Chapter 4

Data analysis, presentation and discussion of the findings of the qualitative research in phase 1

4.1 INTRODUCTION

This phase in the study explored and described the reasons why South African registered nurses left the RSA to work in other countries, the conditions under which they would return to South Africa, and their experiences regarding the services of recruitment agencies and of working in other countries. The analysis of the qualitative data collected in Phase 1 of the study is presented in this chapter.

Text is considered a rich source of data in qualitative studies and may be solicited by mail or in person (Burns & Grove 2003:377). Data were collected by requesting South African registered nurses working in foreign countries, via e-mail, to write their stories in response to the questions that were set. Because the researcher was not present during the actual writing of the narratives, it was essential to ensure that topics related to the objectives of this study were covered in their stories. Streubert and Carpenter (1999:25) emphasise that when a researcher uses written narratives it is extremely important to make it clear what the participants have to write about. Polit and Hungler (1999:331) suggest that the researcher starts with some general questions or topics and allows the participants to tell their stories in a narrative fashion. To get the desired information it was necessary to guide participants by asking specific questions. The questions were stated in broad terms and participants presented their answers in various degrees of depth (See Annexure K: Examples of narratives received from participants in foreign countries).

Participants were asked to answer the following questions:

1. Why did you leave South Africa to work in a foreign country?
2. Did you make use of the services of a recruitment agency and how did you experience
the service of the agency you signed up with?

3. Under what conditions will you return to South Africa?

4. How would you describe your experiences of working in a foreign country?

Participants were also requested to supply biographic data on sex, age, marital status, number of dependants, highest academic qualification, nursing qualifications, the countries in which they were working and the positions they held in their current jobs.

The findings suggested that a diversity of factors (unsatisfied needs) contributed to South African nurses’ decisions to leave the RSA, and the same conditions would influence their decisions to return to this country. Those nurses who had approached recruitment agencies for assistance with their job applications in foreign countries, and the associated relocation arrangements, commented on the services rendered by these agencies. Individual experiences of South African nurses working in other countries will be described at both personal level and professional level. Where appropriate, some direct quotations will be supplied as written by the participants, without their comments being edited in any way whatsoever.

4.2 BIOGRAPHIC PROFILE OF PARTICIPANTS

Participants were requested to provide biographic data. Table 4.1 depicts the biographical profile of the South African nurses working in foreign countries who participated in this research. Only one participant was a male (n=27). Saturation was reached as addressed in Section 3.6.2.

Out of the 27 participants only 11 were married, and although this was not asked, five participants indicated that their spouses were staying with them in the foreign countries. Sixteen participants were single, divorced or widowed. Thirteen participants had no dependants. The academic and professional qualifications of participants indicated that participants were a group of highly qualified professionals. Two of the participants held doctoral degrees, ten had Baccalaureate degrees, eleven had basic diplomas in nursing and one participant had a Master’s degree, while three of the participants with basic degrees were pursuing studies at Master’s level. Nine of the participants had post-basic qualifications in
critical care nursing, while two were qualified in operating theatre technique.

The recruitment agents interviewed confirmed that South African nurses with specific skills in critical care and operating theatre were in high demand in other countries, but that nurses with any other South African qualifications could be placed. It was determined that degree and diploma qualified nurses were in demand in other countries (see Section 1.2.2).

**TABLE 4.1 Biographical profile of participants**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Marital status</th>
<th>Dependants</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>43</td>
<td>Single</td>
<td>2</td>
<td>Diploma/ICU</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>25</td>
<td>Married</td>
<td>0</td>
<td>B Cur</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>46</td>
<td>Married</td>
<td>3</td>
<td>PhD</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>47</td>
<td>Single</td>
<td>0</td>
<td>Diploma/ICU</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>48</td>
<td>Single</td>
<td>0</td>
<td>B Cur</td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>48</td>
<td>Married</td>
<td>1</td>
<td>BA Nursing</td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>54</td>
<td>Widowed</td>
<td>5</td>
<td>Diploma</td>
</tr>
<tr>
<td>8</td>
<td>Female</td>
<td>39</td>
<td>Married</td>
<td>0</td>
<td>BA Cur</td>
</tr>
<tr>
<td>9</td>
<td>Female</td>
<td>52</td>
<td>Single</td>
<td>3</td>
<td>B Cur</td>
</tr>
<tr>
<td>10</td>
<td>Female</td>
<td>38</td>
<td>Single</td>
<td>0</td>
<td>B Cur/Theatre</td>
</tr>
<tr>
<td>11</td>
<td>Female</td>
<td>45</td>
<td>Married</td>
<td>2</td>
<td>PhD</td>
</tr>
<tr>
<td>12</td>
<td>Female</td>
<td>45</td>
<td>Single</td>
<td>2</td>
<td>B Cur Hons</td>
</tr>
<tr>
<td>13</td>
<td>Female</td>
<td>37</td>
<td>Married</td>
<td>0</td>
<td>Diploma/ICU</td>
</tr>
<tr>
<td>14</td>
<td>Female</td>
<td>31</td>
<td>Single</td>
<td>0</td>
<td>Dipl/Theatre</td>
</tr>
<tr>
<td>15</td>
<td>Female</td>
<td>51</td>
<td>Single</td>
<td>2</td>
<td>Diploma</td>
</tr>
<tr>
<td>16</td>
<td>Female</td>
<td>30</td>
<td>Married</td>
<td>0</td>
<td>Diploma/ICU</td>
</tr>
<tr>
<td>17</td>
<td>Female</td>
<td>32</td>
<td>Single</td>
<td>0</td>
<td>B Cur/ICU</td>
</tr>
<tr>
<td>18</td>
<td>Female</td>
<td>29</td>
<td>Single</td>
<td>0</td>
<td>B Soc Sc</td>
</tr>
<tr>
<td>19</td>
<td>Female</td>
<td>50</td>
<td>Married</td>
<td>3</td>
<td>---</td>
</tr>
<tr>
<td>20</td>
<td>Female</td>
<td>37</td>
<td>Divorced</td>
<td>0</td>
<td>B Cur/ICU</td>
</tr>
<tr>
<td>21</td>
<td>Female</td>
<td>41</td>
<td>Single</td>
<td>2</td>
<td>Diploma</td>
</tr>
<tr>
<td>22</td>
<td>Female</td>
<td>50</td>
<td>Divorced</td>
<td>1</td>
<td>Diploma</td>
</tr>
<tr>
<td>23</td>
<td>Female</td>
<td>42</td>
<td>Married</td>
<td>2</td>
<td>Diploma/ICU</td>
</tr>
<tr>
<td>24</td>
<td>Female</td>
<td>48</td>
<td>Married</td>
<td>2</td>
<td>Diploma/ICU</td>
</tr>
</tbody>
</table>
The steps for developing an organising system and the method of qualitative data analysis as explained by Tesch (1990:142) were used to analyse South African nurses’ (now working in other countries) written descriptions about their reasons for leaving, their experiences of working in other countries and the conditions to be met prior to their return to South Africa. A detailed description of the methodology used in this phase of the research was presented in Chapter 3 (Section 3.6).

Data analysis was done by performing inductive reasoning, implying that the analysis was done from the data as presented by participants and not from any superimposed theoretical framework. It thus involved approaching the data without a preconceived theoretical framework (Tjale & De Villiers 2004:245). An organising system was constructed from the data and not from the theoretical framework that guided the study. According to Tesch (1990:119), interpretive qualitative researchers rarely use the theoretical framework to construct an organising system. Therefore, Maslow’s Hierarchy of Needs will not be imposed on the themes that emerged from analysing the data using Tesch’s methodology. Maslow’s Hierarchy of Needs was not used to identify the themes because that would have implied that the findings in the qualitative phase were pre-empted according to a theoretical framework. Once data reduction has been achieved, then the themes (with the categories and subcategories) will be discussed and supported by a literature control. At the end of this chapter the findings will be contextualised within Maslow’s Hierarchy of Needs and discussed in relation to this framework.

4.4 REASONS FOR LEAVING SOUTH AFRICA TO PRACTISE NURSING IN FOREIGN COUNTRIES

A literature review revealed little information on why South African nurses leave the country to work in other countries. Literature on why other members of the South African population
emigrate was used to substantiate the findings in this research. Literature on emigration makes a distinction between push and pull factors that motivate emigration. Push factors refer to factors in the home country which push individuals to emigrate, while pull factors refer to factors which might pull immigrants to a specific country. This study explored these push and pull factors affecting the emigration of South African nurses. Buchan, Seccombe and Thomas (1997: 60) found that individual motives of nurses for leaving their countries to work in the UK varied. In their study it was found that some nurses intended to make a permanent move, while others intended to stay temporarily. The authors indicated that a range of personal, career and financial reasons were suggested to motivate the individual nurses, but further research was called for to explore these.

Human beings are holistic beings and cannot be reduced to different parts. An individual is the combination of his or her physiological, psychological, spiritual and social being. Holism refers to this combination within individuals. The findings in this study revealed that the factors that contributed to South African nurses’ emigration were diverse and included factors related to their physiological, psychological and social well-being. The themes that emerged in this research were identified as the needs that have to be satisfied in order to be a fulfilled holistic being. The following themes emerged from the data:

- Reasons related to the individual’s physiological well-being
- Reasons related to the individual’s psychological well-being
- Reasons related to the individual’s social well-being

Each of these themes, with its accompanying categories and subcategories, will be discussed, illustrated by meaning units and supported by a literature control. Operational definitions are given for each category.

4.4.1 Theme 1: Reasons related to the individual’s physiological well-being

The physiological well-being of an individual is influenced by his or her ability to satisfy his or her own basic needs and/or to satisfy the needs of dependants or family members. The work environment in which the individual has to earn a living contributes to his or her physiological well-being. Two categories related to the participants’ physiological well-being were
identified. Table 4.2 depicts the reasons related to the participants’ physiological well-being that influenced their decisions to emigrate from South Africa.

### TABLE 4.2 Reasons related to the individual’s physiological well-being that influenced South African nurses’ decisions to emigrate

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial reasons</td>
<td>inability to provide for basic needs</td>
</tr>
<tr>
<td></td>
<td>inability to pay for children’s education</td>
</tr>
<tr>
<td></td>
<td>inability to improve living conditions</td>
</tr>
<tr>
<td></td>
<td>inability to plan for the future</td>
</tr>
<tr>
<td></td>
<td>inability to travel</td>
</tr>
<tr>
<td></td>
<td>high tax rates</td>
</tr>
<tr>
<td></td>
<td>state of the SA economy and unemployment</td>
</tr>
<tr>
<td>Working conditions in South Africa</td>
<td>physical working conditions and lack of resources</td>
</tr>
<tr>
<td></td>
<td>provision of quality care</td>
</tr>
<tr>
<td></td>
<td>lack of managerial support and bureaucracy</td>
</tr>
</tbody>
</table>

#### 4.4.1.1 Category 1: Financial reasons

*Operational definition:* Financial reasons relate to the individual’s inability to provide for basic needs, to afford education for dependants, to improve living conditions, or to plan for the future. Concerns about the South African economy, high taxes and unemployment and lifestyle changes also constitute part of the financial reasons contributing to the emigration of South African nurses.

Financial reasons were important motivators that pushed nurses to leave the RSA. Participants’ inability to provide for the basic needs of themselves and their dependants, inability to pay for their children’s education, improve living conditions or plan for the future were identified as major financial reasons influencing their decisions to emigrate. Another aspect of the financial reasons related to the South African economy. High tax rates, the state of the economy and high levels of unemployment in South Africa were concerns raised by
emigrants. Participants’ inability to travel and see the world on the salaries they earned as professional nurses in South Africa contributed to their decision to work in foreign countries. Some participants indicated that they saw an opportunity to work in another country as an opportunity to travel and see the world.

Participants explained that they were struggling to survive on their nurses’ salaries in South Africa and that money to finance their children’s education was a strong motivator in their decisions to leave. To be able to own a house and afford to pay the instalments every month was a way of improving their living conditions. Some participants also expressed a concern about their inability to save and plan for the future. These factors relating to participants’ personal finances were strong push factors. Some of the countries recruiting South African nurses offer tax-free salaries and lucrative remuneration packages. (The benefits offered by foreign countries were discussed in Section 1.2.2.) The concerns raised over the rate of unemployment in South Africa did not only affect job opportunities in the nursing profession; some participants explained that they left because of better employment opportunities for their children in foreign countries. Although some participants indicated that the cost of living, especially in the UK, is very expensive, they added that they could still afford to send money home, to educate their children and even to save at the end of each month. This might be a consequence of the strength of the British currency in relation to the South African rand (1UK pound was more or less equivalent to R11,45 on 30 June 2004).

An overwhelming majority of participants indicated that financial reasons motivated their decisions to leave the RSA.

The words of a 52-year-old single mother with three dependants reflect many participants’ feelings:

“I ended up leaving my own home, country, my family and working far away from the loved ones just to make ends meet” (Doc9,11)

Further stress is caused by unemployment in South Africa and the inability of family members of participants to find jobs. This statement illustrates the views of some participants:
“... there was no future for my son. Job was hard to get and things looked very bleak for his future” (Doc6,1,2)

Xaba and Philips (2001:5) agreed that nurses were leaving South Africa because of better remuneration packages offered by other countries. In addition, Rogerson and Rogerson (2000:35) asserted that the highly attractive salary packages offered in North America, Europe and Australia were a core reason given by skilled people for leaving South Africa and that nurses selected Saudi Arabia as a destination because of the lucrative employment packages available. Financial prospects in other countries also influenced the decisions of medical practitioners who left the RSA (Van der Vyver & De Villiers 2000:20). According to Mittner (1999:32), awareness of the huge difference between local and international salary scales could hasten the emigration process of South Africa’s professional people, including nurses.

4.4.1.2 Category 2: Working conditions in South Africa

Operational definition: Working conditions in South Africa refer to the physical working conditions and the lack of resources that make it difficult or even impossible to provide quality care, the perceived lack of managerial support and the role that bureaucracy plays in participants’ decisions to leave the RSA.

The nurses who participated in this study revealed another factor related to their physiological well-being that contributed to their decisions to emigrate. Working conditions in South Africa, the lack of resources which inhibited the provision of quality care and a perceived lack of managerial support were reasons why nurses left the country. Participants described how they had to cope with a lack of resources and shortages of personnel while management ignored their complaints, accusing personnel of being lazy.

The following quotations relate to this finding:

“I left SA because of work conditions that are deteriorating” (Doc21,3)
“... We were expected to work with untrained staff with critically ill patients. The staff to patient ratio were decreasing without extra support” (Doc17,3)

A concern raised by participants in the study was the reported lack of support received from management in their institutions and from government, as these quotes suggest:

“When complaining about unsafe situations, we were informed that the staff is lazy. The management used bully tactics with the staff especially with wage negotiations” (Doc17,5,6)

“The treatment from some surgeons was terrible and hospitals did little or nothing to protect nurses” (Doc10,7)

The work environment and nurses’ ability to provide quality nursing care are primary motivators for registered nurses’ decisions to stay with or to leave an employer. Nevhutanda (2000:4) maintained that hospitals and health authorities are hierarchical and bureaucratic institutions and therefore (Tschudin 1992) the relationship between employee and employer is one of contract obligation, not one of consensus, which is formal, not friendly. This formal relationship could have contributed to participants’ experiences of non-supportive hospital managements. Aiken et al 2001: 45-49; Peterson 2001:4 and Thompson 2001:61 indicated that one of the primary factors for the increasing nurse turnover rate is workload or staffing. In a study cited by Murray (2002b:81) it was found that dissatisfaction with the job due to increased workloads, higher patient acuity and increased job uncertainty in health care environments impacted seriously on nurses’ experiences of their work and contributed to nurses’ decisions to leave their employers. Numerous newspaper reports (Malan 2004:19; Smit 2003c:8; Thom 2003:11; Van der Zee 2003:7) suggest that poor working conditions in South Africa are one of the main reasons why nurses leave the country to nurse abroad or leave the profession to do a non-nursing job. Xaba and Philips (2001:5) confirmed that work pressure is a factor contributing to the emigration of South African nurses.

4.4.2 Theme 2: Reasons related to the individual’s psychological well-being
In order to function optimally, both physiological well-being and psychological well-being must be maintained. The second theme that emerged relates to an individual's psychological well-being, including factors related to quality of life and emotional experiences. In Table 4.3, the categories and subcategories of reasons related to psychological well-being cited by participants who left South Africa are indicated.

**TABLE 4.3  Reasons related to the individual’s psychological well-being that influenced South African nurses’ decisions to emigrate**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors related to quality of life</td>
<td>! overtime and unpleasant working hours</td>
</tr>
<tr>
<td></td>
<td>! beliefs that an improved quality of life is possible in a first-world country</td>
</tr>
<tr>
<td>Factors related to emotional experiences</td>
<td>! feelings of desperation and hopelessness</td>
</tr>
<tr>
<td></td>
<td>! feelings of bitterness, low morale, stress and burn-out</td>
</tr>
</tbody>
</table>

**4.4.2.1  Category 1: Factors related to quality of life**

*Operational definition*: Quality of life is related to and affected by working unpleasant hours and overtime, leaving little time to spend with family members or to relax, as well as a belief that it is possible to have a better quality of life in another country.

The participants explained how poor working conditions and poor salaries had significant influences on the quality of their lives. Having to work under difficult circumstances in hospitals with shortages of personnel and a lack of resources was stressful. To supplement their income and be able to make ends meet, participants had to work overtime and spend weekends and holidays doing session work. Participants believed that by leaving the RSA to work in other countries they would be able to create a better quality of life, not only for themselves, but also for their dependants. The idea of working in a first-world country which they perceived to have better equipped health care and educational institutions was a
motivator for some nurses to emigrate from South Africa. The following quotations portray these results:

“My salary is extremely good and has provided us with a quality of life that I could never have experienced in South Africa as a nurse. There are flexible working hours ....” (Doc8,14,15)

“An experience of being in a first world country “(Doc12,6)

Participants in this study did not elaborate on their expectations of a better quality of life in other countries. Studies investigating South African emigration reported that the expectation of a better quality of life motivated people to leave the country. As Mattes and Richmond (2000:16) stated “... 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 services in South Africa. This study revealed that skilled South Africans tended to feel that conditions would only get worse. This pessimism extended across the racial divisions.

Participants commented on how having to work overtime to make ends meet or to alleviate staff shortages had negative influences on their quality of life. The following quotations illustrate this finding:

“... and spent weekends and holidays doing session work at the private hospitals for extra income” (Doc25,3)

“... the effort that was put into my work and even doing moonlighting at the time just became a senseless struggle which seemed as if it will never come to an end. I was not even able to take a good holiday” (Doc 27,5)

This finding corresponded with the findings in a survey of registered nurses in the USA. These nurses described how overtime affected their stress levels, health, family life and the quality
of patient care given to their patients. This was another reason for leaving their employer or the profession (Survey 2001:5). The strategy of forcing nurses to work overtime was not an answer to the problem of nurse shortages but constituted part of the problem. Geyer (2004:36) agreed that low staffing ratios and high workloads contributed to stress, compassionate fatigue, burn-out and increased numbers of adverse incidents in the RSA. Coetzee (2004:9) reported that patients’ lives are threatened by exhausted doctors and nurses employed by government hospitals who ignore the code of conduct for government employees by moonlighting for extra money. This is reportedly a widespread problem.

4.4.2.2 Category 2: Factors related to emotional experiences

*Operational definition:* This category portrays feelings of desperation, hopelessness, stress, low morale, bitterness and subsequent burn-out that contributed to participants’ decisions to leave the country.

Emotional experiences influence people’s psychological well-being. Participants explained how they experienced feelings of desperation, hopelessness, stress, bitterness and low morale and suffered from burn-out as a result of the poor working conditions and their struggle to survive on the basic salaries earned in South Africa. Revelations indicated that some participants felt so desperate that they saw no other option but to leave the RSA and their loved ones in order to earn substantial wages in countries other than the RSA.

A 52-year-old woman who left the RSA during 1996 commented:

“I used to cry all night when the kids are in bed because I did not want the children to learn of all my miseries. I was always on my knees, praying that I could get better job abroad” (Doc9,22)

A 42-year-old woman who left the country five years ago expressed her feelings of desperation in the following words:

“Those who rave about people leaving SA have obviously not been
desperate enough yet, wondering if you will have enough money for bread, gas, school fees etc, for the rest of the month” (Doc1,9)

The following quotes demonstrate participants’ emotional experiences:

“I felt de-motivated, de-valued, let down by the system, the Bureaucracy within the health care system and the government” (Doc9,13)  “Six months was too long for me, waiting for my papers to go through the system.  I left the country in 1996 and I am glad I did, otherwise I would have ended in nervous break down” (Doc9,20)

“It was so difficult to leave my kids alone for the first time in my life! And it was heartbreaking to see them cry! ... this was the first time I left home without my children” (Doc 25,6,7)

Stress, low morale and burn-out among nurses are not unique to South Africa. A study (Aiken et al 2001:45-46) on hospital care in five countries, namely the USA, Canada, England, Scotland and Germany, found that a high proportion of registered nurses in all participating countries except Germany suffered from low morale and dissatisfaction with their jobs. Many nurses across the five countries also experienced considerable job-related strain and suggested that they planned to leave their jobs within the next year. A survey among community mental-health nurses in the UK suggested that a high proportion of these nurses experienced extreme levels of workplace stress. Research showed that these findings were not unique to this group of nurses and that nurses in other work environments also had to cope with such problems (Burnard 2000:28). It was evident that the stress experienced by nurses globally contributed to their levels of job dissatisfaction and to their decisions to quit nursing.

4.4.3 Theme 3: Reasons related to the individual’s social well-being

Humans are social by nature. As members of the South African population and the nursing profession, nurses work together and interact in meaningful ways. Negative experiences in their social interactions and professional environment could be detrimental to the social well-
being of nurses. This theme describes how threats to the safety and security of South African nurses and the perceived lack of career advancement opportunities, appreciation and respect contributed to participants’ decisions to leave the RSA. In Table 4.4, the categories and subcategories of reasons related to expatriate nurses’ social well-being, cited by participants who left South Africa, are indicated.
TABLE 4.4 Reasons related to the individual’s social well-being that influenced South African nurses’ decisions to emigrate

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors related to safety and security in South Africa</td>
<td>! lack of safety in the workplace</td>
</tr>
<tr>
<td></td>
<td>! crime and violence in South Africa</td>
</tr>
<tr>
<td>Factors related to career advancement in nursing</td>
<td>! lack of appreciation, recognition and respect</td>
</tr>
<tr>
<td></td>
<td>! lack of career advancement opportunities</td>
</tr>
<tr>
<td></td>
<td>! opportunities for professional development</td>
</tr>
</tbody>
</table>

4.4.3.1 Category 1: Factors related to safety and security in South Africa

Operational definition: Experiences of crime and violence in South Africa and fear for personal and family members’ safety affect people’s lives. These negative experiences had negative impacts on participants’ levels of social well-being.

Crime and violence affect everybody in society. Health care professionals carry a double burden due to the high rate of crime and violence in the RSA. Not only do they feel unsafe in South Africa, but they also have to cope with a heavy patient load due to the high incidence of violent crimes in this country. Some even perceived the work environment as being dangerous, as the following quotes show:

“Job dissatisfaction due to unstable/dangerous work environment” (Doc9,5)

“My decision to leave was a very complex one but it was mainly influenced by violence and serious crime in South Africa, security for my family ...” (Doc3,1,2)

“Too much violence, don’t really feel safe even at home” (Doc5,5)

Mattes and Richmond (2000:20) found that improvements in safety and security could prevent
25% of skilled South Africans with a high emigration potential, who took part in a research study, from emigrating. The crime rate and high 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. Ehlers et al (2003: 34) found that a decrease in crime, rape and violence would encourage South African nurses to stay in this country. In a global study by the ILO/WHO/ICN/PSI, cited by Geyer (2004:36), it was found that South Africa is 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 asserted that there was little support for health care personnel who were exposed to violence. McPhaul and Lipscomb (2004:1) agreed that workplace violence was one of the most complex and dangerous occupational hazards facing nurses in today’s health care environment and that individual nurses have very little influence over the level of violence in their workplaces. The ICN believes that violence against nursing personnel violates the nurses’ rights to personal dignity and integrity (ICN 2000:1).

4.4.3.2 Category 2: Factors related to career advancement in nursing

Operational definition: Lack of career advancement opportunities, appreciation and respect in the RSA, and opportunities for professional development in other countries contributed to participants’ decisions to leave the RSA.

A major frustration among South African nurses is the lack of appreciation and respect that they receive for their work and, related to this, the lack of promotion and career advancement opportunities in their profession. Some of the participants indicated that they left because they saw leaving as an opportunity to gain experience in another country and to advance and develop professionally. Many of the participants commented on the lack of respect from employers, doctors, the South African government and people in management positions, as illustrated by the following quotes:

“We are government professional nurses, go to work diligently, expect to treat the public with dignity and what do we get in return? Dignity? Respect? Appreciation? Recognition?” (Doc1,7)
“I was told by a CEO (Chief Executive Officer) that nurses are a liability to him as we only cost him money (salary), and don’t bring any money in, unlike doctors” (Doc17,7)

“I worked as a junior professional nurse since 1979-1995, no promotion whatsoever. I developed myself professionally and personally. I obtained the following qualifications within those years … ” (list of 6 professional qualifications) (Doc9,12)

McNeese-Smith (2001:175-182) stated that nurses might question their commitment to an organisation if they did not perceive commitment from their employers. This author identified eight categories that contributed to a lack of commitment from nurses, one being lack of appreciation. It was defined as lack of appreciation from physicians and from the organisation and an unfair promotion system. Opportunities for learning provided by an employer were identified as a reason for commitment. McNeese-Smith (2001:175-182) maintained that it is relatively inexpensive for an organisation to provide good learning opportunities and that continued education for nurses might benefit the employers as well as the nurses. It appeared to be a cost-effective way to reap organisational commitment, even during times of financial pressure.

Abelson (1986:66) maintained that opportunities for individual growth such as career advancement, availability of seminars and college course work were very important and directly affected employees’ satisfaction levels. Staff frequently looked internally for career advancement opportunities before pursuing external opportunities. Frustrated high performers would eventually leave the organisation if not given rewards or promotions. This view was supported by Snow (2002:394), who asserted that research studies validated over several years found that “giving rewards” is one of the key dimensions that constantly affected individual and organisational performance. Rewards were the degree to which employees felt that they were recognised and rewarded for good work, and that such recognition was directly and differentially related to levels of performance. In an organisation that rated high on rewards, the rewards were given in direct proportion to the excellence of job performance,
and the promotion system was such that the best person could rise to the top.

The biographic profile of participants in this study (see Table 4.1) indicated that nurses who left the country were experienced and well qualified. Ma et al (2003:298) found that experienced nurses had lower levels of job satisfaction than those who were inexperienced. Nurses with more years of service and commitment to the organisation tended to expect more autonomy, recognition and opportunities. When these factors were absent, experienced nurses might become more dissatisfied than nurses with fewer years’ experience.

4.5 MISCELLANEOUS REASONS FOR LEAVING SOUTH AFRICA

Two participants left the RSA for different reasons from those already discussed in this chapter. One participant left the country during the apartheid years and obtained citizenship for her and her family in another country. The second participant indicated that she left the country with her husband to do missionary work in a foreign country.

4.6 CONDITIONS TO BE MET PRIOR TO EXPATRIATE NURSES’ RETURN TO SOUTH AFRICA

The factors that contributed to participants’ decisions to leave South Africa to work in other countries were entwined with the general living and working conditions of nurses in South Africa. In their responses participants stipulated conditions that would enable them to return to South Africa. These conditions generally related to the reasons why they left the country. However, 38% of the participants indicated that it was unlikely that they would ever return to South Africa. The following themes emerged from the data:

1. Conditions related to the individual’s physiological well-being
2. Conditions related to the individual’s psychological well-being
3. Conditions related to the individual’s social well-being

4.6.1 Theme 1: Conditions related to the individual’s physiological well-being
The physiological well-being of an individual is influenced by his or her ability to satisfy his or her own basic needs and those of dependants or family members. The work environment in nursing in the RSA did not provide participants with the means required to satisfy their basic needs. Through leaving the country and working in foreign countries, nurses reached a level of financial prosperity and freedom that they did not believe was possible in the RSA. Better financial prospects in their home country were prerequisites for their return. The categories and subcategories of conditions related to expatriate nurses’ physiological well-being are summarised in Table 4.5.

### TABLE 4.5 Conditions related to the individual’s physiological well-being to be met prior to expatriate nurses’ return to South Africa

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial prosperity</td>
<td><img src="image1" alt="achieved financial freedom" /> <img src="image2" alt="financial prospects in nursing in South Africa" /> <img src="image3" alt="South African economic prospects" /> <img src="image4" alt="job security and employment opportunities" /></td>
</tr>
<tr>
<td>Working conditions in South Africa</td>
<td><img src="image5" alt="improved working conditions" /> <img src="image6" alt="adequate resources" /></td>
</tr>
</tbody>
</table>

#### 4.6.1.1 Category 1: Financial prosperity

*Operational definition:* Financial prosperity includes the conditions that financial freedom must be reached, financial prospects in nursing in South Africa must be improved, job security and employment opportunities for nurses and their family members must be improved and concerns about the South African economy must be refuted.

An overwhelming majority of participants indicated that they would only return to South Africa once their financial goals had been met and if the situation in South Africa had changed to such an extent that the financial prospects of returning would be more favourable than those they were experiencing in other countries. The following quotes are representative of many participants’ expressions:
“After achieving all my goals: Education for my kids; My house and car paid up; have enough investment for my retirement” (Doc7,7,8,9)

“Improvement of salary and fringe benefits both in provincial and private hospitals” (Doc22,10.11.12)

“If the salaries are compatible, if South African hospitals will give same position or similar to one that you left” (Doc4,3,4)

“... if the salaries improve. ... recent enquiries led me to believe that if I return to the same hospital I worked in before I left that my basic salary will be the same as what it was when I left SA in 1998” (Doc18,6,7)

According to Henry (2002:9), nurses have never been able to articulate or demonstrate clearly their value in the overall delivery of health care and so they have been viewed as an adjunct to medicine rather than a partner and leader in the delivery of quality health care. In order to retain nurses, governments must recognise the contribution of nurses to the health care system. Pay and conditions of service must reflect the value of nurses to the health of the nation. It could be argued that nurses’ salaries and benefits in South Africa do not reflect the value of nurses to the health of the South African nation, thus contributing to the emigration of thousands of nurses. Various newspaper reports have confirmed that South Africa is losing thousands of nurses and urgently has to investigate ways to keep nurses in this country and enable those who left to return to South Africa as professional nurses (Malan 2004:6; Thom 2004:1; Van Eeden 2003:18). A number of participants reported that they were working abroad to enable their children to receive a good education. Suggestions were made that better incentives for South African nurses would enable them to practise in this country. Liebenberg (2003:5) reported that Professor Gwele, former head of the University of Natal’s School of Nursing, suggested that South African nurses should receive incentives to support their children’s education. This would address the issue of affording education for their children that was indicated by some participants as a reason for leaving the RSA. Private hospitals in South Africa are already reportedly investigating ways in which to keep their staff in the RSA. Shevel (2003:2) reported that private hospitals in the RSA are “pulling out all the stops to keep nurses from taking up lucrative offers overseas. Salary incentives and training
programmes are just some of the carrots being dangled before staff to keep them loyal” and thus preventing emigration of nurses.

4.6.1.2 Category 2: Working conditions in South Africa

Operational definition: Nurses who left the RSA were very concerned about poor working conditions in South Africa and the lack of resources that made it difficult or even impossible to provide quality care. They experienced a lack of managerial support and emphasised that bureaucracy played a role in their decisions to leave the country. Prerequisites for their return included improved working conditions and adequate resources to provide quality nursing care.

Although participants experienced a lack of managerial support before they left the country, conditions for their return did not include this item. Conditions related to working conditions could be divided into two subcategories, namely improved working conditions and adequate resources to provide quality nursing care.

“Maybe if the working conditions are better, we might consider going back again” (Doc2,8)

“It won’t be soon, condition of hospitals and finance has not improved yet” (Doc21,4,5)

Denosa (2001:29) 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, 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 other countries. Despite Denosa’s recommendations, newspaper reports asserted (Smit 2003c:8; Thom 2003:11 & Van Der Zee 2003:7) that low and inequitable salaries and poor working conditions remained some of the main reasons why nurses left the country to nurse in other countries or left the profession to do non-nursing jobs. Better salaries could never
compensate for poor working conditions. Better equipped public hospitals and improved support systems for nurses would be necessary for South Africa to retain its nurses (Smit 2003b:9). It was reported that more than 50% of health care workers in South Africa were contemplating emigration for reasons other than financial gain. A WHO report on the migration of health workers from Africa listed heavy workloads, a decline in the quality of health care and a need for advanced experience as some of the reasons why nurses were leaving Africa to practise in developed countries (Pienaar 2003b:5).

4.6.2 Theme 2: Conditions related to the individual’s psychological well-being

The theme related to an individual’s psychological well-being includes factors related to quality of life and factors related to emotional experiences. In order to function optimally both physiological well-being and psychological well-being must be maintained. In Table 4.6 the category and subcategory of conditions related to the expatriate nurses’ psychological well-being are indicated.

**TABLE 4.6 Conditions related to the individual’s psychological well-being to be met prior to expatriate nurses’ return to South Africa**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions related to quality of life</td>
<td>! quality of life in the RSA compared with experiences in foreign countries</td>
</tr>
</tbody>
</table>

4.6.2.1 Category 1: Conditions related to quality of life

Operational definition: In their conditions for return participants did not again qualify quality of life. Improvement in working conditions, working hours, personal safety and public services are among the aspects mentioned to describe participants’ expectations of a better quality of life.

Participants experienced a better quality of life in foreign countries and their comments suggested that they would not be willing to return to South Africa unless they could experience a similar quality of life in their home country. The following quotes reflect many participants’
feelings:

“South Africa must offer us at least an equal or better quality of life than what we are experiencing abroad” (Doc3,9)

“Working overseas I have seen how much extra responsibility and stress we work under in South Africa and I am not sure I would ever want to work under those conditions again” (Doc13,5)

“I dislike the attitude of South Africans. The type of services everywhere is appalling, communication is zero and people just don’t try their best ... there is minimal effort from most services” (Doc1,12,13,14)

These quotations illustrate that nurses who emigrated from South Africa perceived their quality of life in foreign countries to be better than that they had experienced before they left South Africa. Studies (Mattes & Richmond 2000:16) confirmed that the level of people’s satisfaction with their quality of life influenced their decisions to emigrate.

Van Rooyen (2000:102) stated that falling standards, mismanagement, incompetence and a growing decline in morality are issues making South Africans desperate about the country’s future. These factors contributed to South Africans’ decisions to emigrate and would affect their decision to return to South Africa.

4.6.3 Theme 3: Conditions related to the individual’s social well-being

Humans are social by nature. As members of the South African population and the nursing profession, nurses work together and should be able to interact in meaningful ways. Conditions related to career advancement opportunities, appreciation and respect stipulated by participants were identified as a subcategory in this theme. The safety and security situation in South Africa is another concern that has to be addressed before expatriates would consider returning to the RSA.

Table 4.7 indicates the categories and subcategories of conditions related to the expatriate...
nurses’ social well-being.
TABLE 4.7 Conditions related to the individual’s social well-being to be met prior to expatriate nurses’ return to South Africa

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions related to safety and security in South Africa</td>
<td>reduction in the rate of crime and violence and improved safety and security services in South Africa</td>
</tr>
<tr>
<td>Conditions related to recognition and achievement in nursing</td>
<td>personal recognition and respect</td>
</tr>
<tr>
<td></td>
<td>professional recognition</td>
</tr>
<tr>
<td></td>
<td>career advancement</td>
</tr>
</tbody>
</table>

4.6.3.1 Category 1: Conditions related to safety and security in South Africa

 Operational definition: Negative experiences related to crime and violence had a negative impact on participants’ social well-being whilst in the RSA. In other countries they felt safer and more secure and therefore postulated conditions related to safety and security as prerequisites for their return to the RSA.

The participants indicated that issues regarding crime and violence in South Africa had to be addressed before they would consider returning. This finding is substantiated by these statements:

“Reduction in violence. Increase in personal safety” (Doc8,2,7)

“My family and I need to feel safe and secure in South Africa” (Doc3,8)

Xaba and Philips (2001:6) found that the escalating crime rate in South Africa contributed to the emigration of South African nurses. They found that nurses reported that their safety was compromised at hospitals when they cared for criminals, and that little was done to protect them from harm. Various studies confirmed that crime and violence in South Africa contributed to people’s decisions to emigrate from the RSA (Pienaar 2003b:5; Rogerson & Rogerson 2000:35; Van der Vyver & De Villiers 2000:19; Van Rooyen 2000:72).
4.6.3.2 Category 2: Conditions related to recognition and achievement in nursing

**Operational definition:** Conditions related to recognition and achievement in nursing were divided into three subcategories, namely personal recognition and respect, professional recognition and career advancement.

Reasons related to lack of appreciation, lack of career advancement opportunities and the need to be respected were very prominent among the reasons why nurses left the RSA. In their conditions prior to their return, they strongly emphasised that these aspects would have to be addressed before they would be coming back. These quotations epitomise their feelings:

“When nursing get more respect as a profession. I was told by a CEO (Chief Executive Officer) that nurses are a liability to him as we only cost him money (salary), and don’t bring any money in, unlike doctors. Now I work where I am treated like an asset where my skills are deemed valuable” (Doc17,7,8,10)

“I need to find a job where my skills and education are recognised, with opportunities for further advancement” (Doc3,9,10)

“Our Government has never cared for the nurses, how they feel. I held the highest qualification but I had never felt the sense of achievement. I worked as a junior professional nurse since 1979-1995, no promotion whatsoever. I developed myself professionally and personally.” (Doc9,12, 15,17)

Conditions related to the need to be recognised and respected for their professional competence had been expressed by an overwhelming majority of participants in this study. Participants indicated that the culture in many health care institutions in South Africa was not conducive to retaining nurses. Barney (2002b:220) maintained that radical change was necessary to retain nurses and combat the nursing shortage. He stated that employers had to alter work environments to show that the nurse was a respected member of the clinical team. Ehlers et al (2003:33) confirmed that insufficient opportunity for promotion was a major
reason why nurses considered leaving South Africa. A lack of respect and appreciation from doctors and hospital management for nurses’ work reportedly contributed to nurses leaving the nursing profession in South Africa (Van der Zee 2003:7).

4.7 EXPATRIATE NURSES’ EXPERIENCES OF WORKING IN A FOREIGN COUNTRY

Participants reflected on their experiences of working in other countries. Eight themes emerged from the narratives. These themes included experiences related to personal growth, professional growth, cultural adaptation, experiences related to leaving the RSA and loved ones behind, financial empowerment, working conditions, career achievement and experiences related to being proudly South African.

A literature review implied that foreign nurses were not always treated with respect and dignity. Salvage (2001a:18) asserted that shameful exploitation of overseas nurses continued in the UK despite the UK’s voluntary code of practice. Salvage, however, pointed out that good practice was spreading, with programmes to help new arrivals adapt to unfamiliar surroundings. The participants in this study reported positive and negative experiences related to working in foreign countries but the majority described their experiences as being positive ones that enhanced their personal and professional lives.

Henry (2002:10) maintained that working in foreign countries could contribute to a broadened horizon to nursing and health care practices through international exposure. Increased knowledge and skills would benefit health care in the home country should expatriates return.

The themes, categories and subcategories related to expatriate nurses’ experiences in foreign countries are depicted in Table 4.8.
TABLE 4.8 Overview of the themes, categories and subcategories of expatriate nurses’ experiences in foreign countries

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences related to personal growth</td>
<td>Personal development</td>
<td>Growth as a person</td>
</tr>
<tr>
<td>Experiences related to professional growth</td>
<td>Professional development</td>
<td>Development of nursing skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technological advancement</td>
</tr>
<tr>
<td>Experiences related to cultural adaptation</td>
<td>Cultural awareness and adaptation</td>
<td>Cultural shock and adaptation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cultural enrichment, awareness and growth</td>
</tr>
<tr>
<td>Experiences related to leaving country and loved ones behind</td>
<td>Forlornness</td>
<td>Longing for loved ones</td>
</tr>
<tr>
<td>Experiences related to financial empowerment</td>
<td>Financial freedom and lifestyle changes</td>
<td>Financial freedom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifestyle changes</td>
</tr>
<tr>
<td>Experiences related to working conditions</td>
<td>Better working conditions</td>
<td>Workload</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Working hours and compensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conditions of service</td>
</tr>
<tr>
<td>Experiences related to career achievement</td>
<td>Career advancement opportunities and recognition for nurses</td>
<td>Career advancement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition and respect</td>
</tr>
<tr>
<td>Experiences related to being proudly South African</td>
<td>South African nursing education and training as a foundation</td>
<td>South African nurse education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality of nursing care</td>
</tr>
</tbody>
</table>

4.7.1 Theme 1: Experiences related to personal growth

Participants in this study described growth in various aspects of their personal lives as a result of their relocation to other countries.
4.7.1.1 Category 1: Personal development

Operational definition: Personal development refers to the individual’s development on various personal levels. Participants indicated development and improvement in language skills, self-confidence and broad-mindedness to be experiences of personal growth. Leaving South Africa contributed to personal growth, as these quotes suggest:

“The only real gain for me was that my English has improved a lot and the experience did a lot for my self confidence as person and professional” (Doc26,10,11)

“It has broadened my mind and made me very adaptable” (Doc18,11)

Padilla-Harris (2001:23) described leaving her country (Philippines) to nurse in a foreign country as a profound, life-changing experience. This view is supported by findings in a study by Hardill and Macdonald (2000:688).

4.7.2 Theme 2: Experiences related to professional growth

South African nurses working in other countries described how they have acquired new skills and advanced professionally since their emigration.

4.7.2.1 Category 1: Professional development

Operational definition: This theme incorporates the category professional development. Learning opportunities in the professional environment such as working with technologically advanced equipment, learning new skills and advancing professionally are included in this concept.

Participants commented on the availability of learning opportunities in the foreign countries where they worked and how they developed professionally. The following quotes suggest that nurses need opportunities to develop as professionals:
“I have been offered incredible opportunities to develop as a professional (Doc8,8) ... I have travelled for workshops and presentations ... I have been put through employer paid courses lasting up to a year ... “.(Doc8,19)

“It is an opportunity for me to further my education, because I do not want to be left behind” (Doc9,44)

“Bedside nursing is perfect, with In-service Department fully participating eg the nurse practitioner undergoes Basic Life Support certification renewal every 2 years” (Doc7,13)

The experience of professional growth is in contrast with findings by Hardill and Macdonald (2000:689) that middle-aged South African nurses in the UK tended to feel that they were not given sufficient responsibility, given their experience and training, and that their skills were being wasted. Henry (2002:10), however, contended that international exposure broadened nurses’ horizons to nursing and health care practices and provided increased educational opportunities.

4.7.3 Theme 3: Experiences related to cultural adaptation

South African nurses working in other countries experienced different levels of stress related to cultural differences, language problems, different food and lack of knowledge of the countries where they were working at the time of writing their narratives for this research. Despite these problems they eventually found working in different cultural environments to be a positive and enriching experience.

4.7.3.1 Category 1: Cultural awareness and adaptation

Operational definition: This category incorporates the initial feelings experienced by participants with regard to cultural differences and cultural sensitivity when they started working in the foreign countries and how they eventually became enriched by working in a culturally different environment.
Two subcategories were identified. These related to the initial cultural shock and problems experienced while participants were adapting to their new environments; and experiences of growth and enrichment that followed the initial adaptation period. The following quotations reflected a large group of participants’ sentiments:

“When I arrived in Saudi Arabia I was in culture shock. I had never expected to smell strange smells and hear strange words and see such strange people. Oh, it was a most depressing experience. I lived on baked beans, butter, jam and peanut butter as I was not acquainted with the food” (Doc25,9,10,11)

“All in all I don’t regret having come here, I have learned a lot and met different people - learning other cultures, other than what you are used to” (Doc22,18,19)

“I am working under stressful circumstances away from my country, culture, my family with different language, religion, norms very much demanding with no support system” (Doc21,7,8,9)

“I miss my family and friends in South Africa but I have built up a great family here with nations I never dreamed of. It is a peaceful existence, humble with no competition and strife” (Doc25,29)

The findings related to cultural adaptation are supported by Priestley (2000:18), who felt overwhelmed by the challenges of working in Riyadh, Saudi Arabia. Parker (1999:27) maintained that participants in her study noted their adaptation to a foreign culture and environment as a significant experience.

4.7.4 Theme 4: Experiences related to leaving country and loved ones behind

South African nurses working in other countries reported experiences of homesickness, hopelessness and misery during the initial stages after leaving South Africa. Some had left
their husbands and children and other dependent family members behind. These nurses justified their actions by the goals they set before they left. They did this because they wanted to ensure that their children and other dependants would have better educational opportunities and living conditions than those they could offer them on their nursing salaries in South Africa.

4.7.4.1 Category 1: Forlornness

Operational definition: This category incorporates all the feelings expressed by participants that relate to the difficulties of leaving loved ones behind. Anxiety, homesickness and longing for those they left behind are major consequences of leaving the RSA.

Participants expressed their feelings in the following ways:

“It was so difficult to leave my kids alone for the first time in my life, and it was heartbreaking to see them cry. I had a maid who lived in so she took care of them” (Doc25,6,7)

“It took me 3-4 months before I actually felt my heart ease from the pain of leaving home and my loved ones” (Doc25,12,13)

“It is an experience that one enjoys to work in a foreign country though there are times of homesickness” (Doc7,17)

Allan and Larsen (2003:35) found that many foreign nurses practising in the UK were suffering during their absence from their families and made arrangements for them to join them in the UK. Smit (2003c:8) reported that mothers leaving children and husbands in South Africa while nursing in foreign countries experienced feelings of homesickness while away, and difficulties in adapting to their families upon their return. According to Henry (2002:10), the disruption of family units is a negative consequence of the emigration of nurses.

4.7.5 Theme 5: Experiences related to financial empowerment
One of the major reasons indicated by expatriate nurses for leaving the RSA related to their struggle to make ends meet on their remuneration packages in South Africa. These nurses reported that they achieved financial freedom after leaving South Africa to work in other countries.

4.7.5.1 Category 1: Financial freedom and lifestyle changes

Operational definition: This category includes subcategories related to the achievement of financial freedom and the subsequent lifestyle changes that were possible as a result of an improved financial position.

The following views are typical of those expressed by many participants:

“I never thought that I’ll be able to pay off the mortgage on my house within one year and still manage to have money for basic needs and luxuries and save some for future use” (Doc22, 23, 24, 25, 26)

“Generally the cost of living in London is very expensive ... currently the Government has introduced equity loans for key workers which will enable me to buy property. I can also afford to save some money which was not possible in South Africa” (Doc10, 18, 21)

“I never had so many friends, so many outings like rock climbing, horse riding, hiking, parties, travel. In South Africa such things are only meant for the rich, so no “ordinary” person can enjoy the simple things in life, eg Kruger National Park caters for foreigners and rich people” (Doc11, 9, 20)

Nurses leaving the RSA to practise in foreign countries earn higher salaries than those they earned in South Africa and are able to afford to pay for essentials such as houses and education for the children they left behind, and luxuries such as holidays. Allan and Larsen (2003:25) found that in some cases nurses suffered a decrease in their personal living standards by working in the UK, but their savings would have high purchasing power in their
countries of origin. South African nurses who participated in the study by these authors confirmed this finding. Smit (2003c:8) reported that working in the Middle East enabled a South African nurse to support her unemployed husband and three children in South Africa financially.

4.7.6 Theme 6: Experiences related to working conditions

Expatriate nurses described how they were unable to provide quality nursing care in South Africa prior to their emigration because of poor working conditions. According to the participants in this study they perceived the working conditions in the foreign countries as being as good or better than what they were used to in the RSA.

4.7.6.1 Category 1: Better working conditions

Operational definition: The majority of participants did not clarify the concept “Better working conditions”. Those who did related working conditions to flexible working hours, better salaries, workload and a trusting relationship between employer and employee.

The following quotations illustrate the fact that South African nurses working in other countries perceived the working conditions in these countries to be as good as or better than those they were used to in South Africa.

“There are flexible working hours ... There is a lot of trust by the employer that you are putting the time in” (Doc8,15)

“Working conditions are much better and the workload is bearable” (Doc22,21,22)

Xaba and Philips (2001:5) confirmed that nurses perceived the working conditions in foreign countries to be better than those in South Africa. The authors maintained that nurses who emigrated from the RSA blamed work pressure, poorly resourced hospitals and burn-out for their decisions to leave. Salvage (2001a:18) agreed that by working in foreign countries many nurses try to escape a combination of unstable health care funding, low salaries and
terrible working conditions. The ICN (2002:9) maintained that better working conditions and an improved quality of life are advantages of international nurse migration.

4.7.7 Theme 7: Experiences related to career achievement

A major reason given by participants for leaving South Africa was related to the perceived lack of recognition, respect and opportunities to advance professionally in South Africa. Their experiences relating to these aspects in foreign countries were generally positive.

4.7.7.1 Category 1: Career advancement opportunities and recognition for nurses

*Operational definition:* Career advancement includes opportunities to upgrade skills as well as opportunities for good work to be rewarded with promotions and financial reward. Recognition of achievements and respect for nurses is another subcategory of this category.

The following represent some of the participants’ comments on this issue:

“I’ve also had career advancement opportunities that I don’t think I would have had if I stayed in South Africa” (Doc18,12)

“For me this was the best move I could have made for my career” (Doc8,7)

“A very positive experience that is both rewarding and challenging. Hard work is well recognised and rewarded through remuneration and other benefits” (Doc3,14,15,16)

“I was surprised to see that other countries recognise nurses as one of the important professions” (Doc23,13)
These comments made by participants are in contrast to findings in a UK study (Allan & Larsen 2003:78) indicating that foreign nurses in the UK were not appreciated, respected or trusted by their UK colleagues. It is important that nurses be appreciated and recognised in the health care system in their countries and specific institutions where they are employed. In their recommendations to health care organisations for attracting and retaining nurses, Hutchinson and Mattice (2000:2) proposed that organisations should develop programmes that are meaningful to their employees, relevant to the culture of the organisation and achievable. Successful recognition programmes reward high performers in ways other than competitive salaries. Each organisation should strive to understand which forms of recognition its nurses value and consistently apply the reward programme, keeping it fresh to maintain its relevance.

4.7.8 Theme 8: Experiences related to being proudly South African

Various participants expressed pride in the quality of their South African qualifications. Apparently this was acknowledged by employers in other countries, where South African nurses were appreciated and recognised and rewarded for their contributions.

4.7.8.1 Category 1: South African nursing education and training as foundation for the provision of quality care

Operational definition: Expressions related to the education and training of nurses in South Africa and the quality of care delivered in South Africa are incorporated in this category.

Participants described the advantages of the comprehensive training that South African nurses received and how employers took note of their competencies and experiences. Participants also indicated that they realised that nurses in South Africa provided quality care to their patients under very difficult conditions. The following views are typical of those expressed by many participants:
“Working with nurses from other western countries, I am proud to have trained in South Africa - we have been well educated” (Doc20,16)

“My eyes were “opened” to the good quality of nursing care that we give under difficult conditions in SA. (compared to places in the Middle East where I’ve worked). I realised how hard we actually worked in SA, huge amounts of stress to deal with” (Doc16,9,10)

“I have always experienced a very high regard by employers for South African trained nurses, this has opened a lot of doors for me” (Doc8,10) “I believe that my comprehensive training has gone a long way to provide me the knowledge to draw on to go with the opportunities and make a success of them” (Doc8,11)

“South African nurses are very strong and are highly educated. They are trained to approach the patient holistically. UK nurses specialise and thus limit their performance” (Doc9,31,32,33)

“I had very little time to adjust to a new job and a new country and I had to provide leadership from the start. I believe that both my South African qualifications and experience have served me well to make the necessary adjustments” (Doc3,25,26)

Kale (1995:3) agreed that South African nurses are well trained and that many of them deal with medical problems and manage deliveries independently in community day-care centres. This is confirmed by Lipley and Stokes (1998:12).

4.8 EXPERIENCES OF SOUTH AFRICAN NURSES WORKING IN FOREIGN COUNTRIES REGARDING THE SERVICES RENDERED BY RECRUITMENT AGENCIES
Eight of the participants either did not use the services of a recruitment agency or did not comment on their services. Three themes related to the services of recruitment agencies were derived from the narratives received from South African nurses working in foreign countries. The following themes emerged from the data:

- Quality of services rendered by the recruitment agencies that operate in South Africa
- Support and preparation offered to applicants
- Financial contributions

### 4.8.1 Theme 1: Quality of services rendered by the recruitment agencies that operate in South Africa

A large majority of the participants described the quality of service rendered by recruitment agencies that operate in South Africa as being very good or excellent. A few comments, however, indicated that some participants were not completely satisfied with the services rendered by their recruitment agencies.

#### TABLE 4.9 Quality of services rendered by the recruitment agencies that operate in South Africa

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive experiences regarding the quality of service rendered by recruitment agencies</td>
<td><img src="#" alt="perceptions of efficiency regarding services rendered" /> <img src="#" alt="perceptions of efficiency regarding the time it took to process applications" /></td>
</tr>
<tr>
<td>Negative experiences regarding the quality of service rendered by recruitment agencies</td>
<td><img src="#" alt="perceptions of efficiency regarding the period of time it took to get a job offer" /> <img src="#" alt="perceptions of the amount of paperwork" /></td>
</tr>
</tbody>
</table>

#### 4.8.1.1 Category 1: Positive experiences regarding the quality of service rendered by recruitment agencies
Operational definition: Participants used various adjectives to describe positive experiences with their recruitment agencies. These included words like excellent, extremely helpful and fine. Perceptions of efficiency regarding services rendered by recruitment agents and the time it took to process applications were included in this category.

Participants explained that they experienced the attitudes of and services rendered by recruitment agencies to be positive and supportive. A large majority of participants used only one word to describe the services of the specific recruitment agencies that they used, namely “excellent”.

The expressions of these participants are reflections of many participants’ feelings and experiences regarding the recruitment agencies that they had used:

“I used a recruitment agency. Their services were excellent” (Doc19,1)

“The agent was extremely helpful” (Doc15,1)

A few participants commented on the time it took recruitment agencies to process their applications and offer them jobs in foreign countries. The majority of participants felt that recruitment agencies provided an efficient and fast service. These statements support the views of some participants:

“... they were fast in processing my application” (Doc22,2)

“... they were very much helpful and organised everything within a period of three months” (Doc21,1)

Parish (2000:13) noted that although much had been written about the negative experiences of foreign nurses with regard to recruitment agencies and employers, there are foreign nurses for whom it was a positive experience.
4.8.1.2 **Category 2: Negative experiences regarding the quality of service rendered by recruitment agencies**

*Operational definition:* Negative experiences regarding the services rendered by recruitment agencies related to the period of time it took to get a job in a foreign country and the amount of paperwork involved in processing an application.

Some participants commented that their expectations with regard to the agency were not met. Four of the participants made negative comments on the time it took to get a job offer in a foreign country and the amount of paperwork involved in processing the application.

“I did work through two agencies. The first one took very long finding something suitable and therefore I consulted another agency that was a lot more efficient” (Doc26,1)

“My experience with the agency was satisfactory. Most people would like faster progress ... ”(Doc27,2)

“The Agency was fine. Quite a fair bit of paperwork to fill out” (Doc13,2)

Scott (1992:48) reported that he was given wrong information by a recruitment agency and had spent months in Germany in misery before he decided to return to the UK. He published his story to make other prospective recruits aware of the problems he encountered. He added that he was aware of other people who had gone to work abroad with similar false expectations. No similar negative experiences were reported by the participants in this study.

4.8.2 **Theme 2: Support and preparation offered to applicants**

Although the majority of participants commented positively on the support that they received from the agencies, there were a few negative comments regarding the lack of preparation on working in specific foreign countries or the support that applicants received once they had left South Africa.
TABLE 4.10 Support and preparation offered to applicants by recruitment agencies that operate in South Africa

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive experiences regarding the support and preparation of applicants</td>
<td>! support, reassurance and communication</td>
</tr>
<tr>
<td></td>
<td>! preparation for working in foreign countries</td>
</tr>
<tr>
<td>Negative experiences regarding the support and preparation of applicants</td>
<td>! insufficient support in foreign countries</td>
</tr>
<tr>
<td></td>
<td>! insufficient preparation on cultural differences</td>
</tr>
</tbody>
</table>

4.8.2.1 Category 1: Positive experiences regarding the support and preparation of applicants

Operational definition: Participants used various adjectives to describe the kind of support offered by recruitment agencies. These included words like supportive, reassuring and friendly. This category also incorporates comments on the preparation of applicants prior to their emigration.

Participants explained that they were supported and received regular feedback on the processing of their applications. The following quotes demonstrated participants’ feelings with regard to the support and preparation they received from the agencies that assisted them:

“They were really friendly and took time to answer all my questions” (Doc13,3)

“They were very reassuring and supportive” (Doc1,3)

“They show slides of the country they would be sending you to ... they would give all the expectations” (Doc7,2)

“They tried to provide us with as much info as possible which was good
Foreign nurses in the UK have reported negative and positive experiences regarding the services of recruitment agencies they made use of. Some nurses explained how they were supported while they were still in their home countries and upon arrival in the UK, while others revealed situations where they were exploited and threatened by agents and employers (For better 2001:20-21). Although the majority of participants in this study reported positive experiences with recruitment agents, little evidence was found in the reviewed literature of the positive contributions of recruitment agents to the well-being of emigrating nurses.

4.8.2.2 Category 2: Negative experiences regarding the support and preparation of applicants

Operational definition: This category relates to the negative feelings that some participants expressed regarding the support that they had received from the recruiting agency when they were already in the foreign country.

“I was told that I will be assessed for three months, thereafter I will be graded according to my experiences. That meant working and paid like somebody straight from school but taking on more responsibility which was not recognised financially. The assessment was not done after a year ... I felt betrayed and let down” (Doc10,13) (UK experience)

“... I feel that they didn’t initially “prepare” me about what to expect” (Doc16,2)

“Although the South African agency was good throughout the whole process when recruiting, they deliberately did not furnish us with all the details, and we found ourselves stranded in a foreign country. To be honest we felt like we have been dumped to nowhere” (Doc9,7)

“... very accommodating when placing you initially but no contact after
The majority of South African nurses expressed satisfaction with the support rendered by their recruitment agencies in South Africa. Recruitment agencies have received considerable negative publicity, especially in the UK, for alleged exploitation of nurses who left their home countries to work in the UK. Buchan et al (2003:48) maintained that there had been reports of agencies exploiting nurses by providing misleading information.

Although only two participants in this study mentioned feeling exploited, references to exploitation of foreign nurses were found in the literature. Pearce (2002b:14-15) alleged that some internationally recruited nurses working in the UK were paid below the national minimum wage, and the pay many received while they were doing adaptation courses was too low. Cases of exploitation varied but included nurses arriving in the UK to find their contracts’ terms and conditions almost completely changed, nurses working for less than 9000 UK pounds per year, poor housing and accommodation and foreign nurses who were not employed on the same terms and conditions as their UK counterparts (War 2002:11; Williams 2001:15). Allan and Larsen (2003:64-74) found that foreign nurses practising in the UK experienced discrimination, exploitation and humiliation. It was reported that nurses experienced racism, were not recognised or paid as qualified nurses during adaptation periods and were given the least desirable shifts.

4.8.3 Theme 3: Financial contribution

No participant was charged any fees by recruitment agencies for their services, nor did they have to contribute towards the air fare. The only expenses that some of the participants mentioned were related to medical examinations, photocopies of documents and NMC registration fees. Some participants also referred to the pocket money that they needed to survive in the foreign countries, until they received their first month’s salary.

TABLE 4.11 Financial contribution of emigrants towards their job applications in foreign countries
### 4.8.3.1 Category 1: Costs incurred by applicant

**Operational definition:** Participants referred to fees charged by agencies for their services and air fare, and to specific costs incurred by applicants to enable them to work in foreign countries.

“I did not pay anything personally” (Doc9,3)

“The agency did not charge me anything for the service rendered” (Doc26,3)

“... they even paid my airfare” (Doc26,4) (UK participant)

“I made use of an agency ... at no costs, though I paid my Council fees” (Doc10,3) (UK participant)

“Had to pay for photocopies and medical exam only” (Doc17,3) (UAE participant)

Williams (2001:15) stated that there were numerous reports in the UK of mistreatment and deception of nurses recruited from foreign countries. At the RCN Congress in 2002 it was revealed (War 2002:11) that more than a third of foreign nurses had to pay fees of up to 2000 UK pounds to their employers or recruitment agencies before being able to work in the UK. It was further alleged that the RCN Nurseline, a confidential advice and information service for nurses and midwives, was aware of more than 1000 instances of foreign nurses being exploited within the 18 months preceding the RCN Congress in 2002.
No support for these allegations was found in this study. None of the recruitment agencies charged applicants any fees for their services. None of the participants had to pay money to recruitment agencies or employers. None of the participants had to contribute towards their air fares. This confirmed the information obtained from recruitment agents that was reported in Section 1.2.2 of this thesis. In the interviews with recruitment agents at four agencies recruiting South African nurses for positions in foreign countries, it was found that those agencies offered a comprehensive service, free of charge, to applicants who wanted to work in other countries. The agencies were paid by the recruiting hospitals in the other countries. They offered assistance with professional nursing registration and with obtaining work permits or visas in all the other countries for which they recruited. The agencies confirmed that they would assist applicants with relocation by booking air tickets and accommodation. The interviewed agencies offered applicants contracts with specific hospitals in the different countries. They provided successful applicants with support or acculturation programmes while still in South Africa. These included written guidelines as well as one-on-one information sessions to nurses leaving for Saudi Arabia. They also showed videos and provided information in groups as well as on an individual basis to prospective and successful applicants. All four agencies provided in-depth information on the cultural differences that candidates might experience.

Agents explained that some employers in the other countries offer free flights to successful applicants, while others assisted with air fare or free flights, but nurses were expected either to pay back the amount as soon as they started earning a salary in the foreign country or to work for a specified period of time for the hospital concerned. The information obtained from the narratives written by South African nurses’ working in other countries supported the findings gathered through interviews with recruitment agents at four recruitment agencies operating in the RSA.

4.9 APPLICATION OF THE FINDINGS OF PHASE 1 TO MASLOW’S HIERARCHY OF NEEDS

Maslow’s Hierarchy of Needs Theory was used as a point of departure in this study to establish what motivates the behaviour of South African nurses who leave South Africa to
nurse in other countries.

### 4.9.1 Reasons for leaving South Africa to practise nursing in foreign countries

An individual is the combination of his or her physiological, psychological, spiritual and social being. This is referred to as holism. The themes that emerged in this research were identified as the needs that have to be satisfied in order to be a fulfilled holistic being. The following themes emerged from the data:

- Reasons related to the individual’s physiological well-being
- Reasons related to the individual’s psychological well-being
- Reasons related to the individual’s social well-being

The themes that emerged from the narratives during data reduction related to the expatriate nurses’ physiological, psychological and social well-being. During the process of data reduction it became clear that it was not a single need that influenced the individual participants’ decisions to emigrate, but that unsatisfied needs related to their holistic well-being motivated their decisions to emigrate. Maslow argued (Moorhead & Griffin 1995:83) that human beings have innate desires to satisfy a given set of needs, which are arranged in a hierarchy of importance, with the most basic needs at the bottom of the hierarchy. Maslow’s hierarchy of needs is depicted on five levels (Figure 1.1), where the three sets of needs at the bottom are called *deficiency needs* because they must be satisfied for the individual to be fundamentally comfortable, while the top two sets of needs are termed *growth needs* because they focus on personal growth and development. According to Maslow, the hierarchy into which human needs arrange themselves includes physiological, safety, social, esteem and self-actualisation needs (Maslow 1998:XX). This theory posits that lower-level needs have to be satisfied before attention can be paid to higher-level needs. In Phase 1 of the study it was found that unsatisfied needs on the lower level as well as the higher level motivated expatriate nurses’ decisions to emigrate. It was found that nurses, as holistic human beings, had needs on different levels that simultaneously influenced their decisions to emigrate. The findings of this study are supported by Simms et al (1994:64), who pointed out that most previous studies assumed that needs could be
isolated and studied separately, but that Maslow considered the individual to be an integrated whole.

Gerber et al (1998:264) pointed out that in most developed countries organisations are particularly successful at meeting the lower-level needs of their employees, by paying good salaries and offering good fringe benefits. This study, however, found that expatriate nurses’ physiological well-being was threatened by unsatisfied lower-level needs (deficiency needs) and that those unsatisfied needs contributed to expatriate nurses’ decisions to emigrate. Unsatisfied physiological and security needs were important motivators that pushed nurses to leave South Africa. Maslow proposed that the typical adult in society has satisfied about 85% (Ivancevich & Matteson 1996:161) of the physiological needs, yet an overwhelming majority of participants indicated reasons related to this need as motivating their decision to leave the RSA. Reasons related to the physiological needs included participants’ inability to provide for their basic needs, to afford their children’s education or to improve their living conditions. The working conditions and lack of resources in hospitals in South Africa and nurses’ inability to provide quality nursing care also motivated participants in this study to leave the country. Concerns about the state of the South African economy and the lack of employment opportunities contributed to participants’ unsatisfied security needs.

Unsatisfied physiological and esteem needs also impacted negatively on expatriate nurses’ psychological well-being. Participants explained how poor working conditions and poor salaries had a significant influence on the quality of their lives. Having to work under difficult circumstances in hospitals with shortages of personnel and a lack of resources was stressful for participants. In order to make ends meet and have the desired quality of life they had to supplement their income by working overtime and doing session work during weekends and holidays. Expatriate nurses who participated in this study believed that by leaving the RSA, they would be able to create a better quality of life for themselves and their dependants. Ungratified physiological needs due to the struggle to survive on the basic salaries they earned as professional nurses in South Africa, coupled with feelings of bitterness and desperation, impacted negatively on the expatriate nurses’ psychological well-being. Expatriate nurses who participated in this study reported that they
felt so desperate that they left the RSA to practise nursing in other countries. Working in first world countries in well-equipped hospitals could enhance nurses’ self-esteem and the quality of their lives, leading to gratification of *esteem needs*.

Unsatisfied *safety, esteem and self-actualisation needs* had a detrimental effect on the *social well-being* of the expatriate nurses who participated in this study. Participants explained how threats to their safety and the safety of their families contributed to their decisions to emigrate. The high crime and violence rate in South Africa resulted in unsatisfied *safety needs*. It was also found that some participants did not even consider their work environments as being safe. Expatriate nurses described that they left in order to have their *safety needs* gratified.

The expatriate nurses furthermore perceived a lack of career advancement opportunities, appreciation and respect in nursing. Participants expressed frustration due to the lack of appreciation and respect that they received from health care authorities, employers and doctors, and subsequently the lack of promotion and career advancement opportunities in the nursing profession in South Africa. These factors related to unsatisfied *esteem and self-actualisation needs* (growth needs). Moorhead and Griffin (1995:84) point out that *esteem needs* encompass two different kinds of needs, namely the need for a positive self-image and self-respect and the need to be respected by others. The lack of appreciation and respect identified by participants as reasons why they left the RSA, related to ungratified *esteem needs*. Participants in this study did not realise their full potential as professional nurses in South Africa. The lack of career advancement opportunities and recognition for excellence in nursing in South Africa, contributed to their decisions to leave the RSA. This finding implied that expatriate nurses left the RSA in search for gratification of *esteem and self-actualisation needs*.

**4.9.2 Conditions to be met prior to expatriate nurses’ return to South Africa**

The factors that contributed to participants’ decisions to leave South Africa to work in other countries were entwined with the general living and working conditions of nurses in South Africa. The conditions to be met prior to expatriate nurses’ return to South Africa generally
related to the reasons why they left the country. The following themes emerged from the data:

! Conditions related to the individual’s physiological well-being
! Conditions related to the individual’s psychological well-being
! Conditions related to the individual’s social well-being

The **physiological well-being** of participants in this study was influenced negatively by their inability to satisfy their own basic needs and those of dependants or family members while working in the RSA. The work environment in nursing in the RSA did not provide participants with the means needed to satisfy their basic needs. Through leaving the country and working in foreign countries, nurses reached a level of financial prosperity (*physiological needs*) and financial freedom that they did not experience in the RSA. Better financial prospects in their home country were prerequisites for their return. Participants explained that they would only consider returning to practise nursing in the RSA if nurses’ salaries and the general cost of living in South Africa improved. Participants furthermore expressed concerns about finding suitable jobs for themselves and their dependants. These concerns related to the **safety needs** of an individual according to Maslow’s hierarchy of needs. Participants in this study reported that poor working conditions and the lack of resources made it impossible to provide quality nursing care in many hospitals in South Africa. They explained that better working conditions and adequate resources would be prerequisites for their return to South Africa.

In order to function optimally, both physiological and psychological well-being must be maintained in an individual. The **psychological well-being** of participants related to their quality of life and their emotional experiences. Participants experienced a better quality of life in foreign countries and would only return to South Africa if they could have a similar quality of life in this country. This condition implies that South African nurses’ salaries must be improved to such an extent that it is not necessary for them to work overtime to provide for their basic needs and that conditions in hospitals must be improved to such an extent that nurses have access to the necessary resources to provide quality care to their patients. These conditions related to the satisfaction of *physiological and esteem needs*. 

160
Negative experiences related to crime and violence in the RSA impacted negatively on participants’ social well-being. They stated conditions related to the satisfaction of their safety needs as prerequisites for their return to the RSA. The need to be recognised and respected for their professional competence had been expressed by the majority of participants in this study. This related to unsatisfied esteem and self-actualisation needs.

Participants stated that they would consider returning to the RSA when nurses in this country were recognised and respected for their valuable contributions to the health of the South African nation. Such recognition should come from the South African government, hospital management, nurse managers and doctors.

4.9.3 Expatriate nurses’ experiences of working in foreign countries

Participants reported that they had experienced personal and professional growth since leaving the RSA to work in other countries. This indicated satisfaction of esteem and self-actualisation needs. They described how their emigration was a learning experience that boosted their self-confidence. They furthermore explained that they had experienced professional development by acquiring new professional skills. South African nurses working in foreign countries experienced different levels of stress related to cultural differences. They reported that they had learned from different culture groups and eventually became enriched by working in culturally different environments. However, the references to cultural shock and adaptation indicated that nurses had unsatisfied belonging or social needs after they had left the RSA.

Participants reported that they achieved financial freedom in the foreign countries where they were working. They now had money for basic needs, were able to afford luxury items and had money left to save for future needs. Satisfaction of physiological needs enabled participants to have a better quality of life in foreign countries and to provide for the financial needs of their dependants who had stayed behind in South Africa. The working conditions were reportedly better in foreign countries and participants’ positive experiences in this regard indicated satisfaction of physiological and safety needs. Although physiological needs were satisfied, participants in this study reported that anxiety, homesickness and
misery were major consequences of leaving loved ones behind, an indication of unsatisfied belonging needs.

Expatriate nurses generally had positive experiences regarding career advancement opportunities in foreign countries. They reported that they were recognised, appreciated and respected for their contributions in the health care institutions where they were working when they wrote their narratives. This finding indicated gratification of esteem and self-actualisation needs.

Human beings are motivated by unsatisfied needs, therefore unsatisfied needs could be seen as the push factors in the emigration of South African nurses. Gratification of needs in foreign countries could be seen as pull factors in the emigration of South African nurses. The findings in this study suggested that expatriate nurses experienced gratification of needs on the physiological, safety, esteem and self-actualisation levels after they left South Africa. A negative consequence of leaving the RSA relates to participants’ unsatisfied belonging needs while working in foreign countries.

4.10 CONCLUSION

The analysis of the qualitative data collected in Phase 1 through narratives received from South African nurses working in foreign countries was presented in this chapter. Findings were supported by meaning units, organised in subcategories and categories and ultimately they were grouped into themes. It was found that nurses who left the RSA to work in other countries left for reasons related to unsatisfied needs that negatively impacted on their physiological, psychological and social well-being. Furthermore, the majority of nurses who left the RSA found it a positive and rewarding experience to work in a foreign country. Expatriate nurses experienced gratification of needs on the physiological, safety, esteem and self-actualisation levels after they left South Africa, while belonging needs remained unsatisfied. The conditions to be met prior to expatriate nurses’ return to South Africa related to gratification of physiological, safety, esteem and self-actualisation needs. The findings in Phase 1, related to Maslow’s Hierarchy of Needs, are presented in Figure 4.1.
The majority of participants who commented on the services of recruitment agencies in South Africa were satisfied with the services rendered by these agencies. They commended the supportive and caring way in which they were treated throughout the process of application for jobs in foreign countries and their successful appointments in positions in foreign countries. The findings suggested that recruitment agencies provided nurses with sufficient information to make informed decisions about working in foreign countries.

The next chapter presents the analysis and discussion of quantitative data obtained from nurses who completed their basic training during 2002.
Figure 4.1  The findings in the qualitative phase of the study related to Maslow’s Hierarchy of Needs