Ghanaian nurses' emigration intentions: The role of workplace violence

Isaac Mensah Boafo

Department of Sociology, University of Ghana, Legon, Accra, Ghana

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ABSTRACT

A cross-sectional study was conducted in Ghana to examine the impact of workplace violence on nurses' emigration intentions from 2013 to 14. A combination of purposive and random sampling techniques was used to select 12 public hospitals and 592 professional nurses. The results showed that 48.9% of the participants had emigration intentions. Junior nurses were 2.8 times more likely to have emigration intentions compared to senior nurses, and those who experienced violence were also more likely than their counterparts who were not involved in such incidents (physical 2.1 times; verbally abused 1.8 times and sexually harassed 2.4 times) to have intentions to emigrate. Binary logistic regression showed that workplace violence is a significant predictor of nurses' emigration intentions. These results reiterate the need for pragmatic measures to curb workplace violence against nurses.

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1. Introduction

The migration of nurses, particularly from low and middle income countries to high income countries, has become an issue of global concern. The recruitment practices of many of these low and middle income countries, especially African countries are worsening as they are unable to retain the number of nurses produced by their various colleges and universities. Many experienced registered nurses (RNs) leave these economically less developed countries to the developed countries, thereby aggravating the already weak health systems of the countries they leave (Kingma, 2001, 2007).

The literature shows that in Africa, the emigration of health professionals arises from a combination of pull and push factors (Kirigia, Gbary, Muthuri, Nyoni, & Seddoh, 2006). The push factors, on one hand, refer to undesirable features of the healthcare systems (in source countries), which make people want to move out. The pull factors, on the other hand, relate to attractive conditions present in the health systems of other countries which make people want to work there (Kirigia et al., 2006). According to Stilwell, Zurn, Connell, and Awases (2005), the push factors include weak health systems, civil wars, poor living conditions, lack of professional development opportunities and work overload among others. While the factors, which pull health professionals to developed countries include better remuneration and conditions of work, easy access to technology and opportunities for intellectual growth (Stilwell et al., 2004). Similar factors have been identified

by other researchers as they suggest job stress and dissatisfaction related to patient acuity, lack of new technology, staff shortages, work schedules, poor physician/nurse interactions, perception that the care provided is unsafe, unpredictable work flow/workload, economic instability and poor wages are among the major reasons nurses leave their home countries for abroad (Awases, Nyoni, Gbary, & Chatora, 2003; Groff & Terhaar, 2010).

Umar, Umar, Amina, Strasser, and Ibraheem (2014) reported that approximately 40% of registered nurses in Sierra Leone leave the country to practice nursing abroad. This exodus of nurses they attributed to poor working conditions, poor remuneration, lack of incentives and delayed promotion. In a study of 453 South African nurses, 60% indicated that they would travel overseas if they get the opportunity. Their reasons to migrate included better remuneration and working environment (Ehlers, Oosthuizen, Bezuidenhout, Monareng, & Jooste, 2003).

The International Organisation for Migration (IOM, 2009) noted that Ghana has the highest emigration rates of about 46% for the highly skilled people in Western Africa and it estimated that more than 56% of doctors and 24% of nurses trained in Ghana are working in the UK and the USA (IOM, 2009). Data from the Ghana Nurses and Midwives Council indicate that 71 per cent of nurses leaving Ghana between 2002 and 2005 went to the UK, followed by 22% to the USA (Antwi & Phillips, 2013). The migration of nurses abroad has resulted in a huge loss of highly trained and experienced nurses (Pillinger, 2011). Particularly worrying is that younger nurses have been identified as being more likely to emigrate (Anarfi, Quartey, & Agyei, 2010). This situation is likely to leave the profession with an aged workforce.

Emigration of key skilled health workers in Ghana has hampered the ability of the health care system to meet the health needs of the people of Ghana (Pillinger, 2011). The health sector of Ghana faces great challenges of which shortage of health professionals is key. The 2012 annual progress report on the implementation of the Ghana Shared Growth Development Agenda revealed that instead of improving upon the nurse-patient ratio, the situation rather worsened from one nurse to 1240 patients in 2011 to one nurse to 1251 patients in 2012 falling far below the projected rate of one nurse to 900 patients (Peacefmonline.com., 2014). This means that nurses have to work longer hours and under more stressful conditions in various hospitals and clinics in Ghana (Africa Health Workforce Africa Health Workforce Observatory, 2010). It is however, worth stating that the inadequate number of nurses is not sorely the result of emigration. As is the case of many developing countries, it is also partly due to governments' inability to employ more qualified nurses as a result of financial constraints (Australian Trauma Quality Improvement Program (AusTQIP), 2012).

The Nurses and Midwives Council of Ghana pointed out that the country is not only losing skilled professional staff but it is also losing investments made in educating and training the nurses (Pillinger, 2011). In view of the huge financial and human resource loss suffered by the country as a result of emigration of nurses, the Government of Ghana has instituted measures to stem this tide. "If you want to train in Ghana at a Government sponsored institution as a nurse and then disappear in search of greener pastures abroad, you better have deep pockets" (Sodzi-Tettey, 2010, p. 1). Nurses are now required to pay for the cost of their training if they want to work abroad prior to their five- year mandatory service to the nation. In spite of this precautionary measure, data from the Ghana Nurses and Midwives Council showed that the number of nurses and midwives seeking verification of their qualifications from the Council to enable them to migrate still remain high (Antwi & Phillips, 2013). This high rate of emigration aspirations of Ghanaian nurses is also confirmed in a study by Anarfi et al. (2010). This study identified dissatisfaction with salary and lack of opportunities to upgrade one's skills as some of the reasons nurses would want to emigrate. In the study by Antwi and Phillips (2013), it was suggested that a 10% increase in wages decreased the annual turnover rates of the hospitals studied by 1.0 percentage point among workers aged between 20 and 35 years (Antwi & Phillips, 2013).

In spite of the fact that a number of studies have identified that several factors impact nurses' emigration intentions, none of these studies have examined the influence of workplace violence on nurses' emigration intentions. Meanwhile, workplace violence has been identified as a major problem facing nurses globally including Ghana (AbuAlRub & Al-Asmar, 2014; Al-Omari, 2015; Boafo, Hancock, & Gringart, 2016), and there is evidence from some developed economies that workplace violence influences nurses' intentions to quit the profession and actual quitting behaviour (Gerberich et al., 2004; Sofield & Salmond, 2003). In developing countries such as Ghana where quitting the nursing profession may not be a very realistic option due to lack of job opportunities, emigrating to high income countries seem to be a more rational and attractive choice. It is for this reason that the current paper examines the impact of workplace violence on nurses' emigration intentions.

2. Methods

A cross-sectional descriptive questionnaire survey was conducted between September 2013 and April 2014 in 12 hospitals in Ghana comprising of two teaching hospitals, five regional and five district hospitals. In all, there were three teaching hospitals, nine regional hospitals and over a 100 district hospitals in Ghana. According to the Human Resources Division of the Ghana Health Service, there were a total of 16, 430 qualified practising professional nurses in the country of which 3260 were males and 13,170 were females.

2.1. Sampling – hospitals

The current study employed a multi-stage sampling technique. The first stage was the selection of regions where the study was carried out. First, five of the ten administrative regions of Ghana were purposively selected for the study. These were Northern, Ashanti, Greater Accra, Eastern and Volta. These regions were selected in order to achieve representativeness – it ensured that all three major ecological zones, namely, the coastal, forest and savannah zones were represented. It also ensured that the various social, cultural, economic and demographic characteristics of the entire country were captured. These factors can produce differential experiences for nurses in terms of their exposure to violence, and also emigration intentions.

Second, a combination of purposive and simple random techniques was used to select five regional and five district hospitals for the study. Each of the ten regions of Ghana has a regional hospital except the Ashanti Region. Regional hospitals in the selected regions were automatically selected for the study. The regional hospitals serve the entire region and they are usually the largest hospitals in the regions. They take referrals from other hospitals in the region; and where a case is beyond their capabilities, it is referred to a teaching hospital. In the Ashanti region where according to the Ghana Health Service no hospital is designated as a regional hospital, the Suntreso Government Hospital which is located in the Kumasi metropolis was chosen (for the purposes of this study) to represent a regional hospital due to its location and the diversity of the people it serves.

Five district hospitals were randomly selected for the study. Data on the districts in Ghana were obtained from the Ghana Statistical Service (GSS, 2012). The districts in each of the five selected regions were put in five separate boxes. Four research assistants and the first author picked one district from each of the five boxes. This resulted in the selection of five districts. The district hospitals in the selected districts were thus included in the study.

Finally, two out of the three teaching hospitals in the country were selected for the study. To ensure that the sample was representative of the Northern and Southern divide of the country, the Korle Bu Teaching Hospital and Tamale Teaching Hospital located in the Greater Accra Region and the Northern Region respectively were purposively selected.

2.2. Sampling – participants

Two main selection criteria was used in selecting participants into the study; (1) one had to be a qualified professional nurse; (2) one should have at least one year post qualification experience. In each hospital, qualified nurses in the selected units/departments were identified with the assistance of ward "in-charges" (managers). Participants were selected through a simple random sampling technique. Selected nurses were given questionnaires to complete at a time convenient to them. The researcher and research assistants collected the questionnaires directly from respondents after completion. Nurses were allowed a maximum of four days to complete the questionnaire. A total of 1021 professional nurses were invited to take part in the survey, of which 685 accepted to participate and 592 returned questionnaires were valid for statistical analyses.