

1.1 Current state of knowledge

1.1.1 General overview

Like most Sub-Saharan African countries, Ghana's over 22million population faces huge health challenges including malaria, HIV/AIDS, Tuberculosis, Maternal Mortality and Child Mortality. The general government expenditure on health as a percentage of total government expenditure as at 2005 was 6.9%. The nursing and midwifery personnel density per 10000 populations in the same period was 9% (WHO, 2006).

Just as Ghana claims shortage of nurses (9 per 10,000 populations) a country with 77.3nurses per 10,000 populations like the USA also claims similar shortages (Buchan and C, 2005). However, it was the developed countries that are able to attract these nurses the most while developing countries struggle to retain their dismal numbers.

The demand for health professionals has probably been due to the growing aging population in the developed countries. Increasing high technology has also exacerbated the demand. These contributory factors are coupled with the low level of domestic health workers in those countries as reported by the WHO in its 2006 report (Kuehn, 2007). The use of common language which was English has also contributed to the ease with which health professionals migrated. The similarity of the professional systems also allowed nurses especially to be able to practice anywhere (Dovlo, 2003).

Mutilation of merit a routine feature where non deserving health professionals were rewarded instead of the ones who did had been found to be a situation that compelled most nurses to leave for better places (Nadeem et al, 2004). These points were further buttressed as Dovlo stated that poor working conditions, low job satisfaction, political and ethnic problems amidst

the civil strife and poor security in their respective countries compelled these professionals to leave (Dovlo, 2003).

1.1.2 Student nurses knowledge on migration of nurses

Although specific literature had not been found via internet to explain this specific objective fully, it could be inferred from the migration expectations expressed by some student nurses (Anarfi, 2006). Migration had been defined as a reaction to stress arising from individual's own unique physical, economic, social & cultural environment (Anarfi, 2006). In assessing the views of students on the medical profession in Ghana, Anarfi observed that about 71% viewed the profession as frustrating, hectic or stressful. It was not a surprise then that about 55.4% of the students who participated in the research had ever decided to emigrate (Anarfi, 2006). The migration of these health professionals had been found to be skewed towards some particular countries to a large extent. These countries often referred to as the Organization for Economic Co-operation and Development (OECD) countries included the USA, UK, Finland, Denmark, Ireland, Portugal and Canada (Kirigia et al, 2006). Preference for these locations had been further supported by Pangs report that more than 150000 Filipino and 18000 nurses work abroad. An estimate from UK shows that 13% of nurses working in the country were born overseas. This fact had also been confirmed by the Australian Health Ministers Advisory Council (AHMAC, 2007). In London the figures read at 47% (Pang et al, 2002). These preferences had been confirmed by GUNI and Muula (GUNI, 2006) and (Muula, 2005). They stated further that the countries from which these health professionals emigrated included Ghana, Ethiopia, Nigeria and South Africa.

Hansdotter reported that nurse shortages in health systems around the world had been driven by issues like internal and external migration, high attrition and underinvestment in human resources (Hansdotter, 2007). These factors among others that had been known to influence the migration of nurses had been referred to as the push and pull factors. The push and pull factors included wage rates, socio-economic and demographic characteristics, educational opportunities and the relative availability of jobs (Anarfi, 2006). The push factors prevailed in the home countries of the nurses while the pull factors pertained in the recipient countries (Hansdotter, 2007).

The migration of nurses had come with benefits such as increase in skills and expertise and some remittances. However there were some losses that come with nurse migration like cost of training them and the increased workload on remaining staff (Hansdotter, 2007).

1.1.3 Student nurses intention to migrate and their preferred destination

In a research conducted in Uganda, it was observed that about 70% of nursing students would like to work outside Uganda and intended to do so within the next five years after completion of school. Only 8% indicated that they did not intend to leave the country (Nguyen et al, 2008).

In a study conducted by Anarfi in Ghana in 2006 using trainee medics and nurses, he observed that 58% of the selected trainees had intentions to emigrate. The proportion of medics was higher (68%) than that of nurses (57%). He observed that more males (62%) intended to leave than females (56%). About 70% of these students did not intend to work after three years of graduation (Anarfi, 2006).

Although the intentions to migrate were high in both studies, there was the desire to return. In the Ugandan study three out of four participants reported that they would return home after

working for sometime by which time they would have made some money. This seemed to imply then that money was the main motivation for nurse's intentions to migrate (Nguyen et al, 2008).

Although students were found to have intentions to migrate they would be delayed by the desire to complete their programmes of study, inability to get visas, financial difficulties and the need to get some work experience before travelling (Anarfi, 2006).

Migration may not always be necessarily to another developing country but as Mouton states, there had been rising trends of an internal migration within Africa. An article from Abuja published in December 2004 also confirmed this. There had been the temptation to focus all attention on the external migration to the neglect of the internal ones. For instance nurses and other health professionals were now drifting to the Non-Governmental Organizations (NGO) because of bureaucratic tendencies in the placement of such professionals on the right job description and salary categories in the public health facilities (Abitto, 2007).

However, it was reported that nursing students had a higher preference for the USA and Canada than the United Kingdom (UK) since they perceived entrance to the USA to be easier than to the UK. This they thought was so because there were too many foreign nurses working in the UK. The students however preferred public health facilities (84%) as against the private ones (58%). This looked rather odd to the researcher since the opposite exists in developed countries (Nguyen et al, 2008).

1.2 Problem statement

The implications of migration can be very disastrous. This may be attributed to the loss of strategic manpower leading to dislocation of limited personnel, there would be loss of money invested when the investment in education by developing countries (for instance in Ghana

where tertiary education was almost entirely subsidised) did not lead to any fast economic growth (Nadeem and Ashfaq, 2004). Achieving the millennium development goals would remain an expectation with migration of nurses standing in the way of the achievement of key public health priorities like reducing child and maternal mortality, increasing vaccine coverage and battling epidemics like HIV/AIDS (Kuehn, 2007). The concern becomes more alarming when current students (nurses) in training have intentions of leaving too (Nguyen et al, 2008).

1.3 General objectives

To assess student nurses' knowledge on migration, intentions to migrate and ways of managing migration for quality health delivery in Ghana.

1.4 Specific objectives

To assess knowledge of student nurses on the migration of nurses.

To assess the intentions of student nurses to migrate after school and where they would prefer to go.

To ascertain ways to manage migration of nurses.

To recommend strategies to manage migration of nurses in Ghana.

1.5 Uniqueness of the study

This study was different from other studies because it had provided information on the student nurses knowledge on migration. The study was also unique because it had indicated student nurses perception of the usefulness or otherwise of migration.



CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

This chapter represented a review of work done by others that was relevant to this study. The aim was to identify the opinion of other writers on the intention of student nurses to migrate. This was to allow for the determination of gaps in other studies and to ascertain the thorough digestion of issues raised by other writers. It was also to allow for better discussion of results to assess if they were consistent with literature or not. It would be easier to find better probable reasons to outcomes of the study when there was some other information to compare with. The aim of this chapter was achieved by breaking down the specific objectives into sub-units and finding out what information was available about work done in those areas.

2.1 Overview

Managing human resources in the health sector had been found to be very important. This was because the sector was very labour intensive and thus involved lots of diverse groups of professionals. Among these were nurses that formed about the largest professional body in the health sector. The daily workings of these nurses needed to be managed so that at all times the right kinds and right numbers were available to provide required health services. Migration of nurses threatened the possible provision of their right numbers and kinds. After medical doctors diagnose diseases of patients, it was the nurse who had to take care of the patient from then on. The nurse thus spends more time with patients than medical doctors. In the absence of the right number of nurses, it would take a long time for every patient to be visited by a nurse especially in cases where patients were on admission at the health facility. This shortage could greatly cost patients their lives since sudden changes in their state may not be detected quickly and managed. It had been estimated that some tens of thousands of trained health professionals

moved in search of greener pastures in foreign countries a situation that compounded the health staff insufficiency already existing in most African countries (AMREF, 2008). In Kenya for instance, it was estimated that only about 10% of the 6000 physicians trained in public hospitals stayed to support the local system (AMREF, 2008). The BBC reported in its March 3rd news that one out of every four doctors trained in Africa were working in developed countries which probably was contributing to the critical shortage of health staff in about 57 countries in Africa (BBC, 2008).

The WHO estimates a need of about four million doctors, nurses and midwives to meet the global health demands (BBC, 2008). Africa and Ghana for that matter cannot continue to input resources in the training of health professional only to suffer the need of them. It was important then that professional turnover to foreign countries had to be seen as an issue of concern and readily addressed.

Vacancy levels in the Ghana Health Service as at 2002 was 57% for nurses. This led to the initiation of policies that restrained the migration of these nurses until they had served their bonds. Verification of certificates was necessary for migration. Hence for nurses trained in government institutions it was only after a period of between two to five years of service to the country that certificates were verified by the Nurses and Midwives Councils (Labonte et al, 2006).

The demand for health professionals had probably been due to the growing aging population in the developed countries. This probably had been due to the increasing high technology which was exacerbating the demand. This was coupled with the low level of domestic health workers in those countries as was reported by the WHO in its 2006 report (Kuehn, 2007). It was also believed that the use of common language–English was a contributory factor to the ease with

which health professionals migrated. The similarity of the professional systems allowed nurses especially to be able to practice anywhere (Dovlo, 2003).

Mutilation of merit had been believed to be a routine feature where non deserving health professionals were rewarded instead of the ones who did. This situation compelled them to leave for better places (Nadeem et al, 2004). These points were further buttressed as Dovlo stated that poor working conditions, low job satisfaction, political and ethnic problems amidst the civil strife and poor security pertaining in their respective countries compelled these professionals to leave their home countries (Dovlo, 2003).

Human capital accumulation was believed to increase by virtue of the influx of the health professionals from developing countries into developed countries (Mountford et al, 2006). Tebeje also argued that brain drain left African countries with little return on their investment in the education of its people since too many graduates fail to stay in their home countries or return. These crumbled the middle income class of societies and the tax benefits they provided causing civil society to disappear and consequently Africa risks becoming home to even greater mass poverty (Tebeje, 2005).

2.2 Knowledge of student nurses on migration of nurses

2.2.1 *What is migration of nurses?*

Unfortunately there had been no literature available on the internet that stated categorically what student nurses knew about migration of nurses. However other available literature had been found useful in answering this question. According to the International Organization for Migration (IOM) a third of Africa's human capital had been lost and with the loss still ongoing

at an increasing rate with about 20,000 doctors, university lecturers, engineers and other professionals leaving annually since 1990(Adamson,2005).

Migration had been seen as labour market redistribution in response to market needs (Anarfi, 2006). Nurse migration had been considered as the movement of nurses from one country to another in search of employment (STTI, 2005). It had been found that of the current 175 million migrants that ventured out for different lives, an increasing number were nurses and the majority of those were women (Padilla, 2006). It was established that some 35 billion health professionals worldwide were not equitably distributed largely due to migration (Wais, 2008).

The countries often referred to as the Organization for Economic Co-operation and Development (OECD) countries including the USA, UK, Finland, Denmark, Ireland, Portugal and Canada were the main destinations of these migrants (Kirigia et al, 2006). Preference for these locations was further supported by Pang's report that more than 18000 Filipino nurses worked abroad. An estimate from UK showed that 13% of nurses working there were born overseas this was also confirmed by the Australian Health Ministers Advisory Council (AHMAC, 2007). In London the figures read at 47% (Pang et al, 2002). These preferences were confirmed by GUNI and Muula (GUNI, 2006) and (Muula, 2005). They stated further that the countries from which these health professionals (nurses) emigrated included Ghana, Ethiopia, Nigeria and South Africa.

However, Padilla stated from highlights in Dr. Kingma's book "Nurses On The Move" that a nurse who earned a teaching degree abroad went back to her own country only to find that there were no teaching positions available. In this case, the nurse decided to go back abroad to continue her career. This went to show that given the choice, most people would prefer to

remain in their home countries. However, there were a series of 'pull' and 'push' factors that motivated a person to leave home and family to pursue other opportunities (Padilla, 2006).

2.2.2 Push and pull factors of migration

It would sound really strange to say that health professionals move out just for the fun of it. This was because certain factors seemed to be attracting them to embark on their flight to more developed countries. The demand had probably been due to the growing aging population in the developed countries which had come with increasing high technology which was exacerbating the demand coupled with the low level of domestic health workers in those countries as reported by the WHO in its 2006 report (Kuehn, 2007).

Some issues including income inequalities between countries, differences in working conditions including safety and security, career opportunities, political instability to mention a few had been found to contribute to the migration of these nurses (Australian Health Ministers Advisory Council, 2007). The BBC reported that medical staff from Africa and Asia often migrated to richer countries where salaries and working conditions were better (BBC, 2008). It was also believed that the use of common language which was English was also a contributory factor to the ease with which health professionals migrated and of course the professional systems were almost similar, nursing is nursing everywhere (Dovlo, 2003).

Back at home there were some conditions that necessitated the migration of these essential health service professionals. Notable among these included the low income available at home and the frustration that set in when services were not deservingly rewarded. The issue of low rates and delays in promotions were also factors.

At other times there was mutilation of merit which was believed to be a routine feature where non deserving individuals were rewarded instead of the ones who deserved it a situation which compelled them to leave for better places (Nadeem et al, 2004). These points were further buttressed by Dovlo when he stated that poor working conditions, low job satisfaction, political and ethnic problems amidst the civil strife and poor security pertaining in their respective countries were also contributory factors (Dovlo, 2003).

2.2.3 Effects of migration of nurses on health system and the economy

It was expected that with the influx of people into the more developed countries the notion of the fewer the merrier may apply in their respective homelands on the contrary the more the merrier with respect to access to health. As human capital accumulation increases it has allowed the developed countries to better address all their health needs especially the growing aging population (Mountford et al, 2006).

In the developing countries, fertility chances dropped as either spouse left (Mountford et al, 2006). If every year Africa's health professional number lowered by 20,000 then fewer people would be available to deliver key public services including health and providing the needed drive for economic growth and articulate calls for development. This did not mean an overlook of the positive outcomes such as remittances, increase in investments and technology transfer (Sriskandarajah, 2005).

Tebeje also argued that brain drain left African countries with little return on their investment in the education of its people since too many graduates failed to stay in their home countries or return. The increased dependence on expatriates was also a cost and the delivery of basic health

and social needs as 38 out of the 47 Sub Saharan African countries fell short of the WHO standard of 20 physicians per 100,000 people. All these had crumbled the middle income class of societies and the tax benefits they provided causing civil society to disappear and consequently Africa risks becoming home to even greater mass poverty (Tebeje,2005).

It had been found that migration also posed potential negative consequences for the individual migrating nurse. Due to the lack of regulatory oversight of agencies and practices of global nurse migration contracting, nurses who had migrated were at increased risk for employment under false pretences and may be misled as to the conditions of work, possible remuneration and benefits. Thus, they were placed at risk for unethical, if not illegal employment practices in their host country. Concerns had also been expressed about the fact that nurses from donor countries may not be given the respect they deserve in the workplace. This may be due to negative bias and prejudice by their peers who regarded them as outsiders (STTI, 2005).

2.3 Intentions to migrate and preferred destination

2.3.1 Intention to migrate

More nurses were believed to join the millions of migrants all over the world that travelled elsewhere every year in pursuit of better economic, social and political environments. In recent times when nurse shortages had become an issue of much concern, nurse migration seemed to attract much media attention. It also had challenged policy makers and other stakeholders to address the social, ethical, economic, and political and health implications associated with the issue. Some experts saw increased recruitment of nurses as an answer to the shortage but others considered that it failed to deal with the underlying issues of migration of nurses from their home countries (Padilla, 2006). If a mere increase in numbers was not sufficient to deal with

shortages of nurses then it was worth considering other means of ensuring that student nurses did not pass out to create or compound the already worsening situation. Since traditionally nurses travelled for better opportunities and because they failed to find employment opportunities in their own countries, the intention of student nurses to migrate after school may not come as a surprise since they had to survive (Padilla, 2006).

Nguyen and others (2008) claimed that some 70% of nursing students in Uganda had expressed an intention to migrate after school. The authors recognized that the nursing students were a much younger and mobile population as compared to the established health workers and were expected to express different intentions. Although the intentions to migrate were high in both studies, there was the desire to return. In the Ugandan study three out of four participants reported that they would return home after working for sometime by which time they would have made some money. This seemed to imply then that money was the main motivation for nurse's intentions to migrate (Nguyen et al, 2008).

Some 58% of selected trainees from some nursing and medical schools in Ghana had expressed the intention to migrate after graduation. 57% of trainee nurses expressed this desire. On the whole more males than female trainees intended to emigrate. The trainees with desire to leave intended to do so within three years of graduation (Anarfi, 2006). In an almost similar study in Zambia the decision to leave the country or not was stated as dependent on whether their situation would improve or not upon their return to original posts. All participants in the study did indicate the fact that they had ever considered leaving the country (Hansdotter, 2007).

2.3.2 Future work location preferences

African public health care systems was in a crisis as health workers with all their knowledge migrated to wealthier countries such as USA, Canada, Australia and the UK such that

knowledge generated on the continent was often not readily accessible to those who had need of them (Adamson,2005).

The migration of health professionals had been found to be skewed towards some particular countries to a large extent. These countries often referred to as the Organization for Economic Co-operation and Development (OECD) countries include the USA, UK, Finland, Denmark, Ireland, Portugal and Canada (Kirigia et al, 2006). Preference for these locations was further supported by Pang's report that more than 18000 Filipino nurses worked abroad. An estimate from UK showed that 13% of nurses working there were born overseas this was also confirmed by the Australian Health Ministers Advisory Council (AHMAC, 2007). In London the figures read at 47% (Pang et al, 2002). These preferences were confirmed by GUNI and Muula (GUNI, 2006) and (Muula, 2005). They stated further that the countries from which these health professionals emigrated included Ghana, Ethiopia, Nigeria and South Africa.

Migration may not always be necessarily to another developing country but as Mouton stated there were rising trends of an internal migration within Africa. An article from Abuja published in December 2004 also confirmed this statement. There had been the temptation to focus all attention on the external migration to the neglect of the internal ones. For instance nurses and other health professional were now drifting to the Non-Governmental Organizations (NGO's) because of bureaucratic tendencies in the placement of such professionals on the right job description and salaries categories in the public health facilities (Abitto, 2007). Although some nurses intended to work with NGO's, the idea had not materialized because since it had not been easy finding one (Hansdotter, 2007).

In essence what was being stated was that health professionals whether doctors or nurses had preferred destinations whether to a developed country, private NGO or an urban area. In a recent study in Uganda to assess the intention of nursing students to migrate it was found out

that about 70% expressed interest to work outside Uganda and five years after school, they would like to work in the USA (59%) and the UK (49%) and 29% preferred to work in another African country while 80% preferred to work in urban areas as against rural areas and some 58% preferred to work in private institutions as against public institutions (Nguyen et al, 2008). It had been found that migration and or brain drain was affording some countries the opportunity to accumulate human capital to their gain and to the loss of most developing countries (Nadeem and Ashfaq, 2004).

2.4 Perception of student nurses on how to manage the migration of nurses from the country

Migration had been and will continue to be a part of our lives, especially with increasing globalization. If we deal with the need to migrate, we would address the nurse shortages, and migration would not be an issue but rather enrichment (Padilla, 2006). Some advocates had suggested that a balance of some sort between the nurses right to migrate, especially when the push factors become overwhelming and the concern for a donor nations' health due to the loss of scarce nursing resources (STTI, 2005) should be considered. Increasing health workers salaries and allowances was beginning to benefit Ghana and some other countries. It had been suggested that all countries around the world increased their training of nurses. The developed countries were encouraged to train their own nurses and not depend on migrant workers from developing countries. All countries were also entreated to comply with all ethical recruitment practices. More importantly there was the need to improve working conditions (Anarfi, 2006).

It had been suggested that stakeholders encouraged temporal rather than permanent return of professionals in Diaspora. Also regulatory bodies were to be strengthened to ensure acceptable standards of practice (Anarfi, 2006).

Although electronically published literature on the perception of student nurses on how to manage the migration of nurses was not available, it had been suggested that nursing schools could use interviews, recommendations and personal goal statements in the admission process to favour those candidates likely to express a commitment to rural practice or continued service to their countries. Government subsidy of nursing education could also be directed towards these students (Nguyen et al, 2008).

Financial interventions and improvement in accommodation of nurses were some suggestions to help manage the situation. Interventions related to employment possibilities to progress as a nurse also needed to be considered (Hansdotter, 2007). All these options and suggestions though not from student nurses have been made available to help deal with the situation. Clearly, large scale recruitment of nurses from other countries would be less necessary if both importer and exporter nations made a more concerted effort to improve the working conditions, salaries, empowerment, and recognition of the native nurses they already employ (STTI, 2005).

2.5 Knowledge gap

The observation made during this review was that no specific electronically published work has been done to assess the knowledge that student nurses had about migration of nurses. It was difficult to address issues like what student nurses knew about migration, the push and pull factors and the effects associated with the migration of these nurses. Also the perceptions that student nurses had about managing the issue of migration was not easily available for use. Therefore other relevant but not similar information from other works had to be used to explain

the concepts partially. It was hoped that by the end of this study that these gaps would be fully filled.

KNUST

CHAPTER THREE METHODS OF RESEARCH

3.0 Introduction

This chapter was basically concerned with how data was to be obtained. It also indicated from whom the data was to be collected and in which form it was to be done. The chapter described the location of informants by way of describing the study area and the number of informants involved in the study. It also gave an indication of how the data collected was to be managed and analysed to generate relevant information for use by stakeholders.

3.1 Study design

The study design was two stage descriptive cross-sectional.

3.2 Study area

Ghana the closest landmark to the centre of the world was located at the west coast of Africa. With a population of about 23,832,495(CIA- World Fact book, 2009), it remained the second largest producer of gold and cocoa in Africa. It had 238,537 square kilometres area, had a tropical climate with temperatures between 21 and 32 degree Celsius. With regards to health it had hospitals in all regions, districts and some major towns. The provision of health was supported by private medical practitioners, religious organizations, herbal clinics and psychic healers. There were about 75 approved nursing and midwifery training institutions 15 of which were nursing training institutions both public and private with at least one in each region (NMC, 2008).

The Ghana Health Service (GHS) was one of the agencies of the Ministry of Health in Ghana and shared in its vision of creating wealth through health. Predominant health challenges facing the country included Malaria, HIV/AIDS, Tuberculosis and Guinea Worm. It was believed that Ghana may be experiencing a double burden of disease with a high burden of both communicable and non-communicable diseases. Hypertension featured among the top ten causes of mortality in the country.

The provision of health in the country had been supported by the contribution of health professionals and support staff. Among these professionals were doctors, nurses and pharmacists. At the end of the year 2007 the doctor to patient ratio was 1:13,683 and that of nurses was 1:1,451 in the country. The situation was however better in some regions than others

for instance in the Greater Accra Region, it stood at 1:5,202 and 1:979 for doctors and nurses respectively. The worst doctor to population ratio was 1:92,046 for the Northern Region whilst that for nurses was 1:2,024 for the Ashanti Region (GHS, 2007).

The estimated birth rate of about 28.58 births /1000 population and a death rate of about 9.39 births/1000 population had indicated that the majority of the population were active. This was reflected by the fact that only 3.6% of the population were above 65 years. It was the active workforce who frequented the health facilities because of the nature of their work and lifestyle. This workforce distribution remained as agriculture (56%), industry (15%) and services (29%). Particularly the under 14 years who formed about 40% of the population usually present with infections to health facilities. The increased workload associated with these estimations coupled with the unsatisfactory salaries and incentives had contributed to the migration trends being experienced in the country.

3.3 Study population

The population under study included student nurses in Ghanaian nursing institutions. These specifically included two public nursing institutions in the Western Region and the Ashanti Region. Study participants included student nurses from all levels of study in the institutions under study. Other participants in the study included tutors of the nursing students. The rest were nursing officers working with students at the health facilities.

3.4 Sampling

3.4.1 Sampling method

A simple random sampling method was employed in the study. It was used in the selection of study areas in the country. The names of regions were written on pieces of papers and balloted for per sector. The northern sector of the country comprised the Northern, Upper East, Upper West, Brong Ahafo and the Ashanti regions. The southern sector included the Volta, Eastern, Central, Western and Greater Accra regions. The nursing training colleges in the sampled regions that were Ashanti region for the northern sector and Western region for the southern sector were automatic sites for data collection. Participation by students from the Nursing Training Colleges in the Western and Ashanti Regions was voluntary and anonymous. The sample included nursing students at all levels of their education. Key informants were sampled from among nursing tutors-(2) and nursing officers-(2). The inclusion of these officials was voluntary and anonymous to provide added information to support discussion of the outcomes of the study.

In every region in Ghana, there was at least one public nursing institution. To select participants the country was divided into two sectors the northern sector which included public nursing institutions in the Upper East, Upper West, Northern, Brong Ahafo and Ashanti Regions. The southern sector schools included those in the Volta, Eastern, Central, Western and Greater Accra Regions.

A simple random sample of a region was done from each sector by way of balloting. The Western and Ashanti regions were sampled from each sector. The Nursing Training College (NTC) in the Ashanti region was based at the Komfo Anokye Teaching Hospital. That of the Western Region was close to the Effia-Nkwanta Hospital. The NTC in the Ashanti region had a total student population of about 600 from first year to third year. The total number of students at the Western Regional NTC was also about 600.

A student was included in the selection when he or she showed interest in participating in the study. This was particularly important since participation was voluntary. About 358 student nurses voluntarily participated in the study from both nursing institutions. The students' identity was not disclosed. A sample of two nursing tutors and two nursing officers who volunteered to participate in the study was also selected for participation. It was important to note that selection of participants was not out of convenience.

3.4.2 Sample size

Using a confidence level of 95% which had a z-value of 1.96, with the proportion of student nurses with intentions to migrate at a default of 50% and a desired accuracy of 5% the sample size estimated was:

$$N = Z^2 \cdot p \cdot q / d^2 \quad (\text{Araoye, 2003}).$$

$$= 1.96^2 \cdot 0.5 \cdot 0.5 / 0.05^2$$

$$= 400$$

With the use of the KII, a sample of two nursing tutors and two nursing officers who volunteered to participate in the study was made. It was anticipated that response rate would be 100% and so no adjustment for compensation was made.

3.5 Study variables

Knowledge of student nurses on migration of nurses.

This referred to what the student nurses knew about migration of nurses. It included issues concerning the push and pull factors and their perception on the usefulness or otherwise of migration of nurses.

Intention to migrate among student nurses.

This referred to an expression of desire to leave one's original place of posting after school. This desire to leave was to find a place where the individual may consider appropriate to meet his or her needs. The intention may be to work in a private or public health facility or an NGO, to an urban or rural area or more commonly out of the country.

Preference of future work location.

This preference was with respect to where the student nurse preferred to work or practice after school. The options included a developed or developing country, an urban or rural area and a private or public health facility or an NGO.

Ways to manage the migration of nurses.

This looked at how the student nurses suggested migration of nurses be reduced or minimized. Thereby proposing the means of retaining “them”.

3.6 Data collection

The study employed the use of both quantitative and qualitative data collection methods. The quantitative method was by means of written, self administered questionnaires. The qualitative method was the use of key informant interview. The questionnaire measured the influence of various factors associated with the student nurses' intentions to migrate.

The knowledge of the students on migration was assessed and also their intentions to migrate. Where they preferred to go was a question that the questionnaire was used to answer. The key informant interview addressed a series of questions mostly related to student nurses intentions to migrate and how these key persons thought the situation could be managed.

The questionnaire was pretested using nursing students from the NTC at Korle-Bu in Accra. Before administration of the questionnaire a statistician/research analyst at ISSER was consulted. This consultation was to ensure that the questions could answer the specific objectives and that they could be analysed.

3.7 Data management and analysis

The data expected to be collected included both qualitative and quantitative ones. To analyse the quantitative data it was entered using excel and analysed with both STATA and SPSS version 16 to obtain the common measures of central tendency like the means and distribution. Bar charts were used to illustrate the data for easy interpretation. For the qualitative data it was just written out as was presented by key informants. In the text specific statements that were relevant were added and italicized with quotes.

3.8 Ethical consideration

The consent of the Registrar of the Nurses and Midwives Council (NMC) and that of the study participants and the heads of their respective schools was sought. The relevance of the study was explained to them and they were assured of confidentiality of information received.

3.9 Limitation of study

The study was limited by the lack of means to ascertain the veracity or otherwise of opinions expressed by participants. Also the decision by NTC heads to allow the SRC representatives to collect the data on behalf of the research assistants limited the extent to which participants were introduced to the data collection tool.

CHAPTER FOUR: RESULTS

4.0 Introduction

This chapter provided detailed information on the outcome of the data collected. It showed how participants in the study responded to questions. It also indicated variations in opinion of questions posed. The results were presented according to the manner in which specific objectives were laid out. The chapter presented results from the questionnaires administered to student nurses and of the key informant interview guide administered to tutors of student nurses and nursing officers who oversaw the work of these student nurses at the health facilities. Please note that values are percentages of total number of respondents (358). The results have been presented in text and summarised in tables for easy understanding.

4.1 Demographic information

The outcome of the data collected showed a total of 358 student nurses participating in the self administered questionnaire survey and four key informants. The student nurses were from public nursing institutions in Ghana. Two key informants were nursing tutors from one of the public nursing institutions and the other two were practicing nurses in a public health facility in the country. The nursing schools were in the Ashanti and Western Regions of Ghana while all four key informants were from the Western Region. 292 of the participants were females (81.8%) all key informants were also females. This value was far higher than that of males (18.2%). The lowest age recorded was 14years (0.4%) and the highest was 34years (0.4%). 24.9% of participants were aged 19years. Ages between 19 and 21years recorded the highest number of participants (62.9%). The lowest ages were between 14 to 18years and the oldest participants were between 29 to 34years (2.8%).

The majority of participants were single 341(95.3%). The percentages of those who were either married separated or divorced were 3.6%, 0.8% and 0.3% respectively. 123 of participants were born in the Greater Accra Region alone representing 34.6%. The Upper West Region had the lowest record of 0.8% (3). Although 34.6% of participants were born in the Greater Accra Region, 45.8% of participants usually resided in the Greater Accra Region. The least number of residents were in the Upper West Region (0.6%). Some 85.5% of participants resided in urban areas as against the remaining 14.5% who were in rural areas. When questioned about their entry grade into the institutions it was observed that 85.3% gained admission with their SSSCE qualification while 14.7% gained admission with other acceptable qualifications other than SSSCE.

The number of first year students who participated was 234 (66.1%). Some 15.5% of participants were in second year and the rest in third year. About 231 of the participants

attempted once and were successful in gaining admission into the nursing institutions (66.4%). Some 26.1% attempted twice, 6.0% attempted thrice and 1.4% attempted more than three times. Some results of demographic characteristics of respondents have been summarised in Table 4.1.

TABLE 4.1 SUMMARY OF DEMOGRAPHIC INFORMATION OF RESPONDENTS

SEX	Male		Female	
	18.2%		81.8%	
Age	Under 20yrs	21-25yrs	26-30yrs	31-35yrs
	45.8%	50.6%	3.2%	0.4%
Marital status	Single	married	separated	divorced
	95.3%	3.6%	0.8%	0.3%
Usual place of residence	urban		Rural	
	85.5%		14.5%	
Current level at school	first	second	Third	

	66.1%	15.5%	18.4%	
No. of attempts made at gaining admission	once	twice	thrice	More than three times
	66.4%	26.1%	6.0%	1.4%

4.2 Knowledge on migration

Questions related to the knowledge of student nurses on migration showed the following results. When participants were asked whether they had heard about migration 349 responded yes (98.3%). Only a small percentage claimed that they had not heard about migration of nurses from the country (1.7%). Some 53.0% of the participants heard about migration through the media, school and a friend. The percentage that heard it through the media was about 37.4% and 1.2% heard about it through the media and at school. Some 3.5% and 4.9% heard about it through a friend and at school.

The media thus provided the greatest means of informing the student nurses about migration. This point was further buttressed by one 33 year old female nurse who stated that “*well some of them get the information from relatives, friends and even on the air*”. The majority of participants knew migration to be the movement of nurses from the country to another in search of better life (72.9%). The remaining 2.5% and 3.1% knew migration to be the movement of nurses from public health facilities to private ones and those that move from rural areas to urban areas respectively.

Some 76 of the participants considered migration to be all inclusive whether to another country, public to private or rural to urban (21.5%). This was why a practicing nurse stated that “*student nurses would prefer both public and private health facilities, initially the public health*

facility and later the private because they take more salary than the public servants". About 80.5% of participants considered migration necessary and 71.2% of the participants thought so because it provided both better conditions of service and self development. Some 26% found migration necessary because it provided better conditions of service. Only 2.8% thought it was necessary because of the opportunity for self development.

Key informants confirmed this opinion since all four female nurses agreed that the need for migration may be attributed to the search for greener pastures. One of the four said the following *"I think they migrate to search for greener pastures"*. Some 239 of the participants considered that the need for both better conditions of service and self development was the influencing factor in the migration of nurses from the country (69.1%).

Better conditions of service were thought to be an influence on the migration of nurses by 27.2% of participants. Only 3.8% thought that the need for self development influenced nurses to migrate. A practicing nurse at health facility in the Western Region in 2008 also said that bad conditions of service and family influence contributed to migration and she was quoted as saying that *"some have relations abroad who inform them of how well nurses are cared for there"*. Another female nurse tutor said that the need to improvise at the facilities made work difficult.

The majority of the participants (84.8%) considered the nurse to be the beneficiary when there was migration. 12.9% considered Ghana the beneficiary. Only 2.3% thought that both Ghana and the nurse benefits. The results of student nurses knowledge on migration have been summarised in Table 4.2.

TABLE 4.2 SUMMARY OF RESPONDENTS KNOWLEDGE ON MIGRATION				
Have you heard of migration?	yes		No	
	98.3%		1.7%	
What is migration of nurses?	Movement of nurses from the country to another in search of greener pastures	Movement of nurses from public health facilities to private ones	Movement of nurses from rural to urban areas	All the above
	72.9%	2.5%	3.1%	21.5%
Is migration of nurses necessary?	yes		No	
	80.5%		19.5%	
Who benefits from migration?	Ghana	nurse	Both	

	12.9%	84.8%	2.3%
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4.3 Intention to migrate

Majority of the participants indicated their intention to work for sometime before leaving the country after school (58.0%). Some 35.2% intended to work in Ghana while only 6.8% wanted to leave the country after school. When asked whether they intended to migrate (70.1%) answered yes. This indicated that the greater proportion of the student nurses intended to migrate. This may give reason to the assertion by a female nurse tutor who indicated the following *“some of them are studying because they want to migrate. Others think they would have secured job after school, others think there’s no other alternative and some are coerced by their relatives/parents to study the profession”*.

About 71.4% of participants believed migration would offer them better conditions of service and an opportunity for self development. It was for this reason that one key informant said that numbers that applied to the institutions were consistently increasing " *yes it does, and the reason is that since they know that with nursing you can go elsewhere and get well paid, they know that the job is already secured for them*". Once the opportunity came 66.4% of the participants wanted to leave the country. After serving the bond 29.8% would want to leave only 3.7% would want to leave right after school.

About 77.7% of participants indicated their preference to leave to a country outside Africa. Those who preferred another country in Africa were 4.1% while 6.4% preferred a rural area. Some 11.5% preferred urban areas and the least value of 0.3% were those who were open to any option that came to them. The majority of participants indicated that opportunity for self development and better conditions of service accounted for their choice (68.6%). About 234

representing some 67.6% preferred to work in urban locations in Ghana as against 28.3% who preferred the rural areas. The least value of 4.0% indicated preference for either location.

More of the participants obviously preferred the urban setting to the rural setting. Some 60.1% believed their choice was because there was opportunity for development and better conditions of service. This was probably why a practicing nurse said the following concerning any choice made in favour of rural locations *“well, if the sector decides to provide incentives for them land, loans, cars, education they will prefer to work there. The reason being that once they are not in town they should be motivated to perform their task well”*.

With regards to the institutions of their choice participants showed an almost even distribution between the public (48.4%) and private (42.4%) health institutions. Only 9.2% expressed interest in working for an NGO. Some 63.7% believed self development and better conditions of service would inform their choice. Some of the results of student nurses intentions to migrate have been summarised in Table 4.3.

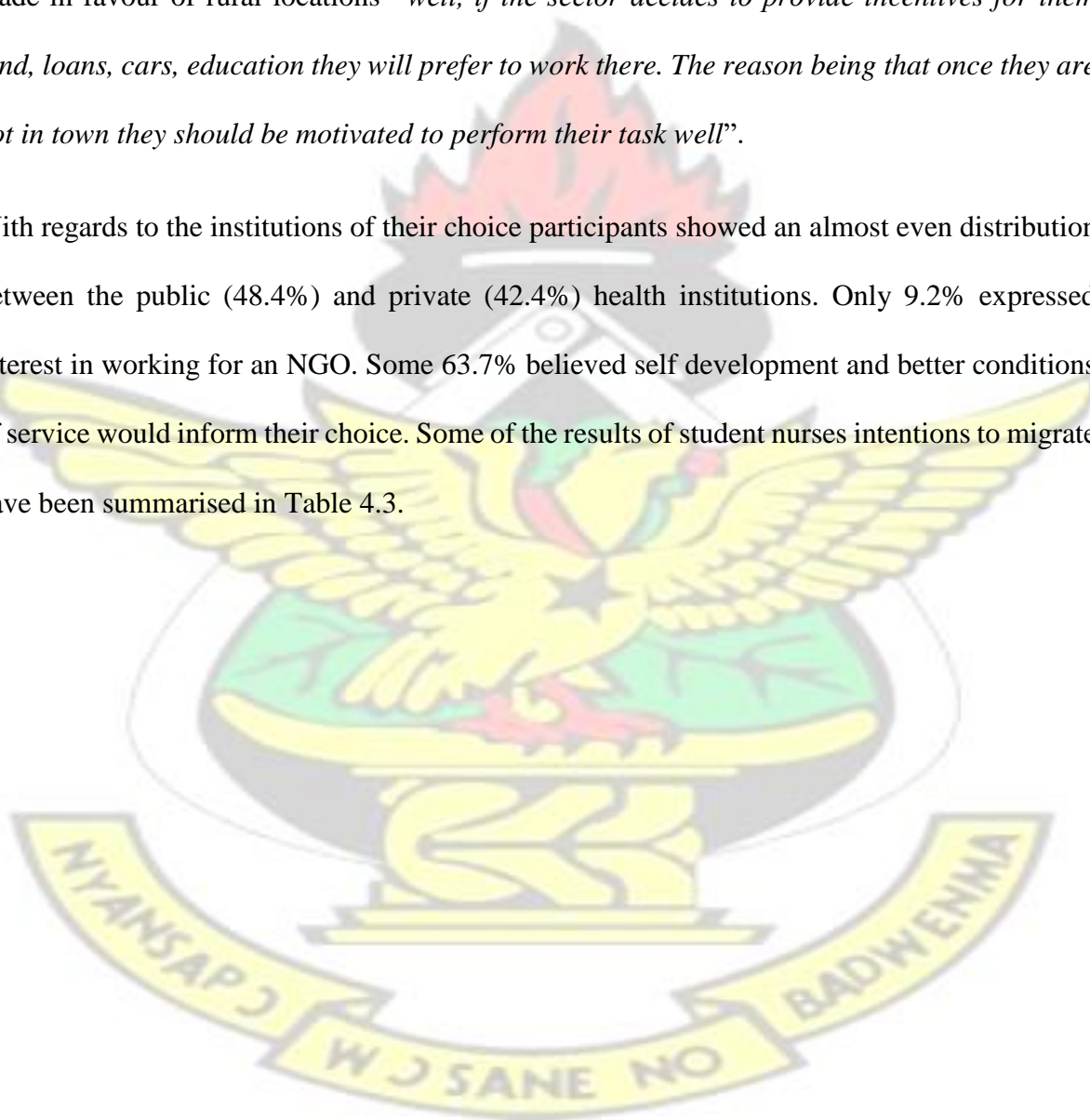


TABLE 4.3 SUMMARY OF RESPONDENTS INTENTIONS TO MIGRATE					
Intention to migrate	yes		No		
	70.1%		29.9%		
Location preferences	Another country in Africa	Another country outside Africa	Rural area in Ghana	Urban area in Ghana	All the above
	4.1%	77.7%	6.4%	11.5%	0.3%
Future preference location	Rural location		Urban location		both
	28.3%		67.6%		4.1%

4.4 Managing migration of nurses

About (78.2%) of participants considered migration a problem while the remaining 21.8% did not consider it so. The majority of the students however indicated their belief that the problem could be minimised (89.5%). Some 10.5% of the students did not think the problem could be minimised. The majority of students considered improvement of working conditions of nurses as a means of managing migration (75.4%). Only 0.9% of participants thought that stricter means of verifying certificates could help minimise the problem. About 83(23.8%) of participants indicated that both means could help minimise the problem of migration.

One female informant expressed the view however that nurses could still manoeuvre when they intended to migrate. She was quoted as saying *“the situation cannot be entirely managed because even if their certificates were held they could still manoeuvre to migrate but i believe the migration all stemmed down to the fact that remunerations were inadequate taking into consideration the workload and life after service”*.

Good income, accommodation and good living conditions were indicated as some of the provisions that would make nurses stay at their places of posting. This opinion was expressed by 72.9% of participants. About 10.4% of participants thought that attractive incentives in rural areas could also make nurses stay at their places of posting. Reduced workforce and increased work load on few staff coupled with financial and slow national development was expressed by 61.3% of participants as ways in which migration negatively affected Ghana.

Increased levels of income and the opportunity for self development were observed as some of the positive effects of migration on the nurses (migrants) themselves (79.5%). Only 6.6% of participants believed that migration brought monetary gains to Ghana. The majority of participants believed that migration increased skills for improved performance (29.9%), there

was loss of skilled labour (30.1%) and caused financial loss to the country (33.4%). Some 210 participants representing 60.9% indicated that improved working conditions and the opportunity for on the job development in their opinion would help stop the migration or at least increase the number of years of service served by these nurses before they migrated.

Despite this opinion the opportunity for on the job development proved to be slightly more of a popular opinion than improved working conditions(39.1%) and (33.0%) respectively.

Views on management on migration have been summarised in Table 4.4.

TABLE 4.4 SUMMARY OF RESPONDENTS OPINION ON HOW TO MANAGE MIGRATION			
Is migration of nurses a problem?	yes	No	
	78.2%	21.8%	
Means of managing migration	Improving working conditions	Stricter certificate verification process	Both
	75.4%	0.9%	23.8%

4.5 Test for associations

A couple of cross tabulations were made to test for associations between the dependent variable which is the intention to migrate and some independent variables. There were also tests for associations between other independent variables.

4.5.1 *“Do You Intend To Migrate” Against Sex, Marital Status, Current Level In School, Usual Place Of Residence, “Have You Heard Of Migration?”*

An association between the dependent variable (do you intend to migrate?) and sex of respondents indicated that 65.6% of males answered yes while 70.1% females answered same. this showed that slightly more females had intentions to migrate than males. Table 4.5 displayed below had summarised the outcome of cross tabulation between intention to migrate and sex of respondents.

Table 4.5 Summary cross tabulation between intention to migrate and sex of respondents		
Intention to migrate		
Sex of respondents	Male	65.6%
	Female	70.1%

When the independent variable was again measured against the marital status of respondents it was observed that more single respondents had intentions to migrate (66.1%). There was only one divorcee who also had intentions to migrate (0.3%). This was the lowest value recorded. A cross tabulation between the current level in school and the dependent variable indicated that more first year students intended to migrate (44.4%) than second and third years and the least value was that of the second years (9.8%). This correlation was found to be significant at 0.05 (0.032).

It was also observed that out of the about 70.1% who intended to migrate 70.6% were in the urban area as their usual place of residence. This was slightly higher than the 64.7% of rural respondents with intentions to migrate. Some 242 of respondent claimed to have heard about migration and intended to migrate. This formed about 70.6% of respondents who had heard about migration. However, 29.4% who had heard about migration of nurses did not intend to migrate. One respondent who had not heard about migration however intended to migrate also. This formed about 20% of the total number of respondents who had not heard about migration of nurses. A correlation between these two variables was found to be significant at the 0.05 level (0.014). A summary of these outcomes had been displayed below in Table 4.6

Table 4.6 Summary of cross tabulation between intention to migrate and have you heard of migration			
Intention to migrate			
Have you heard of migration	Yes	Intend to migrate	70.6%
		Do not intend to migrate	29.4%
	no	Intend to migrate	20.0%
		Do not intend to migrate	80.0%

4.5.2 Sex Against (Age, Marital Status, Region Of Birth, Usual Place Of Residence, Qualification For Admission, Current Level In School, Number Of Attempts Made To Gain Admission), “Have You Heard Of Migration?”, Means Of Communication, Knowledge Of Migration, What Is Migration?, Is Migration Necessary?, Who Benefits When A Nurse Migrates?, Intention To Migrate, Preference Locations And How To Manage The Situation.

Some 63 respondents were found to be aged 19years. This formed about 25% of total number of respondents. About 58 of these respondents were females and the remainder males. The least age was 14years and was a female. This age was found to be a complete outlier. A look at marital status and sex of respondents showed that more of participants were single (96.9% of males and 94.9% of females respectively). Only one female respondent was divorced (0.3%) and this was the lowest value recorded.

The majority of respondents were born in the Greater Accra Region (34.5%). The majority of these numbers were females that were 115 out 122. Only 7 of the respondents were males born in the Greater Accra Region. There were three respondents who were born in the Upper West Region. One was a female and the other two males. This in total formed about 0.3%.

The usual place of residence of the majority of respondents was the Greater Accra Region (45.6%). Some 52.4% of the total number of females usually resided in the Greater Accra Region. The majority of males usually resided in the Western Region (41.5%). Only 0.6% of the total number of respondents usually resided in the Upper West Region and these were all males.

Slightly more female respondents resided in urban areas than males that were about 87.8% and 75.0% respectively. This reflected in the fact that more males were rural residents than females out of the total of male and female respondents 25.0% and 12.2% respectively. Out of the total number of respondents, the majority gained admission with the SSSCE qualification. Out of the total of males and females, more males gained admission with SSSCE than females. That was 87.7% and 84.7% respectively. The others came in with other acceptable forms of qualification.

The number of female respondents in first year was 68.9% as against 54.7% males. On the whole most of the respondents were in first year as against the least number of 15.6% who were

in second year, the majority of which were males 21.9% of the total number of male respondents. That of females was 14.2%. About an equal percentage of males and females attempted once and gained admission into the nursing institutions. Some (66.1%) males and (66.7%) females out of the total number of male and female respondents. Just about 1.4% of respondents attempted more than three times before gaining admission. Except for 6 females who had not heard about migration of nurses all male and female respondents had heard about it that was (100%) male respondents and (97.9%) females. The cross tabulation of sex and knowledge of migration had been summarised in Table 4.7 displayed below.

Table 4. 7 Summary of cross tabulation between sex of respondents and knowledge of migration			
Sex of respondents			
Have you heard of migration?		male	Female
Have you heard of migration	Yes	100.0%	97.9%
	No	0	2.1%

When the means of information was cross tabulated against sex of respondent, it was observed that more than half of the respondents heard about migration of nurses through the media, school and a friend (52.9%) which was a total of 182 respondents. 145 of these were females and 37 were males. Only 1.2% of respondents heard about migration of nurses through the media and school. This included 2 males and 2 females which formed about 3.2% of total male respondents and 0.7% of total female respondents.

When it was tested by sex what respondents knew about migration, the majority (73.1%) knew migration to be the movement of nurses from one country to another in search of greener pastures. About 70.3% of male respondents expressed this opinion out of the total number of male respondents and that of the female was 73.7%. Only 9 respondents all females expressed the opinion that migration was the movement of nurses from public health facilities to private ones. This formed 2.5% of the total number of respondents and 3.1% of total female respondents and this opinion was the least expressed.

Some 81.6% of total female respondents considered migration of nurses necessary while 75.0% of male respondents felt same. More females (73.4%) thought that migration was necessary because of the need for better conditions of service and the opportunity for self development. About 60.8% of the males although slightly lower than that of females expressed similar opinion. Only 2.1% of females and 5.9% of males thought that it was necessary because of the need for self development. This was the least opinion expressed.

Again about an equal percentage of males (65.6%) and females (69.8%) thought that better conditions of service and the need for self development was what influenced nurses to migrate. This formed the most opinion expressed. The least was the need for self development that was 9.4% and 2.5% for males and females respectively. Table 4.8 had summarised these findings.

Table 4.8 Summary of cross tabulation between sex of respondents and what influences nurses to migrate		
Sex of respondents		
What influences nurses to migrate	Male	Female
Better conditions of service and self development	65.6%	69.8%
Self development	9.4%	2.5%
Better conditions of service	25.0%	27.7%

Both sexes thought that it was the nurse that benefited when he or she decided to migrate this was reflected by some 76.9% of males and 86.6% of females. Only 21.5% of males and 11% of females thought that Ghana stood to benefit when a nurse decided to migrate. The least opinion expressed was the fact that both Ghana and the nurse benefited when a nurse migrated 1.5% males and 2.5% females. More than half of both males and females intended to work for sometime after school and then leave the country to search for greener pastures 54.7% males and 58.5% of the females. Only 6.3% of males and 7.0% of females wanted to leave the country immediately after school. The percentage of females who intended to migrate was slightly

higher than that of males 71.0% and 65.6% respectively. The majority of both males and females thought that the opportunity to migrate would provide them with better conditions of service and the opportunity for self development 62.2% and 73.1% respectively. Only 15.6% of males and 7.4% of females wanted to migrate just for self development.

When asked about how soon they would want to leave after school, more than half of both males and females expressed the desire to leave the country once the opportunity came 51.8% males and 69.7% of females. Some 7.1% of males and 2.9% of females had the desire to leave immediately after school and this was the least opinion expressed. Some 77.6% of total respondents preferred to leave the country to another country outside Africa. Some 79.1% of female respondents preferred this choice while 71.2% of males did same. Only one female preferred any of the options given that was a country in Africa, outside Africa, an urban or rural area (0.4%).

What accounted for their choice were the need for better conditions of service and the opportunity for self development. This was the most opinion expressed by 63.2% of males and 69.7% of females. The least reason attributed to their choices was the opportunity for self development 17.5% of males and 8.7% of females. In Ghana more females preferred to work in urban settings than males 71.9% of females as against 48.4% of males.

However an equal percentage of males preferred to work in either an urban or rural location in Ghana. Only two males (3.1%) and twelve females (4.1%) preferred both options. Better conditions of service and opportunity for self development were the highest ranked reason for their choice and were expressed by both males and females 57.1% of males and 60.7% of females. Only one female (0.4%) of female respondents made her choice based on the level of societal development. More males as was observed preferred to work in public institutions than females 59.4% of males and 45.7% of females. Also more females preferred the private

institution than males 45.0% of females and 31.2% of males. Some 6 males (9.4%) and 26 females (9.3%) preferred an NGO and these were the lowest values recorded. This preference of future work location had been represented by Table 4.9.

Table 4.9 Summary of cross tabulation between sex of respondents and location preferences		
Sex of respondents		
Location preferences	Male	female
Public institution	59.4%	45.7%
Private institution	31.2%	45.0%
NGO	9.4%	9.3%

More than 60% of both males and females made their choices because of the need for better conditions of service and the opportunity for self development 61.9% and 64.1% respectively. Only one female (0.4%) made a choice because of societal development. Do you consider migration of nurses from Ghana a problem? More females (80.2%) than males (69.2%) answered yes hence considering it a problem. An almost equal percentage of both males and females thought that yes, migration of nurses from Ghana could be minimised 87.7% and 89.8% respectively. More males and females thought that improved working conditions instead of stricter certificate verification processes could help minimise the

migration of nurses 71.9% of males and 76.4% of females with no male and 1.1% of females respectively. Only 28.1% of males and 22.5% of females thought that both means could help minimise the migration of nurses from the country.

Some 77.9% of females and 66.2% of males thought that good income, accommodation and good living conditions would be sufficient to make them stay at their place of posting after school. This record was very high compared to the low number that considered accommodation enough to make them stay at their places of posting after school 3.1% of males and 3.5% of females. A 100% of males would stay in rural areas if there were attractive incentives available and a greater percentage of females (81.8%) also stated same reason. Only 18.2% of females considered good living conditions a priority.

Reduced workforce and increased workload on few staff coupled with financial loss and slow national development was an opinion expressed by the majority of respondents as a negative effect of migration. Some 59.0% of males and 62.0% of females and 4.9% of males and 10.8% of females thought that financial loss and slow national development was a negative effect of migration. More males and females thought that migration brought both increased income and self development and considered it as a positive effect 74.6% of males and 80.5% of females.

A small figure of 11.1% of males and 9.1% of females thought that self development was the only positive effect of migration of nurses from Ghana. About 60% of both males and females thought that to stop migration or increase the number of years that nurses worked before migration then there must be improvement in the conditions of service and opportunity for on the job training 61.3% of males and 60.6% of females. Only a small fraction that was

3.2% of males and 6.7% of females thought that on the job training was sufficient to stop migration and increase length of work period before nurses migrate. These opinions have been summarised in Table 4.10.

Table 4.10 Summary of cross tabulation between sex of respondents and means of managing migration of nurses		
Sex of respondents		
Means of managing migration of nurses	Male	female
Improvement in conditions of service and opportunity for on the job training	61.3%	60.6%
On the job training	3.2%	6.7%
Improvement in conditions of service	45.5%	42.7%

4.5.3 Have You Heard Of Migration Against Knowledge On Migration Of Nurses And Intention To Migrate?

When individuals who responded yes to the question” have you heard of migration”? Was cross tabulated with how respondents heard of migration, it was observed that more than half of respondents heard it through the media, school and from a friend (53.1%). This opinion was expressed by more of the respondents than any of the other options provided. A small fraction of 1.2% stated that they had heard of migration and did so through the media and at school. Some 73.3% of respondents who had heard of migration knew it to be the movement of nurses

from one country to another in search of greener pastures. This value was very high compared to the 2.6% who have heard about migration and knew it to be the movement of nurses from public health facilities to private ones.

Some 80.7% of respondents who have heard of migration considered it necessary. This migration was considered necessary because of the need for better conditions of service and the opportunity for self development (70.8%). Only some 2.8% of respondents who had heard of migration and considered it necessary thought it was so because of the opportunity for self development. Better conditions of service and the opportunity for self development were considered to be the sources of influence for the migration of nurses (68.8%). Only a small percentage of respondents thought that the opportunity for self development would influence a nurse to migrate (3.8%).

The percentage of respondents who had heard of migration and thought that the nurse benefitted from it was higher than those who thought Ghana benefitted or that both Ghana and the nurse benefitted from migration 85.0%, 12.6% and 2.3% respectively. These results have been summarised in Table 4.11.

<p>Table 4.11 Summary of cross tabulation between have you heard of migration and who benefitted from migration.</p>

Who benefitted from migration	Have you heard of migration
The nurse	85.0%
Ghana	12.6%
Both Ghana and the nurse	2.3%

About 80.0% of respondents who had not heard of the migration of nurses still thought that the nurse benefitted. The other 20.0% thought that Ghana benefitted. About 80.0% of respondents who had not heard of migration plan to work in Ghana after school and the remaining 20.0% plan to work for sometime before leaving the country. Of the number that have heard of migration 58.7% plan to work for sometime after school before leaving the country and only 7.0% of them plan to leave the country immediately after school. It was also observed that 81.6% of the total number of respondents who had heard of migration was females and all of those who had not heard too were females (4). More than half of respondents aged between 21 and 25 years had heard of migration (50.6%) and none between 31-35 years had heard about it.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

In this chapter the intention was to find reasons for the kind of results obtained. It was hoped that by this means one would know why certain choices had been made and certain decisions taken by respondents. It was also an avenue to cross check results obtained with that stated in literature to find out if the outcomes of the study were consistent with literature. Inconsistencies may give rise to new information for decision making. This chapter would help find out if objectives had been attained and how right was the researcher's opinion on issues. Outcomes of this discussion would inform reason for the conclusions and recommendations that would be made. Non-respondents to questions were disregarded.

5.1 Demographic information

The characteristics of respondents were summarised in Table 4.1. The number of female respondents was found to be far higher than that of males (81.8%). This figure was not surprising since there was the belief that nursing was a female profession and it was comparable to catering. Women were believed to be better care givers than males and showed more empathy. This result was found to be consistent with results from literature which suggested that there were more female nursing students than males (Nguyen et al, 2008). This point was confirmed by the fact that all nurse tutors and practicing nurses who provided key information were all females. The lowest age reported was 14 years and the highest 34years. The lowest age came much as a surprise since it was not possible for any one at that age to be in a tertiary institution at best it would be a senior high school. The only explanation possible could be the fact that the handwriting of the respondent created an ambiguous situation during data entry. Coupled with the fact that there was not the opportunity to meet with participants during data

collection, this error could not have been remedied. The highest age of 34 is understandable since some number of respondents was married (3.6%) and so that assumption could be made.

Also about 14.7% of respondents gained admission with qualifications other than SSSCE which could include A level qualification. Usually holders of such qualifications were quite old. The majority of the respondents were aged between 19 and 21 years (62.9%). This was not surprising since more first year students participated in the study (66.1%) and this could stem from the fact that they may be more available than the other year groups who may be pre-occupied with more assignments and clinical work. The high number of 19-21 years olds could be attributed also to the large number of single nursing students who participated in the research (95.3%). A greater portion of respondents were born in the Greater Accra Region (34.6%) and the least was in the Upper West Region of Ghana (0.8%). This outcome could be attributed to the location of data collection sites and the fact that more students in the Greater Accra Region have access to education and better equipped ones at that and therefore are able to pursue tertiary education on a larger scale than their counterparts in the other regions especially the Upper West Region. Also students in the Greater Accra Region most often belong to averagely financially sound families and can afford to travel to other regions for education. This brought to the fore the fact that they may not want to travel to the Upper West Region since it was too far from the Greater Accra Region. The probability of cultural influence may also be a factor. Although 34.6% of respondents were born in the Greater Accra Region more than this number actually resided in the region (45.8%). This could be due to the fact that the region was the most populated in the country for work and business reasons. The Upper West Region again had the lowest residence percentage and this went to support the fact that few students were born there and the inadequate infrastructure for business. Work opportunities were quite limited there and more of the people moved down to the Greater Accra Region and other business

thriving cities in the country to make a living. So certainly residency in this region would be limited. The 85.0% of respondents who gained admission with SSSCE only concurs with the fact that it is the common system in use now only few schools still practice the old system of O and A levels. The other qualifications could be inclusive of the A levels and other certificate programmes related to the nursing system which were acceptable. Majority of respondents gained admission on the first attempt (66.4%). The probable reason could be that they qualified for it and the fact that it was believed that the cream of every year group of students in a year gained admission into the universities to read degree nursing programmes. Only few attempted more than three times (1.4%). The only reason could be the fact that they were resilient and continued to improve upon their grades until they gained admission.

5.2 Knowledge on migration

The results relating to knowledge on migration had been represented in Table 4.2. It was good to note that only a small fraction of the respondents claimed that they had not heard of migration of nurses from the country (1.7%). The majority therefore had heard about it (98.3%). This high figure may be attributed to the fact that migration in general and that of nurses in particular had become a crucial issue that had generated lots of discussion and debate as to how to manage the situation. Some students had viewed the profession as frustrating, stressful and this had contributed to their expression of desires to migrate and this was consistent with literature (Anarfi, 2006). Of the number that had heard of migration of nurses from Ghana 53.0% did so through the media, school and friends. This again showed that the debate on the issue had been taken up by not only the stakeholders like the NMC or GHS but journalists who also deem it a responsibility on their part to inform Ghanaians on the state of the human resources in the health sector (nurses). It may be right to say that knowledge on migration among nurses could date

back many years ago. This assumption had been arrived at due to the fact that tutors and nurses working in the facilities also had knowledge on migration just as the students did.

Also the majority of these students like most Ghanaian students had access to television and the internet more often than the dailies and these forms of media were bound to report on such issues once a while. With the rate at which students viewed the television even to the extent of carrying them to school it only went to prove why this option informed the respondents the most. The media being a source of information for respondents was consistent with literature since in recent times nurse migration had attracted much media attention especially with regards to the shortages it creates at health facilities (Padilla, 2006). School provided the collective student body the opportunity to interact and discuss issues relating to their chosen profession. It was here that friendships were made and these issues would be discussed. It was therefore not surprising that these three main forms informed the respondents most. This knowledge probably should inform policy makers and stakeholders in the health sector to probably relay accurate information to the public and more especially the nursing institutions regarding migratory issues so that none of it would be misconstrued.

Most of the respondents knew this migration of nurses from the country to be the movement of nurses from one country in this case Ghana, to another country in search of greener pastures (72.9%). This view concurs with literature and made sense since migration had been seen to be associated with reaction to stress from one's own physical, social, cultural and economic environment. It only made sense then that one would leave a place of stress to where there was the promise of a better life than was available at home and this promise often came true. Nurse tutors and practicing nurses also expressed similar concerns about migration of nurses from the country. They further stated that nurses left the country in search of greener pastures. They further stated that these nurses were coerced by a series of push and pull factors which

collectively culminated migration. Only a dismal 5% viewed migration to be movement of nurses from public health facilities to private ones or from rural health facilities to urban ones. This did not come as a surprise since the commonest notion of migration was that which was expressed by the majority of respondents. However for some to still consider migration as movement to private facilities and NGOs still went to confirm the view that migration trends were changing and the focus was now towards private and urban located facilities and NGO's (Abitto, 2007).

Some over 80% of respondents considered migration of nurses from Ghana necessary (80.5%) and this they maintained was so because there was the opportunity for self development and better conditions of service (71.2%). If this percentage of respondents thought that there were better conditions of service than was available here in Ghana and there was room for self development by way of migration then it went to complement the fact that they thought it was necessary for a nurse to migrate in search of greener pastures. This deduction went on then to prove why some 69.1% of respondents viewed the better conditions of service available to migrants and the opportunity for self development as the main means by which nurses were influenced to migrate from the country. This argument seemed to have been supported by key informants who further suggested the following push and pull factors. These included good salaries (money), prospects of a better future and the quantity, quality and availability of equipment for these nurses to perform their daily duties.

Providing quality equipments would increase efficiency in the provision of health. After all, when there is efficiency cost and waste in the system would be reduced which would auger well for the country's economy.

With these facts in the background it made sense that these nurses would seek some form of change under the conditions. It was good to know that respondents saw the nurse benefitting

more than Ghana when he or she migrated (84.8%). This point was also confirmed by a nurse tutor who thought that although not all student nurses were aware of the pros and cons of migration their general perception that the nurse benefits meant to an extent that they were aware of the merits. They also believed it brought better remittances to the nurses coupled with improved conditions of service. This went then to support the views held by those key informants who considered that these student nurses are more aware of the pros of migration than the cons. This confirmed notions in the past that the nurse was open to opportunities to develop himself or herself and life would be better for him or her. So even though some 12.9% consider Ghana the beneficiary, it was evident that this would not come to fruition unless the migrant nurse decided to return home and add his or her skills to improve the lot of the country or decided to invest in the country which would bring in some foreign remittances.

5.3 Intention to migrate

The results under this specific objective were captured in Table 4.3. Some 70.1% of respondents indicated their intention to migrate the majority however intended to do so after working for sometime (58%). This only went to buttress the point made earlier that respondents were informed about migration and were at least aware of the fact that they may not have the opportunity to leave immediately after school. This may be so since they would have to serve their bonds and succumb to the rules concerning verification of their certificates. This may be the reason why one practicing nurse explained that this intention to migrate and the extent of family influence may be the contributory factor to the large number of applications to the nursing institutions.

It was no wonder that respondents believed that numbers kept increasing since most of these students believed that nursing profession would provide them with ready jobs. This phenomenon could also be explained by the fact that student nurses believed that nurses who migrated were influenced by the need for better conditions of service and self development opportunities. The majority of respondents also believed that it was the nurse who benefited from migration far more than the state and thus it made sense that such a majority of them had intentions to also migrate. Unless the few who intended to leave immediately after school had no idea of the regulations governing the profession the only probable reason could be the urgency with which they needed to make money. This large number of student nurses intending to migrate concurs with literature and was accounted for by the notion that they were younger, more active and dynamic and could take rather quick decisions relating to their carrier opportunities (Nguyen et al, 2008).

Although the majority of respondents have indicated earlier that they would want to work for sometime before migrating, there was another development which suggested that they would leave once the opportunity came (66.4%). This probably suggested then that it would not only be for reasons of serving bonds or awaiting verification of certificates that their departure would delay but also for purposes of satisfying all conditions required by the requisite embassies. These may include a convincing invitation letter and bank statement of an inviter. A greater percentage of respondents who intended to migrate desired to leave for countries outside of Africa (77.7%). Only 0.3% of respondents were open to any available option. This preference by most of the respondents may be attributed to the fact that their knowledge of migration of nurses was the movement of nurses from one country to another in search of greener pastures. So to them if there was talk of migration then the reference was to a country outside Africa.

Another probable reason may be the fact that more nurses journeyed to the UK and the USA and so those places were considered as a haven so to travel then, was to either of these locations. After all these were where the money was of very high value on the economic front. This deduction was consistent with literature since it had been found that the migration of nurses was skewed towards the OECD countries like UK, USA and Finland (Kirigia et al, 2006). This preference could also be attributed to their belief that these locations would offer them the better conditions of service they desire and the opportunity for self development.

It was not surprising that when respondents had to choose between urban and rural health facilities the majority preferred the urban location (67.6%). After all an urban location was synonymous with another country outside Africa assuming it was the only option available with respect to a rural location. This may also be a contributory factor to the reason why some nurse tutors and practicing nurses believe that better incentives like loans for cars and houses would be enough to motivate student nurses to work in rural areas and this opinion concurs with that expressed by the student nurses

In Ghana it was evident that the very best that the country had in terms of technology in even health was available at the health facilities located in the big and populous cities like Accra and Kumasi. Although cost of living was high in these places, it provided by every standard a more convenient life than that available in the rural areas. There was electricity and portable drinking water. There were lots of good schools available for those with children coupled with good roads and generally better transport system. It was understandable then that the majority preferred the urban locations to the rural ones.

Respondents were divided in their choices between public and private health facilities, 48.4% and 42.4% respectively. This may be due to the fact that they were open to the location that would provide them with. However the slightly high value in the case of the public health

facilities may be due to the fact that that was where they were initially posted to and so in the interim that would be their choice. It may be for this reason that a practicing nurse hinted that despite the fact that student nurses showed enthusiasm at work there was the general belief that student nurses preferred to work in developed countries than a developing ones. This was in support of the fact that nurses migrated in search of greener pastures.

5.4 Managing migration of nurses

Table 4.4 summarised the results related to this specific objective. It was good to know that some 78.2% of respondents saw the issue of migration of nurses as a problem. With the majority expressing this notion it was still amazing that some 70.0% of respondents still expressed the intention to migrate. Why then do they see migration as a problem? This could be probably so because the majority of responses received indicated that increased workload on the limited number of staff who remained in the country was considered a negative effect of migration (61.3%). It could also be attributed to the fact that more of these professionals still intended to migrate including these student nurses?

Despite the intention to migrate and the consideration of the migration of nurses as a problem, the majority of respondents still think that the issue can be minimised (89.5%). This opinion on their part was understandable since to a larger extent respondents had argued that better conditions of service and the opportunity for self development could cause them to stay at their places of posting after school and similarly the need for these was what influenced nurses to migrate.

It holds then that more responses regarding how to minimise the migration of nurses from the country were geared towards the improvement in the conditions of service of nurses (75.4%).

It was interesting to note that only 0.9% of respondents considered the stricter means of verifying the certificates of nurses as a means of minimising the extent of migration by nurses. This view thus went to show that it was not about how tough the NMC was but what mattered most to these nurses was to feel the change in their pockets. Nursing tutors did not express the same sentiments but rather suggested that re-enforcing the bond system and motivation of staff would help to manage the situation.

The notion that these professionals could still manoeuvre and migrate was what left room for much concern. This point was further buttressed by the fact that most respondents thought that a good income, accommodation and good living conditions would satisfy them enough for them to consider staying at their places of posting after school (72.9%). Some 10% also considered that if there were enough attractive incentives in the rural areas it could be sufficient to allow them to stay at such places of posting after school. In some literature, these hardship allowances included good accommodation and a convenient means of transport for easy access to health facility and work in general.

Owing to the fact that the need for better conditions of service and opportunity for self development was vital as far as participants were concerned, it was not surprising to note that the majority saw these as positive effects of migration on the migrant (79.5%). When working conditions were improved and there was the opportunity for on the job training, the majority of respondents thought that migration could be minimised to a large extent (60.9%).

This opinion could hold since on their part better conditions of service were paramount in comparison with other means like stricter certificate verification processes. The mind boggling question remained then that why did student nurses still intend to migrate when they knew it was able to impact the country negatively. In any case are the working conditions that bad?

5.5 Test for associations

5.5.1 *“Do You Intend To Migrate” Against Sex, Marital Status, Current Level In School, Usual Place Of Residence, “Have You Heard Of Migration?”*

Test for association between the dependent variable which was intention to migrate and sex of respondents indicated that more females than males had intentions to migrate. The values were 70.1% and 65.6% respectively. This slight variation could be due to the fact that the number of female respondents was more than males 82.0% and 18.0% respectively. This observation could also be so because women or females in this case were usually the sex that sought comfort and often went at any length to get it. Since it had been established earlier that migration promised better conditions of service which in effect brought comfort and self development opportunities.

It was not a surprise then that more females intended to migrate than males. This variation was however marginal and generally both males and females intended to migrate for the sake of a better life. It was also observed that more of the respondents who were single intended to migrate more than the others (66.1%). It was expected that those married and supposedly have more responsibility would have a greater desire to migrate than the single ones. This outcome however could be linked to the fact that the students who were single were more mobile with less responsibility and were able to take greater risk. In this age too where things move rather fast it could also be the urge to achieve something or secure their life as quickly as possible that was leading to this high figure.

More first year students indicated their intention to migrate as against the other year groups (44.4%). It was expected that since the second and third years were closer to leaving school,

they would express the greater desires. It was possible then that knowing that it may not be easy to migrate considering the regulations in place, they preferred not to express their intention yet. In the case of the first year students their high level of interest may be associated with the fact that so many of them were into the programme for the singular reason to migrate. This association was found to be significant at 0.05(0.032).

Slightly more of the urban dwellers had intentions to migrate than rural dwellers 70.6% and 64.7%. The probable reason may be the fact that they were open to much information and were much more aware of how to go about migration than rural folks. Despite the slightly low response of rural dwellers, there was the need for concern since under normal circumstances rural folks were not expected to express such high interest in migration except to an urban area. They however could not be blamed since they usually interacted with colleagues from the urban areas and are probably as equally informed about the benefits of migration as the urban dwellers are.

In previous discussions the majority of respondents had agreed that migration of nurses from the country was a problem. This however did not reflect in the fact that about 70.6% of respondents who had heard about migration intended to migrate. This only went to prove that there was the desire for a better life than was available currently to these nurse professionals. For one to know that something was a problem and still desire to do it, then the level of interest and passion attached to it must be high. It was good to note that at least some over 20.0% of respondents who had heard of migration however did not intend to migrate. Maybe they believed conditions were good and may even get better. One respondent who had not heard of migration however intended to migrate and this could be attributed maybe to pressure to get a better life by which ever way possible. This association was found to be significant at 0.05(0.014).

5.5.2 *Sex Against (Age, Marital Status, Region Of Birth, Usual Place Of Residence, Qualification For Admission, Current Level In School, Number Of Attempts Made To Gain Admission), “Have You Heard Of Migration?”, Means Of Communication, Knowledge Of Migration, What Is Migration?, Is Migration Necessary?, Who Benefits When A Nurse Migrates?, Intention To Migrate, Preference Locations And How To Manage The Situation.*

It was not surprising to find that the majority of respondents were about 19years old (25.0%). This was because it was already established that respondents who were single were in the majority. A look at the educational structure in the country showed that it was normal that students would enter the tertiary institutions at this age sometimes earlier. This however did not in any way suggest that the respondent who claimed to be 14years had an acceptable age. This value was a complete outlier and could only be attributed to an error in writing or bad handwriting. Of the number of respondents who were 19years the majority were females. This was also consistent with outcomes discussed so far since more females enter into the profession than males. About an equal percentage of males and females were single (96.9% and 94.9% respectively). The majority of respondents on the whole were single and so this outcome made sense.

The majority of female respondents were born in the Greater Accra Region than males (34.5%). This may be attributed to the fact that more of the respondents were females. Also Accra already was densely populated and about four million if not more of Ghana’s population resided there. It had good schools and the majority of tertiary students came from this region whether they were born there or just stayed there. This opinion was supported by the fact that about 45.6% of respondents stayed in the Greater Accra Region. Only about 0.3% of respondents were born in the Upper West Region. This figure may be due to the location of

institutions under study and the distance to the location of the institutions and the Upper West Region. Even though it was possible to school far from your place of birth the cost of transportation may not permit this to happen conveniently.

It was worthy to note that students from Greater Accra Region may be able to travel that far to school if that was where they got probably because they could afford it. This brought to light the levels of poverty or wealth associated with the inhabitants of these regions. More of the female respondents (87.8%) resided in urban areas than males this could be attributed to the fact that there were more females respondents and the probable location of parents and family. Some 87.7% of males as against 84.7% gained admission with SSSCE and this may be attributed to the fact that males usually performed better at school than females. This could be due to the fact that females usually got themselves entangled in a lot of “family life” which retarded their progress in school than the males.

Generally more of the respondents were in first year compared to the other year groups. Of this number the majority were females (68.9%). This could be attributed to the fact that more females were into the nursing profession than males for the basic reason that women were more caring and compassionate than males. An almost equal number of males and females attempted once and were able to gain admission into the institutions 66.1% and 66.7%. It was obvious that when the applicants qualified then they could not be denied admission.

Looking at the number of single students among the respondents and the ages of the respondents, it made sense that they were able to gain admissions on the first attempt. This was because they were young, sharp and able to get good grades to gain admission. Regarding their knowledge of migration it was observed that all males (100%) had heard of migration and almost all females (97.9%) had also heard of it. More of the females than the males had heard of this migration through the media, school and friends (145/182). This figure was

understandable since females watch TV a lot, listen to music and chat too. Even at school females were fond of forming cliques and so these sources of information being a majority choice for them is not surprising. Males usually were preoccupied with sports and other recreational activities other than sitting and chatting the time away.

More of the responses indicated that migration was the movement of nurses from one place to the other in search of greener pastures (73.1%). An almost equal majority of males (70.3%) and females (73.7%) expressed this opinion. This opinion could be due to the simple fact that there was the desire for better conditions of service and opportunity for self development. This presupposed that conditions here in the country were not as favourable as it was desired by these professionals. Only 2.5% of respondents considered migration to be movement of nurses from public health facilities to private ones. This opinion was expressed by mainly females (3.1%). This low value indicated that most respondents did not consider this movement as a form of migration especially males. A very high percentage of females considered migration necessary. This opinion was expressed by more females than males although it was by not so large a margin (81.6% and 75.0% respectively). The reason attributed to this was the need for better conditions of service and the opportunity for self development. Some 73.4% of females and 60.8% of males expressed this opinion.

An almost equal percentage of males and females viewed these options also as the main influence for nurse migration from the country (65.6% of males and 69.8% of females). The necessity associated with this may have influenced the intention expressed to migrate. A little more of female respondents intended to migrate than males (71.0% females and 65.6% males). This they attributed to the need for better conditions of service and the opportunity for self development. On the whole both sexes indicated that it was the nurse that benefitted when there was migration of nurses.

There were more females however than males 86.6% and 76.9% respectively. This may be attributed to the fact that any gains that came as a result of the movement went to the migrant which in this case was the nurse. Ghana for that matter did not get to benefit directly from it. Prior knowledge to the regulations regarding the profession may have contributed to the high percentage of respondents of both sexes who intended to work for sometime before leaving the country. About 54.7% of males as against 58.5% of females. Only a small fraction of males and females intended to migrate immediately after school.

However even more females desired to leave once the opportunity came than males and this was despite the fact that they intended to work for sometime before leaving the country that was 69.7% of females and 51.8% of males. Since there was the desire for a better life and better professional standing, an almost equal number of males and females preferred to leave the country to another country outside Africa instead of to another African country or different facilities in the country. More of the females however preferred to work in urban areas as against a rural ones (71.9%) than males. This could be the case since standard of living was relatively better in the urban area than the rural. There were more opportunities for self development in the urban areas also. Usually health facilities in the urban areas were better resourced than rural ones. An equal number of males preferred either option (48.4%) provided life was comfortable and conditions were favourable. This reason was what accounted for the choices made by respondents regarding their choice between rural and urban settings. There was a little twist in the outcome as the majority of females (45.0%) preferred to work in the private health facilities whilst the males (59.4%) preferred the public health facilities. Movement to an NGO was not a popular option expressed by either sex. All these options were attributed to the need for better conditions of service and self development (more than 60.0% of both males and females).

More females than males intended to migrate yet these same females (80.2%) considered the migration of nurses a problem than males (69.2%) but think that it could be minimised or managed (89.8% females and 87.7% of males). It was possible that even though they considered migration a problem, there was still the need to better life and since it had in a way helped others they should not be exceptions, it was good to know that they had faith in the system that there was a way to salvage the situation. The perception of respondents of migration as a problem may also be attributable to the fact that they considered it to negatively impact the country. More than half of males (59.0%) and females (62.0%) respondents considered migration to lead to reduced workforce and hence creating pressure on the limited nurse professionals. This negative impact was coupled by the fact that there was financial loss to the state since the education of these nurses was highly subsidised and this led to slow national development.

However although not surprising, a greater percentage of both males (74.6%) and females (80.5%) considered migration to have positive effects. This may be so since they generally believed that the nurse benefits greatly from migration as against the country. Some of these positive effects included better life, income and self development. The situation could be managed when the conditions of work were improved instead of focussing on making the verification of their certificates stricter. Also good income, accommodation and good living conditions as stated by most respondents especially females (77.9%) could also attract them to stay at their places of posting after school.

Surprisingly a 100.0% of males expressed interest in staying at rural health facilities if there were very attractive incentives to motivate them. After all the intention to migrate was to be able to provide better life for one self and family at least. There was also the general opinion by both sexes (61.3% of males and 60.6% of females) that improved working conditions and

the opportunity for on the job training could help stop migration or at least increase the length of stay of these nurses before they left the country.

5.5.3 Have You Heard Of Migration Against Knowledge On Migration Of Nurses And Intention To Migrate?

More than half of respondents who had heard of migration did so through the media, school and friends (53.1%). This was acceptable since television and the dailies were available everywhere for people to access and journalists were particularly interested in the issues that affected the country like migration which would affect the country financially. School as stated in earlier discussion provides opportunity to build friendships which was characterised by chatting and gossiping during which such issues could be discussed since it concerned their profession (nurses). Of the number who had heard of migration some 73.3% viewed it as the movement of nurses from one country to another in search of greener pastures. This was an indication of the fact that migration generally was characterised by movement to some place other than usual location. This other place was perceived to provide better conditions of service and fine opportunities for self development (70.8%).

Respondents also believed that these opportunities influenced nurses to migrate (68.8%). It was no wonder that some 80.7% who had heard of migration considered it necessary. It was interesting to note that when a nurse migrated he or she benefitted instead of the country Ghana and it was not a wonder that such a high percentage of respondents found migration necessary. 80.0% of respondents who had not heard of migration did not intend to migrate but work here in Ghana. However, the rest intended to leave the country after working for sometime even though they had not heard of migration of nurses. This could be probably due to the natural

urge to get a better life. Of the other respondents who intended to migrate more than half intended to do so after working for sometime after school (58.7%) only a few desired to leave immediately (7.0%). This may be due to the knowledge they had of the regulations accompanying migration of nurses from the country.

More females had heard of migration than males and this may be due to the fact that majority of respondents were females. Also the fact that women were always looking for avenues that would make them comfortable may have contributed to the fact that more of them had heard of migration. More of the respondents aged between 21 and 25 years had heard of migration. This could be so since they were in the majority.

CHAPTER SIX CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This final chapter summarized the key findings of the entire research conducted. These key findings were with regards to the specific objectives set in the initial chapter. The objective of summarizing these findings was to make for easy assessment of the outcome of the entire study. The conclusions were also aimed at helping to come up with workable recommendations for relevant stakeholders in the health sector.

6.1 Conclusions

6.1.1 Demographic information

A very high number of student nurses who participated in the research were females. This was represented by some 81.8%.

About half of the number of respondents were aged between 21 to 25 years (50.6%) and quite a high percentage of the participants were single (95.3%).

Most of the participants were born in the Greater Accra Region (34.6%), usually resided there (45.8%) and their places of residence were usually urban (85.5%).

Some 66.1% of participants were in the first year and gained admission on the first attempt (66.4%).

6.1.2 Knowledge on migration

The number of student nurses who had heard of migration was very high (98.3%).

Information about migration was obtained mainly through the media, at school and through friends and family members especially those outside the country.

The general opinion about migration was that it was movement of nurses from the country to another country outside Africa in search of greener pastures (72.9%).

A high number of student nurses considered migration necessary (80.5%) because of the need for better conditions of service and opportunity for self development (69.1%).

These student nurses therefore believed that the nurse benefitted greatly whenever they migrated (84.8%).

6.1.3 Intention to migrate

A greater number of student nurses expressed the intention to migrate (70.1%).

These student nurses preferred countries outside of Africa (77.7%) and intended to leave once the opportunity came (66.4%).

Quite a high number of student nurses preferred to work in health facilities in urban areas (67.6%) but may opt for rural ones when very attractive incentives were made available.

Preference for public or private health facilities were almost in equal percentages that was 48.4% and 42.4% respectively thus showed not much variation in choice.

The number of applications to nursing institutions were constantly increasing probably to help these students secure jobs easily and to gain the opportunity to migrate.

6.1.4 Management of migration

Majority of respondents believed that migration of nurses from the country was a problem but thought however that it could be minimised (89.5%).

Hardship allowances in rural areas and better conditions of service generally could help manage the problem.

Opportunity for self development and on the job training could prolong length of stay at places of posting.

Provision of equipments in the right quantities and quality would reduce the extent to which nurses improvised at the facility and thereby motivate them.

There was the need to re-enforce the bond system in the profession.

6.2 Recommendations

6.2.1 Ministry of health

Since the ministry had oversight responsibility of all health institutions it was important that it continued to collaborate and monitor all activities of the health service not only in the interim but at all times.

In the medium to long term the ministry could influence the legislation to ensure that nurses particularly those trained by the public institutions stayed committed to their places of posting and left the country only in pursuit of higher education after which they would be expected to return.

6.2.2 Ghana health service

In the short term it had been recommended that the service provided accurate information to the media houses with regards to migration so that the public would be accurately informed about these issues.

In the short to medium term the right quantities and quality of equipment should be made available at facilities. This would cut down on the extent to which nurses had to improvise. Consequently making work easier and serve as motivation for them as well.

In the medium to long term attempts to bridge salary gaps between Ghana and recipient countries of emigrants should be considered seriously.

Scholarships and other means of supporting education of these student nurses should be tied to the expression of interest to work in rural areas and stay committed to the state. This recommendation may be applied as soon as practicable.

It is recommended also that motivation in terms of opportunity for self development and on the job training should be considered and should be made available to all members of staff without any form of interference or bias

6.2.2 Nurses and Midwives Council of Ghana (NMC)

Since the verification of certificate system does not seem to be much of a deterrent to the intention of student nurses to migrate, it would be in the interest of the council to find other means of deterring nurses from migrating in the long term.

In this modern age computerizing the human resource inventory of the council would help prevent the supposed means of manoeuvring as was expressed by participants in the discussion. This would allow for genuine opportunities to be granted those who are due it.

There may also be the need in the medium to long term for the council to decentralise their activities to the regions. This would reduce the cumbersome nature of procedures there. This may prevent unnecessary disaffections among nurse professional who may require the council's service.

6.2.3 Nurses Training College

The colleges were encouraged to discuss issues of migration with students with particular stress on the consequences.

On regular basis there would be the need to instil some element of patriotism in student nurses.

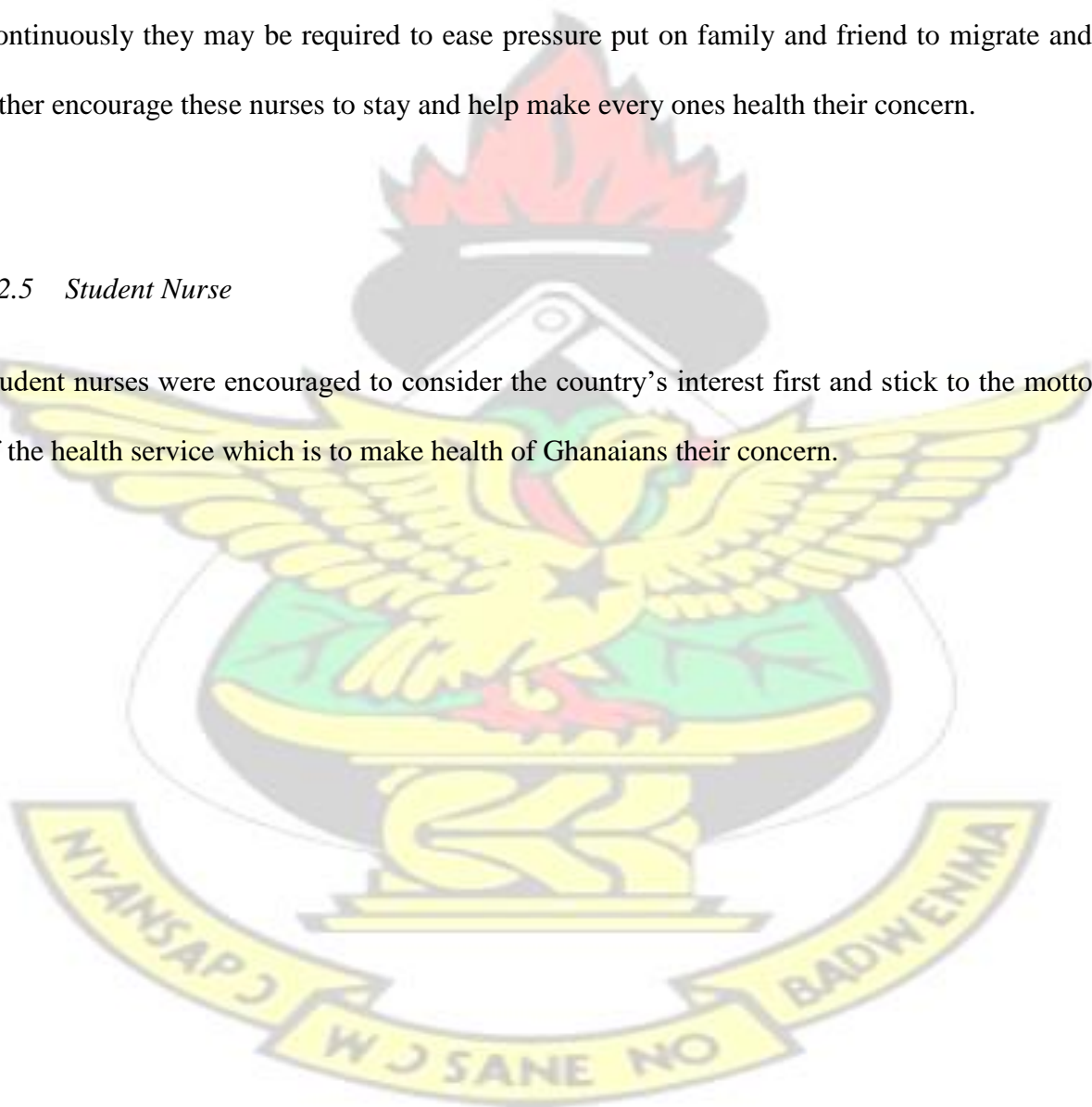
6.2.4 *Community*

With the obvious desire of family and friends and society in general to be successful and comfortable it would be important that community members acknowledged the contributions that nursing professionals made towards the provision of health services.

Continuously they may be required to ease pressure put on family and friend to migrate and rather encourage these nurses to stay and help make every ones health their concern.

6.2.5 *Student Nurse*

Student nurses were encouraged to consider the country's interest first and stick to the motto of the health service which is to make health of Ghanaians their concern.



KNUST

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