

**AN INVESTIGATION INTO THE FACTORS INFLUENCING
MOTIVATION OF NURSES TO LEAVE SUB-SAHARAN AFRICA AND
WORK IN AMSTERDAM**

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THE AWARD OF A MASTER OF SCIENCE DEGREE IN
INTERNATIONAL HEALTH**

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(15 AUGUST 2007)**

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The thesis an investigation into the factors influencing motivation of nurses to leave Sub Saharan Africa and work in Amsterdam is my own work.

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ABBREVIATIONS

SSA-Sub-Saharan Africa

EU- European Union

OECD- Organization for Economic Co-operation and Development

WHO- World Health Organization

IOM- International Organization for Migration

GDP- Gross Domestic Product

GATS- General Agreement on Trade and Services

SWAPS- Sector Wide Approaches

ABSTRACT

AN INVESTIGATION INTO THE FACTORS INFLUENCING MOTIVATION OF NURSES TO LEAVE SUB-SAHARAN AFRICA (SSA) AND WORK IN AMSTERDAM

The aim of this study was to identify the factors influencing motivation of nurses to leave home countries in Sub-Saharan Africa (SSA) to work in Amsterdam, Netherlands.

The researcher collected primary data from nurses in Amsterdam using an interview guide/schedule. Search engines used include Medline, Pubmed and Google. Websites visited include WHO, ELDIS and catalogues from KIT library were also used.

The study found out the main motivational factors to migrate to the Netherlands are prospects to get better income and save money, peace and stability, desire for a better life, to join a spouse, to change environment and experience life in a different place and to get financial independence.

Literature shows that there are existing information asymmetries between nurses from SSA and employers in high income countries and there are various theories on how migration of nurses is a market failure.

In conclusion migration of nurses is the outcome of different factors which relate to the political, socio-economic and structural (such as the existing health system) environment as well as other determinants which are strongly related to historical and cultural patterns. Nurse migration is seen as a way of getting a better life and it is also strongly influenced among other factors by stressful life events such as war, divorce and death of a partner.

It is recommended that interventions to address nurse migration in SSA must aim at addressing the underlying determinants which are linked to economic development, political stability and competition on the global market. At the same time there is need to level the playing ground and take into account the issues of equity and good practice.

Keywords used include nurse migration, causes, factors, motivational factors, Sub Saharan Africa.....

CHAPTER 1: INTRODUCTION

I particularly chose this topic on motivational factors influencing nurse migration from SSA because Zimbabwe is among one of the many SSA countries affected by the mass migration of nurses to high-income countries. With my background in health promotion I believe that health can only be promoted holistically if the issue of human resources is addressed. As a result of this I became more interested in conducting research with nurses who have already migrated to a higher income country. My thesis topic was inspired by the numerous health centres that I saw in my country that had no nurses running them. Since health worker migration has been a topical issue over the past few years and there has been some research on some aspects of it, I was especially interested in the lived experience of these nurses when they migrate to high income countries.

This thesis is therefore about the factors that cause nurses from SSA countries to consider working in Amsterdam. I hoped to get a clearer picture of some of the motivational factors and qualitative experiences of nurses from SSA in relation to the factors which cause them to leave SSA as well as the factors that attract them to come and work in Amsterdam. The push as well as motivational factors can have an impact on highlighting the areas that may need to be addressed in Human Resource retention. This thesis targets policymakers from SSA and is aimed at influencing policy decisions in relation to nursing in SSA.

This study explored the push and motivational factors for nurses from SSA and how these factors relate to nurse migration. In addition, it highlights some of the challenges that nurses who migrate from SSA face and puts forward some recommendations for action.

In this thesis I compare the results of my field study with other literature on nurse migration from SSA. The first part of the thesis gives background information on SSA and nurse migration from SSA as well as a problem statement and a literature review of motivational factors as described and documented by various authors. This is followed by the part on the methodology and presentation of findings. A discussion on the results with reference to other studies on motivational factors is given in the last part as well as the conclusion and recommendations.

CHAPTER 2: BACKGROUND

Geographic overview

Sub Saharan Africa (SSA) refers to about 47 countries which are found to the south of the Sahara desert. SSA has tropical climate, apart from some high inland mountains as well as the area south in South Africa. In the area which is 10 degrees of the Equator, the climate is generally the same throughout the year, that is, hot and rainy. As one moves away from the Equator, there are distinct seasons.

Economic overview

The World Bank (2007), reports that Africa's economic growth has been slow especially in comparison to other regions. This has been attributed to the fact that it is not doing well in poverty eradication. One of the major challenges is that a large proportion of the people cannot contribute to growth nor benefit from it. There is extreme poverty and in 1970 almost two-fifths of the population was living in extreme poverty and thirty years later in 2000 almost half of the population were living in dire poverty. USAID (2004) estimated that half of the population live on less than 65 cents a day. There are also severe income disparities within countries. There is a high level of age dependency especially care of the young, high unemployment as most of the countries have no opportunities for job creation.

The World Bank (2007), states that even after taking into account disparities in purchasing power SSA's per capita income remained less than a quarter of that of East Asia. Only Mauritius and Botswana have experienced steady growth whereas the rest of SSA has had sporadic episodes of growth with some countries like Zambia and Angola even regressing. There is also a high incidence of capital flight from the continent and in 1991 approximately two-thirds of the wealth of Africans was outside of Africa as most of them prefer to invest outside the continent. The World Bank has emphasized that African countries must not distort policy and should also support growth by improving provision of public goods.

Health indicators and health care delivery systems

SSA has the highest rates of HIV and is the poorest region in the world with almost two-thirds of the world's least developed countries. All efforts to improve health are being hampered by HIV/AIDS. UNAIDS (2007) reports that SSA over a tenth of the world's population yet over 440 million of all

the people live with HIV and Southern Africa is the most affected by HIV. More than 12 million of these are young people and about 8 million of them are females.

The World Development Indicators database (2007) reports that the total population of SSA as of 2005 was 743.1 million and there has been a dramatic drop in life expectancy with total years of life expectancy at birth being 46.7 years. SSA has the highest rates of child mortality in the world which could otherwise be prevented and more than half of the world's maternal deaths occur in Africa. In 2004, Total Health expenditure for the region as a percentage of Gross Domestic Product (GDP) was 6.3. Table 1.0 shows the number of nurses and physicians per 100 000 inhabitants for the following selected 8 countries is;

Table 1: The number of nurses and physicians per 100 000 inhabitants

Country	Nurses	Physicians
Ghana	74	15
Malawi	59	2
Mozambique	21	3
Uganda	55	8
Sierra Leone	23	3
Burkina	32	5
Rwanda	42	5
Zimbabwe	72	16

Based on data from WHO (2007)

These figures show that most SSA countries fall below the minimum World Health Organization (WHO) prescribed number of at least 100 nurses for every 100 000 people. Physicians for human rights (2007), say that SSA has 3% of the total share of health workers yet the region has almost a quarter of the global disease burden. The lack of health workers has been attributed widely to the HIV burden of care and migration of health personnel too. In a recent press release by MSF (2007) it is highlighted that the brain drain of nurses is also hampering efforts to increase access to HIV treatment.

This study seeks to provide insights into Sub-Saharan nurses' motivational factors or their reasons for migration. It investigates the factors that shape the decisions of nurse to migrate from SSA. Stilwell et al, (2004) suggest that there is a paucity of qualitative information with regards to motivational factors of individual migrants. Troy et al (2007 also alludes to

this and notes that information on experiences and perceptions of migrant nurses is not available.

What is motivation?

Motivation is defined as "that which gives purpose and direction to behaviour or providing an incentive" (Thesaurus Dictionary, 2007). There are two types of motivation namely intrinsic and extrinsic motivation.

Intrinsic motivation refers to the sense of pride that one gets in doing a task as opposed to external rewards such as payment. On the other hand, extrinsic motivation refers to outside factors such as the prospect of getting reward on completing a task regardless of whether one may or may not necessarily like the task.

In this research motivation is defined as the inspiration one has to work or the incentive to work. Motivation is important because it is a predictor of intention. People do not act anyhow but their behaviour is directed towards the goal of obtaining a reward. Motivation is not the same across the board it varies from one person to another.

What are the factors influencing motivation?

Frederick Herzberg (1959) postulated two theories in his approach to motivation. First, he postulated that there are hygiene factors which relate to the workplace environment. They include;

- a. Working conditions
- b. Salary
- c. Workplace policies and administration
- d. Leadership and management
- e. Status
- f. Security on the job
- g. Relationships with subordinates.

However, Herzberg states that these factors alone can by no means result in increased motivation but can lead to lack of contentment.

Secondly, Herzberg postulates that there are motivators which relate to the practicalities of the job, which must be an intrinsic part of the job for nurses to feel that they are of great worth to the organization. These factors/motivators include;

- a. Recognition or acceptance
- b. Possibilities and room for career advancement or promotion
- c. Achievement
- d. Increased responsibility
- e. A great liking for the job.

Motivators are intrinsic and result in increased motivation and permanency as opposed to mobility of the nurses. As a rule, hygiene and these intrinsic factors best work together at the same time. The workplace environment should be such that nurses are happy and they should be given recognition, responsibility, space and opportunities for growth and creativity in order to increase their inner worth resulting in self-fulfilment.

On the contrary, if these factors are not in place it affects the morale of nurses, reduces their ability to achieve the organizational goals as well as a lack of co-operation and most nurses will not want to give their best in their duties nor go the extra mile. In this research motivation is viewed as a bridge to the gap between the migration of nurses and the desire of SSA governments to retain them. It is seen in terms of the policy of receiving countries and the inequity in global division of labour. The High-Level Forum on the Health Millennium Development Goals (2004) reiterated that nurse retention is not only to do with improved working conditions, it is also about career advancement, increased responsibility, recognition in addition to improved and decent salaries.

Kingma (2007) asserts that migration is influenced also largely by push factors in the sending countries despite the fact that there may be more attractive factors in the receiving countries. There are huge disparities in the distribution of nurses across the world, with high income countries having more nurses than low income countries. In SSA, the drivers to nurse migration are many and some of them have been noted to be the breakdown of health systems, low salaries and bad working conditions. Similarly, in a study by Chikanda (2004) the major drivers for nurse migration in Zimbabwe were found to be poor working conditions as well as low remuneration. Poor management, lack of opportunities to further education and no promotion are also other factors. For instance, Xaba and Philips (2001) reported that South African nurses were unhappy because they lacked promotion and had difficulty in getting study leave (cited in Bach, 2003). It is recognized that migration is also due to war and civil unrest. Nurses also desire a good standard of education for their children and a lack of this can shape their migration itineraries (Global Health Watch, 2006).

Bach (2003) highlights the importance of past ties in shaping the migration of health professionals to the Netherlands from a country like South Africa as is the case also with the United Kingdom and Zimbabwe. In this sense therefore, such historical ties play an important role in shaping the migration itineraries for nurses as it is usually easier to migrate. Mutizwa-Mangiza (1998) argues that there is no dispute about the importance of motivation to migration and that better salaries and working conditions

are incentives not to migrate from home countries. According to WHO (2004) some of the reasons cited for migration in 4 African countries that is, Cameroon, South Africa, Uganda and Zimbabwe in order of priority are;

1. Better remuneration and to gain experience
2. Living conditions
3. Upgrade qualifications
4. Declining health service
5. Lack of promotion
6. To save money
7. Economic decline
8. Safer environment
9. Lack of facilities
10. Poor management
11. Heavy workload

CHAPTER 3: STATEMENT OF THE PROBLEM

The problem is that there is a brain drain of nurses from SSA

Most SSA governments have the problem of losing nurses to migration. The Southern Africa region is facing the worst challenge with regards to nurse migration (The High-Level Forum on the Health Millennium Development Goals, 2004). In spite of the fact that health workers are key to the achievement of health, they are an aspect of health systems policy and development which receives little attention and is most times considered to be recurrent expenditure as opposed to investment although this is changing (Chen 2004 in Global Health Watch, 2006)). Nurses go to countries where they perceive the working conditions to be better. For instance WHO (2006) states that one-third of Zimbabwean nurses work in developed countries mostly the United Kingdom and estimates that there are about 30 000 nurses from SSA who work in Organization for Economic Co-operation and Development (OECD) countries. At the same time there is a lot of migration within countries in SSA as nurses move from public sector to private sector as well as between countries, for instance nurses migrate from Zimbabwe to work in South Africa and Botswana.

Nurses are a major group that is targeted by many high-income countries for recruitment. Mode 4 of the General Agreement on Trade and Services (GATS) makes provision for the movement of people on the global scene. This means that nurses can migrate and work in other countries and the general trend is that they move from low-income to high-income countries. Although one of the guiding principles of GATS is to achieve better health outcomes as a result of equity by ensuring that countries in need of health services are protected by the liberalization of trade in health services, the movement of nurses from SSA has revealed a different reality. SSA reportedly needs to treble the number of health workers by an estimated equivalent of about a million on top of the existing number to be able to achieve the health related Millennium Development Goals (Global Health Watch, 2006).

Dovlo (2007) states that the health workforce in SSA is comprised of between 45 to 60 % nurses. The brain drain has become widely acceptable as it provides low-income countries with sustenance in poor economies through remittances, but the situation is unsustainable and has devastating effects. For instance, in Ghana in 2000 it was estimated that migrant workers sending money to the country brought in US\$400 million which is a substantial foreign exchange contribution (Dovlo, 2003). This is so despite the fact that the burden of disease and population is

continually increasing and there is a greater demand for nurses. Nurse are critical in achieving health, their availability is imperative, it is of utmost importance in the process of reform of SSA health sectors. There are many nurses from SSA working on the global market in high-income countries nations (Stilwell et al, 2004). WHO (2006) attributes this to the fact that high-income nations are not training a sufficient number of their own nurses whilst they have an increasing problem of an ageing population and chronic disease.

NETHERLANDS: THE PICTURE

WHO (2005) reported that in Netherlands in 2002 there was a shortage of nurses especially in the care of the elderly. This shortage in the Netherlands is due to a number of reasons. According to Roosblad (2005) the shortage is attributed to;

1. An ageing population which results in an increased need for health services.
2. At the same time not many people are entering nursing schools because they also have options in other sectors.
3. Nurse retention is also a problem due to heavy workloads and this has also subsequently resulted in absenteeism as this also puts a strain on the health of the nurses.
4. In addition, there are also minimal chances for promotion coupled with low salaries.

Although foreign recruitment in the Netherlands is reportedly not high it has been taking place to a significant extent. In order to deal with this shortage, nurses and caregivers had to be recruited from other countries mainly in the European Union (EU) as well as low income countries namely Philippines, Indonesia and South Africa. It is asserted that some of the major reasons why not many foreign nurses have not been able to work as nurses in Netherlands are because of the difficulties they face to get recognition for their qualifications, speaking the Dutch language as well as obtaining residence and work permits. Roosblad (2005) further indicates that employers recruit from outside the Netherlands because of the nurse shortage although this is normally a last resort after trying other avenues. She highlights that the decisions by employers in choosing where to recruit from are influenced by the nature of the labour market in the sending country, common Dutch background, offers that employers get from private recruitment firms among other reasons

Effects of migration

Low-income countries benefit from migration through remittances and this is thought to reduce poverty as well as improve the skills of nurses (WHO,

2006). However, nurse migration also causes immense damage to health systems of SSA and can result in negative health outcomes since there will be a lack of services for the ill and this increases mortality. Mutizwa-Mangiza (1998) suggests that due to the loss of nurses some rural clinics are manned by non-technical cadres who are not adequately trained. Furthermore, most SSA countries provide subsidies for educating nurses so it is a huge loss financially to train nurses who then migrate (Stilwell et al, 2003).

Migration of nurses compromises health delivery in low-income countries as it results in shortages of nursing skills in low-income countries. There are many nurses working outside the health sector in the countries that they migrate to and this means also that they do not use the skills of their training or profession too so in the end it is a wasteful investment. Nurse migration is an issue of great importance because it impacts badly on the health systems of low income countries in SSA where the nurses migrate from.

Migration of nurses produces negative health outcomes and affects the remaining skeletal staff in SSA. The remaining nurses have more burdensome work and stress, because they stay behind to face the same challenges that those who have migrated are evading. In the end they also end up in multiple job practices or moonlighting to make ends meet and this greatly compromises the quality of public sector service (Stilwell et al, 2004). Nurse migration to other countries also de-motivates those who remain behind in service and if they do not have opportunities to migrate internationally, they also end up migrating to the private sector or changing their profession completely.

In addition, there will also be a non-optimal mix in service delivery as the loss of nurses means that they may be no services or else non-technical cadres who have no working knowledge and skills take over the roles of professional nurses. There are many indicators to this problem, for instance in Malawi over half of the nursing posts are vacant and Ghana in 2002 had a 57% vacancy rate (Dovlo, 2003). During the period 1999 to 2001, 114 nurses left one hospital in Malawi and this was estimated at 60% of the workforce (Buchan and Sochalski 2004, cited in Dovlo 2007). Kingma (2007) states that in 2000, over 500 nurses left Ghana to work in high income countries. This results in poor coverage and inequity.

Overview of gender and nursing in SSA

The Centre for Development and Population Activities, CEDPA (1996) defines gender as the different roles that women and men assume in society which are backed by traditional and cultural norms and

expectations which influence how men and women are perceived and as a result determines the duties accorded to them. Consequently gender has a lot to do with the career paths that men and women follow. Nursing has traditionally in SSA been viewed as a profession for women. Women are brought up and instilled with values of being carers as they grow up, most of the time they are responsible over caring for their siblings. The role of caring on the part of women is inherent in African culture. Women are generally thought to be very compassionate and are groomed to nurture and be caretakers of families. Thus as women in Africa began to be able to get into formal employment nursing was seen as definitely a profession for women by virtue of the duties and demands it entails.

Historically in South Africa for instance due to colonialism, nursing was one of the limited career paths that black women could follow (Van der Walt, 2002 in Gilson et al, 2005). Culturally in SSA women have always been considered as caregivers. In most of SSA this reflects patriarchal nature of most African societies where most people associate nursing as being synonymous with being a profession for women. For many years nursing was considered to be a noble and middle class profession for African women. Due to the increased demand for health care in high income countries nurses have become a marketable commodity on the global arena resulting in females from SSA being some of the most mobile health workers. Jolly et al (2005) states that gender determines who migrates and the reasons for migration as well as decision making. For some migration lends credence to obtaining a better life through higher income for women and escape the bonds of gender oppression and subservience. At the same time it is argued that migration can also make women more vulnerable to abuse, social exclusion and racism. About 96 million of all migrants internationally are women (IOM 2005 cited in Kingma 2007).

OBJECTIVES

General Objective

To explore the reasons or factors influencing motivation to leave home countries in Sub-Saharan Africa to work in Amsterdam as nurses

Specific Objectives

- To give an overview of the problem of nurse migration from SSA
- To identify the motivational factors for leaving nursing jobs in home countries to work in greater Amsterdam
- To make recommendations

Research questions

1. What are the push factors for nurses from SSA?
2. What are the motivational factors for nurses from SSA?
3. How do motivational factors relate to nurse migration?
4. What are some of the challenges that nurses who migrate from SSA face?
5. What interventions are necessary to retain nurses in SSA?

Problem statement

The problem is that there is brain drain of nurses from countries in Sub-Saharan Africa.

Definitions

In this paper *nurse migration* is defined as the movement of nurses from Sub-Saharan African countries to high-income countries to take up employment as nurses or carers, either temporarily or permanently.

Nurses- Nursing in most countries in Sub-Saharan Africa is strongly feminized. This study will be based on interviews with nurses trained in Sub-Saharan Africa working in Amsterdam as nurses or caregivers.

Amsterdam- refers to Greater Amsterdam

Duration of working in Amsterdam- Within the last 10 years that is from 1997-2007

Home countries- Sub-Saharan African countries where training was undertaken

CHAPTER 4: METHODS/DATA COLLECTION

Sample size

8 in depth interviews

Data collection tools and methods

A literature review was done

The data was collected using a semi-structured interview/questionnaire guide by the researcher

Inclusion criteria

Nurses who have worked in Greater Amsterdam as nurses or caregivers between 1997 and 2007

Nurses trained in Sub Saharan Africa

Exclusion criteria

Sub Saharan Africa nurses trained in Holland who were not trained in SSA and did not work as nurses in SSA

Those who refused to consent

Literature review

Literature review has been done on what is nurse migration, the factors causing it and possible interventions to address this. The keywords used include nurse migration, causes, factors, motivational factors, Sub Saharan Africa..... Search engines used include Medline/Pubmed and Google. Websites visited include WHO, ELDIS and catalogues from KIT library were also used.

Framework of analysis

The analytical framework used in this paper is derived from Herzberg's two-factor Hygiene and Motivation Theory. Below is a Venn diagram showing the relationship between intrinsic and extrinsic factors. The following diagram illustrates how the presence of both intrinsic and extrinsic factors can lead to both satisfaction and motivation for nurses.

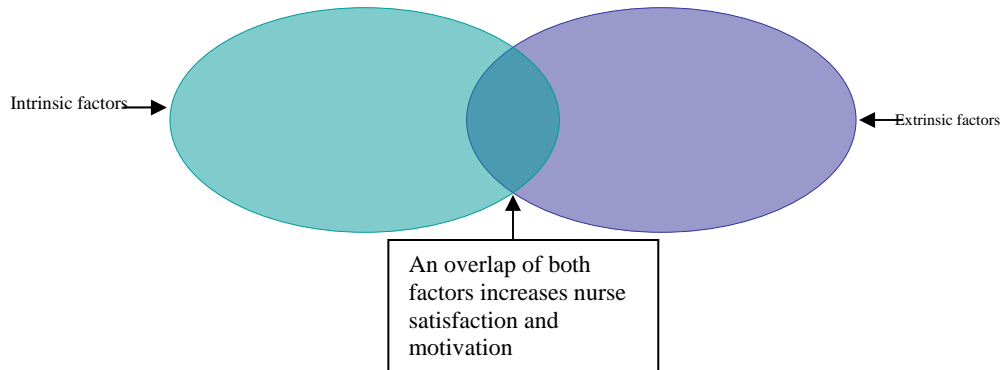


Figure 1: Venn diagram showing relationship between extrinsic and intrinsic factors based on Herzberg's theory of motivation

Target

This thesis targets policy makers and managers of health workers in Sub Saharan Africa and similar settings

Study design

This is an exploratory and qualitative study. The researcher conducted 8 in depth interviews to obtain case histories. The study uses an inductive approach with the goal of generating hypotheses. A variety of open ended questions were used. A tape recorder was used to record the data.

Epistemological approach

The epistemology in this research was constructionist, that is, it is based on the premise that truth comes into being in the way one relates with the realities of their own world and that meaning is not merely discovered but indeed constructed from day to day life (Crotty, 2001). It is therefore apparent that people may construct and give meaning to the same phenomenon in a myriad of ways. The purpose of the study was to capture diversity of experiences. The theoretical perspective is interpretivism and the methodology is phenomenology. A qualitative methodology was appropriate as the study considers the experiences of the nurses from their own point of view. This was probably the best methodology for the researcher to get accurate and unbiased conclusions. Crotty (2001) suggests that in phenomenology what is more important is how participants comprehend and evaluate their

experiences and not how researchers define them. The focus is on the distinctiveness of the situation. In the discussion however, the researcher uses structuralist approaches to explain some of the findings for instance issues surrounding macroeconomic policies and externalities.

Study area

Greater Amsterdam

Study population

Nurses working have left their home countries to work in Amsterdam within the past 10 years. They were from countries in Sub-Saharan Africa.

Sampling

A purposive sample of nurses from Sub-Saharan countries working in Amsterdam within the last 10 years was selected. O'Rourke (2005) supports the use of purposive sampling in qualitative work and suggests that it may be more useful and relevant in obtaining as many experiences as possible, as opposed to random sampling.

Ethical considerations

Informed consent was sought from the participants. No incentives were given for participation and all information about the study was communicated to participants prior to the study. This was done in accordance with Article 14 from the Council of Europe's draft additional protocol on research (after the Helsinki Declaration) on consent which states "that no research on a person may be carried out, subject to the provisions of both Chapter V and Article 19, without the informed, free, express, specific and documented consent of the person. Such consent may be freely withdrawn by the person at any phase of the research" (Bowling, 2005).

Data analysis

Data was analysed manually. The data was categorized into themes to answer the proposed research questions. Immediately after each interview, the researcher was reviewing the written notes, followed by transcribing the audio tape and checking thoroughly for accuracy. Interviews were reviewed and the data was classified into case histories that are informative. These were then categorized into meaningful themes. Most of the important quotes were presented in the findings verbatim to render credibility to the data. An attempt was made to have an analysis that was sufficiently rigorous.

CHAPTER 5: FINDINGS; MOTIVATIONAL FACTORS INFLUENCING NURSE MIGRATION

There were eight respondents and the mean age of the respondents was 37. Four respondents were married, two single, one was divorced and one widowed. Five were working as nurse in hospitals and three as caregivers in homes for the elderly. The respondents' main countries were Ghana, Namibia, Nigeria, Rwanda, South Africa and Zimbabwe. The respondents had worked in their home countries for an average of nine years.

Reasons cited for leaving their home countries to work in Amsterdam were;

The study showed that there is a significant influx of nurses working in Netherlands in different capacities ranging from the health sector to non-health sector.

Migration of nurses from SSA is driven by a number of reasons. It is seen as a quick way to escape poverty or amass wealth in a short time. The initial step to migrate is seen as a crucial step to the 'gold rush' by the nurses themselves and is also of perceived benefit to their families hence it is seen as a big achievement and a worthwhile investment. Migration from home country carries with it a sense of pride. Other reasons given for migration are fleeing from war as well as to join a spouse or partner.

a. War and political instability

Migration can be a rush decision made under duress because of prevailing harsh conditions such as political unrest. Nurses like any other citizens find themselves in the crossfire of volatile political environments and are thus forced to flee for the sake of preserving their lives and those of their families. In addition in cases of political conflict there is normally immense damage to the health system of a country. Nurses lose their documents because they are normally unprepared for the events that unfold during a conflict situation.

One of the respondents fled from her country because of the war and another left because of stifling political and economic environment.

"I left my country because of the war. Things were really bad and my children were now scattered all over in neighbouring countries. I decided to run away too. I lost all my certificates because of the war yet I had worked for fifteen years in my country. So when I came here I could not even produce my certificate from country because it had been lost. I had to train again to become a nurse here, because I had no proof that I had trained and qualified in my home country." Nurse from Rwanda

b. Economic reasons

Most of the respondents cited that salaries in their home countries were very low and they could not afford to save and also lead the kind of lives they would have wanted to have.

"The salary was not good. It was difficult for me to look after my family."

Economic downturn in a country can be frustrating for professionals especially if they do not see the value of their reward. In the end nurses migrate to try and achieve a better life by becoming economic refugees in high income countries.

"Things were really tight in my country. Inflation was going up by the day and life was becoming harder and I was struggling to make ends meet. I decided I had just had enough of it and wanted to work in a country where it is more stable economically. For the first time I really feel that I am being rewarded for my work now." Nurse from Zimbabwe

c. Lack of hospital infrastructure

Four of the nurses reported that their workplaces in their home countries are poorly equipped.

"There was insufficient equipment in the hospital. I could not just sit around to tell patients we had no drugs and could not help them."

d. Life events

Some major life events play a huge role in influencing the decision to migrate. One of the respondents decision was influenced by a divorce that she went through.

"I went through a messy divorce. My husband threw me out of our matrimonial home after a few years of marriage so I decided to leave the country altogether."

Another nurse from South Africa reported that she migrated due to the death of her spouse. Death of a partner can result in a sudden shift of roles. If the man was the main breadwinner and he dies, it creates a strain on the women as they now carry the burden of looking after their children single handed and assuming both motherly and fatherly roles. Death of a spouse calls for adjustment in lifestyle and for most women migration is seen as a way of achieving a better life after the death of a spouse especially if there were no major savings for the family yet.

"I left my country because when my husband died it was difficult to cope financially with all the children by myself. My husband had a good job and I thought that by leaving the country to work here I would be able to provide for my children in a better way." Nurse from South Africa

e. Family reasons

Two nurses migrated to join a spouse

"My husband was the first to get a job here so we decided to come as a family." Nurse from South Africa

"My husband and I had been married but we had been living apart for two years because he came here ahead of me, so we eventually had to be together and I had to join him." Nurse from Ghana

f. Desire to change environment

"I was tired of working in my country and I just wanted to try my luck elsewhere, so I decided to leave my country and come to the Netherlands." Nurse from Nigeria

Reasons for choosing to work in Amsterdam were;

a. Peace/stability

"I did not really choose to work here, but since I was running away from war I had to seek asylum in the country where I first landed and it so happened that it was Netherlands as I did not need a visa to come here. I gained permanent refugee status and my family was able to join me later, so that is how I ended up living and working here." Rwandese nurse

b. Financial reasons

One nurse said she migrated because of the desire for a better life

"After my husband died it was difficult to cope financially. My children had everything money could buy and they were in good schools because my husband had a senior position in the corporate sector. After he passed away, I wanted to do my best to maintain the children. I did not want them to feel that they were now being deprived of a good life." Nurse from South Africa

Another one wanted to save money to buy a house

"I wanted to save some money to buy a house as well as start a business back home." Nurse from South Africa

c. It was the option that worked out

"I tried to go to the UK twice and was deported thus I had to look out for other alternatives. My next alternative was to migrate to the Netherlands as an au pair. I had spent so much money more than €1000 so I was trying to recover all the money I had spent on trying to leave my country." Nurse from Zimbabwe

d. Language and cultural ties

"Being from South Africa, I could speak Dutch already so I knew I would not have any problem working here, that is why I chose to work in the Netherlands."

Recruitment, selection and immigration processes

The following accounts of nurses interviewed reflect the different ways in which nurses migrate from their home country and end up working in Netherlands;

"My application was handled through a recruitment agency and it took about a year for me to get registered here. It was a long process but it paid off in the end as I was able to get registered as a nurse. I got a job in a hospital and started working. For the first year I was working under supervision but I got into the routine and now I work well and confidently. I paid the agency close to €1500 to be able to get my application for a job and work permit processed." Nurse from South Africa

"There was an agent in my home country who was recruiting young ladies to go and work as au pairs in the Netherlands. I decided to try it but by that time my patience was running out because I had tried other agents before for migration to other countries and I never succeeded because they were thieves who just wanted to make money out of other people's desperation. I thought that if I came as an au pair I would later look for a job using my nursing papers." Nurse from Zimbabwe

"I did not need a visa from my home country to the Netherlands and since I was fleeing the war I had to seek asylum in the country outside my home country where I first landed and it was the Netherlands. I was later granted a permanent refugee status here." Nurse from Rwanda

"I was granted a visa since I was coming with my husband who had got a job here. On getting here I also applied for a residence and work permit and after a year I was able to register with the Register of Professionals in Health Care Service. I got a job later and started work." Nurse from South Africa

"I came as a visitor the first time. My time expired and I kept dodging my way around until I was finally able to get my papers straightened out and during that time I worked as a cleaner at some place where a friend of mine organized for me to work without being asked for papers. I later secured a job as a carer." Nurse from Namibia

Perception of life and work in Amsterdam

The study also sought to get perceptions on living and working in Amsterdam. Generally all respondents thought life and work was fine although the cost of living was thought to be also very high;

"It is fine though in the beginning it was not easy. I eventually got used. Things did not go as I thought. At first I was thinking of going back to my

country when things were tough for me here but I decided to be strong and I did not want the shame of going back with nothing after being here for some time. People would laugh at me.” Nurse from Namibia

“Life here is ok I just have to work in order to survive. It is all about working and fending for oneself. I also have a lot of responsibilities back home that I must work hard to make sure they are taken care of.” Nurse from South Africa

“Life here is fine although at first I thought I was going to make big fortunes, but living here is very expensive so I have not been able to save as much as I wanted to save.” Nurse from South Africa

Challenges of working in Amsterdam

The respondents also highlighted some challenges that they faced in working and living in Amsterdam. These were mainly to do with registering as nurses in the Health Care sector, language, adjusting to a high cost of living, lack of trust from employers, difficulties in getting nursing jobs, lack of security because of uncertainty of work permit renewal, lack of social networks, family disintegration among others.

a. Registration

All the respondents except the ones from South Africa reported difficulties in registering and working in Netherlands as nurses. Getting to work as a nurse is not a simple process.

“I am stuck here working as a carer in an old people’s home. I cannot work as a professional nurse.” Nurse from Ghana

b. Qualifications viewed as inferior

Some of the respondents reported that they feel that in the Netherlands their qualifications are viewed as inferior and are of no value in the Netherlands.

“They don’t value our qualifications here. If you have not been trained in the Dutch system forget that you can just register as a nurse here. They don’t trust qualifications and experience from our countries.” Over half of the respondents said this.

“Before you come here you think that there are plenty of opportunities, yet when you are here you realize that there are no opportunities and doors are closed. It is not as simple as most people think.” Nurse from Namibia

Some of the respondents reported that they felt that their employers or supervisors did not trust them and controlled them.

"The work is fine but at the same time I feel that I am not trusted to work well on my own, so I have to be extra careful as I do my work. There is no room to take initiative I just follow the rules like a robot. Yet in my country I was trusted to my job very well." Nurse from Rwanda

Some of the nurses reported that they were treated differently by employers/ considered as being of a lower level compared to nurses trained in Netherlands

"I can tell that they think that I am lower than all the other carers from here. I see it in the way treat me even though I work equally as hard." Nurse from Namibia

c. High cost of living

Netherlands is thought to have a high cost of living when compared to the countries where the nurses come from in SSA.

"The salary here is ok but the cost of living is also very high so it is difficult to save." Nurse from South Africa

This statement was echoed by all of the respondents

d. Language

Some of the respondents except those from South Africa mentioned that they had serious problems with learning Dutch because they spoke English and French.

"My major problem over the years has been the Dutch language. It took me more than a year to learn Dutch. I learnt from listening to the radio and TV and I later attended a four months language course." Nurse from Rwanda

e. Other factors

Most of the respondents reported that they miss home and that being away from their families and social networks is not easy for them.

"Here there is no social life; life here is all about work." Nurse from Nigeria

One of the respondents reported that when a visitor's visa expired she remained in the country and was often afraid of the police and did not want to back home. She was taking serious risk by staying in the Netherlands illegally.

What was good about working in home country?

a. Room for innovation

"Back home I was an in-charge, I was in control of things at work and had a say in the way things were done."

b. Respect and status

Loss of status and honour is one of the problems SSA nurses face when they migrate to Netherlands. One nurse explained;

"I had a lot of respect from my colleagues and workmates and people from the general community. Now I am at a very low rank and I cannot even feel trusted to do the job right without someone following me around giving me instructions and teaching me how to do even the most simple procedures. I had just had to swallow a bitter pill but it is sad."

c. Cost of living was not as high

"Although the salary was not high the cost of living was also not too high as compared to here. I earn more here but I spend a lot on living expenses. If I was earning what I earn here whilst in my country I would be very comfortable." Nurse from Rwanda

d. Had time for social life and family

"Back home you have time for family and friends, here it is all work."

Over half of the respondents also said this.

Remittances

All the respondents interviewed in this study indicated that they send some money regularly back to their families, immediate and extended in home countries. On average they send €306 a month which comes to about €3675 per year.

"I send about €250 a month for my family as well as my late sister's children whom I am also responsible for." Nurse from South Africa

Another nurse from Ghana explained that her decision to send money was also influenced by her family's expectations;

"I have to send money home. I send about €300 a month. People expect you to send money so I have to squeeze to send regularly. People think that when you are out here it is easy to get money and so they keep putting a lot of demands on me."

Future plans

Some of the respondents intend to stay in the Netherlands because of family who are accompanying them mostly children whom they want to complete their education here. Another nurse said she would stay because she had retrained here so she would continue to live and work in Netherlands.

"I plan to continue living and working in the Netherlands so that I can take care of my family and try to have a good life too. I am about to complete the nursing diploma here, because I had to start nursing school again despite my fifteen years experience and registration in my home country. I consider myself to be lucky because not all people are even given such an opportunity. Some qualified nurses from Africa are working as cleaners

in supermarkets because they cannot register here and getting an opportunity to study here is rare.” Nurse from Rwanda

Two nurses said that they will go back to their home country in a few years.

“I will go back to my home country, only I have not decided when I will go.” Nurse from South Africa

“Given an opportunity to migrate further I would go to a country where there is more cultural diversity and where people speak an international language. I think Canada is ideal although I have not started working towards it.” Nurse from Ghana

“I plan to go to work in the United Arab Emirates as soon as I get a job. Eventually I would like to work in Canada because I hear that it is a good place to work.” Nurse from Namibia

What could be improved in home country that could make working there better?

The nurses suggested that salaries and equipment in hospitals in their home countries should be improved.

“Nurses should be paid better and the hospital should be better equipped. One can never know if they will make it to the end of the next month, we also need to have some sense of security or some ability to predict what the future holds. It is hard to get by everyday and always worry about putting food on the table yet you are said to be a professional. I always stopped short of being tempted to steal milk formula from the hospital because I also had a child whom I could not afford to buy milk formula for. Junior nurses should also be given opportunities to attend trainings and workshops. Most of the time the senior nurses are the ones that keep going year after year without giving others the chance also.”

The nurses also suggested improvements in political situation and their countries' economies as well as better working conditions.

Consequences of migration

a. Migration also leads to a breakdown of families

Migration where children are left behind in their home countries whilst their mothers go to high income countries to work contributes to child delinquency. Most children grow up without their mothers and are missing out on parental guidance. A nurse from South Africa narrated her how this is a huge challenge for her;

"It is hard being away from my children like this, I can only give them money and a good education but I cannot discipline them myself. I cannot guide them and I know they are missing out on that. One of my children runs away from home for weeks and misbehaves in all sorts of ways. She does not listen to anyone at all and I know it is because there is no one who can replace me as a mother to her. I have even given up on her."

Migration as a socio-cultural transition is often characterized by a change in norms and behaviour due to exposure and interaction with people from other cultures. One of the respondents expressed concern over the cultural shock that her children experienced, the loss of their own cultural values and the difficulties in disciplining them;

"In Africa the way we bring up our children is quite different from here. They are more respectful and obedient, but now that I am here with them they behave like the children here. They have really lost our own cultural values. It is hard to discipline them and I would have rather they grew up in Africa and come here only when they are more mature, maybe in their late teens."

One of the consequences of migration that emerged from this study is the breakdown of the family unit through divorce. One of the nurses interviewed recounted her experience;

"When I left my country we were on good terms with my husband but I knew he would not hold on for long if there was a long period of being apart. Since it became evident that he would not be able to join me sooner than we thought it became apparent that our marriage was over. I knew my husband was already being unfaithful and my suspicions were confirmed as he later told me he was no longer interested in me because of the distance and uncertainty. I could not do anything so he moved on. I can never go back to him either because I might get infected with HIV because of his unfaithfulness."

b. Unmet expectations

One of the questions often asked is whether these nurses are really leading a better life. Almost over half of the nurses expressed disappointment when asked whether their expectations had been met in migrating to Netherlands. However most of them also agreed that they are better off here than in their countries and had made significant progress ever since migrating to Netherlands. They also highlighted that they were some of the lucky ones as most nurses from SSA end up working in the non-health sector doing petty jobs as opposed to practising nursing or being carers.

"My expectations were not really met because I had such high hopes that it would be a smooth sail and in a short time I would have made enough money to stop working here and go back home. But I still think that I am better off here than when I was in my country because I managed to buy a house back home and when I go back at least I have something to show for being away for so long."

c. Fear of contracting HIV and AIDS

One of the major demerits of migration is the marital separation associated with it in most cases for undefined periods of time. From a gender and African perspective if it is the man who has migrated most of the time the women wait patiently for years for the return of the man or to join the man. Women are resilient whilst on the other hand if it is the women who have migrated to another place the men tend to hold on for a short while and begin to have other partners. Culturally people have always perceived the woman as having a great role in keeping or guarding the marriage institution hence migration of women is often perceived negatively if she is married and leaving behind her husband. If a woman migrates people blame her entirely for the consequences that follow. Migration of married nurses puts both partners at risk of marital infidelity. One respondent said,

"When I decided that I wanted to migrate I shared this with some of my relatives and one of my aunts warned me and said if I leave my husband I must not blame anyone if I find that he has taken another woman. She also criticised the decision and said that it was not wise at all to leave my husband behind especially with HIV nowadays. She asked me what I would do if I came back and he also passed the HIV to me. I knew that she was right so one of my first priorities was to make sure he could join me after a short while."

Women are also thought to be more responsible and to use whatever they get for the good of their families. One of the nurses said that she was sending money to her husband and he was not using the money well.

"I was sending him money and I know he was spending it recklessly and with other partners. If he had been the one here and sending me that money back home I would have used it so well and for the good of our family."

d. Doing work not related to the nursing profession

Some of the respondents reported doing work not related to their training when they first came to Netherlands and they report having other fellow nurse colleagues who work in supermarkets and elsewhere doing work that is totally unrelated to their profession. This really results in wastage of their professional skills which are in short supply in their home countries.

CHAPTER 6: DISCUSSION

This discussion is centred around the issues that emerged from this study with reference to other literature on nurse migration.

Relative poverty

The study showed that social expectations, peer influence and underlying poverty are the main causes of migration. The desire for a better life is the main motive for nurse migration. The desire to be in the middle class or higher is what drives nurses to migrate. They hold some status and feel that their rewards should go hand in hand with this. Most nurses migrate as a means of maintaining the nobility of their profession and obtaining wealth.

Poverty is a major factor in shaping migration pathways. Jolly et al (2005), state that poverty drives women to migrate. Poverty results in a shift in the priorities of nurses where remaining in home country to take care of family becomes a lesser priority when compared to migrating and sending money to the family in the home country. Poor women are more likely to migrate when compared to counterparts who have better income. Dovlo (2003) highlights that in Ghana for instance a major motivational factor for migration of nurses is to save money to buy houses. Though nurses may be formally employed and have high status in home countries, economic decline and soaring inflation erodes real incomes and increases the cost of living beyond their reach and thus creates a need to migrate.

Recruitment and migration to the Netherlands

The accounts given by the respondents indicate how difficult it is to work in the Dutch health system. Roosblad (2005) affirms the difficulty in working in the Dutch health care sector and attributes this to the Alien Employment Act which states that citizens of countries outside the European Union can only be granted work if the employer provides sufficient evidence to show that they cannot get European Union citizens for the job. In addition, the prospective employer is the one with the responsibility to apply for the work permit of the employee and not many employers want that hassle of going through those processes.

Incentives

Most of the respondents suggested that salaries should be increased in home countries. Mathauer et al (2006) state that it is important to address the problem of low salaries particularly in instances where nurses as health professionals are failing to meet their basic needs and those of their own families. However it is suggested further that these salary increments should be part of a comprehensive strategy which is mixed with other non-financial incentives too as good salary alone does not increase

motivation to work in low-income countries. EQUINET (2007) reports that financial incentives are difficult to put in place and highly unsustainable and emphasis should be given to non-financial incentives such as opportunities for further education which is thought to be a very attractive incentive. Furthermore, some non-financial incentives are good for motivation and these include factors such as having supportive management which was found to be a strong motivator in Uganda. These incentives need to be determined by the various SSA countries as they may differ according to the prevailing situation. More research needs to be done in the various countries on this.

Peer influence and status

Some of the respondents' decision was shaped by friends who had also migrated before them and where presumably leading better lives. The desire to get rich quickly is also making nurses increasingly mobile as they compare themselves with peers who have migrated and perceive them to be better off. This results in those who are still in home countries also desiring to be like their peers. For the family of the migrant nurses, migration is seen as an option that benefits them all, in terms of pride of having a family member who lives overseas, remittances and a better life for them too. Interestingly however, one of the findings in this study is that sometimes migrant nurses find now working in a high income country find that there is no gain yet they still stay because they are afraid to go back to SSA without any major achievements or investments. Mensah et al (2005) reinforces this fact by suggesting that some Ghanaian trained nurses in the United Kingdom remain there without much financial gain and no career development at the expense of their family relationships.

Macro-economic policies

Gilson et al (2005) also suggest that macro-economic policies in some SSA countries such as Malawi have an effect on the resources that can be availed to health. Resultantly this becomes a limiting factor in putting in place effective strategies that can effectively deal with the imminent shortages of nurses partly due to migration. In South Africa private sector has been blamed for adding pressure for salary demands which are too high and unattainable for the public sector. This lends further impetus for public to private sector migration as well as international migration. In addition Malawi, for instance is highly-indebted and this creates a huge strain on the ability to improve the human resource situation although the recent government is steadily achieving some gains in achieving macro-economic stability.

It is apparent that one of the major factors driving nurse migration is relative poverty and this is a complex issue which is not just an issue of the

health sector. To deal with this problem, it is imperative that SSA governments commit themselves fully to alleviate poverty. This can be done by coming up with new, innovative and sustainable economic development initiatives that can help to stabilize their economies so that the gains of real incomes of their workforce can be realized. Economic development is a key factor in maintaining a stable workforce that is not lured easily by the prospect of migration.

Circular migration

The interviews indicated that some of the nurses have plans for further migration. They plan to migrate to other countries namely the United States of America (USA), Canada and one indicated that she plans to migrate to United Arab Emirates (UAE) temporarily with the hope of ending up in Canada. This supports the view by WHO (2006) that migration is often done in stages, with nurses migrating from one country to another with the goal of eventually settling and working in another country. One of the major problems of circular migration is that often these nurses are lost to count as they are not easily captured by migration data as they move from one country to another (Nayak, 2007).

Market failures and externalities

Record et al (2006) argue that the failure of the labour market to equitably distribute nurses in areas where they are needed most and where they are trained unfairly affects the poor mostly. As a matter of fact, countries like the Netherlands have a market monopoly due to higher salaries when compared to SSA countries and because they gain from nurses who have been trained in SSA their labour costs are being borne by low-income countries. The income disparities between the high income and low income countries continue to rise. The fact that low income countries train nurses who eventually migrate, it is the nurses who benefit at the individual level. In the end SSA governments do not see the need to keep training people who will still leave their countries anyway and this is also a labour failure as they fail to meet the demands for their health sectors.

At the same time nurse training in SSA is considered a public good with positive externalities, thus most SSA governments heavily subsidize training of nurses. So when nurses migrate in large numbers to high-income countries it becomes a negative externality with huge losses for the governments (Nayak, 2007).

Remittances

In terms of remittances this study found that all the respondents are sending some money back to their home countries and this is quite a significant amount. Record et al (2006) argue that these remittances are not useful to developing health because the nurses are trained using public resources and yet the remittances are used by individual private households and investments. However, in other countries like Mexico remittances are a major source of national wealth, they also bring in foreign currency and in other countries they are a source of more than 25% of the Gross National Product. Furthermore Record et al (2006) highlights that although this is so in other countries in Malawi remittances are not a major source of income but they play an important role. Remittances are used mostly for self development and for the benefit of the nurses' immediate families. Similarly, Jolly et al (2005) state that nurse migrants provide economic support through remittances to their families in their home countries. However, it is a fact that the demerits of nurse migration from SSA are much more than any benefit that could come as a result of remittances. For instance, since 1951 India has trained tens of thousands of doctors who left the country resulting in the country losing between about 4 to 5 billion United States dollars through training (Nayak, 1996 cited in Dovlo 2003).

Gender differentials and migration

All respondents were female and probably this asserts further the knowledge that nursing is a strongly feminized profession where the roles of being a caregiver have always been primarily believed to be the domain of women.

Culturally in most of SSA it is expected that a woman waits faithfully for her husband to return if he has migrated yet for the men it is acceptable to have other partners. The fact that SSA women can also now migrate to fend for their families reflects the changing gender norms where it is not only the men who are expected to provide for their families. It is a sign of the changing and dynamic cultural and historic framework as is defined by society.

It could be suggested that some of the consequences that follow with the migration of nurses such as infidelity of the male partners who stay behind in their home countries have a lot to do with the esteem of men. This may be because of the feeling that as long as they are there they should be in a position to assume the responsibility of providing for their families. On the other hand it may be a sign of acceptance of the rapidly changing times

and environment where men are faced with the reality that women have access to opportunities too and their ability to succeed in life is not dependent on a man but on themselves. It is also a sign that it has become possible for women to navigate around the world without major restrictions or need for approval from partners. In any case most of the time it is done to improve their families and themselves.

Decision making

Most of the respondents said it was their decision to migrate although some of them were encouraged by spouses and family members and friends who had themselves also migrated. Decisions to migrate are influenced mostly by family and friends who have also migrated to other countries and advertisements from recruitment agencies also provide cues to migrate. These connections provide a gateway to migration. Similarly in a study done by Troy et al (2007) in Ireland it was found that family factors tend to influence to a great extent migration of nurses from low-income countries.

Language

Language tends to narrow the choice of countries to migrate to, those from francophone tend to migrate to countries like France while those from Anglophones migrate to the UK. Troy et al (2007) state that in Ireland language was found to influence where nurses are recruited from as nurses must have trained in English in their home country and need to pass international English language tests to obtain employment. However this trend is shifting due to shortages in some of the sending countries and receiving countries are now looking at new source countries, for instance, Cuban nurses now work in Botswana (Kingma, 2007).

Permanent loss of trained nurses

Even the nurses interviewed in the study who have the intention of going back to their home countries to settle later do not have the intention of actually going back to practise nursing. This could therefore be regarded as permanent losses for the SSA countries where they trained before migrating. Similarly, in a study by Troy et al (2007) most nurses stated the intention of going back to their home country although none of them would go back to practice clinical nursing because of the poor working conditions in their home countries. At the same time it could be considered a permanent loss in that other nurses do not actually have the intention of ever going back to work and settle in their home countries.

Vulnerability to treachery

One of the respondents highlighted that there are some bogus agents operating in home countries who defraud nurses who are desperate to migrate of their money. This is an indication that there are some groups who have also found a way to gain and many vulnerable nurses who have a strong desire to migrate fall prey to these people. It shows how many nurses are willing to go to lengths to migrate without questioning the credibility of the agencies they deal with. It may also be a sign of the highly informal methods that nurses use in order to migrate from home countries.

Information Asymmetry

Stiglitz (2001) asserts that there are often asymmetries of information for migrant health workers and their employers. This asymmetry is due to the fact that the global labour market is imperfect and the existence of both privileged and disadvantaged actors. There is an imbalance of information on the part of the receiving countries and nurse migrants in relation to objectives of seeking employment, the conditions and terms of employment as well as the expectations. This leads to nurses from SSA being unemployed in the Netherlands yet SSA has a greater need for them. This was confirmed in this study as some of the respondents mentioned that their expectations had not been met. This was really a result of the gap that they had about life and work in Netherlands and entry into the profession in the Netherlands. Some of the nurses migrated with the hope of making big fortunes but soon discovered that these were unrealistic and unachievable expectations.

Furthermore setting up in a new environment and culture can be daunting with unfamiliar social support systems. Migrants often find themselves in workplaces where equal opportunity policies are not well enforced and their experience and professional skills are undermined (Kingma, 2007). A study done in England revealed that migrant ethnic minority nurses felt that they did not have equal opportunities to advance their careers (Obrey et al, 2006 cited in Troy et al,2007). In addition, overseas trained nurses are treated unfavourably by their managers and patients too (Mensah et al, 2005).

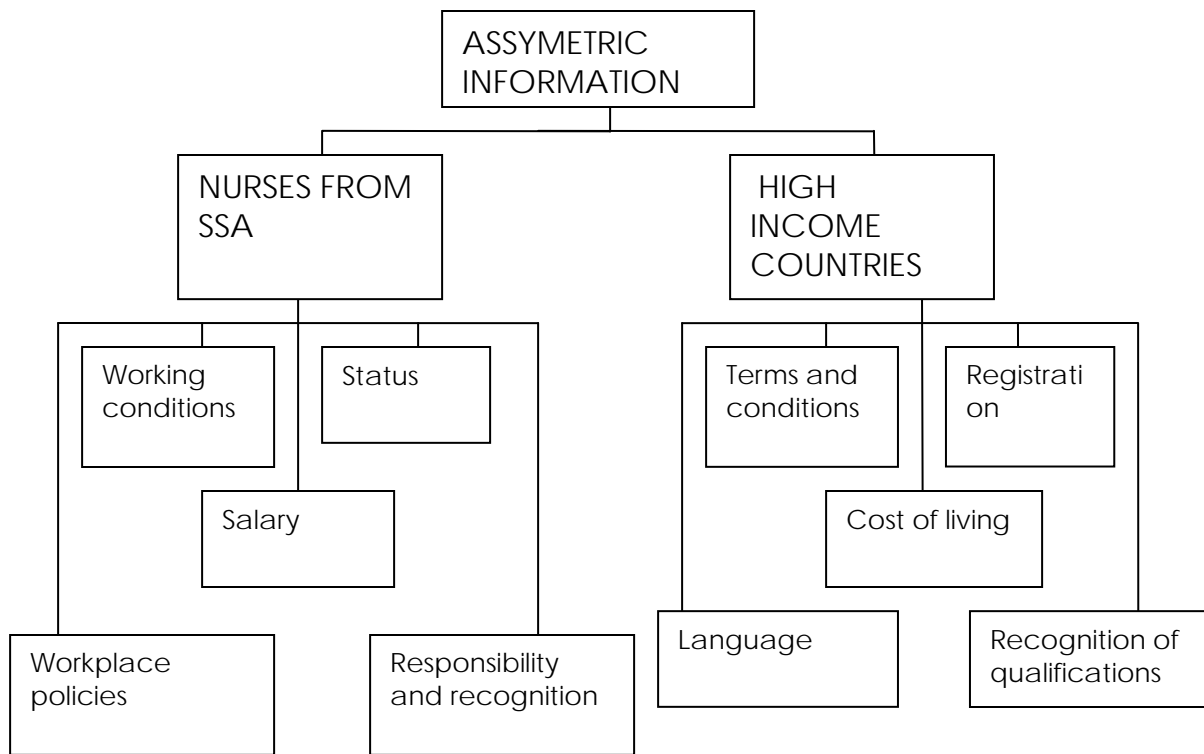


Figure 2: Diagnosis tree showing some of the factors associated with information asymmetry in relation to nurse migration

Ongoing efforts to curb migration

A number of codes of practice on ethical international recruitment were introduced such as the Code of Practice introduced by the National Health Service in the United Kingdom which does not allow active recruitment of nurses from low income countries unless there is an agreement to recruit between the countries. Although these codes are in place they have been criticised for being weak in mechanisms which are essential for policy analysis and strategic guidance on migration thus making the codes ineffective (Kingma, 2007). For instance although the Code of Practice was introduced in 1999 in the United Kingdom there is still an increase in the number of nurses who register in the country from SSA. Roosblad (2005) states that in the Netherlands there are generally agreements which are in place which make it difficult for employers to recruit from outside the European Union and this has been done as a means of regulating nurse migration and other profession in the Dutch health system. However, although the South African government for instance, asked the Dutch government not to recruit from them there is still to some extent active recruitment from South Africa. There is need to

research more on the effectiveness of codes and agreements. The following table shows the steep increase of Ghanaian nurses registered in the United Kingdom between 1999 and 2004.

Table 2: Estimates of nurses trained in Ghana registered in the United Kingdom

Year	Number
1998/1999	50
1999/2000	120
2000/2001	220
2001/2002	440
2002/2003	630
2003/2004	1025

Table 2: Estimates of Ghana nurses registered in UK. Adapted from Mensah et al (2005)

Managing for performance

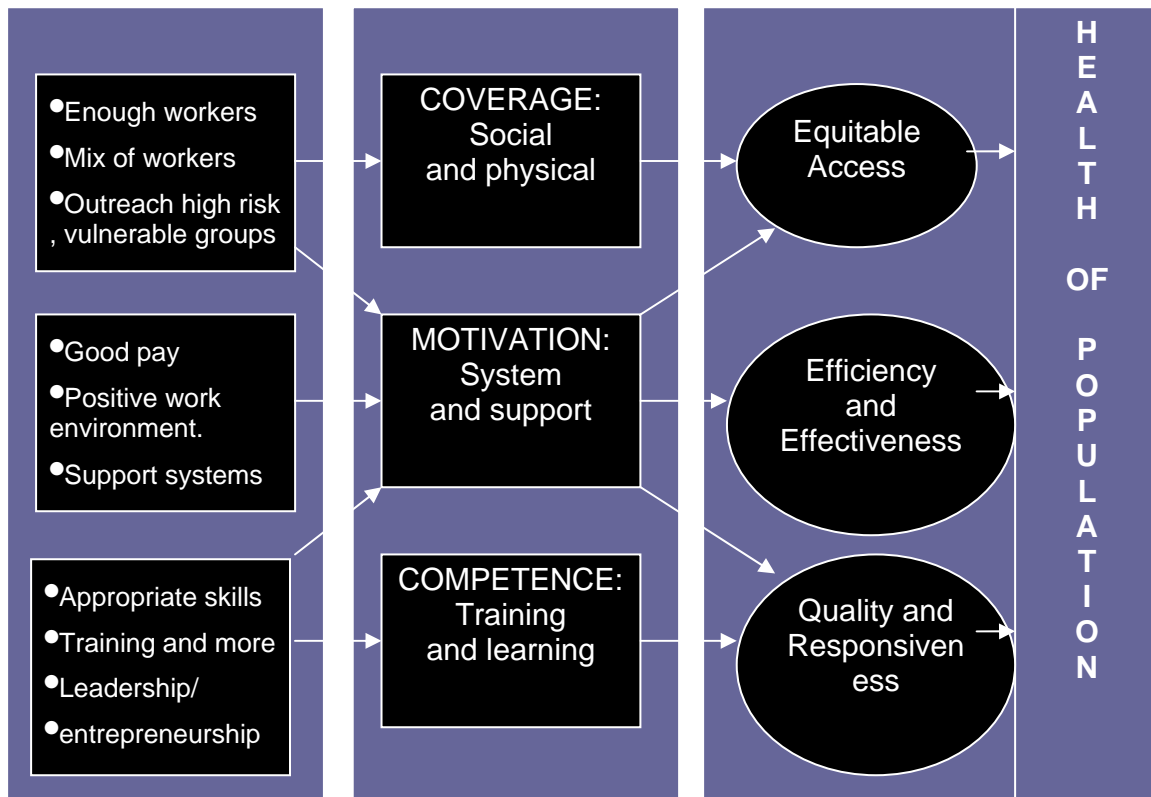


Figure 3: Managing for performance. Adapted from Chen et al (2004)

The diagram above adapted from Chen et al (2004) illustrates some of the factors that influence motivation of health workers and how

motivation in turn also has a bearing on equitable access, efficiency and effectiveness as well as on quality and responsiveness of health systems. The authors suggest that workforce strategies must aim at producing health workers with sufficient skill, adequate support and high motivation, although the emphasis is also that the presence of health workers only is not the total solution but it is important that hospitals be equipped with necessary supplies to enable the health workers to do their job well. In this framework motivation is seen as a major objective of improving performance in health as well as being a strong factor in staff retention and suggests that motivation strategies should be oriented towards good work environments, health systems that build support for the health workers in addition to good salaries. For example, Global Health Watch (2006) suggests that the collapse of health care systems in low income countries have led to irregular supply of medicines and poor health infrastructure resulting in ineffectiveness of even the sufficiently motivated staff. Dovlo (2003) affirms that a lack of supportive leadership and low staff motivation also has a negative impact on ethical conduct of nurses.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

This study has shown that there are many factors which shape the individual itineraries of health workers. Each of them is unique based on real life experiences and expectations although there are some points of convergence too with respect to these factors. Similarly the challenges faced are different in some respects and there are also some commonalities. Nurse migration itineraries in this study have been shaped by war, prospects of better salaries, desire to change environment, death of spouse, divorce and the desire for a better life.

The findings of this study suggest that the main motivational factors influencing nurses' decisions to migrate from SSA to Amsterdam are;

- Prospects to save money
- Better income
- Peace and stability
- Desire for a better life
- To join a spouse
- To change environment and experience life in a different place
- To get financial independence

Secondly the reasons for leaving home countries are;

- Poor salary
- Lack of equipment in hospital
- Declining economy
- War
- Heavy workload
- Inability to save money
- Stressful life events such as divorce or death of a spouse

LIMITATIONS

However, because this was a relatively small phenomenological study for the thesis the respondents in this study did not mention some of the motivational factors that are highlighted in literature. The study therefore did not capture all the possible motivational factors.

In literature the motivational factors for migration were found to be;

- Better remuneration
- To gain experience
- Upgrade qualifications
- To save money
- Safer environment

Gilson et al (2005) suggests that there are other contextual factors that have may have a bearing on nurse migration. For instance the fact that South Africa is in a socio-political transition to democracy from apartheid has created opportunities for nurses to migrate which had not been available prior to that transition. In addition South Africa has a central bureaucracy which was passed down from the time of apartheid which is makes it increasingly difficult to manage the nurses effectively. Gilson et al (2005) further asserts that the challenges nurses face with regards to their professional standing in health systems and in society as a whole in South Africa serves only to increase the feeling that they are not treated well by employers and the people in general. Similarly it is envisaged the advent of globalisation in Malawi has also made it simple for nurses to migrate to high-income countries.

And the factors in literature that cause nurses to leave their home countries were found to be;

- Poor management
- Heavy workload
- Economic decline
- Declining health service
- Lack of promotion
- Poor living conditions
- Lack of facilities

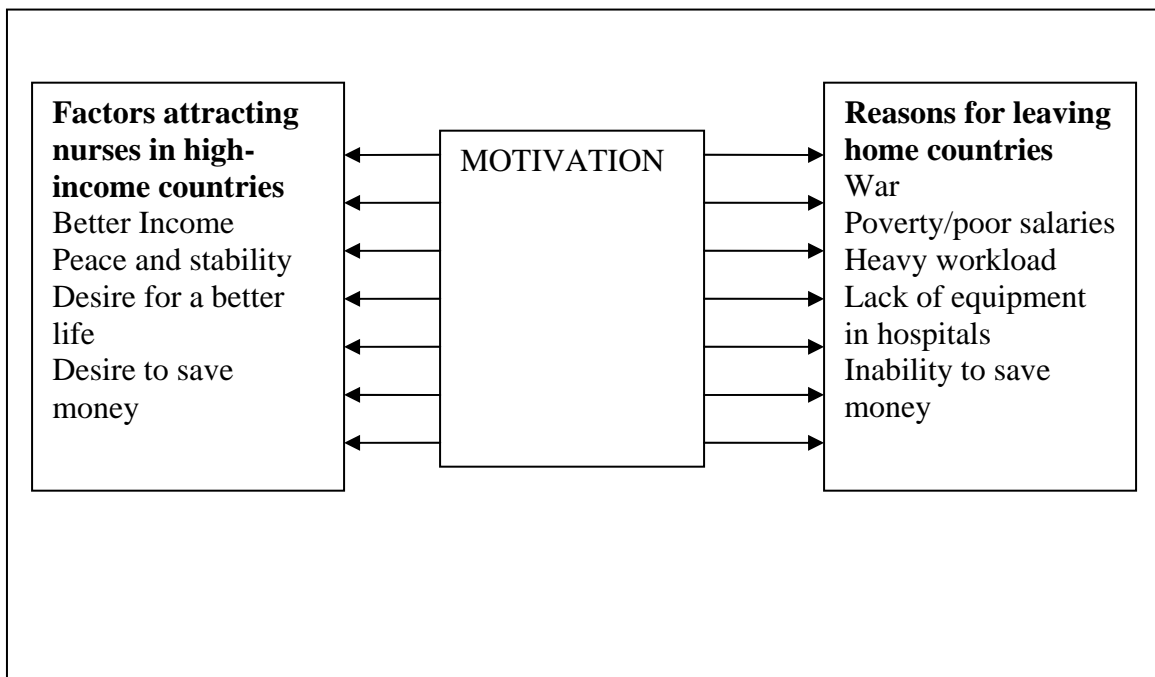


Figure 4: Summary of the motivational factors as found in the study

This study found that both intrinsic and extrinsic factors are an important part of motivation. The main extrinsic factors highlighted in this study are salary, workplace policies and administration, status as well as relationships with subordinates. The main intrinsic factors/motivators include recognition and acceptance, respect, recognition of prior experience and achievement, room for career advancement as well as increased responsibility.

RECOMMENDATIONS

The study indicates that there is need to address the underlying determinants to migration. SSA nurses are not gadabouts, there is need to improve the socio-economic and political determinants.

a. POLICY RECOMMENDATIONS

- There is need for governments and non-governmental development agencies to increase investment into retention of nurses. Nurse retention should become a matter of priority in SSA. It is impossible for people to attain health without nurses because for most people the closest link they have with the health system and may ever have is through the nurse.
- There is need to integrate nurse retention in Human Resource strategies and health sector reforms such as decentralization should be designed and implemented in ways that do not de-motivate nurses to migrate from SSA.
- It is also important to take seriously the problem of migration within countries and between countries.
- Form and strengthen bilateral and multilateral initiatives to support human resources for health in SSA.
- Governments in SSA should train cadres who are context specific like the Primary Health Care nurse introduced in Zimbabwe in 2003 who are less likely to migrate as opposed to Registered General Nurse. Gilson et al (2005) state that this is option of developing mid-level cadres is receiving considerable attention in South Africa.
- Intervention or strategies to retain nurses should also recognize and respect their autonomy in deciding what is best for them in terms of where to work. The practice of bonding has been criticized for not being a good option. Gilson et al (2005) suggest that this is a form of compulsion which should be replaced with better and more acceptable policies such as incentives which can make nurses less mobile. Bonding is a coercive way of trying to retain staff in the health system yet this can result in some people leaving the profession altogether or doing the job half-heartedly. In most low

- As governments embark on Sector Wide Approaches (SWAPS) where they pool resources for health sectors a significant amount of the funds raised should also be dedicated towards improving salaries of nurses in SSA.
- There should be employment policies in receiving countries that allow for fair access to equal opportunities for migrant nurses similar to those in the high income countries.

b. RESEARCH RECOMMENDATIONS

- Further research into qualitative experiences of nurse migrants working in high-income countries is needed to develop effective responses on Human Resources in SSA as nurse migration remains one of the challenges faced by health systems in the region.
- Nurses should have a resource centre where they can get counselling and guidance on migration and life abroad so that they are prepared to face the challenges that may come with migration. In addition they should also have somewhere to get help in case they experience problems in their receiving countries. When they migrate to a country like the Netherlands where there are language barriers the systems should open up to give them opportunities to learn the language so that they can easily fit in.
- There is need to identify, document and uphold best practices from other SSA countries where they have managed to curb nurse migration and share these with other countries. Impacts of these best practices in curbing migration should be studied.
- Nurses also need social networks and support systems because they also get home sick and feel isolated in the receiving countries. They feel that they are not treated equally as those of similar background and training in receiving countries. They are stigmatized because they are viewed as economic refugees fleeing grinding poverty in SSA. They also need to be respected in host countries so that they do not lose their self worth and dignity. High income countries should do their best in order not to treat nurses from SSA as second class citizens.

c. INTERVENTION RECOMMENDATIONS

- Encourage dialogue between nurses and governments so that governments are always aware of the concerns that nurses have and thus make informed decisions.
- It is impossible to integrate into the system when there are language barriers. Language was significantly associated with failure to fit in well and was recognized as a major challenge by some of the respondents. Nurse migrants should also be presented with opportunities to learn Dutch.
- There are high levels of unemployed young people in SSA and high income countries can invest in training them in their home countries and later recruiting some and leaving some for the governments.
- Increase training and opportunities for further training of nurses
- Improve salaries and working conditions
- Acknowledge the importance of nurses and fact that they do a great deal of women under some of the most difficult of circumstances.
- Nurses from SSA should be given room for innovation in high-income countries. Need to be recognized for doing well and trusted to do the job well and not be dealt with suspicion and the view that they are incompetent. Once shown how to do the work there they should be treated on equal terms with all other employees.

Final remarks

This study shows some of the factors and challenges that nurse migrants from SSA face and the extent of their resilience in the quest for a better life for them and their families. This study explored the drivers to motivation and the crux of the matter is that in view of the current globalization processes, migration will continue to take place. What may be more important are disquisitions on migration of nurses from SSA in relation to poverty alleviation and how this phenomenon can be turned around to usher in a new wave of development. The migration of nurses from SSA is one that needs to be addressed with celerity. Although the results of this study cannot be generalized to all migrant nurses due to the fact that this is a qualitative study, the study does offer interesting insights into the motivational factors and qualitative experiences shaping and resulting from the migration itineraries of nurses from SSA.

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ANNEXES

Annex 1: INTERVIEW PARTICIPATION CONSENT FORM

Dear Participant

You are being asked to be interviewed as part of a research project undertaken as part of a postgraduate thesis on nurse migration by Constance Shumba from the Royal Tropical Institute. This research project aims to investigate the causes of nurses leaving home countries to work in Greater Amsterdam. The information below details what will happen in the interview and how the data collected will be used. Please read it and sign at the bottom of the form if you wish to proceed with the interview.

- ❖ The interview will last 60 minutes.
- ❖ You will not be compensated for participating in this interview.
- ❖ The interview will be recorded on tape ONLY if you agree to this. If you do not agree, the interviewer will take notes by hand. You are free to stop recording at any time should you so wish.
- ❖ You are free to end the interview at any time if you do not wish to continue.
- ❖ Your name will not appear in the final research presentation and all information you share in the interview will be treated confidentially.
- ❖ The research project will be completed by the 4th June 2007. Tape recordings / notes of interviews will be kept until the 4th August 2007 and then destroyed.
- ❖ If you wish, you can have a copy of the interview tape / notes and of the final research presentation.

Please tick the boxes that apply and sign below:

I understand the purpose of this interview and consent to participate

I give permission for the interview to be recorded on tape

I understand that the information I provide will be treated confidentially

I would like a copy of the interview tape / interview notes / final research presentation (please delete as appropriate)

Signed:

Date:

Thank you for agreeing to participate in this interview.

The interviewer agrees to abide by the points detailed above.

Signed:

Date:

Should you have any subsequent comments or queries, please do not hesitate to contact the interviewer Tel: +31 61 980 5488 email: angelsaintzw@yahoo.com

Annex 2: INTERVIEW SCHEDULE AND GUIDE

Thank you very much for agreeing to take part in this interview. For the next one hour I would like to find out the following information which will be used solely for the purposes which have been earlier explained to you;

1. Name (For the researcher only and will not be indicated on the thesis)
2. Age
3. Country of origin and training
4. Can you give me a brief description of your background and work in your home country
5. How long did you work in your country as a nurse?
6. What were the reasons for leaving your home country?
7. When did you come to Amsterdam?
8. How long have you been working in Amsterdam as a nurse?
9. What were your reasons for choosing to work in Amsterdam?
10. Can you give me a brief description of how you are finding it working in Amsterdam?
11. Have your expectations about life and work in Amsterdam been met?
12. What do you consider to be the most important aspect of your work?
13. What motivates you to continue working in Amsterdam?
14. What is it that you liked about working in your home country?
15. What is it that you think would have made you stay in your country?
16. What do you think should be improved in the nursing profession in your country?

Annex 3: Gantt Chart

TIME SCHEDULE FOR RESEARCH ACTIVITIES																
ACTIVITY	MAY				JUNE				JULY				AUGUST			
WEEK	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Synopsis/ Thesis outline	■															
Proposal Development	■															
Literature Review /Data Collection			■													
Project write-up							■									
Thesis submission											■					
Presentation of findings														■		

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- I would like to thank my fiancé Dr Gershim Asiki for his love and support throughout the study period; it would not have been possible to pull through.
- I would also like to thank the respondents who spared their time to share their experiences in this study.
- My thanks and gratitude goes also to my parents, sisters and brother for their love and support.
- I thank the Lord for His guidance
- I thank the people I have met along the way, their support and encouragement has made it possible to pull through.
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