

Skill, Professionalism, Self-Esteem and Immigration: The Case of Nigerian Physical Therapists

Adétóyèje Oyèyemí

Abstract

High self-esteem is an important attribute of healthcare professionals. Upon emigration to a developed country like the United States, foreign trained health personnel are exposed to greater career opportunities and faced with adjustment problems. This study was designed to assess the effects of skill, standard and quality of life, and professionalism on self esteem and to evaluate whether the Nigerian Physical Therapists, (PTs) based in the United States have higher self-esteem than their counterparts in Nigeria. A questionnaire was administered to PTs in Nigeria (N=100) and the Nigerian PTs based in the US (N=31). The questionnaires were divided into 2 parts: Part 1 sought demographic information and part 2 consisted of Rosenberg self esteem scale. Overall, these cohorts of PTs have a high self-esteem. The US based PTs have higher self-esteem than their counterparts in Nigeria. The study suggests that standard of living, quality of life, opportunity for continuing education, and job flexibility, as well as an individual's frame of reference may influence self-esteem. The impact of cultural adjustment on the self-esteem of the Nigerian PTs in the US appeared to be minimal in comparison to the effect of career success opportunities available to this group of health professionals in the United States.

Key words: Self-Esteem, Career Success, Physical Therapists, Health Professionals, Nigeria

INTRODUCTION

In the past one decade, (1990-2000) the emigration of highly skilled health personnel increased tremendously from developing countries to countries in Europe and North America, as well as to more buoyant countries in the developing world such as

South Africa and some oil-rich countries in the Middle East. Many health care personnel from India, Pakistan, and the Philippines in Asia, Nigeria and Egypt in Africa, and Brazil and Colombia in South America are currently practicing in the United States, Canada, United Kingdom and the Middle East. Between 1991 and 1995, Nigeria with a population of 118,396,000 was served by 300 physical therapists (PTs) (Irikefe-Onoriode, 1998). The country was speculated to have lost more than 250 PTs or 30% of the PTs currently serving in Nigeria, to countries abroad in these years. This number represents a great loss to a medically underserved, developing country like Nigeria. Following their emigration to the US, Nigerian and other foreign trained PTs are not only exposed to better career success opportunities but are also faced with cultural adjustment problems.

Career success (CS) factors have been identified as including pay and benefits, opportunity for continuing education, and job flexibility (Malamed 1995). Adjustment problems faced by immigrants in the US could include language communication problems, culture shock, homesickness, anxiety, and loneliness. It is widely acknowledged that different social experience stemming from different cultures, values, perspectives, and condition of living bear upon an individual's level of self-esteem (Rosenberg, 1989).

Self-esteem (SE) is a measure of self-worth and self-value. This trait could reflect achievement of success, opportunities for advancements, job and life satisfaction. It is an important construct for health professionals who interact with clients of different problems and needs. The attribute is also important as it could influence personnel retention within a facility and minimize attrition within the profession. Positive, reciprocal relationship was reported between the SE and CS of physical therapists

(Rozier et al, 1996). A similar relationship between SE and job satisfaction was reported for nurses (Moore et al, 1997). These findings suggest that individuals who perceived themselves as successful or on the path to career success are likely to have high SE.

Immigrants from developing countries with low level of technology may lack exposure to state-of-the-art physical therapy equipments and facilities. Upon entry into another country, foreign-trained health professionals may experience culture shock characterized by an initial period of denial, followed by reality confrontation and symptom formation (Chen, 1978; Garza-Gueriero, 1974 Desole et al, 1968). Lack of exposure to the latest equipments and facilities as well as culture shock could be responsible for the lower passing rate reported in the National Physical Therapy Board Examination by the foreign-trained PTs in the US compared with their native born colleagues (www.fstpt.org.exam5.htm). Much earlier, a lower passing rate in any single Educational Council for Foreign Medical Graduates Examination was reported for the

foreign medical graduates (Mason, 1974)

While CS opportunities in the US could positively affect the SE of Nigerian other foreign trained PTs, adjustment problem, and crisis of confidence could impact negatively on their SE. Presently there is no empirical data on the SE of Nigerian PTs. In addition, it is unclear how social experiences and clinical practice exposure in the United States have impacted SE of the Nigerian émigrés currently in the United States.

CAREER SUCCESS AND SELF ESTEEM

The achievement of CS following successful completion of basic training is an important goal for all professionals. Career success defined as the perception of an individual's employment achievement over time, is important for the well-being of individual PTs, and for the advancement of the profession. If therapists feel successful or they believe that they are on the path to success, there is less risk that they will leave the profession or the country where they practice because they are likely to be happy, more motivated and more productive (Pelluchette, 1993).

External and objective measures of CS are pay and position attainment (Judge et al, 1994; Jaskolka et al, 1985 and Peluchette, 1993). Other measures described as internal and subjective are: the possession of human capital assets like education (Melamed, 1995), job satisfaction (Poole et al, 1990; Judge and Hulin, 1993), job flexibility (Melamed, 1995), how an individual's job impacts on social roles (Pelluchette, 1993; Berdian et al, 1988; Guteck et al, 1991), personal characteristics like ethical practice (Tharenou et al, 1994; Peluchette, 1993; Gattiker and Larwood, 1988) and interpersonal factors like receiving respect or recognition (Peluchette et al, 1993; Hofer et al, 1994). All these measures directly impact the SE of the individual professional.

Only one study was found in the literature that reported on CS and SE of PTs (Rozier et al, 1998). The Rosenberg SE scale was administered to members of the American Physical Therapy Association (N=1906) (Rosenberg, 1989). Overall PTs were reported to have high SE. Male PTs scored higher on the SE scale than the females. Significant differences were also obtained between male and female PTs in the ranking of some items describing CS. Career success for women appeared to depend to a greater degree on the ability to manage family responsibilities in conjunction with employment opportunities. Moderate positive correlations ($r= 0.43$ for Males; 0.41 for Females) were found between SE and CS for men and women PTs.

A positive association between SE and job satisfaction has been reported among nurses (Moore et al, 1996). Similar positive association has been reported between SE

and lower work stress for nurses (Moore et al, 1997). A positive association between SE and higher feeling of competency has also been reported among faculty members across disciplines (Peluchette, 1993).

Moore and Katz (1996) reported a moderately high SE for nurses in home health practice. In this study, a significantly higher SE was reported for nurses who were administrators, directors, and coordinators than those who did not hold any administrative or supervisory position. Those with five or more years of experience in home health nursing position were also reported to have higher SE than those with less than 5 years of experience. The level of education also appears to influence SE (Moore et al., 1996) found that surgical nurses with Bachelor's or higher degrees have moderately higher SE than those with basic or entry-level (associate degree) preparation.

In an investigation of foreign medical graduates by Hojat and Herman (1985), it was shown that foreign medical graduates tend to report lower SE compared with American medical graduates. There are also differential SE scores among foreign medical graduates. In this study, Filipino graduates reported lower SE more frequently than Iranians when compared with their American counterparts. According to Hojat and Herman (1985), other psychopathological measures such as loneliness, isolation, depression, anxiety, homesickness and limited social activities are associated with perceived adjustment problems among Iranian and Filipino medical graduates. In addition, the situation in which foreign medical graduates practice their profession in the US (such as training approaches, supervision style, and availability of mentors) has been found to affect their SE (Bergen & Lenoble, Gelb and Cassell, 1972).

Okerlund (1994) investigated factors affecting the recruitment and retention of PTs in Utah, United States. Two hundred and forty four health care facilities and 198 Physical Therapy personnel were surveyed. Respondents were asked to rate six factors that account for their retention within a job in order of importance. Pay and fringe benefits, continuing education opportunities and flexible schedules were the top three factors found to influence retention.

A review of the literature revealed 3 points of interest. First, only one study on SE and another on the retention of PTs was found. Second, no report on the SE of Nigerian PTs was found in the literature. Finally, no study has examined issues on career success and retention of PTs in a developing country like Nigeria.

The extant literature showed that high SE is associated with feelings of success. Measures of CS (pay and benefits, opportunity for continuing education, job options and flexibility) appear to exert a great influence on personnel retention. An individual's

decision to remain or emigrate from a country may therefore be greatly influenced by the level of opportunities for CS in that country. Following emigration, the SE of foreign trained PTs could be affected by their cultural background, adjustment process, and their practice or training situation.

SELF ESTEEM: NIGERIAN PTs AT HOME AND IN THE US

This study has two objectives. The first was to assess the effects of skill, standard and quality of life, and professionalism on self esteem, and the second, to evaluate whether the Nigerian Physical Therapists, (PTs) based in the United States have higher self-esteem than their counterparts in Nigeria. In order to do this, it is necessary to assess the SE of PTs in Nigeria and compare it with that for Nigerian PTs based in the US. Three hypotheses are relevant to this analysis: (1) Skill, standard and quality of life and professionalism affect self esteem; (2) PTs in Nigeria have high SE; and (3) Nigerian-born PTs practicing in the US have higher SE than their counterparts in Nigeria.

SELF ESTEEM: NIGERIAN PTs AT HOME AND IN THE US COMPARED

A sample of convenience comprising 110 PTs practicing in Nigeria and 31 PTs of Nigerian origin practicing in the US participated in the study. The PTs in Nigeria practiced in hospitals and academic (university) settings. The Nigerian PTs in the US practiced in hospitals, academic (university) settings, and in home care settings. Those in academic settings are PTs that teach in the PT programs in colleges and Universities. Seventy-two percent of the PTs in Nigeria were male, and 28% female. Fifty-one percent were single and 49% married. Eighty-four percent of the PTs in Nigeria attained the Bachelor's degree, 14% had Master's's degree and 2% had Doctoral degrees. Of the 31 PTs in the US, 77% were male and 23% female. Sixteen percent of the US based Nigerian PTs were single and 84% married. Seventy-four percent of the Nigerian PTs in the US had Bachelor's degree, 13% had Master's's degree and 13% had Doctoral degrees.

A questionnaire was designed to provide answers to the questions posed in the study. The questionnaire consisted of two parts. Part 1 sought demographic data and part 2 consisted of the Rosenberg SE scale (Rosenberg, 1989). In part 1, participants were asked questions pertaining to age, gender, marital status, highest degree and primary employment. Nigerian PTs practicing in the US were asked additional questions on membership in professional organizations such as the American Physical Therapy Association (APTA), career goals, and possible relocation plan. The US based Nigerian PTs were also asked whether they would prefer to practice in the US or Nigeria if the pay and social recognition (prestige) perceived to be enjoyed by PTs in the two countries

were comparable. In addition, they were asked whether they have any plans to relocate to Nigeria in the future, when they plan to relocate, and what they plan to do upon relocation.

The second part of the questionnaire consisted of the SE scale by Rosenberg (1989). The SE scale was originally developed for adolescents but has been used successfully in studies of adults (Chronbac alpha = 0 .85). Participants were asked to score themselves on a 4-point Likert scale. Positive statements are scored from 1 (strongly disagree) to 4 (strongly agree) and negative statements scored from 1 (strongly agree) to 4 (strongly disagree). The maximum possible score is 40. A high score is an indicator of high SE.

All prospective participants were sent a cover letter, a copy of the questionnaire and a postage paid return envelope. Questionnaires in packages of 5-10 were mailed to the heads of the Physiotherapy departments in the teaching and specialist hospitals in Nigeria and to state branches of the Nigeria Society of Physiotherapy. The cover letter described the purpose of the study, assured anonymity and invited the subjects to participate. To avoid multiple entries by one person, respondents were asked to complete only one questionnaire. One hundred and twenty (120) questionnaires were sent to Nigeria and 110 were returned at the end of two months, a response rate of 92%. Fifty questionnaires were sent to Nigerian PTs practicing in the US. Within 2 months, 31, (a response rate of 62%) were returned completed. Follow-up letters to the cohorts of Nigerian PTs in the US did not yield any further response. All returned questionnaires were usable.

There is no national register of PTs of Nigerian origin currently practicing in the United States. Therefore, questionnaires were sent to contact persons in selected locales (Michigan, Texas, Washington D.C, and Tennessee) for regional distribution. At the time of the study in September 1999, it is estimated that there were no more than 150 PTs of Nigerian origin in the US. Response from 31 Nigerian PTs in the US was therefore considered adequately representative of the group.

The data analysis was accomplished using Statview 513+ Statistical package. Descriptive (% , mean, SD) statistics were computed for all items. Total scores on the Rosenberg SE scale was entered for each respondent. Group comparison was explored with student t-test. The data was analyzed to ascertain differences in age, marital status, terminal degrees, employment settings and years of clinical experience between the two groups.

RESULTS

The demographic data for the two participants are presented in Table 1. Seventy-

three percent of the subjects were males and 27% were females. Fifty-six percent were married and 44% were single. Eighty-two percent of the subjects had Bachelor's degree, 14% had Master's degrees and 4% had Doctoral degrees. Significant differences were found between the two groups. As shown in Table 1, the Nigerian PTs practicing in the US were significantly older ($p < 0.002$), had more children ($p < 0.003$) and more years of practice experience ($p < 0.009$) than PTs in Nigeria.

When the average scores on the SE scale was analyzed by subgroups, significant differences were noted by marital status. As shown in Table 2, the married Nigerian PTs scored higher ($p < 0.006$) than the single ones ($M=35.7$ $SD=3.7$ vs. $M=33.4$ $SD=4.1$). The PTs with Master's degrees scored significantly higher ($p < 0.05$) than those with Bachelor's degrees ($M=34.1$, $SD=4.1$ vs $M=36.7$, $SD=2.7$). The self-employed PTs also scored significantly higher ($p < 0.5$) than those employed in hospitals ($M=37.0$, $SD=3.4$ vs $M=34.2$, $SD=0.1$). Although subjects with Doctoral degrees reported a higher SE score ($M=36.5$, $SD= 3.6$) than those with Bachelor's degrees, the difference was not significant. This could be due to a type 1 error related to the lower number of subjects with Doctoral degrees ($n=6$). No significant difference was found between those with Master's degrees and those with Doctoral degrees. Similarly, no significant difference was found between PTs employed in hospitals and those in academic settings (36.8 $SD=3.0$, $n=4$), nor between the self-employed PTs and those in academic setting. No significant difference in SE score was found between male and female Nigerian PTs.

When the SE scores of the US based Nigerian PTs was analyzed, a significantly higher ($p < 0.05$) score was noted for those who took three or more continuing education sessions per year ($M=37.6$, $SD 1.9$) when compared to those who did not participate in any continuing education classes ($M=33.7$, $SD 6.0$). As shown on Table 3, no significant difference was found between those took one continuing education course (37.1 $SD=3.4$) and those who took two annually (37.7 , $SD=2.4$). Similarly, there was no significant difference in SE scores between those who participated in one continuing education course per annum, and those who took three or more.

Eighty-seven percent ($n=26$) of the US based Nigerian PTs planned to relocate to Nigeria in future. Upon relocation, 52% ($n=14$) planned to engage in private practice, 18% ($n=5$) planned to teach in the universities and 30% ($n=8$) planned to engage in other occupations unrelated to Physical Therapy practice. As shown in Table 3, none of the respondents who planned to relocate to Nigeria hoped to work as employees in hospitals.

The SE score of the US based Nigerian PTs who planned to relocate in five years ($M=39.4$, $SD=0.7$) was significantly higher ($p < 0.05$) than those of Nigerian PTs who intended to relocate in fifteen years ($M=38.5$, $SD=1.3$), or in sixteen or more years

($M=33.0$, $SD=5.0$). Similarly, those who intended to relocate in fifteen years scored significantly higher ($p<0.05$) in SE than those who indicated their intention to relocate in sixteen or more years. No significant difference in SE scores was found between those who planned to relocate in five years and those who planned to relocate in ten years ($M=36.6$ $SD=2.7$). No significant difference was noted between those who planned to relocate in ten years and those who planned to relocate in fifteen years. Similarly, no significant difference in SE scores was found between those who intended to relocate in ten years and those with a sixteen or more year relocation time frame.

The mean SE scores was 34.0 ($SD=4.0$) for the PTs in Nigeria, 37.1 ($SD=3.0$) for the US based PTs and 34.7 ($SD=4.0$) for both groups combined. Significant difference ($p<0.0001$) was noted in the SE scores between PTs in Nigeria and US based PTs. A significant positive correlation ($p<0.05$) was found between SE scores and years of clinical experience ($r = 0.207$). Significant ($p<0.01$) positive correlation was also found between SE scores and number of children ($r = 0.499$). For the Nigerian PTs in the US, significant ($p<0.05$) positive correlation was observed between SE scores and years of membership in the AP.T.A. ($r = 0.177$).

The significant differences involving subgroups with small number of respondents should be interpreted with caution. Specifically, the interpretation of significant differences by subgroups among Nigerian PTs based in the US should be cautiously interpreted. No valid conclusions could be drawn from these differences because of the small number of respondents. For example the respondents who intended to relocate to Nigeria in five, fifteen, and sixteen or more years are two, four, and three respectively. Also only three respondents took one continuing education course per annum.

DISCUSSION.

The primary objective of this study was to assess the SE of PTs in Nigeria. Overall, PTs in Nigeria as well as their counterparts based in the United States have high self-esteem. This is in agreement with the findings by Rozier et al (1998) for the American PTs. The SE score of the PTs in Nigeria ($M=34.0$, $SD=4.0$) is slightly lower but comparable to those of the American male ($M=35.4$, $SD=3.8$) and female ($M=34.6$, $SD=2.6$) PTs. Those of the Nigerian PTs in the US (37.1 , $SD=3.0$) is however higher than those of the American PTs and the PTs in Nigeria. The SE scores of Nigerian and American PTs are higher than those reported for home health ($M=30.6$, $SD=5.2$) and surgical nurses ($M=30.0$, $SD=5.7$) in two studies (Moore and Katz, 1996 & Moore et al 1996) . The first hypothesis that PTs in Nigeria have high SE is therefore supported.

Another objective of this study was to assess whether the Nigerian PTs based in the

US have higher SE than those in Nigeria. The US based PTs scored significantly higher ($p < 0.05$) on the SE scale than PTs in Nigeria. The above finding supports the second hypothesis that the Nigerian PTs based in the US have higher SE than PTs in Nigeria.

A third objective of the study is to assess the relationship between professionalism, skill and self esteem. The findings suggest that there is a strong relationship between an individuals professionalism, skill and self esteem.

Demographic data showed that PTs in Nigeria were significantly younger ($p < 0.0002$), and had significantly ($p < 0.009$) fewer years of practice experience than the Nigerian PTs in the US. The significant differences in age and clinical experience between the two groups suggest that the more experienced PTs have emigrated to the US. This observation supports the contention that there is a “brain drain” from Nigeria to the US and other countries with buoyant economies. Consequently, well-educated and experienced professionals are more likely to leave their countries for greener pastures when faced with harsh economic conditions, limited opportunities for CS or job dissatisfaction (Bergen & Lenoble 1975).

Married PTs showed significantly higher SE than the single PTs. A previous study by Diener (1984) and Vennhoven (1991) showed that married individuals have higher level of life satisfaction than the unmarried. Furthermore, Schlenker’s (1987) self identity theory posits that individuals seek to construct desired images of themselves, and they are happier upon the realization and sustenance of desired self-identity. While being married is one of the ways in which one may realize self-identity, staying married indicates the sustenance of this desired image. Diener (1984) also reported that increased life satisfaction increases with age. In the present study, the married subjects were older than single subjects. It is therefore plausible that the higher self-esteem reported by the married subjects (compared to the single subjects) is an indication of increased life satisfaction and the realization of a desired self-identity.

Post-basic education appeared to influence the SE of Nigerian PTs. Those with Master’s’s degrees reported a higher ($p < 0.05$) SE compared with those with Bachelor’s degrees. The Nigerian PTs based in the US who took three or more continuing education courses per year also showed significantly higher ($p < 0.05$) SE than those with no continuing education experience. These findings are consistent with previous studies on the SE of nurses in which those with advanced degrees (BS or higher) reported higher Se than those with basic training and managers. Those with advanced degrees (BS or higher) reported higher SE than those with basic training or lower education (Moore & Katz, 1996). The higher SE reported by PTs with Master’s degrees and those US based Nigerian PTs who recorded three or more continuing education courses per year may be

attributed to the fact that higher education beyond the entry-level enhances their knowledge and hands-on skills. Enhanced skills assure a better outcome in patient care and promote feelings of competence, self-confidence and it may generate respect from peers.

The American Physical Therapy Association offers specialist certification in Cardiopulmonary Physical Therapy, Orthopedics, Sports, Geriatrics, Pediatrics, Clinical Electrophysiology and Neurology. There are sixty-one institutions in the United States offering advanced Master's and/or Doctoral degrees in Physical Therapy (APTA, 2003) and course offerings are designed to accommodate PTs maintaining their jobs. Continuing education courses are readily available to PTs on any topics or areas of Physical Therapy on a year round basis. On the contrary, in Nigeria, two of the five Physical Therapy programs in the universities offer post- professional academic degrees (i.e. Master's's and Ph.D.). Other than the annual professional conferences organized by the Nigeria Society of Physiotherapy, seminars are few and far between. There is currently no procedure for clinical specialization in Nigeria. With the exception of PTs who are granted study leave by their employers, only those practicing in the university towns where advanced academic degrees are offered are able to enroll for advanced degrees while maintaining their jobs.

Practice settings also influence the self-esteem of Nigerian PTs. Those who are self-employed reported significantly higher ($p < .05$), self-esteem than the salaried employees in hospitals. The observed differences in SE may be explained by the degree of control over their work schedules and the scale of direct supervision ("boss effect"). While hospital employees work usually with an on-site supervisor, the self-employed are either their own boss (practice owners), or are under supervisors based in health care agency offices (home care therapists or school based/early intervention therapists). Not being under constant watch by a supervisor reduces the likelihood of negative feedback from a boss. In addition, potential conflict situations between co-workers can be avoided by self-employed PTs. Non-exposure to "boss effect", flexible schedules, some degree of control over caseload, and the absence of conflicts with co-workers could promote feelings of independence and enhance SE. However, because majority of self-employed respondents are US based, and the respondents in Nigeria are predominantly employed in hospitals, inferences on the influence of practice setting on SE should be drawn with caution.

CS opportunities are influential in determining an individual's level of SE. In addition to better opportunity for higher education in the US, PTs in the US have more job options and enjoy greater time flexibility. In the US, there are opportunities for PTs to work in hospitals, skilled nursing facilities, homecare settings, as well as in the school system (pediatrics and early intervention). Flexible time schedules are possible for those

who practice independently in home care settings. School based settings offer early closing hours and extensive vacation time. The situation differs markedly in Nigeria, where there are very few private hospitals or clinics. There are also no organized early intervention programs or home care services in Nigeria. Chronic care facilities and nursing homes are virtually non-existent, and Physical therapists in Nigeria are virtually all employed in the government owned hospitals spread across the country. The numerous post-professional education opportunities, job options and job flexibility available in the US could therefore contribute to the higher SE reported by the US based PTs.

The median income for PTs in the United States is 50,000 US dollars (APT.A., 2000). The average income of a PT in Nigeria is estimated to be 2,000.00 dollars annually (FMHSS, 1996). Although the wages in a specific occupation cannot be directly compared across geographical boundaries, the differences in living standard between the US and Nigeria could have a significant impact on the quality of life and well-being of PTs in each country. Physical therapists in a developing country like Nigeria enjoy fewer conveniences of living, may feel less successful, may not be as satisfied with life, and may therefore score lower on the SE scale than their US-based counterparts.

Eighty-seven percent of the Nigerian PTs based in the US indicated their desire to relocate to Nigeria at some future date. The high percentage may belie an adjustment problem that was suppressed by the greater opportunity for CS in the US. Until recently education in Nigeria was free at all levels, and the decision to relocate may also betray a feeling of guilt for deserting their home country for better prospects in the US.

A priori, the SE score of the Nigerian PTs was compared with the data for American PTs as reported by Rozier et al (1998). While PTs in Nigeria reported a slightly less but comparable SE score (34.0, SD=4.0) with the American PTs (35.4, SD=3.8 for males and 34.6, SD=2.6 for females), the Nigerian PTs in the US reported a relatively higher SE score (37.0, SD=3.0). The higher score by the Nigerian PTs based in the US could be explained by a frame of reference theory espoused by Hullin et al (1985). According to Hullin et al (1985), an individual's frame of reference, defined as past experience with relevant outcomes, influences how outcomes are perceived. Individuals become accustomed to certain levels of outcome and this experience influence how they evaluate outcomes. The Nigerian PTs in this study all had their entry-level professional education and one or more years of practice experience in Nigeria and may therefore harbor a lower frame of reference than the American PTs.

It is plausible that high standard of living and better CS opportunities assure higher income for the US based Nigerian PTs as well as American PTs. This outcome weighted

against a lower frame of reference by the US based Nigerian PTs, could serve to boost the SE of the US based Nigerian PTs higher than those of their American counterparts.

CONCLUSION

The cohort of Nigerian PTs in this study reported high self-esteem. Nigerian PTs based in the United States have higher SE than their counterparts based in Nigeria. Findings in this study suggest that Nigerian PTs in the United States feel more successful in their careers and are therefore more satisfied with life. They also suggest that CS considerations were influential in the decision by the Nigerian PTs to emigrate to the United States. However, majority of the Nigerian PTs in the US would like to return home in future.

In order to stem the tide of the brain drain, governments and employers in the developing countries should provide supports and incentives to health personnel and other professionals to facilitate retention. In addition to pay enhancement, CS opportunities for PTs may be increased through economic policies that promote economic growth and development, increase job opportunities, job options, and flexibility in employment. Professional bodies in developing countries could initiate a process of clinical specialization through residency programs or other peer-acceptable process. Local multidisciplinary resources could also be harnessed to organize continuing education courses. Foreign born PTs in the developed countries could contribute resources towards initiating specialization and in organizing continuing education courses in their countries of origin.

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TABLE 1

DEMOGRAPHIC DATA FOR PTS IN NIGERIA AND THE NIGERIAN PTS BASED IN THE US

PTs in Nigeria US based Combined t-value p-level

Nigerian PTs

Gender

Male 79 25 104(73%)

Female 31 7 37(27%)

Marital Status

Single 57 5 62(44%)

Married 53 26 79(56%)

Degrees

Bachelor 93 23 116(82%)

Master's 15 4 19(14%)

Doctoral 2 4 6(4%)

No of children 1 2.1 1.3 10.96* 0.00003

Age+ 32.7 (7.2) 37.0 (6.2) 33.5 (7.2) -3.13 0.002

Years of experience 7.6 (6.5) 12.0 (5.3) 8.5 (6.5) -3.41 0.009

+ For age, years of clinical experience, values indicated are means with standard deviation in parenthesis

* Denotes Mann-Whitney U test z value

TABLE 2

SIGNIFICANT DIFFERENCES IN SELF-ESTEEM SCORES OF NIGERIAN PTS BY MARITAL STATUS, GENDER, TERMINAL DEGREES AND EMPLOYMENT SETTINGS

Variable Mean(SD) t-value p-level

Marital Status:

Married(n=79) 35.7 (3.7)

Single(n=62) 33.4 (4.1) 3.54 .0006

Gender:

Male(n=104) 34.6 (4.2)

Female(n=37) 34.9 (3.5) -.408 .6839

Country of Practice:

PTs in Nigeria(n=110) 34.0 (4.0)

US based PTs(n=31) 37.1 (3.0) -3.961 .0001

Degrees:

Bachelor(n=116) 34.2 (4.1)

Master's(n=19) 36.9 (2.7) 2.50* .05

Employment setting:

Self employed (n=20) 37.4 (3.4)

Hosp. Employees (n=4.1) 34.2 (4.1) 2.83* .05

* Denotes Duncan t value obtained from ANOVA resource table

TABLE 3

SELF –ESTEEM SCORES OF THE US BASED NIGERIAN PTS BY CONTINUING EDUCATION, RELOCATION DECISION, RELOCATION TIME, AND CAREER GOAL UPON RELOCATION (RELOCATION WORK)

Variable Subgroups

Cont. edu. None Once Twice Three or more Total

Mean 33.7* 37.1 37.7 37.6*

SD 6.0 3.4 2.4 1.9

n 3 3 6 13 25

Relocation decision Yes No

Mean 37.0 37.3

SD 3.1 2.8

n 26 4 30

Relocation time 5 yrs 10 yrs 15yrs 16 and > yrs

Mean 39.5* 36.6 38.5” 33.0* “

SD 0.7 2.7 1.3 5.0

n 2 13 4 3 22

Relocation work PP EDU Other

Mean 36.2(52%) 39.0(18%) 38.1(30%)

SD 3.7 1.0 1.8

n 14(52%) 5(18%) 8(30%) 27(100%)

PP: private practice;

EDU: academics;

Others: non-Physical Therapy related occupations

Total numbers did not add up to 31 because of missing values.

* and “: significant difference between two means. As shown on the table, the mean for 16 or > relocation time is significantly different from the means for 5 years and 15 years relocation time.

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