

CENTRE FOR MIGRATION STUDIES

UNIVERSITY OF GHANA

**COMPARATIVE STUDY OF PRIVATE AND PUBLIC STUDENT
NURSES' INTENTIONS TO EMIGRATE FROM GHANA**

The crest of the University of Ghana is a shield-shaped emblem. The top section is purple and contains three golden, stylized tree-like symbols. Below this is a horizontal golden band. The bottom section is also purple and features a golden, symmetrical scrollwork design. The text 'BY JUDITH ALLEN (10267809)' is centered over the crest.

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
MASTER OF PHILOSOPHY (MPHIL) DEGREE IN MIGRATION STUDIES**

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DECLARATION

I, **Judith Allen**, hereby declare that except for reference to other people's work which have been duly acknowledged, this thesis is the result of my own research carried out at the Centre for Migration Studies, University of Ghana under the supervision of Dr Joseph Kofi Teye and Dr Leander Kandilige. I further assert that this work has neither been partially or wholly submitted at any other institutions for the award of my degree.

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INTEGRI PROCEDAMUS

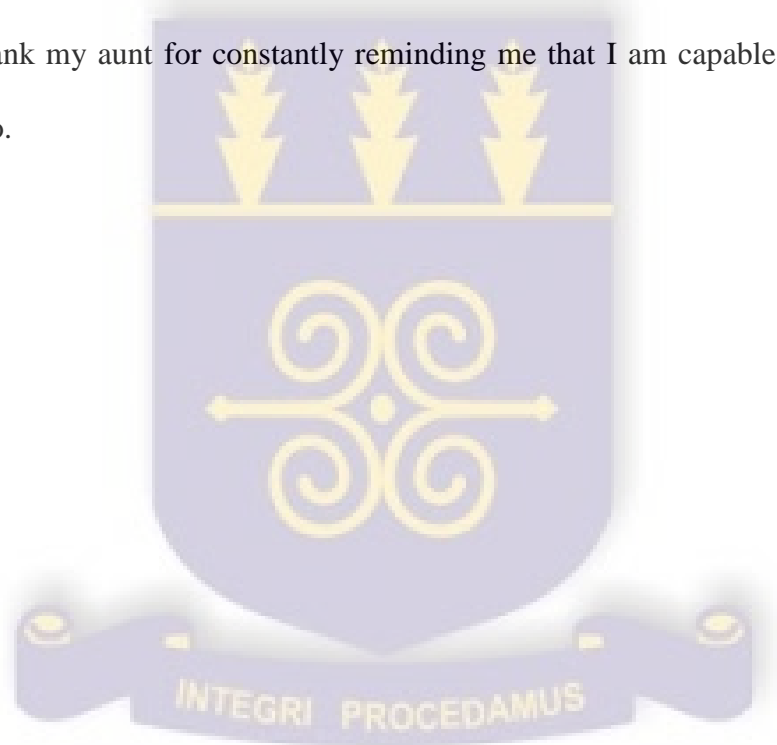
ABSTRACT

Migration is increasingly becoming an important feature of globalization. There are reported emigration of health professionals from developing countries to developed countries. Consequently, this poses a major challenge to the health sector of these countries. Against this background, this study examined the intentions of public and private student nurses to migrate after school. Specifically, drawing on the pull-push theory of migration, the study assessed the major predisposing factors affecting the intentions of student nurses to migrate; the preferred destination countries and the factors influencing the choice of those preferred destination countries. A simple random sampling technique was used in sampling 220 student nurses for the survey using questionnaire whilst five nurses were selected for the qualitative aspect of the study. The study revealed that most of the student nurses intend to migrate from the country upon completion of their training. Economic factors such as better wages and conditions of services at destination countries and social factors like pressure from relatives at home and abroad were given by the respondents as some of the motivating factors for their intention to emigrate. The majority of males intend to emigrate after school and those who have never married were more likely to migrate. Countries such as the United States of America and United Kingdom were preferred destinations. Additionally, the study revealed that language familiarity, higher and attractive wages in destination countries and availability of social networks were some of the factors that influence respondents' choice of preferred destination countries. Based on these findings, the study concludes that the intentions of health workers in Ghana to emigrate is significantly high and poses a major challenge to the health sector, given the high demand for them. The study therefore recommends better working conditions and incentives to be provided by the government and other stakeholders to motivate these health workers to stay.

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DEDICATION

I dedicate this thesis to Mrs Stella Emma Allen for her guidance, love and support.

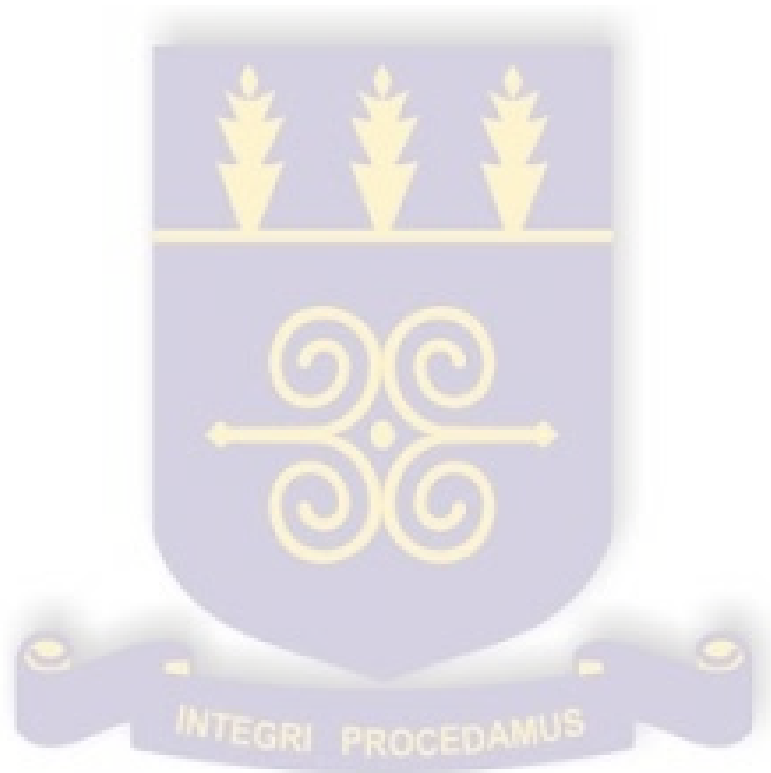
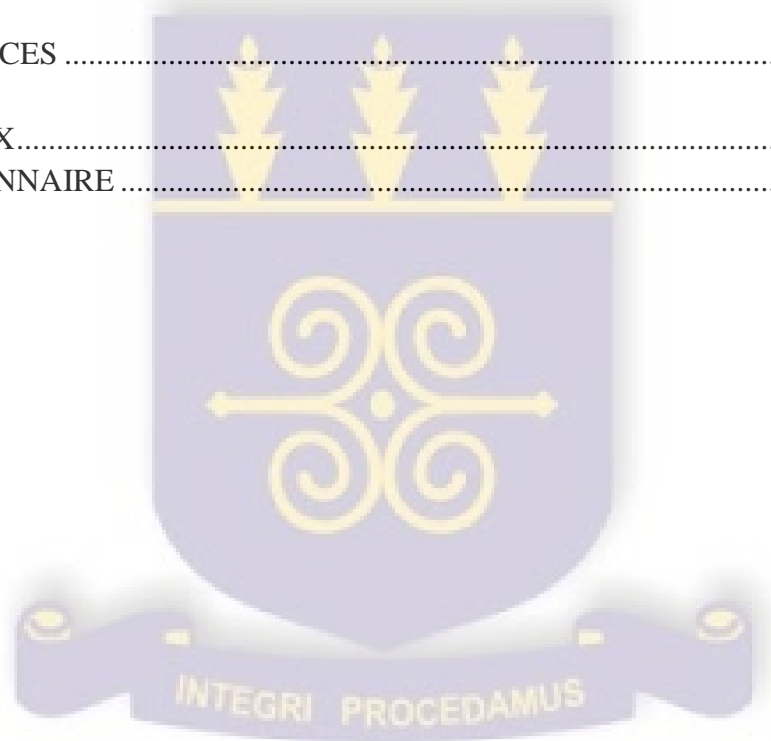


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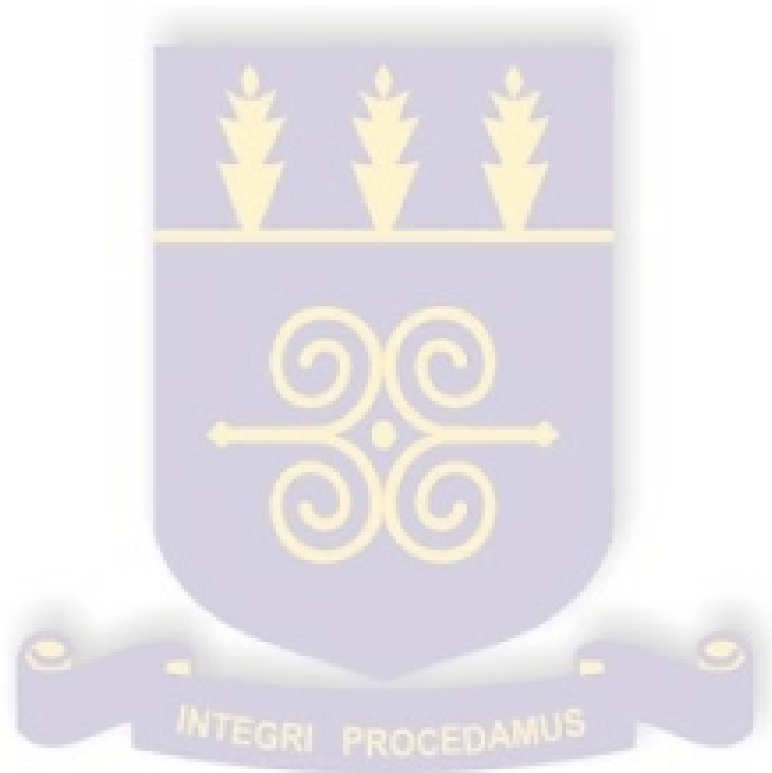


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LIST OF ABBREVIATIONS

HIV/AIDs -	Human Immune Virus/Acquired Immune Deficiency Syndromes
SSA -	Sub-Sahara Africa
WHO -	World Health Organization
PAHO -	Pan American Health Organization
UN -	United Nation
MDGs -	Millennium Development Goals
USA -	United States of America
UK -	United Kingdom
IOM -	International Organization of Migration
UNDP -	United Nations Development Projects
NGO -	Non Governmental Organization
SPSS -	Single Spine Salary Structure
SDGs -	Sustainable Development Goals
HSSS -	Health Sector Salary Structure
UNEP -	United Nations Environment Programme
OECD -	Organization for Economic Cooperation and Development
MOH -	Ministry of Health

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Migration is increasingly becoming an important feature of globalization, involving nearly 200 million people in 2006 and 232 million in 2013 (UNDESA 2014; UNDP, 2007; UN, 2006). Since 1975, the number of migrants including health professionals has more than doubled with the major migratory flows originating from the developing to developed countries. The problem of the migration of health professionals from one geographical location to another is predominant, but not exclusively a Third World phenomenon. Over the last three decades, African countries have been seriously affected by the migration of health professionals to more developed countries in the face of significant health threats on the continent (Syred, 2011; Naicker *et al.*, 2009). Globalization has propelled international migration. The demand for health workers has increased in high-income countries, where not enough health workers are being trained locally and where the existing workforce is ageing. Demand for health services is also increasing because of ageing populations and the rise of chronic illnesses like diabetes and heart disease, especially in rural areas (Koser 2007).

According to World Health Organisation, in a number of middle-income countries with good health education systems such as Fiji, Jamaica, Mauritius and the Philippines, a significant proportion of students, especially in nursing school, begin their education with the intention of migrating, usually in search of a better income. Some countries, notably the Philippines, are seeking to capitalize on the demand for imported health workers by deliberately training graduates for international careers.

Third World countries in general and most developing countries, especially those in south of the Sahara including Ghana are facing an acute shortage of professionals in their health sectors. This is due to the high rates of migration of their health professionals to other countries. This crop of professionals who are regarded as the most talented are migrating in droves to seek greener pastures in developed countries where they perceive economic opportunities to be greater. This is happening at a time when services of these professionals are in crucial demand at home to complement development efforts. In the wake of their departure, a myriad of problems are set off in a chain-reaction for the health sector which have long-term implications for both micro and macro socio-economic life of the people. (WPRO.WHO. 2013)

By 2005, it is established that more than half of Ghanaian doctors lived and practiced abroad (Dovlo 2003). It is also known that more African trained scientists and engineers work and live in the United States than in the whole of Africa (op.cit.). The International Organization for Migration (IOM) estimates that by the year 2000, about 23,000 university graduates will leave Africa each year (Business and Financial Times, 2001). It is envisaged that the numbers may go higher as all attempts to stem the tide have not been effective in producing any significant results over the years (de Haas 2007).

The Ghana Statistical Service (1995) noted that one problem that has received much attention as far as labour emigration is concerned, is the issue of “brain drain”, a term coined in 1962 by the British Royal Society to describe the emigration of some of their professionals especially scientists and engineers to the United States of America. Since then, the term has been used in different ways by different people to mean the process by which a country loses trained experts of the group of “professional, technical and

kindred” workers to another or other countries.

It is worthy to know that the United States, Canada, Britain and other developed countries with adequate health human resources continue to attract and recruit health professionals from countries and regions where these resources are woefully inadequate, for example, Ghana. This is in spite of efforts to reduce global inequality, poverty, and to improve the health and the general well-being of people in developing countries. The United Nation’s Millennium Development Goals, initiated in 2000, have three important elements of the eight goals that are health-related - reducing child mortality, improving maternal health, and combating HIV/AIDS and Malaria disease. According to Munchal, Brouwere and Kegels (2005) United Nations Children’s Fund’s (UNICEF) data indicate that 99% of general maternal mortality deaths occurred in developing countries, with the vast majority in Africa and Asia. The case is no different with child mortality rates, currently 98% occurring in developing countries. This coupled with high incidents of HIV/AIDS in most of these countries make the case for the pressing need of health professionals in these regions and countries (Munchal, Brouwere and Kegels, 2005).

Central to the effective implementation and realization of these three important goals is a robust and responsive health care system with well-trained and adequate health human resource. But in most developing countries such as Ghana, the vital health human resources are inadequate to prop-up the health care delivery systems. Most of the health professionals have migrated to the developed countries in search of greener pastures. Shortly after independence Ghana became, for a short time, a destination country for people from other African countries, mainly Togo, Nigeria, Cote d’Ivoire and Burkina Faso (Anarfi et al. 2003). However, with the downfall of Ghana’s economy in the mid

and late 1960's Ghana became not only a country unattractive for immigration but also the local population increasingly started to migrate (Bump, 2006). In the 1960s and 70s the outmigration was mostly directed to other African countries mainly Nigeria and Cote d'Ivoire. In 1975, for example, the number of Ghanaians living in Côte d'Ivoire was estimated at 42,000 (Bump, 2006). Particularly high-skilled labourers also migrated to Uganda, Botswana, Nigeria and Zambia (Bump, 2006). However, in the 1980s and even more so in the 1990s, Ghanaian emigrants increasingly broadened their choice of destination countries to First World countries in Europe or North America. In particular the United States (US), the UK, Italy, Germany and the Netherlands became popular destination countries (Bump, 2006). Even though some robust measures were undertaken by the NPP (Ex- President Kuffour's government) to provide some incentives for health professionals and curb the rapid emigration of health workers, the trends so far suggest that, Ghana and other developing countries will continue to lose these crucial human resources if urgent holistic measures and strategies are not put in place to minimize or halt the trend altogether.

1.2 Problem Statement

The emigration of health professionals and private and public student nurses, in particular, from Ghana has been a cause for concern for more than two decades. From a small trickle of health professionals migrating in the 1960s and 1970s, the numbers moving abroad increased rapidly in the 1980s, 1990s and up to the mid-2000. It is estimated that in the past decade, Ghana lost about 50% of its professional nurses to the UK, US and Canada (Ghana Health Service 2002). The estimated vacancy levels in the Ghana Health Service, in 2002, were 65% for doctors, 68% for professional nurses and 56.6% for pharmacists (Ghana Health Service, 2002).

Migration of health professionals from Ghana has been a cause for concern in the country over the years. Within the context of Ghana's National Health Policy, health is placed at the centre of the socio-economic development and wealth creation. This concerns the human resource for health workforce as an important prerequisite for national development. The public health sector has been arguably the most affected, as it plays an important role in providing health services to the bulk of the African population that lives in poverty. The phenomenon is exacerbating weaknesses in already-strained health systems in Ghana and threatening to collapse the health system if care is not taken to urgently address the problem. Indeed, the migration of health professionals, particularly nurses and doctors, to other countries particularly Western countries is quite alarming. Although, governments over the years have tried to reduce the emigration of health professionals from the country but the results are not encouraging

In fact, Ghana was among the top ten emigration countries in sub-Saharan Africa in 2005. Ghana had an emigration rate of 42.9% for all tertiary educated and it is ranked 7th among the top ten sub-Saharan African countries (OECD estimates 2005 as cited in IMO, 2009). This situation certainly has negative implications for the health sector in Ghana. As a result, it is affected the country's ability to meet the Millennium Development Goals (MDG) on health, and more importantly renders the health system inefficient. If not addressed, it is likely to affect the attainment of the Sustainable Development Goal (SDG) on ensuring healthy lives and wellbeing. Against this backdrop, this study seeks to examine the major predisposing factors affecting the intentions of nursing students (from public and private institutions) to migrate; the preferred destination countries and the effects of the migration of nurses on the health system of Ghana.

1.3 Research Questions

Migration of health students in private and public institutions and workers from Ghana is increasingly becoming an unprecedented and important feature of Ghana's health system. This phenomenon is having implications on the country's ability to meet the health needs of its citizenry. The Western World continues to attract significant proportion of the country's nurses. As a result the study on the migration intentions of nurses and its implications for the country will be sought to ask following research questions:

- Why do nursing students want to migrate from Ghana when they complete their studies?
- What are the preferred destinations of the students who intend to migrate?
- What factors determine the choice of destination?
- Is there any relationship between the socio-demographic characteristics of the nursing students and their migration intention?

1.4 Objectives of the Study

The general objective of the study is to examine the factors that determine the migration intentions of private and public nursing students in Ghana. The specific objectives are:

- i. to find out the reasons why student nurses want to migrate from Ghana when they complete their study
- ii. to identify the preferred destinations of the students who intend to migrate
- iii. to outline the factors that determine the choice of destination
- iv. to examine the association between their socio-demographic characteristics and migration intentions

1.5 Significance of the Study

The emigration of health professionals from Ghana has been a topical issue for the past few decades due to its effects on the health delivery system of the country. Indeed, governments over the years have tried to reduce the emigration of health professionals from the country but the results are not encouraging. The study will also add to existing knowledge on the emigration of health professionals from Ghana. Furthermore, the study is intended to provide information that will influence policy formulation particularly in respect of the retention of nurses in the country.

1.6 Organization of the Study

The study is organized into six chapters. Chapter One comprises the background of the study, statement of the problem, objectives of the study, research questions, and significance of the study. Chapter Two presents a review of literature related to the study and the theoretical perspectives that are used to guide the study. Chapter Three presents the methodology of the study which comprises the research design, the profile of nursing colleges under review as well as the methods for data collection and analysis. Chapter Four presents and discusses the findings of the study. It presents the socio-demographic distribution of the respondents, among others. Chapter five presents the discussions on perceptions of working conditions and migration intentions of student nurses. Chapter six presents the summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of relevant literature on the subject matter of this study. Notably, this literature review is centered on the global migration trend of health workers, the emigration of health workers from Ghana, the health care system and the effects of emigration of health workers in Ghana. Additionally, the various theories that underpin the focus and context of the study are further discussed in this chapter.

2.2 Global Migration of Health Workers

There are about 60 million health workers worldwide (World Health Organization, 2006). The factors that drive away health professionals to move from poor countries to developed countries include higher salaries, better job conditions, and quality management. In most developed countries for example, there is an increasing demand for doctors, nurses and other health workers who have been trained abroad. This results in the mass exodus of these health workers from countries of origin thus affecting their health systems and causing financial loss. According to WHO (2010), the number of migrant health workers over the last 30 years have increased by more than 5% per year in many European countries. In countries of the Organisation for Economic Co-operation and Development, (OECD), around 20% of doctors come from abroad (Organisation of Economic Co- operation and Development, 2010). In some Gulf States, such as Kuwait or the United Arab Emirates, more than 50% of the health workforces are migrants (World Health Organization, 2010).

The World Health Organisation has developed a Global Code of Practice on the International Recruitment of Health Personnel to achieve an equitable balance of the interests of health workers, source countries and destination countries (WHO 2004).

According to the WHO (2004), better working conditions in destination countries serves as a motivating pull factor. Although Income has been established as an important motivation for migration, other key motivating factors such as better working conditions, more job satisfaction, career opportunities and the quality of management and governance have been widely acknowledged as important factors in the migration of health workers globally. Other political factors such as political upheavals, war, and the threat of violence in the workplace also serve as push factors in various countries. Migration is often stepwise. People sometimes move from the poorest regions to richer cities within a country and then to high-income countries. In most countries, there is also movement from the public to the private sector, particularly if there are considerable differences in income levels.

Additionally, one of the drivers of international migration is Globalization. Owing to the ageing population of the labour force in high-income countries coupled with increasing rate of chronic diseases like diabetes and heart diseases, there's reported increase in the demand for health workers in high-income countries. Also, the current growth of professional recruitment agencies has served as a catalyst to migration in most developing countries. For instance, most nursing students in some middle-income countries such as Fiji, Jamaica, Mauritius and the Philippines with good medical education systems enter their education with the aim of migrating, usually in search of a good income. In view of this, countries such as Philippines purposely train health workers

for international export, given the high demand for health workers in some countries.

A study by the World Health Organization (2010) revealed that nurses from the Philippines (110,000) and doctors from India (56,000) comprise of the largest share of migrant health workforce in OECD countries. However, Gibson and McKenzie, (2011) pointed out that countries with smaller populations than India and the Philippines will be heavily affected in terms of expatriation rates. Some studies show that over 50% of highly trained health workers leave for better job opportunities abroad in some low-income countries.

Comparatively, the studies by Naicker et al. (2009) and Syred (2011) revealed that since 1975, developing countries have been mostly affected by the exodus of health professionals than developed countries. (Syred, 2011; Naicker *et al.*, 2009). The public health sector has been reported as one of the sectors affected by the emigration of health workers in Africa, given the significant role it plays in the provision of health care. This phenomenon is exacerbating weaknesses in already-strained health systems in poor countries and contributing to collapsing or failing healthcare systems in sub-Saharan Africa (Dovlo 2005). Moreover, Hazarika et al. (2011) notes that in the last few years, a lot of emphasis has been placed on demand for quality health care services in countries of origin because of the creation of awareness on the unequal trends in the migration of health professionals. The preference for quality health care delivery has culminated in another preference for private health care services, due to the notion that private health care providers are better off than public health care providers.

According to India's Ministry of Health (2011), there is a disparity in the spatial

distribution of health workers in India. Even though there is high demand for health care services in most areas in the rural and small towns in India, these areas are beset with inadequate health professionals, considering the fact that statistics show that India has a strong medical education infrastructure. This clearly shows that the problem of inadequate health care professionals in rural India stems from other factors like emigration of health workers rather than inadequate institutions for training medical practitioners.

Although India is overwhelmed with domestic shortages of health personnel, it is one of the exporter of health professionals to developed countries such as the United States of America (US), United Kingdom (UK), Canada, Australia and the Middle Eastern nations. It is debated that the aftermath of globalization has birthed several opportunities for migrant qualified health workers at destination region. This has clearly resulted in increase in the migration of health professionals globally. In addition, the shortage of health care professionals in most Organization for Economic Co-operation and Development (OECD) countries has resulted in the recruitment of health personnel from developing countries. For instance, India is the country with the highest number of health care professionals in the OECD. The OECD (2007) reports that there are an estimated 40,000 doctors of Indian origin working in the UK and some 35,000 in the US. Indian physicians dominate the National Health Service of the UK.

Also, some reports indicates that nurses from countries such as Philippines and India are often recruited by countries such as the US and the UK in an attempt to offset their shortage of health care professionals. Furthermore, inadequate public investment in the health system, ineffective human resource planning and deteriorating work conditions

have been reported as some generic factors that cause the exodus of health care professional to international destinations.

2.3 Migration of Health Workers: The African Situation

Africa is no exception to the increase in migration of health workers to international countries. This situation is more pervasive especially the case of health professionals whose services are very crucial to the health care systems and in critical demand in their home countries. Anarfi et al. (2005) makes it more explicit by attributing this trend to economic hardships and some structural problems confronting these African countries, thus making it difficult for them to hold on to their highly-skilled professionals including those in the health sector (Anarfi et al. 2005). In 1995, it was estimated that not less than 21,000 Nigerian doctors were practicing in the United States alone even though there continued to be critical need for their services at home (Africa Recovery, 1999).

Comparatively, it is estimated that there are a lot of Sierra-Leonean doctors living and working in the Chicago area than in the whole of Sierra-Leone (Immigration Issues, 2004). Another notable example is the case of Ethiopia where one-third of general medical practitioners migrated from the country between 1998 and 2001. Also, an estimated number of 3087 nurses were reported to apply for verification of qualification to work in other countries from 1998 to 2003 (Dovlo 2003). The study by Rowston (2004) also revealed that the Ethiopia's Gondar Medical Science College was forced to close five of its departments as a result of the exodus of her medical personnel abroad.

Rowston (2004) was of the view that the impact of migration of health workers from Africa are grossly felt within the health sector of poor countries. A specific reference was

made to the Boxburg Center for Spinal Injuries near Johannesburg which served as the only referral centre for the whole region had to close in 2000 when two anesthetists who manned it were recruited to work in a Canadian institute (op.cit.). Undoubtedly, the issue of “horizontal” brain drain is very prevalent in most African countries. For instance, whilst countries like South Africa and Botswana are known to be losing their home-grown health care professionals to the developed countries, they are indirectly attracting variety of executive, medical, financial and technical personnel from other African countries. These largely include mostly professionals who were denied entry to the developed or high-income countries.

A lot of inferences on Horizontal brain drain can be made from the study by Andrew and Baomin (2005) which reported that the South-North migration of Africans results in the creation of vacancies within the African continent. This presents an opportunity to Africans who could not move to the North to travel within the continent to find better jobs that provides better remuneration and also better working conditions.

2.4 Emigration from Ghana

Ghana became a destination country for other African countries such as Togo, Nigeria, Cote d’Ivoire and Burkina Faso after it gained independence. Unfortunately, this was short-lived as Ghana’s economic hardship served as a push factor in the mid and late 1960’s, thus rendering not only the country unattractive for migration but also experienced mass exodus of people to other neighbouring countries in search of greener pastures (Bump, 2006). In the 1960s and 70s the outmigration was mostly directed to other African countries mainly Nigeria or Cote d’Ivoire. In 1975 for example the number of Ghanaians living in Côte d'Ivoire was estimated at 42,000 (Bump, 2006). Particularly high-skilled labourers also migrated to Uganda, Botswana, Nigeria and Zambia (Bump,

2006). However, in the 1980s and even more so in the 1990s, countries in Europe or North America; in particular the United States (US), the UK, Italy, Germany and the Netherlands became the major preferred destination countries for Ghanaian emigrants (Bump, 2006).

There has been an increase in the number of Ghanaians living outside the country annually. There is evidence to suggest that 906,698 Ghanaians representing 4.56% were residing outside the country as migrants by year 2000 (UNDP, 2000). In 2005 for instance, the number increased to 957,883 according to the Development Research Centre of the University of Sussex Global Migrant Origin Database. In 2006, the OECD (2007) reported that an estimated 189,461 Ghanaians were residing in OECD countries (OECD, 2007) and this represented less than 1% of the estimated total population of Ghana back then. Based on information from the various embassies on Ghanaian emigrants living outside Ghana, it was estimated that there were 461,549 Ghanaians living in Europe and North America; Ghanaians living in other African countries were assessed to be around one million (IOM, 2009). On this basis, Twum-Baah (2005) estimated that there are 1.5 million Ghanaians living outside the country; however, this estimate excludes Ghanaians in the Gulf States and Asia (IOM, 2009). Neither the Ghana Statistical Service nor the Ghana Immigration Service has comprehensive and reliable data on Ghanaians living abroad.

2.5 The Health Care System in Ghana

In Ghana, the government plays a major role in the provision of health care services in the country whilst other mission and faith based organizations also play a complementary role in health care provision. However, allocation and mobilization of resources,

monitoring and evaluating the performance of the health care system and policy formulation are the major responsibility of the Health Ministry (AHWO, 2010). Also, supervision of the provision of primary, secondary and some specialist health care are also delegated to the Ghana Health Service.

The health care systems are organized in a tier where Community-based Health Planning and Services (CHPS) centres are responsible for primary health care and serves as the first contact for patients (AHWO, 2010). They render services like the ambulatory, clinical, public health service and maternity services. In case of any complication, the cases are then referred to district hospitals, which provide secondary health care like outpatient and inpatient clinical and maternity services but limited surgical services like caesarean section. Apart from the CHPS and district hospitals that provides primary and secondary health care respectively, there are specialized teaching hospitals that provides tertiary level health care under a board appointed by the President. AHWO (2010) contends that in reality the two teaching hospitals in Ghana i.e. Korlebu and Konfo Anokye Teaching Hospitals provide both primary and secondary health in addition to provision of tertiary level of health care

2.6 Health Professional Workforce in Ghana

Currently, the health sector has a workforce of about 55,000 individuals specifically working in the public sector, Islamic missions and the Christian Health Association of Ghana (AHWO, 2010). About 80 percent of all the workers within the health sector are employed by the Health Ministry whilst those working in the non-clinical division comprise of about 38 percent of this total health workers employed.

2.6.1 The Ghanaian Context

The phenomenon of brain drain of health workers in Ghana mirrors other situations witnessed in other countries. The prospects of better remuneration and working conditions at developed countries like Canada, USA, Britain serves as a motivation factor for them to migrate (UN, 2004), albeit there is high demand for their expertise in Ghana (Nyonator et al. 2001). Studies by Dovlo (2003) has revealed that there has been an exodus of more than half of Ghana's trained medical doctors to other countries offering better wages and better working conditions. For instance and estimated 600 doctors are reported to be working in New York, 150 practicing in South Africa, and 50 located in Canada. The same situation was observed with regards to health professional in Ghana between 1994 and 2004, where about 50 percent reportedly migrated to countries like the United Kingdom, the United States and Canada (Ministry of Health, 2002).

In Ghana for example, these health professionals are purposely recruited by some employment agencies whereas some doctors are noted to search for jobs abroad (Dovlo 2003). For example, these health professionals end up working for the National Health Service in UK even though they are often recruited by independent recruitment agencies (Rowston 2004). The emigration of health workers from Ghana has been accelerated by the advent of the Internet thus rendering it less complicated to search for job vacancies in other countries. The Points Based immigration system or scheme epitomizes the fast track immigration process for the highly skilled including health professionals in Ghana (Global Immigration Service 2009). As part of the recruitment process, a processing fee of US\$4000 and US\$6000 are paid by the nurses. These nurses do not see this as expensive because they anticipate to retrieve the money once they get employed abroad.

Internally, there are reported incidence of rural-urban drift of health professionals in Ghana. Most health workers are reluctant to work in deprived rural areas of the country whereas those already working in these rural areas make effort to migrate to the urban areas because of disparity in access to social amenities between the urban and rural areas. (International People's Health Council, 2004). Against this back drop, Rowston (2004) indicated that migration trend of health workers has been termed as a "global conveyor belt" of health professionals' where public sector health workers working in rural areas of low-income countries often migrate work in urban-based care in the rich countries (Rowston, 2004).

The exodus of health care professionals from the country has resulted in problems of inadequate health workers resulting in inequitable distribution of health workers to the detriment of those in the rural areas. For instance, a study by the Health Ministry (2002) revealed that Accra and Kumasi have about 80 percent of various health personnel in the country. In Accra for example, the doctor-population ratio ranges from 1:10,927 whereas the Northern and the two Upper Regions have a doctor-population ratio of 1:66,000 (Ministry of Health 2002). Apparently, these are below the minimum standards of the World Health Organization (WHO) for health delivery, which is 1:5,000. The Ministry of Health (2002) opined that this situation has triggered a vicious cycle of problems in the health sector of Ghana (Ministry of Health, 2002).

Undoubtedly, one of the key motivating factors that induce rapid emigration of health workers is poor economic conditions pervasive in Ghana (Ministry of Health 2002). The economic conundrums that pervades every facet of the activities third world countries are clearly experienced within the health sector of the country. This is largely observed in the

low salaries and wages of health workers in Ghana vis-a-vis those working in developed economies (Ministry of Health 2002). The gross disparity in wages and salaries between health workers in developing and developed countries serves as a significant motivation factor for the exodus of health care professionals to developed countries health professionals to migrate from Ghana (Dovlo 2003).

Moreover, most of the health care professionals migrate to developed countries in a bid to enhance their career and progress in their respective field. Bach (2003) noted that where there is a window of opportunity to enhance ones career, most skilled workers are often tempted to migrate to those countries offering these opportunities. Until recently, medical doctors from the two teaching hospitals in Ghana, Korle Bu Teaching Hospital (KBTH) and Konfo Anokye Teaching Hospital (KATH) only qualified in general medicine. In view of this, there is great tendency for these health professionals to migrate to the developed countries to seek opportunities for specialization and career development. Also, the quality of clinically trained health professionals in Ghana makes its graduates from her health institutions easily accessible to the international schools and markets.

Additionally, the limited opportunities for specialized postgraduate studies influence most graduating health studies to migrate to developed countries in search of this opportunity. Even though the College of Health Sciences was established to cater for the growing concern for specialized practitioners a study by the Ministry of Health gave credence to the fact that staff development at this level was still inadequate, given the establishment of the College of Health Sciences (Ministry of Health 2002). In effect, internationally recognized certificates are not provided thus serving as a deterrent for

some health professionals to enroll in these institutions. On the other hand, those that travel abroad to pursue further training programmes are easily integrated into the health systems of the destination countries. Sagoe (2003) describes this as a major problem affecting the health sector in its quest to retain health professionals.

Furthermore, better retirement and pension benefits also serve as a key motivating factor for the exodus of health care professionals from the country. For instance, Dovlo (2003) revealed that most health workers give much priority to their retirement packages and after-service benefits. Comparatively, the health sector of developed countries offers better conditions of services and retirement packages, thus influencing the migration of health workers to those countries. In Ghana, “one of the main reasons is to save money for housing and sustenance in retirement.” (Dovlo 2003) Considering the salary levels in Ghana, it is clear that most health professionals retire without putting up a house and adequate savings to fall on in their retirement, due to low wages when they are in active service.

In Ghana, most health workers regard a better working environment as one of the key motivating factors for the migration of health care professionals to those developed countries that offer better working conditions. The lack of medical equipment ranging from common stethoscopes and sterilizers to more expensive and complex equipment like chemistry analyzers, hematology analyzers and coagulation analyzers are often regarded as serious obstacles to ensuring effective health care delivery (WHO, 2010). It can be pointed out that some health facilities may have these equipments but may be very obsolete and overused. Against this background, this offers no motivation to health professionals who work with them. The same situation is reported across the urban and

rural divide as the urban areas are better equipped than the rural areas.

Also, access to residential and transport facilities are key problems confronting health workers thus occasioning the migration of health professional to developed countries. Most of the health workers occupy rented apartments coupled with its landlord conundrum. Similarly, there is inequitable distribution of health facilities between the urban and rural areas; the housing facilities are available to the urban areas than the rural areas.

Dovlo (2003) attributed this phenomena to administrative bottlenecks which compromises government policies. The Ministry of Health acknowledges in its Human Resource Policies & Strategies document for 2002-2006, that “many professional staff are usually frustrated when they need to regularize their recruitment, placement, promotion and even transfer procedure through unduly long bureaucratic procedures” (Ministry of Health, 2002: P 6). In some instances, lack of coordination between government and the Health Ministry often results in stalemates and strike actions.

The shortage of health professionals has been acknowledged as a global phenomenon. The study by Mail (2004) shows that there has been movement of health professionals from developing countries to developed countries. Evidently, all efforts by the Ghana government to prevent emigration of health workers has proved futile. Owing to the high demand for health professionals in developed countries, the immigration barriers have been loosened to enable migrant health workers to gain license and work in those countries.

On the other hand, language and similarity of the system of practice influence health workers to migrate to developed countries (Dovlo, 2003). They help migrants to integrate

themselves into destination country. If the systems of practice are related in both the native country of the immigrant health professional and his/her intended destination, integration becomes so easy but where differences exist, integration becomes difficult. In the same vein, language similarity is seen as essential in their integration and service delivery. This explains why Ghanaian health professionals chose English speaking countries although there are better economic prospects in other destinations.

In instance where Ghanaian health professionals are found in non-English speaking countries, most of them were trained in that the same country. For instance the Ministry of Health in 2004 found Ghanaian migrant doctors in Germany (Ministry of Health, 2004). However, these doctors were trained in Germany and were required to learn their official language.

The massive outflow of professional such as teachers, accountants, doctors, nurses, etc from developing to developed countries is one of the challenges posed by international migration today. This can be seen as the developing world's foreign assistance to developed countries (Commonwealth Business Council Africa Recruit, 2003). A study by Senah et al. (2007) suggests that Ghana ranks first with regards to migration of highly skilled in Africa. These professionals leave the shores of Ghana to live and work abroad presumably for greener pastures. As a consequent, there are shortage skilled labour thus an increase in government expenditure to train more professionals (Anamzoya and Senah 2007). From 2000-2003, the Ministry of Health estimated that 5%, 20% and 13% of doctors, nurses and pharmacists respectively left the health service (Senah et al., 2007).

A report by the International Data Corporation (IDC) points out that “it is unfair, inefficient and coherent for developed countries to provide aid to help developing

countries to make progress towards the Millennium Development Goals (MDGs) on health and education whilst helping themselves to the nurses, doctors and teachers who have been trained in their countries of origin, and at the expense of developing countries” (IDC 2004, p.15). The same report, also indicated that, “it is too simplistic to say that the export of skilled labour necessarily results in a net loss to developing countries in favour of developed countries. It can be a way of filling skills gaps in their economies; to migrants, it is a way of improving their lives; and to some developing countries it is a way of tapping into the benefits of remittances and the eventual return of skilled labour” (IDC 2004, p.4)

Additionally, death tolls relating to migration continues to increase. Migration has been linked to the increase in the spread of STD’s such as HIV/AIDS thus increase in death relating to these diseases. Also, in their bid to seek greener pastures in developed countries, migrant from developing countries especially Africa and South America use illegal routes where majority lose their lives. During their journey some migrants are also caught in transit countries such as Libya, Morocco, and Malta due to use of illegal documents or the lack of documents. Again, governments in developing countries use limited national resources to repatriate nationals to their home countries.

Majority of migrant health workers from Ghana prefer English speaking countries as their destination countries. For instance Anarfi et al. (2010) in their interview with health professionals noted that most of them preferred English speaking countries such as the US, UK and Canada. However, Ghanaian nurses prefer UK whilst doctors chose US due to the easy with which they adapt to the health care systems in both countries (Anarfi *et al.* 2010). During UK’s annual registration of doctors and nurses in 2000, 1.1% and 1%

of the total number were Ghanaian doctors and nurses respectively Stilwell (2003). Even so, recent migratory trends indicate outflow from Ghana to newer destinations such as China. In addition, the reason for migrating varies among doctors and nurses. Whereas most nurses migrate to join their spouses or work, doctors migrate to further their studies but subsequently decide to work (Anarfi *et al.* 2010).

Although, 3,087 Ghanaian nurses sought verification from the Ghana Medical and Dental Council, only 1,729 nurses requested for initial licensure to work in Ghana between 1998 and 2003 (Munjanja *et al.*, 2005; Anarfi *et al.* 2010). Anarfi *et al.* (2010) and the Ministry of Health gave contrasting views about the number of nurses migrating from the country each year. Anarfi *et al.* (2010) argued the number of nurses who sought verification represent the actual number of migrating nurses which is comparatively higher the 903 nurses reported by the Ministry of Health. This disparities could be because not all those who sought verification are able to leave the country. Thus proxies such as verification numbers only indicate intentions to migrate.

2.7 Effects of Health Workers Migration on Health Delivery

Human capital can be construed as the collective assets and wealth in terms of talents and capabilities of a group of individuals. These individuals are arguably crucial in the development process therefore, countries and organizations place importance on the education, training and, retention of trained individuals especially health professional. Consequently, migration of such individuals has far-reaching negative implications for the country or organization that is losing them and its economy (US Dept. of Health, WHO, 2010).

The World Health Organization (2010) noted that the movement of health workers abroad has both negative and positive consequences. Hence, migration of nurses and doctors may lead to loss of both human capital and investment of the place of origin. Furthermore, this could lead to the collapse of health care systems especially in developing countries where there the healthcare system is already fragile. On the other hand, migration generates billions of dollars in remittances (the money sent back to home countries by migrants) to low-income countries thus the decline in poverty. Some health workers also return to their home countries with significant skills and expertise. Nonetheless, when the number of health worker migrating from a country are more than those retained the country faces collapse in its health system irrespective of the remittances it receives.

Furthermore, health systems in a number of industrialized countries depend heavily on doctors and nurses who have been trained abroad. English-speaking countries such as Canada, New Zealand, United Kingdom and United States draw the highest proportion of health workers from overseas. About a quarter or more of all physicians in these countries are imported from other countries. On average one in four doctors and one nurse in 20 trained in Africa is working in OECD countries. Some countries have been hit harder than others. For example, 29% of Ghana's physicians are working abroad, as are 34% of Zimbabwean nurses (WhyHealthWorkerMigration.com accessed in June 2015).

2.8 THEORETICAL PERSPECTIVES

A review of the literature shows that there are a number of theories that can be used for the analysis in this thesis. The theories reviewed here for the purpose of providing an illuminating background for the analysis include: Pull-Push theory, the network theory and the neoclassical theory.

2.8.1 The Push-Pull Theory of Migration

The push-pull theory of migration is one of the relevant theoretical perspective used to explain migration. The factors contributing to the high attrition levels of nurses from Ghana through resignations and vacation of post to join other health institutions abroad are as personal as they are complex and multifaceted. These factors or motivations underlying the outflow of health professionals have been identified as “push” and “pull” factors. Push factors are factors that occur within the country of origin and thus motivating professionals to migrate, while the pull factors on the other hand are those factors that attract professionals to migrate to destination countries (Dovlo 2003).

Some of the push factors include low job satisfaction, poor working environment, limited and unattractive postgraduate opportunities, low social security and benefits, high occupational risk and poor governance, low remuneration, among others. On the other hand, the pull factors include the global shortage of health professionals, the use of a common language and similarities in professional systems of practice, and the loosening of immigration and licensing barriers by the receiving countries for health care workers. The next section will discuss some tenets of the “push and pull” theory that influence nurses to emigrate from Ghana. Specific reference is made to a number of empirical studies.

2.8.1.1 Economic Factors

In Ghana, poor economic conditions are often perceived as one of the relevant considerations for migration among health workers. The salaries and wages of health workers in Ghana are perceived very low in contrast to what their counterparts receive in the developed economies (Ministry of Health 2002). The wage differentials serve as a major motivation to lure to migrate from Ghana (Dovlo 2003). Economic factors could be regarded as push factors.

2.8.1.2 Education and Career Development Factors

It is the aim of most health professionals to attain the highest level of professional development in their respective chosen field. It is in light of this that most courses and programmes geared towards career enhancement and progression are very important and form an integral part of career planning for the highly-skilled individual, especially the doctor (Bach 2003). Where these opportunities are non-existent or very limited, the skilled worker is tempted to go out to pursue them in order to be abreast with the state-of-the-art in his/her chosen field.

There is the popular believe that it is very important for one's career development for one to pursue his /her specialist training in the developed countries if one really aspires to reach the apex of his career. One's chances of gaining a prominent place in one's professional career are perceived to be enhanced greatly by training abroad. Household names of successful medical officers who have occupied influential positions in Ghana include: Professor Kwabena Frimpong, former Chief Executive Officer of the KBTH and the head of the Cardio Thoracic Center, Professor Agyeman Badu Akosa, former Director of Ghana Health Service, and Professor Tsiri Agbenyegah, former Dean, School of

Medicine, Kwame Nkrumah University of Science and Technology (KNUST). The fact that they were all educated and served abroad over long periods is regarded as a pull factor for other health professionals who hope to derive similar skills and recognition in future. The lack of opportunities at home could therefore be regarded as significant push factors for health personnel.

2.8.1.3 Socio-cultural Factors

There is then the socio-cultural believe among Ghanaians that anything that is coming from the West, especially America and Britain, in terms of education is of the highest quality and, therefore, the best. This complex has created some assortment of cognoscenti health professionals in the medical field in Ghana. Those who train in the West, especially America and Britain, are perceived to be the best quality as far as health delivery is concerned. This rather spurious perception is not limited to only the medical profession, but it has to do with the Ghanaian psyche. This crop of doctors, nurses and paramedics, therefore, are regarded as the cream of the medical profession. Doctors, nurses and paramedics in this category are, therefore, likely to gain more recognition than their locally trained counterparts.

The aggregate effects of the above-identified factors result in the decision by most health professionals in Ghana and other African countries to migrate to seek qualifications in the West. It must be noted that these international qualifications are more acceptable in many countries around the world. Therefore, even the desire to return to work in Ghana becomes very limited as most of these professionals who embark on their training abroad easily get integrated or absorbed by the health institutions of where they train. Socio-cultural factors therefore serve to extent as push factors.

2.8.1.4 Social Security and Benefit Factors

Health workers in Ghana, like elsewhere, are very much concerned about their retirement, when they would not be active enough to engage in any meaningful income generating activities. Retirement and pension benefits are therefore important motivations for health professionals' decision to migrate. According to Dovlo (2003) in Ghana, one of the main reasons is to save money for housing and sustenance in retirement. Considering the salary levels in Ghana, it is clear that most health professionals retire without putting up a house and adequate savings to fall on in their retirement, due to low wages when they are in active service. To this end, the desire to migrate in order to work and acquire some of the basic necessities of life, and to also save towards retirement is very great among Ghana health professionals. The social security ingredient is therefore a significant push factor for Ghanaian health professionals.

2.8.1.5 The Working Environment

The working environment is also considered as an important motivation for migration among health professionals. The unavailability of medical equipment ranging from common stethoscope and sterilizers to more expensive and complex equipment like chemistry analyzers, hematology analyzers and coagulation analyzers are seen as serious setbacks to an inspiring workplace. Whilst some health facilities may have this equipment, they may be very obsolete and overused in many cases. Working with those obsolete or decrepit instruments does not offer any motivation to the professionals using them. Then there is also a great disparity between urban and rural availability of these facilities across the country, as the urban areas are more equipped than the rural areas.

Secondly, the problem of residential facilities for health workers in the urban centers so acute that most of them live in rented accommodations with very high rent advance payments demanded by landlords. Lack of transport facilities to facilitate movement of health professionals to and from their places of work is another major impediment. However, comparatively, these facilities are also more available in the urban areas than in the rural areas where infrastructure is mostly inadequate.

The implications are that whereas the working environment for the urban health professional is not inspiring, that of the rural health worker is very demoralizing. As a result, bad working environment at home could serve as a push factor while good working conditions abroad serve as a pull factor.

2.8.1.6 Governance Factor

This may be linked to both government policies and the immediate organizational environment, which are compromised by administrative bureaucracies (Dovlo 2003). The Ministry of Health acknowledges in its Human Resource Policies & Strategies document for 2002-2006, that “many professional staff are usually frustrated when they need to regularize their recruitment, placement, promotion and even transfer procedure through unduly long bureaucratic procedures” (Ministry of Health 2002). There is also the problem of inadequate collaboration between the government and the Ministry of Health on some issues resulting in stalemates and strike actions. Poor or dysfunctional governance systems serve as push factors for health personnel.

2.8.2 Pull Factors

2.8.2.1 Loosening of Immigration and Licensing Barriers

There are chronic shortages of professionals in advanced countries. Apparently, there are observed cases of this phenomenon in countries that had hitherto given much priority to strict immigration laws (International Labor Review 1968). According to the International Labour Review (1968), these countries have loosened their immigration and licensing barriers thereby resulting in influx of migrants to these countries. The desire to attract essential health personnel from developing countries, through the relaxation of immigration rules for specific categories therefore serves as a pull factor for would-be health migrants.

2.8.2.2 Common language and Similarity in System of Practice

The importance of language and the similarity in the system of practice are also seen as essential considerations in the decisions of the health worker to migrate (Dovlo 2003). Although in themselves not compelling reasons for migration, they are very important in the integration of the immigrant health professional in the health system of his/her destination country. If the systems of practice are similar in both the country of origin of the immigrant health professional and his/her intended destination, integration becomes so easy but where differences exist, integration becomes difficult. In the same vein, language similarity is seen as very essential in their integration and service delivery. This explains why Ghanaian health professionals will not choose French or Arabic speaking destinations (in the mainstream) even though there are equally attractive economic prospects in some of those destinations, for example, Saudi Arabia. Even though economic considerations are the most important reasons for choosing these destinations, most health professionals pointed out that similarities in the system of practice and the

importance of common language cannot be underestimated.

Common language and commonalities in health systems could serve as pull factors since they have the potential to contribute to the acceptability of health migrants at the destination location. On a whole, the neo-classical theories of rational choice and the push-pull theory of migration adequately explain the phenomenon under study. These theories therefore underpin the study into the migration intentions of private and public student nurses from Ghana.

2.8.3 Network Theory

The network theory of migration employs varying concepts, assumptions and levels of analysis in the ascertainment of how migration trend continues in time and space (Massey et al., 1993). It doesn't give much credence to the factors that influence migration but on how migration lingers on even when variations in salaries and wages, and other pull-factors or recruitment policies do not exist. The studies by Vertovec (2002) and Dustmann and Glitz (2005) revealed that the destination countries of migrants are often influenced by the kind of networks they have established in those countries. This implies that where a migrant decides to migrate to is often influenced by the kind of associations or networks they have in that region. Additionally, this theory pays more attention to the role families, friends, acquaintances and other associated contacts play in assisting migrants to settle or prevent them from settling in their destination countries. This enables migrants maintain their relationships back home. Moreover, the kind of networks migrants establish enables them to settle in and find jobs in their destinations. Empirically, the study by Dolfin (2006) revealed that this theory is very relevant in

assessing the benefits migrants' networks provide for their families, friends and communities.

2.8.4 Neoclassical Theory of Migration: Macro and Micro Framework

Central to the neoclassical theory of migration is wage differentials. According to Harris and Todaro (1970) this theory is the oldest and most common theory in the explanation of international labour migration in terms of economic growth. The study by Bauer and Zimmermann (1999) and Borjas (2008) indicated that there is a linear relationship between differences in wages and migration flows. The proponents of this theory posit that, international labour migration is due to the variances in the supply and demand for labour. Countries with high labour market have low market wages due to surpluses. On the other hand, countries with high wages for labour have low labour market. As a consequence of these wage differentials, labour migrate from low income countries to high income countries. Thus leading to a sense of balance in the international labour market.

Furthermore, due to scarcity of capital in low income countries, there is a high yield of returns compared with international standards. Hence the attraction of investors from high income countries. The capital invested includes human capital. Therefore the movement of highly skilled labour from countries with high capital to developing countries to earn high returns on their skills. Likewise, there is the parallel movement of highly-skilled labour to developing countries.

Although, all the theories discussed are very relevant for providing an illuminating background to the focus of the study, the study relied on the push and pull theory of migration to understand the various issues examined by the study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter specifically provides details on how the study was conducted. It focuses on the research design, sampling procedure, sources of data and method of data analysis.

3.2 Population of the Study

The populations under study are student nurses from Pantang Nurses Training College representing a Public University and Central University College representing a Private University. The participants were student nurses in their second, third and final years.

3.3 Research Design

This study used a combination of quantitative and qualitative techniques. The use of a mixed methods approach was to ensure that the strengths of the individual techniques compensate for their inherent weaknesses (Creswell 2009; Saunders, Lewis and Thornhill, 2009).

Labuschgne (2003)) opines that the qualitative research approach includes research methods that rely heavily upon extensive in-depth interviews and focus group discussions that result in the collection of non-numerical data. The author further indicates that qualitative research is often conducted in natural settings and does not attempt to control the context or conditions surrounding the research setting. The qualitative methods have been criticized for not allowing for generalizations and predictions (Bryman, 2001; Teye, 2012). However, this method comparatively gives priority to subjective interpretation than objective facts. Thus it is in concordance with the interpretive paradigm.

The quantitative method which involves the administration of a questionnaire provides

the researcher with a lot of information obtained from a large sample of individuals at a relatively short period of time (Creswell, 2009). However, according to Frankel and Alien (2003), the anticipated difficulty involved in this approach include ensuring that the questions on the questionnaire are clear and unambiguous; getting respondents to answer thoughtfully and honestly and getting sufficient number of questionnaires completed and returned. In accordance with the positive paradigm, the quantitative method uses scientific approach to collect neutral and objective data to explain generic behavior pattern. Also, the quantitative data collection approach does not provide opportunities for respondents to explain their responses (Bryman, 2001).

In this study questionnaire survey was used as a quantitative approach whereas in-depth interviews were used as a qualitative approach for primary data collection.

3.4 Data Collection

In this study, both primary and secondary data were used at various stages. The primary data collection methods were questionnaire survey and in-depth interviews.

3.4.1 Questionnaire Survey

The questionnaire survey was the main method used to collect data from a sample of 220 student nurses selected from the Pantang Nurses College and the Central University College. The questionnaire which was made up of both open and close ended questions was designed to collect information on the socio-demographic variables of the respondents namely age, sex, marital status as well as religion. The questionnaire was also used to collect data on the students' intention to migrate abroad and their motivations for choosing the nursing profession as wells as perceptions about the current working

conditions of the student nurses. The questionnaires were administered to the selected student nurses to complete by themselves.

3.4.2 Interviews

An interview is a conversation between two or more people; the interviewer and the interviewee where questions are asked by the interviewer to obtain information from the interviewee. Sandals, Lewis, Thornhill (2012) define interview as a purposeful conversation between two or more people, requiring the interviewer to establish rapport, to ask concise and unambiguous questions, to which the interviewee is willing to respond, and to listen attentively.

In order to get detailed explanation for some of the responses given in the questionnaire survey, 5 of the student nurses were interviewed. The interviews were recorded subject to the consent of the participants. An in-depth interview guide was used and the interview process was flexible. This helped the researcher collect detailed information about the reasons for the international migration intentions of the student nurses that the researcher did not anticipate earlier. The reasons for the students' intentions to migrate and their perceptions about working conditions of nurses in Ghana were discussed at length during the interview which lasted 20 minutes for each participant.

3.5 Ethical consideration

The consents of the Heads of Pantang Nurses College and Central University College were sought through a formal letter written to them. Also the consent of the selected student nurses from each institution was sought to enable the researcher collect the data. The purpose of the study was explained to the student nurses. Also, they were

assured of anonymity and confidentiality. The participants were also assured that the study was voluntary.

3.6 Secondary Data

According to Thornhill et al, (2012) already collected data is referred to as secondary data. The authors opine that secondary data provide additional information that can be considered for further analysis. It is argued that, secondary data provides great opportunity for researchers to save money and time (Kotler and Armstrong, 2006). In this study, secondary data was obtained from published articles, government reports, journals and books. The researcher used most of these data especially during the literature review and also in writing the analysis chapters.

3.7 Sampling Technique

A sample is the small part of an overall population intended to be representative of the population. Saunders, Lewis and Thornhill (2009) opine that sampling seeks to create a group from a population that is similar to the larger population as possible.

In this study, simple random sampling technique was used in selecting the student nurses. Kothari (2004) argues that when this method is used appropriately, it grants every member of the population an equal chance to be selected; and guarantees the selection of a representative sample. In using the simple random technique, a list of student nurses in the two institutions in the second, third and final years were collected subject to the consent and permission of the heads of the two institutions. The use of random numbers was used to select the student nurses from the levels earlier mentioned from the two institutions.

Purposive sampling technique was used to select participants for the in-depth interviews. This technique was useful because it allows the researcher to collect data from individuals who were pertinent to the research (Hammiche & Maiza, 2006).

3.8 Data Analysis

The data collected by questionnaire survey was analysed using SPSS whereas the non-numeric data collected by means of in-depth interview were analysed using thematic analysis approach.

3.8.1 Quantitative Analysis

The SPSS software version 19 was used to enter and analyse the quantitative data. After collecting the completed questionnaires, the data were edited and inputted into the SPSS software. The software was used to produce frequency tables and graphs. Also it was used to perform chi-square test of analysis to ascertain the association between the migration intentions of the student nurses and their socio-demographic variables.

3.8.2 Qualitative analysis

The non-numerical data was analyzed manually using the thematic analysis approach. First of all basic themes also referred as codes were developed after close reading of the text from each of the transcripts. Each of the codes was described and sample quotes from the transcripts were provided. Related codes were grouped under a common organized theme. Finally all the organized themes were then grouped under one theme called the global theme. These themes were used to form the thematic network. Specific quotes from the narratives were used to explain the quantitative results.

3.9 Limitations of the Study

One of the main challenges of this research had to do with the student nurses having time to fill the questionnaire given their busy time tables in their respective institutions. As a result the researcher had to travel to the respective colleges for several days. Time and financial constraints prevented the researcher from gathering more data for the study.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS OF RESPONDENTS AND FINANCING OF TRAINING

4.1 Introduction

This chapter presents the socio-demographic characteristics of respondents. Descriptive statistics, in the form of graphs and cross tabulation tables, are used to describe the distribution of respondents according to age, marital status, occupational status and educational background.

4.2 Socio-Demographic Characteristics of the Respondents

It is generally acknowledged that socio-demographic variables influence migration intentions (King et al. 2010; Teye et al, 2014). This section, therefore, presents the socio-demographic characteristics of the respondents (i.e. nursing students from the Pantang and Central University training schools) based on the questionnaire survey data. The section also draws on the in-depth interviews and literature to explain some of the observed patterns. As stated already, the socio-demographic variables that were analyzed in the study included age, sex, marital status and number of children of the respondents.

4.2.1 Age Distribution of Respondents

The ages of the respondents ranged from 19 years to 57 years. The average age for the two samples was 23.89 years, whilst the most occurring age was 22 years. As shown in Table 4.1, a majority (92.9%) of the nursing students were in the 19 years to 29 years group. When differentiated by type of training institutions, about 99 % of the students from the Pantang Nurses College and 84 % of their counterparts from Central University College were in the 19 -29 years group. These findings show that most of the nursing

students in the two institutions were young and energetic students who will add to the stock of nurses in the country upon completion of their studies. Ghana, therefore, is likely to benefit from these nursing students in the future, if they are retained in the country's health sector.

Table 4.1: Distribution of Respondents by Age and Training School

Nursing School			
Age	Pantang Nursing School	Central University College	Total (N)
19-29 years	124 (57.9 %)	75 (35.0 %)	199(92.9%)
30-40 years	1 (0.5 %)	12 (5.6 %)	13(6.1%)
41-51 years	0 (0.0 %)	1 (0.5 %)	1(0.5%)
52 years and above	0 (0.0 %)	1 (0.5 %)	1(0.5%)
Total	125 (58.4%)	89 (41.6%)	214 (100%)

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

The data also shows that although a majority of the nursing students from the two institutions were young, students from Central University College (the private institution) were relatively older than those from the Pantang School (the state institution). In fact, about 13.5 % of nurses from the Central University College were in

the 30-40 years group as against only 0.8% in the same age group from the Pantang Nursing School. The in-depth interviews suggest that nurses in the private institution (Central University) were relatively older because the institution allows older people even without requisite Senior Secondary School qualification to enroll under the “matured students” entry category, which is based on experience. Some of the matured nursing students also explained that they liked this private institution because it has flexible time table which allows them to work alongside their studies.

The case of 37- year-old Adwoa, a mother of three, aptly explains why older nursing students are more likely to be found at the Central University. Adwoa explained that she had wanted to be a nurse since childhood, but she could not pass core mathematics, which is a requirement to enter the state nursing training colleges. Consequently, she had been working as a Ward Assistant for more than 10 years in a private clinic in Accra. Through the help of her employers, she later wrote the entry exams to enter Central University as a ‘matured student’. Alongside her studies, she still works as a Ward Assistant in the private clinic. Adwoa has this to say about her experience:

“For me getting enrolled here [Central University] is really a dream come true. I had always wanted to be a nurse ever since the time I was in primary school. Sometimes I thought I could never get admission to any nursing school because I needed to pass mathematics and I wrote it three times but I couldn’t pass. So I was working in a clinic and really wanted to get a certificate. Last two years, the doctor I worked for told me to go to Central [University] as a matured student. When I applied, I didn’t believe I would get it but I was lucky to be admitted. Now I still work because they have a flexible time table for evenings and weekends. My

employer also gives me time off to learn and I hope to come out with a good certificate”

4.2.2 Sex Distribution of Respondents

The results show that majority of the students, in both institutions, were females (79%). These findings were expected given the fact that traditionally, nursing is seen as a profession that is dominated by females. It is believed that females are naturally predisposed to providing better care than males. According to Bartfay et al. (2010), nursing is perceived as a career more suitable for females than males. However, in recent times the demand for male nurses in other countries particularly in Europe and the United States of America has encouraged males from developing countries to train as nurses so that they can take advantage of the opportunity by emigrating to these countries that need their services.

A cross tabulation of gender and type of education, however, shows that the proportion of nurses that were males was slightly higher for the state school (Pantang). About 75.8 % of the student nurses from Pantang Nurses College were females relative to 83.7 % of students from Central University College who were females (see Table 4.2). This result indicates that although females were still more than males in both schools, the Pantang School has a higher proportion of its students being males than the Central University. The reason for this is explained by the fact that most of the students from Pantang were younger people who have recently completed Secondary School. It is logical to conclude that more males are recently entering the profession because of lack of jobs in Ghana and the desire also to travel abroad to work. This is clearly captured in the statement by 22 year –old Abugri at the Pantang training school:

“When I was in SSS [Senior Secondary School], I really wanted to work in the bank. So I did not plan to be a nurse. When we completed, my senior sister came from London to visit home. She told me that since there are no jobs in Ghana, I should rather do nursing so that I can easily get a job upon completion. I was still not happy with that idea because I thought this is a job for women, but she convinced me that she could help me to travel to UK where nurses are well paid”.

Table 4.2: Distribution of respondents by sex and School

Nursing School		
Sex	Pantang Nursing School	Central University College
Male	31 (24.2 %)	15 (16.3 %)
Female	97 (75.8 %)	77 (83.7 %)
Total	128	92

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

4.2.3 Marital Status of Respondents

The marital status of the respondents was categorized into currently married, never married and separated since none of the respondents indicated cohabitation. The analysis showed that 85 % of the nursing students had never married. However, nearly 12 % of the students were currently married. The result is not surprising given that a higher proportion of the students were young and may be nurturing the ambition to further their

education or complete their tertiary education before getting married. It will not be surprising if majority of the students have migration intentions because studies have shown that people who are never married are more likely to migrate as compared to those who are married (King et al, 2010; Acheampong, 2014). The results show that 91.4% of the students from Pantang Nurses College were never married compared to 76.1 % of students from Central University College who were never married. Stated differently, 22.8% of the nursing students at the Central University were married as against only 3.9% of their counterparts who were married in the Pantang training school. The reason for this is explained by the fact that most of the students in Pantang training school were younger.

Table 4.3: Marital status of the Respondents

Marital status	Nursing School		Total (N)
	Pantang Nursing School	Central University College	
Never married	117 (91.4 %)	70 (76.1 %)	187
Married	5 (3.9 %)	21 (22.8 %)	26
Separated	2 (4.7 %)	1 (1.1 %)	3
Total	128	92	220

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

Given the fact that majority of the respondents were not married in Ghana, it can be said that their social ties with Ghana is weak, since people who are married tend to have strong social ties with their country (Gsir, 2014)

4.2.4 Children ever born of respondents

The study revealed that 11.6% of the respondents have children whilst the remaining had no children. Given that there is a link between marital status and having children, the study examined the relationship between marital status and child bearing status, as shown in Table 4.4. The findings show that, as expected, the proportion of respondents with children is highest among those who were married (65.4%) and lowest among those who were never married (3.7%). Once again, given the fact that majority of the respondents did not have children, it can be said that their social ties with Ghana is weak, since having children in a country strengthens social ties with that country and reduces the propensity to migrate (see Teye et al, 2015).

Table 4.4: Distribution of Respondents by Children Ever Born and Marital Status of the Nurses

Marital status	Do you have children?		Total (N)
	Yes	No	
Never married	7 (3.7%)	180 (96.3%)	187
Married	17 (65.4%)	9 (34.6%)	26
Separated	1 (50.0%)	1(50.0%)	2
Total	25 (11.6%)	190(88.4%)	215

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

4.2.5 Religion of respondents

The analysis shows that an overwhelming majority (94 %) of the nursing students were Christians whilst the remaining five percent (6%) were Muslims (See Table 4.5). Interestingly, the cross tabulation shows that nearly nine percent (9 %) of the nursing students from Central University College were Muslims. The result is an indication of the

religious tolerance that exists among educational institutions in the country.

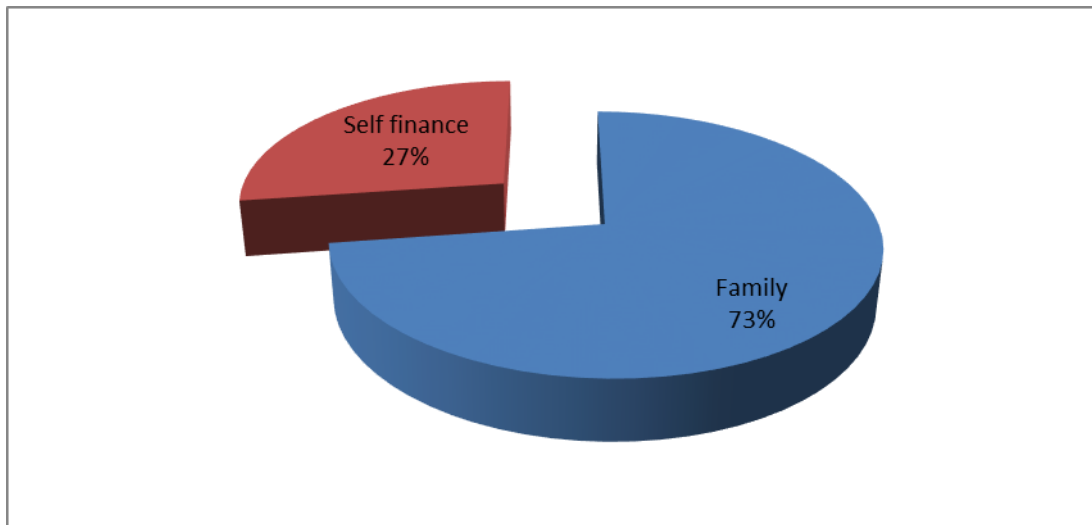
Table 4.5: Distribution of Respondents by Religion and Nursing College

Nursing School			
Religion	Pantang Nursing School	Central University College	Total (N)
Christian	123 (96.1 %)	84 (91.3 %)	207 (94.1 %)
Muslim	5 (3.9 %)	8 (8.7 %)	13 (5.9 %)
Total	128 (100.0 %)	92 (100.0 %)	220 (100.0 %)

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

4.3 Major Sources of funding nursing training

While migration of health professionals has traditionally been analysed in terms of differences in conditions of service at the sending and receiving countries (Ogowe, 1996; Dovlo, 2004), recent scholarship has shown that the source of financing the training of health workers may have influence on their intention to migrate (see Nair, 2012). In this study therefore, the respondents were asked to state the major sources of funding their studies. The study shows that the nursing students finance the cost of their training largely from two major sources. The analysis shows that majority of the students (73 %) depend on their families to finance the cost of their training whilst 27 % of them finance the cost of their training themselves (see Figure 4.1).

Figure 4.1: Source of financing nursing training

Source: Field work, 2015

An attempt was made to find the relationship between number of students who adopt self-financing and the type of college. As shown in Table 4.6, nearly 46 % of the nursing students from Central University College indicated that their nursing training is self-financed whereas 14 % of those from Pantang Nurses College self-financed their nursing training. This suggests that students in private nursing colleges are more likely to ‘self-finance’ their nursing training as compared to those in government owned nursing colleges. These differences may be explained by the fact that most of the nurses from the private institutions were older and working and therefore had money to sponsor their own education.

Table 4.6: Self-financing of Nursing Training

Nursing School			
Self financing of nursing training?	Pantang Nursing School	Central University College	Total (N)
Yes	18 (14.1 %)	42 (45.7 %)	60
No	110 (85.9 %)	50 (54.3 %)	160
Total	128	92	220

Source: Field work, 2015 **Note: Figures in parenthesis represents percentages**

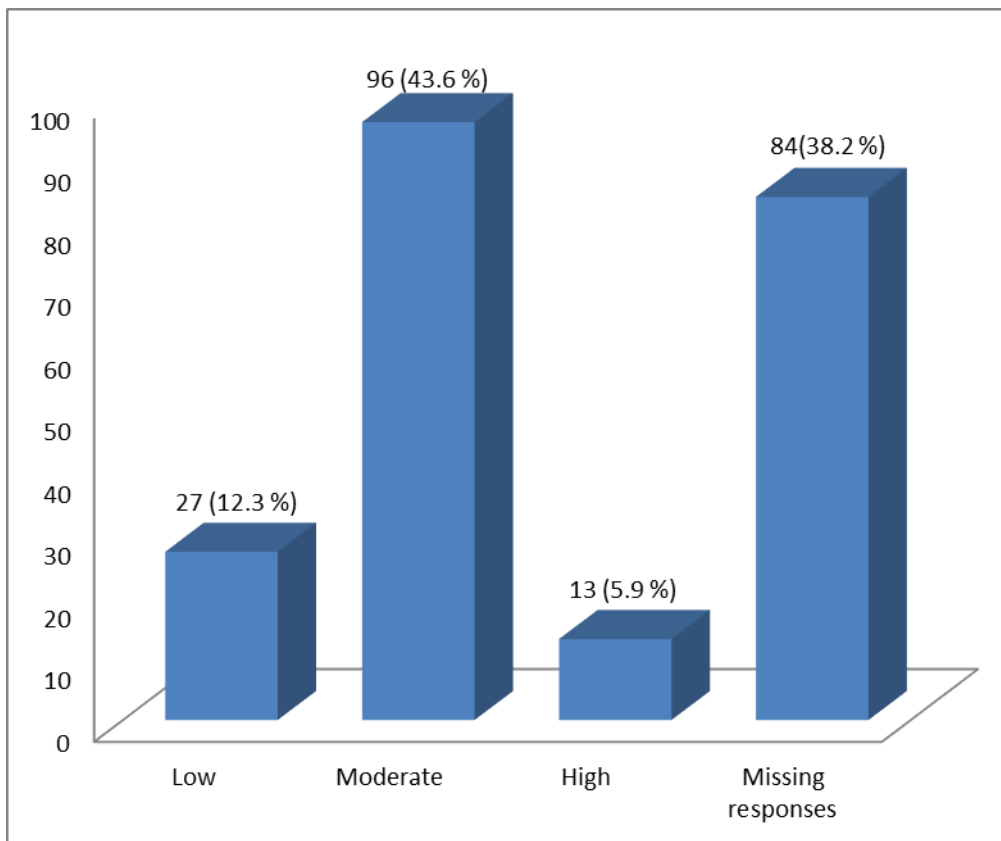
During the in-depth interviews, majority of the students complained about the lack of strong state support for training of nurses. They explained that in the past, nursing students were given large allowances from the state. They also generally did not pay fees. However, in recent years, many nursing students are not given any meaningful allowance. The statement by Abugri, once again makes this clear:

“ We are now not treated well at all. In the past nursing students had everything free. They were given allowances to study and things were quite easy for them. Today, we depend on our salaries for everything. Yet, we are expected to work for the state upon completion”

4.4 Income Level of Families to which the Nursing Students Belong

Whilst a strong financial position of a household is key for successful completion of studies, individuals who intend to migrate are also expected to have the financial resources to be able to migrate successfully because of the cost associated with international migration (Black et al, 2006; Awumbila et al, 2014). However, the new economics of labour migration theory suggests that poor households may use migration to minimise risk to household income (de Haas, 2008). Given that majority of the students are not working, the study relies on subjective approaches to the measurement of poverty. Although such self-reported income levels are not very reliable, they are quite useful in migration research (Awumbila et al, 2014).

As shown in Figure, 4.2, about 12 % of the nursing students indicated that they belong to low income households whilst only 6 % indicated that they belong to high income households. However, majority (44 %) indicated that they belong to moderate income households. The sensitive nature of the question and the lack of standards for measuring household income levels were not in doubt since as many as 38 % of the nursing students did not respond to the question.

Figure 4.3: Household income distribution

Source: Field work, 2015

The cross tabulation results (Table 4.7) show that nearly 16 % of the respondents from Pantang Nurses College reported that they belonged to the low income families compared to nearly 8 % of students from Central University College who reported that they belong to low income families. Also, more than half (53.9 %) of the students from Pantang Nurses college belonged to moderate income families whereas 29 % of students from Central University College belong to Moderate income families. Thus, students from the state training school were more likely to come from low income households. This is not surprising, given what we know that public schools are far cheaper than the private colleges.

Table 4.7: Distribution of respondents by income level of their families

Nursing School			
Income level of household	Pantang Nursing School	Central University College	Total
Low	20 (15.6 %)	7 (7.6 %)	27
Moderate	69 (53.9 %)	27 (29.3 %)	96
High	8 (6.3 %)	5 (5.5 %)	13
No Response	31 (24.2 %)	53 (57.6 %)	84
Total	128	92	220

Source: Field work, 2015

Note: Figures in parenthesis represent percentages

4.5 Students' Motivation for Choosing the Nursing Profession

The motivation for choosing to become a nurse may also have an influence on migration intentions. It is believed that people who enter the nursing profession purely for economic reasons may have a higher propensity to migrate, if conditions of service are not good in their respective countries (Anarfi et al, 2010). Vanhanen and Janhonen (2000) indicate that majority of nursing students, in many countries, perceive nursing as a career which offers opportunities for caring for people whilst others see the profession as an employment opportunity. However, according to Mendez and Louis (1991) nursing students do not always regard the profession as an ideal career. Therefore some nursing students choose the profession for other reasons like recruitment opportunities abroad.

The analysis in this study shows that an overwhelming majority (82.0% of students in Pantang and 80% of those in Central University) were reportedly motivated to choose the nursing profession by the *desire to save lives*. The results also shows that 3 % of the nursing students from Pantang Nurses College and 1% of their counterparts from Central University were motivated to choose the profession by the desire to migrate abroad. This result suggests that generally nursing students in the country are not motivated to choose the nursing profession because of the desire to migrate abroad. However, as the statement below by a 23 year old female student of the Central University College shows, a few of the nurses chose the profession because of the desire to practice abroad:

“.....It is very easy to travel abroad and get a job as a nurse compared to the other professions. I know many people who are now practicing as nurses abroad after they completed their training here in Ghana....As for me this was one of my considerations when I was choosing my profession”.

Table 4.8: Distribution of Students' motivations for choosing the nursing profession

Motivation to choose the nursing profession	Nursing School		Total
	Pantang Nursing School	Central University College	
1. Salary	6 (4.7 %)	9 (9.8 %)	15
2. Desire to care for the sick	105 (82.0 %)	74 (80.4 %)	179
3. Prestige	8 (6.3 %)	5 (5.4 %)	13
4. Desire to migrate and work outside Ghana	5 (3.9 %)	3 (3.3 %)	8
5. Lack of job opportunities	4 (3.1 %)	1 (1.1 %)	5
Total	128	92	220

Source: Field work, 2015

Note: Figures in parenthesis percentages

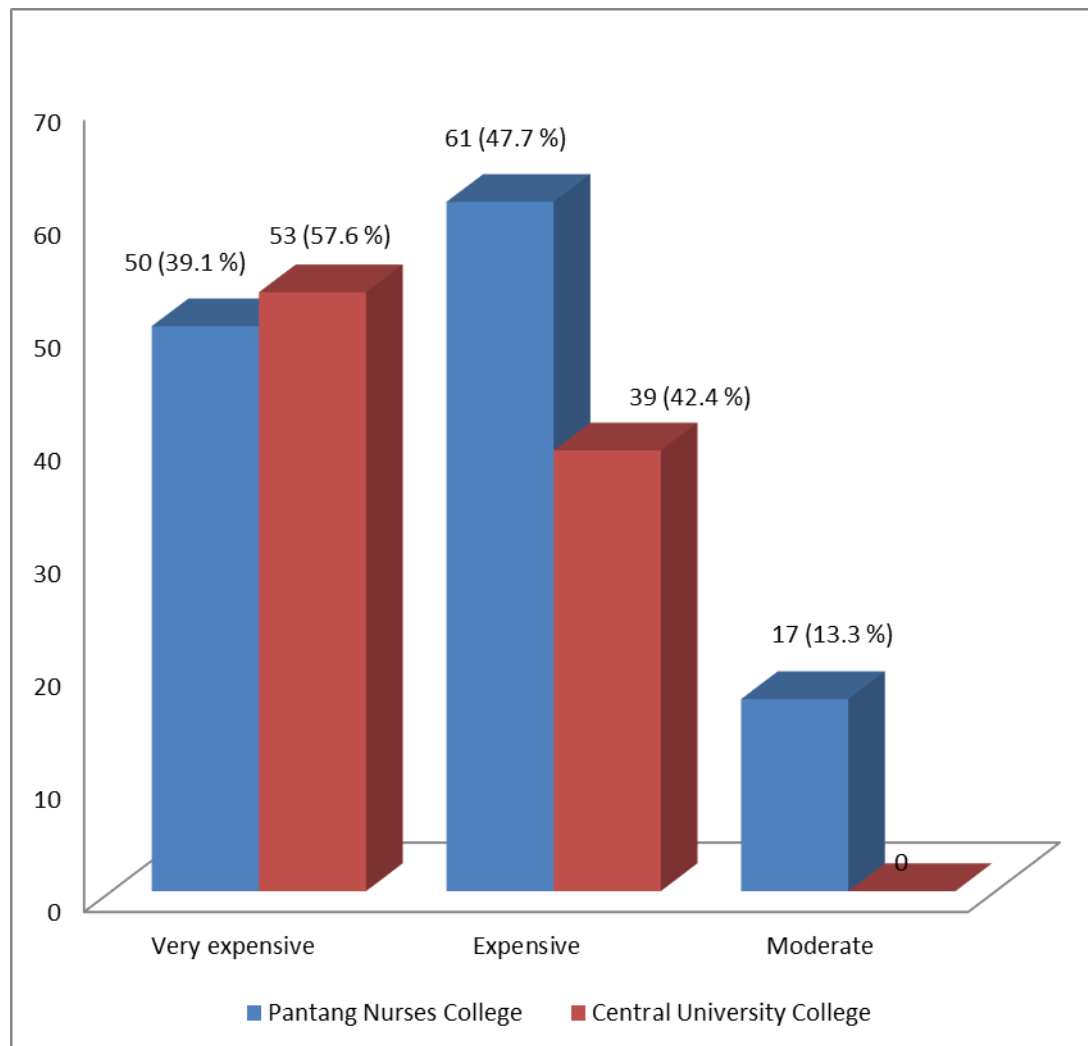
4.6 Respondents' Description of the Cost of training

The investment nursing students make in their training may influence their migration intentions given that majority of the students were being sponsored by their families who would desire to maximize the investment made in the students. In this study, an overwhelming majority (92.3 %) of the students indicated that the cost of training nurses in the country was expensive or very expensive. Only 7.7 % described the cost of training as moderate.

When differentiated by training institution, more than half (57.6 %) of the students from

Central University College described the cost of training as very expensive whereas 39.1 % of those from Pantang Nurses College described the cost of training as very expensive. This is because the fees charged by private educational institutions are relatively higher compared to the public institutions in the country.

Figure 4.4: Distribution of cost of training by Nursing School



Source: Field work, 2015

In effect, the result is an indication that the cost of training nurses in both private and public universities in the country is high. As noted already, this may influence the decision of some students to migrate. Anane, a 25 year old first year student at the

Central University, expressed his views about the cost of training in the following words:

“The cost of training as a nurse is too high for many families. My father, for instance, is a teacher and if you look at the money I pay as fees for a semester, it is just like half of his annual salary. Now all my brothers are forced to help pay my fees. If I finish school, there will be pressure on me to also help others and this may force me to migrate abroad just to earn enough to help others. You see, my sister is in UK and she says I can come there to work”

Anane’s case highlights the situation of many nursing students in the private institutions. Some of them are being helped to pay these high fees just because their families believe they can migrate to work outside so that they help others.

4.7. Chapter Summary

The presentation, in this chapter, clearly shows that majority of the nursing students surveyed were in the youthful age group of 19-29 years, although the Central University College has quite a number of older students who were working and studying at the same time. Only few of the nursing students were married and have children, and this shows that their social ties with Ghana are quite weak. The students have indicated that the cost of training is very high for their families. Given the weak social ties with Ghana and the fact that they receive little financial support from the government of Ghana, the propensity of these nursing students to migrate is quite high, as they may have the desire to migrate for the purpose of working abroad to recoup the investment made into their education by their families.

CHAPTER FIVE

PERCEPTIONS OF WORKING CONDITIONS AND MIGRATION

INTENTIONS OF STUDENT NURSES

5.1 Introduction

This chapter presents the migration intentions of the student nurses as well as their reasons for intending to migrate abroad after completing their studies. The chapter also examines the association between the migration intentions of the students and their socio-demographic characteristics. To provide a useful background for analyzing migration intentions, the chapter begins with an assessment of students' perceptions about the working conditions of nurses in Ghana.

5.2 Perceptions about Working Conditions of Nurses in Ghana

The nursing students were asked to indicate their thoughts about the working conditions of nurses in the country. The students were asked to describe their perceptions about the provision of medical equipment for nurses in the country and the remuneration of nurses.

5.2.1 Perceptions about the provision of medical equipment

It is believed that availability of medical equipment can influence health professionals' job satisfaction. A study by Solberg, Tómasson-Olaf and Tyssen (2013) shows that cost of medical equipment as well as availability of medical devices influences the job satisfaction and migration intentions of health professionals. An earlier study by Shah (2006) shows that lack of medical facilities is one of the push factors for which health professionals migrate. The result (Table 5.1) shows that majority of nursing students (66% of students at Pantang and 53% of those in Central University) perceived the provision of medical equipment in the country to be inadequate.

Table 5.1: Perception about provision of medical equipment

Nursing School			
Perception about	Pantang Nursing	Central University	Total
the Provision of	School	College	
medical			
equipment			
Very adequate	5 (3.9 %)	1 (1.0 %)	6
Adequate	19 (14.8 %)	23 (25.0 %)	42
Neutral	1 (0.8 %)	2 (2.2 %)	3
Inadequate	85 (66.4 %)	49 (53.3 %)	134
Woefully inadequate	18 (14.1 %)	17 (18.5 %)	35
Total	128	92	220

Source: Field work, 2015

Note: Figures in parenthesis represent percentages

Thus, irrespective of training institution, trainee nurses feel medical equipment are generally not available for them to work.

5.2.2 Perceptions about the Reward Given to Nurses in Ghana

As explained by neo-classical migration theory and the push-pull theory of migration, rewards received by workers can go a long way to influence their decision to migrate or remain in a country (de Haas, 2008). As shown in Table 5.2, about 90% of nursing

students in the Pantang training school and 89% of their counterparts in the Central University College were of the view that nurses are not adequately rewarded in the country.

Table 5.2: Perception about the reward of nurses in Ghana

Nursing School			
Do you think that	Pantang Nursing	Central University	Total
nurses are	School	College	
adequately			
rewarded in			
Ghana?			
Yes	7 (5.5 %)	5 (5.4 %)	12
No	115 (89.8 %)	82 (89.1)	197
Don't know	6 (4.7 %)	5 (5.5 %)	11
Total	128	92	220

Source: Field work, 2015

Note: Figures in parenthesis represent percentages

Some of the nursing students compared the rewards nurses received in relation to the very heavy work load. A student had this to say:

“The work load of nurses is huge. They do a lot of things yet they are not well compensated for the work they do. They make a lot of sacrifices and I think that if we want to keep nurses in this country and attract many more into the profession, then nurses must be well rewarded with other incentives apart from

giving them a good and attractive salary” (Serwaa, a 20 year old female student of Central University College, interviewed in January 2015)

When the students were asked to describe the remuneration of nurses in the country, more than half (52.3 %) of them described it as very poor or poor as shown in Table 5.3.

Table 5.3: Perception about the remuneration of nurses in Ghana

How would you describe the remuneration of nurses in Ghana?	Frequency	Percentage
Very good	5	2.3
Good	87	39.5
Very poor	69	31.4
Poor	46	20.9
Missing Response	13	5.9
Total	220	100.0

Source: Field work, 2015

It is difficult to understand why majority of the student nurses think that nurses have not been adequately rewarded in the country in spite of the introduction of the single spine salary structure. However, the in-depth interviews suggest that most of the student nurses were comparing the salary levels in Ghana with what they could have earned elsewhere. A 21 year old female student of the Pantang Nursing College had this to say:

“Ghanaian nurses abroad are better paid relative to those here. Nurses abroad earn dollars, pounds or euro which has greater value than the Ghana cedi so if a nurse is paid in foreign currency abroad and you convert it into Ghana cedis it is a lot of money”.

The importance of incentives or attractive rewards cannot be taken for granted if nurses must be retained in Ghana. Studies have shown that poor incentives or disparities in incentives in the health sector and poor remuneration are major push factors of emigration of nurses in Ghana (Manuh, 2001; Buschan and Dovlo, 2004; Mensah, Mackintosh and Henry, 2005; Teye et al, 2015).

5.3 Intention to Migrate

Consistent with earlier studies conducted on practicing nurses (see Acheampong, 2014; Teye et al, 2015), the student nurses were asked if they have plans of migrating from Ghana within 10 years from now? The result shows that four out of ten nurses in both Pantang and central University intend to migrate after completion of their studies. Only about 25 % of students in Pantang and 27% of those in Central University do not intend to migrate abroad, while 33 % of those in Pangang and 29% of those in Central University had not decided yet on the issue. Although less than half of the students indicated that they intend to migrate, the result is quite disturbing given the trend of emigration of nurses in Ghana in recent past. According to Buchan and Sochalski (2004), about 500 nurses left the shores of Ghana in 2000 alone.

Table 5.4: Distribution of intention to migrate among the student nurses

Nursing School			
Intention to migrate	Pantang Nursing School	Central University College	Total
Willing to Migrate	54 (42.2 %)	40 (43.5 %)	94
Not willing to Migrate	32 (25.0 %)	25 (27.2%)	57
Undecided	42 (32.8 %)	27 (29.3 %)	69
Total	128	92	220

Source: Field work, 2015**Note: Figures in parenthesis represent percentages**

As will be discussed later most of the students who wanted to migrate cited economic reasons. On the other hand, nursing students who have no intention to migrate may be doing so because they anticipate that working conditions of nurses in Ghana may improve with time. In recent times, various governments have implemented strategies aimed at retaining nurses in the country. The introduction of the additional duty hours allowance and the single spine salary structure are examples of such strategies. Derrick is a 24 year old male student of the Pantang Nurses College. He had this to say about why he does not intend to migrate after completing his studies in Ghana:

“I am a Ghanaian and I love my country. It is a shame if health service in Ghana is crippled because of the emigration of nurses out of Ghana. I think the conditions of service of nurses are improving and I am hopeful that things will get better here in Ghana for nurses”.

According to the new economics of labour migration theory, migration decisions can be taken by a household as a strategy for diversifying household income. Hence if members of the household have not yet considered sending a migrant abroad, then it is likely a particular student will indicate that he or she has not yet decided to migrate. It is also likely, that some of the nursing students are doing some cost benefit analysis in respect of migrating after completing their studies and so have not yet decided to migrate. Esther who has not decided to migrate provides some explanations:

“I hear if you travel abroad you have to go to school again and then write a series of exams in order to qualify to practice as a nurse. My fear is, what if I fail in those exams and never get to practice as a nurse. I may then be compelled to settle for anything in order to survive. That will be a shame. But here in Ghana I am assured of practicing as a nurse without having to sit for any special exams after completing my studies (A 23 year old female student of the Central University College)”.

5.4 Reasons for Intending to Migrate

Reasons why health professionals migrate from developing countries have been well discussed in the literature. Some studies have shown that migration decision of nurses have been influenced by both financial and non-financial considerations (Mathauer and Imhoff 2004; Awases et al., 2004). Some of the financial factors include allowances such as scarce skills allowance and additional duty hours allowance. However, some of the non-financial considerations include career development support programmes, continuing education and transparent promotion schemes (Teye et al, 2015).

In this study, the push pull and network theories were relied upon to explain why student nurses would like to migrate. As explained in Chapter 2, the push-pull theory suggests that people decide to migrate based on some factors at the origin and at the destination.. In the context of the migration of nurses, push factors are those factors that occur within the country of origin, motivating nurses to migrate, while the pull factors on the other hand are those factors emanating from deliberate and unintended policies and actions of recipient countries which serve as allurements for nurses to migrate (Dovlo, 2003; Acheampong, 2014).

As shown in Table 5.5, in this study, more than two-thirds (66.9 %) of the nursing students mentioned economic factors as the reason for intending to migrate. The students mentioned wage differentials or attractive salaries and incentives abroad relative to Ghana as the reason they intend to migrate abroad. The students perceive that nurses abroad enjoy better working conditions compared to their colleagues here in Ghana. The students therefore believe that it is more rewarding to practice abroad than to practice here in Ghana. Janet, a 25 year old nursing student of the Central University College provides some interesting insight.

Nurses abroad work under better conditions compared to nurses in Ghana.

My friend is in UK. She has been practicing there for five years. Today she has a lot of investments in Ghana. She is even bought a huge plot of land on which she intends building a hospital. Only God knows how long it will take a Ghanaian nurse working here to make a similar investment. I have decided to go and practice abroad because salaries and incentives as well as opportunities to develop one's career exist abroad.... Nurses abroad have several opportunities to improve upon their skills.

Janet's intention to migrate can be explained within the context of the push-pull migration theory which postulates that migrants are pushed out of their origin by unfavourable conditions whilst being attracted to the destination by favourable conditions. In the context of the study, poor remuneration and lack of incentives "push" nurses out of the country whilst higher wages and opportunities for career development abroad are the "pull" factors that attract nurses to their destination countries.

The result further shows that about 5 % of the nursing students intend to emigrate because of pressure from their relatives here in Ghana. This can be explained within the context of the new economics of labour migration theory which posits that migration can be a household strategy aimed at diversifying household income against economic shocks. With 74 % of the students indicating that the cost of their training is borne by their relatives, it is not surprising that pressure from these relatives is the reason some of the students intend to migrate. Relatives who have contributed to the training of nursing students may be looking forward to maximizing their investments in the students they have sponsored.

With reference to the social network theory, it was not surprising that about 7 % of the students indicated that their intention to migrate is as a result of pressure being brought to bear on their decisions by relatives who live abroad. Studies have shown that family and friends abroad provide various assistance to migrants to enable them migrate successfully (Adepoju, 2005). Generally, the result shows that migration intentions are influenced by both economic and social factors. Table 5.5 presents a summary of the results.

Table 5.5: Distribution of reasons for intending to migrate abroad

Reason	Frequency	Percentage
Economic considerations	101	66.9
Pressure from relatives in Ghana	8	5.3
Pressure from relatives outside Ghana	10	6.6
Missing response	40	26.5
Total	151	100 %

Source: Field Work, 2015

5.5 Effects of Socio-Demographic Variables on the Intention to Migrate Abroad

One of the objectives of the study was to assess the effects of the socio-demographic variables of the nursing students on their intention to migrate. Consequently, cross tabulations and chi square test of independence was done to ascertain the association between the socio-demographic variables and the intention to migrate (Table 5.6).

The cross tabulation shows that the proportion of males that intend to migrate abroad is greater (64.8 %) than the proportion of females (56.1 %). However, the chi square test of independence shows that sex has no significant influence on the intention of nurses students to migrate after completing their studies in Ghana at a significance level of 0.05 or 5 % ($\chi^2 = 0.742$, $df = 1$, $n = 151$, $p = 0.256 > 0.05$).

Table 5.6: Socio-Demographic Variables and Intention to Migrate

Independent Variables	Dependent variable		
	Intend to migrate	Does not intend to migrate	Total
1. Sex			
	%	%	
Male	64.8	35.2	37
Female	56.1	43.9	114
	χ^2 statistic = 0.742, df = 1, n = 151, p = 0.256 > 0.05		
2. Age			
19-23	59.8	40.2	97
24-28	57.1	42.9	39
29 and above	53.8	46.2	15
	χ^2 statistic = 0.200, df = 2, n = 151, p = 0.905 > 0.05		
3. Marital status			
Never married	90.2	9.8	132
Currently married	43.8	56.2	19
	χ^2 statistic = 15.978, df = 1, n = 151, p = 0.000 < 0.05		
4. Year/Class of student			
Second year	64.4	36.0	50
Third year	52.1	47.9	73
Fourth year	64.3	35.7	28
	χ^2 statistic = 2.046, df = 2, n = 151, p = 0.359 > 0.05		
5. Institution			
Pantang Nurses Training School	59.7	40.3	87
Central University College	56.3	43.7	64
	χ^2 statistic = 0.093, df = 1, n = 151, p = 0.448 > 0.05		

Source: Field work, 2015

The result also shows that there is no significant relationship between ages of the respondents and their intentions to migrate. In terms of the association between marital status and intention to migrate, the result shows that an overwhelming majority (90.2 %) of those who were never married intend to migrate relative to about 44 % of those who are currently married. The chi square test of association shows that marital status has a significant influence on the migration intentions of the nursing students (χ^2 statistic = 15.978, df = 1, n = 151, p = 0.000 < 0.05). This suggests that nursing students who are never married are more likely to have the intention to migrate as compared to those who are currently married. This supports earlier findings (see Teye, 2015) which suggests that marital status is a key variable that influences decision to migrate among nurses. There was no significant association between the other variables namely the class to which a nursing student belongs and his/her institution and migration intention on the other hand.

5.6 Predictors of Migration Intention using Binary Logistic Regression Analysis

A logistic regression analysis was performed to assess prediction of migration intention of the student nurses as a function of gender, age, marital status, and the institution of respondents (Table 5.6).

Table 5.7: Summary of the Results of the Logistic Regression Analysis

Independent Variables	(β)	Wald	Df	Sig	Odd ratios
Sex					
Male (Base category)	0.572	0.452	1	0.115	1.000
Female					0.600
Age					
19-23 years (Base Category)	0.243	0.162	2	0.690	1.000
24-28 years					0.735
29 years and above					0.552
Marital status					
Married (Base Category)	-1.768	0.106	1	0.020	1.000
Never Married					1.805
Type of School					
Pantang Nurses College (Base Category)	1.112	0.969	1	0.251	1.000
Central University College					1.259
Constant	1.715	1.381	1	0.214	5.557

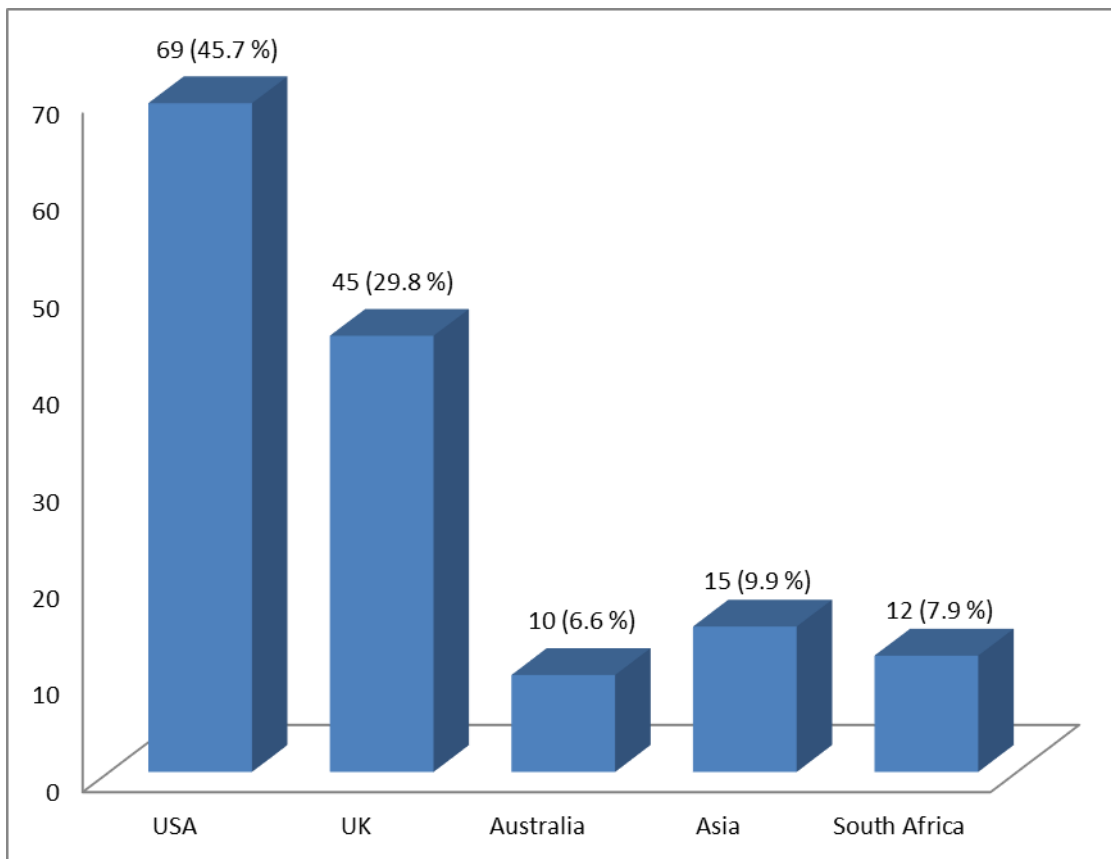
Source: Fieldwork, 2015

The result shows that only marital status is a significant predictor of migration intention of student nurses in respect of the selected schools being Pantang Nurses College and Central University College ($p < 0.05$). The negative regression coefficient associated with marital status -1.768 means that it decreases the likelihood of the student nurses having migration intention after completion of their studies in the selected institutions. That is, if a student nurse is married it is less likely that the student will intend to migrate abroad. The odd ratios show that students who were not married were more likely (odd ratio = 1.8) to intend to migrate relative to those who were married (1.0).

Also, although gender is not a significant predictor of migration intention, the odd ratios show that females were less likely (0.6) to intend to migrate relative to their male colleagues (1.0). Again, the odd ratios show that student nurses who were aged 19 to 23 years are more likely to intend to migrate relative to those who were 25 years and above. The result further shows that student nurses in Central University College were more likely to have migration intention relative to those in Pantang Nurses College.

5.7 Preferred Destinations

The most preferred destinations of the nursing students were the United States and United Kingdom. Specifically, about 46 % of the nursing students who intend to migrate mentioned United States as their most preferred destination. The result further shows that nearly 30 % of those who intend to migrate mentioned United Kingdom as their preferred destination. The least mentioned destination was Australia. This result is consistent with previous studies that have shown that the most preferred recipient countries of health professionals from sub-saharan Africa are Organisation for Economic Co-operation and Development Countries (OECD Ad Hoc Group, 2003). Simons, Villeneuve and Hurst (2005) indicate that in the United Kingdom, some 8.34 percent of all nurses working there are migrants and that 21.2 percent of these migrant nurses are from sub-saharan Africa. Clearly, it can be deduced that the United Kingdom is an attractive destination for migrant nurses from sub-saharan Africa(Figure 5.1).

Figure 5.1: Distribution of Preferred Destination among respondents

Source: Field work, 2015

5.7.1 Factors Influencing Choice of Destination

A review of literature on migration of nurses from Sub-Saharan Africa shows that there has been a rise in the departure of nurses from Anglophone countries in the sub region. Data from the OECD Ad Hoc Group (2003) indicate that a small proportion of nurses from French speaking countries in Sub-Saharan Africa exist in OECD countries. It can be deduced that language plays an important role in the determination of where nurses from Sub-Saharan Africa decide to migrate to. For example, Ferrinho and Omar (2006) indicate that the migration of nurses from Portuguese speaking Mozambique to OECD countries is not a major issue because of the language factor. Another factor that may influence where student nurses want to migrate to is the recipient country's ability to pay

higher and attractive wages. One of the students had this to say in respect of choice of destination:

“I am reliably informed that currently the United Kingdom pays the highest salaries to nurses. It is important to recognize that the currency counts a lot. We are talking about the pounds sterling against all the other major currencies. I want to go to UK because if I send few pounds down to my family in Ghana it can pay a lot of bills and help them improve upon their lives” (James, is a student at Pantang Nursing College).

Another factor that may influence the choice of destination is the availability of social networks at the preferred destination. In the case of Ghana, it is recorded that over the years, several nurses have migrated to the United Kingdom and United States. The strong presence of Ghanaian nurses in these destinations makes it easier for young and new migrant nurses to integrate into the health sector of the destination countries through social networks namely family, friends, and school mates. An interviewee provides some explanation in respect of this:

“My auntie who is a retired nurse has suggested that I go to UK because she has a lot of friends in the UK who have worked in the UK as nurses but are on retirement. She tells me that some of her friends have their children in the UK also practicing as nurses. So I think it will be easier for me to adjust to the situation there because I can rely on the experience and advice of my auntie’s contacts in the UK” (Janet, 23 years old).

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the summary of the study's key findings in relation to the study's objectives. Also, the chapter presents a conclusion based on the study's findings and the theoretical underpinnings of the study. Lastly, some recommendations are made based on the findings of the study.

6.2 Summary of Key Findings

This study examined the migration intentions of student nurses in Ghana, specifically using the Pantang Nurses Training School and the Central University College students as comparative case study. Specifically, it examined the reasons why nursing students prefer to migrate from Ghana upon completion of their studies; the preferred destination countries of the students who plan on migrating; the factors that determine choice of destination. Additionally, the study examined the relationship between the socio-demographic characteristics of the students and their migration intentions. Lastly, current policy initiative to address the migration of nurses in the country were thoroughly assessed. A simple random sampling technique was used in sampling 220 student nurses for the questionnaire survey whilst five nurses were selected for the qualitative facet of the study. The major findings of the study are discussed below

6.2.1 High Dependence on Family Income as a Major Source of Funding for Nursing Training

Evidence from the study revealed that there were two major modes for financing the cost of the training of the nurses in both Pantang (public) and Central College University (Private). These modes of financing their training comes from the families whilst others self-finance themselves. The study showed that 73 percent of the total respondents depend on their families to finance the cost of their training whilst 27 percent finance the cost themselves. Comparatively, findings from the study indicated that students from Central University College (private) are more likely to self-finance their training than those in the public nursing training college. This variations could largely be explained by the fact that private institutions often serve those who are older and working and could pay for their own education relative to those in the private institutions. Given that strong financial capabilities of a household helps in the successful completion of training and serves as a catalyst for emigration (Black et al, 2006; Awumbila et al, 2014), the study also assessed the income levels of families to which the nursing students belong. Findings from this study revealed that students from the state training school were more likely to come from low income households whereas those from the private institutions were more likely to come from moderate to high income families. This is not surprising, given what we know that public schools are far cheaper than the private schools.

6.2.2 Variations in Students Motivation for Choosing the Nursing Profession and the Cost of Training

The study showed that an overwhelming 82 percent and 80 percent of the total nursing students sampled from Pantang and Central University respectively chose the nursing profession because of their desire to save lives compared to 3 percent and 1 percent

respectively who were motivated by the desire to migrate abroad. This implies that the desire to travel abroad is not a major reason why students choose to pursue the nursing profession. With respect to the cost of training, 92.3 percent of the students indicated that the cost of training nurses in the country was expensive or very expensive whereas 7.7 % described the cost of training as moderate. Comparatively, majority of nursing students (57.6%) from Central University College described the cost of training as very expensive whereas 39.1 % of those from Pantang Nurses College described the cost of training as very expensive. This is because the fees charged by private educational institutions are relatively higher compared to the public institutions in the country. Given the little financial support the government of Ghana provide for these institutions and the low financial status of the household of these nursing students, there is higher likelihood for these nursing students to migrate in search of jobs that offer better conditions of services and good wages.

6.2.3 Poor Working Conditions as a Motivating Factor for the Emigration of Health Workers

Given the fact that availability of medical equipment influences job satisfaction (Solberg et al., 2013), findings from the study revealed that about 66 percent and 53 percent of respondents from Pantang and Central University perceived provision of medical facilities in the country to be low. The study by Shah (2006) gives credence to the fact that lack of medical facilities is one of the reasons for the exodus of health professionals. With regards to remuneration, about 90 percent and 89 percent of students from Pantang and Central University respectively were of the view that nurses are not paid well in the country. Drawing on the neoclassical theory, expectation of better wages may induce the migration of health workers to countries offering good salaries and better conditions of

service. For instance, several studies have reported on poor incentives in the health sector and poor remuneration as major push factors for the emigration of nurses in Ghana (Manuh, 2001; Buschan & Dovlo, 2004; Mensah, Mackintosh & Henry, 2005; Teye et al., 2015).

6.2.4 Intentions and Reasons Why Health Professionals Want To Migrate

Also, the study's findings showed that about 42 percent of nurses in Pantang and 44 percent of those from Central University intend to migrate after completion of their studies. Drawing on the push-pull migration theory, 66 percent of the nursing students cited wage differentials, attractive salaries and incentives abroad relative to Ghana as some of the economic reasons they intend to migrate abroad. Also, 5 percent of the nursing students also indicated that they intend to emigrate after completion of their training because of social factors like pressure from their relatives in Ghana and other family and friends abroad. This resonates with the new economics of labour migration theory which posits that migration is an income diversification strategy of households who intend to minimize economic shocks.

6.2.5 Relationship between Socio-Demographic Variables and the Intention of Health Workers to Migrate

The findings of the study showed that a greater proportion of males (64.8%) intend to migrate than the females (56.1%). Age of respondents showed no significant relationship with the respondent's ages and their intentions to migrate. However, 90.2 percent of respondents who were never married intend to migrate compared to 44 percent of those who were married. This suggests that nursing students who are never married are more likely to have the intention to migrate as compared to those who are currently married.

This lends support to the findings of Teye (2015) which suggests that marital status is an important variable that influences decision to migrate among nurses. These married students would have to consult their spouses before deciding to migrate. They may also have to critically examine the social and emotional consequences of their absence on their spouses and children to be left behind. Moreover, respondents' marital status has a significant relationship with the intention of nursing students to migrate after the completion of their training.

6.2.6 Preferred Destinations of Nursing Students in Ghana and factors Influencing Choice of Preferred Destination

Countries like the United States and United Kingdom were mentioned by the nursing students as preferred destination countries. On the other hand, a country like Australia was least mentioned by the respondents as a preferred destination region. This finding lends support to studies by the OECD Ad Hoc Group (2003) where the most preferred recipient countries of health professionals from Sub-Saharan Africa are the OECD countries. Additionally, the study revealed that language plays a significant role in the choice of destination countries by nursing students. Other respondents cited recipient country's ability to pay higher and attractive wages as some of the reasons why they prefer to migrate to those countries. Moreover, availability of social networks in destination countries was one of the reason why respondents preferred those destination countries.

6.3 Conclusions

A number of conclusions can be drawn from the study. First of all, nursing students are not impressed with the working conditions of nurses in the country and so intend to

migrate upon completion of their studies. The implementation of the single spine salary structure which is aimed at improving working conditions of nurses in the country appears not to be enough for student nurses. The migration intentions of the nursing students are consistent with the push-pull migration theory and the new economics of labour migration theory discussed in Chapter two.

It is concluded that migration of nurses, which has been a developmental challenge in Ghana for some decades (Quartey, 2009; Anarfi, 2010), is not likely to reduce significantly. While improved conditions can help reduce outmigration of skilled workers (Black et al, 2006; Anarfi et al, 2010), most of the nurses do not think the current salary levels in Ghana is high enough to warrant changes in their migration intentions. Many of them believe that working conditions in Ghana will not permit them to raise enough money to support their families. On the other hand, they have the perception that working conditions in the developed world are more comfortable.

6.4 Recommendations

In light of these findings, the study made the following recommendations:

1. The ministry of health through Parliament should make a legislation that will criminalize emigration of nursing students from the country in order to ensure that nursing students particularly those trained by the public institutions to in their work for at least five years before they could be permitted to work abroad.
2. Nursing students trained in the Public institutions should only be allowed to leave the country only in pursuit of higher education after which they should be made to return using diplomatic arrangements between Ghana and the countries where the nurses would receive further studies.

3. Scholarships and other means of supporting the education of nurses abroad should be arranged but should be contingent on a bond by the nurses to work in rural areas and remain loyal to the state.
4. Government should keep on improving the working conditions of nurses to retain them and to attract more young people into the profession

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APPENDIX
QUESTIONNAIRE

My name is Judith Allen, an M.Phil Student, researching into the migration intentions of health students. The aim is to find out the reasons for the exodus of health students to other countries after their training in Ghana. I should be very grateful if you could make time out of your busy schedules to answer the questions below. You are assured that any information provided will be treated as confidential and used for academic purposes only. Kindly tick () the appropriate box or write your responses in the space provided where applicable.

Section A

Socio-demographic Data

1. Age.....
2. Sex: (1) Male (2) Female
3. Marital Status: (1) Never married (2) Married (3) Divorced (4) Separated
(5) Widowed
4. Do you have any children? (1) Yes (2) No
5. Number of living children
6. Religion: (1) Christian (2) Muslim (3) Traditional
7. What is the name of the school where you are studying?
8. How many years are you supposed to spend for your training?
9. Which year are you in now?
10. How are you financing your training? (tick as many as applicable)
(1) Family (2) Religious organization (3) Government scholarship
(4) self (5) loan (6) Other (specify):

11. How would you describe your cost of training?

- (1) Very expensive (2) Expensive (3) Moderate

12. What motivated you to choose the nursing promotion?

- (1) Salary (2) Desire to Help patients (3) Prestige
(4) Desire to migrate and work outside Ghana (5) Other (specified)

13. Has any member of your household influenced your decision to choose the nursing?

- (1) Yes (2) No

14. What is your relationship with that person

- (1) Sister (2) brother (3) cousin (4) uncle (5) aunty

15. What is the income level of your household?

16. Which Institution are you in?

- (1) Public Nursing Training College
(2) Private Nursing Training College

17. Give reasons for choosing to study in that institution:

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.....

Section B

The Healthcare System and Migration of Health Workers

18. In your view, how would you describe medical services in Ghana?

- (1) Excellent (2) Very good (3) Good (4) Average (5) Poor
(6) Very poor

19. How would you describe the provision of protective clothing for nurses?

- (1) Excellent (2) Very good (3) Poor (4) Very poor

20. As a student nurse, do you enjoy working in your health facility?

(1) Yes (2) No

21. What are the challenges you face as a nursing student in Ghana if any?

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.....

22. Would the state of facilities in healthy facilities in Ghana encourage you to work in

Ghana after training? (1) Yes (2) No

23. Would you be willing to accept posting to a rural area after training?

(1) Yes (2) No

24. Give reasons for your answer:

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25. What do you think about the Deprived Area Allowance to motivate nurses to work in rural and deprived areas of the country?

(1) Very good (2) Good (3) Very poor (4) Poor

26. In your view, what are the effects of the migration of health workers on health delivery in Ghana?

(1) Positive (2) Negative (3) Neutral (4) Don't know

Section C

Reward System and Intentions to Migrate

Reward System

27. Do you think nurses are being adequately rewarded?

(1) Yes (2) No (3) Don't know

28. How would you describe remuneration of nurses in Ghana?

- (1) Very good (2) Good (3) Very poor (4) Poor

29. Would you say that nurses are underpaid for their services?

- (1) Yes (2) No (3) Don't know

30. If your answer is no to question 29, give reasons

31. How much do you expect to be paid for your services after completing your training?

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32. If you have to choose on your own where would you like to practice, where would it be?

33. If outside Ghana, why do you intend to practice outside Ghana?

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34. Are you facing pressure from any person or group to practice outside Ghana?

- (1) Yes (2) No

35. If yes, indicate relationship with person of group (eg parents, spouse etc)

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Section D

Intention to Migrate

36. Do have any intentions/plan to leave Ghana after your training

- (1) Yes (2) No (3) Undecided

37. What is your preferred country?

38. Give reasons for your country of choice

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39. Why do you want to migrate to such places?

- (1) Economic (2) pressure from other relatives in Ghana (3) pressure outside Ghana

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.....

40. Do you wish to return to Ghana after some time?

- (1) Yes (2) No (3) Don't know

41. If you intend to practice outside Ghana, would it be because of (tick as appropriate)

- (1) Poor salary (2) Poor working environment (3) Poor hospital management
(4) Lack of adequate working tools (5) Lack of progression
(6) All of the above (7) Non of the above

42. If you are to work in Ghana, which of these would you like to work in after training?

- (1) Public health (2) Private health sector

43. Give reasons for your answer

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44. What do you think discourages Ghanaian nurses from practicing in Ghana?

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45. What do you think should be done by the government to motivate nurses to stay in the country after their training?

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