THE SKILLS AND BRAIN DRAIN FROM SUB-SAHARAN AFRICA: WHAT NURSES SAY (2013)

Author: Gloria Likupe, PhD, MSC, PGCEA, BSc, DipN, RN, Faculty of Health and Social Care, University of Hull, Hull, UK Telephone: 01482464600. E-mail: g.likupe@hull.ac.uk

Aim: To explore sub-Saharan African (SSA) nurses' reasons for moving to the United Kingdom (UK), their views on the skills and brain drain, and what can be done to stem the situation.

Background: The UK and other developed nations such as the USA, Canada and Australia have been recruiting internationally qualified nurses including those from SSA which has raised concerns of skills and brain drain from these countries which are known to suffer from nurse shortages.

Method

A purposeful sample of 30 nurses from SSA was drawn from 4 National Health Service (NHS) trusts in the north east of England. Using focus group discussions and personal interviews, the study explored and examined nurses' views on their motivation to move to developed countries and what can be done to reduce nurse migration from SSA and give those countries a chance to develop their health systems by retaining their health personnel.

Five main themes emerged from data analysis: economic reasons, personal development and education, poor health care and systems, social political reasons and personal reasons.

Conclusion

Data indicate that migration motives for nurses are complex and inherent in historical links and in global values. Nurses stressed that they would like to stay in their own countries and help develop healthcare there but reasons for moving were often strong and apparently not within their control.

Relevance to clinical practice

Nurse migration from SSA has often been cited as a limitation in providing effective healthcare in those countries. Delineating motivational factors for nurses could help to stem this migration.

Key words: Brain drain, sub-Saharan Africa, nurse migration, United Kingdom, health care

Introduction

Sub-Saharan countries have welcomed the increase in aid and, in some cases the reduction or cancellation of debt by developed countries. In countries where health care is suffering, it can be hoped that this will make a significant difference in the provision of health care; however, the shortage of nurses and other health personnel in many sub Saharan countries is known to be an important impediment to achieving the Millennium Development Goals. In 2004, a report by Physicians for Human Rights cited the example of Botswana that found physician and nurse shortages to be one of the most significant obstacles to scaling up AIDS treatment.

Most of the literature so far has been concerned with the effects of the brain drain, the migration of relatively highly educated individuals from developing to developed countries, on the services of the sending countries, and the ethics of recruitment and regulatory policies (Hardill & Macdonald 2000, Buchan 2003, Deeming 2004, Bach 2007). Some authors have been concerned with experiences of overseas nurses in the destination country (Culley 2000, Hardill & Macdonald 2000, Lemos & Crane 2001, Shields & Wheatley Price 2002, Allan & Larsen 2003, Alexis & Vydelingum2004, Allan et al. 2004, Taylor 2005, Herbert et al. 2006, Likupe 2006, Larsen 2007, Royal College of Nursing 2008, Nichols & Campbell 2010). However, there is little research on what motivates nurses to relocate to developed countries (Buchan & O' May 1999).

Policies to stem the skills and brain drain from countries with nurse shortages have included the development of codes of practice such as that issued by the National Health Service (NHS) in the United Kingdom (Department of Health 2004) and that drafted by the World Health Organisation (WHO) in 2010. These measures have largely

been unsuccessful and nurses are still being recruited from developing countries to developed countries in the west, including the UK.

Background

The late 1990s and early 2000s saw unprecedented recruitment of nurses from overseas to the UK, to work both in the NHS and in the private health sector. Data from the NMC demonstrated a steady increase on the register of nurses from sub-Saharan African (SSA) (Nursing and Midwifery Council 1998–2008). The latest estimate from the NMC indicates that over 80,000 internationally recruited nurses (IRNs) are on the register with a good number from sub-Saharan Africa (Nursing and Midwifery Council 2009).

This scale of recruitment has sparked a debate on the effects of the brain drain, because it is recognised that without adequate numbers of trained health personnel, both the quality and quantity of health care services that a health care system can deliver are reduced, limiting the number of people who receive care and diminishing the quality of care for those who are able to receive it (Lehmann & Sanders 2003, Padrath et al. 2003, Innocenti & Reed 2004, Muula 2005). Studies that have reported overseas' nurses motivations to relocate are fraught with methodological problems (Buchan 2002, Kline 2003, Eastwood et al. 2005, Munjanja et al. 2005) as they are derived from secondary data. Others are general in their approach categorising all overseas nurses as one homogeneous group (Hardill & MacDonald 1998, Allan & Larsen 2003, Smith et al. 2006, Ogilvie et al. 2007), while others combine motivations for doctors and nurses (Awases et al. 2004, Dovlo 2005, Muula 2005). Nguyen et al. (2008) surveyed nursing students' intention to migrate and not nurses who had already migrated. Alonso-Garbayo and Maben (2009) interviewed nurses from India and the Philippines. Their migration motivation may be different because of geographic and political reasons.

Nurse migration to the UK needs to take into account the phenomenon of human migration as a whole, because nurse migration takes place within this context. Disciplines such as economics, sociology, anthropology and geography have had some success at explaining the migration phenomenon. These theories can be classified as macro and micro according to their level of analysis. Macro theories focus on migration streams and identify conditions under which large-scale movement takes place; they describe demographic, economic and social characteristics of migrants. They include NeoClassical Theory, Dual Labour Market Theory, New Economics of Labour Migration Theory and World Systems Theory. Generally, these theories are concerned with migrant adaptation process, economic and social integration or assimilation (Todaro 1976, Massey et al. 1993, Arango 2000).

Macro theories maintain that migration is caused by geographic differences in the supply and demand of labour and capital. The difference in wages which result influences workers from low-wage countries to move to high-wage countries. As a result of this movement, the supply of labour decreases and wages rise in the poor country, while the supply of labour increases and wages fall in the rich country. These theories emphasise the tendency of people to move from low-income to high-income areas and link migrations to fluctuating economic conditions. The push–pull model has been used as a dominant framework for explaining international nurse migration (Buchan et al. 2003, Aiken et al. 2004, Vujic et al. 2004).

The push–pull model argues that international migration is caused by pull factors in the developed, migrant-receiving countries. It attributes migration to a permanent demand for foreign labour that stems from certain intrinsic characteristics of advanced economies, which in turn result in the segmentation of their labour markets (Castles & Miller 2003). In these theories, migration decisions are not made by isolated individuals but by families or households. People act collectively to maximise expected income and also to minimise risks and losses (Stark & Taylor 1989). For example, the World Systems Theory argues that the drive to accumulate capital led core countries to colonise developing countries for new resources, low-cost labour and new outlets. This theory specifically argues that the international economy has developed into a World System in which developed countries exploit developing countries.

Micro Theories focus on social–psychological factors that differentiate migrants from non-migrants: their motivation, decision-making, satisfaction and identification. They include Migration Network Theory, Institutional Theory, Cumulative Causation Theory and Social Exchange Theory. These theories accept the view of international migration as an individual or household decision process, but argue that acts of migration at one point in time systematically alter the context within which future decisions are made, greatly increasing the likelihood that later decision-makers will choose to migrate. Networks reduce the costs and uncertainty of migration and, therefore,

facilitate it. Network connections can be regarded as social capital that people can draw upon to gain access to foreign employment (Massey et al. 1993).

Migration theories may go some way towards explaining why nurses form sub-Saharan Africa may want to move to the UK. However, the role of governments in developing economic, social and political policies that may promote or discourage migration and the role of recruitment agencies is often ignored. Developed countries such as the UK, the USA and other western countries attract nurses by offering better pay, advanced career development and better working conditions. These may affect nurses' decisions to migrate.

Methods

Aims of the study

The aim was to explore reasons why nurses from sub-Saharan Africa chose to leave their counties and relocate and work in the UK.

Sample

Thirty nurses from sub-Saharan Africa working in four NHS trusts in the north-east of England were interviewed using semi-structured interviews and focus group discussions. The sample came from Malawi, Kenya, Ghana, Nigeria, South Africa, Zambia, Zimbabwe and Cameroon and had been in the UK between 2–5 years they were all at staff nurses grade. There were 26 women and four men, 27 were married and with children, one was a single mother, and two were single. Respondents' average age was 42 years. Two nurses had been lecturers in their country of origin, while the rest had been sisters and staff nurses. Sampling was on two levels; first, NHS trusts in the north-east England known to have high concentrations of ethnic minorities were chosen. Second, Black African nurses from these NHS trusts were invited to join the research. Non-probability or purposive sampling was chosen for this research. Adverts were placed in various wards in the selected NHS trusts asking black African nurses to come forward and talk about their experiences of working and living in the UK.

Additionally, nurses who came forward following the initial advertisement were asked to inform their friends of the research and ask them whether they would like to participate in the research. They were chosen because they had the experience relating to the phenomenon to be researched (Krueger 1988, Patton 1990). This region shares some common factors, which would influences nurses to immigrate to the UK: most sub-Saharan countries are former colonies of the British Empire and have a similar educational system to the UK. The countries use English as the main language in schools and nurse education. Most sub-Saharan countries have suffered the effects of structural adjustments imposed on them by the International Monetary Fund and the World Bank in the late 1980s and 1990s, which have resulted in the weakening of health systems in those countries.

Research design

This paper forms part of a larger study that investigated motivations, expectations and experiences of black African nurses in the UK. A qualitative research design was adopted for this study using focus group discussions and semi-structured interviews. This allowed for a fuller exploration of the reasons why nurses from SSA move to the UK and allowed for responses to be fully probed and explored (Arksey & Knight 1999, Legard et al. 2003). Four focus groups comprising a total of fifteen nurses were conducted in this study. This enabled each participant to have an opportunity to share his or her experiences (Stewart & Shamdasani 1990, Morgan 1997, Krueger & Casey 2000). The remaining 15 nurses were interviewed individually.

Data collection

Data were collected using focus group discussions and semi-structured interviews and were tape recorded. These lasted 90–130 minutes. Fifteen nurses were interviewed in three focus groups, while the remaining 15 were interviewed individually. Nurses who were interviewed individually could not get to the focus groups. This was also seen as an opportunity for the interviewer to probe more sensitive issues which could not be done using focus groups. For both focus group and individual interview participants, interviews took place at the time and place selected by the participants. Some interviews were carried out in participants' homes, others in hospital common

rooms, while others took place in restaurants. This meant that the participants were comfortable with the environment and their work schedules were not disturbed.

Interview guides were developed to help focus on the issues to be covered, and guidelines for inquiry questions were designed to encourage participants to talk about their experiences. When probes and other interview techniques are used this way, the researcher can achieve depth of answers in terms of penetration, exploration and explanation Legard et al. (2003).

Both focus group discussions and individual interviews were conducted by the author, herself a black African nurse. Participants were encouraged to talk about sensitive issues by relating their stories, and this created an atmosphere that was less threatening (Stewart & Shamdasani 1990). The tapes were transcribed verbatim by the researcher before the process of theme formation could begin. During the process of theme formation, the tapes were listed to several times before comparing them with the transcriptions to ascertain accuracy.

Ethical consideration

Before commencement of the study, a protocol detailing the aims and objectives of the study as well as the method of investigation and dissemination of the results was sent to Central Office of Research Ethics Committee and Multi-Centre Research Ethics Committee and, it received approval as a justified investigation. After this approval, the protocol was sent to research and development committees of the four selected trusts and also received approval in all four cases.

Before commencement of interviews and focus group discussions, an information sheet was given to every nurse who showed willingness to participate in the study. Nurses were given at least a week after reading the information to decide whether they wanted to participate in the study. This meant that they could discuss this with friends and family but it also gave them time to ask questions whether they wanted any clarification.

Participants were assured that they would not be identified in any way in any report or publication emanating from the study. They were also informed that they could terminate the interview at any time if they had concerns (Beauchamp & Childress 1994, May 2004). Consent was obtained from each participant before commencing interviews or focus group discussion.

Data analysis

Van Manen's (1990) selective or highlighting approach was used to isolate themes. Statements (or phrases) that seemed particularly essential or revealing about the phenomenon were highlighted. This approach involves immersing oneself in the data to understand its meaning and to retain participants' view point while allowing an understanding of the subject under scrutiny. Different themes emerged under different topics.

The analytic hierarchy described by Spencer et al. (2003) was used as a platform for initial ordering of the data. As the process is not linear, it enabled the researcher's thoughts to move forward and backwards in the initial process of data analysis which involved assigning data to refined concepts, refining and distilling abstract conceptions, assigning meaning and generating themes and concepts. This process helped refine the analysis.

Findings

Five main themes emerged from the data as the main reasons that motivate nurses from SSA to move to the UK employment: poor remuneration and unemployment, professional development, poor health care systems, political reasons and social.

Poor remuneration and unemployment

Most of the participants expressed a desire for better pay, working conditions and standards of nursing and better quality of life. They described the need for improved salaries as a motivation for moving to the UK:

My priority was money. The PI (Personal Information Pack) was quite big, it explained a lot of things, they even asked how much you want to be getting, and so we compared salaries. (F, Malawian, 28)

The Malawian nurse above explained that salaries in the UK could be up to 10 times the salary she got paid in Malawi. This differential in salaries would enable her to send money home to help her family and relatives. Others concurred:

I help my sisters who are still in school. She stopped but she wants to go to school now. (F, Zambian, 29)

Although the cost of living in the UK is higher than in sub Saharan countries, data indicated that this was not as important as the perception of higher earnings. Discussions in focus groups as well as individual interviews revealed nurses expected a better quality of life in the UK for themselves and their families. Nurses stated that their financial problems were caused by poor economies in their countries but that countries were constrained by some factors beyond those countries' control:

It's the economy that is not as good as it should be or as good as the first world so definitely there will be people going to work in the first world where there is more development and more earning power. (F, Kenyan, 34)

Nurses explained that the world economic situation needs to be equitable in terms of fair trade which, influence distribution of worth, as African countries are unable to get the money needed to pay nurses high salaries. Nurses also explained that unfair loan terms from developed countries are crippling developing countries with the effect that developing countries cannot grow their economies.

The economic theme included difficulties in finding employment for various reasons. This is paradoxical because the shortage of health care staff especially nurses and doctors in SSA is well known (World Health Organisation 2006), yet in some African countries, nurses are trained and are unable to find employment. Nurses from Kenya said that country had trained so many nurses that all those nurses could not be employed and that migration represented part of a solution to the problem:

I think in Kenya it (nurse migration) is not a problem because the universities are training people and there is a problem with unemployment. (F, Kenyan, 29)

Nurses agreed that they would prefer to stay and work at home if their financial situation was improved but they also expressed a wish to travel around the world for the sake of travelling. However, the salaries that they earned in their countries were not enough to enable them to achieve this objective without migrating.

Lack of professional development and support from managers

Personal development and career progression are important factors during working life and can influence nurses' choices of where they want to work. Younger nurses in this study felt they were not listened to and that managers felt threatened by nurses' knowledge and were afraid of change:

Many of the 'senior' nurses in the hospitals have archaic ideas of nursing and definitely refuse to understand that health sciences evolve. They often feel challenged, forgetting that this world is in constant motion, and things change. (F, Malawian, 31)

The malpractices are so many that if one has to focus on them, the next step would be to bow out of the profession. (F, Cameroon, 27)

Nurses felt that managers clung to old practices partly due to lack of equipment but sometimes it was just plain malpractice. A Nigerian nurse who had gone back to Nigeria after working overseas for a time expressed frustration with management, who blocked his attempts to develop nursing practice in his area of practice. He had to leave the country for the second time.

However, some nurses were appreciative of the difficult circumstances in which they worked and acknowledged that managers were doing their best. Nurses who had been lecturers in their own countries hoped to improve their skills of teaching by using resources in the UK.

Some nurses expressed a strong ambition to develop their skills and knowledge. In this theme, nurses said that they were not able to achieve their full potential in their own countries because of lack of equipment, lack of facilities for education and the high cost of courses. Some nurses expressed frustration that although they possessed a lot of theoretical knowledge with which to teach student nurses, they also needed to put this theory into practice but they had not been able to do this:

I came to advance myself in my nursing skills and knowledge we do not do proper teaching because of lack of resources. (F, Malawian, 31)

Nurses explained that personal development was difficult because of a shortage of university places and sponsorship. One nurse from Kenya explained that she had a constant mental battle, dilemma and debate as to whether she should educate herself or her children:

And I think the other thing is back home like how many universities do you have in your country right? And how many are you to go in as nurses? …it's congested and only the very few can afford to do that. Only the big names can afford to do (study for degree programs). (F, Kenyan, 48)

Nurses said that the problem was exacerbated by big differences between the rich and the poor and also by politics and by the fact that there are very few places for the number of people wanting education. The situation is made complex by political considerations, which means nurses have few choices. However, governments are sometimes constrained by limited finance that needs to be balanced against the needs of the larger population. Nurses recognised that migration was not a good thing for their countries, but they were caught between developing themselves and staying at home without developing as cited by this nurse:

I know it's hard on our country because we have got a brain drain, but at the end of the day it's me and my family, you don't remain as a just nurse there going to work, work and go home, we would like to stay and help our people but it's about moving on. (F, Zambian, 34)

Poor health care systems

Some nurses described lack of basic health care as one of the reasons they left their countries to move to the UK. In some cases, there was no medication even for people who could afford to buy. Some nurses said that the standard of care in their countries was so bad that this was a motivation to migrate. They cited lack of medication and people dying needlessly as some of the reasons that motivated them to seek employment in the UK:

…even if you have the money the medicines that you want if you go the pharmacy, it's not there. But here you know that when you become ill and you go to hospital you will be well looked after as well. (F, Zimbabwean, 25)

Some nurses described lack of basic health care as one of the reasons they left their countries to move to the UK. In some cases, there was no medication even for people who could afford to buy. Some nurses had experienced poor nursing standards themselves as a result of lack of equipment and this had strengthened their resolve to leave:

I had an asthma attack at home and they took me to one of the hospitals. They took me there and there was oxygen there and they wanted to give me an oxygen mask which was there and I totally refused and I said I need you to change that oxygen mask because I don't know how many people have been using it.(F,Zimbabwean,25)

Some nurses cited shortage of staff which left them exhausted as one of the reasons why they were motivated to move to the UK:

In the labour ward two of us would deliver more than 30 babies in one night. (F, Malawian, 31)

Language and education similarities

Some nurses said it was easier to move to the UK because their countries were former British colonies and as such they had been taught in English. Some even said that they followed the British curriculum:

We went to Germany initially but you know the language is difficult, I mean English because I am originally from Ghana and the language is English not German. (M, Ghanaian, 25)

Another nurse agreed:

Yeah, and even the curriculum that we follow back home is British. (F, Nigeria, 38)

Easy availability of jobs and visas

Some nurses cited the ease with which they were able to get jobs and visas as a motivation to come the UK. With the advent of information technology, nurses were able to apply for jobs online as advertised by recruitment agencies:

> Then this agent came… and said to me you have to go again because I have submitted your name along with the list that I have submitted. When I got to the embassy the man at the cashier's desk just said come for your visa tomorrow. (F, Nigerian, 44)

A Malawian nurse concurred:

> I actually had to apply for this job that was advertised on the internet by this agency (name of agency). They never interviewed me or anything and I had to be interviewed when I got here, so my first day of work that's when I had my interview. (F, Malawian, 28)

Some nurses said that they were encouraged to move to the UK by their colleagues and their friends. A Malawian nurse boasted that an entire class of 45 nurses had managed to move to the UK by helping one another. This indicates a form of peer pressure as it seems that once colleagues had emigrated, others did not want to be left behind. It also illustrates the importance of networks that make it easier for nurses to migrate by reducing the cost economically, socially and psychologically:

> While I was in Malawi I got a phone call from my friend who was working here in a nursing home saying, where I am now they are looking for someone who can come so if you are ready can you come? (F, Malawian, 31)

Nursing as a means to change personal circumstances

Nurses who had family problems said that migration helped them to get away from the situation they were in and that migration acted as a form of divorce:

> You to leave your country it's just because you want the change. (F, Nigerian, 42)

Nurses in this situation discussed how immigrating to the UK had given them independence and freedom from their husbands and given them a chance to start afresh.

Some nurses used nursing as a stepping stone to other careers. Some nurses said that it was easier to move to the UK as a nurse, but that they would use this opportunity to pursue their dreams in other careers. These nurses had found it difficult to pursue their careers of choice in Africa where opportunities are limited:

> Originally I wanted to do Pharmacy and then she told me about the nursing course. I researched into it and I knew if you do the nursing course, you could then go further and do the pharmacy course. (M, Ghanaian, 25)

One nurse spoke of a colleague who had just completed accounting and got a job in the city. Other nurses were also contemplating of changing their careers as they weighed opportunities found in the UK. Nurses stressed that the money earned from their nursing jobs enabled them to pay for the education they needed to pursue other professions.

Some nurse expressed altruistic reasons for moving to the UK and said that knowledge gained in the UK would enable them to establish better systems to provide better care for patients in their own countries when they returned.

Discussion

Data from individual interviews and focus group discussions provided a good understanding of black nurses' motives from sub-Saharan Africa for moving to the UK. The interviews and discussions confirm that migration motives for nurses are complex and inherent in historical links and in global values. This is consistent with most migration theories such as Neo Classical Theory, Dual Labour Market Theory, New Economics of Labour, Migration Network Theory and World Systems Theories (Massey et al. 1993). These theories explain migration in terms of inequalities in world economics, which result in differences in labour availability and differences in salaries. However, the integration of macro- and micro-processes is essential in seeking to understand the complexities involved in international migration of nurses from sub-Saharan countries.

Easy access to jobs and visas in the UK was cited motivation to migrate. This demonstrates the relationship between nurse shortage in the UK and the governments' policy and practice to ease the immigration of nurses into UK. This situation is similar in other developed countries such as the USA, Canada and Australia (Brush 2008). Other factors such as globalisation factors in education and labour, as well as the effect of information technology, IMF and World Bank policies, language compatibility, family and friends' networks also facilitate nurse migration.

As a result of IMF and World Bank policies, and structural adjustment programs, most Sub-Saharan countries were forced to devalue their currencies. In some cases, this resulted in 70% salary reduction (Liese & Dussault 2004). In addition, countries were forced to put up taxes in order to cut deficits. At the same time, governments cut training places for nurses and other professionals, which resulted in shortages in health care workers. Countries such as Cameroon set retirement age at 50–55 years and limited service to 30 years that created unemployment.

Nurses in this study confirmed in their own words the effect of the IMF and World Bank policies on the health systems of their countries which to some extent had influenced their decisions to migrate. They also confirmed the influence of recruitment agencies that were indirectly influenced by the UK government's recruitment policies in nurse recruitment from overseas.

When examined, these factors are embroiled in the so-called New World Order (Richmond 1994), the shifts in production patterns because of globalisation and the restructuring of gender in global development project, which have stimulated international migration for professionals such as nurses but have created obstacles for others. This is not to say that individuals have no choice but that choices are limited.

Nurses recognise that poor infrastructures are not only because of economic mismanagement by their countries but that it is a complex problem involving relations with other countries and institutions. As such, it is difficult to find a solution to benefit nurses which would encourage them to go back to their countries or better still stop them migrating. There is a an implicit recognition that a solution to these problems will not be found in the short term, implying that nurse migration could continue depending on the UK government's immigration policies and practices.

Although migration trajectories of nurses from sub-Saharan Africa seem to conform to some theories discussed earlier that have economics as their lynch pin, the data demonstrate that economic factors in themselves are not strong enough to cause nurses to migrate to the UK in numbers observed without other lubricating factors. These factors are globalisation, policies of the World Bank and the IMF, which favour developed nations and impose ruinous conditions on developing countries leading to breakdown of infrastructures in those countries.

Limitations

The findings are limited to the four NHS trusts in the northeast of England. However, the data should be given consideration in the brain drain debate concerning sub-Saharan
Africa.

Conclusion

Nurses are motivated to immigrate to the UK for complex reasons that encompass political factors in both donor and receiving countries, globalisation and social reasons. Nurses in this study recognised that their emigration posed problems for health provision in their own countries, but this was outweighed by the desire to improve their own lives and those of their families. It appears nurse have a dilemma when it comes to decisions to migrate. While codes of ethics (Commonwealth Secretariat 2003, Department of Health 2004, World Health Organisation 2010) are designed to stop recruitment from SSA countries, there is also an acknowledgement that nurses have a right to migrate and seek employment in a country of their choice (International Council of Nurses 2002). Career mobility enables nurses to achieve personal career goals and contribute to the nursing profession by raising competency of its members and allow nursing to respond to scientific, technological, social, political and economic changes by modifying or expanding the roles, composition and supply of nursing personnel to meet identified health needs. The Royal College of Nursing International Department (2011) stated that it is the of responsibility European Union Countries to create a self-sufficient workforce to prevent the brain drain but also for developing counties to improve employment and working conditions to retain staff. The global community needs to work in collaboration to find lasting solutions. However, nurse migration will continue in some form because some nurses move for reasons other than economic or political.

Relevance to clinical practice

International nurse recruitment and nurse migration is of prime importance because it changes healthcare provision in both SSA and the UK. It is, therefore, important to determine what motivates nurses to move to the UK if attempts to stem this migration and strengthen SSA health systems are to be realised.

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Contributions

Study design: GL; data collection and analysis: GL and manuscript preparation: GL. Conflict of interest None.

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