

RETENTION STRATEGIES FOR THE MIGRATING AFRICAN NURSE - A REVIEW

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Abstract

The migration of African nurses is dealing a hard blow on the already fragile health systems in the continent. This is a constraint to achieving the health related Millennium Development Goals by African countries. Retention strategies for the African nurse has become imperative. Six out of resulting 680 references from electronic search were found worthy of review for addressing the research questions. These qualitative and quantitative articles uncovered nine major motivational themes identified as push factors responsible for the northward migration of African nurses. The main push factors are lack of further training and clear career profiles, poor remuneration and working conditions, political conflicts and wars, while the pull factors range from better remuneration and improved standards of living to opportunities for educational advancement. Dissatisfaction with remuneration and working conditions are the main determinants.

Introduction

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of the ill, disabled and dying people. Advocacy, promotion of a safe (work) environment,

research, participation in shaping health policy and in patient and health systems management, and education are also nursing roles' (Inter'l Council of Nurses).

Therefore, fundamentally, nurses have four responsibilities, namely:

- i) to promote health;
- ii) to prevent illness;
- iii) to restore health; and
- iv) to alleviate suffering.

These activities are being compromised in less developed countries, from where nurses migrate to high income countries and some low income countries. Thus, the former countries experience both financial and workforce losses, which impact adversely on development and health systems. The health related millennium development goals are in jeopardy should this trend continue. A combination of push and pull factors account for the migration of nurses from Africa to the developed countries. The push factors are responsible for the outflow of nurses from Africa, while the pull factors account for the inflow of nurses into developed countries (Chikanda, 2005; Hansdotter, 2007; Bauman, 2007; Kingman et al, 2006).

Both developing and developed nations need nursing services, which constitute the backbone of health systems. Nurses are paramount to health services in every country. They usually constitute the first point of contact for most patients and their services are immeasurable. Many countries experience cyclical shortages of nurses, usually caused by an increased demand which exceeded a static or more slowly growing supply of nurses. However, the current shortage differs markedly from past ones in that today's health systems are suffering from pressure exerted on both supply and demand. Several factors have converged to account for today's crisis. These include (Kingman et al, 2006):

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- Poor management practices and performance structures;
- Weak human resource information systems resulting in incomplete and inaccurate workforce data;
- High attrition rates due to unsatisfactory and unsafe working conditions;
- Limited opportunities for professional development and career advancement;
- Poorly conceived and short-term policy actions that negatively affect health care delivery, such as reductions in student intakes, inappropriate downsizing of the professional workforce and ineffective retention strategies; and

Shortage of nurses has become one of the greatest obstacles to achieving the United Nations Millennium Development Goals (MDGs), three of which relate directly to health, namely: to reduce infant mortality, maternal mortality and halt and reverse HIV/AIDS, tuberculosis and malaria epidemics. African countries need at least one million additional workers in order to offer basic services consistent with the MDGs. Instead, these countries are affected by health worker loss crippling the already fragile health care systems (Willis-Shattuck et al, 2008; Nguyen, et al 2008).

There is a link between the number of nurses and patient mortality, rate of respiratory wound and urinary tract infection, number of patient falls, incidence of pressure sores and medication errors. Nursing recruitment and retention are serious issues. Vacancies abound in all countries. South Africa had 30,000 vacancies for nurses in 2003. Job turnover is often used to evaluate retention difficulties. Various consequences are associated with the inability to recruit and retain nursing staff. Closure of, or reduced access to, clinics and wards, as well as lower quality of care and productivity, are common examples of problems associated with nursing shortages. In addition, high turnover is likely to lead to higher provider costs, such as in recruitment and training of new staff and increased overtime and use of

temporary agency staff to fill gaps (Kingman et al, 2006; West et al, 2004; WHO, 2005).

International migration is widely blamed for the current crises. Nurse migration is motivated by the need for professional development, better quality of life and personal safety. Highly skilled professionals represent an increasingly large component of global migration flows, currently accounting for around 65% of all economically active migrants to highly developed countries and comprising in the health care workforce physicians, nurses, dentists and pharmacists. Emigration is predominantly determined by political and socioeconomic differences between countries (Hongoro, 2006; WHO, 2004).

A number of push and pull factors, have been cited as influencing the decisions of health professionals to leave their countries of origin. Push factors refer to events in the country of origin that motivate professionals to leave, while pull factors are the deliberate and/or unintended actions from recipient countries that attract health professionals to their health services. Examples of push factors include low remuneration, poor working conditions, low job satisfaction, lack of professional development and career opportunities and political and ethnic problems including civil strife and poor security. Poor governance of health services and the lack of technology and equipment to perform professional tasks are also important factors. Pull factors are caused by increased demand for health professionals in developed countries and include attractive remuneration, new career and personal development prospects and active recruitment by those countries. The common use of a professional language such as English and similarities in professional training and systems arising from the colonial experience of African countries are also thought to enhance the pull factors (Dovlo, 2004).

Many African nations have tried a combination of strategies to curb the exodus of nurses from their various countries to developed countries with more attractive economies. These strategies have included improved remunerations, better working conditions, bonding and compulsory service schemes, extended retirement age among

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others. The study reviews the push and pull factors with a view to drawing the strategies and policy options to stem the tide.

Methodology

Six out of resulting 680 references from electronic search were found worthy of review because they adequately address the research goals of unearthing the motivating factors responsible for nurses' migration from Africa to the developed countries, factors that will help improve the recruitment and retention of nurses in Africa, and how best to use the findings from above to improve the retention of nurses in Africa.

Using a data extraction form adapted from Greenhalgh et al (2005), the selected studies were summarized based on their design, the research questions, context and coverage, findings, and validity of conclusions (Table 5.1). This Greenhalgh mode of analysis was used due to the differences in the methodologies used in the included papers. A narrative synthesis was used to summarize their findings.

Of the selected included papers, four (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007 and Adamson et al, 2005) used qualitative research methodology, one (Mangham, 2007) used quantitative research methodology and one (Nguyen et al, 2008) used a mixture of both qualitative and quantitative methodologies. The countries studied were from Africa: South Africa (Mariani, et al, 2003), Zimbabwe (Chikanda, 2005), Zambia (Hansdotter, 2007), Uganda (Nguyen et al, 2008), Malawi (Adamson et al, 2005) and Malawi (Mangham, 2007).

Results and Discussion

Nine major themes were discovered in the process of reviewing the selected studies (Table 5.2). These themes constitute the motivating factors for nurses' migration:

1. Desire for higher education;
2. Desire for higher pay;
3. Desire for career prospect;

4. The impact of staff shortage;
5. Lack of recognition;
6. Unsafe working conditions;
7. Lack of supervision;
8. Poor facility and equipment;
9. Better safe living condition

There were other minor themes related to poor staff relationship (Mariani et al, 2003; Adamson et al, 2005), patient complaints (Mariani et al, 2003) and the impact of HIV/AIDS (Nguyen et al, 2008; Mangham, 2007). The number of papers that discussed a particular theme tend to highlight how important that theme is as a motivating factor.

A report illustrates the increasing level of recruitment of doctors to the United Kingdom (UK) from selected source countries including three African countries. These three African countries alone supply 7,873 general duty doctors and 1,384 specialists registered in the UK as at 2004. The number of Ghanaian doctors and specialists on full registration represents about 20 per cent of the stock in public service in Ghana. The situation is worse with the nursing profession. Currently about 45% of all new entrants into the UK nursing register are from international sources, compared with between 12 and 15% in 1996 (Dovlo, 2004). Top ten countries losing nurses to the UK in 2002 include 6 African countries, some with relatively small health professional stocks, such as Mauritius (Table 5.3).

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Table 5.1: Design/methodology, the research question, study coverage extent and findings/conclusion of selected studies

Study/Year	Country	Design/Methodology	Research questions	Coverage	Findings/Concl.
Mariani et al. (April,2003)	South Africa	Qualitative interview with nurses.	Reasons for nurses' migration	79 health clinics in KwaZulu Natal Province-South Africa	56% of Nurses willing to travel abroad. A call to halt it.
Chikanda, Abel. (2004)	Zimbabwe	Qualitative interview with nurses.	Reasons for nurses' migration	One tertiary hospital, five regional and six district hospitals	Increasing number of nurses' migration. A call to halt it.
Hansdotter, Frida. (2007)	Zambia	Qualitative interview with nurses.	Reasons for nurses' migration	Sampled Nurses from the University of Zambia. The only university that offer BSc in nursing .	Increased reasons for nurses to leave Zambia including poor finance, accommodation and equipment and a growing call to halt the trend
Nguyen, L. et al.(2008)	Uganda	A combination of qualitative and quantitative studies	Examines the reasons for nurses' migration	Sampled Nurses at the only two universities offering BSc in Uganda-Makarere and Khan	70% of nurses will like to migrate on graduation. Reason-poor remuneration being the most.
Adamson, Muula. S. and Maseko, Fresier.C.	Malawi	In-depth qualitative interview.	Reasons for continued nurses' migration.	Nation-wide health institutions	Reasons for continued nurses' migration inequitable pay, overwhelming responsibilities etc.Retention strategies include increase remuneration and improved housing.
Mangham, Lindsay.(2007)	Malawi	Discrete choice experiment.Quantitative in nature. Nurses were asked to indicate their preferences to hypothetical job descriptions with six job attributes.	Addresses the shortage of nurses in the country.	A total of 107 registered nurses working in 15 of Malawi's 27 districts were involved in the experiment.	Net monthly pay for nurses was poor and had statistically significant impact on how nurses valued their job and the intent to travel abroad.

Source: Greenhalgh etl al, 2005

Table 5.2: Major motivating factors for the African nurse migration

	Author s	Ye ar	Desire for Highe r Educa tion	Des ire for hig her pay	Desir e for caree r Pros pect	The Impa ct of Staff Short age	Lack of recogn ition	Unsafe Worki ng Condit ions	Lack of supervi sion	Poor faciliti es and Equip ment	Better and safe living condi tion
1 4	Marian i, D. et al	20 03	X	X	X	X	X	X	X	X	-
1	Chikan da, Abel	20 05	X	X	X	X	-	X	-	X	X
2	Hansd otter, Frida	20 07	X	X	X	X	-	X	X	X	X
6	Nguye n, Lisa .et al	20 08	-	X	X	-	-	-	-	-	-
1 5	Adams on 'S. Muual a. et al	20 05	X	X	X	X	X	X	X	X	X
1 6	Mangh am, Lindsa y	20 07	X	X	-	X	-	X	-	X	X
	Weight / % point		83.3%	100 %	83.3 %	83.3 %	33.3%	83.3%	50%	66.6%	66.6 %

Source: Greenhalgh, etl al., 2005

x = present.

- = not present

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Table 5.3: Top Ten Countries from Which Applicants for Nursing Work

S.No.	Country issued	No. of work permit
1.	Philippines	10,242
2.	India	3,392
3.	South Africa	2,835
4.	Zimbabwe	2,346
5.	Nigeria	1,501
6.	Ghana	528
7.	Australia	503
8.	Pakistan	385
9.	Kenya	354
10.	Mauritius	351
11.	Others	2,983
	TOTAL	25,602

Source: Work Permits United Kingdom.

(Adapted from Delanyo Dovlo (2004): *The Brain Drain in Africa: An Emerging challenge to Health Professionals' Education*).

The desire for higher education

A majority, 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007) of the studies identified the desire for higher education as one of the compelling push factors responsible for the migration of nurses to the northern hemisphere. Chikanda (2005) submits:

Because of insufficient opportunities for promotion and self-improvement' the nurses were quick to travel overseas in search of better opportunities.

Hansdotter (2007) observed that the opportunity to progress academically within the nurse profession was little. Yet, Mangham (2007) reported that registered nurses commonly placed importance on

opportunities for further education, usually referred to as ‘upgrading’. Nurses migrating abroad saw upgrading of their skills as a compelling push factor.

Desire for higher pay

All 100% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008; Adamson et al, 2005 and Mangham et al, 2007) of the studies saw the desire for higher pay as one of the most important reasons to migrate abroad by African nurses. This finding concurs with several other studies looking into the reasons African nurses choose to migrate northward to Europe and North America. Financial satisfaction was perceived to be highest in the United States of America (U.S.A.) and Canada (94%), followed by Europe (89%), another African country (41%), then lastly Uganda (5%). These percentages also represent the quantifiable preferences of migration out of the country by nurses. Supporting this view, Adamson et al (2005) and Mangham et al (2007) argued the nurse’s salary was very low, compared to other health professionals.

Desire for career prospect

About 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008 and Adamson et al, 2007) reported on desire for career prospects in the receiving countries as a pull factor. Mariani et al (2003) revealed that there is a significant difference when cross tabulating career development with willingness to go overseas. About 44% of those who did not expect a career promotion expressed intention to emigrate against 56% that will not emigrate because they have career prospects.

African countries have insufficient opportunities for promotion and self-improvement for nurses (Chikanda, 2005). Hansdotter (2007) mentioned a lack of structure as a reason for nurses with a B.Sc. leaving the country. This lack of structure was described as a shortage of posts where nurses with a Bachelor’s degree can make full use of their knowledge and competence, i.e. few job positions designed to fit

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and make use of the competence they have attained in training. Nguyen et al (2008) and Adamson et al (2007) reported that even nurses with higher degrees were not promoted, leading to apathy to work and resignation.

The impact of staff shortage

Another 83.3% (Mariani et al,2003; Chikanda, 2005; Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007) highlighted on HIV/AIDS or temporary freezes on employment during austerity measures as push factors for the African nurse. Because the workload in the health services of these countries were too heavy (Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007), all participants stated shortage of equipment and staff as a significant reason for leaving the country. This situation increases the nurse/patient ratio and hence, workload was mentioned as a reason to travel abroad. It was said to generate frustration, low motivation and unhappiness among the nurses. Lack of equipment made it difficult to give the adequate care the nurses are trained to give, which created frustration. It was also described as frustrating to see the patients suffer while knowing how to alleviate their suffering, but due to lack of resources not being able to give the required care (Hansdotter, 2007).

Lack of recognition

Roughly, one third 33.3% (Mariani et al, 2003 and Adamson et al, 2005) attributed migration of African nurses to lack of recognition in their places of work. Mariani et al (2003) reported lack of recognition as a major de-motivating factor and a reason to leave the country. Those that travelled abroad for additional degrees were not accorded the proper recognition nor were they promoted for their efforts (Adamson et al, 2005). These led to resentment and frustration and further the attitude to leave the country.

Unsafe working conditions

Over 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2005; Adamson et al, 2005 and Mangham, 2007) reported unsafe working conditions as motivating factors often fueling the migration of African nurses to the developed world. There was a general perception among health professionals that they were at an increased risk of occupational exposure to HIV and other infectious diseases, such as tuberculosis. Although almost all health facilities had a focal person responsible for universal precautions against hospital-acquired infections, the availability of supplies, such as disinfectants, was not universally guaranteed (Adamson et al, 2005). ‘This issue was often raised alongside the shortage of resources, particularly of surgical gloves, and some nurses explained that there were circumstances where they felt compromised when treating patients, knowing that they were at risk of contracting the infection (Mangham, 2007).

Lack of supervision

One half 50% (Mariani et al, 2003; Hansdotter, 2007 and Adamson, 2005) identified lack of supervision of nurses as partly responsible for their migration to developed countries. The more experienced nurses have left for greener pastures abroad leaving behind the less experienced ones to fend for themselves. This often led to frustration and the intent to migrate (Mariani et al, 2003). The managerial support in provision of proper introduction and job orientation was weak in the work place. Nurses experienced a feeling of standing alone in difficult work situations (Hansdotter, 2007).

Supervision is perceived to be a motivating factor by health workers. Confirming his concern, supervisors blamed it on a lack of resources, especially transport, coupled with other commitments and responsibilities. In some cases, supervisors lacked the requisite training and experience, so they had a poor understanding and appreciation of the importance of supervision. For fear of exposing their shortcomings, some supervisors did no supervision at all. Lack of supervision

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resulted in workers feeling unappreciated, demotivated and frustrated, and was an acknowledged push factor (Adamson, 2005).

Poor facility and equipment

Two-thirds 66% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007 and Mangham, 2007) identified poor facility and equipment as a major push factor responsible for the migration of nurses from Africa to the developed. “Unsafe working conditions” were the most important de-motivating factors for nurses working at health centres (HC), followed by “dissatisfaction with salary” and “poor equipment (Mariani et al, 2003). Lack of resources and facilities within the health care system of the country of Zimbabwe was cited by 45% of the respondents (Chikanda, 2005) as a major de-motivating factor favouring nurses’ migration. “All participants (Hansdotter, 2007; Mangham, 2007) stated shortage of equipment and staff as a significant reason for leaving the country. A situation of not having adequate equipment in the wards as well as teaching institutions was described.

Also, a shortage of staff, which increases the nurse/patient ratio and hence the workload, was mentioned. It was said to generate frustration, low motivation and unhappiness among the nurses. Lack of equipment made it difficult to give the adequate care the nurses are trained to give and this created frustration. It was also described as frustrating to see the patients suffer while knowing how to alleviate that suffering, but due to lack of resources not being able to give the required care.

Better and safe living condition

Two-thirds 66% (Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008 and Mangham, 2007) identified better and safe living condition in developed countries as a major pull factor accounting for nurses’ migration. About 47.2% of participants intended to emigrate for better living conditions (Chikanda, 2005) and about 50% envied their

colleagues who leave the country and make better money to improve their standard of living (Hansdotter, 2007).

Improving retention of African nurses

Improving retention of African nurses will require reversing the push factors that are responsible for their emigration in the first place. This will require first of all developing incentive strategies that are country-specific because what may work in one country may not work in the other. Also, gender and marital status are worthy issues that also must be considered. Females respond differently from males to push factors, so also are the married from the unmarried.

Nevertheless, there are some general factors worthy of mention. The survey revealed that better salary is a major retention factor for the nurses (76.6%), better fringe benefits (71.4%), a more pleasant working environment (69.3%), improved facilities and resources in the care system (63.3%) and a reasonable workload (59.7%). Other retention factors include the presence of a more peaceful social environment (51.5%) and more accessible education and training opportunities (50.6%).

Most of the key informants (83.3%) agreed that better salaries could lure skilled personnel back to their country of origin. Better incentives (58.3%) were also cited as a major pull factor for skilled health personnel residing outside the country. Other factors that can influence the return of health professionals residing abroad are good working conditions (33.3%), prospects for further education (16.7%), redress of macro-economic environment (16.7%) and a well-developed human resources policy (16.7%). A stable political climate (41.7%) and the provision of adequate drugs and equipment (25%) were also cited as some of the factors that might influence the return of skilled health personnel.

Thus, the main reasons for wanting to emigrate are not just economic. Although, adequate reward is a prerequisite for achieving the minimum level of acceptable performance, other conditions,

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including job security, housing, sick and maternity leave, and benefits for school children, are also important.

Hansdotter (2007) suggests that salary is just one of the reasons why nurses are quitting, but that dissatisfaction with training and promotion opportunities has a stronger impact than workload and pay. Motivation can be raised through clear job descriptions related to the tasks to be performed. When talking about possible interventions that would help to retain nurses with a Bachelor's degree in nursing almost every participant suggested financial interventions. The majority of the participants mentioned improved salaries as the most important intervention. The majority of the participants also suggested facilitating loans, car loans and house loans, to nurses as an important intervention that would assist the nurses and possibly retain them in the country. It was mentioned how these loans are supposed to be offered to all degree holders but how in reality the possibility for nurses is not there. A retention package was also suggested as something that should be given to nurses with a B.Sc degree as an incentive in order to retain them. Other allowances were also mentioned e.g. risk allowance, children's allowance and improved rural hardship allowance. Also mentioned to be an important intervention was the development of an adequate salary scale for nurses. According to Adamson et al (2005), a combination of nine financial and non-financial incentives was seen as important. Financial measures proposed, together with bonding mechanism, supported by advocacy with international bodies including the World Bank and the International Monetary Fund (IMF) to retain nurses include:

- increasing remuneration;
- using the 'cash budget policy';
- assisting with house ownership;
- providing free anti-retrovirals (ARVs);
- ensuring mandatory public health sector employment;
- providing re-employment after leaving public sector;
- strengthening health professionals' associations;

- using the Health Services Commission; and
- decentralising health services.

Conclusion and policy recommendations

Improving African countries health systems, both at the district and national levels is critical to meeting the MDGs. The issue of high quality health care for these countries cannot be resolved unless factors that contribute to the de-motivation of staff are comprehensively addressed. It is clearly understood that nurses have left the shores of their countries in Africa for many reasons pertaining to unfulfilled financial expectation to career actualization. Addressing this issue of brain-drain of nurses require concerted policy initiative to control their outflow. More information is needed to strengthen the evidence base for effective health human resource management and strategies for policy decisions in these countries.

Policy recommendations should focus on reversing the push factors that work in different countries. Some general factors and incentives, if well managed, will help retain nurses in their various countries and even pull back those already gainfully employed outside their respective countries. They may include:

- Subsidies for child education (i.e. books voucher, discounted computers etc.)
- Housing
- Sick and maternity leave to be more generous
- Outstanding nurses of the month award
- Time off
- Cash substitutes (gift certificates)
- Certificate of achievement

Policy measures on the retention of nurses should include the provision of housing and a transport allowance, call and stand-by allowances, a performance management system, salary reviews, fellowship and scholarship programmes, advanced training programmes and bonding

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of newly trained graduates. Fellowship and scholarship programmes, together with advanced training programmes are meant to enhance the capacity of the health professionals in the discharge of their services and are also meant to reduce the migration of health professionals for reasons of furthering their studies.

Recognition awards for outstanding performances should be put in place for health staff. In order to create rewards that may produce a real impact on motivation, it is critical to identify what is of value to health personnel and what is perceived fair and equitable. This could be done by carrying out a mail survey to ask what motivates nurses.

A profile of students with high sense of national loyalty and lesser desire to emigrate was realized especially among married couples who also expressed willingness to work in the rural areas. This creates a new policy implication that the government and nursing schools may want to court a particular "profile" of students associated with a lower tendency to emigrate and a higher sense of loyalty to the country when choosing whose education to subsidize or admit to nursing school. These are usually the students who wished to work in public practice or a rural area. Government funding for nursing education could thus be prioritized towards these types of students, as opposed to being based solely on academic test scores. In this manner, governmental resources would be retained within country. Preferential admission based on a particular profile has been a strategy utilized for many years by numerous U.S.A. medical schools in an attempt to increase the number of physicians working in rural areas.

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