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### A Qualitative Case Study: Jamaican Nurses Intent to Migrate Internationally

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A QUALITATIVE CASE STUDY: JAMAICAN NURSES INTENT TO MIGRATE  
INTERNATIONALLY

by

MABEL LEWIS

A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2018

2018

MABEL LEWIS RN, MS

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A qualitative case study: Jamaican nurses intent to migrate

internationally

by

MABEL LEWIS, RN, MSN

This manuscript has been read and accepted for the Graduate Faculty in Nursing in satisfaction of the dissertation requirement of the degree of Doctor of Philosophy

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## ABSTRACT

A qualitative case study: Jamaican nurses intent to migrate internationally

by

Mabel Lewis, RN, MSN

Advisor: Dr. C. A. Georges EdD, RN, FAAN

### Abstract

The purpose of the study was to ascertain why Jamaican nurses intent to migrate internationally. Six Jamaican black female nurses, graduates of both private and public nursing schools, with one-five years work experience in both private and public institutions, participated in the study. A single unit case study design was used to collect the subjective data via face-to-face interviews. Themes in the data were assessed through the professional environment framework. The findings suggested a breakdown in the professional environment, which led Jamaican nurses to intend to migrate internationally. Recommendations included improvement to the professional environment through policies that explore diverse possibilities for improving the financial and general welfare of Jamaican nurses, i.e., encourage the utilization of different models of care in Jamaica, more research by Jamaican nurses, the use of technology in healthcare, improvement in the health literacy of Jamaicans, and the collaboration of various government departments. These recommendations should be considered when improving the

professional practice environment, so that more nurses might remain in Jamaica's health care system.

Keywords: inter-professional relationship, migration, Jamaican nurses, and professional practice environment.

## Dedication

In loving memory of my parents, who went to be with God during my study.

To all women, especially Jamaican women, mothers, black, single mothers and emigrants, you can do it if you have a vision.

## Acknowledgements

First I must say without God, I would not have finished this doctoral dissertation. I must acknowledge the professors, assistants, and library staff at CUNY Graduate Center, without whom this degree would not be possible.

I like to acknowledge my chair, Dr. Catherine Alicia Georges who spent endless hours reading my paper and making suggestions and corrections. I would also like to acknowledge my readers, Dr. M. Whetsell, Dr. D. Nickitas, and Dr. Dine whom with their wisdom and knowledge always see the other side of things. Dr. Hermi Hewitt for her insight and comments, especially as it relates to nursing in Jamaica. To Dr. D. Robotham and Dr. C. Dobson – thank you. To the students from different cohorts, thanks for your comments and insight, which meant so much to me. Thanks to the nurses in my sample.

I must acknowledge the members of Jamaica Nurses Group of New York, Inc. especially Ms. Donareen Denny, Hyacinth Burger, and Ionie Johnson who always keep me in their prayers. Thank you to the Nurses Association of Jamaica (NAJ) who I can always depend on for information. Thanks to my teachers who instill in me to be an example of taking the next step especially Mrs. Iris O’ Connor, Mr. Derrick Graham, and Ms. Valerie Lindsay “Transeamus in exemplum” (Edwin Allen High School). To my friends Rev. Delores Barrett, Hyacinth McKenzie, Hyacinth McFarlane, Jennifer Charles, Lorna Walfall, Shirley Miller, Lorna McDonald-Murray, Sarah and Ronnie Bennett. To



all - thanks for being understanding. I must also acknowledge my church family whose constancy prays for me especially Rev. P. O'Connor and Dr. B. Campbell.

Lastly to my children: - Maurice, Tyra and Cameron; Naeisha, Neesha and Simone, thanks for the extra chores that you have to take on, and for trust in me. Thank you all for the many days when we ordered food from restaurants. Thanks you for the endless hours you spend fixing the computer and editing my work.

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Table I A

<p>Southeastern Regional Health Authority</p> <p>1. Kingston and St Andrew 2. St Catherine 3. St Thomas</p>	<p>1. Tell me what you know of nurses who intend to emigrate, and why?</p> <p>2. Tell me at what point in your nursing career did you decide to emigrate?</p> <p>3. Tell me how do you prepare once you decide to emigrate?</p> <p>4. Tell me if you encounter any issues once you decide to emigrate</p>	<p>Security</p> <p>Inter professional relationship</p> <ul style="list-style-type: none"> <li>• Superiors</li> <li>• Lack of appreciation</li> <li>• Lack of support</li> <li>• Not comfortable in environment</li> </ul> <p>Economic</p> <ul style="list-style-type: none"> <li>• Poor salary</li> <li>• Unemployment of new graduates</li> <li>• Work sessions to make ends meet</li> <li>• Inability to afford car</li> </ul> <p>Poor working conditions</p> <ul style="list-style-type: none"> <li>• No equipment or substandard equipment</li> <li>• High nurse to patient ratio</li> </ul> <p>Professional advancement</p> <ul style="list-style-type: none"> <li>• Wait time to do professional advance courses</li> <li>• Cost</li> </ul> <p>High stress level on nurses</p> <ul style="list-style-type: none"> <li>• Time away from family due to increase work</li> <li>• Working under stressful conditions</li> <li>• I never want to leave but the conditions under which you have to work</li> <li>• Do the NCLEX</li> <li>• Apply [to] more than one place</li> <li>• Recruiter will sort out the paper works for you and family</li> </ul>
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How Participants from southeastern region health authority answered research questions

Table 1 B

<p>Southern Regional Health Authority</p> <ol style="list-style-type: none"> <li>1. St Elizabeth</li> <li>2. Manchester</li> <li>3. Clarendon</li> </ol>	<ol style="list-style-type: none"> <li>1. Tell me what you know of nurses who intend to emigrate, and why?</li> <li>2. Tell me at what point in your nursing career did you decide to emigrate?</li> <li>3. Tell me how do you prepare once you decide to emigrate?</li> <li>4. Tell me if you encounter any issues once you decide to emigrate</li> </ol>	<p>Professional advancement</p> <ul style="list-style-type: none"> <li>• more facilities, more areas of specialization, more opportunities (abroad)</li> <li>• wait Time</li> <li>• more opportunities</li> </ul> <p>Economic</p> <p>low salary leads to sessions and increase nurses stress level</p> <ul style="list-style-type: none"> <li>• inability to meet ones goals –home ownership, loan, children education, save for the future</li> <li>• time to repay student loan</li> </ul> <p>Poor working condition</p> <ul style="list-style-type: none"> <li>• nurse to patient ratio</li> <li>• lack of equipment- improvise</li> </ul> <p>Stress level</p> <ul style="list-style-type: none"> <li>• psychological effect of low salary</li> <li>• poor working condition</li> <li>• increases stress level</li> <li>• doing other persons job</li> </ul> <p>Adventurous</p> <ul style="list-style-type: none"> <li>• nursing schools where one is exposed to different areas</li> <li>• working in different areas</li> <li>• poor working conditions</li> <li>• friends and batch mates tell you how it is working abroad</li> </ul> <ul style="list-style-type: none"> <li>• do the NCLEX</li> <li>• do exam get through decide to migrate</li> <li>• specialize in an area [of nursing]</li> <li>• married and then go up</li> <li>• migrate with family</li> </ul> <ul style="list-style-type: none"> <li>• All issues are sougheed out during wait time</li> </ul>
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How Participants from southern region health authority answered research questions

Table 1 C

<p>Western Regional Health Authority</p> <p>St. James Hanover Trelawny Westmoreland</p>	<p>1. Tell me what you know of nurses who intend to emigrate, and why?</p> <p>2. Tell me at what point in your nursing career did you decide to emigrate?</p> <p>3. Tell me how do you prepare once you decide to emigrate?</p> <p>4. Tell me if you encounter any issues once you decide to emigrate</p>	<p>Poor Working Condition</p> <ul style="list-style-type: none"> <li>• high nurse to patient ratio,</li> <li>• lack of equipment,</li> <li>• having to improvise</li> <li>• working in areas which you are not expert</li> </ul> <p>Inter professional relationship</p> <ul style="list-style-type: none"> <li>• lack of motivation,</li> <li>• no annual get-to-gather</li> <li>• poor relationship with doctors, superiors, supervisors</li> </ul> <p>Economic</p> <ul style="list-style-type: none"> <li>• poor salary</li> <li>• marital effects of poor salary</li> <li>• unemployment post graduation,</li> <li>• sessions to repay loans=time away from children</li> </ul> <p>Government response to nurses migration</p> <ul style="list-style-type: none"> <li>• cultural aspects of care-importation of foreign nurses,</li> <li>• failure to react to nurses demand</li> </ul> <p>Professional Advancement</p> <ul style="list-style-type: none"> <li>• time to do courses,</li> <li>• delay due to cost</li> </ul> <p>High Stress level</p> <ul style="list-style-type: none"> <li>• poor salary</li> <li>• high cost of living</li> <li>• poor working conditions</li> </ul> <p>Treating professionals as children</p> <ul style="list-style-type: none"> <li>• Poor working conditions</li> <li>• Lack of motivation</li> </ul> <ul style="list-style-type: none"> <li>• Study</li> <li>• Do specialist courses</li> </ul> <ul style="list-style-type: none"> <li>• Recruiters do paper works for entire family</li> </ul>
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How Participants from western region health authority answered research questions

Table 1 D

Northeast Regional Health Authority		No Participants
1. Portland		
2. St. Mary		
3. St Ann		

No Participants from northeast region health authority answered research questions

## Participants Answers to the Research Questions

**Table 2 A**

**Participant 1**

What do you know of nurses who intend to emigrate, and why?	<p>A. 1. Most of the persons that I have known have left already. They emigrate with their families.</p> <p>2. [one nurse], she have her relatives there</p> <p>3. quite a few persons have left since I've been here</p> <p>B. 1. Most of the time you are short staffed</p> <p>2. shortness of resources</p> <p>3. time to do what you want to do ... you have to improvise</p> <p>4. you don't have enough come in as they are leaving[nurses]</p> <p>5. wait a long time[to do midwifery]</p> <p>6. salary, living condition and working condition</p> <p>7. as a RN you have to do everybody's job</p> <p>8. unit that is not opened because we don't have the staff</p>
At what point in your nursing career did you decide to emigrate?	It's frustrating [work as a nurse in Jamaica] because of what you hear from your friends [abroad.
How do you prepare once you decide to emigrate?	<p>1. Some of them married and then they go up</p> <p>2. Study for a while</p> <p>3. Do the NCLEX and get through</p> <p>4. Do a course</p> <p>5. Don't need to be a specialist, it wouldn't make any sense</p> <p>6. Do sessions to pay off your student loan</p>
Did you encounter any issues once you decide to emigrate?	<p>1. No. If you have an immediate family and all you can take them with you</p> <p>2. I know nurses are bonded and I get that is one of the reasons that they really stay, after that when the bond is off they will try other stuff</p>

How Participant 1 answered research questions



**Table 2 B****Participant 2**

What do you know of nurses who intend to emigrate, and why?	<p>A. I know a lot of batch mates that have left Some from my work too</p> <p>B. 1. More specialist areas, more facilities 2. Conversion rate of the Jamaican dollar 3. We don't have as much to work with 4. You have to walk to find meds 5. Family is one of the driving forces 6. Cost of living 7. Something different... Adventurous 8. Economical reasons 9. Basic salary not adequate... so nurses work a lot of sessions 10. Pay loan it takes quite a while 11. 1:12 ratio of nurses to patients 12. You have to work a lot of sessions</p>
At what point in your nursing career did you decide to emigrate?	<p>1. From you're in nursing school you are exposed to all areas 2. Once you're working you get the feel of different areas...maybe not this area</p>
How do you prepare once you decide to emigrate?	<p>Do your midwifery... it takes time to be called do little courses Pay your loan</p>
Did you encounter any issues once you decide to emigrate?	<p>No recruiters take the entire family</p>

How Participant 2 answered research questions

## Table 2 C

### Participant 3

<p>What do you know of nurses who intend to emigrate, and why?</p>	<p>A. I know quite a few that have migrated Nurses left right after finishing the courses</p> <p>B. 1. No supply to work with 2. Instead of batching your nurses at least try to motivate your nurses 3. You are been paid JAD \$70, 000/month 4. Your income is always lower than your expenditure 5. You are mentally drained 6. Superiors can be a contributing factor. They behave as if you're still a student 7. Can't make ends meet 8. The list is long... you have to wait – we cannot facilitate you 9. They [government] have no plans in place to motivate nurses to stay in Jamaica 10. I had to wait one year to get a job 11. influx of nurses coming from nursing schools – they don't have a job 12. nurses who want to stay have to find another source of income... cost of living going up every day</p>
<p>At what point in your nursing career did you decide to emigrate?</p>	<p>During the process of studying or afterwards When I found out how much nurses were making... It was in my fourth year</p>
<p>How do you prepare once you decide to emigrate?</p>	<p>Go ahead and study... Courses are offered at UHWI and Cornwall Regional hospitals</p>
<p>Did you encounter any issues once you decide to emigrate?</p>	<p>The recruiters ...sort out the papers- they normally take the family</p>

How Participant 3 answered research questions

## Table 2 D

### Participant 4

<p>What do you know of nurses who intend to emigrate, and why?</p>	<p>A. Most of the nurses they send here have left...gone abroad            B. 1. No one answer us ... we make multiple calls no answer            2. Nothing to work with            3. No one listen to, or answer our calls            4. More patient... They are too sick            5. You have to send patients to pharmacy to buy basic supplies for you to work with                1. They visit once in a while and say they are going to fix things (people from Ministry of Health) you never see or hear from them again                2. Everything is due to the rising cost of living                3. Ministry of Health do not have money to buy new equipment                4. Drs. have their private practice... certain time they leave</p>
<p>At what point in your nursing career did you decide to emigrate?</p>	<p>Young nurses leave as they come            They see the conditions that they have to work under - no equipment            More patients ... long wait time to do your midwifery or other courses that would help you to survive, so you make the decision to leave</p>
<p>How do you prepare once you decide to emigrate?</p>	<p>Do the NCLEX... I thought you had books (laughs)</p>
<p>Did you encounter any issues once you decide to emigrate?</p>	<p>Not really, it's a process, so once the hospital makes a decision you leave. It takes about a year ... it's not like you apply today and get through tomorrow</p>

How Participant 4-answered research question

Table 2 E

## Participant 5

<p>What do you know of nurses who intend to emigrate, and why?</p>	<p>A. 1. I have gotten colleagues who have left Jamaica and gone to the states and regretted going  2. People go where they think the grass is greener  3. I know quite a few that have left</p> <p>B. 1. Finance is a main concern  2. Language barrier... they don't understand ...they get you to help [foreign nurses]  3. wherever they send you  4. work environment in terms of equipment  5. employed part time- no increments...employed on contract basis  6. stress ... you have to walk to find things or improvise  7. supervisors level of professionalism  8. you don't have equipment  9. doctors they will take it out on you –when they don't see what they are looking for</p>
<p>At what point in your nursing career did you decide to emigrate?</p>	<p>If you get the opportunity</p>
<p>How do you prepare once you decide to emigrate?</p>	<p>1. Finish post grad course... that's what help you to leave  2. Come in with a specialty</p>
<p>Did you encounter any issues once you decide to emigrate?</p>	<p>1. My husband don't want to work in the US  2. Money to begin out- you see I have to take out a loan to cover insurance, rent, and you have bills to pay here because I have a mortgage  3. Recruiters send you where they want to  4. I won't get the help that I need with my children...I will have to break up the family</p>

How Participant 5 answered research questions

**Table 2 F****Participant 6**

What do you know of nurses who intend to emigrate, and why?	<p><b>A.</b> I know Quite a few people that have left not from here but my batch mates- people I went to nursing school with</p> <p><b>B.</b></p> <ol style="list-style-type: none"> <li><b>1.</b> security</li> <li>2. we are not comfortable here</li> <li>3. we have to work extra hard- time away from our children</li> <li>4. it's always the nurse that are at fault</li> <li>5. you have no equipment to work with</li> <li><b>6.</b> twenty five bed ward and three RNs</li> <li><b>7.</b> on the medical floor patients stay up to two months</li> <li><b>8.</b> anywhere the shortage is – you have to go to that area to work</li> <li><b>9.</b> you don't get the intense training</li> <li><b>10.</b> lot of nurses who needs jobs</li> <li><b>11.</b> no respect for the profession</li> <li><b>12.</b> I would love to do my masters but can't afford it</li> </ol>
At what point in your nursing career did you decide to emigrate?	You can't pay the rent – you have to work overtime
How do you prepare once you decide to emigrate?	<b>1.</b> Do little courses
Did you encounter any issues once you decide to emigrate?	I'm bonded- I have to complete my bond

How Participant 6 answered research questions

## **Qualitative case study: Jamaican nurses' intent to migrate internationally**

### **Background of the Study**

The international migration of nurses from low resource nations such as Jamaica West Indies has profound effect on the healthcare system (Diallo, 2004; International Organization for Migration (IOM) 2010; United Nations (UN) 2010; World Health Organization, (WHO) 2006). Jamaica's infant mortality of 90% that was implemented in 1977 might be affected (Scold, 2018). To implement legislative changes, low resource nations are asked to provide evidence of the results regarding effects of nurses' migration, but lack data (Buchan & Calman, 2013; Thomas, 2013; WHO, World Health Report, 2006). In 2000, nurses were among the 25% of workers whose emigration (UN, 2010) led to a critical shortage of healthcare in 57 low resource nations (WHO, World Health Report, 2006). Despite the shortage, high resource countries continue to recruit (Barrett, 2010; Christensen, Doblhammer, Rau, & Vaupel, 2009; Dumont & Zurn, 2007; Kingma, 2007; Lewis, 2011; UN, 2014). The shortage in nursing is expected to intensify due to several factors, including: the aging nurses workforce, longer life expectancy of citizens, fewer women entering the nursing profession and complex healthcare systems (Bach, 2003; Dumont & Zurn, 2007; Peterson, 2004; Thomas, 2013; UN, 2014).

Source nations loss of nurses who are leaders, educators, and skilled clinicians result in the inability to sustain the growth of their health sectors (Kingma, 2007; Yeates, 2010). Nurses emigration lead to decrease healthcare access and health inequalities, as patients have to wait longer for services in healthcare systems with fewer nurses, and increase stress level on those who remain (Brush, Sochalski, & Berger, 2007; Connell, 2007; Dumont & Zern, 2007; Kingma, 2007; Lewis, 2011; IOM, 2014). Moreover, nations that invest in nurses lose on their investment. In response to the negative outcomes, in 2010 the World Health Assembly (WHA) approved the “WHO Global Code of Practice on the International Recruitment of Health Personnel” (Taylor & Dhillon, 2011), aimed at decreasing recruitment from affected nations through voluntary adaptation of the objectives set forth by the code.

According to researchers Taylor and Dillon (2011), the Code language is non-binding because high resource countries are not required to abide by it. Moreover, the Code emphasizes the right of health workers to migrate externally over the effect of migration on health care systems (Taylor & Dhillon, 2011; UN, 2010). Since its inception, the Code was reviewed but source nations were not involved in the review process, so it was criticized for the lack of their involvement (Taylor & Dhillon, 2011). Independent of the legislation, complex variables across nations such as political climate, and the availability of human and financial resources challenge source nations’ data collecting capabilities (Kingma, 2007; WHO, 2004).

High resource nations data on patients indicate that an adequate mix of nurses in healthcare systems produces better outcomes (Aiken, 2007; Dumont & Zurn, 2007; Peterson, 2004; Thomas, 2013; UN, 2014). However, source nations only have anecdotal claims of poor patient outcomes (Buchan & Aiken, 2008; Connell, 2007; Davlo, 2005; WHO, 2004). Buchan, Parkin, and Sochalski (2003) believe that despite the challenges source nations they can be innovative. For example, they could use the media to draw awareness of external migration and the issues that result from external migration (Thomas, 2013). Researchers cautioned source nations to improve their data collection capabilities as they lack evidence to implement or to sustain policies (Buchan & Calman, 2013; Evans & Tulaney, 2011; WHO, 2013).

Jamaica and other source nations could use the data on nurses who intend to emigrate in several ways including: trends or patterns of migration, prediction about their projected losses, or to institute retention strategies. Countries that lose nurses could benefit by using the evidence to engage other nurses in discussions; however, data on migration, or on nurses' who intend to emigrate are needed to generate this conversation (Evans & Tulaney, 2011; Prescott & Nitcher, 2014). The aim of this proposed study was to uncover the process of Jamaican nurses who intend to migrate internationally and provide evidence for policy implementation. It is also important, to know about the experience of Jamaican nurses, as this will shed light on the factors within the professional practice environment that contribute to emigration.



## **History of Jamaican Nurses' Migration**

Jamaica is the fourth largest island in the Western Caribbean, a part of the Caribbean community (CARICOM). It has a population of 2-8 million and a per capita income of approximately 5,500 USD. World Bank classifies it as upper middle class. Its population growth rate is low while life expectancy is high; therefore a lot of its population has diseases like diabetes and hypertension (Jamaica economics, 2016). When Jamaican nurses' emigrate it becomes problematic, as patients have to wait longer for needed service.

In Jamaica nurses emigration has roots its colonial history (Brown, 2012; Hunter, 2011; Knight, 2012; Salmon, Yan, Hewitt, & Guisinger, 2007; Panton, 1993; and Seivwright, 1965). In the early 1900s, Jamaica was a British colony. During this period, many nurses were educated in Britain, in a healthcare system that fostered migration. In the mid-1900s, Britain established the University College Hospital of the West Indies, an affiliate of London University, to educate professionals in the Caribbean. Nurses were not classified as professionals until 1949 so were exempted from university training (Hewitt, 2007). Jamaican nurses who wanted leadership positions traveled abroad to be educated and returned to Jamaica (Hewitt, 2007). As the years progressed, fewer nurse returned to Jamaica (Hewitt, 2007).

Moreover, post-colonially, the major political parties, the Jamaica Labor Party and the People's National Party, in Jamaica created unrest that resulted in instability and

uncertainty. Instability and uncertainty included devaluation of the Jamaican dollar (Panton, 1993), and rise in loans from the International Monetary Fund. Also included were decreased expenditure on health and education (Panton, 1993), privatization of Jamaican owned business (Panton, 1993), decline in jobs (Panton, 1993) and wages (Panton, 1993). Jamaicans including its' nurses fled in droves (Panton, 1993). Jamaican nurses' emigration is, therefore complex with ties to Jamaica's history, politics, and its social structure (Panton, 1993).

### **Significance of the Problem**

Between 1998 and 2003, Jamaica lost approximately 1500 registered nurses to emigration (Adelberg et al., 2011). Each year, Jamaica loses approximately 20% of its nurse specialists (Lofters, 2012) including, nurses from emergency, surgery and intensive care units, academia, and leadership (Thompson, 2015; WHO, Bulletin, 2010). In 2001, the vacancy rate for registered nurses in Jamaica was 21%, and in 2002 it increased to 58% (Ramsey, 2004; cited in Connell, 2007). Jamaican nurses are included among the top five on the first attempt who pass the NCLEX (National Council of State Boards of Nursing, 2015).

Jamaica nurses' emigration has significantly impacted its ability to educate future nurses, as educators from the various schools and nurses with experience have emigrated. This decreased the quality of care of the remaining citizens, and led to loss of investment (Brush, Sochalski, & Berger 2004; Connell, 2007; Dwyer, 2007; Lewis,

2011; IOM, 2014; Ottersen et. al., 2014; Thompson, 2015 & WHO, 2010). The Jamaican government subsidizes some nursing education. The Jamaican government educates some nurses by paying their school fees. According to Richards (2005), it would take 35 years in remittances from one nurse to repay the government for his/her basic education. It is important to collect data on Jamaican nurses who intend to migrate internationally so that policies to curtail emigration may be instituted. This study provided subjective data from nurse's who intend to emigrate. It was important to provide such data as policy formation depends on evidence, which was supplied by the data collected.

### **Phenomenon in Context**

The phenomenon, *intend to emigrate*, was studied in a specific time, within the first five years of graduation with a bachelors degree in nursing, and from a specific place, Jamaica. There is limited literature on *Jamaican nurses* and *intend to emigrate*. The National Library of Jamaica had no data on the number of nurses who migrated (National Library of Jamaica, email, 2015). Anecdotal accounts indicate that three of every four nurses educated at the University of West Indies School of Nursing have emigrated (Barrett, Jamaican Gleaner, 2010). The researcher searched Google Scholar for "Jamaican nurses," and the "intend to migrate". This search yielded one economic study by the World Bank, which was conducted to explore the CARICOM nurse labor market (<http://www-wds.worldbank.org>, Report No. 48988-LAC). Medline complete and CINAHL complete had no recorded studies of "Jamaican nurses" and "intend to emigrate", or "intend to migrate". Evans and Tulaney (2011)

believe that the failure of the 2001 discussions on “terms and conditions of work recruitment, education and training, value of nursing, utilization and deployment, good governance, and policy and health sector reform” reveal there is a lack of research. They believe more research is needed to inform policy on migration, as there is the need for evidence.

Migration is defined as movement from one place to another (Merriam Webster.com). Migration may take place from rural to urban communities in the same country. Emigration denotes moving from one’s country to settle permanently in another, while immigration is as moving into a country (Merriam Webster.com.). Inadequate data at a point of exit challenges researchers to determine the reasons for nurses’ migration as well as the outcomes because researchers and nursing leaders do not know when nurses intent to emigrate (King, 2012; Stilwell, Diallo, Zurn, Dal Poz, Adams & Buchan, 2003).

Alonso-Garbayo & Maben (2009) studied India and Philippines nurses’ *decision to emigrate* to the United Kingdom. These studies were not specific to Jamaica.

Available literature on nurses’ attrition from healthcare systems (WHO, 2013), migration of Jamaican nurses, the use of temporary health workers (Hunter, 2011), or on Jamaica’s Managed Migration Program (Salmon et al., 2007) does not include nurses’ intention to emigrate. There is a wealth of literature on migration, and on the international migration of health professionals. However, most were collected a posteriori, do not include the pre-migration period, nor were they specific to Jamaica.

## Statement of the Problem

The continued exodus of nurses from Jamaica creates health inequality as well as decrease access to health care and health outcomes (International Organization of Migration, 2010; Thompson, 2015; WHO, World Health Report, 2006). Researchers indicate that an adequate mix of nurses in health systems create positive health outcomes (Dumont & Zurn, 2007; Peterson, 2004; Thomas, 2013; United Nations, 2014)). To improve health outcomes, health systems, including Jamaica’s need to make substantial changes, but data are needed to direct policies that support changes (World Health Assembly [WHA], 2004). Nurses’ forms the backbone of health care systems (ICN, 2007; Yan, 2008) thus evidence on nurses emigration are needed (Evans & Tulaney, 2011; Lewis, 2011).

“Nurses form the backbone of health systems around the globe.... If we are to succeed in achieving ... targets and improving health systems performance, urgent action is needed to overcome the problems that seriously undermines the contributions nursing ...can make to the vision for better health for all communities” (Yan, 2008).

## Justification for Studying the Phenomenon

The study is justified, as data on migration are needed to inform global and local policies (Buchan, Parkin, & Sochalski, 2003; International Council of Nurses [ICN], 2007; UN, A/68/370, 2013; World Health Assembly [WHA], 2004; & WHO, Migration of health workers, 2010). This study contributes to knowledge on international

migration, specifically pre-emigration data about why Jamaican nurses' emigrate.

Kingma (2007) maintains that a direct link exists between health outcomes and the number of nurses' in healthcare systems. Data from the study can be used to inform policies for better outcomes. Scholars suggest that nurses' emigrate due to unmet needs (Brown, 2012; Kingma, 2007). Nurses' stories identify the challenges and barriers they experience in Jamaica and reasons why they emigrate. Nurses who intend to emigrate may provide insight to problems and proposed goals of the future. The findings from this study sought to facilitate the needed collaborative discussions and policies, to foster the way Jamaica's and other low resource countries address nurse emigration.

### **Relevance to Nursing and Health Disparities**

Jamaican nurses are part of the global nursing workforce who contributes to health outcomes in Jamaica and abroad (Brown, 2012; Salmon et al., (2007). Findings of nurses' emigration from Jamaica may assist in improving health systems performance, nursing education, and nursing practice. Jamaican nurses perspectives on emigration may contribute new knowledge and understanding about the pre-migration process. Murray, Wenger, Downes, and Terrazas (2011) suggest that countries with low resources should align their health systems with the number of nurses available. This study may empower nurse leaders to seek collaborative partner with others stakeholders including; policy makers, business and

global leaders to explore nurses immigration as a top priority in workforce planning and education.

### **Conceptual Theories and Models of Migration**

This study explained emigration from a variety of ways including, global, national, and individual. The researcher used migration systems, push and pull factor, and decision-making models to do the study. *Migration systems theory* posits that national systems adjust to facilitate global demand (Martinez Vela, 2001). The *push and pull factors theory* of migration posits that economic disequilibrium between internal (push) and external (pull) social systems either facilitate, or impede external migration (Ravenstein, 1885 Laws of Migration as cited in Lee, 1966). The theory of Decision Making Models suggests that individuals play a part in migration as they have the capacity to either stay or to emigrate (Taylor & Dhillon, 2011; the UN, 2010).

### **Biases and Assumptions**

#### **Biases**

The researcher is a Jamaican who received her basic nursing education in Jamaica before immigrating to the USA. She has selected to study emigration from the perspectives of her home country and is fully aware of personal bias. Most of Jamaica nurses are female and this gender stereotype may not be totally positive as it emits experience. Also the researcher serves on several health committees affiliated with Jamaica including the Organization for Strategic Development in Jamaica, and the

Jamaica Nurses Group of New York, Inc. These organizations support ongoing activities and health projects with a variety of Jamaican government healthcare institutions. As a result of these affiliations the researcher constantly visits Jamaica and is aware of some issues that the island faces due to emigration of nurses.

### **Assumptions:**

1. Jamaican nurses intend to emigrate
2. Jamaican nurses are mainly women
3. Jamaican women are expected to emigrate in search of jobs
4. Nursing is a migratory profession
5. The nurses' perspective was on the intent to emigrate

### **Delimitations**

The delimitations of this study included Jamaican nurses' who have never left Jamaica. Jamaican nurses who lived, worked, were educated abroad were exempted from the study. The study included only Jamaican nurses who graduated with a bachelor's degree in nursing within the last five years and are in the process of emigrating from Jamaica to a foreign country. The study included only nurses who were available for interview during the time frame. The study design was a single unit qualitative case study bounded by time.

Another delimitation used by the researcher was to include professional registered nurses, both male and female, who were employed full time. The researcher enabled male and female Participants to determine if gender was important. The researcher informed all Participants that a follow up interview may be needed to clarify content, or



to collect additional data. The study was conducted during the month of January 2017 in Jamaica, West Indies.

### **Research Questions**

The following research questions guided the study:

1. Tell me what you know of nurses who intend to emigrate, and why?
2. Tell me at what point in your nursing career did you decide to emigrate?
3. Tell me how do you prepare once you decide to emigrate?
4. Tell me if you encounter any issues once you decide to emigrate

### **Chapter Summary**

Nurses' emigration has negative effects on healthcare outcomes and health-care system in Jamaica. The study on nurse's intent to emigrate from Jamaica is important to identify why nurses emigrate and develop policies to better address the conditions of nurse employment and workforce planning. The researcher believes collecting data after nurses have emigrated i.e. they are already in a foreign country is not an effective way to retain nurses. Moreover collecting data after nurses have emigrated does not allow for feasible collaborative solutions. The researcher selected a qualitative case study to collect information from Jamaican nurses whom intent to emigrate because of the high level of subjective data obtained and the ability to use other sources to confirm. Yin (2003) suggests that case studies are valuable to generate in-depth data from a variety of sources.

## Organization of the Research

The research is presented in five chapters. Chapter one introduced the problem of the study. This is followed by the purpose of the study, the significance of the study, and conceptual theories and models that were used to address migration. The limitation, delimitation, biases and assumptions preceded the research questions. Chapter two included the framework of the professional nurse practice environment, and theories and models of migration. The migration literature is explored from global, regional and individual perspective. It is reviewed under four major headings- economic, power, ethics, and gender. This chapter concludes by showing the gap in the literature and the need for the study.

In chapter three the researcher defined case study, presented an overview of, and determines how it is analyzed. This preceded the appropriateness of the method selected as well as set precedence on which to evaluate the data. A qualitative case study was selected to study data by six black Jamaican nurses who intent to emigrate. A historical account of Jamaica, the study setting, and Jamaican nurses, and the study unit follows. This is preceded by migration and nursing in Jamaica.

Chapter four covered the findings that included the sample of Jamaican nurses, key informants, and the place of each interview. It also contained the data analysis based on the theory of migration of nursing, and how themes were arrived at. The tables show the data analysis and the themes and subthemes. Chapter five contained the discussion,

suggestions, implications for healthcare in Jamaica, implication for nursing, limitations and conclusion.

## Chapter II

### The Literature Review

The literature review is divided into four sections. At first is the framework. The second section examined theories of migration of nurses, which includes the literature on international educated nurses, Caribbean nurses, and the phenomenon of interest- *intent to emigrate*. The third section contains factors that lead to migration, and the fourth looks at nurses and migration.

The literature review allowed the researcher to identify gaps and to validate the need for the study. The literature review was conducted during the years 2014-2015, using Medline complete, CINAHL, Jamaica National Library, and Jamaicans. The following terms were used as key words in the search: *Jamaican nurses'* and *intent to emigrate, intend to emigrate, or intent to migrate*. There was a dearth of literature on Jamaican nurses, and abundance on the migration of international educated nurses. As a result literature on IENs and on Caribbean nurses were used for the literature review because both categories included Jamaican nurses. The migration of teachers, physicians, or allied health workers was excluded in the database search.

### The Framework

The framework of nurses professional practice environment (PPE) was used to evaluate practice environment. The PPE is defined as factors within an organization that

influence nursing practice (Sleutel, 2004). Factors common to nurses' practice environments include disagreement and conflicts, internal work motivation, control over practice, leadership and autonomy, relationships, teamwork, cultural sensitivity, and communication (Erickson, et al 2004). Ng'ang'a & Byrne (2012) also include enumerations. Paquette, (2016) thinks equality in the workplace and Lewis (2011) thinks that women issues are factors to be considered as well.

Forces internationally, nationally, or individually might generate these factors. Therefore the use of theories, and models of migration that looks at migration from an international, national and individual point of view. Examining the nurses work environment from different viewpoints gives a better picture of factors that may not be effective or need correction. Some common work environments for nurses include homecare, long-term facilities; acute care facilities, psychiatric facilities and community health (Chamberlin, 2013 et al.).

Nurses professional practice environment are examined and used to garner different information. Some hospitals that are going for magnet use the professional practice environment as a framework to define what nurses do (McClure, & Hinshaw, 2002). The environment has been used to in a comparative cross - sectional nurse survey to compare care delivery in different countries to determine common factors (Hinno, Partanen, & Vehvilainen-Julkunen, 2012). It was also used in a cross - sectional design study to identify problematic areas of nursing staff recruitment and retention (Bogaert,

Clarke, Williams & Mondelaers, 2012). In this study it was used to examine factors that nurses think have deteriorated to the point that they decided to leave Jamaica. The study first examined factors that affect the nurses' professional work environment through migration theories and models.

## **Theories and Models of Migration**

### **Push and Pull Factors Theory of Migration**

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Rubenstein, an English geographer, described the push and pull factors theory of migration, which evolved from his earlier work (Ravenstein, 1885 *Laws of Migration*, cited in Lee, 1966). This theory is based on economic factors that create favorable or unfavorable conditions in source or host countries. The assumptions are that unfavorable conditions, push factors; occur at the point of origin while favorable conditions, pull factors, occur at the destination. Push factors “are those life situations that give one reason to be dissatisfied with one’s present locale” (Mejia, Pizurki, & Royston, 1979). On the other hand, pull factors “are those attributes of distant places that make them appear appealing” (Mejia, Pizurki, & Royston, 1979). Attributes include “political, social, economic, legal, historical, cultural, and educational forces” (Mejia, Pizurki, & Royston, 1979).

Push and pull factors theory was criticized because the trajectory from origin to destination is not always straightforward (King, 2012; Lee, 1966) as four things may interrupt trajectory: factors at the point of origin, at the destination, created by the individual, and intervening obstacles. Obstacles include cost, distance; cultural factors for example language, and security measures, example, immigration laws (King, 2012; Kingma, 2007). Economic sociologists Arango, Hugo, Kouaouci, Pellegrino, & Taylor (1993), found that the push and pull factors theory were too narrow. Arango et al. (1993), argued that push and pull factors analysis focus on individuals, instead of the underlying sociopolitical institutions that are the root cause of migration. Because of these contentions, scholars believe migration studies should not be conducted in a silo (Arango et al., 1993) nor should they be discipline specific, instead they should cover broader societal issues such as gender equality.

Squires and Amico (2014) believe the push and pull theory does not address gender-related issues of migration. Studies related to nurse migration should address class and gender issues as the majority of nurses are women (Lewis, 2011, p. 72; Squires & Amico, 2014). Moreover, the classical migration from country A to country B mentioned in the push-and-pull factors theory of migration has changed (Brown, 2008; Kingma, 2007; Sriskandarjah, 2005). Instead, contemporary models include transitional i.e. A-B-C where migrants use a country as a stepping-stone. Migrants return home (Brown, 2008; Thomas-Hope, 1999) once their dream has been fulfilled (A-B-A;

circular), or tourist-resident, student resident, and temporary professionals (Stilwell et al., 2003). Despite the push and pull factors perspective only 3% of world population migrate (UN, International Migration Report, 2013). And, migration takes place from high resource to other high resource countries, which is against the norms of the push-pull factors theory (Kingma, 2007; Pittman, Aiken, & Buchan, 2007). Migration trends change with world development, which is relative to world systems (Connell, 2007; Yeates, 2010).

### **World Systems Theory of Migration**

Immanuel Wallerstein described world system theory (WST) in 1974. It originated from his seminal paper on *'the rise and future demise of the world capitalist system: concepts for comparative analysis,'* (Martinez Vela, 2001). WST has its roots in sociology. Wallerstein builds WST on concepts from other theorists including Braudel, a historical approach; Marxist social conflict, accumulation and competitiveness; and Weber, dependency theory (Martinez Vela, 2001). Wallerstein (1976) defines WST as “a social system that has boundaries, structures, member groups, rules of legislation, and coherence” (p. 1). Member groups include countries that own most of world capital, control technology, trade and economies (King, 2012)

The WST has five assumptions: labor follows goods; migrants are attracted to core nations through common ties, such as culture, language, and colonial links; core



countries influence immigration by regulating investments, and capital flow; core countries use political power to protect their assets; core countries do not invest in low-skilled laborer (Martinez Vela, 2001). Core countries invest in areas that increase their power. They have large cities where major financial headquarters are located. The aim of the world systems is to retain power (Martinez Vela, 2001).

### **The Theory of Decision-Making Models**

The theory of *decision-making models* is a process of selection where the individual selects the best from a series of available alternatives (Simon, 1979). This theory relies mainly on information. The theory of decision-making models is comprised of three activities- intelligence, design, and choice. A person may base his/her decision on one of the several models- rational, economic, ethical, Simon normative, and clinical (Banning, 2008; Baron, 2004). There are seven steps in the decision- making models, d) evaluate alternative actions against objectives, e) make a tentative decision based on the most appropriate alternative, f) evaluate the tentative decision for consequences and, g) make a decisive action. Decisions are usually based on a person value system and sometimes done unconsciously (Banning, 2008).

*The theory of decision- making models* is used in all aspects of business and more lately by psychiatrist and administrative nursing to make decisions (Banning, 2008). Registered professional nurses action are based on ethical decisions of professionalism

according to the American Nursing Association definition (nursingworld.org). Any action taken by a nurse, to abandon the patients he/she took an oath to protect may result in harm to that patient (Delucas, 2014). When a nurse decides to emigrate he/she formulates a decision based on the information he/she is given and the best outcome he/she thinks is possible.

The study generated data to inform policies Jamaican nurses whom intent to emigrate. The researcher examined the data using these migration theories and models: push and pulls factors theory, world system theory, and theory of individual decision-making models alongside the framework of professional practice environment, and the themes arising from the literature research to analyze and interpret the data. From the literature reviewed four themes resonated: *economic, power and policies, ethics, and gender*. These themes point to the reasons that nurses emigrate and are discussed below.

### **Factors Leading to Migration**

#### **Economic**

##### **Poor Remuneration**

Poor economies are blamed for nurses' migration. Economic factors include poor remuneration, investment in nurses' education, remittances, and unemployment. In a qualitative descriptive study Dywili, Bonner, & O'Brien (2013), examined secondary data on 17 peer-reviewed articles from 2004 to 2010 to determine why nurses emigrate.

Dywili et al. claimed that among others things (social, political, professional, or personal) economic issues force nurses to emigrate. Poor remuneration in source countries pushes nurses out (Aiken, Buchan, Sochalski, Nichols & Powell, 2004). Increase pay in host nations improved their quality of life including the ability to purchase a car, home, or advanced education (Evans & Tulaney, 2011). Other researchers hold similar belief that low salary contributes to nurses' emigration (Evans & Tulaney, 2011; Hewitt, 2007; Lewis, 2011; Parkins, 2010). Dywili et al. study was done using secondary data in a host country. The study collected primary data from nurses in Jamaica.

### **Lack of Financial Resources to Educate Nurses**

Host countries do not invest in nurses' education instead they recruit internationally to sustain their nursing workforce (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Wallerstein, 1976). Aiken et al. conducted a qualitative exploratory study of secondary data on six developed countries to examine trends in international nurse migration. They concluded that the demand for nurses continues. Due to cost, time to educate, complex healthcare high resource countries find it cheaper to recruit (Delucas, 2014; Dywili, Bonner, & O'Brien, 2013; Pittman, Aiken & Buchan, 2007). Aiken et al. (2004) blame those countries for underinvesting in nurses' education despite their ability to do so. When nurses or their families invest results in some nurses and their families carry heavy financial burden.

The government in low resource countries, including Jamaica, finances nurses' education in whole or partially (Parkins, 2010). Using human capital theory, Girling (1974) discussed the role of education in emigration in a qualitative analytic study. Girling (1974) suggested that low resource nations that invest in citizens' education expect a return on their investment. When nurses emigrate, the profit on years of basic and post basic education goes to host nations. Calculating the cost of education from primary to a tertiary institution, Girling believed Jamaica may have lost J\$9 million in 1968 on investment in emigrant education. This figure increased to J\$30.8 million when factors such as a decrease in economic growth, lost of productivity and cost to society are considered. Since Girling (1974) study, many changes occurred in Jamaica; for example more students are funding their tertiary education, and the dollar has devalued (BOJ, 2017). Therefore, current data from Jamaica were needed.

Kaelin (2011) believes Jamaica and other countries should imitate the Philippines that have a system in place to train nurses for export. Through this system, the Philippines annual remittance was US\$15 billion (Kaelin, 2011). Remittances to the Philippines are the most stable source of capital for its economy. Government involvement in nurses' emigration is beneficial to the Philippines economy, while Jamaica's economy incurs a financial loss because it is not involved in nurses' migration (Evans & Tulaney, 2011). Not mentioned was that Philippines graduate more nurses, and have more nursing schools than Jamaica. Evans & Tulaney (2011) call on low resource

countries to implement migration policies, which would be beneficial to its economy. The researcher collected pre-migration data through face-to-face interview of six Participants that may be used in policy formation in Jamaica, a low resource country.

### **Remittances**

Despite the benefit the Philippines receive from remittances, most low resource nations lose their investment in nursing education when nurses emigrate (Dywili, et al. 2013; Evans & Tulaney, 2011; Kline, 2003). Government uses some taxpayers dollars to train nurses for their healthcare systems and do not benefit from their service. In a report to the Caribbean Community the assistant secretary- general maintained that it would take 35 years of remittance from each nurse to compensate the government for his/her education (Richards, 2005). Moreover, remittances usually benefit families. Should family emigrate or die then the remittances cease. This report was reported made over a decade ago since the J\$ has become devalued (BOJ, 2017), thus current data were needed.

In an analysis of secondary data, Squires & Amico (2014) reviewed the role of remittances in international nurses emigration. They used equilibrium, social network, and globalization theories to examine 65 documents from various sources. They concluded that future researchers should focus on the broader global and social issues as opposed to individual issues. The study conducted by the researcher was not focused on

remittances. It did not isolate any one aspect of emigration; instead, it sought to examine perspectives from Jamaican nurses' who intend to migrate internationally.

### **Unemployment**

Migration of professionals from low resource countries is due to the high unemployment rate (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004). High unemployment stems from the poor economy or government mismanagement (Evans & Tulaney, 2011; Panton, 1993). On this accord, researcher Sriskandarjah (2005) claims that when people emigrate the source countries derive benefit. Benefits include a decline in the governments' financial burden, as the governments do not have to supplement the income of the unemployed. In the Caribbean, and more so in Jamaica, unemployed citizens use social resources such as public schools, water, roads, etc. and their contribution to the county's tax is limited (Sriskandarjah, 2005; & Connell, 2007). Contrary to the common belief as evidenced by the poor outcome of patient goals and the government loss of their investment (Richards, 2005), that nurses who emigrate were employed. Had nurses not been contributing to the government treasury and healthcare industry, the after effect of their exodus would not be so detrimental to the country's healthcare system as was evident by the closure of some wards and the postponement of non - emergency surgeries (wireja.com, 2017). Moreover, the researcher sought information from employed registered nurses who intent to emigrate.

## Power and Policies of Migration

### Power

Pittman, Aiken, and Buchan (2007) claimed that financially high resource nations benefit in several ways from nurses' emigration not only do they meet the numbers of nurses per patient load, but derive economic benefit by not having to educate nurses. Pittman et al., (2007) case study was funded by Johnson and Johnson, and AHQR and commissioned by the Health Academy. Both, Pittman et al. (2007) and Evans & Tulaney (2011) called on nations to collaborate to improve data collection, and to implement innovative ways to retain nurses whom they educate. With this study, the researcher collected data from Jamaican nurses' who intent to emigrate.

Buchan (2002) in an editorial to the *Nursing Inquiry* addressed nursing workflow in high resource nations. Buchan stated that health systems attempted to retain nurses, broaden recruitment base, use non-traditional entrants in nursing programs, and use of “ready-made nurses” (p. 203) from other countries. Buchan's comment contradicted common literature that financially powerful countries depend on recruitment to complement there nursing resource (Evans & Tulaney (2011). High resource nations are able to recruit nurses and manipulate their nursing flow rate. With this study, the researcher demonstrated how countries use their finances and manipulate resources.

Scholars Ross, Polsky, and Sochalski (2005) developed the *foreign nurse inflow tool* to predict nurses' emigration to high resource nations. They examined data from 98 low resource countries to determine which characteristics - proximity, shared values and culture, size, trade relations, and colonial past, contribute to emigration. They concluded that nurses' are more likely to emigrate from English-speaking countries, countries with low income, or those that have trade agreement with Britain. They suggested that low resource nations with limited data should use data that are available to change policies. Jamaica is a low resource nation; from which pre- emigration data from its nurses was needed as record keeping on migration is lacking.

### **Policies**

Nurses could empower themselves by making informed pre-migration decisions. Nurse consultant, Little (2007) conducted a case study on nurse labor market in Canada. Examining databases on immigration/emigration, Little (2007) found policies that were implemented, revoked, or changed to maintain adequate nurses in the Canadian health industry. One such policy was "*leaRN*", which was implemented to overcome some obstacles that migrant nurses encountered in Canada. The *leaRN* policy provide information to help nurses make decisions. Through the *learn* policy the Canadian government "established a service to create a standard evidenced based approach to the assessment of IEN's" (Little, 2007). They also established a "national standardized and flexible bridging programs to ensure IENs are competent to meet Canadian nursing



standards” (Little, 2007). International Educated Nurses’ who intend to work in Canada can access these resources and be informed before making the decision to emigrate. The study collected data from nurses before they emigrate. The researcher believes that nurses who are informed about an organization before they emigrate are not caught off guard.

Organization culture and policies can influence nurses’ decisions to leave (Brewer & Kovner, 2014). International, transnational regulatory bodies, and multinational corporations determine when nurses’ leave by using policies that either facilitate or block the entry to a country (Brewer & Kovner, 2014). Brewer et al. noted similarities between intent to leave and intent to emigrate. The difference in intent to leave- is to leave the profession of nursing while intent to emigrate is to stay in the profession and move to another country. Brewer and Kovner’s (2014) research focused on intent to leave while this study was on intent to emigrate. Leaving a geographical area present a different reality than emigrating from one’s countries.

Batata (2005) conducted a cross sectional analysis of secondary data on the distribution of IENs in four British nations by looking at their postal codes. The author concluded that housing cost and wages determine where nurses live. Recruiting practices create shortages in rural areas. But, other scholars insist that nursing shortages can be from institutional finance, the setting, during an epidemic, or due to disaster (Goldfarb, Goldfarb, & Long, 2008). They recommend that Britain add nurses’ residence to its

database as a way of tracking nurses. Batata's study was supported by Bristol-Myers Squibb, and focused on foreign nurses' distribution in four British hospitals. This study generated subjective data from six Jamaican female nurses in three of Jamaica's healthcare regions.

### **Ethics of Nurse Migration**

#### **Exploitation of Nurses**

Nurses who emigrate are sometimes dissatisfied or in disbelief about working, or living condition. Wheeler, Foster, & Hepburn (2013) conducted a qualitative, exploratory, descriptive study in two local US hospital located in one geographical area. They used semi-structured interviews to determine African and Asian nurses' satisfaction. They concluded that dissatisfied nurses who felt exploited, isolated, or had communication issues were more likely to leave (Wheeler, Foster, & Hepburn, 2013). In contrast, Aiken (2007) in a qualitative study analyzed four databases in the US to better understand trends and policy projection in the US labor market. Aiken (2007) concluded that IENs satisfaction would increase if IENs were not deskilled: as those that held management, leadership, or academic positions are relegated to working at the bedside.

Wealthy nations recruit from poor nations instead of addressing the shortage in their nation Carney (2005). This shortage is created by a two-fold problem. In developed nations, nurses are getting older and retire, and as develop nations offer specialized health

service the demand on their system increases. To address the shortage of nurses, nations recruit instead of addressing nurses' pay, working hours, and educational opportunities (Buchan, 2002). Nursing is predominantly a women profession. Because of the problems more and more women in developed nations find jobs with better opportunities. Hence the persistent nursing shortage, which is often filled, by foreign nurses' who are recruited for these positions even though some held different positions in their home nations (Carney, 2005).

### **Brain Drain**

*Brain drain* is the removal of experienced, skilled, educated professionals from a country's human resources (Girling, 1974; Lofters, 2012; Slote, 2011). *Brain drain* is a major issue in low resource nations. In a synthesis of articles on brain drain, researchers claim that brain drain occurs because of unethical recruitment to fill gaps created by promotion, specialization, or retirement of nurses in host countries (Aiken et al., 2004; Buchan, 2002; Delucas, 2014; Runnels, Labonte, & Packer, 2011). High resource nations continued recruitment of educated nurses' and the refusal to fund nurses' education that may result in brain drain (Delucas, 2014; Runnels et al. 2011).

Hewitt, (2007); Lewis, (2011); Salmon et al., (2007) nurse scientists, who studied migration concluded that brain drain results in decrease quality of care and increase in the stress level of nurses. They also suggest that brain drain hamper new skill acquisition as

nurses in specialist areas such as academe, emergency room, critical care, operating room, and management emigrate (Salmon, Yan, Hewitt & Guisinger, 2007). The number of nurses that leave at one time, and the fact that no one knows when they are about to leave can create brain drain (Evans & Tulaney, 2011; Kingma, 2007; Nichols, 2007). Fifty nurses resigned from one institution in Jamaica simultaneously leaving the institution in chaos (Thompson, 2015).

Girling, (1974) and Sriskandarajah, (2005) ask that government realize the full benefits from IENs migration instead of focusing on brain drain. In an article to Migration Information Service, Sriskandarajah (2005) insists that source countries benefit from improved education and skills of returning migrants. Sriskandarajah (2005) argued that a country's burden to provide employment for natives is decreased. In addition, countries may also benefit from remittances, increase in technological skills, increase trade from source to host countries, and internal investment such as building homes. Girling, (1974) and Sriskandarajah, (2005) reviewed secondary data and inference about IENs migration. Girling, (1974) and Sriskandarajah, (2005) feel that with the right policies government in low resource nations could benefit from nurses migration. The policies would address the training and agreed upon ethical disbursement of nurses. This is in opposition to seeing nurses as commodities who are ready to fill the gap at a moment notice instead of solving the real problem of their shortage in healthcare systems (Carney, 2005).

## Nurses and Migration

### Gender Issues

In general, females earn less than males. As far back as 1932 the Colonial Office decided to standardize women's working conditions because they were paid less than other British workers (Solano & Rafferty, 2007). In the 1960s, Jamaican men began to emigrate in mass because of the removal of restrictions on their movement (Chamberlain, 2012; Panton, 1993; Schmid, 2010). Women were left to care for the family and took whatever available menial jobs they could get (Schmid, 2010). In Jamaican society the general expectation was that women finance the family (Paton, 2007).

The majority of Jamaican nurses are women (Lewis, 2011; Lofters, 2012). As such, nurses are expected to care for their family members. Marshall Burnett (1981) noted that gender disparities in the salary structure resulted in nursing emigration. In a secondary review of literature on emigration, Lewis (2011) wrote that between 1998-2002 Jamaica lost 781 nurses. Nurses left their children and significant others behind leading to social implications (Lewis, 2011). Therefore, any study on the emigration of nurses from Jamaica must include gender-associated issues (Lewis, 2011).

Nurses, even though prepared in advanced care, lack the ability for independent practice, decision-making, and autonomy (Evans & Tulaney, 2011). Even though nurses are frontline practitioners, who are in contact with patients on a daily basis, their

suggestions are often ignored (Foster, Gusinger, Coraham, Hutchcraft & Salmon, 2010). Therefore, fewer women seek nursing as a career choice because of their perception of the status of women in the nursing profession (Dywili, Bonner, & O'Brien, 2013). Women seek professions, such as law, where their voices are heard, there are opportunities to practice autonomously, and they can advance professionally (Yeates, 2010).

### **Nurses as Commodity**

Commoditizing nurses for trading in exchange for remittance is prevalent in some countries (Dovolo, 2005; Alonso-Garbayo & Maben, 2009). Alonso-Garbayo & Maben (2009) conducted a qualitative descriptive study to explore India and the Philippines nurses' decision to emigrate. Their findings were that being a nurse in the Philippines increases one's chance of employment even when nursing is not the primary life goal (Alonso-Garbayo et al., 2009). Also, emigration is influenced by professional aspirations as well as one's social assumptions and family support (Alonso-Garbayo & Maben (2009). Alonso-Alonso-Garbayo & Maben (2009) study was conducted with nurses from two areas, Philippines and India, thus the need to determine if the same holds true for Jamaica, which is a member of the Caribbean Community (CARICOM).

In a CARICOM report on the movement of health and social services from CARICOM Hosein and Thomas (2006) call on CARICOM governments to

commercialize nursing by putting a monetary value on it, and by having mechanisms to enforce payment from nurses and high resource countries. They suggested that nursing education in the CARICOM region be based on the global need e.g. focusing on specialists' area. The report focused on government policy. This policy is in opposition to nurses' willingly leaving which is a human rights issue. The study was on Jamaican nurses' perspective, which may or may not include commercializing nurses in the CARICOM region as called for by Hosein & Thomas, (2006).

Salmon, Yan, Hewitt and Gusinger (2007) conducted a qualitative descriptive study of the Managed Migration framework that CARICOM proposed to address nursing capacity. The Managed Migration is “a multi-lateral, cross-sector, multi - interventional, long term strategy” (p. 1354) to allow CARICOM nurses to move within the region. However, each country adopted an individual version of this framework (Yan, 2006). This move created management and ownership issues, rendering the framework difficult to evaluate (Salmon, et al., 2007). The framework is still in progress. However, the focus of the researcher's study was on nurses' perspectives, not on CARICOM initiative.

### **Nurses as Humans with Rights**

Nurses are humans, although commoditized, and attempts have been made to manage their movement. Humans have basic rights including the right to emigrate. Jamaica's Prime Minister argued that there is no mechanism in place that prevents any

Jamaican from migrating (Holness, 2016). The WHO (WHO, 2014) and the International Council of Nurses (ICN, 2007; ICN, 1999) support nurses who wish to emigrate. ICN (2007) in its position statement believes that when nurses emigrate they contribute to meeting the healthcare needs of the global community. WHO believes emigration is an essential movement of personnel to attain global health (WHO, nit.). ICN (2007) stipulates that emigration is a symptom of dysfunctional healthcare systems that may have negative as well as positive consequences. ICN calls on nations to have a mechanism in place to support those nurses who wish to return (ICN, 2007).

WHO (2007) in its preamble on International Recruitment of Health Personnel maintains that nurses who wish to emigrate should have timely and adequate information, and any consent to emigrate should be informed. In a policy statement on the international recruitment of nurses, The American Nurses Association supports nurses who willingly emigrate but abhors recruitment as a method of addressing the nursing shortage (Peterson, 2008). Both the American Nurses Association and the Commonwealth Code of Practice (Peterson, 2008) uphold the right of nurses to emigrate and stipulate conditions for migration. WHO (2007) believes there should be some mechanism of collaboration, which both high and low resource nations benefit from nurses emigration. This mechanism must induce ways to promote the professional growth and development of nurses who emigrate and those who stay behind.



## Nurses as Professionals

Nurses have the right to emigrate but also have professional obligation to maintain health (Delucas, 2014; UN, 1948). Nurses choose the professional to improve public health and welfare of society. As professionals, nurses have committed to fulfill principles of ethical Code of conduct, (2015). The ethical principles include human dignity, justice, autonomy, and no maleficence (Beuchamp & Walters, 1999). Nurses have ethical obligation and moral imperative to weigh their rights, including that to prevent harm to patients (Beuchamp & Walters, 1999) when making decisions to emigrate. Emigration may result in harm and compromise quality of care as fewer nurses are left in the healthcare systems to provide direct care.

There are no laws, internationally or nationally, which compel nurses' to disclose when and to where they emigrate (Holness, 2016). Therefore, when nurses emigrate internationally source nations healthcare systems may become dysfunctional as source nations rely on them to maintain their stability. Hewitt, (2007) stated that one major reason is that no one knows when nurses are about to leave. Source nations and have limited data on nurses' intention (Hewitt, 2007) because they fail to collect adequate data (Buchan & Calman, 2013; Thomas, 2013; WHO, World Health Report, 2006). Therefore, when nurses emigrate, healthcare systems are often left without functioning capacity, which results in to closure of wards or the discontinuation of services (wiredja.com, 2017). According to one hospital administrator at UWI, "we simply

cannot find enough operating theatre and critical care nurses to continue. We have all the theatres up and running, we have all the surgeons ready to go” (wiredja.com, 2017).

Source nations lack human and financial resource. This is why more data are needed in source nations so that government or healthcare leaders can better understand nurse workforce planning, education and emigration. This study recommends that the Jamaican government implement contingency plan before nurses emigrate.

Emigration has both positive and negative effects on nurses. Studies document nurses’ financial and professional benefits, the positive effects, (Kingma, 2007; Nurse, 2004), less mention the nuisances’ the negative effects, nurses encounter in host countries. In a qualitative interpretative study Alonso-Garbayo & Maben (2009), through face-to-face, longitudinal and cross - sectional interviews collected data from Indian and Philippines nurses about their expectations and experiences as migrants. Alonso-Garbayo & Maben (2009) contend that one negative aspect of migration includes recruiters withholding information on working condition. Recruiters compare current to prospective salary without factor in cost of living in cities that nurses will live (Alonso-Garbayo & Maben, 2009). Another is the deskilling of nurses’ who are often underutilized, undercompensated and sometimes not aware of pre-employment requirements (Runnels, Labonte & Packer, 2011).

In a qualitative descriptive study Runnels, Labonte & Packer (2011), interviewed 26 Canadian recruiters to get their perspective on job practices. The recruiters admit

there are ethic guidelines but they rarely follow them. Unethical recruitment resulted in some nurses working menial jobs as they wait for credentialing. Recruiters felt that ethics was secondary to world need (Evans & Tulaney, 2011; Runnels et al., 2011). The sample size was adequate for qualitative study (Yin, 2003; Stake, 1995). Studies such as these emphasize why low resource countries need data to support emigration policies and policies that prevent maltreatment of nurses as nursing is a predominantly female profession (Lewis, 2011; Lofters, 2012).

### **Chapter Summary**

In this chapter nursing is viewed from different perspectives. In the literature review, the framework that governs nurses practice and the many theories under which they practice is looked at. Factors' leading to their emigration as well as the ethics of their migration and the many reasons that nurses emigrate is also covered.

### Chapter III

#### Methodology

#### Case Study

##### **Definition.**

Yin (1981) an early expert in case study methodology, defines case studies as a research strategy that “attempts to examine a contemporary phenomenon in its real - life context” (p. 58). The context may include economic, cultural, political, or religious factors relevant to the phenomenon being studied (Yin, 1981). Stake (1995) describes a case study as an “in-depth investigation of a person or group in a natural, uncontrolled setting” (p.12), which is undertaken to learn more about a phenomenon. Case studies examine Participants' perspectives of the world (Stake, 1995). Sandelowski (2010), defines case study research as an “intensive focus on ... one or more cases purposefully selected for study” (p. 6).

Case studies evolved in late 1960s when qualitative studies in social disciplines such as sociology and psychology were common (Simons, 2008). They became acceptable in the 1970s when a prominent quantitative researcher, Cronbach, realized that his study’s setting influenced data that he analyzed (Cronbach, 1975, cited in Simons, 2008). They are used when there is inadequate research or data available on the phenomenon of interest or when the research question seeks to answer how or why (Yin, 2003). Stake (1995) maintains that researchers use a case study design when they have an intrinsic interest in the phenomenon. When a researcher wants to explain, to explore,

or to describe a phenomenon, case studies are selected (Tellis, 1997). Explanatory studies describe or explain complex casual links, and seek answers, whereas descriptive studies explain a phenomenon within a context (Tellis, 1997).

Case study inquiries have been widely used in social discipline since the 1970s: politics, anthropology, history, sociology, and business (Gaughan, 2010; Gay & Airasian, 2005; Gerring, 2004; Hentz, 2007; Munhall, 2007; Schell, 1992; Zucker, 2009) and more recently, their use has extended to the discipline of nursing (Chenail, 2011; Zucker, 2009). Nurse researchers globally use case studies to explore a variety of issues related to clients, nurses, nursing or communities (Cronin, 2014; Ottersen et al, 2014). Ballie (2009), a nurse researcher, conducted a single-unit (explained later) case study to explore patients' perception of their dignity while hospitalized. Stalder, Evans, Hucklebridge and Clow (2009) examined sleep pattern in relation to cortisol levels in a quantitative case study. Some Australian nurses' conducted a qualitative exploratory descriptive case study to determine nurses' perception of end of shift bedside report (Chaboyer, McMurray, & Wallis, 2010), while Cronin (2014) explored nursing students learning techniques.

In the literature, case studies are referred to both as a method of inquiry or as a design (Cronin, 2014, p. 20). Sandelowski (2010) cautioned that case studies are designs, not methods, because they may be done using quantitative, qualitative, or mixed data. Sandelowski maintains that case studies are designs that are used to interpret data, which

may be simple or complex. The complexity of a study depends on the number of units used, their relationship to each other, or the researcher's objectives (Munhall, 2007).

Baxter and Jack (2008) maintained that researchers whose objective is to identify similarities and differences should conduct complex case studies with multiple units.

However, Yin (2009) believes inexperienced researchers should conduct studies that use a simple single unit design.

### **Qualitative Case Study**

The qualitative case study design was used to explore the phenomenon *Jamaican nurses' intent to migrate internationally*. For this qualitative research, a single unit case study was designed. Qualitative case studies are based in multiple realities or modernism (Munhall, 2007; Simons, 2008). Individual realities are based on their experiences, relationships, or values (Munhall, 2007). In qualitative studies, researchers do not reduce the whole, or examine it as separate entities from the person (Yin, 2011). Within a specific context, researchers examine the whole to understand people's thoughts, behaviors, descriptions, feelings, emotions, reflection or expressions (Denzin, 2009; Stake, 1995; Yin, 2003).

### **Single-Unit Case Study**

The unit may be an individual, institution organization, event, a small group, or a process (Baxter & Jack, 2008; Gerring, 2004; Munhall, 2007). Yin (2003) suggested that single unit studies could be used for different purposes such as: (a) to test a theory, (b)

explore a unique case, (c) identify representative characteristics, (d) explore a phenomenon, and (e) establish a foundation for longitudinal studies. Johansson, (2003) insisted that single units explored within a context allow for individual perspectives and themes to emerge. More complex units for example hierarchical and historical look at different groups (Velloso, Ceci, & Alves, 2013). A researcher may use multiple methods, theories, investigators, methods of analysis, or data sources, to improve data and credibility (Denzin, 1989, cited in Cronin, 2014; Shenton, 2004). Data may be gathered from different sources, which may include documents, archival records, interviews, artifacts, direct observation, Participant observation, or may come from stakeholders (Simons, 2008; Yin, 2003).

### **Case Study- Critique**

Some scientists question the credibility, transferability, the lack of conformity to rigor, the lack of a standardized procedure for data collection, and internal and external validity as done in quantitative research (Denzin, 2009, Yin, 2011). Denzin (2009) argues that qualitative and quantitative inquiries do not share similar logic; therefore, they should not be evaluated using the same criteria. Denzin, (2009) criticizes established research bodies for undermining the “importance of context, meaning and process as essential components of causal and interpretive analysis” (p. 144). Denzin believes quantitative research limits scientific inquiries to numbers while undermining peoples’ thoughts, feelings, or emotions during a process.

## Case Study Setting: Jamaica

### Jamaica-Immigration and Nation Development

Experts in case study maintain that the setting and the study unit are important in understanding the case being studied (Yin, 2003; Gerring, 2004). This chapter introduces Jamaica, the study setting, and gives a brief account of the island's migration history. It outlines structure of Jamaica's current healthcare system and the study unit, Jamaican professional nurses. Lastly it outlines resources that Jamaican nurses can access for professional development and growth.

### Jamaica's Migration History

Jamaica is the fourth largest island in the western Caribbean. Jamaica's migration history dates back to early 1800's and has positive as well as negative effects. The positive effects include the national tongue, *Patois*, a blend of many dialects; as well as its motto *Out of Many, one People*, meaning the many origins of its people. The negative effects include social division by color, race, and class due to the diverse immigrant population. Jamaican ancestors include Taino Indians who immigrated from South American; Spanish immigrants who miscalculated route led them to Jamaica, and English plantation owners and their African slaves who worked on plantations (Jamaica Information Service (JIS), 2014; Schmid, 2010). Chinese people also immigrated as indentured servants, as well as Middle Eastern natives from India, Syria and Lebanon.



These natives were either traders or they immigrated to escape religious persecution in their country (Sea & Sun Jamaica, 2014).

### **Jamaica: Migration and Nursing Education**

During colonialism, British nurses' were responsible for the education of women of sound moral character on its territories, including Jamaica (Paton, 2007). These British nurses' sought women similar to them: women who were single, of good character and personal attributes, or manners. There was no formal entrance examination for nurses. Women with these characters were recruited by the first known nursing agency formed in 1896 – the Colonial Nursing Association (CNA), to work in the colonies (Solano & Rafferty, 2007). In 1932, the Colonial Office (CO) standardized women's working condition to prevent their exploitation as they were paid significantly less than other British workers (Solano & Rafferty, 2007). In 1940, the CO merged with the CNA to form the Colonial Nursing Service (CNS). The CNS required British nurses in all territories to register with the General Nursing Council for England and Wales. Nurses educated on the territories, such as Jamaica “were not eligible” for registration as they were not considered as professionals (Solano & Rafferty, 2007, p. 1057).

The number of British nurses' in the colonies fell when World War II (WWII) was eminent. To fill the void, the CNS passed the Nurses Act of 1943 that allowed unqualified women to be educated as assistant nurses to decrease the workload on registered nurses. Persons who were able bodied, with any caring experience were

recruited (Solano & Rafferty, 2007). The CNS enacted the Control of Engagement Order to safeguard its international human assets (Solano & Rafferty, 2007, p. 1057). In 1949, CNS relaxed its criteria for entrance to nursing and allowed women from its territories to be educated in Britain and return to work on the territories (Solano & Rafferty, 2007). These changes resulted in Jamaica adopting the British standard of nursing education that includes Registered Nurses (RN) and Local Practical Nurses (LPN).

During colonialism, a third class of “nurses” emerged. They were house slaves called doctresses who were informally educated by observing doctors who tended the sick plantation owners and their families. For example, Jamaican nurse Mary Seacole was a doctress (Washington, 2009). Social changes globally, i.e. the international war resulted in formal nursing education in Jamaica (Hewitt, 2007; Ottersen, Dasgupta, Blouin, Boss, Changsuvivatwong, ... & Scheel, 2014; Paton, 2007; Schmid, 2010; Solano & Rafferty, 2007). The researcher studied registered professional nurses who are educated in Jamaica.

### **Jamaica: Migration and Politics**

Post emancipation professionals, including nurses fled the country (Panton, 1993) due to unrest between major political parties over the control of the postcolonial government in Jamaica. The rift led to an unstable economy, civil unrest, and social upheavals (Panton, 1993). Outward migration of nurses from Jamaica during the post-colonial era is also attributed to Jamaica’s relations with the World Bank (Ottersen et al.,

2014; Panton, 1993). The World Bank and the International Monetary Fund stipulated conditions for reimbursement of loans. Such terms prevented Jamaica from increasing its human resources or its salaries. This saw more nurses leaving (Panton, 1993).

Government of the Caribbean Community, CARICOM, attempted to curve the emigration of nurses through *The Managed Migration Program* (Yan, 2006). The program was proposed to retain an adequate mix of qualified nurses in the Caribbean, and foster intra island exchange (Salmon, Yan, Hewitt, & Guisinger, 2007; Yan, 2006). The Jamaican government contemplated, but was unsuccessful in educating nurses for export, as part of the managed migration effort (Lewis, 2011). Salmon et al. concluded that the program is flawed as: (a) Nurses who participated emigrated; (b) Models differ across CARICOM; (c) Nations saw the program as country entity as opposed to a collective endeavor for regional development; and, (d) the program outcome was difficult to evaluate because of the confluence of interregional issues and models. Jamaica's attempts to address the severe shortage of nurses due to emigration included the *Return Resident Programme*, a skill bank registry, and the *Return of Talent Programme* (Thomas - Hope, 1999). The Jamaican government recruited nurses from Cuba, Africa, and the Philippines to fill vacancies. Jamaica is now working with the International Organization on Migration to retain nurses in its healthcare system (Lofters, 2012).

## **Jamaica: Healthcare System**

The Jamaica's healthcare system includes public and private institutions that offer primary, secondary, and tertiary care. They are located across four health regions.

Health regions are statutory bodies responsible for delivery of care (WHO, Country Cooperation, Jamaica, 2013). Each health region is divided into health districts with several health care facilities. There are 24 hospitals, private and public (WHO, 2013) of which eleven of are located in major cities of Kingston and St. Andrew parishes.

Hospitals offer specialty services example chests diseases, cancer, orthopedics, maternity, and children's cares are located in the cities of Kingston and St. Andrew. There are private hospitals in the major cities of Kingston, Mandeville, and Montego Bay. These hospitals offer services to the insured, wealthy, or to those who can afford to pay. The Jamaican government funds local hospitals (Lofters, 2012). Health centers, classified by services offered, range from type 1, offering basic maternity services, to type 6 which offers services similar to hospitals except for complex diagnostic and surgical procedures. These include dental, maternal, children, elderly and adult care; and include diagnostic and treatment (WHO, 2013). The more affluent Jamaicans receive healthcare from private doctors.

Jamaican nurses work in all health regions and in different types of healthcare facilities. The government of Jamaica employs nurses who work in public facilities.

Private bodies employ nurses in private hospitals or industries (hospitality and

manufacturing of healthcare products). Nurses are grouped into 8 categories, RN8 to RN1, ranging from chief nursing officers to clinic nurses (the Nursing Council, email, 2015). Nurse's work at the Ministry of Health where they make decisions or the clinics and hospitals where they do direct patient care.

In 2008 Minister of Health, Dr. Ferguson, championed the *no user fee policy* to improve access to care and health equity. Dr. Ferguson stated, "the no user fee will assist the country to meet its Millennium Development goals, 4, 5, 6, (UN, 2014), reduce child mortality, improve maternal health, and to combat HIV and other diseases" (Ferguson, 2013). However, Edith Allwood-Anderson, former president of the Nurses Association of Jamaica, maintained that no user fee has contributed to poor working conditions for nurses (The Gleaner, 2010, September 2). Hall (2013) in an article to The Gleaner, a major newspaper in Jamaica, stated that "no user fee led to deterioration in working conditions for health care workers, especially nurses, due to lack of revenue to purchase needed supplies" (Hall, 2013). Poor working conditions include inadequate infrastructure, equipment, or staff (Lewis, 2011; Yan, 2006). Inadequate economic resources result in the inability to increase nurses' wages (Lewis, 2011).

### **Jamaican Nurses and Gender**

Nurses are the major healthcare providers in Jamaica's healthcare system. The majority of nurses are female (Lofters, 2012). Studies show that women's contributions to economies are often undermined due to gender disparities (Brown, 2012; Buchan,

2002; Kingma, 2007; & Yan, 2008). Evidence of gender disparities has been evident in Jamaica since colonialism when the salary paid to women was less than what was paid to men for doing the same work (Panton, 1993; Paton, 2007). Women earn less than men in general (Paquette, 2016).

Nursing was not considered as a reputable profession; therefore, Jamaican men were not educated as nurses (Panton, 1993). Jamaica had a paternalistic social system, in which women were often not visible in dominant positions, such as those responsible for resource allocation (Panton, 1993). Panton (1993) asserted that women absence from major boards contributed to inequitable resources distribution. Lewis (2011), who conducted a study to explore nurses for export, noted that Jamaican nurses must be understood in the broader context of gender and class in Jamaica.

In early 1900, Jamaican nurses were classified as civil servants, not professionals (Panton, 1993). The Jamaica General Trained Nurses Association lobbied for the re-categorization to professionals (the Jamaican Nurse, 1970). Lewis (2011) maintained that Jamaican nurses' salaries have not improved despite the re-categorization. In 2012, the starting salary of a Jamaican registered professional nurse was approximately J\$50,000 per month the equivalent of US\$500.00. Experienced Jamaican nurses earned between J\$70,000 - 80,000 monthly, or US\$40.00 daily (Thompson, 2014). In comparison, in 2011 the mean hourly wage for a registered professional nurse in the US was \$33.00 (Bureau of Labor Statistics, 2011). A Jamaican nurse' wages for one day is

equivalent to a US nurse wage for one hour. Since the salary range was documented the Jamaican dollar has devalued (IMF, 2013; Ottersen, 2014).

It cost between J\$ 360,000 and J\$ 500,000 to J\$2 million (US \$20, 000) to educate a Jamaican nurse to the bachelor's level (Cornette, February 2, 2010, the Gleaner). The Jamaican government subsidized nurses' education (Lofters, 2012). Meager wages post-graduation prevented nurses from purchasing basic commodities such as a car, or a home because they have to repay hefty loans (Brown, 2008; Cornette, February, 2, 2010; the Gleaner). The lack of financial resources fosters outward migration (Brown, 2012; Hewitt, 2007; Lewis, 2011; & Seivwright 1965). This study sought to understand Jamaican nurses' perspectives on issues leading to the decision to emigrate.

## **Jamaican Nurses**

### **Doctress to Doctorate**

It is important to understand Jamaica's history (Lewis, 2011), as well as the study unit, Jamaican nurses, to interpret the phenomenon, *intent to emigrate* in its broadest context. A unit of study is defined as an individual, or a small group, studied in detail (Gerring, 2004). The unit of study for the proposed research is Jamaican professional nurses. The Nursing Council of Jamaica defines a Jamaican registered professional nurse as, "a person that has completed a *programme* of basic nursing education and is qualified and authorized in her own country to apply the most responsible service of a nursing

nature for the promotion of health, the prevention of illness and the care of the sick”

(Government of Jamaica, 1966, p.5).

## **Nurses**

In Jamaica, nursing grew out of colonialism and migration played a significant part in its development (Hewitt, 2007; Hunter, 2011; Lewis, 2011; Paton, 2007; Salmon, Yan, Hewitt & Guisinger, 2007; Schmid, 2010). When World War II was imminent, British concern for the wellbeing of its citizens in the colonies, ordered that Caribbean women migrated to be educated in Britain as nurses (Hewitt, 2007; Solano & Rafferty, 2007). It was more feasible and less risky to educate Caribbean women in Britain to return to the islands to ensure that British citizens had quality care (Hewitt, 2007).

Jamaica’s most prestigious women, *of good character* (Paton, 2007) were accepted for *training*.

## **Registered Nurses**

On July 19, 1946, the Jamaica General Trained Nurses Association (JGTNA) was formed. JGTNA advocated for nurses’ registration, education and reciprocity with Britain (The Jamaican Nurse, 1970). The Nursing Council was established to regulate and set standards for education, practice, and Code of Conduct (Marshall Burnett, 1981). The first group of nurses’ was registered in 1952 (Wilson, 2003). Jamaican nurses achieved reciprocity with the General Nursing Council of England and Wales in May 1952. Since 1952, Jamaican nurses’ with reciprocity emigrated freely (Wilson, 2003). In



1953, the International Council of Nurses (ICN) recognized the JGTNA as the official bargaining unit for Jamaican nurses (Wilson, 2003).

In 1948, London University established the University College of the West Indies to educate men in six categories- Theology, Engineering and Architecture, Literature, Law, Medicine, and Science (Hewitt, 2007; Report on the Commission of Higher Education in the Colonies, 1945; University of the West Indies, 2013). University education in Jamaica was for men. There was no provision for the education of nurses, who were exclusively women (Hewitt, 2007; Report on the Commission of Higher Education in the Colonies, 1945). Nurses who wanted to advance professionally travelled to Toronto University, Canada, or Columbia Teachers College, USA to be educated at the baccalaureate level. On their returned to Jamaica, nurses' assumed leadership positions as matrons (chief nursing officers), sister tutors (professors), or sisters (head nurses) (Felsted, 1975; Hewitt, 2007; Paton, 2007). Nursing was stigmatized as a lower - class career for women of color. More men are educated as nurses in Jamaica but the social stigma of nursing as a female-dominant career still exists (JIS, 2014). Nurses' migration in the 1900 was for professional advancement or gender disparities (Marshall Burnett, 1981; Wilson, 2003).

### **Registered Professional Nurses**

After 1952, the standard of nursing education changed from hospital based, to classroom followed by rotation on the wards, and much later to college based. Nurses

became professionals. The Nursing Council of Jamaica defines a Jamaican registered professional nurse as, “a person that has completed a *programme* of basic nursing education and is qualified and authorized in her own country to apply the most responsible service of a nursing nature for the promotion of health, the prevention of illness and the care of the sick” (Gov. of Jamaica, 1966, p.4). For the purpose of this study, “Jamaican nurses” refers to registered professional nurses, who were born, are living in, were educated to the bachelor level in general nursing within the last five years, are registered with the Nursing Council.

Since 1970 Andrews, a private college, run by the Seven Day Adventist Church has offered the BSN (Hewitt, email, 2015). Since 1974, the Jamaican government funds formal nursing education at community colleges (Swaby, 1978). At the completion of college students were granted liberal arts and science certificates, and qualified for registration as nurses (Swaby, 1978). The system continued until 2004 when other private schools followed by public nursing school, such as the Kingston School of Nursing, merged with colleges to offer the baccalaureate degree, which is now standard in Jamaica (University of Technology, 2009).

### **Resources Available for Professional Advancement**

#### **Specialist Courses**

Specialist courses were first offered in public health, administration, operating room, pediatrics, and intensive care (Felsted, 1975). Today the family nurse practitioner

and psychiatric nurse practitioner programs, as well as nurse administration and education courses are offered at the master's of science level at the University of the West Indies (UWI) School of Nursing, Mona. The University Hospital of the West Indies and the Victoria Jubilee Hospital offer primary or post graduate courses in midwifery (Hewitt, 2015; Lewis, 2011). The University of Technology also offers Bachelor of Science degree in general, dental, and public health nursing, and Master of Science in anesthetist (Hewitt, 2015; University of Technology, 2009).

### **Advanced Study Courses, Conferences and Journals**

Jamaican nurse scientist, Hewitt stated that the PhD in nursing is offered at the University of the West Indies, Mona campus (Hewitt, email, 2014). As members of the Caribbean Nurses Organization, Jamaican nurses can attend conferences, workshops, and summer schools (Wilson, 2003). In 1961, the JGTNA launched the *Jamaican Nurse*, a journal for Jamaican nurses (Felsted, 1975; Wilson, 2003). The *Caribbean Nurse*, a peer reviewed journal was launched in Jamaica in 2013 and publishes nursing research articles. Jamaican nurses' also have access to specialist training.

Despite these advancements of nursing, the exodus of Jamaican nurses continues (Barrett, 2010; Lewis, 2011; The Jamaica Observer, May 4, 2010). The exodus of experienced academic and service leaders lead to deterioration in the Jamaica's health

system (Lewis, 2011; Salmon et al., 2007). The data from this study may provide insight about Jamaican nurses' lives and reasons they intent to emigrate.

### **Preparation for the Study**

#### **Human Subjects Protection**

The researcher met the Federal and institution's requirement to complete the study. The researcher completed the Collaborative Institution Review Boards Training Initiative (CITI) as well as the Responsible Conduct of Research (RCR) training (Office of Human Research Protection [OHRP], 2009). The researcher completed the proposal and the institutional review board of CUNY (IRB) approval to conduct the study.

Institution Review Boards protect human subjects in experiments following the Nuremburg Code (Framer, & Campos, 2012). The researcher designed written consent form, an information sheet, and a demographic sheet, which were submitted to the Institution Review Board (IRB) with the proposal. The researcher kept a reflective diary to separate biases from scientific data.

#### **Participants' Recruitment**

The researcher is Jamaican who used two sampling techniques to select Participant: criterion and snowballing (Lunenburg & Irby, 2008). Nurses who met the inclusion criteria of being a) Jamaican, b) never emigrated, c) intend to emigrate, d) and who graduated in the last five years with a bachelor degree, were invited to participated. In the study, snowballing and work referral were used to elicit sample (Burns & Grove,

2009, p. 356; Lunenburg & Irby, 2008). Participants were asked for names, telephone numbers, or emails of batch mates or colleagues who intend to emigrate. Participants were called or emailed, provided with a flyer about the study, and invited to participate. A mutual date, time, and place were arranged for face-to-face interviews.

### **Recruiting Material**

On the date of the interview, the researcher gave the Participant a hard copy of the information sheet, the consent form, and the demographic data sheet. The information sheet explained the study and Participants rights (appendix A). The consent form, granted the researcher the right to study Participants (appendix B); and the demographic data sheet, which allowed the researcher to describe the sample (appendix C). Deaver (2011) states, “it’s the researcher’s obligation to secure subjects’ safety and well-being to minimize potential harms to subjects and to maximize potential benefits” (p.172).

Participants were told that data were confidential, as neither government nor public sector employers had access.

### **Informed Consent**

The Office for Human Research Protections maintains that Participants should be informed of the risk and benefits of studies (OHRP, 2009)). The consent form asked Participants to participate in the study, be recorded, and to give permission to use their data. Participants who signed the informed consent also acknowledged that their

participation is voluntarily. The information will be kept confidential. Only participants whom consented were allowed to participate in the study.

### **Confidentiality**

To maintain confidentiality, each Participant was assigned a number, which was used throughout the study. Demographic data sheets were given an alphanumeric code and were kept separate from field notes and transcribed data. Health regions were given alphanumeric codes. The researcher secured data in a locked bag on her person from site of recording to that of analysis. After transcription, the researcher stored data in a locked safe.

### **Vulnerability of Participants**

The researcher's information sheet (Appendix A) informed Participants that they could refuse to participate or rescind their data at any time, without incurring any penalties. Participants selected the place and time for interview to minimize any risk associated with the interview. Fare to the site and time for the interview allowed for each Participant to be compensated with a 40US\$ credit card.

### **Appropriateness of Method and Design**

The phenomenon, *intent to emigrate*, is the beginning of the process of migration for Participants. There is inadequate data on nurses' emigration from Jamaica to characterize the phenomenon (National library of Jamaica, email, 2015; WHO, 2006; WHA, 2004). While some data are available on the after effects of nurses' migration

(Brown, 2008; Hewitt, 2007; Lewis, 2011), little is known about the actual process that occurs while nurses' are still in Jamaica. Neither, Jamaican nurses' perspectives on migration nor the decision - making process of those nurses' who intent to emigrate are well documented (National Library of Jamaica, email, 2015).

### **Chapter Summary**

A qualitative case study was used to study Jamaican nurses, who intent to emigrate. Qualitative case study allowed the researcher to collect data from multiple sources and to validate nurses' responses. The researcher used single unit simple design as suggested by Yin (2009). The boundaries for the single unit includes, Jamaican nurses who graduated with a baccalaureate degree in the last five years from a school of nursing in Jamaica (time frame), have never emigrated (inclusive criteria); are living in Jamaica (context), and are in the process of emigrating (inclusive criteria). The unit of study was Jamaican nurses. The researcher did not control for within unit variables that may include nurse's age, place of employment, or specialized areas of practice etc.

## Chapter IV

This chapter includes the procedure of the study sample, resources, research settings and reflection of participants and data analysis. The data analysis tells how the researcher arrived at the themes. An exploration of each theme is provided. This chapter ends with the summary.

### Procedures

Each participant was asked to read the information sheet (Appendix A) and upon agreeing, to sign the consent form (Appendix B), and then answer the four research questions,

1. Tell me what do you know of nurses who intend to emigrate, and why?
2. Tell me at what point in your nursing career did you decide to emigrate?
3. Tell me how do you prepare once you decide to emigrate?
4. Tell me if you encounter any issues once you decide to emigrate??

The researcher collected subjective data from structured questions, and face-to-face interviews from participants. Participants' answers were captured on audiotapes, narratives, field notes, memos, and through direct interaction. Audio recording captured the content, and field notes contained jottings and descriptions of words or phrases that were used during interviews (DiCiccio -Bloom, 2011) and the place and time of day, dress code, and state of relaxation of the participant. Memos are information relevant to the concept that the researcher thought were important (Munhall, 2007). The researcher noted (Munhall, 2007) the setting, who was present, and participant interactions. The researcher also noted how each participant answered the questions, specific or general.



Upon the researcher's arrival in New York, participants' data were translated verbatim. The researcher explored answers from participants' in each health region and compared and color-coded each answer (Table 1). The researcher examined individual participant answers and color-coded them (Table 2).

## **Findings**

### **The Sample**

Participants were born in five of Jamaica's 14 parishes, and four worked in parishes different from those of their birth. Three participants were married and lived with spouses and children. Two participants were single and lived on their own without children, and one was single and lived with her parents. The participants graduated one to four years ago, three from private and three from public nursing schools. Participants were six Jamaican female black nurses from three of Jamaica's' four health regions. There were no male participants. No one from Jamaica's North Eastern health region participated. The participants worked at three public hospitals, two private hospitals, and one public health center. Four participants were referred by snowballing i.e. they went to school together, and two were by work referral, i.e., they worked together.

## The Research Setting and Reflections of Participants

Nurses were identified only by numbers to protect their identity, where and when they met the researcher, and the institution or region in which they worked. They are identified as participants one through six.

### Participant 1

Participant met the researcher at a cafeteria close to work before going on duty. She chose a table in the corner and was interrupted once by a staff member who was selling sweets. She was eager to talk and answered each research question as if she had prepared for it. She wore a crisp white uniform, was well attired, and kept nodding her head. She appeared in no hurry and took her time to think about and then answered each question. Recording was no problem for her. Participant appeared eager to sign the informed consent and left her phone number.

#### 1. Tell me what do you know of nurses who intend to emigrate, and why?

“Better opportunities mostly, and the pay. Most of us we have like student loans and stuff, with the pay that we get its not feasible. You work for two years and you see yourself paying off your loan. The working conditions as well. Here most times we are short staffed, you do a lot of overtime, and shortness of resources. The resources really lacking, you have to improvise a lot. You don't have the resources to do a lot of things that you really want to do.”

“One person that I know she has been a nurse here for a few years. She specializes in pediatrics. Her mom is there. She has a son they travel. She just finished [NCLEX]. She got through. We know that’s its coming. One of these days she is just going to up and leave. There is always shortage here. Persons leave so often. They do a lot of interview but they don’t get everyone that they interview. Everybody else have the shortage-its who call first. You have that then you have the persons that are leaving, you don’t have enough persons coming as you have leaving. There is always a shortage. I’ve only been here a year and a half quite a few persons have left since I’ve been here. When I came here it was only two of us and [there were] it was eight leaving.”

“There are better living conditions and better working conditions. I know somebody that is there and she tells me that the money is very good. As it relates to having a patient if you have more than four patients that is a lot. You have three or four other persons that are working with you- everybody has a specific function that they have to carry out. Here as an RN you find yourself doing everybody else job even though you are trained to do from the basics whatever, and employ people to some of the jobs.”

“They made a unit that is not open because we don’t have the staff. There are only three pediatric trained nurses the rest of us are regular RN. One person is in training now for the neonatal unit; I think they are just starting that up. They didn’t have people wanting to do it before. We have one person there that is training for that, and we have

another lady that is in training for the pediatric. Most of us working here are not trained but have been here for a while. We have vast experience. I work on female ward and then, I moved here. Once or twice you have to move to another ward and work even for a day. I work at male and I work at accident and emergency. Once they are short like you have enough nurses here one will move to fill in.”

2. Tell me at what point in your nursing career did you decide to emigrate?

“After you do your exam [NCLEX] you have been studying for a while and get through then you decide to migrate. Some [nurses] get married and then go up. I know other persons that go up after they do the NCLEX and go after. I don’t know if it’s a period that you wait until you get through in a hospital.”

3. Tell me how do you prepare once you decide to emigrate?

“During the five years you do the degree most of the other ones [nurses] have certificates. They are bonded. That is one reason that they will stay. After the bond is off they will try other stuff. A lot of nurses are bonded. The midwifery, or any other courses, you have to be at the institution for two years before you can go off for it. What I realize you have a lot of persons waiting on the waiting list, that are here for five years. You come in like me near to a two year, I won’t be getting through for now if I wanted to do the midwifery. However you do have persons going and doing midwifery. Midwifery is one of them [courses] that is always full. You will wait a long time for that.”

“Persons that want to leave wouldn’t want to go through all that. One’s that want to stay would more prefer midwifery. Persons that did the peer support [emigrated] and two weeks after they came back they went away. I do a lot of sessions and pay off my loans. Sometimes it’s [professional advancement] not needed, as one will not use it abroad. The waiting time to process one’s application is best spent doing sessions to pay off one’s loan. Without the migration being a specialist doesn’t really hinder anything.”

“You do a lot of shift work. You have to pay your own transport. Travelling alone you, depending on where you are living, have a specific car.”

#### 4. Tell me if you encounter any issues once you decide to emigrate

“The offers that they [the recruiters] give sound really good and you can take your immediate family.”

#### Participant 2

Participant two had just left the evening shift, after working 2 pm to 10 pm. We met in a closed dark room. An employee who had come to put something in the fridge interrupted her once. The room was dark and had no sense of belonging to anyone. There were no flowers or personal effects anywhere. Everything in the room was dismal. She took her belongings from a locked cupboard and closed the door. She read through the papers (Appendix A) and then answered each research question. She spoke of the general condition on the ward where she had just worked; then went into the specific research questions. She spoke of the direct and the indirect situations that arose from

nurses emigrating, for example, having to work on wards to which they had not been assigned because no one turned up for duty there.

1. Tell me what do you know of nurses who intend to emigrate, and why?

“They think that there are more opportunities overseas, have more facilities, more areas of specialization, [and] more money. They feel as if they achieve a lot more, when it come to like the pay here you may find that they not able to buy their own home. They do not reach certain goals. Persons that I have spoken to they may want their own home; secure the children’s future. They are not able to do that here. They have to work a lot of sessions just to make up and pay back loans”

“You can pay it [student loan] overseas, or from your salary here. It might take quite a while. When you look at the conversion rate between the J\$ and another foreign currency you get a lot more out of it. I’m not sure about the cost of living over there. I heard them talk [nurses]. They find it better off over there.”

“The amount of patients you have to work with sometimes you may find that its one nurse to twelve patients here. And you might find that you don’t have as much to work with. Those things get you a bit frustrated. Over there, its one nurse to four patients and they have everything that they need. No need to stress out yourself. You might find that here you have to look for things like medication. Go to another ward to find out if they have enough to share. Walking the whole day can’t find what you want it’s a bit

frustrating. Tiring. Those things let you want to look to somewhere. Just do your work in peace.”

“For example I work on a ward this evening and had to leave to go and find medicine. Those things make you want to leave. You don’t have basic supplies. You don’t have sheets you don’t have medicine. If you’re doing an admission you don’t have what they order. The doctors expect you to have the basic supplies. I had to wait until a staff was available to leave. This takes up a lot of your time. You have to improvise a lot. You don’t have the luxury of a lot of things that you want. There you have a lot of things that you want.”

“I really haven’t much conversation about people with other degrees. I guess specialist make you more marketable. I think one moves whether you’re a specialist or not. They seem to have a lot more specialist over there. Things like forensic nursing and stuff like that they don’t have it so much here. Those are things that grab people. I want to do something new not just midwifery and accident and emergency, and pediatrics. I want to do think they have like neonatal, accident and emergency, midwifery, and pediatrics here. Those nurses are double trained. I’m not sure how long it took them to specialize.”

“I think family is one of the driving forces that would make you want to leave. As I was saying before, when you talk about cost of living. [When you work in a foreign country,] you may be able to balance your books a little bit better. Send out some money.

You're able to give them [your children] a tertiary education. When you are retired and you look back on your life and you say "yah." Somebody told me once that when you work here after a certain time you look back on your life and you are disappointed [laughed]. Those are the things that make one want to leave."

2. Tell me at what point in your nursing career did you decide to emigrate?

"I think from persons would think about it from you're in nursing school you're exposed to a wide range of subjects. You say I might like midwifery or I might like accident and emergency because of that excitement, or operating theatre because of the tools. So, I think they may start at school and they may come here and might decide that. When you are a student it's different. When you're actually working you might say maybe not this area anymore. Could be that they decided in school or when you come here you are influenced."

3. Tell me how do you prepare once you decide to emigrate?

"It may depend on the waiting time. You might find other persons want to go into midwifery so you have to wait a while before you get leave to do what you want to do and come back. Some nurses may just be adventurous. They want to try something new. I think the major thing is economic reason. We pay to learn were not paid to learn."

4. Tell me if you encounter any issues once you decide to emigrate

"The offer [that] they give (the recruiters) sounds really good. You can assist your family."



### Participant 3

We met during her lunch break. She was pregnant and was waiting to have the baby, which, she said, gave her an added incentive to emigrate. She complained that the sisters and the staff did not give her an additional nurse to work with. She was looking forward to her lunch break, which, she said, was the only time to put her feet up. She went to a nearby lunch shop, which was across the street from the noise of the busy hospital. This, she said, was to get some privacy. She spoke readily and addressed each research question. She spoke in-depth about the lack of inter-professional relationships at work.

#### 1. Tell me what do you know of nurses who intend to emigrate, and why?

Nurses are faced with “poor working condition, lack of motivation, [and] low salary. You don’t have the supplies to work with. You have to improvise. When you improvise you can put yourself at risk. [Supervisors] instead of bashing your nurses and finding all negative things to say, I know the salary is not there set a duty that will encourage them to come to work and also [be] a part of the family. Showing that you are not just a nurse but you’re a mother and a wife. Have annual get-to-gather that can cover a wide area of people. At least do other things to show that you care. When you pay how much million to go to school and when you get come back you are collecting 70, 000 J\$ on average. This is just student loan money alone. You have rent to pay, and if you live

on your own you have mortgage to pay. If you live with your parents you have no money left. Your income is always lower than your expenditure. It will affect you mentally. You're not only emotionally drained you are physically drained from work. If you really want a balance it might be hard, but try to compensate. Some allowance."

"I had to borrow student loan for three years. ... I'm not bonded. I have interest to pay. I know quite a few [nurses] that have migrated. They have more money. They work [fewer] hours. Money that you make they make in a month double or triple your salary in a month. On the floor, the motivation and feeling a part of the staff. [The] hierarchy of staff, how you respond to your supervisor, especially for young nurses coming out of school now, and you seniors are much older than you. They will behave as if you're such a child. Some of the time it's kinda [kind of] hard but after a while you learn to do what you have to do."

2. Tell me at what point in your nursing career did you decide to emigrate?

"After leaving nursing school I had to wait one year before I get a job. That's the worst year. Every year you have an influx of nurses. There are so many nursing schools in Jamaica. They don't have a job, but they have loans to pay, they have bills to pay, children. So, maybe because persons are leaving they have to import nurses to work create a balance."

“There are nurses that want to stay ...but they have to find another source of income. Maybe they are doing something on the side, weather farming or have a business so they can maintain a stable living in a sense. They can assist their families, with housing, food, - cost of living going up every day. Prices of stuff going up and your salary are not going anymore. How is it that you’re going to provide for your family? If everything going up and your salary is not, it’s gonna [going to] put a strain on you mentally, physically and you have to work double time so you can work more money. ... You have to work sessions. ... I’m working super hard and can’t make ends meet; every-time my income is below what I’m spending. This motivates you to want to migrate.”

“I’m not seen where they [Ministry of Health, MOH] are making an interest to keep nurses in. If you’re realize the statistics from 2000 till now, and compare there is a trend, people don’t up and leave like that. ... Something must be wrong. Each year the statistics decline. You have [to] make some preparation. Seen that our nurses are leaving... we need to do X, Y, [and] Z. I’m not seeing where they are forthcoming with any plans to keep the nurses. They are only saying nurses going to leave. ...They are taking Cuban nurses here ... build a balance between Cuban nurses coming and nurses leaving. They [MOH] do not motivate nurses to stay in Jamaica.” So far I’m not sure what they are doing.

3. Tell me how do you prepare once you decide to emigrate?

“Well that is another issue [midwifery]. Nurses that have been working for 6-9 years and they are not going on to do any course. You hear that the list is long so we cannot facilitate you. Send in your application and when it’s available you can go. Well I know nurses left right after finishing the course. They just migrate. They just emigrated. Even at the University of the West Indies, one of the time I was hearing that after completing the courses they [nurses] just migrated.”

“There are opportunities through continuing education, but you have to wait for a period of time. Worst if you have a long wait. Its kinda [kind of] drag out. You just want to resign and do it on your own. It’s hard to get back into things. You are told two years and you’re still there until five years. It demotivates you. [You ask yourself] Why am I still there? [Courses are offered at] University of the West Indies and Cornwall Regional.”

4. Tell me if you encounter any issues once you decide to emigrate

“I don’t have any problem. I want my student loan to pay off. In need my mortgage to pay off. The recruiter that I ‘ve been hearing about normally takes the family. The baby. I just want to have the baby then leave. Don’t come back. If you’re applying to a recruiter they will sought out the papers for both the family and yourself. In

a sense, kinda [kind of] is a win – win situation. A don't know what transpires afterwards. It takes up to a year. It's a step by step procedure.”

“We do talk [Friends working abroad], “We have a lot to talk and they tell you about their experience. It's depressing. It's a good thing. Man I'm working so very hard. We will have a long talk, it can be good and it can be bad. This makes you want to migrate.”

#### Participant 4

We met in a nearby coffee shop that sold everything from pads to bandages. She kept looking over her shoulder and around her. She knew everybody that worked in the shop. She was nervous and made the researcher uncomfortable. She was uncomfortable with the taping and recording. At that point the researcher turned the recorder off and just jotted down notes.

#### 1. Tell me what do you know of nurses who intend to emigrate, and why?

I don't tell anyone that I intent to leave. That's why I look if anyone is close by. My batch-mates are all gone. [I would think] mainly the inadequacy of salary. You don't have anything to work with. You come to work here and all you here is they don't have this they don't have that. You don't have things to work with.

2. Tell me at what point in your nursing career did you decide to emigrate?

Here, you are living on promises. Ministry of Health promises that they are going to fix this- fix that. They walk through and make promises, which they never fulfill. One they leave the premises it's amen. You don't see them again until next year. You point out everything. You can call till you [are] dead. Nobody gets back to you. You have to send [the patient] them a doctor shop to buy the things so you can take care of them. Some of them don't have it. Then they have to wait on the one doctor if they need treatment. Doctor has his private practice. I'm fed up. I will leave one day. I'm glad that you came and see what the situation is. I was not in the mind to leave, but I talk to my batch mates.

3. Tell me how do you prepare once you decide to emigrate?

Me? I'm studying the NCLEX. What book they use up there now? It don't make sense to wait and do the midwifery. [She held her head down]. If you get through- well do it. As they come and you turn you hear that they leave. I was not foreign- minded, until my son turn big. I have to go. Every nurse they send here has left.”

4. Tell me if you encounter any issues once you decide to emigrate?

“I don't tell anyone that I am going. I'm just waiting on the recruiter. They take the whole family. I have my house already. I will work anywhere. I just need to settle my son.”

### Participant 5

She worked at a private acute care facility. We met at a friend's house. She had worked the night shift and had come home from work. She spoke of breaking up the family unit to emigrate. She would not have planned to emigrate had a recruiter not promised to get job for both her and her husband. She answered each research question with some reluctance, i.e., she thought about what she was about to say. Participant spoke about other nurses who had left before her.

#### 1. Tell me what do you know of nurses who intend to emigrate, and why?

“Nurses are not comfortable living in Jamaica. The work environment is not so ideal in terms of infrastructure. You have no equipment to work with. I'm here five years that I'm here and I'm not permanent. If I should leave I've nothing to get. I'm getting RN 1 salary ... from day one. It came on the news last night where our representative from the association met with the government and was discussing these points with them. About 300 nurses they (MOH) employ them on a contract basis. ... They (MOH) don't pay out any money. Every year my increment should have been going up-you understand. But because they don't employ me permanently I can't get that increment. This is what they (MOH) are doing to the nurses and these are the reasons why nurses are leaving.”

“The enumeration is poor, very -very poor. It is stressful. When we don’t have stuff we have to search for it. Sometimes you have to walk from your ward to another ward to find things. I think there can be improvement there. Besides all of that, the supervisors- I don’t like the type of professionalism that they display. If they ask you to do a session and you refuse-*oh you rich now- you don’t want money*. You have to explain or justify why I can’t work. I know that I am being resented when I say I can’t work on. They look at it like you don’t want to work to help out. I think that is just wrong. They leave the stress on you...*you alone over there don’t ask fi [for] anymore staff*. I do what I can do. I received the most critical patients and the rest of them I just leave. This is what has been happening.”

“You have some doctors when they cant get what they want they will take it out on the nurses. Here in Jamaica the nurses are the ones who really manage the ward. In terms of resources-when they [doctors] want anything they ask the nurses. When they don’t get it they blame the nurses. Sometimes the hospitals don’t have the resources. Everyday the nurses get the blame. They take out that stress on nurses. They don’t look at it from the nurses’ point of view. He is gonna [going to] go.”

“Like machines, to be honest you don’t have those, monitors. You just have to work with what you have. They don’t have things like a defibrillator. We carry out the procedure the best way we know how. You have to improvise. We have to learn to manage with the little. It pushes you to think outside the box.”



2. Tell me at what point in your nursing career did you decide to emigrate?

“When I decided that I was going to leave, I decided that you know what-I don’t get anything working here. I wanted to do a post basic in critical care or operating theatre. I put my name down on that sheet of paper that comes out every year and they didn’t acknowledge it. I then realized that nobody wants to do psychiatric nursing. Okay let me try this. As soon as I put my name down I get accepted to do it. That is one of the problems. Knowledge gained can’t be lost. I don’t have a problem doing psychiatric nursing. At the same time I did it and I’m not getting paid for it. I work on a medical ward that house psychiatric patients. At times we have up to 14 patients. Every time those patients are acting up they call on me. These are some of the reasons why nurses want to leave -I want to leave.”

3. Tell me how do you prepare once you decide to emigrate?

I throw partners, barrow money to pay off my student loan. I took out my mortgage. I never get a break really. I’ve a friend who has a mortgage here. I learn from her. I get to understand that different state pay different salary. I guess you have to look at the cost of living in the state that you are going. The recruiters don’t really give you an option. They send you wherever they want you. In my friends case they sent her to Dakota. She would prefer to stay in Florida. She has relatives there and could live with her relatives where she wouldn’t have to pay that much rent. I learn from her. I’ve a sister living in Orlando. I’m going to Texas.”

“When I go to work at nights my husband would be there with the kids. The recruiter files for the entire family. [He would] take the four months leave, come up and see what’s it like. If he doesn’t get something to do in for months it would be ridiculous to leave his work. I have everything planned out.”

4. Tell me if you encounter any issues once you decide to emigrate

“Family. I don’t want to be separated from my family. My husband doesn’t want to teach in the American school. I need to have a certain amount of money to start out with. Avon [agency], says I would have to pay car insurance. As soon as I come I have to take out a car, medical insurance, and rent. They [the agency] said you must have two months in back rent. When you add up all of that I need seven thousand US to come up with. Right now I don’t see half of that. I would have to barrow a loan. You have bills to pay out here and rent there. I taught about it long and hard. I will be putting myself under more stress.”

Participant 6

This Participant was pleasant. She met me a garden setting close to a nurses’ home away from the main hospital. It was sunny. She said she lived close by with her parents. We saw the taxis and mini vans as they pulled up to let patients off. She was relaxed, wearing jeans and a tee shirt. She read through the information sheet and all research questions before answering. Participants answered all questions.

1. Tell me what do you know of nurses who intend to emigrate, and why?

“Well, as we were discussing this morning, (pause) I think its more than one thing why nurses are leaving Jamaica. In my perspective (1) its more like a security, working here - what we are being paid is just hard to even secure a home for you and your family, even if its for you and your spouse. Secondly we are not comfortable in the environment that we are working. The working environment is not there. We are not being treated well by superiors, ... by patients, ... by patients’ relatives.

And, if any report is made about it, it’s the nurses who are gonna (going to) be at fault. So, I think its more than one thing. If it was just salary alone some people would just stay here. I was not one who thinks about leaving Jamaica to work abroad. I don’t put myself in that category. But, if I get the chance (pause), because my husband and I went to look somewhere and they said with both of us our salary it’s kinda (kind of) hard. It’s something that we really- really need. We have to work extra -extra hard, which means time away from our children.

I don’t know. I think its more than one thing. We are not being treated well. We are not appreciated. If something is wrong they [sisters] don’t address what is wrong. They already come to their conclusion as to what cause it. No one is there to stand up and say ok lets look at it from the nurse’s perspective. It’s always the nurses that are at fault where the superiors are concerned. I’ve been working [since I was] from I am seventeen. When you learn to work-you have to work with ever one. Have a certain respect for

everyone. You give respect you gain respect, as far as I'm concerned. Everyone is part of the health team."

2. Tell me at what point in your nursing career did you decide to emigrate?

"It don't just happen, it's a process. The process comes to an end. I know quite a few people that have left. Not from here but my other batch-mates that I went to nursing school with".

"You have no equipment's to work with. Some of them are, I would say not working how they are supposed to, because of the manufactures fault with what they are buying. Some of the things are not good- what they buy. ... The gloves sometime you just take out and put on it tear off your hand when you changing diapers. You have to put on two. ... We are exposed to a lot of things. Infection control."

"We have a 25- bed ward and three nurses. You have to turn, change, and feed them [the patients], when we have assistant, sometimes one, sometimes, two. The assistants are leaving to upgrade themselves. Staff, well [laughs] nurses have to do everything for themselves [grimaces]."

3. Tell me how do you prepare once you decide to emigrate?

"I was working as a nurse assistant. I heard that they were giving out a grant to pay for your student loan. I applied and got through. So the hospital paid for my three years of nursing school. I am bonded for four years. I've one year left. They have little courses that you can do. Apply for a course. Well I don't know if it goes by the time you're here [To do midwifery] you have to wait until persons that were here before you –

seniors that have been waiting five years or more get through. I applied to ICU. They are the ones who experience a lot of resignation. The ratio is one to two.”

4. Tell me if you encounter any issues once you decide to emigrate

“You can’t work to pay rent. You have to work overtime. The nurses home don’t cater [to] nurses who live far far. You have to give a valid reason why you want to stay there. Anywhere the shortage is you go to that area you go in that area to work. ICU training is cut to from nine months to twelve weeks and you are placed in that area to work. You don’t get that internal training. Why would you want to stay?”

“My batch-mate and her whole family have left. Depends on who is getting the money. On a good day policy manual can say one thing and what you experience is different. We don’t have a floating pool. They are saying they don’t have money to employ them [nurses]. I would think that they have to sign a contract. They are not coming here to work for pennies. Think about nurses who go to school for years. There are five nursing schools in Jamaica. There [are] a lot of schools here. The salary of a registered nurse is 83,000J\$. No wonder the nurses are upping and leaving. If you have anything to do with summer you have to pay.”

“They need to put proper things in place. I don’t think we are appreciated. I would love to do a course in nursing administration but I can’t afford it. I can’t afford a car. My husband has one. I will tolerate anything because I know that soon I will be going”.

## Other Sources

In the second phase, the researcher collected data from other sources, including artifacts, newspaper articles, interviews, and emails from key informants. Key informants are people who are knowledgeable about the issue being studied based on their positions (Payne & Payne, 2014). Key informants included a nurse who was trained in England and returned to work in Jamaica over 15 years ago; nurse X, a registered professional nurse who has been in the Jamaican healthcare system for over 15 years, nurse Y; two matrons, A and B who were Chief Nursing Officers at the hospital level, and a sister, nurse Z; a charge nurse.

Key informant nurse Y thinks that money is the root of emigration from Jamaica. She has worked for several years and had to borrow money when she had surgery and was out for a period of six months. She is a level three nurse that has been in Jamaica's healthcare system for more than 15 years. She makes \$130,000J\$ monthly, which includes money for years of service, her administrative, and her midwifery experience. Her salary is equivalent to \$1,300.00 US monthly.

Sister Z and clinic nurse Y think economic reasons are vital in Jamaican nurses' emigration. According to both, Jamaica is unable to pay nurses "*what they deserve*", thus nurses go where the conditions are better. According to them, Jamaica's dollar is getting no better, so they [the nurses] have to do what they have to do. Sister Z and the clinic

nurse Y think that most Jamaican nurses emigrate to Canada, the United States, and England. Thompson, an administrator, confirms this in an article in *The Gleaner* (2015).

Thompson (2015), in a newspaper article writes:

Whenever specialist nurses resign, it results in shortages and increases the need for sessional work to maintain satisfactory levels of patient care. It also increases our administrative costs, as replacements have to be recruited and trained on an ongoing basis, stressed White. Most of the nurses that resign cite financial and family commitments as their main reasons for leaving for greener pastures. The University Hospital of the West Indies is unable to offer salaries to compete with the packages being offered by the recruiters.

The Nurses Association of Jamaica (NAJ) president blamed foreign governments.

Her thought paralleled that of Thompson (2015), the administrator, she states:

Last year alone, almost 90 specialist nurses left one particular institution in Kingston, and by specialist nurses I am talking about nurses who are double trained in midwifery, trained in accident and emergency, trained in critical care, and the recruiters are looking for these nurses desperately, and the result is draining our system.

According to a popular radio station, the Nurses Association President called on the government to do something. The NAJ president said:

We are losing our specialist nurses. The United States is taking them up. We soon won't have nurses who are trained in accident and emergency, in operating theatre techniques, in intensive care. We are losing our specialist nurses. Those are the nurses that they are taking. We are in a very serious state (rjrnewsonline, 2014).

Nurses that are double trained leave at the end of the courses; therefore, there are not enough OR nurses (Reynolds, 2017). Nurses' double training helps them to emigrate, and those who are left in the system are faced with high stress level. Reynolds (2017), another administrator writes

We have doubled training for specialist nurses in 2016, and before the courses are complete, 50 per cent of them were already employed. It doesn't matter how many millions of dollars we care to put on a bonding system, [the] U.S.A., Canada, and [the] UK, to a lesser extent, are quite happy to pay it off (Reynolds, 2017).

Participant 5, stated, “ I heard that UC [University College] had to abandon surgery because of lack of specialty nurses”. Sister Z stated that the move was done to



protect the nurses: “To prevent burn- out and prevent nurses from having to work more than one shift, one has to take steps,” she stated. The same nurses have to scrub for surgeries. According to her, nurses work more than one shift, and that is not good-for the patient or the nurses (Sister Z).

We're cooperating with the Ministry of Health in bringing down the backlog, but it's difficult, under the current circumstances, where we get the equipment working and have things ready to go and we simply don't have enough specialist staff to keep up with the number of operations we are able and willing to perform. (James & Moss-Solomon, 2017)

A CNO at a public hospital blames the no user fee, she stated

The country is mashed up. Not like when you and I were student nurses. People no longer pay for the services that they want [pause] even if they can afford it. That's why the equipment malfunctions and there is no money to pay to fix them. The beds [pauses], I don't blame the nurses. If they see a better way they go. If I were younger I would leave too. I'm not travel minded. I've been a couple of times. Don't like it there (Matron, X).

While Carney, a newspaper writer thinks the problem is with the United States

In the United States, the factors contributing to the shortage are closely linked. On one hand, our population is both growing in size and aging, and each of these trends contributes to an increase in health care costs per person. At the same time, the nursing population itself is aging, and the annual number of nursing school graduates is insufficient to replace the annual number of retiring nurses. Furthermore, nursing has traditionally been a predominantly female profession. The current generation of women, which has many better-paying career alternatives open to it than did earlier generations, finds nursing less attractive (Carney, 2005).

Answers from three participants, or a combination of key informants and participants were selected for themes.

### Themes

<b>Financial well being and security</b>	<b>Time to advance professionally</b>	<b>Inter -Professional Relationship</b>	<b>Barriers to nursing practice</b>	<b>Nurses well being</b>
Wages	Waiting time	Superiors/doctors	Hire part-time/nursing staff	Physical
Student loans	Necessity of advanced training	Power	Closure of units	Mental
		Policies	Availability of equipment and supplies	Family
			Work in units without experience/brain drain/	

Themes include: - financial well-being and security, time for professional advancement, inter professional relationship, barriers to nursing practice and nurses well being. Participants are concerned about their financial well being going up. Participant 3 stated, “Cost -of- living [is] going up every day- your salary is not. How is it that you’re going to provide, if everything going up and you’re earning a fixed amount of salary?” Participants 1, 3 and 5 decided that salary motivate them to determine whether to stay or leave. They stated, *mostly the salary, our salary, and nurses’ salary.*

Apart from the salary, student loan is another driving force. Of this they say: *work and see yourself paying off your loan* (participant 1) *work a lot of sessions to pay back loans* (participant 2) *cost of repaying student loan* (participant 3) and *you have to pay for summer* (participant 6). The student loan is a big economic burden that has to be repaid for those nurses that took out one.

Not only the student loan, the wait time to do courses is a deterrent, which is worst if the course is popular. Participant 3 stated, you could go and do it [midwifery] privately but at a cost. “You have to wait for a period of time. Worst if you have a long wait. Its kinda [kind of] drag out”, stated Participant 3. “*We have to wait until persons that were here before you ... seniors...get through*” participant 6. “*You have to be at an healthcare institution in Jamaica for a period of two years before you put your name on the waiting list*” participant 1, and “*you end up 5-6 years sometimes 7- still waiting*”, participant 3. During this time supervisors have nurses that are willing to work.

Some supervisors think they have power and can use politics of the workplace over nurses. Participants wrote, *“Besides all of that, the supervisors- I don’t like the type of professionalism that they display. If they ask you to do a session and you refuse-oh you rich now- you don’t want money. You have to explain or justify why I can’t work. I know that I am being resented when I say I can’t work on. They look at it like you don’t want to work to help out. I think that is just wrong”*. [Supervisors] *instead of bashing your nurses and finding all negative things to say, I know the salary is not there, set a duty that will encourage them to come to work and also”*, stated participant 3. *“[The] hierarchy of staff, how you respond to your supervisor, especially for young nurses coming out of school now, and you seniors are much older than you. They will behave as if you’re such a child”* participant 3. Participant 6 stated, *“We are not being treated well. We are not appreciated. If something is wrong they [sisters] don’t address what is wrong. They already come to their conclusion as to what cause it. No one is there to stand up and say ok lets look at it from the nurse’s perspective. It’s always the nurses that are at fault where the superiors are concerned”*.

Doctors think they are superior to nurses because they have policies that they go by. Participant 5 said *“You have some doctors when they cant get what they want they will take it out on the nurses. Here in Jamaica the nurses are the ones who really manage the ward. In terms of resources-when they [doctors] want anything they ask the nurses. When they don’t get it they blame the nurses. Sometimes the hospitals don’t have*

*the resources*". "Doctors expect you to have the basic supplies," stated participant 2. Participant 4 stated that patients *"have to wait on the one doctor if they need treatment. Doctor has his private practice"*.

Administrators use power and policies to remedy the situation. According to participant 5, *"Every year my increment should have been going up, you understand? But because they don't employ me permanently I can't get that increment. This is what they (MOH) are doing to the nurses and these are the reasons why nurses are leaving."* *"After leaving nursing school I had to wait one year before I get a job"*, stated participant 3. Thompson (2015) an administrator stated that with *"frequent resignation [there is] the need for sessional work to maintain satisfactory levels of patient care"*. This vacancy is filled by *"Cuban nurses,"* (participant 5), even though there is a number of nursing schools in Jamaica that graduate nurses annually. *"There are five nursing schools in Jamaica. They're [are] a lot of schools here. The salary of a registered nurse is 83,000J\$. No wonder the nurses are upping and leaving,"* Participant 6 stated.

Participant I said *"They made a unit that is not open because we don't have the staff"*. *"There are not enough Operating Room nurses,"* stated Reynolds, an administrator, (2017) and Participant 5, stated, *" I heard that UC [University College] had to abandon surgery because of lack of specialty nurses"*. Sister Z stated that the move was done to protect the nurses: *"To prevent burn- out and prevent nurses from*

*having to work more than one shift one has to take steps,*” she stated. The same nurses have to scrub for surgeries.

Nurses’ said, *“Here, most times [there is] shortness of resources. The resources really lacking, you have to improvise a lot”*-participant 1, *“I work on a ward this evening and had to leave to go and find medicine. Those things make you want to leave. You don’t have basic supplies. You don’t have sheets you don’t have medicine”*, Participant 2; *“You have to send [the patient] them a doctor shop to buy the things so you can take care of them”* participant 4; *“You have no equipment’s to work with. Some of them are, I would say not working how they are supposed to, because of the manufactures fault with what they are buying. Some of the things are not good- what they buy. ... The gloves sometime you just take out and put on it tear off your hand when you changing diapers. You have to put on two. ... We are exposed to a lot of things. Infection control”* participant 6; Participant 6 stated, *“Like machines, to be honest you don’t have those, monitors. You just have to work with what you have. They don’t have things like a defibrillator.*

Some nurses are concerned because they work on units without experience *“you don’t get in-house training”*, and *“ICU training is cut to from nine months to twelve weeks and you are placed in that area to work”* stated (participant 6) and you *“go where they send you”* (participant 5). *“Most of us working here are not trained but have been here for a while,”* participant 1.

Lack of experience on units is due to the dwindling nursing staff “*one nurse to twelve patients*”, stated participant 2. “*You don’t have enough persons coming as you have leaving. There is always a shortage*”, stated participant 1. “*My batch-mate and her whole family have left*,” and “*...we have a 25- bed ward and three nurses*,” stated participant 6.

According to Thompson (2015), an administrator, most “*nurses that resign cite financial and family*”. “*We have doubled training for specialist nurses in 2016, and before the courses are complete, 50 per cent of them were already employed. It doesn't matter how many millions of dollars we care to put on a bonding system, [the] U.S.A., Canada, and [the] UK, to a lesser extent, are quite happy to pay it off,*” stated (Reynolds, 2017). Nurses Association of Jamaica president stated, “*Last year alone, almost 90 specialist nurses left one particular institution in Kingston, and by specialist nurses I am talking about nurses who are double trained*”.

This creates a high stress level on nurses who remain in the system. “*I’m working super hard and can’t make ends meet; every-time my income is below what I’m spending*”, said participant 3. According to participant 2 nurses “*do not reach certain goals*”. These points to the physical strain on nurses, but participant 3, thought “*you’re not only emotionally drained you are physically drained from work*”.

You work and one day would love to see your family meet its dreams. Participant 2 stressed the importance of family “*I think family is one of the driving forces that would*

make you want to leave”. Participant 2 want to travel to “*secure the children’s future*”. While participant 5, thought “*I don’t want to be separated from my family*”. The recruiter realizes the importance of the family. “*The offers that they [the recruiters] give sound really good and you can take your immediate family,*” participant 1. “*They take the whole family,*” participant 4 and “*If you’re applying to a recruiter they will sought out the papers for both the family and yourself*”.

Not all participants have influence over where one ends up, therefore the theory of decision -making does not come into play. Participant 5 stated, “*The recruiters don’t really give you an option. They send you wherever they want you. In my friends case they sent her to Dakota. She would prefer to stay in Florida. She has relatives there and could live with her relatives where she wouldn’t have to pay that much rent. I learn from her. I’ve a sister living in Orlando. I’m going to Texas*”. No participant mentioned the world system theory of migration. Therefore, data analysis using the push and pull factors theory of migration was used.

The push and pull factors theory is based on economic factors that create favorable or unfavorable conditions in source or host countries. Push factors; occur at the point of origin, pull factors, occur at the destination. Push factors “are those life situations that give one reason to be dissatisfied with one’s present locale” (Mejia, Pizurki, & Royston, 1979). On the other hand, pull factors “are those attributes of distant places that make them appear appealing” (Mejia, Pizurki, & Royston, 1979). Pull factors



include “political, social, economic, legal, historical, cultural, and educational forces” (Mejia, Pizurki, & Royston, 1979). Forces are common to the nurses’ work environments, which appears broken.

### **Chapter Summary**

The professional work environment needs to be address at various levels in order for improvement to take place. Themes common to nurses’ work environments include disagreement and conflicts, internal work motivation, control over practice, leadership and autonomy, relationships, teamwork, cultural sensitivity, and communication (Erickson et al., 2004). All is broken down in the Jamaican environment. Participants from different health regions mentioned these as causing Jamaican nurses to think of emigrating (Table two). These nurses data, also provided evidence that might be used both nationally and internationally to implement policies on the emigration of nurses from developing countries such as Jamaica, West Indies (Buchan & Calman, 2013; Thomas, 2013; WHO, World Health Report, 2006).

## Chapter V

### Discussions, Suggestions, Interpretations, and Conclusion

#### Discussions

##### The aim

This chapter covers the implications for healthcare in Jamaica, implications for nursing, limitations, and a conclusion of the study. Nurses are essential to the functioning of the healthcare system in Jamaica. Emigration of nurses has affected the proper functioning of Jamaica's healthcare system (Participants 1-6), which is due mainly to a breakdown in the professional practice environment (Erickson et al., 2004).

World systems theory is applicable to the case of nursing practices in the health care environment in Jamaica as the government's reliance on external governing entities, like the World Bank, greatly affects its internal functioning (Panton, 1993). The World Bank has stipulated spending regulations for the Jamaican government that has led to unfavorable employment and hiring practices for nurses (Johnson, 2013; Panton, 1993). This is evident in the Jamaican government's hiring practice of employing part-time, per diem, or foreign non-Jamaican nurses. One participant stated that she waited a year to be employed (Participant 3) and one was employed only part-time (Participant 5). The stringent spending on nursing staff has had negative repercussions on both the delivery of Jamaican health care and the nursing profession in the country.

The aim of this qualitative case study was to collect subjective data to inform policies that affect nurses' emigration. The design was a single unit case study done through face-to-face interviews. The study sample for this qualitative study was small, as only six black female Jamaican nurses participated. The participants were born and educated in Jamaica. The selected sample consisted of participants who had one to five years' of nursing work experience and had graduated from nursing school within five years of the interviews. The participants' immediate motivation following the completion of their degrees was to attain a job and start working in Jamaica. Participants whose work shifts conflicted with the study, heard of the study late, or responded late were not included in the data collection. Even though the sample was small, participants gave in-depth and relevant information.

With one to five years' work experience, participants' responses to the researchers questions might be addressing work conditions as they exist and not their complex causes (Johnson, 2013; Panton, 1993). Maybe participants' time spent in the practice of nursing is important as those who have longer time in practice can evaluate situations. Other studies of Jamaican nurse emigration could look at older nurses who remain in the healthcare.

### Nurses' role

Nurses did not give direct answers about gravitating toward locations where quality-nursing jobs were available. Instead, the participants expressed that their decision making process focused on information they received from recruiters, friends, or family members.

Of importance was that no Jamaican male nurses participated in the study. This says something about the gender dynamics of the profession (Panton, 1993) and Jamaica's culture (Adeyemi-Adelanawa, Barton-Gooden, Dawkins, & Lindo, 2016). Nursing in general is considered a female profession in Jamaica (Panton, 1993). Participant 3 writes, "Nurses are part of a family. They are not just nurses. They are also mothers and wives. Understand?" The participant recognizes the role of nurses as mothers and spouses, distinctly as women. Although they would provide similar, if not the same, level of care as their female counterparts, male nurses are not seen as favorable.

Adeyemi-Adelanawa, Barton-Gooden, Dawkins, & Lindo, (2016) found similar response in their study. Seventy-three patients responded (response rate 91%). Male nurses were perceived negatively by 51% of respondents. However, only 10% had a positive perception of the care they received from male nurses. More males (80%) than females (54%) had a negative attitude towards receiving an enema from a [Jamaican] male nurse. (Adeyemi-Adelanawa, Barton-Gooden, Dawkins, & Lindo, 2016).

Nurses failed to see how their education played a part in their hiring. However, Carney (2005) and the International Council of Nurses (2007) report that a major problem on the world market is failure of developed nations to invest in nurses' education. If foreign countries invest in nurses' education instead of depending on non-native nurses there might be more at bedsides. This is opposed to hiring nurses who already have a BSN from non-native countries to fill vacancies.

### **Suggestions**

The researcher suggests improvements that address the breakdown of the professional practice environment can be achieved at various levels: by the Ministry of Health (MOH), by the Nurses Association of Jamaica (NAJ), and some at student nurses' association meetings (Erickson et al., 2004). The MOH, NAJ, and the student nurses' association might solve some problems through education, collaboration, research, and policy changes. Policies might include the re-introduction of the user fee, although there might be a political debate on this. Doing all of the above might result in an improvement in the professional practice environment (Erickson et al., 2004) and in the retention of qualified nurses.

### **Education**

The government of Jamaica could increase nurses' salaries by offering projects that garner additional funds. Additional funds could be garnered by offering attractive

nursing courses for a fraction of the cost charged from the universities in the United States or Europe. These courses would provide unique opportunities to learn and practice skills on a new patient population. Nursing schools in Jamaica could also offer online courses that can be accessible to foreign nurses for a fee. Some of the funds garnered from online courses could be used to supplement nurses' salaries and benefits or to purchase necessary medical equipment.

Foreigners who are interested in becoming nurses face difficulty-gaining entry into their local nursing schools. Entrance into nursing schools abroad is highly competitive and expensive, and often there are long waiting periods because of the need to complete pre-requisite courses (Freedman, 2009). Patterning themselves on Caribbean medical schools (Freedman, 2009) the Jamaican nursing schools could adopt a similar model of recruiting foreign candidates to its nursing schools. This model would also help alleviate the personnel shortage issues hospitals and clinics face, as the nursing students could complete clinical rotations in local health facilities (Ingeno, 2013). Enrolling in the Jamaican schools may also provide additional funds that could be used to increase nurses' salaries.

Another possibility to develop an alternative funding stream for system improvements through education would be to create partnerships for foreign nursing school students to participate in semester-long study abroad opportunities in Jamaica. This would provide them the opportunity to assist in patient care in local health care

facilities. The foreign nurse instructors would take certain patients from the charge nurse for the shift to teach nursing students how to care for patients in a clinical setting. This would allow the charge nurses to have fewer patients, which might improve the professional practice environment. Whereas foreign nursing schools use computer simulation to cover most areas of training, student nurses in Jamaica receive hands-on experiences with patients. In Jamaica there is ample clinical sites for placements and clinical training. This would also help to alleviate both economic and personnel problems issues.

### **Educate healthcare system users**

Many Jamaicans have a television set or access to a smart phone that can be used to increase the public awareness of the role of nurses and the benefits of a career in nursing. Technology might provide more access to public health information and decrease the amount of work that the nurses have to do (WHO, 2012). The public awareness campaign will take into account the profession and the health knowledge nurses provide. Popular television networks could incorporate recurring health news segments presented by local nurses (IOM, 2016) that cover a variety of culturally relevant health topics.

These presentations would greatly serve public health by providing health education and could serve as a vehicle to increase health literacy using an innovative

platform that reaches people in their homes. With technology, fewer patients would access healthcare systems unnecessarily, as they would be encouraged to practice preventative health (WHO, 2012). As viewers' health literacy increases, the less often they may use the hospitals (WHO, 2012). Increasing the use of technology might decrease the use of hospital nurses as primary sources of information. Educating the population about the signs and symptoms of disease, using different and available media might mean fewer patients per nurse. More nurses mean better staffing patterns. Better staffing would improve the professional practice environment (Erickson et al., 2004). Improvement might mean more time available for nurses to engage in dialogues with religious or community-based organizations that collaborate on healthcare issues.

### **Collaboration**

Decrease nurses' work by collaborating with government organizations, a TV station, and other healthcare personnel, or incentivize them to stay in the workforce. The government could collaborate with local high schools and universities to develop a robust volunteer program at hospitals. These volunteers would not have clinical duties but would assist in the dietary department preparing food and feeding the patients. This would decrease the work that nurses have to do (Participant 1). This would also create pathways (IOM, 2016) for these volunteers to see themselves as part of the hospital environment where they could have a future and develop ties within communities. These



students could receive school credit, a small stipend, or their volunteer role could advance to a paid position after working for a certain time.

In an editorial in *The Gleaner*, Haughton (2013) stated that students are graduating without employment prospects. Instead of allowing students to graduate without employment prospects, create an opening in the different nursing schools for those who are qualified. It would solve two problems by increasing the number of nurses in the healthcare sector depleted by nurses' emigration and increase the number of nurses who are bonded (Participant 1). Nurses in this program would be expected to enter a bond. (Participant 6)

Student nurses and nurses could research conditions that are prevalent in Jamaica such as hypertension (WHO, 2014) and present their findings on television. The focus on chronic conditions such as hypertension and its prevention (WHO, 2014) would increase health literacy. Health literacy begins with community-based health education that teaches families across the stages of their lives. Each student should present a topic in a format with time allowed for families to call in and ask questions. Some families might listen to the programs and take precautions thus not ending up in hospital. This would decrease the nurses' workload.

Another form of collaboration by the government could be to incentivize nurses to remain in Jamaica. An example would be to develop an agreement with banks to provide

low-interest rate loans to nurses to purchase a home, or a car. These nurses would sign an agreement to stay within the healthcare sector; failing to do so, they would have to repay the loans at a specific rate. The MOH could collaborate by contributing to nurses' down payments on homes, or a car as an incentive for staying. Another example would be having the national housing trust set aside a certain number of houses for nurses.

Administrators must strive to create a workplace that goes beyond providing basic safety and open communication to include a collegial and family atmosphere. Nurses voiced that they feel depressed at holiday times because there are no celebrations in the workplace (Participant 3). While this may stem from insufficient funds at the health facility to support a large celebration, even a small gesture could help boost morale and increase nurses' positive feelings of connection to the healthcare facility.

## **Research**

### **Research at the MOH level**

The research should focus on ways to reduce the nurses' workload and ways to improve the professional practice environment. MOH should actively research current disease trends and the use of technological with the goal of predicting the future of healthcare in Jamaica. Another area to customized healthcare is to have district workers who are responsible for the healthcare of individuals in each district. This could provide jobs for the youth, enhance early detection, decrease admissions, and hence decrease the

ratio of patients to nurses, improving the working conditions for nurses at healthcare facilities in Jamaica. Having different models of care (IOM, 2016) which reflect staff availability and patients' needs might also improve the professional practice environment.

### **Research by nurses at the professional practice environment level**

The need for Jamaican nurses to translate for foreign nurses (Participant 5) due to foreign nurses' inability to speak the patients' language, impacts patient care. These inabilities result in cultural barriers and must be explored (Participant 5). Without adequate data to show the Ministry of Health, nurses have no evidence to back up their claims about cultural barriers caused by hiring non-native nurses. Data collection (IOM, October, 2016) and its presentation at meetings by nurses' who are faced with this problem should be done.

Data on equipment malfunctions and supply shortages should be report to district administrators'. The burden of ensuring that the health facility has properly functioning equipment and is fully stocked should rest with healthcare district administrators, and not with the nurses or their supervisors. These nurses' data reports should show the location of the equipment and the length of time taken to fix them. This might result in improved quality-of -care as malfunctioning equipment hinders high quality patient care, increases nurses' stress levels, and put patients and nurses at risk. Participant 3 stated, "You don't

have the supplies to work with. You have to improvise. When one improvise[s] you can put yourself at risk”.

These reports should be aggregated by the health facility, and both the MOH and NAJ should have access to the resulting data. The MOH should provide oversight and enforce appropriate time limits for equipment repair. This would remove the blame from nurses and reposition the blame on failing health systems.

Additionally, the government should procure equipment from reputable companies so that nurses' lives are not endangered (Participant 3). Major newspapers or television news channels reporters should be make inadequate conditions at public healthcare facilities. This might create better nurse-patient relationships and lead to better working conditions for nurses, which might induce more nurses to remain on the job.

The professional practice environment should be safe, allowing nurses to share concerns with matrons without fear of retribution (Appendix A). There must be opportunities for nurses' in a practice environment to identify problems. Nurses should feel that they are physically safe and emotionally supported when they come to work. Health facilities need to develop an open environment where nurses have conversations with their superiors and vent their concerns. Copies of reports could be provided to NAJ, which could advocate for nurses

## **Policies**

Data might inform policies that affect emigration from low resource nations, including Jamaica, by revealing issues that nurse's face (Erickson et al., 2004). Jamaican healthcare policies should include those that address staffing, nurse safety issues, and patient violence. As for example they should address violence in the workplace when patients, their relatives, or other staff members threaten nurses (Participant 6). Policies should show collaboration between the MOH and various organizations, for example, the National Housing Trust. Policies should include an increased use of various media to improve health literacy in patients, and to point out the value of nurses. Policies should be reviewed at least every three months to be current. Policies might include a revision of the no user fee, and the money used to purchase equipment and supplies.

### **Implications for Research on Healthcare in Jamaica**

Jamaica could be seen as an area for training future nurses. Research should focus on Jamaican resources for student nurses and compare them with those of developed nations such as the U.S., Great Britain, and Canada. Research would focus on the feasibility of the different models of care in Jamaica. Models of nursing (IOM, 2016) in Jamaica could emphasize community care as opposed to traditional hospital care models to (a) retain health workers, (b) nurse staffing and (c) reach patients when they

are less ill. Upper-level student nurses' training could have a television program with emphasis on diseases that are prevalent in Jamaica such as hypertension (WHO, 2014).

Other researches include having the cultural aspect of care (Adeljoke, 2013) researched by nurses involved in patient care, for example, determining the time patients take get care depending on translation by nurses. The MOH could conduct a study that looks at the effects of collaboration on the healthcare system. The ministry could conduct a study that focuses on nurses in the healthcare systems that are given housing by the National Housing Trust. The MOH could also study nurses in the healthcare system to determine why they stay.

### **Implications for Nursing in Jamaica**

The MOH needs to increase public awareness of the duties of Jamaican nurses so that patients might understand and respect them. Jamaican nurses might then have more autonomy over their practice. This could lead to Jamaican nurses and communities cooperating to tackle health issues. With medical technology, e.g., Telehealth [working on computers from a distance] nurses could meet more patients in communities throughout Jamaica. With Telehealth more Jamaican nurses might be involved in research as they would have the information on hand and might be able to pinpoint where the breakdown in the professional practice environment occurs. Jamaican nurses'

professional practice environment might be improved, as there would be fewer patients seeking medical help in acute care facilities.

More Jamaican nurses might be involved in improving the professional practice environment (Erickson et al., 2004) in Jamaica so fewer nurses would emigrate. Jamaican nurses' wages could be improved, as they would be incentivized based on the areas worked. They might have healthcare loans to purchase homes and cars made available by collaboration with other ministries. With the different healthcare option or example research and Telehealth, nursing in Jamaica might be more attractive; this might improve the professional practice environment, and maybe more nurses would stay. With nurses involved in research and being incentivized, more men might see nursing as a feasible choice as a profession (Adeyemi-Adelanwa, Barton-Gooden, Dawkins, & Lindo, 2016). Exit interviews could be a regular part of the requirements and data collected could be used to improve the professional practice environment. With an improved practice environment, more nurses might stay in Jamaica.

### **Limitations**

Lack of information from the MOH prevented the full impact of Jamaica nurses' emigration from being ascertained. Neither the chief nursing officer nor her deputy in the Ministry of Health responded to emails. Their side of the story is yet to be told. The nursing schools did not respond either; therefore, nurses that teach may have views that

were not expressed in this research. The voices of nurses that the Ministry of Health used to fill the vacancies left when Jamaican nurses emigrated (Hunter, 2011) were not included.

No male nurses were involved in the discussion, thus their side of the story remains untold. This could be because of the culture where nursing is not seen as a reputable profession for Jamaican men (Panton, 1993; Adeyemi-Adelanwa, Barton-Gooden, Dawkins, & Lindo, 2016). Jamaican male nurses might have different opinions from those expressed by the female nurse participants, but their voices were not included. Only six black female nurses were included in the study. This does not fully represent the Jamaican nurses who want to emigrate. Some nurses who intend to emigrate might not have participated. Hence the study does not include all voices.

Qualitative case studies cannot be generalized, because participants' values, attitudes, and beliefs are their own. Participants who graduated more than five years ago were left out of the sample to get the opinion of those who had just graduated. Therefore, the opinions of nurse professionals who graduated in cohorts that preceded those in the sample were not included. Participants were mainly found by snowballing, thus the nurse shortage's effect on older nurses was not ascertained. The sample consisted of employed participants. The opinions of participants who are unemployed might differ from the opinions gathered in this study about the lack of nurses in Jamaica's healthcare system. The study took place in Jamaica; therefore nurses who were already emigrants did not get



the chance to give their opinions. They might give other reasons why they emigrated than those proposed by the Participants.

No nurses from Jamaica's northeast healthcare region responded to the call for participants, or were referred to the study. Participants from the northeast region might have different realities from participants from the other three health regions in Jamaica. Participants were not contacted via Skype or telephone for interviews for the study. The researcher had limited time to collect data from participants through face-to-face interviews. It is possible that, if the interviews were done via Skype or via telephone, more nurses from all healthcare regions might have been able to participate.

No questions were included about prior degrees or working history of participants (Appendix c). Jamaican nurses who intend to emigrate are diverse in age, religion, and family structure among other characteristics. The researcher analyzed the data to determine the factors that are considered in nurses' decision to emigrate. One participant was reluctant to give information or to be recorded. Perhaps the reluctance stemmed from the culture of secrecy (King, 2012; Stilwell, Diallo, Zurn, Dal Poz, Adams, & Buchan, 2003; Hewitt, 2007) or fear that the matrons would be informed of her intentions even though the information form (Appendix a) stated that no one would know who the participants were.

### Interpretations

- Nurses' emigration affects practice.
- Nurses' do not practice in isolation.
- Stringent spending on nurses affect practice.
- Most nurses are women: thus women issues apply to nursing.
- Nurses' function at different level; at the basic level their main concern is immediate gratification.
- Culture is important when considering practice.
- Nurses' use family members, recruiters and other nurses to make decisions to emigrate.
- If suggestions and the intention to reintroduce the user fee with some review are applied the professional practice environment might be better.

### Conclusion

A qualitative single unit case study was done to obtain information from Participants before they leave Jamaica. The aim of this study was to ascertain why Jamaican nurses intent to migrate internationally and to make this data available. The researcher reflected on type, time, place, and number of people involved to determine if

these affected the study. Only six black Jamaican female participated in the study. Although the study participants do not represent all Jamaican nurses who want to emigrate, they provided detailed and relevant information.

The emigration of new Jamaican nursing graduates is problematic. Emigration, participants stated, stemmed from and led to several nursing and healthcare issues which are important to nurses functioning within their organizations. Issues include quality and availability of care (Participant 4), decreased nursing capacity (Participant 1), deterioration of cultural aspects of care (Participant 5), closure of hospital units due to the lack of nurses to staff them (Participant 1), nurses' family issues, increased stress level of nurses (Participant 3), and result in poor inter-professional relationships (Participant 6). If nurses have a voice in the day-to-day functioning of their hospitals and there are improved inter-personal relationships, more might stay. This is opposed to living without the basic necessities, work in inhumane conditions, and suffer conditions brought about by little concern for their well-being.

A key finding is economic. If government sat with nurses and explain the reason it is unable to pay more [The IMF prioritizes paying down the debt over social programs example those that include health], more nurses might stay. The government should not employ nurses from out of the country without first taking those nurses that are available. Those at the ministry level should recognize the nursing profession, which would enable patients at local levels to recognize the importance of nursing to healthcare.

The researcher suggests that further research take place in Jamaica and that the meaning of healthcare and nursing is considered. The government and relevant organizations might meet Participants' needs through education, research, collaboration, and healthcare policies formation. These include suggestions made by the researcher. This may result in improvement in the working environment and maintain more nurses in Jamaica's healthcare system.

## APPENDICES

### APPENDIX A

#### Information Sheet

Dear Study Participant,

Thanks for deciding to participate in the qualitative case study of *Jamaican nurses and their intent to emigrate*.

I am NOT a recruiter. I am a student at the Graduate Center, City University of New York.

I am doing the interviews to complete a dissertation, publish a paper, and present at a conference.

The information will not be shared with any employers, government or the public.

#### Instructions.

- a. For your privacy, please select the location that you wish to be interviewed at.
- b. Please read the information page thoroughly before signing. After reading the information, if you have any questions or concerns, please discuss with the interviewer.
- c. If you decide to be interviewed, please sign the consent form.
- d. If at anytime you feel to stop the interview, or wish to prevent your information from being used, please inform me at 1 718 740 5605, or at Lilblnur@aol.com

At all times, you will be referred to with an assigned alias. Your information will be considered with others to make decisions. Your information will be kept secure in a locked safe. The demographic data sheet will be kept separately from other information that you give.

The health sector will be assigned an alpha- numeric code and also kept private. Therefore you cannot be traced to any health sector.

The information you provide will be beneficial to me to understand the preparation and issues pertaining to Jamaican nurses whom intent to emigrate. The information will be locked away for five years.

Thanks for your cooperation

Mabel Lewis, RN, MS

## APPENDIX B

## Consent Form

Date:

With this consent, I \_\_\_\_\_ hereby grant Mabel Lewis, RN, MS permission to interview me, tape record my voice, and to document my actions and comments.

With this consent, I \_\_\_\_\_ give Ms. Mabel Lewis RN, MS permission to use any information collected to complete her dissertation, write a paper, and to do a presentation at a conference.

With this consent, I \_\_\_\_\_ grant Ms. Mabel Lewis RN, MS permission to store my information for three years after which the said information will be discarded.

Thank You, \_\_\_\_\_

## APPENDIX C

## Demographic Data Sheet

NO NAMES PLEASE

This section was used to analyze the information nurses gave.

Parish of birth

Westmorland	St. Elizabeth	Manchester	Clarendon	St. Catherine	Kingston	St. Thomas
Hanover	St. James	Trelawney	St. Ann	St. Mary	St. Andrew	Portland

Location of work

Western Regional Health Authority	Northeast Regional Health Authority
Southern Regional Health Authority	Southeast Regional Health Authority

Type of Healthcare Facility

public	private
--------	---------

hospital	clinic
----------	--------

Specialty Area

Emergency	Operating Suite	Maternity	Critical Care	Academia	Other -----
-----------	-----------------	-----------	---------------	----------	----------------

Graduated from

Private nursing school	Public Nursing School
------------------------	-----------------------

No. of Years Since Graduation

1	2	3	4	5
---	---	---	---	---

I am

Single	Married	Widowed	Divorce	In a Relationship
--------	---------	---------	---------	-------------------

I am

Male	Female	LGBT
------	--------	------

I have

0 child	1-3 children	4-5 children	5+ children
---------	--------------	--------------	-------------

I live

On my own	In nurses resident	With my parents	With my spouse
-----------	--------------------	-----------------	----------------

I am

Rastafarian	Catholic	Adventist	Other -----
-------------	----------	-----------	----------------

I am

Black/Jamaican	Hispanic/Jamaican	White/Jamaican	Indian/Jamaican	Other -----
----------------	-------------------	----------------	-----------------	----------------

THE CITY UNIVERSITY OF NEW YORK  
*Mabel Lewis*

# CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**Title of Research Study:** A Qualitative Case Study: Jamaican Nurses Intent to Migrate Internationally

**Principal Investigator:** Mabel Lewis RN, MS

**Faculty Advisor:** Catherine Alicia Georges, EdD, RN, FAAN

**Research Sponsor:** CUNY, the Graduate Center

---

You are being asked to participate in a research study because you are a Jamaican nurse, who graduated with a bachelor's degree, within the last five years, and you intent to migrate internationally

**Purpose:**

The purpose of this research study is to generate data that will inform future policies about nurse migration



**Procedures:**

If you volunteer to participate in this research study, we will ask you to do the following:

- Select a place and time to be interviewed
- Interview will last for 40 and above minutes
- You will be asked at the end of the interview to fill out a form- the information on this form will be used as aggregate to state who participated
- The interview will be audio recorded for content
- You will be asked about nurses that have migrated, what you know about migration, and why you intent to migrate

**Time Commitment:**

Your participation in this research study is expected to last for a total of approximately 40 minutes

**Potential Risks or Discomforts:**

- You might incur travel and time related risks
- Only Participants who meet the eligibility criteria were asked to participate in the study
- FOR GREATER THAN MINIMAL RISK RESEARCH STUDIES ONLY: Research procedures described above may involve risks that cannot be anticipated at this time. If we learn of anything that may affect your decision to participate, we will inform you as soon as possible. You will then have a chance to reconsider your continuing participation in the research.

**Potential Benefits:**

- You will not directly benefit from your participation in this research study.

- The Jamaican govt. and policy makers will have the data available for further use, such as policies.

### **Costs**

Your fare to site of interview and time might be a considered as minimal inconveniences, as you have to pay fare or buy gas.

### **Payment for Participation:**

US\$40.00 gift card

### **Confidentiality:**

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

We will protect your confidentiality by using codes for nurses' names, sex, healthcare areas facilities, and healthcare regions.

The research team, authorized CUNY staff, Catherine Alicia Georges), and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

### **Participants' Rights:**

- Your participation in this research study is entirely voluntary. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

**Questions, Comments or Concerns:**

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

Mabel Lewis, RN, MS, 1 718 740 5605

If you have questions about your rights as a research Participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918. Alternately, you can write to:

CUNY Office of the Vice Chancellor for Research

Attn: Research Compliance Administrator

205 East 42<sup>nd</sup> Street

New York, NY 10017

**Signature of Participant:**

If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep

---

Printed Name of Participant

---

Signature of Participant

---

Date

**Signature of Individual Obtaining Consent**

---

Printed Name of Individual Obtaining Consent

---

Signature of Individual Obtaining Consent

---

Date

**THE CITY UNIVERSITY OF NEW YORK**

Graduate Center, CUNY

## ORAL OR INTERNET BASED INFORMED CONSENT SCRIPT

**Title of Research Study:** A Qualitative Case Study: Jamaican Nurses Intent to Migrate Internationally

**Principal Investigator:** Mabel Lewis, RN, MS

---

You are being asked to participate in this research study because you are a Jamaican registered nurse. The purpose of this research study is to generate data on the migration of Jamaican nurses. If you agree to participate, we will ask you to select a time and place to be interviewed, which will last approximately 40 minutes. Your risks include time and travel cost. You will be audio recorded, which will be used to accumulate data. Your credentials including name and geographical area worked will be coded. Your participation in this research is voluntary. If you have any questions, you can contact Mabel Lewis, RN, MS @ 1718 740 5605. If you have any questions about your rights as a research Participant or if you would like to talk to someone other than the researchers, you can contact CUNY Research Compliance Administrator at 646-664-8918.



#### Emails

Ministry of health, Shereen, 2017  
Ministry of health, Ava-Gay, 2017  
Nursing Council of Jamaica, 2014  
National Library of Jamaica, 2015  
Hewitt, H. RN, PhD, FAAN, 2015

Christie, Shereen  
(Hibberts, 2017)

To: lilblnur@aol.com Cc: clought@moh.gov.jm

Re: dissertation

Ms. Lewis

The summary of the proposal does not require ethical approval, as it is a social survey. At best it would fall under category 1 of the MOH Ethical Guidelines, which states:

Observation studies or systematic collection of clinical data where NO additional procedure is to be performed on the subject of the research, and where appropriate protections are instituted to safeguard the identity of the subjects.

Best regards.

[TimberlakeA@moh.gov.jm](mailto:TimberlakeA@moh.gov.jm)

To: Mabel  
Re: dissertation

Dear Mabel,

If you are not conducting studies on any grounds on the Government/MOH I do not believe approval is needed.

However, to be sure, please contact the Standards and Regulations Division - Ms. Marcia Thompson via email [thompsonm@moh.gov.jm](mailto:thompsonm@moh.gov.jm)

Kind regards,  
Ava-Gay Timberlake

Ava-Gay Timberlake | Director, International Cooperation in Health | Ministry of Health |  
RKA Building, 10-16 Grenada Way, Kingston 5, Jamaica | telephone: (+1) 876 633-8160  
(+1)876 633-8161 |



To: Mabel Lewis  
2015

November,

Re: Jamaican nurses and migration  
Good Afternoon Mabel,

We will do a search of our catalogues to see what data exists on your topic and get back to you within two working days. However, you may need to contact the Nurses Association of Jamaica, The Nursing Council of Jamaica and the Ministry of Health for further information.

*Nursing Council Jamaica*  
50 Half Way Tree Road  
Kingston Jamaica W.I.  
[nurs@cwjamaica.com](mailto:nurs@cwjamaica.com)  
1-876-926-6042

Ministry of Health - <http://moh.gov.jm/contact-us/>

Regards -- Genevieve Jones-Edman  
Research & Information Department  
National Library of Jamaica  
12 East Street

Kingston  
Telephone: (876) 967-1526/9672492  
Fax: (876) 922-5567  
Website: [www.nlj.gov.jm](http://www.nlj.gov.jm)

----- Original Message -----

From: Mabel Lewis <[lilblnur@aol.com](mailto:lilblnur@aol.com)>  
To: [nljresearch@cwjamaica.com](mailto:nljresearch@cwjamaica.com)  
Sent: Sat, 14 Nov 2015 16:27:59 -0500 (EST)  
Subject: Re: Jamaican nurses and migration

Hello,

I am still working on my dissertation on migration of Jamaican nurses. I need info on the number of nurses that graduated in the past five years from nursing schools in Jamaica?The number of nurses that resigned from hospitals, andThe number of vacant positions for RN's in hospitals in Jamaica.

Thanks very much for your help

Mabel

[hewitthermi@gmail.com](mailto:hewitthermi@gmail.com)

December 30, 2014

To: Mabel Lewis

Reply-To: hewitt.hermi@gmail.com

Re: development of nursing in Jamaica

Dear Mabel

Great to hear from you. All the best for the New Year. Off the top of my head here is the info. Current trend: nursing and midwifery education move from ministry of health to min of education. Programmes offered at degree level in universities. Some franchised to other tertiary level institutions.

Advanced course: master in nurse anesthesia at UTech; MScN in administration; MScN education; MSc mental health/psychiatry nursing; MSc clinical nurse specialist; PhD nursing at UWI.

Online: BSN completion degree-UWI. Nurses are have done and are doing masters and doctorate degrees online from several overseas universities. Classes are offered part time and fulltime.

Sent from my BlackBerry® device from Digicel

## References

- Adejoke, A. (2013). Why diversity in the nursing workforce matters. Calvin College Department of Nursing. Grand Rapids, Michigan: Robert Wood Johnson Foundation.
- Adelberger, A., Neely - Smith, S., & Hagopian, A. (2011). Estimating nurse migration from the Bahamas between 1994 and 2005: An exploratory descriptive study using a social network identification methodology. *Global Public Health*, 6(7), pp. 732-745.
- Adeyemi-Adelanwa, O., Barton-Gooden, A., Dawkins, P., & Lindo, J. L. M. (2016). Attitudes of patients towards being cared for by male nurses in a Jamaican hospital. *Applied Nursing Research*, 29, pp. 140-143. PMID: 26856505  
DOI:10.1016/j.apnr.2015.06.015
- Aiken, L. (2004). RN education: A matter of degree. *Nursing*, 34 (3) pp. 50-51.
- Aiken, L.H. (2007). US nurse labor market dynamics are key to global nurse sufficiency. *Health Research and Education Trust*. Doi: 10. 1111/j.1475-6773
- Aiken, L. H., Buchan, J., Sochalski, J., Nichols, B., & Powell, M. (2004). Trends in international nurse migration. *Health Affairs*, 23(3), pp. 69-77.
- Alonso-Garboyo, A., & Mabem, J. (2009). Internationally recruited nurses from India and the Philippines in the United Kingdom: The decision to migrate. *Human*

*Resources for Health*, 7(37) London, UK: BioMed Central Ltd. doi:  
10.1186/1478-4491-7-37

Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A., & Taylor, J. E. (1993). Theories of international migration: A review and appraisal. *Population and Development Review*, 19(3), 431- 466.

Bach, S. (2003). International migration of health workers: Labour and social issues. Geneva, Switzerland: International Labor Office.

Baines, S. (2017). UHWI Cancels All Major Surgeries. Retrieved from <https://jamaicagleaner.com/article/lead-stories/20170105/uhwi-cancels-all-major-surgeries>.

Ballie, L. (2009). Patient dignity in an acute hospital setting: A case study. *International Journal of Nursing Studies*, 46, pp. 23-37.

Bank of Jamaica (BOJ). (2017). Foreign exchange trading summary (January 20,1917). Retrieved online from [boj.org.jm](http://boj.org.jm)

Banning, M. (2008). A review of clinical decision- making: Models and current research. *Journal of Clinical Nursing*, 17, pp. 187-195.

Baron, J. (2004). In D. J. Koehler & N. Harvey (Eds.) *Blackwell handbook of judgment and decision- making*, pp. 19-36, London: Blackwell.

Barrett, K. (2010). Jamaica: Nursing exodus may only get worse. *Global Issues*. Retrieved from <http://www.globalissues.org/news>

- Batata, A. S. (2005). International nurse recruitment and NHS vacancies: A cross sectional analysis. *Globalization and Health*, 1(7), doi: 10.1186/1744-8603-1-7
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13 (4), 544-599.
- Beaubien, J. (2017). Jamaica says US, and others are ‘poaching’ its nurses. Kingston, Jamaica: News.wgbh.org. Retrieved online from <http://www.npr.org>
- Beauchamp, T. L. & Walters, L. (1999). “Ethical theory and bioethics” and “Code for Nurses” *Contemporary issues in bioethics* (5<sup>th</sup> ed.) Introduction & pp. 41-45. New York, New York: Wadsworth Publishing Company.
- Bogaert, P. V., Clarke, S., Willems, R. & Mondelaers, M. (2012). Nurse practice environment, workload, burnout, job outcomes, and quality of care in psychiatric hospitals: A structural equation model approach. *Journal of Advanced Nursing*, 69(7), 1515-1524. Doi: 10.1111/jan.12010
- Brewer, C. S., & Kovner, C.T. (2014). Intersection of migration and turnover theory-what can we learn? *Nursing Outlook* 62(1), 29-38. Doi: 10.1016/j.outlook.2013.09.002
- Brown, D. (2008). Carry-go bring-come: Circular migration among Caribbean professionals. Global Health Partner’s Forum, Lillian Carter Center for International Nursing, Atlanta, GA: Emory University.

- Brown, D. A. (2012). Workforce losses and return migration to the Caribbean: A case study of Jamaican nurses. *Center for Migration Studies*, 13(4), 197-223.  
Doi: 10.1111/j.2050- 411X.1996.tb00159.x Wiley Online Library. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.2050- 411X.1996.tb00159.x/>
- Brush, B. L., Sochalski, J., & Berger, A. M. (2004). Imported care: Recruiting foreign nurses to U.S. health care facilities. *Health Affairs*, 23(3), 78-87. Doi: 10.1377/hlthaff.23.3.78
- Buchan, J. (2002). Global nursing shortage: A symptom of wider health system or societal ailment. *British Medical Journal*, 324,751–752. doi: 10.1136/bmj.324.7340.751
- Buchan, J., & Aiken, L. (2008). Solving nursing shortage: a common priority. *Journal of Clinical Nursing*, 17(24), 3262-3268.
- Buchan, J., & Calman, L. (2013). The global shortage of registered nurses: An overview of issues and actions. International Council of Nurses, Geneva, Switzerland:ICN.
- Buchan, J., Parkin, T., & Sochalski, J. (2003). International nurse mobility: Trends and policy implications. Geneva, Switzerland: World Health Organization.
- Bureau of Labor Statistics (2011). Occupational employment statistics: Occupational employment and wages, Section 29-1111, Registered Nurses. United States Department of Labor.

Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. Arlington, TX: Elsevier.

Campaign for Action. (2016). Latest IOM report urges greater collaboration, diversity.

Retrieved from [campaignforaction.org](http://campaignforaction.org)

Carney, B. (2005). The ethics of recruiting foreign nurses: How should Catholic organizations approach this troubling question. *Health Progress*, 31-35, Catholic Health Association of the United States. Retrieved from [chausa.org](http://chausa.org)

Chaboyer, W., McMurray, A., & Wallis, M. (2010). Bedside nursing handover: A case study. *International Journal of Nursing Practice*, 16(1), 27-34.

Chamberlain, B., Bersick, E., Cole, D., Craig, J., Cummins, K., Duffy, M., & ...

Skeahan, L. (2013). Practice models: A concept analysis. *Nursing Management*, 44(10), 16-18. Doi-10.1097/01.NUMA.0000434465.90084.eb

Chamberlain, M. (2012, October 9). Migration and post-colonialism: The commonwealth Caribbean. *The Sun Newspaper Turks and Caicos*. Retrieved from

<http://www.suntci.com>

Chenail, R. J. (2011). Ten steps for conceptualizing and conducting qualitative research studies in a pragmatically curious manner. *The Qualitative Report*, 16(6), 1715-

1732.

Christensen, K., Doblhammer, G., Rau, R., & Vaupel, J.W. (2009). Ageing populations: The Challenges ahead. *The Lancet*, 374, pp. 1196-1208.

Retrieved from [http://dx.doi.org/10.1016/S0140-6736\(09\)61460-4](http://dx.doi.org/10.1016/S0140-6736(09)61460-4)

Cohen, D., & Crabtree, B. (2006). Lincoln and Guba's evaluative criteria. Princeton, NJ: Robert Wood Johnson Foundation.

Connell, J. (2007). Local skills and global market? The migration of health workers from Caribbean and Pacific island states. *Social and Economic Studies* 56 1/2,67-95.

University of the West Indies, Sir Arthur Lewis Institute of Social and Economic Studies, Kingston, Jamaica: UWI Press.

Cornette, S. (2010, September 2). NAJ president blames Government for nurses' migration. *The Gleaner*. Kingston, Jamaica.

Retrieved from <http://www.jamaica-gleaner.com/>

Cronin, C. (2014). Using case study research as a rigorous form of inquiry. *Nurse Researcher*, 2(5), 19-27.

Davlo, D. (2005). Taking more than a fair share? The migration of health professionals from poor to rich countries. *PLoS Medicine*, 2(5), e109, 0376-0379. Retrieved from [www.plosmedicine.org](http://www.plosmedicine.org)



- Delucas, A. C. (2014). Foreign nurse recruitment: Global risk. (Doctoral dissertation). *Nursing Ethics* 21(1) 76-85. Retrieved from [nej.sagepub.com/doi/abs/10.1177/09697330134867](http://nej.sagepub.com/doi/abs/10.1177/09697330134867)
- Denzin, N. K. (2009). The elephant in the living room: Or extending the conversation about the politics of evidence. *Qualitative Research*, 9, 139-160. Doi: 0.1177/1468794108098034
- Diallo, K. (2004). Data on migration of health-care workers, sources, uses, and challenges. *Bulletin of the World Health Organization*, 88(8), 601-607.
- Dicicco-Bloom, B. (2011). Qualitative studies. Lecture notes. Graduate Center. New York, New York: City University of New York
- Durmont, J. C., & Zurn, P. (2007). Immigrant health workers in OECD countries in the broader context of highly skilled migration. *International Migration Outlook*, ISBN 987-92-64-03285-9
- Dwyer, J. (2007). What's wrong with global migration of health-care professionals? *Hasting Center Report*, 13(5). Retrieved from [onlinelibrary.wiley.com](http://onlinelibrary.wiley.com)
- Dywili, S., Bonner, A., & O'Brien, L. (2013). Why do nurses migrate? - A review of recent literature. *Journal of Nursing Management*, 21, 511-520.
- Erickson, J. I. Duffy, M.E.; Gibbons, P. M.; Fitzmaurice, J.; Ditomassi, M. & Jones, D. (2004). Development and psychometric evaluation of the professional practice environment (PPE) scale. *Nursing Scholarship*, 36(3), 279-285. DOI: 10.1111/j.1547-5069.2004.04050.x

- Evans M. M., & Tulaney, T. (2011). Nurse migration: What is its impact? *Medical Surgical Nursing*, 20(6), pp. 333-336.
- Felsted, E. (1975). A quarter century of nursing education in Jamaica. *The Jamaican Nurse*, 15(2) 15, Kingston, Jamaica: Nurses Association of Jamaica.
- Ferguson, F. (2013). Sectorial Presentation. Creating systems of excellence: Advancing the health agenda for all. Kingston, Jamaica, West Indies: Ministry of Health Publication.
- Freedman, J. (2009). Caribbean Medical Schools: A Good Option? *The Student Doctor Network*. Retrieved from <https://www.studentdoctor.net/2009/07/caribbean-medical-schools-a-good-option/>
- Gaughan, P. A. (2010) *History of Mergers*, in Mergers, Acquisitions, and Corporate Restructurings, (5<sup>th</sup> ed.), John Wiley & Sons, Inc., Hoboken, NJ, USA  
Doi: 10.1002/9781118269077.ch2
- Gay L. R., & Airasian, P. (2005). Characteristics of qualitative research. *Educational Research: Competencies for Analysis and Applications* (7<sup>th</sup> ed.), 182-190. Upper Saddle River, New Jersey, Pearson: Prentice Hall.
- Gerring, J. (2004). What is a case study and what is it good for? *American Political Science Review*, 98(2), 341-354.
- Girling, R.K. (1974). The migration of human capital from the third world: The implications and some data on the Jamaican case. *Social and Economic Studies*, 23(1), 84-96.

- The Gleaner*. (2013, August 21). Addressing the youth unemployment issue. *The Gleaner*. Retrieved from <http://www.jamaica-gleaner.com>
- The Gleaner*, (2010, September 3). NAJ president blames Government for nurses' migration. *The Gleaner*. Retrieved from <http://jamaica-gleaner.com/latest/article.php?id=22257>
- Goldfarb, M. G., Goldfarb, R. S., & Long, M. C. (2008). Making sense of competing nursing shortage concepts. *Policy, Politics, & Nursing Practice*, 9(3), 192-202  
Retrieved from <http://ppn.sagepub.com>
- Government of Jamaica (1966). The Nurses and Midwives Act: Nurse. Laws of Jamaica, Vol. XIII. ISN: JAM-1996-L-31034. Retrieved from <http://www.moj.gov.jm/>
- Hall, A. (2013, June 2). Those who can pay should – CaPRI study confirms mixed views on no-user-fee policy. *The Gleaner*.
- Hentz, P. B. (2007). Case study: The method. In Patricia L. Munhall (Ed.). *Nursing research: A qualitative perspective* (4<sup>th</sup>ed.). Sudbury, MA: Jones & Bartlett.
- Hewitt, H. (2007). *Trailblazers in Nursing Education: A Caribbean Perspective*. Jamaica, West Indies: Canoe Press.
- Hinno, S., Partanen, P., and Vehvilainen-Julkunen, K. (2012). The professional nurse practice environment and nurse-reported job in two European countries: A survey of nurses in Finland and the Netherlands. *Scandinavian Journal of Caring Science*, 26, 133-143. Doi10.1111/j.1471-6712.2011.00920.x

- Hopkins, K (2016). Some schools don't charge tuition: Tuition free colleges. New York, New York:US News Retrieved from US news and world report, LP @usnews.com
- Hosein, R., & Thomas, C. (2006). Conceptualizing a strategic approach to the managed migration of nursing skills. *Social and Economic Studies*, 55(4), 165- 195.
- Hunter, N. (May 6, 2011). More Cuban nurses arrive: Another group of Cuban nurses have joined the Jamaican health sector. *The Gleaner*. Retrieved from <http://www.jamaica-gleaner.com/>
- Ingeno, L. (2013). Who will teach nursing? With retirements looming, vacancies unfilled and accreditors cracking down, many colleges search for strategies to hire professors in fast-growing field. Retrieved from <http://www.INSIDEHIGHERED.COM>
- International Council of Nurses (1999). Nurse retention, transfer and migration. Position statement. Retrieved from [www.icn.ch/psretention.htm](http://www.icn.ch/psretention.htm)
- International Council of Nurses (2007). Position Statement. Socio economic welfare of nurses: Nurses' retention and migration. Geneva, Switzerland: Author.
- International Monetary Fund (2013). International Monetary Fund loan to help Jamaica cope with growth and debt challenges. Retrieved from <http://www.imf.org/external/pubs/ft/survey/so/2013/CAR050113A.htm>

- International Organization for Migration (2010). Executive Summary. World migration report, 2010. The Future of Migration: Building Capacities for Change. Geneva, Switzerland: Author. Retrieved from [http://publications.iom.int/bookstore/free/WMR2010\\_summary.pdf](http://publications.iom.int/bookstore/free/WMR2010_summary.pdf)
- International Organization for Migration (2014). World migration report 2014. Geneva, Switzerland. Retrieved from <http://www.iom.int/>
- The Jamaica economics (2016). Jamaica GDP. Kingston, Jamaica: Trading Economics. Retrieved from [tradingeconomics.com/Jamaica/health-expenditure-per-capita-us-dollar-wb-data.html](http://tradingeconomics.com/Jamaica/health-expenditure-per-capita-us-dollar-wb-data.html)
- Jamaica Information Service (2014). *Jamaica history*. Kingston, Jamaica: Government of Jamaica. Retrieved from <http://jis.gov.jm/>
- The Jamaican Nurse (1970). Memorandum re Jamaican nurses' request to be included in the government's classification as professionals rather than technical workers. *The Jamaican Nurse*, 3, 24-25.
- Jamaica Observer* (2010, March 4). Three quarters of Jamaican nurses migrate. Retrieved from [www.jamaicaobserver.com](http://www.jamaicaobserver.com)
- Johnson, J. (2013). The multilateral debt trap in Jamaica. Issue Brief. Washington, DC: Center for economics and policy research. Retrieved from <http://cepr.net/documents/publications/jamaica-debt-2013-06.pdf>

- Johansson, R (2003). Case study methodology. *Acta Linguistica Hungarica*, 32, 22–24.  
Stockholm, Sweden: Royal Institute of Technology.
- Kaelin, L. (2011). A question of justice: Assessing nurse migration from a philosophical perspective. *Developing World Bioethics*, 11 (1), 30-39
- King, R (2012). Theories and typologies of migration: An overview and a primer. Willy Brandt series of working papers in *International Migration and Ethnic Relations*, 12.1-43,  
Malmö, Sweden: Malmö University
- Kingma, M. (2007). Nurses on the move: A global overview. *Health Research and Education Trust*, 42(3), 281-298.
- Kline, D. S. (2003). Push and pull factors in international nurse migration. *Journal of Nursing Scholarship*, 35(2), 107-111.
- Knight, C. W. (2012). A page of Jamaican migration history. Retrieved from [www.jamaicanobserver.com](http://www.jamaicanobserver.com)
- Lee, E. S. (1966). A theory of migration. *Demography*, 3(1), 47-57 Retrieved from <http://www.jstor.org/stable/2060063>
- Lewis, P. (2011). Training nurses for export. A viable development strategy? *Social and Economic Studies*, 60(2), 67-104.
- Lewis, T. (2008). “Barrel Children” hurting. Retrieved from <http://www.jamaicaobserver.com>
- Lincoln, Y S., & Guba, E G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.

- Little, L., (2007). Nurse migration: A Canadian case study. *Health Service Research*, 42(3), 1336-1353 Doi: 10.1111/j1475-6773.00709.x
- Lofters, A. K.,(2012). The brain drain of health care workers: Causes, solutions and the example of Jamaica. *Canadian Journal of Public Health*, 103(5), e376-e378
- Lunenburg, F. C., & Irby, B. J. (2008). *Writing a successful thesis or dissertation: Tips and strategies for students in the social and behavioral sciences*. Thousand Oaks, California: Corwin Press.
- Marshall Burnett, S. (1981). Nursing education a major thrust. *The Jamaican Nurse*, 21(1), 11-13.
- Martinez-Vela, C. A. (2001). World System Theory. Massachusetts Institute of Technology. Retrieved from [web.mit.edu/esd.83/www/notebook/WorldSystem.pdf](http://web.mit.edu/esd.83/www/notebook/WorldSystem.pdf)
- McClure, M. L., & Hinshaw, A. S. (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*. Kansas City, MO: American Nurses Association. ISBN: 978-1-558-10199-9
- Mejia, A., Pizurki, H., & Royston, E. (1979). Physician and nurse migration: Analysis and policy implications. Geneva, Switzerland: World Health Organization.
- 
- Merriam Webster (2014). Brain drain. Retrieved from <http://www.merriam-webster.com/>
- Merriam Webster (2016). Migration. Retrieved from <http://www.merriam-webster.com/>

- Munhall, P. A. (2007). *Nursing research: A qualitative perspective (4<sup>th</sup> ed.)*. Sudbury, MA: Jones & Bartlett.
- Murray, J. P., Wenger, A. F. Z., Downes, E. A., & Terrazas, S. B. (2011). *Educating health professionals in low-resource countries*. New York, NY: Springer.
- National Council of State Boards of Nursing (2015). *Volume, pass rate & first-time International educated candidates'*. Chicago, IL: National Council of State Boards of Nursing. Retrieved from <http://www.ncsbn.org>
- The New York Academy of Medicine (2016). *An update on the 5-year progress of the IOM future of nursing report: A conversation with key players*. New York, NY: New York Academy of Medicine.
- Ng'ang'a, N., & Byrne, M. W. (2012). Prioritizing professional practice models for nurses in low-income countries. *Bulletin of the World Health Organization*, 90, 3-3A. Doi: 10.2471/BLT.11.097659
- Nichols, B. (2007). *The impact of global nurse migration on health services delivery*.
- Ottersen, O.P., Dasgupta, J., Blouin, C., Boss, P., Changsuwivatwong, V,... & Scheel, I. B. (2014). The political origins of health inequality: prospects for change. *The Lancet*, 383(10) 630-667. Doi/full/10.1080/09581596.2014.973019
- Panton, D. (1993). *Jamaica's Michael Manley: The great transformation (1972-92)*. Kingston, Jamaica: LMH Publishing.



- Parkins, N. C. (2010). Push and pull factors of migration. *American Review of Political Economy*, 8(2), 6-24.
- Paton, D. (2007). *Enslaved women and slavery before and after 1807*. In History in Focus. D. Paton, London, U.K.: University of London Institute of Historical Research. Retrieved from <http://www.history.ac.uk/ihr/Focus/index.html>
- Paquette, D. (2016). It's 2016, and women still make less for doing the same work as men. Retrieved from <https://www.washingtonpost.com/>
- Peterson, C. A. (2004). The global impact of the nursing shortage. American Nurses Association. Georgia Avenue: Silver Spring, MD. Retrieved from <http://www.nsna.org>
- Pittman, P., Aiken, L. H., & Buchan, J (2007). International migration of nurses: Introduction. *Health Research and Education Trust*, 42(3), 1275-1280.
- Prescott, M., & Nichter, M. (2014). Transnational nurse migration: Future directions for medical anthropological research. *Social Science and Medicine*, 107, 113-123.
- Report of the commission on higher education in the colonies (1945). London, His majesty's Stationery Office. Cmd.6647
- Reynolds, J. (2017). Jamaica to lobby World Health Organization over recruitment of nurses. Retrieved from <http://www.jamaica-gleaner.com>
- Richards, P. (2005). Caribbean: Exodus of nurses costs region millions. Retrieved from <http://www.wipsnews.net/2005/04>

- RJR news*. (2014, December 29). *NAJ urges government to hire more nurses in 2015*. Retrieved from rjrnewsonline.com
- Ross, S. J., Polsky, D., & Sochalski, J. (2005). Nursing shortage and international nurse migration. *International Nursing Review*, (52) 253-262
- Rudnick, A. (2014). A philosophical analysis of the general methodology of qualitative research: A Critical rationalist perspective. *Health Care Anal*, (22) 245-254  
DOI 10.1007/s10728-012-0212-5. Retrieved from  
<http://ejournals.ebsco.com.ezproxy.gc.cuny.edu>
- Runnels, V., LaBonte, R., & Packer, C. (2011). Reflections on the ethics of recruiting foreign-trained human resources for health. *Human Resources for Health*, 9(2). Retrieved from <http://www.humanr-esources-health.com>
- Sage, (2015). *Qualitative research: Defining and designing*. New York, NY: Sage Publications Inc. Retrieved 09/27/2015 from  
[https://www.sagepub.com/sites/.../48453\\_ph\\_1.pdf](https://www.sagepub.com/sites/.../48453_ph_1.pdf)
- Salmon, M. E., Yan, J., Hewitt, H., & Guisinger, V., (2007). Managed migration: The Caribbean approach to addressing nursing services capacity. *Health Services Research*, 42(3p2), 1354–1372. Doi: 10.1111/j.1475- 6773.2007.00708.x
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing and Health*, 33, 77-84.

- Schell, C. (1992). The value of the case study as a research strategy. Retrieved from <http://www.finance-mba.com/Case%20Method.pdf>
- Schmid, K. (2010). Migration in the Caribbean: Brain drain- Remittances-Diaspora. Retrieved from Slideshare: <https://www.slideshare.net/egfred/migration-in-the-caribbean-dr-karoline-schmid>
- Scold, M. (2018). Vaccination an act of love. Country representative to Jamaica from PAHO/WHO. University of the West Indies, Mona Campus, P.O. Box 384, Kingston 5, Jamaica: PAHO/WHO Publication.
- Sea and Sun Jamaica (2014). Jamaica: A little history on Jamaica. Retrieved from <http://www.seasandsunjamaica.com/history>
- Seivwright, M. (1965). Project report on factors affecting mass migration of Jamaican nurses in the U. S. *The Jamaican Nurse*, 5(3) 8-13.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22, 63–67.
- Simons, H. (2008). Evolution and concept of case study research. In *Case Study Research in Practice*, pp. 11- 27. Southampton, UK: Sage Publications.
- Simon, H. A. (1979). Rational decision making in business organizations. *The American Economic Review*, 64(4), 493-513.
- Slote, R. J. (2011). Pulling the plug on brain drain: Understanding international migration of nurses. *Medical Surgical Nursing*, 20 (4), 179-186.

- Solano, D., & Rafferty, A. M. (2007). Global mobility for internationally educated nurses: Challenges and regulatory implications. *International Journal of Nursing Studies* 44, 1055- 1063.
- Sriskandarajah, D. (2005). Reassessing the impacts of brain drain on developing countries. Retrieved 1/13/15 from <http://migrationpolicy.org/article/reassessing>
- Stake, R. E. (1995). *The Art of Case Study Research*. Thousand Oaks, California: Sage Publications.
- Stalder, T., Hucklebridge, F., Evans, P., & Clow, A. (2009). Use of a single case study design to examine state variations in cortisol awakening response” relationship with time of awakening. *Psychoneuroendocrinology*, 34, 607-614.
- Stilwell, B., Diallo, K., Zurn, P., Dal Poz, M. R. Adams, O., & Buchan, J. (2003). Developing evidence-based ethical policies on the migration of health workers: Conceptual and practical challenges. *Human Resources for Health* 1(8). Retrieved from <http://www.human-resources-health.com/content>
- Swaby, G. H. (1978). Jamaica’s first community college programme in basic nursing education. *The Jamaican Nurse*, 18(1), 6-8.
- Squires A. & Amico, A. (2014). Integrative review of the role of remittances in international nurse migration. Global Institute of Public Health. Doi:org/10.2147/NRR.S46154
- Taylor, A. L., & Dhillon, I. S. (2011). The WHO global code of practice on the

international recruitment of health personnel: The evolution of global health diplomacy. Georgetown public law and legal theory paper no. 11-140.

Georgetown University Law Center.

Tellis, W. (1997). Application of a case study methodology. *The Qualitative Report*, 3(3), 1-19. Retrieved from <http://nsuworks.nova.edu/tqr/vol3/iss3/1>

Thomas, G. (2013). A universal truth: No health without a workforce. World Health Organization: Geneva, Switzerland: WHO

Thomas-Hope, E. (1999). Return migration to Jamaica, its development and potential. Retrieved from [www. Wiley.com](http://www.wiley.com). doi 10-1111/1468- 2436 00070

Thompson, T. (May 10, 2015). Nursing calamity - specially trained nurses leaving Jamaica in droves. *Jamaica Gleaner*. Retrieved online from the <http://www.jamaicagleaner.com>

Thompson, T. (2014, January 26). Private nurses going public-better salaries, allowances drive professionals to government-run facilities. *Jamaica Gleaner*. Retrieved from <http://jamaicagleaner.com/extra/pdf/20140130.pdf>

United Nations (2014). Population facts. Health workers, international migration, and development. New York, NY; Department of Economic and Social Affairs Population Division: United Nations. No. 2010/2/E

- United Nations (2013). International migration report. New York, New York.  
<http://www.un.org/en/development/desa/population/theme/international-migration/index.shtml>
- United Nations (1948). International bill of human rights: 217 (111). Universal declaration of human rights pp. 71-79, New York, NY. Retrieved from  
[ny.un.org/doc/RESOLUTION/GEN/NR0/043/88/IMG/NR004388.pdf?OpenElement](http://ny.un.org/doc/RESOLUTION/GEN/NR0/043/88/IMG/NR004388.pdf?OpenElement)
- University Hospital of the West Indies (2013). About the university hospital. Kingston, Jamaica: Government of Jamaica. Retrieved online from  
<http://uhwi.gov.jm/about>.
- University of Technology (2009). Accreditation. Kingston, Jamaica: University of Technology.
- Vellosoco, L., Ceci, C., & Alves, M. (2013). Configurators of power relations in the Brazilian emergency care system: Analyzing a context of visible practices. *Nursing Inquiry*, 20(3), 256-264.
- Vujcic, M., Zurn, P., Diallo, K., Adams, O., & Dal Poz, M. (2004). The role of wages in the migration of health care professionals from developing countries. Geneva, Switzerland: World Health Organization. <https://doi.org/10.1186/1478-4491-2-3>
- Wallerstein, I. (1976). *The modern world-system: Capitalist agriculture and the origin of the European world economy in the 16<sup>th</sup> century*. New York, NY: Academic

Press.

Washington, H. (2009). *Wonderful adventures of Mrs. Seacole in many lands*. New York, NY: Kaplan Publishers.

World Health Assembly (2004). World Health Assembly (WHA # 57.19). International migration of health personnel: A challenge for health systems in developing countries. Geneva, Switzerland: World Health Organization.

WHO (2015). WHO global code of practice on the international recruitment of health personnel. Geneva, Switzerland: World Health Organization.

Retrieved from <https://who.int>

WHO (2014). General agreements on trade in services. Annex 1B. pp. 283-371. Geneva, Switzerland: World Health Organization. Author. Retrieved from

<https://www.who.int>

WHO (2014). Live longer. Live better. Jamaica: Hypertension. Retrieved from [worldlifeexpectancy.com](http://worldlifeexpectancy.com)

WHO 2013. World health statistics. Geneva, Switzerland: WHO document production services Retrieved from <https://www.who.int>.

WHO (2012). Impacts of e-health on the outcomes of care in low- and middle-income countries: Where do we go from here? *Bulletin of the World Health Organization*, 90, 365-372. Geneva, Switzerland: WHO. Doi: 10.2471/BLT.11.099069

- WHO (2010). *Migration of health workers*. Geneva, Switzerland: World Health Organization. Retrieved from <http://www.who.int/mediacentre/factsheets/fs301/en/>
- WHO (2010). *Bulletin of the World Health Organization*, 88(5), 321- 400. Geneva, Switzerland: WHO. Doi: 10.2471/BLT.10.000510
- WHO (2006). *The world health report: Working together for health*. Geneva, Switzerland: World Press.
- Wilson, I. (2003). *Nurses Association of Jamaica: Objectives and achievements*. Kingston, Jamaica: Nurses Association of Jamaica.
- Wilson, N. (2010). Fifty percent (50 %) of nursing students drop out. *The Observer*. Kingston, Jamaica: the Jamaica Observer. Retrieved from <https://jamaicaobserver.com>
- Wiredja.com, (2017). *Jamaica-nurse shortage forces cancellation of major surgeries at UWI hospital*. Kingston, Jamaica. Retrieved from <http://Wiredja.com>
- Wheeler, R.M., Foster, J. W., & Hepburn, K.W. (2013). The experiences of internationally educated nurses in the southeastern United States of America. *International Nursing Review* 60, 397- 404.
- World Bank (2009). *The nurse labor and education markets in the English-speaking CARICOM: Issues and options for reform*. Washington, DC: World Bank. <http://documents.worldbank.org/curated/en/596291468016810712/>



- Yan, J. (2008). *Millennium Development Goals (1990 – 2015)*. Geneva, Switzerland: WHO Retrieved from <http://www.who.int>
- Yan, J. (2006). Health service delivery: Reframing policies for global nursing migration in North America-A Caribbean perspective. *Policy, Politics, & Nursing Practice* 7(3), 71s-75s. Doi: 10.1177/1527154406294629
- Yeats, N. (2010). The globalization of nurse migration: Policy issues and responses. *International Labor Review*, 149(4), 423- 440.
- Yin, R. K. (2011). *Application of Case Study Research (3<sup>rd</sup> ed.)* Washington, DC: Sage.
- Yin, R. K. (2009). *Case study research: Design and methods (4<sup>th</sup> ed.)*. Thousand Oaks, CA: Sage.
- Yin, R. K. (2003). *Case study research: Design and methods (3<sup>rd</sup> ed.)* Thousand Oaks, CA: Sage.
- Yin, R. K. (1981). The case study crisis: Some answers. *Administrative Science Quarterly*, 26(1), 58-65.
- Zucker, D. M. (2009). How to do case study research. *Teaching Research Methods in the Social Sciences*. 2. Amherst, MA: University of Massachusetts School of Nursing Faculty Publication Series. Retrieved from [https://scholarworks.umass.edu/nursing\\_faculty\\_pubs/2](https://scholarworks.umass.edu/nursing_faculty_pubs/2)



