FACTORS THAT MAY INFLUENCE SOUTH AFRICAN NURSES' DECISIONS TO EMI-GRATE

Dr M Oosthuizen

D Litt et Phil

Lecturer, Department of Health Studies, University of South Africa, Pretoria

Corresponding author: oosthmj@unisa.ac.za

Dr VJ Ehlers

D Litt et Phil

Lecturer, Department of Health Studies, University of South Africa, Pretoria

Keywords: emigration of South African nurses; Maslow's Hierarchy of Needs Theory; global nursing shortage; remuneration of nurses; working conditions of nurses

ABSTRACT

Although no accurate statistics about the number of South African nurses working in other countries are available, the Organisation of Economic Cooperation and Development estimated that 35 000 South African nurses were working outside South Africa and/or outside the health care system (Horning, 2005:58). The global shortage of nurses, creating opportunities for South African nurses to work in foreign countries, as well as a variety of factors related to nursing, health care and the general living conditions in South Africa influence nurses' decisions to emigrate. The purpose of this study was to explore and describe the factors that influence nurses' decisions to emigrate. Maslow's Hierarchy of Needs Theory was used as a point of departure to establish what motivates the behaviour of nurses to emigrate from South Africa. A quantitative approach was used. The target population comprised all the nurses (n=3 331) on the registers of the South African Nursing Council (SANC) who completed their basic training during 2002. A random sample of 15% (n=501) of the total population of nurses who completed their basic training during 2002 was selected. Data were collected by structured questionnaires. The analysis of the data indicated that nurses' inadequate remuneration, poor working conditions, excessive workloads, lack of personal growth and career advancement possibilities and inability to meet their safety and security needs were major factors that influenced nurses' decisions to emigrate. The recommendations include improved remuneration for nurses, enhanced working conditions with adequate supplies and equipment, reduced workloads by employing more nurses, expanded career prospects and improved safety.

OPSOMMING

Alhoewel daar nie akkurate statistiek beskikbaar is oor die aantal Suid-Afrikaanse verpleegkundiges wat in ander lande werk nie, beraam die Organisasie vir Samewerking en Ontwikkeling dat 35 000 Suid-Afrikaanse verpleegkundiges buite Suid-Afrika en/of buite die gesondheidsorgsektor werk (Horning, 2005:58). Die wêreldwye tekort aan verpleegkundiges, wat geleenthede skep vir Suid-Afrikaanse verpleegkundiges om in ander lande te werk, sowel as 'n verskeidenheid faktore wat met verpleging, gesondheidsorg en die algemene lewensomstandighede in Suid-Afrika verband hou, beïnvloed verpleegkundiges se besluite om te emigreer. Die doel van hierdie studie was om die faktore wat verpleegkundiges se besluit om te emigreer beïnvloed te verken en te beskryf. Maslow se Hiërargie van Behoeftes Teorie was die vertrekpunt om te bepaal wat die gedrag van verpleegkundiges motiveer om uit Suid-Afrika te emigreer. 'n Kwantitatiewe benadering is gevolg. Die populasie vir hierdie studie was al die verpleegkundiges (n=3 331) op die registers van die Suid-Afrikaanse Raad op Verpleging (SARV) wat hulle basiese verpleegopleiding gedurende 2002 voltooi het. 'n Ewekansige steekproef van 15% (n=501) van die totale populasie van verpleegkundiges, wat hulle basiese opleiding gedurende 2002 voltooi het, is gekies. 'n Gestruktureerde vraelys is gebruik om data in te samel. Die analise van die data het aangedui dat ontoereikende salarisse van

verpleegkundiges, swak werksomstandighede en 'n tekort aan hulpbronne in die gesondheidsorgdienste, asook die onvoldoende aantal verpleegkundiges in Suid-Afrika belangrike faktore is wat verpleegkundiges se besluite om te emigreer beïnvloed. Die aanbevelings behels meer vergoeding vir verpleegkundiges, beter werksomstandighede met genoegsame voorrade en toerusting, laer werksladings deur meer verpleegkundiges in diens te neem, uitgebreide loopbaanvooruitsigte en verbeterde veiligheid.

INTRODUCTION

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 in 2005 as many as 35 000 South African nurses were working outside South Africa and/or outside the health care system (Horning, 2005:58). If this number of 35 000 is contrasted with the number of qualified nurses who became registered with the South African Nursing Council (SANC) during 2002, namely 3331, then it becomes evident that almost 11 years' worth of newly registered South African nurses were working in other countries or outside the health care system in 2005.

Globalisation has fundamental implications for the mobility of people in general and skilled persons in particular. The migration of human capital (skills and labour) is one of the key features of the globalisation process. South Africa is part of the global network and therefore shares in the exchange of skills and labour. The move from one country to another could be either temporary or permanent depending on the person's reason(s) for leaving (Iredale, 1999:90).

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

THEORETICAL FOUNDATION OF THE STUDY

In this section the assumptions and the theoretical framework (Maslow's Hierarchy of Needs Theory) will be addressed.

Assumptions

Burns and Grove (1997:48) define assumptions as statements that are taken for granted or are considered true, even though these statements have not been scientifically tested. This study was based on the assumptions that:

- newspaper reports of an exodus of South African nurses were true;
- there were internal factors, related to nursing and health care in South Africa, and external factors, related to living in South Africa, that could influence nurses' decisions to emigrate; and
- certain needs of South African nurses were not satisfied and those unsatisfied needs may motivate them to emigrate.

Theoretical framework

Maslow's Hierarchy of Needs Theory was used as a point of departure in this study to establish what motivates the behaviour of South African nurses to emigrate from South Africa. Hersey and Blanchard (1993:33) argue that this theory is concerned with an individual's needs and how satisfaction of needs, as well as deficits and unsatisfied needs, can change behaviour. These authors argue that the behaviour of individuals at a particular moment is usually determined by their strongest need. This Hierarchy of Needs Theory provides both a theory of human motives, by classifying basic human needs in a hierarchy, and a theory of human motivation relating these needs to general behaviour (Wahba & Bridwell, 1976:213). Maslow argues (in 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; the three sets of needs at the lower levels are called deficiency needs because they must be satisfied for the individual to be fundamentally comfortable, while the top two sets of needs are termed growth needs because they focus on personal growth and development. According to Maslow (1987:15) the hierarchy into which human needs arrange themselves includes physiological, safety, belonging, esteem and self-actualisation needs. Hersey, Blanchard and Johnson (2001:37) explain that once physiological needs become gratified the safety needs become predominant, and only when these needs are fairly well satisfied will social needs emerge as dominant. After individuals have satisfied these needs to some extent, they feel the need for esteem; both self-esteem and recognition from others, and once esteem needs begin to be adequately satisfied, the self-actualisation needs become more dominant.

Human beings are motivated by unsatisfied needs, not by those that have been gratified (Moorhead & Griffin, 1995:78). Therefore nurses' unsatisfied needs could be seen as the push factors influencing the emigration of South African nurses. Gratification of needs in a foreign country could be seen as pull factors influencing the emigration of South African nurses.

BACKGROUND INFORMATION

During 1974 the International Council of Nurses (ICN) expressed concern about the migration of nurses and in 1979, Mejia conducted a study, designed primarily by the World Health Organization (WHO), to determine the factors which influence the migration of health workers (Logan, 1980:119-121).

Serious nursing shortages in many developed countries and the active recruitment of South African nurses to address the shortfall in these countries, have contributed to an exodus of South African nurses. However, the recruitment of South African nurses is only one factor that contributes to their emigration. Both internal factors (directly related to nursing and health care) and external factors (indirectly related to nursing and health care, such as political, economic or personal) may influence South African nurses' decisions to emi-

grate.

External factors that influence skilled emigration

When individuals experience a deficiency in safety needs it may trigger their decision to leave the country in search of a safer homeland. South Africa experiences high levels of violent crime influencing emigration (Hamber, 2000:7-8; Rogerson & Rogerson, 2000:35; Van der Vyver & De Villiers, 2000:19; Van Rooyen, 2000:73). A total number of 18 545 people were murdered between April 2005 and March 2006 (Raubenheimer, Magnus & De Lange, 2006:1) while 54 926 cases of rape were reported during this period in South Africa (Raubenheimer, 2006:4). According to Maslow's needs hierarchy once physiological needs become gratified, the safety or security needs become predominant.

Nurses living and working in South Africa may become victims of crime and violence like any other citizen of this country, while on the other hand they have to care for victims of violence and crime. Thus nurses are exposed to the effects of violence and crime in their personal as well as their professional capacities.

The level of people's satisfaction with the quality of life influences their decisions to emigrate. According to Van Rooyen (2000:102) the perceptions of falling standards, mismanagement, incompetence and a growing decline in morality are issues which make South Africans desperate about their future. Distinct problems frequently cited by emigrants as a rationale for leaving the country concern the South African currency, the high personal income tax rate, as well as unemployment and affirmative action issues (Van Rooyen, 2000:99). Mattes and Richmond (2000:16) found that high levels of dissatisfaction with the cost of living and the standard of public and commercial services in South Africa, falling within physiological needs, influenced the emigration of South Africans. People who are concerned about the satisfaction of physiological and safety needs are too busy attempting to satisfy these needs to be concerned about higher-level needs (Schultz & Schultz, 1998:240). Such people might perceive emigration as a viable option to meet their physiological and safety needs in countries other than South Africa. This also applies to registered nurses who may be unable to meet their financial obligations with their South African salaries, and who then seek better remuneration packages in other countries.

If an individual's job is threatened, his or her need for security is in danger of being unsatisfied. Concerns about financial prospects and affirmative action relate to people's physiological, safety, esteem and self-actualisation needs.

Internal factors that may influence the emigration of nurses

The internal factors refer to factors in the nursing profession and health care that may influence nurses' global migration. A global shortage of nurses exists. Gray (2001:3) pointed out that the United Kingdom (UK) was experiencing the worst nursing shortage the National Health System (NHS) had known while the National Institute of Nursing Research (NINR News, 2001:1) warns that the projected shortage of registered nurses threatens the health of the people and the survival of the profession in the United States of America (USA). South African nurses are recruited to practise in Australia, New Zealand, the United Arab Emirates, Saudi Arabia, Ireland, the Netherlands, the UK and the USA (Buchan, 2002:18; Porter, 1998:35). The most serious shortages of nurses in these countries are in speciality care areas, particularly intensive care units (ICUs) and in operating rooms (ORs) (Buerhaus, Staiger & Auerbach, 2000:112). Brown et al. (2000:42) emphasise that the skills profile of emigrants, not merely their numbers, impact on a country's economy and its ability to render services.

According to the Democratic Nursing Organisation of South Africa (DENOSA) (DENOSA, 2001:Addendum 1), South Africa's nursing shortage is the result of multiple factors which include inadequate salaries and limited career progression opportunities, alternative career opportunities, the lack of visible nursing leadership, the poor public image of nursing and a huge workload due to insufficient numbers of nurses. The shortage of nurses in developed countries and the recruitment of nurses to practise in these countries could be pull factors influencing the emigration of South African nurses.

DEFINITIONS OF CONCEPTS

Emigration: Leaving one country to settle or to live in another country (Procter, 1995:450). In this study it refers to South African nurses leaving their country to practise in other countries.

External factors: For the purpose of this study external factors refer to factors indirectly related to nursing and health care, such as political, economic or personal factors (Hersey & Blanchard 1993:20) that influence South African nurses' decisions to emigrate.

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

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

Registered professional nurse: In the context of this article, a registered professional nurse is a person who completed his/her basic nursing training and became registered with the SANC during 2002.

South African nurse: A South African nurse is registered with the SANC and is legally authorised to practise nursing as set out by the Nursing Act (no 50 of 1978, as amended).

PROBLEM STATEMENT, RESEARCH QUESTIONS AND OBJECTIVES

The problem statement

Nurses constitute the largest professional group in South Africa's health care services and form the backbone of primary health care (PHC) in South Africa. Consequently, if large numbers of nurses emigrate from South Africa the entire health care service suffers. Adverse effects for the nursing profession include that the workloads of the decreased numbers of remaining professional nurses will increase, the quality of nursing care rendered will decline, the education and training of student nurses might be compromised, and larger numbers of enrolled and auxiliary nurses need to be employed.

Nursing shortages in first-world countries and the ability of these countries to offer attractive remuneration

packages to nurses from South Africa, active recruitment by recruitment agencies and various economic, political and professional factors in South Africa may influence nurses' decisions to leave South Africa to work in other countries. The research question is stated as: what are the factors that influence South African registered professional nurses' decisions to emigrate? What recommendations could help to address this problem?

RESEARCH OBJECTIVES

The objectives of the study were to:

- identify and describe the internal and external factors that might contribute to the emigration of South African nurses; and
- make recommendations for enabling larger numbers of South African nurses to continue working in South Africa (by addressing the in ternal and external factors that may contribute to their emigration potential).

RESEARCH DESIGN AND METHOD

A quantitative, descriptive survey research design was used to identify and describe the factors that may contribute to the emigration of South African registered professional nurses. The target population comprised all the nurses on the registers of the SANC (n=3 331) who completed their basic training during 2002. These included nurses completing basic degrees and diplomas at universities and basic diplomas at nursing colleges and nurses completing bridging courses enabling them to register at the SANC. Cost and time considerations necessitated using a sample of the registered professional nurses (who completed their basic nursing courses during 2002) on the register of SANC and not the entire population of 3 331 of these nurses. A computerised random sample of 15% (n=501) of the total population (n=3 331) of nurses who completed their basic nursing courses during 2002 was compiled by the SANC's statistician. Respondents' selection was solely based upon the selection criteria for inclusion in the study. Random sampling implies that the sample has been selected in such a manner that "each member of the population has an equal probability of being included" (Polit & Hungler, 1999:653). According to Burns and Grove (1997:807) this 'equal probability' must be greater than zero. By using random sampling, implying that every person in the target population had an equal, non-zero, computer-calculated chance of being selected, no bias was introduced into the sampling process, enhancing the probability that the sample would be representative of the population enabling generalisations to be made from the sample to the population.

Data collection method

Data were collected by a structured questionnaire containing both open-ended questions, based on a literature review that required written responses, and closed-ended questions providing pre-determined options. A cover letter with a description of the purpose and the importance of the study was attached to each questionnaire comprising six sections containing mostly closed-ended questions:

Section 1	Biographic information (11 items)
Section 2	Intentions to emigrate from South Africa
	(9 items)
Section 3	Reasons for considering leaving South
	Africa (41 items)
Section 4	Factors that would encourage nurses to
	remain in South Africa (39 items)
Section 5	Aspects of living in South Africa (18 items)
Section 6	General comments (an open-ended ques
	tion enabling respondents to comment in
	their own words about the emigration of
	South African nurses)

Validity and reliability

Before implementing the study the instrument was pretested to ensure that the measurement procedures and the measurement instrument had acceptable levels of reliability and validity. Five registered nurses were asked to complete the questionnaire and comment on the questions and instructions given on the questionnaire. They did not form part of the research sample. The purpose of pre-testing the questionnaire was to ensure that respondents would understand the questions, and identify possible problems with the completion of the questionnaire. Minor problems related to wording in an instruction to the respondents and more space for comments at the end of the questionnaire were pointed out. These revisions to the questionnaire were made.

The content validity of the questionnaire was determined

by the literature review, the judgement of experienced research academics and a statistician (De Vos, Strydom, Fouche & Delport, 2002:167). Construct validity is more concerned with the underlying attribute than with the scores that the instrument produces. Its significance is in its linkage with theory and theoretical conceptualisation (Polit & Hungler, 1999:420). It involves validation of not only the instrument but also the theory underlying it (De Vos *et al.* 2002:168). Maslow's Hierarchy of Needs Theory, underlying the research, was linked to the items in the questionnaire.

The reliability of a measuring tool depends on the nature of the instrument but also on the aspects of stability, internal consistency and equivalence (Polit & Hungler, 1999:412). Research experts and a statistician assessed the instrument and the homogeneity of the variables before it was used. Reliability was further enhanced through conducting a pre-test.

Ethical considerations

Respondents were informed about the nature of the research and could decide whether or not to participate. The data provided by the respondents could help to identify and address factors that influence professional registered South African nurses' emigration. Respondents' selection was solely based upon the selection criteria for inclusion in the study. Anonymity and confidentiality were ensured by requesting respondents to refrain from writing their names or those of their employers on the questionnaires. As each respondent decided independently whether or not to complete the questionnaire, no foreseeable risk was involved, and respondents could withhold and/or withdraw their participation. A telephone number and an address were included in the cover letter thus ensuring accessibility of the researcher should any respondent wish to discuss anything and/or obtain a copy of the research report.

Data analysis

During April 2004, questionnaires were posted, with stamped addressed return envelopes, to 501 registered nurses who completed their basic training during 2002, and 105 (20,9%) completed questionnaires were returned to the researcher. Data capture was done by statistical analysts at the University of South Africa

(UNISA) using the SPSS (version12) computer program. Frequencies distributions, portrayed in tables and graphs, summarise the data systematically. Descriptive statistics, including measures of central tendency (mean, median and mode), are used to describe specific characteristics of the data, indicating where the central values of the distribution lie and providing information about its spread and shape. Percentages and proportions are also used to describe the data. Percentages standardise the data, facilitating comparisons with data obtained in other studies' samples. "A proportion is a numerical expression that compares one part of the study unit to the whole and can be expressed as a fraction or in decimal numbers" (Katzenellenbogen, Joubert & Abdool Karim, 1999:103).

The responses to the open-ended question were analysed quantitatively by grouping and counting similar responses. However, verbatim statements were incorporated into the research report to reflect some of the respondents' comments in their own words.

RESULTS

Some of the respondents' biographic information will be supplied as these might influence some respondents' intentions to emigrate.

Biographic data

As 82.9% of the respondents' ages ranged between 24 and 44, they could still render between 15 and 35 years of nursing services, should they retire at the age of 60. The sample comprised 14.3% males and 85.7% females who spoke ten different home languages, with 15.2% speaking Zulu and Sotho respectively, while Xhosa and Afrikaans were the home languages of 14.3% respectively. The majority of the respondents (80.0%) had dependents while 52.3% were reportedly married at the time of completing the questionnaires. The respondents completed the following nursing courses to become registered with the SANC during 2002:

- 59 (56.2%) a basic diploma
- 27 (25.7%) the bridging course
- 19 (18.1%) a degree

Of the respondents, 85.7% were employed in the public sector where most South African nurses are trained. The majority, 95.2% of the respondents, were working

full time and 94.3% had positions in patient care. (It could not be determined from the respondents' answers whether this was due to contracts with the government).

South African registered professional nurses' considerations to emigrate

As many as 81.0% of respondents indicated that they had considered temporary moves to some extent or a great deal, but were unable to predict the duration of their anticipated moves. Only 10.5% of the respondents indicated that they had given a great deal of consideration to moving permanently to foreign countries. These responses indicated that respondents were more likely to consider moving to foreign countries to live and work there temporarily.

Mattes and Richmond (2000:15) argue that one of the firmest indicators of a person's emigration potential is whether the process of application for basic emigration documentation has been started. Only 12.5% respondents indicated that they had attended recruitment agencies' seminars while 34.4% (n=33) respondents had consulted recruitment agencies to obtain emigration information. Only 8.2% (n=8) respondents had requested verification of their qualifications from the SANC and had applied for work permits in other countries, while 2.0% (n=2) indicated that they had applied for permanent residency in other countries.

As only 19.0% (n=20) of the respondents were not considering either temporary or permanent emigration, the implication is that 81.0% of the nurses who registered with the SANC during 2002, considered emigration within a year of completing their basic nursing training. Indeed, 68.0% of the respondents considered leaving South Africa within the foreseeable future, ranging from within six months to five years from the time of participating in this survey. One of the respondents commented, in response to an open-ended question: "Nursing has become a torment in SA. It is about time more or all of us leave this country".

Factors that might influence registered professional nurses to emigrate from South Africa

Following the major tenets of Maslow's Hierarchy of Needs Theory, factors that might influence registered

professional nurses to emigrate from South Africa will be related to financial and general well-being (physiological, social and esteem needs); workload and working conditions (physiological and safety needs); personal growth, career advancement and achievement in nursing (esteem and self-actualisation needs) as well as safety and security needs.

Factors related to financial and general well-being (physiological, social and esteem needs)

A large majority of respondents indicated that they considered leaving for financial reasons. Table 1 reveals that the inability to maintain the desired standard of living on nurses' salaries in South Africa motivated the majority (95.5%) of the respondents, to consider emigration. Most (93.2%) respondents would leave South Africa to work in foreign countries to be able to save money for specific purposes. A large percentage (79.3%) of the respondents, believed the general economic system in South Africa has declined while a perceived general decline in public services influenced 69.4% of the respondents' decisions to leave.

It is the need with the greatest strength at a particular time that leads to activity. The dominance of a physiological need changes the individual's philosophy for the future. Thus, nurses may be enticed by better remuneration packages and higher standards of living in other countries if these needs remain unsatisfied in South Africa, as stated by one respondent: "All of us who go or want to go overseas do so for the money. Deep inside we love our country and want to nurse in South Africa. The only way to change this is by increasing basic salaries and physical conditions of employment in our workplaces".

Workload and working conditions (physiological and safety needs)

Table 2 reveals that factors related to the workload and working conditions of nurses in SA were important issues that contributed to their decisions to emigrate.

Under-staffing and heavy workloads constitute intense stressors. The majority, 94.2% of the respondents who considered leaving South Africa, agreed that the stress resulting from inadequate staffing influenced these de-

Table 1: Factors that might contribute to registered professional nurses' considerations to emigrate: financial and general well-being

FACTOR	%
Inability to maintain desired standard of living in SA	95.5
Inability to save money in SA	93.2
Better salaries in foreign countries	91.0
Working overtime to meet financial obligations in SA	84.9
Decline in the general economic system in SA	79.3
Decline in public services	69.4

Table 2: Factors that might contribute to registered professional nurses' considerations to emigrate: Workload and working conditions

FACTOR	%
Inadequate staffing	94.2
Risks due to staff shortages	88.2
Management insensitive to staff needs	77.3
Working conditions	75.0
Conditions in hospitals	74.1
Lack of support by senior members of staff	35.7

Table 3: Factors that might contribute to registered professional nurses' considerations to emigrate: Personal growth, career advancement and achievement in nursing

FACTOR	%
Challenge to work in another country	79.3
Gain experience in another country	70.1
Inadequate career advancement opportunities in SA	70.1
Lack of recognition	66.3
Expertise not valued in SA	48.9
Frustrated with job	42.4

cisions. A large number, 88.2% of the respondents, indicated that a shortage of nurses put the patients and nurses at risk in hospitals, thus influencing their considerations to leave the country. The following verbatim comments from some respondents illustrate their experiences concerning nurses' working conditions: "Poor working conditions with poor money income. Where I am working we don't have electricity, water, telephone... I have to use my own cell phone to meet clients' needs... Solution is to leave SA for greener pastures". "Nursing

in SA is dying because there are no facilities in our hospitals". "Emigration of nurses indicates problems with the SA health system. Government does not seem to notice or care". "Considerations for Employment Equity and affirmative action is the primary cause for the shortage of nurses in my institution... posts ... filled by people from designated groups who unfortunately leave the institution in groups every month to go abroad". "At the end of the day we will be sued by patients because we will be unable to provide effective care to

them".

The deleterious effects of poor staffing were documented in a report by the WHO (2003:2). Lowered staffing levels and high workloads increased the likelihood of needle-stick injuries to hospital nurses by 50%, while a higher death rate among patients was also associated with lowered staffing levels (WHO, 2003:2).

The respondents in this study completed their basic nursing training during 2002. As many as 35.7% of the respondents reported inadequate support from more experienced nursing colleagues. Gowell and Boverie (1992:18) found that years of experience affected the stress levels of nurses. A supportive supervisor or senior colleague could reduce the stress experienced by nurses confronted by heavy workloads and adverse working conditions, whilst the opposite could also be true, as stated by two different respondents: "Poor nursing service managers are driving nurses abroad". "... no one takes us seriously... we are always threatened with dismissal".

Table 2 reveals that 75.0% of the respondents were dissatisfied with their working conditions to the extent that they considered leaving SA to practise in foreign countries. Poor working conditions may influence nurses' decisions to leave. This study found that the generally unacceptable conditions in hospitals in South Africa, coupled with hospital managements' seeming indifference to these problems, decreased nurses' levels of job satisfaction.

Personal growth, career advancement and achievement in nursing (esteem and self-actualisation needs)

Registered professional nurses who perceive possibilities of personal growth, career advancements and potential achievements within the nursing profession might be less likely to consider emigration than South African nurses without these perceptions.

The data depicted in Table 3 indicate that the majority, 79.3%, of respondents considered it to be a challenge to work in another country. The ability to gain experience abroad motivated 70.1% of the respondents to emigrate. It was found that 70.1% respondents considered leaving South Africa because of inadequate career advancement opportunities in nursing, while 66.3% considered leaving because of a lack of recognition in the institutions where they worked. Respondents commented: "Nursing in SA is actually very exciting. Nurses need more recognition and financial support. If nurses can't care for themselves, how can they care for others?". "I strongly believe that the Government undermines the nurses in this country, as if we do not exist at all". "The problem does not appear to have a solution as far as the Government is concerned". "My epaulettes create in me a feeling of self-worth and selfesteem. There is talk of taking away our epaulettes ... The system really wants to strip us of all our pride...".

Safety and security (safety needs)

Reports (Geyer, 2004:36; Xaba & Philips, 2001:6) have confirmed that the safety of nurses in SA is compromised, while little is done to protect them from harm. Table 4 indicates the extent to which specific safety and security issues might influence registered professional nurses to consider emigration from South Africa.

Issues related to safety, the lack of security, crime and violence were not the most important reasons why South African nurses were considering emigration (see Table 4). Only 42.4% respondents in this study indicated that high levels of crime and violence in SA would influence

Table 4: Factors that might contribute to registered professional nurses' considerations to emigrate: Safety and security

FACTOR	%
Risk of contracting HIV/AIDS	49.4
Unsafe working environment	42.5
Crime and violence in SA	42.4
Affirmative action policy	39.5

their decisions to emigrate. Although South Africa has a very high rate of HIV/AIDS infection amongst its population, only 49.4% respondents in this study considered emigration because of this occupational risk. As many as 42.5% respondents agreed that unsafe working environments influenced their considerations to work in other countries.

The major reasons that motivated nurses to emigrate seemed to be different from those that motivated other skilled South Africans. It could be assumed that medical doctors, chartered accountants and other skilled South Africans were able to afford the desired living standards (fulfilling physiological and esteem needs) in South Africa, and therefore their major reasons for leaving South Africa may have been related to other pressing needs such as the needs for safety and selfactualisation (Mittner, 1999:31; Pelser & De Kock, 2000:82; Van der Vyfer & De Villiers, 2000:18). On the other hand, nurses, earning lower salaries than most other professional South Africans, may be unable even to meet their basic physiological needs in South Africa. Thus nurses may continue to be motivated to emigrate by physiological needs as long as nurses' salaries in South Africa continue to be unsatisfactory.

LIMITATIONS OF THE STUDY

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.

The sample comprised only nurses who registered with the SANC during 2002. This limits the generalisability of the research results as nurses who registered at other times might be influenced by similar and/or other factors to emigrate.

Only Maslow's Hierarchy of Needs Theory was utilised to contextualise the study which might have limited the interpretation of the findings.

Postal questionnaires were used to obtain data. Personal and/or focus group interviews with registered pro-

fessional nurses might have yielded more in-depth information.

RECOMMENDATIONS

In order to address some of the present study's limitations, future studies in this field could use qualitative research designs, focus on South African nurses of all ages and use other theoretical frameworks in addition to Maslow's Hierarchy of Needs Theory.

Notwithstanding the limitations of the current study, the following recommendations are made to address the major factors that may influence South African nurses' decisions to emigrate:

- nurses' remuneration and working conditions must be improved;
- their workloads must become more reasonable by appointing more nurses;
- they must have more opportunities for professional advancement; and
- reducing the crime rates will enhance nurses' abilities to meet their safety and security needs.

CONCLUSIONS

The data obtained in this study indicate that the most important factors that may influence South African nurses' decisions to emigrate could be categorised into four major groups:

- Nurses' inability to meet their financial and general well-being needs as the majority of the respondents could not maintain their desired standard of living in South Africa (95.5%); were unable to save money in SA (93.2%); could earn better salaries in foreign countries (91.9%); and had to work overtime to meet their financial obligations (84.9%). Some respondents also mentioned the general decline in the South Africa economic system (79.3%) and in the public services (69.4%).
- Nurses experienced challenges in coping with the workload and working conditions in South Africa because of inadequate staffing (94.2%); risks in the working situation due to staff shortages (88.2%); management's insensitivity to staff members' needs (77.3%); poor working conditions (75.0%); unsatisfactory conditions

- in hospitals (74.1%); and lack of support from senior staff members (35.7%).
- Registered professional nurses encountered challenges in meeting their needs for personal growth, career advancement and achievement in nursing in South Africa. They regarded it to be challenging to work (79.3%) and gain experience (70.1%) in other countries while they perceived career opportunities in South Africa to be inadequate (70.1%). Some respondents (66.3%) reported a lack of recognition while others felt that their expertise was not valued (48.9%) or they were frustrated with their jobs (42.4%).
- Almost half of the registered professional nurses' safety and security needs were reportedly not met in South Africa because of the risk of contracting HIV/AIDS (49.4%); unsafe working environment (42.5%); crime and violence in South Africa (42.4%) and because of the implementation of the affirmative action policy (39.5%).

External factors which might influence South African nurses' decisions to emigrate included the decline in the general economic system; unacceptable conditions in hospitals; decline of public services and a lack of resources in hospitals.

Although both internal and external factors need to be addressed to curb the emigration of South African nurses, internal factors (specifically improved remuneration, reduced workloads and increased numbers of nurses) seem to be the most important factors which might influence registered professional nurses' decisions to emigrate.

Not only nurses, but the people of South Africa 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 find solutions is best stated in the words of one respondent: "If our government can hear the nurses' cry for better salaries, safety and se-

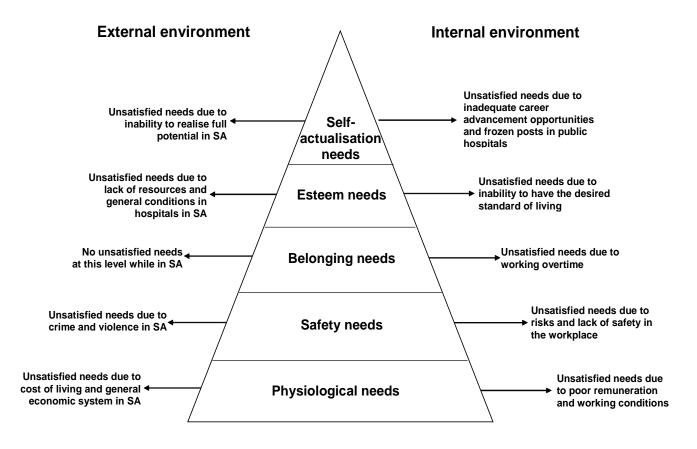


Figure 1: Factors contributing to the emigration of South African nurses contextualised within Maslow's Hierarchy of Needs

curity in workplaces, better housing subsidies, create jobs or posts that are frozen, I think nurses won't even think of leaving this wonderful country".

LIST OF REFERENCES

BROWN, M; KAPLAN, D & MEYER, JB 2000: The brain drain: An outline of skilled emigration from South Africa. **Africa Insight**, 30(20):41-47.

BUCHAN, J 2002: Exchange rates. **Nursing Standard**, 17(10):18. BUERHAUS, PI; STAIGER, DO & AUERBACH, DI 2000: Why are shortages of hospital RNs concentrated in specialty care units? **Nursing Economics**, 18(3):111-116.

BURNS, N & GROVE, SK 1997: The practice of nursing research: Conduct, critique and utilization; 3rd edition. Philadelphia: WB Saunders

DEMOCRATIC NURSING ORGANISATION OF SOUTHAFRICA 2001: Migration of nurses: Realities, threats, challenges, the way forward. Report. Pretoria: DENOSA.

DENOSA see DEMOCRATIC NURSING ORGANISATION OF SOUTH AFRICA

DE VOS, AS; STRYDOM, H; FOUCHE, CB & DELPORT, CSL 2002: Research at grass roots for the social sciences and human service professions; 2nd edition. Pretoria: JL Van Schaik.

GEYER, N 2004: Re-marketing the nursing profession. **Nursing Update**, 28(3):34-37.

GOWELL, YM & BOVERIE PE 1992: Stress and satisfaction as a result of shift and number of hours worked. **Nursing Administration Quarterly**, 16(4):14-19.

GRAY, J 2001: Pay rise must come first. **Nursing Standard**, 15(4):3.

HAMBER, B 2000: "Have no doubt it is fear in the land" an exploration of the continuing cycles of violence in South Africa. Southern African Journal of Child and Adolescent Mental Health, 12(1):5-18.

HERSEY, P & BLANCHARD, KH 1993: Management of organizational behavior. Utilizing human resources; 6th edition. New Jersey: Prentice-Hall.

HERSEY, P; BLANCHARD, KH & JOHNSON DE 2001: Management of organizational behaviour. Leading human resources; 8th edition. New Jersey: Prentice-Hall.

HORNING, G 2005: Can we reverse SA's medical brain drain? **Femina**, March 2005:56-61.

IREDALE, R 1999: The need to import skilled personnel: Factors favouring and hindering its international mobility. **International Migration**, 37(1):89-114.

IVANCEVICH, JM & MATTESON, MT 1996: Organizational behavior and management; 4th edition. Chicago: Irwin.

KATZENELLENBOGEN, JM; JOUBERT, G & ABDOOL KARIM, SS

1999: Epidemiology: A manual for South Africa. Cape Town: Oxford University Press.

LOGAN, W 1980: The migration of nursing personnel. **International Nursing Review**, 27(4):119-122.

MASLOW, AH (Revised by Frager, R; Fadiman, J; McReynolds, C & Cox, R) 1987: Motivation and personality; 3rd edition. New York: Harper & Row.

MATTES, R & RICHMOND, W 2000: The brain drain. What do skilled South Africans think? **Africa Insight**, 30(2):10-20.

MCDONALD, DA & CRUSH, J 2000: Understanding skilled migration in Southern Africa. **Africa Insight**, 30(2):3-9.

MITTNER, M 1999: Why SA managers are packing for Toronto. **Finance Week**, 16 April:31.

MOORHEAD, G & GRIFFIN, RW 1995: Organizational behavior. Managing people and organizations; 4th edition. Boston: Houghton Mifflen.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR) News 2001: Nursing shortage. Retrieved from http://www.nih.gov/nir/news-info/pubs/outlookmay01.html (Accessed on 5 February 2003).

NINR - see National Institute of Nursing Research

PELSER, A & DE KOCK, C 2000: Violence in South Africa: A note on some trends in the 1990s. **Acta Criminologica**, 13(1):80-93.

POLIT, DF & HUNGLER, BP 1999: Nursing research: Principles and methods; 6th edition. Philadelphia: JB Lippincott.

PORTER, R 1998: Lured by the great outdoors. **Nursing Times**, 94(5):34-35.

PROCTER, P 1995: Cambridge international dictionary of English.
Cambridge: Cambridge University Press.

RAUBENHEIMER, C 2006: Magteloos in kennisse moord. Polisie het geen beheer oor die aanvalle. **Beeld**, 28 September 2006:4 RAUBENHEIMER, C; MAGNUS, L & DE LANGE, L 2006: Nqakula sê SA word veiliger. **Beeld**, 28 September 2006:1

ROGERSON, CM & ROGERSON, JM 2000: Dealing in scarce skills. Employer responses to the brain drain in South Africa. **Africa Insight**, 30(2):31-40.

SANC - see SOUTH AFRICAN NURSING COUNCIL

SCHULTZ, D & SCHULTZ, SE 1998: Psychology & work today: An introduction to industrial and organizational psychology; 7th edition. New Jersey: Prentice Hall.

SOUTH AFRICA (REPUBLIC), 1978: The Nursing Act (no 50 of 1978). Pretoria: Government Printers.

SOUTH AFRICAN NURSING COUNCIL 2003: Statistics of nurses registered in 2002. Pretoria: SANC.

VAN DER VYVER, JD & DE VILLIERS, PJT 2000: The migration of South African graduates to Canada: A survey of medical practitioners in Saskatchewan. **South African Family Practice**, 22(1):17-22

VAN ROOYEN, J 2000: The new Great Trek. The story of South Africa's white exodus. Pretoria: University of South Africa.

WAHBA, MA & BRIDWELL, LG 1976: Maslow reconsidered: A review of research on the need hierarchy theory. **Organizational Behavior and Human Performance**, 15:212-240. WHO see WORLD HEALTH ORGANIZATION. WORLD HEALTH ORGANIZATION 2003: Strengthening nursing and

midwifery. Report by the secretariat. 2 April. Geneva: WHO.

XABA, J & PHILIPS, G 2001: Understanding nurse emigration:

Final report. Pretoria: Denosa.