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Factors impacting the retention of Registered Nurses recruited from India to work in South African hospitals: A case study☆

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ABSTRACT

Background: Registered Nurses recruited from India are a critical component of the South African nursing workforce and their retention is vital.
Objectives: Understand the obstacles and remediation required to retain the Registered Nurses recruited from India, and explore the hospital managements' perceptions of these nurses' contribution to their hospitals' functioning.
Literature survey: There is a paucity of published literature in terms of the retention of Registered Nurses recruited from other countries.
Design: Instrumental case study.
Setting: Eight urban and rural South African towns.
Participants: Two groups, namely 30 Registered Nurses recruited from India and 37 hospital management members from the hospitals where these nurses were employed.
Data collection: Data was collected via individual interviews for the Registered Nurses and focus group discussions for the hospital management teams.
Results: The data suggests that the obstacles are related to the financial wellbeing and the quality of the work and private lives of the Registered Nurses recruited from India. The data further suggests that it is the hospital managements' perceptions that these Registered Nurses contribute towards the functioning of their hospital through their clinical skills and leadership, professionalism, serving as mentors and role models for the host country staff.
Conclusions: The greatest retention challenge lies in the deteriorating exchange rate and associated cost of living increases in the host country which would need mitigation. Although the management was concerned about the communication capability of these nurses before their arrival, these Registered Nurses showed that competence negates the impact of language.

Contribution of the Paper
What is already known about the topic

- The fact that the ratio of expatriate failure remains high, and that this is significantly influenced by family-related factors, including spousal adjustment and career opportunities, support for families and children's education
- The role of culture and cultural adaptation in the retention of an international workforce
- The importance of the recruitment and selection processes in minimising expatriate failure

What this paper adds

- The hurdles which need to be addressed in retaining nurses recruited from other countries as a profession within the broader group of expatriates
- The importance of the financial wellbeing and quality of work life of nurses recruited from other countries in their retention as expatriates
- An understanding of the value that Registered Nurses from India bring to South African hospitals

1. Introduction

Globalization is one of the most significant trends of this century and migration of nurses has been associated with globalization

Abbreviations: INR, Indian rupee; LMX, Leader-member exchange; ZAR, South African rand

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(Delucas, 2013). Unfortunately this has increased the social and economic disparities between developing and developed countries (Crigger, 2008). Nurses have been "pushed" from their countries for the "pull" of better remuneration, improved working and living conditions, safety, educational and career opportunities, leaving their countries short of the skills they required (Aiken, Buchan, Sochaiski, Nichols, & Powell, 2004; Evans & Tulaney, 2011).

Until the mid-nineties, the majority of the healthcare needs of the South African population were met by the supply of nurses trained in the country (Wildschut & Mqolozana, 2008). Subsequently the nursing supply gap widened as public colleges which offered the four-year Diploma in Nursing were closed or merged as a result of cuts in provincial health budgets and government restructuring (Breier, Wildschut, & Mqolozana, 2009). No private sector training school could meet the accreditation requirements for the four-year diploma or degree, and their bridging courses did not satisfy the demand for nurses.

As with other developing countries, South Africa has been a target for international nurse recruitment and this has contributed significantly to the high Registered Nurse turnover in South Africa (Mokoka, Oosthuizen, & Ehlers, 2010). South African nurses have been attracted to countries with better remuneration, working conditions, including personal safety, and resources, as well as a lower risk of contracting HIV/AIDS.

Comins stated that the major private hospital groups in South Africa were recruiting highly skilled and dedicated nurses from India to quell the dire shortage of qualified nurses facing the country (Comins, 2008). With the implementation of the National Health Insurance in South Africa on the horizon, there are rising concerns about the availability of the numbers and level of skill of Registered Nurses required (Mashego, 2018).

Whereas first-world countries like the United Kingdom have had an international nursing labour force for the last 80 years (Nichols & Campbell, 2010), international nurse recruitment is in its infancy in South Africa where the first group of recruits arrived a decade ago.

The objectives of this study were to understand the obstacles and consider the remediation required to retain the Registered Nurses recruited from India beyond their current three-year contract, and explore the hospital managements' perceptions of the contribution these nurses have made towards the functioning of their hospitals in South Africa.

The significance of the study is its potential to improve not only the retention of Registered Nurses recruited from India to work in hospitals across South Africa, but also internationally in other countries employing or planning to employ international employees. Furthermore the findings and recommendations from this study could also improve the retention of nurses from minority cultural groupings working in health establishments where there are a clear majority of one particular cultural group, as well as nurses working in geographic areas far from their support structures.

2. Literature survey

The literature suggested that the ability to recruit and retain the necessary talent, including rare and valuable skills, was a necessary component of an organisation's human resource management strategy if these resources were to provide a competitive advantage for the organisation (Chintalapati, 2013; Haesli & Boxall, 2005).

Vega (2008) stated that challenges in retaining employees, despite a solid recruitment strategy and effective induction program, pointed to an organisation which was not providing their employees with what they were seeking. Breaugh and Starke (2000) were aligned with Vega's view that employee retention could be impacted negatively by, amongst others, lack of job satisfaction and low employee motivation. Lack of career pathing, lack of performance recognition and ineffective manager-subordinate relationships could also increase employee turnover. Developing and implementing actions to address the shortcomings identified during employee surveys and exit interviews were seen to assist an organisation to limit their turnover and the associated costs.

Many authors, including Chaudhuri and Naskar (2014) and Macey and Schneider (2008), found that employee engagement and satisfaction were associated with meaningful business outcomes, including increased profitability, customer loyalty and decreased employee turnover, results which were all envisaged as outcomes of the international nurse recruitment strategy of the hospital organisation when it launched this project in 2005.

Javidan, Dorfman, De Luque, and House's assertion in, (2006) that managers working with diverse cultures needed to understand the difference between their own and the other countries' cultures is pertinent to this study as virtually all the members of the hospital management teams working in the organisation where the study was conducted are South Africans, and acculturation to the South African culture, with its 11 official languages and history of discrimination, is an important component of the integration strategy of the Registered Nurses recruited from India working in these hospitals.

Hofstede's national culture dimension model is important in understanding the significant differences which exist between the South African and Indian nations (Hofstede & Minkov, 2010). As an illustration of the national culture dimensions model, Fig. 1 illustrates the country comparison between South Africa and India, the two nations included in this study (Hofstede & Minkov, 2010).

The most significant differences between the two nations were postulated to lie in the power distance and indulgence dimensions (Hofstede & Minkov, 2010). The power distance dimension measured the degree to which the members of institutions and organisations which were less powerful expected and accepted unequal power distribution. India scored 77 on this dimension, compared with South Africa at 49, suggesting that the Indian nation were far more accepting of their society's level of inequality than the South African nation. The indulgence dimension measured the degree to which a society allowed relatively free gratification of basic human drives related to having fun and enjoying life. South Africa scored 63 on this dimension, compared with India at 26, less than half the South African score, indicating that the Indian nation were far more restrained and functioned within the constraints of strict social norms. Significant differences in this dimension could result in failure to integrate into the host community due to, e.g. differing social norms. Included are factors such as the leaders' views of rules and procedures, as well as their deference to authority.

Both the United Kingdom (UK) and the United States of America (USA) recruited significant numbers of international Registered Nurses in the previous decade (Aiken et al., 2004; Buchan, 2002; Nelson, 2004). In 2008 only 5.6% of the USA nurses were internationally educated, compared with the figure in excess of 25% in the UK (Delucas, 2013).

In the last decade of the previous century the number of nurses

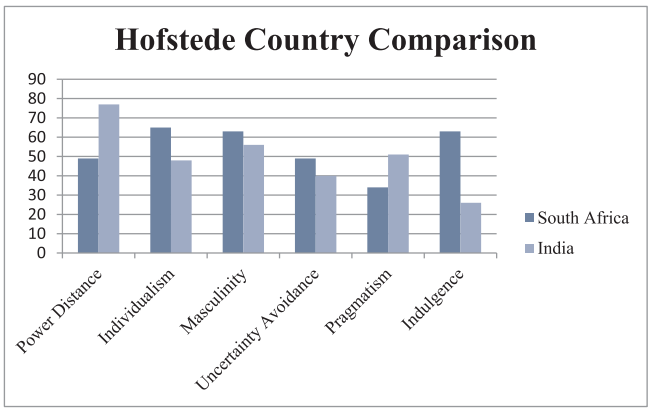

Fig. 1. Hofstede's Country comparison for South Africa and India.

leaving South Africa to work abroad octupled, increasing from 455 in 1991 to 3672 in 1999 (Nelson, 2004). Almost half of the migrants went to the UK, while the others went to Canada, the USA, Australia and Saudi Arabia. For a country like South Africa with a nurse-driven health system, this recruitment has had a negative impact on the healthcare system (Delucas, 2013; Dovlo, 2007).

Multiple authors cited working conditions as challenges in nursing retention, both abroad and in South Africa (Dotson, Dave, & Cazier, 2012; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Mokoka et al., 2010). These conditions included factors such as workload, the quality of the workforce, unit selection, conditions of employment, communication, management and collegial relationships.

From the literature review it is evident that, while the recruitment of international Registered Nurses, particularly into the UK and USA markets, has been covered extensively, there is a paucity of published literature in terms of the retention of international Registered Nurses.

3. Methods

It was decided that the methodology most suitable for this study would be an instrumental case study which would assist in exploring in-depth and gaining insight into the phenomena being studied due to the intensivity and level of detail of this methodology (Stake, 1995).

Approval was obtained from the hospital organisation's Human Resources Research Committee and the eight sampled hospitals' nursing managers, prior to commencing the data collection. Written, informed consent, including a guarantee of anonymity through using an independent researcher throughout the process, was obtained from each study participant before data collection commenced. All the individual interviews and focus group discussion were coded by the independent researcher prior to being provided to the data transcriptionist. The interviews and focus group discussions were given a three letter and digit code, e.g. FGH, with the initial letter(s) I or FG being used to distinguish between the interviews and focus group discussions, followed by the first letter in the name of the hospital and, in the case of the individual interviews, a number signifying the order of the Registered Nurses interviewed.

3.1. Participants

There were two study populations for this case study which was done in one of the private hospital organisations in South Africa. The first study population comprised the 231 Registered Nurses recruited from India who met the requirements for inclusion in the study population, i.e. they were proficient in English, and employed in one of the organisation's hospitals for a minimum of six months at the time of data collection. The second study population comprised the hospital management teams of the 21 hospitals where these 231 Registered Nurses were employed. The size of these management teams varied significantly, the largest hospital team comprising 48 management members and the smallest comprising nine management members, depending on the size of the hospital.

In order to attain optimal representivity, consider the varying context and maximize the learning (Stake, 1995), a purposive sampling approach was applied to identify eight hospitals of different sizes, including both rural and urban hospitals in South Africa to consider the possible impact which residing far from the large cities could have on the retention of the Registered Nurses from India.

The sampling of the eight hospitals was followed by purposive sampling from the first study population where a minimum of three Registered Nurse participants were selected from each of the eight hospitals by the interviewer who was provided with a comprehensive list with the information of all the nurses who formed part of the first study population, including the names of the hospitals where they were employed. The interviewer strived to ensure that the three Registered Nurses sampled from each of the eight hospitals reflected the demographics of the study population, namely age, gender, marital status, and the absence or presence of the participants' children living in South Africa. Where new information was revealed during an interview in five of the hospitals, a further study participant was sampled and interviewed as the interviewer felt that the new information needed to be explored. Thirty Registered Nurses were interviewed as one sampled participant brought another member of the first study population to the interview with him and the interviewer decided to include the additional participant in the interview.

The second study population comprised all hospital management team members from the eight hospitals where the Registered Nurse participants from the first study population were employed. Each manager received an electronic invitation to attend a focus group discussion in their hospital. Thirty-seven participants, who were all South Africans spread across the various South African ethnic groups, attended the focus group discussions, and the remainder of this study population self-excluded themselves by non-attendance.

3.2. Data collection

Data collection was managed by 29 participant interviews and eight focus group discussions which were conducted in the relevant hospitals over a seven-week period from April to June 2015, after a pilot of each. In order to mitigate the possible bias resulting from the researcher's involvement in this project, the interviews and focus group discussions were conducted by an experienced researcher, who was briefed comprehensively prior to commencing the interviews. The interviewer recorded the interviews and focus group discussions, using a digital data recorder, to ensure that the data collection was accurate.

Individual in-depth face-to-face interviews, utilising a standardised open-ended interview guide, as well as a personal questionnaire, were the method of choice for the data collection from the first study population. The nurses were probed regarding what they would consider in coming to a decision, should the hospital management invite them to extend their current contract by a further three years. Further questions probed possible obstacles to extension, whether their proficiency in English affected their ability to function in the workplace, whether they felt valued in the workplace and settled in their private life in South Africa, whether they perceived that their language impacted on their patient care and whether they would prefer a more flexible contract than the standard three year contract offered.

Focus group discussions, using a standardised open-ended interview guide, were utilised for the second study population's data collection at each hospital included in the study. The focus group participants were questioned regarding the possible obstacles which would discourage the Registered Nurses from India from extending their current three-year contracts, how these obstacles could be mitigated, and what could be done to assist the Registered Nurses from India to settle into the organisation's hospitals. The participants were further probed in terms of the perceived value added to their hospitals by the Registered Nurses from India, whether these Registered Nurses' proficiency in English affected their ability to function in the workplace, whether they felt valued in the workplace and settled in their private life in South Africa, whether their written and verbal English proficiency impacted on their patient care, and how the patients perceived these Registered Nurses.

Field notes were made following each interview and focus group discussion. The average time for the 30 interviews was 37 min, with a minimum time of 12 min and a maximum time of one hour and eight minutes. As expected, with more participants in the eight management focus group discussions, the average time was one hour and two minutes, with a minimum time of 37 min and a maximum time of one hour and 19 min.

3.3. Data analysis

For this study the data was analysed using conceptual content

analysis, with a consideration of both the content and context (Ritchie, Lewis, Nicholls, & Ormston, 2014). The transcribed interviews and focus group discussions were studied repeatedly by the researcher, as well as, independently, by another qualitative researcher, in order to identify meaningful pieces of information and thereby gain an understanding of the participants' experiences (Connelly, 2010). The pieces of data from both groups of participants were then combined into themes and sub-themes during discussions where the researcher was joined by the other researcher who had studied the transcripts independently. The researcher was able to compare emerging themes and recurring expressions across the interviews and focus group discussions, as well as the findings from the literature available, resulting in a process of triangulation of the findings (Connelly, 2010).

In order to ensure the trustworthiness of this study, the researcher applied Guba's constructs through seeking to satisfy the criteria of credibility, transferability, dependability and confirmability (Shenton, 2004). The triangulation process provided the evidence of credibility, and transferability was addressed by the description of the significance of the study and its implications for other similar populations, e.g. nurses working in geographic areas far from their support structures. Dependability and confirmability were addressed by utilising the services of an independent researcher to sample the interview participants and conduct the individual interviews and focus group discussions, which were all recorded and the data captured by an experienced data transcriptionist, as well as using a different researcher to study and analyse the data independently of the principal researcher.

4. Results

The results of the data analysis were separated into two categories, namely the Obstacles to Contract Extension and Management Perceptions of the contribution of the Registered Nurses recruited from India toward the functioning of their hospitals.

4.1. Obstacles to contract extension

Table 1 reflects the three main themes in terms of obstacles to contract extension, each with a number of sub-themes.

4.1.1. Financial wellbeing

The findings based on the insights derived from exploring the obstacles to contract extension indicated that the primary reason for the majority of the participants considering employment abroad was financial, not only to care for their spouses and children, but also for their extended families in India. Every participant referred to financial concerns, particularly the deteriorating ZAR/INR exchange rate, during their interviews. When the majority of the Registered Nurses recruited from India arrived in South Africa the ZAR/INR exchange rate was between six and seven INR to the ZAR, however at the time of the study it was closer to five.

Table 1
Themes and sub-themes (obstacles to contract extension).

Themes	Sub-themes
Financial Wellbeing	Exchange Rate
	Public Sector Salaries in India
	Cost of Living
	Tax
	Overtime Opportunities
Quality of Private life	Absent Family
	Delay in Spousal Arrival and Employment
	Child Care Facilities
	Sense of Community and Belonging
	Safe Accommodation
	Finance and Leases
Quality of Work life	Educational Opportunities
	Promotional Opportunities
	Workload
	Quality of South African Workforce
	Choice of hospital/nursing unit
	Conditions of Employment
	Management Challenges
	Management Relationships
	Collegial Relationships
	Communication

Aiken et al. (2004) described the importance of remuneration as an international nurse migration "pull" factor and therefore the deteriorating exchange rate was presented as, not only the most significant obstacle to the extension of the current three-year contracts of the Registered Nurses recruited from India employed by the hospital organisation where the study was conducted, but also a major threat to the future of the recruitment of Registered Nurses from other countries into South Africa. While international recruitment to the UK and USA has decreased significantly over the last 10 years (Henderson, Schoonbeek, & Auditore, 2013), the United Arab Emirates has continued to recruit large numbers of nurses from the developing countries. In addition to the Middle East nursing opportunities, there is always the threat of a new market opening or a market reopening in the developed countries.

While there are a limited number of positions in the Indian public sector health institutions, and lack of Indian public sector experience would disadvantage the Registered Nurses recruited from India working in South Africa when applying for the public sector health institution positions in India, the significantly increased remuneration recently enacted in India was seen as an attractive option for the Registered Nurses recruited from India in South Africa who might qualify for these positions, and a number of the nurse study participants stated that they would have to consider this employment option to be closer to their families.

The deterioration in the exchange rate has also impacted the cost of living in South Africa. Because of the weakness of the ZAR against the US Dollar and the Euro, consumers have had to contend with increasing prices for petrol, electricity, food and other essential items. Compounding the effect of the deteriorating exchange rate was the shortage of electricity in South Africa, driven by increased demand, delays in building power stations and maintenance required to existing plant (Le Cordeur, 2015). Apart from the electricity tariff increases which many of the Registered Nurse study participants referred to during their interviews, the cost of generators, diesel and other power-generating devices has also contributed to abnormally high increases in other goods and services. Although expatriates in certain countries have benefited from a cost of living index which is updated periodically (Kilfedder, 2014), this is not the case in South Africa as it would contravene the country's immigration legislation.

Many of the Registered Nurse participants, when asked about their remediation to compensate for the deteriorating ZAR/INR exchange rate, stated that they requested more overtime, but that this affected the tax they were paying, which was already far higher than they expected. They also mentioned the lack of overtime available to the Registered Nurses working in the non-specialist units. While the management would have liked to offer their permanent and contract staff, both South African and Registered Nurses recruited from India, enough overtime to satisfy their income need, there was a risk of needing to employ unskilled staff if the permanent and contract staff were unavailable or needed rest when the units became very busy or there was unscheduled absenteeism.

A number of the findings of this study in terms of the obstacles to financial wellbeing, for example the exchange rate risk, rising public sector remuneration in India and the South African tax structure, were risks which were beyond the control of the hospital organisation where the study was conducted.

4.1.2. Quality of private life

The findings based on the insights derived from exploring the obstacles to contract extension indicated that the quality of the private lives of the Registered Nurses recruited from India in this study was most significantly influenced by the absence or presence of their families in South Africa. One of the interview participants, IV3, stated that:

> "I didn't really feel to settle here, because we are missing the family."

This was particularly so for the married women with children where a number of them stated that they worked overtime to combat their loneliness.

The findings regarding the role of the family were supported by Gupta, Banerjee, and Gaur (2012) and Ko (2014) who stated that the adjustment and the support of the spouse were critical to the success of expatriate assignments. Separation from their families was one of the reasons why the study participants would strongly consider returning home, particularly if the Registered Nurses recruited from India were married with children, or there was a personal concern in India, e.g. an ill relative. Married interview participants whose spouses were not resident in South Africa expressed hopes of their spouses joining them soon, while unmarried interview participants expressed hopes that prospective spouses would join them in time. This suggested that they felt settled in their personal lives, as well as a commitment to work for this hospital organisation in South Africa, even if this was in the short term.

Although many authors and guidelines have addressed the need to improve working conditions and living conditions (Buchan et al., 2013; Versteeg, Du Toit, & Couper, 2013), there is a paucity of published literature in terms of the role of family presence in expatriate nurse retention, as well as the experiences of expatriates from Asian countries (Ko, 2014). Multiple authors have referred to the impact of family factors on the success of non-nursing expatriates' abilities to adapt to foreign countries (Lazarova, Westman, & Shaffer, 2010; Lee & Kartika, 2014), particularly the adaptation of the spouses and children. In this study the interview participants did not report any concerns regarding their children's cultural adaptation, in contrast to the findings in the international literature. This could have been due to cultural factors, e.g. India's low score of 26 on the indulgence dimension in Hofstede's model (Hofstede & Minkov, 2010) compared with expatriates from other countries like the USA and UK which scored 68 and 69 respectively on the indulgence dimension. In her study of Taiwanese expatriates, Ko (2014) found that, because the Taiwanese families always considered their children's needs first, their adjustment and education were prioritised by the caregiver spouses, who trivialised their own difficulties. This finding was mirrored in this study.

The findings of this study regarding the inability of the spouses who were not Registered Nurses to obtain employment in South Africa whilst their spouses were on contracts, and the impact that had on the self-respect of the husbands involved, are mirrored in the literature. Lazarova et al. (2010) referred to the disturbance of the balance in the family as the spouse at home was not only unemployed but may also have given up a career and was now financially dependent on the working spouse, without the assistance of the extended family in their home country. Had they been in India, these couples would have had extended families to care for their children while they were both at work. As with the spouses of the interview participants who could not speak English, Ko (2014) also referred to the impact of language on the ability of the spouse to adjust in a different cultural setting.

A number of the interview participants referred to their wish to live together as a community in safe, affordable accommodation, and referred to this phenomenon in the Middle Eastern countries, e.g. Saudi Arabia, where compounds have been utilised to accommodate expatriates extensively. The primary reason for compound formation differed though. In South Africa the Registered Nurses recruited from India expressed the wish to live in a community in order to feel protected by their community and share, e.g. child care, household duties and transport, while in Saudi Arabia the origin of the compound was the need for the Western expatriate community to live and socialise in an area where they would be protected from the country's ultra-conservative Islamic law.

The final obstacle related to the participants' quality of private life which was raised by one of the management focus group participants as well as a few of the interview participants who had brought their families to South Africa, was the difficulty the Registered Nurses recruited from India had in raising finance to fund items like vehicles, as well as the difficulty in signing leases for accommodation while they were contracted employees.

4.1.3. Quality of work life

The findings based on the insights derived from exploring the obstacles to contract extension indicated that the quality of the work life of the Registered Nurses recruited from India in this study was influenced by a number of factors. What was critical was the importance of the role of management, not only local management, but also the organisation's corporate office, as the majority of the work life obstacles identified could be addressed locally or nationally. Some of these obstacles were hospital-specific, e.g. the workload in certain areas, whereas others, e.g. the conditions of employment, needed to be addressed by the organisation as they affected most of the Registered Nurses recruited from India in the organisation. Prior to recent changes to immigration legislation, educational and promotional opportunities were not open to the Registered Nurses recruited from India, but this had been rectified shortly prior to this study.

Communication with the patients did not appear to be problematic; however a patient safety risk was identified in three hospitals where certain doctors and nursing staff continued their verbal and written communication in Afrikaans, a South African language not understood by a large proportion of the country's population, despite requests from management to abide by the organisational policy of English communication. This study has shown that, as long as staff were competent, the clients would accept minor communication challenges. A few of the interview participants referred to the quality of the South African workforce as a significant obstacle, and this was often related to recent graduates with little experience.

The role of leadership cannot be overemphasised in the retention of Registered Nurses recruited from India and, although the independent interviewer did not probe the interview participants regarding the quality of their relationships with the hospital management team, the participants either discussed it openly, praising their management in most cases, or alluded to this relationship in remarks they made about matters such as the support they received from various members of the management team in addressing challenges they faced in the working environment, in their accommodation or with their families. This is supported by the LMX theory (Dienesch & Liden, 1986), a transactional theory which conceptualizes leadership as a process which focused on the relationship that develops between leaders and their subordinates as they influence one another, and establish the organisational role of the subordinate. The interview participants also expressed gratitude towards the organisation for the opportunity afforded them and their families, which was in conformity with the results of Ko's study (2014).

In more than one of the hospitals sampled, the interview participants noted incidents that made it apparent that management relationships and communication were impacted by the bureaucratic milieu where workplace requirements of nursing staff had been ignored, as related by Henderson, Schoonbeek, and Auditore in their (2013) publication.

The lack of management resources in certain hospitals, as discussed in the management focus group discussions, impacted the ability of the Registered Nurses recruited from India to settle both in their workplace, as well as in their private lives. In the hospitals where attention was

given to processes, e.g. a sound orientation programme, the nurses were reported to settle into their workplace by the management focus group participants. This is aligned with the literature, where several authors have recommended that the necessary resources needed to be put in place in terms of training and support, in order to ensure successful integration of the Registered Nurses recruited from India into the host country's workforce (Hydes-Greenwood & Nellestein, 2002; Witchell & Ousch, 2002).

The interview participants' views of their relationships with their colleagues varied considerably. In most cases they appeared satisfied with their colleagues' cooperation and felt valued, however there were exceptions where they described their South African colleagues' actions in terms which left them feeling disrespected. Culture played a role, specifically in certain of the hospitals where challenges were identified, and more attention to the acculturation process would have assisted, as there are quite significant differences in certain of the cultural dimensions between India and South Africa, particularly in terms of indulgence and power distance (Hofstede & Minkov, 2010). The culture within different nursing units in the hospitals varied, depending on factors like the employee diversity and nursing leadership both at hospital and unit level, and this was noted by interview participants in different hospitals, which was in conformity with the outcome of the GLOBE study (Javidan, Dorfman, De Luque, & House, 2006). This again pointed to the important role of leadership and management in the retention of Registered Nurses recruited from India.

4.2. Management perceptions of contribution of registered nurses recruited from India toward the functioning of their hospitals

Table 2 reflects the two themes and sub-themes which emerged from the management focus group discussions when the interviewer probed the hospital management teams' perceptions of the contribution made by the Registered Nurses recruited from India towards the functioning of their hospitals. One of the FGH focus group participants summarized the sentiment of many of the management focus group participants when he stated that:

> "the calibre of the nurses that we get from India, we cannot compare it with our own calibre in South Africa. If we are to compare them to our South Africans, the majority of them will say they are the cream of the crop."

4.2.1. Clinical skills and leadership

In every management focus group discussion the participants highlighted the clinical skills and leadership of the Registered Nurses recruited from India, referring to the fact that a few of them had been promoted to nursing leadership positions and a number of others were leading shifts in the general wards and specialist units.

Apart from the participants' statements in every management focus group regarding the standard of clinical practice which served as an example to the host country nurses, a few of the participants commented on the technological skills of the Registered Nurses recruited from India, not only the specialist nurses, but also those nurses working in the general wards. Their clinical expertise, and ability to integrate theory and practice, was stated to be valued by the medical practitioners, who often requested to work with one of the Registered Nurses recruited from India, as well as the patients, who would request one of these nurses to perform certain procedures, and the patients' relatives. One of the management focus group participants explained that the female patients were comfortable with these male nurses performing intimate procedures on them because of their skill, and in another hospital the Registered Nurses recruited from India have led the way in terms of placing male nurses in the paediatric ward, something which was foreign to their hospital before these nurses' arrival. Even the more junior nurses looked to the Registered Nurses recruited from India for their clinical expertise.

Apart from the Registered Nurses recruited from India who had been promoted in two of the hospitals, the management focus group participants from the other six hospitals sampled all referred to the leadership skills of their Registered Nurses recruited from India as they deputised for managers in their absence and served on various professional and social committees in their hospitals. They referred to the gap which was experienced when the shift leaders went home, noting that even the South African staff enquired as to when they would be returning from their vacation. A number of the management focus group participants referred to incidents where the Registered Nurses recruited from India had taken the lead in clinical situations, often based on the fact that they had learnt from previous experience and were adept at problem-solving. One of the FGH participants referred to an incident where one of the Registered Nurses recruited from India addressed a long-standing challenge in the operating theatre. He stated that:

> "the problem that took the supplier of the equipment to sort and help us with the SOP for over two years was sorted in one day".

Many of the management focus group participants referred to ways in which the Registered Nurses recruited from India served as mentors and role models for the South African staff. Although they were described as humble in nature, listened carefully and would not impose their ideas on others, the South African nurses often followed their example. One of the FGT participants stated that:

> "they are all very, very well trained, and it rubs off onto the other staff. It motivates them to become trained, they also want to be shift leaders like the Indian staff."

4.2.2. Professionalism

In every management focus group discussion the participants highlighted the professionalism of the Registered Nurses recruited from India which manifest in their behaviour both in the workplace and socially. One of the FGH participants referred to these nurses as:

> "they are more professional, they are better behaved, even socially".

A number of the management focus group participants referred to the patient-centric focus of the Registered Nurses recruited from India, and the fact that they always placed the patients first in their actions. One of the focus group participants described their commitment towards their patients in terms of the organisational values which include client focus. Another participant described their role as advocates for their patients, often questioning medical practitioners' instructions with sound evidence to support their suggestions. The medical practitioners respected their knowledge and so often accepted their advice in such situations.

In all the management focus group discussions the participants referred to the way in which the Registered Nurses recruited from India focused on furthering their knowledge and skill. One of the participants referred to one of the Registered Nurses recruited from India in her hospital who had completed his three month unit-based orientation programme in one month while another participant described the way in which they always prepared for assessments, eager to do whatever

Table 2
Themes and sub-themes (management perceptions of contribution of Registered Nurses recruited from India towards the functioning of their hospitals).

Themes	Sub-themes
Clinical skills and leadership	Clinical expertise Management and supervision Mentorship and role-modelling
Professionalism	Patient-centricity Further education and training Reliability, commitment and loyalty Detail focus

was required from them in the most diligent way, and researched subjects to broaden their knowledge. A number of the management focus group participants stated that they regretted that the Registered Nurses recruited from India on three-year contracts had not been able to register for formal nursing courses due to visa restrictions which had existed until recently. The participants referred to the informal courses which the hospitals offered and one of the FGK participants stated that:

> "They are participating in various types of training… we actually had a ward ceremony last week, and one of the Indian nurses actually walked away with the highest scores, with the trophy for participating in the most training courses".

Many of the management focus group participants referred to the reliability, organisational commitment and loyalty of the Registered Nurses recruited from India. Two of the participants referred to their attendance record and noted that the only time they were absent was when they took their annual leave. They further stated that the Registered Nurses recruited from India did not allow personal problems to interfere with their work commitments, e.g. they assisted one another with child care in such circumstances, in order for them to arrive on duty as scheduled.

Finally, a number of the management focus group participants referred to the meticulous attention to detail of the Registered Nurses recruited from India. This was particularly evident in their documentation.

5. Recommendations

This study delivered findings, some of which were hospital-specific, while others were applicable across the organisation. While the hospital-specific findings would not be disregarded, partly out of respect to the interview participants who shared their valuable time and insights with the interviewer, emphasis was placed on the organisational recommendations which were divided into four categories, namely stakeholder communication, conditions of employment and remuneration, workload and matters affecting their private lives.

5.1. Stakeholder communication

This study highlights the importance of providing all the stakeholders with the necessary information, particularly to prevent jealousy and the resulting interpersonal strife amongst the host country nurses and the Registered Nurses recruited from India. There are three groups of stakeholders identified as requiring information.

Firstly, the corporate office and hospital management need information on various matters, particularly the implications of the appointment of the Registered Nurses recruited from India, renewal of their contracts and the relevant immigration legislation. The second group of stakeholders needing information is the Registered Nurses recruited from India who need to be provided with information on the content of the contracts, as well as the benefits of permanent appointment. The third stakeholder group needing information are the host country nurses, as it is clear that there is a gap in their knowledge in terms of the need for employment of the Registered Nurses recruited from India in their hospitals, as well as the differences in benefits between contract and permanent employees. Failure to address this knowledge deficit could result in growing resentment towards the Registered Nurses recruited from India.

In addition to the written communication to the three groups of stakeholders, regular hospital-based meetings with the Registered Nurses recruited from India, more frequently on arrival of the first group of nurses in a hospital, would assist in addressing any obstacles in their work lives or private lives. Consideration should be given to encouraging the Registered Nurses recruited from India to appoint a spokesperson who could notify the hospital management of any particular needs proactively, as had been done in one of the hospitals sampled. The Registered Nurses recruited from India need to know where to turn for assistance from the Employee Relations department if need be, and their representative could assist them in facilitating the assistance as required.

5.2. Conditions of employment and remuneration

Apart from the educational and promotional opportunities, there are seven other matters related to the conditions of employment and remuneration of the Registered Nurses recruited from India which need to be addressed as they are seen as obstacles to continued employment of these nurses, e.g. standardised orientation and mentorship, performance management, contract extension and remuneration.

5.3. Workload

The organisation's electronic staffing solution, which is based on the quantification of workload, should be utilised to ensure that sufficient, appropriately qualified and competent staff are placed in the nursing units as required for the patient acuity in each nursing unit. Where staff are not available to ensure safe patient care and employee satisfaction at locality level, they should be recruited from elsewhere or, if there is no availability, consideration should be given to closing operational areas, temporarily or permanently, until the unsafe situation is reversed. The organisation should utilise the services of nursing agencies to assist the hospitals with recruitment of temporary and permanent staff where indicated.

5.4. Assistance with matters affecting their private lives

This study demonstrates the value of family presence in the continued employment of the Registered Nurses recruited from India, and the organisation should consider increasing their human resources, either at the corporate office or at hospital level, to be able to assist with matters such as facilitating the submission of applications for family visas, obtaining employment for the spouses of the Registered Nurses recruited from India, raising finance, establishing safe public transport networks, arranging child care and sourcing safe, family accommodation.

Building affordable safe, communal living accommodation for these families, which they have indicated that they would be comfortable to pay for, would serve as a strong motivator for them to stay in South Africa. In the researcher's view, this is the most important recommendation emanating from this study as, not only will it make the Registered Nurses recruited from India feel safe and build their sense of community and belonging, but it will act as a significant mitigating strategy for the deteriorating exchange rate, as there will be less need for these nurses to send funds to India if their families are in South Africa.

6. Conclusion

Retention of the Registered Nurses recruited from India to work in the South African hospitals is vital in order to ensure a sustainable and affordable healthcare workforce to care for the patients in need of care.

The purpose of this instrumental case study was to understand the obstacles and consider the implications of the remediation required to address these obstacles in retaining the Registered Nurses recruited from India who work for a hospital organisation in South Africa beyond their current three-year contract period, as well as to explore the hospital managements' perceptions of the contribution these nurses have made towards the functioning of their hospitals in South Africa.

The study findings revealed that the Registered Nurses recruited from India had come to work in South Africa as expatriates chiefly for financial benefit in order to improve their families' circumstances, but also to broaden their work experience, as well as their families' life

experience in certain cases, by working and living in a foreign country. While various obstacles were identified in terms of their financial wellbeing, their work lives and private lives, the greatest threat to their contract extension lay in the continued deterioration of the ZAR/INR exchange rate and its consequences, e.g. the spiraling cost of living in South Africa, factors which were beyond the control of the organisation employing the Registered Nurses recruited from India which greatly valued these nurses and depended on them to staff their hospitals. The other two most important obstacles noted were the absence of family and the impact of an untenable workload which affected the job satisfaction of the Registered Nurses recruited from India. The latter obstacle was significantly influenced by the management and leadership in the specific hospitals.

7. Future research

Future research should incorporate the impact of the presence of Registered Nurses recruited from India on various factors, specifically nursing practice, clinical outcomes, patient satisfaction, employee satisfaction and permanent employee retention.

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Ethical Approval

Provided by Mediclinic Human Resources Research Committee.

Appendix A. Supplementary data

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