might be motivated by these lucrative salaries on offer to leave the country to work in other countries. Inadequate financial compensation in South Africa *(unsatisfied security needs)* with enhanced economic prospects abroad (Van der Vyver & De Villiers 2000:20) have played a major role in medical practitioners' decisions to emigrate. The majority of respondents in the study of medical practitioners have an above-average income in Canada, even in Canadian monetary terms. According to Mittner (1999:32), there is a big difference between local and international salary scales, and an awareness of this difference among local executives could hasten the emigration process. Another factor is South Africa's high personal income tax rate and a marginal rate as high as 40%, which is relatively steep when compared with the USA, Australia, New Zealand and Canada.

Associated with financial prospects in South Africa, and widely cited as a push factor for emigration, is the government's affirmative action policy. The possibility that one might lose one's job due to this policy results in unsatisfied *physiological, safety and esteem needs*. The study by Mattes and Richmond (2000:18) confirmed that skilled whites are widely opposed to the policy, while only a fifth of skilled blacks expressed similar views. Thousands of South African employees, mainly whites, have been influenced by the government's affirmative action policy. A person cannot experience job satisfaction without a job. Fear of losing one's job, the actual loss of a job, or the inability to find a job is stressful for employees and their families. *Security needs and esteem needs*, according to Maslow's hierarchy of needs, can no longer be satisfied. People will no longer have opportunities for growth and responsibility and thus will not satisfy the *need for self-actualisation*. The perceived inability to satisfy these needs can force people to emigrate to a country where their skills and abilities are needed and recognised, and where they would be more likely to realise their *self-actualisation needs* than could be done in the RSA.

2.4 INTERNAL FACTORS THAT CONTRIBUTE TO THE EMIGRATION OF SOUTH AFRICAN NURSES

People do not move from one country to another solely to obtain a slight economic or professional advantage. The difference must be significant enough to outweigh the strong natural preference to remain at home (Ojo 1990:633).

The internal factors discussed in this section are factors that relate to the nursing profession and health care that might influence nurses' global migration. Since South African nurses are part of the global nursing profession, it is believed that these factors have an effect on the decision of South African nurses to emigrate. Factors discussed in this section that might contribute to the emigration of South African nurses include the impact of the global nursing shortage, recruitment and retention of nurses, effects of "baby boomers" on providing nursing services, the work environment and turnover, job dissatisfaction and poor remuneration.

2.4.1 The global nursing shortage

A severe shortage of nurses is being experienced globally. Over the last few years the nursing shortage has become a perplexing problem for the nursing profession and in particular health care managers worldwide. In its newsletter the National Institute of Nursing Research (News 2001:1) warns that the projected shortage of registered nurses threatens the health of the people and the survival of the profession in the USA. It is predicted that the nursing shortage will affect all stages of professional nursing careers. In 1996, Buchan (1996:134) alerted the nursing profession in the UK to the fact that nursing shortages were back in the headlines. He pointed out that concern about staffing shortages was last on the NHS agenda in the 1980s, but that it had returned to the front pages of the tabloids. At that stage he was not convinced that it was a national nursing shortage, but rather an indication of increasing local difficulties. He did, however, emphasise that it was a reality, and likely to get worse without national and local intervention. It seems that Buchan's 1996 prediction of a severe nursing shortage in the UK has come true. In 2001 Gray (2001:3) pointed out that the UK was experiencing the worst nursing shortage the NHS had known.

Since 1998 nursing leaders in the USA have warned of a nursing shortage unlike any previous shortage. The active recruitment of South African nurses by recruitment agencies for practice in Australia, New Zealand, United Arab Emirates, Saudi Arabia, Ireland and the Netherlands suggests that the UK and the USA are not the only two countries experiencing serious nursing shortages (see Annexure E: Examples of advertisements for positions for SA nurses in foreign countries). During 2001 it was reported that South African nurses were being recruited to alleviate the shortage of nurses in the Netherlands (Suid-Afrikaanse 2001:1). The USA, UK, Canada, Australia, New Zealand and Ireland are all competing to solve their nursing shortages by recruiting from one another, as well as from the English-speaking countries of the African and Indian subcontinents and the Caribbean (Buchan 2002b:18; Porter 1998:35). The global nursing shortage and opportunities to work in other developed countries contribute to the nursing shortage in the UK, with large numbers of nurses leaving the UK to work elsewhere. Mulholland (2002a:4) reports that record numbers of nurses are leaving the UK to work abroad. According to NMC figures the number of nurses migrating overseas has risen steadily over the past four years. The figures do not show whether those leaving are foreign or UK nurses. In 2002, Buchan (2002b:18) confirmed that the UK was losing nurses to other developed countries and that in the previous year, for every two nurses being recruited into the UK, one was leaving. Internationally mobile nurses who

speak English can now pick and choose where they want to work. The most popular destination for UK nurses is Australia, followed by Europe and the USA.

Canada is also experiencing a nursing shortage. Kent (2001:1479) reports that Edmonton, a city in Canada, recently recruited 250 registered nurses, mostly from New Zealand, to meet its recruiting target. Henry (2002:9) reports that well-qualified, experienced Caribbean nurses are emigrating to the UK, USA and to a lesser degree to Canada, where they foresee enhanced educational opportunities, more choices in career pathways, better conditions of service and higher financial rewards (*meeting of physiological, esteem and self-actualisation needs)*. Nurses emigrating to developed countries facing nursing shortages, might attempt to meet unsatisfied needs, according to Maslow's hierarchy of needs.

Certain territories in Australia were concerned about the shortage in nurse specialists as far back as 1997, when Witham (1997:130) reported that the Health Department in Australia was considering sponsorships to nurses from the UK, New Zealand and Canada to combat a shortfall in the number of specialist nurses in Australia. The view was expressed that the Health Department in Australia had to sponsor overseas nurses to try to relieve the acute shortage, but that the department should have investigated why there was such a high rate of turnover among nurses in Australia.

In the USA the national employment of registered nurses per capita has decreased by 2%, and according to Colosi (2002:51) this means that 50% of the states are below the national average, with the south, southeast, southwest and west being hit the hardest. This author refers to the US Bureau of Labor Statistics' projections that the shortage in the USA will reach 800 000 nurses by the year 2005. Shortages have been reported by hospitals and other health care institutions in both rural and urban areas. Cooper and Parsons (2002:162) state that even the USA military nursing force is affected by the current nursing shortage. The inability of temporary nurse staffing agencies and national travelling nurse firms to find registered nurses to fill vacant positions is also reported. The most serious shortages are in speciality care areas, particularly intensive care units (ICUs) and the operating room (OR) (Buerhaus, Staiger & Auerbach 2000a:112). These shortages could be attributed to the ageing workforce and the fact that fewer young people, who are the ones more attracted to

working in these speciality areas, are entering the profession; thus shortages in these areas are likely to continue. It is, however, true that shortages in the USA are not only limited to these two speciality areas. The decrease in the number of nurses entering the long-term care field also presents a serious problem to the elderly in nursing homes, where the number of licensed practical nurses needed (Too many 2001:18) is expected to grow by 71,5% from 1991 to 2020. Purnell, Horner, Gonzalez and Westman (2001:179) point out that the USA's "nursing shortage " is in fact the outcome of a long-term, complex composite of market, technological and societal influences that have eroded the ability to respond to cyclical changes in the need for expert nurses. According to them, the causes of the extensive shortage in speciality areas are the greater numbers of nurses who are retiring or working part time, and burnout among nurses, due to the increased pressure to provide care for the growing number of patients with fewer nurses available. Purnell et al (2001:180) further assert that a new vision for the future of nursing, in which the needs and values of nurses are considered together with health care economics, is being created. This is an important strategy to combat the nursing shortage, because Maslow's theory implies that if predominant needs are not satisfied, the result is undesired employee behaviour such as frustration and resignations (Gerber et al 1998:263).

Barney (2002a:154) expresses yet another view on what is causing the nursing shortage. He maintains that a lack of respect, due to the fact that nurses have traditionally been viewed as the doctor's handmaidens rather than as competent professionals, an unwelcoming hospital culture where young nurses feel intimidated, too much paperwork and less time for patient care, and the lack of funds that contribute to inadequate staffing and more stress and frustration for nurses, all contribute to the shortages. This might imply that unsatisfied *esteem needs* are contributing to the nursing shortage.

Although many nurses and some of the organisations that represent them emphasise that a poor workplace climate is the cause of the nursing shortage, Buerhaus (2002:4) believes that it would be too simplistic to argue that shortages are primarily due to workplace conditions that drive nurses away. According to him, hospital admissions have been rising since 1995, and sicker and older patients have increased the demand for nursing care. Because there are not good substitutes for registered nurses, hospitals have been unable to meet these

rising demands. Due to the falling numbers of enrolments in nursing education, the number of nurses graduating each year since 1995 has been falling in the USA. Demographic changes in the nursing workforce, with more than 80% of registered nurses in the USA older than forty years, also contribute to shortages in areas such as intensive care units where younger nurses are more likely to work. The literature review revealed various factors contributing to this shortage. These include the large numbers of ageing and retiring nurses, an unexpected influx of sicker patients, an ageing population demanding more nursing manpower, reductions in nurse training programmes, a decline in nursing school enrolments and numerous professional opportunities in other fields considered to offer less stressful, more family-friendly working environments than nursing (Colosi 2002:50; Peterson 2001:3; Shendell-Falik 2001:96; Staiger, Auerbach & Buerhaus 2001:190).

According to Denosa (2001:Addendum 1), the nursing shortage in the RSA is the result of multiple factors which include inadequate salaries and limited career progression in nursing, the availability of numerous alternative career opportunities, the loss of visible nursing leadership, the public image of nursing that undervalues nursing and a huge workload due to insufficient numbers of nurses. If the reasons given by Denosa to explain the nursing shortage in South Africa are valid, it might be an indication that not even the most basic needs in Maslow's hierarchy, the *physiological needs*, of South African nurses are satisfied. The views expressed by Denosa are confirmed by Xaba and Philips' (2001:5) findings that a lack of competitive incentives in the public service and work pressure in South African hospitals were reasons given by South African nurses for leaving this country. The reasons given suggest that unsatisfied needs on *all five levels* of Maslow's needs hierarchy might contribute to the nursing shortage in the RSA. Moorhead and Griffin (1995:84), however, point out that in most organisational settings, the physiological needs are probably the easiest to evaluate and meet. Adequate wages and good working conditions are examples of things that can satisfy needs on the most basic levels, the *physiological and security levels*. Unsatisfied needs on these levels could be push factors in the decision of South African nurses to emigrate to countries where better wages and/or working conditions are expected.

The shortage of nurses in developed countries and the recruitment of nurses to practise in these countries could be pull factors in the emigration of South African nurses. Since the

nursing profession in South Africa also experiences a shortage it is essential that health care authorities and leaders in the nursing profession take note of the factors that have led to the global nursing shortage and be proactive in trying to address these issues in South Africa. This literature review will focus on the various factors that have led to the global nursing shortages and look at potential remedies for addressing these shortages. Factors contributing to the global nursing shortage include:

- Recruitment and retention of nurses
- Effect of the "baby boomers"
- The work environment and turnover
- Job strain and dissatisfaction
- Compensation

2.4.1.1 Recruitment and retention of nurses

2.4.1.1.1 Issues related to the retention of nurses

The future of nursing depends on how nursing leaders address the issues at hand. As explained in Section 1.6.2, Maslow has distinguished between intrinsic and extrinsic motives that influence people's needs. Intrinsic motivation is related to "psychological" rewards such as the opportunity to use one's ability and a sense of challenge and achievement (satisfying *esteem and self-actualisation needs)*, while extrinsic motivation is related to tangible rewards such as salary and fringe benefits, security, promotion, the work environment and conditions of work *(physiological, security, social and esteem needs)* (Gerber et al 1998:258). Findings in a national study on nurses' attitudes towards nursing done in 1991 in the USA (Seymour & Buscherhof 1991:111) indicated that the strongest motives for entering and remaining within the profession related to some form of altruism. These included descriptions of spiritual influences on career choices and work attitudes, the importance of service to others and of doing work of value to humanity. Intrinsic interest in the work and service to others were the two most frequently mentioned forms of motivation. Attraction to nursing because of its material rewards, expressed as good pay and decent working conditions (*physiological needs)*, was the third form of motivation. Intrinsic pleasure in the nature of the

work emerged as the most strongly valued aspect of nursing, with professional and personal development and achievement opportunities ranking second (*self-actualisation and esteem needs)*, while material rewards as a valued aspect of nursing were ranked third. Self-fulfilment in daily work is a strong factor in job satisfaction. However, in this study it was discovered that for many nurses there was a clear gap between their expectations of a career in nursing and its actual satisfactions. Respondents described how the altruistic feelings had been soured and their expectations dashed by the realities of their working lives. The gap between expectation and experience became clear in their descriptions of their dissatisfaction with nursing. It seems as if these dissatisfactions have to be addressed in order to improve retention of nurses and limit turnover.

According to Sumner and Townsend-Rocchiccioli (2003:171), nurses appear to be carrying a heavy burden due to the complexity of patient care, shortage of staff, long working hours, and an environment perceived to be hostile to their own needs. They go to work, give of themselves endlessly, do their job diligently, often well over their allotted duty time. The authors maintain that nurses are creative people, whose value to humankind is ignored by the bureaucracy of the acute health care world, as is demonstrated by the exodus of nurses from the system. They warn that those within the profession and the health care system must try to understand what motivates the individual nurse and give him or her the freedom to be creative and flexible in practising the special gift of being himself or herself within the professional role. Only then will the exodus be curbed.

It is essential that employers find ways of improving retention of their nursing staff. In order to do that they must know what will keep employees happy and contented within the organisation that employs them. In the past, nursing shortages have been cyclic. As demand increased, nursing education responded by increasing enrolments, while employers provided improved compensation packages. Nurse leaders are concerned that these strategies to combat the current shortage might be unsuccessful. The current perception of nursing as a career with "downsides," such as exposure to contagious diseases, inconvenient working hours such as night duty and weekend work, less time for patient care and employers who expect nurses to "do more with less" has steered potential students away from nursing (Collins 2002:55). This view is shared by Henry (2002:8), who asserts that changes in traditional nurse and nurse

manager roles, the constant requirement to do more with less, and the poor image of the health care system perpetuated by the media, have all led to the public perception that the health care system is in a crisis. In most instances the nurses have taken the brunt of the public's displeasure, with negative outcomes for the nursing profession. Fewer well-educated young adults in the USA choose to go into nursing, and there has been an exodus of experienced nurses out of the system to pursue other careers. According to Thompson (2001:62), the complexity of this shortage is alarming. A single problem or a single solution cannot be isolated. Intense collaboration, in which educators, practitioners, policy makers, employers and hospital administrators search for solutions, is essential. Solutions should be targeted at improving the collection and analysis of workforce data, creating an adequate supply of nurses, ensuring a skilled workforce, and changing the workplace into an environment where young professionals can be recruited and retained. Peterson (2001:3) points out that

"the reality is that the profession of nursing will be unable to compete with the myriad of other career opportunities unless we improve working conditions, increase compensations over the lifetime of the registered nurse and provide clinical practice opportunities and responsibilities that match the registered nurse's knowledge and skill".

This view relates to Maslow's distinction between extrinsic motivation and intrinsic motivation at work. As we have seen, according to the needs hierarchy, the extrinsic motivation is related to tangible rewards such as salary, fringe benefits, promotion, job security and working conditions, while intrinsic motivation is related to rewards such as the opportunity to use one's ability, a sense of achievement, receiving appreciation and positive recognition (Gerber et al 1998:258). If the nursing profession finds ways to identify and promote those factors, both extrinsic and intrinsic, that motivate nurses, it might be able to retain this valuable asset to the advantage of the health care of the population.

2.4.1.1.2 Issues related to the recruitment of nurses

It has been emphasised by various authors (Murray 2002b:80; Peterson 2001:3; Staiger et al 2001:190) that fewer well-educated young adults choose to go into nursing. Evidence has been presented that suggests that the main cause of the declining interest in nursing has been the expansion of career opportunities for women in traditionally male-dominated occupations over the last three decades. Because nursing is a traditionally female profession and options

for women have increased, the traditional recruitment base for nurses has shrunk.

In their analysis of causes of the declining interest in nursing as a career, Staiger et al (2001:190) present evidence suggesting that this is the case in the USA. They hold the opinion that the declining interest in nursing is driven by fundamental, permanent shifts in the labour market that are unlikely to reverse. They point out that surveys of freshmen over the previous five years have shown no evidence of any sustained re-emergence of interest in nursing as a profession. The analysis of evidence showing a declining interest in nursing, combined with the results of a rapidly ageing registered nurse workforce, present a disturbing picture of future nursing shortages, posing a daunting challenge to the nursing profession and the health care authorities in most countries of the world, including the RSA.

The image of nursing as a career opportunity among teenagers might also contribute to the decline in interest in nursing as a career and thus to the global shortage of nurses. Nursing has an image problem and young people are increasingly choosing other careers in fields they find more attractive. According to literature reports, nursing has lost some of its glitter as a career opportunity, partly because nursing is a traditionally female profession and career options for women have increased (Murray 2002b:80). This was confirmed by the findings in a recent UK study on school children's views on nursing (When I grow up 2004:14). The negative image of a career in nursing has a detrimental effect on the recruitment of school leavers to enter nursing education programmes. Moore (2001:14) found that a group of UK school leavers expressed little enthusiasm for nursing as a career. Despite their expression of enormous respect and affection for nurses, they stated that nurses' low pay and difficulties in combining nursing careers with family responsibilities prevented them from entering the profession.

This corresponds with findings in other studies that nursing did not meet the students' ideal career requirements. It was also found that high school guidance counsellors, students and teachers need to be educated about nursing in order to assist students in the development of more positive attitudes toward nursing as a career. Other studies in the USA have indicated that students have a negative perception of nursing and nursing education and that they do not understand the full dimensions of a career in nursing (Coffrey-Love 2001:32). Conveying a more positive image of nursing is essential, and professional organisations and

individual nurses share the responsibility of ensuring that nurses are portrayed in a positive light. Every nurse must recognise that he or she is a role model who can play a powerful role in reversing the current decline in interest in nursing as a career (Nevidjon & Erickson 2001:4; Shendell-Falik 2001:97). Every nurse is the most important recruiter for nursing and for a specific institution.

In his 2001 report on the state of the health care workforce in the USA, Selvam (2001:Special fold-out section) pointed out that for the fifth consecutive year there had been a decrease in the number of nursing students. According to this report, the number of students enrolled in nursing programmes had dropped to such an extent that it referred to "the incredible shrinking nursing school". Similarly, Carpenito-Moyet (2002:3) refers to a recent study in Pennsylvania (USA) that found that the number of people choosing nursing had fallen by 40%. A decline in student numbers is also being experienced in the RSA. According to Geyer (2004:34), the loss of professional skills and expertise is further exacerbated by the limited expansion of health worker training in South Africa. This author points out that student nurses' numbers in the RSA declined by 2 400 from 1997 to 2001.

In the USA numerous efforts are under way to recruit more students into nursing. It is clear, however, that the profession is competing against other career opportunities. Johnson and Johnson, the world's most comprehensive and broadly based manufacturer of health care products, has launched a recruiting campaign to reduce the nursing shortage in the USA. According to Buerhaus (Johnson 2002:13), a member of the advisory panel for this campaign, the biggest problem is that people are unaware of the current array of opportunities and rewards in nursing, and that nursing offers career opportunities in health research, hospital management and family and community health care in addition to traditional patient care. According to Buerhaus, this message needs to be sent to parents, teachers, counsellors and students at all levels.

The American Hospital Association addressed the overall shortage of health care workers in the USA in its 2001 report. It proposed several strategies to increase recruitment and retention, which include fostering educational opportunities, college tuition reimbursement and scholarships, broadening applicant pools, investing in innovations that establish a competitive work environment and reviewing compensation strategies (Tanner & Bellack 2001:99). These

strategies might, however, not be effective. Brewer and Kovner (2001:25) warn that negative publicity and unpleasant working conditions have several effects on the supply of nurses. Registered nurses in a position to do so may reduce work hours, change jobs or quit. Prospective students take note of negative publicity and this might reduce admissions or enrolments.

It is clear from the literature review that recruitment and retention of nurses is a complex issue and requires careful planning, taking various aspects into consideration. Gratification of needs on all levels of Maslow's hierarchy of needs is essential for the nursing profession to succeed in recruiting more people into the profession and to retain those people already in the profession.

2.4.1.2 Effects of "baby boomers" on providing nursing services

Baby boomers are defined as those persons born between 1947 and 1962 (Minnick 2000:211). In 2005 a large cohort of boomers will begin to reach the age of 55, when registered nurses historically reduce their participation in the labour market. By 2010, almost all of these registered nurses will be in what have traditionally been prime retirement years. This is confirmed by data from a study on the ageing of the registered nurse workforce that show that the average age of the employed registered nurse in the USA is 43,3 years, and that more than 60% of the working registered nurses are older than 40 years. In 2010, it is projected that more than 40% of the registered nurse workforce in the USA will be older than 50 years. Between 2010 and 2020 many registered nurses will retire and the largest group remaining in the workforce will be in the age group between 50 and 60 years. During the same period baby boomers will be in their sixties and the demand for both health care and for registered nurses will rise substantially (Barney 2002a:153; Buerhaus 2002:5).

Concerns about the ageing of the nursing workforce have been well documented. It is therefore essential that employers develop strategies to retain these older expert nurses within the nursing workforce. Letvak (2002:390) alleges nevertheless that while the ageing of the workforce is recognised as a problem within health care facilities, little is being done to

address this growing concern. Letvak (2002:387) and Peterson (2001:5) point out that chronological age is a poor indicator of physical or mental ability, and that older workers learn as well as younger ones except in stressful situations. Updating the skills of existing employees will be only a third as expensive as hiring new graduates. Peterson further asserts that turnover rates of older workers are lower than those of younger employees, while Carlisle (1997:27) maintains that there is a lot of research to show that older workers are not a drag on an organisation and that they are not the people that take the most sick leave. Since it will take years to increase the supply of registered nurses through training programmes, nursing must develop strategies that will retain the older, expert registered nurse within the workforce. One strategy suggested by Huey and Hartley (1988:188) to keep nurses in nursing is the institution of longevity perks. It is suggested that older nurses should be able to enjoy some perks, such as working fewer public holidays and weekends and not having to rotate as they advance in their career. Letvak (2002:391) also suggests that employers must provide recognition to the older nurse in addition to providing career ladders. Ma, Samuels and Alexander (2003:298) cite Decker (1997), who found that the longer nurses worked on one particular unit, the greater the likelihood that they would be dissatisfied with their job and experience psychological distress. Nurses with more years of service in the organisation tend to expect more autonomy, recognition and opportunities. When these factors are absent, experienced nurses may feel upset and become dissatisfied. These factors relate to *self-actualisation needs*. Maslow (1954), cited in Gerber et al (1998:262), describes these needs as the desire to become more and more what one is; to become everything one is capable of becoming. Special attention should be directed to the concerns of the older, more experienced nurses in order to maintain them within the professionally active ranks.

An important issue is how the marketplace can adapt working conditions to appeal to the type of health care workers needed at the time the baby boomers contemplate retirement. Minnick (2000:216) argues that if there is a belief that the baby boomers' retirement will create an even greater nursing shortage, careful attention should be given to working conditions. A first step would be to find out what boomers define as attractive conditions that would maximise their participation. It would be a bonus if these factors could also be attractive to non-boomers. This would benefit the entire profession and improve overall recruitment to and retention within the profession. A second step would be to identify what pension benefits

would keep boomers engaged in nursing activities. Ehlers (2003b:81) emphasises that in the RSA urgent research is necessary to find ways and means of making it financially worthwhile for professional nurses to postpone their retirement by 5-10 years. Tax concessions, enhanced pension benefits, additional long-service bonuses and flexibility in working hours and areas of practice should be considered. This view is supported by O'Brien-Pallas, Duffield and Alksnis (2004:302) who recommend that research into the specific retention strategies appropriate for nurses 50 years and older needs to be done to determine those strategies that are likely to be most helpful in retaining this group of nurses. Buchan (2002c:210) argues that the ageing profile of nurses has employment policy implications for nurses in the UK as well, and that deciding how to replace these lost skills will represent a growing challenge for the NHS in the UK. Gratification of needs on the*physiological, security and esteem levels* of Maslow's Hierarchy of Needs might make it worthwhile for professional nurses in South Africa and elsewhere in the world to stay active in the employment market for longer.

2.4.1.3 The work environment and turnover

It is necessary to discuss reasons for turnover in nursing in this study, because similar reasons might contribute to the decisions of nurses to leave the RSA to practise in other countries. Such nurses contribute to the turnover rate of health care institutions in the RSA. Nurse turnover is a costly problem that will continue, owing to the nursing shortage and increased incentives provided to nurses to attract them to work for different institutions in many different countries. It is not possible to completely avoid turnover. There are situations in which employees must leave, such as pregnancy, or in cases of dual-career families, where employees do not leave because of discontent with the job, but because their spouses have other opportunities that require them to leave their current employers. It is therefore essential that health service managers be sensitive to turnover for these reasons beyond their control and not waste energy in attempts to change what cannot be changed, but rather attempt to change situations that promote dissatisfaction among their staff (Abelson 1986:63).

2.4.1.3.1 The relationship between the work environment and turnover

In their review of the literature on turnover, Borda and Norman (1997:385) assert that job dissatisfaction is widely regarded as the major contributor to turnover amongst nurses. They point out that there is unequivocal support for the relationship between job satisfaction, intent to stay and low turnover. Kuhar , Miller and Spear (2004:10) confirm that there are aspects in the work environment, such as decreasing resources, interpersonal relationships, recognition and working conditions that contribute to nurses' job satisfaction and/or retention. This corresponds with findings by Shader, Broome, Broome, West and Nash (2001:210) that more job stress, lower group cohesion and lower job satisfaction result in higher anticipated turnover. These findings indicate deficits in needs on the *physiological and social or belongingness levels* of Maslow's Hierarchy of Needs.

The literature documents various factors that influence turnover, including unhappiness with the supervisor, insufficient compensation, dissatisfaction with the job, a need for better/more flexible scheduling, a need for increased responsibility or decision making, exhausted learning opportunities, insufficient recognition, lack of professional growth, poor support services, incompetent staff and a desire to work in a different region or country. References to insufficient recognition and a need for increased responsibility and decision making indicate that the *self-actualisation needs* in Maslow's hierarchy of needs are not satisfied.

Maslow's Hierarchy of Needs Theory could be applied to the working environment and working conditions (affecting *physiological, security, social, esteem and self-actualisation needs*) that motivate people to be satisfied or dissatisfied within an organisation. In their study on specific determinants of intrinsic work motivation, burnout and turnover among nurses, Janssen, De Jonge and Bakker (1999:1366) found that intrinsic work motivation proved to be primarily determined by elements of the job that make the work challenging and worthwhile (feeding *esteem and self-actualisation needs*). Emotional exhaustion was primarily predicted by a lack of social support from colleagues (unsatisfied*social needs*) and by demanding aspects of work, like working under time pressure, and strenuous work such as work overload, while turnover intentions were clearly and mainly determined by unmet career expectations such as higher salaries and more responsibilities (related to*esteem and self-actualisation needs*), and to a lesser extent by the perceived quality of job content. Their findings correspond with the view of Peterson (2001:4), who mentions various factors that

influence the supply of registered nurses. The work environment is a primary motivator for registered nurses making employment choices. Recent studies (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovanetti, Hunt, Rafferty & Shamian, 2001:45-49; Peterson 2001:4; Thompson 2001:61) have shown that one of the primary factors in the increasing nurse turnover rate is working conditions. Peterson (2001:4) cites Mercer (1999), who found that the underlying cause of turnover was dissatisfaction with the job, the supervisor or career prospects. According to Thompson (2001:61), the work environment is increasingly stressful and chaotic, which results in nurses leaving for less stressful work, while those who remain are increasingly dissatisfied due to greater demands from the work environment.

2.4.1.3.2 The relationship between professional experience and turnover

Turnover rates are highest in the first year of employment. Nurses new to the profession often undergo higher levels of stress than experienced nurses (Strachota, Normandin, O'Brien, Clary & Krukow 2003:113). This stress could contribute to newly qualified nurses' turnover. In order to improve the retention of younger nurses, the profession must continue to examine ways in which new nurses are introduced into the nursing work culture. Unstable work schedules can decrease morale and lead to lower work satisfaction and higher perceptions of stress. Shader et al (2001:214) suggest that nurse managers create innovative scheduling alternatives that respond to the needs of today's nurses.

The physical and emotional demands of nursing take their toll on nurses and stress is especially prevalent among young nurses. Baldwin (1999:24) reports that stability in the work environment and adequate staffing are important for newly qualified nurses. Both are associated with reduced stress. Senior staff support is also associated with reduced stress. With increasing experience, the effects of conditions at work decrease and personal factors increase. This suggests that once clinical skills have been consolidated, it is easier to cope with staff shortages. However, Baldwin (1999:24) points out that during the first years of qualified practice, a nurse is healthier and happier working as part of a team in a setting that is adequately staffed and offers good support. It appears that social support from co-workers and superiors (meeting of *social needs*) is critical in facilitating adjustment and mitigating the stress faced by newly qualified nurses (Fisher 1985:43).

2.4.1.3.3 The relationship between workload and turnover

A survey by researchers in the USA showed that hospital nurses were frustrated to the point of burnout because of inadequate numbers and increasing patient loads, violence experienced in the workplace and a general decline in the quality of patient care. A third of those under the age of 30 years who participated in the study planned to leave their jobs within one year (Study 2001:16). In its survey of more than 4000 nurses in the UK the Royal College of Nursing (RCN) found that nurses felt overworked and undervalued (Gulland & Kenny 2001:6). This corresponds with the findings in a survey of registered nurses in the USA indicating that nurses had been forced to work overtime to compensate for the staff shortages. These nurses described in detail how overtime affected their stress levels, health, family life and the quality of care given to their patients. This is another reason for leaving their employer or the profession (Survey 2001:5). This study indicates that the strategy of alleviating nursing shortages by forcing nurses to work overtime is not an answer to the problem but part of the problem. In her survey of nurses who requested the removal of their names from the registers of the SANC during 1996, Ehlers (1997:71) found that respondents preferred other jobs to nursing because of better working hours, less stressful working conditions and better salaries.

Nurses who leave the profession do so for a variety of reasons and a simple solution does not exist. According to Minnick (2000:213), no evidence exists that compensation adjustments will bring the nurses, who work in fields other than nursing, back to nursing jobs. It seems as if the nursing profession will have to find more creative ways of dealing with the negative work environment that contributes to high turnover rates among nurses.

2.4.1.3.4 Kinship responsibility and turnover

It was found in many studies (Cavanagh 1989:587-596) that “kinship responsibility” was a major reason for individuals leaving their employment. Factors that are linked to kinship responsibilities include the size of the family, the husband’s work and the need to leave one’s present employment if a spouse is transferred to another location. The extent to which kinship responsibilities might influence the emigration of South African nurses is not known. However,

as most South African nurses are females, such a possibility needs to be investigated. Item 3.21 in the questionnaire will address this issue in this study.

2.4.1.3.5 Safety in the workplace and turnover

A factor seldom referred to in literature on turnover is *safety* in the work environment. This may be due to the perception that the first two levels in Maslow's hierarchy of needs have been satisfied for most employees (Gerber et al 1998:262). Unsafe working conditions imply unsatisfied needs on the *safety level* of Maslow's hierarchy of needs. Workplace violence is a reality in hospitals and may contribute to nurses' decisions to leave. Shindul-Rothschild, Berry and Long-Middleton (1996:25-39) report that there are subgroups of nurses who are at greater risk for work-related injuries or violent acts against them. They suggest that a rise in work-related injuries for nurses in psychiatry/mental health, emergency and primary care is very probably due to an increase in workplace violence. Nurses working in these areas reported double the rates of workplace violence reported in other areas. Causes of increased violence are not necessarily the same in each speciality, but could be attributed to societal factors, such as the rise in gang activities and drugs, and patient characteristics such as psychosis and cognitive impairment. It has been reported that women are victims in nearly three-fifths of all reported cases of workplace violence, and that health care workers are at highest risk for assault. Understaffing in health care settings might put nurses at even greater risk of injury from violent assaults.

Maslow's Hierarchy of Needs specifically refers to *safety needs*. Unsatisfied needs on this level might contribute to a high turnover in these institutions or specific units. Nurses working in hospitals in the RSA in areas with very high crime rates and gang-related crimes are vulnerable and their personal safety is at risk. According to Geyer (2004:36), a global study by the ILO/WHO/ICN/PSI indicated that South Africa was one of the countries with the highest prevalence of violence in the workplace of health care workers, with patients and their families being the biggest perpetrators. This author also asserts that there is almost no support for health care personnel who have been exposed to violence. In its reaction to the high incidence of abuse of nurses and midwives, the WHO (2002:21) emphasises the importance of addressing the right of nurses and midwives to safe and healthy working conditions. Attention

must be given to eliminating all forms of abuse and violence against nurses and midwives in an attempt to meet their *safety needs.*

2.4.1.3.6 The effect of nurse turnover on nursing and health care

According to Cavanagh (1989:587), turnover creates a major problem for nursing and health care in terms of cost, the ability to care for patients and the quality of care given. This view is shared by AON Consulting, a human resources consultant firm which estimates the cost of recruiting, hiring and training a new employee to be half of the old employee's annual salary (Human Capital Management 2001:Special financial supplement).

On the other hand, nursing turnover does not have only negative effects on the health care system. Cavanagh (1989:588) cites Pfeffer (1976), who contends that turnover can increase the effectiveness of an organisation, while the introduction of new practices and standards of care can influence organisational growth, contributing to the gratification of *self-actualisation needs* of nurses working in the organisation. Abelson (1986:62) confirms this view and states that turnover can be very beneficial for an organisation when new employees bring in new ideas that may lead to new and better solutions to problems. Turnover of certain individuals may be functional for the organisation, while turnover of others may be dysfunctional. Departure of poor performers is functional and departure of high performers is dysfunctional for the organisation. The chances of hiring more capable staff decrease as the value of departing staff increases. This could be applicable to the emigration of SA nurses. It is believed that better qualified nurses are recruited to work in other countries, leaving a vacuum to be filled by newly qualified nurses with limited experience within the RSA. This implies less support, teaching and security for newly qualified nurses facing increased responsibilities.

The adverse effects of turnover could be divided into adverse financial implications and adverse effects on the morale of other workers. Cavanagh (1989:587) cites Mobley (1982), who describes the ripple effect of turnover. According to him, turnover can affect individuals other than those leaving. Those employees who do not leave may be expected to work harder to perform the same tasks. The increased levels of stress may affect the organisation's performance. Workers who may have had no previous intention of finding other employment

may consider leaving following the departure of their colleagues and friends (because of unmet*social needs*). Peer group relations are an important turnover consideration. Although contradictory findings have been reported, several studies (cited in Cavanagh 1989:587-596) found significant relationships between co-worker satisfaction (related to *social needs)* and turnover. This group identity and cohesiveness might be necessary during the times of physical and emotional stress that nurses have to endure in the health care environment. It might indicate that *social needs* have to be satisfied at the workplace to ensure a happy workforce and lower turnover. The disruption of an organisation's performance is a major consequence of turnover. Loss of efficiency as well as the financial costs incurred in obtaining replacements can be unpredictable with potentially negative consequences for health care providers and clients.

2.4.1.3.7 Predictors of nurse turnover

Cavanagh's (1989:589) discussion on predictors of turnover is based upon the work of Price and Mueller (1981), who reviewed only those factors which appeared to have a consistent and repeatable relationship with turnover. "Intent to stay" refers to the perceived likelihood of an individual to stay within an organisation. They found intent to stay to be an important predictor of turnover behaviour for both part-time and full-time nurses. "Job satisfaction" is the degree to which individuals appear to like their job. Many authors (Blegen 1993:36; Borda & Norman 1997:393; Janssen et al 1999:1367) suggest that there is a decrease in turnover when a workforce is happy and satisfied with its work. "Pay and promotional opportunities" are also closely linked to the rate of turnover within organisations. Several nursing and hospital studies (cited in Cavanagh 1989:587-596) have examined the relationship between pay, promotion and turnover and found significant relationships between poor promotional opportunities, low pay and increased turnover. There seems to be a relationship between unsatisfied needs on the *physiological, esteem and self-actualisation levels* and increased turnover. Mobley et al (1978) cited in Cavanagh (1989:587-596), however, found no such significant relationship. Another important predictor of turnover is "opportunity". This does not mean opportunities for promotion within organisations. It implies opportunities to advance professionally by accepting employment in other work specialities, organisations, or geographical locations. Professional advancement is a gratification of an individual's *need for self-actualisation*. If

nurses' needs on the level of *self-actualisation* are not met within an organisation, this may contribute to nurses' decisions to leave for other organisations or even other geographical locations, as is the case with nurses emigrating from South Africa. Nursing traditionally has offered extensive job opportunities, and nursing journals advertise these opportunities. Nurses leaving an employer or a country might be working toward satisfaction of the *need for self-actualisation* according to Maslow's Hierarchy of Needs.

It has to be emphasised that South African nurses have the potential and the opportunities to advance professionally in other countries. The advertisements in nursing journals (Annexure E) suggest that nurses leaving the RSA to practise in other countries could advance professionally in different speciality areas. The nursing profession must therefore be aware of the opportunities for South African nurses abroad and focus on creating similar opportunities for professional advancement in South Africa. Professional advancement, challenging work and achievement in one's work contribute to the fulfilment of needs on the highest level in Maslow's hierarchy, namely *self-actualisation needs*.

2.4.1.4 *Job strain and job dissatisfaction*

Job satisfaction refers to the positive and negative feelings and attitudes people hold about their jobs. It depends on many work-related factors, ranging from a factor as basic as parking space to the sense of fulfilment a person gets from his or her daily tasks. Personal factors such as age, health, emotional stability, intelligence and social status can also influence job satisfaction, which is related to satisfaction with all aspects of life. People who have positive attitudes towards their work are likely to have positive feelings about their personal and family life. Strachota et al (2003:112), however, assert that variables of work content and environment appear to have stronger relationships with satisfaction than economic or demographic variables such as age, background, sex and economic status.

In 2002, one out of every three nurses in the USA younger than thirty planned to leave their jobs within the next year owing to dissatisfaction with scheduling, mandatory overtime and high stress levels (Murray 2002b:81). This author cites a 1999 study by a national consulting firm, William Mercer, Inc., which found that the primary reason for nurse turnover is increased market demand exacerbated by dissatisfaction with the job and other career prospects.

Increased workloads, higher patient acuity and increased job uncertainty in health care environments impact seriously on nurses' experience of their work. This might imply unsatisfied needs on the *physiological and safety levels* of Maslow's hierachy of needs. According to Laschinger, Finegan, Shamian and Almost (2001:233), these cost-driven changes in management methods have resulted in increased work stress among nurses. The impact of this stress can be seen in the way nurses care for their patients, in the way many nurses leave the profession and the drop in the numbers of men and women choosing to enter the nursing field. It is clear that such negative outcomes have to be reduced, for the good of both the patients and the health care providers.

Job strain occurs in many occupations and is prevalent in the helping professions. Factors contributing to job strain in today's nursing environment include cuts in hospital budgets, aggravating poor staffing patterns, heavy workloads, mandatory overtime and lack of professional development opportunities. When these conditions are endured over time, nurses become disillusioned and may experience burnout. A variety of physical and psychological outcomes have been associated with prolonged job strain. Employers can enhance satisfaction of *physiological and esteem needs* by being sensitive to and aware of these needs of nurses. Tangible rewards and an environment conducive to caring and competent nursing should be provided. Morgan, Semchuk, Stewart and D'Arcy (2002:152) emphasise that numerous studies have linked occupational stress to decreased work satisfaction. It has been confirmed by Blegen (1993:39) that job satisfaction for nurses is negatively related to stress. Workplace stress can have detrimental personal and professional effects. Parish (2002:13) confirms that long working hours and increasing workloads are taking their toll on nurses and have detrimental effects on their relationships outside and inside the workplace. This could affect patient care negatively.

Prolonged job strain could further contribute to attitudinal and behavioural reactions that disrupt work effectiveness, such as job dissatisfaction, diminished effectiveness in decision making, increased sick leave and high turnover. It is possible that job strain contributes to the scenario in which nurses deliver the less-than-exemplary performance that nurses described in a survey addressing work-related stress. In this survey Fletcher (2001:325) found that nurses with a very high work ethic become stressed and disappointed when they have to work

with nurses who lack professionalism, who are perceived to be lazy and who deliver substandard nursing care.

A study on hospital care in five countries, namely the USA, Canada, England, Scotland and Germany, indicated that low morale among hospital nurses was not unique to the USA; a high proportion of registered nurses in all participating countries, except Germany, were dissatisfied with their jobs. Many nurses across the five countries were also experiencing considerable job-related strain and indicated that they planned to leave their jobs within the next year. These data suggest greater problems for hospitals in future years unless these negative recruitment and retention trends are stemmed (Aiken et al 2001:45-46).

A survey among community mental health nurses in the UK suggested that a high proportion of these nurses experienced extreme levels of workplace stress. Respondents indicated that trying to maintain good quality care in the face of long waiting lists and poor resources generated stress. Other research (Burnard 2000:28) shows that these findings are not unique to this group of nurses and that nurses in other work environments also have to cope with such problems.

It is evident that the stress experienced by nurses globally contributes to their levels of job dissatisfaction and to their decision to quit nursing, aggravating the nursing shortages. This phenomenon is not unique to nurses in developed countries. Nurses in the RSA are also experiencing job-related stresses, with negative consequences (Smit 2003b:9) for patient care and the already overworked nursing personnel. Patients suffer as a result of nursing shortages. Medico-legal cases increase, not necessarily due to negligence or uncaring attitudes, but as a result of vacancies and shortages of personnel. Geyer (2004:36) confirms that low staffing ratios and high workloads contribute to stress, compassionate fatigue, burnout and an increase in adverse incidents in the RSA.

Stress can also have a negative impact on student nurses and may contribute to the high drop-out levels from nursing (Gaze 2000:30). If the pool of newly qualified nurses shrinks due to drop-out as a result of stress, the nursing shortage could be aggravated in future. The nursing profession has to address this issue.

Studies (Laschinger et al 2001:237) on why nurses leave nursing have consistently identified nurses' dissatisfaction with working conditions that limited their autonomy or control over their practice as critical factors underlying their decision to leave. Gerber et al (1998:262) point out that the fourth- and fifth-level needs of Maslow's hierarchy, namely the *esteem and self-actualisation needs*, provide the best opportunities for employee motivation. These authors argue that self-esteem and self-respect, as well as esteem and respect from others, are functions of the type of work people do rather than of working conditions such as good remuneration. They assert that interesting, challenging and meaningful work provides a solid foundation for improvement of performance. Nurses on a higher level in the hierarchy of the service attach more value to higher-order motivational needs such as recognition, participation in decision-making, self respect and high status in their working environment (Jooste & Kilpert 2002:21). Gratification of *esteem and self-actualisation needs* should therefore be a priority for nurses in higher positions. This could be due to the fact that their basic needs at the *lower level* of the hierarchy of needs have been satisfied.

Numerous studies have shown that when management finds ways of increasing employee control and rewards, adverse health outcomes can be reduced. Nurses must be empowered with the authority to make autonomous decisions based on their expertise and professional judgement, and to have control over the implementation and outcome of these decisions. The level on which nurses function might contribute to their level of job dissatisfaction. Nurses need to provide a great volume and intensity of care, while they remain accountable as professionals for practising within the scope of the nursing profession (Regulation R2598, 1984 as amended). Restrictive policies regarding various aspects of patient care adopted by employers, and a reduction in resources, have caused nurses to feel that these changes have led to an erosion of patient care quality, decreased job satisfaction and an increase in burnout among nurses (Laschinger et al 2001:241).

The emigration of nurses from the RSA implies a decrease in the number of nurses left in the RSA resulting in increased patient loads for those nurses who stay behind. This could have a negative effect on nurses' satisfaction with their jobs. Although South African nurses who emigrate to practise in other countries do not leave the nursing profession as such, they leave the profession in South Africa. It is therefore essential to know whether the factors that

contribute to nurses leaving the profession also contribute to the emigration of nurses from the RSA, and if so, to what extent. Such knowledge could help to formulate strategies addressing both turnover rates and the emigration of South African nurses.

2.4.1.5 *Remuneration*

Retention of nurses begins with how an organisation values its staff. It is, however, true that most health care executives view staff as an expense and in times of financial constraint the personnel budget is watched very closely. This might contribute to fears of being retrenched, which could lead to unsatisfied *physiological and safety needs*. During a previous USA nursing shortage, staff nurses interviewed in several New York hospitals identified one of the factors that contributed to that nursing shortage as being low salaries (Nevidjon & Erickson 2001:8). After consideration of various factors contributing to the nursing shortage in the USA, Buerhaus (1998:107) points out that in the USA real earnings by registered nurses were flat in the 1990s and have even declined in recent years. This probably contributes to the lack of interest in nursing as a profession. Hospitals must realise that the salaries they offer registered nurses today, influence future enrolment in nursing education programmes.

However, in her reaction to the nursing shortage in the USA, Taft (2001:1) points out that the primary barrier to resolving the problem of a nursing shortage is not money. According to her, there is money available if members of other health care disciplines in the USA receive larger salaries and raises, if luxurious new buildings are being constructed and if multi-million dollar marketing and public relations campaigns are being conducted. She points out that the real barrier is the failure of institutions to recognise the value of nurses and to invest in them as critical, irreplaceable resources. This corresponds with the findings of the RCN membership survey conducted during 2001 among UK nurses, who felt undervalued. Reportedly, 75% said they could be paid more for less effort if they left nursing. Nine out of ten nurses in this survey felt they were poorly paid in relation to other professionals and most felt badly paid considering the type of work they did (Gulland & Kenny 2001:6). Plans of the NHS director Andrew Foster to spend more money on hiring more staff, rather than awarding nurses a substantial salary increase would, according to Gray (2001:3), not have the desired outcome of recruiting non-practising nurses to re-enter the profession.

To address serious nurse shortages in the UK the government has embarked on an ambitious venture to find 20 000 more nurses by 2004 and to retain the ones already employed. Bird (2000/2001:40) points out that to be able to reach this target the NHS must be absolutely rigorous in doing what is necessary to recruit, retain and attract nurses back: improve pay, show real commitment to helping nurses balance work and home, improve access to education and career opportunities; in other words attend to nurses *physiological, safety, esteem and self-actualisation needs.* The annual RCN membership survey in 2002 highlighted the disparity between the wages of nurses and those of other public servants in the UK. It confirmed that nurses see increased pay as the single most important change that would make them feel more valued (Duffin 2002:13). In South Africa a rural allowance has recently been allocated to certain health professionals. Although expectations have been created that all health care practitioners will be rewarded equally for working in remote areas, Geyer (2004:37) points out that differentiated allowances have been introduced, with medical practitioners receiving between 18 and 22%, medical technicians, physiotherapists, psychologists and speech therapists receiving between 12 and 17% and nurses between 8 and12% of their salaries. Although all these practitioners work in the same rural areas, the differentiated allowances create the impression that the SA government does not recognise the value of nurses as critical, irreplaceable resources. Disregard for South African nurses' *physiological and esteem needs* might further aggravate dissatisfaction among nurses in South Africa.

As pointed out, real earnings by registered nurses in the USA were flat in the 1990s and even declined in recent years, and in the UK surveys indicate nurses are leaving the UK due to poor remuneration (Waters 2002b:14-16). However, the Rand/Dollar and Rand/Pound exchange rates make these salaries attractive to South African nurses. Remuneration is described by Smit (2003b:9) as the biggest attraction for nurses leaving the RSA.

Denosa (2001:29) representatives attending a workshop on the migration of South African nurses recommended that in order to retain nurses in the RSA, remuneration packages and service conditions of all categories of nurses must urgently be attended to, including appropriate allowances for overtime and working in remote rural areas and other high-risk

areas. They concluded that if nurses are remunerated adequately they will not have to "moonlight" to fulfil basic needs or be tempted to emigrate because of better remuneration. In spite of this, two years later it seems as if no action has been taken following these recommendations by Denosa. Numerous newspaper reports (Smit 2003c:8; Thom 2003:11; Van der Zee 2003:7) suggest that low and inequitable salaries and poor working conditions are still some of the main reasons why nurses leave the country to nurse abroad or leave the profession to do a non-nursing job. Early in 2003 the South African government announced that it would consider salary increases for doctors and nurses in an attempt to reverse the brain drain in the health sector (Artse 2003:4). This might be an incentive to stay in South Africa. But Ms Nelouise Geyer, Deputy Director Professional Matters at Denosa, argues that better salaries could never compensate for poor working conditions. Better equipped public hospitals and improved support systems for nurses are necessary if South Africa wants to retain its nurses (Smit 2003b:9).

2.4.2 The recruitment of nurses to practise in other countries

An aspect related to the internal factors that contribute to the emigration of South African nurses is the recruitment of this country's nurses to practise in other countries. Active recruitment of foreign-educated nurses is seen as a solution to many countries' nursing shortages. Buchan et al (2003:48) noted the role of recruitment agencies as stimulators or active intermediaries in the process of international recruitment. These authors found that recruitment agencies function in different ways, either as the instigator or as facilitator of the movement of nurses. The authors maintain that the current magnitude and diversity of migration, partly influenced by international recruitment, highlights the need to devise ways to restrict the detrimental effects of brain drain, especially on developing countries, while maximising the potential benefits of migration. The authors suggest potential policy interventions for the source countries as well as the destination countries. It is emphasised that countries experiencing a net outflow of nurses need to be able to assess why this is happening, while destination countries have to understand why shortages are occurring.

2.4.2.1 Position statements and guidelines by international organisations

Various nursing organisations and international bodies representing nurses have issued

statements on the migration of nurses.

2.4.2.1.1 International Council of Nurses

In the background to its position statement on the ethical recruitment of nurses, the ICN (1999a:3-4) points out that career mobility is important both to nurses in furthering their careers and to society in allowing nursing to adapt and respond to changing health needs. It contributes to the development of the nursing profession by raising the competency of its members. However, the ICN warns that the aggressive recruitment of nurses into a dysfunctional health/nursing system is neither cost-effective nor ethical. Before resorting to aggressive campaigns to recruit nurses, the governments and employers should address the factors that contribute to the shortage in their respective countries. The ICN recognises the need for an ethical framework for nurse recruitment based on principles relevant to international and intra-national recruitment.

The ICN (1999b:1) position statement *Nurse retention, transfer and migration* recognises the right of individual nurses to migrate and confirms the potential beneficial outcomes of multicultural practice and learning opportunities resulting from migration, while acknowledging the possible adverse effect that international migration may have on health care quality in the source countries. This statement, however, condemns the practice of recruiting nurses to countries where authorities have failed to address human resource planning and problems which cause nurses to leave the profession and discourage them from returning.

2.4.2.1.2 World Health Organization

The WHO recognises the significant impact of migration and mobility in relation to health system performance and as a contributory factor to skills shortages in some countries. It therefore supports the monitoring of the flow of nurses and other staff as an integral element in its approach to human resources for health (Buchan et al 2003:57; WHO 2003:2).

2.4.2.1.3 The Commonwealth

The Commonwealth has produced guidelines on workforce issues related to recruitment and retention of nurses and is producing guidelines on international recruitment. The intended purpose of the Draft Commonwealth Code of Practice for International Recruitment of Health Workers is to discourage the targeted recruitment of health workers from countries which are experiencing shortages, while seeking to safeguard the rights of recruits with regard to working conditions in the recruiting countries. The draft code serves to provide Commonwealth countries with a framework for national and international position statements on ethical nurse recruitment. Major international organisations such as the International Labour Organisation (ILO) and the ICN are also promoting the adoption of the code by countries outside the Commonwealth (Buchan et al 2003:59).

2.4.2.1.4 Canadian Nurses Association

The Canadian Nurses Association (CNA) issued a position statement on international trade and labour mobility in which governments are urged to monitor the development of international trade agreements and of labour migration and immigration trends to assess their impact on domestic health and social policy. The CNA further states that it respects the right of an individual nurse to determine the country in which he or she wishes to work (CNA 2000:1).

2.4.2.1.5 United Kingdom Department of Health

According to Buchan (2001a:67), England became the first country to attempt to build ethics into its international recruitment practice when the Department of Health issued its guidelines on international recruitment of nurses in 1999. He urges other developed countries to follow this example for the benefit of all involved. According to a report in the Australian Nursing Journal, a new code of conduct that will be broader than guidance issued in 1999 will be introduced in the UK to stop poaching of nurses from countries with staff shortages (Foreign Nurses 2001:16).

2.4.2.1.6 Australia Nursing Council

The Australian Nursing Council has published a position statement on ethical recruitment in which it recognises the rights of all people to receive nursing care of the highest professional standard. It supports nursing workforce planning that meets the needs of the Australian community, the ICN position statement on ethical recruitment and the Draft Commonwealth Code of Practice for International Recruitment of Health Workers. It recognises the rights of nurses to migrate, while condemning unethical recruitment practices (Buchan et al 2003:18).

2.4.2.2 Recruitment of nurses as an ethical issue

International recruitment of nurses is a symptom of global nursing shortages. It has been addressed in the literature as an ethical issue. In their exploration of recruitment as an ethical issue, McQuaid-Dvorak & Waymack (1991:120) point out that "in all countries, nurses constitute one of the most important health care delivery resources and therefore officials of other national governments view recruitment of their nurses as a drain on their own supply of a scarce national resource". They then ask the following questions: "Should a more affluent nation take a scarce resource from one less affluent? Should nurses be considered individual persons, a marketable commodity, or a socially controlled resource?" This literature review will address these issues regarding recruitment of nurses to work in another country.

Buchan et al (2003:8) maintain that while international recruitment may be a solution to the staff shortages in some countries, it may create additional problems of shortages in others. The authors argue that although international recruitment can be perceived positively as a means of "brain exchange", there has been increasing concern that benefits to receiving countries far outweigh the benefits to source countries, especially if these are developing countries.

Several concerns have been raised and several conflicts presented. More than a decade ago Glittenberg (1989:303) expressed concern about the heavy recruitment by US recruiters in developing countries such as Nepal, Pakistan and other Asian nations. He was concerned about the exploitation of the graduating nurse, the depletion of the nursing supply in other countries and the licensure of foreign nurses in the USA without adequate clinical preparation. It seems as if, a decade later, nothing has changed and at the 2001 ICN Congress, England

was criticised for its active recruitment in international nursing labour markets. According to Buchan (2001b:20), the practice of recruiting nurses abroad continues to generate controversy. He points out that "countries such as South Africa, which can ill afford to lose scarce nursing skills, have seen some of their best and brightest nurses leave for the UK and other countries such as Ireland and New Zealand". Buchan argues that although international mobility of nurses is nothing new, the UK's present involvement in international recruitment is a reflection of its failure to educate, recruit and retain sufficient UK nurses. Despite criticism, the UK Department of Health has made it clear that international recruitment will be part of the solution to their problem of nursing shortages. In the first few months of 2000 a total of 7383 initial entrants were admitted from overseas sources, particularly from South Africa, Australia and the Philippines. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (now the NMC), believed that the number of overseas nurses expected to register during 2001-2002 could be double the previous year's figures. O'Dowd (2000:15) quotes Paul Hutchinson, director of business systems for the UKCCC , who alleged that in 2000 the number of applications from overseas had increased by 400% during the previous two years.

In their analysis of the issue of medical migration Bundred and Levitt (2000:245) state that the ethics of national policies which allow countries to recruit en masse the most qualified physicians, at no cost or penalty to themselves, should now be challenged. This literature review will examine ethical arguments for and against recruiting nurses from other countries. The discussion of the ethical issue of foreign recruitment raises the following questions: What are the rights of the individual as compared with the rights of society? Are these rights different for the nurses of South Africa? In his search for an answer to the question of "ethical emigration", Van Rooyen (2000:168) asks whether emigration in the South African context can justifiably be criticised on moral grounds and whether the concepts of racism, patriotism and loyalty can be used as measures to judge emigrants. He concludes that while no one can deny that emigration is costing the country dearly in terms of the outflow of capital and skills, emigration is a constitutionally protected right and is a response to existing social problems such as violent crime. He argues that criticism directed at emigrants should be redirected at the root causes of emigration and the government's inability to combat these. In reflecting on the reasons for emigration of skilled professionals in Lesotho, Gay (2000:74) argues that any policies that block the free movement of professionally qualified and skilled people will be

counterproductive. Such a policy would lead to neglect of those features of life and work which now motivate people to leave or stay. This would in the end result in weak teaching, poor quality nursing, inadequate accounting and shoddy engineering. He maintains that instead of creating political barriers to movement, countries and institutions which are now losing skilled professionals should look at their own political, social and economic institutions and working conditions. A well-run country and a well-run business will not lose its key employees.

This also seems to be applicable to the working conditions in the Phillippines. Lack of employment opportunities in the Philippines, a country that is also targeted by recruiting countries, may contribute to the loss and emigration of its nurses. Daum (2001:16) reports that while interviewing Philippine nurses she spoke to several nurses who had worked as volunteers side by side with paid nurses for years without being able to obtain paid positions. Others could not get full-time positions because they were older than 35 years. Arbeiter (1988:63) states that ending foreign recruitment would raise other ethical problems. Not only does the economy of the Philippines depend heavily on the export of nurses, so do the hopes of thousands of nurses. It is further argued that source countries will benefit in the long run, since nurses who return home bring back the latest ideas and technology with them.

In 1999, at the request of former President Nelson Mandela, a ban was introduced on the recruitment of South African nurses to work in the UK. At that stage South Africa was the UK's second most popular country from which nurses were recruited. Apparently this ban was only applicable to hospitals belonging to the National Health System (NHS), or government hospitals (South African 2000:13). According to Devenish (1999:283), the Constitution of the RSA, 108 of 1996, embodies four related rights that affect freedom of movement. They are found under sections 20 and 21. Section 21 reads:

(6) Everyone has the right to freedom of movement.

(7) Everyone has the right to leave the Republic of South Africa.

(8) Every citizen has the right to enter, to remain in and to reside anywhere in the Republic of South Africa.

(9) Every citizen has the right to a passport.

The ban on recruitment of South African nurses was apparently requested by South African authorities and introduced by UK authorities. An introduction of this ban by South African authorities could have been an infringement of the rights of an individual to freedom of movement in terms of the South African Constitution. But since the ban was introduced by UK authorities, no right of South African nurses was violated. The ban on the recruitment of South African nurses made news headlines and provoked questions on the ethics of recruitment of nurses from developing countries. In its reaction Denosa (2001:29) argued that migration is a non-negotiable right of the nurse embedded in the Constitution of the RSA,108 of 1996, and that government must avoid taking decisions on matters concerning nurses without prior consultation with the nursing profession, or implement policies that infringe on the constitutional rights of nurses.

In support of individuals' right to work where they want to, D'Cruze (2001:26) argues that decisions that limit nurses' opportunities to work in other countries will undermine the historically validated contribution of overseas nurses and the truly international exchange of information and expertise. She adds that career development opportunities are being eroded for nurses from certain parts of the world. These are nurses who might benefit professionally from a period of work experience abroad. Similarly Buchan (2001b:20) maintains that international recruitment is inevitable but that countries need to change the way they go about it and the workforces they target. However, according to him it is less easy to be critical at the individual level. In his search for a solution to the problem he poses two important questions, namely, "Who can blame a nurse for claiming freedom of movement to gain security, better quality of life, or career development?" and, "Should regulatory blocks be placed on nurses moving between countries?" Without clear answers to these questions, Buchan (2001b:21) states that there is a clear need for the countries that are actively recruiting to examine their practices, since they are the drivers of the process and the root cause of any problems that are occurring. Not all emigrating nurses leave their countries as a result of active recruiting practices from the destination countries. Active recruitment by employers or national governments in destination countries has to be contrasted with a situation in which nurses themselves have taken the initiative to emigrate (Buchan et al 2003:55).

This review of literature on recruitment of nurses to work in other countries focused on the needs of developed countries experiencing shortages of nurses to recruit foreign nurses, and

the subsequent recruitment of nurses from other countries (often developing countries, including the RSA) to alleviate these shortages. Various authors question the ethics of foreign recruitment. In 1998 the UKCC (now the NMC) appointed extra staff members to cope with the increase in overseas registration enquiries. According to Watson (1998:7), organised recruitment drives in Australia and the Far East by UK officials have become common, and trusts are seeking to fill nursing vacancies by targeting countries that have a nurse unemployment problem. Salvage (2001b:14) points out that "... the UK is not simply borrowing nurses from other rich countries or those that have a surplus of staff. It is recruiting from poor countries, such as India and South Africa, which already face serious staff shortages of their own. Many rich countries are doing the same and discontent is growing in the developing world".

According to Buchan (2001a:66), several countries have become more active in recruiting internationally. He maintains that employers in Norway, Canada and other developing countries are also looking at the international solution to solve domestic nursing shortages. He indicates that Ireland has moved from being an 'exporter' of nurses to being an importer in the space of a few years. Many of the nurses have been recruited from the UK, South Africa and the Philippines. Pang, Lansang and Haines (2002:499) agree that the migration of medical professionals from developing countries is a major concern, as it worsens the already depleted health care resources in poor countries. They recognise the negative effects that emigration of health care workers has on the country of origin and suggest possible solutions to the problem of medical brain drain. They emphasise, however, that developing countries need to address the structural, political and economic problems that lead to the brain drain.

The recruitment of foreign nurses to solve nursing shortages may not have only negative effects on the health care resources of source countries (Flaherty (1999b:8), but may also have unintended long-term consequences for the nursing profession. Flaherty cites Peterson: " the connotation is ...we need nurses and let's go get them [from other countries], and then when demand drops, we can forget about this". According to Flaherty, this gives a harmful message to the profession that nurses are a disposable workforce. Walsh (1992:4) also points out that foreign recruitment should not be a way to get a fast supply of nurses for a short period but should instead focus on getting foreign nurses who will be considered an asset to

the health care team. They should then be provided with assistance to successfully adapt and fit into the team. Walsh further stresses that the USA should try not to recruit large numbers of nurses from countries that are also suffering nursing shortages, since this could cause international foreign relationship problems between countries' health care services.

The review of the literature indicates diverse views among nurses and nurse leaders in both the recruiting and the source countries. After consideration of the ethical issues involved, McQuaid-Dvorak and Waymack (1991:123) found little evidence of a convincing ethical argument against this practice of recruiting nurses from abroad, and yet it left them troubled. Various African health care leaders have commented on the recruitment of nurses from their countries to work in developed countries. Botswana's Minister of Health, Joy Phumaphi, finds it immoral and grossly unjust for the developed countries to be recruiting a workforce from poorer and less developed countries. Phumaphi nevertheless points out that the Botswana ministry will not place a moratorium on foreign recruitment of nurses, as was done in South Africa, as this would be both unconstitutional and undemocratic (Nurses 2000:61). According to Muula, Mfutso-Bengo, Makoza and Chatipwa (2003:433-436), Malawi has suffered a significant loss of nurses to many destinations in Europe and is currently facing an acute shortage of nurses in both private and public health facilities. This has adversely affected the provision of health services in Malawi. But the authors admit that professional nurses in Malawi are not properly recognised, career advancement is poor and working conditions and remuneration for nurses are among the lowest of all professions in Malawi. They argue that it is not so much the "pull factors" that are attracting nurses to Europe but rather "push factors" that are driving them out of Malawi. They point out that retaining health workers is a problem across Africa. It is likely that unsatisfied needs on *all five levels* of Maslow's Hierarchy of Needs are pushing Africa's nurses to developed countries. This might be true of South African nurses as well.

At the RCN Congress in 2001, nurses strongly condemned the practice of recruiting skilled nurses from abroad to ease UK nurse shortages. After extended debates the congress deplored the systematic depletion of other countries' nursing workforce to address UK shortages (O'Dowd & Akid 2001:4). Salvage (2001a:18) does not agree with the argument that nurses should not be allowed, on ethical grounds, to leave their countries to work in other countries. According to her, many nurses try to escape a combination of unstable health care

funding, low salaries and poor working conditions, and a refusal to employ them because their countries need them desperately would deny these nurses the chance to improve their quality of living. She suggests that the UK should put something back and help to improve the conditions in poor countries that drive nurses away in the first place. This corresponds with the view of Pang et al (2002:499) that developed countries should consider the impact of the brain drain on health care on poorer countries and consider reimbursing these countries for the cost of training the health professionals they lose. They suggest that developed countries should have bilateral agreements with these countries and a recruiting process that would minimise the adverse effects on the health care of the source countries.

This literature review has presented the views and arguments of various authors, nurse leaders and government officials. This section concludes with the view of Henry (2002:10), who maintains that overseas recruitment has both positive and negative effects on the source country, and a summary of the pros and cons of international migration as listed by the ICN (2002:9).

Henry (2002:10) lists the effects as follows:

Negative effects:

- There is a loss of nurses with high potential to other countries.
- Poorer countries pay high training costs for the benefit of wealthier countries, with no reciprocal arrangements.
- The shortage of nurses contributes to declining standards of health care delivery.
- Heavier workloads placed on local nurses result in stress, burnout and high absenteeism due to sickness.
- Resentment shown to returning nurses by local counterparts makes it difficult for them to integrate and make meaningful contributions.
- There is a loss of the contribution of well-qualified nurses to the development of the profession and wider society.
- Family units are disrupted.

Positive effects:

- Nursing and health care practices benefit through broadened horizons due to international exposure.
- The nursing profession benefits from exposure to leading-edge health care developments and increased educational opportunities.
- The increased knowledge and skills of those who have worked elsewhere benefit health care on their return to their home country;
- Nurses gain the opportunity for professional bench marking against international professional colleagues.
- Nurses experience better pay and conditions of service.
- They have the opportunity to work towards a secure financial future.
- The pensions and savings of returning nurses contribute significantly to the home country's economy.

The advantages and disadvantages of international migration summarised by the ICN (2002:9) are:

Advantages:

- Educational opportunities
- Opportunities in professional practice
- Better personal and occupational safety
- Better working conditions
- Improved quality of life
- Transcultural nursing experience and competence in cultural sensitivity
- Stimulation of nurse-friendly recruitment conditions
- Personal development
- Global economic development
- Improved knowledge base and brain gain
- Sustained maintenance and development of family members in the country of origin

Disadvantages:

- Brain and/or skills drain
- Closure of health facilities due to nursing shortages
- Overwork of remaining nurses
- Potentially abusive recruitment and employment practices
- Vulnerable status of migrants
- Loss of national economic investment in human resource development.

International nursing shortages cannot be divorced from the migration of nurses. In many instances similar *unsatisfied needs* according to Maslow's hierarchy of needs contribute to nurses leaving the profession and nurses leaving their country. This review has attempted to provide background information on the global nursing shortage, which undoubtedly influences the active recruitment of South African nurses to work in other countries. All the factors discussed are internal factors that contribute to a serious nursing shortage in first-world countries. In order to relieve/alleviate this shortage the first-world countries have embarked on the active recruitment of nurses from other countries, with South Africa being high on the list of preferred source countries. The nursing profession in South Africa also faces challenges posed by the global nursing shortage. It is therefore essential that the profession should act proactively to meet the needs of nurses and to avoid facing the serious shortages experienced by other countries. In many ways similar remedies might address both shortages and migration issues of nurses.

2.5 FACTORS AFFECTING NURSES WORKING IN OTHER COUNTRIES

Limited numbers of references to the factors affecting nurses who emigrated to other countries, could be traced from the library catalogues and Internet search engines. Emigration causes a serious disruption in the life pattern of an individual. The move makes severe behavioural demands on the individual and is almost without exception accompanied by various manifestations of emotional disturbances, known as culture shock. Adler (1977:444) uses Maslow's needs hierarchy model to describe the adjustment process of people who have left their country. He suggests that no matter which level of the hierarchy their personality development had reached prior to emigration, they are pushed by various factors toward the bottom of the hierarchy and that their predominant concerns after arrival in the new country will

be in the physiological and security area. After basic satisfaction of these needs, which can differ from one individual to another, social needs will dominate, and only when the immigrant feels somewhat socially secure will he or she experience the need for challenging or interesting work. The final stage is reached when all of these basic needs are gratified and the individual has adjusted to the new environment.

Applying Maslow's theory to immigrant nurses highlights the importance of identifying and meeting basic needs soon after arrival. Accommodation, food, safety and security, social and spiritual needs should be met before it is appropriate to start the teaching and learning process involved in nursing orientation. Dijkhuizen (1995:18) emphasises that in order to effectively recruit, retain and reduce turnover rates among foreign nurses, nurse recruiters, administrators and educators must consider the basic needs of these nurses to facilitate their integration into the work setting. Once their basic needs have been met, factors that contribute to job satisfaction need consideration. Careful analyses of the needs of foreign nurses are important to ensure the retention and job satisfaction of these nurses.

Although it is not within the scope of this study to describe the adjustment of nurses who left South Africa to the working and living environment in their new countries, in Phase 1 of this study expatriates were requested to describe their experiences in their new working environments. The review of the literature revealed the following problems with regard to nursing practice faced by foreign nurses:

- Communication skills
- Physical assessment skills
- Pharmacology (different use/names/dispensing of drugs)
- Different attitudes towards patient care
- Personality problems such as lack of assertiveness
- Cultural misinterpretations (Williams 1992:155)
- Paperwork differences
- Differences in educational background (Adejumo 1999:83)

It is clear from the above list that nurses practising outside the borders of their own countries face major challenges with regard to the practice of nursing. If one adds challenges regarding

cultural differences and cultural adaptation, it is clear that emigrating nurses need support and understanding to make a success of this venture. As Priestley (2000:18) puts it, "I had preconceived thoughts about where I was headed. It was hard not to, but these soon dissipated upon my arrival in Riyadh. It was like nothing I had ever imagined ... no amount of preparation could have readied me for what awaited. I experienced what is commonly known as culture shock ... In short, I was overwhelmed and I felt I had alighted upon a different planet. It took nearly three months before I began feeling comfortable with my surroundings".

The use of colloquial expressions or abbreviated medical terms results in feelings of inadequacy and embarrassment for the immigrant nurse unfamiliar with the jargon of the health professions in a country. Specific cultural issues or unique dietary needs based on ethnicity or religion, body language, expressions of pain that are culture specific and communication styles within ethnic groups present a challenge for the foreign nurse. Pharmacology and medical terminology also pose problems for foreign nurses and they often suffer embarrassment because they do not understand the procedures (Davis & Nichols 2002:48-50; Hardill & Macdonald 2000:689; Quillen 1990:131). Language difficulties may also contribute (Williams 1992:156) to a lack of assertiveness. Fear of being misunderstood or of misinterpreting others' messages may cause some immigrant nurses to avoid such situations as calling physicians on the telephone or talking to patients' family members.

The literature implies that foreign nurses are not always treated with the respect and dignity they deserve. Salvage (2001a:18) asserts that shameful exploitation of overseas nurses continues in the UK, despite the voluntary code of practice. She does, however, point out that good practice is spreading, with programmes to help new arrivals adapt to unfamiliar surroundings. A project in Greater Manchester that supports immigrant recruits and helps them adjust to life in the UK has led to the appointment of 450 nurses in the region within a year (Successful 2002:6).

Evidence that some overseas nurses face language problems led to the new measure introduced by the UKCC (now the NMC) that overseas nurses must pass an English reading, writing, listening and speaking test before they can join the nursing register. This measure is applicable to all nurses trained outside the European Union (EU) (Lipley 2002:4).

There are many aspects that should be addressed by institutions that recruit foreign nurses. If these aspects are addressed in the recruitment programme, the immigrant nurse's adjustment in the new country will be more successful.

2.6 STEPS THAT COULD BE TAKEN TO ATTRACT EXPATRIATE NURSES BACK TO SOUTH AFRICA

If South African authorities are serious in their attempts to lure back the thousands of nurses who have left this country, appropriate steps have to be taken. According to Robinson (2004:67), experience with outflows of medical graduates demonstrate that far fewer of them return home than left in the first place. When nursing shortages in the UK hit the headlines in 1998, the NHS set up a Recruitment and Retention Unit. National advertising campaigns, efforts to attract nurse returners and an emphasis on flexible working hours were underpinned by full implementation of review body pay awards. The NHS executives claim that the nurse retainer scheme is working, but Buchan and Edwards (2000:31) argue that this is only a partial solution. A longer-term improvement in the planning and career structure of the NHS nursing workforce is required.

The continuing shortage of nurses in the USA is forcing the health care recruiters to look at trained immigrant nurses on temporary visas to solve staffing problems. But regardless of their qualifications and the good work these foreign nurses do, Flaherty (1999a:4) believes the only long-term solutions to nursing shortages are for health care employers to develop programmes that will make US nurses want to work for them. Aspects such as mentoring and career development should be included in these programmes. The health care industry should look ahead and pay more attention to increasing salaries, providing benefits, offering training, developing career ladders and attracting young people into the profession. All the aspects proposed by nurse leaders in the UK and USA would also be relevant to the South African nursing profession and, if attended to, could encourage South African nurses to return to their country.

This chapter has discussed the factors that contribute to the global nursing shortage; they present a sober picture of the future of the nursing profession. It is therefore crucial that the

nursing profession in South Africa should take appropriate steps and develop strategies to ensure that the expertise, competencies and skills of nurses who have left this country are not permanently lost to the people of South Africa.

Meyer and Brown (1999:5) present a fresh perspective, namely the perspective of a brain gain, which is based on the idea that the expatriate skilled population may be considered as a potential asset instead of a definite loss. If people have gained professional experience and further education through another country's investments, the country of origin could gain a lot and this could be considered a brain gain. The rationale, according to Meyer (2001:97), is that the presence of highly skilled expatriates abroad should not be seen as a loss to the country but as an asset that could be mobilised.

There are two ways to implement the brain gain: either through the return of the expatriates to the country of origin (return option), or through their remote mobilisation and association with its development (diaspora option). The return option would require strong programmes to repatriate skilled nationals from abroad, and according to Meyer and Brown (1999:5), it would not be easily achieved by developing countries. The diaspora option proceeds from a different strategy. It takes for granted that many of the expatriates are not likely to return, but may still be very concerned with the development of their country of origin, because of cultural, family or other ties. The objective then is to create links through which they could contribute to its development, without any physical temporary or permanent return. International research projects and multinational corporations have demonstrated that this is possible. A promising perspective in such a strategy is that through the expatriates, the country may have access not only to their individual embodied knowledge but also to the socio-professional networks in which they operate overseas. It is difficult to determine the success of these networks in terms of input or impact on the development of the home country, because visible or immediate results are not always available. It is, however, an option that might be considered by the South African nursing profession.

A proposed exchange scheme with countries like the UK would ensure that the critical shortage of nurses in South Africa does not get worse. This is according to the South African Ministry of Health, which proposes an exchange scheme that will bring British nurses to South Africa and in exchange give South African nurses exposure in the UK. According to the

spokesperson for the Minister of Health, Dr Manto Tshabalala-Msimang, negotiations with the UK are already on track, and if this agreement is successful it might be extended to other countries (Pienaar 2003a:14). Nurses will then have a contractual obligation to return to South Africa once the exchange period expires. The Gauteng Province has already implemented an exchange programme with Kings College Hospital Trust in the UK. Nurses are sent over annually for a two-year stint. The nurses are tied into a three-year contract to the province on their return (Thom 2003:11).

Thousands of South African nurses are currently living and working in other countries. If they do return to South Africa they should be welcomed back and receive recognition for what they have achieved abroad. As Osland (2000:236) puts it,

> "living in another culture is a transformational experience. Crossing the return threshold and coming home can be very difficult for expatriates. They return from a life-changing experience that is hard to share with those who have not undergone a similar experience. Sometimes they are perceived as heroes when they return, sometimes they are not".

This even applies to UK nurses returning to their country. Despite the fact that there is a shortage in speciality areas in the UK, Mountain (1995:54) points out that nurses with overseas experience and qualifications in specialist areas often have difficulty in finding suitable work back in the UK. They often consider going abroad again. It is emphasised that these nurses are not seeking preferential treatment because they have worked outside the UK, but that they just want equal opportunities with nurses who have remained in the country.

In South Africa, the loss of intellectual capital still occurs at a greater pace than the influx of skills into the country. A Homecoming Campaign (*Kom-huis-toe-veldtog*) driven by the trade union, Solidarity, the Company for Immigration and the FAK, an organisation for Afrikaans Cultural associations, was introduced on March 6, 2003, in Pretoria. The objective of this campaign is to assist emigrants who wish to return to South Africa in a variety of ways. These include the establishment of a bureau for assistance and advice and the creation of more favourable conditions to enable skilled people to return (Petzer 2003:21). This campaign had

the support of Mr Mangosothu Buthelezi, the former Minister of Home Affairs, and his department. At the introduction of this campaign Mr Buthelezi said that sufficient research on why South Africans leave the country had not yet been done. He added that the government had not thought of enough incentives to lure back emigrants (Nieuwoudt 2003:8). Commenting on this campaign, Kriel (2003b:12) points out that people leave the country because of unfavourable circumstances. These circumstances cannot be changed by Solidarity and the Company for Immigration on their own, but they can conduct research and make proposals to the government and the business sector for changing the unfavourable circumstances. He adds that each person in South Africa could play a role in bringing back skilled South Africans. If campaigns to bring back skilled South Africans were successful, the country would have a pool of employees with international experience. It is recommended that South African employers value the experience and utilise the skills and knowledge that expatriates have acquired abroad. This could contribute to a brain gain for South Africa.

2.7 CONCLUSION

The literature was reviewed in terms of the research questions and analysed in terms of Maslow's hierarchy of needs. The literature review revealed that numerous factors contribute to the global nursing shortage and consequently to the increase in opportunities for South African nurses to work in other countries. Unsatisfied *needs on all five levels* of Maslow's hierarchy of needs might influence South African nurses' decisions to emigrate. Factors that were highlighted in this chapter included the problems experienced worldwide with recruitment and retention of nurses, the effects of an ageing workforce on the provision of nursing services, the work environment and turnover, job dissatisfaction, job strain and issues regarding remuneration of nurses. It was further pointed out that various factors related to living and working in South Africa contribute to the emigration of skilled South Africans. Crime and violence in South Africa, a declining quality of life, concerns related to the South African economy and the policy of affirmative action were allegedly driving skilled South Africans out of the country (Figure 2.1).

Figure 2.1 Summary of reviewed literature analysed and contextualized within Maslow's Hierarchy of Needs Theory

Developed countries recruit nurses from poorer developing countries by offering lucrative salary packages with which developing countries cannot compete. This has been addressed in the literature as an ethical issue and a possible ethical violation.

Health care in South Africa is suffering due to shortages of personnel, especially nurses. Steps have to be taken to identify factors influencing the emigration of South African nurses, ways of enabling them to continue working in this country and strategies for enhancing expatriate South African nurses' return to the professionally active ranks in this country.

The next chapter will discuss the research methodology adopted to gather data about factors contributing to the emigration of South African nurses.