

UNIVERSITY OF ZULULAND

**THE IMPACT OF THE BRAIN DRAIN OF
PROFESSIONAL NURSES ON NURSING EDUCATION
AND NURSING PRACTICE IN KWAZULU-NATAL
PROVINCE**

BY

NELISIWE VIRGINIA MKHIZE

**THE IMPACT OF THE BRAIN DRAIN OF PROFESSIONAL
NURSES ON NURSING EDUCATION AND NURSING PRACTICE IN
KWAZULU-NATAL PROVINCE**

BY

NELISIWE VIRGINIA MKHIZE

**Submitted in fulfilment of the requirements for the
degree of D. Cur, Nursing Science Department
University of Zululand**

Promotor : Dr B. A. Kubheka

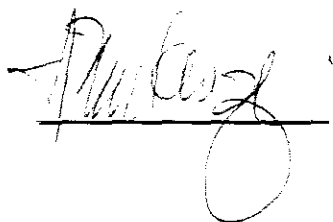
Date of Submission : July 2006

DECLARATION

I, NELISIWE VIRGINIA MKHIZE hereby declare that

"The impact of the brain drain of professional nurses on nursing education and nursing practice in region B and F of Kwazulu-Natal Province"

is my own work and all sources that have been used or quoted have been acknowledged by means of complete reference.

A handwritten signature in black ink, appearing to read 'N. V. Mkhize', is written over a horizontal line. The signature is stylized with a large loop at the end.

N. V. MKHIZE

DEDICATION

This work is dedicated to:

- My parents for laying the foundation for what I am today.
- My children and family for their unfailing support and encouragement to pursue my studies.
- My colleagues, all my friends and all those who stood by me when things were difficult.

ACKNOWLEDGEMENT

I wish to express my sincere gratitude to all people who directly or indirectly gave their support in various ways to completion of this study.

I am indebted to the following:

- The secretary for health for granting the permission to conduct this research project.
- The principals of various nursing colleges for the permission to conduct a research projects in their institutions.
- The Chief executive officers of various institutions for permission to conduct a research project.
- The Nurse educators and Nurse managers from various institutions for participating in the study.
- My lecturer, Dr B.A. Kubheka for her invaluable support encouragement throughout the study.
- My colleagues for their support and encouragement.
- My family for their support and encouragement.
- Njabulo and Mabusi for helping with typing the document.
- Various authors whose work I consulted.
- Sikhonzi for helping with photocopying

ABSTRACT

This study aimed at evaluating the impact of the brain drain of professional nurses on nursing education and nursing practice. It also aimed at identifying factors that contributed to the emigration of professional nurses. Lastly, the study aimed at making recommendations on the possible solutions to the problem.

A descriptive survey was conducted in nursing colleges and nursing services in region B and F of Kwazulu-Natal Province. Relevant literature on the emigration of health personnel with special attention to the nurses was reviewed for the formulation of the theoretical framework on which the study was based.

Two sets of self-administered questionnaires, one for nurse managers and one for nurse educators were given to nursing managers and nurse educators respectively. The questionnaires consisted of open and close ended questions. The total number of nurse managers was (75) and the nurse educators (40).

The nursing service managers and principals were purposely selected in each institution and college of nursing as there was only one from each institution. The selection of unit nurse managers and nurse educators were systematically selected from the change list of each institution until there were (75) nurse managers and (40) nurse educators.

The findings of the study revealed that the brain drain of professional nurses has had a negative impact on nursing education and nursing practice. Based on the findings, it was recommended:

- that the conditions of service for professional nurses should be improved with special attention to the revision of the salary structure as an implementation strategy to recruit and retain more nurses; and
- based on the factors that led to professional nurses to leaving South Africa and the impact of the brain drain thereof on the nursing profession, a model was proposed to deal with this problem.

OPSOMING

Die doel van hierdie studie was om vas te stel wat die impak is op die verpleegsterberoep van verpleegsters wat die land verlaat om elders hulle beroep te gaan beoefen. n' Verder doelstelling was om die faktore te identifiseer wat bydra tot die emigrasie van verpleegsters. Laastens was die doel van die studie om aanbevelings te maak ten einde die probleem op te los.

n' Beskrywende navorsingsmetode was gevolg in verpleegkolleges en verplegingdienste in streke B en F van die Kwazulu-Natal-provinsie. n' Ondersoek van relevante literatuur rakende die emigrasie van gesondheidspersoneel was gedoen met die oog op die formulering van die teoretiese raamwerk waarop die studie gebaseer is.

Twee self-gestruktureerde vraelyste, een vir verpleegbestuurders en een vir verpleegsteropleiers was vir die doel van die studie gebruik. Die vraelyste het geslote en oopvrae bevat. Die vraelyste is voltooi deur 75 verpleegbestuurders en 40 opleiers.

Die verpleegbestuurders en prinsipale was doelbewus gekies uit elke verpleeginrigting en verpleegkollege omdat elkeen net een bestuurder of prinsipal het. n' Sistematiese steekproef metode was gevolg met die kies van verpleegbestuurders en verpleegsteropleiers. Met die sistematiese steekproef is die lys vir elke inrigting gebruik om 75 verpleegbestuurders en 40 verpleegsteropleiers te kies.

Uit die bevindings van die ondersoek blyk dit dat die uittoeg van professionele verpleegster n' negatiewe invloed op die opleiding van verpleegsters en verpleegsterberoep het. Gebaseer op die bevindings van die studie is die volgende aanbevelings gemaak:

- Dat diensvoorwaardes vir professionele verpleegsters verbeter moet word en spesiale aandag (moet) aan die hersiening van die salarisstruktuur gegee word as n' implementeringstrategie om meer verpleegsters te werf en te behou.
- Gebaseer op die faktore wat aanleiding gee tot die uittoeg van professionele verpleegsters uit Suid-Afrika en die impak wat dit op die verpleegsterberoep het, is n' model voorgestel wat die probleem behoort op te los.

TABLE OF CONTENT

CONTENT	PAGE
TITLE OF THE STUDY	(i)
DECLARATION	(ii)
DEDICATION.....	(iii)
ACKNOWLEDGEMENT.....	(iv)
ABSTRACT	(v)
OPSOMENG	(vii)
LIST OF FIGURES	(xxix)
LIST OF TABLES.....	(xxxii)

CHAPTER I

1.1	INTRODUCTION.....	1
1.2	BACKGROUND TO THE STUDY.....	2
1.3	STATEMENT OF THE PROBLEM.....	4
1.4	OBJECTIVE OF THE STUDY.....	6
1.5	RESEARCH QUESTIONS.....	6
1.6	SIGNIFICANCE OF THE STUDY.....	6
1.7	MOTIVATION FOR THE STUDY.....	7
1.8	ASSUMPTIONS OF THE STUDY.....	7
1.9	DEFINITION OF TERMS.....	7
1.9.1	IMPACT.....	7
1.9.2	BRAIN DRAIN.....	8
1.9.3	EMIGRATION.....	8
1.9.4	PROFESSIONAL NURSE.....	8
1.9.5	NURSING.....	9
1.9.6	NURSING EDUCATION.....	9
1.9.7	NURSING PRACTICE.....	9
1.10	CONCLUSION.....	10

CHAPTER 2

LITERATURE REVIEW

2.1	INTRODUCTION	11
2.2	THE PROBLEM OF BRAIN DRAIN	12
2.2.1	THE PROBLEM OF THE BRAIN DRAIN IN SOUTH AFRICA	12
2.2.2	THE PROBLEM OF BRAIN DRAIN IN KWAZULU-NATAL	18
2.2.3	THE PROBLEM OF BRAIN DRAIN IN THE EASTERN CAPE	18
2.2.4	THE PROBLEM OF BRAIN DRAIN IN THE GAUTENG PROVINCE	18
2.2.5	THE PROBLEM OF THE BRAIN DRAIN IN THE AFRICAN CONTINENT	19
2.2.6	THE PROBLEM OF THE BRAIN DRAIN IN ZIMBABWE	22
2.2.7	THE PROBLEM OF THE BRAIN DRAIN IN OTHER COUNTRIES	25
2.2.8	THE PROBLEM OF THE BRAIN DRAIN IN ENGLAND	27
2.2.9	THE PROBLEM OF THE BRAIN DRAIN IN DENMARK	27
2.2.10	THE PROBLEM OF THE BRAIN DRAIN IN HOLLAND	28
2.2.11	THE PROBLEM OF THE BRAIN DRAIN IN FRANCE	28
2.2.12	THE PROBLEM OF THE BRAIN DRAIN IN THE UNITED STATES	29
2.2.13	THE PROBLEM OF BRAIN DRAIN IN INDIA	29
2.3	FACTORS LEADING TO THE BRAIN DRAIN	30
2.3.1	FACTORS LEADING TO THE BRAIN DRAIN IN SOUTH AFRICA	30
2.3.2	FACTORS LEADING TO THE BRAIN DRAIN IN THE EASTERN CAPE	32
2.3.3	FACTORS THAT LED TO THE BRAIN DRAIN IN THE WESTERN CAPE	33
2.3.4	CAUSES OF THE BRAIN DRAIN IN AFRICA	33

CHAPTER 2 (continued).....	PAGE
2.3.5 OTHER FACTORS THAT LED TO EMIGRATION OF PROFESSIONAL NURSES	34
2.4 THE IMPACT OF THE BRAIN DRAIN	37
2.4.1 THE IMPACT OF THE BRAIN DRAIN IN SOUTH AFRICA	37
IMPACT ON SERVICE DELIVERY	37
2.4.1.2 ECONOMIC IMPACT	38
2.4.2 THE IMPACT OF THE BRAIN DRAIN IN KWAZULU NATAL	38
2.4.3 THE IMPACT OF BRAIN DRAIN IN THE EASTERN CAPE	39
2.4.4 THE IMPACT OF THE BRAIN DRAIN IN THE WESTERN CAPE	39
2.4.5 THE IMPACT OF THE BRAIN IN AFRICA	40
2.4.5.1 ECONOMIC IMPACTS	40
2.4.5.2 SOCIAL IMPACTS	41
2.4.6 THE IMPACT OF THE BRAIN DRAIN	41
2.4.6.1 THE GENERAL IMPACT ON SERVICE DELIVERY	41
2.4.6.2 THE GENERAL ECONOMIC IMPACT	44
2.4.6.3 THE GENERAL PSYCHOLOGICAL IMPACT	45
2.4.6.4 THE IMPACT ON NURSING EDUCATION	46
2.4.6.5 IMPACT ON THE SCOPE OF PRACTICE	47
2.5 STRATEGIES TO PREVENT THE BRAIN DRAIN	48
STRATEGIES TO EFFECT BRAIN DRAIN IN SOUTH AFRICA	48
2.5.1.1 RECOMMENDATIONS MADE BY EHLER et al	48
2.5.1.2 SOUTH AFRICA AND BRITAIN DOCTOR-NURSE SWAPPING AGREEMENT TO STAUNCH BRAIN DRAIN	49
2.5.1.3 OTHER STRATEGIES	52

2.5.2	STRATEGIES TO HALT BRAIN DRAIN IN KWAZULU NATAL	53
CHAPTER 2 (<i>continued</i>).....		PAGE
2.5.3	STRATEGIES TO COMBAT BRAIN DRAIN IN THE EASTERN CAPE	54
2.5.4	STRATEGIES TO COMBAT THE BRAIN DRAIN IN GAUTENG	54
2.5.4.1	THE BILL ON CERTIFICATE OF NEED	54
2.5.5	THE STRATEGIES TO EFFECT THE BRAIN DRAIN IN AFRICA.....	56
2.5.6	STRATEGIES THAT CAN BE USED TO PREVENT THE EMIGRATION OF PROFESSIONAL NURSES.....	57
2.5.6.1	STRATEGIES ACCORDING TO DENOSA.....	57
2.5.6.2	STRATEGY FOR RETENTION OF PERSONNEL ACCORDING TO THE RETENTION POLICY OF THE DEPARTMENT OF HEALTH i.e. POLICY NO.3/2001	63
2.5.6.2.1	RECOGNITION OF GOOD PERFORMANCE.....	63
2.5.6.2.2	CAREER MANAGEMENT	63
2.5.6.2.3	TRAINING AND DEVELOPMENT.....	64
2.5.6.2.4	BURSARY ALLOCATION.....	64
2.5.6.2.5	INCENTIVE OR REWARD	64
2.5.6.2.6	WORK ENVIRONMENT.....	64
2.5.7	STRATEGIES THAT CAN BE USED BY INTERNATIONAL ORGANIZATIONS.....	65
2.5.8	STRATEGIES ACCORDING TO THE INTERNATIONAL NURSE MIGRATION POLICY BY SIGMA THETA TAU INTERNATIONAL (STTI)	66
2.5.9	RECOMMENDATIONS ACCORDING TO ZONDAGH.....	68
2.5.10	STRATEGIES FOR EFFECTING BRAIN GAIN	68

2.5.11	SOLUTION FOR BRAIN DRAIN BY THE INTERNATIONAL COUNCIL OF NURSES	70
CHAPTER 2 (<i>continued</i>).....		PAGE
2.5.12	ACTION PLAN FOR THE INTERNATIONAL COUNCIL OF NURSES	71
2.5.13	STRATEGIES TO REGULATE MIGRATION ACCORDING TO THE INTERNATIONAL LABOUR ORGANISATION	73
2.5.14	STRATEGIES ACCORDING TO THE NATIONAL HUMAN RESOURCE PLAN FOR HEALTH	74
2.6	CONCLUSION	76

CHAPTER 3

THEORETICAL FRAMEWORK

	PAGE
3.1 INTRODUCTION	77
3.2 THE NEUMEN SYSTEMS MODEL	77
3.3 APPLICATION OF THE MODEL TO THE STUDY	82
3.3.1 FACTORS OR STRESSORS THAT CAUSED NURSES TO EMIGRATE TO OVERSEAS COUNTRIES	85
3.3.1.1 ECONOMIC FACTORS	85
3.3.1.2 SOCIAL FACTORS	85
3.3.1.2.1 FEAR OF HIV AND AIDS	85
3.3.1.2.2 WORK PLACE VOILENCE	86
3.3.1.2.3 THE CRIME ISSUE	86
3.3.1.2.4 THE LEGAL ABORTION ISSUE	87
3.3.2 POLITICAL FACTORS	87
3.3.3 PROBLEMS DUE TO INVOLVEMENT WITH TRADE UNIONS	88
3.4 STRATEGIES AIMED AT PREVENTING THE EMIGRATION OF NURSES	90
3.4.1 PRIMARY PREVENTIVE MEASURES	91
3.4.2 SECONDARY PREVENTION	91
3.4.3 TERTIARY PREVENTION	91
3.5 SOME OF THE STRATEGIES TO IMPROVE NURSING SHORTAGES	93
3.5.1 ADDRESSING THE NURSING SHORTAGE BY RECRUITMENT	93

CHAPTER 3 (<i>continued</i>).....	PAGE
3.5.2 CREATING A BETTER ENVIRONMENT.....	94
3.5.3 HUMANISING THE WORK PLACE.....	94
3.5.4 CHANGING STAFF RELATIONSHIPS	95
3.5.5 DEALING WITH DIVERSITY	95
3.5.6 LEARNING FROM OTHERS	96
3.6 CONCLUSION	96

CHAPTER 4

RESEARCH METHODOLOGY

	PAGE
4.1 INTRODUCTION	97
4.2 RESEARCH DESIGN.....	97
4.3 DATA COLLECTION	99
4.3.1 DELIMITATION OF THE SCOPE OF THE STUDY.....	99
4.3.2 TARGET POPULATION	100
4.3.3 SAMPLING SIZE AND SAMPLING PROCEDURE	102
4.3.3.1 SAMPLING PROCEDURE.....	102
4.3.3.1 ETHICAL CONSIDERATIONS	105
4.3.5 RESEARCH TOOL.....	106
4.3.6 VALIDITY AND RELIABILITY.....	113
4.3.7 PILOT STUDY.....	115
4.3.8 DATA ANALYSIS	116
4.4 CONCLUSION	116

CHAPTER 5

DATA ANALYSIS AND INTERPRETATION OF FINDINGS OF THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION QUESTIONNAIRE FOR NURSE EDUCATORS

	PAGE
5.1 INTRODUCTION.....	117
5.2 SECTION A: BIOGRAPHICAL DATA.....	118
5.2.1 ITEM 1: AGE GROUP OF RESPONDENTS.....	118
5.2.2 ITEM 2: GENDER OF RESPONDENTS.....	119
5.2.3 ITEM 3: MARITAL STATUS OF NURSE EDUCATORS.....	119
5.2.4 ITEM 4: AREA OF RESIDENCE.....	121
5.3 SECTION B: EDUCATIONAL INFORMATION.....	121
5.3.1 ITEM 5: LAST STANDARD PASSED AT SCHOOL.....	122
5.3.2 ITEM 6: HIGHEST ACADEMIC QUALIFICATION.....	122
5.3.3 ITEM 7: PROFESSIONAL POSITION HELD.....	124
5.4 SECTION C: KNOWLEDGE OF THE NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS.....	125
5.4.1 ITEM 8: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS.....	125
5.4.2 ITEM 9: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE INSTITUTION TO THE PRIVATE SECTOR.....	127
5.4.3 ITEM 10: REASON MENTIONED BY RESPONDENTS FOR LEAVING THE COUNTRY.....	128

CHAPTER 5 (<i>continued</i>).....	PAGE
5.4.4 ITEM 11: NATURE OF REASONS THE RESPONDENTS MENTIONED FOR LEAVING	129
5.4.5 ITEM 12: HIGHEST ACADEMIC QUALIFICATIONS OF THE RESPONDENTS WHO LEFT FOR OVERSEAS COUNTRIES	130
5.4.6 ITEM 13: POSSESSION OF CLINICAL SPECIALISATION.....	131
5.4.7 ITEM 14: PROBLEMS WITH TEACHING OF SUBJECTS BY NURSE EDUCATORS WITHOUT SPECIALITY.....	132
5.4.8 ITEM 15: NUMBER OF YEARS EACH NURSE EDUCATOR THAT LEFT TAUGHT IN THE INSTITUTION.....	133
5.5 SECTION D: FACTORS THAT LED NURSE EDUCATOR TO LEAVE THE COUNTRY AS PERCIEVED BY THOSE REMAINING IN KWAZULU-NATAL EDUCATIONAL INSTITUTIONS.....	134
5.5.1 ITEM 16: SATISFACTION WITH THE SALARY PACKAGE.....	134
5.5.2 ITEM 17: SATISFACTION WITH THE SUPPORT AND RECOGNITION FROM SENIOR PERSONNEL	135
5.5.3 ITEM 18: OPPORTUNITY TO FURTHER EDUCATION AND ATTEND WORKSHOPS.....	136
5.5.4 ITEM 19: EFFECTS OF INABILITY TO FURTHER EDUCATION ON STUDENT TEACHING.....	137
5.5.5 ITEM 20: COPING WITH THE WORK ALLOCATED	138
5.5.6 ITEM 21: REASON FOR NOT COPING WITH ALLOCATED WORK.....	139
5.6 SECTION E: IMPACT ON NURSING EDUCATION	139
5.6.1 ITEM 22: CLINICAL SPECIALIZATION OF THE NURSES REMAINING IN SOUTH AFRICA	139

CHAPTER 5 (<i>continued</i>).....	PAGE
5.6.2 ITEM 23: RELATION OF SPECIALIZATION TO THE SUBJECT	140
5.6.3 ITEM 24: PROBLEM WITH TEACHING THE SUBJECT NOT RELATED TO WHAT EACH NURSE EDUCATOR WAS TEACHING	141
5.6.4 ITEM 25: NUMBER OF YEARS TEACHING	142
5.6.5 ITEM 26: OPPORTUNITIES FOR PROMOTION.....	142
5.6.6 ITEM 27: TUTOR ENOUGH FOR THE NUMBER OF STUDENTS.....	143
5.6.7 ITEM 28: ABILITY TO GIVE EACH STUDENT FULL ATTENTION.....	144
5.6.8 ITEM 29: ABILITY TO PROVIDE STUDENT ACCOMPANIMENT	145
5.6.9 ITEM 30: REASONS GIVEN FOR NOT PROVIDING STUDENT ACCOMPANIMENT	146
5.6.10 ITEM 31: THE EFFECTS OF LACK OF STUDENT ACCOMPANIMENT	147
5.6.11 ITEM 32: AVAILABILITY OF NURSE EDUCATORS THAT ARE THINKING OF LEAVING THE COUNTRY	147
5.6.12 ITEM 33: REASONS FOR LEAVING THE COUNTRY	148
5.6.13 ITEM 34: PROBLEMS EXPERIENCED DUE TO BRAIN DRAIN	149
5.6.14 ITEM 35: SOLUTIONS SUGGESTED.....	149
5.6.15 ITEM 36: POSITIVE EFFECTS OF BRAIN DRAIN.....	150
5.7 CONCLUSION	151

CHAPTER 6

DATA ANALYSIS AND INTERPRETATION OF FINDINGS OF THE IMPACT OF THE BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING PRACTICE QUESTIONNAIRE FOR NURSE MANAGERS

	PAGE
6.1 INTRODUCTION	152
6.2 SECTION A: BIOGRAPHICAL DATA	153
6.2.1 ITEM 1: AGE GROUP	153
6.2.2 ITEM 2: GENDER DISTRIBUTION	154
6.2.3 ITEM 3: MARITAL STATUS	155
6.2.4 ITEM 4: AREA OF RESIDENCE	156
6.3 SECTION B: EDUCATIONAL INFORMATION.....	157
6.3.1 ITEM 5: LAST STANDARD PASSED AT SCHOOL	158
6.3.2 ITEM 6: HIGHEST ACADEMIC QUALIFICATION.....	159
6.3.3 ITEM 7: POSSESSION OF MANAGEMENT DIPLOMA /DEGREE.....	160
6.4 SECTION C: EMPLOYMENT INFORMATION.....	160
6.4.1 ITEM 8: PROFESSIONAL POSITION HELD	160
6.4.2 ITEM 9: AREA OF WORK	161
6.5 SECTION D: KNOWLEDGE OF THE NURSE WHO LEFT THE COUNTRY FOR OVERSEAS	162
6.5.1 ITEM 10: KNOWLEDGE OF PROFESSIONAL NURSE WHO LEFT FOR OVERSEAS.....	162
6.5.2 ITEM 11: REASON FOR LEAVING.....	163

CHAPTER 6 (<i>continued</i>).....	PAGE
6.5.3 ITEM 12: REASON MENTIONED FOR LEAVING	164
6.5.4 ITEM 13: HIGHEST ACADEMIC QUALIFICATIONS.....	164
6.5.5 ITEM 14: POSSESSION OF CLINICAL SPECIALISATION.....	165
6.5.6 ITEM 15: NUMBER OF YEARS WORKING IN SOUTH AFRICA	167
6.5.7 ITEM 16: PROBLEMS ENCOUNTERED AFTER THE PROFESSIONAL NURSES HAVE LEFT	168
6.6 SECTION E: FACTORS THAT HAVE LED TO THE NURSE TO LEAVE THE COUNTRY.....	168
6.6.1 MANAGEMENT FACTORS	169
6.6.1.1 ITEM 17: SATISFACTION WITH THE SALARY PACKAGE.....	169
6.6.1.2 ITEM 18: WORKLOAD ON THE REMAINING NURSES	170
6.6.1.3 ITEM 19: NEGATIVE EFFECTS OF WORKLOAD	171
6.6.1.4 ITEM 20: MANAGEMENT OF EFFECTS.....	172
6.6.1.5 ITEM 21: MANAGEMENT SUPPORTIVE	173
6.6.1.6 ITEM 22: RESOURCES ENOUGH	174
6.6.1.7 ITEM 23: MANAGING WITH LESS RESOURCES	175
6.6.1.8 ITEM 24: WORKING CONDITIONS.....	176
6.6.1.9 ITEM 25: SATISFACTION DUTY SCHEDULE.....	177
6.6.1.10 ITEM 26: SATISFACTION WITH APPRAISAL SYSTEM.....	177
6.6.1.11 ITEM 27: PERSONNEL PROMOTION	178
6.6.1.12 ITEM 28: STAFF ALLOCATION.....	180
6.6.1.13 ITEM 29: STAFF ENOUGH FOR TYPE AND NUMBER OF PATIENTS..	181
6.6.1.14 ITEM 30: MANAGEMENT OF STAFF SHORTAGES BY MANAGEMENT	182

CHAPTER 6 (<i>continued</i>).....	PAGE
6.6.1.15 ITEM 31: AVAILABILITY OF POSTS THAT ARE NOT FILLED	183
6.6.2 RELATIONSHIP FACTOR.....	184
6.6.2.1 ITEM 32: RELATIONSHIP BETWEEN NURSES AND DOCTORS.....	184
6.6.2.2 ITEM 33: RELATIONSHIP BETWEEN NURSES AND PATIENTS.....	185
6.6.2.3 ITEM 34: PUBLIC'S PERCEPTIONS OF THE IMAGE OF THE NURSING PROFESSION	186
6.6.2.4 ITEM 35: CAUSES OF NEGATIVE PERCEPTIONS	187
6.6.3 PERSONAL FACTORS.....	188
6.6.3.1 ITEM 36: COPING WITH AMOUNT OF WORK	188
6.6.3.2 ITEM 37: EFFECTS OF HIV/AIDS ON NURSES	189
6.7 SECTION F: IMPACT OF THE BRAIN DRAIN ON SERVICE DELIVERY	190
6.7.1 ITEM 38: POSSESSION OF CLINICAL SPECIALIZATION RELATED TO THE SERVICE RENDERED	190
6.7.2 ITEM 39: KEEPING OF THE STANDARDS OF CARE REQUIRED	191
6.7.3 ITEM 40: AVAILABILITY OF NURSES WITH THE SAME CLINICAL SPECIALIZATION.....	191
6.7.4 ITEM 41: KEEPING OF STANDARD IF NOBODY WITH SPECIALISATION	192
6.7.5 ITEM 42: AVAILABILITY OF ENOUGH PROFESSIONAL NURSES TO PROVIDE THE NEEDS OF THE UNIT	193
6.7.6 ITEM 43: ENSURING THAT THE UNIT HAD ADEQUATE STAFF.....	194
6.7.7 ITEM 44: PATIENTS SATISFIED WITH SERVICE RENDERED	196
6.7.8 ITEM 45: DEMONSTRATION OF THE FEELING OF SATISFACTION...	197

CHAPTER 6 (<i>continued</i>).....	PAGE
6.7.9 ITEM 46: DEALING WITH PATIENTS IF NOT SATISFIED	198
6.7.10 ITEM 47: FREQUENCY OF RECEIVING PATIENTS COMPLAINTS	198
6.7.11 ITEM 48: NEGATIVE INCIDENCES	199
6.7.12 ITEM 49: EFFECTS OF NEGATIVE INCIDENCES ON STAFF AND PATIENTS.....	200
6.7.13 ITEM 50: PREVENTION OF THE NEGATIVE INCIDENCES	201
6.8 IMPACT DUE TO STAFF SHORTAGES	202
6.8.1 ITEM 51: DELAYS DUE TO STAFF SHORTAGES	202
6.8.2 ITEM 52: ANY WAITING LISTS	203
6.8.3 ITEM 53: TREATMENT GIVEN AT DUE TIMES	204
6.8.4 ITEM 54: REASONS FOR DELAYS IN TREATMENT	205
6.8.5 ITEM 55: LIMITATION OF THE NUMBER OF ADMISSIONS AND SPECIAL PROCEDURES	206
6.9 PSYCHOLOGICAL IMPACT.....	207
6.9.1 ITEM 56: STAFF MORALE	207
6.9.2 ITEM 57: STRATEGIES TO IMPROVE STAFF MORALE	208
6.9.3 ITEM 58: STRESS LEVEL AMONG STAFF	209
6.9.4 ITEM 59: CAUSES OF HIGH STRESS LEVELS.....	210
6.9.5 ITEM 60: DEALING WITH HIGH STRESS LEVELS	212
6.9.6 ITEM 61: RATE OF ABSENTEEISM	213
6.9.7 ITEM 62: CAUSES OF HIGH RATE OF ABSENTEEISM.....	214
6.9.8 ITEM 63: DEALING WITH ABSENTEEISM.....	215
6.10 IMPACT RELATED TO MEDICAL ERRORS.....	216
6.10.1 ITEM 64: LAWSUITS DUE TO MEDICAL ERRORS.....	216

CHAPTER 6 (<i>continued</i>).....	PAGE
6.10.2 ITEM 65: TYPE OF LAWSUITS.....	217
6.10.3 ITEM 66: STEPS TAKEN TO PREVENT LAWSUITS.....	217
6.10.4 ITEM 67: STAFF WORKING MORE THAN TWELVE HOURS	217
6.10.5 ITEM 68: USE OF TEMPORARY AGENCIES	218
6.10.6 ITEM 69: ENOUGH TIME TO ORIENTATE AND TEACH NEW PERSONNEL	219
6.10.7 ITEM 70: TIME FOR STAFF TO ATTEND WORKSHOPS AND TO FURTHER THEIR EDUCATION.....	220
6.11 IMPACT ON THE SCOPE OF PRACTICE.....	222
6.11.1 ITEM 71: ALLOCATION OF NURSES ABOVE THEIR LEVEL OF EDUCATION, TRAINING AND CAPABILITIES	222
6.11.2 ITEM 72: PREPARATION OF STAFF FOR TASKS	223
6.11.3 ITEM 73: ANY OVERLAPPING OF DUTIES.....	223
6.11.4 ITEM 74: OVERLAPPING DUTIES	224
6.11.5 ITEM 75: ABILITY TO PERFORM THEM COMPETENTLY.....	226
6.12 IMPACT ON STUDENT TEACHING IN THE CLINICAL AREAS.....	227
6.12.1 ITEM 76: ALLOCATION OF STUDENTS ACCORDING TO THE EDUCATIONAL NEEDS.....	227
6.12.2 ITEM 77: REASON IF NOT ALLOCATING STUDENTS ACCORDING TO EDUCATIONAL NEEDS.....	228
6.12.3 ITEM 78: ENOUGH TIME FOR TEACHING STUDENTS	228
6.12.4 ITEM 79: REASON FOR NOT TEACHING STUDENTS	230
6.12.5 ITEM 80: DELEGATION OF STUDENTS ACCORDING TO LEVEL TRAINING.....	230

CHAPTER 6 (<i>continued</i>).....	PAGE
6.12.6 ITEM 81: REASONS FOR NOT DELEGATING STUDENT ACCORDING TO LEVEL OF TRAINING.....	231
6.12.7 ITEM 82: AVAILABILITY OF NURSES TO SUPERVISE STUDENTS	231
6.12.8 ITEM 83: PROBLEMS DUE TO BRAIN DRAIN.....	232
6.12.9 ITEM 84:SOLUTIONS SUGGESTED.....	234
6.12.10 ITEM 85: POSITIVE EFFECTS OF BRAIN DRAIN.....	235
6.13 CONCLUSION	237

CHAPTER 7

SUMMARY CONCLUSION LIMITATIONS AND RECOMMENDATIONS

	PAGE
7.1 INTRODUCTION	238
7.2 SUMMARY.....	238
7.3 RE-STATEMENT OF ASSUMPTIONS AND OBJECTIVES.....	239
7.4 CONCLUSION WAS DONE ACCORDING TO OBJECTIVES.....	241
7.4.1 QUESTIONNAIRE FOR NURSE EDUCATORS	241
7.4.1.1 TO EVALUATE THE IMPACT OF THE EMIGRATION OF PROFESSIONAL NURSES ON NURSING EDUCATION.....	241
7.4.1.2 TO IDENTIFY SOME OF THE FACTORS THAT CONTRIBUTED TO THE EMIGRATION OF PROFESSIONAL NURSES	241
7.4.2 QUESTIONNAIRE FOR NURSE MANAGERS.....	242
7.4.2.1 TO EVALUATE THE IMPACT OF THE EMIGRATION OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE	242
7.4.2.1.1 NEGATIVE IMPACT	242
7.4.2.1.2 POSITIVE IMPACTS	245
7.4.2.1.3 TO IDENTIFY SOME OF THE FACTORS THAT CONTRIBUTED TO THE EMIGRATION OF PROFESSIONAL NURSES	246
7.5 RECOMMENDATIONS.....	249
7.5.1 NATIONAL RECOMMENDATIONS.....	249
7.5.2 INSTITUTIONAL RECOMMENDATIONS	251
7.6 LIMITATIONS	252

7.8.4.6 DECREASING THE WORKLOAD.....	272
7.8.4.7 DEALING EFFECTIVELY WITH THE ISSUE OF HIV AND AIDS	273
7.8.4.8 IMPROVING THE IMAGE OF THE NURSING PROFESSION	273
7.8.4.9 STRATEGIES FOR IMPROVING THE IMPACT ON NURSING EDUCATION.....	274
7.8.5 CONCLUSION	275
BIBLIOGRAPHY.....	276

ANNEXURES

ANNEXURE 1: QUESTIONNAIRE FOR NURSE MANAGERS.....	287
ANNEXURE 2: QUESTIONNAIRE FOR NURSE EDUCATORS	288
ANNEXURE 3: MAP FOR KWAZULU-NATAL PROVINCE	289
ANNEXURE 4: REQUEST FOR PERMISSION TO CONDUCT RESEARCH- DEPARTMENT OF HEALTH	290
ANNEXURE 5: PERMISSION TO CONDUCT RESEARCH STUDY – DEPARTMENT OF HEALTH	291
ANNEXURE 6: REQUEST TO CONDUCT STUDY- KING EDWARD HOSPITAL.....	292
ANNEXURE 7: PERMISSION TO CONDUCT RESEARCH STUDY KING EDWARD HOSPITAL	293
ANNEXURE 8: REQUEST LETTER TO CONDUCT RESEARCH STUDY- EDENDALE HOSPITAL.....	294
ANNEXURE 9: PERMISSION TO CONDUCT RESEARCH STUDY – EDENDALE HOSPITAL.....	295

ANNEXURE 10: REQUEST LETTER TO CONDUCT RESEARCH STUDY

NORTHDALE HOSPITAL	296
---------------------------------	------------

ANNEXURE 11: PERMISSION TO CONDUCT A RESEARCH STUDY –

NORTHDALE HOSPITAL	297
---------------------------------	------------

ANNEXURE 12: REQUEST TO CONDUCT RESEARCH STUDY –

PRINCE MSHIYENI MEMORIAL HOSPITAL	298
--	------------

ANNEXURE 13: PERMISSION LETTER TO CONDUCT RESEARCH STUDY-

PRINCE MSHIYENI MEMORIAL HOSPITAL	299
--	------------

ANNEXURE 14: REQUEST LETTER FOR PERMISSION TO CONDUCT RESEARCH

STUDY – R.K. KHAN HOSPITAL	300
---	------------

ANNEXURE 15: PERMISSION LETTER TO CONDUCT RESEARCH STUDY-

R.K. KHAN HOSPITAL.....	301
--------------------------------	------------

ANNEXURE 16: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY -

ADDINGTON HOSPITAL.....	302
--------------------------------	------------

ANNEXURE 17: PERMISSION TO CONDUCT RESEARCH STUDY - ADDINGTON

HOSPITAL.....	303
----------------------	------------

LIST OF FIGURES.....	PAGE
FIGURE 1: THE MODIFIED NEUMAN'S SYSTEM MODEL DIAGRAM	78
FIGURE 2: MODIFIED NEUMAN'S MODEL.....	84
FIGURE 5.1: GENDER DISTRIBUTION OF STUDENTS.....	119
FIGURE 5.2: AREA OF RESIDENCE.....	121
FIGURE 5.3: HIGHEST ACADEMIC QUALIFICATIONS.....	123
FIGURE 5.4: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS.....	126
FIGURE 5.5: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE INSTITUTION TO THE PRIVATE SECTOR.....	127
FIGURE 5.6: POSSESSION OF CLINICAL SPECIALISATION	131
FIGURE 5.7: SATISFACTION WITH THE SALARY PACKAGE	134
FIGURE 5.8: OPPORTUNITY TO FURTHER EDUCATION AND ATTEND WORKSHOPS.....	136
FIGURE 5.9: COPING WITH THE WORK ALLOCATED	138
FIGURE 5.10: CLINICAL SPECIALIZATION.....	140
FIGURE 5.11: ITS RELATION TO THE SUBJECTS	141
FIGURE 5.12: OPPORTUNITIES FOR PROMOTION	143
FIGURE 5.13: RATIO OF TUTORS FOR THE NUMBER OF STUDENTS	144
FIGURE 5.14: ABILITY TO GIVE EACH STUDENT FULL ATTENTION.....	145
FIGURE 5.15: ABILITY TO PROVIDE STUDENT ACCOMPANIMENT	145
FIGURE 5.16: AVAILABILITY OF NURSE EDUCATORS THAT ARE THINKING OF LEAVING THE COUNTRY	147
FIGURE 6.1: GENDER OF RESPONDENTS	154

LIST OF FIGURES (<i>continued</i>).....	PAGE
FIGURE 6.2: AREA OF RESIDENCE.....	156
FIGURE 6.3: HIGHEST ACADEMIC QUALIFICATION	158
FIGURE 6.4: POSSESSION OF MANAGEMENT DIPLOMA OR DEGREE.....	159
FIGURE 6.5: KNOWLEDGE OF PROFESSIONAL NURSE WHO LEFT FOR OVERSEAS.....	162
FIGURE 6.6: REASON FOR LEAVING	163
FIGURE 6.7: HIGHEST ACADEMIC QUALIFICATIONS.....	165
FIGURE 6.8: POSSESSION OF CLINICAL SPECIALISATION	166
FIGURE 6.9: SATISFACTION WITH THE SALARY PACKAGE	169
FIGURE 6.10: WORKLOAD ON THE REMAINING NURSES.....	170
FIGURE 6.11: NEGATIVE EFFECTS OF WORKLOAD	171
FIGURE 6.12: MANAGEMENT SUPPORTIVE.....	173
FIGURE 6.13: RESOURCES ENOUGH.....	174
FIGURE 6.14: WORKING CONDITIONS.....	176
FIGURE 6.15: SATISFACTION WITH DUTY SCHEDULES.....	177
FIGURE 6.16: SATISFACTION WITH APPRAISAL SYSTEM.....	178
FIGURE 6.17: PERSONNEL PROMOTION	179
FIGURE 6.18: STAFF ALLOCATION.....	180
FIGURE 6.19: STAFF ENOUGH FOR TYPE AND NUMBER OF PATIENTS	181
FIGURE 6.20: AVAILABILITY OF POSTS THAT ARE NOT FILLED	183
FIGURE 6.21: RELATIONSHIP BETWEEN NURSES AND PATIENTS	185
FIGURE 6.22: PUBLIC'S PERCEPTIONS OF THE IMAGE OF NUSING PROFESSION	186
FIGURE 6.23: COPING WITH AMOUNT OF WORK	188

LIST OF FIGURES (<i>continued</i>).....	PAGE
FIGURE 6.24: EFFECTS OF HIV/AIDS ON NURSES	189
FIGURE 6.25: POSSESSION OF CLINICAL SPECIALISATION RELATED TO THE SERVICE RENDERED	190
FIGURE 6.26: AVAILABILITY OF NURSES WITH THE SAME CLINICAL SPECIALIZATION.....	192
FIGURE 6.27: AVAILABILITY OF ENOUGH PROFESSIONAL NURSES TO PROVIDE THE NEEDS TO THE UNIT.....	193
FIGURE 6.28: PATIENTS SATISFIED WITH SERVICE RENDERED	196
FIGURE 6.29: NEGATIVE INCIDENCES THAT OCCURRED	200
FIGURE 6.30: DELAYS DUE STAFF SHORTAGES	203
FIGURE 6.31: TREATMENT GIVEN AT DUE TIMES	205
FIGURE 6.32 LIMITATION OF THE NUMBER OF ADMISSIONS AND SPECIAL PROCEDURES	207
FIGURE 6.33: STAFF MORALE.....	208
FIGURE 6.34: STRESS LEVEL AMONG STAFF.....	209
FIGURE 6.35: RATE OF ABSENTEEISM.....	213
FIGURE 6.36: LAWSUITS DUE TO MEDICAL ERRORS	216
FIGURE 6.37: STAFF WORKING MORE THAN TWELVE HOURS.....	218
FIGURE 6.38: USED OF TEMPORARY AGENCIES.....	219
FIGURE 6.39: ENOUGH TIME TO ORIENTATE AND TEACH NEW PERSONNEL.....	220
FIGURE 6.40: TIME FOR STAFF TO ATTEND WORKSHOPS AND TO FURTHERING THEIR EDUCATION.....	221

LIST OF FIGURES <i>(continued)</i>	PAGE
FIGURE 6.41: ALLOCATION OF NURSES ABOVE THEIR LEVEL OF EDUCATION, TRAINING AND CAPABILITIES	222
FIGURE 6.42: ANY OVERLAPPING DUTIES	223
FIGURE 6.43: ABILITY TO PERFORM OVERLAPPING DUTIES COMPETENTLY	226
FIGURE 6.44: ALLOCATION OF STUDENTS ACCORDING TO THEIR EDUCATIONAL NEEDS.....	227
FIGURE 6.45: ENOUGH TIME FOR TEACHING STUDENTS	229
FIGURE 6.46: AVAILABILITY OF NURSES TO SUPERVISE STUDENTS.....	231

LIST OF TABLES	PAGE
TABLE 5.1: AGE GROUP OF RESPONDENTS	118
TABLE 5.2: MARITAL STATUS.....	120
TABLE 5.3: PROFESSIONAL POSITION HELD	124
TABLE 5.4: REASONS FOR LEAVING	128
TABLE 5.5: HIGHEST ACADEMIC QUALIFICATIONS	130
TABLE 5.6: NUMBER OF YEARS TEACHING	133
TABLE 5.7: SATISFACTION WITH THE SUPPORT FROM SENIOR PERSONNEL	135
TABLE 5.8: NUMBER OF YEARS TEACHING	142
TABLE 6.1: AGE GROUP	153
TABLE 6.2: MARITAL STATUS.....	155

LIST OF TABLES (<i>continued</i>)	PAGE
TABLE 6.3: LAST STANDARD PASSED AT SCHOOL	157
TABLE 6.4: PROFESSIONAL POSITION HELD	160
TABLE 6.5: AREA OF WORK	161
TABLE 6.6: NUMBER OF YEARS WORKING IN SOUTH AFRICA	167
TABLE 6.7.: MANAGEMENT OF STAFF SHORTAGE BY MANAGEMENT	182
TABLE 6.8: RELATIONSHIPS BETWEEN NURSES AND DOCTORS.....	184
TABLE 6.9: ENSURING THAT THE UNIT HAS ADEQUATE STAFF	194
TABLE 6.10: FREQUENCY OF COMPLAINTS RECEIVED FROM PATIENTS....	199
TABLE 6.11: ANY WAITING LIST.....	204
TABLE 6.12: CAUSES OF HIGH STRESS LEVELS.....	210
TABLE 6.13: DEALING WITH HIGH STRESS LEVELS	212
TABLE 6.14: CAUSES OF HIGH RATE OF ABSENTEEISM.....	214

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The loss of professionals and other skilled people from the Southern African Development Community (SADC) region is fast assuming the dimensions of a major crisis. These countries pour vast resources into training and education of professional nurses to ensure that future skills needs are met. After this preparation, these professional nurses leave the country to work overseas. According to Zulu (2002: 1), the King of the Zulus, cited in The Independent Newspaper, during a conference, stated that people in the United Kingdom, Canada and Middle East are the recipients of nurses, training countries are not benefiting. Emigration of these highly skilled and competent nurses to other countries seems to have a negative impact on the delivery of excellent health care services, particularly in the public sector. ✓

However, Maybud (2006:12) cited in the Nursing Update commented that emigration is embedded in the personal human right to freedom of movement and the use of an individual's knowledge and skills to improve his or her own life. According to Geyer (2004:34), negative effects of the brain drain are further evident in the clinical areas where the learners may not get sufficient training, support and exposure due to lack of appropriate skills and expertise.

In South Africa in particular, the emigration of professional nurses has increased over the past 15 years, and the international mobility of health professionals has become an

important issue. Statistics show that more than 23 400 health workers from South Africa currently practice in Australia, Canada, the United States, New Zealand, United Kingdom and other countries (Dumont and Meyer 2005:4). This figure corresponds to approximately 9.8% of all health professionals registered in South Africa, suggesting that emigration rates are significantly higher for health workers than for skilled workers in general which is (7%). According to the study done by International Labour Organization, health care professionals who left, most often, do not return. (Nursing Update 2006:12).

In this chapter background for the study, statement of the problem, objectives of the study, research questions, significance of the study, motivation for the study, assumption for the study as well as the definition of terms will be discussed.

1.2 BACKGROUND OF THE STUDY

One of the duties of the Department of Health is the provision of health care delivery to the population under its jurisdiction. About 70 percent of the work force consists mostly of nurses working at different levels of health care. According to the Retention Policy of the Department of Health, the major challenge that faces the Department currently, and which compromises the service delivery, is staff shortages. This shortage of staff is caused mainly by the attrition of the highly skilled work force due to emigration of professional nurses from South Africa to the overseas countries, the so-called "brain drain".

In a study conducted by Ehlers, Oosthuizen, Bezuidenhout, Monareng & Jooste (2003:24), on the emigration of nurses, it was discovered that the most important reasons why nurses leave the country was poor remuneration and other factors. However, Mashinini (2000:114)

pointed out that other factors that globally caused the brain drain of nurses in South Africa are economical, social, political, technological factors and cultural values. They further commented that in 1999 the South African Nursing Council estimated that 3300 professional nurses emigrated from South Africa and 200 professional nurses approach the South African Nursing Council for overseas registration monthly. This has a negative impact on the provision of health care services, especially in the rural areas. According to the Nursing Update, (2005:44), the emigration of nurses is unlikely to decrease while numerous advertisements lure them to work in other countries.

However, the question is, how does the remaining workforce cope with the high workload
they experience? How do they ensure that the quality of patient care is maintained in spite
of this shortage caused by other's emigrating? Jooste (2002:12), commented that in a conference for nursing leaders which she attended in Gauteng and in all the papers presented on the current staff ratios from different hospitals, it became evident that nurse managers are aware and are up to date in utilizing their resources effectively while maintaining quality nursing care. She also found that nurse managers were more aware of the quality improvement and quality assurance programmes. She eventually pointed out that media reports and the number of disciplinary cases presented to the South African Nursing Council are disturbing.

According to Zondagh (2004:6) hundreds of thousands South Africans of all ages are now employed in relatively high-level jobs in London. This bears on a number of economic issues confronting South Africa. Many nurses in the public and private sectors constantly maintain they cannot continue to work under the current conditions provided by the health care sector. This causes the nurses to leave in droves. According to Mthathi (2005:1), there

is a shortage of health workers and poor working conditions, which lead to burnout. This results into unequal distribution of staff between the urban and rural areas and public and private sectors. These problems are a result of historical inequalities and skills shortages from colonial and apartheid rule. They are made worse by insufficient investment in the public health system, job freezes and poor leadership from the minister of health. There are push and pull factor. Nurses are attracted by the private sector and overseas jobs because of better working conditions. The shortage of staff often means that one nurse has to do the job of many nurses. The lack of equipment, medical supplies and appropriate training mean that nurses cannot do their job properly. This results in frustration. Public health managers have little incentives to address the shortage because the government views health workers as a cost not an asset

1.3 STATEMENT OF THE PROBLEM

South Africa continues to experience a shortage of professional nurses due to their emigration to overseas countries, which has a negative impact on health care delivery and nursing education. The remaining nursing personnel become overloaded with work. This has resulted in stress for nursing managers since they are now required to supervise more less- skilled categories of nursing personnel. The quality of patient care will also be poor since the nurse to patient or staffing ratio is high, that is one nurse will be required to care for a larger number of patients. Staffing is the number and kinds of personnel required to provide patient care to patients or clients. Baumann and associates (2001) cited in Mafalo (2006:6) stated that safe staffing is essential for the demands of the contemporary work environments. These work environments entail increased work pressure, stress related to job security, workplace safety, support from the managers and colleagues, control over

practice, work scheduling, leadership and inadequate staffing.

According to Zondagh (2004:6) South Africa does not have any legislation on nurse ratio for specific areas. It is currently both in the private and public health care sector, at management's discretion to determine the appropriate staff ratios. It is critical in South Africa that appropriate ratio be determined for this country. Geyer (2006:28) stated that human resource planning is impossible without a certain amount of declared norms and benchmarking and a lot of work need to be done to develop flexible, context sensitive workload indicators for South African situation. Geyer (2004:24) further stated that Denosa as representative of the majority of nurses in South Africa will soon launch its safe and adequate nurse staffing campaign. This was because at several recent Nursing Council professional conduct hearing, it became obvious that inadequate nurse staffing and specifically registered nursing staffing is a major contributing factor in adverse incidents in South Africa.

Nursing education is also affected because when students are allocated in the clinical area, clinical teaching staff numbers are inadequate for supervising them. Even in the classroom, the students are experiencing problems of being taught, supervised and mentored by less experienced lecturers. It is often said that the professional nurses emigrate to overseas countries for greener pastures, but ILO (2006:12), pointed out that the pastures are not always greener. In the United Kingdom, for instance a highly qualified nurse from Asia experienced a problem with accommodation and meals.

It will be very interesting to find out the exact impact of this emigration on nursing practice and nursing education as viewed by nurse managers and nurse educators themselves so that

it will be dealt with promptly if possible.

1.4 OBJECTIVES OF THE STUDY

The objectives of this study are as follows:

- 1 To evaluate the impact of emigration of the professional nurses on nursing practice and nursing education.
- 2 To identify some of the factors that contributed to the emigration of professional nurses.
- 3 To make recommendations on the strategies that can be implemented to prevent the emigration of professional nurses.

1.5 RESEARCH QUESTIONS

1. What impact does the emigration of professional nurses have on nursing practice and nursing education?
2. What are the factors that led to their emigration?
3. What are the strategies that could be used to prevent the emigration of professional nurses?

1.6 SIGNIFICANCE OF THE STUDY

This study will help the health authorities to deal properly with the emigration of professional nurses in order to prevent the devastating effects it has on the health services and nursing education in South Africa, by identifying factors that might have led to their

emigration to overseas countries.

1.7 MOTIVATION FOR THE STUDY

After the researcher had observed the number of professional nurses who leave the country to work in the overseas countries and the shortage thereafter, she was motivated to conduct this study to evaluate the exact impact of this emigration on nursing practice and nursing education.

1.8 ASSUMPTIONS OF THE STUDY

It is assumed that the brain drain of professional nurses has a negative effect or impact on nursing education and nursing practice, so it needs special attention in order to improve the delivery of health care services.

1.9 DEFINITION OF TERMS

1.9.1 IMPACT

It is the force exerted or influence of new ideas. (Oxford Paperback Reference, 1988: 403).

Impact is used figuratively in this study to refer to a dramatic effect of the events (Kubheka & Nzimande 2001:8).

1.9.2 BRAIN DRAIN

It is the loss of clever and skilled people through emigration (Oxford Paperback Reference, 1988:94).

1.9.3 EMIGRATION

According to Ehler, Oosthuisen, Bezuidenhout, Monareng and Jooste (2003:24) this implies the movement of professionals out of a specific country. In this study, emigration is defined as the movement of large numbers of professional nurses from South Africa to practice their profession in other countries, the so-called "brain drain".

1.9.4 PROFESSIONAL NURSE

This is a nurse who has fulfilled the requirements, and is registered in terms of Section 16 of R425 as amended, (Act 50 of 1978). According to Mellish, Brink & Paton (2001:7), she is a professionally prepared nurse who has a long period of a specialised form of education at a recognised educational institution and her licensure to practice follows on examination before being registered with the approved registering body. In this case, the registering body is the South African Nursing Council.

Mellish & Wannenberg (1993:4) cited in Cele, Gumede & Kubheka (2002:43), further defined a professional nurse as an independent practitioner in the profession of nursing, registered with the South African Nursing Council. She or he would be held accountable for his or her acts and omissions and is responsible to the employer and society she or he

serves and to herself or himself as well as the nursing profession for maintenance of the highest standard of professional knowledge and competence.

1.9.5 NURSING

Nursing is defined by Mellish, et al (2001:4) as an art and science directed at providing a human health care service that is based on scientific principles. Another definition by the South African Nursing Council is that nursing is a human clinical science that constitutes the body of knowledge for practice of persons registered or enrolled under the Nursing Act as a nurse or midwife.

1.9.6 NURSING EDUCATION

According to Mellish, et al (2001:5) education is considered to mean leading someone from the known to the unknown. It implies giving guidance, providing opportunity and facilities for learning and giving assistance to those studying. (Mellish & Brink 1998:5) further defined Nursing education as a process where by students are guided, assisted and provided with the means which enable them to learn the art and science of nursing so that they can apply it to the care of patients who need such care.

1.9.7 NURSING PRACTICE

Even if there is no specific definition of nursing practice, however according to Mellish, et al (2001:5) professional nursing is practiced by independent practitioners whose field of work is health care and that nursing is practised for the benefit of human beings in need of

care.

1.10 CONCLUSION

This Chapter gives a full explanation of the introduction, background of the Study, problem statement, objectives of the Study, research questions, significance of the Study, motivation of the Study, assumptions of the Study and definition of terms used in the Study. In the next chapter, literature review for the Study will be discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

One of the challenges that are facing the Department of Health currently is staff shortage, mainly of professional nurses. This is mainly caused by the emigration of the highly skilled workforce due to unattractive salary packages offered by the public service. This shortage of professional nurses compromises the service delivery to the public. It results in closure of hospital wards or clinics, reducing the available health care services; leading to long waiting lists at healthcare facilities. There is also increased workload on the remaining nurses, leading to frustration and poor healthcare.

Pang (2002:499), in the *topic brain drain and health professionals*, stated that migration of medical professionals from developing countries has become a major concern. This brain drain worsens the already depleted healthcare resources especially in poor countries and widens the gap in health inequities worldwide. Pang (2002:499) felt that international organizations should collaborate to prevent this in such a way that where professionals cannot be prevented from leaving, the country that trained them should at least gain from their movement.

The literature review will discuss the problem of the brain drain in various countries. It will also look at the factors that led to the emigration of the professional nurses. It will also discuss the impact of the brain drain of professional nurses on service delivery and nursing education. Finally, it will look at the strategies that can be used to prevent the brain drain of

professional nurses as well as strategies for effecting brain gain.

2.2 THE PROBLEM OF THE BRAIN DRAIN

2.2.1 THE PROBLEM OF THE BRAIN DRAIN IN SOUTH AFRICA

Previously the profile of the typical South African emigrants was white, educated, English-speaking and liberal in political orientation. Emigration was regarded as an English-speaking African disease and as such, emigrants were derided by the Afrikaans media and the NP regime as people without loyalty to the country. Ironically, by 1999 the number of English –speaking Smiths and Joneses had been matched by the Afrikaans –speaking Van der Merves and Van Niekerks as well as occasionally by Dlamini, Fortuin and Naidoo (Van Rooyen 2000:36).

He further stated that South Africa's current emigration wave is closely associated with the flight of skills, the so-called "brain drain". This is because people who have the most sought after skills constitute the bulk of emigrants. Losing its skilled citizens is disastrous for South Africa, and is made worse by the huge shortage of skills because of South Africa's strict entry requirements at various popular emigration destinations for skilled immigrants. During the four- year period between 1995 and 1998, South Africa experienced a net loss of professional people; with the result that one third of companies cannot find the management and other skills that they require from the pool of local employees.

According to Geyer (2004:34), the exact extent of emigration and other losses of

professional skills are difficult to quantify all over the world. The effects of losses of health professionals are numerous and multifaceted with far reaching consequences on both the economy and the development and maintenance of the health services in the country. The positive consequences are limited to funding that is sent home to families that remain behind and new or additional skills that are brought home when the practitioner returns. According to the Minister of Health, in a press release on 18 August, there were 31 000 nursing posts in the public sector alone that could not be filled. At the same time, an academic hospital indicated that during the first eight months of the year they had lost 57 of their nursing staff complement of 1500 of which 22 went to the private sector or overseas. It appears that the rest went out of nursing.

According to Hlangani (2002:5), health services in some areas are in a state of collapse due to 29 200 unfilled posts in the public hospitals throughout the country, most of which are for nurses, doctors and radiographers. The country suffers a severe brain drain due to professionals leaving for better pay in developed countries.

In their topic *Taking the plight of the Nurses to the Public*, Mzolo, Enslin, Mashinini, Bester, Nkosi & Rathebe (2004/2005:44) stated that the patient load seems to be getting larger and nurses have to cope with more of a load. They further mentioned the following facts as provided by the Health System Trust Health Review (2003/2004).

That Between 2001 and 2003, the workload of the public sector has increased. The Medical Aid population has shrunk from 17% in 1997 to 15.2% in 2002, this means the public sector patients have grown by 6.2 million, and that posts in the public sector have decreased during the past two years due to being frozen which further increase the workload. The nurses are expected to work under these short staffed conditions on a daily bases which is very frustrated indeed no wonder

why there is such high absenteeism rates in the health services further depriving patient care.

According to Mzolo (2001:38), in South Africa hospitals are struggling with the exodus of nurses to richer countries, and according to the report, this has left the country with a shortage of 20 000 qualified staff. The South African Nursing Council says there are 175 000 registered nurses in South Africa, a figure that has hardly grown in the past decade.

Dumont & Meyer (2005:4) stated that in South Africa in particular, where the emigration balance has deteriorated steadily in the past 15 years, the international mobility of health professionals has become an important issue. Statistics show that more than 23 400 health workers from South Africa currently practice in Australia, Canada, the US, New Zealand or UK. This figure corresponds to approximately 9.8% of all professionals registered in South Africa, suggesting that emigration rates are significantly higher for health workers than for skilled workers in general.

According to Public Services International (PSI)-Hospersa (2005:22), the exodus of skilled health personnel from South Africa has been substantial. It is estimated that between 1989 and 1997 nearly 250 000 skilled professionals left the country for Australia, Canada, New Zealand, the United Kingdom and the United States. According to the persal system there are approximately 42 000 vacant nursing positions in the South African public service. Only 43% (41 500) of the 96 700 nurses registered with the South African Nursing Council work in the public sector. Private healthcare sector employers also reported a vacancy rate of between 15–20% for registered nurses.

The PSI further stated that the South African Nursing Council reported in 2003 that over

the 5 year period 1998 to 2003 the number of nurses have increased from 173 703 to 177 721. However, the worrying aspects of these statistics are that the population of South Africa increased from 42 130 million to 46 430 million in the same period, a growth of 10.2%. More than 25 000 nurses requested the South African Nursing Council to verify their qualifications between 1994 and 2004- an average of 300 per month.

According to Bolin (2004:01), a study by South Africa's Human Science Research Council confirmed earlier findings regarding the under reporting of emigration of highly skilled South Africans. The major consuming countries are the United States, Canada, the United Kingdom, Australia and New Zealand. The flow is up to four times higher than the official figures of statistics South Africa. According to the Human Research Council, the key findings were that, although emigration figures of highly skilled researchers remain high, the greatest mobility of high-level skills is now within the country.

She further stated that South Africa, like other emerging economies such as Russia and India, faces special problems in managing mobility. Moreover re-emergence from isolation, the restructuring of the economy and the impact of globalization have altered the international trade relation, financial position and the mobility of human resources, especially in the science, technology and other innovative fields.

According to Mc Gregor (2003:3), the number of qualified South Africans leaving for greener pastures may be three times the official figure. Mc Gregor (2003:3) said that, the official Shigadhla who works for Statistics South Africa stated that the official emigration figures were grossly understated. Only 62% of South Africans completed a compulsory departure form when leaving from the country's three international airports, leading to

under-estimation. Others do not correctly complete the forms, or say they are leaving to do contract work and then decide to emigrate without informing them.

According to Lehmann & Sanders (2003:1), the emigration of health workers from the public sector has become a much-discussed issue in the media, and is clearly of great concern to the government. According to Keeton (2003:1) South Africa has only 91 state psychiatrists, each responsible for about 440 000 patients. Doctor Eugene Allers, president of the South African Society of Psychiatrist cited in Health System Trust (2003:1), said emigration was the main reason for the shortage in the public sector. The national Health Department's policy is to deliver mental care as part of its primary health care services, yet professionals said these services were over-extended or simply unobtainable. In the past, psychiatric nurses played a crucial role in managing mental health patients, but now the posts for psychiatric nurses have virtually disappeared.

Dlamini (2003:1) a political analyst said that poaching of South African nurses and doctors may soon run into a major obstacle as the international health community is set to adopt a code of ethical recruitment. According to Lehman & Saunders (2003:1) 78% of doctors working in rural areas in South Africa were non-South Africans and further said that more than 2000 nurses left South Africa for the United Kingdom.

According to Bisetty (2003:40), the South African Nursing Council has revealed that more than 350 nurses were making applications each month to leave South Africa for the United Kingdom and Australia. On the other hand, Lewis (2003: 5), a South African Nursing Council senior administrator stated that they receive 300 to 350 applications for verification from professional nurses and most prefer the United Kingdom.

According to the latest figures from South Africa Statistics, more than 20 000 professionals have left the country over 18 months for greener pastures. He said among them were teachers, nurses, doctors and other professionals who are skilled workers. He further stated that, what is more problematic was the emigration of middle and senior managers. He commented that the economy can ill afford these losses, and he called for a need to formulate a strategy to get as many as possible back to South Africa.

According to President Mbheki (2003:38), cited by Dlamini (2003:1) a substantial percentage of professionals leaving South Africa are black nurses, teachers and doctors, as well as middle and senior managers. Tshabalala-Msimang admitted that our well trained professionals have become a sought-after resource in high paying industrialized countries and commented that the problem was compounded by ongoing poor distribution of health professionals between public and private sectors and between the urban and rural areas.

According to Terreblanche (2004:19), South Africa gained 4.5% doctors in the past two years and in the same time lost 0.58% of its professional nurses despite the intense public debate on brain drain of health professionals. Mngadi {2004:20} Health Department spokes person, had talks with countries like Canada to discourage them from recruiting professionals from South Africa.

He further commented that many nurses and doctors go overseas promising to return once they gained experience, but according to a migration consultant, once they leave they do not come back. University of Cape Town's study on emigration to Australia, Britain, Canada, New Zealand and the United States reported that nearly a quarter million South

Africans had settled in these countries from 1989 to 1997.

2.2.2 THE PROBLEM OF BRAIN DRAIN IN KWAZULU-NATAL

According to Hlangani (2002:5) in January 2002 KwaZulu – Natal had the highest number of unfilled posts (7 190) followed by Eastern Cape (6 216) then Limpopo (4:395), and lastly Gauteng (3 936). However, Health Ministry spokesperson, Mngadi (2004:41) said the figures did not reflect the real situation in most hospitals because posts could have been filled in the past few months.

According to Oellermann (2003:37), the challenge facing Kwazulu-Natal Health Services is a severe staff shortage after a drastic budget cutting over the past three years. It led to freezing of vacant posts, reduced training and many resignations. Mkhize (2003:41), the Minister of Health stated that they had a shortage of 10 000 staff members.

2.2.3 THE PROBLEM OF BRAIN DRAIN IN THE EASTERN CAPE

According to Hlangani (2002:5), Stamper, the Eastern Cape Head of Services rejected claims that health services in traditionally black hospitals in the former Transkei and Ciskei homelands were on the verge of collapse.

2.2.4 THE PROBLEM OF BRAIN DRAIN IN THE GAUTENG PROVINCE

Health services in some areas of Gauteng Province are teetering on the brink of collapse. There are at least 29 200 vacant posts which remained unfilled, for nurses, doctors and radiographers

because these professionals have left for better pay in developed countries.

Democratic Alliance MPL, Bloom (2002:39) confirmed the shortage of health workers by saying that 5 707 skilled medical staff resigned from Gauteng hospitals in 2000 and 2001. He further commented that there is a severe shortage of nurses and pharmacists in the state hospitals in Pretoria.

Kanofi (2002:40), the executive officer of the Pretoria academic hospital said they do not have a problem with the shortage of doctors, but the issue lied within the nursing field. He said there was a severe shortage of skilled nurses in hospitals because they are under paid and because nursing is such a hard job, many of them decide to leave the field and pursue other opportunities or leave the country.

He further commented that the hospitals have been advertising posts for nurses and pharmacist, however there have not been many applications. A substantial number of new employees were taken, but they seem to loose them as many as they employ them on a monthly basis.

2.2.5 THE PROBLEM OF THE BRAIN DRAIN IN THE AFRICAN CONTINENT

According to Lehmann & Sanders (2002:1), the brain drain is not a uniquely South African phenomenon. Countries throughout the developing world have been battling for years to retain their skilled workers. In Ghana for example, 50% and 75% of each batch of graduates in medicine emigrated in 4.5 and 9.5 years, respectively. Some 60.9% of doctors produced between 1985 and 1994 had already left the country, mainly to the United Kingdom, and to the United States of America in 1999. Some 20% of doctors on the South

African Medical Register in 1999 were expatriates, and yet the situation in many provinces, particularly in rural areas of South Africa, is reaching crisis proportions. Many posts particularly in the rural facilities cannot be filled because of lack of applications. This sets up a vicious cycle, which is accelerated by the impact of HIV and AIDS as remaining staff become increasingly overburdened, burnout and eventually many leave.

Pang (2002:499) stated that in Africa alone there are around 23000 qualified academic professionals who emigrate annually. Information from the South African medical school suggests that a third to a half of its graduates emigrated to the developed world. The loss of nurses has been even more extreme, for example more than 15 000 Filipino nurses and 18 000 Zimbabwean nurses work abroad. The cost implications are significant. The United Nations Commission for Trade and Development has estimated that each emigrating African professional represents a loss of 184 000 dollars to Africa. In an example of brain drain within the country, Kenya estimates that 600 doctors work in public hospitals out of 5 000 registered doctors. The rest have moved abroad or worked in the private sector. "Brain waste" also occurs when health workers end up working outside the health sector or as unskilled labor in the country to which they had moved.

Under the topic *Africa's health care and brain drain* in New York's Times magazine (2004:14) the most serious obstacle in Africa's effort to fight aids is a desperate shortage of health workers, especially doctors, nurses and pharmacists in English-speaking African countries who are emigrating to Britain, United States, Canada and Australia. In Ghana and Zimbabwe, three quarters of all doctors emigrate within a few years of completing medical school. Dugger (2004:13) who wrote recently in The Times stated that the flight of nurses is a growing phenomenon due to nursing shortages in wealthy nations. Instead of paying

salaries that would attract home grown nurses, American hospitals recruit nurses from under-developed countries.

Nurse migration is increasingly seen as a solution to nursing shortages. According to the policy on international nurse migration STTI (2005:3), large scale planned international migration has occurred with developed countries recruiting nurses from both other developed and developing countries. Developing countries are now recruiting from each other, even within the same region. This results in foreign-educated health professionals representing more than a quarter of the medical and nursing workforces of Australia, Canada, United States and the United Kingdom.

According to Nguyen (2006:11) the international organization of migration estimated that 20 000 skilled professionals are leaving the country depriving Africa of doctors, nurses, engineers, accountants, managers and teachers. Accurate data is difficult to come by because many Africans leave illegally. She further stated that stymied by conflict, poverty, killer diseases and corruption, much of Africa is in no position to compete with richer countries that promise bigger salaries, better working conditions and political stability.

She further stated that the World Health Organization says sub-Saharan Africa bears 24% of the global burden of diseases including HIV/AIDS, malaria and tuberculosis. To face that challenge it has just three percent of the world's health workers. Many doctors and nurses leave to work in countries like Britain, the United States and Australia, which are increasingly dependent on migrants to tackle staff shortages in their hospitals and to cope with an ageing population. In Malawi, only five percent of physicians' posts and 65% of nursing vacancies are filled. In the country of 10 million, one doctor serves 50 000 people compared with the British ratio of one doctor for every 600 people.

2.2.6 THE PROBLEM OF THE BRAIN DRAIN IN ZIMBABWE

According to SAPA (2005:9), Zanu-PF has admitted that the drastic shortage of health workers over the last five years has impacted negatively on the health of the population. The medical brain drain has reached such critical levels in Zimbabwe that bodies are piling up for months in mortuaries because there are no pathologists to conduct post mortems. Ragava, president of the Zimbabwe Medical Association, cited by SAPA, felt that staffing levels are less than or equal to 50%. Zimbabwe's health sector has recently witnessed an exodus of workers driven out mainly by poor working conditions and low salaries. Many have sought greener pastures in neighboring countries and further a field or simply started private practice. According to a Health Ministry report, there are 6940 nurses out of a required 11640. Popular destinations for Zimbabwe's migrating health professionals are Britain, Australia, Canada, South Africa and Namibia.

The Zimbabwean government has tried to bridge the gap by hiring doctors from Cuba and the Democratic Republic of Congo (DRC), but many argue that it would be cheaper to pay locals a bit more instead of hiring expatriates.

According to Tevera & Chikanda (2005:6), the New brain drain survey conducted in Zimbabwe shows that 57% of skilled workers have given a great deal of thought to leaving. This causes Zimbabwe to face a serious skills shortage in crucial sectors of the economy and public service. Zimbabwean professionals are responding to the crisis not by digging in, but by leaving. South Africa, the United Kingdom and the United States are the primary beneficiaries of this exodus.

The study further provides insight into the reasons for the exodus and what it will take to turn the situation around. The survey respondents were drawn from a wide variety of professions and sectors, and therefore represented a broad cross-section of skilled Zimbabweans. The significant finding was that 57% of skilled Zimbabweans who remained in the country had given a great deal of thought or emigrating; another 29% had given the matter some thought and only 13% had not thought about leaving. Thinking about leaving and actually leaving is not the same thing. The survey sought to establish the likelihood of Zimbabweans actually leaving within a specified time frame.

They further stated that the impact of the brain drain on the health sector is made worse by the HIV/AIDS epidemic. Further emigration will compound the problem, emptying hospitals of staff and compromising patient care. Many health professionals have moved from the public to the private sector that offers higher salaries and better working conditions. Others do moonlighting to augment their wages. This results in exhaustion and overwork.

Economic factors, in particular, have exerted the greatest influence on the emigration of health professionals both to the private sector and to other countries. The salaries offered in the public sector are far below than those offered in the private sector. This imbalance in salary levels has acted as a pull factor for the professionals working in the public sector. Once the professionals moved from the public to the private sector, it is easier for them to move to other countries.

They further stated that both urban and rural health institutions have been affected by emigration. In addition, those in the rural areas are the most affected and are served by unqualified health staff. It is thus evident that the general quality of care provided to

patients has been compromised by the brain drain. Experienced health staff members have been lost to other countries, leaving junior professionals in charge. The shortage of qualified health staff has increased the burden on those who chose to remain.

According to McGregor (2003:3), until 2003 Zimbabwe's government hospitals suffered strikes by doctors and nurses annually, but now many have simply emigrated, paralyzing the health sector. In a report by the ZANU-PF Congress, about 9% of pharmacists required in hospitals were currently working along with less than half of the doctors. As a result, the Parliament has passed a law that is expected to help stem the brain drain by improving salaries and working conditions of those in health care.

In Zimbabwe it was also found that they were suffering from low staffing rate in the brink of collapse like in South Africa. This was caused by their Health personnel having immigrated to other countries that were well staffed, paying high salaries and providing good conditions of service.

He further stated that, in a visit to the casualty and emergency department of one of the country's largest hospitals in the capital, Parirenyatwa, found that many patients had to endure long hours of waiting to be seen by overworked doctors. This situation is exacerbated by a shortage of medical supplies. Even the ruling party in Zimbabwe has admitted that the drastic shortage of health workers over the last five years has impacted negatively on the health of the population and the functioning of the health system.

2.2.7 THE PROBLEM OF THE BRAIN DRAIN IN OTHER COUNTRIES

The problem of the brain drain is a world-wide problem, South Africa, especially in Kwazulu-Natal is not the only country affected by the brain drain of health personnel at present. This problem started long ago. According to Cohen (1996:1), brain drain migration was popularized in the 1960s with the loss of skilled labour from poor countries. The emigration of those with scarce professional skills like doctors and engineers was of particular importance. That was because they had been trained at considerable expense by means of taxpayer's subsidies to higher education. At the same time, according to data produced by the central statistical office the number of emigrants over the period January – August 1996 was 7237 compared to 6030 for the same period in 1995. Though the recorded number of emigrants is small, the figures are certainly gross under-estimates of those with skills leaving without declaring that emigration is their primary intention.

Other countries like the United States of America, England, Denmark, England, Holland, France and India were also affected by the brain drain as it is going to be discussed later. That is why other countries like the United Kingdom and Saudi Arabia were recruiting from South Africa. The nurses from the countries mentioned above were also experiencing some problems that forced them to refrain from working there.

Cohen, further stated that emigration occurs because of push and pull factors. Push factors are those things that push or drive the nurses to leave their country. Pull factors are those things that draw the people toward another country. Different countries experience different impacts because of pull-push factors. Kline (2005:3) cited in the Sigma Theta Tau policy stated that more commonly the donor countries report the loss of skilled personnel and the loss of investment in education that occurred when scarce human resources migrate

elsewhere. According to ICN (2006:12) the international migration threatens global health because the loss of human resources through the emigration of health professionals to developed countries results in loss of capacity of the health systems in developing countries in delivering health care equitably.

According to the Nursing Update (2006:12), the adequate supply of health care professionals has been a serious issue for developed countries in the last few decades in the United States of America. A 20% deficit of the registered nurse work force has been forecast by 2020 if current trends are not reversed. In the United Kingdom, 10 000 nurses are due to retire by 2010. Across the European Union, more than half of the physicians were aged over 45 in 2000. In Norway, the average age of dentist was 62 years.

Developing countries on the other hand, struggled to produce and retain sufficiently qualified health care workforce. Around 36 African countries do not meet the target of one doctor per 5000 people and even in non-conflict affected countries, such as Zambia and Ghana there is only one doctor for more than 10 000 people.

The United Nation health agency (2006:28), cited in Daily Sun Newspaper stated that the global shortage of doctors, nurses and other health workers is slowing down the fight against Aids and other fatal diseases. Jong-wook director-general of the World Health Organization cited in Daily sun (2003:28), stated that, the world population is growing, but the number of health workers is standing still or even falling in many of the places where they are needed most. The global shortage is nearly 4.3 million health workers.

World health Organization (2003:28) cited in Daily sun stated that, the burden falls on

every country to increase the number of health workers, the richest countries are taking doctors from the poorest countries, causing "brain drain". More than a billion people don't have access to basic health care. This is because there are no health workers.

The literature that was consulted discusses the following developed countries that were also affected by the brain drain of professional nurses that resulted into negative impact on the quality of patient care

2.2.8 THE PROBLEM OF THE BRAIN DRAIN IN ENGLAND

According to Mzolo (2001:38), half of England's nurses under the age of 30 years, plan to leave the profession in the following year, leaving a shortfall of 57 000 by 2004. Nevertheless, the problem is not confined to England alone. A serious nursing shortage has caused Germany to consider introducing speeded-up entry for all qualified immigrant nurses to fill the 100 000 vacant positions. In Germany, it is compulsory to speak German; therefore, many foreign nurses end up working in old-age homes

2.2.9 THE PROBLEM OF THE BRAIN DRAIN IN DENMARK

Mzolo (2001:38) further stated that Denmark also suffers from an acute shortage of homegrown nurses. However, the relatively high salaries available to nurses enable the country to attract highly qualified staff from other Scandinavian countries, allowing it to more than make up for the shortfall. Scandinavian nurses are particularly sought after by the Danes because of the similarities in language and culture. In Philippines, colleges are churning out nurses on a production line and packing them off around the world. For

Filipinos a nursing career promises the chance to escape the grinding poverty for a better life overseas, earning up to 20 times more than they possible could at home. More than 250 000 Filipino nurses are currently working abroad.

2.2.10 THE PROBLEM OF THE BRAIN DRAIN IN HOLLAND

According to Mzolo (2001:38), in Holland the number of students has dropped significantly, Bonninghausen cited in Mzolo (2001:38) stated that, the President of the Dutch Nurses' Association, was having big problems in recruiting and getting young people interested in becoming nurses. A large part of the problem is low salaries for nurses. There are 214 nurses and nursing assistants in the Netherlands today, compared with about 180 000 at the start of the 1990's. According to the Dutch nurses association, the number of student nurses recruited has fallen during that time from about 16 000 to 15 000 a year, while poor wages and long hours cause some 30 000 nurses to quit every year.

2.2.11 THE PROBLEM OF THE BRAIN DRAIN IN FRANCE

French hospitals are in a crisis similar to that of Britain, with 10 000 nursing posts vacant and bed shortages across the country. According to the report, France has 350 000 nurses but they are leaving the profession in droves. According to Debeaupuis Head of the Hospital and Care Department at the Health Ministry in Paris, cited in Zondagh (2003:38), Stated that around 50 000 have stopped working to look after their children.

2.2.12 THE PROBLEM OF THE BRAIN DRAIN IN THE UNITED STATES

According to Zondagh, (2005:38) some authors argued that there is no shortage of nurses in the United States. Instead, there is a shortage of nurses willing to work under the conditions currently offered by the hospital industry. In 2000, nearly 500 000 registered nurses in the United States chose not to work in the profession for which they trained. This number includes 136 000 nurses employed in non – nursing occupations and 120 000 unemployed nurses who are under the age of 60 years. These two groups constitute a reserve of more than 250 000 licensed registered nurses who are potentially available for work if conditions were right. As working conditions worsen, more nurses opt out of the profession, creating shortages on hospital floors and resulting in even greater speedups, stress, safety worries and similar conditions that drive additional nurses out of the industry.

2.2.13 THE PROBLEM OF BRAIN DRAIN IN INDIA

Patel (2003:2), stated that in India, an important impediment to achieving health for all in developing countries is the shortage of doctors and nurses. He said that, there was an enormous gap in staffing between the United Kingdom and India. India has fewer than 300 psychiatrists for its one billion population compared with one psychiatrist for every 9000 people in the United Kingdom. Despite this inequality, the National Health Service has launched a scheme to recruit senior psychiatrists from India and other developing countries. This scheme will worsen the brain drain and inequities in global health unless it is explicitly linked with measures to enable the flow of doctors back to developing countries.

Patel (2003:2) further stated that, apart from the immediate effects of the scheme on human resources in developing countries, the scheme could perpetuate global health inequities for generations. For example, a poor country will be required to import expatriate doctors using scarce foreign exchanges. He further commented that most doctors in developing countries have been trained in public funded medical schools. The cost of training is borne by the poor country and the rich country reaps the benefits. In effect, the people of poor countries are paying for the health care of those who live in the richest.

2.3 FACTORS LEADING TO THE BRAIN DRAIN

2.3.1 FACTORS LEADING TO THE BRAIN DRAIN IN SOUTH AFRICA

Different factors that led to the brain of professional nurses in South Africa were identified by different authors.

According to Asmal (2004:1), South Africa, like many other developing countries, especially in English-speaking nations, faces an enormous drain of human resources, attracted out of the country by favorable exchange rates and a different social environment. The demand for South African professionals is a tribute to the quality of education and training provided in South Africa. He further stated that in 2001, then Minister of health warned that the rate at which nurses were leaving the country was turning them into an endangered species. Over the past two or three years, numerous media reports have spoken about the reasons why the health workers are leaving the country. These reasons ranged from a high crime rate to poor working conditions. Some nurses were lured by better salaries in the overseas countries.

The older nurses are pushed out as the result of restructuring because their age and experience has no value to the health system of the country. According to Mafalo (2003:39) the World Health Organisation suggest the following factors as responsible for nurses leaving South Africa which are low pay, working conditions, uncertain career prospects or progression, failure to recognise the value of nurses, restructuring process and alternative career opportunities available to the nurses today. He further stated that nurses need recognition more than money. They did not like leaving their stable families but were uncertain of their future. Their feelings were superseded by being exploited with the Rand paid to them (Mafalo 2003:40).

Mafalo further stated that improving remuneration would be seen as a positive step towards recognition of these valuable assets. According to him, a campaign to recruit new nurses is long overdue because the future of the profession lies in the current youth. He pointed out that instead, nursing is used as a welfare service to alleviate poverty among the poor societies of South Africa. According to Mafalo (2003:40) the Education System need to be changed because it was designed to train apprentices for cheap labour during the apartheid system. Nurses, administrators and politicians often say that nurses are the backbone of the health system. It is not true. If they are the backbone of the health care delivery system, the community must protect them because the backbone is the delicate part of the body. Nursing is not a welfare service; it is a profession of caring with the unspecified incentives that nurses are demanding today. Nurses are no longer like camels working in the desert. It is no longer working like a span of donkeys pulling a plough in the field the whole day without rest and support or good feedings and good working conditions until their backbones crack apart (2003:44).

Beckery (2002) cited in Fabricius (2003:15), stated that the causes of the brain drain are simple, as a country, could not afford to pay the kind of wages overseas people pay and social conditions like crime and violence contributed greatly to the emigration of health professionals. At the same time, he further stated that the skilled and unskilled jobless wives and husbands were pouring across the overseas countries in search of jobs.

According to Abernolzer {2003:40}, those who left the country had the following concerns:

- Fear of violence and crime that was prevalent in South Africa.
- Also had worries about the loss and quality of health and schooling of their children.
- Uncertainty over job prospects for themselves especially for white nurses with the emphasis on affirmative action, which was affecting them, and also
- Lack of possibilities of upliftment and progression in South Africa.

According to Stokes (2003:32) an ex-nursing sister who worked in the public hospitals for seventeen years in South Africa, stated that, the only reason why nurses were leaving the country was poor remuneration. However, Oliphant (2006:11) commented that South African professionals were highly sought-after in developed countries because of their skills and work ethics. This caused the International recruitment agencies to continue recruiting them.

2.3.2 FACTORS LEADING TO THE BRAIN DRAIN IN THE EASTERN CAPE

Tota (2005:42) stated that, in the Eastern cape nurses are the most prevalent in the health care service but are the most neglected workers. He further stated that their salaries are so low that, in certain instances, they are paid less than an ordinary administrator who was

employed after completing matric. After school, nurses have to train between two and four years to acquire skills, but this is not taken into account. Tota further stated that in the Eastern Cape, nurses on night duty are forced to work over-time, but are not remunerated for the extra hours, and this has been a problem since 1992. He stated that loan sharks are ripping off nurses who borrow money because of their poor salaries. Nurses are always the last people to be considered when it comes to benefits. For example with the implementation of rural allowances, nurses got the lowest percentage when compared to other health care professionals. That is why our nurses are leaving in search for greener pastures (Tota 2005:42).

2.3.3 FACTORS THAT LED TO THE BRAIN DRAIN IN THE WESTERN CAPE

Saunders (2001:1), an academic Supervisor and Director of the School of Public Health at the University of the Western Cape cited HIV/AIDS as one of the causes of high attrition of health personnel in developing countries, along with movement to the private sector.

2.3.4 CAUSES OF THE BRAIN DRAIN IN AFRICA

Further causes of the brain drain were identified in Africa:-

According to Nguyen, (2006:11), scores of university graduates were struggling to find jobs in Kenya. According to Nguyen this will continue to occur until the government begins to address the state of affairs in the job market. Otherwise, more and more migrants will prefer to stay abroad in order to seek employment. She further stated that repressive regimes persecute and drive away the political dissidents and intellectuals that will be likely to bring about changes. Experts say a deficit of thinkers and intellectuals slows Africa's progress towards good governance, and improved human rights.

Nursing Update (2006:12), also stated that the health care professionals who leave most often do not return. Nursing Update further made comments that, a nurse in Uganda earns 38 US dollars per month, and in Philippines, a nurse earns 380 US dollars, but in the United states an average wage for a nurse is about 3000 US dollars. The above mentioned factors can be prevented or dealt with, if proper planning is implemented by all the health care stakeholders in Africa and in South Africa.

2.3.5 OTHER FACTORS THAT LED TO EMIGRATION OF PROFESSIONAL NURSES

According to the policy on International Nurse Migration by Sigma Theta Tau (2005:2), nurse migration is often a symptom of more deep-seated problems in a country's nursing labor markets relating to long- term relative under- investment in the profession and its career structure and failed policies.

In a study conducted by Ehler et al (2003:36) the most important reason why nurses leave South Africa is poor remuneration. In addition, according to the retention policy of the Department of Health (2001:10), the main cause of high attrition rate is unattractive salary packages offered by the public service as well as the conditions of service. On the other hand Geyer (2004:34) stated that the prevalence of H.I.V. and Aids puts pressure on the bed occupancy and further demands on the health workers who may themselves be infected and affected.

Geyer (2004:34) also stated that the low image of the nursing profession causes nurses to

leave the country to go where they will be recognized. Also high unmanageable workloads have become one of the reasons why many nurses leave the country. Lack of adequate support for nurses both infrastructural and personal support was identified. For example, counseling facilities and support for health care personnel that have been exposed to violence.

Pang (2002: 500) agreed with above authors by saying that, the key reasons for emigration include poor remuneration, bad working conditions, an oppressive political climate, persecution of intellectuals and discrimination. Other researchers also cited lack of funding, poor facilities, limited career structures and poor intellectual stimulation as important reasons for dissatisfaction. They further identified other key reasons for emigration as personal ones. These include lack of security, the threat of violence and the wish to provide a good education for their children.

According to New York's Time magazine (2004:10), Aids and tuberculosis have stretched African services to the breaking point, placing impossible demands on nurses in particular. Nurses also do their work with inadequate equipment like gloves and drugs.

According to Zondagh (2005:38) the employers are cutting down on labour costs and in the process do not provide and allow for safe and adequate nurse staffing levels in the hospitals. This is often cited as one major contributing factor for nurses leaving the country and the profession.

She further stated that there was no shortage of nurses in the United States; instead, there were shortages of nurses who were willing to work under the conditions that were currently

offered by the hospital industry. As the working conditions worsen more nurses opt out of the profession, creating shortages on the hospital floors resulting in even greater speedups, stress, safety worries and other similar conditions that drive additional nurses out of the industry. As long as the working conditions do not improve, the hospital industry will fail to retain qualified registered nurses.

According to Pendleton (2005:4), the factors that influence health professionals to leave the country were identified as push factors as well as pull factors. Push factors included crime and political insecurity and, perhaps most critically, poor working conditions, understaffing and lack of opportunities for professional growth. Pull factors, on the other hand included perceptions of higher salaries elsewhere, a desire to improve financial status, opportunities for career development, personal security and stability, and improved working conditions. Patel (2003:2), stated that institutions in developing countries must acknowledge that doctors leave not only for monetary gain but also to escape from stifling hierarchies in bureaucracies. He made an example that, doctors who want to attend scientific meetings in India often have to obtain a "no objection" certificate from the head of their institution and that promotions are more likely to be determined by the number of years of service that a person has than academic skills and achievements.

All the above-mentioned factors need to be dealt with effectively by all the countries in order to prevent the negative impacts of the brain drain of professional nurses.

2.4 THE IMPACT OF THE BRAIN DRAIN

2.4.1 THE IMPACT OF THE BRAIN DRAIN IN SOUTH AFRICA

Different literature was consulted in order to identify the impact of the brain drain in the South African health services.

2.4.1.1 IMPACT ON SERVICE DELIVERY

According to Mafalo (2003:4), the shortage of nurses has a serious impact on health service delivery. Health systems and professional health integrity are jeopardized. There is work overload, high turnover, stress and burnout of nurses, lack of leadership and mentorship, as well as low morale. This also creates more opportunities of unlicensed assisting personnel trained by unlicensed fly by night institutions seeking to cease the opportunity of reducing the unemployed. This poses a threat to the delivery of good health services.

Zondagh, (2004:20) stated that South Africa like most of the countries in the world, experiences critical shortages of nurses. The failure to recruit and retain sufficient numbers of registered nurses causes high-stress levels for nurses and provision of low quality care to patients.

In one of the studies, Zondagh (2005:9), found that it was evident from a professional conduct hearing of the South African Nursing Council that nurses in South Africa were working under very difficult circumstances. Nurses are expected to accept unreasonable workloads, to work outside their scope of practice and are increasingly being put at risk of professional negligence due to lack of adequate staffing. She further stated that there is an

increasing number of reports of professional negligence of nurses, which causes the public in South Africa to frequently perceive nurses in a very negative light and often state that nurses no longer care.

2.4.1.2 ECONOMIC IMPACT

The brain drain also had specific impact on the economy of the country.

Asmal (2004:1), for example, stated that the cost of training a doctor is more than R1 million and for the state to get no return on this enormous investment was a real problem. Also according to Saunders (2006:35) the economic cost of migration is 'reverse aid' pointing out that the loss of 20 000 skilled workers annually could be calculated to a loss of about 4 billion US dollars to South Africa. He further stated that developed countries needed to acknowledge the brain drain, and a comprehensive data system was needed in order to determine the compensation for these countries' for this lost of investment.

Abernolzer (2003:40), commented that the economic impact of the brain drain has not been analysed closely. However, experts said it could be massive in a country that was restructuring its economy after the apartheid years and where an HIV/AIDS pandemic afflicts one in every ten South African qualified workers, especially teachers and nurses.

2.4.2 THE IMPACT OF THE BRAIN DRAIN IN KWAZULU-NATAL

According to the literature consulted. Kwazulu-Natal is the province that experienced more impact of the brain drain followed by the Eastern Cape. Hlangani (2002:5), NEHAWU stated that, understaffing continued to undermine the delivery of health care services and challenged the Health Department to show how many health workers have been employed

in the past five years especially in Kwazulu-Natal.

2.4.3 THE IMPACT OF BRAIN DRAIN IN THE EASTERN CAPE

Stamper (2002:39) stated that according to National Education Health and Allied Workers Union, understaffing continued to undermine the delivery of health services in most provinces. This statement was further confirmed by the Health Ministry spokes-person, Mngadi (2003:39) who revealed that of the 6 216 Eastern Cape posts, only 491 positions were budgeted for. He further commented that the majority of the unfilled positions would not be filled for almost a year until the Provinces were allocated more funds in the next budget.

2.4.4 THE IMPACT OF THE BRAIN DRAIN IN THE WESTERN CAPE

Further comments were made also by Heath (2002:41), who said that half of the professional nurses in his department had gone to the United Kingdom from the Western Cape. Heath further stated that a certain hospital; one of the five biggest in the country has cockroaches in the paediatric incubators and running over patients during surgery. Most staff left this hospital, went abroad, and indicated they would not return because according to doctors they heard that their overtime was to be audited and cut down.

At Groote Schuur and Red Cross Children Hospital, all elective surgery had to be halted. The doctors warned that pay cuts will simply send more doctors overseas. They felt a lack of respect and appreciation from administrators, politicians and the public. Doctors and nurses put in long hours, working double shifts (12-15 hours) but they felt their efforts were not appreciated (Heath 2002:42)

2.4.5 THE IMPACT OF BRAIN DRAIN IN AFRICA

Mybud (2006:12) cited in the Nursing Update stated that the adverse effects of the international recruitment of health care workers on strained health system of poor countries, increase worldwide inequities in health by jeopardizing the capacities of weak health systems to provide adequate health services in today's globalized health market

2.4.5.1 ECONOMIC IMPACTS OF THE BRAIN DRAIN IN AFRICA

According to Nguyen (2006:11), the brain drain caused a double blow to weak economies which not only lose their best human resource but also the money that was spent training them, and over and above have to pay an estimated 5,6 billion dollars a year to employ expatriates. He further stated that, remittances recorded in official statistics have doubled in the last decade reaching 232 billion dollars in 2005, of which 167 billion dollars went to the developing countries. According to her, the World Bank says migration can offer potential economic gains and could bridge the gap between fast population growth in the developing world and low Western birth rates while dealing with direct increases in global output and income.

She further stated that African migrants often finds that their skills go unused in their destination countries, because of differing education systems and licensing rules. At the same time, African officials and experts say that brain drain could mean that Africa will fail to meet the United Nations Millennium Development Goals to halve poverty by 2015 and improve health services.

2.4.5.2 SOCIAL IMPACTS OF BRIAN DRAIN IN AFRICA

The brain drain has also negative social impacts in South Africa. For example, Nguyen (2006:11) stated that, the development expert said that, the talent drain not only undermines Africa's economic growth, but will also damage the prospects for political transformation.

2.4.6 THE IMPACT OF THE BRAIN DRAIN

The following impact of the brain drain occurred generally irrespective of the country according to the literature consulted.

2.4.6.1 THE GENERAL IMPACT OF THE BRAIN DRAIN ON SERVICE DELIVERY

According to Zondagh (2005:38), the international studies revealed that insufficient staffing levels expose nurses to medical and legal errors and risks. These studies have shown that the safety and quality of care provided in the health facilities was directly related to the insufficient number of nursing personnel and frequent use of staff according to care instead of professional nurses. Failure to recruit and retain sufficient numbers of registered nurses has resulted in high stress level and lowered quality of care to patients according to (Zondagh 2005:39).

Aiken (2004) cited in Zondagh (2005:38), identified the following were negative impacts of brain drain on service delivery:

- The mortality rate is increased if there is increased workload on nurses or increased nurse/patient ratio. and
- The feelings of emotional exhaustion and job dissatisfaction among nurses ran high

particularly among nurses with the heaviest workloads. Nurses in the hospitals with the highest number of patients per nurse were more than twice as likely to report burnout and dissatisfaction with their jobs, as compared with nurses with fewer patients to care for.

Geyer (2004:34) on the other hand, stated that the loss of skilled health care professionals not only reduces or limits service delivery, it also limits access for the population to health services. She further stated that the use of personnel with less skills in an attempt to meet the health care needs also has a negative impact on the quality of care rendered.

Tota (2005:42) also mentioned absenteeism as being high if nurses are overworked and underpaid as many nurses often fall ill and sometimes it happened that all nurses from a specific unit fall ill. The quality of nursing care ended up being compromised by all these factors. Sometimes negative media coverage portrays nurses as bad people who do not want to work, without considering the pressures and conditions under which they work.

According to Fayers (2004:9), the consequence of not having enough nurses in the communities result in poor access to care. He further identified the lack of culturally appropriate health education on human sexuality, which will eventually contributes to unwanted pregnancies, unsafe abortions and transmission of sexually transmitted diseases including H.I.V./AIDS. Lack of quality prenatal care put both the mother and the baby at higher risk for complications. In addition, lack of medical treatment at all levels leads to progression and spread of diseases such as H.I.V./AIDS, tuberculosis and other conditions.

In a paper delivered at the nursing conference. Zondagh. (2004:20) said most of the

countries in the world, experiences a critical shortage of nurses due to failure to recruit and retain sufficient numbers of registered nurses. This causes high-stress conditions for nurses and lowered quality of care for patients. She further cited increased needs and fewer nurses as contributing to physical strain, emotional drain and exhaustion with no reserves available to provide quality patient care.

Zondagh, (2004:6) stated that as working conditions worsen more nurses leave the profession, creating shortages on hospital floors. Eventually this will end up causing staff burnout, low morale, very high levels of stress and safety concerns. The remaining nurses will eventually be driven out of the industry or eventually out of the country. As long as the conditions are not improved, the industry will fail to retain qualified nurses resulting to negative impacts on the quality of care rendered.

Awases, G'bary, & Nyoni (2005:5), in their study identified the following as the effects of emigration of health workers.

- The quality of health services was adversely affected causing increased inequity in the provision of quality health care.
- Misdistribution of resources leading to reduced access, particularly in the rural areas.
- Depletion of the health workforce due to shortages of skilled human resources and
- The remaining health workers were demoralised, had high workloads and were poorly paid.

However, Tevera & Chikanda (2005:8) stated that both urban and rural health institutions have been affected equally by emigration. Moreover, those in the rural areas were the most affected and were served by unqualified health staff. It is thus evident that the general quality of care provided to patients has been compromised by brain drain. Experienced

health staff members have been lost to other countries, leaving junior professionals in charge. The shortage of qualified health staff caused increased burden on those who chose to remain.

According to the Nursing Update (2006:31), the number and quality of the workforce determines health outputs and outcomes, drives health system's performance, and commands the largest share of health budgets. Yet if the shortages are widespread, with a gap of more than 1 million health workers for Africa alone this could affect health care negatively. Uneven distribution deprives many groups access to life-saving services. This problem could be exacerbated by accelerating emigration of health workers in open labour markets that draw skilled workers away from the poorest communities and countries. The demand for skilled workers in an expanding labour market has provided fertile grounds for the acceleration of migration of professionals from rural to urban areas, also from the public to private sector, and eventually from many of the hardest-pressed countries to better-resourced countries for greener pastures.

2.4.6.2 GENERAL ECONOMIC IMPACT OF THE BRAIN DRAIN

The brain drain has been found to have negative impact on the economy on different countries.

According to Zondagh (2005:38), the direct turnover costs are only the tip of the iceberg; as far as she is concerned, there are also hidden costs of lost productivity for departing employees and new hires who are expected to take on more patients during the transition. These hidden costs could severely affect any institution generally especially if they are not monitored carefully

2.4.6.3 GENERAL PSYCHOLOGICAL IMPACT OF THE BRAIN DRAIN

Brain drain has also been discovered to have psychological impacts on health personnel.

The feeling of emotional exhaustion and job dissatisfaction among nurses ran high particularly among nurses with the heaviest workloads. For example, nurses working in the hospitals that have the highest number of patients per nurse were more than twice as likely to report burnout and dissatisfaction with their jobs, as compared with nurses with fewer patients to care for.

Geyer (2004:34), further identified the absence of skilled personnel as causing less supervision and support to staff members. The supervising staff find themselves being exposed to high levels of stress and risk. Sometimes health personnel are often utilized outside their scope of practice, creating a high-risk environment for themselves and their patients, as well as the employing bodies who will carry vicarious liability for negative incidents that occur. Nurses are often the victims of an inadequate system where adverse incidents are apportioned to nurses irrespective of how the system contributed to that mistake (Geyer 2004:34).

Geyer (2004:34), further stated that supervisors lack management competency, this results in low morale and lack of discipline amongst staff. Inexperienced managers lack moral authority to exercise supervisory control. This loss of managerial skills affect the service delivery and resulting in the production of inadequately trained managers running healthcare facilities.

Fayers (2004:9) identified other impact of the brain drain. According to him extra work loads deprives nurses of job satisfaction, undermines citizen's rights to quality care, drags

down the reputation of the health care institutions and the integrity of the ministry of health; and eventually undermines the government's commitment to provision of quality health care services to its citizens. He further stated that the situation was likely to continue because nurses are resigning in favor of less stressful jobs, while others emigrate because of threat of the HIV/AIDS epidemics.

The above discussed negative impacts of the brain drain poses great challenges to the nurse managers in charge of different institutions, as they will put more demand on them in future.

2.4.6.4 THE IMPACT ON NURSING EDUCATION

The brain drain was found not to cause negative impacts only to the health service, but also to nursing education according to literature reviewed. This statement was confirmed by Geyer (2004:34), stating that the loss of skilled health care professionals did not only reduces or limits service delivery; it also limits access for the population to health services and also will impacts negatively on the quality of training the future professional nurses, the students. In the clinical situation, the learners may not get sufficient training, support and exposure due to lack of appropriate skills and expertise.

Geyer (2004:34), further stated that in an educational institution, the generalist might be required to teach a variety of subjects in order to cover the curriculum due to lack of expertise. The number of learners per tutor will increase resulting in less attention given to the individual learner.

2.4.6.5 IMPACT ON THE BRAIN DRAIN ON THE SCOPE OF PRACTICE

Even if the scope of practice has been discussed by different authors above, there is a need to include it in this paragraph because of the negative impacts on the provision of quality patient care. According to Geyer (2004:34), personnel are often utilized outside their scope of practice, creating a high-risk environment for patients, healthcare personnel as well as the employing bodies. In addition, according to Tota (2005:42), further commented that nurses were to do duties that do not fit their job description, like wheeling patients between units and delivering messages, thus causing more depletion of nurses that could be used in providing patient care.

Mzolo (2005:45) stated that according to the Health System Trust Health Review nurses are doing things outside their scope of practice on a daily basis, as there are not enough nurses and doctors to perform all the duties in the work situation. The reality is that the patients need nursing care or treatments, but the correct nurse is not there because she is doing someone else's job. As a result, professional nurses have to assist surgeons during operations because there is a shortage of doctors. Therefore, no one checks the swab count. He further stated that, professional nurses or staff nurses are prescribing medicines in the clinics because there is no primary health care nurse or doctor. At the same time, the enrolled nurses run the wards because there are no professional nurses. At the end of the shift, many nurses go home tired and frustrated because they did not fulfill their specific nursing roles- as they are expected to run from pillar to post making sure that only the basic patient care was provided.

The above information obtained from different sources of literature reviewed has highlighted the most important points on the problem of the brain drain from different

countries, the factors contributing and the impact of the brain drain due to emigration of professional nurses.

2.5 STRATEGIES TO PREVENT THE BRAIN DRAIN

Different strategies were identified by different authors in order to prevent or solve the problems caused by the brain drain of professional nurses

2.5.1 STRATEGIES TO EFFECT BRAIN DRAIN IN SOUTH AFRICA

Several strategies have been suggested by the different authors in the literature reviewed for South Africa. Mafalo (2003:4) stated that the recruiting strategy should become the first line of defence in order to deal with the impact of the brain drain. He suggested the following cluster of values that should be identified when recruiting new nurses. These values include interest, attitude with specific emphasis to knowledge, understanding and search for the truth, social and humanitarian attributes such as relieving pain, assisting people in the activities of daily living and self-care.

2.5.1.1 RECOMMENDATIONS MADE BY EHLERS et al

Ehler et al (2003:36), in South Africa made the following recommendations based on their research findings:

- That an urgent attention should be paid to improving nurse's salaries and their fringe benefits.
- Also that the taxation of over-time should be reduced or abolished.
- That factors impeding limiting a nurse's level of job satisfaction should be identified and addressed.

- That nurses working in the rural or high-risk areas should receive allowances similar to those received by the medical practitioners.
- The possibility that newly qualified nurses should render one-year community service prior to becoming registered nurses should be investigated before it is implemented.
- The possibility of implementing the exchange programmes for registered nurse with other countries should be investigated first.
- Also that the South African government should not place any ban on the emigration of nurses from South Africa as this would impact negatively on the recruitment of student nurses, - further reducing the number of nurses in the Republic even further.
- That the frozen posts should be filled as a matter of urgency to prevent high work loads on the remaining nurses.
- That more part-time posts for nurses should be made available as soon as possible so that they can improve their living condition.
- The high median age of South African nurses should be addressed as a matter of urgency and ways and means found to encourage nurses to delay their anticipated retirement age by five years or more.

The implementation of the above important recommendations if properly done could result in the improvement of the negative impacts of the brain drain in the health services and educational institutions.

2.5.1.2 SOUTH AFRICA AND BRITAIN DOCTOR-NURSE SWAPPING

AGREEMENT TO STAUNCH BRAIN DRAIN BY NET CARE

It came to a point where the South African government and the Britain government were forced to make special agreements in order to prevent the negative impacts of the brain drain of the health professionals.

This agreement aimed at sorting out the brain drain of South African professionals to the United Kingdom. According to Fabricius (2003:15), since 1998, the South African government had complained to the British government about its National Health Service of actively recruiting South African doctors, nurses and other medical professionals who were attracted by the strong pound. As a result, at present, the British government has slowed down the active recruitment, but South African health professionals still on their own are still heading for Britain in their large numbers.

South Africa hopes that health professionals will go to the United Kingdom under their agreement to earn pounds and learn new skills, and then return after a limited time to apply these new skills and after when they return jobs and pensions will be kept open for them while they are away to encourage their return. Fabricius (2003:15), further stated that South Africa also hopes that under this agreement many British health professionals will also come to South Africa to work especially in the underserved rural areas.

The notion of brain circulation was about skilled people studying and working abroad and then having their skills utilized to the benefit of their home country, whether they return or

not. According to Backery (2002) cited in Fabricius (2003:15) of Human Research Council, the brain circulation approach was not sufficient to address the problem and suggested that investment in human resources should be done because the modern economic investment tends to follow skilled human resources.

According to Net Care South African health care staff members will be transferred for short, fixed periods to the new hospitals and other several clinics in Britain to conduct nearly 100 000 operations and other procedures over the next five years. According to Friedland (2004:19), this contract will be an amount worth R1.4 billion for Net Care, and will mark an extension of the health care groups working in Britain operations that will include cataract surgery, tonsillectomy, hip and knee replacement backlogs. However Friedland (2004:19) is adamant that rather than tempting local, desperately needed doctors and nurses overseas, the project will instead offer them a chance to work short periods, between two weeks and three months, in Britain without having to emigrate or forfeit their local benefits. All staff will be prevented from working for United Kingdom's National Health Services for two years after their return to South Africa. Such projects will actually helped to stem the brain drain of health professionals and at the same time will be important in keeping the vital healthcare skills in South Africa

According to Health Minister, Tshabalala-Msimang (2004:43), health ministers from the Commonwealth will adopt a code for ethical recruitment practices that will be binding on all Commonwealth nations. But the Minister was very surprised that the United Kingdom continued to poach South African nurses in defiance of the 2001 British Government law, looting poor countries of health workers resulting in more severe shortages of health workers in hospitals.

2.5.1.3 OTHER STRATEGIES USED TO PREVENT THE BRAIN DRAIN

Tshabalala-Msimang (2004:23) further stated that the health department was allocated 500 million for the first time to recruit and retain professional nurses and attract new recruits to the rural areas and that this money would introduce a system of allowances to health professionals with scarce skills and who are serving in the rural areas. She also stated that this money would change the salary structure of health professionals where the pay was lower than that of the private sector.

However, Kalyan (2001) cited in Terriblanche (2004:19), the Democratic Alliance spokesmen on health argued that the retention strategy was a typical case but was of too late and too slow. She argued that, South Africa would lose about 400 more doctors in the same year. She further accused the department of health for giving foreign qualified doctors shoddy treatment for example, the Cuban doctors who were brought to alleviate the shortages and also argued that they will not get registration as practitioners in South Africa. Surely in view of the seriousness of the impact of the brain drain, everybody should try to retain any skill that comes to South Africa.

Terreblanche (2004:19) stated that according to the minister Fraser-Moleketi (2002: 41), the government might look at paying doctors and nurses better salaries in an effort to reverse the impact of the brain drain in health sectors. She further stated that while South Africa cannot compete with developed countries in terms of salaries, there were other ways that it can retain its professionals. For example, they can offer non-financial incentives to the professionals such as enriching their work environment and ensuring that health posts especially in the rural areas accommodated the needs of families.

2.5.2 STRATEGIES TO HALT BRAIN DRAIN IN KWAZULU-NATAL

Kwazulu -Natal as the province that is especially under study and that is identified as the province mostly affected by the brain drain, which need to be catered for closely. Oellermann (2003:37) stated that, in Kwazulu-Natal the Minister of health suggested that the colleges of nursing should double the intake of trainees in 2004 in an attempt to rectify the situation. He also commented that the incentives were needed to attract staff back to the health profession. A summit of all the stakeholders met to conduct an honest review of health service delivery, and to test its strengths and weaknesses. This strategy of increasing the number of professional nurses by training more nurses is still in the pipeline; it is going to start very soon. Hopefully, it will help in solving the negative impact of the brain drain.

The government developed strategies for attracting and retaining health professionals through salary increases that were awarded unilaterally in 2001 to more than 49 000 health employees. However, Fraser-Moleketi (2001:10) stated that the Kwazulu-Natal Health Department had not followed public service policies in implementing the merit increases and that the decision would set a dangerous situation with other government employees. This strategy was implemented in the province of Kwazulu-Natal, but at present, it is still a problem because it only catered for the professional nurses but not the other categories of health professionals. The issue is not yet finalized.

2.5.3 STRATEGIES TO COMBAT BRAIN DRAIN IN THE EASTERN CAPE

According to Stamper {2002: 30}, Eastern Cape Head of Services said that they had effected a massive recruitment campaign after receiving R121 million funding from the National Treasury

to redress the situation of the brain drain. As a result 600 assistant nurses had been upgraded to professional nursing levels to reduce the 2 800 positions for professional nurses which had not been filled. He further affirmed that services could not deteriorate when they have successfully effected their operational plans and rebuilt some of those hospitals that suffered because of neglect during apartheid (Hlangani 2003:41). Hopefully this strategy was implemented without problems in the Eastern Cape.

2.5.4 STRATEGIES TO COMBAT THE BRAIN DRAIN IN GAUTENG

The following National Bill was suggested by the Government. This caused some resistance because after the discussions of this National Bill which aimed at dealing with brain drain, there was a lot of controversy from different political parties: - they all voted against the bill. The Democratic Alliance, Inkatha Freedom Party, New National Party and African Christian Democratic Party were the political parties that were present.

2.5.4.1 THE BILL ON CERTIFICATE OF NEED

According to the National Minister of Health, Tshabalala-Msimang (2004:20), the following were the contents of this Bill:

- The legislation was that the health practitioners would have to obtain a certificate of need to provide health services, in order to establish or operate a health establishment or agency such as a clinic, hospital or surgery.
- It is granted to a person and lapses when the individual dies or leaves the practice.
- The Director General issue a Certificate of Need valid for a maximum of ten years based on lost of criteria.
- Delpot {2002 ;40 } the Democratic Alliance spokes person said that this strike at the heart of the right of medical practitioners and organizations offering services in the

medical field to choose their profession freely.

The following negative comments were made by other political parties:

- The section did not set the minimum standards or deal with required qualification or any other matters that normally regulate a profession or occupation.
- It simply said that a medical practitioner would only be allowed to practice his or her profession if the Director General made judgement that there was a need.
- It destroyed the basic right of a person to offer his or her services wherever he or she chooses.
- It was seen as an outrageous infringement of a basic freedom to work, as stated by the constitution.
- The D.A. spokes person (Delpot 2004:40) further asked the South African President not to assent to the legislation but to follow the route set out in Section 79 of the constitution to test its constitutionality.
- The D.A. further stated that should the president assent, the DA would have to pursue other constitutional avenues to test its constitutionality.
- Gous (2004:40) of the NNP stated that it was clear that the Certificate of Need (CON) would affect the biggest corporate business, both private and public through to the individual practitioner including nurses who want to do voluntary home-based care.
- He further stated that the CON was based on poorly defined criteria, and would eventually lead to subjective political decisions that would not respect the rights of the individuals adequately.
- It was clear that the CON was arbitrary, subjective, destructive and anticompetitive.
- It would also be the grease on the slide of the brain drain.

According to Health minister, Tshabalala-Msimang (2004:20) the CON was a National planning tool designed to promote good organisation, efficiency and effectiveness. She also stated that it would prevent unnecessary duplication of health care facilities and services. She further commented that it would guide the establishment of health facilities and services which best serve the public needs. She further stressed that the Certificate of Need process will not only protect the users, but will protect the providers as well. It will ensure that the services would be delivered according to need.

Tshabalala-Msimang further commented that the CON would cater for the very great and desperate health needs in South Africa because it will dictate that over supply of resources in some areas at the expense of others. This bill is not yet implemented so far. Hopefully it will solve the problem caused by the brain drain

2.5.5 THE STRATEGIES TO EFFECT THE BRAIN DRAIN IN AFRICA

As the negative impact of the brain drain was not affecting South Africa alone, especially Kwazulu-Natal, the same strategies were also suggested in the African countries. According to Nguyen (2006:11), the analysts said that despite the gloomy forecasts, the brain drain could be tackled. Last year, in 2005, Britain launched a 175 million dollars aid initiative for Malawi to improve conditions for medical staff and mitigate the brain drain. The six-year programme aimed to doubling the number of nurses and triple the number of doctors. The International Organization for Migration said that, the rich countries should embrace skilled migrants, invest in furthering their knowledge to avoid brain waste, and encourage them to return home temporarily to share their skills. This strategy is also still not yet implemented.

2.5.6 OTHER STRATEGIES THAT CAN BE USED TO PREVENT THE EMIGRATION OF PROFESSIONAL NURSES

2.5.6.1 STRATEGIES ACCORDING TO DENOSA

As Denosa is one of the organizations representing the nurses they were also actively involved in the making of strategies for preventing the impact the impact of the brain drain and the shortage of professional in the health services and the educational institutions. Therefore, in the DENOSA workshop on *GLOBAL MIGRATION OF NURSES*, conducted by Mngomezulu (2001:39), the following recommendations were made:

- That migration was a non-negotiable right of the nurses embedded in the constitution and therefore the Government must avoid taking decisions on matters concerning nurses without prior consultation with the organizations representing nurses.
- The government must prioritize health and the importance of nurses.
- The remuneration packages and service conditions of all categories of personnel must be attended to urgently.
- In order to provide quality health services, there was a need to increase student intake as well as increasing the training of nurses in clinical specializations e.g. trauma, intensive care, etc.
- A nurse's right charter must be formulated, that will guide the rights of all nurses in South Africa.

National and international links must be established between DENOSA, international organizations and recruitment agencies to prevent exploitation of South African nurses going abroad, to assist foreign nurses when working in South Africa and to assist South African nurses when returning back to the country.

Pang (2002:499) stated that the possible solutions include demanding compensation from departing personnel; delaying their departure through compulsory service; increasing salaries in public health sectors; permitting health professionals in the public sector to do some private practice; providing educational benefits for their children; and training paramedics who can fulfill many of the roles of the doctors.

She further stated that funding agencies should put more resources into improving the conditions and training for health care professionals and researchers in low-income countries. When such training is provided abroad it should be relevant and applicable to the problems of the country of origin. This will help to minimize difficulties and frustrations experienced by those nurses returning to a poorer environment. Developed countries should think of the impact of the brain drain on health care in poorer countries and consider reimbursing these countries for the cost of training the health professionals they imported.

Cohen (1997:3) stated that forbidding emigration of nurses was impossible for political reasons because it was a strategy that was associated with repressive regimes, and would not be feasible or acceptable in any country today.

The following are possible solutions to brain drain according to Cohen.

- Emigration can be delayed. This delay will involve some elements of public service. For example, doctors may be asked to stay for two years after their training.
- Emigration can be inhibited in the destination or source country through the labour market and immigration policies. Development of special privileges for scarce groups through pay incentives, enhancement of research budgets, laboratories and hospital subsidies can also inhibit emigration.
- Emigration of skilled workers could be ignored and let a brain drain from poorer

countries to replace lost skills.

- Recruiting in target countries while developing immigration incentives e.g. foreign doctors working in rural areas to be given accelerated status.
- Reducing the negative effects of the brain drain by promoting links with skilled nationals and former nationals abroad.

The above strategies if implemented correctly will also stop the nurses from emigrating to the overseas countries causing the brain drain.

According to Crush (2005:2) in Southern Africa, current thinking focuses on how to stop the brain drain. Several strategies were commonly proposed and these included making it more difficult for citizens to leave, demanding agreements to stop recruiting or to try to make other countries feel guilty about accepting our emigrants or compensate South Africa when they do. All these strategies are good but the evidence suggests that the only real way of keeping citizens from leaving is to address the reasons why they leave. In addition, this generally means better salaries and working conditions, greater opportunity of professional advancement and a considerable change in quality of life. Furthermore, countries should join the global skills market place as buyers and not just as sellers. This will need a change in immigration policies such as one completed in South Africa.

Mdlalose (2005) cited in Pendleton (2005:4) stated that the South African Department of Health has developed practical retention strategies for reducing migration among health workers. The Department has investigated incentives for rural health workers, improved salaries and conditions of service, overseas training opportunities, together with contractual bonding. The Department was also exploring training of mid-level and community health workers, implementation of work exchange programmes and strategies to attract returning

immigrants.

According to Health Minister spokesman, Mngadi (2001:1), the African health Ministers spoke with one voice in expressing their concerns about the continued migration and recruitment of skilled personnel from developing to developed countries during the World Health Assembly in Geneva. The African health ministers gave full support to the resolution drafted by South Africa for adoption by the World Health Assembly. It highlighted the international migration and recruitment of skilled and experienced health professionals as a major challenge for health systems in developing countries.

According to the resolution, the Director General of the World Health Organization must ensure that the previous decisions of the World Health Assembly aimed at addressing the matter are fully implemented. This included strengthening of the human resources for health divisions by allocating adequate finances and resources to enable the divisions to effectively execute the necessary actions.

The ministers felt that the international migration and recruitment undermines the main investment that most African countries have made in improving their health service and further weakens the health system in the continent. Focus on human resource should create an opportunity for developing countries to put the issues of international migration and recruitment of health personnel high on the world health agenda.

According to Tshabalala-Msimang (2004:20), cited in Mngadi (2001:1), South Africa would continue to seek global solutions to this international phenomenon affecting almost every developing country, particularly in Africa. Further stated that addressing international

migration and recruitment of health personnel is one of several interventions that the Department of Health is making to address the challenges of human resource supply and distribution in South Africa. Other interventions involve improving working conditions for health workers and improving scarce skills and rural allowance to attract and retain health workers in the public health sector in general and rural or underserved areas in particular.

According to Fitzpatrick (2004:1), the Health Department is considering helping doctors and other health workers to pay their study debts in an effort to plug the brain drain. Mahlathi (2002:3), Deputy Director General of Health cited in Fitzpatrick (2004:1), said that the number of professional health workers leaving South Africa for developed countries was still on the increase. Mahlathi further said that, many young doctors who opted for overseas employment did so in an effort to pay their study debts. Mahlathi further stated that the Department was still investigating if the scheme to help these people will be feasible. The strategy could entail a provincial hospital paying half of a doctor's debt and the doctor working at the hospital for a number of years.

Health Minister, Manto Tshabalala-Msimang (2004:43) has announced a R500 million allowance scheme to encourage professional health workers to remain at rural health facilities. A further R750 million was budgeted for 2005, increasing to R1 billion in 2006. The money would be used to recruit and retain professionals in the public sector where staff shortages threaten the quality of rural healthcare. About 33 000 full time health professionals would benefit from the rural allowance which ranges from between 8% to 22% of an annual salary and is dependent on the area where the worker is based and on occupational category.

According to Tshabalala-Msimang (2004:43) cited in Fitzpatrick (2004:1), the allowances have been implemented with immediate effect and are backdated to July 1, 2003. Vusi Nhlapo, the President of the National Education Health and Allied Workers Union, felt the announcement by the Health Minister as an important step in the health sector. Anton Laurens, the General Manager of the Public Servants Association stated that he would like to see the allowance system extended to other public sectors where the retention of skills is of vital importance. He further commented that the system shows the government's commitment to addressing the problem of scarce professional skills in our country.

According to Patel (2003:2), the following are the requirements for ethical recruitment from overseas:

- Flexible training schemes that permit doctors from developed countries to work in developing countries.
- Long-term partnerships, including funding and training, to strengthening the research, clinical and teaching infrastructure of institutions in developing countries.
- Grants to enable returning doctors to establish personal and professional lives.
- Audit of the outcome of overseas doctor training schemes in terms of the proportion of doctors who return home.
- Institutions in developed countries must engage with those in developing countries to facilitate an attractive environment for returning doctors to work in. Doctors from developing countries who go abroad to train and work have a key role in this process. Doctors going to work overseas must search for ways to share their expertise and resources by collaborating with their new institution and the ones in which they trained.

**2.5.6.2 STRATEGY FOR RETENTION OF PERSONNEL ACCORDING TO THE
RETENTION POLICY OF THE DEPARTMENT OF HEALTH i.e. POLICY
NO. 3/2001**

The department of health formulated the following retention policy in order to deal with problem of the brain drain.

2.5.6.2.1 RECOGNITION OF GOOD PERFORMANCE

- The Department of Health is committed to promoting its personnel to senior positions on good performance and proven managerial skills. The lower levels of management personnel who are in possession of the prescribed educational requirement being afforded the first opportunity in the filling of entry grade posts.
- Personnel must know performance standards. They must know what is expected of them. Employees should receive regular feedback on their own performance and should receive a fair performance appraisal.
- Performance appraisal should be used to determine training needs and should be seen as part of a development programme rather than a punitive measure.

2.5.6.2.2 CAREER MANAGEMENT

- The Department of health was also committed to providing guidance and advice on career paths.
- It is committed to introducing systematic procedures for identifying potential managers.
- They should also make the supervisee aware of career opportunities and should advise the supervisee how career aspirations can be met.
- Should identify and make the supervisee aware of training opportunities and should

have a career discussion with the employee at least twice a year.

2.5.6.2.3 TRAINING AND DEVELOPMENT

- All managers and supervisors should identify the training needs of their supervisee and ensure that they are exposed to relevant training courses.
- They also need to evaluate the performance of their supervisee after training in order to determine if the identified needs have been satisfied.

2.5.6.2.4 BURSARY ALLOCATION

- The Department of Health was also committed to granting bursaries to personnel.
- These bursaries should be granted in terms of scarcity of skills to ensure that the scarcest skills are afforded first preference.

2.5.6.2.5 INCENTIVE OR REWARD

- Incentives include both monetary and non-monetary incentives and include salaries, allowances, merit awards, cash bonuses and others
- The Department of Health plays a crucial role in the implementation but to have no influence in the determination of these incentives.

2.5.6.2.6 WORK ENVIRONMENT

- The managers should provide their supervisee with the necessary material and authority

to execute their duties and responsibilities effectively.

- They should also look after the welfare of their supervisees.
- They should monitor and manage work performances of their supervisees for career development and increased productivity.
- They should ensure that their supervisees are working under good working conditions.
- They should also create a learning culture where initiative, creativity and innovation are awarded within the shortest time.
- They should give full attention to and address supervisees' problems.

2.5.7 STRATEGIES THAT CAN BE USED BY INTERNATIONAL ORGANIZATIONS

According to Pang (2002:500) international organizations should address the preservation of intellectual property of a nation embodied in its health professionals.

- The World Health Organization could convene a forum of governments and international organizations such as the International Organization for Migration, the United Nations Educational Scientific and Cultural Organization, the United Nations Development Programme, the World Bank, the World Medical Association and the Council of International Organization of Medical. They could agree on a declaration and an international code of ethical guidelines-keeping in mind the harm that the migration of medical professionals may cause.
- A global perspective, agreed ethical principles between countries and a systematic approach using the convening power of international organizations should be the way to address the problem of brain drain.

2.5.8 STRATEGIES ACCORDING TO THE INTERNATIONAL NURSE

MIGRATION POLICY BY SIGMA THETA TAU INTERNATIONAL (STTI)

STTI (2005:1) recognizes international nurse migration as a serious issue impacting nurses worldwide because health is dependent upon having the human resources to provide nursing care. Thus, STTI is committed to the following:

- Encouraging leadership in development that focuses on effectively informing and influencing decision makers; and contributing to the development of public and workplace policy in their home country and in the world regions.
- Providing opportunities and forums for nurses and others around the world to be informed, share knowledge and to openly discuss health care, nursing and social concerns such as international nurse migration.
- Disseminating strategies, findings and best practices on international nurse migration to the public through its publications.
- Developing policies, position statement, briefs, guidelines, bylaws or white papers on international migration and ethical recruitment for distribution to members and external stakeholders.
- Supporting research initiatives and other scholarly activities that assess the magnitude and the effects of international nurse migration, the cost of loss of human resource distribution and migration patterns and innovative approaches to addressing the distribution and migration of nurses.
- Supporting leadership and research initiatives directed at working with donor countries to address the pull and push factors driving the loss of human nursing resources.
- Collaborating with health professionals, stakeholders and policy makers to call for the development of national and regional strategies to deal with international nurse

migration issues.

- Encouraging society leaders to further participate in policy development, implementation, monitoring and evaluation related to international nurse migration and ethical recruitment, including practice differences and supportive transitioning programs.
- Supporting the work of colleagues in responding to the issue related to global nursing shortages.
- Encouraging international fellowship exchange programs.
- Endorsing the guiding principles established by the Commonwealth Code of Practice for the international recruitment of Health Workers.
- Endorsing the position statements by the International Council of Nurses (ICN).
- In addition both the ICN position statements and the Commonwealth Code of Practice supports the right of nurses to migrate but are against the unethical recruitment practices that exploit or mislead nurses into accepting employment and working conditions that are incompatible with their qualifications skills and experience. Therefore, the ICN and its member National Nurse Association, call for regulated recruitment processes, based on ethical principles, that guide informed decision-making and reinforce sound employment policies on the part of governments, employers and nurses. The Commonwealth Code of Practice is encouraging the establishment of a framework of responsibilities between governments and agencies accountable to them and migrant nurses.

2.5.9 RECOMMENDATIONS ACCORDING TO ZONDAGH

- Improve general working conditions of nurses and other health workers;
- Increase pay and benefits for all nurses;
- Increase staffing levels that allow nurses to do their jobs properly and involve nurses as equal partners in determining appropriate staffing levels;
- Fair and flexible scheduling, with extra compensation for off-time shifts;
- It is critical to improve the image of the nursing profession. Nurses need the support of all role players, including the government, private sectors, press and the public.
- Double the number of student intake trained by the public service sector. Government should increase incentives for the private sector to increase their training.
- Employers should develop strategies to recruit and retain nurses in South Africa.

2.5.10 STRATEGIES FOR EFFECTING BRAIN GAIN

According to Pang (2002:500) some countries which have shown the foresight and commitment to improve domestic conditions have succeeded in effecting a brain gain by attracting back medical professions. Thailand and Ireland have reversed brain drain programmes by offering generous research funding and monetary incentives as well as services and assistance. Developing countries need to address the structural, political and economic problems that led to the brain drain.

Cohen (1997:3) states that if the brain drain begins to seriously affect the quality and delivery of public services, the solution can be to devise strategies of brain gain in the following manner:

➤ ***Recruiting abroad in key segments.***

The use of Cuban doctors in rural settings is one important example. Imported personnel need to be carefully recruited and publicly certified to ensure that their skills meet local standards and induce local confidence in their abilities.

➤ ***Return of talent.***

This is a strategy that persuades prominent individuals to return to their homelands.

➤ ***The construction of brain gain network***

This is the use of professionals who originate from South Africa but staying abroad to contribute to the development of the country.

The following were recommendations according to the study conducted by Awases et al (2005:5)

Strengthening national and regional training institutions:

- Country-to-country agreement and exchange programmes;
- Adopting a position on compensation for health workers' recruitment;
- Monitoring trends on migrations;
- Bilateral agreements;
- An international code of practice for ethical recruitment by all; and
- Support to countries through provision of sufficient resources for the development of human resources.

In response to the continuing brain drain in the health sector, the SAMP has embarked on a new project called the SADC Health Professionals Migration Project with the following

aims and objectives.

- To assess the size of the existing health professionals skills based in each country in the SADC;
- To measure the extent and health delivery impact of the brain drain to date on individual SADC countries and the region as a whole;
- To determine the extent and impact of health profession circulation within the SADC region;
- To analyze the emigration potential for the existing health professional skill base and to predict future trends;
- To examine structure and methods of external health professional recruiting in the SADC region; and
- To review existing policy responses to skills migration in the health sector and to make recommendation for more effective policy responses at national and regional levels.

2.5.11 SOLUTION FOR BRAIN DRAIN BY THE INTERNATIONAL COUNCIL OF NURSES

Gibbs (2004) cited in Nursing Update (2006:12) commented that the issue of emigration of nurses is complex and the solutions must be multifaceted. He further stated that addressing the magnitude of issues is not something any one organisation can do alone; stressing that overcoming the causes will require exceptional advocacy, leadership and a deep and sustained political and financial commitment on the part of the individual nation and the international community.

The international Council of Nursing and Florence Nightingale International Foundation (FNF) released the findings in March in Geneva of a two-year study addressing the worldwide nursing workforce crisis. They identified top priorities for action. They saw serious adverse impacts on the health and well being of the population in both developed and developing countries due to nursing shortages. They discovered that health-related millennium development goals and development initiatives in general are jeopardised by inadequate investment in human resources and ineffective action to develop and sustain strong health workforces.

2.5.12 ACTION PLAN FOR THE INTERNATIONAL COUNCIL OF NURSES

The International Council of Nurses (2006:7) is calling the National and global partners to engage in developing, implementation and financing interventions in five priority areas, namely:

➤ ***1. Macroeconomic and health sector funding policies***

Macroeconomic policies set the stage for overall spending in national budgets including financing for health, levels of staffing and workforce development. In order to ensure a strong health sector workforce, it is imperative that countries establish sound and responsive macro-economic policies and practices. However many countries, particularly those highly dependent on external financial aid, are facing macro-economic constraints that are affecting their ability to increase much-needed social spending for health and workforce development.

➤ ***2. Workforce policy and planning, including regulations***

National strategies for human resource development are critical to the realisation of national health goals and improving population health. As such, every country should have one, however, this is not the case in many countries. Some countries still lack a national plan and, in cases where they do exist, they are often poorly executed or not implemented at all. In the absence of national plans, countries make decisions that result in adverse consequences for health systems, the health populations and those providing the services.

➤ ***3. Positive practise environment and organisational performance,***

The varying and often poor quality of the environments in which nurses practice is widely recognised as being one of the greatest factors contributing to the global challenge of attracting new recruits into the profession and retaining existing one. Inadequate staffing and heavy workload; excessive overtime; inflexible scheduling; exposure to occupational hazards, violence and abuse; lack of autonomy; poor human resource management practices and leadership; lack of access to supplies, medication and technology; inefficient incentives and poor career development opportunities are some of the many factors impacting on the quality of nurses practice environments.

➤ ***4. Recruitment and retention; addressing mal-distribution within countries and out-migration***

Difficulties in recruiting new nurses into the profession and retaining nurses in the system are common issues reported in both developed and developing countries. The inability to recruit and retain qualified nurses is having an adverse impact on the

provision and quality of health services, as well as costs. Within this context, policymakers and planners at both national and organisational levels must look at recruitment and retention strategies as critical elements to maintaining staffing levels, reducing turnover and containing costs in order to ensure safe and effective nursing care.

➤ **5. Nursing leadership.**

Addressing the challenges facing the nursing profession, including the impact of constantly changing health systems and a nurse's work environment, requires effective leadership and management abilities at all levels- organisational, local, regional and national. Leadership development is a critical aspect for positive and sustainable change, today and into the future. Nurses who are or will be in key leadership and management positions need to be prepared to manage rapid change in a globalized and technologically driven world and a world with limited financial and human resources.

2.5.13 STRATEGIES TO REGULATE MIGRATION ACCORDING TO THE INTERNATIONAL LABOUR ORGANISATION

- The international labour organisation cited in Nursing Update (2006:12) stated that, in order to deal with the migration of health professionals, countries have set up national regional and international commission proposed or implemented regulations and even tried to enact bans limiting migration.
- In many countries recruitment agencies have to register with government authorities and only legally registered agencies may accept admission fees from nurses, and charge them for service.

- In India, only agencies with a licence from the ministry of labour can execute overseas recruitment.
- Irish law requires that costs be borne by employers and states clearly that deduction from wages by recruitment agencies is an illegal practice.
- The Companion Document of the Common Wealth code of practice recommends that governments enter auditable arrangements with recruitment agencies and set up monitoring mechanisms.
- The code of practice for the international recruitment of health care professionals commends that apply the standard only co-operate with agencies that apply the standards set out in the code and further states that developing countries should not be targeted for the recruitment of health care professionals
- The International Labour Organisation Recommendation 157 tries to facilitate the harmonisation of education, training and practice regulations as well as the multilateral agreements for migration of nursing personnel.

2.5.14 STRATEGIES ACCORDING TO THE NATIONAL HUMAN RESOURCE PLAN FOR HEALTH

Geyer (2006:28) described the development of the health plan which was a very challenging process because of the complexity of the health sector and the diversity of the health professionals that are required to provide health care. What put more challenge were the long periods of training, the provision of human resources in a resource-constraint environment, the gap between public and private health services and the lack of information for planning.

KEY ISSUES COVERED IN THE PLAN

The information that was available for planning was not enough. The statistics from various Nursing Councils did not indicate the number of health professionals available for bedside nursing.

- A whole range of diseases, political, economical and educational trends which have an impact on human resource development, were identified.
- Current issues were also identified for national debate. These were ranging from skill mix and key competencies to norms, standards, and production of health care professionals.
- Human resource planning is impossible without norms; however, the present norms were found to be rigid. Therefore, there is still a need to develop flexible, context-sensitive workload indicators for the South African situation.
- In order to resolve the challenges in human resources is to educate sufficient numbers of the right cadres of health professionals. There may be a need to develop new categories of workers which will call for readjustment of the scope of practice of those closest to the new cadre.
- Special attention was paid to the education and training of health professionals and funding thereof, skills development and continuous professional development.
- The placement of nursing colleges in higher education system was not addressed.
- The targets for the production of various health professionals including the nurses, were set. These were the current 1896 to 3000 professional nurses by 2011, enrolled nurses from the current 5 000 to 8 000 by 2008. Enrolled nursing auxiliaries from the current 6 600 to 10 000 by 2008. These targets will cater for mobility of health professionals to and from the private sector and overseas migration.

2.6. CONCLUSION

Maybud cited in Nursing Update (2006:12) stated that governments are responsible for ensuring adequate workforce planning and development in the health sector; employers and recruiters are critical for implementing international recruitment according to quality standards; and unions and professional associations have unimportant role in preventing migrant worker exploitation by disseminating information and giving support to victim abuse.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This study was based on Neuman's systems model. This systems perspective supports the recognition of the complex whole while valuing the importance of the parts. She viewed the relationships between the parts and the interaction of the parts or the whole with the environment that provides the mechanism for viewing the systems-environmental exchanges, which support the dynamic and changing nature of the system. (George 1995:284).

This chapter deals with the discussion of the Neuman's systems model as well as the application of the model to the study.

3.2 THE NEUMEN SYSTEMS MODEL

This model is based on a general system theory with two major components, which are stress and reaction to stress. The model views the client or a person as an open system that responds to stressors in the environment. According to this model, the client may be an individual, a group, a family, a community or any aggregate. In their development toward growth and survival, open systems continuously become more differential and elaborate or complex. As they become more complex, the internal conditions of regulation become more complex. Exchanges with the environment are reciprocal that is both the client and the environment maybe affected either positively or negatively by each other. The system

may adjust to the environment or adjust the environment to it. The environmental influences may be identified as

intra-, inter-, and extrapersonal. As an open system the client or person has a propensity to seek or maintain a balance among the various factors, both within and outside the system that seek to disrupt it. These factors are viewed by Neuman as stressors and are capable of having either a positive or a negative effect. Reactions to the stressors may be possible, or not yet occurring, or actual, with identifiable responses and symptoms.

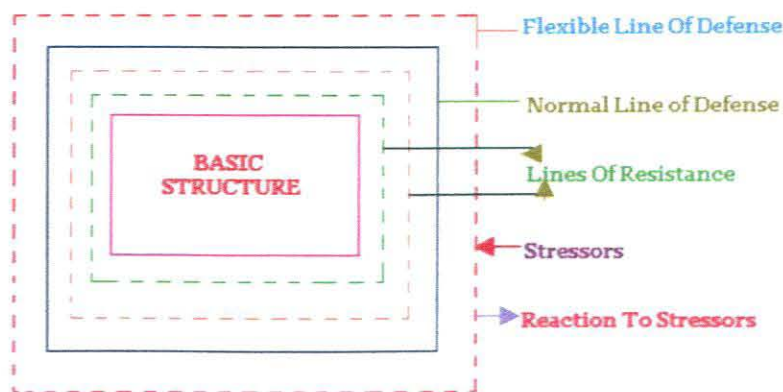
Figure 1: The modified Neuman's system model diagram. George (1995:283)

Client Variables

1. Physiological
2. Psychological
3. Sociocultural
4. Developmental
5. Spiritual

Prevention

1. Primary
2. Secondary
3. Tertiary



The modified Neuman's system model diagram (Figure 1) presents the major aspects of the model. These are physiological, psychological, sociocultural, developmental and spiritual variables; basic structure and energy resource; lines of resistance normal lines of defence; flexible line of defence; stressors; reaction to stressors and prevention of stressors at primary, secondary, and tertiary prevention; intra-, inter-, and extra personal factors and reconstitution. The environment, health and man are inherent parts of the model.

BASIC STRUCTURE AND ENERGY RESOURCES

The basic structure or central core is made up of those basic survival factors common to the species. These factors include the system variables, genetic features, and strength and weaknesses of the system parts. According to Neumen, stability or homeostasis occur when the amount of energy that is available exceeds that being used by the system. Since the system is an open system, the stability is dynamic. When the system is disturbed from its normal, or stable condition there is a rapid surge in the amount of energy needed to deal with the disorganization that result from the disturbance.

CLIENT VARIABLES

The variables include the physiological, psychological, sociocultural, developmental and spiritual variables. In the ideal situation, these variable function in harmony with stability in relation to internal and external environmental stressors. The physiological variable refers to the structure and function of the body. The psychological variable refers to mental processes and relationships. The sociocultural variable refers to system function that relate to social and cultural expectations and activities. The developmental variable refers to those processes related to development over the life span. The spiritual variable refers to the influence of spiritual beliefs.

LINES OF RESISTANCE

The line of resistance protects the basic structure and become activated when the normal line of defence is invaded by environmental stressors. If the lines of resistance are effective in their response the system can reconstitute.

NORMAL LINE OF DEFENSE

The normal line of defense represents stability over time. It is considered to be the usual level of stability for the system or normal wellness state and is used as the baseline for determining deviation from wellness for the client system. Any stressor may invade the normal line of defence when the flexible line of defence offers inadequate protection. When the normal line of defence is invaded, the client system reacts.

FLEXIBLE LINE OF DEFENSE

The flexible line of defense is represented in model diagram as the outer boundary and initial response or protection of the system to stressors. It serves as a cushion and is described as accordionlike as it expands away from or contracts closer to the normal line of defense. It protects the normal line of defense and act as buffer for the client system's usual state.

The study will be based on the following ontological assumptions.

ENVIRONMENT

The environment is described as all the internal and external factors that surround the client or the client system. The influence of the client on the environment and environment on the client may be positive or negative at anytime. Variation in both the client and the environment can affect the direction of the reaction. The internal environment exists within the client system. The external environment is developed unconsciously by the client and is symbolic of wholeness. It represents the open system exchange of energy with both the internal and external environment. Its function is seen as a protective coping shield that encompasses both the internal and external environment.

STRESSORS

Nueman defines stressors as stimuli that produce tension and have the potential for causing the system instability. The system may have to deal with one or more stressors, at any given time. The reaction may occur in one or more subparts of the system. A reaction in one subtype may in turn affect the original stressor. The outcome may be positive with the potential for beneficial system changes that may be temporary or permanent. Stressors are both within and outside of the system.

Interpersonal stressors are those that occur within the client system boundary and correlate with the internal environment. Interpersonal stressors occur outside the client system boundary, are proximal to the system, and have an impact on the system. Extra personal

stressors also occur outside the client system boundary but are at a greater distance from the system than are interpersonal stressors.

NURSING

The major concern of nursing is to help the client system attain, maintain or retain system stability. This may be accomplished through accurate assessment of both the actual and potential effects of stressor invasion and assisting the client system to make those adjustments necessary for optimal wellness.

HEALTH

It is optimal system stability or optimal state wellness at a given time. It is seen as a continuum from wellness to illness. It is dynamic, with changing levels vary because of basic structure factors and the client system's response and adjustment to environmental stressors.

PREVENTION

Primary prevention occurs before the system reacts to a stressor.

Secondary prevention occurs after the system reacts to stressors and is provided in terms of existing symptoms. *Tertiary prevention* occurs after the system has been treated through secondary prevention strategies.

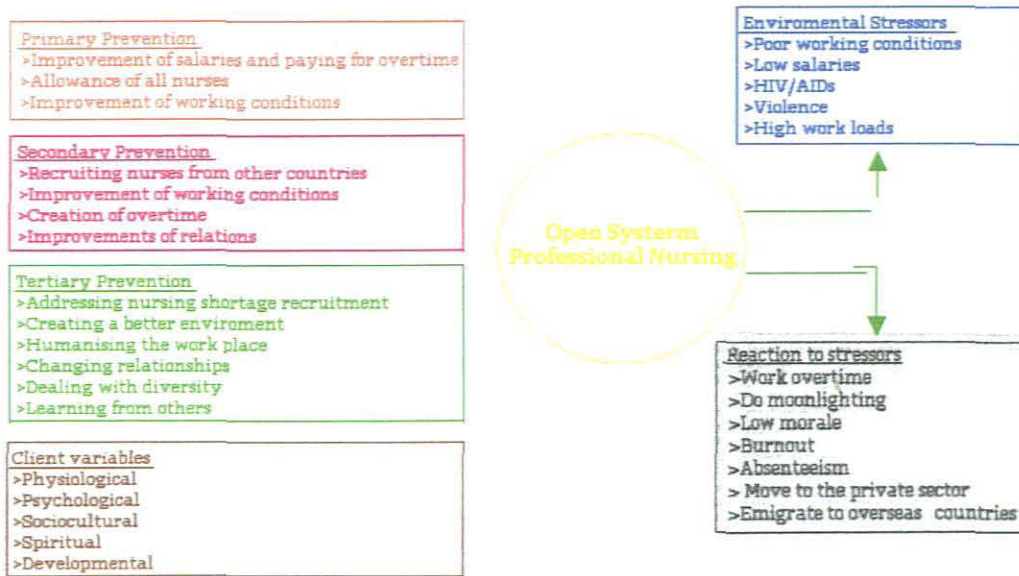
3.3 APPLICATION OF THE MODEL TO THE STUDY

The professional nurses in South Africa like any one else are viewed as human beings, and open systems who are capable of reacting to a variety of stressors or problems in their

environment. The environment is the health services and educational institutions where they are working. These stressors or problems in the working areas were within and outside them, which seeks to disrupt or affect them holistically that is physically, psychologically, spiritually, socially, emotionally and culturally.

Stressors or problems they experienced were in the form of low salaries, bad or poor working conditions, violence at work and outside the work places, lack of support and recognition from their management, lack of promotion opportunities, favouritism, unfair dismissals, long hours of work both on day and night duty, heavy workloads, poor relations in their work place and others.

Figure 2: Modified Neuman's Model



Mashinini (2000:114) agreed with the above by commenting that shortages of nurses is a global issue and identified some of the factors or stressors that caused them to abandon the profession or to emigrate to the overseas countries for greener pastures. She divided these factors under economical, social, political and cultural values. She further explained that the government is faced with the greatest challenges of ensuring that the demand for nurses should be met with adequate supply of professional nurses of which if this demand is not met, there will be continuous reports that patient care in the state hospitals is shocking.

3.3.1 FACTORS OR STRESSORS THAT CAUSED NURSES TO EMIGRATE TO OVERSEAS COUNTRIES.

3.3.1.1 ECONOMIC FACTORS

Mashinini (2000:114) stated that nurses left South Africa for better opportunities because the health institutions failed to offer sufficient incentives in the form of better wages and career opportunities. She further explained that high salaries and better working conditions coupled with high powered marketing promises attract nurses to overseas countries like United Kingdom, United States of America (USA) Saudi Arabia, Canada, Australia and other countries. This has resulted in the critical shortages of nurses due to brain drain of qualified professional nurses to such an extent that it caused disruption of the health services. According to Hlangani (2002:39), the health services in some areas are reported to be on the verge of collapse. At least 29 208 vacant post remain unfilled in the public hospitals and he further stated that in January 2002 Kwazulu-Natal had the highest number of unfilled posts of 7 190.

3.3.1.2 SOCIAL FACTORS

3.3.1.2.1 FEAR OF HIV AND AIDS

Nurses reacted to increasing number of HIV and AIDS illnesses and deaths of patients in hospitals. They had fear of being exposed to needle prick injuries. Whiteside and Sunter (2000:141) cited in Mashinini 2000:115 stated that Kwazulu-Natal had the highest level of HIV infections and that nurses were being infected in large numbers. Mkhize (2003:37) the

former Kwazulu-Natal minister of health said that in a study of patients admitted to 32 major hospitals in Kwazulu-Natal showed that 15% of adults died of HIV and AIDS.

3.3.1.2.2 WORK PLACE VIOLENCE

Kingua (1999:53) cited in Mashinini (2000:115) stated that nurses were likely to be attacked at work than prison guards or police officers. Many nurses do not feel safe from being assaulted in their workplaces. They are physically assaulted or bullied at work, especially those who are in emergency rooms as they were also understaffed and overworked.

According to Mashinini (2000:115), some nurses risk putting up with this but most react by leaving nursing unless "no tolerance" campaign came into being together with legislation dealing with workplace safety and security. Geyer (2005:40) commented that violence at work has been long ignored denied or considered to be a harsh reality that has to be accepted as part of life. She further stated that, it was only recently that it has received attention it long deserved as a serious safety and health hazard with high cost for victims and the organisation performance. The impact of violence in the work places has contributed a lot to brain drain of nurses in South Africa, who felt very unsafe and left to work in countries where the level of violence was low.

3.3.1.2.3 THE CRIME ISSUE

Most of the nurses in South Africa according to Mashinini (2001:114) are reporting on duty very early in the morning and knocking off at 1900 hours at night. During this time, there is

poor transport, as nurses cannot afford to buy their own cars because of low salaries they get. Most of public hospitals do not provide transport to the health professionals any more. This situation contributed a lot to already existing problems of crime and forced the nurses to leave the profession due to these unacceptable working hours and join other professions and some ending up leaving this country for overseas countries leaving their families and patients behind stranded.

3.3.1.2.4 THE LEGAL ABORTION ISSUE

Most of the nurses according to Mashinini (2000:116) are forced to perform legal abortions even if they have stated their reluctance to perform this procedure because of their religious objections. Another stressor that they encountered was that there are no counselling programmes to help them cope with the demands of their work as "abortion nurses". They feel very frustrated as the Minister of Health urges them to put their duty before their beliefs (Denosa 2000:17). Mashinini (2000:116) further stated that these nurses feel as if they are denied transfers, victimised and face dismissal. It is then that they decide to leave the service or decide to leave the country and go overseas.

3.3.1.3 POLITICAL FACTORS

Nurses in South Africa feel as if they are exposed to heavy workloads since 1994. That was when the free health care services for pregnant mothers and children under the age of six years were incepted. With these services, they experienced problems of shortages of equipment and medication due to increased influx that makes it difficult for them to provide adequate care especially in the public hospitals. This problem is made worse by the

increasing number of immigrants of political asylums and illegal aliens who also utilise these health services because it is a constitutional right to have access to health care (Mashinini 2000:117).

These nurses also felt that there was no option except to leave the health services and work in overseas countries where there are less patients and more money than what they were getting. All these factors should be looked into before nurses are labelled as lazy and not caring. Some thing should be done to help them cope with these demands.

3.3.1.4 PROBLEMS DUE TO INVOLVEMENT WITH TRADE UNIONS

In South Africa negotiations involving salary improvements, better working conditions, collective agreement in the public sector involves the trade unions. According to the South African nursing council regulations, health services are essential services so that any nurse who gets involved in a strike without ensuring that skeleton staff is instituted may face a disciplinary action. This impacts so badly on the nurses because they always wish to involve themselves in strikes especially if it is about improvement of their salaries. This eventually results in a situation where the nurses have to leave the country to where there are better salaries and good working conditions. All the above factors put a lot of stress to the well being of each nurse who will always react negatively and differently to it. These stressors become so complex to such an extent that the nurses feel very vulnerable and decide to leave the country for better conditions of service unless the government decide to do something about it.

Brain drain will always have a negative impact on the nurses and their patients and therefore they need to be helped in order to deal with these stressors.

Nurses reactions

Nurses reacted differently to the above-mentioned stressors. Some cope with them by continuing working in South Africa. Some failed to cope and reacted by emigrating to overseas countries to look for greener pastures in order to survive. Those who coped with the stressors continued with their lives in South Africa. They coped because they were helped by their basic survival factors like individual personalities, their abilities to withstand stresses, the coping skills used and the amount of patience and tolerance they had. They were also helped by their financial management skills that they have gained throughout their life. Some are still practicing in South Africa even now because their stability and homeostasis are still intact and not disrupted.

These professional nurses still work in South Africa because they are still able to and are prepared to work in the public and private institutions of this country. Some managed by working overtime enduring long hours of work in order to earn more money for educating themselves and their families, buying cars, clothing and other things for their families. Some are moonlighting during their off duty time and off sick days. Some are still coping by borrowing money from each other and from loan sharks in order to pay their debts.

Eventually, those who failed to cope with the stressors or problems decided to emigrate to overseas countries for greener pastures because their stability and homeostasis that have helped them to cope have failed. They were no longer flexible enough to help them adapt. In other words, the professional nurse's adaptive systems lost their dynamism. They borrowed money to pay their bills using loans, which they could not pay back. They

became financially unstable and were struggling. They were left with no other alternative but to leave South Africa. In other words, their primary preventive measures failed. It was then that they decided to look for greener pastures from overseas countries. They left with their skills and experiences as clinical nurse specialists, leaving their patients and families stranded.

At the same time overseas institutions as the external environment attracted them by advertising posts and promising them high salaries that would be two to three times more than what they earned in South Africa. They were also promising them good working conditions in the form of higher pays for overtime, free accommodation, free food, and educational loans for themselves and their children and so on. At the same time, the remaining staff in South Africa suffered a lot because there were working under bad conditions. What Geyer (2006:10) called unsafe staffing where nurses find themselves faced with disciplinary proceeding by the South African Nursing Council because of negative incidents that were occurring to patients. If better preventive strategies are not put in place by the health authorities in the health services and educational institutions, lawsuits will continue and negative impacts will continue occurring to patients in the form of poor quality patient care.

3.4 STRATEGIES AIMED AT PREVENTING THE EMIGRATION OF NURSES

Health authorities tried to institute some measures to prevent nurses from emigrating to overseas countries. These strategies were divided into primary, secondary and tertiary.

These strategies seemed to be implemented simultaneously because it was difficult to separate them.

3.4.1 PRIMARY PREVENTIVE MEASURES

The health authorities tried to raise the salaries and improving certain working conditions of service for professional nurses, like paying extra money for those working on night duty, paying for overtime and paying extra money for those working in the rural areas. All these measures failed because professional nurses continued to leave this country for overseas, leaving their families and patients suffering. The health authorities in South Africa failed to compete with the dollar and the pound paid to nurses by the overseas countries.

3.4.2 SECONDARY PREVENTION

The health authorities also tried secondary preventive measures by blaming overseas countries from attracting South African health professionals to their countries. Restrictive measures and agreements were instituted in vain.

3.4.3 TERTIARY PREVENTION

The health authorities are presently trying to apply tertiary preventive measures. Previously in South Africa, they used to let the nurses and doctors who were above 55 years to retire and preferred the young ones to take over. That caused nursing care standards to be low, lawsuits took its toll, death rate for patients increased, infant and maternal mortality rate rose.

1. They have now realised that these problems were not encountered during the time when the old nurses were still working in the health services. They are recruiting them back to nursing in order to role model for the young ones as to how to provide quality patient care. This will help to lower the negative impacts caused by shortages of nurses and nurse educators who have gone to overseas countries for greener pastures. Some went to overseas countries to gain knowledge, skills and experiences, with the aim of coming back and implement these skills in South Africa, but they never come back. They did not plan to settle in these countries permanently but circumstances in South Africa forced them to remain there, the working conditions in South Africa did not improve instead were getting worse.

2. The health authorities and employers are further trying to control the situation by advertising posts to replace the nurses who have left in order to cope with the negative impacts on patient care. The employers also tried to cut down the number of patient intake and reshuffling of nursing staff or resort to overtime as a line of resistance.

3. There is a need for health authorities to humanise the workplace.

According to Arries, (2006:32) organisations are faced with the most severe resource shortages because of the pressure from both the supply and demand of business equation. Walter (2006:26) cited in Arries (2006:32) indicated that the number of nursing students entering the nursing programmes is decreasing while the number of active nurses who are cutting down or retiring is increasing. The ability of the profession to attract nurses is weakening. The work environment or culture plays a significant role in the nature of practice and its outcome on both the provider of nursing care and the recipients of the services, the patients. The work environment continues to discourage nurses from working

freely. The shortage of nurses is of great concern to both nurse educators and nurse managers as well as to the current and future patients.

Arries (2006:33) further stated that health care organisations should respond adequately in time to change the state of diminishing supply of nurses and continue to provide quality patient care which at present point to the negative impact.

3.5 THE FOLLOWING ARE SOME OF THE STRATEGIES TO IMPROVE NURSING SHORTAGES

3.5.1 ADDRESSING THE NURSING SHORTAGES BY RECRUITMENT

- According to Arries (2006:33), efforts like recruiting nurses and the improvement of the image of nursing through public relations campaigns, salary increases, more flexible scheduling practices and various incentive programmes have been done in order to address the shortages of nurses.
- Efforts to stimulate student interest into the nursing profession at an early age was also done, but retention of the recruited nurses remains a problem in the health organisations like the hospitals. The newly recruited nurses did not address the problem of not having enough nurses to care for patients in the high acuity and speciality areas because they were not yet qualified for these specialities. The nurses with these specialities decided to leave South Africa and work in the overseas countries. This has a negative impact on the care of these patients. Arries further commented that, according to the study that was done by the Health System Trust, the remaining nurses in South Africa have no job satisfaction. Of those nurses, 60% have considered changing hospitals and 40% were

planning to leave the country for greener pastures. The reasons they indicated were still those of poor pays, unsatisfactory working conditions, bad relationships with the doctors, inhuman work places caused by nurse managers who were not sympathetic and that caused them to feel alienated. Their leaving would also result in large turnover costs that were not budgeted for.

3.5.2 CREATING A BETTER ENVIRONMENT

O'May and Buchan (1999:218) cited in Arries (2006:33) discovered that improving the work environment and consistency in decision making regarding patient care delivery would help in halting staff from leaving and prevent shortages of staff. They further commented that nurses who were satisfied with their nurse managers were easily retained. A call for nurses to try to manage, control, categorise and change the structure of the workplace by seeing it as an energy field by using a field theory which emphasises the environment in which good relationships take place, where fear is diminished and conflict becomes less threatening were done. (Arries 2006:33).

3.5.3 HUMANISING THE WORK PLACE

Arries (2006:33) commented that nurses experience the workplace that is inhuman and called for a need for humanisation of the work place within which nurses could function by using insight offered by field theory. He further urged the nurse managers to act as leaders by not only becoming aware and understand that nurses are human beings but also by helping them in developing their full potential to the benefit of themselves and to reflect on the characteristics of an organisations (Arries 2006:33).

3.5.4 CHANGING STAFF RELATIONSHIPS

Mindell (1992:2) & Crowell (1998:33) cited in Arries (2006:33) describes an organisation as characterised not only by the overt identifiable structure, purpose and goals, but also their emotional features such as relationships, conflicts, jealousy, envy, altruistic drives, spiritual needs and interest in the meaning of life. Raport (1993:112) cited in Arries (2006:33) stated that management should recognise that building a winning organisation is about building a winning team. It is important that management should be knowledgeable and competent in dealing with and developing people. Wesorick (2002:27) in Arries (2006:33) commented that when relationships are not consciously valued in the workplace, the culture is dehumanised as managers and staff would adopt the attitude of contention and competition with each other. Managers should be able to identify the obstacles that prevent the humanisation of the workplace in order to prevent professional nurses from leaving the country to overseas countries with an aim of improving the negative impact on patient care. This will also improve the education of the future graduates in the nursing education institutions.

3.5.5 DEALING WITH DIVERSITY

According to Arries, (2006:34) some issues about diversity become evident in the workplace. Both nurse managers and nurses have to engage in the sincere examination of their stereotypes and reaction towards diversity issues such as gender and racial differences within the organisations with an aim of preventing the shortages of nurses that eventually creates a negative impact in the provision of quality patient care. Stresses caused by diversity can be dealt with if every body put more effort into it.

3.5.6 LEARNING FROM OTHERS

According to Arries, (2006:34) some corporations have taken up the challenge of humanising the workplace through building mutually satisfying and supportive relationships between managers, leaders and employees. The challenge is to balance the needs and expectations of the organisation with that of its employees in achieving a win-win relationship. All the above strategies, solutions and recommendations are to be done to bring the line of defence to normal.

These can be used by any institution in order to recruit and retain health professionals in order to stop them from going overseas. This is important because it will eventually impact negatively to the provision of quality patient care and nursing education to our future professional nurses, the student nurse.

3.6 CONCLUSION

When the line of defence is normalised, educational institutions and health services will have enough staff to do the work. The workers will have job satisfaction with improved working conditions and improved relations in the work places by humanising the work place. The workload will decrease, salaries will be improved, staff morale will improve, absenteeism will stop, bonuses will be awarded, scarce skills and rural allowances will be paid too. This will motivate nurses to work harder and professional nurses that have emigrated to the overseas countries will have no other option but to come back to South Africa permanently.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

In order to meet the objectives of this study, which is to establish the impact of the brain drain of professional nurses on nursing service and nursing education, an extensive survey was done. This required a carefully crafted methodology that was exhaustive and effective. This exercise included the assumptions that serve as a rationale for research standards and criteria used for interpreting the data and reaching conclusions. In this chapter, the research design, research tool, sample and sampling techniques, target population, delimitation of the study, ethical consideration and data analysis was discussed.

4.2 RESEARCH DESIGN

The research design is a scheme of action, the overall blue print the researcher elects for his study (Brink 1999:108). It constitutes the planning and the structuring of the research process. The researcher chose an exploratory descriptive survey that was quantitative in nature.

Exploratory approaches

According to Polit & Hungler (1995:12), cited in Kubheka and Nzimande (2002:164) discussed the value of combining the exploratory and descriptive approaches in order to

extend the comprehensiveness of the investigation in the phenomenon by answering a wider array of questions, including:

➤ ***Exploration***, "that sets to explore a relatively unknown field with a purpose of gaining new insight into the domain or phenomenon" (Uys and Basson 1998:38). More information and insight is needed about the impact of the brain drain of professional nurses with different specialities to overseas countries on patient care and the quality of nursing education provided in different educational institutions in Kwazulu-Natal.

➤ ***Description***

"Descriptive studies are designed to describe specific phenomena or variables, or to find relationship between variables" (Treece & Treece 1986:175).

Description: The researcher describes accurately and carefully "that which is" (Uys & Basson 1995:38). Information was collected from the nurse managers at all levels, principals and nurse educators of different levels after which the results were accurately described.

The explorative/descriptive research is either qualitative or quantitative or both. A descriptive research is characterised by more systematic techniques for selecting and analysing the data. This research study therefore attempted to answer questions in order to contribute to the comprehensiveness and deep knowledge on the impact of the brain drain of professional nurses to overseas countries with their knowledge and skills.

Survey

A survey method was also used. Brink (1999:109) agrees that survey studies are concerned with gathering information from the sample of the population and emphasises the collection of

data on structured questionnaires and interviews. Surveys also provide data about current situations, individual expectations, values, factors and relationships necessary for understanding behaviours.

Indeed in this study, nurse managers and nurse educators will provide information about the impact of the brain drain on the health services and educational institutions by using questionnaires and interviews. This information will be compared with the expectations of professional nurses, values and relationships with the employing bodies and the factors that contributed to their emigration to the overseas countries.

4.3 DATA COLLECTION

4.3.1 DELIMITATION OF THE SCOPE OF THE STUDY

AREA OF STUDY

This study took place in regions B and F of Kwazulu-Natal Province, which is one of the provinces, delineated in South Africa after the 1994 Government elections.

LOCATION

Kwazulu-Natal is situated on the Eastern side of South Africa on the coastline of the Indian ocean. It is bordered by Mozambique and Swaziland in the North and Eastern Cape in the South. It touches on other provinces and the Kingdom of Lesotho in the West (see the map annexure 3).

TOTAL POPULATION

According to media estimates 2000 cited in Kubheka and Nzimande (2002:166) the population of this province was 8 986 857 of which it may now be reduced due to the high death rate caused by HIV/AIDS which is the highest cause of death in South Africa especially in this province Kwazulu-Natal. It forms 21% of the whole of the South African population of 43 685 699 (central statistics).

CLIMATE

Kwazulu-Natal enjoys subtropical climate that is constant all year around. The East side is warmer than the West. Humidity levels can be high at certain times of the year. Towards the Midlands area, snow often covers the mountain heights. Annual rainfall varies. The average winter temperature is 18 degrees Celsius. The warmer seawater of the Indian ocean ensures that temperature rarely fall below 17 degrees (New African year book 1999-2000:53).

AMALGAMATION OF KWAZULU-NATAL

Although the Kwazulu-Natal is one Province, the administration of the health services belonged to two different health authorities, which are the Kwazulu-Natal Government and the Natal provincial administration respectively. There has been an amalgamation of all health services in the province under one employing authority, namely, the Kwazulu-Natal Provincial Health Department.

HEALTH REGIONS OF KWAZULU-NATAL

The Kwazulu-Natal Health Department is divided into 8 (eight) regions, namely A, B, C, D, E, F, G and H. In each health region there are regional and district hospitals, clinics, and private hospitals, nursing colleges and nursing schools. The institutions identified for inclusion are the district and regional hospitals, nursing colleges and nursing schools (only public institutions will be included in this study, not private institutions). The total number of the regional and district hospitals in Kwazulu-Natal is 63 provincial hospitals, 63 state aided hospitals and 77 private hospitals (Health Services Statistics as at August 1999). This study was conducted at Edendale, Northdale, King Edward viii, Prince Mshiyeni Memorial, R.K. Kahn and Addington hospitals. These institutions are in regions B and F of Kwazulu-Natal.

The above description serves to highlight the position of the Kwazulu-Natal Province where this study was conducted.

4.3.2 TARGET POPULATION

The target population is the aggregate of cases about which the researcher would like to generalize (Polit & Hungler 1991:254). In this study, the target population were nurse educators of all levels, that is, the principals, senior tutors and tutors. The target population that was also included were nurse managers of all levels that is, professional nurses, senior professional nurses, chief professional nurses, assistant nursing managers, deputy nursing managers and nursing managers from the public hospitals, nursing schools and nursing colleges from region B and F of Kwazulu-Natal Province. Nurse educators and nurse managers were selected because of their exposure and experiences with the brain drain of

professional nurses from their institutions leaving patients and student nurses and their families stranded. They had enough information about the impact on nursing education and nursing practice caused by the emigration of nurses to the overseas countries.

4.3.3 SAMPLING SIZE AND SAMPLING PROCEDURE

A sample is the number of elements of the population being studied (Uys & Basson 1995:87). Sampling is a representative selection of the group of the population to be studied (Notter 1978:93).

4.3.3.1 SAMPLING PROCEDURE

In this study both purposive and systematic random samplings procedures were used.

Purposive sampling

In purposive sampling elements are selected purposely by an expert on the subject as being representative of the population (Uys & Basson 1995:53). However, Van der Merve (1996:53) cited in Kubheka & Nzimande (2002:169) warns that this type of sample selection requires careful monitoring by an experienced researcher to strengthen its logical and scientific basis.

Systematic Random sampling

This method of sampling involves selection of the elements at equal intervals such as every fifth or eighth element (Brink 1999:138).

SELECTION OF INSTITUTIONS

THE SELECTION OF HOSPITALS

The selection of hospitals was done according to the regions concerned.

SELECTION OF HOSPITALS IN REGION B

Two public hospitals were purposely selected. Edendale hospital was selected because it was one of the biggest hospitals in region B. Another hospital that was selected in region B was Northdale. The reason was that the researcher wanted to evaluate the impact of the brain drain of professional nurses among big and small hospitals in region B. All other public and private hospitals were excluded in the study.

SELECTION OF HOSPITALS IN REGION F

Region F hospitals were purposely selected according to their size in order to evaluate the impact of the brain drain on all these hospitals among big and small hospitals. The big hospitals, selected were King Edward viii and Prince Mshiyeni Memorial hospitals. The small hospitals selected were Addington and RK Khan hospitals.

SELECTION OF NURSING COLLEGES AND NURSING SCHOOLS IN REGION B

Only Edendale nursing college was purposively selected in order to evaluate the impact of the brain drain due to emigration of nurse educators on the training of student nurses.

SELECTION OF NURSING COLLEGES AND NURSING SCHOOLS IN REGION F

The following nursing colleges were purposively selected; that was King Edward viii, Prince Mshiyeni Memorial hospital, Addington hospital as well as R K Khan colleges. All the nursing schools and private nursing schools were excluded from the study.

SELECTION OF NURSING MANAGERS

Nursing managers were purposively selected for the study as each institution had one nursing manager.

SELECTION OF ASSISTANT NURSING MANAGERS

The assistant nursing managers were systematically selected according to their number in each institution. In an institution where the assistant nursing managers were more than two, every second assistant nursing manager was selected for the study.

SELECTION OF UNIT MANAGERS

Systematic random sampling was done for the selection of unit managers where every third unit manager was selected from the change list and eventually the required number was selected for the sample.

SELECTION OF PRINCIPALS

The principals were purposively selected from each institution until a required number of subjects were selected for the sample.

SELECTION OF NURSE EDUCATORS

Systematic random sampling was done where every second nurse educator was selected from the change list.

The total number of the nurse managers that were selected for the study was (75) including all the levels. The total number of nurse educators was (40) including all levels.

4.3.4 ETHICAL CONSIDERATIONS

- Permission was obtained from the Secretary of the Department of Health at Pietermaritzburg. See annexure 5
- Permission was also obtained from the principals and nursing managers of different institutions. See annexure 7, 9, 11, 13, 15&17.
- Informed consent was obtained from the nurse educators and nurse managers.
- Anonymity and confidentiality were maintained throughout the study.

4.3.5 RESEARCH TOOL

The instrument used for data collection consisted of two self-administered pencil and paper questionnaires. There was one for nurse managers and the other was for the nurse educators. The researcher designed the questionnaires in order to collect information on the impact of the brain drain of professional nurses as viewed by the nurse educators and nurse administrators. One hundred questionnaires were distributed to nursing managers, assistant nursing managers and unit managers and only 75 were returned, 25 questionnaires were not returned. On follow up, the reasons given by those who did not return them was that they did not get enough time because they were busy due to staff shortages. Some had lost them, and even if the forms were redistributed, they failed to fill them. This response rate was quite acceptable because it was more than 50% and therefore it could not affect the results.

The principals and nurse educators were given 50 questionnaires to fill but only 40 were return. The reasons that were given were also lack of time due to high workloads. The researcher was quite happy with the response because it was also more than 50% as it could not affect the results. The respondents were given questionnaires by hand to fill in during their spare time and were asked not to write their names on the questionnaires. This ensured anonymity and confidentiality. This method of data collection was chosen because there are less possibilities of bias as it can occur with face-to-face interviews. This method is also cheaper and saves time. An enclosed letter was written indicating that all information would be treated confidentially and that they would remain anonymous.

Each questionnaire was divided into sections, which consisted of open-ended and closed-ended questions. The questionnaires for nurse educators had five sections whilst the one for nurse administrators had six sections.

QUESTIONNAIRES FOR NURSE EDUCATORS

Section A consisted of biographical data that was included because it could affect the nurse educator's views about the impact of the brain drain on issues such as: -

- Age
- Sex
- Marital status
- Area of residences

Section B consisted of educational information and employment history of the nurse educators, because it was thought that these could also affect how she/he perceives brain drain and its impact. This section consisted of 3 (three) questions and these were:

- Highest standard of education
- Possession of diploma or degree
- Position held

Section C included the nurse educator's knowledge of another nurse educator who left for overseas countries. It consisted of 8 (eight) questions which were;

- Knowledge of nurse educator that left for overseas
- Knowledge of nurse educator that left for private sector
- Reason mentioned for leaving

- Nature of reasons mentioned
- Highest academic qualifications
- Possession of clinical specialization
- Problems experienced by nurse educators without speciality in teaching that subject
- Number of years teaching

Section D included the factors that led the nurse educator to leave the country. This section consisted of 6 (six) questions. These were

- Satisfaction with the salary provided
- Satisfaction with the support from senior personnel
- Opportunity for furthering education and attend workshops
- Effect of not furthering education on students
- Coping with the work allocated
- Reasons of not coping with work allocated

Section E consisted of the impact of brain drain. It consisted of 15 (fifteen) questions, which were;

- Diploma, degree, or clinical specialization
- Relation of clinical specialization to the subject taught
- Any problem with teaching the subject allocated
- Number of years teaching
- Any opportunities for promotion
- Tutors enough for the number of students
- Ability to give each student full attention
- Ability to provide student accompaniment

- Reasons given for not providing student accompaniment
- Effects of lack of student accompaniment
- Availability of nurse educators that were thinking of leaving
- Reasons stated for leaving
- Problems experienced due to brain drain
- Solutions suggested
- Positive effects of brain drain

QUESTIONNAIRE FOR NURSE MANAGERS

Section A consisted of biographical data which was included because it could affect the nurse manager's views about the impact of the brain drain on issues such as age, sex, marital status and area of residence.

Section B consisted of educational information of the nurse managers because these can also affect how she/he perceives brain drain and its impact. This consisted of two questions that were;

- Highest standard of education and
- Possession of a diploma or degree.

Section C included the employment information of nurse managers because it can reveal the position that each manager is holding with regard to the impact of the brain drain. Two questions were asked and these were;

- Position held
- Area of work

Section D included the nurse manager's knowledge of another nurse manager who left for overseas. This consisted of 7 (seven) questions which were;

- Knowledge of professional nurse that left for overseas
- Reasons mentioned for leaving
- Nature of reasons mentioned
- Academic qualification
- Possession of clinical specialization
- Number of years worked in South Africa
- Problems encountered after the professional nurse has left

Section E included the factors that could have led the professional nurse to leave the country.

This consisted of 19 (nineteen) questions that were;

- Satisfaction with the salary package
- Workload on remaining nurses
- Negative effects of workload
- Management of negative effects
- Management supportive
- Amount of resources
- Managing to work with less resources
- Working conditions
- Satisfaction with duty schedules
- Staff satisfaction with appraisal system
- Personnel promoted according to knowledge and qualifications

- Allocated according to specialization
- Staff numbers enough for type and number of patients
- Management of staff shortages by the management
- Availability of posts that are not filled
- Relationship between nurses and doctors
- Relationship between nurses and patients
- Public's perception of the image of nursing profession
- Causes of negative perceptions
- Coping with amount of work
- Effect of HIV/AIDS on nurses

Section F consisted of the impact of the brain drain. This section had 47 (forty seven) questions. These were;

- Possession of clinical specialisation related to service rendered
- Keeping of the standard of care required
- Availability of nurses in the unit with the same clinical specialisation
- Keeping of standards if no body with specialization
- Availability of enough professional nurses to provide needs of unit
- Ensuring that the unit has adequate staff
- Patients satisfied with service rendered
- Demonstration of their feeling?
- Dealing with feelings if not satisfied
- Frequency of receiving complaints from patients
- Negative incidents that occurred
- Effects of negative incidents on staff and patients

- Prevention of negative incidents
- Delays in patient care due to staff shortages
- Availability of waiting lists
- Patients get treatment at due times
- Reasons for delays in treatment
- Limitation of number of admissions and special procedures
- How is staff morale?
- Strategies to improve staff morale
- Amount of stress level among personnel
- Causes of high stress levels
- Dealing with stress levels
- Rate of absenteeism-
- Causes of absenteeism
- Dealing with absenteeism
- Lawsuits due to medical errors
- Type of lawsuits
- Steps taken to prevent lawsuits
- Staff working more than twelve hours
- Use of temporary agencies
- Enough time to orientate and teach new personnel
- Enough time to attend workshops and furthering their education
- Allocation of nurses above their level of education and training
- What preparations were done before they were delegated
- Any overlapping of duties
- Nature of overlapping duties

- Ability to perform overlapping duties competently
- Allocation of student nurses according to educational needs
- Reason for not allocating students according to their educational needs
- Enough time for teaching student nurses
- Delegation of students according to level of training
- Reasons for not delegating students according to level of training
- Availability of professional nurses to supervise students
- Problems experienced due to brain drain
- Solutions suggested for dealing with the brain drain
- Positive impacts of brain drain

4.3.6 VALIDITY AND RELIABILITY

Validity and reliability is important because it is used to test the usability of the instrument for data collection.

Validity

It is concerned with the accuracy and truthfulness of the findings (Brink 1999:24).

Uses of validity

Establishing validity requires.

- Determining the extent to which conclusions effectively represent empirical reality.
- Assessing whether the construct devised by researchers represent or measure categories of human experiences

Internal validity deals with credibility and authenticity of the study

External validity is the degree to which the results of the study can be generalised to settings or samples other than the one studied. It is usually referred to as transferability or fittingness.

Dependability refers to the trustworthiness of the study.

Confirmability guarantees that the findings, conclusions and recommendations are supported by data and that there is internal agreement between the investigator's interpretation and the actual evidence.

"Instrument validity refers to whether an instrument accurately measures what it is suppose to measured, given the context in which it is applied" (Brink: 1999:167)

Face and content validity

Content validity is an assessment of how well the instrument represents all the different components of the variables to be measured.

Face validity means how the instrument appears to measure what it is supposed to measure (Brink 1999:168).

Burns and Grove (1993:343) defined face validity as a "subtype of content validity and are determined by inspecting the items in the questionnaire to ascertain whether the instrument contains important items that measure the variables in the content area".

Reliability

It refers to the degree to which the instrument can be depended upon to yield consistent results if used repeatedly overtime on the same person or if used by two different investigators.

The characteristics of reliability are stability, internal consistency and equivalence.

Stability refers to its consistency over time. It is measured by giving the same individuals an instrument on two occasions within a relatively short period of time and then examining their responses for similarities.

Internal consistency addresses the extent to which all items on an instrument measure the same variable.

Equivalence reliability: The test of equivalence attempt to determine whether similar tests at the same time yield the same results or whether the same results can be obtained by using different observers at the same time.

Validity and reliability of this study instrument was ensured by the following:

- Extensive literature review was done on the topic whereby books, periodicals, journal and newspapers were consulted.
- The instrument was constructed based on the objectives of the study that were identified.
- Face and content validity was ensured by sending the instrument to the experts in the field of research, senior lectures, deputy directors and assistant directors of different institutions in Kwazulu-Natal.

4.3.7 PILOT STUDY

Permission was obtained to conduct a pilot study in one of the institutions in Kwazulu-Natal, which did not form part of the study. The aim was to pre-test the interview guide for reliability and validity. A pilot study is a small version or trial run of the major study (Brink, 1996:60). Its function is to test the instrument and establish if it needs some improvements before the major study is undertaken. A pilot study was done on four (4) nurse educators and four (4)

nurse managers who were not included in the study. It took 30–45 minutes to fill each questionnaire in and minor corrections were done after which the instrument was acceptable

4.3.8 DATA ANALYSIS

Data were quantitatively analysed by a statistician using the statistical package for social sciences (SPSS) on a computer programme and were presented through graphs and tables using descriptive statistics.

4.4 CONCLUSION

This chapter gives direction on how the whole research process was carried out. In the following chapter, data will be analysed and presented through tables and graphs

CHAPTER 5

DATA ANALYSIS AND INTERPRETATION OF FINDINGS OF THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION

QUESTIONNAIRE FOR NURSE EDUCATORS

5.1 INTRODUCTION

In this chapter, the data is analysed and interpreted. A total number of 40 nurse educators were given questionnaires by hand to fill in order to evaluate the impact of the brain drain of professional nurses on nursing education. Data were collected from nurse educators from different levels. These were junior nurse educators, senior nurse educators, deputy principals and principals. These were located from various positions within the educational institutions of Kwazulu-Natal.

The presentation format is divided into the following sections;

- Section A** Biographical Data
- Section B** Educational Information
- Section C** Knowledge of the nurse who left the country for overseas
- Section E** Impact on nursing education

5.2 SECTION A: BIOGRAPHICAL DATA

This section gives information about the respondents' biographical data; which might influence the impact of brain drain of professional nurses.

5.2.1 ITEM 1: AGE GROUP OF RESPONDENTS

This item is included to establish the age distribution of the respondents that were affected by the brain drain who were involved in teaching student nurses.

Table 5.1: Age group of respondents

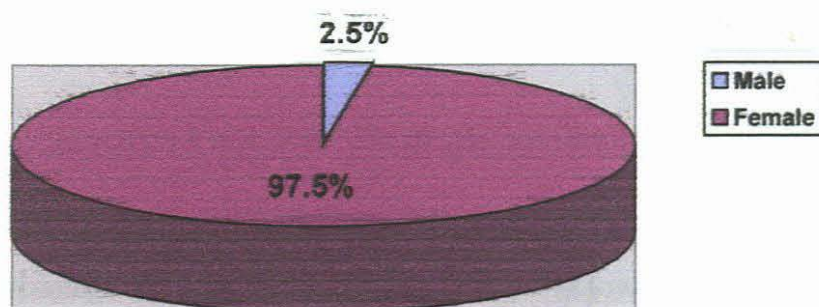
Age	Number	Percentage
21-30	0	0
31-40	12	30
41-50	13	32.5
51 and above	15	37.5
Total	40	100

The study reveals that the highest number of the respondents 37.5% (15) was in the age category of 51 and above, followed by 32.5% (13) who were between ages 41-50 years. Respondents aged between 31-40 were 30% (12) of the total. There were no respondents that were aged between 21-30 years. This was an indication that nurse educators were experienced and matured enough to comment about the impact of the brain drain on nursing education, as there was none with limited experience.

5.2.2 ITEM 2: GENDER OF RESPONDENTS

The inclusion of this item sought to establish the gender of the respondents that were involved in education and training of student nurses.

Figure 5.1: Gender distribution of students



The study reveals that the vast majority were females. This is shown by the higher percentage of 97.5% (39) who were female nurse educators with only 2.5% (1) male. This is an indication that the nursing profession is still dominated by females. There is a need for male nurse educators in the education of nurses because they will help to recruit male students as they are generally stronger than females and they can carry heavier load.

5.2.3 ITEM 3: MARITAL STATUS OF NURSE EDUCATORS

With this item, the researcher sought to establish the marital status of individual respondent.

Table 5.2: Marital status

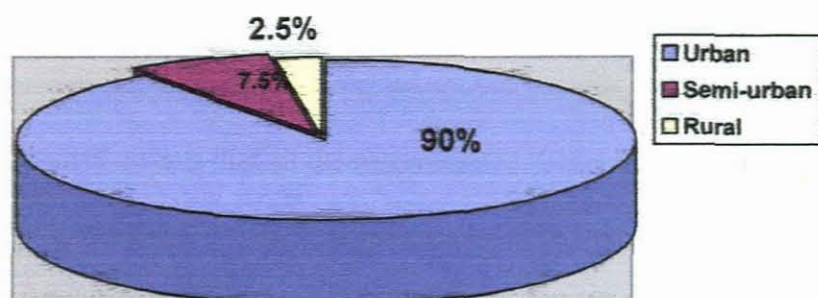
Marital Status	Number	Percentage
Single	5	12.5
Married	28	70
Divorced	4	10
Widowed	3	7.5
Total	40	100

This table shows that 70% (28) of total number of respondents were married, followed by 12.5% (5) who were single. There were 10% (4) who were divorced and the lowest percentage of respondents 7.5% (3) were widowed. Married women usually experience many problems because of working in situations that are short staffed apart from looking after their families and at the same time playing the roles of being academics. The brain drain could affect them negatively especially because they are also supposed to give support in the education of their own children.

5.2.4 ITEM 4: AREA OF RESIDENCE

This item sought to establish the residential area of the respondents.

Figure 5.2: Area of residence



The study reveals that most respondents 90% (36) were from the urban areas, followed by 7.5% (3) who were from semi-urban areas and only 2.5% (1) were from the rural areas. The impact of the brain drain for nurse educators teaching in the urban areas might be very heavy because of high numbers of student nurses on training as more people have shifted from the rural areas to urban areas. This might cause high demands on nurse educators that are insufficient due to the brain drain. Geyer (2004:34) commented that the staff shortage due to the brain drain means that the remaining nurse-educators have to teach a wider variety of subjects to cover the curriculum.

5.3 SECTION B: EDUCATIONAL INFORMATION

This section is included in order to establish the educational as well as the employment information of the respondents. This may indicate whether the nursing educational

institutions comprise of teaching staff that lack teaching qualifications necessary for teaching future competent professional nurses or not.

5.3.1 ITEM 5: LAST STANDARD PASSED AT SCHOOL.

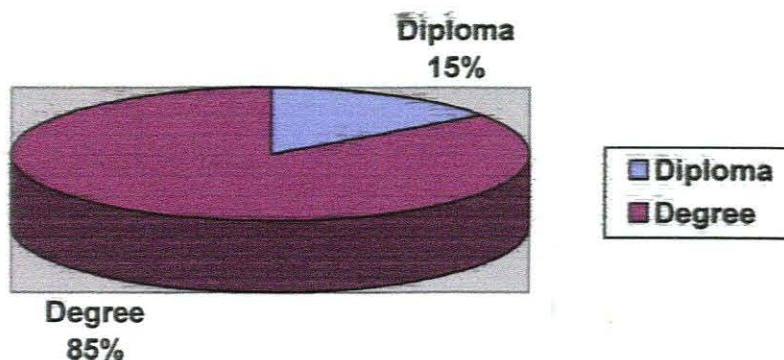
This item sought to establish the respondent's highest standard passed at school

The study reveals that all the respondents (40) passed standard ten at school. This could be an indication that the nurse educators were provided with good educational background by the educational institutions before their preparation as nurse educators. That will enable them to produce competent, compassionate and independent professional nurses of the future.

5.3.2 ITEM 6: HIGHEST ACADEMIC QUALIFICATIONS

The inclusion of this item helped the researcher to establish the highest academic qualifications of the respondents remaining in South Africa to develop the student nurses when others emigrated to overseas countries.

Figure 5.3: Highest academic qualifications



The study reveals that the vast majority of respondents 85% (34) had degrees. This was followed by 15% (6) of the respondents with diplomas. This high number of the respondents with degrees shows that although a high number of skilled personnel emigrated to overseas countries, the remaining personnel had enough academic skills. This will help to develop future professional nurses without much negative impact on their knowledge and skills that will enable them to be utilised effectively in providing quality patient care. Zungu & Kubheka (2002:32-33) discovered that nurse educators with different degrees were utilised properly in the nursing colleges and contributed a lot in the academic development of student nurses.

5.3.3 ITEM 7: PROFESSIONAL POSITION HELD

This item is included in order to find out if the remaining nurse educators in South Africa were properly allocated for compensating for the negative effects of the brain drain on education and training of student nurses.

Table 5.3: Professional position held

Professional position	Number	Percentage
Principal	5	12.5%
Deputy principal	0	0%
Senior nurse educator	16	40%
Junior nurse educator	19	47.5%
Total	40	100%

The study reveals that the vast majority of the nurse educators 47.5% (19) were junior, followed by 40% (16) who were senior and 12.5% (5) were principals. There were no respondents who were deputy principals. The high proportion of junior nurse educators might be an indicator that there were no opportunities for promotion in nursing education. This could be a factor that caused some of the nurse educators to leave the country for greener pastures. The professional position that one holds has an effect on how one perceives the impact of the brain drain. In their research study, Zungu & Kubheka (2002:52) discovered that 62.5% of the nurse educators were not promoted to hold senior positions in nursing education, and this had a negative impact on their performances and

productivity. This resulted in some of them leaving the country for greener pastures leaving the nursing students stranded.

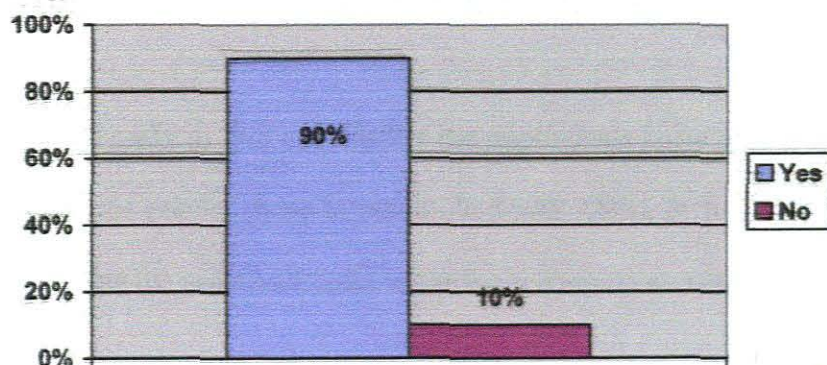
5.4 SECTION C: KNOWLEDGE OF THE NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS

This section was included by the researcher in order to establish from the respondents whether they knew any nurse educator who left the public institution to work in the private sector or in the overseas countries causing negative impact on education and training of the student nurses.

5.4.1 ITEM 8: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS

The inclusion of this item helped the researcher to establish whether these respondents knew any nurse educator who left the country for overseas. This might highlight the most common contributory factors of emigration of nurse educators in order to prevent them from leaving in future because of the negative impact that results thereafter.

Figure 5.4: Knowledge of a nurse educator who left the country for overseas

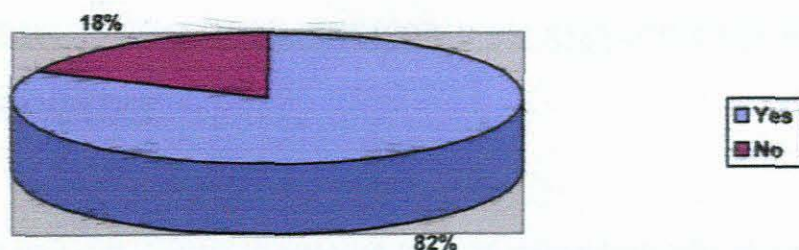


The study reveals that almost all the respondents 90% (36) knew nurse educators that left the country for overseas. This was followed by 10% (4) who stated that they did not know any nurse educator who left the country. The high percentage of the respondents who stated that they knew the nurse educators that left the country could mean that more of them will be influenced to leave causing more severe shortages of nurse educators in the nursing educational institutions. That will eventually worsen the negative impact on the education and training of student nurses. One nurse educator will be expected to teach an increased number of students. According to Geyer (2004:34), this will cause the nurse educators to be unable to give individualised attention to each student ending up providing insufficient training and inappropriate skills. Nguyen (2006:11) estimated that 20 000 skilled professionals per annum are leaving the country, depriving South Africa of nurses and doctors, that are urgently needed in the improvement of education and training of student nurses.

5.4.2 ITEM 9: KNOWLEDGE OF A NURSE EDUCATOR WHO LEFT THE INSTITUTION TO THE PRIVATE SECTOR

This item seeks to find out whether the respondents knew of nurse educators who although they left the public, chose to remain in South Africa by joining the private sector thereby maximising the negative impact of the brain drain on nursing education.

Figure 5.5: Knowledge of a nurse educator who left the institution to the private sector



The study reveals that the vast majority of respondents 82% (33) knew nurse educators who left the institution to work in the private sector and 18% (7) of the respondents stated that they did not know any nurse educator who left the institution to work in the private sector. This high percentage of the respondents who knew a nurse educator who left the institution for private sector shows that although nurse educators may not leave this country for overseas, but they do leave the public sector for the private sector depriving the already depleted institutions with nurse educators.

According to Bolin (2004:10), a study conducted by the South Africa's Human Science Research Council, the key findings were that, although emigration figures of highly skilled

researchers remain high, the greatest mobility of high-level skills is now within the country. Tevera & Chikanda (2005:6) also confirmed the above findings by saying that, many health professionals have moved from the public to the private sector that offers higher salaries and better working conditions. They further stated that this imbalance in salary levels has acted as a pull factor for professionals working in the public sector. Once the professionals moved from the public to the private sector, it is easier for them to move to other countries. Failure to prevent this crisis of emigration of health professionals will results in negative impacts. Policy makers and planners at both national and organizational levels must look at recruitment and retention strategies as critical elements in maintaining staffing levels, reducing turnover and containing costs.

5.4.3 ITEM 10: REASONS MENTIONED BY RESPONDENTS FOR LEAVING THE COUNTRY

This item was included in order to establish from 36 respondents who stated that they knew the nurse educator who left, whether they did mentioned the reasons for leaving so that preventive measures can be implemented in future to prevent them from emigrating.

Table 5.4: Reason for leaving

Response	Number	Percentage
Yes	32	88.9%
No	4	11.1%
Total	36	100%

The above results in table 5.4 shows that the vast majority of respondents 88.9%(32) stated the reasons for leaving whereas 11.1% (4) did not.

5.4.4 ITEM 11: NATURE OF REASONS THE RESPONDENTS MENTIONED FOR LEAVING

This item was included in order to establish the reasons mentioned by the nurse educators who left.

The following reasons were identified by all the nurse educators

- Low financial income due to low salaries.
- Poor working conditions.
- Work overload with no incentives.
- Burnout due to junior staff allocated to acting positions without any compensation.
- Freezing of posts, as staff that left the country was not replaced.
- Flat salary structures where all nurse educators were on level 8.

Most mentioned that they left the country for better salaries, opportunities, working conditions and more lucrative career paths that were promised by overseas countries.

Mafalo (2003:39) agreed with the above mentioned factors by saying that the World Health Organisation suggested the following factors as responsible for nurses leaving South Africa, which were low pay, poor working conditions, uncertain career prospect or progression, failure to recognise the value of nurses, restructuring processes and lack of

alternative career opportunities available for the nurses today. The above mentioned factors could be easily prevented by proper planning and better implementation strategies by all the health stake holders in order to improve the negative impact this brain drain has caused in this country.

5.4.5 ITEM: 12 HIGHEST ACADEMIC QUALIFICATIONS OF THE RESPONDENTS WHO LEFT FOR OVERSEAS COUNTRIES.

This item seeks to establish the academic qualifications of the nurse educators who left the country in order to estimate the impact caused by the emigration of highly experienced and highly skilled health personnel.

Table 5.5: Highest Academic Qualifications

Academic qualification	Number	Percentage
Degree	33	91.6%
Diploma	3	8.3%
Total	36	100%

Almost all the respondents 91.6% (33) out of (36) stated that the nurse educators who left had degrees and 8.3% (3) had diplomas. The high percentage of nurse educators who left the country with degrees is alarming. This is a sign that many highly skilled personnel emigrated to overseas countries depriving the country of their skills.

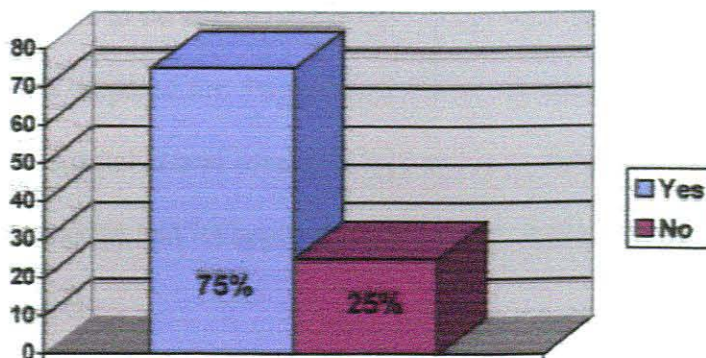
According to Pang (2002:499), about 23000 qualified academic professionals emigrated annually. Information from the South African medical school further suggested that a third to half of its graduates emigrated to the developed world leaving negative impact on the educational institutions.

5.4.6 ITEM 13: POSSESSION OF CLINICAL SPECIALISATION

The inclusion of this item helped the researcher to establish whether the nurse educators who left had clinical specialisation pertaining to the subjects that they were teaching.

This will mean that a new person without that speciality will be used to compensate, leading to the production of professional nurses who are incompetent without proper knowledge and skills when performing their duties.

Figure 5.6: Possession of clinical specialisation



The above results reveals that from 90% (36) of the respondents who knew the nurse educators who had left 75% (27) of those who left had clinical specializations whereas 25% (9) did not. The above results clearly indicate that KwaZulu-Natal province lost nurse educators with advanced knowledge and skills through emigration. Oellermann (2003: 37)

commented that the challenge facing KwaZulu-Natal health services is severe staff shortage after drastic cutting over the past three years and this has led to freezing of vacant post, and reduction in the number of students on training. Oellermann further challenged the health department to deal seriously with the situation of shortages of staff and the negative impact it has caused in the provision of the poor quality of nursing education that is provided in the province.

5.4.7 ITEM 14: PROBLEMS WITH TEACHING OF SUBJECTS BY NURSE EDUCATORS WITHOUT SPECIALITY.

This item was included to identify problems experienced in the teaching of the subjects by nurse educators that did not have clinical specialization. The study reveals that all 100% (9) nurse educators who stated that the nurse educators that left them did not have clinical specialization stated that the nurse educators did not have problems in teaching the subjects allocated to them. These results seem not to be true because it is very difficult for any nurse educator to be able to teach the content and supervise practical in the speciality that she/he is not prepared for. Poggenpoel (1991: 10) cited in Zungu & Kubheka (2002:7) commented that specialization increases effectiveness of the profession, promotes production of new knowledge and its application to practice and prepares professional nurses for teaching and research.

5.4.8 ITEM 15: NUMBER OF YEARS EACH NURSE EDUCATOR THAT LEFT TAUGHT IN THE INSTITUTION

The inclusion of this item helped the researcher to establish the number of years each nurse educator taught in the institution before leaving the country.

Table 5.6: Number of years teaching

Number Of years	Number	Percentage
1-5 Years	9	25%
6-10 Years	16	44.4%
11-15 Years	5	13.8%
16 And Above	6	16.6
Total	36	100%

The study reveals that 44.4% (16) respondents taught for 6-10 years and 25% (9) taught for 1-5 years. This was followed by those who have taught for 16 years and above with 16.6% (6) and lastly the respondents who have taught for 11-15 years who were 13.8% (5). The above results indicate that nurse educators who emigrated to overseas countries had various levels of experiences and expertise that might contribute to negative impact on nursing education. However Ehlers, Oosthuizen, Bezuidenhout, Monareng & Jooster (2003: 32) commented that "loosing many of the experienced nurses especially nurse educators might impact negatively on the teaching of student nurses aggravating potential future shortages of nurses in South Africa".

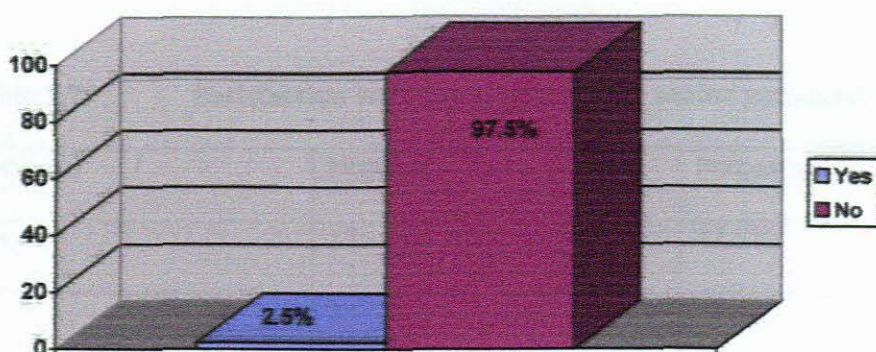
5.5 SECTION D: FACTORS THAT LED NURSE EDUCATOR TO LEAVE THE COUNTRY AS PERCEIVED BY THOSE REMAINING IN KWAZULU-NATAL EDUCATIONAL INSTITUTIONS.

This section was included to allow the remaining nurse educators to mention other factors that might have contributed to emigration of nurse educators that left the country of which, if dealt with at present might prevent further emigration of nurse educators.

5.5.1 ITEM 16: SATISFACTION WITH THE SALARY PACKAGE

This item was included in order to establish if the nurse educators were satisfied with the salary package that was provided by the Government at present because this might be the reason why the others left the country.

Figure 5.7: Satisfaction with the salary package



Almost all the respondents, 97.5% (39) were not satisfied with the salary package offered by the government and only 2.5% (1) was satisfied. The highest percentage of the respondents who are not satisfied with the salary package might highlight the reasons why

the other nurse educators left the country. This could cause more nurse educators to leave the country if salaries are not improved. According to Asmal (2005:1), the reasons why health workers are leaving the country range from a high crime rate to poor working conditions. They therefore look for better salaries in the overseas countries. Mtshali (2002:1), the previous KwaZulu-Natal Premier also challenged the loss of skills in the provincial hospitals and conveyed the gratitude and indebtedness of the provincial administration to those highly-skilled professionals who had remained in the public sector who have resisted the attraction of the private sector and emigration abroad for better salaries.

5.5.2 ITEM 17: SATISFACTION WITH THE SUPPORT AND RECOGNITION FROM SENIOR PERSONNEL

This item seeks to establish if the respondents were satisfied with the support they were receiving from the senior personnel during these trying times of staff shortages with its negative impacts.

Table 5.7: Satisfaction with the support from senior personnel

Response	Number	Percentage
Yes	17	42.5%
No	23	57.5%
Total	40	100%

The study reveals that the vast majority of respondents 57.5% (23) were not satisfied with the support from the management and 42.5% (17) were satisfied with the support. This lack

of support from the management could be a factor that can lead to more nurse educators emigrating. Kubheka & Nzimande (2001: 23) in their research study discovered that 76% of professional nurses were not encouraged and supported by their supervisors and they displayed a lot of dissatisfaction, which was a sign of their improper utilization. Mafalo (2003: 39) said that the World Health Organization suggested the following factors as responsible for nurses leaving the country, this is, low salaries, uncertain career prospects and failure to recognise their value and support. He argued that sometimes nurses need recognition and support more than money.

5.5.3 ITEM 18: OPPORTUNITY TO FURTHER EDUCATION AND ATTENDWORKSHOPS

This item help the researcher to establish whether the respondents did get the opportunity to further their studies as well as opportunity to attend workshops in spite of staff shortages that they experienced in their working areas.

Figure: 5.8: Opportunity to further education and attend workshops

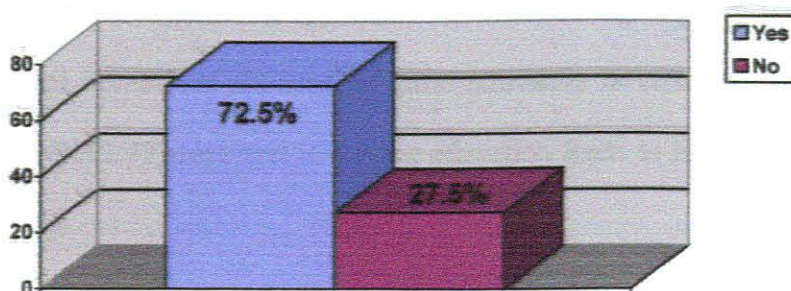


Figure 5.8 above reveals that most of the respondents 72.5% (29) got the opportunities for furthering their education and attended workshops and 27.5% (11) did not get the opportunity. These are positive findings. If nurse educators are enabled to upgrade their knowledge and skills, it follows that the production of high quality future professional nurses will be enhanced. They should also acquire critical thinking skills, creativity and ability to work independently in the clinical areas

5.5.4 ITEM 19: EFFECT OF NOT FURTHERING EDUCATION ON STUDENT TEACHING

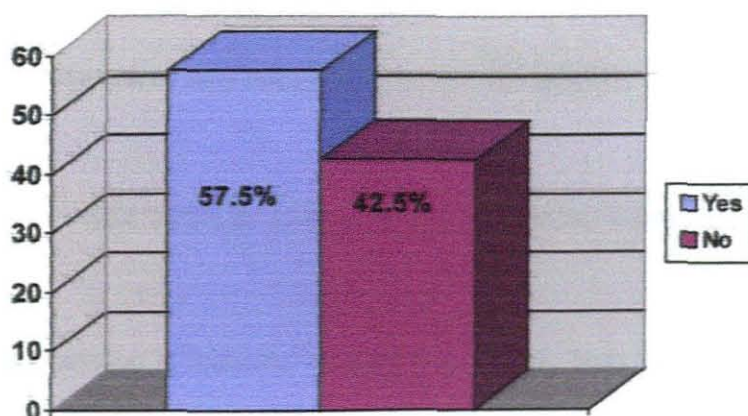
This item highlights the effects on student teaching of not getting opportunities for furthering the studies and attendance of workshops by nurse educators. The following were found to be the effects on 27.5% (11) of the respondents who were unable to get the opportunities for furthering their education and attending workshops. they felt that the developments of the nurse educator indirectly affected students. because they lacked updated knowledge. They could not give the relevant information to students. As tutors, they needed to be up to date with knowledge in order to teach new developments in nursing. Any profession need continuous development that is in line with the latest developments in teaching approaches and technology for effectiveness. This could have happened because of shortage of nurse educators in colleges caused by the brain drain. Muller (2002:49) says that in-service education leads to higher productivity to all nursing personnel.

PERSONAL FACTORS

5.5.5 ITEM 20: COPING WITH THE WORK ALLOCATED

This item seeks to establish whether the respondents were coping with the amount of work allocated to them in spite of staff shortages that they experienced due to brain drain of nurse educators.

Figure 5.9: Coping with the work allocated



The study shows that the vast majority of respondents 57.5% (23) stated that they were coping with the amount of work allocated to them only 42.5% (17) could not cope with the amount of work allocated. Even if most of them managed to cope with the workload allocated to them, they might have experienced a lot of pressure caused by high workloads. This lack of coping with workload might also lead to high rate of stress and burnout to personnel and who will end up leaving the country to be utilised by the overseas countries.

5.5.6 ITEM 21: REASON FOR NOT COPING WITH ALLOCATED WORK

This item is asked in order to highlight the reasons why nurse educators were not coping with the work allocated to them. The following reasons were given by 35% (14) of the respondents who could not cope because of staff shortages due to nurse educators who have left for better posts. They had to take some work home, and that meant less time with their families. Sometimes, they had to overlap with other disciplines and assist other teams in their area of specialization. So often, additional work was given to them, so they could not plan before hand. Because of lack of enough staff for clinical accompaniment of the student nurse, they had to do this themselves. This shortage of tutorial staff impact negatively on the learners, as they could not have enough time for slow learners.

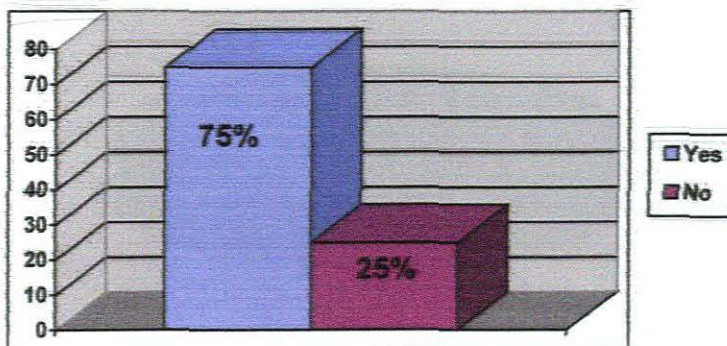
5.6 SECTION E: IMPACT ON NURSING EDUCATION

This section is included in order to establish from the respondents the impact of the brain drain on nursing education.

5.6.1 ITEM 22: CLINICAL SPECIALIZATION OF THE NURSES REMAINING IN SOUTH AFRICA

This item is included in order to establish whether the remaining respondents had any clinical specialization as it was found earlier in this document that nurse educators that emigrated to overseas countries left with their expertise in the form of certain specialization.

Figure 5.10: Clinical specialization

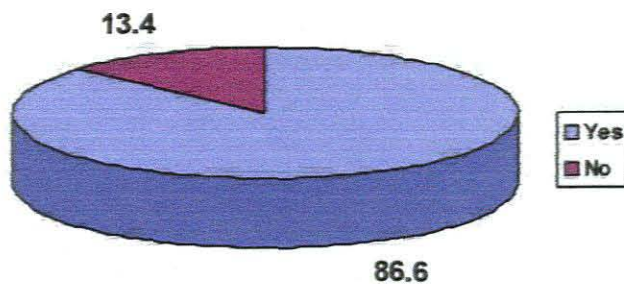


The above results shows that most respondents 75% (30) had clinical specialization and 25% (10) of the respondents did not have clinical specialization. The higher percentage of the respondents with clinical specialization indicates that although skilled nurse educators left the country, most of those remaining had some specialization. This should limit the negative impact on the quality of education rendered to student nurses.

5.6.2 ITEM 23: RELATION OF SPECIALISATION TO THE SUBJECT TAUGHT

This item sought to establish whether the clinical specialization is related to the subject that nurse educators were teaching. This will also help to assess the way in which the nurse educators were utilized because if the specialization was not related to the subject, that will mean that the nurse educators were not having their skills properly utilized. This may contribute tremendously to them leaving the country to elsewhere, thus causing more negative impact on nursing education. Kubheka & Nzimande (2001:40) discovered that professional nurses with nursing education were sometimes not properly utilized according to their specialities.

Figure 5.11: Relation of the specialisation to the subject



The study reveals that from the 75% (30) of the respondents who stated that they had the clinical specialization, 86.6% (26) of them stated that the clinical specialization was related to the subject they were teaching. The remaining respondents 13.4% (4) stated that the clinical specialization was not related to the subject they were teaching. According to Zungu & Kubheka (2002:10) professional nurses with nursing education should be utilized in educating colleagues and student nurses about matters concerning their speciality.

5.6.3 ITEM 24: PROBLEM WITH TEACHING THE SUBJECT NOT RELATED TO CLINICAL SPECIALISATION

The inclusion of this item help the researcher to establish if the respondents had any problems in teaching the subject allocated to them when they did not possess the necessary clinical specialisation. The study reveals that from the 13.4% (4) of the respondents who stated that the clinical specialization was not related to the subject they were teaching; all of them stated that they did not have problems in teaching those subjects. It may be argued that they did not experience problems because they were well prepared during their education and training in order to offer any subject.

5.6.4 ITEM 25: NUMBER OF YEARS TEACHING

This item was included in order to find out the number of years each nurse educator has been teaching.

Table 5.8: Number of years teaching

Number Of Years Teaching	Number	Percentage
1-5 years	15	37.5%
6-10 years	9	22.5%
11-15 years	5	12.5%
16 and above	11	27.5
Total	40	100%

The study reveals that 37.5% (15) respondents had taught for 1-5 years, followed by 27.5 (11) who have taught for 16 years and above. The respondents who have taught for 6-10 were only 22.5% (9) and those who have taught for 11-15 were 12.5% (5). This highest percentage of the respondents who have taught for 1-5 years shows that the nurse educators were not having enough experience in teaching, those that have experience left the country for overseas.

5.6.5 ITEM 26: OPPORTUNITIES FOR PROMOTION

This item sought to establish from the respondents if there are any opportunities for promotion in their institutions since this could affect them if they were not.

5.6.4 ITEM 25: NUMBER OF YEARS TEACHING

This item was included in order to find out the number of years each nurse educator has been teaching.

Table 5.8: Number of years teaching

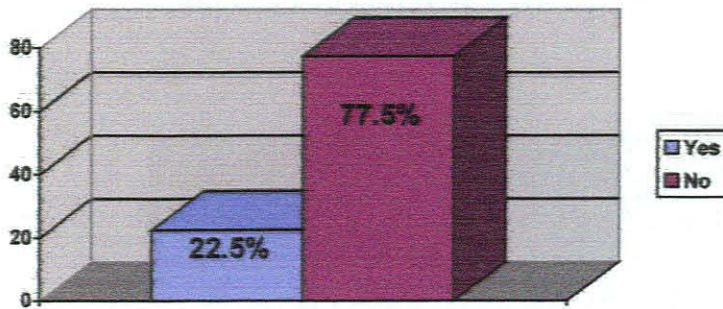
Number Of Years Teaching	Number	Percentage
1-5 years	15	37.5%
6-10 years	9	22.5%
11-15 years	5	12.5%
16 and above	11	27.5
Total	40	100%

The study reveals that 37.5% (15) respondents had taught for 1-5 years, followed by 27.5 (11) who have taught for 16 years and above. The respondents who have taught for 6-10 were only 22.5% (9) and those who have taught for 11-15 were 12.5% (5). This highest percentage of the respondents who have taught for 1-5 years shows that the nurse educators were not having enough experience in teaching, those that have experience left the country for overseas.

5.6.5 ITEM 26: OPPORTUNITIES FOR PROMOTION

This item sought to establish from the respondents if there are any opportunities for promotion in their institutions since this could affect them if they were not.

Figure 5.12: Opportunities for promotion

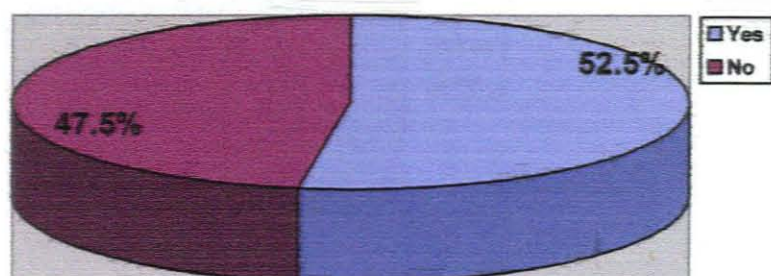


The study reveals that 77.5% (31) respondents were not given opportunities for promotion and 22.5% (9) of the respondents were promoted. The high percentage of the respondents who stated that they were not promoted might have contributed to other nurse educator's decision to leave the country for greener pastures. According to Mafalo (2003:39), uncertain career prospect is one of the factors that led to nurses to leave the country. This of course affected the provision of nursing education as a whole in Kwazulu-Natal because this province was identified as one which was severely affected by the brain drain to such an extent that there were unfilled posts. According to Ollermann (2003:37), the health authorities ended up doubling the intake of trainees in 2004 in an attempt to rectify the situation.

5.6.6 ITEM 27: TUTOR ENOUGH FOR THE NUMBER OF STUDENTS

This item is included to establish the ratio of tutors for the number of students and courses offered by each college.

Figure 5.13: Ratio of tutors for the number of students

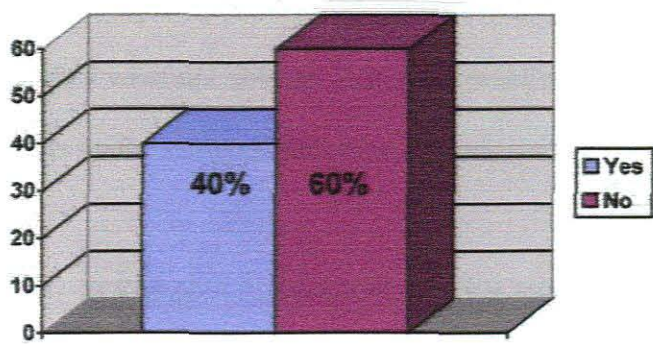


The study reveals that 52.5% (21) nurse educators were enough for the number of students admitted for courses offered by the college and 47.5% (19) stated that the tutors are not enough for the number of students. Even if most of the tutors said they were enough for the students, those that felt that they were not might have experienced problems with their workload that might have impacted negatively on the quality of education and training of the students. This might also contribute to their decision of leaving the country also.

5.6.7 ITEM 28: ABILITY TO GIVE EACH STUDENT FULL ATTENTION

The inclusion of this item help the researcher to establish whether the respondents had enough time to give full or individual attention to the students.

Figure 5.14: Ability to give each student full attention

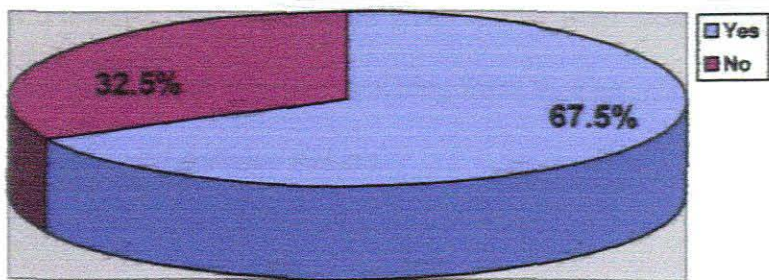


The study reveals that 60% (24) of the respondents were not able to give each student full attention and 40% (16) were able to. The high percentage of the respondents who were not able to give full attention or individualised attention to each student would have resulted to negative effects on the quality of education given to the students.

5.6.8 ITEM 29: ABILITY TO PROVIDE STUDENT ACCOMPANIMENT

This item is included in order to establish if the respondents were able to provide student accompaniment.

Table 5.15: Ability to provide student accompaniment



The study reveals that most respondents 67.5% (27) stated that they were able to provide student accompaniment in the clinical areas whereas 32.5% (13) of the respondents stated that they were not able to. Failure to provide student accompaniment will have a negative effects on the students' education.

5.6.9 ITEM 30: REASON GIVEN FOR NOT PROVIDING STUDENT ACCOMPANIMENT

This item seeks to establish the reason why the 32.5% (13) respondent could not provide student accompaniment to the students. The following were the reasons they mentioned which were:

- Increased workload and timetable constraints.
- Too many blocks with large numbers of students per block where they had to set and mark examination papers. They stated that there was too much work to do.
- Transport problems that restrict them from reaching the institution where the students were allocated for practice.

Cele et al (2002:42) found that nurse educators are expected to accompany student nurses, but a shortage of staff limits them in the classroom. This resulted in minimal student accompaniment. However, nurse educators have special roles and functions of preparing student nurses for professional practice, teaching them to view client situation holistically and teach them to be expert decision makers.

5.6.10 ITEM 31: THE EFFECT OF LACK OF STUDENT ACCOMPANIMENT

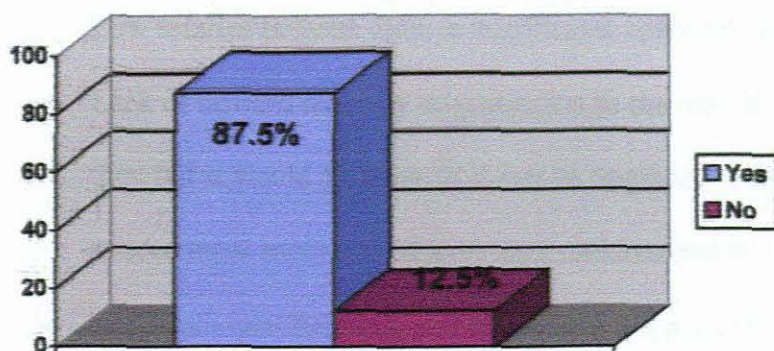
This item is included in order to establish the effects of lack of student accompaniment on student teaching. The following effects were identified:

- Lack of supervision in the clinical area leading to poor clinical competence.
- Poorly qualified professional nurses produced.

5.6.11 ITEM 32: AVAILABILITY OF NURSE EDUCATORS THAT ARE THINKING OF LEAVING THE COUNTRY

This item is aimed at identifying the respondents that were thinking of leaving the country one day.

Figure 5.16: Availability of nurse educators that are thinking of leaving the Country



The study reveals that 87.5% (35) respondents were thinking of leaving the country one day and only 12.5 % (5) of the respondents stated that they were not thinking of leaving. The high percentage of the respondents who were thinking of leaving is not a good sign in

nursing because they will cause more shortages. According to Tevera and Chikanda (2005:6), in a study that was conducted in Zimbabwe the significant finding was that 57% of skilled Zimbabweans who remained in the country had given a great deal of thought to emigrate; another 29% had given the matter some thought and only 13% had not thought about leaving. On the other hand Ehler et al (2003:29) discovered that as many as 90.1% respondents knew about nurses who were considering leaving South Africa to work in the other countries.

5.6.12 ITEM 33: REASON FOR LEAVING THE COUNTRY

This item is included in order to establish the reason why the respondents were thinking of leaving one day. The respondents who stated that they were not thinking of leaving stated that they are too old to travel and they are about to retire. Those who thought of leaving gave the following reasons:

- Lack of job satisfaction in nursing education.
- Increased workload and poor working conditions.
- Low salaries because there is insufficient upgrading of salaries in nursing education.
- Lack of upward mobility or promotion to the next level. The entry level is very low; they felt it would be better if it can be upgraded to level nine. They stated that, they needed more money to educate their children and to support their families.
- Academic qualifications and experience are not considered and yet they are used in the classroom situation.
- They felt that it would be better too if there could be an allowance for nurse educators.

- One respondent cited, stated that "It is demotivating when it is known that the tutors must double intake in order to produce more nurses for the department of health yet they are earning less compared to their production. Divide and rule has been implemented through scarce skills and rural allowances to dilute this burning issue so that those who get the scarce skills do not have stress and therefore keep quiet".

5.6.13 ITEM 34: PROBLEMS EXPERIENCED DUE TO BRAIN DRAIN

This item sought to establish the problems experienced by the respondent due to the brain drain. The following problems were identified:

- It creates shortages in institutions resulting in increased workload,
- Low morale and job dissatisfaction on the remaining nurses.
- New nurse educators who are not yet experienced in tutoring are employed. People with the experience in the "know how" have left and others must still gain that required experience.
- This leads to poor quality work and a drop in the standard of nursing education.
- Causes excessive staff movement and unstable work force and programmes are affected.

5.6.14 ITEM 35: SOLUTIONS SUGGESTED

The item is included to establish the solutions suggested by the respondents that can help deal with the brain drain. The following solutions were suggested.

- A lot of transformation is necessary in order to improve nursing education.
- There is a need to improve the working conditions especially in the rural areas.

- Salaries for all nursing staff need to be reviewed or improved significantly, especially the entry levels.
- They suggested that the entry level must be level ten (10) the Head of Department must be on level eleven (11), and the principal to be on level (13). This will help to attract more nurse educators. If this is done staff will stay and staff shortages will be reduced.
- They felt that nurses do not want to leave their families and work abroad; they do it because they want money. One respondent cited stated that "Holding health awareness will never keep staff here but a better salary might". They further stated that the responsibility carried by the unit managers or charge nurse need to be acknowledged financially. Presently, they earn the same as the chief professional nurses working in the units who are not as responsible as they are.
- The years of experience must be considered.
- There must be opportunities for doing courses and study allowances for nurse educators. There must be allocation of scarce skills and rural allowance to all staff, and there must be a scarce skills allowance for nurse educators. The salaries must be in line with those for the department of education. Opportunities for promotion need to be created. The department must acknowledge the loyal service that many people give to the department.
- More nurse educators need to be employed to improve the staff shortage.

5.6.15 ITEM 36: POSITIVE EFFECTS OF BRAIN DRAIN

This item is included in order to establish from the nurse educators researcher if there are any positive effects of the brain drain. The study reveals that most respondents felt there are

no positive effects of the brain drain as far as nursing education is concerned. It affects bonding in families. They felt that only the emigrants benefit. Their self-esteem and socio economic status is improved. They are in a better position to give their children better education and to pay their debts. Staff leaving stand more chance of promotion when they return because of their experience, while longterm staff remain in the same posts.

The only benefit occurs when they come back to work in the country. Unfortunately, very few come back. If the talents and knowledge are brought back to the country, nurse educators will have universal knowledge, that is, they will know what is going on around the world so that they are in line with it. This will help improve education methods. They inject new information, expertise and sophisticated technology from other countries. They share experiences which can help improves where possible. It opens opportunities for young emigrant professionals to persue a career in nursing education.

5.7 CONCLUSION

In this chapter, data analysis and interpretation for nurse educators was discussed. In the next chapter, chapter 6 data analysis and interpretation for nurse managers was discussed.

CHAPTER 6

DATA ANALYSIS AND INTERPRETATION OF FINDINGS OF THE IMPACT OF THE BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING PRACTICE

QUESTIONNAIRE FOR NURSE MANAGERS

6.1 INTRODUCTION

In this chapter, data is analysed and interpreted. A total number of 75 nurse managers were interviewed in order to evaluate the impact of the brain drain of professional nurses on nursing practice. Data were collected from nurse managers from different levels of management. These were professional nurses, senior professional nurses, chief professional nurses, assistant-nursing managers, deputy nursing manager and chief executive officers. These were located in Region B and F within the Health Care System of the Kwazulu-Natal Province.

The presentation format is divided into the following sections:

- Section A** Biographical Data
- Section B** Educational Information
- Section C** Employment Information
- Section D** Knowledge of the nurse who left the country for overseas
- Section E** Factors that led to the nurse to leave the country
- Section F** Impact on service delivery

6.2 SECTION A: BIOGRAPHICAL DATA

This section was included in order to establish the respondents' personal information which was thought to have been related to the brain drain of professional nurses.

6.2.1 ITEM 1: AGE GROUP

This item is included to establish the age distribution of the respondents. The age group of the respondents do have an impact on the perception of emigration of professional nurses.

Table 6.1: Age group

Age	Number	Percentage
21-30 Years	0	0
31-40 Years	16	21.3%
41-50 years	28	37.3%
51 and above	31	41.3%
Total	75	100%

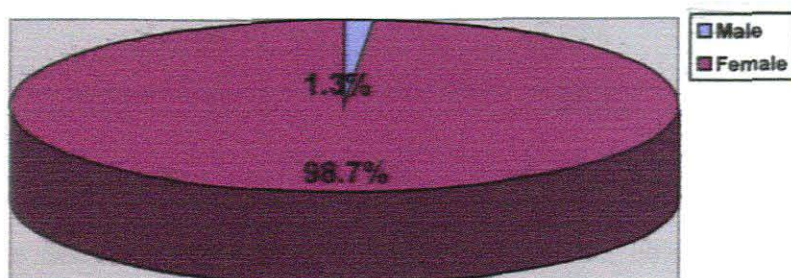
The study reveals that the highest number of the respondents was in the category 51 years and above as represented by 41.3% (31); followed by the age group 45-50 years with 37.3% (28). Respondents aged between 31-40 were 21.3% (16) and there were no respondents aged between 21-30 years. Age is significance in the brain drain of professional nurses because. For example. In Saudi Arabia, mostly they recruit young

nurses who are still active for their health services as compared to the United Kingdom who recruit any age group. It can be argued that the mature and experienced of professional nurses emigrated most to overseas countries. These professional nurses were still needed in South Africa. Their leaving might have caused a negative impact on the health services.

6.2.2 ITEM 2: GENDER DISTRIBUTION

The inclusion of this item was important in order to identify the different genders of professional nurses who left the country. The loss of the male professional nurses is more critical to the health services because of their few numbers and their relative usefulness .

Figure 6.1: Gender of Respondents



The study reveals that there were more females than males. This is shown by the higher percentage 98.7% (74) of females and only 1.3% (1) male professional nurse. The nursing professional is still dominated by female nurses, a situation which is very difficult to change at present. The reason is that not many males want to joint the nursing profession because they mostly view themselves as more powerful than females. Nevertheless, we

need male nurses in the nursing profession especially in leadership positions and other clinical specialities in order to improve the health services.

6.2.3 ITEM 3: MARITAL STATUS

With this item, the researcher sought to establish the marital status of each respondents. This information may determine if the marital status of the respondents influence their decision to emigrate to other countries for greener pastures.

Table 6.2: Marital status

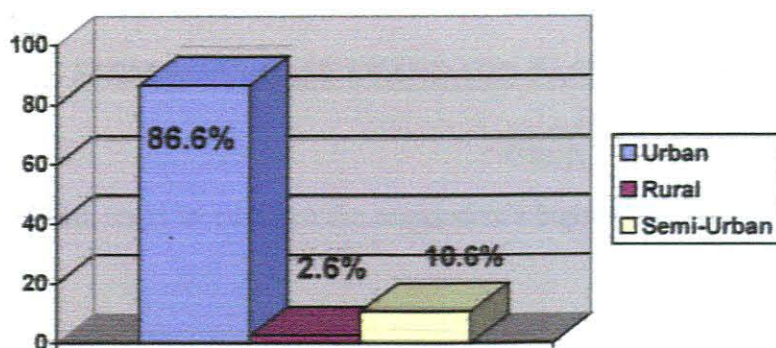
Marital status	Number	Percentage
Single	15	20%
Married	45	60%
Divorced	9	12%
Total	75	100%

The study shows that the highest number of the respondents 60% (45) were married, followed by 20% (15) who were single. The respondents who were divorced were 12% (9) and 8% (6) were widowed. Marital status has no Significance in the brain drain of professional nurses. Because nurses leave the country irrespective of their marital status as long as they have planned to do so. But marriage could be an important factor in preventing the brain drain because sometimes married professional nurses may be reluctant to leave because of the consequential disruption of the families.

6.2.4 ITEM 4: AREA OF RESIDENCE

This item seeks to establish the residential area of the respondents because it could be a factor in the impact of the brain drain as most nurses leave the rural areas to work in urban areas and also emigrate to overseas countries for greener pastures leaving a negative impact on these areas.

Figure 6.2: Area of residence



The study reveals that most respondents 86% (65) resided in the urban areas, followed by 10.6% (8) from semi-urban area and the lowest percentage were 2.6% (2) from rural areas. It is often said that the rural areas are the most affected by brain drain. In this study the number of professional nurses that remained in the country were not mostly from the rural areas but urban areas. It could be argued that the professional nurses that emigrated were mostly from the rural areas that is why there were found to be less in the hospitals that were under study. It could also be argued also that this phenomenon caused the Minister of Health to make a special allocation of R500 million to recruit and retain more health professionals to serve the rural areas. But Tevera & Chikanda (2005:8) stated that both the rural and urban health institutions were equally effected by emigration. Those in the rural

areas were the most affected and were served by unqualified staff. Experienced health staff members have been lost to other countries, leaving junior professionals in charge.

6.3 SECTION B: EDUCATIONAL INFORMATION

This section is included to establish the educational information of the respondents, because the brain drain of well educated and skilled health professionals could cause more negative impact in the provision of quality patient care.

6.3.1 ITEM 5: LAST STANDARD PASSED AT SCHOOL.

This item seeks to establish the respondent's highest standard passed at school.

Table 6.3: Last standard passed at school

Standard passed	Number	Percentage
8	6	8%
9	1	1.3%
10	68	90.7%
Total	75	100%

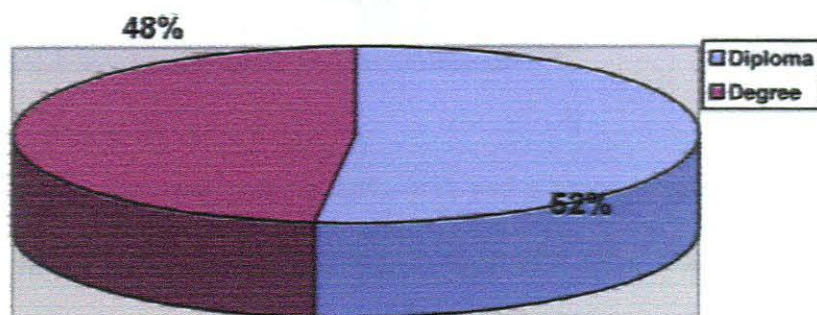
Table 6.3 above shows that the vast majority of respondents 90.7% (68) passed standard ten, 8% (6) passed standard eight and only 1.3% (1) passed standard nine. This is an indication that the remaining nurse managers were well educated and if utilized properly

could contribute a lot in preventing the negative impact caused by the brain drain in the provision of quality patient care.

6.3.2 ITEM 6: HIGHEST ACADEMIC QUALIFICATION

This item identifies the different academic qualifications of nurse managers who emigrated to the overseas countries in order to compensate for their losses by employing other well qualified staff members with an aim of preventing the negative impact of brain successfully without any severe effects to the quality of patient care.

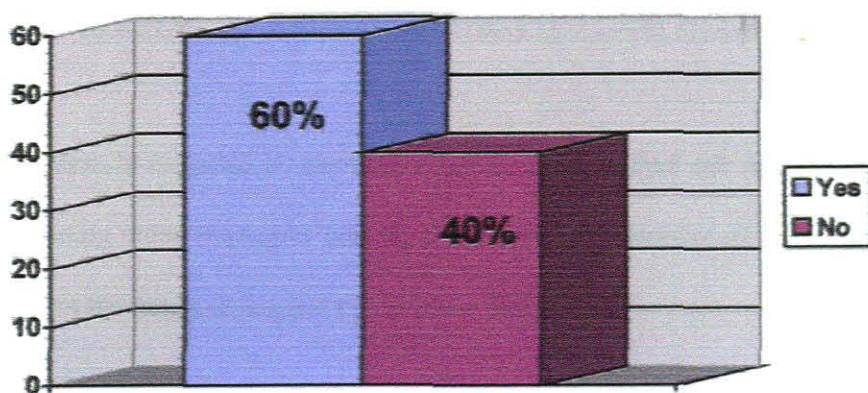
Figure 6.3: Highest academic qualification



The study reveals that there were more respondents 52% (39) with diplomas. This was followed by 48% (36) of the respondents with degrees. The highest percentage of the respondents with diplomas might enable nurse managers to possess less skills to deal with the negative impact of the brain drain. Those who left might have had the higher academic qualifications that would have made them to cope and manage whatever problems encountered. Shabalala-Msimang (2001: 8) the Minister Of National Health admitted that well trained health professionals were utilised in higher paying industrialized countries.

This item is included in order to identify whether the remaining nurse managers possessed a nursing management diploma or degree because this will mean that there are still better skills to utilise in the health services in KwaZulu-Natal.

Figure 6.4: Possession of management diploma or degree.



The study reveals that most respondents 60% (45) had a management diploma or degree. Those without a management diploma or degree were 40% (30). The availability of nurse managers who possess either a management diploma or degree is a factor in the impact of the brain drain of professional nurses on service delivery. Kubheka & Nzimande (2001: 36-41) in their study discovered that professional nurses with diplomas and degrees should be properly utilized in leadership positions in nursing management in order to utilize their knowledge and skills for improvement of patient care. Their presence will minimise the negative impact of the brain drain.

6.4 SECTION C: EMPLOYMENT INFORMATION

This section is included in order to establish the employment information of the remaining respondents as far as their positions and area of work is concerned because these can contribute positively to the impact of the brain drain in KwaZulu-Natal.

6.4.1 ITEM 8: PROFESSIONAL POSITION HELD

This item is included by the researcher in order to find out what professional positions the remaining nurse managers had for the proper management of the health services in order to prevent the negative impact of the brain drain.

Table 6.4: Professional position held

Professional Position	Number	Percentage
Nursing manager	6	8%
Assist Nursing manager	17	22.6%
Chief Professional Nurse	46	61.4%
Professional Nurse	6	8%
Total	75	100%

The study reveals that most respondents 61.4% (46) were chief professional nurses, followed by 22.6% (17) of the respondents who were assistant nurse managers. This was then followed by the respondents who were nursing managers and professional nurses who were 8% (6) respectively. This could be an indication that the health services in KwaZulu-

Natal had enough nursing staff in senior management positions. This will eventually contribute a lot towards the supervision of newly employed professional nurses that will fill up the gaps caused by brain drain. A junior professional nurse does not possess enough skills to manage the unit because she is not yet experienced.

6.4.2 ITEM 9: AREA OF WORK

This item seeks to establish the respondent's area of work. This will enable the researcher to find out if each professional nurse was placed properly.

Table 6.5: Area of work

Area of work	Number	Percentage
Chief Executive Officer	6	8%
Department Manager	25	33.4%
Unit Manager	44	58.6
Total	75	100%

The study reveals that 58.6% (44) were working as unit managers, followed by 33.4% (25) who were departmental managers and only 8% (6) were chief executive officers. These results indicate that all the professional nurses were placed correctly and unit managers were enough to comment about the impact of the brain drain as they were directly involved in patient care.

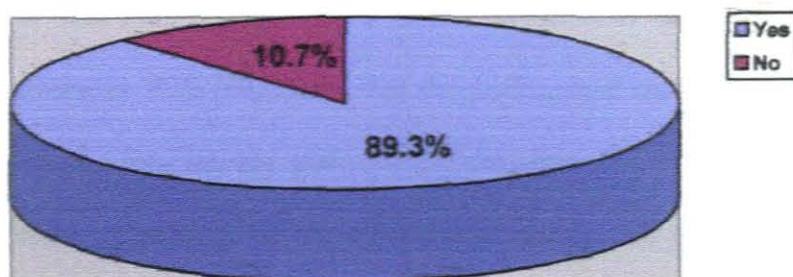
6.5 SECTION D: KNOWLEDGE OF THE NURSE WHO LEFT THE COUNTRY FOR OVERSEAS

This section is included in order to ascertain from the respondents if they knew any professional nurse who left the country for overseas countries. This was done to assess the exact impact of the brain drain.

6.5.1 ITEM 10: KNOWLEDGE OF PROFESSIONAL NURSE WHO LEFT FOR OVERSEAS

The inclusion of this item will help the researcher to estimate the number of professional nurses who had left to work in the overseas countries.

Figure 6.5: Knowledge of professional nurse who left for overseas



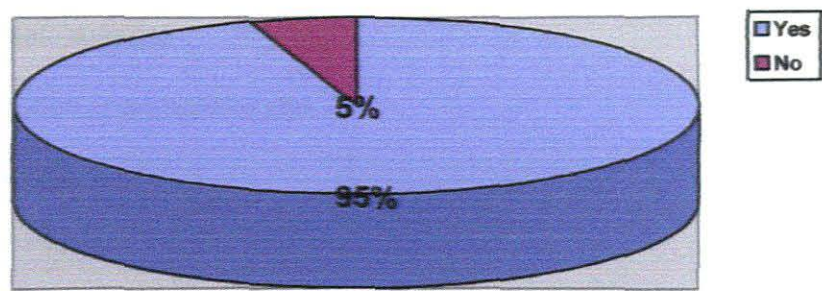
The study reveals that most respondents 89.3% (67) stated that they knew the nurse that had left the country for overseas and 10.7% (8) of the respondents stated that they did not know any nurse who left the country. The highest percentage of the respondents who knew the professional nurse who left the country is a factor because it shows that there were many

professional nurses that have left the country for overseas and that this can cause a negative impact on patient care.

6.5.2 **ITEM 11: REASONS MENTIONED FOR LEAVING**

The aim of asking this question was to try and identify the reasons mentioned by professional nurses who emigrated so that preventive measures can be implemented in future to minimise such numbers from going overseas causing negative impacts.

Figure 6.6: Reason for leaving



This study shows that from the 89.3% (67) of the respondents who knew nurses who left the country for overseas; 95% (64) stated that the professional nurses who left the country mentioned the reasons for leaving and 5% (3) said they did not state the reasons for leaving. The reasons mentioned by the professional nurses will be discussed in the next item

6.5.3 ITEM 12: REASON MENTIONED FOR LEAVING

This item is included in order to establish the reasons mentioned by the professional nurses who left the country for overseas countries. They stated the following reasons:

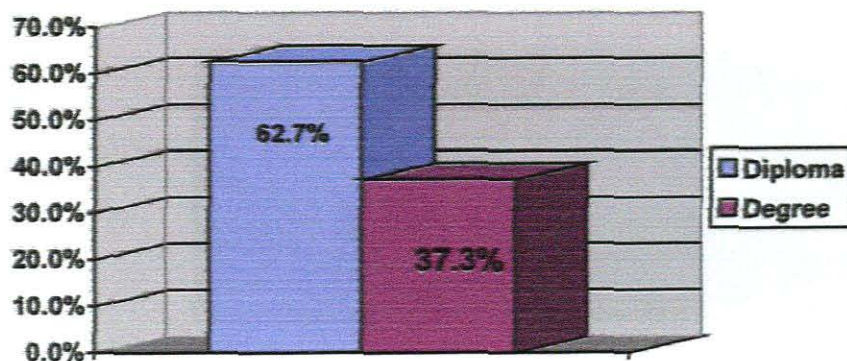
- Financial problems, they said that they went there to get better salaries so that they can pay for their children's education. This money may also help them to pay their bonds and loans since they could not manage with what they were earning in South Africa since their salaries were very low as compared to what they were promised in the overseas countries.
- Poor working conditions
- Staff shortages
- Lack of adequate supplies
- Lack of promotion opportunities and
- Lack of incentives

The above reasons given by professional nurses were almost the same as those identified by (Mashimini 2000:14) which were, poor working conditions and lack of incentives.

6.5.4 ITEM 13: HIGHEST ACADEMIC QUALIFICATIONS OF PROFESSIONAL NURSES WHO EMIGRATED

This item seeks to establish the academic qualifications of the professional nurses who left the country for greener pastures.

Figure 6.7: Highest Academic Qualifications

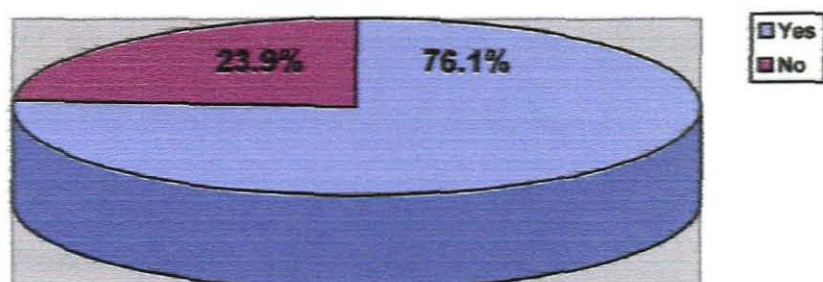


The study reveals that most respondents 62.7% (42) stated that the professional nurses who left the country had diplomas and 37.3% (25) had degrees. This reveals that we are losing skills through emigration of professional nurses with degrees and diplomas. This might have caused the negative impact on the quality of services rendered to patients. Gambarana (2001:21) a consultant in the international immigration alliance in Johannesburg said, “we are losing our best brains because the cream of the intelligentsia were leaving this country.” This is one of the sign of the negative impact of the brain drain in South Africa where everybody has gone to overseas countries for greener pastures. Something should be done about this because it is still happening.

6.5.5 ITEM 14: POSSESSION OF CLINICAL SPECIALISATION

The inclusion of this item helps the researcher to establish whether the professional nurses who left had any clinical specialisation related to the service they rendered in the units in South Africa before they left the country.

Figure 6.8: Possession of clinical specialisation



The study reveals that most respondents 76.1% (51) stated that the professional nurses who left for overseas had clinical specializations and 23.9% (16) of the respondents stated that the professional nurses did not have a clinical specialization. These findings are indications that professional nurses had certain clinical specialization when they emigrated, which might be a great loss of skills from the country. This could lead to a negative impact on the quality of care rendered as it is already highlighted. Geyer (2004:34) stated that the loss of skilled health care professionals not only reduce or limits service delivery, but it also limits access for the population to health services. The use of personnel with fewer skills in an attempt to cater for the health care needs has a negative impact on the quality of care rendered. Ehlers et al (2003:29) agreed with the above findings because in their research study on the emigration of nurses found that the respondents they were interviewing indicated that professional nurses known to them who emigrated from South Africa had the following specialisation; general nursing, intensive care, theatre course, paediatrics, psychiatric and geriatric nursing.

6.5.6 ITEM 15: NUMBER OF YEARS WORKING IN SOUTH AFRICA

The inclusion of this item helps the researcher to find out as to how many years the professional nurses worked in South Africa before leaving.

Table 6.6: Number of years working in South Africa

Number of years worked	Number	Percentage
0-5 years	22	32.8%
6 -10 years	20	29.8%
11-15 years	15	22.5%
16 and above	10	14.9%
Total	67	100%

The study reveals that most respondents 32.8% (22) who left for overseas had worked for 1-5 years, followed by 29.8% (20) of the respondents who worked for 6-10 years, 22.35% (15) who worked for 11-15 years and only 14.9%(10) worked for 16 years and above. All these figures shows that South Africa has lost a lot of experienced professional nurses to other countries, which put the nursing profession in a serious situation especially in Kwazulu-Natal.

6.5.7 ITEM 16: PROBLEMS ENCOUNTERED AFTER THE PROFESSIONAL NURSES HAVE LEFT

The inclusion of this item enabled the researcher to establish whether the respondents had any problem since the other professional nurses have left the country. The study reveals that most respondents stated that there is a staff shortage that leads to increased workload and poor service delivery. This was due to the professional nurses who left and were not replaced. There is a loss of skills and experiences especially in the critical care units and other specialities, where young nurses work and do not possess these specialities, this further compromises patient care. Another respondent stated that the duties or posts for the senior professional nurses had to be occupied by new members and therefore continuity of care was affected. In some areas, there was a total discontinuation of services because of the loss of skilled and knowledgeable persons to run those services. A respondent from the maternity department stated that the lack of advanced midwifery skills led to increased neonatal deaths, stillborns and brain-damaged babies. There was low staff morale; stress and burnout among the remaining staff that resulted in a high absenteeism rate with further aggravation of the situation

6.6 SECTION E: FACTORS THAT HAVE LED TO THE NURSES TO LEAVE THE COUNTRY

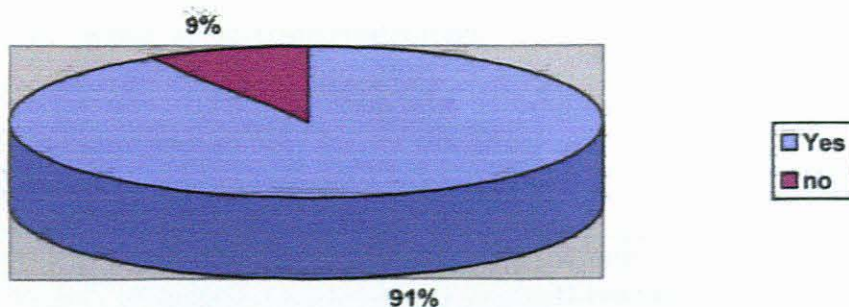
This section is included in order to establish from the nurse managers the factors that could have led to the professional nurses leaving the country causing the negative impact to the provision of quality patient care.

6.6.1 MANAGEMENT FACTORS

6.6.1.1 ITEM 17: SATISFACTION WITH THE SALARY PACKAGE

This item is included in order to establish if the professional nurses who left the country were satisfied with the salary package that was offered by their employers.

Figure 6.9: Satisfaction with the salary package



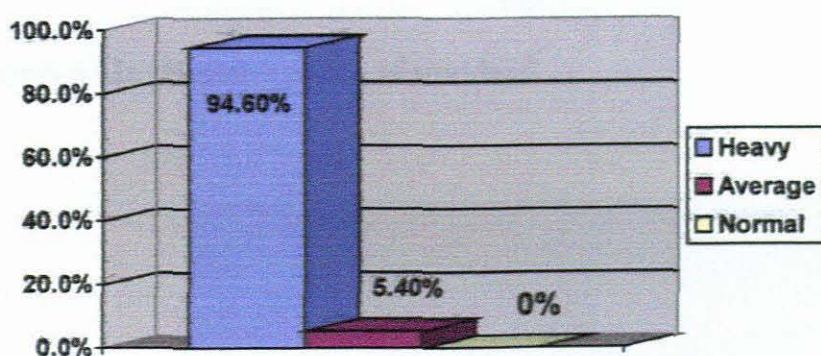
The study reveals that 91% (61) of the respondents nurses left because they were not satisfied with the salary package that was offered by their employers and 9% (6) were satisfied with the salary package. This could be an indication that the professional nurses left this country because of low salaries. According to the Retention policy of the Department of Health of 2001, the main cause of the high attrition rate of professional nurses was mostly the unattractive salary packages that were offered by the public service as well as the poor conditions of service. According ICN (2006:43), monitoring incentives offered for personnel are certainly the most common approaches that could be used to improve the recruitment, retention, motivation and performances of the staff members in

any institution. This could also be implemented in South Africa to improve the negative impact of the brain drain.

6.6.1.2 ITEM 18: WORKLOAD ON THE REMAINING NURSES

This item is included in order to establish from the respondents the amount of workload on the remaining nurses, because this could lead to further emigration of nurses to overseas countries resulting to more severe negative impacts on the quality of patient care.

Figure 6.10: Workload on the remaining nurses



The study reveals that most of the respondents 94.6% (71) stated that the workload was heavy. This was followed by 5.4% (4) who stated that the workload was average. No respondent stated that the workload was normal. The high percentage of the respondents who stated that the workloads were heavy reveals that nurses were overworked. This heavy workload might have been a factor that caused the professional nurses to leave the country. Fayers (2004:9) stated that extra workload deprive nurses of job satisfaction, undermines the citizen's right to quality care, drags down the reputation of the health care institutions and the integrity of the Ministry of Health. This situation is likely to continue because

nurses are resigning in favour of less stressful jobs. ICN (2006:16) agreed with the above author by saying that the evidence demonstrates that the nurses were overloaded. This could create the detrimental effects on the quality of patients care and even on nurses themselves.

6.6.1.3 ITEM 19: NEGATIVE EFFECTS OF WORKLOAD

This item seeks to establish if there were any negative effects of the heavy workload on the remaining nurses and to patients so that preventive measures could be implemented in future.

Figure 6.11: Negative effects of workload

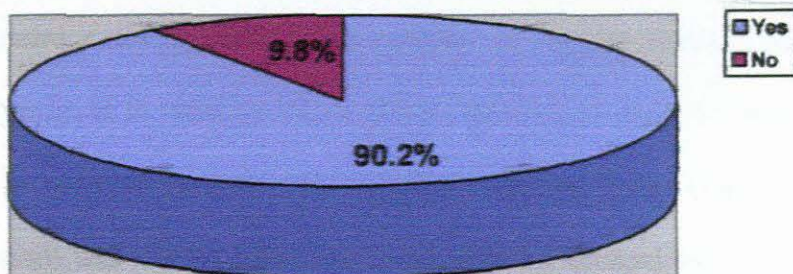


Figure 6.11 above shows that 90.2% (64) of the nurse managers states that there were negative effects due to the heavy workload on the remaining professional nurses and patients whereas 9.8% (7) of the respondents stated that there were no negative effects.. The high percentage of the respondents who stated that there were negative effects caused by heavy workloads confirms that a heavy workload is a factor that could have caused the professional nurses to leave the country.

6.6.1.4 ITEM 20: MANAGEMENT OF THE EFFECTS OF HEAVY WORKLOADS

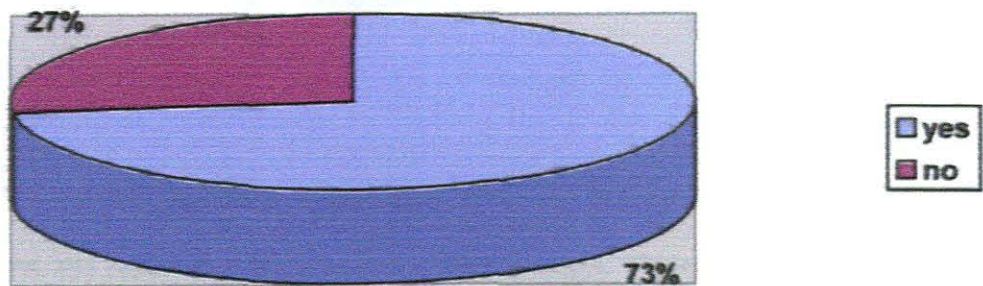
The inclusion of this item helps the researcher to establish how the nurse managers manage negative effects of heavy workloads. The study reveals that most respondents failed to manage the negative effects of heavy workloads. They said they were not coping at all. They stated that they had to work hard in order to cope with their workloads and for the different needs of the patients. They further stated that it was very difficult because some of the effects were beyond their control because they were mostly due to staff shortages and lack of skilled personnel. Others said that they had to advise some of the patients to visit their nearest clinics in order to reduce the workload. Another respondent who happened to be the assistant nursing manager stated that in order to cover for the shortages in one unit, she had to take nurses from another unit to cover short-staffed units. One of the respondents who were allocated to work in the operating theatre stated that they had to reduce the number of theatre cases as well as the number of elective slates. They also reduced overtime performances in order to reduce patient turnover at times for better concentration and alertness in order to minimise the negative incidents. Some respondents stated that where absenteeism was involved they kept strict records, counsel the personnel sometimes referred them to the employee assistance program where necessary. Others said they had to manoeuvre staff frequently as well as the on duty schedules. At times, they said they had to spend less time for tea and lunch. Others said they discussed work related problems in a manner that promoted team spirit among staff members. A respondent who is a nursing manager stated that they tried to offer senior posts to nurses. At other times, they negotiated the utilisation of private agencies with the management, as there were no nurses in the market. They also said they tried to provide a conducive environment to all the staff

members. At times they said they praised any good efforts made by the nurses and encouraged them to continue doing the good work.

6.6.1.5 ITEM 21: MANAGEMENT SUPPORTIVE

This is included in order to establish from the respondents the feelings they have about the support from the management, because support of staff members are essential in these days of staff shortages.

Figure 6.12: Management supportive

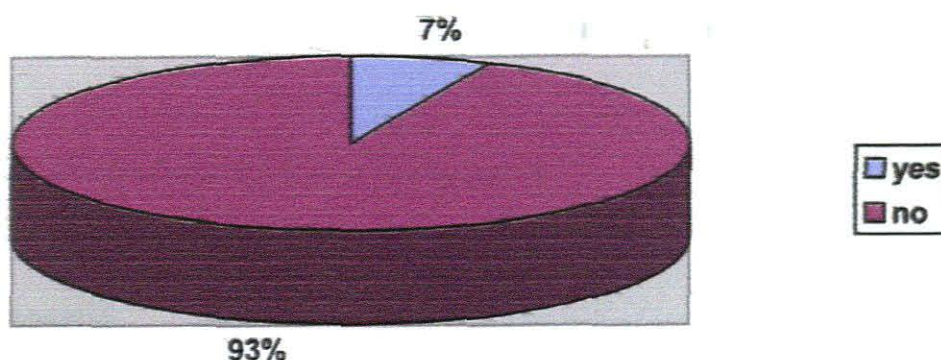


The study reveals that most respondents 73% (55) were well supported by the management and 27% (20) of the respondents stated that they were not supported. Lack of management support can cause nurses to leave the institutions for where the management is supportive. Geyer (2004:40) stated that one of the factor contributing to nurses emigrating is lack of support both infrastructural and personal.

6.6.1.6 ITEM 22: RESOURCES ENOUGH

This item seeks to establish if the resources are sufficient in the health services, because lack of resources can have a negative impact on the provision of quality patient care.

Figure 6.13: Resources enough



The above results indicate that most respondents 93% (70) say that the resources were not enough. Only 7% (5) stated that the resources were enough. These results are indicating that there is a problem with lack of the resources in the health services. If the resources were not adequate, the nurses will not be able to provide quality patient care, as they should have done if the resources were adequate. This will lead to frustrations and burnout to the nurses who may eventually decide to leave the country causing the negative impact in the provision of quality patient care.

According to ICN (2006:8) the lack of resources has a negative impact especially in the developing countries for example in Zimbabwe one nurse said that on a daily basis they

lost at least three babies in a ward and sometimes they work without gloves. In South Africa one nurse said that for weeks they did not have disinfectant tablets.

6.6.1.7 ITEM 23: MANAGING WITH LESS RESOURCES

The inclusion of this item helps the researcher to establish how the respondents manage with scarce resources. The study revealed that most respondents felt that working with limited resources whether human or material led to the provision of poor service to the patients.

The following management strategies were suggested:

Material resources

They stated that they use what is available, compromise and hope for the better. Some stated that they improvise with what they had in order to save life and motivate for more personnel. They share resources interdepartmentally, but this is difficult because sometimes the equipment is not available when you need it because another department is still using it.

Human resources

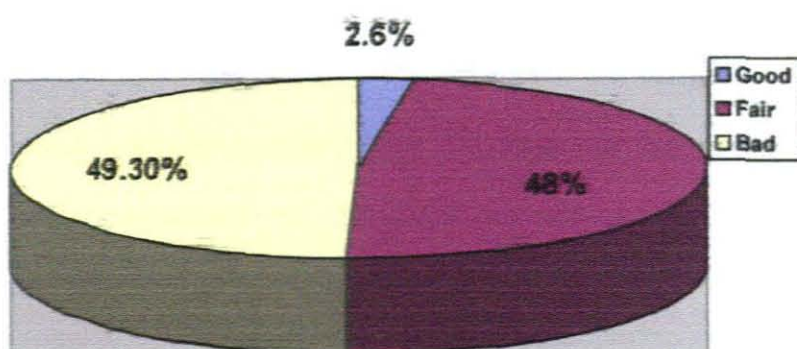
The respondents stated that it was very difficult to cope with less staff and said that nurses were working under strenuous and stressful conditions to cover the staff shortages. They stated that it created a lot of stress that led to increased absenteeism rate. However, they stated that they managed to utilise the remaining personnel to the best of their ability. Others said that they had to allow the personnel to do overtime.

Geyer (2004:34) commented that shortages of staff caused the nurses to work out of their scope of practice and this also resulted in the employment of additional staff members that were sometimes not adequately prepared which impact negatively on the provision of quality patient care.

6.6.1.8 ITEM 24: WORKING CONDITIONS

This item was included in order to establish the state of the working conditions provided to the personnel by their employers.

Figure 6.14: Working conditions

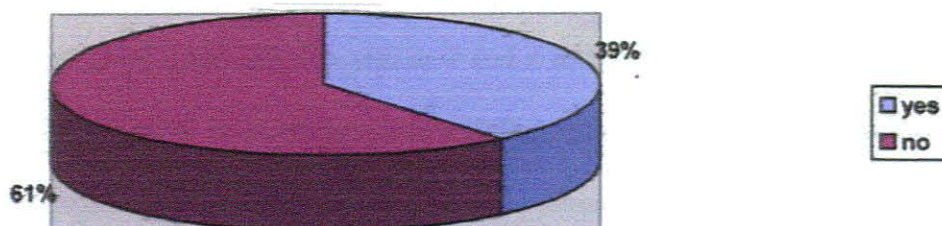


The study reveals that 49.3% (37) respondents stated that the working conditions were bad and 48% (36) stated that they were fair. Only 2.6% (2) of the respondents stated that the working conditions were good. If the personnel were not satisfied with the conditions of service, they may consider leaving the country to where there are better conditions of service. Tevera & Chikanda (2005:6) stated that many health professionals have moved from the public to the private sector and later to overseas where they offers higher salaries and better working conditions resulting in negative impacts on patient care.

6.6.1.9 ITEM 25: SATISFACTION WITH DUTY SCHEDULES

This question is asked in order to find out if the nurse managers were satisfied with the duty schedules in order to improve them where possible.

Figure 6.15: Satisfaction with duty schedules

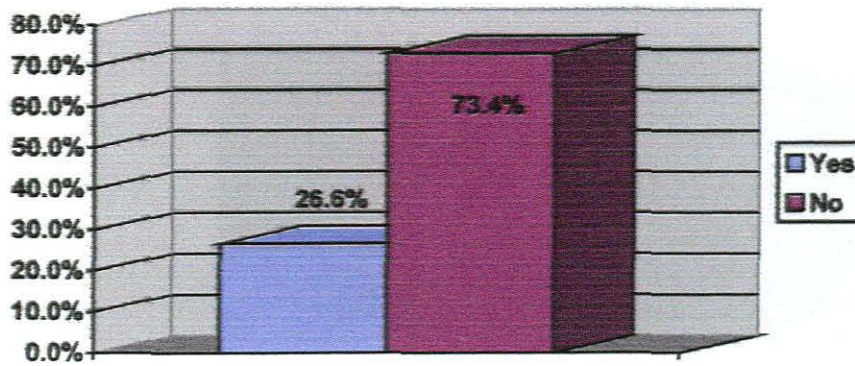


The study reveals that most respondents 61% (46) were not satisfied with the duty schedules used in their institutions whereas 39% (29) stated that they were satisfied. The high percentage of the respondents who stated that they were not satisfied with the duty schedule shows that, this could cause the nurses to leave the country.

6.6.1.10 ITEM 26: STAFF SATISFIED WITH APPRAISAL SYSTEM

The inclusion of this item seeks to establish if the respondents were satisfied with the appraisal system used in the institution, because this can cause brain drain if they were not good.

Figure 6.16: Satisfaction with appraisal system



The study shows that most respondents 73.4% (55) were not satisfied with the appraisal system used in their institutions and 26.6% (20) stated that they were satisfied with the appraisal system used. They stated that it is still new and it adds a lot of work on top of the shortage that prevails. When the personnel are not satisfied with the appraisal system, there will be job dissatisfaction and they will not accept the evaluation results and can end up leaving the service causing negative impact on quality patient care.

6.6.1.11 ITEM 27: PERSONNEL PROMOTION DONE ACCORDING KNOWLEDGE AND QUALIFICATION

This item is included in order to establish if personnel were promoted according to knowledge and qualifications which is one of the important criteria for promotion.

Figure 6.17: Personnel promotion

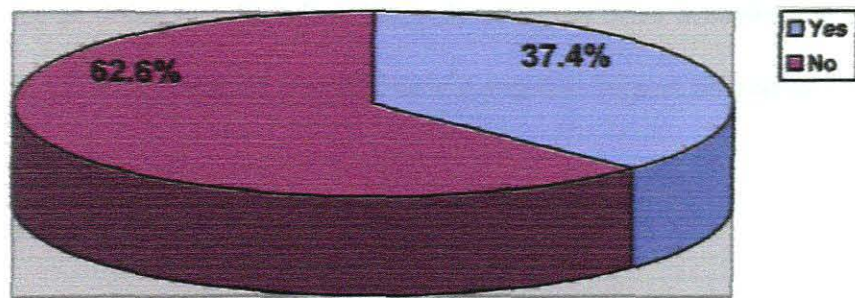
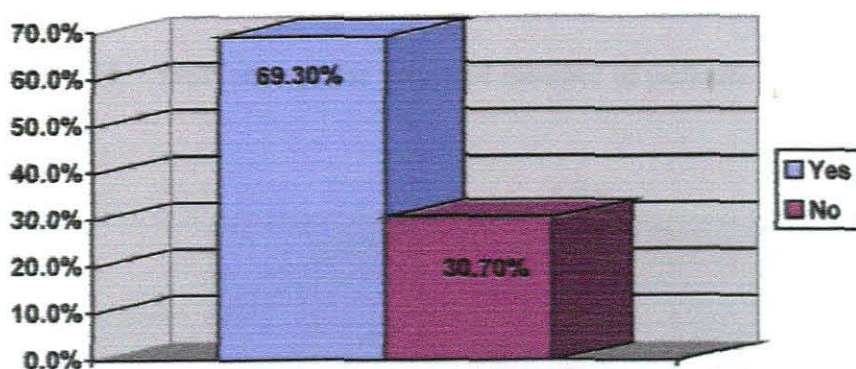


Figure 6.17 above reveals that 62.6% (47) respondents stated that personnel were not promoted according to knowledge and qualifications they had. They stated that the employers used affirmative action and 37.4% (20) of the respondents stated that they were promoted according to knowledge and qualifications. They stated that educational level and experience were specified when posts are advertised and interviews are done to establish the knowledge of the applicant. This high percentage of the respondents who stated that the personnel are not promoted according to knowledge and skills shows that the personnel are not happy with the criteria used for promotion. This can be one of the factors that may cause the professional nurses to leave and has a potential of causing even those who are still in the country to leave. This gives the reason why there were professional nurses who left the country with degrees in item 13. According to the retention, policy of the Department of Health (2003:40), the Department of Health is committed to promoting its personnel to senior positions on good performance and proven managerial skills. With lower levels of management personnel who are in possession of the prescribed educational requirements being afforded the first opportunity in the filling of entry grade posts.

6.6.1.12 ITEM 28: STAFF ALLOCATION

This item is included in order to establish if staff allocation is done according to clinical specialization because if this is omitted, it might have a negative impact on patient care.

Figure 6.18: Staff allocation

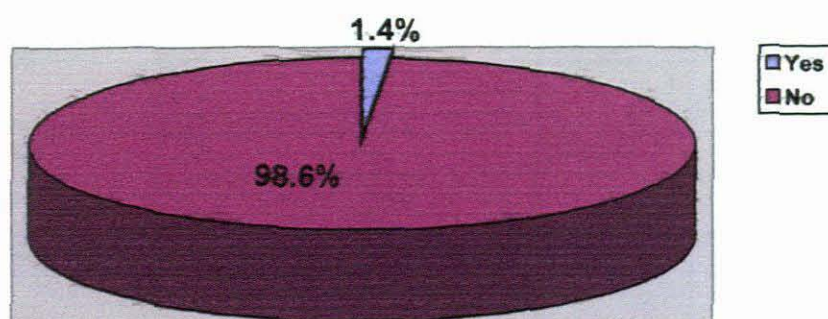


According to 69.3% (52) of the respondents allocation was done according to their clinical specialization, and 30.7% (23) of the respondents they were not allocated according to their clinical specialization but according to the hospital needs. Allocating the personnel according to hospital needs rather than clinical specialization or individual preference will lead to burnout where the nurses will lose interest because they will not do the job according to what they are interested in. Kubheka & Nzimande [2001:20] in their research study discovered that personnel were not always allocated according to their qualifications and interest which is an indication of improper utilisation.

6.6.1.13 ITEM 29: STAFF ENOUGH FOR TYPE AND NUMBER OF PATIENTS

This item seeks to establish if the staff were enough for the type and number of patients admitted in the unit in order to assess any work overload and burnout.

Figure 6.19: Staff enough for type and number of patients



The study reveals that most respondents 98.6% (74) stated that the number of personnel in the units were not enough for the type and number of patients admitted in the unit. The other respondents (1) 1.4% stated that the personnel were enough. The high percentage of the respondents who stated that personnel were not enough confirms that indeed there was a drastic staff shortage in most units. Staff shortages will lead to high workloads on staff and may cause the professional nurses to leave the country. According to Zondagh (2005:38) the employers are cutting down on labour costs and in the process do not provide for safe and adequate nurse staffing levels in the hospitals. Cutting down on labour is often cited as one major contributing factor for nurses leaving the country.

6.6.1.14 ITEM 30: MANAGEMENT OF STAFF SHORTAGE BY
MANAGEMENT

The inclusion of this item helps the researcher to establish what the management is doing about staff shortages.

Table 6.7: Management of staff shortage by management

Management action about staff shortage	Number	Percentage
Employ more staff	14	18.8%
Allow for overtime	23	30.6%
Give emotional support	31	41.3%
Nothing	7	9.3%
Total	75	100%

The above results 41.3% (31) shows that the management provide emotional support. They stated that posts were advertised but there were no nurses available in the market to fill those posts. The other 31.6% (23) of the respondents stated that the management allows for overtime, they stated that but it only happens in the operating theatre and for doctors only. 18.8% (14) of the respondents stated that the management employ more staff but they stated that the staff employed was less than those staff that left. The other respondents 9.3% (7) stated that the management was doing nothing about staff shortages they only come when there is a medico-legal hazards or when a negative incident has happened. This

answer was given by the respondents although it was not included in the questionnaire. Geyer (2006:46) said that, nurses as advocates for patients, it is important to report in writing to the management every time if there is inadequate staffing to ensure safe and quality care for the patients.

6.6.1.15 ITEM 31: AVAILABILITY OF POSTS THAT ARE NOT FILLED

This item is included in order to establish if there are posts that cannot be filled. This is important because reasons for not feeling them should be identified and dealt with effectively.

Figure 6.20: Availability of posts that are not filled

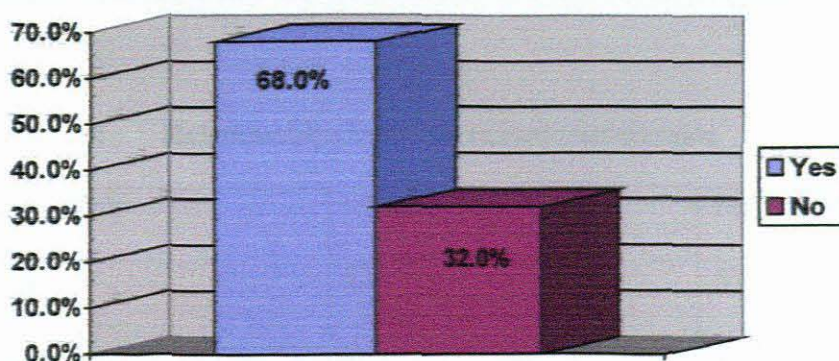


Figure 6.18 above shows that 68.0% (51) of the respondents stated that there were posts that could not be filled due to unavailability of nurses. They stated that nursing personnel that retired, died or resigned were not replaced and 32% (24) of the remaining respondents stated that there were no vacant posts that could not be filled. The high number of respondents that stated that there were posts that could not be filled shows that there is a problem of unavailability of nurses in the market. This leads to drastic shortages in

different units and compromised healthcare rendered to patients. According to Geyer (2004:34), the Minister of Health in a press release on 18 August stated that there were 31000 nursing posts in the public sector alone that could not be filled. Even if the Minister of Health did not give the reasons of not filling the vacant posts, but it will be appreciated by all the nurse managers if something is done about this crisis to prevent negative impacts on the provision of quality patient care.

6.6.2 RELATIONSHIP FACTOR

6.6.2.1 ITEM 32: RELATIONSHIPS BETWEEN NURSES AND DOCTORS

This item was included in order to establish the relationship that exists between nurses and doctors, because if they are not good can contribute to brain drain.

Table 6.8: Relationships between nurses and doctors

Relationship	Number	Percentage
Good	52	69.4%
Fair	23	30.6%
Bad	0	0%
Total	75	100%

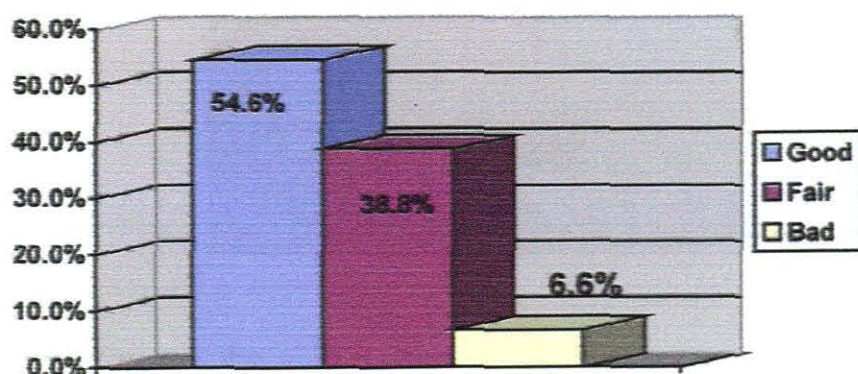
According to table 6.8 above 69.4% (52) of the respondents stated that the relationship was good between nurses and doctors whereas, 30.6% (23) stated that the relationships were fair. There were no respondents who stated that the relationships were bad. The availability

of the respondents who stated that the relationships were fair reveals that the relationships were not always good. Poor relationships will lead to conflicts, burnout and absenteeism among personnel. Poor relationships may also cause staff members to leave the institution.

6.6.2.2 ITEM 33: RELATIONSHIP BETWEEN NURSES AND PATIENTS

This item seeks to establish the relationship that exists between the nurses and the patients.

Figure 6.21: Relationship between nurses and patient

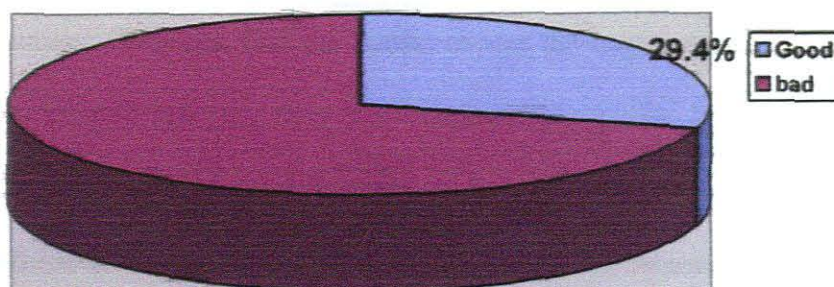


The study reveals that most respondents 54.6% (41) stated that the relationships between the nurses and the patients were good and 38.8% (29) stated that the relationship were fair. Only (5) 6.6% of the respondents stated that the relationship was bad. Even if the relationships are fair or bad between the nurses and the patients, patients and the public always display negative attitude towards the nurses and perceive the nursing profession negatively because of the media reports that always view nurses as none caring people. This has resulted in negative feelings and inadequacy among the nursing personnel. This will lead to nurses leaving for the countries where they will be respected.

6.6.2.3 ITEM 34: PUBLIC'S PERCEPTIONS OF THE IMAGE OF NURSING PROFESSION

The inclusion of this item helps the researcher to establish how the public perceived the image of the nursing profession

Figure 6.22: Public's perceptions of the image of nursing profession



The study reveals that most respondents 70.6% (53) stated that the public perceive the nursing profession negatively and 29.4% (22) stated that the public's perception of the image of the nursing profession was positive. The high percentage of the respondents who stated that the public perceive the nursing profession negatively reveals that the public do not trust and respect the nursing profession anymore. This may be caused by the low standard of nursing due to increased workload in turn due to shortages of staff. The public or relatives think that the nurses no longer care for the patients. This negative image of the nursing profession will also cause nurses to leave the country to where they will be considered. Geyer (2004:34) stated that the low image of the nursing profession causes nurses to leave the country to where they will be recognised.

6.6.2.4 ITEM 35: CAUSES OF NEGATIVE PERCEPTIONS

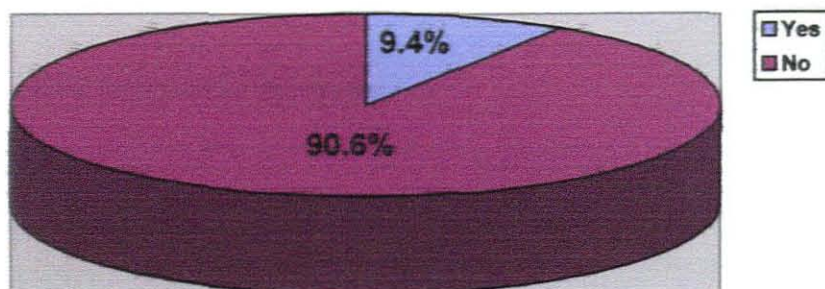
This item is included in order to establish the causes of the negative perception by the public. The study reveals that most respondents stated that all that was due to the shortages of staff in relation to the number of patients who need their care. This staff shortages caused a lack of motivation from nursing staff due to lack of incentives. They felt that nurses are no longer dedicated to their duties because they are always exhausted, and were not praised by the management. Other respondents felt that it was caused by the public's attitude towards the nurses and the hospital as well as their ignorance due to lack of adequate information. They felt that the public expect the nurses to render 100% care to patients who are very ill ignoring their few numbers. The public always complain about their admitted relatives, if they find orders not carried out. They do not understand that the nurse-patient ratio is the cause of gaps in service delivery. The respondents further cited the high death rate as the cause of this negative perception by the public, which is due to HIV/AIDS. Further, they regard nurses as people who are not sympathetic. The public felt that there is a striking unprofessional behaviour and harsh treatment in government hospitals and long queues. They have to spend more hours before being attended to due to staff shortages. There is a lack of resources and medication that lead to poor service delivery. Increased workload coupled with lack of human resources leads to stress and a high rate of absenteeism. Nurses take out their stress on the patients that further aggravate the situation. Geyer (2004:36) states that nurses contributions to the community are acknowledged, but greatly undervalued.

6.6.3 PERSONAL FACTORS

6.6.3.1 ITEM 36: COPING WITH AMOUNT OF WORK

This item seeks to establish from the respondents if the nurses are coping with the amount of work. This was aimed at finding the impact of the brain drain on service delivery.

Figure 6.23: Coping with amount of work



The study reveals that most respondents 90.6 % (68) stated that the nurses were not coping with the amount of work whereas 9.3% (7) stated that they were coping. The respondents commented that, although they were coping but, absenteeism prevails. The high percentage of the respondents who stated that they were not coping with the workload shows that the nurses are overworked. This can also be a factor that can cause nurses to leave the country. Failure to cope meant that the workload was very high. Zondagh (2005:38) stated that the feeling of emotional exhaustion and job dissatisfaction ran high among nurses with the heaviest workloads. Nurses in hospitals with the highest number of patients per nurse were more than twice as likely to report burnout and dissatisfaction with their jobs compared with nurses with fewer patients to care. Mafalo (2003:20) stated that shortages are caused

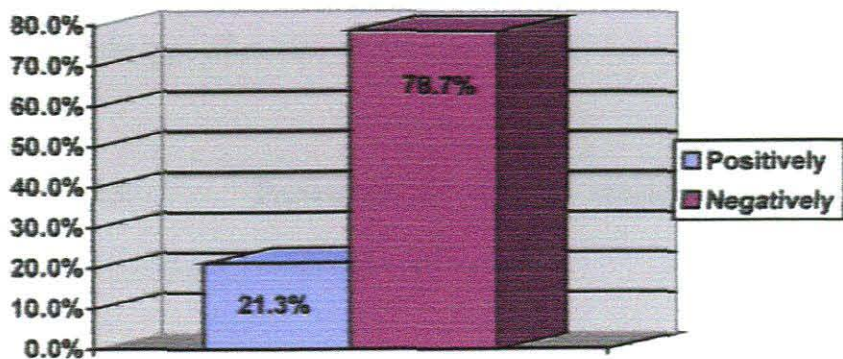
by the pushing out of old nurses as a result of restructuring because of their age and that their experience has no value to the health care systems in the country.

Mafaio (2003:20), further made a call for these nurses to be retained because of their experiences, knowledge and skills they posses.

6.6.3.2 ITEM 37: EFFECTS OF HIV/AIDS ON NURSES

The inclusion of this item helps the researcher to establish how the HIV and AIDS pandemic affect the nurses workload.

Figure 6.24: Effects of HIV/AIDS on nurses



The study reveals that 78.7% (59) of the respondents stated that the issue of HIV and AIDS affects them negatively whereas 21.3% (16) of the respondents stated that it affect them positively. The issue of HIV and AIDS affect the nurses negatively and it could be a factor that can cause nurses to leave the country. It increases the workload by increasing the number of admissions of patients who are very ill and very dependent on the nurses for their basic needs. It also poses a threat to the health of nursing personnel. Geyer (2004:34),

comments that the prevalence of HIV and AIDS puts pressure on the bed occupancy and put further demands on the health workers who may themselves be infected and affected.

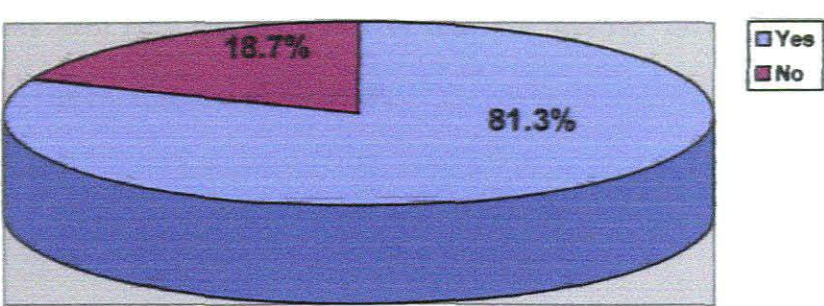
6.7 SECTION F: IMPACT OF THE BRAIN DRAIN ON SERVICE DELIVERY

This section is included in order to establish from the respondents the impact of the brain drain on service delivery.

6.7.1 ITEM 38: POSSESSION OF CLINICAL SPECIALIZATION RELATED TO THE SERVICE RENDERED

This item is included in order to establish if the respondent had clinical specialization related to the type of service rendered in the unit.

Figure 6.25: Possession of clinical specialization related to the service rendered



The study shows that most respondents 81.3% (61) had clinical specialization that was related to the type of service rendered in their units. Only 18.7% (14) of the respondents stated that they did not have clinical specialization. This could be an indication that

although many skilled nurses have left the country, there are still nurses with skills remaining in the country. Lack of skills will lead to poor service delivery and poor quality care. Van Rooyen (2006:36) stated that losing its skilled citizens is disastrous for South Africa, and is made worse by the huge shortage of skills because South Africa's strict entry requirements at various popular immigration destination.

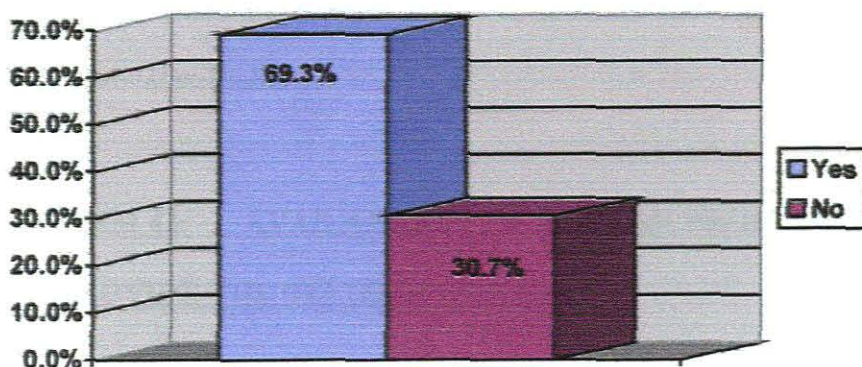
6.7.2 ITEM 39: KEEPING OF THE STANDARDS OF CARE REQUIRED

This item seeks to establish how the respondent ensure the maintenance of standards if they were without the clinical specialization related to the type of service they rendered in the unit. The study reveals that most respondents stated that they ensure the maintenance of standard by seeking knowledge through reading books to keep themselves up to date. Other respondents stated that they used the experience they have gained in the field of nursing.

6.7.3 ITEM 40: AVAILABILITY OF NURSES WITH THE SAME CLINICAL SPECIALIZATION

The inclusion of this item help the researcher to establish whether the respondent had another nurse with the same clinical specialization.

Figure 6.26: Availability of nurses with the same clinical specialization



The study reveals that most respondents 69.3% (52) stated that there were other nurses in the unit with the same clinical specialization and 30.7% (23) of the respondents stated that there was no one. It might be appreciated by everyone if nurses used their specialities effectively to prevent negative impact of the brain drain. This is because the possession of specialisation skill improves the quality of care rendered. Zungu & Kubheka (2002: 65) said that personnel should be allocated according to their specialisation for effectiveness.

6.7.4 ITEM 41: KEEPING OF STANDARD IF NOBODY WITH SPECIALISATION

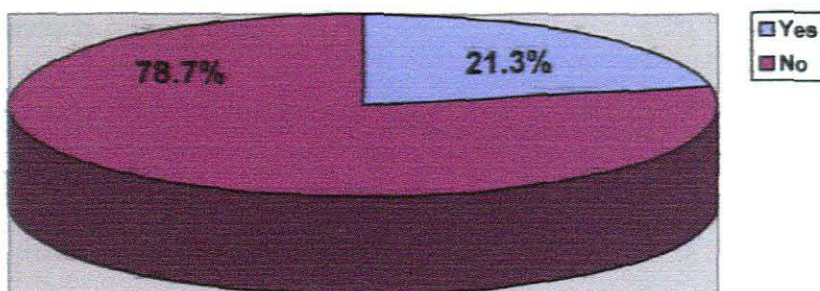
This item is included in order to establish how the respondent managed to maintain standards if there were no other nurses available in the unit who has the same clinical specialization. The study reveals that the respondents relied on their experience in the field. They also develop their staff through continuous coaching and teaching. Others stated that they give proper orientation and supervision to new staff members. They also motivate staff for training on certain specialities according to their interests. Muller (2002:40) said that

each and every personnel member should be provided with staff development programmes for their optimal utilisation.

6.7.5 ITEM 42: AVAILABILITY OF ENOUGH PROFESSIONAL NURSES TO PROVIDE THE NEEDS OF THE UNIT

This is included in order to get the exact number of nurses in the unit according to patients numbers and needs.

Figure 6.27: Availability of enough professional nurses to provide the needs of the unit



The study reveals that most respondents 78.7% (59) did not have enough registered nurses to cover the needs of the unit. Only 21.3% (6) of the respondents stated that they had enough registered nurses to cover the needs of their units. The results indicate that there is a drastic shortage of staff particularly registered nurses in the units. This shortage of registered nurses will lower the standard of nursing care rendered. Zondagh (2005:38) said insufficient staffing levels expose nurses to medical and legal errors and risks.

6.7.6 ITEM 43: ENSURING THAT THE UNIT HAS ADEQUATE STAFF

This item is included in order to establish how the respondents ensured that the units were covered if the professional nurses were not enough for the needs of the unit.

Table 6.9: Ensuring that the unit has adequate staff

Item	Number	%
Worked with skeleton staff	75	100
In-service education available staff	75	100
Made sure that there was a professional nurse 24hrs	75	100
Skills mix	11	14.6
Change on duty schedule	33	44
Fair Distribution of staff	75	100
Take from other areas to cover others	75	100
Daily checks	63	84
Balancing and rotation of staff	12	16
Use other staff in places of professional nurses	63	84
Overtime for staff in OT	75	100
Reduce number of operations	54	72
Leave management duties for other duties	63	84
Never covered	75	100

The study reveals that the respondents stated that the units were never covered as required due to high workloads. They worked with skeleton staff everyday.

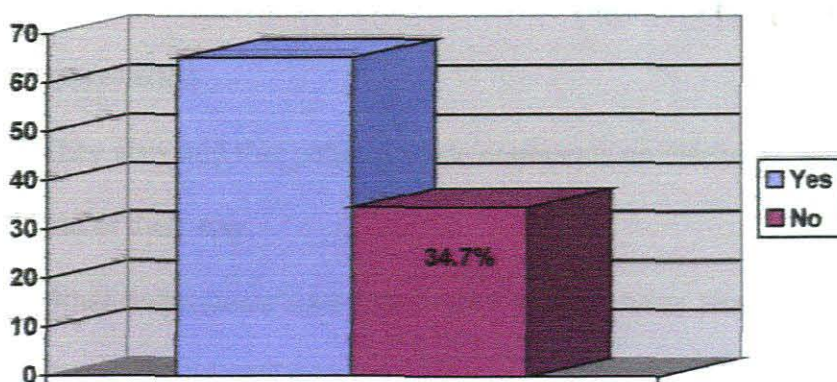
They ensured proper utilisation of the staff they had by equipping every body with knowledge 100% (75) and tried skills mix 14.6% (11). They all made sure that there was a professional nurse for 24 hours in the unit.

- The respondents who were nursing service managers stated that they had to change the on duty schedules.
- They ensured a fair distribution of the number given to the department and sometimes take from other areas to cover where there was a severe shortage.
- Others mentioned that they did daily checks 84% (63) balancing and rotating the staff from one unit into the other
- 16% (12) respondents stated that the situation was very difficult; when one professional nurse was on leave the other one was left alone.
- They also used other categories of staff in the place of professional nurses 84% (63).
- Senior enrolled nurses were used even in the labour wards where they performed duties that were performed by the midwives.
- The respondents that worked in the operating theatre stated that the staff had to do overtime and they have reduced the number of operations.
- Another respondents stated that they had to leave management duties and do other duties 84% (63) to ensure that the unit was covered. But Geyer (2004:35) said that to add additional responsibility to a health worker that was not prepared adequately for it may impact negatively on the health and safety of the patient and the health care facility.

6.7.7 ITEM 44: PATIENTS SATISFIED WITH SERVICE RENDERED

This item seeks to establish whether the patients are satisfied with the service rendered in the unit or not for effectiveness.

Figure 6.28: Patients satisfied with service rendered



The study reveals that most respondents 65.3% (49) stated that the patients were satisfied with the service rendered in the unit whilst 34.7% (34) stated that the patients were not satisfied with the service rendered. This high percentage of the respondents who stated that the patients were satisfied with the service rendered indicates that the nurses were trying very hard to provide minimum care despite of the shortage of the nursing personnel. Patient dissatisfaction with the service rendered will affect their perception of the image of the nursing profession.

6.7.8 ITEM 45: DEMONSTRATION OF THE FEELINGS OF SATISFACTION

The inclusion of this item helps the researcher to establish how the patients demonstrate their feelings if they are satisfied or dissatisfied with the service rendered.

The respondents who were satisfied with the service

- The study reveals that the patients usually verbalise their feelings personally to the staff or write letters and put them in the suggestion boxes to share their feelings of appreciation.
- They also said that patients made comments on discharge and others write letters at the end of their stay.
- Other respondents stated that other patients write letters to the local newspapers or to the concerned staff member.
- Other patients write thank you cards and write letters to the management.

The respondents who were not satisfied with the service

- The respondents stated that the patients that were not satisfied confronted the nurses and complained verbally or use a complaint medium available in the unit like the suggestion box.
- They further stated that most patients report to the matrons and quarrel with the nurses.
- Other respondents stated that some patients report their bad experiences in the media and sometimes try to sue the institution.

6.7.9 ITEM 46: DEALING WITH PATIENTS IF NOT SATISFIED

This item is included in order to establish how the personnel dealt with the patients who demonstrate their dissatisfaction with service rendered. The study reveals that the respondents sometimes find it difficult to deal with the patients dissatisfaction because it was sometimes related to staff shortages that could not be addressed at unit levels.

- They stated that they wrote the incident reports and called the relatives to acknowledge their complaints.
- Others said that they addressed patients tactfully giving them tangible reasons of whatever shortcomings that were there from the nursing personnel.
- Some provided emotional support.
- Other respondents stated that they usually advise the patients to put it in writing in order to address the situation.
- Remedial actions were done also to correct those deficiencies through staff development programmes especially on Batho-Pele Principles.
- Also the staff numbers were encouraged to improve the care they rendered as much as possible.

6.7.10 ITEM 47: FREQUENCY OF RECEIVING PATIENT'S COMPLAINTS

The inclusion of this item aims at establishing the frequency with which the respondents received complaints from the patients. The complaints will be indications of dissatisfaction and negative impacts on patient care.

Table 6.10: Frequency of complaints from the receiving patient

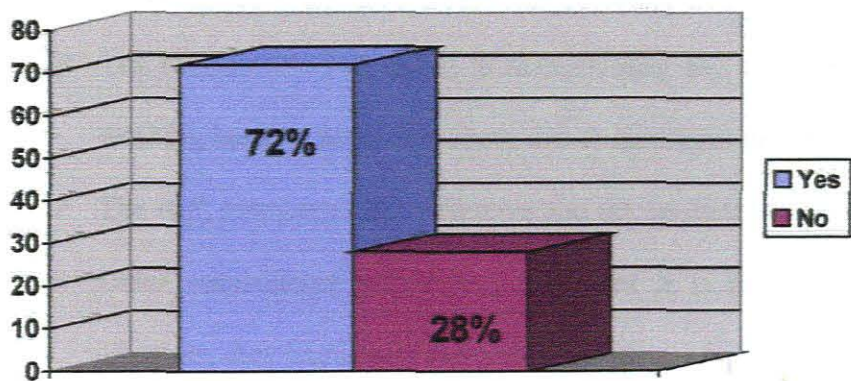
Frequency	Number	Percentage
Never	2	2.7%
Rare	33	44%
Quite often	29	38.7%
Always	11	14.6%

The study reveals that 44% (33) respondents rarely receive complaints from patients. This was followed by 38.7%(42) who stated that they often receive patients' complaints. There were 14.6% (11) of the respondents who stated that they always receive complaints from patients. There were only 2.7% (2) of the respondents who stated that they never received complaints from the patients. Receiving patients complaints shows that the patients were not satisfied with the service rendered in the unit and that the standard of care put the patients at risk. It is usually due to increased workload due to staff shortage.

6.7.11 ITEM 48: NEGATIVE INCIDENCES

This was asked in order to establish if there were any negative incidences occurring in the unit because their occurrence might be an indication of low staffing which might result in negative impacts on patient care.

Figure 6.29: Negative incidences that occurred



The study reveals that most respondents 72% (54) had negative incidents occurring in their units whilst the 28% (21) did not have negative incidents occurring in their units. The high percentage of the respondents who stated that there were negative incidents occurring in their units shows that the standard of care rendered was low. The negative incidents are the result of negligence due to increased workload caused by staff shortages. According to Zondagh (2005:9) nurses are expected to accept unreasonable workloads, to work outside their scope of practice and are increasingly being put at risk of professional negligence due to lack of adequate staffing.

6.7.12 ITEM 49: EFFECTS OF NEGATIVE INCIDENCES ON STAFF
AND PATIENTS

This item is included in order to establish the effects of the negative incidences on the staff and patients because these can cause negative impacts on patient care and could lead to law suites to the staff and disciplinary actions by the nursing council.

Negative effects on staff

The study reveals that negative incidents affect the staff negatively because they

- Demotivate them and lower their self esteem
- The respondents felt that it is demoralising and discouraging for the staff despite working hard because they occur due to shortages of staff and equipment.
- The staff members feel ineffective and uncomfortable to work with the patients.
- Other respondents stated that to others it is an "eye-opener" and it increases alertness, they learn from them and change.

Geyer (2004:36) commented that low staffing ratios and high workloads contribute to increase in adverse incidents

Negative effects on patients

The respondents stated that they affect the patients negatively.

- One respondent stated that a patient might even have the limb amputated due to negligence.
- They delay service delivery to the patients and causes disorganisation.
- Patients lose confidence on the nursing staff and feel neglected and at risk.
- Other respondents felt that patient feel unhappy and felt they have been robbed their right to receive quality care.

6.7.13 ITEM 50: PREVENTION OF THE NEGATIVE INCIDENCES

This item seeks to establish the strategies that can be used to ensure that the negative incidences do not occur again. The study reveals that those respondents that happened to be

nursing managers stated that they are trying very hard, but it is of no help because it is due to staff shortages. There are no nurses to fill the posts even if they are advertised. They developed policies and protocols to guide the nursing staff and after identifying gaps, they conduct inservice education on the issue where necessary. They further stated that they redress the problems, counsel the individuals concerned and devise strategies to prevent the occurrence of the incident. Other respondents stated that they have a complaints committee that meet on a monthly basis and deal with them. They further emphasised the importance of Batho-Pele Principles and the Patients Right Charter.

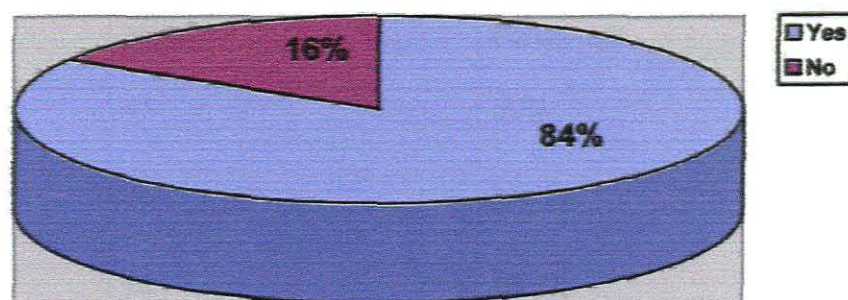
However, Geyer (2004:36) warned that management should not take a punitive approach when dealing with adverse incidents, but rather encourage regular reporting so that a broad overview of incidents and why they happen can be obtained.

6.8 IMPACT DUE TO STAFF SHORTAGES

6.8.1 ITEM 51: DELAYS DUE TO STAFF SHORTAGES

The inclusion of this item helps the researcher to establish whether there were any delays in the rendering of patient care which may be due to staff shortages as these could cause negative impacts on the provision of quality patient care.

Figure 6.30: Delays due to staff shortages



The study reveals that 84% (63) stated that there were delays in patient care due to staff shortages and 16% (12) stated that there were no delays. The high percentage of the respondents who stated that there were delays in patient care mentioned the following negative effects:-

- That patient care is compromised.
- The patients could not get the due care timeously because of the delays.
- Lead to severe complications that should have been prevented if there were no delays.

6.8.2 ITEM 52: ANY WAITING LISTS

This item is included in order to establish the long waiting lists that exist due to staff shortages which could end up affecting patient care negatively.

Table 6.11: Any waiting lists

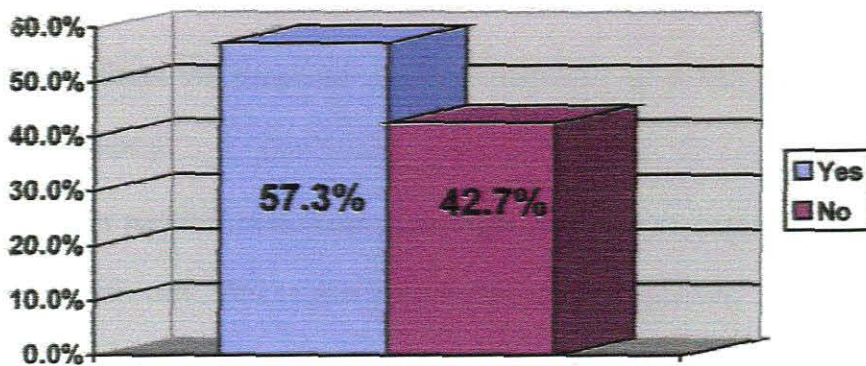
Waiting List	Number	Percentage
Long	45	60%
Average	16	21.4%
None	14	18.6%
Total	75	100%

The study reveals that most of the respondents 60% (45) stated that the waiting lists were long. This was followed by 21.4% (16) of the respondents who stated that the waiting lists were average. The respondents who stated that there were no waiting lists were 18.6% (14). The high percentage of the respondents who stated that the waiting list were long shows that patients had to wait for sometime before they got help, meanwhile their conditions got worse because by the time his/her turn come, was already too late. This might occur if there are shortages of both medical and nursing staff.

Geyer (2004:36) further stated that utilisation of part-time personnel had become the solution for many institution to try to address the shortage due to brain drain.

6.8.3 ITEM 53: TREATMENT GIVEN AT DUE TIMES

This item seeks to establish if treatment was given at their due time or if there were delays because this can result in medico/legal hazards that can result in patients suffering.



The study reveals that most respondents 57.3% (43) stated that patients were getting their treatment at due times whereas 42.7% (32) stated that patients were not. The percentage of the respondents who stated that the patients did not get their treatment at due times shows that the quality of patient care rendered was low. Failure to execute the nursing care at due times will cause the patients' hospital stay even longer and will lead to complications. All this is due to staff shortages and nurses cannot cope with the increase workload ending up leaving the country for overseas countries. Geyer (2004:36) said that a variety of new support services is used in many institutions to address shortage of staff.

6.8.4 ITEM 54: REASONS FOR DELAYS IN TREATMENT

The inclusion of this item helps the researcher to establish the reason why the treatment was not given at due times. The following reasons were given by the respondents:

- They all felt that it was due to shortage of staff and increased workload. They stated that even if they had medication on stock, there was no nurse to give it on time and sometimes the treatment was not available, as it still had to be fetched from the dispensary.

sometimes the treatment was not available, as it still had to be fetched from the dispensary.

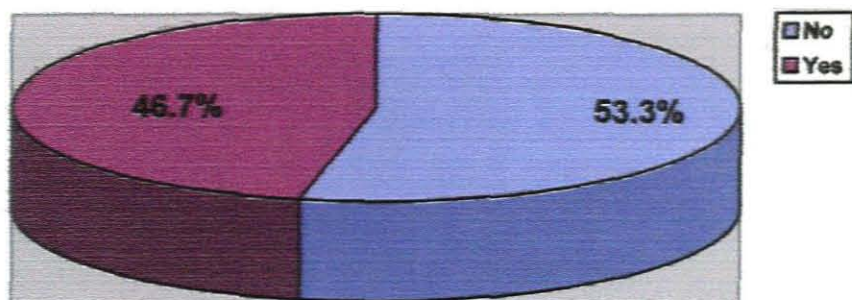
- Others said that sometimes many bedridden patients were very dependent on the nurses for basic care. This caused delays with all the procedures.
- A respondent who works in the out patients department stated that there was overcrowding with few doctors and by the time nurses finished, the dispensary was already closed. The patients had to wait until the following day if the medication was not in the emergency cupboard.
- Most respondents stated that the problem was with the dispensary where there were shortages of staff leading to delays in dispensing of medication and long queues.

Geyer (2004:34) commented that the remaining number of health care workers was subject to increasing workloads due to larger populations that has to be serviced. This lead to declines in quality care.

6.8.5 ITEM 55: LIMITATION OF THE NUMBER OF ADMISSIONS AND SPECIAL PROCEDURES

This item is included in order to establish if the respondents have to limit the number of patients admitted or special procedures to be done due to staff shortages

Figure 6.32: Limitation of the number of admissions and special procedures



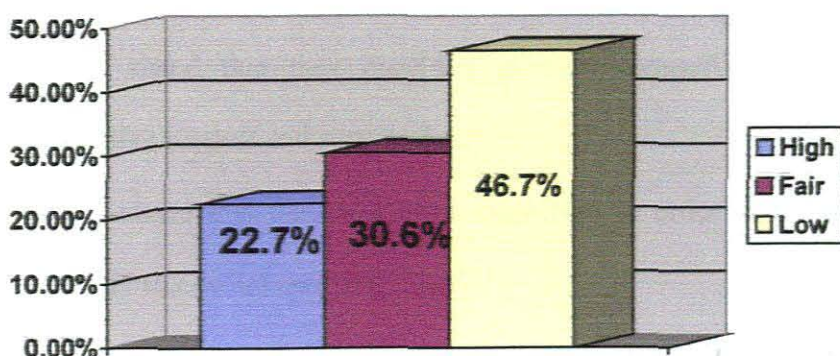
The study reveals that most respondents 53.3% (40) stated that they did not limit the number of patients admitted or special procedures whereas 46.7% (35) said that they had to limit the number of patients. Limiting the number of patients admitted, or for special procedures will put the patients at risk of complications. The patients come to the hospitals because the relatives cannot look after them, as they sometimes need proper nursing care. Admissions and the intake have been reduced because of the shortage of nursing personnel to look after these patients. Pang (2002:324) stated that the shortage of professional nurses results in closure of hospital wards or clinics, reducing the available health care services.

6.9 PSYCHOLOGICAL IMPACT

6.9.1 ITEM 56: STAFF MORALE

The inclusion of this item helps the researcher to establish the state of staff morale because, low staff morale could result in negative impacts on patient care.

Figure 6.33: Staff morale



The study reveals that most respondents 46.7% (35) stated that the staff morale was low and 30.6% (23) stated that it was fair. Only 22.6% (17) of the respondents stated that the staff morale was high. This is an indication that there was a lot of job dissatisfaction among nursing personnel. This low morale may be due to increased workload due to staff shortages. Low staff morale might result in burnout, absenteeism and resignation that will compromise patient care.

6.9.2 ITEM 57: STRATEGIES TO IMPROVE STAFF MORALE

This item is included in order to establish the strategies used to improve staff morale if low.

The following strategies were mentioned by nurse managers:

- Some respondents said that they had no strategies in place to improve staff morale.
- One respondent stated that, she was unable to devise strategies to improve staff morale since hers was also too low.
- Other respondents stated that they motivated their staff through motivational talks and by praising them for each effort they have made.

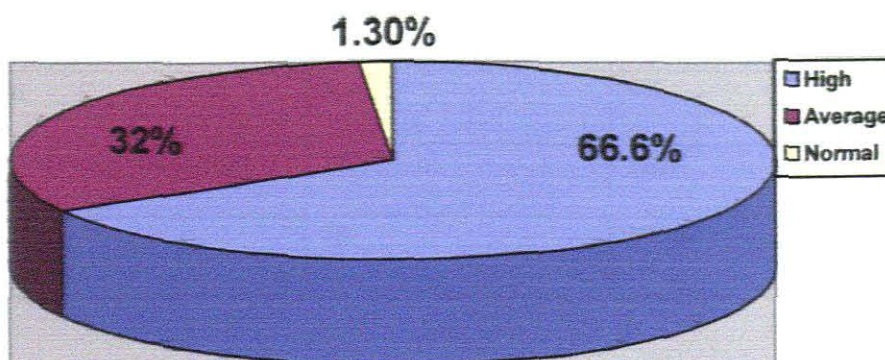
- Some respondents stated that the on-duty schedule was done in such a way that they alternate weekends.
- Others stated that they provided spiritual counselling, retraining and education, facilitative support and supervision.
- Others stated that they motivated incentives in order to do group competitions and quarterly star award ceremony. And
- Some had high teas especially at the end of the month, just to boost staff morale.

The above-mentioned strategies for boosting staff morale are very important, and each nurse manager should use them in order to improve the negative impacts of the brain drain in the provision of quality patient care

6.9.3 ITEM 58: STRESS LEVEL AMONG STAFF

This item is included in order to establish the level of stress among staff caused by high workloads on personnel due to short staffing in the health services in South Africa especially in Kwazulu-Natal that is under study.

Figure 6.34: Stress level among staff



The study shows that 66.6% (50) respondents experienced high levels of stress, followed by 32% (24) who experienced average and only 1.3% (1) had low stress level. The personnel with high level of stress are an indication that they were at risk. This high stress level might be caused by many problems amongst which are increased workloads and lack of recognition of nursing personnel. This stress might eventually results in burnout, absenteeism and a high staff turnover that will compromise patient care (Mafalo 2003:40).

6.9.4 ITEM 59: CAUSES OF HIGH STRESS LEVELS

This item is included in order to identify the causes of high stress levels as mentioned by nurse managers themselves.

Table 6.12: Causes of high stress levels

Causes of high stress levels	Number	Percentage
Shortage of staff	17	23%
High absenteeism	9	12%
Pressure from management	11	15%
Nursing critically ill patients	10	13%
Non conducive environment	8	11%
Lack of equipment	6	8%
Lack of experience among personnel	14	18%
TOTAL	75	100%

The following causes were mentioned:

- 23% (17) nurse managers stated that shortages of staff increases the workload. High absenteeism rate due to frequent sick leaves where people were trying to escape the workload was mentioned by 12% (9) nurse managers, if there were severe staff shortages the personnel had to come to work to cover the ward and become exhausted
- Other 15% (11) respondents mentioned pressure from the management as contributing to the increased stress levels.
- 13% (10) mentioned overwork due to personnel nursing critically ill patients especially those with HIV and AIDS because they had to ensure that their needs were met even if they were short staffed.
- Non-conducive working conditions like unfavourable duty schedules, working long hours, working on night duty and low salaries that leads to financial problems, was mentioned by 11% (8) respondents, and 8% (6) stated the lack of equipment
- Lack of experienced nursing personnel in the department was mentioned by 18% (14) respondents.

The International Council of Nurses commented that, the shortage of these essential resources was creating extremely frustrating and demoralising working conditions for nurses and limiting their ability to provide quality and consistent patient care at all levels of the health care systems.

6.9.5 ITEM 60: DEALING WITH HIGH STRESS LEVELS

The item above is included in order to establish the strategies that could be used by nurse managers to deal with high stress levels among staff.

Table 6.13: Dealing with high stress levels

Dealing with stress	Number	Percentage
Individual or group counselling	29	39%
Let member verbalise their problems	24	32%
Staff member sent to employee assistance programme	10	13%
Meeting with management and stake holders	12	16%

The study reveals that most respondents stated that it was very difficult to deal with stress because it was due to staff shortages, as they were rotating most of the time.

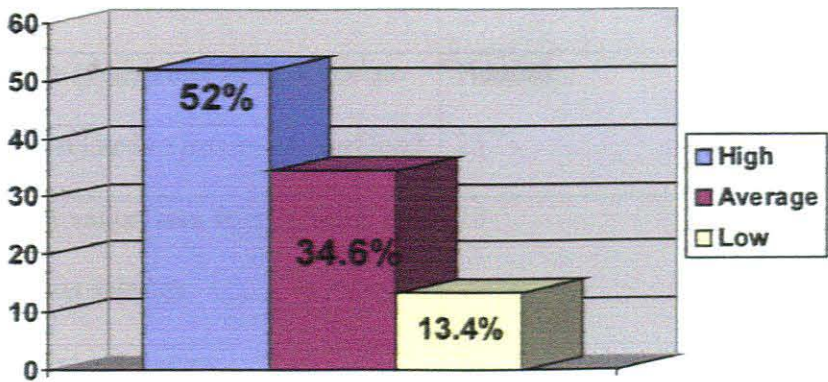
- They usually get staff from other areas to cover the shortages.
- Some 39% (29) respondents stated that they offered individual or group counselling
- While 24% (32) stated that they let staff verbalise their problems.
- 13% (10) send the staff member to employee assistance programmes and
- 16% (12) stated that they involved the management and all the stakeholders at meetings to share and devise strategies to address stress levels and their management for effectiveness.

Besides the above stated strategies, many other strategies can be used by management in order to improve patient care. No nurse can nurse any patient if suffering from stress

6.9.6 ITEM 61: RATE OF ABSENTEEISM

This item is asked in order to establish the rate of absenteeism among personnel in the health services, because it can cause negative impact on staff members and to patients.

Figure 6.35: Rate of absenteeism



Almost half of the respondents 52% (39) stated that the rate of absenteeism was high, followed by 34.6% (26) of the respondents who stated that the rate was average and only 13.4% (10) felt that the rate was low. The high percentage of the respondents who stated that the absenteeism rate was high also might be an indication of a burnout syndrome. Absenteeism rate can be caused by increased workloads. This can be done by the individuals when trying to relieve themselves from the stressful environment. It is characterised by excessive use of sick leave and by just not coming on duty when one is supposed to come and reporting of minor or faked problems. However, others do not report on duty because they are ill due to work related stresses. Tota (2005:42), agreed with the

above statements by saying that absenteeism is high if nurses are overworked and underpaid as many nurses fall ill as a result sometimes it can be all nurses from a specific unit. This will definitely compromise the quality of nursing care rendered and causing negative impacts also on nursing personnel themselves.

6.9.7 ITEM 62: CAUSES OF HIGH RATE OF ABSENTEEISM

This item seeks to establish the causes of high rate of absenteeism.

Table 6.14: Causes of high rate of absenteeism

Causes of high rate of absenteeism	Number	Percentage
Stress related to increased workload	25	33%
Demotivation due to overwork and paid low salaries	18	24%
Physical exhaustion	16	22%
Sickness due to HIV and AIDS	12	16%
Chronic illnesses	4	5%

The study reveals that a variety of respondents 33% (25) felt that high absenteeism rate is related to stress caused by shortage of staff and increased workload that eventually lead to burnout. The personnel decides to stay away from the stress-causing environment. Some 24% (18) felt that it was demotivating on the part of the staff members due to being overworked and under paid. Some 22% (16) felt that it was due to physical exhaustion caused by high workload and also 16% (12) respondents said sometimes personnel are sick

themselves with HIV and AIDS. The remaining 5% (4) felt that it was due to chronic illnesses like arthritis.

6.9.8 ITEM 63: DEALING WITH ABSENTEEISM

The inclusion of this item helps the researcher to establish the strategies that could be used to deal with absenteeism in order to ensure the maintenance of standards. The study reveals that most respondents felt that it was difficult to deal with absenteeism if there is still staff shortages.

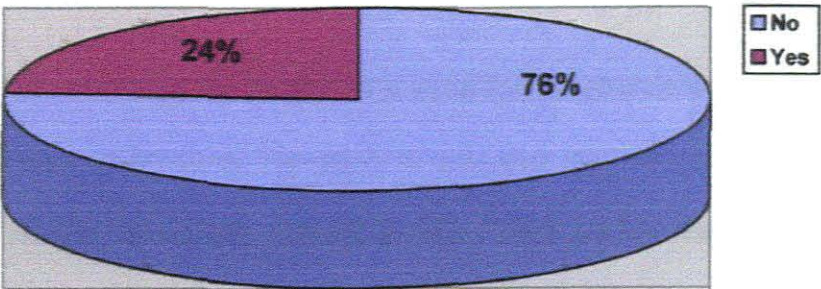
- Personnel concerned are counselled,
- Disciplined or sent to the employee assistance programmes and have to sign a leave form.
- They also tried to support the staff emotionally; however, they felt that it was important to listen to personnel problems.
- They stated that there are policies and procedures that are followed in the case of absenteeism or abscondment.
- They further stated that they encouraged the staff to come on duty and make the on duty schedule flexible.
- However, other respondents stated that praising the personnel for coming on duty, as well as the;
- Writing of performance appraisal sometimes helped in improving staff morale and reduction of absenteeism rate.

6.10 IMPACT RELATED TO MEDICAL ERRORS

6.10.1 ITEM 64: LAWSUITS DUE TO MEDICAL ERRORS

This item is included in order to establish if there are any lawsuits due to medical errors because these could lead to legal actions.

Figure 6.36: Lawsuits due to medical errors



The study reveals that the majority of the respondents 76% (57) stated that there were no lawsuits due to legal errors and 24% (18) of the respondents stated that there were lawsuits due to medical errors. The high numbers of the respondents who stated that there were lawsuits due to legal errors shows that the standard of care was low in some of the units. The standard of care is lowered by negligence that is due to high workload. According to Zondagh (2005:38), insufficient staffing levels exposes nurses to medical and legal errors and risks.

6.10.2 ITEM 65: TYPE OF LAWSUITS

This item seeks to establish the type of lawsuits that usually occur in the health services. The study reveals that most respondents stated that the frequent occurring lawsuits were due to patient falling out of bed, burns on children due to neglect and missing of adult patients in the wards. Almost all the lawsuits were related to the low standards of care due to delays in immediate actions taken by nursing staff when there is a problem. The respondents felt that all the negligence was due to staff shortages.

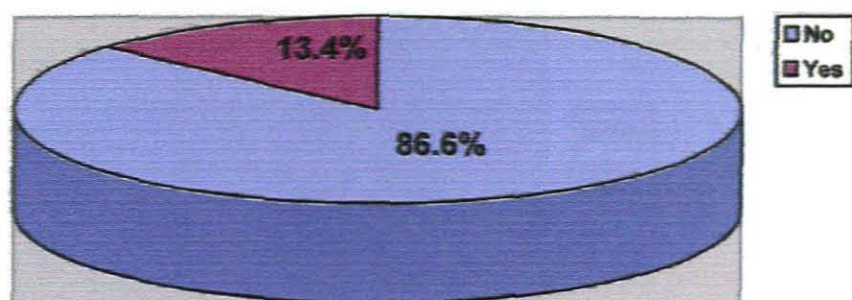
6.10.3 ITEM 66: STEPS TAKEN TO PREVENT LAWSUITS

The inclusion of this item helps the researcher to establish the strategies that can be used to prevent the occurrence of lawsuits. The study reveals that most respondents felt that the improvement of staffing levels can prevent lawsuit. They further stated that they have developed policies that will guide performance which are made available to staff. However, these are not always implemented due to staff shortage. Other respondents stated that they offered proper orientation and in-service education of staff members about the prevention of negative incidents that can lead to lawsuits like lifting the cot beds for patients who are restless and unconscious.

6.10.4 ITEM 67: STAFF WORKING MORE THAN TWELVE HOURS

This item is included in order to establish whether staff members worked more than twelve hours because of staff shortages, as this could lead to further staff problems.

Figure 6.37: Staff working more than twelve hours

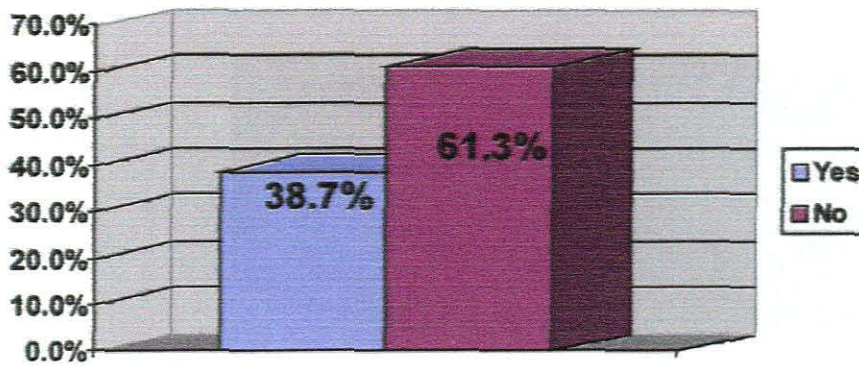


The study reveals that 86.6% (65) respondents stated that staff members work more than twelve hours per day to cover staff shortages whereas 13.4% (10) respondents stated that the staff were not working more than twelve hours. They indicated that it is usually the staff members working on night duty or on call. Working long hours could lead to exhaustion and high levels of stress among personnel as well as poor concentration. This can eventually lead to poor quality care rendered to patients. According to Tota (2005:42), in the Eastern Cape, nurses on night duty are forced to work overtime, but are not remunerated for the extra hours they have worked for.

6.10.5 ITEM 68: USE OF TEMPORARY AGENCIES

This item seeks to establish whether temporary agencies are used to fill staffing shortages.

Figure 6.38: Used of temporary agencies

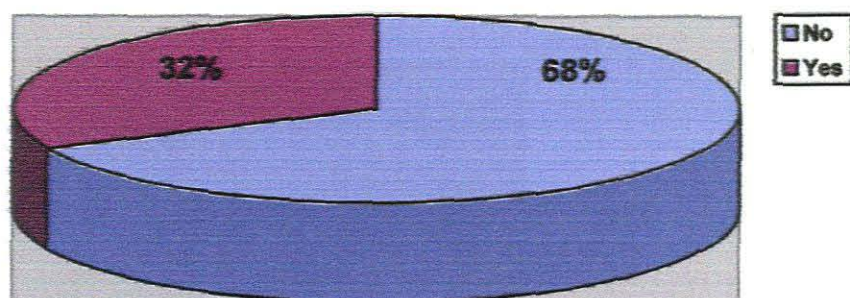


The study reveals that most respondents 61.3% (46) used temporary agencies instead of employing more nurses. The respondents who stated that they did not use temporary agencies were 38.7% (29). Most respondents stated that they usually recruit retired nurses to help permanent staff members. The fact that the temporary agencies are used shows that there is a problem with the recruitment of staff. There is unavailability of professional nurses in the market.

6.10.6 ITEM 69: ENOUGH TIME TO ORIENTATE AND TEACH NEW PERSONNEL

The inclusion of this item helps the researcher to establish whether there is enough time to orientate and teach new personnel for effectiveness.

Figure 6.39: Enough time to orientate and teach new personnel

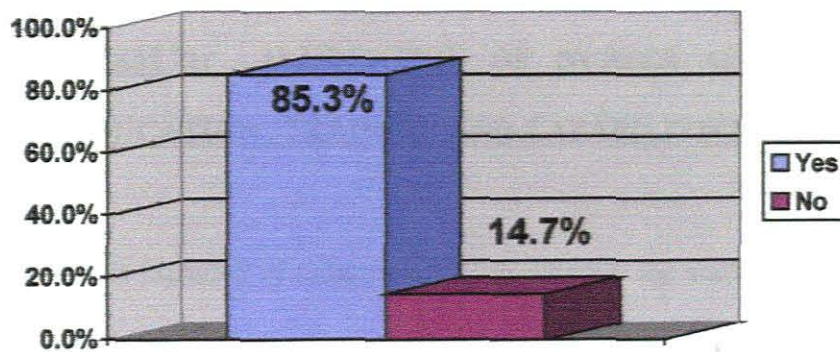


The study reveals that a vast number of respondents 68% (51) did not have enough time to teach and orientate new personnel whereas 32% (24) of the respondents stated that they had enough time to orientate and teach new personnel. The high percentage of the respondents who did not have enough time to orientate and teach new personnel shows that the staff shortage creates many problems which compromises patient care. When the personnel are not orientated they will not know what to do, when to do it and how. This will lower the standards of care and put the patients at risk.

6.10.7 ITEM 70: TIME FOR STAFF TO ATTEND WORKSHOPS AND TO FURTHER THEIR EDUCATION

This item is included in order to establish whether there was enough time for the staff to attend workshops and to further their studies.

Figure 6.40: Time for staff to attend workshops and to furthering their education



The study reveals that most respondents 85.3% (64) were not able to attend workshops and to further their education. Most of the nurse managers stated that they do allow them only when the staff is enough in the units. The nurse managers that were employed for conducting the workshops stated that there was always poor attendance due to staff shortages. Only 14.7% (11) respondents stated that they couldn't allow the staff to attend workshops and to further their education. When the personnel do not attend workshops, they would not get new, up to date information. This will result into low standard of care rendered to patients. Kubheka & Nzimande (2001:58) stated that for proper utilisation nurse managers must try to provide staff development for professional nurses for effectiveness.

6.11 IMPACT ON THE SCOPE OF PRACTICE

6.11.1 ITEM 71: ALLOCATION OF NURSES ABOVE THEIR LEVEL OF EDUCATION, TRAINING AND CAPABILITIES

This item is included in order to establish whether the staff members were allocated task beyond their level of education, training and capabilities or not.

Figure 6.41: Allocation of nurses above their level of education, training and capabilities

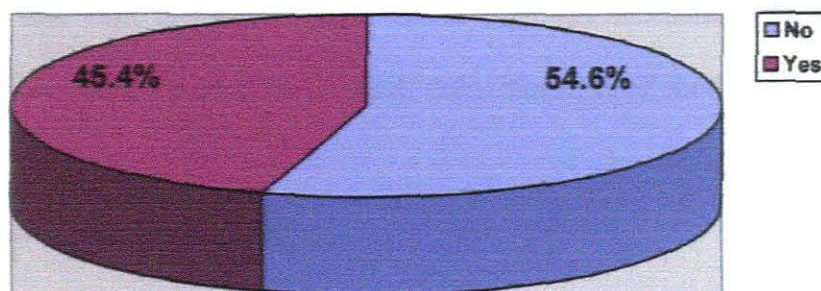


Figure 6.41 above reveals that most respondents 54.6% (41) were not allocated according to their level of training, education and capabilities and only 45.4% (34) of the respondents were allocated above their level of education, training and capabilities. This was sometimes due to shortage of skilled professional nurses. Delegating the nursing personnel above their level of knowledge will impacts negatively on the quality of service rendered to patients and may lead to negative incidents. According to Geyer (2004:34), personnel are often utilised outside their scope of practice, creating a high-risk environment for patients and healthcare personnel as well as the employing body who will carry vicarious liability for negative incidents that occur.

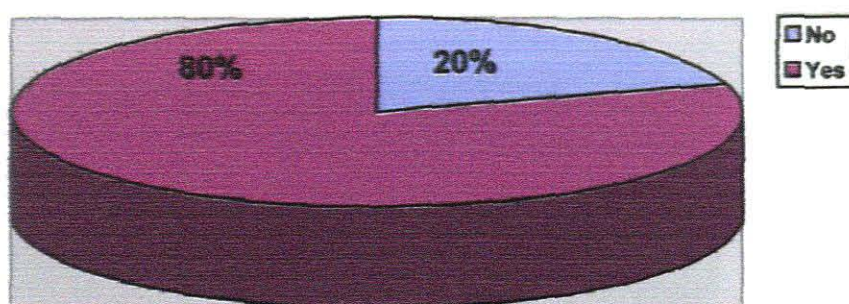
6.11.2 ITEM 72: PREPARATION OF STAFF FOR TASKS

This item seeks to establish what preparations are done to staff before they are allocated to do tasks that they were not prepared for. The study reveals that most respondents do brief orientation on what to do, when and how to do it and then supervise. Some stated that they demonstrated certain procedures and do in-service education before they were allocated to achieve competencies. Others stated that they allocated only experienced personnel to those departments.

6.11.3 ITEM 73: ANY OVERLAPPING OF DUTIES

The inclusion of this item helps the researcher to establish whether there were any n overlapping of duties where a person find himself doing the work of another person.

Figure 6.42: Any overlapping of duties



The study reveals that most respondents 80% (60) stated that there was overlapping of duties and 20% (15) of the respondents stated that there was no overlapping of duties. The high percentage of the respondents who stated that there was overlapping of duties where

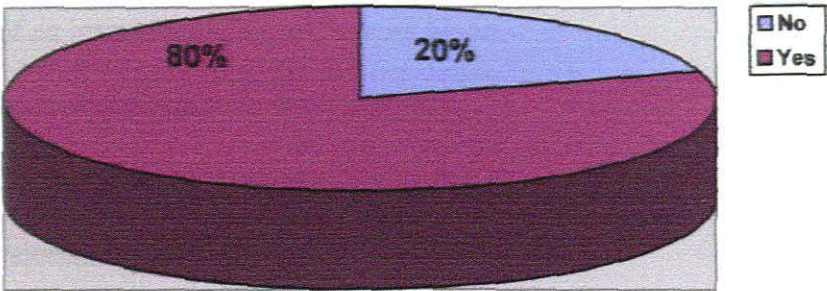
6.11.2 ITEM 72: PREPARATION OF STAFF FOR TASKS

This item seeks to establish what preparations are done to staff before they are allocated to do tasks that they were not prepared for. The study reveals that most respondents do brief orientation on what to do, when and how to do it and then supervise. Some stated that they demonstrated certain procedures and do in-service education before they were allocated to achieve competencies. Others stated that they allocated only with experienced personnel to those departments.

6.11.3 ITEM 73: ANY OVERLAPPING OF DUTIES

The inclusion of this item helps the researcher to establish whether there were any overlapping of duties where a person find himself doing the work of another person.

Figure 6.42: Any overlapping of duties



The study reveals that most respondents 80% (60) stated that there was overlapping of duties and 20% (15) of the respondents stated that there was no overlapping of duties. The high percentage of the respondents who stated that there was overlapping of duties where

one finds himself doing the work of another person. This leads to poor patient care neglect and occurrence of many negative incidents. This is mostly due to the shortage of medical staff and nursing personnel. Mzolo et al (2004:45) state that according to the Health System Trust Health Review, nurses are doing things outside their scope of practice on a daily basis, as there are not enough nurses and doctors to perform all the duties in the work situation. The reality is that the patients need nursing care or treatment, but the correct nurse is not there because she is doing someone else's job.

6.11.4 ITEM 74: OVERLAPPING DUTIES

This item is included in order to establish the overlapping duties in order that other categories can be employed to do those duties. The study reveals that most respondents stated that nurses were either doing duties above their scope of practice or those that were degrading them.

The following overlapping duties were identified by nurse managers:

Nurses doing doctors' duties

- Insertion of an intravenous line and taking blood.
- Scrubbing or assisting doctors during surgery.
- Suturing of wounds done by an enrolled nurses
- Doing physiotherapy exercises

Nurses doing clerical duties

- Checking of stock.
- Ordering of meals.
- Data capturing.
- Ordering of stock.

Nurses doing duties beyond their scope of practice

- Enrolled nurses being in charge of the units when doing night shift.
- Doctors rounds done by an enrolled nurse without a professional nurse.
- An enrolled nurse working in a neonatal critical care unit.
- An enrolled nurse doing postnatal observations.
- Suturing of wounds by enrolled nurses.
- An enrolled nurse receiving caesarean section babies from the operating theatre instead of a midwife.

Nurses doing duties that degrade them

- Transportation of patients by professional nurses or unit managers to other departments like x-rays department.
- Professional nurses doing errands due to shortage of staff.
- Unit manager leaving administrative duties to work in the ward as part of the workforce due to staff shortages.
- Cleaning of floors by the nursing staff when there was no general assistants.

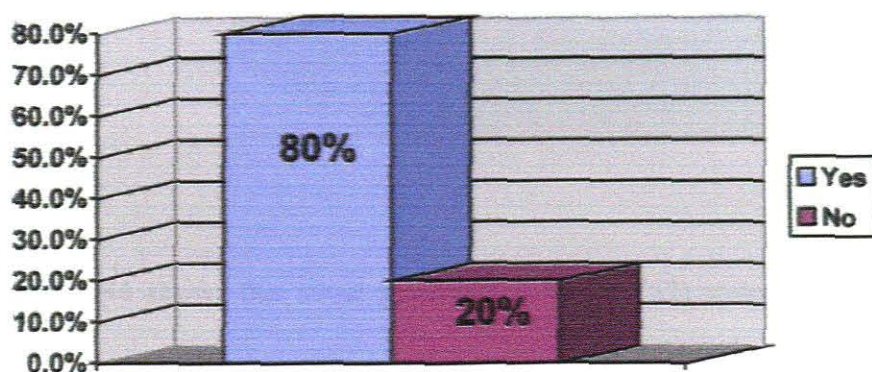
- Damp dusting
- Washing dishes

Even if there were shortages of other categories of staff, the management should try by all means to employ unskilled personnel to do non nursing duties so as to relieve professional nurses from being overworked by these none nursing duties

6.11.5 ITEM 75: ABILITY TO PERFORM OVERLAPPING DUTIES COMPETENTLY

This item seeks to establish whether staff members were able to perform those duties competently because if not, there will be negative impacts occurring on patients and there would be high level of lawsuit as already stated above.

Figure 6.43: Ability to perform overlapping duties competently



The study reveals that 80% (60) of the respondents who stated that there was overlapping of duties, most respondents 80% (48) stated that staff members were able to perform them competently and 20% (12) of the respondents could not perform these duties competently.

Inability to perform these duties competently will put the patients at risk and lowering of standards of care would result.

6.12 IMPACT ON STUDENT TEACHING IN THE CLINICAL AREAS

6.12.1 ITEM 76: ALLOCATION OF STUDENTS ACCORDING TO THE EDUCATIONAL NEEDS

The inclusion of this item helps the researcher to establish whether students were allocated according to their educational needs and level of training or not.

Figure 6.44: Allocation of students according to their educational needs

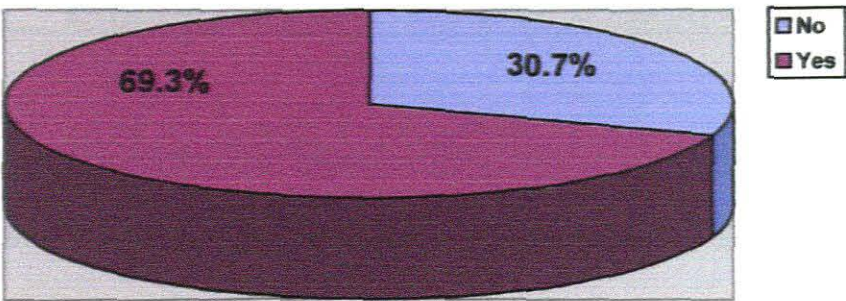


Figure 6.44 shows that most respondents 69.3% (52) stated that students were allocated according to their educational needs and 30.7% (23) said they were not. They were allocated according to the service needs due to staff shortages. Failure to allocate the students according to their educational needs will affect their education and training negatively as well as the quality of the professional nurse that will be produced at the end. This is because they will not get enough clinical exposure. Geyer (2004:34), agree with the

above statement by saying that the loss of skilled health care personnel also has an impact on the quality of training of student nurses which will eventually have a negative effect on the quality of health care professionals produced.

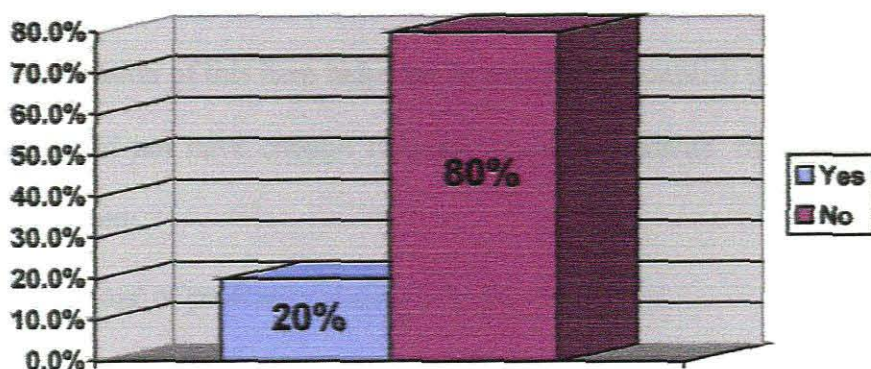
**6.12.2 ITEM 77: REASON FOR NOT ALLOCATING STUDENTS
ACCORDING TO EDUCATIONAL NEEDS**

This item is included in order to establish the reasons why the students were not allocated according to their educational needs. The study reveals that the respondents who could not allocate students according to their educational needs was due to staff shortages. Others stated that the directorates want to retain them for coverage of their departments, yet the students need to rotate especially the bridging students.

6.12.3 ITEM 78: ENOUGH TIME FOR TEACHING STUDENTS

This item seeks to establish if the nurse managers and professional nurses and nurses in the unit had enough time to teach students allocated to their units, because if not, they will be incompetent when performing their duties in future.

Figure 6.45: Enough time for teaching students



The study reveals that most respondents 80% (60) did not have enough time to teach the students in the clinical areas. They stated that all this was due to staff shortages. They considered the patient first. They commented that the use of clinical instructors was good and should be brought back so that there is always a person responsible for the student teaching in the clinical area. This was followed by 20% (15) of the respondents who were able to teach students in the clinical areas. The high percentage of respondents who were unable to teach the students, stated that increased workloads on the nurses that was due to the shortages of professional nurses. Failure to teach students in the clinical areas will affect their education negatively because it will be difficult for them to correlate theory to practice. Cele et al (2002:49) cited different problems experienced by professional nurses that made them unable to accompany student nurses in the clinical areas which were heavy workloads, shortage of staff, performance of management duties and patient care.

6.12.4 ITEM 79: REASON FOR NOT TEACHING STUDENTS

The inclusion of this item helps the researcher to establish the reasons why the professional nurses did not have enough time for teaching students. Most respondents stated that the reason were

- Shortage of professional nurses in the clinical area.
- Another reason cited was lack of skills and knowledge among the available nursing personnel because those with skills had emigrated to overseas countries.

Cele et al (2002:49) discovered that one of the problems experienced by student nurses in the clinical areas was lack of their supervision when working on night duty and when the preceptors that supervised them were off-duty or on leave.

6.12.5 ITEM 80: DELEGATION OF STUDENTS ACCORDING TO LEVEL OF TRAINING

This item is included in order to establish whether the level of training was considered when delegating students. All the respondents 100% (75) considered the level of training when delegating students in the clinical areas. This will have a positive impact on the education of the student nurses as well as the quality of care rendered to the patients. Failure to delegate students according to the level of training, could lead to stress and burnout on the part of the students, and may expose the patients to many risks.

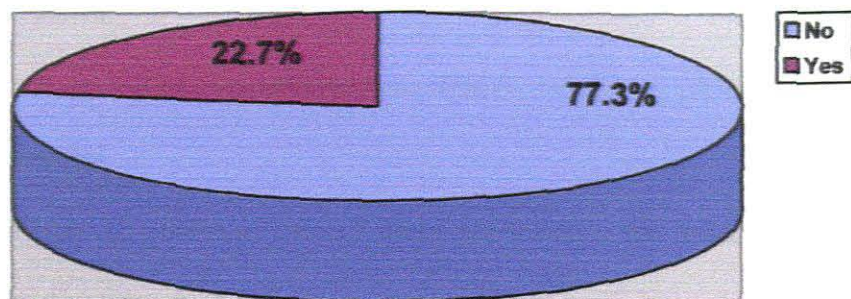
6.12.6 ITEM 81: REASONS FOR NOT DELEGATING STUDENT ACCORDING TO LEVEL OF TRAINING

This item seeks to establish the reasons of not considering the level of training when delegating the students. The study reveals that all respondents delegated students correctly in spite of the shortages or unavailability of skilled professional nurses because they were interested in their professional development. This will enable them to provide quality care, to be critical thinkers and independent professional nurses on completion of their training.

6.12.7 ITEM 82: AVAILABILITY OF NURSES TO SUPERVISE STUDENTS

The inclusion of this item helps the researcher to establish whether there were enough professional nurses to supervise the delegated students.

Figure 6.46: Availability of nurses to supervise students



The study reveals that most respondents 77.3% (58) stated that they did not have the professional nurses to supervise the student nurses in the clinical areas. This was due to shortages of skilled professional nurses. They stated that if too many students were allocated to one department per month supervision and teaching becomes difficult. This

was followed by 22.7% (17) of the respondents who stated that they had professional nurses to supervise the students. They stated that they are trying very hard in spite of staff shortages. The high percentage of the respondents who stated that they did not have enough professional nurses to supervise the students shows that the patients are at risk due to poor quality care rendered.

6.12.8 ITEM 83: PROBLEMS DUE TO BRAIN DRAIN

This item seeks to establish the problems experienced by the respondent due to the brain drain. The study reveals that most respondents cited the following as problems caused by the brain drain of professional nurses;

- Severe staff shortages leading to extreme workload, which causes stress on the remaining staff.
- There were less professional nurses with skills and specialization remaining and that impact negatively on the quality of service delivered to the patients and quality patient care was not maintained.
- The nursing process cannot be implemented according to the plan on patient's needs due to shortage of personnel.
- The shortages of nursing personnel created many problems in the work environment from stress, demotivation, burnout, lowered morale, absenteeism, negligence and negative incidents.
- The professional nurses that have left could not be replaced because there were no professional nurses in the market.

- There was disruption of programmes as in the case where a professional nurse was responsible for giving Anti retroviral treatment programme and when she resigned for greener pastures, a new one needed to be trained again which is time consuming and expensive. Patients are left suffering behind and there are delays to giving treatment and in providing the services they needed the most.
- There is increased in occurrence of the negative incidents, which put the patients' life at risk.
- Experienced staff are not available in the wards, the orientation of new staff members every time is time consuming due to high staff turn over.
- There is a lot of shopping around, people resigning in order to work in other institutions trying to look for better places to work.
- The remaining nurses are frequently sick and dying due to work related strains.
- There are minor conflicts among personnel including doctors, leading to tension in the departments. Sometimes it is due to orders that have not been carried out.
- There is inadequate supervision leading to errors.
- The standard of nursing is lowered because our 'cream nurses' are leaving and less interested staff are left behind in the busy areas.
- There is unstable workforce, always getting new staff and it takes time for them to be proficient in nursing the critically ill patients.
- There is inability to assess the clients properly due to lack of experienced professional nurses.

6.12.9 ITEM 84: SOLUTIONS SUGGESTED

The inclusion of this item helps the researcher to establish the solutions suggested by the respondents in order to deal with brain drain. The study reveals the following suggestions from the respondents:

- A retardation strategy is required in order to prevent them from leaving
- The nurses complaints need to be considered for example the salaries and more staff should be employed in order to replace the staff that have left.
- There must be creation of overtime and flexi time to cover shortage.
- Non-discriminatory strategies are needed when employing staff.
- They felt that the working conditions of service need to be improved especially the salaries.
- More opportunities for promotion must be created. The number of chief professional nurses posts should be increased by acknowledging every person's experience to encourage their return to the government hospitals.
- There is a need to upgrade posts by the department of health.
- There is a need to increase the intake of student nurses for basic nursing as well as those doing speciality courses.
- Every skill achieved needs to be recognised through the improvement of the salary package for the nurses.
- Nurses with degrees need to be considered by putting them in a certain level or to be compensated somehow because they use the knowledge in the care of the patients.
- Nurses must be rewarded for their excellence and be developed academically in various fields like psychology.

6.12.10 ITEM 85: POSITIVE EFFECTS OF BRAIN DRAIN

This item is included in order to establish from the respondents if there were any positive effects of brain drain. The study revealed that most respondents 80% (60) stated that there were no positive effects of brain drain in the country, other countries benefit because they get experienced staff from South Africa and other developing countries. The only benefit is that the country gains a positive image because nurses from this country performed well overseas. They felt that there is a need to resolve this catastrophic issue in the history of nursing especially in the presence of HIV pandemic. They stated that, maybe the government would do something about it because the patients and relatives are now taking legal actions against hospital management and workers. The government involved need to improve salaries to stop the employees from leaving and this may be taken as a positive effect by the employees. The respondents felt that the benefits were only for those who left the country and their families only. The following few benefits for themselves and the health services in South Africa were identified if they will be utilised properly:

- They learn how to provide nursing care on people from different cultures.
- Financial benefits, better leaving conditions and education for themselves including their families.
- They came back with advanced experiences, knowledge and exposure from different countries that could be utilised by this country only when they come back.
- Exposure to advanced technology.
- Globalization to avoid stereotyping.
- Benchmarking to improve service delivery when they are back in the country.

- Allowed them to think laterally and plan more imaginatively as to how to deliver services.
- Ability to see rare conditions that were not seen in South Africa.
- They learn to use different flexitime off duties that are planned according to patients needs.
- They also saw various health centres that do not exist in South Africa.

Ehlers et al (2003:31) identified the following information when they were asking nurses who were still in South Africa the reasons that they will have if the opportunity would arise for them to emigrate to overseas countries in future which were:

- Better remuneration abroad for 67.3% respondents,
- Others mentioned that they will quickly save money and come back for 60.9% of the respondents,
- Others mentioned better living conditions for 54.9% of the respondents,
- To gain experience overseas and to get new challenges in that country for 51.9% of the respondents.

The above reasons are almost the same as the benefits that were mentioned above in this study. All in all emigration to overseas countries is not a bad thing, but what we are saying is that it should be done professionally and planned well in conjunction with all the stakeholders in order to prevent negative impacts on the health services.

6.13 CONCLUSION

In this chapter, data analysis and interpretation for the nurse managers was done. The data was analysed using tables and graphs. All the three sections of the questionnaires were included. In the next chapter, the summary, discussion of findings, conclusions, recommendations, and limitations was done.

CHAPTER 7

SUMMARY CONCLUSIONS LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter discusses the summary of the whole study including the conclusion that the researcher has drawn from the findings. It also outlined the recommendations that may serve as a guideline for further scientific enquiry into the subject investigated. It also discusses the model suggested to deal with the problem of the brain drain of professional nurses.

7.2 SUMMARY

The study undertook to evaluate the impact of the brain drain of professional nurses on nursing education and nursing practice in terms of:

- Factors leading to the emigration of professional nurses.
- Impact of brain drain on nursing practice and nursing education.
- Solutions that can be used to deal with brain drain.

The title of the study is "*The impact of the brain drain of professional nurses on nursing education and nursing practice.*"

The research questions were as follows:

- What impact does the emigration of professional nurses have on nursing practice and nursing education?
- What are the factors that led to their emigration?
- What are the strategies that could be used to prevent the emigration of professional nurses?

7.3 RE-STATEMENT OF ASSUMPTIONS AND OBJECTIVES

Emanating from the above questions, the following assumption was made:

- The brain drain of professional nurses has a negative effect on nursing education and nursing practice.

Based on this assumption the following objectives were formulated for the study:

- Objective 1 :** To evaluate the impact of the emigration of professional nurses on nursing practice and nursing education.
- Objective 2 :** To identify some of the factors that contributed to the emigration of professional nurses.
- Objective 3 :** To make recommendations on the strategies that can be implemented to prevent the emigration of professional nurses.

The research report consist of seven (7) chapters

In chapter one the researcher explained the motivation for undertaking the study, stated the research questions, assumptions, objectives of the study as well as definition of certain concepts used in the text.

Chapter two presented the overview of literature on the brain drain migration of health personnel especially the nursing profession.

Chapter three presented the theoretical framework on which the study was based

Chapter four consist of research methodology with data collection, target population, sampling size and sampling procedure, ethical consideration, research tool, pilot study and data analysis.

Chapter five consists of data analysis for nurse educators

Chapter six consists of data analysis for nurse managers

Chapter seven consists of summary, conclusion and recommendations.

7.4 CONCLUSION WAS DONE ACCORDING TO OBJECTIVES

7.4.1 QUESTIONNAIRE FOR NURSE EDUCATORS

OBJECTIVE 1

7.4.1.1 To evaluate the impact of the emigration of professional nurses on nursing education.

Ability to give each student full attention

- Most nurse educators 60% (24) stated that, they were unable to give each student full attention. Only 40% (16) stated that they were able.

Availability of nurse educators who were thinking of leaving

- Most nurse educators 87.5%(35) were thinking of leaving due to work overload, while 12.5% (5) were not thinking of leaving.

OBJECTIVE 2

7.4.1.2 To identify some of the factors that contributed to the emigration of professional nurses.

- The nurse educators 97.5% (39) were not satisfied with the salary packages and poor working conditions offered by the Government, only 2.5% (1) were satisfied.
- The results showed that, 57.5% (23) nurse educators were not satisfied with the Support from the management.

- 77.5% (31) nurse educators stated that there was no opportunities for promotion and only 22.5% (9) stated that there were opportunities for promotion; as a result, most of them were junior nurse educators.

7.4.2 QUESTIONNAIRE FOR NURSE MANAGERS

OBJECTIVE 1

7.4.2.1 The objective was to evaluate the impact of the emigration of professional nurses on nursing education and nursing practice. All the nursing managers were asked to indicate if there were negative or positive impacts of the brain drain.

7.4.2.1.1 NEGATIVE IMPACT

The following negative impacts were identified

Adequacy of registered nurses

- The majority of the nurse managers 78.6% (59) did not have enough registered nurses to cover the needs of the unit. Only 21.3% (16) had enough registered nurses but they commented that although they were very inexperienced which shows that patient care was compromised.

The occurrence of negative incidents

- 72% (54) nurse managers stated that there were negative incidents occurring in the nursing units. Only 28% (21) stated that there were no negative incidents occurring in the units.

- On evaluating the effects of the negative incidents on nursing personnel and patients, the nurse managers stated the following:
- Negative effects on patients.
- Patients lost trust on the nurses and felt at risk.

Effects on nursing staff was that they felt demoralised and others felt that it as an eye opener.

Availability of posts that could not be filled

- The results showed that, 68% (51) nurse managers stated that there were posts that could not be filled. The reason given for vacant posts was that there were no nurses in the market.
- Only 32% (24) stated that there were no vacant posts.
- Failure to cope with the amount of work allocated.

The majority of nurse managers, 90.6% (68) were not coping with the amount of work. Only 9.4 % (7) were coping with the workload.

Delays in the provision of care

- The high percentage of nurse managers, 84% (63) stated that there were delays in the provision of care. Only 16% (12) stated that there were no delays in the provision of care.

Waiting lists

- Most nurse managers 60 % (45) stated that the waiting lists were long, which led to many complications occurring on patients and 21.4% (16) stated that the waiting lists were average. Only 18.6% (14) stated that there were no waiting lists.

The staff morale

- There were also psychological effects of the brain drain. 46.7% (35) nurse managers stated that the morale was low amongst staff. 30.6% (23) stated that staff morale was fair whilst only 22.7% (17) stated that it was high.

The stress levels among personnel

- The results showed that, 66.6% (50) nurse managers indicated that there were high stress levels among the personnel. 32% Of the nursing managers stated that it was average and this was followed by 1.3% (1) who stated that it was low.

The rate of absenteeism

- The results showed that 52% (39) nurse managers stated that the absenteeism rate was very high amongst personnel, While 34.6% (26) stated that the rate of absenteeism was average. Only 13.4% (10) nurse managers stated that the absenteeism rate was low.

Availability of time to orientate and teach new personnel

- Most nurse managers 68% (51) stated that they did not have enough time to teach and orientate new personnel, and 32% (24) stated that they had time to teach new personnel.

Overlapping of duties

- The results showed that the majority of nurse managers, 80% (60) stated that they had a lot of overlapping of duties where enrolled nurses and nursing auxiliaries found themselves doing the duties of professional nurses and other members of the multidisciplinary health team due to shortage of professional nurses. Only 20% (15) nurse managers did not have overlapping of duties.

Availability of time to teach students

- The majority of nurse managers, 80% (60) stated that they were unable to teach the students because of lack of enough time and only 20% (15) had time to teach the students.

Availability of professional nurses to supervise the students in the clinical areas

- The results showed that, 77.3% (53) nurse managers were not able to supervise the student nurses delegated to them. Only 22.7 (17) were able to supervise them.

7.4.2.1.2 POSITIVE IMPACTS

There were no positive impacts of the brain drain in South Africa, other countries benefited because they were utilising experienced professional nurses that emigrated from South Africa.

The nurse managers stated that, positive impacts occurred only when those who left the country come back with the knowledge they had gained from the overseas countries. The

other benefits were only for those who emigrated to overseas countries. The benefits that were identified by the nurse managers were as follows:

- Experiences of providing nursing care to people from diverse cultures.
- Financial benefit, which enabled them to leave better lives and provision of good education for themselves, their families and their children.
- They came back with experiences, knowledge and exposure from different countries. That could be utilised by this country only when they come back.
- Exposure to advance technology like the use of computer.
- Globalization to avoid stereotyping.
- Benchmarking, to improve service delivery when they are back in South Africa.
- Allowed them to think laterally and plan more imaginatively in delivering services in South Africa.
- They were able to see and managed rare conditions that were not seen in South Africa.
- They learnt to use different flexi-time off duties that were planned according to patient needs as this type of off duties were not done in this country.
- They also saw various health centres that were not found in South Africa.

OBJECTIVE 2

7.4.2.1.3 To identify some of the factors that contributed to the emigration of professional nurses.

The nurse managers identified the following factors:

Dissatisfaction with the salary packages

- The result showed that from 89.3% (67) of the nurse managers, 91.% (61) of them were not satisfied with the salary packages offered by their employers and only 9% (6) were satisfied .

Staff enough for type and number of patients

- The results showed that 98.6% (74) nurse managers did not have enough nursing staff for the number of patients they had in each unit. Only 1.4 % (1) nurse manager stated that they had enough registered nurses.

Actions taken by management to solve staff shortages

- 41.3% (31) nurse managers who did not have enough staff said that the management gave emotional support, 30.6% (21) stated that the management allowed for overtime, while 18.8% (14) stated that the management employ more staff and Only 9.3% (7) said the management did nothing about staff shortages.

The workload on the remaining

- The results showed that 94.6% (71) nurse managers stated that the workload on the nurses remaining in South Africa was heavy only 5.4% [4] stated that the workload was average.

Negative effects of this heavy workload

- The results showed that the effects of workload from 94.6 (71) nurse managers were negative and only 9.8% (7) stated that there were no negative effects.

Adequacy of resources

- Most nurse managers, 93.3% (70) stated that the resources were not enough and 6.7 % (5) nurse managers said the resources were enough.

Working conditions for nurses

- The results showed that, 49.3% (37) nurse managers stated that the working conditions were bad, 48% (36) stated that the conditions were fair and only 2.6% (2) stated that the conditions were good.

Satisfaction with on-duty schedules

- The result showed that 61% (46) nurse managers stated that they were not satisfied with the duty schedules while 39% (29) were satisfied.

Appraisal system

- The results showed that, 73.4% (55) nurse managers stated that they were not satisfied with the appraisal system. They stated that it had a lot of work in spite of staff shortages and only 26.6% (20) of the nurse managers were satisfied.

Personnel promotion done according to knowledge and qualifications

- The results showed that 62.6% (47) nurse managers stated that personnel were not promoted according to knowledge and qualifications and 37.4% (20) stated that they were promoted according to knowledge and qualifications.

The effects of HIV and AIDS on the nurses

- Most nurse managers, 78.7% (59) stated that the issue of HIV and AIDS affected the nurses negatively while 21.3% (16) stated that it had no effect.

Public's perceptions on the image of nursing

- The results showed that, 76% (53) nurse managers stated that the public perceive the image as bad. The reasons given were that nurses provided poor quality patient care due to staff shortages. The public feels the nurses no longer care.
- Only 29.2% (22) stated that the public perceive the image of nursing as good.

OBJECTIVE 3

7.5 RECOMMENDATIONS OF THE STRATEGIES THAT COULD BE IMPLEMENTED TO PREVENT THE EMIGRATION OF PROFESSIONAL NURSES.

In the light of the foregoing findings, the recommendations were the followings:

7.5.1 *NATIONAL RECOMMENDATIONS*

1. The government must revise and improve the salary structure of the professional nurses in terms of the following:
 - It must be in par with other professions like teachers.
 - The entry level must be improved to level 9.

- The nurse managers should be paid more than the ordinary chief professional nurses that are working in the units.
2. The government must allow the nursing personnel to borrow money from their pensions without resigning.
 3. The working conditions for the professional nurses to be improved especially the duty schedules.
 4. Nursing managers felt that there was a need for recognition of the value of the professional nurses. Nurses need to be treated as valued labour not as cheap labour. This will help in attracting the youth into the nursing profession.
 5. The government must devise strategies to recruit back nurses that left for overseas countries and retain those that have returned by improving incentives.
 6. The social conditions need to be improved for example; the level of violence and crime rate to be reduced.
 7. There is a need for establishing institutions to take care of people with HIV and AIDS in order to reduce the number of admissions and therefore the workload on the nurses, or else employ more non nursing personnel who will be trained to look after them when hospitalised.
 8. They further said that there was a need to improve the staffing levels by employing more professional nurses in order to prevent staff shortages.

9. The government need to recognise education of the employees, especially those with post-basic diplomas and degrees by promoting them and giving them special allowances for extra educational qualifications.
10. The image of the nursing profession needs to be improved in order to eliminate the negative perceptions and attract more recruits into the nursing profession.

7.5.2 INSTITUTIONAL RECOMMENDATIONS

1. The work place needs to be humanised. Nurses need to be helped to develop to their full potential.
2. The work environment must be improved through improving the relationships between the nurses doctors and patients with an aim of reducing conflict and improving support systems by the management.
3. Create opportunities for promotion. No professional nurses must be made to act on positions without any compensation.
4. Increase intake for basic nurse training and for clinical specializations in order to prevent staff shortages with an aim of improving high workloads.
5. Recognition of every skill achieved through improvement of salary package.
6. There must be an allowance for nurse educators and their entry levels to be revised to prevent them from leaving the country for greener pastures.

7. Consideration of flexi-time when doing the on duty schedules to accommodate and attract the retired nurses.

7.6 LIMITATIONS

The limitation of this study was that it was only conducted only in regions F and B of Kwazulu-Natal and it could happen that the other regions were not affected as those that were under study. It could also happen that they were more affected, as the literature reviewed did not do the most affected regions.

7.7 CONCLUSION

This study succeeded to evaluate the impact of the brain drain of professional nurses on nursing education and nursing practice. The findings showed that the brain drain of professional nurses indeed has a negative impact on nursing education and nursing practice. This proves that the researcher's assumption was correct. This is evident by the large numbers of items whose responses were negative. The factors that were identified as causing the professional nurses to leave South Africa need to be eliminated because they have a potential of causing more nurses to leave this country leaving the patients stranded.

7.8 THE PROPOSED MODEL FOR PREVENTING THE BRAIN DRAIN OF PROFESSIONAL NURSE AND IMPROVING THE NEGATIVE IMPACTS ON NURSING EDUCATION AND NURSING PRACTICE

7.8.1 INTRODUCTION

In order to reduce the impact of the brain drain caused by the emigration of professional nurses, there is a need to formulate a model that will be used by all the health stakeholders at local, national and international levels. These are the institutions, the national government as well as the overseas countries that attract the professional nurses from the African continent particularly South Africa. For the sake of clarity, a model will be formulated in consideration of all the factors that contributed to the brain drain of professional nurses. The model will also suggest different strategies that can be used to improve the situation by attracting back the professional nurses that have already left the country. At the same time, the strategies will help to prevent those who are remaining in South Africa from further emigrating to other countries for greener pastures. This will have to be a collaborative process because there is no one body that can solve the problem of the brain drain in isolation. Negotiations will have to be made within local, national and international committees. Policies will have to be changed and new policies formulated as to how the problem of the brain drain can be dealt with.

7.8.2 FACTORS THAT LED TO THE BRAIN DRAIN OF PROFESSIONAL NURSES

From the findings of the study, it became clear that different factors caused the professional nurses to leave the country to work in overseas countries. The model will be formulated in such a way that it will look at most of these factors in order to prevent the negative impacts

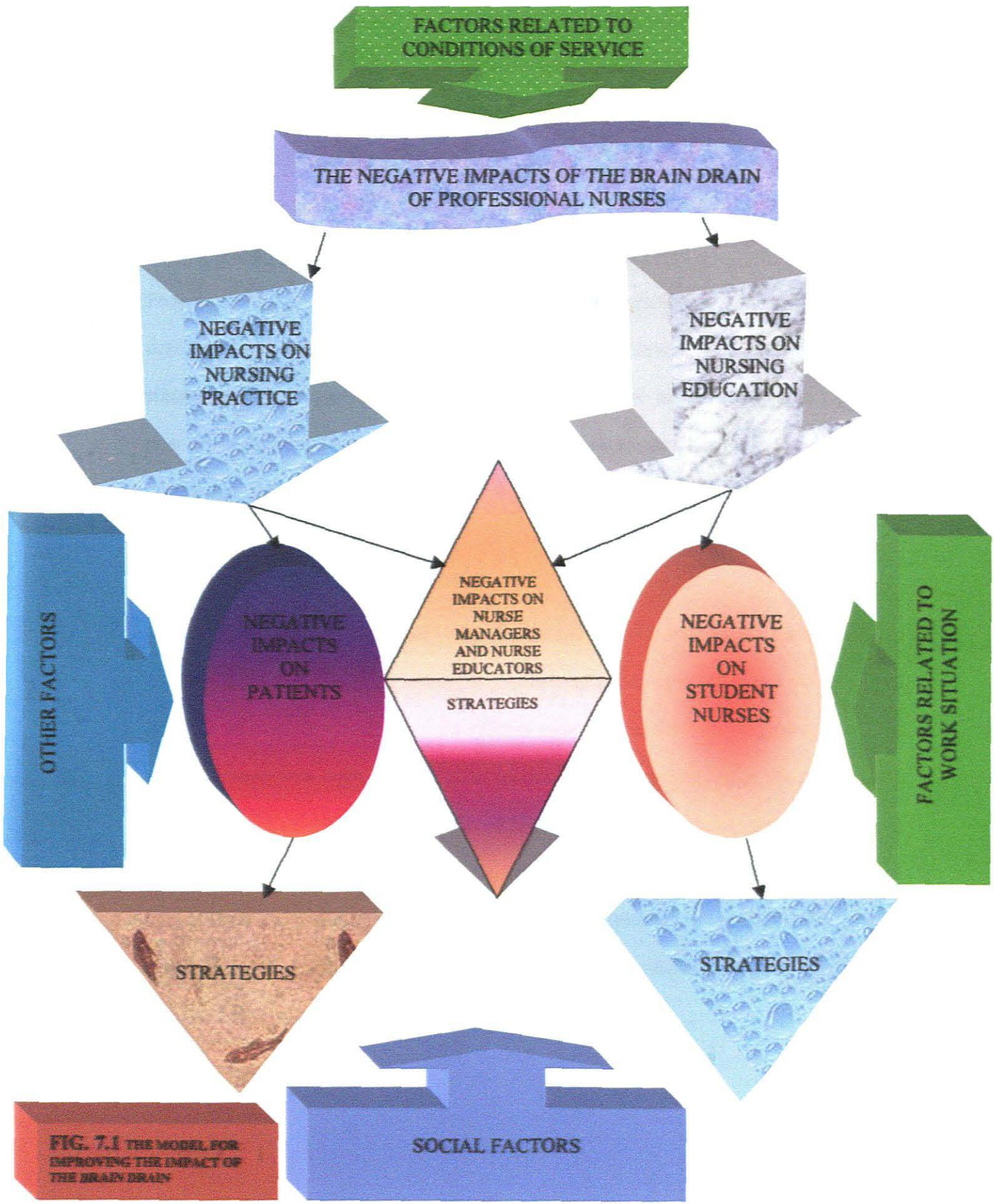


FIG. 7.1 THE MODEL FOR IMPROVING THE IMPACT OF THE BRAIN DRAIN

on nursing education and nursing practice. Even if not all the factors are considered in the model, those that are important in causing the emigration of professional nurses will be covered. The factors leading to the brain drain of professional nurses that will be discussed are the factors related to the conditions of service, factors related to the work situation, social factors and other factors.

7.8.2.1 FACTORS RELATED TO CONDITIONS OF SERVICE

Poor or unsatisfactory conditions of service caused the professional nurses to leave this country to overseas countries where the conditions of service were better. The factors related to conditions of service that will be discussed are unsatisfactory salary package, poor duty scheduling, poor opportunities for promotion, meaningless performance appraisal system and poor staffing levels.

Unsatisfactory salary package

Unsatisfactory salary package was regarded as the major reason for nurses to leave the country. Failure to offer good salaries to professional nurses acted as a push factor because they left this country to where good salaries were offered and good working conditions were promised. The entry levels for the professional nurses working in the public sector were found to be too low and when the allowances were allocated, the nurses got the least percentage. Nurses are considered as the backbone of the health system yet they are the least paid and their contributions are not recognised. These low salaries caused the nurses to emigrate to where there are greener pastures because they needed money to educate their children and to improve their financial status.

Poor on- duty scheduling

This is also a factor identified because nurses work long hours. They come to work early in the morning and leave late, they have less time with their families, and their social aspect is not catered for. They work on holidays and were not compensated for that.

Poor opportunities for promotion

This has been identified as another factor where the personnel stay longer in the same rank because of the flat structure in the public service. There is no upward mobility, as it occurs with other professions. Their education and experience is not considered during the selection processes and there are no clear criteria for promotion because they apply when there are advertised posts, but are never selected.

The meaningless performance appraisal system

The personnel appraisal system that is currently used constitutes a lot of work and it does not have a meaning to the nursing personnel because there are no incentives even if nurses perform excellently. Seemingly, it was designed for factories employees.

Poor staffing levels or staff shortages

The high turnover of professional nurses due to the brain drain creates severe staff shortages in health care institutions. This led to increased workloads on the remaining nurses compromising the quality of care rendered to patients and resulting to the occurrence of many negative incidents. This has led to more nurses leaving the country to where the workloads are not so high.

7.8.2.2 FACTORS RELATED TO THE WORK SITUATION

The factors related to the work situation are the increased workload and lack of resources.

Increased workloads

Increased workloads due to staff shortages create a lot of pressure on the remaining nurses some end up sick due to strain and become frustrated. This has led to excessive use of sick leave, which creates even more shortages. If the nurses feel they could no longer manage the workload, it is then that they decide to leave the country.

Lack of resources

Failure to provide the professional nurses with adequate resources causes them to be unable to achieve the objectives of the institutions as they would if the resources were adequate. This has led to poor quality patients care and frustration and they will eventually decide to leave the institutions to those with better resources.

7.8.2.3 SOCIAL FACTORS

The social factors that will be discussed are the lack of management support and recognition as well as poor relationship among staff.

Lack of management support and recognition

Lack of management support and recognition has led to frustration on personnel because they feel that no one recognises their efforts. This has caused burnout, which eventually leads to provision of poor standard of patient care.

Poor relationships among staff

Poor relationship occurs among the professional nurses themselves due to high workloads and poor leadership skills from the management who have trouble in managing the high workload situations, resulting in dehumanising circumstances and negative comments to the nursing staff. Poor relationship may also occur between nurses and other members of the multi-disciplinary health team who regard the nurses as irresponsible yet the nurses are overworked

7.8.2.4 OTHER FACTORS

Another factor that will be discussed is the poor image of the nursing profession.

Poor image of the nursing profession

The negative perception of the image of the nursing profession affects the nursing profession negatively. This caused the public to lose trust on the nurses and disrespect the nurses. This negative image is due to the nurse's inability to provide quality care to the patients due to staff shortages as well as by the poor conditions of service for nurses. This also affects the recruitment of young nurses and will further cause the nurses to leave the country to where they will be recognised.

All the above factors that led to the brain drain of professional nurses have negative impacts on nursing education and nursing practice and therefore they need to be dealt with promptly.

7.8.3 THE NEGATIVE IMPACT OF THE BRAIN DRAIN OF PROFESSIONAL NURSES

The brain drain of professional nurses affects the nursing practice and nursing education negatively in various ways. The negative impacts of the brain drain will be discussed under the negative impacts on nursing practice and the negative impacts on nursing education.

7.8.3.1 THE NEGATIVE IMPACT ON NURSING PRACTICE

The shortage of professional nurses due to brain drain of professional nurses has negative impacts on the quality of services rendered to patients. They do not get their treatment at due times due to the increased workload on nursing personnel. There is reduced access to health care, since the skilled personnel have left the country, leaving unskilled personnel to supervise patient care. The negative impacts of the brain drain on nursing practice include the shortage of skilled personnel, increased workload, availability of posts that could not be filled, unavailability of time to orientate and teach new personnel and overlapping of duties.

Shortage of skilled personnel

The brain drain of the skilled professional nurses who were trained using taxpayer's money is a loss to the countries that trained them because they are not benefiting, instead, other countries are benefiting. As a result, South Africa will have to train more nurses using more money. The loss of skilled personnel due to the emigration of professional nurses has also led to hiring of new personnel even from neighbouring countries. Training more nurses is very expensive and hiring expatriates is even more expensive than to use the local personnel.

Increased workload

The brain drain of professional nurses caused increased workloads on the remaining nursing personnel since fewer nurses cared for a large number of patients, which leads to delays in the provision of care. The patients are denied their right to health care because it is difficult to nurse the patient according to problems identified due to staff shortages

The availability of posts that could not be filled

Most of the posts are not filled because of lack of recruits. This compromises patient care because the nurses are unable to provide quality patient care. This will lead to frustration and physical strain on the nurses and they will run away from the short-staffed conditions to areas where the staffing levels are good.

Unavailability of time to orientate and teach new personnel

The shortage of professional nurses and increased workload deprive the unit manager of time to give enough orientation and to teach the new personnel coming into their units. This compromise patient care and put patients at even greater risk of being nursed by less skilled personnel. This is related to a high turnover of professional nurses where they come and leave the institution day in and day out.

Overlapping of duties

The shortage of professional nurses has led to lower category of nursing personnel doing the duties that should have been done by professional nurses. These duties included doing the ward rounds with doctors, assisting in the operating theatre, or being in charge of the unit especially on night duty. Although it can seem as if they perform these duties competently, they are above their scope of practice and beyond their level of training. This exposes the patients to high risks and leads to many negative incidents.

The negative impact of the brain drain of professional nurses on nursing practice further has negative impacts on the patients.

7.8.3.2 THE IMPACT ON PATIENTS

The negative impacts of the brain drain of professional nurses also affect the patients negatively. These negative impacts on the patients will be discussed under the psychosocial impacts and physical impacts.

PSYCHOSOCIAL IMPACT

The psychosocial impact will include the loss of trust on the nurse as well as the conflict between the patients or relatives and the nursing personnel.

Loss of trust on the nurses

The negative incidents and other omissions occurring to patients due to staff shortages cause the patients and the relatives to lose trust on the nurses and their expertise. The professional nurses lose their due respects.

Conflict between the nurses and the patients or relatives

Conflict situations arise between the nursing staff and patients or relatives due to increased workload on the nursing personnel, which lead to patient neglect. The conflict will arise when the patients discovers that the doctor's orders have not been carried out.

PHYSICAL IMPACT

The physical impacts of the brain drain on patients include the increased rate of negative incidents, long waiting lists, delays in the provision of care and overcrowding.

Increased rate of negative incidents

When there is staff shortage and high workload, patient care rendered becomes of poor quality. Poor quality care will result in the occurrence of many negative incidents like falling out of bed and burns due to patient neglect. This is because of high nurse-patient ratio where one nurse will be expected to nurse many patients. It results into many lawsuits and increased number of nurses disciplined by the South African Nursing Council.

Long waiting lists

Staff shortages especially of professional nurses lead to long waiting lists where the patients wait longer before they can get doctor's help especially in the operating theatre and out patients. This could lead to occurrence of many complications that could have been prevented should the patient got the help earlier.

Delays in the provision of care

The shortage of professional nurses leads to delays in the provision of care. Patients also fail to get their treatment at due times. This leads to complications and some patients die before getting their treatment.

Overcrowding

There is a lot of overcrowding in the units as well as in the outpatients department due to the delays caused by staff shortages. This is further aggravated by the issue of HIV and AIDS which leads to many patients becoming ill.

7.8.3.3 NEGATIVE IMPACTS ON NURSING EDUCATION

The brain drain of professional nurses especially the nurse educators has negative impacts on nursing education. The negative impacts include the shortage of skilled nurse educators and the increased workload.

Shortage of skilled nurses educators

When the nurse educators left the educational institutions to overseas countries, they left with their expertise and experience. This led to employment of new ones with less expertise to cater for the students' needs. This might affect the quality of the professional nurse that will be produced.

Increased workload

The emigration of nurse educators especially in colleges of nursing left fewer nurse educators. This increased workload on those remaining compromised the quality of nursing education provided to the students.

7.8.3.4 NEGATIVE IMPACTS ON NURSING STUDENTS

The negative impacts of the brain drain of nurse educators and professional nurses from nursing education institutions also caused negative impacts on the education and training of students of nursing.

Unavailability of nurse educators and skilled professional nurses to supervise the students

As most of the nurse educators have left the country, the same happened in the clinical areas where there were shortages of professional nurses. The students ended up not having

enough professional nurses to supervise them. Even if some of the professional nurses were available in the units, they did not have the required experience and clinical specializations pertaining to their area of work. This further prevented them from supervising the students effectively. The students eventually lacked adequate training and support due to this lack of appropriate skills and expertise from the professional nurses.

Unavailability of nurse educators and skilled professional nurses to teach the students in the clinical area

Increased workload on the remaining professional nurses in the clinical area caused them to be unable to teach the student nurses some procedures as expected. Students were often taken as additional workforce without much attention on the achievement of their training objectives in that particular unit. The students were allocated according to the hospital needs rather than their educational needs or beyond their level of education, which might eventually affect their education and training, as they will not be able to work competently as future professional nurses.

Unavailability of time to give each student full attention

As already mentioned above, the emigration of nurse educators to overseas countries created a negative impact on the education and training of the student nurses. The few nurse educators that remained are unable to give full attention to each student especially those experiencing problems in coping with their studies (so called slow learners). This definitely affect their learning as each student need to be treated individually and holistically according to their educational needs.

7.8.3.5 THE NEGATIVE IMPACT ON NURSE MANAGERS AND NURSE EDUCATORS

The negative impacts of the brain drain of professional nurses on nursing practice and nursing education also had various negative impacts on the remaining staff, that is, the nurse managers and nurse educators. The following were some of the negative impacts on the remaining personnel. They were affected psychosocially, physically and emotionally.

PSYCHOSOCIAL IMPACT

The brain drain affected the remaining nurses psychologically both those who were working in nursing practice and those that worked in the educational institutions.

High rate of absenteeism

There was high rate of absenteeism in all the departments. Others were absent because of the increased workloads that made them to fail to cope because of general tiredness. This created more staff shortages. Some use the sick leave excessively while others just absent themselves for no apparent reasons just to get some rest. This high rate of absenteeism created negative impacts on the quality of patient care provided as well as adequate education and training of the student nurses. It created excessive use of part time staff, which also resulted to more and more problems.

High stress levels

Staff shortages in different institutions led to high workload which the nurses fail to manage. This led to high stress levels and frustration on nursing personnel because they failed to meet the demands of the work situations. Lack of skills and adequate knowledge

about work they were doing also aggravated the situation since those with the experience had left the country. This inadequate staffing level resulted to job dissatisfaction, which eventually influenced them to emigrate also or become very ill to work creating more problems in the delivery of health care. That is why something should be done about this brain drain.

PHYSICAL IMPACT

The brain drain of professional nurses also had negative physical impacts on the remaining staff. These include illness, exhaustion and strain.

Illness, exhaustion and strain

The brain drain of professional nurses from both the nursing practice and nursing education institutions also affected them physically. Most of them became very ill, exhausted and experienced a lot of strain. This led to poor concentration and many negative incidents, creating a more risky environment for the patients. These high unmanageable workloads resulted to most personnel suffering from chronic conditions like arthritis and blood pressure due to this stressful situation. All these stressful conditions eventually caused negative impacts on the provision of patient care and the teaching of the student nurses.

EMOTIONAL IMPACT

Emotional impact was also noticed on the remaining nurses in health services and nursing education institutions in South Africa.

Low staff morale and burnout syndrome

Staff shortages and high workloads caused the personnel to fail to achieve the objectives of the institutions. Low staff morale occurred among them in the form of poor relationships and some ended up reluctant to work productively contributing to high rate of absenteeism. Some how, the morale of the remaining nurses must be boosted to improve their effectiveness.

From the above discussion, it has been discovered that brain drain has negatively affected the health services and nursing educational institutions in South Africa. This points to the urgency needed to deal with this problem of the brain drain of professional nurses. This is because even now the professional nurses are continuing to leave the country to work in the overseas countries for greener pastures because the conditions have not improved in South Africa.

7.8.4 STRATEGIES TO IMPROVE THE NEGATIVE IMPACTS OF THE BRAIN DRAIN OF PROFESSIONAL NURSES

In order to improve the negative impacts of the brain drain, various strategies will have to be devised and instituted properly by all the stakeholders in health because the health status of the community is at stake. Any country need to improve the health services and improve its nursing education in order to produce a high calibre of professional nurses that will be able to cater for the present and future needs of the country.

This comprehensive model will hopefully, help all the health stakeholders in dealing with this problem of the brain drain. The strategies that will be discussed in this model will cover all the factors that were identified to be causing the negative impacts in nursing

practice and nursing education in KwaZulu-Natal Province, South Africa and in other countries.

The following strategies have been identified and recommended for the improvement of the negative impacts of the brain drain.

7.8.4.1 IMPROVEMENT OF STAFFING LEVELS

- The different institutions at local, national and international level should devise and implement strategies to recruit and retain more people into the nursing profession.
- More nurses should be employed even from neighbouring countries if their level of education and training is similar to South African.
- The conditions of service must be improved in order to recruit back the nurses who have left.
- More youth must be recruited into the nursing profession. This can be achieved by changing the image of the nursing profession and by improving the conditions of service for nurses.
- The student intake must be increased in order to improve the number of nurses. This will however depend on the availability of the nurse educators to teach those student nurses.
- Creation of paid overtime. The overtime must also be available for nurses not for doctors only.
- The retiring age must be increased to 65 years in order to ensure that there are more people in the health services.

- The use of retired nurses must be increased in order to increase the number of professional nurses. These will act as role models for young nurses as they will copy from them the provision of holistic care to the patients.
- The use of part-time staff must be increased to improved the number of professional nurses and relieve the workload.
- The emigration of nurses must be supervised by the South African government and international recruiting countries, that is, it must be known to which country the nurse has emigrated and when is she coming back and that when she comes back she comes with skills to improve the delivery of care to patients.

7.8.4.2 STAFF DEVELOPMENT

In order to replace the knowledgeable staff that left, there is a need to develop the remaining staff in order to improve their competency. This will be in the form of in-service training, workshops and continued education. Those remaining professional nurses without the necessary clinical specialization should be released for clinical specialization. This will help to replace the skills possessed by those who left. This will also depend on the availability of the nurse educators with such skills to teach them.

7.8.4.3 PUBLIC AWARENESS OF THE SHORTAGE OF NURSING PERSONNEL

The public must be made aware that there is a shortage of nursing personnel especially the professional nurses in South Africa and particularly in institutions in KwaZulu-Natal. They must be encouraged to bear with the nurses so that they do not perceive the nurses as no longer caring for their patients. This will encourage the relatives to be actively involved in the care of their sick relatives, which will help to relieve the workload on the nurses. This can be achieved through the media and public awareness days or open days.

7.8.4.4 IMPROVEMENT OF THE CONDITIONS OF SERVICE

Salary package

- The government must revise and improve the salary structure for the professional nurses including all categories of nursing personnel. It must be in par with other professions.
- The entry level for nurse educators must be level 9.
- The unit manager's salary must be a level higher than the ordinary chief professional nurse in the unit and must be given a special allowance for being in a *management* position.
- Experience and the level of education must be considered through incentives and a special recognition for post basic courses that have been achieved.
- There must be an allowance for professional nurses with nursing education speciality even if they are placed in the clinical areas as they are utilizing these during student *accompaniment and health* education of patients.
- Rural allowance and all other allowances must be equal to all personnel employed by the government, and rural allowance must be received by all categories of nursing personnel if they qualify, that is, if they are serving in rural areas.
- There must be rewards in the form of incentives for people who have been in the service for 5 years, 10 years, 15 years and so forth. This must depend on the number of years the individual has worked in the public sector without resigning. This will help to ensure that people do not move from one institution into the next for no apparent reason.
- The government must allow its employees to borrow money from their pension fund with low interest rates.

Improvement of the on-duty scheduling

- There must be consideration of three shifts instead of a two shift scheduling of on duties. This will help to reduce the strain on the nurses and improve their quality time with their families.
- The unit managers should involve staff present during the on-duty scheduling for even distribution of unfavourable duty times.
- Staff requests must be considered to reduce the rate of absenteeism that could have been prevented.
- The number of the hours worked per week need to be reduced to at least 38 hours. This will help to reduce the strain on the nurse. There is also a need to improve the number of days off as well as number of leave days. Staff must be allowed to be seen by the doctor when ill and be given enough sick leave days.
- HIV infected staff must be cared for by people who are humane and understanding, who will understand their problems and who will maintain confidentiality. Affected staff should get proper treatment. Employee assistance program must be involved in counselling of staff with problems.
- Weekends need to be alternated so that each person gets two weekends off and two weekends on per month, if the condition of the unit permits.
- Skills mix must be considered during on-duty scheduling. For example, professional nurses with clinical specialization must be distributed evenly.

Performance appraisal system

- The appraisal system must be known and accepted by the personnel for whom it is going to be used. For example, the new employee performance management and development system must be in-serviced to all employees for it to be acceptable.

- It must be meaningful in the sense that, if the personnel have achieved better results, they must receive incentives as stated in the form of merit awards, promotions, praise or any form of recognition.
- It must constitute the key areas that can be easily achieved by personnel and must not be used as a tool to threaten employees, rather to improve their performance.

Improving opportunities for personnel promotion

- Opportunities for promotion must be created. The personnel must not be made to remain in one rank for along period.
- Experience and level of education must be considered for promotion of personnel to the next level
- The criteria for promotion to the next level must be made known to personnel.
- It would be better to promote personnel from within an institution, who knows the work, rather than employing new personnel into higher ranks while allowing those with knowledge to go to other institutions for higher ranks. Therefore, it is the duty of the management to promote the employees so that they do not move from one institution into the other just for promotion.

7.8.4.5 IMPROVEMENT OF RELATIONS

Improvement of Management support

The management must appreciate the efforts by the nursing personnel and provide support especially in this staff shortage that is prevailing.

- The management must recognise that there is staff shortage and employ more staff, create overtime and flexi-time especially for the retired nurses.

- There must be open lines of communication so that there is free flow of information up and down the hierarchy.
- The staff must be provided with the transport to take them to and from work like other government employees or must receive transport allowance.
- Crèches must be provided in the institutions so that the employees do not have problems with people to look after their babies.

7.8.4.6 DECREASING WORKLOAD ON THE NURSES

- The number of patients admitted must be reduced.
- Patients must be encouraged to use local clinics before coming to the hospital.
- The patients from other institutions must be referred back early to their respective institutions to prevent overcrowding.
- More non-nursing personnel must be employed who will care for dependent patients so that the more skilled remaining personnel can be utilized fruitfully.
- If the families can look after their sick relatives at home, they must be allowed and be helped to do so. Home based care must be encouraged and the families must be taught how to look after the patient as well as about the resources available
- More community health nurses, district nurses and home based care givers must be employed who will help and supervise treatment for patients who still need care from health care givers.
- Proper orientation and in-service training so that the staff is clear about their jobs.

7.8.4.7 DEALING EFFECTIVELY WITH THE ISSUE OF HIV AND AIDS

- More community educators must be employed to educate the community about the primary prevention of HIV infection.
- More AIDS drop-in centres must be established to cater for patients when the family members fail to provide care for the patients.
- More community health care workers must be employed to supervise treatment at home that will help to reduce the number of patients admitted.
- Non-governmental organisations must be involved in the care of patients with HIV and AIDS.
- Early and proper management of patients with HIV including the free and early provision of antiretroviral drugs so that they do not get full blown AIDS. The community must be properly educated about taking Antiretroviral drugs, so that they do not default, develop resistance, and end up being hospitalised. This will lead to fewer people admitted in hospitals that will decrease the workload on the nurses.

7.8.4.8 IMPROVING THE IMAGE OF THE NURSING PROFESSION

- The public must be made aware about the value of the nurses and the nursing profession in the delivery of health care.
- The conditions of service must be improved so that the nursing profession can get the recognition like other professions.
- The portrayal of the nurses and the nursing profession in the media must be improved, for example, in television and radio stories.

7.8.4.9 STRATEGIES FOR IMPROVING THE IMPACT ON NURSING EDUCATION

Employment of more nurse educators

The employment of more nurse educators with different specialities will help to increase their number so that they will have more time to give each student individual attention.

Decreasing the student intake

This will depend on the availability of nurse educators. If the nurse educators are adequate for increasing the student intake, there will be no need to decrease the student intake, but if the nurse educators are not enough there will be a need to cut down the number of students. Decreasing student intake will ensure that the professional nurses produced are of high quality.

Increase the training of Nurse Educators

This will help to increase the pool of available nurse educators who can be utilised to improve the shortage of nurse educators.

Increase use of preceptors and clinical instructors

These will help in the supervision of the students in the clinical areas and decreasing the workload on the remaining nurse educators.

Improving staffing levels in the clinical area

Adequate staffing levels in the clinical will help them to have enough time for student teaching.

7.8.5 CONCLUSION

The factors identified and the strategies suggested in this model will surely help the health services and the educational institutions at local, national and international levels to deal with this problem of the brain drain of professional nurses. This will however depend on whether they are implemented drastically as suggested.

BIBLIOGRAPHY

Abernolzer, D. (2004). Real Number of those Leaving is three times Higher than Statistics. *Independent News*, 10. January.

Arries, A. (2006). Humanizing the Work Place. *Nursing Update*. Pretoria: Denosa.

Asmal, K. (2004). South Africa's Brain drain Dilemma. *Blackboard*, 11. March.

Awases, M. G'bary, A., Chapora, R. & Nyoni (2005). World Health Organization Confirms Negative Impact of Exit_Crossings, 6(1). Southern African Migration Project.

Bisetty, V. (2003). Recruiter to see Asmal on Teacher "Poaching". *Saturday star*, 21. July.

Bloom, J. (2002). Hospitals Threatened by Severe Brain drain. *Daily news*, 24. October.

Bolin, L. (2004). Brain drain now a Gush. *Human Science Research Council*, 21. January.

Brink, H. (1999). *Fundamentals of Research Methodology for Health care Professionals*. Kenwyn: Juta.

Brown, D (2003). Africa Education and Brain drain. *Africa journal*.

Burns, N. & Groove, S. K. (1987). *The practice of Nursing Research: Conduct, Critique and utilization*. Philadelphia: W.B. Saunders.

Cele, S.C., Gumede, H.A. & Kubheka, B.A. (2002). An investigation of Roles and Functions of Nurse Preceptors in the Clinical Areas. *Curationis*, 25(1): 31-41.

Cohen, R. (1996). Brain drain Migration. Department of Sociology. Warwick.

Crush, J. (2005). Hunting skills. *Crossings*, 6(1). South African Migration Project.

Department of Health. (2001). Retention Policy. Human Resource Planning. Pietermaritzburg.: Department of Health.

Dlamini, K. (2003). Winning the War on Talent Crucial to FDI. *Saturday Star*, 21. July.

Dugger, C. (2004). Africa's Health care Brain drain. *New York's Time*, 13 August.

Dumont, J.C. & Meyer, J.B. (2005). The international Mobility of Health Professionals- A South African Case study. *Crossings*, 6(1): 28.

Ehler, V.J., Oosthuisen, M.J Buzuidenhout M.C., Monareng, L.V. & Jooste, K. (2003). Post Basic Nursing Student's Perceptions of Emigration of Nurses from the Republic of South Africa. *Health in Southern Africa*, 8(4) :24-37.

Ensling, P. 2004/2005. Taking the Plight of Nursing to the Public. *Nursing Update*, Pretoria: Demosa.

Eqimnet, F. (2005). Mobilising the Skills of our Health Researchers. South African Migration Project. *Crossings*, 6 (1).

Fabricius, P., (2003). South Africa and Britain Doctor-nurse Swapping Agreement to Stanch Brain drain. *Mercury*, 24. October.

Fayers, F. 2004. Consequences of not Having Enough Nurses in the Community. *Hospersa Nursing today*, 7 (3). Pretoria: Kagiso B.M. Printers.

Fitzpatrick, M. (2004). Health Plan to Plug Brain drain. *Beeld*, 19. November.

Fowler, H. W. (1988). *Oxford Paperback Reference*. United Kingdom: Oxford Dictionary Department.

Fraser, J. (2005). Zimbabwe Brain drain and Study Reveals 70% of Patients have AIDS. *Mail and guardian online*. 24. January.

Friedland, R. (2004). No Brain drain: Health Care Staff to be Transferred for short, Fixed periods. *Independent News*, 10. January.

Gambarana, J. (2001/2004). South Africa's Brain drain. *Independent New*, 10.

October.

George, J.B. (1995). *Nursing Theories: The base for Professional practice*.

Philadelphia : Lippincott.

Geyer, N. (2004). Re-marketing The Nursing profession. *Nursing Update*, Pretoria:

Denosa.

Geyer, N. (2006). The high Risk of Low Staffing. *Nursing Update*, Pretoria: Denosa.

Geyer, N. (2006). A national Human Resources Plan for Health. *Nursing*

Updat, Pretoria: denosa.

Gish, O. (1997). Brain drain. *The Nation. An independent International Dail*, 13.

November.

Health Ministry. (2004). More Cash for Health Workers in Rural Areas. *Health*

System Trust,. 05. February.

Heath, W. (2002). Hospitals Threatened by Severe Brain drain. *Daily News*. 24.

October.

Heath, W. (2002). Heath Warned of Hospitals Debacle. *Daily News*, 25. October.

Hlangani, M. (2002). African Health Care and Brain drain. *The Star*,

International Council of Nursing. (2006). The Global Nursing shortage: Priority Areas for interventions. *The Global Nursing Review initiative*, Burdett Trust for Nursing.

International Labour Organization. (2006). Are the Pastures Greener? *Nursing Update*, Pretoria: Denosa.

Kalyan, S. (2001). Steps to Halt Brain drain. *The star*, 21. July.

Kanofi, (2002). Brain drain. *Daily News*, 25. October.

Keeton, C. (2003). Brain drain Shrinks Mental Care. Health Link. *Health System Trust*, 28. August.

Kubheka, B.A. & Nzimande, P. N. (2001). An evaluation of Impact of post-basic nursing programmes Offered by the University of Zululand. Doctoral Dissertation: University Of Zululand.

Kubheka, B.A. & nzimande, P. N. (2005). An Evaluation of the Relevance and Appropriateness of Post-basic Nursing Programmes Offered by the University of Zululand in Meeting Graduate's Needs. *Curatiosis*, 28(1): 21-28.

Lehman, U. & Saunders, D. (2003). Human Resource Development. School of Public Health. University of Cape Town.

Lewis, J. (2003). Recruiter to See Asmal on Teacher "Poaching." *Saturday Star*, 27. July.

Mafalo, E. (2003). Shortage of Nurses in South Africa: an Impact to the Health Service and Nursing Profession. *Nursing Update*, Pretoria: Denosa.

Mafalo, E. (2003). Facing our challenge. *Nursing Update*, Pretoria: Denosa.

Mafalo, E. (2006). So much Can be done. *Nursing update*, Pretoria: Denosa.

Mashinini, L.T. (2000). Contributing Factors to Nursing Shortage in South Africa. Paper Presented at International Conference. Eskom Conference Centre: Johannesburg.

Mbheki, T. (2001). Agreement with Japan. Pretoria News, 4. october.

Mc Donald, D. & Crush, J. (2005). Destinations Unknown-Book Review. Perspectives on the Brain drain In Southern Africa. South African Migration Project. *Crossing*, 6 (1).

Mc Gregor, B.F.A. (2003). Brain drain Bigger than Thought. *Media 24*, 16. July.

Mc Gregor, B.F.A. (2005). Medical Brain drain Hits Zimbabwe. *Media 24*, 24. January.

Mellish, J.M., . & Brink, H. F. (1998). *Teaching the Practice of Nursing. A Text in Nursing Didactics*. Johannesburg: Heinemann.

Mellish, J.M., Brink. H. & Paton, F. (2001). *Teaching the Practice of Nursing. A Text in Nursing Didactics*. Johannesburg: Heinemann.

Mkhize, Z. (2003). Kwazulu-Natal Health Services "Understaffed". *Mercury*, .23, October.

Mngadi, S. (2004). Real Number of those Leaving is three times higher than Statistics. *Independent News*, 10 October.

Mngadi, S. (2005). Africa unites Against Brain drain in Health. *Ministry of Health*, 19. May.

Mngoma, N. (2005). Escaping the Toxic Society. South African Migration Project. *Crossings*, 6 (1).

Mngomezulu, T. (2001). Global Migration of Nurses. *Nursing Update*, Pretoria: Denosa.

Mthathi, S. (2005). We need more health workers. *Equal treatment-News letter for the Treatment action campaign*.

Mtshali, L. (2002). Bring Back our Nurses. *Independent News*, 23. November.

Muller, M. (2002) *Nursing Dynamics*. Johannesburg: Heinemann..

Maybud, (2006).Are the Pastures Green? . *Nursing Update*. Pretoria: Denosa.

Mzolo, B. (2001). Global Migration of nurses. *Nursing Update*, Pretoria: Denosa.

Mzolo, B.(2003). A holistic Approach to Nursing. *Nursing Update*. Pretoria: Denosa.

Mzolo, B., Enslin, P., Bester, M., Nkosi, O., Seshoka, J. & Mashimini, L.T. (2004).

Taking the Plight of the Nurses to the Public. *Nursing Update*. Pretoria: Denosa.

New York times (2004).Brain drain of Health Personnel. 13. August.

Nguyen, K. (2006).Africa's Brain drain. *The witness*, 25. April.

Notter, L.E. (1986). *Essentials of Nursing research*. Butterworth: Tavistock
Publication.

Nursing Update. (2005). Taking the plight of the nurses to the public. Pretoria:
Denosa.

Nursing Update. (2006). Brain Gain or waste? Pretoria: Denosa.

Oellermann, I. (2003). Kwazulu-Natal Services "Under staffed." *Mercury*, 23.

October.

Oliphant, W. (2006). Migratory Patterns. *The Witness*, 25. April.

O'may, F.& Buchan, J.. Shared governance- A literature review. *International journal of nursing studies*. 36(281)

Oorstewyk, T. (2003). Bid to get Back South Africa's Brain Power. *Mercury*, 24.

October.

Pang, T. (2002). Brain drain and Health Professionals. *British Medical Journal*, 2. March.

Patel, V. (2003). Recruiting Doctors from Poor Countries: The Great Brain Robbery. *Health System Trust*, 21. October.

Pendleton, W. & crush, J. (2005). Brain drain-Major Crisis for Southern Africa. *Crossings*,. 6 (1). South African Migration Project.

Pendleton, W. (2005). Health Professionals Wrestle with Push-pull Factors. *Crossings*,. 6(1). South African Migration Project.

Polit, D. & Hungler, B. (1996). *Nursing Research Principles and Methods*. Philadelphia: Lippincott.

Public Service International (2005). *Hospersa . Nursing Today*, Pretoria: Kagiso B.M. Printers.

SAPA-AFP (2005). Brain drain Paralyzes Zim. Health Sector. Sigma Theta Tau.

SAPA-AP (2006). Brain drain is Causing Trouble. *Daily sun*, 10. April.

Saunders, D. & Squinn. A. (2006). Bringing expertise, Talent and Experience Back Home. *The Witness*, 25. April.

Sigma Theta Tau. (2005). The Sigma Theta Tau policy on International Migration.

South African Migration Project. (2006). Stem The Tide of nurses. *Nursing Update*, Pretoria: Denosa.

Stokes, N.C. (2003). Doctors and Nurses Leaving the Country out of necessity, not out of choice. *Mercury*, 22. October.

Terreblanche, C. (2004). South Africa Gaining doctors, Says Minister. *Independent News*, 10. January.

Tevera, D. & Chikanda, A. (2005). Zimbabwe's Professionals Vote with their Feet. *Crossings*, 6(1). South African Migration Project.

The Cape Argus. (2003). Lure of the Pound Draws Professionals. *Health System Trust*, 11. November.

Tshabalala-Msimang, M. (2004). Certificate of need. *Daily News*, 24. October.

Tota, K.F. (2005). Overworked Nurses are Disgruntled. *Nursing Update*. Pretoria: Denosa.

Treece, W. & Treece S.W. (1986). *Elements of Research in Nursing*. Toronto: The CV Mosby company.

Uys, H.H.M. & Basson, A.A. (1991). *Research Methods in Nursing*. Pretoria: Gutenberg.

Van Rooyen, D. (2000). South Africa's Brain drain Migration. *Mercury*. 20. December.

Zondagh, C. (2002). Work Place Discipline. *Nursing Update*. Pretoria: Denosa.

Zondagh, C. (2004). Safe and Adequate Staffing. *Nursing Update*. Pretoria: Denosa.

Zondagh, C. (2004). We need Adequate Staffing. *Hospersa Nursing Today*. Pretoria: Kagiso BM Publishing.

Zungu, P.N. & Kubheka B. A. (2002). Utilization of Profesional Nurses with a Clinical Master's Degree in the Clinical areas and Educational Institutions of Kwazulu-Natal region F.Masters Dissertation: University of Zululand.

ANNEXURES

ANNEXURE 1

QUESTIONNAIRE FOR NURSE MANAGERS

QUESTIONNAIRE FOR NURSE MANAGERS

THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE

Dear Respondent

Please answer the following questions.

This information is required for research ONLY and it will be treated with confidentiality Please do not write your name. Your views will be appreciated.

Indicate with a cross, and comment in spaces provided e.g.

Denomination:

Catholic	X
Anglican	
Lutheran	
Other	

SECTION A PERSONAL PARTICULARS

1. Age

21-30	
31-40	
41-50	
51 and above	

2. Gender

Male	
Female	

3. Marital status

Single	
Married	
Divorced	
Widowed	

4. Residential area

Urban	
Rural	
Semi-urban	

SECTION B EDUCATIONAL INFORMATION

5. Last standard passed at school

6. Highest academic qualification

Diploma	
Degree	

7. Possession of management diploma or degree

Yes	
No	

EMPLOYMENT INFORMATION

8. Professional position held

Nursing manager	
Assist. Nursing manager	
Chief professional nurse	
Professional nurse	

9. Area of work

Chief executive officer	
Departmental manager	
Unit manager	

SECTION D**KNOWLEDGE OF THE NURSE WHO LEFT THE COUNTRY FROM THE UNIT**

10. Do you have any professional nurse from your unit who left for overseas?

Yes	
No	

11. Did she/he mentioned the reason for leaving?

Yes	
No	

12. What was the reason mentioned?

13. What was his/her highest academic qualification?

Diploma	
Degree	

14. Did she /he have any clinical specialization related to the type of service rendered in your unit?

Yes	
No	

15. For how many years had he/she worked in South Africa?

0-5 years	
6-10 years	
11-15 years	
16 and above	

16. Which problems are encountered as she/he is now gone?

SECTION E**FACTORS THAT HAVE LED THE NURSE TO LEAVE THE COUNTRY****MANAGEMENT FACTORS**

17. Was the professional nurse satisfied with the salary package offered by employer

Yes	
No	

18. How is the workload on the remaining nurses?

Heavy	
Average	
Normal	

19. If heavy, are there any negative effects on the nurses and patients?

Yes	
No	

20. How do you manage these effects?

21. Is the management supportive?

Yes	
No	

22. Are the resources enough?

Yes	
No	

23. If no to – above, how do you manage to work?

24. How are the working conditions?

Good	
Bad	
Fair	

25. Is the staff in your unit satisfied with the on duty schedule?

Yes	
No	

26. Is the staff satisfied with the appraisal system used in the institution?

Yes	
No	

27. Is the personnel promoted according to knowledge and qualification?

Yes	
No	

28. Is staff allocation done according to clinical specialization?

Yes	
No	

29. Is the staff in the unit enough for the type and number of patients admitted in the unit?

Yes	
No	

30. If no to – above, what does the management do about staff shortage?

Employ more staff	
Allow for overtime	
Give emotional support	

31. Are there any posts that are not filled?

RELATIONSHIP FACTORS

32. How is the relationship between yourself, nurses and the doctors?

Good	
Fair	
Bad	

33. How is the relationship between nurses and the patient?

Good	
Fair	
Bad	

34. How does the public perceive nursing image?

Good	
Bad	

35. If bad, What are the causes of this negative perception?

PERSONAL FACTORS

36. Are the nurses coping with the amount of work?

Yes	
No	

37. How does the HIV and AIDS epidemic affect the nurses?

Positively	
Negatively	

SECTION F

THE IMPACT ON SERVICE DELIVERY

38. Do you have any clinical specialization related to the type of service rendered in your unit?

Yes	
No	

39. If no, how do you manage to keep the same standard of care?

40. Do you have another nurse in your unit with the same clinical specialization?

Yes	
No	

41. If no to —above, how do you manage to keep the same standard of care?

42. Do you have enough other registered to cover the needs of your unit?

Yes	
No	

43. If no, how do you make sure that the unit is covered?

44. Are the patients happy with the service rendered in your unit?

Yes	
No	

45. If yes or no, how do they demonstrate their feelings?

46. If no how do you deal with it if patients are not satisfied?

47. How often do you receive complains from the patients?

Never	
Rare	
Quite often	
Always	

48. Are there any negative incidences occurring in your unit?

Yes	
No	

49. What are the effects of these negative incidences on staff and patients?

50. What do you do to ensure that they do not occur again?

IMPACT DUE TO STAFF SHORTAGES

51. Are there any delays in patient care due to staff shortage?

Yes	
No	

52. How are the waiting lists?

Long	
Average	
None	

53. Do patients get their treatment at due times?

Yes	
No	

54. If no to— above, why?

55. Do you have to limit the number of patients admitted or special procedures?

Yes	
No	

PSYCHOLOGICAL IMPACT

56. How is the staff morale?

High	
Fair	
Low	

57. If no what strategies do you use to improve it?

58. How is the stress level among your unit staff?

High	
Average	
Normal	

59. If high, what causes it?

60. How do you deal with it?

61. How is the rate of absenteeism among staff?

High	
Average	
Low	

62. If high, what do you think is the cause?

63. How do you deal with it or ensure the maintenance of standards?

64. Are there any law suits due to legal errors?

Yes	
No	

65. If yes to— above what are these law suits?

66. What steps do you take to ensure that they never occur again?

67. Are there any staff members working more than twelve hours?

Yes	
No	

68. Do you have to use temporary agencies to deal with staff shortage?

Yes	
No	

69. Do you have enough time to teach and orientate new personnel?

Yes	
No	

70. Do you allow your staff time to attend workshops and to further their education?

Yes	
No	

IMPACT ON THE SCOPE OF PRACTICE

71. Do you have to allocate nurses above their level of education, training and capabilities?

Yes	
No	

72. If yes, what preparations do you do before allocating them to such duties?

73. Is there any overlapping of duties where a person finds himself doing the work of another?

Yes	
No	

74. If yes, what are these overlapping duties? (please mention them)

75. Are they able to perform them competently?

Yes	
No	

IMPACT ON NURSING EDUCATION

76. Are students allocated according to their educational needs?

Yes	
No	

77.If no to — above please state the reason why.

78.Do you and your nurses have enough time to teach the students allocated in

Yes	
No	

79.If no to — above,why?

80.When delegating the students, do you consider their level of training?

Yes	
No	

81.If no to — above, why?

82.Do you have enough professional nurses to supervise the students?

yes	
No	

83. What other problems do yyu experience due to the brain drain?

84. What solutions can you suggest?

85.What are the positive effects of the brain drain?

ANNEXURE 2

QUESTIONNAIRE FOR NURSE EDUCATORS

QUESTIONNAIRE FOR NURSE EDUCATORS

THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE

Dear Respondent

Kindly answer the following questions.

This information is required for research purposes ONLY and it will be treated with confidentiality. Please do not write your name. Your views will be appreciated.

Indicate with a cross, and comment in spaces provided e.g.

Denomination	X
Catholic	
Anglican	
Lutheran	
Other	

SECTION A

BIOGRAPHICAL DATA

1. Age

21-30	
31-40	
41-50	
51 and above	

2. Gender

Male	
Female	

3. Marital status

Single	
Married	
Divorced	
Widowed	

4. Area of residence

Urban	
Rural	
Semi-urban	

SECTION B

EDUCATIONAL INFORMATION

5. What is the last standard passed at school?

6. What is your highest academic qualification?

Diploma	
Degree	

SECTION C
EMPLOYMENT INFORMATION

7. What professional position are you holding?

Deputy director	
Assistant director	
Chief professional nurse	
Professional nurse	

SECTION D
KNOWLEDGE OF THE NURSE EDUCATOR WHO LEFT THE COUNTRY FOR OVERSEAS

8. Do you know any nurse educator who left the country for overseas?

Yes	
No	

9. Do you know any nurse educator who left your institution to work in the private sector?

Yes	
No	

10. Did she mention any reasons for his/her leaving?

Yes	
No	

11. If yes, what were his/her reason for leaving?

12. What was his/her highest academic qualification?

Degree	
Diploma	

13. Did she /he have any clinical specialization pertaining to the subject he/she was teaching?

Yes	
No	

14. Did he/she have any problem with teaching that subject?

Yes	
No	

If yes to— above what was the problem?

15. For how many years has he/she been teaching?

1-5 years	
6-10 years	
11-15 years	
16 and above	

SECTION E
FACTORS THAT LED THE NURSE EDUCATOR TO LEAVE THE COUNTRY

MANAGEMENT FACTORS

16. Are you happy with the salary package provided by the government?

Yes	
-----	--

No	
----	--

17. Are you happy with the support from senior personnel?

Yes	
No	

18. Do you get the opportunity to further your education and to attend workshops?

Yes	
No	

19. If no to—above, how will that affect student teaching?

PERSONAL FACTORS

20. Are you coping with amount of work allocated to you?

Yes	
No	

21. Reasons of not coping with the amount of work allocated.

SECTION F

IMPACT ON NURSING EDUCATION

22. Do you have any clinical specialization?

Yes	
No	

23. Is it related to the subject you are teaching?

Yes	
No	

24. If no to —above, do you have any problem with teaching the subjects allocated to you?

Yes	
No	

25. For how many years have you been teaching?

1-5 years	
6-10 years	
11-15 years	
16 and above	

26. Are there any opportunities for promotion?

Yes	
No	

27. Are the tutors enough for the number of students admitted for the courses offered by the college?

Yes	
No	

28. Are you able to give each student full attention and extra or individual for those who cannot grasp?

Yes	
No	

29. Are you able to provide student accompaniment in the clinical area?

Yes	
No	

30. If no to — above please state the reason why.

31. What effect will that have on student education?

32. Are you also thinking of leaving one day?

Yes	
No	

33. If yes or no to — above, please state the reason for your answer.

34. What other problems do you have due to brain drain?

35. What solutions ca you suggest?

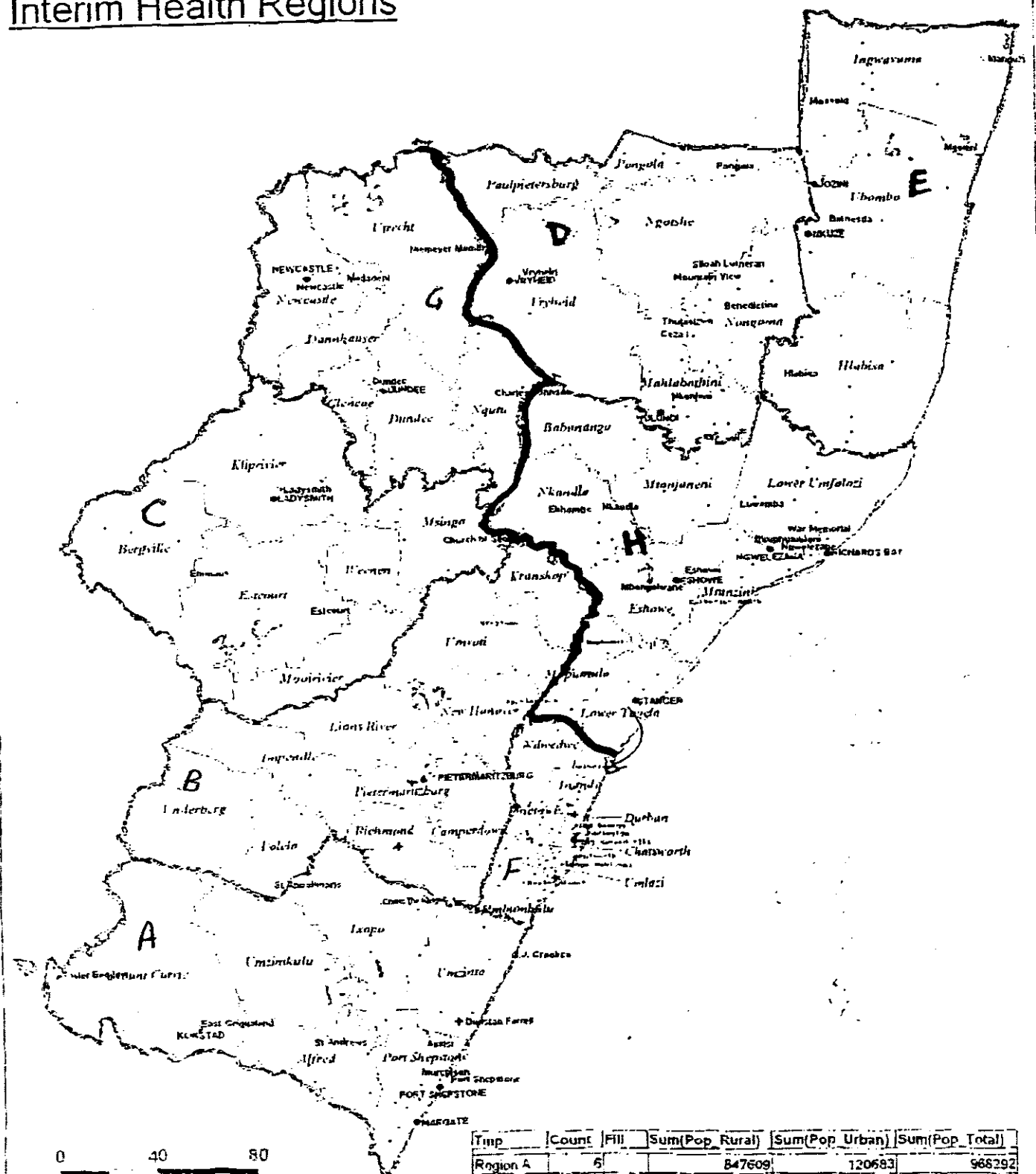
36. What are the positive impacts of the brain drain?

ANNEXURE 3

MAP FOR KWAZULU-NATAL PROVINCE

Province of KwaZulu-Natal

Interim Health Regions



Region	Count	Fill	Sum(Pop Rural)	Sum(Pop Urban)	Sum(Pop Total)
Region A	6		847609	120683	968292
Region H	3		999093	168673	1167766
Region C	6		585107	148821	733928
Region B	10		862404	434898	1297302
Region G	6		415105	316465	731570
Region E	3		478557	8587	487144
Region F	7		744903	1953723	2703526
Region D	6		553815	63085	617000
Total	0		0	0	0

ANNEXURE 4

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH -
DEPARTMENT OF HEALTH**

P. O. Box 1979
Pietermaritzburg
3200
04 January 2006

Private bag X9051
Pietermaritzburg
3200

RE- APPLICATION FOR PERMISSION TO DO A RESEARCH PROJECT

Dear Mr Tromp

I am a Doctoral student from the University of Zululand and I would like to request permission to do a research project in the following institutions.

Edendale Hospital
Northdale Hospital
R.K. Khahn Hospital
Addington Hospital
King Edward viii Hospital
Prince Mshiyeni Memorial Hospital

My topic is: THE IMPACT OF THE BRAIN DRAIN OF PROFESSIONAL
NURSES ON NURSING EDUCATION AND NURSING PRACTICE.

Thank you
Yours sincerely
Nelisiwe Mkhize (Miss)

ANNEXURE 5

**PERMISSION TO CONDUCT RESEARCH STUDY -
DEPARTMENT OF HEALTH**



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

SPECIAL SUPPORT SERVICES

Natalia, 330 Longmarket Street, Pietermaritzburg, 3201
Private Bag X9051, Pietermaritzburg, 3200
Tel.: 033 395 2813, Fax.: 033 345 4433

Enquiries : Ms A. Kopman
Extension: 2813
Reference: 9/2/3/R - vol. 27

2005-01-09

Miss N.V. Mkhize
P.O. Box 1979
PIETERMARITZBURG
3200

Dear Madam

PERMISSION TO CONDUCT RESEARCH STUDY IN KZN HOSPITALS

Your facsimile dated 04 January 2006 refers.

Please be advised that authority is granted for you to conduct research regarding "The impact of brain-drain of professional nurses on nursing education and nursing practice" at the following hospitals – Edendale, King Edward VIII, Northdale, Addington, R.K.Khan and Prince Mshiyeni, provided that :-

- (a) Prior approval is obtained from the Heads of the relevant institutions;
- (b) Confidentiality is maintained;
- (c) Informed consent from participants is obtained;
- (d) There is no disruption of service delivery;
- (e) The Department is acknowledged; and
- (f) The Department receives a copy of the report on completion.

Your sincerely

HEAD : DEPARTMENT OF HEALTH
KWAZULU-NATAL
Akhona Mkhize

Umyango Wezempilo



Departement van Gesondheid

ANNEXURE 6

REQUEST TO CONDUCT STUDY - KING EDWARD HOSPITAL

P.O. Box 1979
Pietermaritzburg
3200
07 April 2006

The Nursing Manager
King Edward viii Hospital
Private bag X Congella
Dalbridge

Re-application for a permission to conduct a research project.

Dear Madam

May I kindly request an urgent permission to conduct a research project in your institution.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfilment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia

ANNEXURE 7

**PERMISSION TO CONDUCT RESEARCH STUDY-
KING EDWARD HOSPITAL**



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

KING EDWARD VIII REGIONAL HOSPITAL

Private Bag X02
Congella DURBAN 4000

Enquiries : Miss. R. Khuzwayo
Telephone: 3603853
Reference : KE 2/7/1 (20/2006)
Research Programming

3 July 2006

Miss. NV Mkhize
P.O. Box 1979
PIETERMARITZBURG
3200

Dear Miss. Mkhize

Request to conduct research at King Edward VIII Hospital

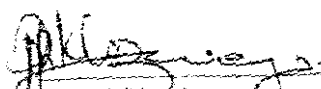
Protocol: The Impact of brain drain of Professional Nurses on Nursing Education and Nursing Practice"

Your request is hereby acknowledged and refers.

Kindly ensure that you have submitted the following details/ documents. (Item ii)

- (i) Research proposal and protocol.
 - (ii) **Proof of ethical and or higher degrees approval's.**
 - (iii) Details of other research presently being performed by yourself, if in the employ of King Edward VIII Hospital, (individually or as a collaborator).
 - (iv) Details of any financial or human resource implication to the hospital, including all laboratory tests, EEG's, x-rays, use of nurses etc.
 - (v) Declaration of all funding applications/ grants, please supply substantiating documentation.
- Please quote KEH reference number in all future related correspondence.

Yours Faithfully


Mr. M. Khuzwayo
Hospital CEO.





DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

KING EDWARD VIII REGIONAL HOSPITAL

Private Bag X02
Congella DURBAN 4000

Enquiries : Miss. R. Khuzwayo
Telephone: 3603853
Reference : KE 2/7/1 (20/2006)
Research Programming

3 July 2006

Miss. NV Mkhize
P.O. Box 1979
PIETERMARITZBURG
3200

Dear Miss. Mkhize

Request to conduct research at King Edward VIII Hospital

Protocol: The Impact of brain drain of Professional Nurses on Nursing Education and Nursing Practice "

Your request is hereby acknowledged and refers.

Kindly ensure that you have submitted the following details/ documents. (Item ii)

- (i) Research proposal and protocol.
- (ii) **Proof of ethical and/ or higher degrees approval/s.**
- (iii) Details of other research presently being performed by yourself, if in the employ of King Edward VIII Hospital. (Individually or as a collaborator).
- (iv) Details of any financial or human resource implication to the hospital, including all laboratory tests, EEG's, x-rays, use of nurses etc.
- (v) Declaration of all funding applications/ grants, please supply substantiating documentation.

☐ Please quote KEH reference number in all future related correspondence.

Yours Faithfully


Mr. M. Bhickiswayo
Hospital CEO.

ANNEXURE 8

**REQUEST LETTER TO CONDUCT RESEARCH STUDY -
EDENDALE HOSPITAL**

P. O. Box 1979
Pietermaritzburg
3200
07 April 2006

The Nursing Manager
Edendale Hospital
Private bag X509
Plessislaer

Re-application for a permission to conduct a research project.

Dear Mrs Shange

May I kindly request an urgent permission to conduct a research project in your institution.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfillment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia

ANNEXURE 9

PERMISSION TO CONDUCT RESEARCH STUDY - EDENDALE HOSPITAL



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

EDENDALE HOSPITAL

Main Road Edendale
Private Bag X509, Plessislaer, 3216
Tel.: 033 395 4911, Fax.: 033 3986280

ENQUIRIES: J D SHANGE

DATE: 21/04/2006

TEL NO. 033 - 3954002

Mrs N V Mkhize
Edendale Hospital
P/Bag X 509
PLESSISLAER
3216

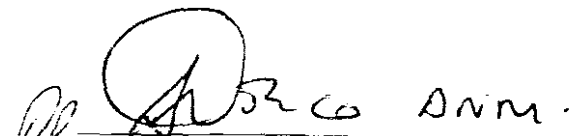
Dear Mrs Mkhize

RE-APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Your research proposal is being acknowledged and permission to conduct a research project is being granted.

I would like to take this opportunity to wish you the best in your studies.

Thanks


MRS J D SHANGE
NURSING MANAGER



ANNEXURE 10

**REQUEST TO LETTER TO CONDUCT RESEARCH STUDY -
NORTHDALÉ HOSPITAL**

P. O. Box 1979
Pietermaritzburg
07 April 2006

The Nursing manager
Northdale hospital
Private bag X9006
Pietermaritzburg

Re-application for a permission to conduct a research project.

Dear Madam

May I kindly request an urgent permission to conduct a research project in your nursing school.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfilment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia

ANNEXURE 11

**PERMISSION TO CONDUCT A RESEARCH STUDY -
NORTHDALÉ HOSPITAL**



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

NORTHDALE HOSPITAL
Old Greytown Road

Private Bag X9006 Pietermaritzburg 3200
Email: h993803@dohho.kzntl.gov.za. Fax.: 033 3971914

Date: 19TH May 2006
Enquiries : Ms C.G.Hutharam

Ms N.V. Mkhize
P.O.Box 1979
P.M.Burg
3200

Re – Application for permission to conduct a research project

Please be informed that permission will be granted for the above mentioned.

Please be advised that you need to liase with the secretary to arrange dates and the signing of indemnity.

You are wished well with your research.

Acting Nursing Manager
Northdale Hospital
/nek

ANNEXURE 12

**REQUEST LETTER TO CONDUCT RESEARCH STUDY -
PRINCE MSHIYENI MEMORIAL HOSPITAL**

P. O. Box 1979
Pietermaritzburg
3200
07 April 2006

The Nursing manager
Prince Mshiyeni Nursing College
Private bag
Durban

Re-application for a permission to conduct a research project.

Dear Madam

May I kindly request an urgent permission to conduct a research project in your institution.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfilment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia

ANNEXURE 13

**PERMISSION LETTER TO CONDUCT RESEARCH STUDY -
PRINCE MSHIYENI MEMORIAL HOSPITAL**



DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

PRINCE MSHIYENI NURSING CAMPUS

Mangosuthu Highway
Private Bag X10, MOBENI, 4060
Tel.: 031 – 9078313/4, Fax : 031 – 9067772
e-mail address h9721760@dohho.kzntl.gov.za

19/05/06

Ms N.V. Mkhize
Box 1979
PIETERMARITZBURG
3200

Dear Madam

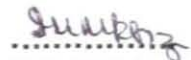
RE-APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH PROJECT

Your letter dated 07/04/06 refers.

The above letter reached our institution on 12/05/06.

We are pleased to inform you that the permission is granted. Kindly inform us of the dates and times so that we prepare for you.

Yours faithfully



M.I. Mkhize
Acting Principal

ANNEXURE 14

REQUEST LETTER FOR PERMISSION TO CONDUCT RESEARCH STUDY

- R.K. KHAN HOSPITAL

P.O. Box 1979
Pietermaritzburg
3200
07 April 2006

The Nursing manager
R.K. Khahn hospital
Chatsworth

Re-application for a permission to conduct a research project.

Dear Madam

May I kindly request an urgent permission to conduct a research project in your institution.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfilment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia

ANNEXURE 15

PERMISSION LETTER TO CONDUCT RESEARCH STUDY -

R.K. KHAN HOSPITAL

21 JUNE 2006

Mkhize Nelisiwe Virginia
P.O. Box 1979
PIETERMARITZBURG
3200

Dear Madam

Re: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH PROJECT

I acknowledge receipt of your letter dated 7 April 2006.

Permission is granted to conduct the above research at this Institution provided:-

- Confidentiality is maintained at all times
- Your research does not interfere with the smooth running of the hospital
- Research is conducted during normal working hours.
- Proper consent is obtained from patients participating in your study
- Hospital records are not taken out of the hospital
- The hospital receives a copy of your research on completion

Yours faithfully



HOSPITAL MANAGER

P.O. Box 1979
Pietermaritzburg
3200
07 April 2006

The Nursing manager
Addington hospital
South Beach

Re-application for a permission to conduct a research project.

Dear Madam

May I kindly request an urgent permission to conduct a research project in your institution.

My topic is "THE IMPACT OF BRAIN DRAIN OF PROFESSIONAL NURSES ON NURSING EDUCATION AND NURSING PRACTICE". This is in partial fulfilment for the degree of Doctor of Curationis I am undertaking at the university of Zululand.

Enclosed please find a copy of the permission I have been granted by the head office of the department of health.

I hope my application will meet your favourable consideration.

Yours Sincerely

Mkhize Nelisiwe Virginia