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**FACULTY OF HEALTH SCIENCES**  
**DIVISION OF NURSING AND MIDWIFERY**

THE COSTS AND BENEFITS OF NURSE MIGRATION TO THEIR FAMILIES IN  
MASERU, LESOTHO

BY

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## DEDICATIONS

This piece of work is dedicated to all the family members of the migrating nurses in Lesotho who participated in this study and voluntarily shared their experiences with me. It is through their assistance and support that this project turned into a success. The information you provided may make a meaningful contribution to the lives of families of migrating nurses and inform nurses as well as migrating nurses worldwide of the effects of nurse migration to the families left behind. I am grateful and thankful for your willingness to share your experiences with me. Your cooperation and patience is highly acknowledged and appreciated. May God, our Father guide and support you in all the days of your lives.

University of Cape Town

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## ABSTRACT

Health professionals including nurses from developing countries are currently leaving their native countries at an alarming rate to work in other countries, especially developed countries. As such developing countries are faced with depletion of their skilled human resource and Lesotho is not exception in this regard. These nurses are leaving their families, however the impact of nurse migration is not known on the families left behind. The purpose of this study was to explore and describe the experiences of family members of migrating nurses with regard to the costs and benefits on their lives.

A qualitative research design was utilized to explore and describe the experiences of families of migrating nurses with regard to costs and benefits of nurse migration on their lives in Maseru, Lesotho. The participants of the study were families of the migrating nurses; these included an adult and a child. Two family members were interviewed in four families while one family member was interviewed in two families. Therefore, ten participants formed part of the study.

For sampling, two sampling methods were used to select participating families. These are purposive and snowball sampling. Purposive sampling was used to select two families of migrating nurses known to the researcher. These families were asked to suggest other families faced with migration of their nurse relatives. As such, snowball sampling which is referred to as chain sampling was used.

An interview guide was developed during proposal writing that was utilized to collect data. The guide was used to gather information and probing questions were asked for clarification depending on the participants' response. The interviews were conducted in Sesotho, audio-taped and transcribed verbatim by the researcher within 24 hours after the interviews. Data analysis method as outlined by Giorgi was utilized to analyze data collected. The family functional approach was used to organize collected and themes

Six themes were identified from this study. Three themes were related to the costs while three also were related to the benefits of nurse migration to their families. For the costs; the following themes were identified: lack of emotional support, affection and companionship, lack of care, supervision and interaction among family members and misdistribution of the division of labour. The findings of the study revealed that the families of the migrating nurses are experiencing emotional and physical costs in their lives. These include missing the migrating nurse, experiencing unhappiness in the absence of the family members, lack of face to face communication, lack of intimacy, fear of potential sexual risks and increased household responsibility.

Although families are experiencing adverse effects of nurse migration, the findings revealed that the families of migrating nurses benefited from the practice. The following themes were identified with regard to the benefits: improved economic support, division of labour for procuring material goods, and socialization of family members. There was an agreement that families are getting better income from the migrating nurses and this was considered as the most important benefit. In addition, the family members are experiencing other opportunities, such as financial assistance, getting good quality stuff from abroad, acquiring skills in the absence of the migrating nurses and travelling abroad.

In the light of the study findings, recommendations are made to the nursing personnel. These include nurses who are in the process of migrating, nurse educators, and nurse managers. In addition, recommendations are made to the family members of migrating nurses and policy makers in Lesotho. Lastly, recommendations for further research on nurse migration in Lesotho are made.

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# CHAPTER ONE: INTRODUCTION

## ***1.1. Background to the study***

Nurses are an integral and indispensable part of the national health system of any country. In developing countries, nurses are often assigned responsibilities that are normally the exclusive domain of physicians. Nurses are the most visible health care providers, and are central to health service delivery (Singh, Nkala, Amuah, Mehta; & Ahmad 2003:667). In short, nurses constitute one of the most vital health care delivery resources of any country whether developed or developing (International Council of Nurses (ICN) 1990a:1-6 cited in, Oosthuizen, Ehlers; & Jooste (2005:58).

Vital though they are, health professionals, including nurses, are leaving their native countries at an alarming rate. This is often referred to as 'health professional migration'. According to Kingma (2001:205), nurse migration implies moving from one country to another in search of employment and better living conditions. This is a growing concern and there are no signs of this phenomenon abating (Chikanda 2005:162). According to Buchan (2006:17), nurses whose qualifications are recognised internationally can practice wherever in the world where they feel valued.

The migration of nurses is considered to be influenced by many factors, such as nurses' ability to exercise their right to freedom of movement and better remuneration (Ogilvie, Mill, Astle, Fanning; & Opera 2007:114). Chikanda (2006:668) indicates that owing to "globalisation and recent marked advances in transport network and information technology, skilled health professionals are increasingly becoming mobile and distance between countries has shrunk considerably." While recognised as contributing to nurse migration, it should however, be noted that the decision to migrate is personal and may be driven by a number of factors.

According to Troy, Wyness and McAuliffe (2007:1) recruitment practices of the high-income countries also fuel migration of nurses. These authors indicate that the expansion of nursing jobs in the developed countries exceeds the domestic supply of nurses. Therefore, these countries actively recruit nurses from overseas to fill vacant posts in their countries and to meet their demand.

The shortage of nurses which exists in the well-developed countries has resulted in active recruitment of nurses from the developing countries especially sub-Saharan Africa. This continues despite denouncement of the practice by the ICN (1999a:1-6). The situation is predicted to continue until developed countries have addressed the cause of the nursing shortage in their countries, and developing countries have managed to address the 'push' factors; those factors that motivate nurses to leave their native countries to go and work in other countries (Kline 2003:107, Oosthuizen et al 2005:59; Buchan 2006:20-21).

The United Kingdom (UK) and the United States of America (USA) are among several developed countries that experience a shortage of nurses. In these countries the majority of nurses have reached retirement age. Female school leavers are not interested in nursing due to better paying career opportunities. Moreover, these countries have also failed to train, retain, and recruit enough nurses among their own citizens (Buchan 2001:203; Ehlers, Oosthuizen, Bezuidenhout, Monareng, & Jooste 2003:25; Kline 2003:107; Ross, Polsky & Sochalski 2005:253).

The migration of nurses lowers availability of that particular human resource in developing countries. It depletes these countries of a vital human resource necessary for provision of optimum quality care to their populations. This has contributed to under-staffing in the developing countries, thus leading to poor delivery of cost-effective services. It should be noted that poor service delivery may occur if the shortage of nurses persists, and the health systems of such countries are facing collapse (Yah 2006:76; Troy et al 2007:3).

Migration of nurses may also exacerbate weaknesses in the already strained health systems of resource poor countries (Ogilvie et al 2007:114). In a keynote address to Building Global Alliance III: Third Annual Think Tank on Global Nurse Migration in Philadelphia, USA Buchan (2006:16) indicated that migration of nurses adds to the imbalances of human resources that are evident in different developing countries. In addition, Kuehn (2007:1853) indicates that a shortage of nursing personnel in developing countries may result in failure to address the key public health priorities, such as fighting the HIV/AIDS and tuberculosis epidemics.

## **1.2. Magnitude of the problem**

According to Stilwell, Diallo, Zurn, Adams and DalPoz (2004:595) 175 million of the world's population have not been living in their native countries for a period of more than a year. It is indicated that 65 million of these people are economically active. The number seems to be increasing slowly; in 1965 it was 2.3% of the world's population compared to 2.9% in 2000. It is also estimated that 20 000 health professionals in Africa are leaving the continent annually to work in developed countries (Awase, Gbary, Nyori; & Chatora 2004:2).

The magnitude of the nurse migration in developing countries is considered to be high. Denton (2006:76) indicates that in sub-Saharan Africa there is currently a shortfall of 600 000 nurses needed to offer optimal quality care to the populations of these countries. This is exacerbated by migration of nurses to well-developed countries.

### **1.2.1. Magnitude of the problem in Lesotho**

According to Schwabe, Lerotholi, & McGrath (2004:25) the health service staffing in Lesotho is deficient, particularly at primary level. These authors state that the indicators of staffing needs reveal that filter clinics and health

centres require 31% and 41% of full time equivalent nursing personnel for provision of optimum quality health service delivery. But a decline in the nursing supply coverage has currently led to daunting workload volumes requiring the Ministry of Health and Social Welfare (MOHSW) to establish the Health Reform Project.

The World Health Report (2006:100) stated that there are 1123 nurses and midwives working in Lesotho, while 200 are working outside the country for better pay and employment opportunities. According to the Lesotho Nursing Council Register (LNC) (2007), out of 2010 registered nurses, only 635 are actively paying their license fees. It is not clear whether the rest of the nurses are practicing within or outside of the country (personal conversation with LNC Registrar). As one of the less developed countries, Lesotho is confronted with a 'brain drain' of its nurses. This may cripple the country's health system, and for example results in failure to implement the national campaign to prevent infectious diseases (Medecins Sans Frontieres (MSF) 2007:11).

It is also reported that at the national referral hospital in Lesotho, 70 nurses attend to 3400 patients, a nurse to patient ratio of 1:50. Moreover, it is estimated that the country is short of 700 nurses; as a result, the government's campaign to implement confidential HIV testing and counselling services was postponed (Integrated Regional Information Network (IRIN) (2006) and Associated Press (2006) cited in Kingma (2007:1268)).

According to the UK Nursing and Midwifery Council UK (2005), cited in Connel, Zurn, Stilwell, Awase, and Braichet (2007:1881) between 2003 and 2004 50 nurses from Lesotho were registered to work in the UK. It was estimated that 43 nurses and midwives from Lesotho left the country in 2004 and 2005 to work in other countries. Basotho with strong qualifications (including nurses) continue to seek better employment opportunities across the borders. These nurses are working in the USA, Saudi Arabia and other developed countries (Cobbe 2004:3; Baven 2005:1916).

Chikanda (2006:608) indicates that statistical data on the migration of nurses tend to have many gaps and are of poor quality; Lesotho is not exception in this regard. In 2000 alone, Lesotho lost 3% of nurses to work in other countries (Clemens & Petterson 2006), a lose that is greatly detrimental to the health service delivery of the country.

### **1.2.2. Magnitude of the problem in other less developed countries**

In 2002, The Republic of South Africa lost 1% of its nursing workforce to the United Kingdom (Ross, et al. 2005:253). According to Batata (2005:5), in 2003 alone 1368 South African nurses left the country to go and work overseas. Moreover, in 2006, South Africa lost of 5.1% of its nursing workforce to other countries (Clemens & Petterson (2006).

Duma (2006:4) indicated that 1068 nurses from the Republic of South Africa are recruited by Britain annually. She further showed that in 2000 alone, a total of 7383 initial nurse entrants admitted to the United Kingdom were from overseas countries, particularly South Africa, Australia and the Philippines.

Another African country which is experiencing a severe 'brain drain' of nurses is Ghana. This country lost 500 nurses in 2000 to better posts and higher-paying jobs in developed countries (Zachary (2001) cited in Kingma (2001:207). In 2004 alone, Ghana lost 272 nurses and midwives to the United Kingdom. According to Dolvo (2004:9), between 1998 and 2003, 79% of Ghanaian nurses sought verification for working in the United Kingdom while 13.8% requested verification for the United States of America.

Ross, Polsky, and Sochalski (2005:253) conducted a study to predict the international migration of nurses in different developing countries. The findings revealed that in 2002, 12% of Malawian nurses were added to the United Kingdom register. The same study revealed that the poorer the country, the more extensive the migration of nurses. In addition, Martineau,

Decker and Bundred (2004:4) indicated that 60% Malawian nurses left the tertiary hospital between 1999 and 2001.

It should be noted that Malawi trains 60 nurses per year. However, the country loses around 100 of its nursing workforce annually through migration. Of these nurses, more than half are working in the United Kingdom (Denton 2006:78). This indicates the massive disproportion of growth in the number of foreign nurses from less developed countries in the United Kingdom. The “brain drain” of nurses continues to increase exponentially in Malawi. According to Batata (2005:5) in 2005, fifty seven nurses left Malawi for better paying jobs in the overseas countries.

Jamaica lost 95% of its nurses to other countries between 1978 and 1985 International Labour Organisation (1998) cited in Kingma (2001:207). This is another example of the severe ‘brain drain’ experienced by many developing countries worldwide. In 2001, it was estimated that more than 50% of new nurse registrants in the United Kingdom were foreign trained (Ross; et al. 2005:253).

### **1.3. PROBLEM STATEMENT**

The escalating mobility of nurses has attracted scholarly attention as a result of the detrimental effects on the provision health services in the developing countries. The migration of nurses is also a problem in Lesotho. In the past few years the researcher has observed that the majority of nurses, who move out of the country for employment purposes, leave their families behind. The family members of migrating nurses especially partners or close relatives, run the families and are involved in child care. The impact of nurse migration especially on their spouses, extended family members and children is not known.

The researcher has observed that these nurses are sometimes the main breadwinners. They leave behind their partners, parents, children and extended family members. These family members and sometimes older

children are left with the household responsibilities. Sometimes the older children are also left with the responsibility of caring for their younger siblings. Migration to work in another country may have both positive and negative impacts on the families of the migrating nurses. According to Stark and Bloom (1985) cited in Ross, et al 2005:253), "migration may be driven by an incentive to spread family earning potential across country boundaries." However, the literature does not reveal the experiences of family members with regard to the costs and benefits of nurse migration.

The related costs, benefits and challenges that families left behind face or encounter are not known. There has been no published research to reveal the costs and benefits of nurse migration to their families; it is not known whether the costs outweigh the benefits or vice versa. The literature does not reveal any studies on the costs and benefits of nurse migration to their families in Lesotho or elsewhere. The available literature on nurse migration focuses on driving forces and the economic impact of the practice on the source countries.

Therefore, the researcher considered it important to undertake this study to investigate the experiences of family members of migrating nurses with regard to the costs and benefits of nurse migration.

#### ***1.4. Purpose of the study***

The purpose of this study was to explore and describe the experiences of family members of migrating nurses from the Maseru district, Lesotho, with regard to the costs and benefits of nurse migration.

#### ***1.5. Research objectives***

**1.5.1** To investigate and describe the costs of nurse migration as experienced by their families.

1.5.2. To investigate and describe the benefits associated with nurse migration as experienced by their families.

### **1.6. Research question**

What are the experiences of family members of migrating nurses with regard to the costs and benefits of nurse migration?

### **1.7. Justification/ significance of the study**

Conducting the study was deemed necessary for the following reasons:

- The study promised to contribute to a better understanding of the costs and benefits of nurse migration to the family members left behind by the migrating nurses.
- The study findings would inform nurses of things to take in account before making the decisions to leave their families, and help them realise the burden that their families may face in their absence.
- The study would shed a light on the adverse consequences of nurse migration in terms of the families left behind.
- The study findings would also lay a foundation for future research on nurse migration in Lesotho, as well as contributing to the existing pool of knowledge on migration of nurses worldwide.

## **1.8. Operational terms**

### **Costs**

For the purpose of this study costs, 'refers' to both financial and social or emotional challenges and negative effects of migration as experienced by families of migrating nurses who have left Lesotho to work in other countries.

### **Benefits**

For the purpose of this study, 'benefits' refers to monetary gains or positive social or emotional effects as experienced by family members of migrating nurses.

### **Family**

A family is a group of people living together, usually married couples with children and other close relatives. From the African perspective a family consists of a married couple, children and other extended family members (Starbuck 2002:2-10). For the purpose of this study, a 'family' refers to the migrating nurses' close and extended relatives, namely their spouse, children, parents, siblings and other distant family members.

### **Migration**

For the purpose of this study, 'migration' refers to movement of nurses from their country of birth to other countries, especially developed countries for employment purposes and other incentives.

## CHAPTER TWO: LITERATURE REVIEW

### **2.1. Introduction**

This section presents available information on the migration of nurses in African countries and abroad. Literature addressing migration of nurses tends to focus on the magnitude of the problem, factors contributing to the problem, and the impact of the international nurse migration on health service delivery in developing countries. However, there are limited numbers of studies which focus on the experiences of family members of nurses working outside their native countries and on the experiences of the migrating nurses themselves.

In order to obtain relevant information, the following literature search strategies were used: computerised databases: EBSCO multiple databases such as MEDLINE and, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Health Sources: Nursing academic/edition and Health sources-consumer edition. Moreover, the researcher used PUBMED and online South African medical journals to obtain information. Besides computer searches, other strategies such as reading conference proceedings, contacting invisible college, and reading hard copies of books and journals were used.

For computer searches the following key words were used: "nurse migration", "costs and nurse migration", "benefits and nurse migration", and "health professionals' migration." Terreblanche, Durrheim and Painter (2006:27) indicate that it is important to use key-words in order to search for information relevant to the research area of interest. The following "Boolean operators", "and", "or", (Gerrish & Lacey 2006:97) were used to search for information.

The review of the literature is discussed under the following sections: costs and benefits of nurse migration on the nurses' families and themselves; the push and pull factors of migration of nurses; the costs and benefits for the developing countries; the costs and benefits for recipient countries; and efforts

to stem the 'brain drain' of nurse migration. Hence a thematic literature review style is adopted to discuss literature, centred or structured around themes and focusing on debates from different scholarly opinions (University of North Carolina, no date).

## **2.2. Human resource for health in Lesotho**

Lesotho is experiencing depletion of its human resources, and as such most health centres and hospitals are understaffed. According to MSF (2007:11) 54% of professional nursing posts in Lesotho health centres are vacant. The situation is worsened by migration of nurses to well-developed countries. It is also reported that the employment rate (hiring) for nurses has fallen to 15% from 1994 to 2004 (MSF2007:11). This is based on the assumption that Lesotho's newly qualified nurses leave the country to go and work in well-resourced countries for better pay and improved working conditions. This has contributed to a decrease in employment rate and shortage of nurses in the country.

Dolvo (2007:1375-6) indicates that lengthy employment processes and lethargic civil service bureaucracy in Lesotho has contributed to reduced recruitment pace for health workers. The author also argues that decreased health service production in the country is associated with the ban of the enrolled nurses' programme in Lesotho.

In 2002, the ministry of health and social welfare through the World Bank established the health sector reform project. The aim was to develop a strategic human resource plan to rationalise staff development and recruitment of health workers. Dolvo (2007:1380) outlined retention strategies adopted by the sub-Saharan countries. Lesotho adopted the following strategies: drafting of human resource retention plan, revision of salary structures for health professionals, to address production needs, a new faculty of health sciences needs to be established and retirement policy to be revised (Dolvo 2007:1380).

### **2.3. Costs and benefits of nurse migration to nurses themselves and their families**

There is a remarkable paucity of research literature addressing the experiences of the family members of migrating nurses. This makes it difficult to understand the costs and benefits of nurse migration as experienced by the family members of migrating nurses. There is also a lack of information on the experiences of the migrating nurses themselves.

Likupe (2006:1213-1220) conducted a literature review to highlight the experiences of black (African) nurses in the UK. This review revealed that foreign nurses in the UK are faced with negative working experiences. They face discrimination in pay and service conditions and are exploited by their managers. The researcher states that there is very little research on the experiences of African nurses working in the UK.

In a study on the role of recruitment agencies, Mulholland (2003:3) cited in Oosthuizen, Ehlers; & Jooste (2005:58-9) indicated that in 2002 the UK Department of Health revealed that recruiting agencies do not comply with ethical recruitment practices for foreign nurses. The foreign nurses were asked to pay £2000 to the employer or the agency. This was done prior to commencement of work in the UK without concrete reasons for the payment. This could be interpreted as or argued as having a negative impact on the migrating nurses since it affects their financial status.

Although nurses working overseas may face adverse effects when working in a foreign country, it could be argued that the experience may contribute to improvement of the socio-economic status of their families and their professional development. In support of this (Alexis and Vydelingum (2007:441) showed that foreign nurses working the UK National Health Systems are able to built working relationships with their British counterparts and are able to develop both personally and professionally. They are in the position of being able to acquire skills which can benefit their native countries if they return home.

Another positive effect of migration was reported by Troy et al. (2007:3) in a study on nurses' experiences of recruitment and migration from developing countries. The study revealed that there are positive effects of nurse migration, such as ability to send money home to support the family, and that the practice gives both the migrating nurses and their families an opportunity to travel. In addition, the authors argue that migrating nurses benefit from studying abroad and being exposed to different work environments. In support of this Kingma (2007:1291) also indicates that migration of nurses contributes to the welfare of their family members.

## **2.4. Push and pull factors**

In order to develop insight into the motives behind nurse migration and the costs and benefits of such movement, it is necessary to understand the push and pull factors relating to nurse migration.

### **2.4.1. Push factors**

There are quite a number of factors that encourage nurses to leave their native countries to go and work in well-developed countries. In the literature these are referred to as the push factors. The push factors refer to the events or situations which prevail in the nurses' native countries that motivate them to leave and go to work in foreign countries. They are the negative characteristics that exist in the country of birth which de-motivate and force nurses to seek employment in middle-income or higher-income countries (Dolvo 2004:8).

The literature revealed that poor remuneration in the developing countries is the main push factor for nurse migration (Ogilvie et al. 2007:118; Kline 2003:107; Kingma (2007:188). Ehlers et al. (2003:24-57) conducted a study to identify perceptions that influence nurses to migrate from South Africa. The study revealed that nurses move out for 'greener pastures', better

remuneration and the ability to save money quickly for specific reasons, such as to accomplish their dreams and achieve better living conditions.

Kingma (2001:206) argues that job dissatisfaction, unbearable workloads and poor support from supervisors are often contributing factors to nurse migration in developing countries. It was highlighted that increased workloads experienced by nurses in less-developed countries may lower their morale; and cause unnecessary psychological harm. It should be noted that unbearable workloads (which are usually not associated with any incentives) as stated by Kingma often contribute to nurses' search for decent employment elsewhere.

The literature reveals that nurses do not leave their native countries intentionally, but they are 'forced' to leave by poor working conditions in their countries of origin, and the feeling of being devalued (Awases, Gbary & Chatora (2003) cited in Thupayagale (2007:107). In support of Thupayagale, Kline (2003:107) conducted a literature review on nurse migration; this also revealed that prevailing poor working conditions such as lack of protective clothing and other advanced medical equipment in developing countries often contributes to migration of nurses. Additionally, Denton (2006:77) holds a similar opinion that nurses leave their countries of origin due to poor infrastructure at the workplace.

Another push factor revealed in literature which is considered to fuel migration of nurses from developing countries to the developed countries is the nurses' concern for personal safety from infectious diseases such as HIV/AIDS, and Tuberculosis (TB) (Kline 2003:108; Thupayagale 2007:107). It has been argued that the high prevalence of HIV/AIDS in developing countries is a contributing factor, since nurses are continually exposed to the infection without adequate protective measures. However, it is not clear whether under such circumstances nurses leave with their families, or ever come back to their native countries. Although this is cited as a push factor, it is worth noting that HIV/AIDS is a pandemic disease -but prevalence in overseas countries is far below that in Africa and other developing countries.

A paper addressing the ethics of 'nurse poaching' from the developing world indicates that nurses who migrate also highlighted crime and political instability as reasons for wanting to migrate to the well-developed countries (Singh et al. 2003:668). Although political instability is cited as another reason for migration, it is not clear whether nurses ever come back to their countries of origin once political stability is gained.

#### **2.4.2. Pull factors**

In search for better pay, quality of life and professional development, nurses from less-developed countries continue to migrate to higher-income countries (Ehlers et al 2003:26; Kingma 2006:206). Various factors attract nurses to go and work in developed countries. These are referred to as the pull factors or positive characteristics that attract nurses to go and work in First World countries (Dolvo 2004:8).

The literature reveals high salaries or better wages as a leading pull factor in migration of nurses. Kline (2003:107) conducted a literature review on nurse migration to describe the push and pull factors in relation to international recruitment. The findings revealed that nurses migrated to seek for better wages. Kingma (2001:206) says nurses migrate to search for a higher standard of living and better quality of life and to improve socio-economic opportunities for themselves and their families.

Another pull factor reported in literature is the advertising of incentives such as tax-free salaries (Singh et al. 2003:667). This has contributed to escalating numbers of nurses migrating to the developed countries. These authors argue that advertising tax-free salaries fuels migration of nurses and the practice is considered to be unfair to the developing countries which cannot compete with the richer ones due to lack of resources in less-developed countries.

Thupayagale (2007:108) says that the accessibility of the internet makes communication easier - and this is seen as an opportunity for nurses wanting to migrate or those who are ready to exercise their freedom to move across

the borders. The use of internet creates awareness of the existence of better-paying jobs worldwide and better work opportunities. This motivates nurses to leave their native countries and their loved ones and to leave their country for better paying jobs elsewhere.

These pull and push factors clearly compel nurses to leave their countries of birth and their loved ones. Understanding the pull and push factors may assist in linking the present study with previous ones and to draw parallels in terms of the costs and benefits of nurse migration to their families.

## ***2.5. Costs and benefits of nurse migration for less developed countries***

The migration of nurses from less developed to First World countries may cause socio-economic hardships in the developing countries. The ability of less developed countries to provide adequate health care services for their own populations may be compromised. The developing countries are experiencing substantial 'brain and skill drains', economic constraints and poor service delivery.

### **2.5.1. Economic impact**

The developing countries lose their economic investment in the education and training of the health professionals (Kingma 2001:211; Kline 2003:107). It may be argued that migration of nurses may impact negatively on the economy of the developing countries.

Kirigia, Gbary, Muthuri, Nyoni, & Seddoh (2006:1-10) conducted a study to investigate the monetary costs of migration of nurses to the following seven countries: United Kingdom, United States, Australia, Canada, France, Germany, and New Zealand and to describe losses from this 'brain drain' of nurses. Although it is not clear whether the amount is per year or not, Kenya loses US \$338,868 on the training of nurses. The country spends US \$43,180

to educate one nurse from primary school to college. Therefore, it could be concluded that Kenya is robbed off millions of dollars through nurse migration. This may be similar in other developing countries, including Lesotho. Although the financial costs of nurse migration seem to be high for the source countries, the literature does not reveal the costs and emotional impact of nurse migration to the families left behind.

Although there are foreseeable economic risks to the developing countries, there are also positive implications of the practice for these countries. According to Kingma (2007:1292) and Troy et al. (2007:3), the diasporas of nurses contribute to the national economies of the developing countries. The practice has contributed to high proportions of the gross national product of some of the developing countries. These countries benefit from the money sent home by migrating nurses Troy et al. (2007:3).

Denton (2006:78) indicates that other developing countries recognise migration of nurses as making a positive contribution to the economy of the source country: the remittance sent home by the migrating nurses to their families. The Philippines is one of the developing countries which recognises the contribution of nurse migration to the country's economy. It is estimated that the Philippines gained US \$6.8 billion in 1999 - and the amount had increased to approximately US \$8.5 billion in 2004 (Perrin, Hagopian, Sales & Haung 2007:219). Therefore, it could not be denied that the country is benefiting from nurses migration.

### **2.5.2. Health service delivery**

Buchan (2006:18) highlighted the fact that recruitment from developing countries can impact negatively on the health services delivery of such countries. They are likely to face depletion of human resources, resulting in poor service provision to their citizens.

The remaining nurses in donor countries are likely to experience negative impacts from the migration of their fellow colleagues. These may include increased workloads and needing to work additional hours for continuity of care. The remaining staff are likely to suffer from high levels of stress and job dissatisfaction resulting in a rise in sick-leave and absenteeism and endless civil actions for better payments and improved working conditions (Yah 2006:76; Troy et al 2007:3).

It may be argued that the future of the nursing profession and potential future nurse leadership in the developing countries is at stake as young nurses are recruited and are moving out. According to Troy et al. (2007:5), nurses who migrate are highly skilled and experienced. Therefore, this movement may also pose problems in terms of mentorship in the donor countries – as well as deterioration in the quality of care given to citizens.

It is worth noting that trained nurses provide more specialised care than ordinary staff. Therefore, Buchan (2001:204) and Martineau et al. (2004:4) argue that the impact of the loss of one or two nurses with specialist skills is more than the loss of more than the loss of greater number of general.

The effects of nurse migration on the donor countries may be linked to the experiences of family members in the absence of the migrating nurses. The information obtained from this study may be of paramount importance in understanding the emotional and economic costs of nurse migration to the families – and countries – concerned.

## ***2.6. Costs and benefits of nurse migration for recipient countries***

The developed countries are benefiting from recruiting overseas nurses rather than using 'home-grown' nurses. They benefit from reducing their financial costs on training while obtaining the necessary staff to increase their workforce and cover up the demand for such staff.

### **2.6.1. Economic benefits**

Migration of health professionals provides financial benefits to the economy of the recipient countries. The recipient countries save R3974.40 billion by recruiting from developing countries, making savings in training and education costs. It is cheaper to employ foreign nurses than to retain their own nurses (Kline 2003:109; Duma 2006:4; Eastwood et al. 2005:1892; Martineau et al. 2004:3).

Loeweson and Thompson (2006:1) point out that hiring costs for overseas nurses outweigh the costs relating to the advertising, temporary placement and appointment of experienced home-grown nurses in the UK. The costs for hiring foreign nurses were estimated to be £2,000–4,000 a head while the UK Department of Health had estimated the hiring costs to the value of £40,000 for foreign nurses. There is no doubt the UK is benefiting from recruitment and hiring foreign nurses.

### **2.6.2. Health services**

The employers in recipient countries benefit from getting the migrating nurses to fill their vacant positions. The migrating nurses are flexible about working under different conditions and often in 'less desirable' areas of work such as in mental health institutions. These nurses are willing to work under socially unacceptable conditions, for example on night duty. Moreover, they are willing to work in less desirable geographic areas, such as in rural areas (Martineau et al. 2004:3; Connel et al. 2007:1876). It is worth noting that these are conditions under which they would not normally work in their own countries.

## **2.7. Efforts to stem the brain drain of nurses**

It is essential that both developing and developed countries play an active role in alleviating the problems associated with nurse migration. The developing

countries need to examine and address issues pertaining to what pulls nurses to destination countries, and what pushes them out of their native countries. It is worth noting that some developing countries, especially South Africa, have made remarkable attempts to address migration of nurses. However, Lesotho and others seem to be silent in addressing the problem.

In 1999, the then President of South Africa Nelson Mandela, pleaded with the UK to stop recruiting from South Africa. This was followed in 2001 by calls to ban the UK agencies from recruiting in South Africa. The South African and British authorities held negotiations to ban recruitment from South Africa but recruiting agencies continue to recruit South African nurses (Oosthuizen et al 2005 cited in Duma 2006:6).

In 2001 Dr. Rispel initiated an exchange programme for nurses in Gauteng province, South Africa, aimed at allowing nurses to go and work overseas to gain experience and then to come back to share their experiences with their colleagues. However, it is not known whether this programme was ever implemented (Duma 2006:6).

In 2005, the South African Minister of Health, Dr. Manto Tshabalala Msimang approached the International Organisation for Migration making a plea to bring back all the South African nurses. This followed the international migration conference held in Addis Ababa to develop strategies to manage migration of nurses (Health Systems Trust 2001 cited in Duma 2006:6).

A paper on the 'brain drain' of health professionals concluded that this is a complex phenomenon. Therefore, meaningful dialogue and consideration are needed to address the problem. The donor countries need to improve attraction and retention strategies in order to discourage nurses from migrating (Martineau et al. 2004:1; Troy et al. 2007:3).

The exodus of health professionals from developing countries needs to be addressed, and realistic solutions need to be implemented to solve the problem. The donor countries should provide better salaries, affordable mortgages, car loans, incentive payments and educational subsidies to

employees (Nullis-Kapp 2005:85) in the hope of encouraging health professionals to stay at home.

On the other hand, Martineau et al. (2004:1) argue that 'recipient' countries need to ensure that they do not become a permanent drain of health professionals from developing countries. These countries need to improve their local training and address problems that contribute to the migration of nurses and shortage in the nursing workforce in their health system.

In a paper titled 'The migration of nurses: trends and policies', it was highlighted that the recruiting countries should compensate the donor countries. The donor countries should regulate the flow; this can be achieved through proper planning, and each country should develop its own strategy for dealing with the 'brain drain' of health professionals (Stilwell et al. 2004:595; Buchan & Sochalki 2004:592).

The article 'Nursing Migration: global treasure hunt or a disaster-in-the-making?' (Kingma 2001:209) indicated that factors which contribute to nurse migration need to be recognised and integrated into any policy-making process. The donor countries need to be aware of conditions that de-motivate and lower employees' morale and address these (Singh et al 2003:668-669). If appropriate policies are implemented to curb migration, this can benefit both the countries and the families of migrating nurses, also enhancing the unity of the families in developing countries.

## **2.8. Summary**

The reviewed literature reveals a number of factors which fuel migration of nurses. Although some of the factors are personal, the outstanding pull factor is better remuneration- while on the other hand low pay is reported as a common push factor. The reviewed literature also revealed that nurses working in developed countries are experiencing emotional dissatisfaction as a result of discrimination.

There are both negative and positive factors relating to nurse migration, which are experienced by both developed and developing countries. However, the developing countries are facing more severe damage. Health service delivery in developing countries is deteriorating, whereas the developed countries benefit from cost savings and from obtaining skilled health professionals. Both developed and developing countries need to address this problem.

University of Cape Town

## CHAPTER THREE: METHODOLOGY

### **3.1. Introduction**

This chapter presents the research design used to conduct the study as well as the setting in which it was conducted. The population of the study and sampling methods used to select participants are discussed. The chapter also discusses the methods used for data collection. It concludes with a discussion of ethical principles as well as limitations of the study.

### **3.2. Research design**

This was a qualitative, explorative, descriptive phenomenological study. Qualitative research is an interpretative approach whereby the researcher studies the respondents in their normal surroundings, spending time with participants and interpreting the phenomenon under study (Marshall & Rossman 1999:2). Qualitative research is based on the idea that knowledge of human behaviour cannot be learnt without describing human experience as expressed by persons experiencing it, and on the belief that what is known has an underlying meaning (Burns & Grove 2001:61).

In the phenomenological approach, participants' experiences of the phenomenon under study is concentrated on, and the researcher describes the experiences as expressed by the study participants (Burns & Grove 2001:65; Brink 2003:119). The researcher asks the question 'What is the essence of this phenomenon as experienced by these people?' In phenomenological enquiry the main data come from in-depth interviews and the researcher is actively involved in the process (Polit & Hungler 1993:324).

In phenomenological studies the researcher explores the structure of consciousness in human experience and tries to understand the informants' explanation of the phenomenon under study (Polkinghome cited in Creswell

1998:51). The researcher searches for underlying experiences in the participants' description and observes participants' non-verbal cues.

Phenomenological enquiry is based on epistemological philosophy which sees the researcher and participants as interrelated, not independent. The epistemological perspective postulates that knowledge or evidence can be generated by observing and participating in or experiencing the natural setting and interacting with participants (Morse 1994:118; Mason 2002:85; Creswell 2007:247). The researcher is directly involved in the research process and maintains a close relationship with the participants.

The phenomenological approach is also based on the ontological paradigm. This philosophy addresses the following question: 'When is something real?' The researcher tries to understand the nature of reality that she/he wants to investigate (Creswell 2007:247). In this study the ontological paradigm was considered relevant to understand the experiences of families of migrating nurses with regard to costs and benefits.

The phenomenological approach was believed to be appropriate for this study in order to answer the research question: 'What are the experiences of family members of migrating nurses with regard to the benefits and costs of nurse migration? The intention of the current study was not to build a theory, but to understand the underlying meaning of the costs and benefits of nurse migration on their families.

### **3.3. Setting**

This refers to the study site, which is the area where the study was conducted. This study was conducted in Maseru district, Lesotho. Maseru is the capital city of Lesotho and lies in the west of the country in the lowlands. According to the Lesotho Census 2006 preliminary report, the population of

Maseru district is 436 399 and the total population of the country is 1.8 million (Lesotho Census 2006).

There are three public hospitals and one private hospital within the Maseru district. These hospitals are faced with a shortage of nurses and the challenges associated with nurse migration. Nurses from these hospitals are resigning at an increasing rate on a monthly basis and migrating to other countries, including South Africa, other African countries and overseas countries (Cobbe 2004:3). The setting for this study included all these hospitals, since family members selected were within the catchment areas of these hospitals.

### **3.4. Population of the study**

According to Brink (2003:132), a study population is the entire group of persons or objects that is of interest to the researcher and that is to be studied. The population in this study consisted of family members of nurses who had left Lesotho to go and work in other countries for a period of more than two years. The sample for the study is discussed in detail under chapter five

### **3.5. Sampling**

This refers to the process of selecting participants for the study (Polit & Hungler 1994:174). In this study two sampling methods were used to select study participants: purposive and snowball sampling.

The purposive sampling involves choosing candidates who are knowledgeable about the phenomenon being studied to participate in the study (Brink 2003:141). This sampling technique is based on the researcher's knowledge of participants who qualify for the study and who can provide the required information (De Vos 2001:198).

Snowball sampling, which is also known as network sampling, is based on the premise that people with similar characteristics know each other. The researcher identifies key informants, who will assist her/him to find other participants (Burns & Grove) 2001:376 and De Vos 2001:254). The earlier informants are asked to identify, suggest and refer other people who meet the eligibility criteria for the study (Polit & Hungler 1994:177). The sampling technique was used to locate participants who meet the inclusion criteria.

Using purposive sampling two families of migrating nurses known to the researcher as her colleagues were identified and approached to participate in the study. These were regarded as the primary informants for the study. During the first visit the primary informants were asked to suggest other families of migrating nurses to participant in the study.

Thereafter the researcher contacted the suggested informants and recruited them to participate in the study. These families were each asked to identify other families of migrating nurses. In total, six families were identified and included in the study. Table 3.1 outlines the numbers of families identified for this study.

**Table 3.1 Number of participants**

<b>Families</b>	<b>No. of individuals interviewed</b>	<b>Relationship to migrating nurse</b>
Family 1	2	Spouse and child
Family 2	2	Spouse and child
Family 3	1	Younger sister
Family 4	2	Younger sister and child
Family 5	2	Spouse and child
Family 6	1	Parent

Most of the sample concluded at least two family members (a spouse, a parent, migrating nurse's sibling or the nurse's child) per family. In one family a child was not interviewed since she did not meet the inclusion criteria (she was under the age of 10) but an adult member was interviewed. In another family the migrating nurse was single and had no children, so her mother was interviewed. Therefore, ten participants formed the study; in four families; two family members were each interviewed, while in two families one family member was interviewed.

#### **Inclusion criteria**

The following inclusion criteria were observed in this study:

##### **Adults**

- Male or female family members of the migrating nurse, namely the spouse or a close relative responsible for daily activities of the family while the nurse is away.

- Female or male family member who was living with the family before departure of the migrating nurse, and remained with the family after the nurse had left the family.

#### **Children**

- A child of the migrating nurse aged between 12 and 19 years.

#### **Exclusion criteria**

##### **Adults**

- Babysitters or nannies employed to look after the family when the nurse is away and who were not family members were excluded. Although nannies are left with family responsibilities, they are not related to the migrating nurse, and their experiences might be different from those of family members.

##### **Children**

- Children with mental disability or incapable of giving appropriate information or to express their feelings were excluded.

### **3.6. Pilot study**

This refers to "a small-scale version or a trial run for the major study" (Polit & Hungler 1994:40). These authors point out that unforeseeable problems may arise in the course of the study, so it is important to undertake a pilot study. According to Duma (2006:86), the researcher needs to embark on a pilot study for the following reasons:

- To assess the feasibility of a full-scale study;
- To develop and test the adequacy of the research instruments;
- To establish whether the sampling techniques are effective;
- To assess the clarity of the questions and determine whether the information gathered will answer the research question; and
- To identify logistical problems that might occur with the proposed methods.

In this study two families of migrating nurses who had been the researcher's colleagues for the past few years were identified and approached prior to data collection. The researcher explained the purpose of the study to the family members and followed the outlined protocol for the study. These families were interviewed and were included in the main study. The data collection methods used and questions asked for the pilot study and the main study were the same. Therefore, data from the pilot study were analysed together with data from the main study.

### **3.7. Data collection**

The researcher used two data collection methods: these were semi-structured interviews and taking field notes during the interview session.

#### **3.7.1. Interviews**

A semi-structured interview guide was designed during proposal writing. The interview guide consisted of two main questions and additional probing questions. The main questions were:

-Can you tell me about the good things you have experienced/benefited from him/her being away?

-Can you tell me about the bad things you have experienced in his/her absence?

These were followed by probing questions such as 'tell me more?' 'please explain' and so on, depending on participants' response. The semi-structured interview guide is available as Appendix 6.

A semi-structured interview implies that the researcher asks specific questions and probing questions are asked to cover the research area for further clarification (Brink 2003:158). In this study the researcher asked the two main open-ended questions above and these were followed by probing questions depending on the informants' response. The interviews were audio-taped and transcribed verbatim on the same day of the interview.

### **3.7.2. Field notes**

These refer to the notes that researchers take regarding their observations during the interview, and the interpretation of those observations (Polit & Hungler 1994:216). In this study the researcher wrote field notes on the observations made during the interview. These notes highlighted the participants' reactions, facial expressions and non-verbal cues.

### **3.8. Data collection process**

Following approval to conduct the study from the Ethics Committee of the University of Cape Town, a letter was written to the Director of General Health Services (DGHS) in Lesotho requesting permission to conduct the study and this was granted.

The researcher selected two families of migrating nurses known to her (who were her colleagues) to participate in the study. During the first visit, each family member was asked to identify and refer other families who met the eligibility criteria for the study (Polit & Hungler 1994:177). The suggested informants were approached and also requested to participate in the study.

During the first visit the researcher assessed and identified candidates who met the inclusion criteria. The purpose of the study was explained to participants, who were given information sheet and informed consent upon agreeing to participate. When obtaining consent from children, a parent or guardian was asked to fill in the informed consent form. Children were asked to give assent in order to indicate their willingness to be interviewed.

Participants were asked to set the date and time for the interviews thus allowing them to exercise their right to autonomy. The interviews were conducted during the second visit.

### **3.8.1. Interviews sessions**

The interviews were held in each participant's home, which was regarded as a natural environment for the interviews to take place. This is important to qualitative researchers, who should study their participants in their natural settings (Streubert, Carpenter 1999:16; Neuman 1997:349). In addition, the homes provided minimal disturbances.

In an endeavour to observe participants' right to privacy, all participants were interviewed separately at their homes. An interview session which lasted for an hour was conducted with each participant. All the children were interviewed in the absence of a parent or guardian to allow them freedom of expression and these were biological children of the migrating nurses.

The interviews were conducted in Sesotho and were audio-taped. The data were transcribed verbatim within twenty four hours after the interview to ensure accurate recording of participants' data (Duma 2006:113). The transcribed data were translated into English by a qualified and experienced Sesotho-English translator. The English transcripts were read and verified by the researcher to avoid possible loss of meaning. A colleague who understands both English and Sesotho was also asked to read both the Sesotho and English transcripts.

### **3.8.2. Field notes**

Field notes were taken during interviews when certain observations were noted, to reflect participants' reactions to certain questions and their responses.

After the interview the audio-taped interviews were played back to the participants to verify the collected information to give participants an opportunity to comment or add anything that they wished to.

### **3.9. Ethical considerations**

The following ethical principles were observed in this study:

- Permission to conduct the study was obtained from University of Cape Town Research Ethics Committee (Appendix 7)
- A letter was written to the Director General of Health Services in Lesotho requesting permission to conduct the study and this was granted (Appendices 5) and 8).

#### **3.9.1. Respect for persons**

Human beings need respect – whether they are research participants or not. The principle of respect for the individual includes participants' right to self-determination and their right to disclosure. This incorporates two fundamental principles- respect for autonomy and protection of vulnerable participants (Polit & Hungler 1994:360, and Ellsberg & Heisi 2002:1602).

- The nature of the study was explained to all participants and what they should expect during the interview.
- The researcher designed an informed consent form (Appendix 1) for participants to complete when agreeing to participate.
- An informed consent form for children was also designed for parents or guardians to fill when agreeing that children should be interviewed (Appendix 2).
- The researcher also designed an assent form so that child participants could show their willingness to be interviewed (Appendix 3).
- An information sheet (Appendix 4) was designed to provide participants with relevant information concerning the nature of the study.
- Participants' right to withdraw from the study whenever they feel uncomfortable was explained verbally, and this was also included in the information sheet and the consent form (Appendix 4).

### **3.9.2. Beneficence**

This principle refers to the obligation to maximise possible benefits of the study to the participants (Ellsberg & Heisi 2005:35).

- Although there were no direct benefits from participating in this study, it was explained to the participants that knowledge obtained will be beneficial to nurses who are in the process of migrating or planning to migrate.
- The researcher explained to the participants that there were no incentives for their participation.

### **3.9.3. Non-maleficence**

This principle implies doing no harm to participants in the study (Tschuchin 2003:63).

- The researcher explained to the participants that there are no foreseeable risks associated with the study.
- It was explained that they would not experience any harm in sharing their experiences.
- In situations where the researcher identified emotional disturbances during the interview, the interview was stopped.
- One child cried when talking about his relationship with his aunt who is taking care of them in the absence of their mother. The interview was stopped and the participant was comforted. The participant was asked if he would like to continue with the interview at a later point, or would like the interview to be ended there and then. He agreed to continue with the interview.

### **3.9.4. Distributive justice**

The principle of distributive justice implies that participants have the right to fair and equitable treatment before, during and after their participation in a study (Polit & Hungler 1994:362).

- The researcher ensured that all participants were treated equally without undue harm.
- Participants were given similar information with regard to the study and similar procedures were followed throughout the study. They were also given equal opportunities to comment on the data after the interviews.

### **3.9.5. Confidentiality**

Morse (1994:311) indicates that confidentiality and anonymity of data are important in research studies. This refers to keeping collected data private and not using study participants' names or recording them anywhere in the study (Morse 1994:311).

- The transcripts were assigned numbers for identification.
- Participants were informed that 'quotes' from the interviews will be used. However, efforts will be taken to select quotes that will not be associated with any participants.
- The audio-taped data, transcripts and other materials related to the study were kept under lock and key at the researcher's house.
- These will be destroyed after completion of the study and publication of the study findings.

### **3.10. Limitations of the study**

The member checking was carried out immediately after the data collection session since it was not possible for the researcher to return to the participants after she had returned to the University Cape Town during the second semester. The researcher failed to return to participants as a result of pressure from coursework. The mailing or postal services to Lesotho were considered to be unreliable, based on the researcher's previous experience. Therefore, participants were not given the opportunity to comment on analysed data and the findings of the study.

## CHAPTER FOUR: DATA ANALYSIS

### **4.1. Introduction**

This chapter presents the data management (how the researcher managed collected data prior to data being analysed) and data analysis process. It discusses the Computer-Aided Qualitative Data Analysis Software (CAQDAS) and manual data analysis. For data analysis Giorgi's (1970) method, as outlined in (Burns & Grove 2001:610), was used. The first section describes Giorgi's data analysis method and the next discusses how the method was applied in this study. The chapter concludes with the discussion on how the academic rigor of the study was ensured.

The purpose of this study was to explore and describe the experiences of family members of migrating nurses with regard to the costs and benefits of nurse migration on their lives.

### **4.2. Data management**

The data collected in qualitative studies is voluminous, regardless of research approach and tradition. The initial effort to analyse the data should be reduction of data into a manageable form (Polit & Hungler 1994:331). Polit and Hungler indicate that the researcher's task is to organise the qualitative materials, provide structure to collected data, and elicit meaning from the data before data analysis. Henning (2004:144) argues that the data management procedure should indicate how the researcher recorded and documented the raw data.

In this study, the audio-taped data were transcribed verbatim and consolidated into transcripts per family using Microsoft word processing (Henning 2004:144). The field notes were added to each participant's transcript. This was done within 24 hours after the interview of each participant. Thereafter the transcripts of each participant were prepared and saved in Word documents and were assigned code numbers for identification

purposes. The data were converted into smaller and more manageable units, which can be retrieved and reviewed easily without re-reading the entire data (Polit & Beck 2006:339).

The Sesotho and English transcripts were given to a colleague who understands both Sesotho and English for validation. This process aided in the assessment of possible loss of meaning and also helped the researcher in assessing whether the translations accurately represented participants' descriptions of the phenomenon under study.

All the transcripts were kept in a safe place at the researcher's house. The audio-tape data were also kept in a locked cupboard at the researcher's house and they are due for destruction on completion and publication of the study.

#### **4.3. Computer-Aided Qualitative Data Analysis**

The Computer-Aided Qualitative Data Analysis Software (CAQDAS) tools may be used for data management and data analysis (Henning 2004:126). There are a variety of computer packages designed for organisation and management of textual data. According to Henning these include "Ethnography, WinMAX, Atlas.ti, Nud.ist, NVivo, KWALITAN and HYPERRESEARCH which use similar data structure to assist the organisation and management of textual data". These tools do not analyse the data for the researcher but they facilitate data analysis by helping the researcher, to organise the data (Babbie & Mouton 2001:503).

Silverman (2005:189) classifies advantages of using CAQDAS into four categories:

1. Speed in handling large volumes of data, freeing the researcher to explore numerous analytical questions;
2. Improvements in rigour, including the production of counts of phenomenon and search for deviant cases;

3. Facilitation of team research, including the development of consistent coding schemes and
4. Help with sampling decisions, be these in the service of representativeness or theory development.

Although the use of computer packages is important in data management, for easy retrieval of relevant segments of the text, Henning (2004:126) indicates that the programs may impose several limitations. They “require that the text segments and coding schemes be defined before the data are entered, and this contravenes the inductive categorisation strategy preferred by qualitative researchers”. However, Duma (2006:125) argues that the importance of CAQDAS packages outweighs the disadvantages of the tools. The author indicated that computer-aided qualitative data analysis helps in saving transcripts into Word documents which can be retrieved for constant comparison during data analysis.

#### **4.4. Manual data analysis**

Burns and Grove (2001:596) indicate that there are several innovative strategies which can be used to analyse data in qualitative studies. In this study the computer-aided packages were not used to analyse data. However, computer programs such as word processing were used to save documents of transcripts from the interviews and condensed data materials. In this study the manual data analysis method was used. The researcher created physical files for each data category (Polit & Beck 2006:402), which were saved as Word documents.

According to these authors, manual methods of data analysis have been used before the advent of computer programmes to manage qualitative data. This method of analysis allowed the researcher to be close to the data and to gain understanding of participants' descriptions of the costs and benefits of nurse migration on their lives. The process assists the researcher to put together all

materials relating to the same category; these included phrases, sentences or whole paragraphs (Polit & Beck 2006:403).

#### **4.5. Data analysis process**

Polit and Hungler (1994:329) indicated that the purpose of data analysis is to put order into a large body of information in order to reach conclusions about the phenomenon under study and communicate the findings in the research report. The researcher has to make sense of hundreds of narratives material from participants. In this study data from interviews and field notes were analysed using Giorgi's steps of data analysis, which include the following:

- The researcher reads the entire data or description to get a sense of the whole.
- The researcher re-reads the whole data to discover the essence of the phenomenon under study and expresses the psychological insight contained in each of the meaning units more directly. The end result of this exercise is formulation of a series of meaning units
- The previously determined meaning units are examined for redundancies, clarification or elaboration by relating meaning to each other.
- The researcher reflects on the meaning units and systematic interrogation of each meaning unit is undertaken. The units are transformed into a consistent statement regarding the participants' response to the phenomenon under study. This is referred to as the structure of the experience, and can be expressed on a specific or a general level.
- The researcher formulates a consistent description of the structure of the phenomenon under study.

These steps have been used by many researchers, including Palikhathayil and Morgan (1991) in their study on suicide attempters. Giorgi's method of qualitative data analysis is user-friendly in exploring and describing the experiences of participants with regard to the phenomenon under study.

#### **4.5.1. Application of Giorgi's method in interviews**

Burns and Grove (2001:607) indicate that the researcher can utilise several variations to analyse data from phenomenological studies. In this study the researcher utilised Giorgi's method to analyse data collected from both interviews and field notes. Giorgi stresses the importance of wholeness in analysing data, and that individual elements of the phenomenon under study should be identified. These are not judged by the frequency of their occurrence; rather, it depends on the intuitive judgement of the researcher (Burns & Grove 2001:607).

The process followed during data analysis in order to apply Giorgi's method of data analysis is outlined below:

##### **4.5.1.1. Reading the entire data and descriptions to get sense of the whole**

For the researcher to be able to understand the data, she has to be familiar with them. The researcher read each transcript several times in order to familiarise herself with the meaning of the data. Reading the transcripts was done in a slow and purposeful manner to facilitate understanding and to get the gist of all information. This took place in a quiet environment with minimal disruption. This process allowed the researcher to understand the whole data and to get a sense of the data without changing the participants' language and meaning. This allowed the researcher to understand the participants' experiences and responses to the research question.

##### **4.5.1.2. Discovering the essence of the phenomenon under study**

The researcher re-read the transcripts, recalled observations and listened to the recorded data to identify similarities and differences in the data. This was also done in order for the researcher to become immersed into the data. The process of being immersed in data is referred to as 'dwelling with data' in

phenomenological studies (Polit & Hungler 1994:331). The researcher used different coloured markers to search for data with similar meaning. Phrases, sentences and paragraphs with similar meaning were coded with the same colour. While re-reading and coding data, the researcher wrote short notes in the margin to highlight the meaning of such phrases or paragraphs. This facilitated the recording of insight into the ideas related to the narratives, transcripts and meaning units (Burns & Grove 2001:599). This process allowed the researcher to group data in order to formulate themes.

#### **4.5.1.3. Examining the previously determined meaning for clarification or elaboration**

The data with similar meaning were put together and then themes were formulated. The researcher moved backward and forward between transcripts, field notes, meaning units and the literature to compare the findings. The researcher tried to understand the descriptions on the transcripts and the underlying meaning in the field notes and meaning units. This helped the researcher to be immersed in the data in order to describe the experiences of family members of migrating nurses with regard to costs and benefits on their lives.

The following extracts illustrate how data with similar meaning was put together in order to formulate themes:

*“Hey...you know! He has left with a hope of getting better salary...so, when I look at it I can see that there is a difference on his salary as compared to while he was working here...there is more money coming to the family, so that is giving me hope that our dreams will come true one day...now that he is working there it is even easier for him to send us money to meet our needs and to attend to some of the family needs which we used to struggle to meet.”*

*“Hmm...the first thing I can say is money...because --- indeed...I can see that the money we are getting from him is different from what we used to get in the past while*

*he was working in this country...again we are able to meet our daily needs...than we used to while he was working here."*

It should be noted that in both extracts the participants explained the importance of getting money from the migrating nurse for their ability to cater for their needs.

#### **4.5.1.4. Reflecting on the meaning units**

The researcher attached meaning to the grouped data and tried to understand the content being described. Polit and Hungler (1994:331) indicated that themes are derived from narrative materials, and the researcher goes back with the themes in mind to see if materials really do fit, and refines the themes as necessary. The researcher also reflected on participants' expressions, and non-verbal communication to understand the underlying meaning.

The following extract illustrates how the researcher attached meaning to the data:

*"If she takes time without calling...I feel anxious and ask myself unanswerable questions...such as 'what is happening with my child?' These are some of the things which...I keep on asking myself...being so far...I feel...you know there are a lot of problems in life...so if she doesn't call...I really feel scared and frustrated that she is in trouble or ill...I sometimes wonder if she is still alive...it is even worse if she complained of not feeling well...I become scared...the fact that she is alone...she is alone there...its like she is suffering alone."*

The highlighted phrases were attached to the feeling of being unsettled emotionally, and "emotional instability" was identified as a theme.

#### **4.5.1.5 Formalising a consistent description of the costs and benefits of nurse migration**

Lastly, the researcher formulated a consistent structure of common experiences of the costs and benefits of nurse migration as expressed by all

participants. She synthesised and integrated the insight achieved in the previous steps to finalise the identified themes.

#### **4.6. Organisation of analysed data and themes**

There was no theoretical framework used for data collection because “not all phenomenological studies require a theoretical framework or a conceptual model” as in quantitative studies where the researcher starts with a theory or hypothesis to test and the unit of analysis is variables or concepts of a theoretical framework (De Vos 2001:243). This is also supported by this research report’s external examiner’s comments (T. Khanyile). However, for data analysis a family functional approach was adopted to organise analysed data and the themes discovered through using Giorgi’s method of data analysis.

According to Schiamberg (not dated) in a family functional approach, the family members perform different functions for the survival and well-being of the family. These include:

- Socialisation of family members
- Economic support
- Division of labour for procuring material goods/ processing goods procured by family members
- Care, supervision and interaction among family members
- Provision of emotional support, affection and companionship

Socialisation of family members: In the socializing function, the family is involved in the care and education of both younger and older children. In addition, the family ensures that children learn cultural norms and values of the society within which they live.

Economic support: This refers to the family as the basic unit of production; and that production is primarily for the purpose of use by the family members. The family provide economic support to other family members within the

society. For the function to be carried out effectively, older family members should be involved in goods production.

Division of labour is divided into two: There is one for procuring material goods necessary for subsistence or luxury consumption. The second one is about the processing goods procured by family members for consumption by other family members.

Care, supervision and interaction among family members: the family is involved in the care, and supervision of family members for example parents caring and supervising the children and other family members. It is within this responsibility that the family enhance interaction of family members.

Provision of emotional support, affection and companionship: people need to be loved and treated with respect particularly the young ones. The Family has to ensure that family members stay together and close to each other for better emotional warmth. It is within this function that children will learn to care and love others.

Based on Schiamberg's family functional approach as an organiser, the following themes regarding to the costs of nurse migration to their families were identified:

- a) Lack of emotional support, affection and companionship
- b) Lack of Care, supervision and interaction among family members
- c) Misdistribution of the division of labour

Three themes were identified with regard to the benefits of nurse migration to their families. These include:

1. Improved Economic support
2. Division of labour for procuring/processing of material goods
3. Socialisation of family members

The identified themes are discussed Chapter five.

## **4.7. Academic Rigor/ Trustworthiness**

To enhance trustworthiness in terms of the qualitative data and findings (Polit & Hungler 1994:448), the researcher ensured that the following measures of trustworthiness were in place: credibility, dependability, and conformability.

### **4.6.1. Credibility**

This refers to "confidence in the truth of the data" and "how well the data and the processes of analysis address the intended focus" (Polit et al. 2001:315). The following measures were employed: triangulation, member check and peer examination (Brink 2003:124).

Triangulation involves use of multiple sources to collect data in order to enhance trustworthiness of data (Polit et al. 2001:313). In this study, data from interviews and field notes were analysed and interpreted.

Member check involves asking informants to comment on the collected data and analysed data. The measure of member check can be used informally during the data collection process (Polit et al 2001:314), as in this study. The researcher played the tape recorder immediately after interviews to allow participants to comment on the data. The informants were asked to make additions or deletions where necessary.

In an endeavour to validate the findings of the study, the researcher asked two of her colleagues to review the raw and analysed data. This is referred to as peer examination. According to Brink (2003:124) in peer examination, the researcher allows her/his peers to review and explore various aspects of the enquiry. The researcher exposes herself/himself to questions from her/his colleagues, her/his supervisor and experienced people in qualitative research or phenomenon under study. In this study the researcher asked two of her colleagues and experts in qualitative research to review the raw and analysed data and comment on them.

#### **4.7.2. Dependability**

This refers to “the stability of data over time and conditions” (Polit & Hungler 1997:306), whether the researcher has followed and adhered to all the steps of the enquiry. In this study the researcher consulted with her supervisor at all the steps of the research project and an open line of communication was maintained between them.

#### **4.7.3. Conformability**

This refers to the “objectivity and neutrality of the data” (Polit & Hungler 1997:307). The researcher allows independent people to review and comment on the data. An external reviewer was contacted and requested to review the data and relevant documents. The reviewer and the researcher reached consensus on the meaning and relevance of data.

During data collection the researcher used bracketing as another method of enhancing credibility. In bracketing the researcher tries to set aside her own preconceived beliefs or ideas (Brink 2003:120). In this study the researcher identified her own assumptions about the phenomenon, which were basically on economic issues. The researcher did not let her own assumptions about the costs and benefits of nurse migration to interfere with the data collection process.

#### **4.8. Conclusion**

This chapter discussed how data management was done and the procedure followed performed during data analysis. After manual data analysis of the interviews and field notes themes were identified according to similarity in meaning. The researcher also looked into the differences which emerged during data analysis. The process helped the researcher to understand participants' experiences with regard to the costs and benefits of nurse migration to themselves. The main themes derived from the data analysis are discussed in the following chapter.

## CHAPTER FIVE: FINDINGS OF THE STUDY

### **5.1. Introduction**

This chapter presents the findings of the study, which are discussed under two sections. The first section discusses the demographic data of the participants, and the second discusses findings from the analysed data on participants' responses to semi-structured interviews and the field notes. The supporting excerpts from participants' responses are used to explain and illustrate the findings. The chapter concludes with a brief summary of the findings of the study.

### **5.2. Section one: Demographic data**

In this study the sample consisted of six families of migrating nurses. Four families were represented by two family members each, an adult and a child. The other two families were represented by one family member each, an adult. Therefore, the total number of participants was ten (six adults and four children). Of the six adult participants, five were females and one was male. Two children were females and the other two were males. The adults' ages ranged between 30 and 65 years while children's ages ranged between 14 and 19 years.

The participants were related to the migrating nurses as follows:

- Three adult participants were married to the migrating nurses:
- Two female participants were married to migrating male nurses and one male participant was married to a female migrating nurse.
- Two female participants were younger sisters of migrating nurses.
- One female participant was the mother of migrating nurse.
- All children were the biological children of the migrating nurses.

Three adult participants were employed in poorly paying positions, while one participant was a pensioner and the other two were unemployed. They were

all dependent on the migrating nurses' salaries. All of the children were attending school; two were in primary school, one in high school and the other in the second year of his university studies.

### **5.3. Section two: Findings**

Six themes were identified during data analysis. The first three related to the costs of nurse migration to their families. Costs refer to either financial and social or emotional challenges or negative effects of nurse migration as experienced by the family members of the migrating nurse. These include the following:

- a) Lack of emotional support, affection and companionship
- b) Lack of Care, supervision and interaction among family members
- c) Misdistribution of the division of labour

The last three themes related to the benefits of nurse migration to their families. The benefits refer to monetary gains or positive social or emotional effects of nurse migration as experienced by family members of the migrating nurses. These include the following:

- a) Improved economic support
- b) Division of labour for procuring material goods
- c) Socialisation of family member

#### **5.3.1. Costs to the family**

##### **5.3.1.1. Lack of emotional support, affection and companionship**

The theme "lack of emotional support, affection and companionship" was derived from the following meaning units from data: missing the migrating nurse, unhappiness in his/her absence, constant worrying about the well-being of the nurse, lack of intimacy and fear of risky sexual behaviour. An

illustration of **missing** the migrating nurse was demonstrated by the following example:

*“...because he is my dad...when he is not around I miss him a lot ... I miss him a lot...especially because he takes a long time before coming home ... and when he is here he doesn't stay long ... you will find that he comes twice a year and spend few weeks ... to me this is not good and not nice...”*

Another example of **missing** the migrating nurse is demonstrated below:

*“You know...just missing her...as a parent I miss to see her walk by ... to look at her and admire the way she walks...it's a pleasure to a parent ...that feeling of being a parent...I really miss her so much.”*

Another participant expressed how she **misses** the migrating nurse as follows:

*“I miss her...we miss her because she is not with us...she doesn't come home regularly...even if she wants to come she has to wait for her annual leave...sometimes you will find that she wants to come...but...its expensive for her to come ... yah ...we really miss her...she is always on my mind...she normally comes home after six months and spends one month or less with us...when we get used to her she goes.”*

Another participant related the experience of **missing** the nurse as follows:

*“...what is left is that we are human beings...as human beings...we miss each other...yes, I miss her as my wife ... that is the issue ... but I am sure you understand that...”*

**Unhappiness** as a meaning unit for the theme “Lack of emotional support, affection and companionship” was illustrated by the following extracts:

*“There is no joy in the family...especially when a member of such a family is that far...and then he comes home after a long time...I am sure you understand how...that is...many things are happening here and even for myself as his wife [frown]...really it is hard for me”*

Another participant made the following comment with regard to **unhappiness** in the absence of her partner:

*“In his absence...to be honest it is not nice... to tell the truth I am not happy in his absence.”*

Another experience of **unhappiness** is illustrated in the following excerpt:

*“Well...I feel unhappy about our separation but it's for the future of our children...I keep on longing to see him...but what I know is that one of these fine days he will come back.”*

A child participant expressed **unhappiness** in the absence of his mother as follows:

*“If there is an event or occasion at school...like parents' meetings, 'open days' and cultural events, if I don't go with her...I feel unhappy...because you will find that other children go with their parents...and I don't go with my real parent.”*

**Constant worrying** about the migrating nurse's well-being was found to be an issue for the families, as illustrated by the following extract:

*“At times, if she tells us that she did not go on duty because she is ill or she is having flu...or tells us that she is not well...we become worried...since she is alone there...no one is helping her...these are some of the things that interfere with our happiness...even though she is getting a better pay, but I am worried about her health.”*

Another demonstration of **constant worrying** is illustrated in the following excerpt:

*“If she takes time without calling...I feel anxious and ask myself unanswerable questions...such as 'what is happening with my child?' These are some of the things which...I keep on asking myself...being so far...I feel...you know, there are many problems in life...so if she doesn't call...I really feel scared and frustrated that she is in trouble or ill...I sometimes wonder if she is still alive...it is even worse if she complains of not feeling well...I become*

*scared...the fact that she is alone...she is alone there...it's like she is suffering alone."*

One child expressed **constant worrying** about the well-being of his mother as follows:

*"Last time before she came here...she told us that she is sick and we were scared... thinking that her illness is serious...I become worried if she says she is sick."*

**Lack of intimacy** as a meaning unit for the theme "Lack of emotional support, affection and companionship" was expressed by most family members. This is reflected by the following quote:

*"Oh ... at times I need to talk to my parents...especially my mum ... if I have problems which I cannot talk about over the phone...or share with anyone except her...sometimes I need her company or to be with her... those are some of the things...but we normally talk over the telephone...but at times it's better if we talk facing each other...so that she can take an immediate actions...or for understanding."*

Another participant explained **lack of intimacy** as follows:

*"...those are some of the things...but we normally talk over the telephone...but at times it's better if we talk facing each other...so that she can take immediate actions... but...honestly...talking through the telephone sometimes helps...though it is not the same as talking with someone face to face"*

Another description **lack of intimacy** was the following:

*"Truly speaking, I miss to see his face, but to talk to him is not a problem...to miss him is just that I need to see his face and talk to him as we are talking now...and be close to each other."*

Another participant commented on **lack of intimacy** as follows:

*"It's good to talk with someone you love face to face...and talk about things you can both see...you are able to tell him your worries and other things...but talking through the telephone is unlike face to face talk."*

**Fear of risky sexual behaviour** as a meaning unit for the theme “Lack of emotional support, affection and companionship” was found to be an issue for some families, as demonstrated by the following excerpt:

*“I need to respect myself... keep myself safe and avoid moving around...but I have learnt to cope with the situation...in her absence.”*

One participant expressed her **fear of risky sexual behaviour** as follows

*“...it’s just that I keep on praying to God that I may not find myself involved in filthy acts which are not good ... it’s just that I have put myself under the Lord...and I have to respect myself... so that his absence does not affect me in any way...”*

Another demonstration of **fear of risky behaviour** is illustrated in the following extract:

*“We end up being suspicious which I think is normal when you are not together...when one is far away you end up asking yourself...what is he doing there when I am alone here...may-be he is with somebody...all useless things...when he comes home after sometime... you think he has changed.”*

Another participant expressed her **fear** as follows:

*“To part with a life partner is not easy...you end up being suspicious and fail to trust each other...”*

### **5.3.1.2. Lack of care, supervision and interaction among family members**

The theme “lack of care, supervision and interaction among family members” emerged from the following meaning units: socialising, problem solving and family insecurity. Socialising together was expressed as a concern by most participants, who are unable to attend social functions with the migrating nurses. The following quote demonstrates the issue of **socialising together**:

*“We are unable to attend funerals with her...you will find that somebody...let me say a distant relative has passed away...we need her company in such situations”*

Another demonstration of **socialising** is illustrated in the following quote:

*“I am now attending some of the activities alone...which we used to attend together...such as going to the stadium to watch soccer, going for shopping and attending cultural activities...”*

Another participant reflected on **socialising** as follows:

*“It is not nice ... not to be with her under certain situations...and sometimes we need to be with her on special events such as wedding ceremonies...I always wish to be with her.”*

Another illustration of **socialising** is demonstrated in the following excerpt:

*“We used to attend morning mass together as a family...now that he is not here I go to church with my daughter and I had joined a church choir...since he is not here.”*

**Problem solving** was another meaning unit identified during data analysis under the theme “lack of care, supervision and interaction among family members” as demonstrated by the following extract:

*“Sometimes I have a feeling that...she could be around so that we can tackle problems together...and that she might be in a position to help me to solve some of my problems...if she is around.”*

Another participant commented on **problem solving** as follows:

*“I feel frustrated at times...I need a partner whom I can talk to ... or whom I can share my problems with...or do things together...and support me...his absence means I need to be on my own...which is sometimes difficult in-deed.”*

One child participant reflected on **problem solving** as follows:

*“As a child you go to school and sometimes you did not grasp what the teacher said in class... and you go home...hoping that your parents will help you to*

*come up with a solution to the problem...only to find that he is not there...my mother is also not there or she has gone out for a field work...and the other parent is abroad...there is no one to help me with homework.”*

Another participant explained **problem solving** as follows:

*“We need each other in life...again in life we encounter a lot of problems or challenges, which sometimes you need to share with someone like your husband...especially when you get home after work...I have nobody to talk to when I get home...and this stresses me if I need to talk to someone who can assist...and that I can share my problems with.”*

**Family insecurity** in the absence of the migrating nurses as a meaning unit of the theme “lack of care, supervision and interaction among family members” was expressed as an issue by some participating family members.

This is reflected in the following responses:

*“We are not safe in his absence...I am staying with my mum...and we are only two...sometimes I am scared that people might attack us...knowing that my dad is not around.”*

*“Currently we are not safe in our homes because of theft ... although we have not experienced that but if our neighbour is involved in such incident, we feel scared...and start saying...I wish he is around...because his presence means we are protected...and that keeps us comfortable...I am sure you understand how I feel when I am left with these children...I am always scared.”*

One child participant expressed **family insecurity** in the absence of her father as follows:

*“Sometimes I feel unsafe in his absence...you know nowadays people are attacked...sometimes I woke up at night...frightened...as if somebody is in the house...to attack us...the fact that he is not with us makes me feel scared all the time...especially at night.”*

Another participant described **family insecurity** as follows:

*“You know...family security is very weak...we really love to be with him...we need a male figure in the house for our protection...we can even sleep without locking the doors [laughing] knowing that the father is around...sometimes I become scared of a male voice if there is a knock on the door in his absence...when the sun sets we make sure that all the gates are locked and stay indoors.”*

### **5.3.1.3. Misdistribution of the division of labour**

The theme “misdistribution of the division of labour” emerged from the following meaning units: attending to other people's affairs, and decision making. One participant commented on **attending to other people's affairs** as follows:

*“Hey...it's a stress...those people who are abroad...they let you go up and down ... maybe it's because when you are far from home...you are unable to attend to your own affairs...I don't know...I have my personal affairs...and on top of that I have to attend to my sister's...I feel frustrated...I feel frustrated but I always tell myself that I will do everything because I am the only one she has relied on...since she is far from home...but let me tell you this...once you cross the borders you have a lot of issues...”*

**Attending to other people's affairs** was further expressed as the major issue in the absence of the migrating nurse as demonstrated below:

*“I am obliged to do many things...and I have to do other tasks that are not my entire responsibility which I am not used to...I am doing everything, everything... and some of the things need him as a man.”*

Another demonstration of **attending to other people's affairs** is reflected in the following excerpt:

*“I...hey!...but I have problems with most of the things...really some of the things need her as the mother in this house...but in her absence I need to do all of them...of course they are heavy...sometimes I could feel that I am under pressure...they need her as the owner of the house.”*

One illustration of **attending to other people's affairs** is demonstrated in the following excerpt:

*"As a man, he can do certain tasks...he used to be maintenance man...but now that he is not here I need to do all those tasks...see to it that everything in this house...is well maintained."*

**Decision-making** as a meaning unit for the theme "misdistribution of the division of labour" was highlighted as an issue by some of the family members in the absence of the migrating nurses: An illustration of decision making is demonstrated below:

*"You will find that I have to make many decisions...It's me who is supposed to make them...it's me who takes decision on everything because he is away...he only agrees while there...understanding...but not knowing...while there ... 'yes do so' [in a low voice]...maybe if he was around he would have come up with another thing and seeing what I am talking about...you see?... that...he only agrees to decisions that I make without knowing exactly what is happening."*

Another family member explained how she finds herself taking tough **decisions** in the absence of her husband:

*"...now that he is away I need to make decisions which are not easy to make...sometimes I feel like he could be here for quick decisions...you see? and to help me with some of the decisions."*

Other family members commented on **decision-making** as follows:

*"What bothers me is that sometimes I need to make tough decisions...and before making such decisions I always have this feeling 'this is not my house'...so every move that I make I have to be very careful...and I normally send her messages telling her about what I am intending to do or what I have done."*

*"Most of the time I need to make decisions...such as to determine if she will love certain building materials...this was difficult...although most of the time I was communicating with her...but when it comes to buying materials I was alone...I wanted her to be with me so that she can select what she needs."*

As the research question indicated, the previous section focused on the findings of the study with regard to the costs of nurse migration to their families. The following section will focus on the findings of the study related to the benefits of nurse migration to their families.

### **5.3.1. Benefits to the family**

#### **5.3.2.1. Improved economic support**

The meaning units which led to emergence of the theme “improved economic support” include the following: monetary gain, financial assistance and satisfaction of family needs. The following excerpt demonstrates **monetary gain** to the families:

*“Hmm...the first thing I can say is money... because - indeed ...I can see that the money we are getting from him is different from what we used to get in the past while he was working in this country...he is giving me better money”*

Another demonstration of **monetary gain** is explained in the following statement:

*“Eh ... now that he is working far from home...you will find that he is able to give me money...since he doesn't know what is happening, he gives me money unlike when he was here...he gives me more money to buy whatever I want to buy...”*

Another example of **monetary gain** is described in the following abstract:

*“When I look at it I can see that there is a difference on his salary as compared to while he was working here...there is more money coming to the family ... I am getting more money from him.”*

**Financial assistance** as a meaning unit for the theme “improved economic support” was expressed by most participants as a major benefit to the families. An illustration of **financial assistance** is demonstrated in the following abstract:

*“Her absence has helped me a lot because...to have her going there...has helped...to...the little she gets...she is able to bring it home...since she left...there are quite a number of improvements in our home...which you will find that...because of the exchange of pound into Maloti [which is equivalent South African Rand]...the money has more value for us...because our currency is lower as compared to the British pound.”*

Other participants described **financial assistance** as follows:

*“In January which is beginning of the year...I had to start work at a nearby factory ...I had to pay for my daily transport...and on top of that I had to pay M450 per quarter for my child’s fee...I had no money to pay all these...she helped to pay...It’s good to appreciate when one has done well.”*

*“...I realise that her salary is much better...again when she is there she is able to meet me half way in most of my needs...specifically family financial needs.”*

*“I am not working...and sometimes...its difficult to meet some of my needs...again financial problems can occur at anytime and are many...to the extent of not knowing what to do...but you will find that she is always there for me...she gives me money to attend to my problems.”*

Another meaning unit from data analysis was **satisfaction of family needs** by the migrating nurse. This is illustrated in the following excerpt:

*“Truly speaking, since he left we are able to meet our needs as well as everybody’s needs in the family...we are now able to cater for everybody’s needs...before he left we used to struggle to get things for this family...the money was not enough we couldn’t afford to cater for the needs of this big family.”*

Another participant explained importance of money in **satisfaction of family needs** as follows:

*“I have seen that she is able to help me to attend to my needs...as you can see I am old and sick...she is able to give me money to attend my medical check ups...to buy food and meet other basic needs.”*

**Satisfaction of family needs** is also illustrated in the following extracts:

*“Money plays an important part in determining one’s future...therefore, I can say if you have money you have ‘peace of mind’ ...I am able to attend to some of our basic needs and the family is likely to reap better fruits in future.”*

*“The most important benefit is the money...and with the money that he sends home; we are able to cater for our needs including other family members”*

### **5.3.2.2. Division of labour for procuring material goods**

The meaning units which lead to the emergence of the theme “division of labour for procuring goods” include the following: fixed assets, getting quality materials and better education for children and travelling opportunities. One demonstration of acquisition of **fixed assets** is illustrated by the following:

*“Since she left...as we speak she had managed to acquire a site without anybody’s help...and she had built this house...we are now enjoying to stay in a new house, well furnished...as I have said we are able to achieve many things...another thing is that the house was built within a short period...there was never a time when we had to stop because there was no cement or other building materials.”*

Another example of acquiring **fixed assets** is demonstrated in the following excerpt:

*“Mmm...we did not have water system in this house but since she left...we were able to install water system...that is the main thing that we have achieved...or she has managed to do for us here.”*

Another participant explained how renovation of **fixed asset** has improved their living environment:

*“I think another good thing is that we managed to renovate this house...we are now living in a bigger and well-ventilated house...unlike in the past when we were living in a small three-roomed house but now we are comfortable in a bigger house.”*

Another example of renovation of **fixed assets** is described below:

*“To be honest... when she was here on leave...we managed to...renovated our house ... changed our bathroom set ...we bought another site besides the ones that we already have ... so, to me this is a great achievement...again we have managed to change other household properties as you know that some of the things go with time...we changed our lounge suite...new bathrooms were set up...she changed the bathroom set and installed the new one.”*

**Getting quality materials** as a meaning unit of the theme “division of labour for procuring goods” was explained as an important benefit by most family members. This is demonstrated by the following extract:

*“You know, when you have something from abroad ... you feel proud...usually when she comes home...she brings something for everybody in the family ... something from abroad...most of the clothes are from there ... I can say I have benefited by getting clothes from abroad which are beautiful than the ones we get here at home.”*

Another example of **getting quality materials** from abroad is illustrated below:

*“When he comes home he brings us things from abroad [laughing]...especially clothes...[Laughing]...especially clothes, cell phones and he has bought me big screen T-V [laughing] the latest models...well, these are the things which I have benefited from him working abroad...he also brought us shoes...expensive shoes...quality labels [Laughing] and this makes us feel proud and happy...I feel proud...as I know that I am the first person to have this type of shoes in my community or in the country.”*

Another participant describes how the family's clothing style has changed with regard to **getting quality materials** from abroad:

*“Another thing is clothing...we are able to dress smartly...if there is a problem related to clothing we are able to solve that...we no longer wait for end of the month... ‘we are broke, we cannot afford to buy clothes’ ...since she left she bought us shoes, dresses and many other things...these are beautiful shoes...from that far”*

Another illustration of **getting quality materials** from abroad is explained in the following extract:

*“I have noticed that most of the time when she comes home...she brings clothes for children and everybody in the family...besides the ones that children can request while still there...if they see something beautiful in town...they normally call and ask for it...we are getting better clothes and shoes from abroad...clothes which are sometimes not available here...or are available at high prices...depending on the salaries that we get here...we are unable to buy them...and these are not common clothes that everybody can have.”*

**Better education** for children as a meaning unit for the theme “division of labour for procuring goods” is demonstrated in the following extracts:

*“We are able to look for better schools for our children...we compare schools and select the best school for our child...whereas in the past we wouldn't...or we would definitely send our child to any school which offer affordable fees...but now we are able to compare schools ... you see?...select the best school where our child can get good education.”*

*“Our last born child is studying at the University of Free State...we are able to pay for his tuition and accommodation fees ... I can pay everything that is needed for his studies...she has helped me a lot...that gives me hope that our child will have better education.”*

Another illustration of **better education** for children is demonstrated in the following excerpt from a child:

*“Unlike other children...I am enjoying my studies because she is able to pay for my tuition and accommodation fees, I am not worried about unpaid fees...you know, many people cannot afford to pay for themselves at the university...but I am able to pay for myself and live like other children.”*

Another example of **better education** is illustrated by the following:

*“I have a daughter who is studying ... it was her first year to go to the university ... she was accepted while she was studying at the college ...*

*because she had passed well and the university accepted her ... we were not prepared for that...really...but her sister was able to pay for her studies.”*

Another important meaning unit that constantly came up was the families' **ability to visit abroad**. This is demonstrated by the extract below:

*“Having her going and working abroad gives us other opportunities...as she has been there for some years...we were able to 'join hands' so that I can visit her ...to see her and know where she is working...I enjoyed the trip so much...and planning to again soon.”*

Another demonstration of **family's ability to visit aboard** is illustrated in the following excerpt:

*“I was pleased to visit him...although it was my first time to take an aeroplane...I was a bit scared but...I end up there and see London and how life is like in that country...and we had a chance to visit some of the historical places in London.”*

Another participant reflected on her **visit to abroad** as follows

*“Luckily I had a chance to visit her...hey...it was a pleasure to be there...even though it was cold because it was winter...I was happy to be with her all the time...seeing things which I never got chance to see here at home...it was a lovely experience...this was one of the most wonderful experience I have ever had...I never thought of going overseas but luckily I have been there.”*

Another participant illustrate her **ability to visit abroad** as follows

*“We were able to visit him...with my daughter...this was the most exciting trip we have ever had...life in the United Kingdom is different from here...I feel honoured to be there.”*

### **5.3.2.3. Socialisation of family members**

The theme socialisation of family members emerged from data that indicated all the new skills that family members had to learn in the absence of the

migrating nurse. These include child-rearing, being responsible and independent. One demonstration of **child-rearing skills** is described below:

*“On my side I can say I have had a wonderful experience which I did not have...having to look after her children before having my own child was important to me...I became mom and dad for her children... this has helped me...taught me how to handle children...especially when they have problems...I know what to do...I have learnt a lesson that I will never forget.”*

One family member describes her **child-rearing skills** as follows:

*“I had no idea how to take care of the children...so having to stay with her children...I take this as a huge responsibility and I have developed new skills in caring for children...although sometimes it scares me, not knowing whether I am doing the right thing or not... but to tell the truth I have learnt a lot...this has lead to my understating of how children sometimes behave ... I now know their weakness.”*

One participant explained how he has learnt to be **responsible** in the absence of the migrating nurse as follows:

*“In her absence ... I can say I have learnt to be responsible ... I have greater responsibility ... but let me tell you, I have always been responsible even when she was here...but now in her absence I have to see that ... I keep our family intact and in good position ... and care for my children.”*

Another demonstration of **being responsible** is illustrated as follows:

*“Truly speaking, in his absence I have become more responsible...and I am in charge of everything in the house.”*

Another participant commented as follows with regard to learning the new skill of **independence** in the absence of the migrating nurse, her partner:

*“I can say his absence has taught me to be independent...I now know how to fix some of the things which need maintenance in the house...I can now fix a burnt out globe and to attend other tasks in the house...without anyone’s help.”*

Two child participants reflected on **independence** as follows:

*“I have learnt to be independent...since I know that she is far from here...and that I have no one to do things for me...I have to be on my own.”*

*“Her absence has helped me to be independent...I able to do things for myself”*

#### **5.4. Conclusion**

The findings revealed the costs and benefits of nurse migration to the lives of the family members left behind. They clearly gave a picture of how families left behind coped in the absence of the migrating nurses.

According to the findings, the costs related to the psychological aspects of the individuals while the benefits related to the financial benefits to the families. The benefits of nurse migration far outweighed the costs of nurse migration to the families. The costs and benefits of nurse migration to their families will be discussed further in the next chapter.

## CHAPTER SIX: DISCUSSION OF FINDINGS

### **6.1. Introduction**

The purpose of this study was to explore and describe the experiences of family members of migrating nurses with regard to the costs and benefits of nurse migration on their lives. This chapter presents the discussion of the findings of the study based on the seven identified themes that emerged from data analysis. Three themes are related to the costs of nurse migration and three relate to the benefits of nurse migration to their families. The chapter ends with recommendations and the conclusion of the study.

The findings of the current study provide insight into the costs and benefits of nurse migration to the families left behind. The costs include experiencing adverse consequences of nurse migration such as missing the migrating nurse, unhappiness, lack of intimacy, potential fear of risky sexual behaviour, and feeling overburdened with household chores. However, the findings revealed that the benefits to the family members of the migrating nurses far outweighed these costs. The benefits include financial and material gains, division of labour for procuring goods, and development of essential skills (which would not have been developed if the migrating nurse did not leave the family behind) as well as travelling opportunities for family members visiting the migrating nurses.

### **6.2. The costs**

The current study revealed that family members miss the migrating nurses. The experience of missing the migrating nurses was reported to be intensified by the long periods of absence and infrequency of visits home by the migrating nurses. The missing of migrating nurses may be interpreted differently by family members depending on their roles within the family. The emotional tie between the migrating nurses and their family members is affected by the distance that separates them. Murray and Zentner (1989:179)

indicate that the absent family member remains in the memory of other family members. It could therefore be concluded that the migrating nurses are physically absent but emotionally present in the minds of their families. This may cause emotional dissatisfaction in the family members.

Similar findings about general worker migration have been reported by Carballo and Mboup (2005:5), who discovered that families left behind are prone to emotional dissatisfaction in the absence of the migrating workers. They also reported that the psychological and emotional distance that separates migrant workers from their loved ones is psychologically eroding for everyone involved in the migration process, both the migrating nurses and the families left behind.

The traumatic experience of missing the migrating workers was also reported by Kingma (2001:208) and later by Carballo and Mboup (2005:5), who found that families left behind faced traumatic consequences and the challenges of migration which could leave emotional scars on the family members. The experience of missing the migrating nurses was reported as a contributory factor to unhappiness experienced by the families of the migrating nurses.

The current study revealed that families of migrating nurses are unhappy in the absence of the migrating nurses. The distance which separates the migrating nurses and their family members has contributed to the families' unhappiness as a result of the families' inability to engage in family activities and cultural events together. In addition, it was discovered that the families are unhappy that they are not able to attend certain events or functions with the migrating nurses.

The experience of unhappiness of the family members of the migrating person was also reported by the Episcopal Commission for the Pastoral Care of Migrant and Itinerant People-CBCP/Apostleship of Sea-Manila, Scalabrini Migration Center (SMC) and Overseas Workers Welfare Administration (2003:22). They found that families of migrating workers are unhappy, less united and less close to each other. There is no doubt that the absence of the

migrating nurses is regarded and experienced as negative. Parrenas (2005:323) reported that to keep the families happy, the migrating mothers are able to nurture their families from a distance and communicate with them across the borders.

According to the findings of the current study, the families of the migrating nurses expressed constant worry in relation to the health and well-being of the migrating nurses. This was exacerbated by lack of communication from the migrating nurses. According to the Episcopal Commission for the Pastoral Care of Migrant and Itinerant People-CBCP/Apostleship of Sea-Manila, and Overseas Workers Welfare Administration (2003:38), communication is important to keep the relationship intact and keep in touch with family members left behind. In addition, Murray and Zentner (1989:108) reported that ease of communication over distance allows families to be close to each other emotionally. However, lack of face-to-face communication was identified as an issue in the absence of the migrating nurses.

Lack of affection and companionship was reported as another experience that bothered the family members. It was found that the distance between the migrating nurses and their families hindered intimate relationships and face-to-face communication between them. It was discovered that the family members considered face-to-face communication as very important. However, some family members reported that communication with the migrating nurse is possible and easy as a result of the availability of new technology and the Short Messaging Services (SMS). Parrenas (2005:330) reported that access to new technology such as cellular phones and internet services has enhanced communication between children and their migrant parents.

Another finding that the current study revealed was families' concern about potential risky sexual behaviours. This was mostly reported by the marital spouses of the migrating nurses. However, the remaining spouses regarded it as their responsibility to refrain from risky sexual behaviour. The absence of an intimate partner may place another partner at risk of being involved in risky

sexual practices due to loneliness and other associated factors, such as boredom and isolation. The other partner may engage in an extramarital affair thus exposing him/her to sexually transmitted infections such as HIV/AIDS and other STIs.

The potential of risky sexual behaviour was reported by Brummer (2002:16) who indicated that there is a relation between labour migration and this factor. According to Magis-Rodriguez, Gayet, Negroni, Leyva, Bravo-garcia, Uribe, & Bronfman (2004:215), migrant workers engage in risky sexual practices as a consequence of loneliness and isolation and decline in social and family control. Cabada, Maldonado, Bauer, Verdonck, Seas & Gotuzzo (2007:151) later discovered that inconsistent use of condoms by the migrant workers exposes them to high risk of STI's, and in turn they are at likely to infect their partners left at home.

The findings reveal that the lack of socialising with the migrating nurses is a concern to the family members. This was reported under the theme lack of care, supervision and interaction among family members. In addition, families are experiencing diminished unity with the migrating nurses, especially during crucial times within families such as the funerals of relatives. According to Basotho culture, families ought to be together during funeral services and during cultural activities such as wearing a piece of cloth as a sign of mourning for the deceased relative. It is regarded as essential for families to mourn or celebrate together and to provide social and emotional support to each other during hard times. The absence of one family member may hinder performance of some of the rituals within the family, especially during and following the death of a relative.

Lack of socialising may affect the family networks and can be very dangerous, as indicated by Stockdale (2002:60), who stated that social and family networks are important to determine one's choice of destination and in comforting each other in times of discomfort. The Episcopal Commission for the Pastoral Care of Migrant and Itinerant People-CBCP/Apostleship of Seamanila, and Overseas Workers Welfare Administration (2003:22) also found

that in the families of non-migrant workers relationship remained more united than in the families of migrant workers.

According to the findings, families are experiencing insecurity in the absence of the migrating nurses, especially in the case of the male migrating nurses. Kingma (2001:207) states that nurses migrate in order to seek personal safety in the case of instability in their countries of origin or the risk of acquiring infectious diseases such as TB and HIV/AIDS. From this perspective it could be argued that there is an association between the personal safety of the migrating nurses and the families who are left behind. It is worth noting that women and children left behind are vulnerable or prone to criminal acts such as burglary, rape, etc. in the absence of the male head of the family. In Basotho culture men have an obligation to protect their families (his wife, children and other extended family members). If the wrong elements in the community are aware that the head of the family or protector of the family is away, they are likely to take advantage.

The families left behind are exposed to various social hazards in the absence of the migrating nurses, including armed robbery, theft and other criminal acts. According to Blerk and Ansell (2006:259), livestock theft and house-breaking are common criminal activities in Lesotho. These researchers reveal that 57% of people living in Maseru, the capital city of Lesotho, feel unsafe in their homes, especially at night. This has contributed to a degree of fear, tension and mistrust among households and the community at large.

The current study revealed that the families who were left behind experienced misdistribution of the division of labour of having to attend to their personal affairs as well as those of the migrating nurses. They reported feelings of obligation to the migrating nurses and therefore of having to do everything they could on behalf of the migrating nurses. However, it is worth noting that the migrating nurses feel comfortable to have a close relative who can look after the household issues and her/his personal affairs while far from home.

Another interesting finding from the current study was the decision-making which the family members (especially spouses and those caring for children of the migrating nurses) needed to do in the absence of the migrating nurses. These included decisions related to domestic issues and child-rearing. Decision-making was regarded as a tough experience by the participating families. As a result, families contact the migrating nurses to assist them come up with appropriate decisions.

Another finding which is closely related to decision-making that was raised as an issue in the absence of the migrating nurses is problem-solving. The families reflected on the need to have someone to share their problems with and to assist them with problem-solving. It was discovered that families of the migrating nurse lack social support in solving the family-related and personal problems.

Robbins (1994:152) points out that decisions are taken as a result of discrepancy between the existing and desired state of affairs. According to Booyens (2001:503), uncertainty may prevail in the decision-maker if necessary facts are not obtained to identify the situation which warrants decision making and problem-solving. It is therefore essential to involve all the parties in decision-making. This could allow the decision-maker to ignore the uncertainty in the inherent situation.

According to the Basotho culture, decisions are made by the head of the family, depending on the family structure. Therefore, if the decision-maker migrates, those left behind find it challenging to make decisions. Murray and Zentner (1989:109) hold a similar view that if a family member leaves home, another member of the family needs to continue with the responsibilities of the absent member. It was discovered that the family needs to make decisions that they consider as the entire responsibility of the migrating nurses.

As discussed above, the costs of nurse migration to the families left behind seem to affect the psychological well-being of the family members.

At this juncture, the discussion will overview the benefits of nurse migration as per the findings of the present study.

## **6.2. The benefits**

The current study indicates that the benefits of nurse migration outweigh the costs. The most important benefit reported by the family members is financial gain. The theme "improved economic support" highlights how families of the migrating nurses benefited from the money sent back home by migrating nurses. It was discovered that the money sent back home by the migrating nurses is higher in value than the home currency, therefore putting families in a position of having more money.

It is worth noting that £1 British pound is equal to M13.95, and this highlights the strength of the British pound over the Lesotho currency. The salary scales in Lesotho are far below those in the UK. Double qualified nurses in Lesotho earn between M42, 000 and M45, 000 per annum. According to Oosthuizen (2005:63), in 2004 the foreign nurses working in the UK were earning £22,000 to 28,000 per annum which when converted into the Lesotho currency, amounts to M286, 000 – 364,000 per annum. It is therefore obvious that the nurses' salaries in the UK are higher than in Lesotho.

Similar findings were reported by Troy et al (2007:3) as well as Kingma (2007:1291), who showed that the effects of migration of nurses are beneficial to the families and the donor countries through contributions to the welfare of their family members and to the national economy of their country of birth. Additionally, Ehlers et al. (2003:24-57) reported that nurses migrate to get better remuneration and to save money quickly in order to cater for their needs and their families.

Another interesting finding in relation to money was the personal financial assistance that families get from the migrating nurses. This includes financial assistance to pay for medical care, tertiary education and the social needs of

family members, other than the migrating nurses' children, immediate relatives or dependents. It should be noted that according to the Basotho culture, each family member has a specific role to play within the family. The extended family members are responsible for accompanying other family members for medical check-ups, to exchange knowledge and advice, share information and expertise, and giving advice on a number of topics such as child-rearing, loans, recipes, and purchases (personal observation).

A similar finding was reported by Baldassar (2007:390), who indicates that financial support is the key source of assistance to the families of the migrant workers, and remittance is seen as a motive for migration. The financial assistance is commonly provided to assist the migrating workers' families to purchase household property.

The findings reveal that financial assistance offered by the migrating nurses helps to satisfy the family members' needs. This was reported as another experience that families are content with in the absence of the migrating nurses. Moreover, the findings indicate that families of the migrating nurses are capable of meeting their needs, as a result of financial support from the migrating nurses.

It should be noted that findings under the theme "household income" are consistent with Kingma's (2001:206) view that reasons for migration of nurses are based on improving the socio-economic opportunities of their families. In addition, Marilyn, Lorenzo, Galvez-Tan, Icamina and Javier (2007:1413) reported that nurses cite higher income, better benefits and better compensation packages as the driving factors for migration.

Another finding of the current study was the experience of "Division of labour for procuring goods" through acquiring fixed assets, and ability to renovate the existing properties, such as installation of water systems. The families had benefited from getting durable and quality clothes, shoes and even toys and electronic gadgets from abroad. It was discovered that families are satisfied

with durable attire from overseas since it is of better quality than the home-made clothes.

Kline (2003:107) identified quality of life as a push factor that motivates nurses to leave their native country and seek employment in the First World countries. This was later reported by Marilyn et al. (2007:1406), who came up with a similar finding that nurses' migration to the developed world is associated with division of labour for procuring goods for the migrant workers and their families.

As part of division of labour for procuring goods, the findings of the current study indicate that children of migrating nurses are in a better position of getting quality education. It could be argued that quality education is important for children to have a bright future. This study revealed that children of the migrating nurses attend better schools, which provide quality education. The families identified that they are able to select better schools for the children and can afford to pay fees to such schools. In addition, families of the migrating nurses are financially equipped and are capable of paying for tertiary education for their children. Unlike other children, the migrating nurses' children enjoy their studies without worrying about unpaid fees and other school needs.

The Episcopal Commission for the Pastoral Care of Migrant and Itinerant People-CBCP/Apostleship of Sea-Manila, and Overseas Workers Welfare Administration (2003:41) reported similar findings, that children of the migrating workers are enrolled in private schools which are considered to offer better education. It was also reported that children of the migrating workers perform well at school and had received academic awards compared to children of non-migrant workers.

Another important finding of the current study was the experience of having gained essential skills. These included broadening life skills such as child-rearing, becoming more responsible and being independent in decision-making in the absence of the migrating nurses. Some of the family members

also reflected on the child-rearing as affording them an opportunity to acquire skills on child development.

The families left behind identified child-rearing as a major responsibility in the absence of the migrating nurses. However, families were of similar opinion that engaging in child-rearing had helped them to gain an understanding of children and to be able to identify their problems. This had sharpened and developed their skills with regard to child-rearing. This was reported as the most important experience by the families of the migrating nurses.

The findings revealed that since the departure of the migrating nurses, the family members have become more responsible and independent, especially the female spouses of the male migrating nurses, who have to look after the children and attend to all household matters on their own. Looking through a cultural lens, Basotho men are regarded as the head of the family and women are regarded as subordinate to their husband. In addition women are obliged to be subservient to their husband as sign of respect. However, in the absence of the male person in the family, women and those left behind are obliged to perform specific tasks that are responsibilities of men.

The findings revealed that families left behind are more independent in the absence of the migrating nurses. They are capable of performing other activities which they could not do in the presence of the migrating nurses. The most important issue raised by the families was with regard to doing things for themselves. It was discovered that some families were dependent on the migrating nurses for maintenance activities in the house. However, this had been transformed into new skills in the absence of the migrating nurses because the families are forced to perform such tasks. The families' independence has cultivated a sense of competence in the members left behind.

Orem, cited in Kumar (2007:107), indicates that individuals are capable of learning and doing things for themselves. It is through learning that individuals can develop the necessary skills to cope with daily activities. The current

study discovered that families left behind had acquired skills in the absence of the migrating nurses. It is worth noting that skills developed can be utilised in future to cope with life events. The families of the migrating nurses are in a better position to utilise skills developed to care for the children, other family members and themselves.

An important finding that the current study revealed was the privileges that families of the migrating nurses experience. The absence of the nurses affords the families opportunities such as travelling abroad. The families identified that their visit abroad had given them a chance to see other parts of the world. The families are able to explore the other side of the world and to see the difference between their own country and other countries. The travelling experience has been recognised as the most important opportunity by most participating families.

This finding is consistent with Troy et al. (2007:7) finding in a study on nurses' experience of recruitment and migration from developing countries. These authors indicate that nurses cited the benefit of migration as personal experiences, such as travelling abroad. It should be noted that the participating families also highlighted visiting the migrating nurses abroad as the most important experience in their lives.

According to Marilyn et al. (2007:1412), migration of nurses gives families an opportunity to travel and to learn the cultural practices of other societies. This was also reported by Moran, Nancarrow, and Butler (2005:5), who state that motivation to work in the UK is intensified by the opportunity to travel and career opportunities for migrating nurses. On the other hand, travelling can also allow the families of the migrating nurses to learn about cultural diversity and the histories of other nations.

### **6.3. Recommendations**

The findings of this study have a number of implications for nursing personnel. The knowledge obtained from this study warrant sharing with nurses who are in the process of migrating, the migrating nurse, nurse educators, student nurses and recruitment agencies. The Ministry of Health in Lesotho as well as nurse managers need to formulate strategies that address migration of nurses. In the light of the findings of this study, the following recommendations are made:

#### **6.3.1. Nursing personnel and recruitment agencies**

- Nurses who are in the process of migrating need to be made aware of the adverse consequences of migration on the families left behind, so that they can make an informed decision prior to migration. The findings of the present study will be published in local nursing journals, and the researcher will organise a workshop for nurses where the findings will be presented.
- There is a need for regular communication between the families left behind and for the migrating nurses to provide emotional support and care to the families. In order to keep the family emotionally safe, the migrating nurses should 'stay in touch' as an indication that the distant relative is well (Balddasar 2007:391). The family members need education on electronic communication in order to enhance their skills and encourage international communication between families and the distant relative.
- It is also recommended that nurse educators should provide awareness programmes or lectures to student nurses in the last year of their training, and the programme should be aimed at highlighting the consequences of nurse migration to the families left behind. This may decrease the migration rate, therefore enhancing family unity. In

addition, this is likely to empower nurses to make wise and well-informed decisions, based on scientific evidence and not hearsay.

- The recruitment agencies should provide employment packages that allow the migrating nurses to migrate with their families, especially children. This could improve families' well-being and afford children the opportunity to study abroad. Additionally, this could improve the maternal and paternal bond between parents and children.
- It is also recommended that the families of migrating nurses should be encouraged to form social clubs or support groups that can keep the families together in order to advise each other with regard to day-to-day household activities. The social clubs may equip families with skills that may enhance their decision-making and problem-solving skills.

### **6.3.2. Policy makers**

- The Ministry of Health in Lesotho should ensure that community services are intensified to cater for the needs of families of migrating nurses. In addition, the Ministry should provide infrastructure and budget aimed at strengthening community services.
- The Ministry through the public health department should ensure that services aimed at equipping family members with coping skills (such as counselling and supportive services) are offered to families of the migrating nurses.
- It is also recommended that the Ministry of Health should review nurses' salaries and offer better packages to retain and motivate nurses to stay home and discourage them from going aboard. This should include packages such as retention allowances.

- The nurse managers should create a conducive environment that will allow nurses to work harmoniously and feel valued at their workplace, and ensure that needed infrastructure is in place and available for daily activities.

### **6.3.3. Future research**

- Future research on migration of nurses is needed in Lesotho to ascertain the experiences of the migrating nurses with regard to the benefits and costs of the practice to themselves and their experiences of working in a foreign country.
- There is a need for quantitative study which can investigate the impact of remittances on the economy of the country, that is, whether the country is benefiting from migration of nurses or not.
- The families left behind are experiencing the negative effects of nurse migration with regard to inability to perform cultural and social practices. There is a need for studies to investigate the impact of nurse migration on the cultural and social practices of the families left behind.

### **6.4. Conclusion**

The findings of this explorative-descriptive qualitative phenomenological study revealed the experiences of the families of migrating nurses with regard to the costs and benefits of nurse migration on their lives in Lesotho. The findings of the study highlighted that families of the migrating nurses are experiencing emotional consequences of nurse migration. The absence of the migrating nurse as breadwinner in the house impacted negatively on the lives of the families left behind. The findings brought into light the emotional costs of nurse migration to their families. These included missing the migrating nurse, experiencing unhappiness in the absence of the family member, lack of face-

to-face communication, lack of intimacy, fear of potential sexual risks and increased household responsibilities.

Although families are experiencing adverse effects of nurse migration, the findings also revealed that the families of the migrating nurses benefited from migration of nurses. The findings of this study provide knowledge into how families left behind are benefiting from the migrating nurses. There is an agreement that families are getting money from the migrating nurses, and this is considered as the most important benefit. The families are also experiencing other opportunities such as financial assistance, getting durable stuff from abroad, acquiring skills in the absence of the migrating nurses, and travelling abroad.

This study has contributed to the existing body of knowledge on nurse migration around the world. The current study has made a significant contribution by giving insight into the experiences of families left behind by the migrating nurses. The findings of this study have managed to highlight the difference between the costs and benefits of nurse migration. The study clearly indicates that the benefits of nurse migration outweigh the costs.

It is the intention of the researcher to publish the finding of this study in the local journals. This will give academic scholars an opportunity to understand the effects of nurse migration on their families. As outlined above, I also propose that further research be carried out to fully ascertain the experiences and impacts of the migration of nurses from Lesotho.

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# APPENDICES

## Appendix 1

### INFORMED CONSENT

I.....voluntarily consent to participate in a study on The Costs and Benefits of Nurse Migration to their families in Maseru, Lesotho. The researcher has explained to me the purpose and the benefits of the study. My right to participate or withdraw from the study whenever I feel like has been explained.

I am aware that there is no payment for my participation. I am aware that there are no risks associated with the study.

The researcher has explained to me that my name will not be recorded during the interview nor will be written anywhere in the study.

The researcher has given me an opportunity to ask questions about the study and the importance of my participation.

Having indicated this I voluntarily and freely accept to participate in this study.

.....  
Name Signature Date

.....  
Witness's name and signature



## **Appendix 2**

### ***Informed Consent***

I .....being the parent/guardian of (child's name).....who is my.....( relationship) voluntarily agree that she/he be interviewed and participate in a study on The costs and Benefits of Nurse Migration to their families. The researcher has explained to me the purpose and the benefits of the study.

The researcher has explained to me that my child can withdraw from the study whenever he/she feels like.

I am aware that there is no payment for my child's participation. I am also aware that there are no risks associated with the study.

The researcher has explained to me that my child's name will not be recorded during the interview nor be written anywhere.

The researcher has given us an opportunity to ask questions.

Parent /guardian's signature.....

Witness's name and signature.....

Data.....

## Tumelo ea hore ngoana ebe karolo ea lipatlisiso.

### Sesotho Version

Na.....motsoali/moholisi oa  
.....(Lebitso la ngoana) eo e leng  
.....(kamano). Ke lumela ntle le khatello hore a botsoe  
lipotso. Ke boletsetsoe ka botlalo sepheo le bohlokoa ba lipatlisiso. Ke  
boletsetsoe le hore ha ho tefo kapa kotsi e ka amang ngoana. Ke boletsetsoe  
hore lebitso la ngoana le keke la hatisoa ka ho ngoloa kae kapa kae. Ke filoe  
monyetla oa ho botsa lipotso.

Tekeno ea motsoali/moholisi.....

Lebitso le tekeno ea paki.....

Letsatsi.....

### **Appendix 3**

#### **Assent for children**

Hello, my name is....., a student at the University of Cape Town. I am conducting a study to find out the good and bad things facing families of nurses who are working outside the country.

The information will be used to inform other nurses who want to leave their families and work in other countries. This will help them to make proper decisions.

Your Mother/father/aunt/grandmother/grandfather/guardian has allowed me to talk with you. I would like to know if you are willing to talk with me.

If you agree, I would like to ask you some questions and this will take about 45 minutes to one hour. I would like to talk with you alone, but if you like you can ask your parent/guardian to be present. I will record the interviews so that I can be able to listen to our conversation later.

You are free not to talk about anything that you do not want to talk about. However, I would appreciate it if you answer the questions honestly and openly.

Whatever you tell me will be private between me and you and your parent or guardian if you want her/him to be present during our conversation. I am not going to write your name anywhere in the study or record it.

If you agree, please write your name below and your parent/guardian can also sign to witness your agreement.

.....  
Child's name and signature                      Parent/guardian's name and signature  
Date.....



## **Appendix 4**

### **Information sheet**

I am Matsola Evelyn Ntlale, student at University of Cape Town, School of Health and Rehabilitation Sciences. I am enrolled for Masters Degree in Nursing Science.

#### **The reason for the study**

I am investigating the costs and benefits of nurse migration to the families of nurses working outside the country. This study is in partial fulfilment of university requirement for Masters Degree in Nursing Science.

The Migration of Nurses is reported as a problem worldwide especially in developing countries, including Lesotho. The majority of migrant nurses leave their families behind and little is known about the effects of this practice on family members. I am conducting this study to identify how family members of migrant nurses benefit from the practice and find out the disadvantages or challenges these families face.

The information that participants of the study will share with me may be beneficial to the migrating nurses concerning their absence at home. The findings may help nurses who want to migrate to take informed decisions and assess the consequences of migration to their families.

#### **What to expect as a participant.**

Forty-five minutes to one hour interview session will be conducted. A tape recorder will be used to record the discussion. During the interview I will also take notes. If you feel uncomfortable with the use of tape recorder, please feel free to indicate that. In such situation, I will only take notes. The interview will be conducted in Sesotho and English for those who can communicate in the language.

Your name will not be recorded or written anywhere in the study. The information obtained will be treated confidentially. The recorded audio materials will be destroyed after completion of the study and publication of the study findings. Your right to participate in the study will be respected. You

have the right to withdraw from the study whenever you feel uncomfortable and this will not affect you in anyway.

If you are happy with this information and you agree to participate, please read and sign the attached informed consent.

For more information, please contact the researcher at 58863766 or (0027) 0763135225 or 22313059 (home). Alternatively you can contact the research supervisor at (0027) 0214066582 (working hours).

Thank you,

Yours sincerely

Matsola Evelyn Ntlale

.....

University of Cape Town

## **Pampiri ea Tlhakisetso**

### **Sesotho Version**

Ke Matsola Evelyn Ntlale, morutuo University of Cape Town. Ke etsa selemo sa pele ho ithutela Masters Degree in Nursing Science.

#### **Lebaka la lipatlisiso**

Ke batla ho tseba melemo le ligolotseo tseo malapa a baoki ba sebetsang ka ntle ho naha ba kapanang le tsona bosiong ba bona. Ke etsa sena ele karolo ea lithuto tsa ka, hape e le hloko ea university ho fumana lengolo le phahameng la booki.

Baoki ba bangata ba sebetsa linaheng tseo eseng tsa habo bona. Me sena se ame linaha tse ngata, haholo tse ntseng lihola, joalo ka Lesotho. Boholo ba baoki bana ba sia malapa a bona, me ha ho tsebahale hore na sena se ama malapa joang. Ke etsa lipatlisiso tsena ho fumana melemo le ligolotso tseo malapa a kopanang le tsona bosiong ba baoki bana.

Hona ho tla ba molemo ho baoki ba ntseng ba rera ho ea sebetsa kante ho naha ho nka geto tse napahentseng pele ba tsamaea. Le ho tseba mathata ao ba malapa a bona ba tobanang le ona bosiong ba bona.

#### **Seo o lokelang ho selebella**

Lipuisano litla nka nako ea metsostso e mashome a mane a metso e mehlano ho isa ho hora. Mochini o hatisang mantsoe o tla sebelisoa. Me nakong ena ke tla ngola tseling tsa litaba pampering. Haeba o sa khotsofalle mochini o hatisang mantsoe o ka hlalosa seo. Me maemong a joalo ke tla ngola litaba tsohle pampering. Lipuisano litla etsoa ka Sesotho kapa sekhooba ho latela kamoo u ka thabelang ka teng.

Lebitso la hau le ke ke la hatisoa kapa ho hlahisoa kae kapa kae. Litaba tsohle e tla ba lekunutu. Getellong ea lipatlisiso tsena, litaba tsohle le lipampirii li tla sengoa. U tla hlompheoa tokelo ea hau ea ho nka karalo

lipatlisisong tsena. U na le bolokolohi ba ho se tsoele-pele ka lipuisano ha u utloa u sa phutholoha. Me sena se ke ke sa u ama ka tsela efe kapa efe. Haeba u lumellana le litaba tse ngotsoeng ka holimo me u amohela hoba karolo ea lipatlisiso tsena, tlatsa fomo ea tumellano e qoaeletsoeng mona.

Haeba u batla ho tseba ha holoanyane bua le 'na nomorong ena 58863766 kapa 22313059 (hae) kapa 0763135225. Kapa bua le Research supervisor Nomorong ena (0027) 021466582 (lihoreng tsa tsebetso).

Kea leboha

Na

Matsola Evelyn Ntlale

.....

Researcher

University of Cape Town

## **Appendix 5**

University of Cape Town  
Division of Nursing and Midwifery  
P. O. Private Bag  
Rondebosch,  
7701  
12<sup>th</sup> March 2007.

The Director General of Health Services  
Ministry of Health and Social Welfare  
P.O. Box 514  
Maseru 0100  
Lesotho.  
Dear Sir,

**Re. Permission to conduct a study: The Costs and Benefits of Nurse  
Migration to their families in Maseru, Lesotho**

I humbly request permission to conduct the above-mentioned study in Maseru district. The data will be collected from family members of nurses who have left the country to work in other countries. I am conducting this study in partial fulfilment of the university requirement for Masters Degree in Nursing Science at the University of Cape Town.

The participants will be interviewed and a tape recorder will be used to collect data. Participants' rights will be observed. An informed consent, assent form for children and information sheet has been designed for participants. The participants will be requested to complete informed consent and assent form when agreeing to take part in the study.

The findings of the study will be beneficial to migrant nurses and nurses who are planning to migrate. There are no foreseeable risks associated with the study.

Attached is a copy of research proposal and approval letter from the Research Ethics Committee at University of Cape Town.

I hope my request will have your favourable consideration.

Yours sincerely,

Matsola Evelyn Ntlale

.....

University of Cape Town Student.

Contact details: 58863766 (cell), or 22313059 (home).

University of Cape Town

## **Appendix 6**

### **SEMI-STRUCTURED INTERVIEWS GUIDE**

This guide consists of two open ended questions and they will be followed by probing questions.

The researcher will start by saying, since your spouse, mom, dad, aunt, uncle, sister, brother, son, or daughter has left to work in another country:

- a) Can you please tell me about the good things you have benefited from her/him being away?
  
- b) Tell me about the bad things you have experienced since her/his absence?

Probing questions such as:

Tell me more, explain .....depending on informant's response will be asked on what needs to be clarified.

## Lipotso

### SESOTHO VERSION

Lipotso tse peli litla botsoa me litla lateloa ke lipotso tsa hlakisetso

a) Ak'u ngogele hore na ke lifeng tse molemo tseo u lifumanag ho sebetseng kantle ho naha hoa molekane, me, ntate joalo joalo ka ntle ho naha?

b) Ak'u ngogele hore na ke ligolotso lifeeng tseo o tobanang le tsona bosiong bahae?

Lipotso tsa hlakisetso tse kang..... ak'u ntlhalosetse ha holonyane? Le tse ling litla botsoa ho latela karabeolo.

University of Cape Town