

UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL
ON

PERCEPTIONS OF FOREIGN NURSES
TOWARD NURSING PRACTICE IN MALAWI. AT KAMUZU CENTRAL HOSPITAL.

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SUBMITTED ON
14TH JULY 2010.

DECLARATION

I hereby declare that this proposal is a result of my work, except where due reference is made in the text.

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DEDICATION

I dedicate this work to my mum and dad and my brothers and sisters for their support.

ACKNOWLEDGEMENT

My special gratitude should first go to God for giving me courage, inspiration and wisdom to write this research proposal. May your name be glorified and praised.

My special thanks also go to my supervisor Mr M. Muocha who has been guiding and correcting me wherever necessary in writing of this research proposal.

Finally, I would like to extend my heart felt appreciation to my parents, brothers and sisters as well as my friends for love, kindness and support rendered to me during my academic life.

ABSTRACT

This study will be conducted to explore the perceptions of foreign nurses towards nursing practice in Malawi. The areas of interest of this study are: to assess the foreign nurses knowledge of nursing practice in Malawi, to find out the differences between the nursing practice in Malawi and that of other countries, to identify the challenges faced by the foreign nurses and the coping system they resort and to find out the foreign nurses perception on how to improve nursing practice in Malawi.

The study will be conducted at Kamuzu Central Hospital. A qualitative research design will be used and 10 foreign nurses will be selected using convenience sampling. Data will be collected through a structured interview using an interview guide.

TABLE OF CONTENTS

Acknowledgement.....i

Abstract.....ii

Table of contents.....iii

List of abbreviations.....v

CHAPTER ONE

0.0 Introduction.....1

1.1 Background.....2

1.2 Problem statement.....3

1.3 Significance of the study.....3

1.4 Objectives of the study.....4

1.4.1 Broad objectives.....4

1.4.2 Specific objectives.....4

CHAPTER TWO

1.0 Literature review.....5

2.1 Summary.....9

CHAPTER THREE

3.0 Conceptual framework.....10

3.1 Roy’s Adaptation Model.....10

3.2 Application of the model.....14

CHAPTER FOUR

4.1 Methodology.....	15
3.3 Study design.....	15
3.4 Setting.....	15
3.5 Sampling.....	15
3.6 Data collection and instrument.....	16
3.7 Data analysis.....	16
3.8 Pilot study.....	17
3.9 Ethical considerations.....	17
4.8 Dissemination of results.....	18
Reference.....	19

APPENDICES

Appendix A: Time table.....	21
Appendix B: Budget.....	22
Appendix C: Interview guide.....	24
Appendix D: Permission letter to KCH.....	28
Appendix E: Permission letter to KCN RPC.....	29
Appendix F: Consent form.....	30

LIST OF ABBREVIATIONS

ICN	: International council of nurses
CGFNS	: Commission on Graduates of Foreign Nursing Schools
DRC	: Democratic Republic of Congo
KCH	: Kamuzu Central Hospital
KCN	: Kamuzu College of Nursing
RN	: Registered Nurse
RPC	: Research and publications Committee
TOEFL	: Test of English as a Foreign Language
UK	: United Kingdom
US	: United States
WHO	: World Health Organizations

CHAPTER 1

1.0 INTRODUCTION

Like most African countries, Malawi has suffered from a severe shortage of nurses and key health workers. According to World Health Organization (WHO) report of 2008, Malawi's ratio of nurse to patient was 1: 10,000 and one of the causes of this shortage being nurse migration to other countries. This has compromised the health system in Malawi. This situation forced Malawi to start recruiting nurses and other health personnel from other countries.

Moving from one country to another in search of employment is increasingly being seen as solutions to nursing shortages. Historically, nurse migration has been mostly opportunistic or based on individual motivation and contacts (Buchan, 2001). During the past decade, however, active large scale planned international recruitment has occurred with developed countries recruiting nurses from both other developed countries and developing countries, (Huston, 2006). In addition, developing countries are recruiting from each other, even within the same geographic region (International Council of Nurses [ICN], 2002).

International recruitment needs to be managed to avoid negative impact on the health systems of the recruiting countries. However individual freedom and the right to emigrate will always keep a number of migrant nurses moving across borders. Consequently, issues concerning the welfare of immigrant health workers also need to be addressed (ICN, 2002)

1.1 BACKGROUND

Nurse migration has occurred primarily as a result of push/pull factors. Push factors are those things that push or drive a nurse to want to leave their country to go to another. Push factors (Awases, Gbary, & Chatora, 2003) include economic factors (unsatisfactory remuneration), institutional factors (lack of proper work facilities and equipment), professional factors (lack of career development options) and political factors (socio-political instability).

Pull factors are those things that draw the nurse toward a different country. Pull factors encouraging nurse migration include opportunities for professional development, aspirations for a better quality of life, personal safety, improved pay and learning opportunities (Kingma, 2001; Buchan, 2001).

The literature suggests that different countries have experienced different impacts as a result of the push-pull of international nurse migration. Positive impacts include the economic benefits associated with the generation of remittance income (Huston, 2006). It is estimated that globally, remittances contribute more than 70 billion dollars to world economies (Oulton, 2004). More commonly, however, donor countries report “*brain drain*”- the loss of skilled personnel and the loss of investment in education (Kline, 2003) that is experienced when scarce human resources migrate elsewhere. International migration threatens global health because the “loss of human resources through migration of professional health staff to developed countries usually results in a loss of capacity of health systems in developing countries to deliver health care equitably” (ICN, 2004). Migration of health workers also undermines the ability of countries to meet global, regional and national commitments and even their own development (ICN, 2004).

Kingma (2001) suggests that the negative effects of international migration on “donor-recipient” countries are beginning to be recognized, but that they have not been effectively addressed. International migration also poses potential negative consequences for the individual migrating nurse. Due to the lack of regulatory oversight of agencies and practices of global nurse migration contracting, nurses who have migrated are at increased risk for employment under false pretences and may be misled as to the conditions of work, possible remuneration and benefits

(Huston, 2006). Thus, they are placed at risk for unethical, if not illegal employment practices in their host country.

Haddad (2002) also voices her concern that nurses from donor countries may not be given the respect they deserve in the workplace due to negative bias and prejudice by their peers, who regard them as outsiders. Workplaces must actively seek to create a culture through education and training which accepts and even welcomes nurses from other countries.

1.2 PROBLEM STATEMENT

Malawi has had a long standing problem of shortage of nurses in both government and mission hospitals. According to WHO (2009) report, Malawi had only 40% of the nurses the country needed. This situation forced the Malawi government to start recruiting foreign nurses especially from DRC, Burundi and Zimbabwe in order to ease the problem. However, these nurses had their nursing training in their countries of origin which have different nursing practices from that of Malawi.

1.3 SIGNIFICANCE OF THE STUDY

As the nursing workforce in Malawi becomes increasingly diverse through international recruitment, it is important to have knowledge of perceptions and experiences of different groups of nurses. This helps to devise adaptation programs for smooth transition tailored to particular groups and training that will help Malawi nurses to work in harmony with their foreign counterparts.

The findings of the study will help in improving the nursing care in Malawi. This will be achieved by finding ways to accommodate the foreign nurses into the Malawi's nursing practice and adopt some of their good nursing practices. Once these foreign nurses adapt and get into the system, the nursing care in Malawi will be of improved standards.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVE

To explore the perception of foreign nurses towards nursing practice in Malawi

1.4.2 SPECIFIC OBJECTIVES

1. To assess the foreign nurses knowledge of nursing practice in Malawi
2. To find out the differences between the nursing practice in Malawi and that of other countries
3. To identify the challenges faced by the foreign nurses and the coping system they resort
4. To find out the foreign nurses perception on how to improve nursing practice in Malawi

CHAPTER 2

2.0 LITERATURE REVIEW

Literature review is an organized written presentation of what has been published on a topic. Literature review helps develop a comprehensive picture of the state of knowledge on the topic and acquaints the researcher with what has already been done in relation to the study and thereby minimize unintentional duplication (Pilot and Hungler, 1991). The literature review also provides a summary of a series of articles and therefore creating a structure upon which further researches can be based (Cormarc, 1991).

The shortage of medical supplies and personnel is a great problem. For the entire nation there are less than 100 registered doctors and 4,000 nurses against a population of approximately 14,841,363. The problem is compounded with the fact that nearly half of the graduating doctors and nurses from most medical schools in Malawi leave the country to practice in other high paying jobs outside the country. From the year 2000-2008, 614 nurses (93% of them registered nurses) registered to leave the country (Global Health Report, 2008).

The Impact of Migration: Donor vs. Receiving Countries

Nurses migrate in search of better wages, working and living conditions, as well as educational and career advancements (Carney, 2005). However, donor countries, who struggle to keep health care facilities open, are faced with issues including loss of skilled personnel, loss of economic investment, and high turnover rates. Loss of skilled personnel is frequently referred to as "brain drain," where experienced personnel move to receiving countries leaving behind inexperienced personnel, who must work alone in poor conditions (Kline, 2003). For example, Prystay (2002) reported that nursing directors in the Philippines were concerned about high turnover rates, thereby leaving novice nurses to staff hospitals. Kline (2003) discussed a loss of economic investment in education. Filipino nurses who remained faced poor wages and working conditions and minimal incentive from government officials to improve wages and working conditions (Prystay, 2002).

The impact on receiving countries of foreign-educated nurses was a positive one. These countries received skilled, English-speaking nurses who can enter the workforce immediately to fill critical shortages (Kline, 2003). Nurses fulfilled contractual agreements to work full time, for a designated period.

Culture, Workplace Values, and Transition

Flynn and Aiken 2002 did a study on culture, work place and transition. Cultural differences and workplace values are important factors to consider when recruiting a foreign-educated nurse. Flynn and Aiken (2002) reported American-born nurses were concerned that a large influx of foreign-educated nurses might not share their culture, workplace values, and goals and might undermine efforts to improve hospital working conditions and standards of nursing practice.

Flynn and Aiken (2002) conducted a secondary analysis of prior research that examined professional values related to nursing practice environment. The analysis investigated nurse autonomy, control over practice environment, and relationships with physicians. Their findings suggested that nurses worldwide shared core professional values that led to a positive workplace environment, improved job satisfaction, and patient outcomes; however, American nurses placed a higher value on autonomy than foreign-educated nurses. Carney (2005) recommended a strong mentor and orientation program to facilitate the development of autonomous and competent foreign-educated nurses. Cultural competency training is recommended for both the foreign nurses as well as the institutions' staff to ensure effective communication between colleagues and patients (Carney, 2005).

The transition of migration can be difficult. Many foreign-educated nurses struggle with being away from home and their families as well as integrating back into their own cultures and lifestyles after being in the US (Carney, 2005). He suggested that programs be developed to support the foreign staff while in the country as well as re-entry into their own country. The adjustment for U.S. nurses can also be difficult. He noted American nurses felt jobs were being taken by foreign staff leading to fear, anxiety, and uncertainty of their future. Institutions must meet the needs of both foreign-educated nurses and staff members in the United States who will work with them (Carney, 2005).

Blush B.L (2004) did a Study in United States on foreign nurse immigration. He found that it is widely assumed that the United States is the largest importer of nurses because of the size of its health care system, its favorable wage structure, and media attention to international recruiting activities by U.S. hospitals. Peter Buerhaus and his colleagues recently estimated that nurses born outside the United States accounted for about a third of the increase in employed nurses nationally since the mid-1990s, although it is not known for sure how many were trained abroad. This led to improved health care in the United States.

U.S. requirements for licensure and restrictive immigration policies, not a lack of demand or interest, have limited the entrance of foreign-trained nurses to the United States. Foreign applicants (nurses) must demonstrate that their education meets U.S. standards -- most notably, that their education was at the postsecondary level. Also, nurses trained in countries in which English is not the primary language must also pass an English proficiency test (TOEFL). The U.S. Commission on Graduates of Foreign Nursing Schools (CGFNS) offers an exam in many countries. The CGFNS exam reduces the number of foreign-trained nurses who travel to the United States expecting to work as RNs who cannot pass the licensing exam.

Chege N. and Garon M. (2006) did a research on Adaptation challenges facing internationally educated nurses in California. The findings were that foreign nurses face challenges in communication, cultural differences, different nursing roles and nursing practice from that of their countries, and lack of proper orientation into the new system

Some sectors of the U.K. health system have developed a high level of dependency on foreign-trained nurses and thus are motivated to sponsor extended work permits. One out of four nurses in London is from overseas, and some private health care organizations are staffed by as many as 60 percent overseas-trained nurses. The main source countries are the Philippines, South Africa, and Australia, with sizable increases as well from India, Zimbabwe, and a number of other African countries. These numbers follow well-established trade patterns, as is common in international migration (J. Bachan et al, 2003).

Likupe G. (2007) did a study on Experiences of African nurses in the UK. The study showed that there is agreement that most foreign nurses have a negative experience of working in the UK. Nurses face discrimination in pay and conditions of service and most are exploited by managers. There are also ethical questions surrounding the recruitment of nurses from developing countries and their treatment once they come to the UK.

For years Ireland produced more nurses than it could employ, and Irish nurses were highly sought after by other developed countries, including the United Kingdom and the United States. The recent Irish economic boom resulted in the expansion of jobs for nurses in Ireland, so much so that the number of jobs exceeded the domestic supply of employed nurses. Thus, Ireland became a major host rather than a source country and now recruits actively overseas, especially in the Philippines. Long-standing nurse migratory patterns between the United Kingdom and Ireland have totally reversed: Ireland is now a major destination for U.K. nurses instead of vice versa. And, as in the United Kingdom, Ireland is now importing more new entrants to nursing than it is training domestically (International Council of Nurses, 2004).

The Philippines is the leading primary source country for nurses internationally by design and with the support of the government. The 2001-2004 Medium Term Philippines Development plan views overseas employment as a key source of economic growth. Filipino nurses are in great demand because they are primarily educated in college-degree programs and communicate well in English, and because governments have deemed the Philippines to be an ethical source of nurses. A motivator for the Philippines to produce nurses for export is remittance income sent home by nurses working in other countries. In 1993 Bruce Lindquist reported that Filipinos working abroad sent home more than \$800 million in remittance income. No other country produces many more nurses than are needed in their own health care systems at a level of education that meets the requirements of developed countries (International Council of Nurses, 2004).

An article written in Global Health Report, 2008 on Adaptation changes facing international educated nurses. Each culture maintains different expectations. The difference in expectations can result in misunderstanding and misconceptions on both the part of the international and the other staff. For instance, a nurse from different culture may be reluctant to ask questions, fearing

that they would be perceived as rude or become embarrassed to let someone know she/he does not understand. This may compromise patient care. In responding to these concerns, the South Africa's Nurses Association and the National Nurses Association developed a code of practice for the international recruitment of nurses which was adopted in September 2005.

ICN (2006) recommended effective orientation, mentoring, and supervision be provided to ensure high-quality care as well as appreciation for cultural differences in values and clinical practice. Collaboration between nursing administrators, human resource and nursing education departments should develop and implement structured orientation programs focused on the needs of foreign-educated nurses. Health care administrators should oversee the orientation process, provide well-trained mentors, a nurturing environment, and community support links.

2.1 SUMMARY OF LITERATURE REVIEW

Foreign recruitment is not a permanent solution for the escalating international shortage of nurses. Increased recruitment of foreign-educated nurses has wide ranging effects on nurses, the health care system, and populations worldwide in both donor and receiving countries. Foreign-educated nurses must adjust to numerous cultural, social, and organizational experiences. It is pertinent to evaluate educational patterns, cultural differences, and economic and public policies as they relate to the use of this workforce. Stringent policy and practice guidelines for foreign-educated nurse recruitment and migration must be monitored.

CHAPTER THREE

3.0 CONCEPTUAL FRAMEWORK

A framework is the abstract, logical structure of meaning that guides the development of the study and enables the researcher to link the findings to nursing body of knowledge (Burns & Grove, 2005, p147). Developing framework for a study is one of the most important steps in the research process. The theoretical framework that will be used in this study is the Roy's adaptation model. This model focuses on a person's adaptive response to the environment.

3.1 ROY'S ADAPTATION MODEL

Roy conceptualized the human system in a holistic way, she defined human as biopsychosocial adaptive system which is in constant interaction with the changing environment and that between the system and the environment occur as an exchange of information, matter and energy (Craven R. 2010).

The goal of nursing according to Sister Callista Roy is to promote "adaptive response in relation to four adaptive modes". Her adaptation model identifies five essential elements: person, goal of nursing, nursing activities, health and environment. Each person, as a complete entity, constantly interacts with the environment and central to the theory is the need for a person to adapt to that environment. According to Roy the four modes of adaptation are:

- Physiologic needs (adaptation to satisfy basic needs).
- Self-concept (adaptation to maintain physiological integrity).
- Role function (adaptation to society's roles and duties).
- Interdependence (adaptation to enable need fulfillment; support system).

Physiological-physical mode

This mode represents human system, physical responses and interception with the environment. The underlying need of this mode is composed of basic needs associated with oxygen, nutrition, activity, rest and protection, people with VVF need balanced diet, exercise and protection for their lives to go on.

Self concept- group identity mode

This mode is determined by a person's interaction with others. As outside stimulus affect him/her, the person adapts according to his/herself concept. This maintains the physiological integrity.

Role function mode

This mode is the category of behavior for both individuals and groups. Roy states that knowing one who in relation to others so that one can act appropriately, for individuals this mode focuses on the roles of the individual in the society, role behavior in groups is the means through which the social system achieve goals and functions.

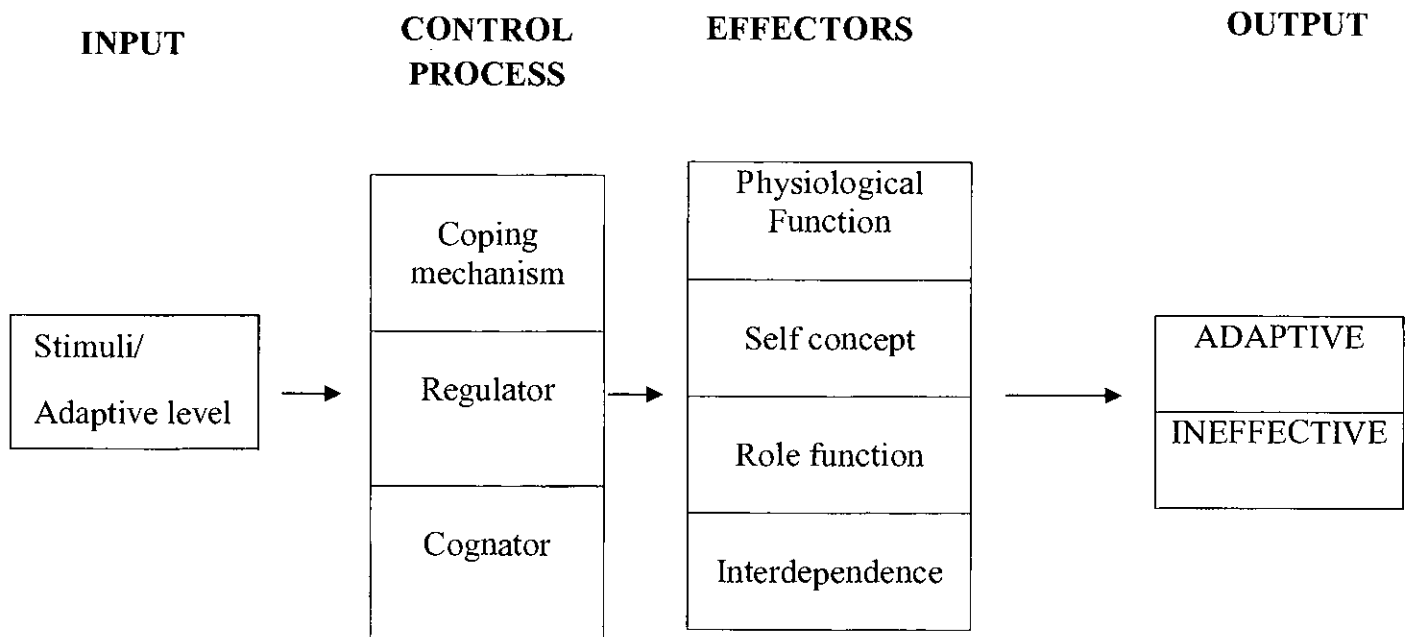
Interdependence mode

Applies to the adaptive behavior of both individuals and groups, for individuals the underlying need for this mode is relational integrity security in nurturing relationships. For groups interdependence relates to social context including both public and private contacts within and outside the group.

The human as an adaptive system has inputs coming from external environment as well as from within the system.

To cope with the changing world the person uses both innate and acquired mechanism, which are biologic, psychological and social in origin. Figure 1 has a diagrammatic presentation of the model.

Figure 1: **DIAGRAMMATIC PRESENTATION OF THE MODEL**



Source: Tomy, 2006

Outputs of the human adaptive system are behavioral responses, which can be both internal and external. These output responses become feedback to the system and the environment. Roy categorized these outputs as either adaptive responses or ineffective responses.

Each person adapts according to his or her individual coping mechanisms. Output behaviors are either adaptive (which promote integrity, meeting of goals, survival) or ineffective (which do not promote growth). Using the nursing process, the nurse assesses how effectively the patient is adapting: diagnosis, goal-setting, intervention, and evaluation follow.

The human as an adaptive system has inputs of stimuli and adaptation level. Output as behavioral responses that serve as feedback and control processes known as coping mechanisms.

Adaptive Responses

These are those responses that promote the integrity of the human system. The system's integrity or wholeness is behaviorally demonstrated when the system is able to meet the goals in terms of survival, growth, reproduction, mastery, and transformations of the system and the environment.

Ineffective Responses

These are responses that do not support the goals of human as adaptive systems. They can immediately or gradually threaten the system's survival, growth, reproduction, mastery, or transformation.

Roy defined paradigms of theory as follows;

Nursing; health care profession that focuses on human life processes and patterns and emphasizes promotion of health for individuals, families, groups and society as a whole (Craven R. 2010)

Person; humans are holistic, adaptive systems as an adaptive system human system is described as a whole with parts that functions as a unity for some purpose. Human system includes people as individuals or in groups including families, organizations, communities and society as a whole.

Health; Roy defined health as "a state and a process of being and becoming an integrated and whole human being (Craven R. 2010). The integrity of the person is expressed as the ability to meet the goals of survival, reproduction, mastery, and person and environment transformation.

According to her, health does not only mean a simple absence of disease but it can also exist in persons with physical, emotional, or other changes. She defined health as a state and a process of integration that indicates successful adaptation.

Environment; this is comprised of stimuli from within and stimuli from around the adaptive system. Roy specifically defines environment as all conditions, circumstances, and influences that surround and affect the development and behavior of humans as adaptive systems, with particular considerations of persons and earth resources.

APPLICATION OF THE THEORY

A human being is a biopsychosocial adaptive system and so it is with the foreign nurses. Their experiences are as a result of constant interaction with the changing environment (the foreign country), so there is a need for them to develop good adaptive responses new environment. The changes affect their internal physical and internal psychological environment.

Roy defines the goal of nursing as the promotion of adaptive responses in relation to the four adaptive modes: physiological-physical, self-concept-group identity, role function, and interdependence. The nurse may anticipate that the human system has potential for ineffective responses secondary to stimuli likely to be present in a particular situation; therefore, the Malawi government and Malawian nurses need to act to prepare the nursing system through anticipatory guidance. Hence nursing actions include approaches aimed at maintaining adaptive responses.

If there are ineffective responses from these foreign nurses, nurses or community members have the responsibility of helping them to adapt to their condition hence promoting growth and mastery.

When the foreign nurses adapt to the Malawian environment, they will be able to deliver the high quality health services and of high standards. This can be so only if they are prepared physically and psychologically.

CHAPTER FOUR

4.0 METHODOLOGY

The purpose of this chapter is to describe the methodology that has been adopted to conduct the study.

4.1 STUDY DESIGN

This study will utilize a qualitative data collection and analysis method. This has been selected because it is a systematic, subjective approach used to describe life experiences and give them meaning. This will therefore enable participants to give their views and experiences, enabling the researcher to obtain relevant data on the knowledge, attitude, and perception of each participant personally towards nursing practice in Malawi.

4.2 SETTING

Setting refers to the location for conducting the research (Burns, 2004). The study will be conducted at KCH. KCH has been chosen because it is one of the big hospitals in Malawi and most of the foreign nurses go for orientation and placement there. The researcher finds it easy to conduct the research at this place for easy access to participants.

4.3 SAMPLING

Sampling involves selecting a group of people, events, behaviors or other elements with which to conduct a study (Burns, 2004). Purposive sampling will be done which will involve conscious selection of participants by the researcher. This sampling method has been chosen because it enables the researcher to learn a great deal about the central focus of the study as sampling decisions have a major impact on the meaning of the findings.

The study will involve a sample of 10 foreign nurses in regardless of their country of origin. A sample denotes the selected group of people or elements included in the study.

4.4 DATA COLLECTION AND INSTRUMENT

Data collection is the process of gathering data from the subjects while an instrument is the data collection tool (Burns, 2004). The data collection procedure will be through in depth interviews which will involve verbal communication between the researcher and the participants to determine the perception toward nursing practice in Malawi. An interview guide containing open ended questions will be developed in order to guide the researcher on what to ask. This will be based on the literature search and experience. Face to face interviews will be conducted and interviews will be tape recorded. Interviews have been considered appropriate since this is a flexible technique that allows a researcher to explore greater depth of meaning, interpersonal skills can be used to facilitate cooperation and elicit more information, and response rate to interviews is higher and allows collection of data from subjects who are unable or unlikely to complete questionnaires.

4.5 DATA ANALYSIS

Data analysis is done to reduce, organize, and give meaning to data. In this study content method of analyzing data will be used (Burns, 2004). This is a qualitative analysis technique to classify words in a text into a few categories chosen because of their theoretical importance. The technique provides a systematic means of measuring the frequency, order, or intensity of occurrence of words, phrases or sentences. The process involves defining specific characteristics of the content to be measured, development of rules for identifying and recording these characteristics, selection of specific unit of analysis which may be individual words, words combinations or themes, division of text into units of meaning, quantifying of these units according to rules, construction of idea categories along with selection of words considered representative of these idea categories and finally looking for relationships among ideas, reality and language. Demographic data will be analyzed using simple descriptive method of analyzing data and will be presented in tables, graphs, and charts.

4.6 PILOT STUDY

This is a smaller version of a proposed study conducted to refine the methodology using the proposed study, similar subjects, treatment and same data collection and analysis techniques (Burns, 2004). It will be conducted to develop and refine a variety of steps in the research process, to determine whether proposed study is feasible, to identify problems with design, to determine if sampling technique is effective, to refine the data collection and analysis plan, to give researcher experience with the subjects, setting, methodology and methods of measurements and to try data analysis technique.

2 foreign nurses will be involved in this pilot study. However the findings of the two will not be included in the actual study.

4.7 ETHICAL CONSIDERATIONS

This is to ensure that the subject's rights and rights of others in the setting are protected. In the first place, a proposal will be submitted to Kamuzu College of Nursing Research and Publication Committee for ethical approval. Letters will then be written and sent to the concerned authorities requesting for permission to conduct the study. These include the director of KCH and the participants.

An informed voluntary consent will be obtained from individual participants prior to participation and the purpose of the study and method of data collection will be explained to them. participants will also be told about the reason they have been chosen to participate in the study, any benefit, that is there is no direct benefit but the results will benefit many, risks which include embarrassment during the interview process since some of the questions may be personal and that the information will be only be made available to those who upon accepting the agreement made will seek for the information to benefit others. Confidentiality, the protection of participants in a study such that their individual identities will not be linked to the information they provided and will never be publicly divulged (Pilot, 1999) will be maintained by ensuring that interview guides and the tapes are kept safely in files and destroyed after use so that no one have access to the information other than the people involved. Anonymity ,that is the protection of the participants in a study such that even the researcher cannot link him or her to the information provided (Pilot,1999), will be maintained by ensuring that the study publication will

not bear any participants name. Numbers or codes will be used and burning after use will destroy the guides. Privacy, which is the right of the research participants to control the information communicated to others, to the researcher initially and in subsequent public documents of any kind (Sally, 2001) will be maintained by making sure that the information discussed will not be shared to any other people other than those concerned. The interview will be conducted in an environment that will maintain both audio and visual privacy.

4.8 DISSEMINATION OF THE RESEARCH RESULTS

This is the diffusion or communication of research findings by presentations and publications to a variety of audiences. The research results will therefore be disseminated through a report to Kamuzu Central Hospital and Kamuzu College of Nursing Library.

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APPENDIX A

TIME TABLE

ACTIVITY	FEB-MAR	APR-JUN	JUL-AUG	SEP	OCT	NOV
Selection of title						
Proposal writing, & submission						
Pre-testing and data collection						
Data analysis						
Report writing						
Submission of dissertation						
Dissemination of results						

APPENDIX B**BUDGET**

STATIONARY	COST/UNIT	
2 Rims of plain papers.	K800.00 each.	K3,200.00
2 Pencil sharpeners.	K100.00 each.	K200.00
10 Ball pens.	K35.00 each.	K350.00
5 Flat files.	K150.00 each.	K750.00
5 Flat file tags.	K50.00 each.	K250.00
5 Large envelopes.	K50.00 each.	K250.00
1 Flash Disc.	K5000.00.	K5000.00
Sub total		K10,000.00
SECRETARIAL SERVICES		
Printing 3 copies of proposal.	K10.00 per page.	K 1,500.00
Binding 3 proposal copies.	K200.00 each.	K600.00
Printing 4 copies of dissertation	K10.00 per page	K3200.00
Binding of dissertation 4 copies.	K200.00 each.	K800.00
Printing 4 paged interview guide (12 copies).	K10.00 per page	K480.00
Sub total		K6500.00
OTHERS		
Traveling costs.		K5000.00
Food and accommodation.		K5000.00
Sub total		K10,000.00
TOTAL BUDGET		K26,500.00

JUSTIFICATION OF BUDGET

Stationery

This is very important as the researcher will be required to have enough paper for writing notes when searching information and printing copies of proposal and dissertation

Pens will be used for writing these notes on the papers.

Folders would be required for keeping hard copies of important information.

Envelopes would be used in posting letters to different authorities when seeking permission.

The notebook would be used in writing notes on the information found concerning the topic and to keep field notes.

The flash disk would be required for the storage of the information.

Secretarial and internet services

The money would be required for printing and binding of completed research proposal and dissertations as well as photocopying of interview guides and letters.

Transport, accommodation and food

Transport money will be required for the researcher to travel to and from the place of data collection. During this time of data collection, the money will also be used for accommodation and buying food.

APPENDIX C

**INTERVIEW GUIDE: PERCEPTION OF FOREIGN NURSES TOWARDS NURSING
PRACTICE IN MALAWI**

Date of interview:

Code #.....

Ward/ department.....

SECTION A: DEMOGRAPHIC DATA

1. Gender

- a. Male
- b. Female

2. Age

- a. 20-30
- b. 31-40
- c. 41-50

3. What is your nationality?

4. What is your highest level of professional education?

- a. Certificate in nursing/midwifery
- b. Diploma in nursing/midwifery
- c. Degree in nursing/midwifery
- d. Other (specify).....

5. Where did you obtain your qualification?

6. How did you find yourself I Malawi?

.....
.....

SECTION B: FOREIGN NURSES KNOWLEDGE OF NURSING PRACTICE IN MALAWI

7. What do you know about nursing practice in Malawi?

.....
.....
.....

8. What procedure did you go through to be enrolled as a nurse in Malawi?

.....
.....
.....

9. Which Malawian nursing organizations/bodies do you know? What do you know about them?

.....
.....

10. What do the nurses and midwives act and the scope of nursing practice of Malawi stipulate?

.....
.....
.....
.....
.....

SECTION C: THE DIFFERENCES BETWEEN NURSING PRACTICE IN MALAWI AND THAT OF OTHER COUNTRIES

11. How do you compare the nursing practice of Malawi with that of your country?

a. Similarities

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.....
.....
.....

b. Differences

.....
.....
.....

12. What are the strengths you have observed so far?

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.....

13. What are the weaknesses you have observed on nursing practice in Malawi?

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.....
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.....

SECTION D: CHALLENGES FACED BY FOREIGN NURSES

14. How has been your professional life in Malawi?

.....
.....
.....

15. As foreign nurse, what challenges do you face in your professional life?

.....
.....
.....

16. How do you manage and cope with those challenges?

.....
.....
.....

SECTION E: FOREIGN NURSES PERCEPTION ON HOW TO IMPROVE NURSING PRACTICE IN MALAWI

17. What do you think Malawi can do to improve nursing practice in the country?

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.....
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.....
.....
.....

18. Any addition related to the topic?

.....

THANK YOU FOR YOUR PARTICIPATION.

GOD BLESS YOU!

APPENDIX D

PERMISSION LETTER TO KCH

University of Malawi
Kamuzu College of Nursing
P/ Bag 1
Lilongwe

The Hospital Director
Kamuzu Central Hospital
P.O Box 149
Lilongwe

Dear sir/madam

APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

I am a student at Kamuzu college of Nursing in my final year of study of Bachelor of Science in Nursing. In partial fulfillment of a Bachelor of Science nursing program, I am required to conduct a research study.

I am writing to request for your permission to conduct a research study at Kamuzu Central Hospital. The study is aiming at exploring the **perceptions of foreign nurses towards nursing practice in Malawi.**

The results of the study will help improve the standards of nursing practice and patients' care in Malawi.

Your acceptance will be greatly appreciated.

Yours faithfully,

Tiwonge Gondwe

APPENDIX E

PERMISSION LETTER TO KCN-RPC

University of Malawi
Kamuzu College of Nursing
P/ Bag 1
Lilongwe

The chairperson
Research and Publication Committee
Kamuzu College of Nursing
P/ Bag 1
Lilongwe

**APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT KAMUZU
CENTRAL HOSPITAL**

I am a student at Kamuzu college of Nursing in my final year of study of Bachelor of Science in Nursing. In partial fulfillment of a Bachelor of Science program, I am required to conduct a research study.

I am writing to request for your permission to conduct a research study at Kamuzu Central Hospital. The study is aiming at exploring the **perceptions of foreign nurses towards nursing practice in Malawi.**

The results of the study will help improve the standards of nursing practice and patients' care in Malawi.

Your acceptance will be greatly appreciated.

Yours faithfully,

Tiwonge Gondwe

APPENDIX F

CONSENT FORM

University of Malawi

Kamuzu College of Nursing

P/ Bag 1

Lilongwe

Dear Participant,

I am Tiwonge Gondwe, a student from Kamuzu College of Nursing in the final year of study. In partial fulfillment of the program, I am required to conduct a research study. I write to request your consent to participate in this study.

The study aims at finding out the perception of foreign nurses toward nursing practice in Malawi.

In participating in this research, you will be required to respond to some questions through an interview freely and truly. The responses will be kept confidential such that only the researcher will have access to them. No names will be used, only code numbers for anonymity of the subjects.

Participation is voluntary and you are free to withdraw at any time without being penalized. All information provided will be kept in confidence except to the researcher and her supervisor. Privacy will be maintained throughout the study.

The study may not benefit you directly but it will assist in improving the quality of nursing practice and nursing care in Malawi.

I, the undersigned, have read the above information, understood it fully and wish to give consent to participate in the study

Signature of participant..... Date.....

Signature of researcher.....