

# Chapter 6

## Limitations, conclusions and recommendations

### 6.1 INTRODUCTION

The purpose of this study was to analyse the factors contributing to the emigration of South African nurses and to make recommendations to combat the large-scale emigration of South African nurses. The nursing profession in South Africa is losing highly skilled professional nurses to other countries. Knowledge of the factors that contribute to nurses' emigration from the country is critical in order to address the relevant issues with the aim of keeping more nurses in South Africa and encouraging the return of some expatriate nurses. The central concern of this research was to identify and describe the factors which influence nurses to emigrate from South Africa, as well as factors influencing expatriate nurses' return to South Africa. Throughout this thesis, factors influencing South African nurses to emigrate, and factors influencing expatriate nurses to return to the RSA, were analysed and contextualised within Maslow's Hierarchy of Needs Theory.

In this chapter, conclusions based on the results of the research will be presented and recommendations made for addressing the factors contributing to the emigration of South African nurses, thus possibly enabling nurses to remain in or return to the RSA. However, initially the limitations of the study will be specified, as these could impact on the generalisation of the conclusions and/or the recommendations.

### 6.2 LIMITATIONS OF THE STUDY

The following limitations are acknowledged:

- ! No census of South African nurses working in other countries could be accessed; therefore in *Phase1* (qualitative approach) a purposive sample, obtained through snowball sampling, was used. This approach limited the generalisability of the findings.

It is thus acknowledged that the findings in this phase of the research may not be applicable to all South African nurses working in other countries.

- ! In *Phase 2* (quantitative approach), a low response rate was achieved despite the inclusion of self-addressed stamped envelopes and the sending out of reminders. The researcher attempted to raise the response rate by including a cover letter in which the objectives of the study were explained, including self-addressed stamped envelopes with each questionnaire and sending out reminders eight weeks after the initial despatch of the questionnaires.
- ! In *Phase 2* the sample consisted of nurses who completed their basic training during 2002. It is possible that findings could be different if similar studies were conducted with samples of nurses who completed their training in other years.
- ! Only Maslow's Hierarchy of Needs Theory was utilised. This could be a limitation of the study. Future studies on the emigration of nurses could investigate the suitability of other theoretical frameworks.

Despite these limitations, the following conclusions could be drawn and recommendations made based on these conclusions.

### **6.3 CONCLUSIONS**

This study has

- ! identified and described the internal and external factors that contribute to the emigration of South African nurses (presented in Section 6.3.2)
- ! explored and described the experiences of South African nurses working in other countries (summarised in Section 6.3.1). Conclusions pertaining to the South African nurses' experiences of working in other countries will be presented initially so that the further conclusions based on both Phases 1 and 2 of the study can be contextualised against this background.

Numerous conclusions were reached about factors contributing to the emigration of South African nurses. These were organised and reorganised into different formats. After

consultations with researchers, a statistician and a language editor, it was decided that the most systematic approach would be to present the conclusions separately for the two phases of the study (as reported in Chapters 4 and 5 of this thesis). For each phase the factors contributing to the emigration of South African nurses will be analysed and presented as conclusions pertaining to internal factors, external factors, and finally to Maslow's Hierarchy of Needs Theory. In order to summarise the research results, the analysis of the internal and the external factors will be presented in the form of tables, followed by brief discussions.

### **6.3.1 Conclusions: Phase 1: Expatriate South African nurses' experiences of working in other countries**

The results pertaining to this section of the research are portrayed in Table 4.8 and discussed in Chapter 4 of this thesis. The conclusions based on these results are that expatriate South African nurses working in other countries could

- ! meet needs which were unmet in South Africa, largely because of inadequate South African salaries
- ! become financially empowered and independent (paying for a house, a car, their children's education, and travel)
- ! enjoy good working conditions (better than those in the RSA)
- ! experience personal and professional growth
- ! relate experiences of being proudly South African (especially in relation to their nursing qualifications)

However, these nurses also encountered hardships in leaving loved ones in the RSA and challenges in adapting to different cultures, societies and health care systems.

### **6.3.2 An analysis of the internal and external factors contributing to the emigration of South African nurses: Conclusions: Phase 1**

The research findings indicated that various factors contributed to South African nurses' decision to emigrate. This chapter focuses on the conclusions derived from the data obtained

and makes recommendations according to the objectives of the study.

In this study the internal factors refer to factors directly related to nursing and health care contributing to South African nurses' decision to emigrate, while the external factors refer to South African factors not directly related to nursing and health care, such as political, economic or personal factors, that might contribute to South African nurses' decision to emigrate. This analysis of internal and external factors contributing to the emigration of South African nurses has implications for the recommendations based on this analysis. This is the case because internal factors need to be addressed by the nursing profession and health care services. However, external factors need to be addressed by the South African society at large, the politicians and the parliamentarians.

**6.3.2.1     *Conclusions: Phase 1: Internal factors influencing the emigration of expatriate South African nurses as well as their possible return to the RSA***

**TABLE 6.1     The internal factors contributing to the emigration of South African nurses: Phase 1**

PHASE 1: INTERNAL FACTORS	
Factors contributing to the emigration of South African nurses	Factors that could influence the return of expatriate South African nurses

<b>Financial: Inability to</b> ! provide for basic needs ! pay for children's education ! improve living conditions ! save ! travel  <b>Working conditions:</b> ! poor working conditions ! lack of resources ! inability to provide quality care ! lack of managerial support ! bureaucracy  <b>Quality of life:</b> ! need to work overtime to make ends meet, reduced quality of life ! unpleasant working hours ! desperation and hopelessness resulting from lack of money and poor working conditions ! bitterness, low morale, stress and burn-out resulting from lack of money and poor working conditions  <b>Safety and security:</b> ! unsafe work environment  <b>Career advancement in nursing</b> <b>lack of appreciation, recognition and respect:</b> ! lack of career advancement opportunities ! lack of appreciation ! lack of recognition and respect ! lack of opportunities for professional development	! improved remuneration and fringe benefits for nurses in the RSA   ! improved working conditions ! adequate resources  ! managerial support   ! flexible working hours   ! improved safety in the workplace   ! better career advancement opportunities ! professional recognition
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Table 6.1 reveals that in *Phase 1* of this study important internal factors contributing to the emigration of South African nurses related to South African nurses' salaries. Their financial inability to own a house or to save and plan for the future were matters of concern to South African nurses. Their inability to provide for their own basic needs and those of their dependants, and their inability to pay for their children's education or improve their living conditions were identified as internal factors contributing to the emigration of South African nurses.

Poor working conditions due to heavy workloads in hospitals in South Africa, coupled with a lack of resources inhibiting the provision of quality care, and a lack of managerial support, were factors that contributed to the emigration of South African nurses. A lack of promotion and career advancement opportunities, appreciation and respect for the nursing profession

in the RSA further contributed to South African nurses' decision to emigrate. Participants blamed employers, doctors, the South African government and people in management positions for the lack of professional respect encountered by nurses in South Africa.

High rates of crime and violence influenced South African nurses' decision to emigrate. A consequence was that nurses had to cope with heavy patient loads due to the high incidence of violent crimes in this country. Some perceived their work environment in South Africa as being unsafe or even dangerous, as some hospitals and clinics lack security measures to safeguard staff and patients.

**6.3.2.2 Conclusions: Phase 1: External factors influencing the emigration of expatriate South African nurses as well as their possible return to the RSA**

**TABLE 6.2 The external factors contributing to the emigration of South African nurses: Phase 1**

<b>PHASE 1: EXTERNAL FACTORS</b>	
<b>Factors contributing to the emigration of South African nurses</b>	<b>Factors that could influence the return of expatriate South African nurses</b>
<b>Financial:</b> ! high tax rates ! state of the SA economy ! high rate of unemployment  <b>Working conditions:</b> ! poor working conditions ! lack of resources ! inability to provide quality care  <b>Quality of life:</b> ! perception of improved quality of life in a first-world country  <b>Safety and security:</b> ! crime and violence in the RSA  <b>Career advancement in nursing</b> <b>lack of appreciation, recognition and respect:</b> ! lack of recognition and respect	! lower income tax rates in the RSA ! job security ! employment opportunities  ! improved working conditions ! adequate resources to provide quality care  ! improved public services  ! improved safety and security services in the RSA / reduction in the rates of crime and violence in the RSA  ! governmental recognition for the value of the nursing profession

External factors (depicted in Table 6.2) identified by participants related to the South African economy. High tax rates, the state of the economy and high levels of unemployment in South Africa were financial concerns raised by expatriate South African nurses. Poor working conditions in hospitals in South Africa, aggravated by a lack of resources, contributed to nurses' inability to provide quality care.

High rates of crime and violence in the RSA were important factors that contributed to South African nurses' decision to emigrate. They felt unsafe in South Africa and perceived the countries they emigrated to as being safer than the RSA. Expatriate nurses perceived their poor remuneration and working conditions as indications of a lack of respect and recognition

by government and health care authorities.

**6.3.2.3 Conclusions: Phase 1: Factors influencing the emigration of expatriate South African nurses (as well as their possible return to the RSA) contextualised within Maslow's Hierarchy of Needs Theory**

The majority of expatriate South African nurse participants in this study left the RSA because of their inability to meet their own and/or their families' *physiological needs* due to their inadequate South African remuneration as professional nurses. However, once settled in other countries, they reportedly managed to meet not only their *physiological needs*, but also some needs at other levels of Maslow's Hierarchy of Needs. For example, they could meet their *esteem needs* by being valued for their health care contributions as well as for their South African nursing qualifications. Some *self-actualisation needs* were met by being able to pursue further courses and by being able to travel to different countries - which they could not do on their South African salaries. In terms of Maslow's Hierarchy of Needs Theory, it appeared possible that *physiological needs* (their reported inability to pay for their own and/or their families' basic needs) contributed to expatriate South African nurses' emigration from the RSA. However, the enhanced opportunities of meeting *esteem and self-actualisation needs* might contribute to these nurses' decision to continue working in these countries, rather than to return to the RSA where they were unable to meet the basic (physiological) needs. The operation of these factors could imply that although inadequate salaries motivated nurses to emigrate from the RSA, merely improving these salaries might not be effective in bringing these expatriate nurses back to the RSA. The conditions of working and living in the RSA should also enable these nurses to meet some of their *esteem and self-actualisation needs* within the RSA, otherwise they might be unlikely to return to the RSA permanently.

*Conclusion in terms of Maslow's Hierarchy of Needs Theory: Unmet physiological needs motivated expatriate South African nurses to emigrate. The ability to meet some self-esteem and self-actualisation needs in other countries might impact negatively on these nurses' potential to return to the RSA.*



### **6.3.3 An analysis of the internal and external factors contributing to the emigration of South African nurses: Conclusions: Phase 2**

In *Phase 2* of the study registered nurses who completed their basic training during 2002 indicated which factors contributed to their consideration of leaving the RSA to practise in other countries. Table 6.3 depicts the ten most important internal factors, indicated by 75.0% or more of the respondents, that influenced these newly qualified nurses' decision to emigrate from the RSA, as well as the ten most important factors, indicated by 75.0% or more of the respondents, that could be addressed internally to encourage nurses to remain practising in the RSA.

#### **6.3.3.1 *Conclusions: Phase 2: Internal factors influencing the potential emigration of newly qualified South African nurses***

**TABLE 6.3 The internal factors contributing to the emigration of South African nurses: Phase 2**

PHASE 2: INTERNAL FACTORS	
Ten most important internal factors contributing to the emigration of nurses from the RSA	Ten most important internal factors that should be addressed to encourage nurses to stay in the RSA

!	Inability to achieve the desired standard of living on salary	!	Improved remuneration
!	Stress caused by inadequate staffing	!	Compensation for unsocial working hours
!	Inability to save money for specific purposes	!	More reasonable workload
!	Ability to find better remuneration abroad	!	More opportunities for professional advancement
!	Too heavy workload in SA	!	Improved fringe benefits
!	Shortage of nursing personnel	!	Respect from management
!	Financial obligations necessitate working overtime	!	Opportunities for promotion
!	Working in another country seen as a challenge	!	Recognition by management
!	Management insensitive to nurses' problems	!	Appointment of nurses in frozen posts
!	Dissatisfaction with working conditions	!	Improved working conditions

The most important factors contributing to the emigration of newly qualified nurses related to nurses' remuneration and their subsequent inability to achieve the desired standard of living on their salaries in the RSA. Inadequate staffing of nursing personnel and heavy workloads further influenced these nurses' decision to emigrate from the RSA. Nurses perceived hospital managements to be insensitive to the problems that nurses in the RSA were experiencing. The quality of nurses' lives were negatively influenced by stress, poor working conditions and working overtime in an effort to meet their financial obligations despite their inadequate salaries in the RSA.

Factors that related to improved remuneration, improved working conditions, more reasonable workloads and more opportunities for professional advancement and promotion could encourage South African nurses to stay in the RSA. These internal factors agreed with those identified in *Phase 1* (see Table 6.1) of this study.

### **6.3.3.2 Conclusions: Phase 2: External factors influencing the emigration potential of newly qualified South African nurses**

Table 6.4 depicts the external factors that influenced newly qualified nurses' decision to

emigrate from the RSA, and the factors that could be addressed externally to encourage nurses to remain practising in the RSA.

**TABLE 6.4 The external factors contributing to the emigration of South African nurses: Phase 2**

PHASE 2: EXTERNAL FACTORS	
External factors contributing to the emigration of nurses from the RSA	External factors that could be addressed to encourage nurses to stay in the RSA
! Decline in the general economic system	! Acknowledgment by government of nurses' value
! Unacceptable conditions in hospitals	! Provision of adequate resources
! General decline of public services in SA	! Improved public services in SA
! Lack of resources	! Improved safety and security in SA
	! Elimination of corruption

Perceptions that the South African economy and public services were declining were external factors contributing to nurses' decision to emigrate. Unacceptable conditions in public hospitals resulting from a lack of resources further contributed to these nurses' decision to emigrate. The poor conditions in public hospitals, aggravated by a lack of resources, have been described as both internal and external factors contributing to the emigration of nurses. Similar external factors contributing to nurses' emigration from South Africa were identified in *Phase 1* of this study (see Table 6.2).

Acknowledgment by the government of nurses' value to the health of the South African population, adequate funding to provide resources to address the poor working conditions in public hospitals in South Africa, improved public services, improved safety and security and the elimination of corruption in public sectors in the country were indicated as external factors that should be addressed to encourage nurses to stay in the RSA.

### **6.3.3.3 Conclusions: Phase 2: Factors influencing the emigration potential of newly qualified South African nurses contextualised within Maslow's Hierarchy of Needs Theory**

The findings in *Phase 2* of the study suggest that the most important factors contributing to the emigration of South African nurses were related to unsatisfied *physiological needs*. However, the inability to maintain the desired standard of living on nurses' salaries in the RSA could be seen as unsatisfied *social* and *esteem needs* which also stem from nurses' remuneration packages. Not being able to maintain the desired standard of living on their salaries might not only threaten nurses' *physiological well-being* in South Africa, but gratification of *social* and *esteem needs* could remain unsatisfied as well. An individual has hundreds of needs. However, it is the need with the greatest strength at a particular time that leads to activity. Unsatisfied *physiological needs* are the most powerful and strongest of human needs. The dominance of a *physiological need* changes the individual's philosophy for the future (Swansburg & Swansburg 2002:417). This study found that unsatisfied *physiological needs* were the most important factors contributing to the emigration of nurses from SA. Some respondents were willing to leave their families, friends and even spouses and children in the RSA when they emigrated to other countries. This implies that those respondents had to emigrate to meet their basic *physiological needs*, even at the risk of being unable to meet their *social needs*, as their spouses, children, families and friends might remain in the RSA.

#### **6.3.4 Comparative conclusions based on the results of Phase 1 and Phase 2 of the study**

The purpose of these conclusions is to identify similarities and/or differences between factors that contributed to the emigration of expatriate South African nurses and those factors influencing the emigration potential of newly qualified South African nurses. If the analysis of these factors should indicate that similar unmet needs (stated in the terminology of Maslow's Hierarchy of Needs Theory) influenced expatriate nurses to emigrate from South Africa, and also influenced newly qualified South African nurses to consider emigration, then these "unmet needs" would require serious attention by all South African decision makers in order to address the "brain drain" of South African nurses lost through emigration to other countries.

In *Phase 1* of this study important internal factors contributing to the emigration of South

African nurses related to South African nurses' salaries and their financial inability to own a house or to provide for their own basic needs and those of their dependants. These and their inability to pay for their children's education or improve their living conditions were identified as internal factors contributing to the emigration of South African nurses. Poor working conditions due to heavy workloads in hospitals in South Africa, coupled with a lack of resources inhibiting the provision of quality care, and a lack of managerial support were factors that contributed to the emigration of South African nurses. A lack of promotion and career advancement opportunities, appreciation and respect for the nursing profession in the RSA further contributed to South African nurses' decision to emigrate. High rates of crime and violence in South Africa and a perceived unsafe work environment in the country contributed to expatriate nurses' decision to emigrate from the RSA.

External factors related to the South African economy and the threat of crime and violence in South Africa. Expatriate nurses perceived their poor remuneration and working conditions as an indication of a lack of respect and recognition by government and health care authorities.

In *Phase 2* of this study the most important factors contributing to the emigration of newly qualified nurses related to nurses' remuneration and their subsequent inability to have the desired standard of living on their salaries in the RSA. Inadequate numbers of nurses and heavy workloads further influenced these nurses' decision to emigrate from the RSA. Nurses perceived hospital managements to be insensitive to their problems. The quality of nurses' lives were negatively influenced by stress, poor working conditions and the need to work overtime.

Perceptions of a declining South African economy and declining public services were external factors contributing to nurses' decision to emigrate. Unacceptable conditions in public hospitals resulting from a lack of resources further contributed to these nurses' decision to emigrate.

*Conclusion based on the research results of Phase 1 and Phase 2 of the study: The most*

*important factor that contributed to, or would in future contribute to, the emigration of South African nurses is the inadequate salaries of nurses in the RSA. Poor working conditions and the lack of resources in health care services, as well as the inadequate numbers of nurses, are also internal factors contributing to South African nurses' emigration.*

*External factors contributing to South African nurses' emigration were identified in both phases of the research as high levels of taxation, high crime rates and poor levels of public service in the RSA.*

## **6.4 RECOMMENDATIONS**

Nurses enter the profession because of a desire to care for those in need of care when they are at their most vulnerable. However, the South African population is deprived of the services of thousands of nurses due to the high rate of emigration by South African nurses. This is a challenging time for the nursing profession in South Africa. This study identified and described the unsatisfied needs of South African nurses, contextualised within Maslow's Hierarchy of Needs, that contributed to their decision to emigrate. South Africa has to treat its registered nurses with care. The research findings revealed various incentives that could encourage nurses to remain in the RSA as practising professional nurses.

Based on the conclusions reached, recommendations will be made to address internal and external factors contributing to the emigration of South African nurses. In order to meet the final two research objectives, as stated in Section 1.4 of this thesis, recommendations will be provided for

- ! recruiting expatriate South African nurses to return to the RSA as practising professional nurses, based on the conclusions reached about their experiences of living and working in foreign countries (Section 6.4.1 of this chapter)
- ! enabling larger numbers of South African nurses to continue working in the RSA, by addressing internal (see Section 6.4.2) and external (see Section 6.4.3) factors contributing to their emigration potential

Subsequent to the recommendations based on expatriate nurses' experiences, as well as on the analysis of external and internal factors contributing to the emigration of South African nurses, recommendations will also be made relevant to the analysis of these factors contextualised within Maslow's Hierarchy of Needs Theory (Section 6.4.4). As every research project is limited by its scope and purpose, some recommendations will also be provided for future research (see Section 6.4.5) investigating factors contributing to the emigration of South African nurses.

#### **6.4.1 Recommendations for recruiting expatriate SA nurses to return to the RSA as practising professional nurses**

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

There are two ways to implement the brain gain: either through the return of the expatriates to the country of origin (return option) or through their remote mobilisation and association with its development (diaspora option). The diaspora option proceeds from a different strategy. It takes for granted that many of the expatriates are not likely to return, but may still be very concerned with the development of their country of origin, because of cultural, family or other ties. The objective then is to create links through which they could contribute to its development, without any physical temporary or permanent return. International research projects and multinational corporations have demonstrated that this is possible. A promising perspective of such a strategy is that through the expatriates, the country might have access not only to their individual embodied knowledge but also to the socio-professional networks in which they are participating overseas. The diaspora option of utilising the input of expatriate South African nurses in research and other projects in the RSA should be investigated by the nursing profession in South Africa.

The return option would require strong programmes to repatriate skilled nationals from abroad, and according to Meyer and Brown (1999:5) it would not easily be done in a developing country. The experiences of expatriate South African nurses working in other countries have been presented in Chapter 4 and in Section 6.3.1 of this thesis. It was found that expatriate nurses experienced gratification of *physiological, safety, esteem and self-actualisation needs* after they left the RSA to practise in other countries. These nurses would only return to the RSA if they could experience gratification of these needs while practising as nurses in the RSA. South African nurses who have worked in foreign countries could make a valuable contribution to the health care and well-being of the people of South Africa. Health care organisations in South Africa could utilise the knowledge of these nurses to benefit the patients and the institution. It is crucial that the nursing profession in South Africa should take appropriate steps to develop strategies to ensure that the expertise, competencies and skills of nurses who left this country are not permanently lost to the people of South Africa.

The factors that contributed to expatriate nurses' decision to leave the RSA to work in foreign countries have been identified and described in Chapter 4 of this thesis. In Section 6.4.2 and Section 6.4.3 recommendations are made to address internal and external factors contributing to the emigration of South African nurses. It is believed that the implementation of these recommendations would be beneficial not only for the retention of nurses still in the RSA, but also for recruiting some expatriate South African nurses currently working in other countries. The following recommendations for recruiting expatriate South African nurses to return to the RSA as practising professional nurses are therefore made:

- ! The SANC, professional organisations, employers and provincial health care authorities should work together to establish an electronic database of South African nurses working in foreign countries.
- ! Once a database has been established, newsletters should be sent to expatriate nurses keeping them informed about progress and developments in the nursing profession in the RSA.
- ! The database should be accessed to target expatriate South African nurses practising



in foreign countries for jobs in the RSA. A recruitment agency should be established to recruit nurses for positions in the RSA. Employers in the RSA would benefit from the appointment of nurses with experience gained while working in foreign countries, therefore they should bear the costs of recruitment of expatriate South African nurses.

- ! Unless hospitals and health care institutions are permitted to appoint nurses in vacant positions, it would be futile to make any serious attempt to recruit expatriate nurses back to the RSA. Therefore frozen posts in government hospitals should be unfrozen to enable health care managements to address the shortages of nurses in their hospitals by recruiting and appointing expatriate South African nurses.
- ! Career advancement opportunities in the RSA should be available to encourage nurses working in foreign countries to return. They should be eligible to apply for any vacant posts for which they are suitably qualified.
- ! Experience obtained through working in foreign countries should be acknowledged by employers. Nurses returning from other countries should not be discriminated against in any way whatsoever.
- ! Professional nursing organisations should provide support services for nurses returning to the RSA if required.
- ! During January 2005, an advertising campaign to encourage South African emigrants to return to SA was launched in newspapers and on South African television by [homecomingrevolution.co.za](http://homecomingrevolution.co.za) (Grundling 2005:21). The nursing profession should work together with this organisation in an effort to encourage South African nurses to return to the RSA.

#### **6.4.2 Recommendations for addressing internal factors contributing to the emigration of South African nurses**

*The following recommendations are made to address factors related to the remuneration*

*and financial well-being of nurses in South Africa:*

- ! The salaries of nurses in the RSA must reflect the value of nurses to the health of the nation. In order to retain nurses, the South African government and employers in the private sector must recognise the contribution of nurses to the health care system and offer competitive salaries and benefits. The remuneration packages of professional nurses must be reviewed and poor remuneration addressed as a matter of urgency. This recommendation is supported by Denosa (Mngomezulu 2001:39) in its suggestion that the South African government must prioritise the importance of nurses and address the remuneration packages and service conditions of all categories of nursing staff.
- ! Nurses should be offered salaries and benefits comparable to those of other professionals. Discrepancies between the salaries of nurses and other professionals should be identified and addressed. It is recommended that Denosa, being a member of the ICN, should play a leading role in addressing the issue of South African nurses' remuneration at the appropriate levels. It is thus recommended that the remuneration of nurses be reviewed and that equitable compensation structures, based on the educational qualifications of nurses in the RSA, be implemented.
- ! The findings in this study revealed that nurses are leaving the RSA because of their inability to own a house or to pay for their children's education on their salaries in the RSA. It is therefore recommended that employers promote home ownership among employees by providing low interest rate loans or housing subsidies to nurses who want to buy houses. An educational allowance could foster commitment to the employer and improve retention of nurses within the organisation and the RSA. The provision of an educational allowance has been addressed in the literature by Liebenberg (2003:5), and discussed in Section 4.6.1.1 of this thesis.
- ! Receiving compensation for working unsocial hours could influence nurses to remain in the nursing profession in South Africa. It is recommended that compensation for working night duty, weekends and public holidays be improved to levels comparable with that of other professionals in the RSA.

- ! The nature of nurses' work necessitates their working unsocial hours when crèches and childcare facilities are not normally open. Therefore, South African nurses' benefits should include high-quality crèche and day-care facilities at subsidised rates within easy reach of these nurses' employment places (hospitals or clinics).
- ! It is further recommended that no differentiation be made between medical practitioners and other practitioners, such as physiotherapists and nurses, in the allocation of rural allowances. All medical and nursing practitioners working in the same rural area should receive the same rural allowances - which is not current practice (Geyer 2004:37).

*The following recommendations are made to address factors related to working conditions, workload and shortages of nurses in South Africa:*

- ! It is crucial that the South African government, health care authorities, employers and managements in health care institutions address the issue of poor working conditions in hospitals and health care institutions in the RSA. A shortage of personnel resulting in very heavy workloads, a lack of resources and equipment, unacceptable conditions in hospitals in South Africa and a perceived lack of management support are factors contributing to the poor working conditions of nurses in this country. Unless these issues are addressed, it seems unlikely that the rate of emigration of nurses from the RSA would decrease (and equally unlikely that expatriate South African nurses could be recruited successfully).
- ! In an attempt to alleviate the staff shortages and reduce the workloads of nurses in the public sector, it is therefore recommended that frozen posts in government hospitals be advertised and filled as a matter of urgency.
- ! Despite budgetary constraints within health care, more resources and more equipment are needed within public health care, and more efficient management of available resources is essential.

*The following recommendations are made to address factors related to management and*

*collegial support of nurses in South Africa:*

- ! It is crucial that newly qualified nurses are supported by more senior colleagues, supervisors and managers when they start their career as professional nurses. Mentorship programmes should be introduced in hospitals/clinics to assist newly qualified nurses in their socialisation and adaptation into the role of professional nurse. Hospitals and health care institutions viewing the nurse as a valued asset could expect lower rates of turnover (Wykle & Dickenson-Hazard 2002:51-530) and possibly also reduced emigration rates of nurses from the RSA.
- ! To understand why nurses leave an organisation to work in other countries it is recommended that employers conduct exit interviews. It is further recommended that management conduct satisfaction surveys to determine the degree of job satisfaction among nurses in an institution.
- ! Health care employers should recognise nurses' fundamental needs and treat nurses as valued assets in the health care institution.
- ! Management should demonstrate sensitivity to the challenges faced by South African nurses and create open communication channels for nurses at all levels. An open-door policy could enable nurses to communicate problems at an early stage, enabling management to address them and possibly reduce both turnover and emigration rates among South African nurses.

*The following recommendations are made to address factors related to the quality of life of nurses in South Africa:*

- ! Nurse managers should create innovative and more flexible scheduling options to retain nurses. These options could include: a weekend programme (nurses work for 24 hours, and are paid for 32 hours); a weekend plus one additional shift (three 12-hour shifts, and receive full-time status) and float full-time and part-time options (Kuhar

et al 2004:16). It is recommended that employers investigate the possibilities of implementing more flexible scheduling options in consultation with employees and their union representatives.

- ! The South African government and health care employers should recognise nurses' fundamental needs and treat them as valued assets in the promotion of health and well-being in the RSA.
- ! It is recommended that the South African government and professional organisations, such as Denosa, become involved in campaigns to change the public's image of nursing and enhance the retention of nurses in the RSA.

*The following recommendation is made to address factors related to safety of nurses in South Africa:*

- ! The safety and security needs of nurses in clinics and hospitals should be addressed. Management should pay attention to the potential risks in their institutions, and design and implement strategies and actions to protect members of staff in their work environments.

*The following recommendations are made to address factors related to career advancement, lack of appreciation, recognition and respect in nursing:*

- ! Nursing is predominantly a female profession. Sufficient opportunities for career advancement, promotion and recognition have to be implemented to keep people interested in a career in nursing in South Africa.
- ! Health care institutions should investigate ways to reward nurses for excellence and high performance.
- ! Management should recognise the autonomy of the professional nurse, and provide opportunities for nurses to keep up their knowledge base through in-service education

and training programmes.

- ! It is recommended that health care authorities investigate the feasibility of using a model of shared accountability in hospitals in the RSA. Barney (2002:222) proposes a model of shared accountability which entails involvement of clinical staff (doctors and nurses) in decision-making about patient care and in organisational operation such as the development of a strategic plan.
- ! It is also recommended that employers and the nursing profession initiate actions to foster collegial relationships between nurses and doctors.

The analysis of internal factors contributing to the emigration of South African nurses indicated many interrelated factors. Recommendations to address the most important external factors contributing to the emigration of South African nurses are presented in the following section.

#### **6.4.3 Recommendations for addressing external factors contributing to the emigration of South African nurses**

*The following recommendation is made to address factors related to remuneration of South African nurses:*

- ! The South African government must acknowledge the contribution of nurses to the health care system and offer competitive salaries and benefits.

*The following recommendation is made to address factors related to the issues of crime and violence in South Africa:*

- ! It is acknowledged that government is committed to reducing crime and violence in the RSA, by increasing the number of police officers from 139 000 to 165 850 (*Pretoria News Supplement*2005:1). Issues related to crime and violence should be addressed at all levels to enable all people of South Africa to benefit from lower rates of crime and violence.

*The following recommendations are made to address factors related to improved public services and public health care services in South Africa:*

- ! Public services in the RSA should be improved to a level of efficiency that will enhance the well-being of nurses in the RSA.
- ! Conditions in public hospitals and health care clinics should be investigated and poor conditions and lack of resources addressed at all levels to enable nurses to provide quality care to all people of South Africa.

*The following recommendation is made to address factors related to governmental recognition of the value of the nursing profession:*

- ! The South African government should recognise nurses' role in the RSA's health care services as the backbone of primary health care (PHC) in this country and treat them as valued assets in the promotion of health in the RSA.

*By addressing the following economic issues, the South African government could help to recruit expatriate South Africans to return to the RSA (including nurses nursing in other countries):*

- ! High tax rates
- ! High rate of unemployment

#### **6.4.4 Recommendations for addressing factors contributing to the emigration of South African nurses, analysed and contextualised within Maslow's Hierarchy of Needs Theory.**

The majority of expatriate South African nurse participants in this study left the RSA because of their inability to meet their *physiological needs* due to the inadequate remuneration of professional nurses in the RSA. The inability to maintain the desired standard of living on their

salaries as nurses in the RSA was also the most important factor contributing to newly qualified nurses' decision to emigrate. It was found that nurses who left the RSA experienced gratification of their *physiological needs*, followed by gratification of *esteem and self-actualisation needs* in other countries.

It is therefore recommended that salaries of nurses be improved to keep them in the RSA. Addressing nurses' unsatisfied *physiological needs* could reduce emigration of South African nurses. It would be a more difficult, expensive and time-consuming task to meet *esteem and self-actualisation needs* of nurses in the RSA as compared with foreign countries.

#### **6.4.5 Recommendations for future research**

- ! The accessed information indicated that the majority of studies that were conducted to examine emigration of skilled South Africans used a quantitative approach. A potentially rich source of information remains undiscovered when respondents are unable to engage in discussions. Emigration of nurses will remain a major challenge for the nursing profession in future and needs to be better understood. Therefore, to obtain in-depth information about the factors contributing to the emigration of South African nurses and to better understand the phenomenon, it is suggested that further qualitative research be done by conducting individual and/or focus group interviews with emigrating nurses prior to their departure from the RSA.
- ! It was not determined in this study whether the newly qualified nurses suffered from burn-out or compassionate fatigue, but it is possible that the inability of a number of respondents to describe a single aspect of their jobs that contributed to their job satisfaction might be attributed to compassionate fatigue or burn-out. Further research would be needed to determine if this was the case and to seek ways of addressing this phenomenon, should it exist. Nurses, especially newly qualified nurses, who do not experience job satisfaction are likely to change jobs, abandon the nursing profession or emigrate in an attempt to improve their working conditions. Thus improving working conditions might address some factors contributing to the emigration of South African nurses.



- ! Participants in *Phase 1* and respondents in *Phase 2* commented on the poor relations between nurses and doctors, and of doctors' lack of respect for nurses in the RSA. Further research would be needed to determine why nurses in South Africa are not treated with respect and dignity by other members of the health care team, hospital managements and employers. It is thus recommended that research be conducted to determine the nature of the relationships between nurses and doctors, nurses and other health care professionals and nurses and hospital management teams and to recommend ways in which such inter-professional relationships could be improved.
- ! It is recommended that interviews be conducted with nurses returning to the RSA to determine their expectations of a career in nursing in the RSA, and any challenges faced by them in finding a suitable job and in resettling in South Africa.
- ! It is recommended that research be done to determine factors contributing to nurses' levels of job satisfaction in the RSA. Such data should be compared with nurses' reported level of job satisfaction while working in other countries. Interviews should be conducted with nurses returning to the RSA and comparative data established for different countries. Such data from specific countries could be compared and contrasted with research results for the RSA and guidelines could be compiled for improving South African nurses' level of job satisfaction.
- ! Safety of nurses is a serious concern contributing to the emigration of nurses from the RSA. It is recommended that research be conducted to determine the extent and nature of violence against health care professionals in the RSA and to find appropriate ways to address the issue.
- ! In order to determine the impact of working conditions and incentives in different countries on the emigration of nurses from South Africa, it is suggested that comparative studies be done between South Africa and the most popular foreign destinations for South African nurses.
- ! Research is needed to determine long-term strategies to enhance retention of nurses

in the RSA.

- ! Given the importance of the nursing profession to the health of the South African nation, the government should collect and analyse data on the migration of nurses and determine whether the nurses would be willing to return to the RSA. Statistics about the migration of nurses would enable the government and the nursing profession to identify trends in the movement of nurses.

## **6.5 CONCLUDING REMARKS**

In this study, the phenomenon of emigration of nurses from South Africa was studied. Throughout this thesis, factors contributing to South African nurses' emigration as well as factors influencing expatriate nurses to return to South Africa were analysed within Maslow's Hierarchy of Needs Theory.

Contextualised within this theory, most South African nurses emigrated, or would emigrate, because of their inability to meet their and their families' physiological needs, as their inadequate salaries in South Africa made this impossible. Once working in other countries, improved salaries enabled these South African nurses to meet these physiological needs, but also some esteem (by being valued as worthy professional persons) and self-actualisation needs (by being able to travel to different parts of the world and to pursue various educational programmes). However, these expatriate South African nurses were usually unable to fulfil their social needs because their friends, family, spouses and children remained in the RSA. Stated in Maslow's terminology, the most important factor contributing to the emigration of South African nurses is their inadequate salaries, making it impossible for nurses to meet their physiological needs. Thus improved salaries for South African nurses might enable nurses to meet more of their physiological needs in the RSA and reduce the numbers of nurses emigrating from the RSA.

However, once South African nurses are working in other countries, more than improved salaries will be required to recruit them back to the RSA. These expatriate nurses might only re-enter the nursing profession in the RSA if they could, in addition to their physiological needs, also meet some esteem and some self-actualisation needs, as they could reportedly

do in these other countries. One positive aspect of recruiting nurses working in other countries could be the possibility of their meeting their social needs in the RSA, as their families and friends might be here. However, should larger numbers of South African citizens continue to emigrate, this recruitment potential will also decline, as fewer family members and friends will remain in the RSA, decreasing the potential return to the RSA of nurses working and living in other countries, with few or no family members or friends left in the RSA.

Although it is impossible to provide accurate statistics about the number of South African nurses working in other countries, the Organisation of Economic Cooperation and Development estimated that 35 000 South African nurses were working outside the RSA and/or outside the health care system (Horning 2005:58). If this number of 35 000 is contrasted with the number of newly qualified nurses who registered with the SANC during 2002 (see Table 3.2), then it becomes evident that almost 11 years' worth of newly registered nurses are currently working in other countries or outside the health care system. If these 35 000 nurses' training period of a minimum of four years is considered in financial terms, then the RSA has already lost millions of rands in basic training costs alone, excluding recruitment and other costs.

This trend continues to increase, as the SANC reportedly received 4 111 applications for verification of nurses' qualifications for emigration purposes during 2003 – more than double the number received five years previously (Horning 2005:58). The figures portrayed in Table 3.2 indicate that the number of newly qualified nurses who registered with the SANC during 2002 was 3 331; thus the number of applications for emigration purposes exceeded the number of newly registered nurses by 780. The serious shortage of nurses in the RSA was reported by the Public Service Commission, which indicated that at the Pretoria Academic Hospital only 50% of 1 275 nursing posts were filled during 2004 (Venter 2005:1).

One consequence of a nursing shortage is the increased number of disciplinary hearings (reportedly more than 1000 per year) conducted by the SANC. Most of these charges could be attributed to working extremely long hours and general fatigue due to a shortage of nurses (Venter 2005:1). While the ICN recommends that the nurse-to-patient ratio should be 1:4, this is reportedly as high as 1:30 in the RSA. According to the ICN, should their ratio be increased to 1:8, then patient mortality could be expected to increase by 31% (Venter 2005:1). In the

USA, research results indicated that when the 1:4 nurse-to-patient ratio was exceeded, each patient had a 7% increase in the risk of dying within 30 days of surgery (Horning 2005:59). These figures emphasise the seriousness of the challenge faced by the health care services in the RSA, and the dire need to address factors contributing to the emigration of South African nurses.

Retention strategies must be directed at the roots of the problem driving nurses away, rather than at its surface manifestations. The poor remuneration of nurses, coupled with poor working conditions and a lack of recognition of the value of the profession, are factors that require urgent solutions if the challenge of emigrating South African nurses is to be addressed at all. It is trusted that the findings of this research will provide valuable insight to nurse leaders and health care authorities into the phenomenon of South African nurses' emigration, and that the recommendations will contribute to the retention of more nurses in the RSA, as well as the possible return of some expatriate South African nurses currently working in other countries.

The South African nurses, their families, their patients and their country could benefit if factors contributing to the emigration of South African nurses could be addressed successfully by the nursing profession, the health care system, the South African government and South African society at large. The indisputable need to do so is best stated in the words of two nurses, as reported in the South African media:

*"Nurses are held responsible and punished for problems rooted in the healthcare system"*  
(in Horning 2005:59).

*"I admit I was guilty, but we are under so much pressure ... we have one nurse to about thirty patients. We cannot attend to all of them at once"* (in Venter 2005:1).