

**The recruitment and retention of medical  
practitioners and specialists in rural  
areas: the case of the North West  
Department of Health**

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## DECLARATION OF OWN WORK

I Jan Nieuwoudt de Beer (Student number 23946210) hereby declare that the dissertation entitled:

*The recruitment and retention of medical practitioners and specialists in rural areas: the case of the North West Department of Health,*

submitted in fulfilment of the requirements for the degree, Master in Public Administration at the North-West University, Potchefstroom Campus, is my own work and has never been submitted by me to any other university. I also declare that all the sources used have been acknowledged by means of complete referencing.

I understand that copies of this dissertation submitted for examination will remain the property of the North-West University.

Signed

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JN de Beer

on 6 December 2018.

## **AKNOWLEDGEMENTS**

As the saying goes, you are never too old to learn. I never thought that I would get to this stage where I would be registered as a student at the North West University to further my studies. Fortunately, through encouragement and support from my family and colleagues I managed to get to this stage. It was not an easy journey but at the end I can claim that I made it. I would therefore like to express my heartfelt gratitude to the following persons in my life:

To our Father in heaven for taking me through this journey, standing by me in difficult times and giving me the strength and knowledge to finish this task. He was there when I needed his wisdom and guidance to persevere. I would also like to extend my appreciation to the following people who made this study possible in various ways and roles they played:

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## ABSTRACT

The study focused on the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province. Given the constitutional requirement to provide quality health care services to all citizens, and in consideration of the National Development Plan (NDP): Vision for 2030 (2011), highlighting the failing public health care system in the country as one of the most significant challenges of the democratic developmental state, it is evident that the public health sector needs to recruit and retain skilled, capable and competent medical employees to ensure that the Government delivers on its constitutional and service delivery mandate and to ensure the achievement of the goals and objectives of the democratic developmental state.

However, the Public Service continues to experience challenges in recruiting and retaining employees with scarce skills (RSA, 2008a:45; RSA, 2011a:371; RSA, 2012:334), especially medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1). In addition, the majority of the population (84.5%) in the North West Province's rural areas are dependent on public health care (STATS SA, 2017:24, McIntyre & Ataguba, 2016:9). In spite of this need, the majority of medical practitioners (53%) and specialists (90.1%) are employed in the urban areas, leaving the public health sector understaffed to effectively provide in the people's health care needs. Further to this, the North West Department of Health (NW DoH) has an employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156).

The aforementioned context and challenges led to the identification and formulation of the research problem: the NW DoH does not employ an adequate number of medical practitioners and specialists to serve the population of the North West Province; thereby, not effectively fulfilling its mandate to provide quality health care services to citizens and should thus enhance its recruitment and retention strategies to recruit and retain medical practitioners and medical specialists, especially in rural areas. To address the research problem, a theoretical framework for employee recruitment and retention in the Public Service was established in Chapter 2. In Chapter 3, the statutory and regulatory framework pertaining to the recruitment and retention of medical practitioners and specialists was reviewed, as well as a statutory and regulatory framework for the public

health sector. Following the literature review and the review and the statutory and regulatory framework, an empirical investigation was conducted (Chapter 4).

A self-administered semi-structured questionnaire and the semi-structured personal interviews were used as data collection instruments. The study followed a mixed method approach, descriptive research design and purposive, non-probability sampling. The questionnaire was completed by medical practitioners and specialists and the personal interviews were conducted with the human resource management (HRM) practitioners; the CEOs of public hospitals; and a Clinical Manager. The questions of both the questionnaire and interviews focused on the recruitment and retention of medical practitioners and specialists at the NW DoH, especially at rural areas.

The findings from both the questionnaire and interviews revealed the following themes as significant to the recruitment and retention of medical practitioners and specialists in the NW DoH at rural areas: continuous professional development; career development; mentoring, coaching and supervision; additional financial benefits working conditions; the availability of equipment and supplies; living conditions; municipal infrastructure; and access to good schools. Subsequently, a number of recommendations were made with a view to increase the recruitment and retention of medical practitioners and specialists in the North West Province, especially in rural areas. The recommendations indicated that the following aspects should receive attention by the NW DoH in regards to the recruitment and retention of medical practitioners and specialists: good working conditions; appropriate accommodation and living conditions; career development and continued professional development opportunities; mentoring, coaching and effective and supportive supervision; the payment of financial incentives, additional to the rural allowances; changes in the scope of practice; the failure of the OSD; and a strategic integrated HRM approach.

**Key terms:** recruitment; *retention*; *medical practitioners*; *medical specialists*; *North West Department of Health*; *North-West Province*; rural areas

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## CHAPTER 1: INTRODUCTION AND RESEARCH METHODOLOGY

### 1.1. ORIENTATION AND INTRODUCTION

In the context of the democratic developmental state, the South African Government has to ensure the realisation of both the democratic and developmental rights of its citizens. The Constitution of the Republic of South Africa, 1996 (hereafter referred to as the Constitution, 1996), and in particular the Bill of Rights (Chapter 2), is the cornerstone of the South African democracy. In this respect, one of the constitutional rights enshrined in the Bill of Rights is the right to have access to health care services (RSA, 1996:13). This implies that Government should, through the Public Service as its executive authority, ensure: the provision of health services to all the citizens of South Africa; the availability of proper health facilities to support service delivery to citizens; and the necessary quality and quantity of medical employees to provide these health services.

On the latter point, Chapter 10, Section 195 (1) (h), of the Constitution, 1996, stipulates that human resource management (HRM) and career development practices should be implemented to optimise public employees' talent and capabilities (RSA, 1996:99). Further to this, the Public Service Commission (PSC), in its Report on the Assessment of the State of HRM in the Public Service, states that skilled and competent employees in the Public Service is a requisite to implement the policies and programmes formulated by Government (RSA, 2010:6). The need for effective employee recruitment, selection, development and retention is also addressed in the National Development Plan (NDP): Vision for 2030 (2011), as well as in the PSC's draft document, Building a Capable, Career-Oriented and Professional Public Service to underpin a Capable and Developmental State in South Africa, 2016. It is therefore evident that, in ensuring the realisation of citizens' right to health services, the Public Service should ensure the recruitment, development and retention of skilled, competent and committed medical employees.

As part of the 2011 State of the Nation Address (SONA), the then president, Mr Jacob Zuma, stated that South Africa as a country strives towards, *inter alia*, modern infrastructure, a pulsating economy, and a high quality of life for all citizens (Zuma, 2011). This statement, by implication, includes health care infrastructure and providing for the quality of life of citizens through health services. In his end of year statement of 2014, the

then president stated that the overall life expectancy of citizens has increased from 60 years in 2012 to 62.9 years in 2014 because of improved health care provision and good progress in managing communicable diseases, inclusive of HIV/AIDS and Tuberculosis (TB) (Zuma, 2016). According to Potgieter (2012), this statement is in line with the Government's vision of constructing South Africa as a developmental state, which frames the agenda for governance and the approach to economic policies with a central role for the state in addressing socio-economic challenges, enhancing economic growth and reducing unemployment.

The term *developmental state* was coined by Chalmers Johnson and is used to describe a state that follows a particular model of economic planning and management (Johnson, 1982:17). A developmental state is a state where the Government is intimately involved in the macro and micro-economic planning of the country in order to grow the economy, whilst attempting to deploy its resources towards developing better lives for citizens (De Onis, 1999:137-143). In its construction of a developmental state, the South African Government has taken an approach of speeding up economic growth, transforming the economy, fighting poverty and building social cohesion (PCAS, 2008:126). In the NDP (2011), the Government's leading document on socio-economic development, the failing public health care system is highlighted as one of the Government's central challenges (RSA, 2011b:3). Further to this, in Chapter 10 of the NDP (2011), a call is made for the following six aspects to be put into place regarding the public health sector (RSA, 2011b:322-324):

- Greater inter-sectoral and inter-ministerial collaboration to promote health is necessary.
- The social determinants of health, including the promotion of healthy behaviours and lifestyles, should be addressed.
- The disease burden should be reduced to manageable levels.
- Managers, doctors, nurses and community health workers need to be appropriately trained and managed, produced in adequate numbers, and deployed where they are most needed.
- The national health system needs to be strengthened by improving governance and eliminating infrastructure backlogs.

- A national health insurance system needs to be implemented in phases, complemented by a reduction in the relative cost of private medical care and supported by better human capacity and systems in the public health sector.

The South African public health system is underpinned by the principles of *primary health care* and the *district health system* (RSA, 2011b:295). *Primary health care* emphasises globally endorsed health-related values, such as universal access, equity, participation and an integrated approach (RSA, 2011b:295). Critical elements of primary health care include the prevention and the use of appropriate technology, better access to and the use of first-contact care, a patient-focused (rather than a disease-focused) approach, a long-term perspective, comprehensive and timely services, and home-based care when necessary (RSA, 2011b:295-296). A *district health system* is described by the World Health Organisation (WHO) as a system that embodies a decentralised, area-based, people-centred approach to health care, including the following six elements (WHO, 2007:v; RSA, 2011b:296):

- Service delivery
- Health employees
- Health information
- Medical products, vaccines and technologies
- Sound health financing
- Good leadership and governance in the health sector

Each of these elements is important in achieving equity and quality, responsiveness, social cohesion, financial risk protection and better efficiency in public health care (WHO, 2007:v; RSA, 2011b:296). As seen above, the WHO (2007:v) accentuates the importance of medical employees as one of the core elements of a health system. As alluded to above, employees with the necessary health-related skills are critical in the public health sector to ensure service delivery to citizens. This premise is therefore reflected in various pieces of legislation, such as the Constitution, 1996, and the NDP (2011). According to the NDP (2011), leadership and management should give attention to the strengthening of health systems by revitalising these systems to be specifically directed to patient needs. In order to improve these services for communities and patients, roles and

responsibilities for the national department, provinces, districts, public hospitals and primary health care facilities must be revised (RSA, 2011b:304).

In addition to the Constitution, 1996, and the NDP (2011), the Sustainable Developmental Goals (SDGs) of the United Nations (UN) also call for the development of the public health sector. As a signatory country to the SDGs, South Africa should comply with these goals. Goal 3.c. of the SDGs indicate (UN, 2015:3): health financing should be substantially increased; the recruitment, development, training and retention of medical employees in developing countries should be increased; and the capacity of all countries, in particular developing countries, should be increased to better deal with early warnings of diseases, health risk reduction and the management of national and global health risks. Goal 3.c. is particularly relevant to this study as it relates to the recruitment, development, training and retention of medical employees in a developing country such as South Africa.

This study focuses on public health care as a democratic and developmental right of citizens. In particular, the study concentrates on the need for skilled, competent and committed medical employees (specifically medical practitioners and medical specialists), to ensure that these rights are realised through service delivery to provide the health needs of the population. In this respect, the research will use the North West Department of Health (NW DoH) as case study. The study, in its public administration (practice) focus, establishes how medical practitioners and medical specialists in the North West Province are recruited and retained with a view to making recommendations on the improvement of these practices. In consideration of the theory, the recruitment and retention of employees fall in the academic ambit of Public HRM, a sub-field of the discipline of Public Administration. Therefore, in Chapter 2 of this study, a theoretical framework relating to employee recruitment and retention in the public sector is established.

The study, in its endeavour to make recommendations pertaining to the improvement of the recruitment and retention practices for medical doctors and specialists in the North West Province, also focuses on employee retention challenges and realities in the NW DoH. According to the NW DoH's Annual Report of 2016/2017, there were 768 medical practitioners and 101 medical specialists in its employ (RSA, 2017a:147). The Rural Health Advocacy Project (RHAP) indicates that only 47% of the medical doctors in the

North West Province are employed in the rural districts where the greatest need for public health care services exists (RHAP, 2015:1).

In terms of the medical specialists, the scenario is even worse: 10 of the medical specialists (9.9%) are based in rural districts whereas 91 medical specialists (90.1%) are based in urban areas (RSA, 2017b). The NW DoH has a vacancy rate of 23.4% on medical practitioners and 36.9% on medical specialists (RSA, 2017a:147). In the rural areas, the NW DoH has a vacancy rate of 55.7% for medical practitioners and 27.1% for medical specialists (RSA, 2017b). Further to this, the NW DoH has an employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156).

The statistics above evidently reveal that rural districts in the Province are struggling to recruit and retain medical doctors and medical specialists. Given the demands of the democratic developmental state, the need for competent, skilled and committed medical employees in the Province cannot be underestimated. Failure of adequate and competent medical employees will *inter alia* result in patients that have to be turned away from facilities or, alternatively, be referred to other facilities when they could have been treated at their local facility. The NW DoH should therefore ensure that it recruits and retains employees with the relevant skills at all its facilities to render services to the population of the Province.

The Public Service continues to experience challenges in recruiting and retaining employees with scarce skills (RSA, 2008a:45; RSA, 2011a:371; RSA, 2012:334), especially medical employees (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, Mackenzie, Tomblin-Murphy & Bourgeault, 2015:2; Bergstrom, McPake, Pereira & Dovlo, 2015:307; RHAP, 2015:1). In strengthening the retention practices of an institution, employee retention should proactively commence before candidates are appointed to ensure that those with the best regarded talent and skills are attracted, recruited and selected (Vermeulen, 2008:40; Omotoye, 2011:31; Hong, Zheng, Kumar, Ramendram & Kadisherai, 2012:63). In supporting this premise, the National Planning Commission's (NPC's) document, NDP: Our future – Make it work, calls for the following (RSA, 2013:52):

- to recruit, select, place and promote employees, based on competency; and
- to improve excellence through attentively identifying and developing talented employees; thereby ensuring professionally oriented employees.

Further to this, the NDP provides suggestions to resolve the scarcity of medical employees in the public health sector, including (RSA, 2011b:20; 36-37):

- to increase the number of well-trained medical professionals;
- to augment the production of community specialists in the five primary specialist areas (medicine, surgery including anaesthetics, obstetrics, paediatrics and psychiatry);
- to recruit, develop and deploy between 700 000 and 1.3 million community health employees to implement community-based health care; and
- to enhance the quantity of medical practitioners.

It is evident that the NDP, as a leading Government policy, recognises the importance of the recruitment, development and retention of skilled medical employees in the public health sector. In his definition of employee retention, Omotoye (2011:31) confirms the centrality of recruitment and development in employee retention in stating that employee retention entails: attracting employees through focused **recruitment** and selection strategies; implementing sound **development** practices; and **retaining** skilled and competent employees. Employee **motivation** is added as another critical element to employee retention by the Department of Public Service and Administration (DPSA) in its Information Guide for Government Departments on Managing Staff Retention which states that employee retention relates to motivating employees and considering the psychological needs of employees (RSA, 2006a:9). The implementation and interrelation of imperative HRM practices to the successful retention of medical employees with scarce skills (recruitment, development, retention and motivation) are elaborated upon in Chapter 2 of the study.

The DPSA's Guide for Government Departments on Managing Staff Retention defines employee retention as attracting employees through focussed recruitment strategies, and retaining those who are already employed, especially those with critical skills (RSA, 2006a:9). To encourage and convince employees to remain in an institution for a

maximum period of time can also be regarded as employee retention (Das & Baruah, 2013:1). Samuel and Chipunza (2009:411) state that the primary purpose of employee retention is to find ways to prevent capable employees from leaving the institution, as this could have a negative effect on productivity. Employers' response to employee retention usually is reactive and, if organisations do not act proactively in terms of employee retention, they will fail because, once an employee has decided to leave, any effort to stop them may not be successful — and in cases where it is successful, it will be for a short while (Masibigiri & Nienaber, 2011:2).

Employee retention requires a management approach that takes all factors into account and is linked to, and depends on, almost all other HRM practices (RSA, 2006a:9). The DPSA, in its Information Guide for Government Departments on Managing Staff Retention, emphasises six components that should be managed to increase the chances that an employee will be attracted to and retained by the institution (RSA, 2006a:9):

- Human resource planning (HR planning), recruitment and selection
- Optimal human resource utilisation
- Human resource development (HRD)
- Compensation and benefits
- Employee and labour relations
- Safety, health and wellness

This study touches on all these components and its role in employee retention. As mentioned, in Chapter 2, the relation between employee recruitment and retention will be elaborated upon. Other HRM practices relating to retention will also be discussed in Chapter 2, including: HR planning; HRD; compensation and benefits; employee wellness (including working conditions); performance management; career management; talent management; and succession planning. The importance of including these HRM practices in the discussion on employee recruitment and retention is grounded in the need to adopt a strategic integrated HRM approach.

A strategic integrated HRM approach emphasises the need for HRM plans and strategies to be formulated within the context of overall organisational strategies and objectives, and to be responsive to the changing nature of an organisation's environment (Comptom,

2009:81-93). It therefore entails strategic management, which can be defined as the process that enables an organisation to turn strategic intent into action (Truss, Mankin & Kelliher, 2012:313). According to Armstrong and Taylor (2014:16), integrated strategic HRM is an approach to the development and implementation of HRM strategies that are integrated with an organisation's business strategies and provide support to the achievement of these strategies. According to Armstrong and Taylor (2014:20), strategic HRM implies that HRM strategies must be fully integrated with the organisation's strategy in the sense that both flow from and contribute to each other. The process of an integrated strategic HRM approach includes: HR planning; job design; staffing (recruitment and selection); training and development; performance appraisal and review; compensation; reward; career management and talent management (Davies & Davies, 2010:419). Effective employee retention strategies have to reflect an integrated HRM approach to be successful (RSA, 2000:64; Levin, 2013:26). All these HRM practices should therefore be effectively implemented to realise success with employee retention. This will be discussed in more detail in Chapter 2.

Although the strategic integrated HRM approach has been an active part of the public service only since the late 2000s, after the proclamation of the Human Resource Planning Framework for the Public Service: Strategic Framework, Vision 2015 (RSA, 2008a), managing employee retention is not a new responsibility in the Public Service (RSA, 2006a:7). The Public Service Act 103 of 1994 and the Public Service Regulations, 2001, as amended (2016), and read together with the Basic Conditions of Employment Act 75 of 1997, as well as other policies regulating HRM in the Public Service, although not specifically using the term *employee retention*, form the basis of the management of employee retention in that they make provision for (RSA, 2006a:7):

- incentives - positive things that can be used to attract and retain employees; and
- disincentives - things that may cause employees to think twice before leaving an institution.

According to the PSC's Report on the Assessment of the State of HRM in the Public Service, 2010, it was found that the Public Service's role to effectively deliver on its mandate, depends on its ability to attract individuals of the desired quality and to retain them (RSA, 2010:15). This report further states that career management and

development is central to employee retention (RSA, 2010:15), as also alluded to above. The views expressed in the PSC's Report coincides with the perspectives of Omotoye (2011:31) and the DPSA's Guide for Government Departments on Managing Staff Retention (RSA, 2006a:9), that the core elements of employee retention are recruitment, development and motivation.

Professor Richard Levin, the Director General (DG) of the DPSA, states the following in the preface to the Information Guide for Government Departments on Managing Staff Retention (RSA, 2006a:1):

- One of the most important policies of the Government is service delivery and this requires the Public Service to be adequately staffed (cf RSA, 2015g:7).
- Even though the unemployment rate is generally fairly high, the country still experiences shortages of skilled employees in a number of regions and occupations in the Public Service (cf RSA, 2012:334).
- The primary challenge facing the Public Service as employer is the retention of skilled employees (cf RSA, 2011a:371).
- The Public Service should benchmark with employers, nationally and internationally, that are more proactive and are using innovative, creative and experimental solutions to retain employees by offering them competitive remuneration, better service benefits, training and development opportunities, flexible working arrangements and other incentives (cf RSA. 2015g:8).

The study explores these components and the role it plays in employee retention. The relation between incentivising employees and retention will be elaborated on in Chapter 2. Practices in ensuring that the Public Service has skilled employees will also be discussed in Chapter 2.

From the above-mentioned points by Levin (RSA, 2006a:1), it is evident that the Public Service still grapples with the retention of employees. Given citizens' rights as stipulated in the Constitution, 1996, the demand for quality service delivery, and the objectives of the NDP, the retention of skilled employees becomes essential to attain these objectives. With regard to medical employees, the NW DoH needs to ensure that an adequate

quantity and quality of medical practitioners and specialists are recruited and retained to attain both the democratic and developmental rights of citizens to health care services.

According to the Global Strategy on Human Resources for Health, Health Workforce, 2030, significant inequalities in the distribution of medical employees within countries still persist (WHO, 2015c:6). The education of health employees may be poor and outdated, often not competency-based, and despite the fact that medical employees' salaries represent a significant share of the total health expenditure, there is an unacceptably low level of transparency and quality on health employees' data in many countries (WHO, 2015c:7). South Africa is no exception in this regard, as illustrated through the 2016/2017 Annual Report of the NW DoH (RSA, 2017a:147), indicating that the department still has a high vacancy rate for medical practitioners and specialists.

The WHO's Global Strategy on Human Resources for Health, Workforce 2030, was submitted to the World Health Assembly in May 2016 (WHO, 2014:7). The strategy considers health employees as a key lever for change and progress towards the SDGs, as the health sector is a primary employer (public, private and other) and a driver of economic growth (WHO, 2015b:48). The objectives of the new strategy are to (WHO, 2015a: 4-5):

- have policies that are aimed at improvement of the performance and quality of medical employees, which will contribute to healthy lives and the wellbeing of citizens;
- ensure effective universal health coverage, resilience and health security at all levels;
- ensure alignment between the current and future needs of the population and health employees;
- ensure improvements in health outcomes, the creation of employment and economic growth;
- create effective leadership and governance of action that ensure capacity of health sector employees is built at institutions at all levels; and
- monitor and ensure accountability for the implementation of the national strategies and global strategy, by strengthening data on health employees.

The WHO's Global Strategy on Human Resources for Health, Workforce 2030, clearly recognises and emphasises the role of medical employees in the attainment of health-related goals, as outlined in the SDGs. It therefore underlines the importance of effective retention strategies for medical employees. Campbell, Dussault, Buchan, Pozo-Martin, Guerra Arias, Leone, Siyam and Cometto (2013:25) state that, despite modest improvements made in terms of the retention of medical employees, a significant number of countries still face major shortages, especially in rural areas. In this respect, South Africa implemented policy tools for improving the equity of medical employees' distribution by prolonging the residency period and through the introduction of periods of training in rural areas (Campbell *et al.*, 2013:25). However, in the public health sector of the North West Province, the following challenges in attracting medical employees to rural areas in the Province are still experienced: a lack of financial incentives; a lack of continuing professional and career development opportunities in the rural areas; and difficulty in providing better diagnostic facilities (RSA, 2016d: 7-8).

To improve the Public Service's ability to attract and retain skilled employees, the Occupation Specific Dispensation (OSD) was introduced in 2007 for employees in different occupations in the Public Service (RSA, 2007:3). The OSD for medical practitioners and specialists was implemented in July 2009 (RSA, 2009:1). Levin (2013), at the 3<sup>rd</sup> Biennial Labour Relations Conference, indicated the following objectives of the OSD:

- to introduce a revised salary structure per identified occupation that provides for career pathing, pay progression, seniority, increased competencies and performance, with a view to attracting and retaining professionals and specialists;
- to improve the Public Service's ability to attract and retain skilled people;
- to provide for a flatter structure in comparison to the previous hierarchy of post levels; and
- to acknowledge serving employees and translating the employees in terms of the posts they occupied at the time of implementation.

Further to these objectives, the aim of the OSD is to ensure that centralised HRM practice control is exercised (RSA, 2011a:6). This was necessary to ensure that there is a centrally determined grading structure for equal work levels and similar job descriptions (DPSA,

2011a:6). Since the inception of the OSD, new rank/job title/occupational classification and salary codes are used by all Government departments nationally and provincially for consistency and reporting purposes (Zulu, 2013). Competency requirements per post/grade level are centrally determined by the Minister for Public Service and Administration (MPSA) to avoid cases where posts for the same job are graded differently (RSA, 2011a:6; Zulu, 2013). This ensures the consistency of posts between national and provincial departments.

In spite of the competitive salaries and other changes brought about by the OSD, the Public Service continues to lose medical practitioners and specialists (RSA, 2017a:147). This is supported by research that revealed that working conditions outweigh pull factors such as better remuneration available abroad (Schriver & Kallestrup, 2014:3). George and Rhodes (2012:15), Sabbagha (2016:231) and Tasneem, Cagatan, Avci and Basustaoglu (2018:25) found that job dissatisfaction, delayed salaries, delayed promotions and a lack of recognition in the workplace are central to employees leaving their workplace.

Since the implementation of the OSD for medical practitioners and specialists in 2009, the turnover rate for this category in the North West Province decreased from 57.7% in the 2008/2009 financial year to 40.7% in the 2016/2017 financial year (RSA, 2009:72; RSA, 2017a:156). The extent to which the implementation of the OSD contributed to the improved recruitment, retention and conditions of service for medical practitioners and specialists has, however, not been determined in the North West Province. Therefore, this is one of the retention factors that will be assessed by this study regarding its level of success. In addition to the OSD, this study will also review other incentives that can be used as a retention tool, including monetary and non-monetary incentives.

To motivate medical practitioners and specialists, and to attract and retain them in areas where the need is greatest (such as the rural areas within the North West Province), rural allowances are paid to employees in an attempt to overcome inequities in supply and access to health services (Deloitte, 2013:8). However, it appears that the payment of rural allowances in itself is not enough to attract and retain medical practitioners and specialists to the Province. The effect of rural allowances is short-lived and, as soon as the receivers get used to it, it is regarded as part of the normal salary and it loses its effectiveness

(Makapela & Useh, 2013:137). The success of rural allowances as retention factor will be assessed during the empirical investigation of this study, together with other retention factors.

In consideration of the aforementioned, the aims of the study are to determine (1) the factors that prevent the effective recruitment of medical practitioners and specialists to the NW DoH and (2) the factors that cause medical practitioners and specialists to leave the employ of the NW DoH for the public health sector in other provinces or the private health sector. Recommendations will be made on how the NW DoH can enhance the recruitment and retention of these medical employees. The importance of ensuring the effective recruitment and retention of these employees is embedded in the constitutional right of citizens to have access to quality health care services. Given this context, the next section outlines the research problem of the study.

## **1.2. PROBLEM STATEMENT**

The Health Systems Trust (HST) indicates that the public health sector **in rural areas** experiences substantial shortages of medical professionals (HST, 2016:1). In South Africa, the current ratio is 0.8 doctors per 1 000 patients (which includes medical practitioners and medical specialists) (Labonte *et al.*, 2015:2; WHO, 2018:73), which implies severe scarcity. The public health sector employs approximately 41% of the medical practitioners in the country (Labonte *et al.*, 2015:2; Mash & Von Pressentin, 2018:1) and 11.4% of the medical specialists in the country (Econex, 2015:6). The other 70% of the country's medical practitioners are employed in the private health sector, which serves 32% of the total population with medical insurance (or without medical insurance, but able to afford private health care) (Labonte *et al.*, 2015:2; Mash & Von Pressentin, 2018:1). Therefore, a mere 20 to 30% of the country's medical practitioners serve 68% of the population reliant on public health services (Labonte *et al.*, 2015:2; SAHR, 2016:102).

The number of medical practitioners and specialists has increased from 18.3 per 100 000 people in 1998 to 30.3 per 100 000 people in 2015 (HST, 2016:1). The number of medical practitioners and specialists in the North West Province increased from 11.9 per 100 000 people in 2000 to 21.3 per 100 000 people in 2015 (HST, 2016:1). North West Province

is however the worst off, if compared to the Northern Cape at 45.5 per 100 000 people, Western Cape at 34.2 per 100 000 people, Gauteng at 34.6 per 100 000 people, KwaZulu-Natal at 35.9 per 100 000 people and other provinces like the Free State at 23.3 per 100 000 people and 24.4 per 100 000 people for Limpopo (RHAP, 2015:1; HST, 2016:1). It is evident that the public health sector in rural areas in South Africa experiences the most substantial shortages of medical professionals (Econex, 2015:1). Furthermore, 60% of the country's poor live in rural areas served by the lowest number of medical doctors (RHAP, 2015:1). As indicated above, the lowest medical practitioner: population ratio is found in the North West Province (RHAP, 2015:1) where 59% of the population lives in rural areas (RHAP, 2013:1).

There are a number of factors that influence the recruitment and retention of medical employees in remote rural areas, including: individual factors like age, gender and marital status; the local environment, such as the general living conditions and social obligations; a lack of adequate and suitable housing; a lack of schools for children; and work-related factors, such as conditions of service, salary and further education and training opportunities (Econex, 2015:46-49). Although the North West Province has managed to increase the number of medical practitioners and specialists since 2000, it is evident that the Province's performance in this regard is below that of other provinces which are similar or even smaller in size, such as the Free State Province, Mpumalanga and Limpopo (RSA, 2015a:2). This is also evident in the way that these provinces divide their budgets in terms of the compensation of employees, goods, services and equipment (RSA, 2017a:79-80). In 2015, the Free State Province allocated 70% of its total budget to personnel expenditure (RSA, 2015b:13), Mpumalanga allocated 66% of its total budget to personnel expenditure (RSA, 2015d,351), and Limpopo allocated 80% of its total budget to personnel expenditure (RSA, 2015c:8). In 2015, the North West Province allocated 72% of its total budget to personnel expenditure (RSA, 2015e:79). Although the North West Province's staff expenditure compares well to that of other small provinces, the NW DoH is still not able to appoint the required employees or adequately retain them, as reflected by a vacancy rate of 18.9% (RSA, 2017a:146).

As alluded to in the previous section, medical employees are leaving the employ of the NW DoH as a result of, *inter alia*, working conditions (RSA, 2016a:7-8). Rajaram

(2012:13) indicates that strained working conditions, workload and burnout are push factors cited as reasons why medical employees leave the public health sector.

Medical professionals are attracted to employment by the so-called pull factors that influence their decision to work in the private sector, urban areas or to emigrate (George, Gow & Bachoo, 2013:2). According to Lehmann, Dieleman and Martineau (2008:3), and Labonte *et al.* (2015:5), the pull factors in the international environment include higher salaries, better working conditions and better career opportunities. The national environment comprises of both push and pull factors which are determined by the general political climate, including the degree of political and social stability, war and crime, general labour relations, the situation of the Public Service, salary levels and career opportunities (Lehman *et al.*, 2008:34; Labonte *et al.*, 2015:7). In addition, the work environment also consists of push and pull factors such as management styles, the existence or lack of leadership, opportunities to improve education, infrastructure, equipment, working conditions and support. (Lehman *et al.*, 2008:3; George *et al.*, 2013:5). Push factors specifically include matters such as labour relations; management styles; a lack of leadership; a lack of career opportunities and career development; a lack of infrastructure; a shortage of staff; burnout; and a lack of the latest equipment. Pull factors include opportunities for continued education; satisfying working conditions; good leadership; and equipment and support (Lehman *et al.*, 2008:4). The success of strategies within the health sector will also depend on: the effect of the socio-economic, political and institutional landscape on the health labour market; the availability of resources; management skills; and the influences exercised by key stakeholders (Lehman *et al.*, 2008:2; CCL, 2016:3). In consideration of the aforementioned push and pull factors in the work environment, the following realities regarding employee retention exist in the public health sector:

- there has been a stagnant-to-negative growth in public sector clinical posts for over 10 years, from 1996 to 2008 (RSA, 2012:8; SAHR, 2016:50-52);
- the expenditure on medical employees in the public sector has doubled from 2007 to 2012 as a result of the implementation of the OSD;
- there is a high attrition rate (48.60%) among medical professionals such as medical practitioners and specialists (RSA; 2017a: 138); and

- there is insufficient retention of community service professionals, with 23.1% indicating they are likely to leave the country, primarily due to working conditions in the public health sector (RSA, 2012:11).

The above statistics reveal significant challenges that still need to be overcome with regard to the retention of medical employees. According to the South African Human Resources for Health Strategy (SAHRHS) of the National Department of Health (DoH), the lack of retention of medical professional graduates in the public health sector is due to various push factors and limited public sector posts, including the following (RSA, 2012:21-29; RSA, 2016a:130; SAHR, 2016:50-52; 130):

- more graduates are produced than are absorbed into the public sector due to a lack of posts;
- there is a misdistribution of medical professionals between rural and urban areas, and the public and private sectors, and this pattern has not changed between 1995 and 2017 (Barron & Padarath, 2017:6);
- there is a high number of vacancies, 23.4% for medical practitioners and 36.9% for medical specialists in the NW DoH (RSA, 2017a:147);
- South Africa compares poorly with its peers regarding medical professionals per 10,000 population as well as health outcomes. Within South Africa, the North West Province has the lowest ratio of only 2.30 per 10 000 people (RSA, 2012:29); and
- the recruitment of foreign medical employees is not managed efficiently and effectively.

The SAHR therefore highlights significant recruitment and retention challenges pertaining to medical employees in the public health sector (SAHR, 2016:50-52). The strategy further states that the education and training system for the health sector in South Africa has not grown sufficiently to meet health needs and health system requirements in terms of the following (RSA, 2012:40; SAHR, 2016:50-52):

- the Bachelor of Medicine, Bachelor of Surgery/Chirurgie (MBChB) output has not increased significantly since 1997;
- 30% of the specialist registrar and 75% of the sub-specialist Health Professional Council of South Africa (HPCSA) training posts are unfilled and unfunded; and

- the development of medical specialists in the therapeutic sciences has been limited by budget constraints and a lack of public sector posts.

As indicated in the previous section, although the North West Province has managed to increase the number of medical practitioners and specialists since 2000, it is evident that the Province's performance in this regard is below other provinces that are similar or even smaller in size, such as the Free State Province, Mpumalanga and Limpopo (RSA, 2015a:2). Although the North West Province significantly increased its remuneration budget, the NW DoH is still not able to appoint the required employees or adequately retain them, as reflected by a vacancy rate of 18.9% (RSA, 2017a:146).

Given the statistics and challenges pertaining to the recruitment and retention of medical employees in the North West Province, as outlined above, this study researches the following problem: the NW DoH does not employ an adequate number of medical practitioners and specialists to serve the population of the North West Province. Therefore, it is not effectively fulfilling its mandate to provide quality health care services to citizens and it should thus enhance its recruitment and retention strategies to recruit and retain medical practitioners and medical specialists, especially in rural areas.

### **1.3. RESEARCH OBJECTIVES**

The research objectives for the study are:

- to establish a theoretical framework for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province;
- to determine the legislative framework for HRM, specifically employee recruitment and retention in the Public Service, as well as the public health sector;
- to determine the recruitment and retention shortcomings and challenges pertaining to medical practitioners and specialists in the rural areas of the North West Province through an empirical investigation; and
- to make recommendations on the improved recruitment and retention of medical practitioners and specialists in the NW DoH.

#### 1.4. RESEARCH QUESTIONS

The study will answer the following research questions:

- What is the theoretical framework for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province?
- What is the legislative framework for HRM, specifically employee recruitment and retention in the Public Service, as well as the public health sector?
- What are the recruitment and retention shortcomings and challenges pertaining to medical practitioners and specialists in the in the rural areas of the North West Province through an empirical investigation?
- Which recommendations can be made to improve the recruitment and retention of medical practitioners and specialists in the NW DoH?

#### 1.5. CENTRAL THEORETICAL STATEMENTS

The following conceptual and theoretical statements support the rationale, purpose and focus of the study:

- **The right to health care services**

Globally, health care services are prioritised, as indicated in Goal 3.c. of the SDGs, stating that the capacity, especially of developing countries, should be increased to better deal with early warnings of diseases, health risk reduction and the management of national and global health risks (UN, 2015:3). In South Africa, the right to health care services is protected in Section 27 (a) of the Constitution, 1996, stating that all citizens have the democratic right to health care services (RSA, 1996:13). In addition, the NDP highlights the failing public health care system and the disease burden as one of the central challenges to be addressed (RSA, 2011b:3).

- **The necessity of medical employees**

Medical employees are regarded as a core element of a health system (WHO, 2007:v). In order to implement the health care policies and programmes formulated by Government, skilled and competent medical employees are requisite (RSA, 2010:6).

- **The scarcity of medical employees**

The Public Service continues to experience challenges in retaining employees with scarce skills (RSA, 2008a:45); especially medical employees (Labonte *et al.*, 2015:2; Bergstrom, McPake, Pereira & Dovlo, 2015:307; RHAP, 2015:1). The NW DoH has an exceptionally high employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156).

- **The call for the recruitment and retention of medical employees**

**Recruitment** is the process of sourcing and engaging applicants to meet the needs of an organisation (Rothwell, 2010:287-288; Armstrong, 2014:226). Hariharan (2014:44) states that the first step in the successful recruitment and selection of medical practitioners and specialists is a well-developed strategy.

Rothwell (2010:298) states that employee **retention** is commonly considered to mean the ability to maintain a stable workforce, which is often linked to employee morale and organisational productivity. Rothwell (2010:298) further states that employee retention is the opposite of employee turnover, which relates to the loss of employees from the workforce.

Globally, there is a call to increase the recruitment, development, training and retention of medical employees in developing countries (UN, 2015:3). In South Africa, this call is echoed through the NDP (2011) recognising the importance of the recruitment, development and retention of skilled medical employees in the public health sector and stating that the quantity of well-trained medical professionals should be increased (RSA, 2011b:20;36-37).

- **The inextricable relationship between employee recruitment, development, motivation and retention**

In strengthening the retention practices of an institution, employee retention should proactively commence before candidates are appointed to ensure that those with the best regarded talents and skills are attracted, recruited and selected (Vermeulen, 2008:40; Omotoye, 2011:31; Hong *et al.*, 2012:63). Recruitment and development are essential to employee retention as they entail: attracting employees through focused recruitment and selection strategies; implementing sound development practices; and retaining skilled and competent employees (Omotoye, 2011:31). Employee motivation, covering the psychological aspects, is another critical element to employee retention (RSA, 2006a:9).

- **A strategic integrated HRM approach**

Armstrong and Taylor (2014:18) state that Strategic HRM encompasses strategic planning, the formulation of individual HRM strategies and, importantly, integrating HRM plans with organisational plans. The process of an integrated strategic HRM approach includes: HR planning; job design; staffing (recruitment and selection); training and development; performance appraisal and review; compensation; and reward (Davies & Davies, 2010:419).

- **The need for improved employee recruitment and retention practices in the public health sector, especially in rural areas**

The positive effect of the implementation of the OSD and rural allowances as retention instruments proved to be short-lived (Makapela & Useh, 2014:137) as the Public Service continues to lose medical practitioners and specialists (Reardon & George, 2014:2). The public health sector in rural areas in South Africa experiences substantial shortages of medical professionals (HST, 2016:1). A mere 30% of the country's medical practitioners serve 68% of the population reliant on public health services (Labonte *et al.*, 2015:2). Poor working conditions and unrealistically heavy workloads are two of the most significant reasons why medical practitioners and specialists are dissatisfied in the public health sector, resulting in the high turnover of medical employees (Mokoka *et al.*, 2010:4; RHAP, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18).

- **The benefit of effective employee recruitment and retention practices**

The health and success of any organisation depends upon the retention of competent employees (Das & Baruah, 2013:1). In strengthening the retention practices of an organisation, employee retention should proactively commence before candidates are appointed to ensure that those with the best-regarded talents and skills are attracted, recruited and selected (Vermeulen, 2008:40; Omotoye, 2011:31; Hong, Zheng, Kumar, Ramendram & Kadisherai, 2012:63). If organisations do not act proactively in terms of employee retention they will fail because, once an employee has decided to leave, any effort to stop them may not be successful — and in cases where it is successful, it will be for a short while (Masibigiri & Nienaber, 2011:2).

## **1.6. RESEARCH METHODOLOGY**

According to Sahu (2013:3), research methodology is the systematic process of solving a research problem and assists the researcher to identify problems, formulate problems, gather information, participate in the fieldwork, use appropriate statistical tools, consider evidences, and draw inferences from the collected information or experiment. In this section, the following aspects pertaining to the research methodology of this study are explained: the research approach; the research design; the literature review; the data collection instruments; the population and sampling; and the process that will be followed with the analysis of data from the empirical investigation.

### **1.6.1. Research approach**

The study followed both a qualitative and quantitative research approach, known as a mixed methods research approach. Using mixed method research is considered beneficial as the merging of qualitative and quantitative data provides a deeper understanding of the research problem than either a qualitative or quantitative approach alone would have (Creswell, 2014:215). Therefore, the combination of qualitative and quantitative research yields comprehensive knowledge, necessary to inform theory and practice (Creswell & Clark, 2007:6). For the bulk of the study, a qualitative research approach was applied by means of semi-structured personal interviews. A quantitative

research approach was applied by means of a self-administered semi-structured questionnaire (specifically the closed questions in the questionnaire).

A qualitative research approach typically produces descriptive data where the world, or components of the world, is considered from a research participant's viewpoint (Brynard & Hanekom, 2013:37). Qualitative research aims at understanding the issues of real-life experiences of individuals, groups or societies under investigation in their natural settings (Brynard & Hanekom, 2013:37). Furthermore, qualitative research is intended to understand how individuals, a group, or a society construe and interpret their experiences, construct their worlds, and the meaning they attribute to their experiences (Merriam & Tisdale, 2016:6). Qualitative research deals with the intricate and complex nature of phenomena to describe and understand the phenomena from the perspective of a person, group or society (De Vos, Strydom, Fouche & Delpont, 2011:64). Therefore, a qualitative research approach is used to investigate the activities, viewpoints, beliefs, experiences and perceptions of people and to emphasise and understand the elements thereof (De Langen, 2009:52).

A qualitative approach was suitable for this study as the research is aimed at determining the viewpoints, beliefs, experiences and perceptions of medical practitioners and specialists in the North West Province pertaining to employee recruitment and retention. These intricate viewpoints, beliefs, experiences and perceptions of medical practitioners and specialists provided valuable insight to the perceptions and experiences of these employees and how they interpret them.

As mentioned, a quantitative research approach was also applied for the semi-structured questionnaire. (The questionnaire is discussed in more detail in Section 1.6.4.1. below). Quantitative research entails that objective theories are examined to assess the relationship among variables (Thomas, 2010:303). By following a quantitative approach, numerical values can be allocated to specific results (Creswell, 2009:4). Therefore, for the closed questions of the questionnaire, percentages were determined to measure certain factors that play a role in the recruitment and retention of medical practitioners and specialists; from these, conclusions were drawn.

### **1.6.2. Research design**

A research design is defined as the blueprint for conducting a study that has clearly defined structures within which the study is implemented and which is aimed at achieving the objectives of the study (Bezuidenhout, 2011:40). The study made use of a descriptive case study design. Descriptive research aims to describe phenomena correctly through either narrative-type interpretation, categorisation or measuring relationships (Durrheim, 2009:44). The participants' experiences and perceptions pertaining to recruitment and retention (as revealed through the interviews) were interpreted and narrated to describe their understanding of their experiences. Further to this, the personal interviews provided data that assisted in understanding the relationship between certain HRM and organisational factors and the recruitment and retention of medical practitioners and specialists. The factors affecting the recruitment and retention of medical practitioners and specialists were classified in various categories to determine which categories have the greatest effect on recruitment and retention.

A case study is regarded as an approach to research that facilitates the analysis of a phenomenon, within a specific context, by means of a variety of data sources (Schurink & Auriacombe, 2010:437). Case studies are means of gathering material, focusing on a particular community or group of people, a set of documents, an institution, a person, or an event (Babbie, 2012:301). Schram (1971:6) quoted/cited by De Vos, Strydom, Fouche and Delport (2011:64), denotes that the value of a case study lies in its ability to focus on explicit aspects that can be discovered from a specific case. The public health sector in the North West Province, and in particular the recruitment and retention of medical practitioners and specialists at the NW DoH, were the case for this study. The aim was to establish the reasons for the inadequate recruitment and poor rate of retention of medical practitioners and specialists at the NW DoH, particularly in the rural areas of the Province, with a view to making recommendations on how the NW DoH can enhance its recruitment and retention strategy.

### **1.6.3. Literature review**

According to Ridley (2012:2-3), a literature review entails extensive reference to existing research and theory relating to the study topic, where connections are made between the

source texts and where the researcher positions him or herself among these sources. Machi and Mcevoy (2016:5) define a literature review as a written document that presents a logically argued case founded on a comprehensive understanding of the current state of knowledge about a topic of study which establishes a convincing notion to answer the study's question. According to Creswell (2014:28), a literature review provides a framework for establishing the importance of the study as well as a benchmark for comparing results with other findings.

The literature review focused on the theory pertaining to recruitment and retention, and national and international best practice on the recruitment and retention of medical practitioners and specialists in the public health sector. Theory pertaining to health services and the democratic developmental state, as the context of the public health sector, were also reviewed. Furthermore, the statutory and regulatory guidelines pertaining to HRM practices (recruitment and retention specifically) and the public health sector were included in the review. Books, legislation, policies, frameworks, official government documents, international reports, scholarly articles, academic conference papers and research reports and documents were consulted to determine the current developments on the recruitment and retention of medical practitioners and specialists in rural areas.

#### **1.6.4. Databases Consulted**

The following databases have been consulted to ascertain the availability of material for the purpose of this research:

- North-West University (NWU) library – Potchefstroom and Mafeking campuses
- MasterFILE Premier
- Google Scholar
- SA ePublications Service
- Business Source Premier
- EBSCOhost Online Research Database
- Other useful information related to the topic from the Internet
- Data base of theses and dissertations
- Government legislation and Policy

### **1.6.5. Empirical Investigation**

Cane and Kritzer (2010:4) define empirical research as the process that involves the systematic collection of information and its analysis according to generally accepted methods. In this study, an empirical investigation was conducted to understand the current implication of recruitment and retention practices in the NW DoH in relation to the theoretical guidelines, the statutory and regulatory framework, and best practice. The empirical investigation was conducted by means of semi-structured personal interviews and a self-administered semi-structured questionnaire.

### **1.6.6. Data collection**

According to Sahu (2013:65), **interviews** are verbal interchanges where the interviewer attempts to get information from another person. Semi-structured interviews are conversational and informal (Sahu, 2013:65) and comprise both open-ended and closed questions (Doody & Noonan, 2013:30). Semi-structured interviews can be scheduled at a designated time and place and organised around a predetermined set of questions, which can be expanded during the interview process and can be held outside everyday events (Whiting, 2008:36). The advantage of semi-structured interviews is that they enable reciprocity between the interviewer and the participant (Galletta, 2012:76-77). The open-ended questions also allow the interviewer to pose follow-up questions, based on the participants' responses, thus encouraging detailed and comprehensive responses (Kanjee, 2009:486). They also allow the interviewer to explain matters that are unclear to the participant and offer the opportunity for in-depth questions that result in a deeper and richer understanding of the topic (Galletta, 2012:77). The advantage of closed questions is that all participants are asked the same questions, allowing the researcher to compare and rate the answers of various individuals or groups (Kanjee, 2009:486).

The personal semi-structured interview questions were based on the literature review. The interviews were conducted with HRM practitioners, line managers at public hospitals and the Chief Executive Officers (CEO's) of public hospitals. The HRM practitioners were included as interviewees because of their knowledge of, and experience with, recruitment and retention practices. The rationale for including the line managers and CEOs of public

hospitals as interviewees was based on their knowledge and experience in managing medical employees and facilities in rural areas in the North West Province. Because of the researcher's position as an employee in the NW DoH, access to all the interviewees was simplified. A total of 15 personal interviews were conducted (two CEOs, one line manager and 12 HRM practitioners), which can be regarded as a relatively large sample for a mini-dissertation; the ease of access to the interviewees made it possible for the researcher to conduct these interviews in the available time frames.

In addition to semi-structured personal interviews, the study made use of a self-administered semi-structured **questionnaire**. A self-administered questionnaire is completed by individual research participants and only used if the population is sufficiently literate (Babbie, 2008:286). A self-administered questionnaire was suitable for this study because of the high literacy and educational levels of the medical practitioners and specialists who completed the questionnaire.

As with semi-structured interviews, a semi-structured questionnaire contains both closed and open-ended questions (Kanjee, 2009:486). With the questionnaire, the closed questions were used to measure the percentages to answers provided by the medical practitioners and specialists pertaining to recruitment and selection practices, with a view to determine which practices are effective. The closed questions measured the factors that contribute to the high staff turnover of medical practitioners and specialists at the NW DoH. Further to this, the closed questions of the questionnaire (quantitative research approach) allowed for comparisons and differences that could be drawn between permanent and non-permanent medical practitioners and specialists. The open-ended questions of the questionnaire (qualitative research approach) allowed participants to provide their experiences and perceptions of the recruitment and retention practices at the NW DoH in their own words, thereby contributing to the richness of the data.

The medical practitioners and specialists were included as participants as they were able to indicate which factors influenced their decision to work in rural areas. Permanent as well as sessional, part-time and contract medical practitioners and specialists were requested to complete the questionnaire. Non-permanent medical professionals were also included in the study (albeit partially) because they do not have the same benefits and conditions of service as those that are permanently employed. It was therefore

valuable to determine whether there is a difference in perspective between permanent and non-permanent employees.

### **1.6.7. Population and sampling**

Babbie (2013:115) defines a population as “all possible participants that can provide information on the subject under investigation”. According to Kumar (2011:193), a sample is a sub-group of the population of interest to a researcher. Sampling is also known as the method of selecting a few items (a sample) from a bigger group (the population) to become the foundation for estimating or predicting the prevalence of an unknown piece of information, situation or outcome concerning the bigger group (Kumar, 2011:193). Thus, the aim is to select a sample that will be representative of the population about which the researcher aims to draw conclusions (Terre Blanche, Durrheim & Painter, 2012:49).

For this study, purposive sampling non-probability sampling was used. Silverman (2013:104) states that with purposive sampling, specific participants are chosen because they exemplify some feature or process that is of interest for a particular study. With purposive sampling, participants are selected because of their knowledge on the subject under investigation (De Vos *et al.*, 2011:391). The sample that was chosen for this study demonstrated features of the population to which they belong and were representative of those populations.

Non-probability sampling is typically used with qualitative research (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Nieuwenhuis, Pietersen, Clark, Jansen, & Van der Westhuizen, 2012:79) and refers to any kind of sampling where the selection of elements is not determined by the statistical principle of randomness (Terre Blanche *et al.*, 2012:139). The participants were therefore decisively selected, based on their knowledge and/or experience with recruitment and retention in the public health sector in the North West Province.

For this study, another specific type of non-probability sampling method - convenience sampling, also known as availability sampling - was used. According to Johnson and Christensen (2010:230), researchers use convenience sampling when people who are

readily available are included to participate in the research study. The researcher had the option of also making use of convenience sampling because he has access to medical practitioners and specialists due to the nature of his work in the NW DoH. According to the Encyclopaedia of Research Design Volume 1 (Salkind, 2010:254), the advantages of convenience sampling are that the participants are easily reached and costs are low.

The population for the interviews consisted of the CEOs of public hospitals, line managers at public hospitals, and HRM practitioners in the NW DoH. The population for the questionnaire consisted of medical practitioners and medical specialists in and around the Mafikeng, Zeerust, Lichtenburg and Vryburg areas of the North West Province. Table 1.1 below indicates the various populations and samples for this study.

**Table 1.1: Population and sampling**

Participants	Population	Sample	Data collection instrument
CEOs of public hospitals	8	2	Personal interviews
Line managers of public hospitals	8	1	Personal interviews
HRM practitioners	48	12	Personal interviews
Medical practitioners	176	12	Questionnaire
Medical specialists	10	4	Questionnaire

**(Source: Researcher's own compilation)**

### 1.6.8. Data Analysis

The data analysis of this study comprised of a qualitative analysis and a quantitative analysis. A qualitative data analysis is typically based on an interpretative philosophy, which aims to determine how participants make meaning of a specific phenomenon by analysing their perceptions, attitudes, knowledge, values and experiences in an attempt to estimate their understanding and construction of the phenomenon (Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Nieuwenhuis, Pietersen, Clark, Jansen and Van der Westhuizen, 2012:90). The analysis of the qualitative data entails the scrutiny and interpretation of data in order to extract significance, gain an understanding, and acquire empirical knowledge from the data (Grove, Burns & Gray, 2014:279). Further to this, the aim of a qualitative data analysis is to discover patterns, concepts, themes and meanings (Bogdan & Biklen, 2007:113). In this study, the aim of the qualitative data analysis was to

discover and interpret the views, patterns, themes and meanings with regard to the recruitment and retention of medical practitioners and specialists in the NW DoH. The findings of the qualitative analysis are reported and interpreted in Chapter 5 and evaluated against the theoretical framework established in Chapter 2.

Quantitative data analysis ensues from descriptive analysis to inferred analysis (Creswell & Clark, 2011:207). For the quantitative data analysis, descriptive and inferential statistical analyses were used to distinguish proportions and relations between variables identified from the questionnaire. Data from the questionnaire's closed questions was translated into numerical codes. The responses from open-ended questions were also coded and analysed. Through the quantitative analysis, percentages could be allocated to the various factors influencing the recruitment and retention of medical practitioners and specialists in the NW DoH.

## **1.7. LIMITATIONS AND DELIMITATIONS OF THE STUDY**

The personal interviews were time-consuming and the availability of the CEOs, line managers and HRM practitioners was a challenge because of their schedules. The same challenges were posed with the completion of the questionnaire by the medical practitioners and specialists (see Chapter 4, Section 4.2.). In spite of a detailed schedule that was drawn up, and that appointments were scheduled in advance, the availability of the CEOs, line managers and HRM practitioners made it challenging to secure interviews. The availability of the medical practitioners and specialists proved to be even more challenging, and the survey monkey tool had to be used to create an opportunity for them to complete the questionnaire (see Chapter 4, Section 4.2.).

The geographical dispersion of participants also proved to be challenging. To overcome geographical limitations, only specific areas were included in the data collection – namely the Mafikeng, Zeerust, Lichtenburg and Vryburg areas of the North West Province (as mentioned in section 6.4.2).

## **1.8. ETHICAL CONSIDERATIONS**

According to Flick (2011:215), ethical issues are relevant to research in general. De Vos *et al.* (2011:129) define ethics as a set of widely accepted moral principles that offer rules for, and behavioural expectations of, the researcher, the research subjects and respondents, employers, sponsors, other researchers, assistants and students. Various ethical aspects should be taken into consideration with research, for example: confidentiality, voluntary participation, informed consent, no deception, and no violation of privacy (Babbie & Mouton, 2008:523; Leedy & Ormrod, 2016:102).

Hammersley and Traianou (2012:143) state that, to ethically protect those participating in research, consent must be given by the participants that they participated voluntarily in the study. Participants in both the interviews and questionnaire signed a letter of consent in which the voluntary nature of their participation was described. The information of interviewees will be kept confidential and they will remain anonymous. For the purpose of gathering information, only the employees' organisational levels and occupations were essential. The participants were informed that they could leave the interview process at any time and that they were not obliged to complete the questionnaire.

Before the commencement of the empirical research, permission to conduct the research was requested and obtained from the Ethics Committee of the Faculty of Humanities of the North-West University (NWU), Potchefstroom Campus, and the Head of the Department (HOD) of the NW DoH.

## **1.9. SIGNIFICANCE OF THE STUDY**

The study contributes to the body of knowledge of Public Administration as academic discipline. Employee recruitment and retention resort under HRM as a sub-field of Public Administration; therefore, the theoretical contribution will be specifically to HRM. The mini-dissertation in totality, and particularly the recommendations that will be made for the improvement of recruitment and retention strategies for medical practitioners and specialists in rural areas, will contribute to the scholarly theory of HRM.

The study also contributes to public administration in practice. The research revealed the factors that play the most significant roles in the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province. The results obtained from the study can inform the NW DoH on the enhancement of its recruitment and retention policies and practices in the Province, as they highlight the factors that cause medical practitioners and specialists to leave the employ of the NW DoH for other provincial health departments or the private health sector. The research also assists the NW DoH to amend or adapt a new strategy for the recruitment and retention of medical employees (specifically medical practitioners and specialists) in rural areas. Further to this, the research findings can assist in developing and implementing strategies for recruitment and retention that are more aligned with, and reflective of, the realities of living and working in rural and remote areas. The results may influence management decisions and might contribute to the solution of the problem.

## **1.10. CHAPTER LAYOUT**

The study is structured according to the following chapter outline:

### **Chapter 1: Introduction and research methodology**

This chapter provides an orientation and background to the purpose and importance of conducting research on the recruitment and retention of medical employees (specifically medical practitioners and specialists) in rural areas in the North West Province. In this chapter, the study was also contextualised within the framework of the democratic developmental state. Further to this, the problem statement, research objectives, research questions and research methodology were explained.

### **Chapter 2: Theoretical framework: employee recruitment and retention**

Chapter 2 provides the theoretical framework for employee recruitment and retention in the Public Service. The chapter also includes theory on the importance of following a strategic integrated HRM approach in employee recruitment and retention. Further to this, the national and international best practice pertaining to the recruitment and retention of medical employees in the public health sector are outlined and discussed.

### **Chapter 3: Legislative framework: HRM and the public health sector**

In this chapter, a legislative framework for HRM in the Public Service is provided, specifically legislation, policies and frameworks pertaining to employee recruitment and retention as HRM practices. In addition, the chapter also provides an overview of health-related statutory and regulated guidelines.

### **Chapter 4: Empirical research: Recruitment and retention of medical practitioners and specialists in the North West Department of Health**

In Chapter 4 of the study, a profile of the public health sector in the North West Province is provided. The focus is placed on the demographics in the Province, and specifically the circumstances and challenges pertaining to health care services in the rural areas of the Province. The results obtained through the empirical study are revealed and discussed in this chapter, as well as the interpretations of these results. The results obtained in the study assisted in identifying the problems of recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province, as perceived and experienced by the management of public hospitals, HRM practitioners and the medical employees (medical practitioners and specialists).

### **Chapter 5: Conclusion and recommendations**

In this chapter, a summary of the research (per chapter) is provided and the most important findings of the study, relating to each research objective, are highlighted. The proposed solutions for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province are also included in this chapter by means of conclusive arguments and recommendations to improve the recruitment and retention strategies for medical practitioners and specialists at the NW DoH.

#### **1.11. CONCLUSION**

This chapter provided a general introduction and orientation to the study, including the rationale thereof. The chapter demarcated the study by means of a clearly formulated research problem, aligned with both the research questions and objectives. The research methodology, endeavoured to respond to the proposed research objectives and questions, were also outlined and motivated. In addition, the central theoretical

statements highlighted the primary conceptual and theoretical framework for the study, which is further explored in the next chapter.

Chapter 2 focuses on the theoretical framework for recruitment and retention with a particular focus on the Public Service and specifically the rural areas of the North West Province. The purpose is to determine guidelines for the effective recruitment and retention of employees, especially with regard to highly skilled employees such as medical practitioners and specialists.

## **CHAPTER 2: THEORETICAL FRAMEWORK: RECRUITMENT AND RETENTION**

### **2.1. INTRODUCTION**

The previous chapter introduced the study and provided a rationale for the focus of the study (the recruitment and retention of NW DoH medical practitioners and specialists in rural areas), within the context of the democratic developmental state. Chapter 1 emphasised that, in consideration of citizens' democratic and developmental right to health care services, the public health sector is reliant on skilled, capable and competent medical employees to ensure that the Government delivers on its constitutional and service delivery mandate. Thus, it is imperative for the public health sector to ensure that skilled, capable and competent medical employees are recruited and retained to enable the Government to obtain its national democratic and developmental objectives. In this respect, Chapter 1 also explained the inextricable relationship between employee recruitment and retention.

This chapter provides the theoretical framework for recruitment and retention, with a particular focus on the Public Service and specifically the rural areas of the North West Province. The purpose of establishing a theoretical framework for recruitment and retention is to determine guidelines for the effective recruitment and selection of employees, especially with regard to highly skilled employees such as medical practitioners and specialists. In the empirical research (discussed in Chapter 4), this theoretical framework is assessed against practice.

The chapter also includes theory on the importance of following a strategic integrated HRM approach in employee recruitment and retention. Further to this, national and international best practice pertaining to the recruitment and retention of medical employees in the public health sector are reviewed. In consideration of medical practitioners and specialists being skilled employees, the chapter commences with a conceptualisation and explication of skilled labour.

## 2.2. SKILLED EMPLOYEES

According to the Collins Online English Dictionary (2017), skilled labour is defined as work that demands skill and which usually requires training; or employees with a high skills level of significant value through the work that they perform. The Innovation Policy Platform (IPP), developed by the Organisation for Economic Cooperation and Development (OECD), defines skilled employees as highly educated individuals who have graduated at tertiary level, who are experienced and who are employed in positions requiring high qualifications (IPP, 2017). Scarce skills are defined in the Scarce Skills Guidelines, 2015/16, as well as the Government Gazette (RSA, 2014:20, 24) as an absolute or relative demand for skilled people to fill particular occupations as classified in the Organising Framework for Occupations (OFO). It refers to those posts that remain vacant for long periods because of a lack of adequate supply of qualified people to fill the posts. Skilled labour therefore involves complicated tasks that require a specific skill, level of education, training and experience. Medical practitioners and specialists, with their particular skills and high educational levels, are therefore considered skilled employees with scarce skills, which makes them highly sought after and their recruitment and retention significant.

The president, Mr Cyril Ramaphosa, in his 2018 Economic Stimulus and Recovery Plan, pledged to appoint 2 200 critical medical posts to manage the public health sector (Ramaphosa, 2018). This is done to address some of the shortages of staff in the country's hospitals (Ramaphosa, 2018). Jobson (2015:3) found that there are 4 200 public health facilities in South Africa, with each clinic providing on average for 13 718 persons — which is above the WHO's norm of 10 000 people per clinic. Jobson (2015:3) also states that, as a result, health workers at clinics are therefore overloaded with work and that there are not enough health practitioners to serve the number of patients. According to Jobson (2015:3), South Africa does however have well-established training institutions, highly skilled health workers, effective professional regulations and sufficient fiscal spaces for relatively high remuneration levels, compared to other countries (Jobson, 2015:3).

According to the SAHR Report (2016:20), there is a workforce crisis in South Africa that manifests in a number of different areas, namely leadership, management and

governance. Further to this, there is also a crisis of inequalities and misdistribution of public health employees between urban and rural areas and between the public and private sectors (SAHR, 2016:20). Jobson (2015:3) found that there are 38 236 medical practitioners and specialists registered with the Health Professions Council of South Africa (HPCSA) — representing, in the public sector, one medical practitioner for every 4 219 people and in the private sector 243 patients for each medical practitioner.

In order to improve the supply and retention of medical practitioners and specialists to public hospitals, the Government made community service for graduates compulsory (Reid, Peacocke, Kornick & Wolvaardt, 2018:741). Community service is used as a tool to improve the supply of health professionals in under-served areas, thereby improving the health services to all citizens (Reid *et al*, 2018:741). The Rural Doctors Association of Southern Africa (RuDASA), Rural Health Advocacy Project (RHAP), Rural Rehab South Africa (RuReSA) and the Professional Association of Clinical Associates in South Africa (PACASA) — during the South African Rural Health Conference held in September 2014 — provided the following push factors of working in low-resourced rural environments (Jenkins, Gunst, Blitz & Coetzee, 2015:1):

- The quadruple burden of disease found in the HIV and tuberculosis epidemic;
- a high rate of violence and road accidents;
- high maternal and child mortality; and
- a large non-communicable disease epidemic resulting from a Western lifestyle.

Jenkins *et al*. (2015:1) also identified other challenges which include:

- a shortage of doctors and other health professionals;
- high turnover of junior doctors;
- inequity between urban and rural, private and public practice;
- poor leadership and health management; and
- lack of continuous medical education and career pathing.

The Community Service Position Statement as issued by RuDASA, RHAP, RuReSA and PACASA emphasised that community service is pivotal in rural HRH recruitment and retention (Kegakilwe, Sherry, Leballo & Versteeg 2014:1). These aforementioned NGO's do not support the idea that medical practitioners should be able to choose where they

do their community service, as they believe that would undermine the objective of community service, namely to place staff in under-served and rural areas (Kegakilwe *et al*, 2014:1).

As mentioned, medical practitioners and specialists are considered employees with scarce skills. Medical practitioners and specialists were listed under the occupations in high demand on the DHET national list of occupations in high demand, issued by the Department of Higher Education and Training (DHET) (RSA, 2016b:14). The List of Occupations in High Demand defines occupations in high demand as those occupations that show relatively strong employment growth, or are experiencing shortages in the labour market (RSA, 2016b:14). In an attempt to address the significant skills shortages experienced by departments, specifically service delivery departments (such as the NW DoH), the Government adopted a Scarce Skills Development Strategy for the Public Service in 2002 that calls for renewed focus on the retention of medical professionals (RSA, 2006a:4). The Department of Public Service and Administration (DPSA) developed a Scarce Skills Policy Framework for the Public Service that flowed from the Strategy, aiming to guide departments in the development of scarce skills programmes (RSA, 2005:2). Although the above-mentioned documents exist, the DPSA also issued the Guide on Managing Staff Retention in 2006

However, none of the aforementioned documents had the desired effect of improving the Public Service's ability to attract and retain skilled employees, as alluded to in Chapter 1, Section 1.1. A number of other legislative and policy instruments have also been developed to address recruitment and retention issues pertaining to medical employees, most notably the National Health Act 61 of 2003, the National Human Resources for Health Plan, 2006, and the OSD for medical practitioners and specialists that was implemented in July 2009 (RSA, 2009:1). In spite of the competitive salaries and other changes brought about by the OSD, the Public Service continues to lose medical practitioners and specialists (RSA, 2017a:147). It is therefore evident that the legislation, policies and mechanisms that were put in place did not assist the Public Service in retaining its medical employees. In order to establish how medical employees can be better retained, the study reviews, *inter alia*, incentives that can be used as retention tools, including monetary and non-monetary incentives. Further to this, the research also establishes the reasons for the inadequate recruitment and retention of medical

practitioners and specialists at the NW DoH, particularly in the rural areas of the Province, with a view to making recommendations on how the NW DoH can enhance its recruitment and retention strategy.

Without the scarce skills of medical employees, the public health sector will not be able to deliver on its constitutional mandate. In order to address the challenges experienced with the recruitment and retention of medical practitioners and specialists to rural areas, it is necessary to establish a theoretical framework for recruitment and selection to gain a global perspective on public health and an understanding of an ideal situation in the public health sector to ensure that the NW DoH is able to recruit and retain its skilled medical employees. Subsequently, the next section provides this theoretical framework.

### **2.3. LITERATURE REVIEW: RECRUITMENT AND RETENTION**

The literature review on recruitment and retention is aimed at establishing a theoretical framework that can be used as guideline for the recruitment and retention of medical practitioners and specialists in the NW DoH. Thus, in the following section, employee recruitment and retention are conceptualised and contextualised in the context of the democratic developmental state. The sections thereafter review retention strategies, as well as the recruitment and retention of skilled employees.

#### **2.3.1. Recruitment and retention: Conceptualisation and contextualisation**

**Recruitment** is described as the process of sourcing and engaging applicants to meet the needs of an organisation (Rothwell, 2010:287-288; Armstrong, 2014:226). Hariharan (2014:44) states that the first step in the successful recruitment and selection of medical practitioners and specialists is a well-developed strategy. In addition, Sangeetha (2010:101) explains that a failure of effective recruitment and selection results in the appointment of ineffective employee, which in return causes the costs of the organisation to manifold in terms of return on investment, induction, training, poor performance, disengagement and low productivity. Also, as indicated in Chapter 1, Section 1.1 and Section 2.3 above, recruitment is the first step in the retention of employees. Therefore, an ineffective recruitment and selection process will also cause challenges in terms of retention, if unsuitable candidates have been appointed.

Employee **retention** is commonly considered as the ability to maintain a stable workforce and is often linked to employee morale and organisational productivity (Rothwell, 2010:298). Employee retention is also seen as the opposite of employee turnover, which relates to the loss of employees from the workforce (Rothwell, 2010:298). As indicated in Chapter 1, Section 1.1., the DPSA defines employee retention as attracting employees through focussed recruitment strategies, and keeping those who are already employed in the organisation, especially those with critical skills (RSA, 2006a:9). Samuel and Chipunza (2009:411) concur with this notion, stating that retention relates to an organisation's ability to encourage and convince employees to remain in the employment of an institution (Das & Baruah, 2013:1). Thus, the primary purpose of employee retention is to find ways to prevent capable employees leaving (Samuel & Chipunza, 2009:411).

Regrettably, most employers do not proactively plan for employee retention but respond reactively (Masibigiri & Nienaber, 2011:2). If organisations do not act proactively in terms of employee retention they will fail because, once an employee has decided to leave, any effort to stop them may not be successful — and in cases where it is successful, it is often for a short while only (Masibigiri & Nienaber, 2011:2). As alluded to in Section 2.2. above and in Chapter 1, Section 1.1., proactive employee retention should commence before candidates are appointed to ensure that those with the best regarded talent and skills are attracted, recruited and selected (Vermeulen, 2008:40; Omotoye, 2011:31; Hong, Zheng, Kumar, Ramendram & Kadisherai, 2012:63). Moreover, the recruitment of skilled employees will assist in strengthening the retention practices of the Public Service (Vermeulen, 2008:40; Hong *et al.*, 2012:63). The centrality of recruitment and development in employee retention is confirmed in that it entails: attracting employees through focused recruitment and selection strategies; implementing sound development practices; and keeping skilled and competent employees in the organisation (Omotoye, 2011:31). In addition, employee motivation is a critical element to employee retention, as motivation relates to providing the psychological needs of employees (RSA, 2006a:9).

In the context of South Africa as a democratic developmental state, with the NDP (2011) identifying the public health care system as a pivotal challenge, and the Constitution (1996) enshrining the right to quality health care services, the recruitment and retention of medical practitioners and specialists are imperative. To ensure the achievement of

these goals and objectives and to implement the health care policies and programmes formulated by the Government, skilled and competent medical employees are a requisite and core element of the health care system (WHO, 2007:v; RSA, 2010:6). However, as alluded to, the Public Service continues to experience challenges with the recruitment and retention of employees with scarce skills (RSA, 2008a:45; RSA, 2011a:371; RSA, 2012:334), especially medical employees (Labonte *et al.*, 2015:307; RHAP, 2015:1). In this respect, the NDP: Our future – Make it work, calls for the recruitment, selection, development and retention of talented and professional employees (RSA, 2013:52). Further to this, as indicated in Chapter 1, Section 1.1., the NDP provides suggestions to resolve the scarcity of medical employees in the public health sector, including the following (RSA, 2011b:20; 36-37):

- to increase the number of well-trained medical professionals;
- to augment the production of community specialists in the five primary specialist areas (medicine, surgery including anaesthetics, obstetrics, paediatrics and psychiatry);
- to recruit, develop and deploy between 700 000 and 1.3 million community health employees to implement community-based health care; and
- to enhance the quantity of medical practitioners.

It is evident that the NDP, as a leading Government policy, recognises the importance of the recruitment, development and retention of skilled medical employees in the public health sector. However, one of the more complex challenges in regard to public health care is ensuring that the citizens in rural areas, specifically, have access to quality health care services provided by skilled medical employees (WHO, 2010:3; Dolea, Stormont & Braichet, 2010:379). In this respect, rural retention policies should be included in a national HRH Plan to improve the recruitment and retention of medical employees in remote and rural areas (WHO, 2010:4). As alluded to in Chapter 1, Section 1.1., countries with large rural populations should be aware of the WHO's policy guidelines for the retention of health workers and should adapt these global recommendations to their own context (Buchan *et al.*, 2013:835). This is also true for South Africa and, specifically, the North West Province, where 59% of the population lives in rural areas (RHAP, 2013:1). However, currently, the NW DoH is unfortunately not able to effectively provide the health care needs of the province's population (RHAP, 2015:1). Despite the fact that the rural

areas in the province experience the greatest need for public health care services, only 47% of the medical practitioners in the North West Province are employed in the rural districts (RHAP, 2015:1). Furthermore, only 21% of the medical specialists in the province are based in the rural areas (RHAP, 2015:1). In addition, the NW DoH has a vacancy rate of 21% for medical practitioners and 41% for medical specialists in the rural areas of the province (RSA, 2017b) and an employee turnover rate of 51.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:147).

The aforementioned (also indicated in Chapter 1, Section 1.5.) highlights the need to prioritise rural health care. Buchan *et al.* (2013:835) state that a group of national academic and civil society institutions — including the Centre for Rural Health of the University of the Witwatersrand, the Rural Doctors Association of Southern Africa, The University of KwaZulu-Natal's Centre for Rural Health, and the University of Cape Town's Primary Health Care Directorate under the leadership of South Africa's RHAP — in 2011 developed a document that adapted the WHO's recommendations for use in South Africa. Based on the aforementioned document, the top three priorities for rural health care in South Africa were identified as: (1) the need to focus on how to recruit, retain and support senior healthcare professionals in rural hospitals in the long-term; (2) the employment of hospital and medical managers in rural areas, based on appropriate skills and experience; and (3) the development of a national HRH Plan that is relevant for rural health care (Versteeg, du Toit & Couper, 2013:122; Buchan *et al.*, 2013:835). Considering these priorities for rural health care in South Africa, it is argued that these priorities are currently not effectively addressed in the public health sector. As mentioned above and in Chapter 1, Section 1.1., the Public Service continues to grapple with the retention of medical practitioners and specialists. The above-mentioned document indicates the recruitment and retention of senior medical practitioners in rural areas (the focus of this study) as the first priority for the public health care sector. A specific plan to recruit and retain these employees in rural areas is also one of the priorities, thereby emphasising that the focus of this study is relevant. The NW DoH's record on these priorities was assessed during the empirical investigation and the results are presented and discussed in Chapter 4 of the study.

Given the aforementioned priorities pertaining to the recruitment and retention of medical employees, the following section focuses on particular retention strategies that can be

applied. The push and pull factors affecting applicants for medical positions in the Public Service are also discussed.

### **2.3.2. Retention strategies**

In Chapter 1, Section 1.5., it was indicated that only 30% of the country's medical practitioners serve 68% of the population reliant on public health care services (Labonte *et al.*, 2015:2). Poor working conditions and unrealistically heavy workloads are two of the most significant reasons why medical practitioners and specialists in the public health sector are dissatisfied, resulting in the high staff turnover rate (Mokoka *et al.*, 2010:4; RHAP, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18).

The recruitment of skilled employees, such as medical practitioners and specialists, is critical for any employer (Ratna & Chalwa, 2012:36). However, even more important than their recruitment, is the retention of these employees — and for this reason, organisations have to develop and implement effective retention management policies and strategies (Yamamoto. 2011:3551; Ratna & Chalwa, 2012:36). Employees want to feel valued and respected, they want acknowledgement of the importance of family and lifestyle, and they need to see that the promises made during their recruitment and selection were not just empty words but a true philosophy of the organisation they joined (Hariharan, 2014:46).

According to Claudine *et al.* (2016:64), the primary factor influencing the recruitment and retention of medical employees, especially those employed in the rural areas of developing countries, is the improvement of their living conditions, such as: staff accommodation; nearby schools with qualified teachers; clean drinking water; electricity; and the availability of good roads and transport. In addition, the following will also influence the recruitment and retention of medical employees in rural areas in developing countries (Mbemba, Gagnon & Hamelin-Brabant, 2016:61): work environments offering pluses such as organisational design and management support; the availability of appropriate equipment; appreciation from managers and colleagues; appreciation from the community; a stable work environment; the development of opportunities for career development; and financial incentives.

Hariharan (2014:46) explains that, in order to maximise the retention of medical practitioners and specialists, the health care system must first ascertain which factors provide job satisfaction. Hariharan (2014:46) further states that compensation and benefits are important and are often addressed during the recruitment process, but even the best packages cannot overcome a poor work situation. In addition to a competitive salary and benefit package, the remaining significant factors in the recruitment and retention of medical practitioners and specialists in rural hospitals are identified as follows (Eide, 2015:ii; Lee & Nichols, 2014:646):

- there must be enough work for medical practitioners and specialists;
- they should have access to larger hospitals while practising in rural facilities;
- they should have a reasonable call schedule;
- they should experience a positive impact from the recruitment process;
- they should have been exposed to rural communities while growing up;
- there should be opportunities for spousal employment and/or spousal satisfaction within the community;
- provision should be made for community engagement and an effort to create a sense of belonging;
- good schools and recreation opportunities must be available; and
- exposure to rural facilities, either during community service or medical school, are key to the recruitment and retention processes of medical practitioners and specialists who work in rural areas.

In addition to the aforementioned, Peckham and Peckham (2016:3) indicate that the exposure of medical students to successful role models, as well as the early exposure and support of medical practitioners and specialists to intrinsic motivational factors and career determinants, are most likely to increase and influence their recruitment. Peckham and Peckham (2016:3) also provide the following conclusions on elements that are most likely to increase and influence retention: support of the intrinsic factors of the job; strategies to improve job satisfaction; and the reduction of job stressors such as work overload, a lack of support and high demands.

Authors agree that the retention of skilled employees requires that there should be a sense of belonging and evidence of appreciation by the community, good schools,

qualified teachers, and recreation activities, and in addition that these professionals must receive competitive compensation (Lee and Nichols, 2014:646; Eide, 2015:ii; Claudine, Marie-Pierre & Louise, 2016:64). As stated in Section 1.5 and Section 2.2., the National Health Act 61 of 2003, the National Human Resources for Health Plan, 2006, and the OSD for medical practitioners and specialists were implemented in July 2009 (RSA, 2009:1) to bring about competitive salaries and other changes in the Public Service for the recruitment and retention of medical practitioners and specialists. However, the positive effect of the implementation of the OSD and rural allowances as retention instruments proved to be short-lived (Makapela & Useh, 2014:137) as the Public Service continues to lose medical practitioners and specialists (Reardon & George, 2014:2).

As mentioned in Chapter 1, Section 1.2, medical professionals are attracted to employment by the pull factors that influence their decision to work in the public or private sector, rural or urban areas, or to emigrate (George *et al.*, 2013:2). According to Lehmann, Dieleman and Martineau (2008:3), as well as Labonte *et al.* (2015:5), globally, the pull factors include higher salaries, better working conditions and better career opportunities. The national environment comprises of both push and pull factors which are determined by the general political climate, including the degree of political and social stability, war and crime, general labour relations, the situation of the Public Service, salary levels and career opportunities (Lehman *et al.*, 2008:34; Labonte *et al.*, 2015:7). The work environment, specifically, also consists of push and pull factors such as management styles, the existence (or lack of) leadership, opportunities to improve education, infrastructure, equipment, working conditions and support (George *et al.*, 2013:5).

Push factors include matters such as labour relations, management styles, a lack of leadership, a lack of career opportunities and career development, a lack of infrastructure, a shortage of staff, burnout, and a lack of the latest equipment; whereas pull factors include opportunities for continued education, satisfying working conditions, good leadership, and continued equipment and support (Lehman *et al.*, 2008:4). The success of strategies within a health sector will also depend on: the effect of the socio-economic, political and institutional landscape on the health labour market; the availability of resources; management skills; and influences exercised by key stake holders. (Lehman *et al.*, 2008:2; CCL, 2016:3).

In consideration of the aforementioned retention strategies, as well as specific push and pull factors, the following sections elaborate on retention strategies, specifically relevant to medical practitioners and specialists in the context of this study. The following retention factors are included in the discussion: OSD; Continuous Professional Development (CPD); changing the scope of practice; additional financial benefits; job satisfaction; undergraduate and postgraduate curricula of medical degrees that include topics of rural health; living conditions (infrastructure, sanitation, electricity, telecommunications and schools); appropriate equipment and supplies; supportive supervision and mentoring; and the availability of senior posts and programmes for career development.

### **2.3.2.1. Occupational Specific Dispensation (OSD)**

The OSD was introduced in 2007 for employees in different occupations in the Public Service (RSA, 2007:3), as indicated in Chapter 1, Section 1.1. The OSD for medical practitioners and specialists, specifically, was implemented in July 2009 (RSA, 2009:1) and has the following as objectives (RSA, 2009:1; Levin, 2013):

- to introduce a revised salary structure per identified occupation that provides for career pathing, pay progression, seniority, increased competencies and performance, with a view to attract and retain professionals and specialists;
- to improve the Public Service's ability to attract and retain skilled people;
- to provide for a flatter structure in comparison to the previous hierarchy of post levels; and
- to acknowledge serving employees and migrating them in terms of the posts they occupied at the time of implementation.

Further to these objectives, the aim of the OSD is to ensure that centralised HRM practice control is exercised to determine the grading structure for equal work levels and similar job descriptions (RSA, 2011a:6). Since the inception of the OSD, new rank/ job title/ occupational classification and salary codes are used by all Government departments, nationally and provincially, for consistency and reporting purposes (Zulu, 2013). Competency requirements per post/grade level are centrally determined by the MPSA to avoid cases where posts for the same job are graded differently and to ensure the

consistent application of posts between national and provincial departments (RSA, 2011a:6; Zulu, 2013).

In spite of the competitive salaries and other changes brought about by the OSD, the Public Service continues to lose medical practitioners and specialists (RSA, 2017a:147). Research conducted by Schriver and Kallestrup (2014:3) revealed that working conditions outweigh pull factors such as better remuneration abroad. In addition, George and Rhodes (2012:15); Sabbagha (2016:231) and Tasneem,, Cagatan, Avci and Basustaoglu (2018:25) found that job dissatisfaction, delayed salaries, delayed promotions and a lack of recognition in the workplace are the main reasons for resignations..

The turnover rate of the OSD category for medical practitioners and specialists in the North West Province decreased only from 57.7% in the 2008/2009 financial year to 50.1% in the 2016/2017 financial year (RSA, 2009:72; RSA, 2017a:156). The expenditure on medical employees in the public sector has doubled from 2007 to 2012 as a result of the implementation of the OSD (RSA, 2015a:147). The extent to which the implementation of the OSD contributed to the improved recruitment, retention and conditions of service for medical practitioners and specialists has, however, not been determined in the North West Province. As alluded to in Chapter 1, Section 1.5., the constructive effect of the implementation of the OSD and rural allowances as retention instruments proved to be short-lived (Makapela & Useh, 2014:137), as the Public Service continues to lose medical practitioners and specialists (Reardon & George, 2014:2). Therefore, this is one of the retention factors that is assessed in this study for its level of success.

Also outlined in Chapter 1, Section 1.1., is the payment of rural allowances. To motivate medical practitioners and specialists, and to attract and retain them in areas where the need is greatest (such as the rural areas of North West Province), rural allowances are paid to employees in an attempt to overcome inequities in supply and access to health services (Deloitte, 2013:8). However, it appears that the payment of rural allowances in itself is not enough to attract and retain medical practitioners and specialists to the Province. The effect of rural allowances is short-lived and, as soon as the receivers of the allowances get used to it, it is regarded as part of the normal salary and loses its effectiveness (Makapela & Useh, 2013:137). The success of rural allowances as retention

factor is also assessed during the empirical investigation of this study, together with other retention factors.

### **2.3.2.2. Continuous Professional Development (CPD)**

According to the HPCSA, healthcare practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client (Van Vuuren & Nel, 2013:41). In addition, the HPCSA approved the Continuing Professional Development Guidelines for Health Practitioners in July 2017, stating that the ethical practice of health professions requires consistent and ongoing commitment to lifelong learning by all health practitioners, through a process of Continuous Professional Development (CPD) (HPCSA, 2017:2). Continuous professional development is also linked to Chapter 10, Section 195 (1) (h) of the Constitution, 1996, which stipulates that HRM and career development practices should be implemented to optimise public employees' talent and capabilities (RSA, 1996:99). Career development assists with employee retention, in that employees should be encouraged to grow and comprehend their maximum ability, as well as be prepared to remain with their employer until retirement (Omotoye, 2011:95). In Chapter 1, Section 1.2., reference was made to the push factors, including matters such as career development, whereas the pull factors include opportunities for continued education (Lehman *et al.*, 2008:4). According to Hatcher *et al.* (2014:11), the Continuous Professional Development of employees has been found to be a more effective retention strategy than compulsory community service.

CPD of employees covers various activities that include training, supervision, performance management, licensing and accreditation, updating knowledge, updating skills, staying abreast with new developments, learning new areas of practice, ensuring competence, developing emerging areas of competence, developing personal effectiveness, and increasing job satisfaction (Berndt, Murray, Kennedy, Stanley, and Gilbert-Hunt, 2017:10). It is argued that CPD also increases the effectiveness of medical employees and enhances employee retention because it builds the future by consolidating the health system and developing professional approaches. In South Africa, it is mandatory for medical employees to earn CPD points so that continued registration with the HPCSA is maintained (Mrara, 2010:80). Medical employees are therefore able

to stay up to date within a complex health care environment wherein medical practitioners and specialists are expected to develop themselves (Filipe *et al.*, 2014:5).

### **2.3.2.3. Changing the scope of practice**

The National Health Act, 2003 provides norms and standards applicable to different categories of health institutions (RSA, 2003:42). Institutions which support expanded scopes of practice recognise how difficult it is to provide evidence that quality and safety will not be diminished when scopes of practice are expanded (LeBuhn and Swankin, 2010:9). According to the Nursing and Midwifery Board of Ireland (NMBI), the scope of practice is a concept that several professions use in the context of professional regulation (NMBI, 2015:2). The scope of practice sets out the procedures, actions and processes that the registered or licensed professional is allowed to perform. The individual practitioner's scope of practice is determined by a range of factors that give them the authority to perform a particular role or task (NMBI, 2015:2). According to Peterson and Fang (2018:5), research confirmed that, because of the non-availability of specialised health care services in rural areas, medical practitioners in rural areas may be called upon to provide a broader range of health care services and procedures than their urban counterparts; and that means that they should have a broader scope of practice.

### **2.3.2.4. Rewards and additional financial benefits**

In the NW DoH, financial benefits such as the payment of a rural allowance and OSD have been implemented as measures to encourage medical practitioners and specialists to work in rural areas (Luhlima *et al.*, 2014:474). As indicated in Section 2.3.2.1., the effect of the payment of rural allowances is short-lived; as soon as the receivers of the allowance get used to it, it loses its effectiveness (Makapela & Useh, 2013:137). The NW DoH should therefore consider introducing other additional financial incentives to recruit and retain medical practitioners and specialists.

Although rural financial incentives could improve rural recruitment and retention, it could be argued that it will only reap benefits if it is connected to a sustainable budget. As alluded to in Section 2.3.1., and as confirmed by the literature review, the relevance of

additional financial incentives will serve as a consideration to retain employees (Hong *et al.*, 2012:64).

The NW DoH should therefore, within the framework of the current legislation and policies, determine whether it is possible to provide any additional financial incentives in terms of its recruitment and retention policy, for medical practitioners and specialists. According to Musgrove (2011:1), salaried personnel who earn a salary irrespective of their output or production, have no reason to produce any more than the minimum required to stay employed. Musgrove (2011:1) further states that, in the absence of adequate non-financial incentives or motivation to do a good job in terms of either quantity or quality, health professionals may be tempted to produce less than is needed or deliver a poor-quality service.

#### **2.3.2.5. Job satisfaction**

A modern employee retention strategy goes beyond salaries and benefits and should incorporate the needs of all employees, thereby enhancing job satisfaction, loyalty and commitment (Sinha & Sinha, 2012:146). Employee retention also entails redesigning a range of HRM activities to provide increased job satisfaction, which in turn improves employee commitment, thereby leading to reduced turnover (Nel & Werner, 2014:123). As indicated in Section 2.3.2., and as explained by Hariharan (2014:46), in order to maximise the retention of medical practitioners and specialists, the health care system must first ascertain which factors provide job satisfaction. Compensation, as a driver to retain employees and provide job satisfaction, also improves employees' commitment to the organisation (Snelgar *et al.*, 2013:4). Thus, employees with competitive salaries are more likely to remain in an organisation (York, 2010:217; Grobler *et al.*, 2015:405).

According to Mothupi (2014:55), motivation is imperative for employee retention since it is believed that motivated individuals will not only be productive but will feel comfortable in the organisation and should therefore be easily retained. As mentioned in Section 2.3.2., Peckham and Peckham (2016:3) also provide the following conclusions on elements that are most likely to increase and influence retention: support of the intrinsic factors of the job; strategies to improve job satisfaction; and the reduction of job stressors such as work overload, a lack of support and high demands. Employing motivated

medical practitioners and specialists, and recognising good performance, will ensure that the Government will meet the requirements as stipulated in the Constitution, 1996, and in particular the Bill of Rights (Chapter 2), in ensuring that citizens have access to health care services (RSA, 1996:13).

#### **2.3.2.6. Inclusion of rural health topics in medical degrees**

According to Hempel, Maggard Gibbons, Ulloa, Macqueen, Miake-Lye, Beroes & Shekelle, (2015:1), patients living in rural areas are often under-served with regard to healthcare access. Hempel *et al.* (2015:7) further state that the complexity of rural healthcare provisions requires the careful and systematic evaluation of individual contributing factors. Due to the quadruple burden of disease found in the country, it is critical that medical practitioners and specialists must be able to diagnose and treat all patients at rural facilities (O'Sullivan, McGrail, Russel, Chambers & Major, 2018:2). A good example of successfully training medical students in rural health, and retaining them, is found in Australia. According to O'Sullivan *et al.* (2018:2), one strategy to improve the supply of rural doctors is to provide rural-immersion experiences for undergraduate medical students. O'Sullivan *et al.* (2018:8) also found that Australia's rural-immersion policy has resulted in a wide range of structured programmes in medical schools nationally, and that rural immersion is consistently associated with increased rural supply of early career doctors in Australia.

According to Rourke (2010:396), steps such as increasing the proportion of medical students who come from a rural background, providing positive rural learning experiences in medical schools, and specific rural residency/vocational training programmes, will increase the number of graduating physicians with the interest, knowledge and skills for rural practice. Rourke (2010:396) further states that recruiting and retaining medical practitioners in rural practice requires attention to practice environment, health systems, and financial and other factors. Practice factors include a well-functioning rural group practice clinic and hospital facilities with multidisciplinary resources and good regional support, education grants and financial incentives linked to rural practice (Rourke, 2010:396).

### **2.3.2.7. Living conditions**

As indicated in Chapter 1, Section 1.1., there are a number of factors that influence the recruitment and retention of medical employees in remote rural areas, including: individual factors like age, gender and marital status; the local environment, such as the general living conditions and social obligations; housing and schools; and work-related factors such as conditions of service, salary and further education and training opportunities (Econex, 2015:46-49). According to Claudine *et al.* (2016:64), and as stated in Section 2.3.2., the primary factor influencing the recruitment and retention of medical employees, especially those employed in the rural areas of developing countries, is the improvement of their living conditions, such as staff accommodation; nearby schools with qualified teachers; clean drinking water; electricity; and the availability of good roads and transport. At all levels of health care, government housing is available for doctors and other staff members at limited cost to them (Darkwa, Newman, Kawkab & Chowdhury, 2015:6). The lack of clean drinking water or electricity, lack of municipal services or shortage of good schools, are some of the main factors that deter medical practitioners and specialists from staying in rural areas (Darkwa *et al.*, 2015:6).

### **2.3.2.8. Appropriate equipment and supplies**

To effectively provide the needs of patients, medical practitioners and specialists must be supported with adequate equipment and functional facilities (Mokoka *et al.*, 2010:4; Darkwa *et al.*, 2015:6). According to the Africa Foundation (2017:1), a number of studies have been undertaken to identify the cause of (and find the solution to overcoming) the disinclination of medical employees to working at rural hospitals and clinics. Commonly raised issues are the poor working conditions, lack of equipment, and below par living conditions (Africa Foundation, 2017:1). Africa Foundation (2017:1) further states that quality accommodation is frequently identified as a key element in the recruitment and retention of health professionals in rural areas.

Drugs, medical supplies and equipment account for a high proportion of health care costs, and health services in developing countries need to choose appropriate supplies, equipment and drugs, in order to meet priority health needs and to avoid wasting limited resources (Kaur & Hall, 2001:ii). Making sure that health facilities have adequate supplies,

equipment and drugs is also essential if citizens are to have confidence in health services and health workers (Kaur & Hall, 2001:ii).

### **2.3.2.9. Management support and supervision**

Included in the role of a manager is motivating his/her subordinates to increased performance (Mothupi, 2014:53). Motivation is a process that arouses, directs and maintains human behaviour towards attaining objectives (Greenberg & Baron, 2008:248; Mothupi, 2014:53). Armstrong (2014:170) states that motivation also includes the goals of individual employees, the approach individuals utilise to select their goals, and the way in which others try to change their behaviour. Armstrong (2014:170) further states that motivation is prompted by external factors such as rewards for work well done and higher salaries.

Employees who are motivated will prosper in workplaces where there are high levels of work performance, opportunities to apply a variety of skills, identification with their tasks and where they receive regular feedback. These will lead to feeling needed, job satisfaction and intrinsic motivation — all of which will result in the delivery of health care services (Renard & Snelgar, 2016:3). As mentioned above, Mothupi (2014:55) argues that the motivation of employees is imperative for employee retention, since it is inferred that motivated employees will not only be productive employees, but will feel comfortable in the organisation. Motivation is therefore central to employee recruitment retention (Koketso & Rust, 2011:2233).

Another significant responsibility of a manager is to ensure employee development, including mentoring and coaching and career development (Hong *et al.*, 2012:64). Training and development, compensation, working conditions, career development, performance management, employee motivation, mentoring, coaching and succession planning should also be considered for effective employee retention (Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). According to Darkwa, Newman, Kawkab & Chowdhury (2015:9), the provision of senior posts in rural areas can assist medical employees to progress with their careers through experience, education and training, without having to leave rural areas.

The various retention strategies discussed above were investigated during the empirical study to determine whether these strategies are implementable and how the various stakeholders view these strategies. The results are discussed in Chapter 4.

In addition to the theoretical guidelines, discussed in the sections above, it is argued that a strategic integrated HRM approach must be followed for the recruitment and retention of medical practitioners and specialists in the NW DoH. The importance of including these HRM practices in the discussion on employee recruitment and retention is grounded in the significance of following a strategic integrated HRM approach. A strategic integrated HRM approach emphasises the need for HRM plans and strategies to be formulated within the context of overall organisational strategies and objectives, and to be responsive to the changing nature of an organisation's environment (Comptom, 2009:81-93).

#### **2.4. STRATEGIC INTEGRATED HUMAN RESOURCE MANAGEMENT APPROACH**

Strategic integrated HRM has become a significant aspect for the success of organisations in the 21<sup>st</sup> century (Argue, 2015:vi). With strategic HRM, the attention is focussed on human resources as the primary component in organisational productivity and performance, through the recruitment and retention of the most suitable, skilled and talented employees (Argue, 2015:vi). Strategic HRM is considered as a framework to align the employees in an organisation to its goals and objectives and is necessary for the Public Service to effectively manage employees' recruitment, performance, development and retention (Louw & Kahn, 2010; Koketso, 2011; Barkhuizen *et al*, 2014).

All Government departments, nationally and provincially, have HRM units that are responsible for recruitment and selection, training and development, performance management and career development (Sahoo, Das & Sundaray, 2011:18). These HRM aspects all contribute to the overall performance of Government departments, according to Sahoo *et al*. Recruitment and retention can therefore be regarded as a pivotal feature in strategic HRM, as it is the employees of an organisation that ensure that its objectives are met (Sahoo, Das & Sundaray, 2011:18).

The concepts strategic HRM and HRM are often misunderstood, despite the increasing volume of research on these topics. According to Mayhew (2018:1), traditional HRM is transactional and reactive, placing advertisements for posts, based on requests received; responding to questions about benefits and payroll; and processing terminations for employees who are leaving. Mayhew (2018:1) states that Strategic HRM is proactive because it contributes to the strategic direction of an organisation and focuses on activities like assessing the availability of employees, based on the HRM acquisition model, and considers the long-term organisational goals concerning workforce planning (Mayhew, 2018:1).

It is important that an organisation's management is knowledgeable on the meaning and purpose of strategic HRM, as it is a complex process through which HRM became not just a function, but a strategic partner (Todericiu & Serban, 2013:1683-1684). According to Armstrong (2014:18), strategic HRM "provides the foundation for strategic reviews in which analyses of the organisational context and existing HRM practices led to decisions on strategic plans for the development of overall or specific HR strategies". One of the main objectives of strategic HRM is to implement strategies that are integrated with the organisation's business strategy, which emphasises the importance of employing the most talented, skilled and engaged employees (Armstrong, 2014:5).

As alluded to in Chapter 1, Section 1.5., strategic HRM encompasses strategic planning, the formulation of individual HRM strategies and, importantly, the integration of HRM plans with organisational plans (Armstrong & Taylor, 2014:18). A strategic integrated HRM approach includes the effective implementation of the following HRM practices: human resource planning; recruitment and selection; training and development; performance management; compensation; reward; career management; talent management; succession planning; and employee retention (Davies & Davies, 2010:419). The HRM practices relevant to a strategic integrated HRM approach, are discussed in the sections below.

#### **2.4.1. Human Resource Planning**

According to Rothwell (2010:288), few organisations do comprehensive human resource planning in which managers compare the joint competencies within the organisation to its

strategic objectives, in order to ensure alignment. Rothwell (2010:288) further states that a failure to do so results in a growing mismatch between the competencies of the employees and the desired direction of the organisation. According to the DPISA's Human Resource Planning Toolkit (RSA, 2008b:21), human resource planning can be defined as an inclusive and dynamic process that involves the identification of both the current and future human resource needs of an organisation, as well as the potential challenges that can hinder the department in consistently achieving its organisational objectives. Successful human resource planning also entails forecasting to predict the future conditions and needs of the organisation and to base its human resource plan on the results (Detuncq & Schmidt, 2013:32). According to the draft Guide on the Practice of Career Management in the Public Service (RSA, 2011a:23), the human resource planning process is not just for the benefit of the department, but will also facilitate the career planning of employees and assist them in achieving their objectives.

As alluded to above and in Chapter 1, Section 1.5., a human resource plan should be integrated into an organisation's strategic plan and other organisational plans (Armstrong & Taylor, 2014:18) to ensure that strategies are integrated with the organisation's business strategy (Armstrong, 2014:5). It is argued that effective human resource planning, by means of a well-drafted human resource plan and integrated with an organisation's strategic plan, enhances the likelihood of recruiting the most suitable, skilled, capable and committed employees.

#### **2.4.2. Recruitment and selection**

As indicated in Section 2.3.2., recruitment is the process of sourcing and engaging applicants to meet the needs of an organisation (Rothwell, 2010:287-288; Armstrong, 2014:226) through a well-developed strategy (Hariharan, 2014:44). Selection is defined as the part of the recruitment process that is concerned with deciding which applicants or candidates should be appointed in the advertised positions (Armstrong, 2014:226). McGraw (2010:207) states that recruitment and selection tend to be used as substitutes for each other but they are in reality different processes. As seen from the definitions above, recruitment refers to the activities undertaken to define the work needs and to attract candidates whilst selection refers to the activity of choosing the correct candidate

from all the applicants (McGraw, 2010:208). Recruitment and selection include three main activities, namely (McGraw, 2010:208):

- **Defining needs** – this involves human resource planning; the drafting of job descriptions, job specifications and competency profiles; and defining the terms and conditions of employment.
- **Attracting candidates** – this involves assessing potential candidates for a particular position, based on the position's requirements; determining who will be involved in the recruitment and selection process; and deciding whether external agencies will be used.
- **Selecting candidates** – this involves choosing and implementing the relevant assessment and selection methods to choose a candidate; and extending job offers.

According to the Toolkit on Recruitment and Selection, issued by the PSC (2004:13), no post in the Public Service can be filled if a selection committee has not been appointed to handle the selection of the most suitable candidate(s); and only if selection criteria have been set and applied consistently during the shortlisting process; and only if criteria for the final selection of candidates have been set. The PSC (2010:56) states that the principles governing recruitment programmes include the following: they should be targeted for maximum accessibility; the image of the Public Service must be promoted; all recruitment actions should be undertaken with a view to seek the ideal applicant; recruitment strategies must be underpinned by the principle of employment equity; and the recruitment strategies must ensure the acquisition and retention of human resources with appropriate competencies.

From the aforementioned it is evident that the advertisement of a position should be preceded by the drafting of the job description (duties of the position) and a job specification (the type of qualifications, skills, experience and abilities that the employee should have). Failure to do so can lead to shortcomings in the wording of the advertisement and the eventual appointment of a person that is not the most suitable for the position. These activities, based on the human resource plan, once again emphasises the importance of effective recruitment as the first step in employee retention.

### **2.4.3. Performance management**

Manamela (2016:25) defines performance management as a process that ensures that individual employees know what is expected of them, and that they stay focussed on effective performance. Armstrong (2014:334) defines performance management as a continuous process of identifying, measuring and developing the performance of an individual or team and aligning performance with the strategic goal of the organisation.

Performance is one of the most important elements in keeping an organisation functional. (Manamela, 2016:25). Manamela further states that performance management must be linked to change management, strategic management, training and development, and mentoring and coaching. According to Armstrong (2014:334), performance management is a continuous process of identifying, measuring and developing the performance of an individual or team and aligning performance with the strategic goal of the department. Schwartz, Collins, Stockton, Wagner & Walsh (2017:65) defines continuous performance management as an approach that fosters continuous conversations between managers, direct reports and teams regarding goals, work progress, and performance to date (in the form of constructive or positive feedback). It typically includes ongoing one-on-one conversations between managers and direct reports, periodic performance/development conversations, and continuous, real-time collection of performance feedback data from employees' networks (Schwartz *et al.* 2017:3). Performance management is a strategic process that assists in creating a favourable environment for motivating employees to develop and achieve high standards of performance (Malefane, 2016:142).

According to Bainbridge (2016:8), performance management serves two primary purposes: an evaluation to identify any performance gaps, good or bad, and feedback to inform the employee about the quality of his or her performance. Bainbridge (2016:8) further states that performance appraisals can also be used as a tool for career development and compensation or to terminate underperforming employees. In this respect, the draft Guide on the Practice of Career Management in the Public Service (RSA, 2011a:24) states that a Personal Development Plan (PDP) should be drafted for all employees. An employee's PDP identifies areas for improvement and provides performance feedback by analysing strengths and weaknesses (Armstrong, 2014:336).

Development planning is seen as a shared responsibility between the employer and employee, whilst the employee is responsible for his or her career growth with support and guidance from the employer (RSA, 2011a:24). Thus, a performance appraisal process is a strategy used to improve working conditions and attract and retain employees with scarce skills (Malefane, 2016:159). From the aforesaid it is evident that performance management is critical and a continuous process of identifying, measuring and developing the performance of an employee, team or organisation and taking corrective action through the implementation of the employees' PDPs. In addition, employee development, as part of a performance management process, creates a sense of belonging and makes employees feel appreciated because of the organisation's investment in their careers. It therefore results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165).

#### **2.4.4. Talent Management**

According to Earl (2017:48), the healthcare industry is in the midst of tremendous change. Earl (2017:48) describes these changes as external forces such as Government regulation, and internal forces such as employee and patient expectations that test and strain organisational resources. To remain effective in healthcare, organisations must develop and maintain a culture that sustains organisational life (Earl, 2017:48).

In addition, and perhaps most significant, is the identification of the failing public health care system as one of the primary challenges of the Government in the NDP (2011) (RSA, 2011a:3). As explained in Chapter 1, Section 1.1., the primary challenge facing the Public Service as employer is the retention of skilled employees (cf RSA, 2011a:371).

Talent management is described as the process of appointing, developing and retaining the best employees (Davies & Davies, 2010:419). A generally accepted definition of talent management is provided by Barkhuizen, Mogwere & Schutte (2014:70), that talent management is a strategic and integrated approach to attract, develop, retain and utilise employees' skills and abilities to meet current and future organisational needs. According to the Talent Management Orientation Guide (2015:30), talent management is a term that includes the ways in which an organisation engages with its employees from the recruitment and selection process, and after the employee's appointment, investing in the

employee through training, career development, mentoring and coaching, succession planning and performance management (Detuncq & Schmidt, 2013:31; Talent Management Orientation Guide, 2015:30). It is thus evident that motivation is an essential tool in employee retention, since a motivated medical practitioner or specialist is not only productive but also commits to the department and is more likely to be retained.

To have a sustainable patient-centred culture, a health care department (such as the NW DoH) must have a proper talent management system that is well-crafted, implemented, and which supports a patient-centred culture (Earl, 2017:48). Therefore, retaining talented employees such as medical practitioners and specialists, through employee development and mentoring, is an integral part of the successful implementation of an integrated talent management strategy (Fajčíková and Fejfarová 2016:21).

#### **2.4.5. Career management**

Career management refers to the process of implementing plans, objectives and approaches that allow an organisation's managers to support employees' career needs and assists employees in accomplishing their career objectives (RSA, 2011b:7). Career management is also described as the process that designs and plans an employee's career development within an organisation, to increase an employee's performance, preferences, aptitudes and talents, whilst in alignment to the organisation's strategic needs and objectives (RSA, 2010:22; Vermeulen, 2016:165). Relevant to this study, Vermeulen (2016:164) further indicates that career management improves the motivation and the retention of employees (Vermeulen, 2016:164).

According to the draft Guide on the Practice of Career Management in the Public Service (RSA, 2011a:24), the recruitment of staff below the senior management service (SMS) posts is a significant mechanism for career management in the sense that employees are afforded an opportunity to reach higher levels in the organisation, which implies the enhanced motivation of employees. In its discussion document, *Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016*, the PSC states that a failure to provide for career pathing and career development in the Public Service leads to a high staff turnover (RSA, 2016a:39). This statement emphasises the need to implement career management practices to increase employee retention. In addition, a number of investigations

conducted by the PSC discovered that career management is not effectively implemented in the Public Service (RSA, 2010:23; RSA, 2016a:38; Vermeulen, 2015:482; Nokhwali-Mboyi, 2017:5). In separate research studies it was also found that, in those cases where the Public Service did attempt to implement career management practices, it was not applied in a manner that contributed to employees' performance, motivation or retention (Vermeulen, 2015:482; Nokhwali-Mboyi, 2017:6-7).

#### **2.4.6. Succession planning**

Patidar, Gupta, Azbik and Weech-Maldonado (2016:215) define succession planning as the process by which one or more successors are identified for strategic positions in an organisation, followed by planned development activities for the identified successors. Carriere, Muise, Cummings and Newburn-Cook (2009:550) identify eight common elements within healthcare succession planning models: strategic planning; the identification of desired skills and needs; the identification of key positions; the detection of possible succession candidates; mentoring and coaching; further development processes; resource allocation; and evaluation. Thus, the NW DoH needs to start a process of developing a succession planning framework for implementation by identifying critical posts. It is evident that succession planning for medical practitioners and specialists will support the retention of employees with scarce skills and reduce the turnover rate. According to Paditar *et al*, (2016:216), changes can disrupt an organisation's strategy, which can lead to poor service delivery; therefore, succession planning protects the organisation from disruptive events associated with leadership changes.

#### **2.4.7. Human Resource Development**

Cassidy-MacKenzie (2014:14) states that it is becoming increasingly important to update employee's skills and competencies by developing and training them in order to establish a balance between employee preferences and employer requirements. Rahman (2014:27) further state that the most effective and precious resource in an organisation is its human resources. If employees are regarded as a resource, it is necessary to consider that each employee who develops professionally adds value to the organisation, which increases its value and efficiency.

Stabile and Ritchie (2013:72) define training as a low-level form of compliance which satisfies the needs of the organisation, whereas development is defined as an area in which an employee needs further development. Stabile and Ritchie (2013:74) further state that training and development are two separate constructs, with development being more cognitive. According to Perring (2014:8), human resource development (HRD) is often seen as just another segment in the overall talent lifecycle. However, HRD forms the basis of many of the other talent-management processes and is the engine room of an integrated HRM (Perring, 2013:8). As alluded to above, employee development creates a sense of belonging amongst employees that makes them feel appreciated, because of the organisation's investment in their careers and therefore results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165).

#### **2.4.8. Mentoring and coaching**

Mentoring and coaching are non-formal training vehicles that are both developmental and empowering (McQuade, Davis & Nash, 2015:324; Grobler *et al.*, 2015:355), as indicated in Sections 2.3.2.9. and 2.4.3. It was also explained in these sections that mentoring and coaching should be viewed as essential components in the planning and implementation of employee retention for the effective and efficient utilisation of human resources (Van Dijk, 2008:392). Manamela, (2016:25) states that performance management must be linked to change management, strategic management, training and development, and mentoring and coaching. Mentoring and coaching are also part of talent management, known to enhance employee development, motivation and retention (Detuncq & Schmidt, 2013:31; Talent Management Orientation Guide, 2015:30).

From the sections above, it is evident that a strategic integrated HRM approach synchronises and aligns the organisation's strategic needs with those of management of employees. In addition, a strategic integrated HRM approach is aimed at achieving an organisation's goals and objectives, and therefore ensures that an organisation recruits skilled and committed employees, develops and motivates them, as well as retains them, to achieve its goals and objectives by integrating its HRM Plan with organisational strategy.

## 2.5. CONCLUSION

Given the constitutional requirement to provide quality health care services to all citizens, and in consideration of the NDP (2011) highlighting the country's failing public health care system as one of the most significant challenges of the democratic developmental state, it is evident that the public health sector needs to employ skilled, capable and competent medical employees to ensure that the Government delivers on its constitutional and service delivery mandate. It is also imperative that the Public Service retains highly skilled and talented employees. In this respect, the chapter focused on the most suitable and effective ways to recruit and retain medical practitioners and specialists in the Public Service, specifically in the NW DoH.

A conceptualisation and contextualisation of recruitment and retention, as HRM practices, were provided. In addition, the inextricable relationship between recruitment, development, motivation and retention was explained. Further to this, the need for a strategic integrated HRM to enhance the effectiveness of the recruitment and retention of medical practitioners and specialists, was discussed. The literature review revealed that the following HRM practices should be considered and integrated to ensure the optimum recruitment, development, motivation and retention of medical employees in the public health sector: human resource planning; recruitment and selection; training and development; performance management; compensation; reward; career management; talent management; succession planning; and employee retention.

Given the fact that the Public Service grapples with the retention of medical practitioners and specialists, it was determined that specific retention strategies should be drafted and implemented. In this respect, the following retention strategies were highlighted as most significant for the retention of medical practitioners and specialists: OSD; Continuous Professional Development; changing the scope of practice; additional financial benefits; job satisfaction; undergraduate and postgraduate curricula of medical degrees that include topics on rural health; living conditions (infrastructure, sanitation, electricity, telecommunications and schools); appropriate equipment and supplies; supportive supervision and mentoring; and the availability of senior posts and programmes for career development.

In addition to the theoretical framework for recruitment and retention, as established in this chapter, it is also necessary to review the legislation and policies giving impetus to the public health sector. Subsequently, the next chapter focuses on the statutory and regulatory framework for the public health sector, as well as the HRM statutory and regulatory framework relevant to the recruitment and retention of medical practitioners and specialists.

## **CHAPTER 3: STATUTORY AND REGULATORY FRAMEWORK FOR RECRUITMENT AND RETENTION IN THE PUBLIC HEALTH SECTOR**

### **3.1. INTRODUCTION**

The previous chapter provided a theoretical framework for employee recruitment and retention in the Public Service. A number of factors influencing the recruitment and retention of employees with scarce skills, such as medical practitioners and specialists, were outlined in Chapter 2, Section 2.3.1. Further to this, the chapter also provided an overview of a strategic integrated HRM approach and its relevance to employee recruitment and retention.

However, determining the recruitment and retention challenges pertaining to medical practitioners and specialists in the public health sector cannot be informed by a theoretical framework only; it should also be informed by a statutory and regulatory framework. Therefore, the statutory and regulatory framework pertaining to HRM (under which recruitment and retention resorts), as well as the statutory and regulatory framework for the public health sector, are reviewed in this chapter. This chapter does not deal with all the statutory and regulatory documents that exist; only the legislation, policies, frameworks and reports relevant to (1) recruitment and retention, and (2) the public health sector, particularly applicable to this study, have been included in the discussion. Further to this, international legislation, policies, structures and mechanisms influencing the South African statutory and regulatory environment of the public health sector, are also included in the discussion. The layout of the discussion on the statutory and regulatory environment are as follows:

- **Statutory and regulatory framework for HRM (recruitment and retention)**
  - **Legislation:**
    - Public Service Act 103 of 1994
    - Basic Conditions of Employment Act 75 of 1997
    - Skills Development Act 97 of 1998

- **Policies:**
  - White Paper on the Transformation of the Public Service, 1995
  - White Paper on Human Resource Management in the Public Service, 1997
  - Retention Guide for the Public Service, 2006
  - Public Service Mentoring Programme, 2006
  - Public Service Regulations, 2016
- **Reports:**
  - Report on the Assessment of the State of Human Resource Management in the Public Service, 2010
  - Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016
- **Statutory and regulatory framework for the public health sector**
  - **Legislation:**
    - National Health Act 63 of 2003
  - **Policies:**
    - White Paper for the Transformation of the Health System, 1997
    - National Human Resources for Health Plan, 2006
- **World Health Organisation Report, 2010: Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations**

Since the South African public health sector functions within the context of the democratic developmental state, the chapter commences with an overview of two pertinent documents, the Constitution, 1996, and the NDP (2011). The discussion also includes an overview of the Medium-Term Strategic Framework, 2014-2019, since the MTSF commits to the implementation of the NDP through increasing and sustaining the socio-economic development of all citizens, including health services and infrastructure (RSA, 2014:5-6).

## **3.2. A DEMOCRATIC DEVELOPMENTAL CONTEXT**

The task of building a capable and developmental state requires a degree of stability in the top levels of the bureaucracy and, given the demands of a democratic developmental state, the need for competent, skilled and committed medical employees in the Public Service cannot be underestimated. According to the NDP (2011) the management structure in the Public Service is top-down, with poor authority and little-to-no accountability (RSA, 2011b:332). The NDP (2011) proposes a more accountable model for health service delivery which includes revised roles and responsibilities for the national department, provinces, districts and public hospitals (RSA, 2011b:336). The NDP (2011) further proposes that there should be accountability to users and communities from national to local levels (RSA, 2011b:337).

According to Kuye and Ajam (2012:59), in a developmental state there are implications for public resource allocation over the medium to long-term. Political will and capable governance are required to deal with escalating employee costs and poor productivity as well as expenditure outcomes in a health system with a high vacancy rate and skills shortages (Kuye & Ajam, 2012:59). The NDP (2011) states that attention must be given, in particular, to managing the Government's wage bill, to make resources available for priorities such as public health care (RSA, 2011b:60). This can only be done through balancing the competing pressures of increasing staff numbers, adequately remunerating skilled professionals, and improving benefit coverage (RSA, 2011b:60).

The two most important documents guiding the democratic developmental state are the Constitution, 1996 (democratic) and the NDP, 2011 (developmental). These documents also give impetus to the MTSF, 2014-2019. Subsequently, the sections below elaborate on these documents' relevance to the democratic developmental state context, as well as to the public health sector and public employees.

### **3.2.1. Constitution of Republic of South Africa, of 1996**

As stated in Chapter 1, Section 1.1, the South African Government, as a democratic developmental state, has to ensure the realisation of both democratic and developmental rights to its citizens. The Constitution, 1996, is the cornerstone of South Africa as

democracy and one of the constitutional rights enshrined in the Bill of Rights is the right to have access to health care services (RSA, 1996:13). This implies that the Government, through the Public Service as its executive authority, should ensure:

- the provision of health services to all the citizens of South Africa;
- the availability of proper health facilities to ensure that these services can be delivered to citizens; and,
- the necessary quality and quantity of medical employees to provide these health services.

Also indicated in Chapter 1, Section 1.1., is that the Constitution, 1996, sets out the values and principles that govern the public administration, including recruitment and selection processes in the Public Service. Various legislative frameworks, regulations and guidelines support the implementation of the constitutional values and principles (RSA, 1996:3). Chapter 10, Section 195 (h) and (i) of the Constitution, 1996, stipulates that in order for the Government to function effectively and efficiently, it requires:

- Good HRM and career development practices, to maximise human potential.
- That public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

To comply with the Constitution, 1996, it is important to implement recruitment and selection practices that ensure the most suitable candidates are appointed. That would most likely enhance the performance of the Public Service, which translates into service delivery to the public. As mentioned, one of the constitutional rights enshrined in the Bill of Rights is the right to have access to health care services (RSA, 1996:13). The right to health care services is protected in Section 27 (a) of the Constitution, 1996, stating that all citizens have the democratic right to health care services (RSA, 1996:13). Section 28 (c) further states that every child has the right to basic health care services. In terms of Section 184 (3), the organs of state must provide the South African Human Rights Commission with information on the measures that they have taken to realise the rights in the Bill of Rights concerning health (RSA, 1996:93).

The NW DoH therefore has a constitutional obligation to ensure that medical practitioners and specialist services are available at all its facilities in the province, irrespective of whether these facilities are in a rural or urban setting, and to ensure that all who reside in the Province have access to health care services.

### **3.2.2. National Development Plan (NDP), Vision for 2030 (2011)**

In the (NDP), 2011, the failing public health care system is highlighted as one of the central challenges of the democratic developmental state (RSA, 2011b:3). Chapter 10 of the NDP (2011) requires that the public health sector should prioritise: (RSA, 2011b:322-324):

- Greater inter-sectoral and inter-ministerial collaboration to promote health.
- Social determinants of health, including promoting healthy behaviours and lifestyles.
- A reduced disease burden to manageable levels.
- Managers, doctors, nurses and community health workers that are appropriately trained and managed, produced in adequate numbers, and deployed where they are most needed.
- A strengthened national health system through improved governance and the elimination of infrastructure backlogs.
- The implementation of a national health insurance system in phases, complemented by a reduction in the relative cost of private medical care and supported by better human capacity and systems in the public health sector.

As alluded to in Chapter 1, Section 1.1., the public health system is underpinned by the principles of *primary health care* and the *district health system* (RSA, 2011b:295). *Primary health care* emphasises globally endorsed health-related values, such as universal access, equity, participation and an integrated approach (RSA, 2011b:295). Critical elements of primary health care include the prevention and the use of appropriate technology; better access to, and the use of first-contact care; a patient-focused (rather than a disease-focused) approach; a long-term perspective; comprehensive and timely services; and home-based care when necessary (RSA, 2011b:295-296). It is argued that the aforementioned presupposes the employment of skilled, capable and committed

medical employees. The following targets have been set by the NDP (2011) in terms of filling posts with skilled, committed and competent individuals by 2030 (RSA, 2011b:299):

- The capacity to train health professionals must be increased.
- In order to meet the requirements for the re-invigorated primary health care system, more health professionals must be trained.
- Training of health professionals must be linked to the future needs of treating non-communicable diseases.
- Hospital managers with specific competencies must be appointed.
- Clear criteria for removal of underperforming hospital managers must be developed.

It is evident from the above that the NW DoH should aim to achieve the goals of the NDP (2011) by ensuring that more health professionals are trained and by expanding its primary health care system. This should also assist the department to provide essential health care services to citizens in rural areas.

### **3.2.3. The Medium-Term Strategic Framework, 2014-2019**

The MTSF, 2014-2019, is the Government's strategic plan for the 2014-2019 electoral term which sets out the targets and the actions the Government will take to achieve them (RSA, 2014:4). The MTSF, 2014-2019, is a five-year implementation plan to build on the achievements of the NDP, 2011 (RSA, 2014:5). The MTSF, 2014-2019, further states that provinces have a central role to play in improving the quality of service delivery – particularly in the education and health sectors and local Government (RSA, 2014:13). One of the goals set out by the MTSF, 2014-2019, is a long and healthy life for all South Africans (RSA, 2014:13). In order to achieve better health outcomes, the quality and accessibility of health care services must be improved progressively through a phased-in implementation of National Health Insurance (NHI), which will ensure that the following key principles are implemented (RSA, 2014:18):

- Universal provision of health care;
- Social solidarity through cross-subsidisation; and
- Equity in access through free health care at the point of delivery.

In order to achieve Outcome 2 of the MTSF, 2014-2019, “A long and healthy life for all South Africans”, the following sub-outcomes has been developed (RSA, 2014:4-28):

- Sub-outcome 1: Universal Health coverage progressively achieved through implementation of National Health Insurance.
- Sub-outcome 2: Improved quality of health care.
- Sub-outcome 3: Implement the re-engineering of Primary Health Care.
- Sub-outcome 4: Reduced health care costs.
- Sub-outcome 5: Improved human resources for health.
- Sub-outcome 6: Improved health management and leadership.
- Sub-outcome 7: Improved health facility planning and infrastructure delivery.
- Sub-outcome 8: HIV/AIDS and Tuberculosis prevented and successfully managed.
- Sub-outcome 9: Maternal, infant and child mortality reduced.
- Sub-outcome 10: Efficient Health Management Information System developed and implemented for improved decision making.

Targets set for the MTSF period 2014-2019 include the following (RSA, 2014:18):

- Construction of 213 clinics/community health centres and 43 hospitals, and refurbishment of over 870 health facilities in the 11 NHI pilot districts.
- The annual training of doctors to be doubled locally and abroad to 2 000 a year.
- Increasing the number of people on anti-retrovirals from the present 2.4 million to a projected 5.1 million.
- TB screening and treatment programmes for vulnerable groups, including approximately 150 000 inmates in correctional services facilities, 500 000 mineworkers and an estimated 600 000 people living in mining communities.
- The Human Papilloma Virus Vaccine coverage must be increased to 90% to girls aged between 9 and 10 years old to significantly reduce their risk of acquiring cervical cancer.

The outcomes and targets outlined above reveal not only great challenges that need to be overcome in the public health sector, but also the need for the recruitment and retention of skilled medical employees. The MTSF’s sub-outcome 5, “Improved human resources for health” is particularly relevant to this study. One of the key actions to

achieve sub-outcome 5 is to implement the HRH strategy to strengthen the human resource capacity in the health system by ensuring that 100% of the Cuban-trained doctors are employed in the public sector by 2020 (RSA, 2014:16). This target is in line with the NDP (2011), also identifying the issues on improved health care to be addressed (RSA, 2011b:331).

The NW DoH must therefore participate in the programme to ensure that the number of medical practitioners and specialists is increased to enhance production and to ensure that all the Cuban-trained doctors in rural and under-served areas are retained in those areas.

In addition to the statutory and regulatory documents discussed above, mostly relating to public health care in the context of the democratic developmental state, further legislation, policies, frameworks and reports relevant to HRM in the Public Service (recruitment and retention), and specifically relevant to this study, are discussed in the sections below.

### **3.3. STATUTORY AND REGULATORY FRAMEWORK FOR HUMAN RESOURCE MANAGEMENT (RECRUITMENT AND RETENTION)**

The Public Service is highly regulated. Various acts and regulations prescribe how the Public Service must operate, and clear policies are provided by the DPSA on the management of human resources. The various legislation, policies, frameworks and reports, relevant to this study, are discussed hereunder.

#### **3.3.1. Public Service Act 103 of 1994, as amended**

The Public Service Act (PSA) 103 of 1994 (hereafter referred to as the PSA, 1994), as amended, follows Section 197 (creation of a Public Service) of the Constitution, 1996. The PSA, 1994, provides for the following: the organisation and administration of the Public Service in South Africa (Section 7); the regulation of the conditions of employment (Section 9-10); the terms of office of public servants (Section 3-6); discipline and grievance procedures (Section 18-27; 35); and the retirement and discharge of employees in the Public Service (Section 17) (RSA, 1994:1). The Act assigns powers and

duties to Executive Authorities in respect of recruitment and retention in Section 13(7) as follows (RSA, 1994:21):

- “the internal organisation of the department concerned, including its organisational structure and establishment, the transfer of functions within that department, human resource planning, the creation and abolition of posts, and the provision for the employment of persons additional to the establishment; and
- the recruitment, appointment, performance management, transfer, dismissal and other career incidents of employees of that department, including any other matter which relates to such employees in their individual capacities.”

Chapter 4, Section 9 of the PSA, 1994, gives an Executive Authority the right to appoint any person in his or her department in accordance with the Act. Section 11 (1), Sub-Section 2 (a) and (b) of the Act further stipulates that all candidates who applied and qualify for appointment will be considered and will be evaluated, based on training, skills, competence, knowledge and the need to redress the imbalances of the past in terms of the Employment Equity Act 55 of 1998. Chapter V (16) (7) of the Public Service Act, 1994, gives the Executive Authority the powers to retain employees. The PSA, 1994, further states that competency and experience should be the main considerations for the Executive Authority to consider retaining employees.

The delegated authority in the North West Province must therefore ensure that the structure of a department (national or provincial) is adapted to ensure that its services and employees are correctly placed and that the right employees are recruited for this purpose (RSA, 1994:9). Experience also plays an important role in employee retention, considering the time and money spend by departments in developing employees. The NW DoH must therefore ensure that it employs medical practitioners and specialists with the necessary qualifications, training, experience, competence and knowledge and it must have practices in place for the retention of employees with scarce skills (such as medical practitioners and specialists). In this respect, a number of retention strategies were discussed in Chapter 2, Section 2.3.2. From the aforementioned, it is evident that the PSA, 1994, provides for all HRM-related matters pertaining to the Public Service, including the recruitment and retention of employees.

### **3.3.2. Basic Conditions of Employment Act 75 of 1997**

The purpose of the Basic Conditions of Employment Act (BCEA) 75 of 1997 (hereafter referred to as the BCEA, 1997a), is to advance economic development and social justice and to ensure the right to fair labour practices, as enshrined in Section 23, Sub-Section 1 of the Constitution, 1996 (RSA, 1997a:6). The BCEA, 1997a, has an effect on the individual employment relationship, which is largely regulated by common law (RSA, 1997a:12). Employers that properly implement the provisions of the BCEA, 1997a, are meeting the minimum conditions of employment for the Public Service.

The BCEA, 1997a makes provision for resting periods (Section 13-14) and night work (Section 17 (2) [a]) and also states that transport must be provided to ensure the safety of employees (Section 17 (2) [b]). Section 18 of the Act defines overtime and related payments during work on public holidays, and Section 19-27 makes provision for leave and how employees qualify for these leave days. These sections are set out to protect the interests of both the employees and the employer. Employers are required to outline the minimum conditions of employment to create a conducive work environment through employee contracts, and employees are required to deliver work to the best of their abilities to ensure that a quality service is rendered for sustainable development (RSA, 1997a:17).

The NW DoH must ensure compliance to the BCEA, 1997, to protect the rights of medical practitioners and specialists in rural areas and to avoid a situation where they are overworked and overstretched. By complying with the BCEA, 1997, the NW DoH will encourage medical practitioners and specialists to remain in rural areas.

### **3.3.3. Skills Development Act 97 of 1998**

The Skills Development Act (SDA) 97 1998 (hereafter referred to as the SDA, 1998) legislates training and development in South Africa. The purpose of the SDA, 1998, is to provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce and to integrate those strategies within the National Qualifications Framework (NQF), contemplated in the South African Qualifications Authority Act (SAQA) 58 of 1995, and

also provide for learnerships that will lead to recognised occupational qualifications (RSA, 1998:1). It is argued that if organisations take advantage of this, they would develop skilled and competent employees.

The Act further provides for the financing of skills development by means of a levy-financing scheme and a National Skills Fund (NSF) and employment services (RSA, 1998:28; 42). In addition, the SDA, 1998, provides for measures to improve the skills of employees and thereby encourage commitment to the organisation for a longer period (RSA, 1998:1). This notion was supported in Chapter 2, Section 2.4.3., stating that employee development creates a sense of belonging amongst employees that feel appreciated, due to the organisation's investment in their careers. It therefore results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165). Managers would have to participate in human resource training and development to ensure employee recruitment and retention (RSA, 1998:6).

Chapter III (7) (3) (a) and (b) of the PSA, 1994, state that each department should have a head who will be responsible for the management and training of employees. This thus supports retention in the sense that the effective utilisation and training of employees starts by conducting regular performance monitoring, by managing performance, supporting employees in their performance, and identifying their performance gaps. By identifying employees' performance gaps, training needs can be identified to increase their knowledge and skills. If training is aligned to the employee's career development, their chances of being retained are increased (Kock & Burke, 2008:10).

### **3.3.4. White Paper on the Transformation of the Public Service, 1995 and White Paper on Transforming Public Service Delivery, 1997**

The White Paper on the Transformation of the Public Service, 1995 (hereafter referred to as the WPTPS, 1995), and the White Paper on Transforming Public Service Delivery, 1997, also referred to as the Batho Pele White Paper, was developed by the DPSA. The principle aim of the WPTPS, 1995, is to establish a policy framework to guide the introduction and implementation of new policies and legislation aimed at transforming the Public Service (RSA, 1995:7). The scope of the WPTPS, 1995, is guided by the Constitution, 1996, as well as by the agreed policy statements of the White Paper on the

Reconstruction and Development Programme (RDP), 1994, with regard to the transformation and developmental roles of the public sector (RDP White Paper, 1994).

According to Maluka, Diale and Moeti (2014: 1020), the WPTPS, 1995, provides the basis for Public Service transformation whilst the *Batho Pele* White Paper was implemented to transform the Public Service in terms of service delivery. Maluka *et al.* (2014:1020) further state that the *Batho Pele* White Paper acts as the guiding principle for a policy framework upon which an implementation strategy for Public Service transformation could be based. The WPTPS, 1995, called on national and provincial Government to prioritise service delivery above all else (RSA, 1997b:4; Maluka *et al.*, 2014:1031).

Chapter 13 of the WPTPS, 1995, deals with HRD and training in the Public Service. The objective of the WPTPS, 1995, was to create a legal framework that was to be the guiding tool for the establishment and enactment of new policies and legislation for the transformation of South Africa's Public Service. Chapter 13 of the White Paper further provides for "the development of an optimal fit between the needs of the employee, the job, the organisation and the environment, so that employees reach their desired level of satisfaction and performance, and the organisation meets its goals" (RSA, 1995:47).

Although the *Batho Pele* White Paper, 1997, does not specifically address HRM matters, its call for transformed service delivery through the *Batho Pele* principles implies the recruitment, development and retention of skilled, capable and committed public servants, since the Public Service is dependent on its employees' performance for organisational performance and therefore service delivery. Both these White Papers are therefore relevant in ensuring that the most skilled and suitable medical employees are recruited and retained in the NW DoH.

### **3.3.5. White Paper on Human Resource Management in the Public Service, 1997**

The White Paper on Human Resource Management (WPHRM), 1997 (hereafter referred to as the WPHRM, 1997b) wants to transform the Public Service from a personnel management perspective to a human resource management perspective in terms of Section 1.3. The vision of the WPHRM, 1997b, is to ensure that the Public Service has a diverse, competent and well-managed workforce with the necessary skills and

commitment to deliver quality services to the public (RSA, 1997b:20). The WPHRM, 1997b requires the Public Service to have effective recruitment strategies to attract candidates from all sections of the population and to maximise recruitment from previously disadvantaged groups (RSA, 1997b:24). The WPHRM, 1997 also states that the principles underpinning recruitment and selection are fairness, equity, transparency, accessibility, accountability, participation and professionalism. (RSA, 1997b:35-36).

The WPHRM, 1997, includes regulations and procedures for recruitment, entry requirements, placement, probation, promotion, lateral transfers, secondments, re-employment, performance management, career management, managing conduct and managing grievances (RSA, 1997b:37-46), as discussed in Chapter 2, Section 2.3.2. In its promotion of effective HRM practices, the White Paper promotes open competition and more innovative recruitment practices to make the Public Service accessible to a wider pool of talent and ensure the inclusion of all sections of society (RSA, 1997b:29). The implementation guidelines provided in the WPHRM, 1997, should therefore assist the NW DoH to develop a strategic integrated HRM strategy that will support the effective recruitment and retention of medical practitioners and specialists in rural areas, as argued in Chapter 2, Section 2.3.2.

### **3.3.6. Retention Guide for the Public Service, 2006**

As alluded to in Chapter 1, Section 1.1. and Chapter 2, Sections 2.2. and 2.3.1., the Public Service continues to experience challenges in recruiting and retaining employees with scarce skills (RSA, 2008a:45; RSA, 2011a:371; RSA, 2012:334), especially medical employees (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, Mackenzie, Tomblin-Murphy & Bourgeault, 2015:2; Bergstrom, McPake, Pereira & Dovlo, 2015:307; RHAP, 2015:1). The Retention Guide for the Public Service acknowledges that retention is about motivating employees (RSA, 2006a:9). The Guide covers both the psychological and operational aspects of a task by integrating it as part of HRM to recruit and retain employees through a management approach that is aligned to other HRM practices (RSA, 2006a:9). The PSC developed a toolkit for departments to deal with the problems pertaining to recruitment and selection. The PSC toolkit, however, does not address employee retention. In order to address the skills shortages experienced in the Public Service in areas such as health, the Government adopted a Scarce Skills

Development Strategy for the Public Service in 2002 that called for a focus on employee retention.

Despite the existence of the aforementioned toolkit and strategy, the DPSA still saw the need for a document that specifically focuses on employee retention (RSA, 2006a:4). In consideration of the dire situation in terms of employee retention in the public health sector, especially in rural areas, it is understandable that the DPSA drafted a document particularly for this purpose. In the NW DoH, the retention of medical practitioners and specialists is especially dire, with only 47% of the medical doctors in the province employed in the rural districts where the greatest need for public health care services exist (RHAP, 2015:1), as alluded to in Chapter 1, Section 1.1. With regard to medical specialists, only 10 of the 91 medical specialists are based in rural areas (RSA, 2017b). In addition, the NW DoH has a vacancy rate of 55.7% for medical practitioners and 27.1% for medical specialists in its rural areas (RSA, 2017b). Further to this, the NW DoH has an employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156).

The Retention Guide for the Public Service, 2006, indicates that the following HRM functions must be integrated for effective employee retention (RSA, 2006a:9):

- Human resource planning, recruitment and selection
- HRD and performance management
- Compensation and benefits
- Employee and labour relations
- Optimal human resource utilisation
- Health, wellness and safety

The proposed integration of HRM practices was discussed in Chapter 2, Section 2.4, and the significance of following a strategic integrated HRM approach was also discussed. Strategic HRM is considered as a framework to align an organisation's HRM Plan to its goals and objectives, and is necessary for the Public Service to effectively manage employees' recruitment, performance, development and retention (Louw & Kahn, 2010; Koketso, 2011; Barkhuizen, 2014). Thus, the guidelines outlined in the Retention Guide for the Public Service, 2006, support the argument of a strategic integrated HRM

approach to enhance the effectiveness of recruitment and retention of medical practitioners and specialists.

### **3.3.7. Public Service Mentoring Programme, 2006**

In order to improve capacity in the Public Service, departments should develop and implement mentorship programmes (RSA, 2006b:5). Cabinet has determined that a well-structured Public Service mentorship programme must be introduced, as there are capacity and skills gaps that are hindering the ability of the Public Service to deliver on the Government's mandate (RSA, 2006b:5). The lack of capacity manifests mainly in two ways: specific shortages of skills in particular occupational groups; and more general public administration skills and capacity gaps within departments at provincial and particularly local Government level (RSA, 2006b:5). The Public Service Mentorship Programme explains mentorship as a tool for capacity building and skills acquisition in the Public Service for various reasons, namely:

- Mentorship is fundamentally about the skills-transfer process in the workplace.
- Mentorship can be put in place in less time than it takes to develop and implement formal types of training.
- Mentorship accords with a developmental approach to training in Government.
- A mentorship model can be rooted in a non-authoritarian, participative mode of learning.

The way a new employee is welcomed to the workplace provides first impressions and can encourage the employee to stay with the organisation (David & Balu, 2018:96). Based on the above, it can be concluded that the employer's prospects of retaining employees increases if induction, mentoring and coaching are promoted. According to Meyer *et al.* (2012:276), the mentoring and coaching of employees contributes to employee retention and job satisfaction. Meyer *et al.* (2012:276) further state that 35% of employees who are not mentored are actively looking for other positions within 12 months of being employed, as opposed to only 16% of those with good mentors (also see Chapter 2, Section 2.4.8).

### **3.3.8. Public Service Regulations, 2016**

The Public Service Regulations (PSRs) promulgated in 2001 and all amendments thereto were repealed with effect from 1 August 2016 when the new PSRs 2016 was promulgated. The PSRs, 2016, describes the responsibilities of the Executive Authority in terms of appointing relevant employees and subjecting those employees or candidates to suitability checks (RSA, 2016c:62). Chapter 3, Part 1 Regulation 26 of the PSRs, 2016, relates to the Human Resource Plan of a department and Sub-Section 2 (a) states that the Executive Authority must assess the human resource needs to perform the functions in a department. Sub-Section 2 (c) further states that the Executive Authority must identify the gaps between what is required and what exists in terms of human resources, and prioritise interventions to address the identified gaps (RSA, 2016c:35). This study deals with the shortage of medical practitioners and specialists in rural areas of the North West Province.

Chapter 4, Part 4 of the PSRs, 2016, deals with appointments and other employment matters. In terms of Regulation 57 (3) (a) and (b), the Executive Authority must ensure that the person who is appointed qualifies in all respects for the position and that the person's claims on his or her application are verified and recorded accordingly. The NW DoH must therefore ensure that relevant employees are employed and that they are suitably qualified, especially looking at the need for medical practitioners and specialists in the rural areas of the province.

### **3.3.9. Report on the Assessment of the State of Human Resource Management in the Public Service, 2010**

The PSC, in its Report on the Assessment of the State of HRM in the Public Service, 2010, states that skilled and competent employees in the Public Service is a requisite to implement the policies and programmes formulated by the Government (RSA, 2010:6). It is therefore evident that, in ensuring the realisation of citizens' right to health services, the Public Service should ensure the recruitment, development and retention of skilled, competent and committed medical employees.

The PSC's Report, 2010, found that departments continue to be faced with challenges in the application of recruitment processes and procedures (RSA, 2010:15). In particular, the PSC (RSA, 2010:15-16) found that:

- Job descriptions for advertised posts were not available.
- Prior to the advertisement of posts, job evaluations were not concluded as prescribed by the PSRs, 2016.
- The advertisements for posts were approved for publication without approval.
- There are inconsistencies in the application of the scoring for short-listed candidates and the selection criteria are not documented.
- Committee members do not declare their potential conflicts of interest.
- The persons approving selection committee recommendations are not delegated to do so.
- Violations to the PSRs occur because of a lack of proper record-keeping during the selection process.

In order to address some of the above challenges, the PSC developed a Toolkit on Recruitment and Selection, 2008. The main aim of the Toolkit is to assist departments in managing generic activities with regard to recruitment and selection in order for them to avoid the errors and costs that result from ineffective recruitment processes (RSA, 2004:71).

In addition to outlining the challenges to recruitment and selection, the PSC's 2010 report recommended the following improvements (RSA, 2010:31):

- The development and approval of detailed and clear recruitment and selection policies by departments, in line with the PSC's Toolkit on Recruitment and Selection, 2004.
- Clearly defined delegations with regard to the advertisement of positions and the appointment of candidates.
- Record keeping of all recruitment and selection processes.
- Employees should be required to work a minimum number of years at a facility before they can apply for other posts, in order to curb job hopping.

Based on the 2010 report from the PSC, it is clear that the NW DoH must develop clear recruitment and selection policies and, acting within these policies, address the issues pertaining to the recruitment and selection of employees with critical skills. By incorporating the issues relating to scarce skills, in the recruitment and selection policy, the NW DoH will ensure uniform implementation and standards for recruitment and selection of medical practitioners and specialists in rural areas.

### **3.3.10. Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016**

The PSC's Discussion Document, 2016, aims to answer the following questions: firstly, what sort of Public Service is required in order to achieve the state's developmental objectives?; and secondly, what are the characteristics of the current Public Service; and lastly, is any change in the regulation of the Public Service required at this point of its development? (RSA, 2016a:vii). The NDP (2011) proposes a number of recommendations around the professionalization of the Public Service to enable South Africa to become a developmental state (RSA, 2011b:363). As indicated in Chapter 2, Section 2.3.1., in the context of developing South Africa as a democratic developmental state (in line with the NDP (2011) identifying the public health care system as a pivotal challenge, and the Constitution, 1996, enshrining the right to quality health care services), the recruitment and retention of medical practitioners and specialists are imperative to ensure the attainment of the democratic and developmental goals and objectives.

In its Discussion Document, 2016, the PSC identified the primary challenges to building a capable, career-oriented and professional Public Service (RSA, 2016a:12). One of the PSC conclusions was that human resource planning, recruitment, training, continued professional development and promotion in many staff categories, tended to not be based on specified career paths (RSA, 2016a:12). It was also found that there is no sound basis for building careers or succession planning and therefore no skills pool is available in the Public Service (RSA, 2016a:12).

The PSC, in its 2016 Discussion Document, focuses on the following facets of building a capable, career-oriented and professional Public Service (RSA, 2016a:18):

- a values-driven Public Service;
- effective recruitment;
- a focus on promotion and career-pathing;
- the role of performance management;
- the competencies of Public Service leadership;
- the political-administrative interface;
- the capacitation/training of public servants and its funding in the public sector; and
- the role of the PSC.

Thus, the recruitment and retention of medical practitioners is pivotal to ensure the attainment of the democratic and developmental goals and objectives of the country, especially in rural areas. As indicated in Chapter 2 sections 2.4.5 and 2.4.6, career management and succession planning are two critical steps in the recruitment and retention of medical practitioners and specialists in the NW DoH.

### **3.4. STATUTORY AND REGULATORY FRAMEWORK FOR THE PUBLIC HEALTH SECTOR**

Section 27 (1) (a) of the Constitution, 1996, provides that everyone has the right to health care services. Section 27 (2) of the Constitution, 1996, further requires the state to take reasonable legislative and other measures, within available resources, to give effect to this right. Finally, Section 27 (30) states that no person may be refused emergency medical treatment. Although a vision for health services was set out in the RDP, 1994, detailed proposals for health policy and law needed to be developed. This resulted in the development of the White Paper on the Transformation of the Health System in South Africa in 1997 (which set out the detailed policy principles and objectives), as well as the National Health Act 63 of 2003 and National Human Resources for Health Plan, 2006. These documents are discussed in the sections below.

#### **3.4.1. National Health Act 61 of 2003**

The National Health Act (NHA) 61 of 2003 (hereafter referred to as the NHA, 2003), aims to unite the various elements of the national health system in a common goal to actively promote and improve it. Additionally, the NHA, 2003, aims to provide for a system of

cooperative governance and management of health services in which each province, municipality and health district must address questions of health policy and the delivery of quality health care services.

When the rights of users and providers of health care are respected, a successful health system exists. To recognise this, the NHA, 2003, makes provision for patients to treat health workers with dignity and respect (RSA, 2003:28). Health workers are allowed to refuse treatment to a patient who is abusive or who sexually harasses them (RSA, 2003:28). Rights are dependent on the health system employing enough medical employees to offer these services (RSA, 2003:80). Considering the high vacancy rate of the NW DoH, this aspect in the Act has, however, been neglected — which resulted in shortages of medical employees and a failure to discharge the obligations of the NHA, 2003 (RSA, 2017a:147). The Department of Health, after much delay, finally published its Human Resources for Health Plan in April 2006.

In terms of Section 52 of the NHA, 2003, the Minister of Health may make regulations regarding human resources within the national health system (RSA, 2003:58). The Minister must also ensure that adequate resources are made available for the education and training health professionals to meet the human resource requirements of the health system (RSA, 2003:58). The Act further makes provision for the Minister to identify shortages in the skills, expertise and competencies of employees and to address these shortages through the recruitment of health professionals from other countries or the education and training of health professionals in South Africa to reduce the deficit in terms of skills, experience and competencies (RSA, 2003:58).

From the aforementioned it is clear that the NHA, 2003, makes provision for the recruitment and retention of employees with scarce skills, such as medical practitioners and specialists. The NW DoH must therefore ensure that its recruitment and retention policies comply with the DPSA's prescripts, outlined in the Public Service Regulations (2016), as well as the requirements stipulated in Section 52 of the Act, to recruit medical practitioners with the necessary skills, experience and competencies for employment in the Province's rural areas.

### **3.4.2. White Paper for the Transformation of the Health System, 1997**

The White Paper for the Transformation of the Health System, 1997 (hereafter referred to as the WPTHS, 1997), sets out a detailed framework for health care delivery and the transformation of the health care system in South Africa (RSA, 1997c:1). The WPTHS, 1997, is built upon the 1994 Health Plan of the African National Congress (ANC) and Section 27 (2) of the Constitution, 1996. The White Paper gave birth to the vision of a transformed health care system in South Africa whilst the NHA, 2003, provided the legal framework for the implementation of the principles and priorities in the White Paper and the Constitution, 1996.

The health care priorities — as set out in the ANC's Health Plan, the WPTHS, 1997, and the NHA, 2003 — gave rise to the development of three published documents known as the Health Sector Strategic Framework 1999-2004; Strategic Priorities for the National Health System, 2004-2009, and the 10 Point Plan for 2009-2014.

The WPTHS, 1997, makes provision for the following goals and objectives for the development of human resources for the public health sector (RSA, 1997c:8):

- to optimally use the skills, experience and expertise of all health personnel;
- to develop education and training programmes with the purpose of recruiting and developing competent employees to respond to the needs of the public they serve;
- to ensure that the demographics of the population is applied to the composition of human resources in the health sector;
- to ensure a new culture of democratic management; and
- to have a caring and compassionate health sector.

Chapter 4 of the WPTHS, 1997, deals with the development of human resources for health. The chapter states that a policy should provide guidelines for the recruitment, selection and placement of medical employees, based on the national need and in line with affirmative action, educational programmes, and to promote a culture of change management in the public health sector (RSA, 1997c:34-46). Section 4.1.3 of the WPTHS, 1997, states that medical employees should be distributed in an equitable manner. Paragraph (a) (ii) further states that the misdistribution of human resources

should be addressed through an incentive-driven process, with a service requirement to work in an under-served area after completion of graduate or post-graduate studies for a maximum period of two years (RSA, 1997c:37).

In addition to the aforementioned, the White Paper states the following (RSA, 1997c:37):

- a new bursary scheme which is linked to districts within the Province should be established for students studying in the health sciences field;
- students with existing bursaries, and other training schemes, should be retained;
- students serving in under-served areas should be given preference above others for bursaries;
- all health professionals, including general and those with a speciality, should spend some time in a public sector institution before they can enter a health practice; and
- registrars' training should include one year's training in an under-served area in the public sector.

The WPTHS, 1997c, therefore provides guidelines on the development of human resources with specific reference to the health sector. It further supports the NHA, 2003, regarding the recruitment, selection and placement of medical practitioners and specialists. It furthermore also refers to the equitable distribution of employees between urban and rural areas and the utilisation of incentives to attract resources to under-served areas (RSA, 1997c:17). The WPTHS, 1997c also suggests that bursaries should be offered to students in the Health Sciences field and that those students should be recruited from rural areas.

Concerning the requirements of the WPTHS, 1997c, in Chapter 2, Section 2.4.7., the importance of HRD was outlined. Employee development creates a sense of belonging amongst employees who feel appreciated, due to the organisation's investment in their careers, which results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165). Through the empirical research conducted (Chapter 4), it was determined whether the guidelines as provided for in the WPTHS, 1997c are implemented in the NW DoH — and, if implemented, to what extent they are effective.

### **3.4.3. National Human Resources for Health (HRH) Plan, 2006**

Chapter 7 of the NHA, 2003, mandates the Minister of Health, as advised by the NHCSA, to take steps to develop and manage human resources (RSA, 2003:54). In this respect, the HRH Plan, 2006, was developed to assist the Department of Health to ensure that it has the right combination of employees in the public health sector to fulfil its health care delivery objectives. The purpose of the National HRH Plan is to guide the development of provincial human resource plans and to serve as a reference point for the health sector, which will guide education and training institutions in the production of human resources for the national health system (RSA, 2003:54). According to the HRH Plan, 2006, the provincial human resource plans must at least address the attainment of the following goals:

- human resource planning should be in line with national guidelines and frameworks;
- appropriate organisational development and change management should be ensured;
- the total number of professional and non-professional employees required to deliver health services for the population should be planned for;
- an appropriate breakdown of professional versus non-professional employees should be done;
- appropriate health-trained versus non-health-trained professionals should be accommodated;
- an appropriate skills-mix of the province's or organisation's health workforce; and the health workforce should be composed by race, gender, age, disability in order to achieve employment equity targets.
- appropriately qualified medical employees should be recruited, selected and retained;
- there should be an appropriate geographical allocation of the workforce; and
- an effective performance management system should be implemented.

Provinces are required to constantly review their HRH plans as they have an impact on operational budgets, student intakes, as well as the recruitment of foreign health professionals. It is evident from the aforementioned directives that an HRH Plan should

include strategies for the recruitment and retention of medical employees, such as medical practitioners and specialists.

In addition to the aforementioned statutory and regulatory framework for the public health sector in South Africa, the section below outlines principles and priorities set by the WHO, relevant to this study.

### **3.5. WORLD HEALTH ORGANISATION REPORT, 2010: INCREASING ACCESS TO HEALTH WORKERS IN REMOTE AND RURAL AREAS THROUGH IMPROVED RETENTION: GLOBAL POLICY RECOMMENDATIONS**

The WHO's Regional Committee for Europe, at its 57<sup>th</sup> session in September 2007, adopted a resolution on health workforce policies (EUR/RC57/R1). Consensus was reached on the prevailing crisis of human resources for healthcare and the fact that member states should be responsible for developing their national health workforce plans and strategies. (WHO, 2008:3). The resolution prioritised the process of developing policy options for managing migration as well as a framework to deal with ethical international recruitment of health personnel (WHO, 2008:3).

In its report on Increasing Access to Health Workers in Remote and Rural Areas, 2010, the WHO states that countries, regardless of their level of economic development, struggle to achieve health equity and are therefore not able to meet the needs of their citizens, especially those of vulnerable and disadvantaged groups (WHO, 2010:3). The report further states that the biggest challenge is to ensure that people living in rural and remote locations have access to trained medical employees (WHO, 2010:3). In order to ensure enough trained medical employees in rural areas, the WHO (2010:3-4) makes the following policy recommendations:

- Students from a rural background should be targeted for admission as students in education programmes, in order to increase the likelihood of them choosing to practise in the rural areas.
- Campuses, schools and residency programmes should be located outside capital and other major cities, as students who attend these are more likely to work in rural areas.

- Undergraduate students should be exposed to rural community experiences and clinical rotations, as it may have a positive influence on attracting and recruiting them to these areas.
- Undergraduate and postgraduate curricula should be revised to include topics on rural health, to enhance the competencies of health professionals working in rural areas and thereby increasing their job satisfaction and retention.
- Continued education and professional development programmes should be designed that will meet the needs of rural health workers and be accessible from where they work and live, in order to support retention.
- Enhanced scopes of practice in rural and remote areas should be introduced and regulated to increase the potential for job satisfaction, thereby assisting with recruitment and retention.
- Different types of health workers with appropriate training, and regulation for rural practice, should be introduced in order to increase the number of health workers practising in rural and remote areas.
- Appropriate support and incentives must accompany compulsory service requirements in rural and remote areas, to increase recruitment and subsequent retention.
- Scholarships, bursaries or other education subsidies can be provided — with enforceable agreements of return of service in rural or remote areas.
- Fiscally sustainable financial incentives such as hardship allowances, grants for housing, free transportation, paid vacations etc., should be used in combination, to improve rural retention.
- Investments in infrastructure and services (sanitation, electricity, telecommunications and schools) should be made to improve the living conditions for health workers and their families, as these factors have a significant influence on their decision to locate and remain in rural areas.
- A good and safe working environment with appropriate equipment and supplies as well as supportive supervision and mentoring to make the posts professionally attractive, must be provided.
- For additional support, appropriate outreach activities should be identified and implemented to facilitate cooperation between health workers from better-served areas and those in under-served areas, through telehealth.

- Career development programmes should be developed and supported together with senior posts in rural areas to improve on career paths.
- The development of professional networks, rural health professional associations and rural health journals should be supported in order to improve the morale and status of rural providers and reduce feelings of professional isolation.
- Public recognition measures such as rural health days and awards should be adopted to lift the profile of working in rural areas, as these create the conditions for intrinsic motivation.

The aforementioned requirements have been addressed in Chapter 2. As indicated in Chapter 2, Section 2.3.2.2., continuous professional development is linked to Chapter 10, Section 195 (1) (h) of the Constitution, 1996, which stipulates that HRM and career development practices should be implemented to optimise public employees' talent and capabilities (RSA, 1996:99). Hariharan (2014:46) further explains that, to maximise the retention of medical practitioners and specialists, the health care system must first ascertain which factors provide job satisfaction. As stated in Chapter 2, Section 2.3.2.5., employee retention is the redesigning of a range of HRM activities to provide increased job satisfaction, which in turn improves employee commitment, thereby leading to reduced turnover (Nel & Werner, 2014:123).

It was further argued by Rourke (2010:396) that the number of graduating medical practitioners with the interest, knowledge and skills for rural practice can be increased by students who come from a rural background. As alluded to in Section 2.3.2.4., and as confirmed by the literature review, the relevance of additional financial incentives to retain employees, is also explored (Hong *et al.*, 2012:64).

As also mentioned in Chapter 2, Section 3.4.2., a bursary scheme should be established for students studying in the Health Sciences and students from under-served areas should receive first preference. Also indicated in Chapter 2 (Section 2.3.2), was that the work environment consists of push and pull factors such as management styles, the existence or lack of leadership, opportunities to improve education, infrastructure, equipment, working conditions and support (George *et al.*, 2013:5). As further indicated in Chapter 2, Section 2.3.2.8., commonly raised issues by medical practitioners and specialists are the poor working conditions, a lack of equipment, and below par living

environments (Africa Foundation, 2017:1). In order to retain medical practitioners and specialists, career development should be implemented to develop staff and to ensure that they remain with their employer (Omotoye, 2011:95).

### **3.6. CONCLUSION**

This chapter provided an overview of the legislation, policies, frameworks and PSC reports relevant to HRM in the Public Service, with particular reference to recruitment and retention. The chapter thus also reviewed the statutory and regulatory framework for the health sector. In addition, the chapter provided a brief overview of the WHO's 2010 global policy recommendations to increase access to medical employees in rural areas through improved retention practices.

The chapter commenced with a contextualisation of the public health sector in the democratic developmental state. In this respect, it was highlighted that the Bill of Rights enshrines the right to have access to health care services (RSA, 1996:13) and Chapter 10, Section 195 (h) of the Constitution, 1996, stipulates that in order for the Government to function effectively and efficiently, it requires good HRM and career-development practices, to maximise human potential. In addition, Chapter 10 of the NDP (2011) requires that the public health sector focuses on specific aspects for the effectiveness and efficiency of the public health sector, including a reduced disease burden, social determinants of health, the elimination of infrastructure backlogs, the implementation of a national health insurance system, and increasing the capacity and training of health professionals (RSA, 2011b:322-324). It was also mentioned that the MTSF, 2014-2019, is a five-year implementation plan to build on the achievements of the NDP, 2011 (RSA, 2014:5).

From the review of the statutory and regulatory framework on recruitment and retention, the following conclusions and deductions could be made:

- The PSA, 1994, provides for all HRM-related matters pertaining to the Public Service, including the recruitment and retention of employees. The NW DoH must therefore ensure that it employs medical practitioners and specialists with the necessary qualifications, training, experience, competence and knowledge and also

that it has practices in place to ensure the retention of employees with scarce skills (such as medical practitioners and specialists).

- The NW DoH must ensure compliance to the BCEA, 1997, to protect the rights of medical practitioners and specialists in rural areas and to avoid a situation where they are overworked and overstretched.
- Employees' training needs should be identified to increase their knowledge and skills in their area of work. If training is aligned to the employee's career development, their chances of being retained are increased (Kock & Burke, 2008:10).
- The *Batho Pele* White Paper's (1997) call for transformed service delivery through the *Batho Pele* principles implies the recruitment, development and retention of skilled, capable and committed public servants, since the Public Service is dependent on its employees' performance for organisational performance and therefore service delivery.
- The implementation guidelines provided in the WPHRM, 1997, can assist the NW DoH to develop a strategic integrated HRM strategy that will support the effective recruitment and retention of medical practitioners and specialists in rural areas.
- The guidelines, outlined in the Retention Guide for the Public Service, 2006, also support a strategic integrated HRM approach to enhance the effectiveness of the recruitment and retention of medical practitioners and specialists.
- By promoting induction, mentoring and coaching, the employer's prospects of retaining employees increases.
- The PSRs, 2016, requires that an appointee qualifies in all respects for the position and that the person's claims on his or her application are verified and recorded accordingly.
- Based on the 2010 report from the PSC, it is clear that the NW DoH must develop clear recruitment and selection policies and, within these policies, address the issues pertaining to the recruitment and selection of employees with critical skills.
- The PSC's Discussion Document, 2016, identified the primary challenges to building a capable, career-oriented and professional Public Service (RSA, 2016a:12). One of the PSC conclusions was that human resource planning, recruitment, training, continued professional development and promotion, in many staff categories, tended to not be based on specified career paths (RSA, 2016a:12).

In addition to the aforementioned, from the statutory and regulatory framework on the public health care sector, it became evident that the NHA, 2003, the WPTHs, 1997, and the HRH Plan, 2006, make provision for the recruitment and retention of employees with scarce skills, such as medical practitioners and specialists. All departments (national and provincial) are also required to draft an HRH Plan.

Finally, the chapter outlined the WHO's (2010) global policy recommendations for the retention of health professionals in rural areas. The guidelines and prescripts of the South African statutory and regulatory framework for HRM and the health sector are aligned to the requirements of the WHO's (2010) policy recommendations, with specific attention to aspects such as job satisfaction, career development, the recruitment of medical students from rural backgrounds, the importance of effective management and leadership styles, good working conditions, and the provision of infrastructure and supplies. Further to this, the policy recommendations of the WHO (2010), pertaining to the recruitment and retention of health professionals in rural areas, especially in developing countries, were also included in the discussion.

In addition to considering the statutory and regulatory framework, as discussed in this chapter, and the theoretical framework reviewed in Chapter 2, empirical research was conducted to assess the implementation of these frameworks in the NW DoH. The next chapter presents and interprets the results obtained through the empirical investigation.

## **CHAPTER 4:       EMPIRICAL RESEARCH RESULTS**

### **4.1.   INTRODUCTION**

The previous chapters reported on the theoretical framework for the recruitment and retention of medical practitioners and specialists in the Public Service (Chapter 2), and the legislative framework for HRM in the Public Service, specifically legislation, policies and frameworks pertaining to employee recruitment and retention as HRM practices (Chapter 3). In addition, an overview of the public health-related statutory and regulatory guidelines was also provided. Moreover, a review was conducted on strategies to retain medical employees with scarce skills, a depiction of the current context in which medical employees of the NW DoH function, as well as potential retention strategies to retain medical practitioners and specialists (Chapters 2 and 3). After the extensive literature review, empirical research was conducted to verify whether the current recruitment and retention practices in the NW DoH are effective and to identify and propose alternative methods to improve the recruitment and retention practices of medical practitioners and specialists in rural areas in the Province.

For the empirical investigation, a self-administered semi-structured questionnaire and semi-structured personal interviews were used as data collection instruments. The results obtained during the empirical research are presented and interpreted in this chapter. Thereafter, the primary findings of the study are outlined and highlighted.

### **4.2.   QUESTIONNAIRE**

The purpose of the self-administered, semi-structured questionnaire was to quantitatively and qualitatively measure certain factors that play a role in the recruitment and retention of medical practitioners and specialists (Annexure A). A sample of 12 medical practitioners from a population of 176, and four (4) medical specialists from a population of 10 represented the sample size for the study (see Chapter 1, Section 1.6.7.). Certain challenges were experienced during the data-collection phase, elaborated upon below:

- Due to the shortages of medical practitioners and specialists in the NW DoH, and their consequent enormous workload, they had limited time to complete the

questionnaire. None of the questionnaires, distributed by hand, were completed, even after repeated requests. To mitigate this challenge, the questionnaire was electronically created on the Survey Monkey platform to allow the medical practitioners and specialists to complete it in their own time, using their smart phones. However, the response was still unsatisfactory. In an attempt to garner increased feedback on the questionnaire, the relevant CEOs and Clinical Managers of the targeted public hospitals were requested to assist in distributing and collecting the data from the medical practitioners and specialists, also without the desired results. As a last resort, the researcher attended the weekly briefings of the medical practitioners and specialists to explain the purpose of the research and to request them to complete the questionnaire. The researcher did manage to distribute the questionnaire to medical practitioners and specialists during this meeting but unfortunately no questionnaire was received back. Eventually, I made an appeal to the Clinical Managers and the Head Clinical Unit at an urban facility to distribute the questionnaires, which resulted in them receiving the questionnaires back from the medical practitioners and specialists.

- Although the initial aim was to target only medical practitioners and specialists currently employed at *rural facilities*, the challenges explained above compelled the researcher to also include medical practitioners and specialists employed at urban facilities. It was argued that these health professionals may in future also be willing to work at rural facilities if the necessary measures are put in place or, alternatively, they could provide reasons for their choice to not work at a rural facility.
- The fact that the NW DoH is understaffed with medical practitioners and specialists in the targeted facilities, due to the struggle to recruit and retain them, also led to the decision to include medical practitioners and specialists in the empirical investigation. Medical specialists are mainly based at urban facilities and only a few are based at rural facilities, hence the targeted facilities were changed to include those specialists at urban facilities. However, due to their schedules it was also difficult to obtain responses from them. The researcher again requested the relevant Heads of Clinical Departments to assist in distributing the questionnaire.

In spite of the aforementioned challenges, and the limitations outlined in Chapter 1, Section 1.7., resulting in a small sample size of 16 participants (12 medical practitioners and four [4] specialists) for the questionnaire, the results obtained from the questionnaire

can be considered as representative of the population and therefore valid to make conclusions, for the following reasons:

- Although the questionnaire contained closed questions, from which quantitative data could be derived, the primary aim with the questions was to understand how the medical practitioners and specialists view and interpret their experiences with regard to the recruitment, retention and circumstances at rural facilities, explained by Merriam and Tisdale (2016:6) as qualitative research. The intended aim of the questions therefore was (although providing quantitative results), rather qualitative in nature. Since the sampling for a qualitative study is focussed on representativity, rather than generalisation (Durrheim, 2009:49), the sample size was considered adequate for the study.
- The results obtained from the questionnaire, although generating numerical values in some instances, was primarily focused on deriving themes and trends from the data.
- Purposive sampling used in the study relates to the selection of specific participants because they exemplify some feature or possess knowledge that is of interest to a particular study (De Vos *et al.*, 2011:391; Silverman, 2013:104), as was the case in this study, and supported the representativity of the sample. Therefore, the sample was not chosen randomly, as would have been the case with pure quantitative research but, rather, those participants that are representative of the population (the medical practitioners and specialists) were chosen to participate in the study.
- The closed questions also provided percentages to measure certain factors that play a role in the recruitment and retention of the medical practitioners and specialists (specifically those who completed the questionnaire), from which conclusions were drawn.
- The questions were drawn from the literature review of the study to ensure the content validity of the questionnaire.

The results obtained from the questionnaire are presented and interpreted in the following sections.

### **4.2.1. Questionnaire results**

The questionnaire (Annexure A) comprised of three sections: Section A (consent form); Section B (biographical information); and Section C (closed and open-ended questions on recruitment and retention). The results acquired through Section B and C are presented and interpreted below:

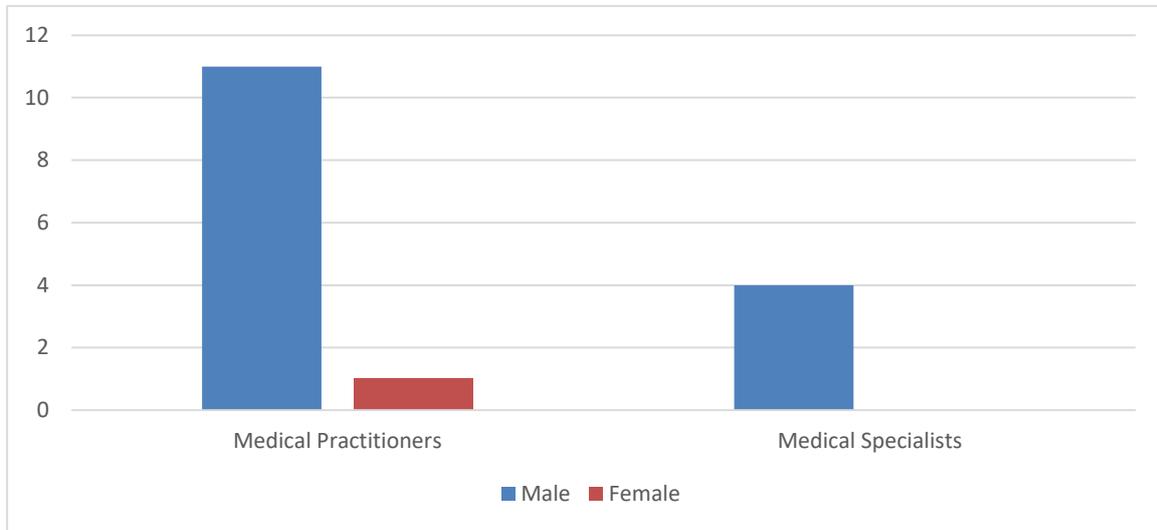
#### **4.2.1.1. Section B: Biographical information**

The purpose of this question was to determine the biographical information of the medical practitioners and specialists who participated in the study, to determine the basic statistics of the sample population. The purpose of collecting biographical information was also to compare it to the biographical information of the medical practitioners and specialists in the NW DoH in totality. This section includes the participants' gender, age group, highest academic qualification, current rank or position in the NW DoH, period of employment in current rank or position, period of employment at the NW DoH, period employed at a rural facility, and whether they were allocated to a rural facility during their careers. The respondent's descriptive and inferential statistics are discussed in the sections that follow.

- **Gender**

The purpose of requesting the participants to indicate their gender was to establish whether both male and female medical practitioners and specialists are placed in, or are willing to work in, rural areas — and to determine whether the recruitment and retention strategies of the NW DoH should to a larger extent focus on either gender. As indicated in Chapter 1 Section 1.2., gender is one of the factors that influence the recruitment and retention of medical practitioners and specialists in rural areas (Econex, 2015:46-49). Figure 4.1 below indicates the respondents' gender representivity.

**Figure 4.1: Gender distribution**



**(Source:** Researcher’s own compilation)

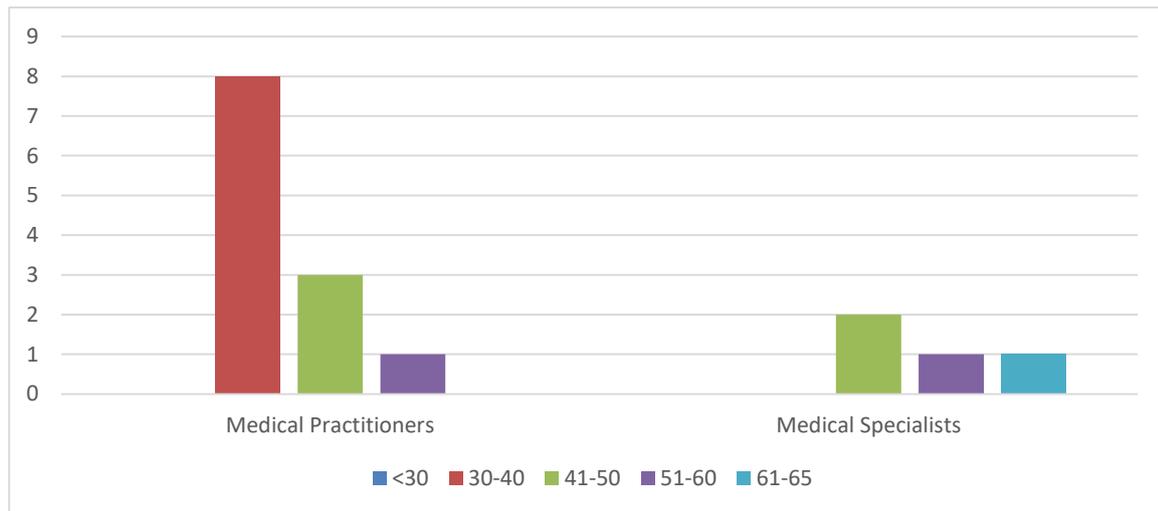
The results presented in Figure 4.1 illustrate that the vast majority of the respondents were male (94%), as opposed to the six percent (6%) of female respondents. No female medical specialists participated in the study; the males therefore represented 100% of the total respondents. No female specialists completed the questionnaire, although it was distributed to medical specialists of both genders.

As mentioned, although the study was not focused on gender differences, it was considered to be of significance to determine the gender representation to establish whether the recruitment and retention strategies of the NW DoH should particularly focus on recruiting and retaining a particular gender to comply with the Government’s equity targets. Bearing in mind the population of 116 males from a total of 176 medical practitioners and a population of 9 males from a total of 10 specialists in the NW DOH (RSA, 2017b), the participants in the study are representative of these populations. It is argued that male medical practitioners and specialists may be more amenable to working in rural areas than female medical practitioners and specialists, since research suggests that females are less attracted to rural practice as they feel the structures are set up for men (Wainer, Carson, & Strasser, 2011:21). These results thus reveal that the retention strategies of the NW DoH should, in addition to attracting employees with scarce skills, also be specifically focused on females.

- **Age**

The respondents were asked to provide their age in the highlighted categories. The categories were specified as follows: under 30, 30-40, 41-50, 51-60 and 61-65. Figure 4.2 below illustrates the age distribution of the respondents.

**Figure 4.2: Age distribution of respondents**



(Source: Researcher’s own compilation)

The 30-40 years age group comprises the highest number of respondents, 67%, followed by 25% in the 41-50 years age group, and the lowest population in the 51-60 years age group with only eight percent (8%) of the participants. There were no respondents in the below 30, 51-60 and 61-65 years age groups. The distribution of participants across these age groups are representative of those of the total population of medical practitioners and specialists in the NW DoH, where 543 of the 768 medical practitioners are in the age group below 40; and 28 of the 101 specialists (RSA, 2017b) are below 40 years of age.

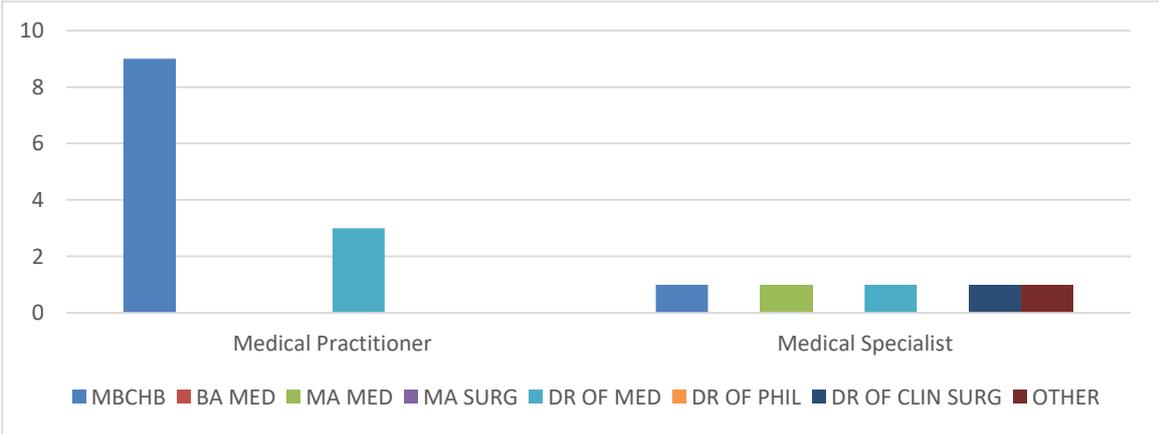
The results revealed that there are a significant number of young medical practitioners in the NW DoH in the age group under 40 years of age (67%). This age group reflects an economically active population that still has many years of employment ahead of them. It can also be argued that a younger generation of medical practitioners (the 30-40 years age group) will, in addition to financial considerations, also consider career development and training and development opportunities to specialise as important factors to progress in their careers. These aspects should therefore be included in the NW DoH’s retention strategy for medical practitioners and specialists.

Since the under 40 age group may already have a family, aspects such as work-life balance and on-site childcare facilities may also be considered important and should therefore be included in the NW DoH’s retention strategy for medical practitioners and specialists. In terms of specialists, the age group ranges from 41-50 (50%), 51-60 (25%) and 61-65 (25%). The NW DOH should therefore develop a retention strategy that targets medical practitioners within the 30-40 years age group that is under-represented, as well as specialists within the 41-50 years age group who are likely to be experienced and can make a significant contribution to public health care in the rural areas. As indicated in Chapter 1, Section 1.2., age is regarded as one of the factors that influence the recruitment and retention of medical practitioners and specialists in remote rural areas (Econex, 2015:46-49).

- **Highest academic qualification**

The respondents were asked to indicate their highest academic qualification. Most of the respondents have a Bachelor of Medicine or a Bachelor of Surgery (56%) whilst some of the medical practitioners have a Doctor of Medicine degree. Figure 4.3 illustrates the distribution of qualifications between the respondents.

**Figure 4.3: Highest academic qualification**



(Source: Researcher’s own compilation)

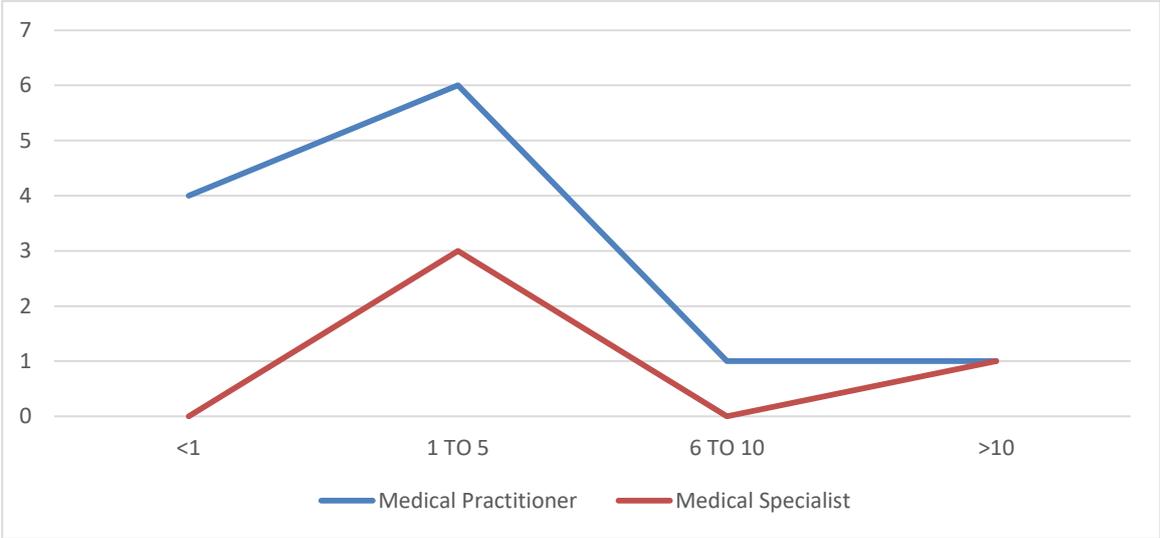
It is evident from the data collected that most of the medical practitioners and specialists have the relevant qualifications, with the medical specialists having additional qualifications in terms of their specific specialities. This data was gathered to determine the type of qualification held by medical practitioners and specialists as employees with

scarce skills (cf RSA, 2016a:14; cf Ramaphosa, 2018), and to determine whether the NW DoH employed medical practitioners and specialists in rural areas. As indicated in Chapter 2, Section 2.2., a crisis exists in the public health environment, demonstrated by the inequalities and misdistribution of public health employees between urban and rural areas and between the public and private sectors (SAHR, 2016:20). In addition, the Public Service continues to lose medical practitioners and specialists (RSA, 2017a:147). As also stated in Chapter 2, Section 2.2., in order to establish how to improve the retention of medical employees, the study reviews, *inter alia*, incentives that can be used as retention tools, including monetary and non-monetary incentives.

- **Period of employment in current rank/position**

The respondents were asked to indicate their period of employment in their current rank or position in the NW DoH.

**Figure 4.4: Period of employment in current rank/position**



(Source: Researcher’s own compilation)

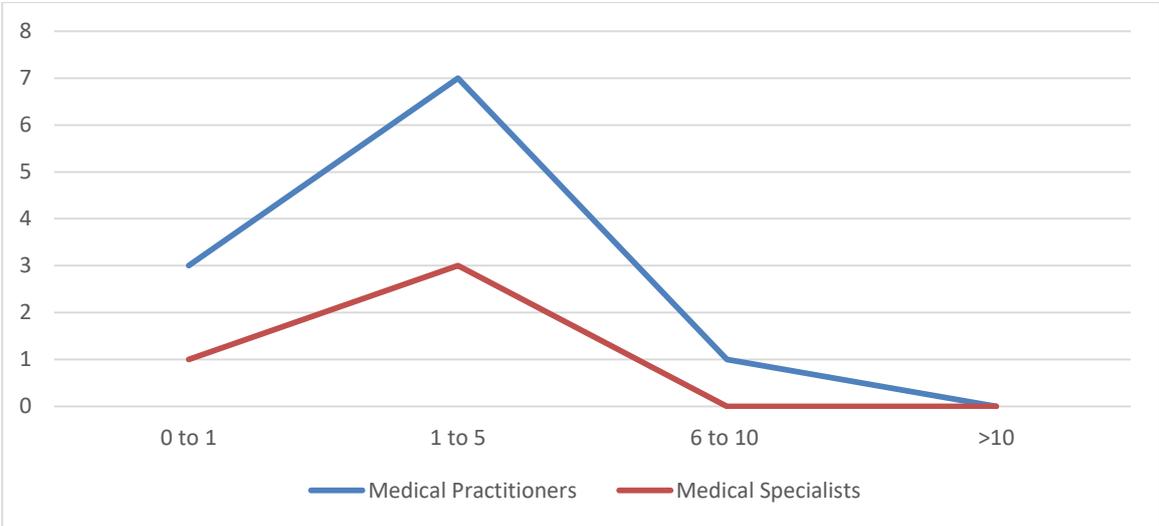
The results revealed that medical practitioners (50%) and specialists (75%) have been employed in their current posts for one (1) to five (5) years, followed by 33% of medical practitioners who have been employed in their current posts for less than a year. Eight percent (8,3%) of medical practitioners were employed in their current posts for the past 6-10 years, while eight percent (8,3%) of medical practitioners and 25% of specialists were employed in their current posts for more than 10 years.

The results revealed that the number of medical practitioners and specialists declined as their years of employment increased. These results correspond with the theory that medical doctors and specialists have a strong mind set to leave the department after a short period of employment (Van Dyk *et al.*, 2013:58). The results also support the view of Marinus (2013:3) that, nationally, almost 50% of medical doctors are likely to leave South Africa and the public health sector after a short period of employment. It is therefore argued that the NW DoH should establish the reasons why these medical employees leave their employment at rural facilities within a short period of time so that these issues can be addressed in a retention strategy.

- **Period of employment at a rural facility**

The respondents were asked to indicate their period of employment at a rural facility in the NW DoH.

**Figure 4.5: Period of employment at a rural facility**



**(Source:** Researcher’s own compilation)

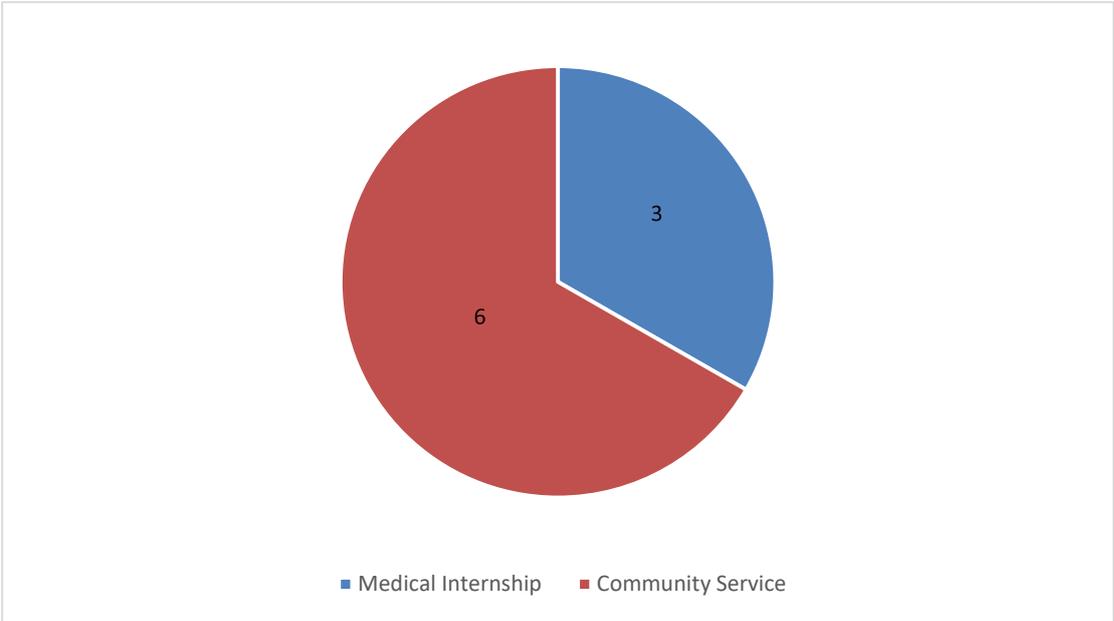
The results revealed that 58% of the medical practitioners and 75% of specialists were employed (or are currently employed) at a rural facility. This figure drops drastically for both medical practitioners and specialists with six (6) to 10 years and more than 10 years’ service. This shows that medical practitioners and specialists do not stay at rural facilities for long periods and rarely stay for longer than six (6) years. These results are supported

by official Government documentation, stating that the Public Service grapples with the retention of employees with scarce skills, including medical practitioners and specialists (RSA, 2006a:1; RSA, 2011a:371; RSA, 2012a:334). In Chapter 1, Section 1.1., it was mentioned that the Public Service should benchmark with employers, nationally and internationally, that are more proactive and are using innovative, creative and experimental solutions to retain employees by offering them competitive remuneration, better service benefits, training and development opportunities, flexible working arrangements and other incentives (cf RSA, 2015g:8).

- **Allocation to a rural facility**

The respondents were asked to indicate if they were at some stage in their employment allocated to a rural facility, and for what period of time.

**Figure 4.6: Allocation to a rural facility**



**(Source:** Researcher’s own compilation)

Figure 4.6 above reveals that most of the respondents (67%) completed their community service at a rural facility, whereas only 33% completed their internship at a rural facility. These results reflect the fact that training may only take place in an HPCSA-accredited academic department in a teaching hospital under the control of a university with a Faculty of Health Sciences or Medical School (HPCSA, 2010:1). Accreditation is awarded by the Medical and Dental Professions Board through the Sub-Committee for Postgraduate

Education and Training (HPCSA, 2010:1). It is, however, evident that the department tends to place more community service doctors at rural facilities. It is required of medical practitioners to complete community service.

The results obtained from the biographical information in the questionnaire revealed that the NW DoH should, in addition to its retention strategies for all staff, make specific provision for medical practitioners and specialists that are female and those that fall within the age group under 40. It was confirmed that medical practitioners and specialists are employees with scarce skills and that particular strategies for their recruitment and retention should be developed, especially to recruit and retain them in rural areas. Another confirmation was that medical practitioners and specialists that are recruited for employment at rural facilities tend to not be retained, and mostly leave the employment of the NW DoH within a short period of time. It is also evident that the dire circumstances at the rural facilities discourage medical professionals from applying for positions in these areas.

In addition to Section B of the questionnaire that dealt with the participants' biographical information, Section C of the questionnaire included both open-ended and closed questions, focused on the recruitment and retention of medical practitioners and specialists in the NW DoH, particularly in the rural areas. The results of these questions are presented and interpreted in the following sections.

#### **4.2.1.2. Section C: Recruitment and retention – open-ended questions**

In this section of the questionnaire, both closed and open-ended questions relating to the recruitment and retention of medical practitioners and specialists were posed. The open-ended questions in the questionnaire therefore provided respondents with the opportunity to explain their views, experiences, attitudes and perceptions with regard to their experiences at rural facilities, as well as their expectations should they be employed at a rural facility in the NW DoH. Each section below pertains to a particular open-ended question in the questionnaire. Each one of the following sections pertains to an open-ended question of the questionnaire.

- **Perceived experience of working in a rural facility**

The purpose of this question was to determine the personal views of the medical practitioners and specialists during their time of employment at a rural facility, as well as the perceived views of those not currently based at a rural facility. Some respondents stated that their exposure to Obstetrics at rural facilities was adequate but that they had limited exposure to anaesthesia and surgery. Others respondents (25%), explained that their experience was good, while some (42%) raised issues pertaining to the lack of facilities in the rural areas. Also, some (33%) respondents indicated that, due to non-functioning equipment, such as air conditioners and theatres, they could not operate. One responded stated the following:

*"I personally gave and provide care to people who need it the most. This also enhances our expertise and experience as you face challenging cases in rural areas where you find yourself as the last resort." (sic)*

Another respondent did not have such a positive experience after working in a rural facility and stated:

*"My experience in a district hospital initially sounded like a good experience, but later the reality appeared (year after year) and finally as a nightmare. Years passed, one got older, but no professional progression, no educational opportunity. You remain as you were except increasing in notch/salary which when we look back it wasn't worth what you lost. Life in a small town can lack basic things (no proper roads, no stable water or electricity supply and sometimes one has to drive hundred kilos for a simple shopping, no social life) lack/shortage of basic consumables the end result is dissatisfaction and can end up with depression." (sic)*

It is clear that the experience of working at a rural facility will differ from person to person. However, the fact that a number of participants highlighted negative factors such as the lack of facilities in the rural areas, non-functioning equipment, and conditions that prevented them from operating on patients, call for the need to address these aspects as part of a sound retention strategy. In support of the improved retention of medical practitioners and specialists, George *et al.* (2013:5) explain that the work environment consists of push and pull factors such as management styles, the existence or lack of leadership, opportunities to improve education, infrastructure, equipment, working

conditions and support (also see Chapter 2, Section 2.3.2.). Thus, when these components are absent, it is unlikely that employees will experience job satisfaction and remain in the organisation for a lengthy period of time.

As alluded to in Chapter 2, Section 2.3.2., research conducted by Schriver and Kallestrup (2014:3) revealed that working conditions outweigh pull factors such as increases in remuneration. In addition, George and Rhodes (2012:15), Sabbagha (2016:231) and Tasneem *et al.* (2018:25) found that job dissatisfaction, delayed salaries, delayed promotions and a lack of recognition in the workplace are central to employees leaving their workplace.

In consideration of the aforementioned, it is argued that the NW DoH should, once medical practitioners and specialists are recruited, ensure that an effective retention strategy is implemented that makes provision for, among other things, good working conditions and the provision of the necessary equipment and supplies. In addition, as mentioned in Chapter 2, Section 2.3.2., it has also been found in research conducted by Claudine *et al.* (2016:64) that the quality of nearby schools; clean drinking water; electricity; the availability of good roads and transport and accessible retail services are important to the retention of medical employees at rural areas. The purpose of the retention strategies should, however, not only be focused on ensuring that these employees with scarce skills remain at the rural facilities in the NW DoH, but also to ensure that the department fulfils its constitutional obligations towards the citizens who are dependent on public health care.

- **Aspects that would motivate medical practitioners and specialists to remain working in a rural area**

Respondents were asked to indicate which aspects would motivate them to continue working in rural areas or to take up employment in rural areas. The purpose of the question was to determine what can be done to either recruit or retain medical practitioners and specialists in the rural areas, over and above what policy currently provides for. Respondents indicated that an increase in the rural allowance and other incentives like subsidised housing might motivate them to remain in rural areas or to take up employment in these areas. The provision of accommodation, training and outreach

support from senior medical practitioners was also mentioned by one respondent. One respondent indicated that the following might serve as additional motivation:

*“Continued professional development focusing on preventative care, empower staff with necessary skills and knowledge through continuous professional development activities.”*  
(sic)

One respondent indicated that the availability of equipment and supplies, together with opportunities to develop and learn, would provide the motivation to remain at, or move to a rural facility.

*“The most significant aspect to motivate me can be additional financial incentives, as well as the possibility to further studies or specialise.”* (sic)

One respondent indicated that the department, in collaboration with WITS University or other universities, could offer educational and career-advancement opportunities — such as registrar posts for the medical officers, where after a medical practitioner can be offered a registrar position at a university, sponsored by the department to become a specialist. The HPCSA defines a registrar as a person training in a recognised speciality (HPCSA, 2010:1). It should be stipulated that the trainee, upon obtaining a qualification, has to return to the hospital and provide the specialist service for a specified number of years at a rural facility.

The results above confirmed the correctness of the factors, identified in theory, that discourage medical practitioners and specialists from remaining at rural facilities or taking up employment at these facilities. In Chapter 2, Section 2.3.2 and 2.3.2.7., as well as the previous section, it was stated that the primary factor influencing the recruitment and retention of medical employees, especially those employed in the rural areas of developing countries, is the improvement of their living conditions, such as: staff accommodation; accessible services; good roads; and transport (Claudine *et al.*, 2016:64).

In addition to working and living conditions, Hatcher *et al.* (2014:11) found that the continuous professional development of employees has been a more effective retention strategy than compulsory community service. In Chapter 2, Section 2.3.2.2., it was argued

that continuous professional development also increases the effectiveness of medical employees and enhances employee retention because it builds the future by consolidating the health system and developing professional approaches. Furthermore, the earning of continuous professional development points is mandatory for medical employees in South Africa to maintain registration with the HPCSA (Mrara, 2010:80). Thus, the NW DoH does not have any option but to ensure the continuous professional development of its medical employees. Moreover, continuous professional development is also linked to Chapter 10, Section 195 (1) (h) of the Constitution, 1996, which stipulates that HRM and career development practices should be implemented to optimise public employees' skills and capabilities (RSA, 1996:99).

- **Aspects that will incline medical practitioners and specialists to leave employment in a rural area**

The purpose of the question was to determine which negative aspects would cause medical practitioners and specialists to leave their employment at a rural facility. Most of the respondents indicated that the lack of supervision and a lack of specialist support and training would motivate them to leave their employment in a rural area. One respondent stated the following reason for not working in a rural area:

*"The department don't send us for training and when they place us at facilities we have to rent our own accommodation at high rental amounts" (sic)*

Some respondents also cited a shortage of staff, the lack of equipment, and the lack of opportunities to develop, as reasons that would incline them to leave a rural facility. Medical specialists indicated that the following would incline them to leave employment in rural areas:

*"A lack of sufficient patients who seek or require specialist medical intervention. A Specialist field of expertise is very vocal and not general. In a rural setting, there can be an increase in the death rate due to unavailability of specialists in the area." (sic)*

Another specialist stated the following reason for leaving employment at a rural facility:

*"Poor infrastructure with inadequate equipment and medicine and medicine stock outs. Staff shortages, inappropriate remuneration, poor working conditions and no job satisfaction." (sic)*

As was the case with the previous two questions, the results above confirmed the correctness of the factors, identified in theory, that prevent medical practitioners and specialists remaining at rural facilities or taking up employment at these facilities. In Chapter 2, Section 2.3.2.8., it was indicated that poor working conditions, a lack of the necessary equipment and supplies, a lack of proper infrastructure, and below par living conditions, are some of the foremost reasons why medical practitioners and specialists cannot be retained at rural facilities (Africa Foundation, 2017:1). In addition, the lack of water and electricity, a lack of municipal services as well as appropriate schools are some of the main factors that deter medical practitioners and specialists from staying in rural areas (Darkwa, 2015:6).

In addition to the aforementioned, as also alluded to in the previous section, continuous professional development has been found to be an effective retention strategy for medical practitioners and specialists (Hatcher *et al.*, 2014:11). Also, various training and development opportunities, as well as career development programmes, should be considered for effective employee retention (Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125).

In Chapter 2, Section 2.4.5., it was indicated that Vermeulen (2016:164) found that career development improves the motivation and retention of employees. Moreover, in its discussion document, *Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016*, the PSC states that a failure to provide for career pathing and career development in the Public Service leads to a high staff turnover (RSA, 2016a:39). This statement emphasises the need to implement career management practices to increase employee retention.

The need for career development and continuous professional development is also enshrined in the Constitution, 1996 (Chapter 10, Section 195 [1] [h]), as well as the NDP, 2011 (RSA, 2011b:299). It is therefore evident that the NW DoH is compelled to invest in the development of its employees, and this investment is likely to increase the retention of medical practitioners and specialists in the rural areas.

As can be seen from the responses above, many participants highlighted negative factors such as the lack of facilities in the rural areas, non-functioning equipment, and conditions that prevented them from operating on patients, which will discourage them from working or remaining in rural areas. These responses are supported by the research conducted by Schriver and Kallestrup (2014:3), indicating that working conditions outweigh the pull factors, such as increases in remuneration. The responses are further supported by George and Rhodes (2012:15), Sabbagha (2016:231) and Tasneem *et al.* (2018:25), who found that job dissatisfaction, delayed salaries, delayed promotions and a lack of recognition in the workplace are central to employees leaving their workplace. However, respondents indicated that an increase in the rural allowance and other incentives, like subsidised housing, might motivate them to remain in rural areas or to take up employment in these areas. The provision of accommodation, training and outreach support from senior medical practitioners was also mentioned by one respondent. Most of the respondents indicated that the lack of supervision and a lack of specialist support and training would motivate them to leave their employment in a rural area. It is also evident that continuous professional development would be an effective retention strategy for medical practitioners and specialists, and this links directly to career pathing and career development.

In addition to the open-ended questions posed in Section C of the questionnaire and discussed above, closed questions were posed. The results of these questions are presented and interpreted in the following sections.

#### **4.2.1.3. Section C: Recruitment and Retention – closed questions**

As mentioned in Chapter 1, Section 1.6.6. and Section 4.2. of this chapter, the closed questions provided percentages to measure certain factors that play a role in the recruitment and retention of the medical practitioners and specialists (specifically those who completed the questionnaire), from which conclusions were drawn. Each one of the following sections pertains to a question that was asked in this section of the questionnaire.

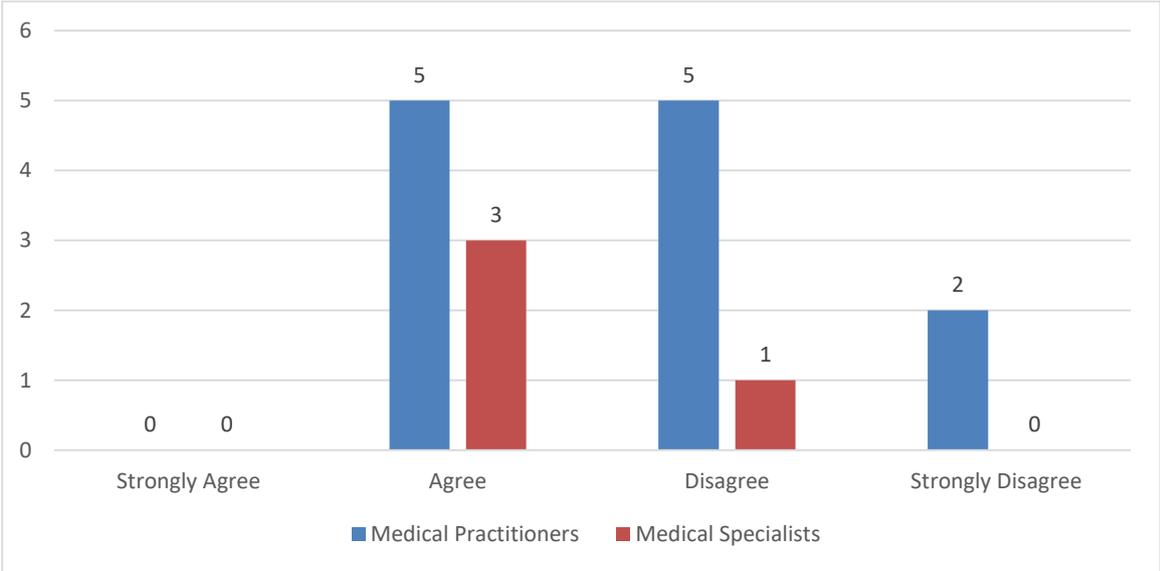
- **Closed questions on recruitment and retention**

Respondents were requested to answer the closed questions by indicating whether they Strongly Agree, Agree, Disagree or Strongly Disagree with a particular statement. The purpose of the closed questions was partly to reveal percentages to measure certain factors that play a role in the recruitment and retention of medical practitioners and specialists, but also to understand how the medical practitioners and specialists view and interpret their experiences with regard to the recruitment, retention and circumstances at rural facilities, as alluded to in Section 4.2. These questions were posed with a view to determining which retention practices would be most effective for the NW DoH. The results obtained from the closed questions in the questionnaire are presented and discussed below:

⇒ **Young people recruited from rural areas are likely to remain in those areas, once trained**

The purpose of this question was to determine participants' views on whether young people from rural areas, if recruited to study for and work at rural facilities, are more likely to return to (or remain working in) the areas where they grew up.

**Figure 4.7: Recruitment of young people**



(Source: Researcher's own compilation)

The results revealed that medical practitioners are divided on a 50/50 basis on this particular issue. Fifty percent (50%) of them indicated that they agree that young people

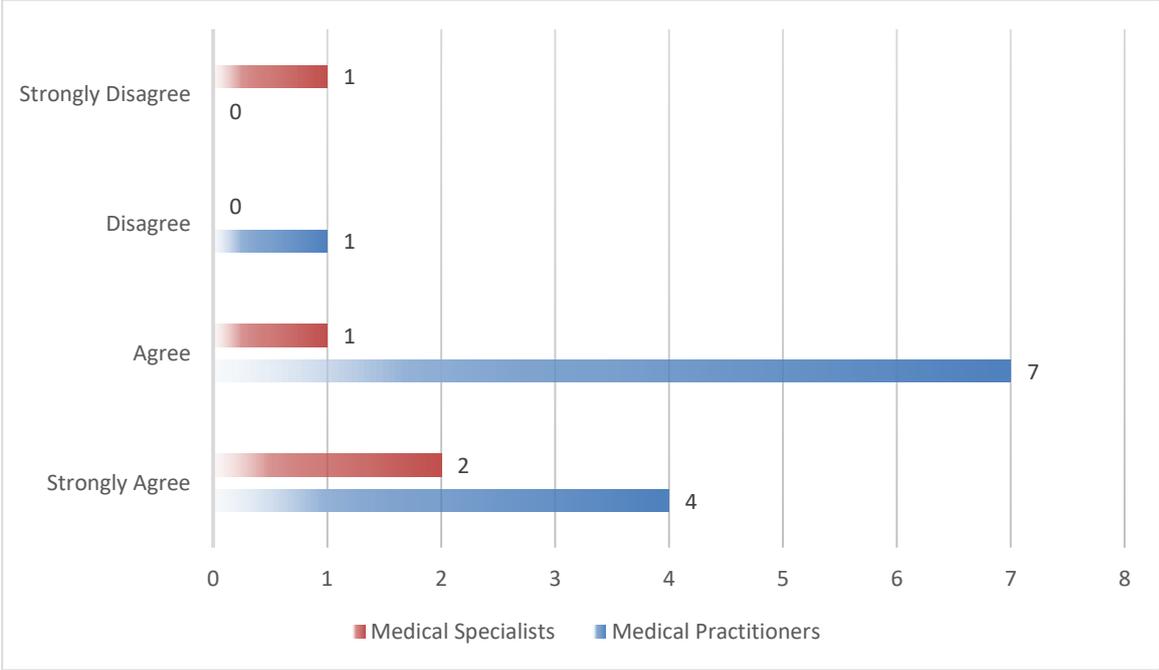
recruited from rural areas are likely to remain in those areas when employed at rural facilities, whereas 50% either disagreed or strongly disagreed. The results may be due to the fact that the vast majority of the medical practitioners and specialists that participated in the study did not grow up in rural areas (Econex, 2015:19). and are therefore unsure whether the statement is true or not.

It can be argued that, once young people from rural areas have obtained scarce skills, they may view it as a way to escape from the rural area. Young people may, during the recruitment process, indicate that they are willing to serve their rural community but exposure to city life during their training may change their view in this regard. There are some medical practitioners and specialists who are willing to plough back into their communities as a way of showing their appreciation. However, young doctors forced to do their community service in rural hospitals under highly stressful conditions, with poor infrastructure and without proper supervision, are not likely to return to permanent employment at rural hospitals; they are likely to choose to practice in the private sector or emigrate (Mokoka *et al.*, 2010:4; RHAP, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18). Although this question could not be answered explicitly, based on the results indicated in Figure 4.5 and Figure above, it is evident that young medical practitioners and specialists remain at facilities for a period of only one to five years before they move on.

⇒ **Continuous professional development and research opportunities**

The purpose of the question was to determine whether continuous professional development and research opportunities at rural facilities, would influence medical practitioners and specialist's decision to take up employment or remain in rural areas.

**Figure 4.8: Continuous professional development**



(Source: Researcher’s own compilation)

The vast majority of respondents, 87,5%, either agreed or strongly agreed that continuous professional development and research opportunities would positively influence their decision to work in rural facilities. Only 12,5% of respondents indicated that they either disagreed or strongly disagreed that continuous professional development and research opportunities would positively influence their decision to work in rural facilities.

Based on the responses received from the medical practitioners and specialists, it is clear that the NW DoH would be able to attract and retain medical practitioners and specialists in rural facilities if they provided continuous professional development and research opportunities. The department must therefore identify the relevant programmes to provide opportunities for continuous professional development and should ensure that the programmes address the needs of the communities in those rural areas.

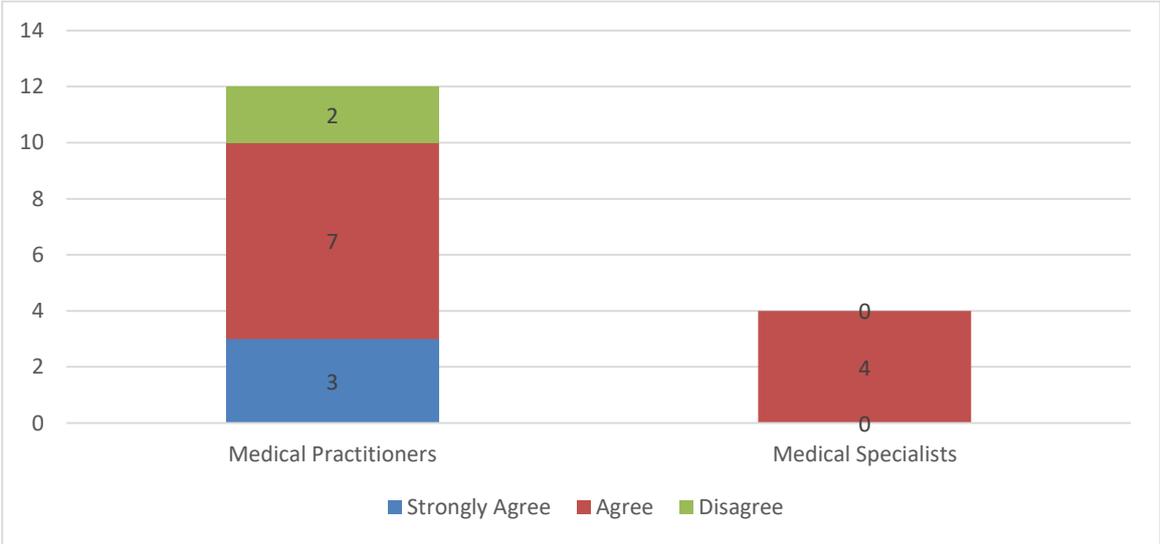
These results are supported in the literature review, as discussed in Chapter 2, Section 2.3.2.2. Hong *et al.* (2012:64) confirm that when employees are granted the opportunity to undergo continuous professional development, they feel that the organisation is interested in their future and is willing to invest in them, and they are therefore more likely to be loyal to the organisation and remain in its employ. It can also be said that, when sound career-development practices are in place, medical practitioners and specialists

can potentially be recruited for and retained at rural facilities (Omotoye, 2011:95). In addition, Hatcher *et al.* (2014:11) found that the continuous professional development of employees has been a more effective retention strategy than compulsory community service. As alluded to in Chapter 2, Section 2.3.2.2., and the sections above, it was argued that continuous professional development also increases the effectiveness of medical employees and enhances employee retention because it builds the future by consolidating the health system and developing professional approaches. Furthermore, the earning of continuous professional development points is mandatory for medical employees in South Africa to maintain HPCSA registration (Mrara, 2010:80). Thus, the NW DoH does not have any option but to ensure the continuous professional development of its medical employees.

⇒ **Changing the scope of practice to enhance job satisfaction and retention**

The purpose of this question was to determine whether changing the scope of practice at Community Health Centres and District Hospitals, as explained in Chapter 2, Section 2.3.2.3., would enhance the job satisfaction and retention of medical practitioners and specialists.

**Figure 4.9: Changing the scope of practice**



(Source: Researcher’s own compilation)

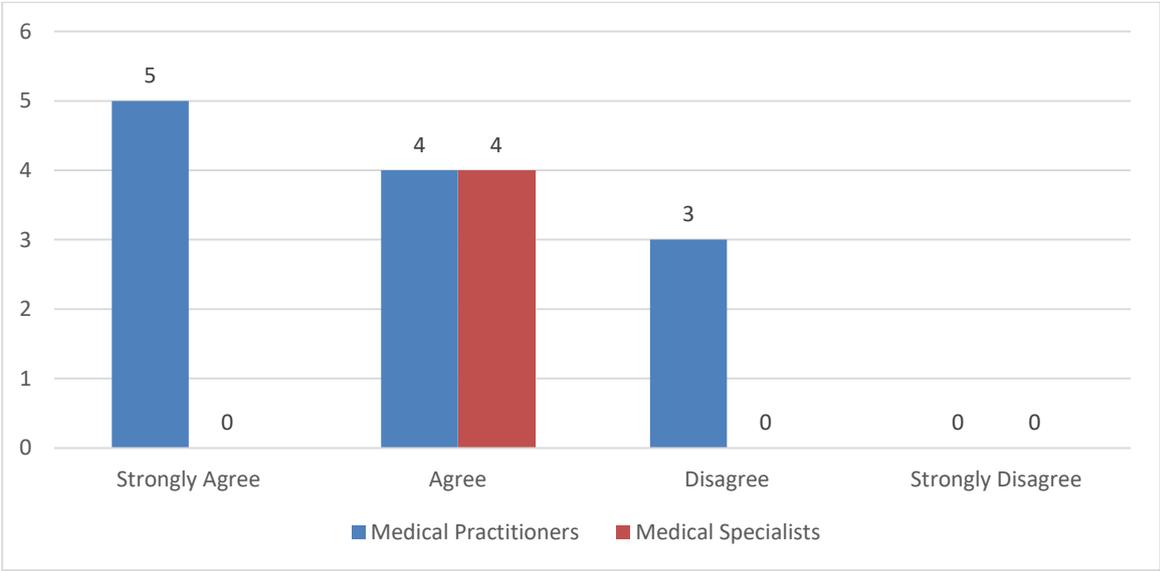
Again, the vast majority of respondents, 87,5%, indicated that they either agree or strongly agree the statement, whereas only 12,5% of respondents disagreed. It is evident

from the results that both medical practitioners and specialists agree that changing the scope of practice for Community Health Centres and District Hospitals might influence their decision to remain working at rural facilities. The scope of practice at these facilities is very limited and therefore the tasks that can be done by both medical practitioners and specialists is limited (RSA, 2003:19-20). As alluded to in Chapter 2, Section 2.3.3., and as stated by Hariharan (2014:46), in order to maximise retention, the health care system must first ascertain which factors provide job satisfaction. It is therefore argued that the NW DoH should take note of the fact that, by changing the scope of practice at rural facilities, medical practitioners and specialists may have more job satisfaction and therefore remain longer at these facilities.

⇒ **Financial incentives, additional to a rural allowance**

The purpose of this question was to determine whether financial incentives, additional to a rural allowance (currently paid to medical practitioners and specialists in rural areas), would influence them positively towards taking up employment or remaining in rural areas.

**Figure 4.10: Financial incentives, additional to a rural allowance**



(Source: Researcher’s own compilation)

Most of the respondents (81,25%), both medical practitioners and specialists, indicated that a financial incentive, additional to a rural allowance, would influence them positively

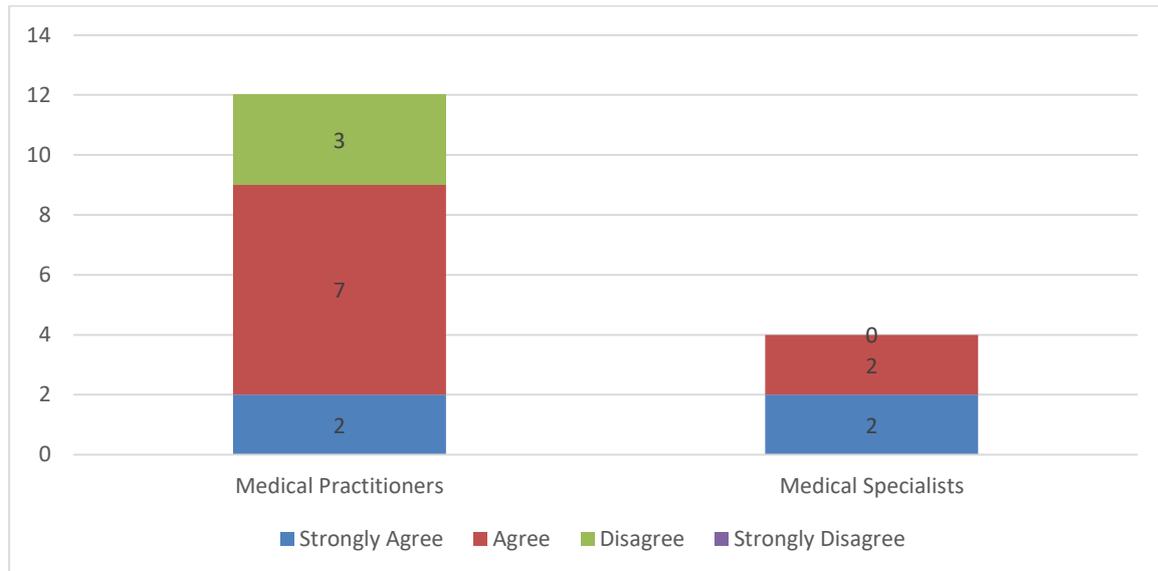
to work at a rural facility. Only 18,75% of the respondents indicated that this would not positively influence their decision on employment at a rural facility.

Based on the responses, it is evident that financial incentives (in addition to the rural allowance) would play a significant role in the decision of medical practitioners and specialists to take up employment at, or to remain with, a rural facility. As indicated in Chapter 2, Section 2.3.5., financial incentives do influence the recruitment and retention of medical employees in rural areas in developing countries (Claudine *et al.*, 2016:64). However, as with the rural allowances (discussed in Chapter 2, Section 2.3.2.4.), once the medical practitioners and specialists get used to any additional financial incentives, they may lose their effectiveness. Considering the remoteness of some rural areas, as well as the sacrifices made in terms of forfeiting the advantages and amenities available in urban areas, it is argued that the payment of an additional financial incentive to medical practitioners and specialists employed at rural facilities, is advisable. It is argued that, even if municipal services in a rural area are reliably provided, the work and living conditions are good, the necessary equipment and supplies are available, and career development and continuous professional development opportunities are provided, these medical employees would still be deprived of conveniences offered in an urban area, and thus they should be compensated with an additional financial incentive.

⇒ **Inclusion of rural health topics in the curricula of medical degrees**

The purpose of this question was to determine whether the job satisfaction, recruitment and retention of health care practitioners in rural areas would increase if the undergraduate and post graduate curricula of medical degrees were revised to include topics of rural health care and circumstances in order to enhance the competencies of health care professionals working in rural areas. Most of the respondents, 81.25%, either strongly agreed or agreed with the statement whereas 18.75% of the respondents did not agree. The latter percentage reflects the responses of only the medical practitioners.

**Figure 4.11: Curricula of medical degrees in relation to job satisfaction**



**(Source:** Researcher's own compilation)

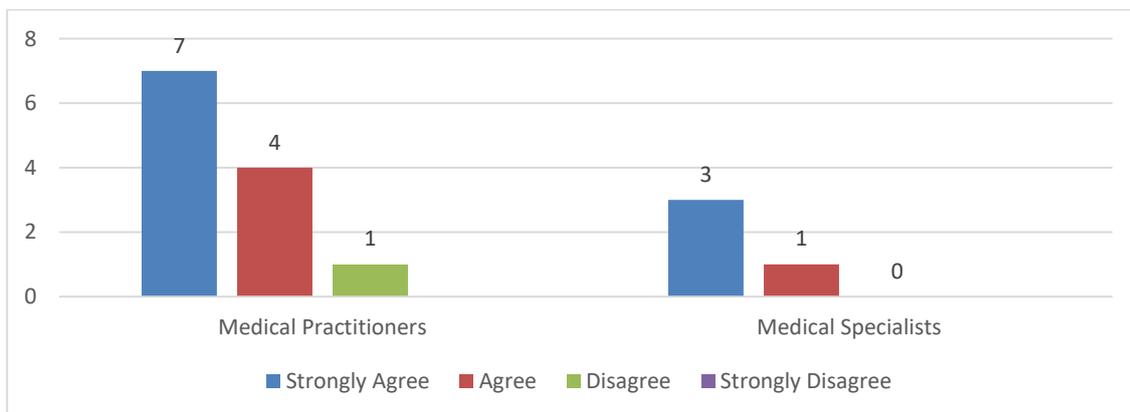
Based on the responses provided, it is clear that, should topics of rural health care be included in the curricula of medical degrees, the competence of health care professionals in rural areas could be improved. It is not clear why the 18.75% of respondents who did not agree (that is, who believed the inclusion of rural health-related topics, included in the undergraduate and postgraduate curricula of medical degrees, would not have an influence on the retention of medical practitioners and specialists) held this opinion. It is argued that this may suggest that there is no incentive that would encourage some medical practitioners to work at a rural facility.

The research, however, supports the statement, aligned to the recommendations from the WHO (2010:3-4), as stated in Chapter 3, Section 3.5.1., that revised undergraduate and postgraduate curricula of medical degrees would increase the job satisfaction of medical employees if rural health topics are included, especially in developing countries. This notion is also supported by O'Sullivan *et al.* (2018:2), who found that, by successfully training students in rural health, an organisation is in a better position to retain them (as is found in Australia). It is further argued that the inclusion of rural health care topics in the curricula of medical degrees is particularly relevant in South Africa as a developing and developmental state, as well as in consideration of the constitutional right to health care services (RSA, 1996:13) and the NDP's (2011) recommendations to prioritise the public health care sector (RSA, 2011b:331).

⇒ **Improved living conditions for medical employees and their families**

The purpose of this question was to establish whether improved living conditions would impact on their decision to work in rural facilities. Most of the participants (94%) agreed that an improvement in living conditions would impact on their decision to work in a rural facility. Only one (1) medical practitioner disagreed.

**Figure 4.12: Improved living conditions**



(Source: Researcher’s own compilation)

The results obtained from this section revealed that medical practitioners and specialists agree that living conditions would have a direct impact on their decision to work or remain in a rural facility. It can be argued that the research supports the indication in Chapter 2 Section 2.3.2.8., stating and that poor working conditions, a lack of necessary equipment and supplies, a lack of proper infrastructure, and below par living conditions, are some of the foremost reasons why medical practitioners and specialists cannot be retained at rural facilities (Africa Foundation, 2017:1).

Based on the responses received, the vast majority of respondents, 93,75%, either strongly agreed or agreed that the improvement and maintenance of municipal infrastructure would influence their decision to work in a rural facility. It is clear from the responses provided that adequate infrastructure would have a positive influence on the decision of medical practitioners and specialists to work in rural facilities. This is, however, not the responsibility of the NW DoH and is therefore beyond its control. The department must therefore engage with local municipalities where it has facilities, as well as the

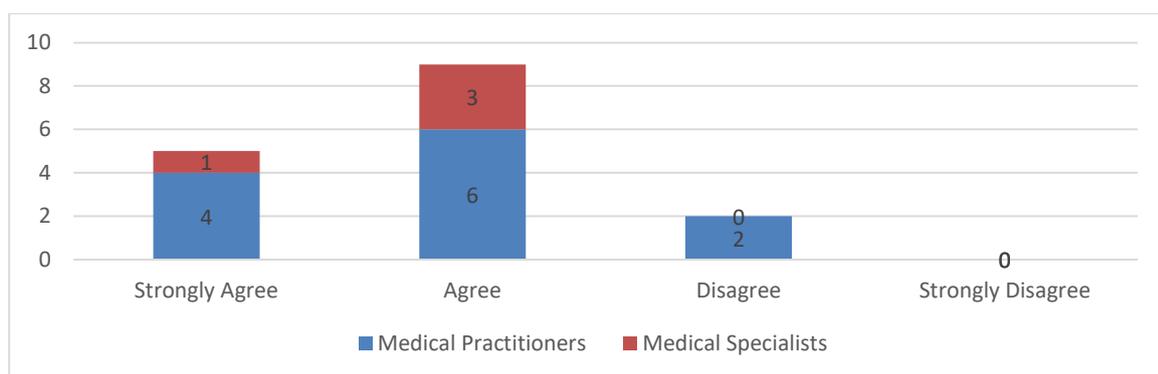
Department of Education, to improve infrastructure like water supply, decent roads, sanitation and schools.

These research results are supported by the theory, as discussed in Chapter 3, Section 3.5.1., stating that organisations should invest in infrastructure and services to improve the living conditions of medical employees and their families (WHO, 2010:3-4). In addition, the availability of sound municipal infrastructure which affects the living conditions of medical practitioners and specialists, can act as either a push or pull factor, depending on its quality (Lehman *et al.*, 2008:3; George *et al.*, 2013:5), as alluded to in Chapter 1, Section 1.2. and Chapter 2, Section 2.3.2. The upgrading of municipal infrastructure is also supported by the NDP, 2011 (RSA, 2011b:122) and the MTSF, 2014-2019 (RSA, 2014:5-6) – see Chapter 3, Section 3.1.

⇒ **Availability of the appropriate equipment and supplies**

The purpose of this question was to determine if medical practitioners and specialists are more likely to take up employment or remain at a rural facility if the appropriate equipment and supplies are available at the facility. Based on the responses received, 31,25% of the respondents strongly agreed with the statements and 56,25% of respondents agreed – a total of 87,5% that agreed. Only 12,5% of respondents did not agree with the statement.

**Figure 4.13: Availability of appropriate equipment and supplies**



(Source: Researcher’s own compilation)

It is evident that most of the respondents are likely to remain at a rural facility if the appropriate equipment and supplies are available. Equipment and supplies determine the level of service rendered. The NW DoH must therefore ensure that the appropriate

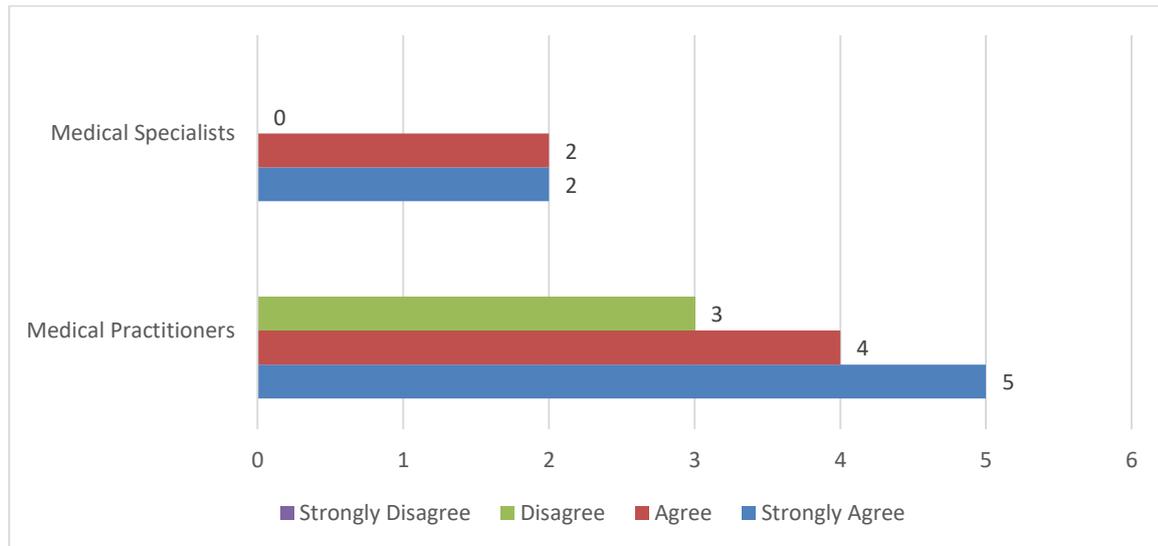
equipment and supplies at rural facilities are available and maintained. Failure of the department to provide the required equipment will frustrate medical practitioners and specialists, in the sense that they will not be able to their work, and they are therefore likely to look for greener pastures. It will also prevent the medical practitioners and specialists from providing quality health care services to citizens who are dependent on public health care, as required by the Constitution, 1996. As stated in Chapter 2, Section 2.3.2., only 30% of the country's medical practitioners serve 68% of the population reliant on public health care services (Labonte *et al.*, 2015:2). Since facilities are already struggling with inadequate staff to serve the citizens who depend on public health care, it becomes imperative to provide them with working equipment and adequate supplies, to ease the workload of overburdened employees.

The results obtained from this question are supported by the policy recommendations of the WHO (2010:304), stating that health professionals must be provided with appropriate equipment and supplies, as discussed in Chapter 3 Section 3 of this study. In addition, various authors who conducted research on working conditions and retention of medical practitioners and specialists, emphasise the importance of the availability of appropriate equipment and supplies to medical employees (Lehman *et al.*, 2008:4; George *et al.*, 2013:5; Labonte *et al.*, 2015:7; Mbemba *et al.*, 2016:61), as alluded to in Chapter 2, Section 2.3.2.

⇒ **Supportive supervision and mentoring**

The purpose of this question was to determine if medical practitioners and specialists are more likely to take up employment or remain at a rural facility if supportive supervision, mentoring and coaching are provided. Most of the respondents either strongly agreed (43.78%) or agreed (37,5%). Only 18,75% of respondents did not agree with the statement.

**Figure 4.14: Supportive supervision, mentoring and coaching**



**(Source:** Researcher’s own compilation)

Based on the responses, it seems that by providing supportive supervision and mentoring, the NW DoH would be able to recruit and retain medical practitioners and specialists in rural areas. It does not necessarily mean that those providing supportive supervision and mentoring are required to be on site at the rural facility (NASTAD, 2016:6). The professionals providing the supportive supervision and mentoring can be based at larger urban facilities and can conduct outreach visits to the rural facilities (NASTAD, 2016:6).

The results indicated above are also supported by the policy recommendations, as indicated in Chapter 3, Section 3.5.1., from the WHO (2010:3-4), stating that health professionals must be provided with the appropriate supportive supervision and mentoring. Also, as indicated in Chapter 2, Section 2.3.2.9. of this study, the motivation received from a manager or supervisor leads to increased performance (Mothupi, 2014:53). Employees who are motivated by their supervisors will also experience job satisfaction that is likely to result in the delivering of quality health care services (cf Armstrong, 2014:170; Renard & Snelgar, 2016:3). Another significant responsibility of a manager is to ensure employee development, including mentoring, coaching and career development (Hong *et al.*, 2012:64), as also alluded to in Chapter 2, Section 2.3.2.9. It was also explained in Chapter 2, Sections 2.3.2.9., 2.4.3. and 2.4.8., that mentoring and coaching should be viewed as essential components in the planning and implementation of employee retention for the effective and efficient utilisation of human resources (Van

Dijk, 2008:392). Detuncq and Schmidt (2013:31) also support this notion, stating that mentoring and coaching is known to enhance employee development, motivation and retention.

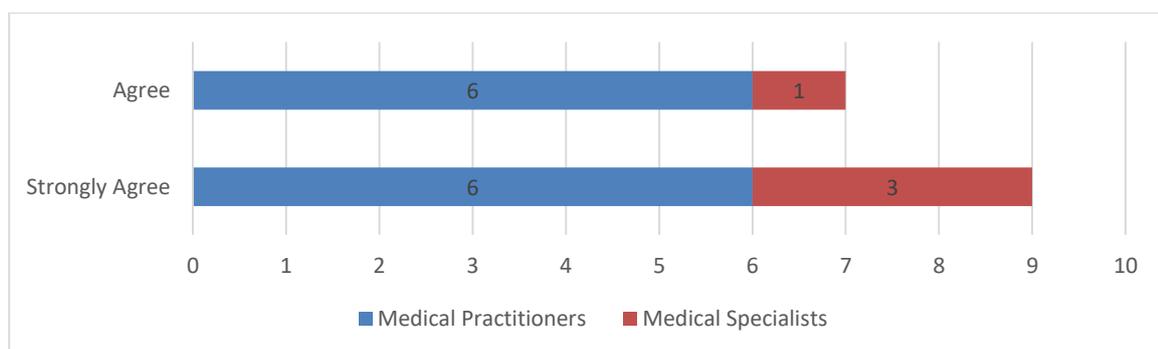
In Chapter 3, Section 3.3.7, it was also indicated that the mentoring and coaching of employees contribute to employee retention and job satisfaction. Meyer *et al.* (2012:276) further state that 35% of employees who are not mentored are actively looking for other positions within 12 months of being employed, as opposed to only 16% of those with good mentors.

It is evident from both the responses received from this question, as well as theory, that the NW DoH can enhance the recruitment and retention of its medical practitioners and specialists by entrenching mentoring and coaching practices. In this respect, it is important that the line managers of these medical employees realise the significance of motivating the medical employees.

⇒ **The availability of senior posts and programmes for career development**

The purpose of this question was to determine whether the availability of more senior posts and programmes for career development would positively influence medical practitioners and specialist’s decision to take up employment or remain at a rural facility. All respondents agreed positively on this question — 56,25% strongly agreed and 43,75% agreed; thus, a total of 100% of the respondents agree that the availability of senior posts and the opportunity for career development would increase their chances of taking up employment with or remaining at rural facilities.

**Figure 4.15: Availability of senior posts and programmes for career development**



(Source: Researcher’s own compilation)

Considering these results, it is clear that the NW DoH needs to make provision for upward career movement to senior posts at rural facilities, to enable medical employees to remain in rural facilities or to attract them to rural areas. One of the reasons medical employees leave rural facilities is because they reach a ceiling, and to further progress in their careers they need to relocate to urban facilities.

These results are supported by the WHO's (2010:3-4) policy recommendations, as indicated in Chapter 3, Section 3.5.1. of this study, stating that health professionals must be provided with career-development programmes together with senior posts in rural areas. An investigation conducted by the PSC in 2010 confirmed the need for career development to increase an employee's performance, preferences, aptitudes and talents, in alignment with the organisation's strategic needs and objectives (RSA, 2010:22). As indicated in Chapter 2, Section 2.4.5. and Chapter 3, Section 3.3.3, and Section 3.3.10, the DPSA's Guide on Career Management for the Public Service, 2011, as well as the PSC's discussion document, Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016, also emphasise the importance of career management, stating that a lack of career development practices leads to a high staff turnover (RSA, 2011a:24; RSA, 2016a:39). Moreover, the highest law of the country, the Constitution, 1996 (Section 195 [1] [h], Chapter 10), as well as the NDP, 2011, highlights the importance of career management (RSA, 2011b:132).

In addition to the support for career management, from various statutory and regulatory documents, researchers also emphasise career development as pivotal HRM practice in the retention of employees (Vermeulen, 2016:165; Nokhwali-Mboyi, 2017:5). It is therefore evident that the NW DoH should implement career-development practices for its medical employees, especially given the constitutional obligation.

#### **4.3. INTERVIEW RESULTS**

Qualitative data was collected by means of semi-structured, personal interviews that were conducted with HRM practitioners, line managers (Clinical Managers) at public hospitals and the CEOs of the targeted public hospitals. The personal interviews provided data that assisted in understanding the relationship between certain HRM and organisational

factors and the recruitment and retention of medical practitioners and specialists, with a view to establishing the most suitable recruitment and retention strategies for these employees. As indicated in Chapter 1, Section 1.6.6., the HRM practitioners were included as interviewees in the study due to their knowledge of, and experience with, recruitment and retention practices. The rationale for including the line managers (Clinical Managers) and CEOs of public hospitals as interviewees was based on their knowledge and experience in managing medical employees and facilities in rural areas in the North West Province.

The interview schedule for both the HRM practitioners (Annexure B) and the CEOs and Clinical Managers at public hospitals (Annexure C), consisted of three (3) sections: Section A (consent form); Section B (biographical information); and Section C (open-ended questions on the recruitment and retention of medical practitioners and specialists in the NW DoH).

Open-ended questions in a semi-structured personal interview allow an interviewer to pose follow-up questions, based on the interviewees' responses, thus encouraging detailed and comprehensive responses, (Kanjee, 2009:486). Therefore, the open-ended questions provided the interviewees with the opportunity to explain their views, experiences, attitudes and perceptions pertaining to the recruitment of medical practitioners and specialists in rural areas. The interviewees' experiences and perceptions pertaining to recruitment and retention, together with the findings from the questionnaire distributed to the medical practitioners and specialists, were interpreted and narrated in order to establish the research findings.

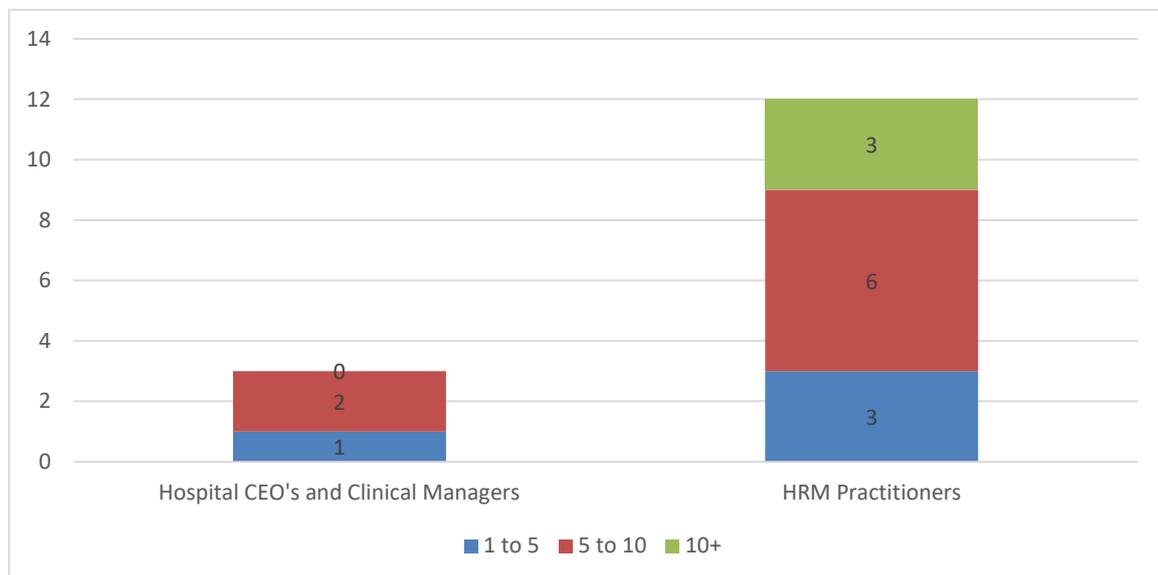
#### **4.3.1. Section B: Biographical information**

The biographical information comprised: period of employment in current post in the NW DoH; the divisions or units in which the interviewees are employed; and their current designations. The purpose of requesting this information was to establish whether the most suitable persons (that is, with the required experience and knowledge of the recruitment and retention of medical practitioners and specialists), were interviewed. The following sections present and interpret the biographical information of the interviewees.

- **Period of employment in current post**

Only one interviewee among the CEOs and Clinical Managers at public hospitals had been in their current post for a period of less than five (5) years, whereas the other two interviewees had more than five (5) years' experience in their posts but less than 10 years. With regard to the HRM practitioners, 25% of the interviewees had five (5) years or less experience in their posts and 50% had more than five (5) years' experience in their posts but less than 10 years. The remaining 25% of the HRM practitioners had more than 10 years' experience.

**Figure 4.16: Interviewees' period of employment in current post**



(Source: Researcher's own compilation)

The interviewees' periods of employment are adequate for the purpose of this research. It is argued that the interviewees' employment periods — between five (5) to 10 years in their current posts (the period of employment for all the HRM practitioners, as well as two out of the three line managers [CEOs and Clinical Managers]) — would have provided them with sufficient experience and knowledge regarding the recruitment and retention of medical practitioners and specialists, as they would have been involved in several HRM cycles and would have been able to identify the typical challenges.

Only one interviewee among the CEOs and Clinical Manager was employed for less than five (5) years. It can be argued that, although this interviewee does not have extensive experience in his/her current post at the NW DoH, the person may be able to view the

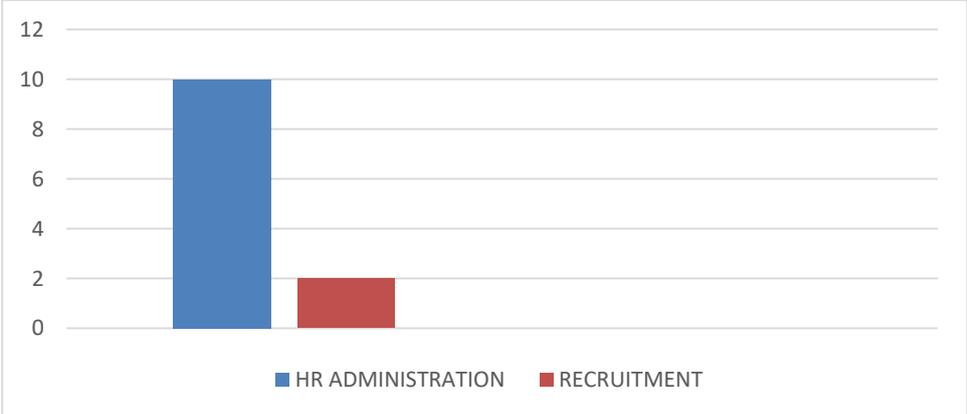
challenges and opportunities pertaining to the recruitment and retention of medical practitioners and specialists with ‘fresh’ eyes.

- **Division and unit**

The purpose of this question was to ensure that the HRM practitioners in the relevant divisions/units were interviewed. The division/unit in which an interviewee is employed will indicate the extent to which they are involved in the recruitment and retention of medical practitioners and specialists at the rural facilities in the NW DoH.

Based on the results, 10 HRM practitioners are involved in human resource administration (which deals with recruitment and retention, conditions of service and leave) and they are therefore not specifically assigned to work with recruitment or retention only. Two (2) of the interviewees are assigned to the recruitment section and are therefore responsible for the recruitment and selection of employees, including medical practitioners and specialists. The interviewees therefore possess the necessary knowledge and experience to be representative of the population.

**Figure 4.17: Division and unit of interviewees**



**(Source:** Researcher’s own compilation)

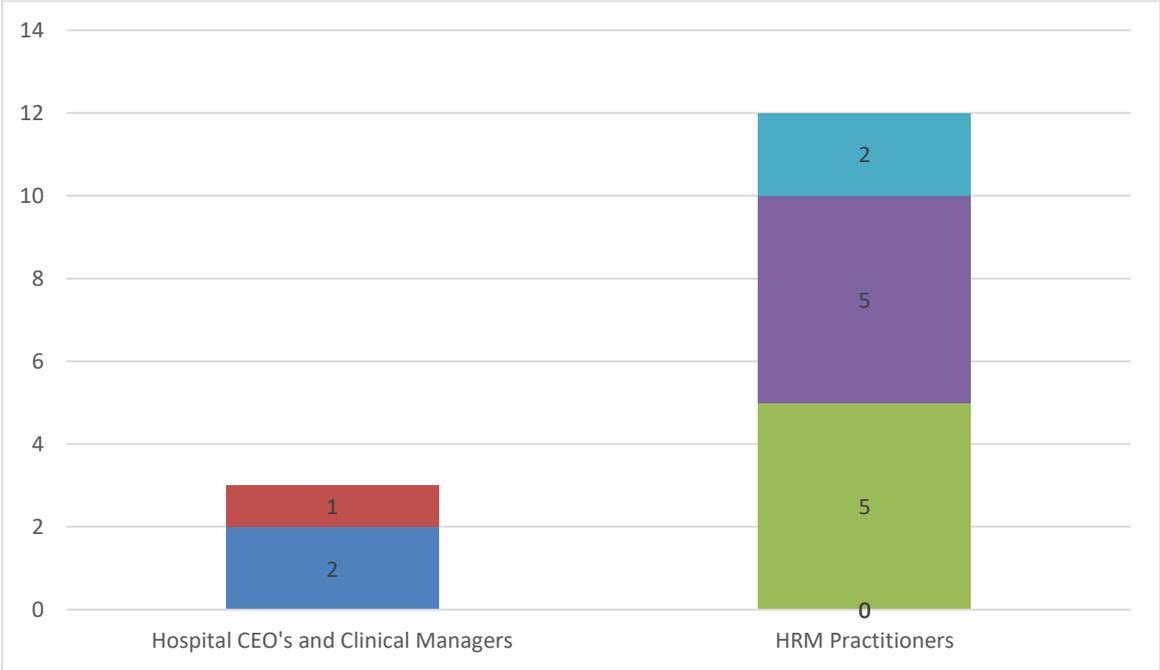
The HRM practitioners who were interviewed spanned practitioners based at the provincial office, rural facilities and urban facilities. These HRM practitioners were regarded as relevant to the research since some are specialising in recruitment and selection whilst others are required to conduct a variety of human resource tasks, including leave management, salary administration, conditions of service, as well as

recruitment and selection, especially in more rural facilities. HRM practitioners based at the provincial office were included because of their role in ensuring that the departmental recruitment and retention policies are implemented correctly by practitioners from both rural and urban facilities. They were also included to relate their experiences when dealing with issues of recruitment and retention at a provincial office level.

- **Designation**

Two (2) CEOs and one (1) Clinical Manager were interviewed. In terms of the 12 HRM practitioners that were interviewed, 42% are Chief Personnel Officers (level 8) and 42% Senior Personnel Officers (level 7). The remaining 16% of interviewees are Principle Personnel Officers (level 5).

**Figure 4.18: Designation**



(Source: Researcher’s own compilation)

Due to challenges experienced in terms of the availability of the CEOs and Clinical Managers, there was a limit on how many could be interviewed. However, the responses obtained from the Hospital CEOs and Clinical Managers are regarded as sufficient, since 66% of the interviewees had more than 5 years’ experience in their posts and it can therefore be argued that due to their experience they are knowledgeable about the problems experienced when recruiting or retaining medical practitioners and specialists.

The total of 12 HRM practitioners, on various levels of employment, was adequate in terms of the representativity of the population of HRM practitioners. As mentioned in Section 4.2., since the sampling for a qualitative study is focussed on representativity rather than generalisation (Durrheim, 2009:49), the sample size was considered adequate for the study. In addition, the interview questions were primarily focused on deriving themes and trends. Purposive sampling used in this study, also alluded to in Section 4.2., relates to the selection of specific participants because they exemplify some feature or possess knowledge that is of interest for a particular study (De Vos *et al.*, 2011:391; Silverman, 2013:104) and therefore support the representativity of the sample. Thus, the sample were chosen to be representative of the population.

In addition to the questions pertaining to the interviewees' biographical information, open-ended questions specifically pertaining to the recruitment and retention of medical practitioners and specialists in the rural areas of the NW DoH, were asked. The results of these interviewees are presented and interpreted in the sections below.

#### **4.3.2. Section C: Open-ended questions to HRM practitioners**

The open-ended interview questions posed to the CEOs, Clinical Manager and HRM practitioners were based on the literature review. As indicated in Section 4.3. above, and in Chapter 1, Section 1.6.6., the interviews were conducted with HRM practitioners due to their knowledge of, and experience with, recruitment and retention practices in the NW DoH. The purpose of the questions was to determine HRM practitioners' views on the recruitment and retention practices used for medical practitioners and specialists in the NW DoH, especially those employed at rural facilities, as well as the steps that can be taken to improve these practices. The results from the questions are presented and interpreted in the sections below.

- **Question 1: Human resource planning**

The HRM practitioners were asked to indicate whether the NW DoH undertakes a human resource planning process before the recruitment and selection process. If they agreed with the statement, they were to indicate whether the human resource planning process

is conducted effectively. If they disagreed with the statement, the interviewees had to indicate what is preventing the department from conducting a sound human resource planning process. The purpose of this question was to determine whether, during the human resource planning process, the NW DoH assesses its employee needs and requirements for specific posts to be filled, and whether that process is sufficient in terms of human resource planning.

Although the interviewees overwhelmingly indicated that a human resource planning process is indeed taking place, their responses differed in terms of the effectiveness thereof. Some interviewees (42%) indicated that the process is not well managed and others (33%) indicated that it is not correctly implemented. The interviewees also indicated that the process is hampered by the fact that the NW DoH does not have a funded structure, which influences the identification of the required posts for service delivery. Interviewees further indicated that the unit responsible for human resource planning is understaffed, compared to other departments and units within the NW DoH. One interviewee also stated that the human resource planning process is not well managed.

Considering the responses from interviewees, it is clear that the department is indeed conducting a human resource planning process, but it would seem that it is only a desktop exercise and does not necessarily consider the critical areas, as determined by the facilities. This discrepancy can be attributed to the fact that, as indicated by one of the interviewees, the unit responsible for human resource planning is understaffed and that the department does not have a funded structure.

It appears that the NW DoH does not follow a strategic integrated HRM approach. As alluded to in Chapter 1, Section 1.5. and Chapter 2, Section 2.4, the process of a strategic integrated HRM approach includes the integration of the following HRM practices with each other, as well as with the organisation's strategies: human resource planning; job design; staffing (recruitment and selection); training and development; performance appraisal and review; compensation; and reward (Davies & Davies, 2010:419; Armstrong, 2014:18). By conducting proper human resource planning, the department will be able to formulate recruitment and retention strategy that conforms to the organisation's strategy and integrates policies and procedures to recruit and retain the required number of

employees in the suitable job at the right time (Kruger, 2007:3; Hariharan, 2014:44). It is therefore evident that the purpose of human resource planning, as explained in Chapter 2, Section 2.4.1., is to treat it as an inclusive and dynamic process that involves the identification of current and future human resource requirements as well as the potential challenges to achieve the departmental objectives (Detuncq & Schmidt, 2013:32).

- **Question 2: Recruitment and selection policies**

To identify these shortcomings, the HRM practitioners were asked to indicate whether there are any shortcomings in the NW DoH's recruitment and selection policies and practices, specifically pertaining to the medical practitioners and specialists. The purpose of this question was to determine whether the policies and practices in the NW DoH are sufficient in terms of the recruitment and selection of medical practitioners and specialists.

A minority of interviewees (17%) indicated that the NW DoH's policies are sufficient and that it is only the implementation that is problematic. However, the majority of interviewees (83%) were of the opinion that the following shortcomings exist in the current policies:

*"The policy on recruitment and selection is silent on providing accommodation especially for medical practitioners and specialists as this forms an important part for any person willing to work in a rural area." (sic)*

In Chapter 2, Section 2.3.2.7., it was mentioned that providing accommodation to people working in rural areas is one of the critical factors that will influence a person's decision to work in a rural area of facility (Claudine *et al.* 2016:64),).

Other interviewee responses included:

*"The policy is not making any specific mention of rural areas." (sic)*

*"The policy does address the issue of head hunting for scarce skills but it does not identify which skills are regarded as scarce skills." (sic)*

*"The policies make provision for head hunting of employees but does not state how the situation can be corrected." (sic)*

*“Based on appointments done through headhunting, other processes of recruitment such as selection / short listing / interviewing of applicants for competition is not done although the policy makes provision for this to happen.” (sic)*

It is evident from the above comments from the interviewees that the NW DoH does have a recruitment and selection policy but that it has several shortcomings, particularly with regard to the recruitment and selection of medical practitioners and specialists in rural areas. This policy needs to be developed in line with the current approved regulations and the DPSA’s guidelines. This will ensure that the department is able to recruit and select the best medical practitioners and specialists (as employees with scarce skills) within the shortest possible time with a focused strategy. As alluded to in Chapter 1, Section 1.1., Omotoye (2011:31) confirms the centrality of recruitment and development in employee retention, in stating that employee retention entails the attraction of candidates through focused recruitment and selection strategies. Furthermore, as stated in the NDP, 2011, medical practitioners and specialists in the public health sector leave public hospitals due to poor management (RSA, 2011b:348). Section 52 of the NHA, 2003, also stipulates that the public health sector should identify crucial skills, abilities and capabilities for medical employees, and recommend strategies for the recruitment of medical employees (RSA, 2003:58).

As indicated in Chapter 1, Section 1.1., only 47% of the medical doctors in the North West Province are employed in the rural districts, where the greatest need for public health care services exists (RHAP, 2015:1). Given the clear connection between employee recruitment and retention, with the DPSA indicating that a significant component of employee retention is the attraction of employees through focussed recruitment strategies (RSA, 2006a:9), it is imperative for the NW DoH to address the shortcomings in its recruitment and selection policies.

- **Question 3: Retention policies and practices**

The HRM practitioners were requested to indicate whether there are any shortcomings in terms of the NW DoH’s retention policies and practices, specifically pertaining to medical practitioners and specialists, and to identify these shortcomings with a view to making recommendations on how the NW DOH can improve the retention of medical practitioners and specialists. The purpose of this question was to determine whether the retention

policies and practices in the NW DoH are sufficient in terms of the retention of medical practitioners and specialists. Fifty percent (50%) of the HRM practitioners indicated that there are shortcomings on the retention policy, whereas a further 50% indicated that it is successful. One of the interviewees that agreed that the retention policy had shortcomings relating to the retention of medical practitioners and specialists, stated the following:

*“The implementation of the actions as provided for in the retention strategy is to a certain extent based on available budget of the department. Even though medical practitioners and specialists qualify for the payment of a rural allowance does not guarantee that the department will retain them at rural areas.” (sic)*

Another interviewee raised the following matter:

*“Inconsistency in classification of ISRDS Rural nodes and rural areas in terms of Resolution 2 of 2004. As a result, depending on the area which you are working in, a different percentage of the rural allowance will be paid.” (sic)*

There were also interviewees that were of the view that the retention policies were sufficient in retaining medical practitioners and specialists, and that they were successfully implemented. One interviewee stated the following:

*“The policy addresses many ways in which employees in rural areas can be retained, however these measures are subject to available budget and funds.” (sic)*

Another interviewee also agreed that the departmental retention policy does not have any shortcomings, and stated the following:

*“The employer provides fully furnished houses, flats or rooms to health professionals working in all facilities as well as in rural facilities. This is however not captured in the retention policy of the department.” (sic)*

One interviewee also stated that those medical practitioners and specialists that are working in rural areas are paid a rural allowance, and official or rented housing is provided at a lower cost.

Based on the responses received from the interviewees, it appears that the retention policy of the department is to some extent sufficient for the retention of medical practitioners and specialists. However, certain aspects pertaining to retention are not included in the NW DoH's retention policy and should be explored and included. The policy makes provision for rural allowances, but is silent on issues of employee development, mentorship and staff accommodation. Considering the responses received from the medical practitioners and specialists who completed the questionnaire, it is evident that these aspects should be included in the retention policy of the NW DoH and be implemented. In Chapter 2, Section 2.3.2., it was stated that continuous professional development of employees has been found to be a more effective retention strategy than compulsory community service (Hatcher *et al.* 2014:11). CPD of employees covers various activities that include training, supervision, performance management, licensing and accreditation, updating knowledge, updating skills, staying abreast with new developments, learning new areas of practice, ensuring competence, developing emerging areas of competence, developing personal effectiveness, and increasing job satisfaction (Berndt *et al.*, 2017:10). As stated by Claudine *et al.* (2016:64), and as stated in Section 2.3.2. of this study, the primary factor influencing the recruitment and retention of medical employees, especially those employed in the rural areas of developing countries, is the improvement of their living conditions, such as staff accommodation; nearby schools with qualified teachers; clean drinking water; electricity; and the availability of good roads and transport. As mentioned in Chapter 2 section 2.3.2.9., Mothupi (2014:55) argues that the motivation of employees is imperative for employee retention, since it is inferred that motivated employees will not only be productive employees, but will feel comfortable in the organisation. Motivation is therefore central to employee recruitment retention (Koketso & Rust, 2011:2233).

Given the high staff turnover in the NW DoH – 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156), as indicated in Chapter 1, Section 1.1. – the NW DoH should make the retention of medical practitioners and specialists a priority. Also, as indicated in Chapter 1, Section 1.1. and above, only 47% of the medical doctors in the North West Province are employed in the rural districts where the greatest need for public health care services exists (RHAP, 2015:1). It is therefore necessary for the NW DoH to give particular attention to the retention of medical practitioners and specialists in rural areas.

- **Question 4: Occupation Specific Dispensation (OSD)**

In the last question to the HRM practitioners, they were asked to indicate whether the implementation of the OSD assisted the department with the recruitment and retention of medical practitioners and specialists in rural areas. If they agreed, they had to indicate the perceived advantages of the OSD and those that disagreed had to list the perceived disadvantages of the OSD. The purpose of the question was to determine the influence that the implementation of the OSD has on the recruitment and retention of medical practitioners and specialists. Thirty-three percent (33%) of the interviewees indicated that the implementation of the OSD does indeed assist with the recruitment and retention of medical practitioners and specialists, whilst 67% of the interviewees did not agree with this statement. Interviewees' listed the following advantages of the OSD:

*"Fair appointment in terms of regulated qualifications and experience." (sic)*

*"OSD levels the playing field, provinces should appoint and pay medical practitioners and specialists with the same qualifications and experience the same salary." (sic)*

*"Implementation of OSD increased the salaries for medical practitioners and specialists as part of the retention strategy. It however seems that money is never sufficient for retention." (sic)*

*"Relevant experience and years of service is recognised upon appointment." (sic)*

The 67% of the interviewees that indicated that the implementation of the OSD did not improve the recruitment and retention of medical practitioners and specialists, stated the following disadvantages:

*"The employment requirements for OSD are restricting employers." (sic)*

*"OSD is applicable to all provinces and although there is a rural allowance it does not help as such in recruitment and retention of medical practitioners and specialists to rural areas." (sic)*

*“The provisions of OSD makes it difficult to especially retain medical practitioners and specialists as they are offered much better remuneration elsewhere in the private sector and abroad.” (sic)*

*“Although OSD make provision for medical practitioners and specialists to grade progress upwards, grade progression is implemented late by facilities.” (sic)*

*“OSD only gives recognition upon appointment and other CPD points obtained or courses done is not recognised unless such course or qualification leads to a medical practitioner qualifying as a medical specialist for which there should be an available funded vacant post.” (sic)*

*“The OSD policy does not allow counter offers for health professionals since payment is based on qualifications and experience.” (sic)*

*“There is no difference in basic salary for a person working in a rural facility and those working in urban areas. Although this might be seen as an advantage it does not differentiate between medical practitioners and specialists placed at rural and urban facilities.” (sic)*

Based on the responses received, the majority of interviewees agreed that the OSD has more disadvantages than advantages, specifically relating to rural areas. Although the medical practitioners and specialists qualify for rural allowances, the salary of a professional appointed in a rural area and urban area is the same and does therefore not make the employment in a rural area more appealing. The OSD also does not give recognition for the improvement of qualifications. The OSD for health professionals is utilised as one of the key strategies to recruit and retain medical doctors (NW DoH, 2009:55). However, considering the aforementioned comments from interviewees and although the NW DoH applies certain retention strategies, it still has to contend with employee-retention concerns (NW DoH, 2015:130).

When the interviewees' responses in this section are compared to those of the medical practitioners and specialists who completed the questionnaire (Section 4.2.1.3.), the majority of medical practitioners and specialists, 81,25%, indicated that financial incentives in addition to the rural allowances would influence them positively. As indicated in Chapter 2, Section 2.3.2.4., financial benefits — such as the payment of a rural allowance and OSD — have been implemented as measures to motivate medical practitioners and specialists to work in rural areas (Luhailima *et al.*, 2014:474). However,

as indicated in Section 2.3.2.1., the effect of the payment of rural allowances is short-lived and, as soon as the recipients get used to it, it loses its effectiveness (Makapela & Useh, 2013:137). The initial purpose of the OSD was, as indicated in Chapter 2, Section 2.3.2.1. to introduce a revised salary structure per identified occupation that provides for career pathing, pay progression, seniority and increased competencies and performance, with a view to attracting and retaining professionals and specialists; and to improving the Public Service's ability to attract and retain skilled people (RSA, 2011a:6). Considering the responses from the respondents, it is clear that the OSD did not achieve the objectives it set out to achieve, especially when recruiting medical practitioners and specialists to rural facilities.

#### **4.3.3. Section C: Open-ended questions to Chief Executive Officers (CEOs) and Clinical Managers at public hospitals**

Interviews were conducted with the Clinical Managers and the CEOs, due to their knowledge and experience with the medical practitioners and specialists on a daily basis in the NW DoH. The purpose of the questions was to establish the views of the CEOs and Clinical Managers at public hospitals and to determine potential solutions that would ensure the improved recruitment and retention of medical practitioners and specialists. It is argued that Clinical Managers and CEOs, being accountable for the services rendered at their facilities, would wish to increase the recruitment and retention of the medical practitioners and specialists, in terms of both quality and quantity. The results obtained from the interviews held with the Clinical Managers and the CEOs are presented and interpreted in the following sections.

- **Question 1: Recruitment and retention**

The line managers (Clinical Managers) and the CEOs were asked to indicate what could be done to ensure that sufficient medical practitioners and specialists are recruited for employment in rural areas, as well as how their retention could be increased and improved. Although only a few line managers and CEOs were interviewed, as indicated in Section 4.2. above, the responses received were extensive. The purpose of the question was to determine the informed perceptions and recommendations from the line

managers and CEOs in terms of the recruitment and retention of the medical practitioners and specialists in the NW DoH.

The Clinical Managers and CEOs indicated that providing adequate communication systems as well as access to ICT and Wi-Fi, may improve the recruitment and retention of the medical practitioners and specialists. It was further indicated that the appointment of senior medical practitioners to guide younger doctors would ensure proper supervision. One of the interviewee's stated the following:

*"Ensure that proper housing is provided, decent schools are available and infrastructure and equipment are maintained." (sic)*

This statement is in line with the literature review, stating the importance of the available infrastructure, equipment and supplies, as well as the availability of good schools, in the retention of medical practitioners and specialists (Lehman *et al.*, 2008:4; George *et al.*, 2013:5; Labonte *et al.*, 2015:7; Mbemba *et al.*, 2016:61), as alluded to in Chapter 2, Section 2.3.2. The results obtained from the questionnaires completed by the medical practitioners and specialists also highlighted the importance of these to recruitment and retention strategy.

In Chapter 2, Section 2.4.2, as well as Chapter 3, Section 3.3.1, it was indicated that the recruitment of medical practitioners and specialists must be based on a clearly defined skill set for medical practitioners and specialists to be employed in rural areas (RSA, 1994:9). It would serve no purpose to recruit a highly qualified scarce-skill specialist in a rural area if there were not an adequate number of patients needing the specialist's skills, as indicated in Section 4.2.1. by one of the medical specialists who completed the questionnaire. In these circumstances it would be best to employ such a specialist in an urban area and rather refer patients from the rural areas. However, one of the CEOs stated the following:

*"Retention of medical practitioners and specialists must be based on work performance. The focus must be on output and not numbers achieved." (sic)*

This response is significantly relevant. The influence/outcomes of medical practitioners and specialists must not be measured on number of patients seen, but on the outcome

of the treatment provided. This notion corresponds to the constitutional right that all citizens should have access to quality health care services (RSA, 1996:13), as well as to the goals and objectives of the NDP, 2011, in terms of the public health care system, as indicated in Chapter 1, Section 1.1. and Chapter 3, Section 3.2.1. and Section 3.2.2. The NDP, 2011, states that the strengthening of health care systems should be specifically directed to patient needs, to improve these services for communities (RSA, 2011b:304).

The interviewees further indicated that improved working conditions brought about by the provision and maintenance of the necessary equipment could increase the recruitment and retention of medical practitioners and specialists. The CEOs and Clinical Managers at public hospitals also indicated that the department should ensure that there is sufficient support staff available at all levels to provide support services to the medical practitioners and specialists. These responses are supported by theory, as alluded to in Chapter 2, Section 2.3.2.8. and 2.3.2.9., stating that improved working conditions, sufficient equipment, improved living environments and support services would assist the department in recruiting and retaining medical practitioners and specialists in rural areas.

In addition to the aforementioned, one of the interviewees made the following comment regarding the recruitment process:

*“Recruitment process to be time conscious, need to shorten the turnaround time of approvals or to give HR delegations to CEO’s. Due to the high demand of for medical practitioners and specialists they are not willing to wait long periods to hear if their employment was approved. Those that have quick turnaround times during recruitment or more likely to succeed in appointing medical practitioners and specialists.” (sic)*

Another interviewee also stated that the grade progression for medical practitioners and specialists must be done timeously. The interviewee further stated that, if the grade progression is not done at the time that the medical practitioners and specialists qualify, they could apply for posts in other provinces. It was further mentioned that in-service training for medical practitioners and specialists should be intensified. The interviewee was of the opinion that, once this is achieved, the medical practitioners and specialists would realise that the department cared about them. This notion is supported in the literature review (Chapter 2, Section 2.4.3. and Section 2.4.7.) stating that employee development creates a sense of belonging amongst employees that feel appreciated, due

to the organisation's investment in their careers — and thus results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165).

Based on the responses from the CEOs and Clinical Managers, it is evident that a number of shortcomings still exist with regard to the recruitment and retention of medical practitioners and specialists. For instance, the department should put measures in place to ensure that the medical practitioners and specialists' grades progress to the next grade, once they meet the requirements, and that the process should not be dragged out for a lengthy period of time.

- **Question 2: Supplies, equipment and supervision**

The line managers and CEOs were asked to indicate whether the medical practitioners and specialists are provided with sufficient supplies and equipment, as well as supportive supervision and mentoring practices; they also had to indicate how these are maintained. If they disagreed with the statement, they were requested to indicate what needed to be done to ensure that this is available at rural facilities. The purpose of the question was to determine the extent to which medical practitioners and specialists can function in rural facilities and whether they will have the required supplies, equipment and supervision as support. None of the CEOs interviewed could confirm the sufficient and appropriate availability of equipment and supplies, or the practice of supportive supervision and mentoring at rural facilities. With regard to the maintenance of equipment, the interviewees stated the following:

*"Appointment of health care technologist's to be prioritised as there isn't enough technologists to look after the equipment in the department. National Department of Health must consider developing an OSD for Health Care Technology Staff."* (sic)

It was also indicated that, in order to address the issues regarding unavailable or non-functioning equipment, the following needed to be done by the department:

*"To employ more health technicians to service and maintain equipment in the hospitals. Ongoing training to be done to ensure that staff knows how to operate the equipment optimally and how to clean and maintain it."* (sic)

Interviewees also indicated that supervision and mentoring is non-existent at rural facilities, since there is no defined skill set available at this level. They further stated that the process of acquiring equipment and supplies takes too long and that, when contracts are in place, they are not always in line with the requirements of medical personnel. They are further of the view that equipment must be replaced as soon as it reaches the end of its life span.

It was also indicated that supervision and mentoring practices are available at rural facilities but only through the District Clinical Specialist Teams (DCST), and these teams are not fully staffed due to the shortages being experienced in attracting the qualified persons. The interviewees stated that targets should be set for the DCST members to be supervised and mentored. As mentioned in Section 4.2.1.2., most of the medical practitioners and specialists indicated that lack of supervision and specialist support and training would encourage them to leave their employment in a rural area. These results are supported by the WHO's policy recommendations, as indicated in Chapter 3, Section 3.5.1., stating that medical practitioners and specialists must be provided with appropriate supportive supervision and mentoring (WHO, 2010:3-4). In Chapter 2, Section 2.3.2.9., it was further indicated that the motivation received from a manager or supervisor leads to increased performance (Mothupi, 2014:53).

It was further recommended that outreach programmes must be put in place at the district hospitals. An interviewee stated the following regarding research and audit outcomes pertaining to outreach programmes:

*“Research needs to be strengthened and support outreach on underperforming indicators. Outcomes of audits to be published and quality improvement plans to be developed around the gaps identified through audits with action plans and deadlines.” (sic)*

It is evident that the NW DoH needs to ensure that sufficient and appropriate medical equipment is provided and maintained. The responses of the interviewees are supported by theory, indicating that an inviting work environment with adequate equipment would assist in the retention of employees (Rawat, 2012:4). The CEOs and Clinical Managers that were interviewed listed a number of problems and challenges pertaining to outdated and poorly maintained equipment. The availability and quality of the equipment should be considered as an important aspect in employee retention in terms of enhancing working

conditions and providing the necessary support to employees (WHO, 2010:3-4), and is also a significant factor in service delivery. Outdated and defective equipment will impact on the delivery of quality health services to the citizens, as required by the Constitution, 1996, since adequate resources such as supplies, medication and equipment are essential for medical practitioners and specialists to perform their duties effectively and efficiently (Guvava, 2008:29; Mokoka *et al.*, 2010:4). The importance of having fully functional medical equipment was also supported in Chapter 2, Section.2.3.2, where it was stated that this is a major challenge in public hospitals, especially at rural facilities, which results in frequent breakdowns that cause delays and substandard service delivery to citizens who are reliant on the public health sector for health services (Phala, 2014:2). It is argued that inadequate and malfunctioning equipment could be reasons why medical practitioners and specialists with scarce skills leave the public health sector for the private health sector or for facilities in urban areas. The NW DoH should therefore improve and provide adequate and fully functional equipment to its medical practitioners and specialists.

With regard to the supervision and mentoring of medical practitioners and specialists, it was indicated in Chapter 3, Section 3.3.7., that the mentoring and coaching of employees contributes to employee retention and job satisfaction (Meyer *et al.*, 2012:276). Mentoring therefore promotes important working relationships by giving employees a sense of belonging and serves as an effective retention strategy (Omotoye, 2011:95; Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125).

The results obtained from the questionnaire revealed that the medical practitioners and specialists experience a great need for mentorship (Section 4.2.1.3). It was also indicated that the provision of mentoring and supervision is a primary aspect that affects the recruitment and retention of medical practitioners and specialists.

- **Question 3: Career development opportunities**

Line managers and CEOs were requested to indicate whether there are any career development opportunities available for medical practitioners and specialists in rural facilities. The purpose of this question was to determine whether the department supports

the development of medical practitioners and specialists in rural areas, to ensure that they do not stagnate, as well as to determine the effect it has on their retention. The following response was received from one of the interviewees:

*"The opportunities are not utilised and the supervisors does not motivate them to apply accordingly." (sic)*

Another interviewee stated that a budget must be made available for short courses, workshops and conferences. At present, medical practitioners and specialists attend continuous professional development conferences at their own cost and in their own time. As indicated in Chapter 2, Section 2.4., health care departments must have proper career development and talent management systems that are well crafted and executed, and that work within a patient-centred culture (RSA, 1996:99; Earl, 2017:48). It was also indicated in Chapter 2, Section 2.4., that career development is the process that designs and plans an employee's career within an organisation, to increase an employee's performance, preferences, aptitudes and talents, whilst in alignment to the organisation's strategic needs and objectives (RSA, 2010:22; Vermeulen, 2016:165).

Based on the responses above, it is apparent that either supervisors are not aware of the programmes that are available for professional development, or that they are not willing to release the medical practitioners and specialists to attend career development opportunities because of staff shortages. The lack of career development may also be due to the fear that, when skills have been upgraded, the employee will leave the rural facility for greener pastures because the skill is not in demand at the facility. According to Arunachalam, (2009:17), continuous professional development comprises the updating and extending of a professional employees' knowledge and skills of emerging developments in their field of practice to ensure continuing competence. It is further argued that continuous professional development also increases the effectivity of medical practitioners and specialists, and enhances employee retention because it builds the future by consolidating the health system and developing professional approaches. As indicated in Chapter 2, Section 2.3.6., the push factors in terms of employee retention include a lack of career opportunities and career development (Lehman *et al.*, 2008:4).

As alluded to in Section 4.2.1., the medical practitioners and specialists indicated that, should they be granted the opportunity to undergo continuous professional development,

they would feel that the organisation was interested in their future and was willing to invest in them, and that would positively incline them to remain at the organisation. The medical practitioners and specialists also indicated that if career development practices were in place, they would be willing to work or remain in rural facilities. They also indicated that the department's failure to provide the required equipment would motivate them to leave a rural facility. The responses from the medical practitioners and specialists, as well as the hospital CEOs and Clinical Managers, confirm previous research on the topic of working conditions and how this relates to the retention for medical practitioners and specialists, and therefore emphasise the importance of the availability of the appropriate equipment and supplies to medical employees (Lehman *et al.*, 2008:4; George *et al.*, 2013:5; Labonte *et al.*, 2015:7; Mbemba *et al.*, 2016:61), as alluded to in Chapter 2, Section 2.3.2.

Based on the results obtained from the questionnaire and the personal interviews presented and interpreted in this chapter, certain deductions could be made in terms of the research findings. The next section elaborates on the empirical research findings.

#### **4.4. PRIMARY FINDINGS OF EMPIRICAL RESEARCH**

Following the literature review, empirical research was conducted to establish the effectiveness of the recruitment and retention strategies for medical practitioners and specialists in the NW DoH, especially in rural areas. During the empirical research, particular themes pertaining to the recruitment and retention strategies for medical practitioners and specialists could be identified. The predominant research findings, based on the results obtained from the questionnaire and interviews, are indicated below in the form of emerging themes:

- **Working conditions, equipment and supplies**

The research results revealed that the working conditions, including the availability of appropriate equipment and supplies, remain a factor that determines whether medical practitioners and specialists would take up employment or remain at a rural facility. Both medical practitioners and specialists, 87,50%, agreed that they would remain at a rural facility if the appropriate equipment and supplies were available at the facility. In the

interviews conducted with the HRM practitioners, Clinical Managers and CEOs, it became evident that working conditions, and available equipment and supplies, play a crucial role in determining whether a medical practitioner or specialist will be recruited or retained at a rural facility.

As stated in Chapter 2, Section 2.3.2., poor working conditions is one of the most significant reasons why medical practitioners and specialists are dissatisfied in the public health sector, resulting in the high turnover rate of these employees (Mokoka *et al.*, 2010:4; George *et al.*, 2013:5; RHAP, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18). It was also indicated in Chapter 2, Section 2.3.2.8., that to effectively provide the needs of patients, medical practitioners and specialists must be supported with adequate equipment and functional facilities. Some facilities require renovation and there is also the perception that hospitals in larger cities are better equipped than those in rural areas (Mokoka *et al.*, 2010:4; Darkwa, 2015:6). In terms of the Constitution, 1996, all citizens have the right to health care and should have access to quality health care services (RSA, 1996:13). The goals and objectives of the NDP, 2011, in terms of the public health care system — as indicated in Chapter 1, Section 1.1. and Chapter 3, Section 3.2.1. and Section 3.2.2. of this study — require that the strengthening of health systems should be specifically directed to patient needs, in order to improve these services for communities (RSA, 2011b:304).

- **Accommodation and living conditions**

The improvement of living conditions for medical practitioners and specialists and their families (e.g. infrastructure, sanitation, electricity, telecommunications and schools) is regarded as a significant aspect in the recruitment and retention of medical practitioners and specialists at rural facilities (Darkwa, 2015:6; Claudine *et al.*, 2016:64), as also alluded to in Chapter 2, Section 2.3.2.7. An overwhelming 93,75% of the medical practitioners and specialists agreed that the improvement and maintenance of infrastructure, sanitation, electricity, telecommunications and schools in rural areas would influence their decision to take up employment or to remain at a rural facility. In addition, Claudine *et al.* (2016:64) state that the primary factor influencing the recruitment and retention of medical employees, especially those employed in the rural areas of developing countries, is the improvement of their living conditions, such as: staff

accommodation; nearby schools with qualified teachers; clean drinking water; electricity; and the availability of good roads and transport (see Chapter 2, Section 2.3.2.).

- **Career development and continued professional development**

All the medical practitioners and specialists, 100%, agreed that the availability of senior posts and programmes for career development would positively influence their decision to take up employment or remain at a rural facility. If medical practitioners and specialists are granted grade promotion opportunities, they can build their career and commit themselves to the organisation (Samuel, 2008:80). Career development is critical to retain employees, since it provides employees with career growth opportunities, harnesses the employees' full ability, and attaches the employees to the organisation (Omotoye, 2011:95; Hong *et al.*, 2012:64). An investment in employees' career development is also associated with increased levels of motivation and retention (Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). The importance of career development is also demonstrated by its inclusion in the Constitution, 1996, which stipulates that HRM and career development practices should be implemented to optimise public employees' talent and capabilities (RSA, 1996:99).

It has also been stated in Chapter 2, Section 2.3.2.2., that the continuous professional development of employees has been found to be effective in terms of employee retention (Hatcher *et al.*, 2014:11). The effectivity of medical practitioners and specialists is enhanced through continuous professional development, and also enhances employee retention. Furthermore, through continuous professional development, medical practitioners and specialists are able to stay updated within a complex healthcare environment in which they are expected to develop themselves (Filipe *et al.*, 2014:5).

- **Mentoring and supervision**

Mentoring, coaching and supportive supervision are viewed as essential components in employee retention and as an approach for the effective and efficient utilisation of human resources (Van Dijk, 2008:392; Hong *et al.*, 2012:64; Detuncq & Schmidt, 2013:31; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). Both medical practitioners and

specialists, 81,25%, indicated that they were more likely to take up employment or remain at a rural facility if supportive supervision and mentoring was provided. This does not necessarily mean that this supportive supervision and mentoring should be rendered on site at the rural facility; it could be done through outreach by visiting specialists. Mentoring has been found to be a significant factor in the development, motivation and retention of employees (Detuncq & Schmidt, 2013:31; Talent Management Orientation Guide, 2015:30).

- **Additional financial incentives**

The NW DoH should consider financial incentives, additional to the rural allowances, to recruit and retain medical practitioners and specialists. The research results revealed that additional financial incentives would serve as extra motivation for both medical practitioners and specialists, as indicated by 81,25% of the medical practitioners and specialists who completed the questionnaire. As alluded to in Chapter 2, Section 2.3.1., additional financial incentives are a consideration for employees to take up employment or to remain with the organisation (Hong *et al.*, 2012:64). The department should therefore, within the framework of the current legislation and policies, determine whether it is possible to provide any additional financial incentives, as part of a strategy for the recruitment and retention for medical practitioners and specialists.

In Chapter 2, Section 2.3.3., Hariharan (2014:46) indicates that compensation and benefits are important and are often addressed during the recruitment process, but even the best packages cannot overcome a poor work situation. Should, for instance, the appropriate equipment and supplies not be available, the most attractive salary packages will not ensure that medical practitioners and specialists are recruited or retained at rural facilities. Suitable working conditions and the availability of resources, such as medicine and equipment, are essential for both patients and medical practitioners and specialists (Mokoka *et al.*, 2010:4). It is therefore evident that additional financial incentives cannot be used as a retention strategy in isolation from other aspects of the position, such as working conditions.

- **Changing scope of practice**

The vast majority of medical practitioners and specialists, 87.5%, agreed that changing the scope of practice at rural facilities would influence their decision to take up employment with, or remain at a rural facility. This is mainly due to the fact that the current scope of practice at rural facilities is limited and only makes provision for the basic medical needs. Thus, the current scope of practice does not contribute to the job satisfaction of the medical practitioners and specialists. Changing the scope of practice is, however, not a decision that can be taken by the NW DoH on its own, since the classification of hospitals is done by the Minister of Health who sets specific standards for hospitals. It will also be necessary to consider the practicality of changing the scope of practice at rural facilities. According to the Nursing and Midwifery Board of Ireland (NMBI), the scope of practice is a concept that several professions use in the context of professional regulation (NMBI, 2015:2). The scope of practice sets out the procedures, actions and processes that the registered or licensed professional is allowed to perform and, in addition, the individual practitioner's scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task (NMBI, 2015:2).

- **Failure of the OSD**

The interviewees disagreed on the effectiveness of OSD. Only 33% of interviewees agreed that the OSD assisted in the recruitment and retention of medical practitioners and specialists, whereas 66% disagreed. The OSD has levelled the playing field in terms of ensuring that all provinces offer the same salaries, prescribed by the OSD (RSA, 2011a:6). Therefore, the OSD principles must be strictly complied with by all health departments in all provinces. Although the OSD has made provision for the recruitment and retention of medical practitioners and specialists, it has not necessarily assisted the rural facilities to recruit or retain more medical practitioners and specialists, since neither higher salaries nor financial benefits, additional to the rural allowances, can be offered. The OSD is very prescriptive and no deviations are allowed. Thus, the initial aim of the OSD, to centralise control over the grading structure for equal work levels and similar job descriptions (RSA, 2011a:6), has not worked in practice.

- **Job satisfaction**

The aforementioned research findings all relate to job satisfaction. Both medical practitioners and specialists, 81,25%, agreed that job satisfaction is important for retention. As alluded to in Chapter 2, Section 2.3.3., and as stated by Hariharan (2014:46), to maximise retention, the health care system must first ascertain what provides job satisfaction. Hariharan (2014:46) further states that compensation and benefits are important and are often addressed during the recruitment process, but even the best packages cannot overcome a poor work situation. As indicated above, in addition to financial incentives, the working conditions, living conditions and the provision of career development opportunities and mentoring are all important in the retention of medical practitioners and specialists.

- **A strategic integrated HRM approach**

As alluded to in Chapter 2, Section 2.4., the process of a strategic integrated HRM approach includes the integration of human resource planning, job design; recruitment and selection; training and development; career development; performance appraisal and review; mentoring and coaching; talent management; compensation; and rewards (Davies & Davies, 2010:419; Armstrong, 2014:18). Therefore, by conducting proper human resource planning, the department will be able to formulate a recruitment and retention strategy that conforms to the organisation's strategy and integrates policies and procedures to recruit and retain the required number of medical practitioners and specialists at its facilities (Kruger, 2007:3; Hariharan, 2014:44). Thus, all the HRM practices that emerged as important to the recruitment and retention of medical practitioners and specialists through this study (e.g. human resource planning, career development, mentoring and coaching, HRD, etc.), should be practised in an integrated and interrelated manner. It is argued that this process should be aligned with the development of a sound human resource plan. Strategic HRM is considered as a framework to align an organisation's human resource plan to its goals and objectives and is necessary for the Public Service to effectively manage employees' recruitment, performance, development and retention (Louw & Kahn, 2010; Koketso, 2011; Barkhuizen, 2014). One of the main objectives of strategic HRM is to implement strategies that are integrated with the organisation's business strategy, which emphasises the

importance of employing the most talented, skilled and engaged employees (Armstrong, 2014:5).

#### **4.5. CONCLUSION**

Following the literature review, empirical research was conducted to establish the effectiveness of the recruitment and retention strategies for medical practitioners and specialists in the NW DoH. In this chapter, the results from the self-administered semi-structured questionnaire and the semi-structured personal interviews were presented and interpreted. The questionnaire was completed by 12 medical practitioners and four (4) specialists from a total population of 186 (176 medical practitioners and 10 specialists). Personal interviews were held with the following persons at the various facilities in the province: HRM practitioners (12); CEOs of public hospitals (2); and a Clinical Manager (1) from a total population of 64 (48 HRM Practitioners, 8 Hospital CEOs and 8 Line managers).

The questions in both the questionnaire and interviews focused on the recruitment and retention of medical practitioners and specialists at the NW DoH, especially in rural areas. The empirical research was conducted with a view to establishing which employee recruitment and retention strategies were effective, as well as to provide recommendations to the NW DoH on the improvement of its employee retention strategy for medical practitioners and specialists at rural facilities.

The findings from both the questionnaires and interviews revealed consistencies between the views held by hospital CEOs and line managers and medical practitioners and specialists. It did, however, identify that HR Practitioners do not always share the same sentiments as hospital CEOs and line managers since they solely rely on the provisions of the policy, whereas the hospital CEOs and line managers are more inclined to think progressively in terms of enhancing the recruitment and retention of medical practitioners and specialists at their facilities. The following topics were addressed with the empirical research: continuous professional development; career development; mentoring, coaching and supervision; additional financial benefits, working conditions; the availability of equipment and supplies; living conditions; municipal infrastructure; and access to good schools.

Based on the results obtained from the questionnaire and interviews, it can be concluded that the current recruitment and retention strategies for medical practitioners and specialists at rural facilities are ineffective. The results acquired from the questionnaire also revealed that most of the medical practitioners and specialists would remain at rural facilities if there were promotional posts at rural facilities and programmes for career development. The results also revealed that providing accommodation, training and development opportunities, ensuring equipment and supplies, improved working conditions, and financial incentives would serve as motivators to medical practitioners and specialists to work in rural facilities. Demotivating factors included a lack of supervision and specialist support including training, a lack of management support, and lack of career progression at rural facilities.

Therefore, aspects such as increased training and development opportunities, adequate equipment and supplies, and improved working conditions seem to be circumstances that could motivate medical practitioners and specialists to remain at rural facilities. On one issue, there was agreement among all levels of respondents. The medical practitioners and specialists, hospital CEOs, Clinical Managers and HRM practitioners all agreed that providing accommodation at rural facilities is one of the main motivational factors that would allow the NW DoH to recruit and retain medical employees at rural facilities. Based on the results obtained from the empirical research, the finding of the empirical investigation revealed the following themes that are important in the recruitment and selection of medical practitioners and specialists in rural areas: working conditions, equipment and supplies, accommodation and living conditions, career development and continued professional development, mentoring and supervision, additional financial incentives, changing the scope of practice, the failure of the OSD, job satisfaction and a strategic integrated HRM approach.

The primary findings of the study (theoretical and empirical research findings combined) are highlighted in the next chapter. Chapter 5 also provides a summary of the study and makes recommendations of how to improve the recruitment and retention of medical practitioners and specialists in the NW DoH, especially in rural areas.

## **CHAPTER 5: CONCLUSION AND RECOMMENDATIONS**

### **5.1. INTRODUCTION**

The study focused on the recruitment and retention of medical practitioners and specialists in the rural areas in the NW DoH. The primary aim of the study was to establish whether the recruitment and retention practices used by the NW DoH improve the recruitment and retention of medical practitioners and specialists in rural areas — and if not, which practices should be put in place to improve the recruitment and selection of medical practitioners and specialists (as persons with scarce skills) in the NW DoH, especially at rural facilities. In this respect, the study focused on the following research problem: the NW DoH does not employ an adequate number of medical practitioners and specialists to serve the population of the North West Province, thereby not effectively fulfilling its mandate to provide quality health care services to citizens, and should thus enhance its recruitment and retention strategies to recruit and retain medical practitioners and medical specialists, especially in rural areas. To address the research problem, the following research objectives were pursued:

- to establish a theoretical framework for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province;
- to determine the legislative framework for HRM, specifically employee recruitment and retention in the Public Service, as well as the public health sector;
- to determine through an empirical investigation, the recruitment and retention shortcomings and challenges pertaining to medical practitioners and specialists in the rural areas of the North West Province; and
- to make recommendations on the improved recruitment and retention of medical practitioners and specialists in the NW DoH.

Based on the research problem and research objectives, a literature review was conducted on the recruitment and retention of medical practitioners and specialists, with a particular focus on the recruitment and retention of these employees in the rural areas of the North West Province (Chapter 2). The statutory and regulatory framework relevant to recruitment, retention and the public health sector was also reviewed (Chapter 3). The theoretical framework, established in Chapter 2 of the study, and the statutory and

regulatory framework, established in Chapter 3 of the study, informed the questions asked during the empirical research (by means of a questionnaire and personal interviews). In Chapter 4 of the study, the results obtained through the empirical investigation were presented and interpreted. This chapter provides a summary of the preceding chapters, as well as the primary findings of the study, based on the research objectives. Further to this, recommendations are made on the improvement of the recruitment and retention of medical practitioners and specialists at the rural facilities of the NW DoH. The significance of the study and potential future research are also indicated in the chapter. Finally, a conclusion to the study is provided.

## **5.2. SUMMARY OF THE CHAPTERS**

The most significant topics, deductions and conclusions of each chapter are summarised below:

**Chapter 1** of the study provided an orientation and background to the purpose and importance of conducting research on the recruitment and retention of medical employees (specifically medical practitioners and specialists) in the NW DoH. The chapter also stated the research problem, the research objectives and the research questions. In Chapter 1 the focus was also placed on employee-retention challenges and realities in the NW DoH. As stated in the NW DoH's Annual Report of 2016/2017, there are 768 medical practitioners and 101 medical specialists in its employ (RSA, 2017a:147). The RHAP indicates that only 47% of the medical practitioners in the North West Province are employed in the rural districts, where the greatest need for public health care services exists (RHAP, 2015:1). In terms of the medical specialists, the scenario is even worse: 10 medical specialists (9.9%) are based in rural districts, whereas 91 medical specialists (90.1%) are based in urban areas (RSA, 2017b). The NW DoH has a vacancy rate of 23.4% on medical practitioners and 36.9% on medical specialists (RSA, 2017a:147). In the rural areas, the NW DoH has a vacancy rate of 55.7% for medical practitioners and 27.1% for medical specialists (RSA, 2017b). Further to this, the NW DoH has an employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156). These statistics revealed that the rural districts in the Province are struggling to recruit and retain medical doctors and medical specialists.

The Public Service's continuous challenges with the recruitment and retention of employees with scarce skills (RSA, 2008a:45; RSA, 2011a: 371; RSA, 2012a: 334), especially medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; RHAP, 2015:1) were also highlighted in Chapter 1. It was stated that a failure to recruit and retain competent medical employees would *inter alia* result in patients that have to be turned away from facilities or alternatively be referred to other facilities, when they could have been treated at their local facility.

Based on the aforementioned context and challenges, the following research problem was identified: the NW DoH does not employ an adequate number of medical practitioners and specialists to serve the population of the North West Province, thereby not effectively fulfilling its mandate to provide quality health care services to citizens, and should thus enhance its recruitment and retention strategies to recruit and retain medical practitioners and specialists, especially in the rural areas. The research problem was contextualised within the framework of the democratic developmental state. Given the constitutional requirement to provide quality health care services to all citizens, and in consideration of the NDP (2011) highlighting the failing public health care system as one of the most significant challenges of the democratic developmental state, it is evident that the public health sector needs to employ skilled, capable and competent medical employees to ensure that the Government delivers on its constitutional and service delivery mandate. It is also imperative that the Public Service retains highly skilled and talented employees. In this respect, the study focused on the most suitable and effective ways to recruit and retain medical practitioners and specialists in the Public Service, specifically in the NW DoH.

In **Chapter 2** of the study, the following research objective was addressed: *to establish a theoretical framework for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province*. A theoretical framework for employee recruitment and retention in the Public Service was established in the chapter. The chapter commenced with a conceptualisation and contextualisation of recruitment and retention as HRM practices. In addition, the inextricable relationship between recruitment, development, motivation and retention was explained. Further to this, the need for a strategic integrated HRM to enhance the effectiveness of the recruitment and retention of medical practitioners and specialists was discussed in the chapter. The

literature review revealed that the following HRM practices should be considered and integrated with each other to ensure the optimum recruitment, development, motivation and retention of medical employees in the public health sector: human resource planning; recruitment and selection; training and development; performance management; compensation; reward; career management; talent management; succession planning; and employee retention.

Given the fact that the Public Service grapples with the retention of medical practitioners and specialists, it was determined that specific retention strategies should be drafted and implemented. In this respect the following retention strategies were highlighted as most significant for the retention of medical practitioners and specialists: OSD; continuous professional development; changing the scope of practice; additional financial benefits; job satisfaction; undergraduate and postgraduate curricula of medical degrees that include topics of rural health; living conditions (infrastructure, sanitation, electricity, telecommunications, and schools); appropriate equipment and supplies; supportive supervision and mentoring; and the availability of senior posts and programmes for career development.

In addition to the theoretical framework for recruitment and retention, as established in Chapter 2 of the study, it was also necessary to review the legislation and policies that give impetus to the public health sector. Subsequently, **Chapter 3** pertained to the following research objective: *to determine the legislative framework for HRM, specifically employee recruitment and retention in the Public Service, as well as the public health sector*. In addressing this research objective, the chapter focused on the statutory and regulatory framework for the public health sector, as well as the HRM statutory and regulatory framework, relevant to the recruitment and retention of medical practitioners and specialists. The statutory and regulatory overview included legislation, policies, frameworks and reports relevant to this study. Further to this, the policy recommendations of the WHO (2010), pertaining to the recruitment and retention of health professionals in rural areas, especially in developing countries, were also included in the discussion.

The review of the statutory and regulatory framework revealed that the Government has, in addition to the Constitution, 1996, and the NDP, 2011, drawn up various pieces of legislation, policies and frameworks to assist departments (national and provincial) with

the recruitment and retention of employees, including the following: Public Service Act 103 of 1994; Basic Conditions of Employment Act 75 of 1997; Skills Development Act 97 of 1998; White Paper on the Transformation of the Public Service 1995; White Paper on Human Resource Management in the Public Service, 1997; Retention Guide for the Public Service 2006; Public Service Mentoring Programme, 2006; Public Service Regulations, 2016; Report on the Assessment of the State of Human Resource Management in the Public Service, 2010; and discussion document Building a Capable, Career-Oriented and Professional Public Service to Underpin a Capable and Developmental State in South Africa, 2016.

In addition to the statutory and regulatory guidelines pertaining to recruitment and retention, the chapter also included a statutory and regulatory framework for the public health system, including the following: National Health Act 63 of 2003; White Paper for the Transformation of the Health System, 1997; and the National Human Resources for Health Plan, 2006.

Following the literature review (Chapter 2), and the reviews on the statutory and regulatory frameworks for recruitment and retention, as well as the legislative framework of the public health sector (Chapter 3), empirical research was conducted to establish the effectiveness of the recruitment and retention strategies for medical practitioners and specialists in the NW DoH. Thus, **Chapter 4** of the study addressed the following research objective: *to determine the recruitment and retention shortcomings and challenges pertaining to medical practitioners and specialists in the rural areas of the North West Province through an empirical investigation*. The results from the self-administered semi-structured questionnaire and the semi-structured personal interviews were presented and interpreted in this chapter. The questionnaire was completed by 12 medical practitioners and four (4) specialists from a total population of 186 (176 medical practitioners and 10 specialists). Personal interviews were held with the following persons at the various facilities in the province: HRM practitioners (12); CEOs of public hospitals (2); a Clinical Manager (1) from a total population of 64 (48 HRM Practitioners, 8 Hospital CEOs and 8 Clinical Managers).

The questions, in both the questionnaire and interviews, focused on the recruitment and retention of medical practitioners and specialists at the NW DoH, especially in rural areas.

The empirical research was conducted with a view to establishing which employee recruitment and retention strategies are effective, and to provide recommendations to the NW DoH on the improvement of its employee retention strategy for medical practitioners and specialists at rural facilities.

The findings, from both the questionnaires and interviews, revealed consistencies between the views held by hospital CEOs, the Clinical Manager, and the medical practitioners and specialists. It did, however, reveal that HRM practitioners do not always share the same sentiments as hospital CEOs and Clinical Managers since they rely solely on the provisions of the policy — whereas the hospital CEOs and line managers are more inclined to think progressively in terms of enhancing the recruitment and retention of medical practitioners and specialists at their facilities. The following topics were addressed with the empirical research: continuous professional development; career development; mentoring, coaching and supervision; additional financial benefits; working conditions; the availability of equipment and supplies; living conditions; municipal infrastructure; and access to good schools.

Based on the results obtained from the questionnaire and interviews, it can be concluded that the current recruitment and retention strategies for medical practitioners and specialists at rural facilities are ineffective. The results acquired from the questionnaire also revealed that most of the medical practitioners and specialists would remain at rural facilities if there were more senior posts at rural facilities and if programmes for career development were provided. The results also revealed that motivators to encourage medical practitioners and specialists to work in rural facilities included providing accommodation, training and development opportunities, ensuring equipment and supplies availability, improved working conditions and financial incentives. Demotivating factors included a lack of supervision and specialist support including training, a lack of management support, and lack of career progression at rural facilities.

Therefore, aspects such as increased training and development opportunities, adequate equipment and supplies, and improved working conditions seem to be circumstances that could motivate medical practitioners and specialists to remain at rural facilities. There was also a common thread to feedback from all levels that participated in the research. The medical practitioners and specialists, hospital CEOs, Clinical Managers and HRM

practitioners all agreed that providing accommodation at rural facilities is one of the main motivational factors that would help the NW DoH to recruit and retain these medical employees at rural facilities. Based on the results obtained from the empirical research, the finding of the empirical investigation revealed the following themes that are important in the recruitment and selection of medical practitioners and specialists in rural areas: working conditions, equipment and supplies, accommodation and living conditions, career development and continued professional development, mentoring and supervision, additional financial incentives, changing the scope of practice, the failure of the OSD, job satisfaction and a strategic integrated HRM approach.

This chapter (Chapter 5), in addition to the above summary of the preceding chapters in relation to the research objectives, also provides recommendations for the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province. Finally, a conclusion to the study is also provided. This chapter pertains to the following research objective: *to make recommendations on the improved recruitment and retention of medical practitioners and specialists in the NW DoH*. Subsequently, the recommendations are made in the following section.

### **5.3. RECOMMENDATIONS**

Based on the literature review (Chapter 2), the requirements and guidelines as set out in the statutory and regulatory framework (Chapter 3), and the empirical research conducted (Chapter 4), it was evident that NW DoH does not adequately manage the recruitment and retention of medical practitioners and specialists. The most concerning consequence of the inefficient recruitment and selection of medical practitioners and specialists, is that it can result in the citizens of the Province not receiving adequate care in the rural facilities of the Province. In terms of the Constitution, 1996, all citizens have the right to health care and should have access to quality health care services (RSA, 1996:13). In addition, the goals and objectives of the NDP, 2011, in terms of the public health care system, states that the strengthening of health systems should be specifically directed to patient needs to improve these services for communities (RSA, 2011b:304). It has been stated before that the majority of the population in the North West Province's rural areas are dependent on public health care (McIntyre & Ataguba, 2016:9). It was also confirmed that the majority of medical practitioners (53%) and specialists (90.1%) are employed in the

urban areas, leaving the public health sector too understaffed to effectively provide the people's health needs.

To effectively provide the needs of patients, an adequate number of medical practitioners and specialists (as persons with scarce skills) should be recruited and retained in the NW DoH. In order to successfully recruit enough medical practitioners and specialists in the rural areas of the North West Province, as well as to ensure that they are retained, certain strategies should be in place. The recommendations below relate to these strategies. Thus, the recommendations for the improved recruitment and retention of the medical practitioners and specialists in the rural areas of the North West Province, below, are made with the end goal of fulfilling the NW DoH's constitutional objective by providing the health care needs of the community.

- **Recommendation 1: The NW DoH should ensure good working conditions**

Poor working conditions is one of the foremost reasons why medical practitioners and specialists are dissatisfied in the public health sector, resulting in the high turnover rate of these employees (Mokoka *et al.*, 2010:4; George *et al.*, 2013:5; RHAP, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18). One of the ways to enhance the recruitment and retention of medical practitioners and specialists is to support them with adequate and functional equipment and supplies (Mokoka *et al.*, 2010:4; Darkwa, 2015:6). A lack of adequate and well-maintained equipment is one of the primary reasons that medical practitioners and specialists are demotivated to take up employment at a rural facility (Africa Foundation, 2017:1). This finding was confirmed by medical practitioners and specialists during the empirical investigation. In the interviews held with the CEOs and Clinical Managers of public hospitals, it was stated that the contracts for the service providers of the equipment are not always in line with the requirements of medical employees and that the equipment is not replaced as soon as it reaches the end of its life span.

Therefore, the working conditions of medical practitioners and specialists can be improved through the following:

- Before tender specifications are set, medical practitioners and specialists should be consulted to determine what equipment and supplies are best suited to the conditions in the rural areas of the NW DoH.
- Medical equipment should be serviced regularly, and the department should therefore prioritise the appointment of skilled clinical engineers.
- The department should find a faster way to deal with repairing or replacing medical equipment within the regulated framework.
- Clear guidelines should be established to determine the lifespan of equipment and when it should be replaced.
- The NW DoH should ensure that all facilities (rural and urban) have similar equipment, and that those at rural facilities do not have sub-standard equipment or “hand me downs” from urban facilities.
- The department must ensure that supplies at rural facilities are always on hand and that urban facilities are not prioritised when supplies are delivered.

Thus, by ensuring that all rural facilities have appropriate and sufficient working equipment and supplies, the NW DoH could be in a position to attract and retain more medical practitioners and specialists to the rural areas in the province and to render appropriate health services to the population of the North West Province.

**Recommendation 2: The NW DoH should ensure appropriate accommodation and living conditions**

Appropriate accommodation and living conditions are important factors for medical practitioners and specialists to consider before they decide to work at any facility (Darkwa, 2015:6). Living conditions to consider include infrastructure, sanitation, electricity supply, telecommunications and schools (Darkwa, 2015:6; Claudine *et al.*, 2016:64). Providing staff accommodation, good schools with qualified teachers, clean drinking water, electricity and a good road and transport network will increase the likelihood that medical practitioners and specialists remain in rural areas (Claudine *et al.*, 2016:64). Based on the responses received to this question, the vast majority of respondents, 93,75%, either strongly agreed or agreed that the improvement and maintenance of municipal infrastructure would influence their decision to work in a rural facility. It is clear from the responses provided that an improvement on, or the proper maintenance of infrastructure,

would have a positive influence on the decision of medical practitioners and specialists to work in rural facilities.

Therefore, the NW DoH should ensure that medical practitioners are provided with appropriate accommodation that is maintained on a regular basis. The department should engage local municipalities to ensure that clean water is always available. The municipality should also be engaged to ensure that there are proper access roads to the facility and that the access roads are maintained. The Department of Education can be engaged to ensure that schools within the area are able to accommodate the children of medical practitioners and specialists — and if there is no suitable school, there should be appropriate boarding facilities in nearby towns for children during the week, as well as a transport service for them. Thus, the NW DoH, at a strategic level, should engage with the various stakeholders in local Government and the department of education to ensure that proper accommodation and living conditions are addressed.

**Recommendation 3: The NW DoH should ensure career development and continued professional development opportunities**

Career development and continuous professional development are critical factors that are considered by medical practitioners and specialists, since these provide career growth opportunities. Career development and continuous professional development enables the organisation to utilise the employee fully and attach the employee to the organisation (Omotoye, 2011:95; Hong *et al.*, 2012:64). Employees will be motivated and the possibility of retention is higher if organisations invest in employees' career development (Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). Career development is critical, hence its inclusion in the Constitution, 1996, which stipulates that HRM and career development practices should be implemented to optimise public employees' talent and capabilities (RSA, 1996:99).

The aforementioned theory was confirmed by the medical practitioners and specialists during the empirical investigation, since the vast majority of respondents, 87,5%, either agreed or strongly agreed that continuous professional development would positively influence their decision to remain or work in a rural facility. And 100% of respondents

agreed that the opportunity for career development would positively influence their decision to remain or work in a rural facility.

Therefore, the department must allow medical practitioners and specialists to attend career development programmes and to participate in continuous professional development at the employer's cost. This will ensure that medical practitioners and specialists will feel that the department is a caring department, investing in them, and concerned about their wellbeing in terms of development. Thus sponsoring medical practitioners and specialists to continue with continuous professional development increases the likelihood that they will remain at rural facilities and will not have to relocate to urban facilities to take up development opportunities.

#### **Recommendation 4: The NW DoH should practice mentoring, coaching and effective and supportive supervision**

Mentoring, coaching and effective and supportive supervision are regarded as significant factors in the development, motivation and retention of employees (Van Dijk, 2008:392; Hong *et al.*, 2012:64; Detuncq & Schmidt, 2013:31; Talent Management Orientation Guide, 2015:30; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). Most of the respondents either strongly agreed (43.78%) or agreed (37,5%) that mentoring, coaching and effective supportive supervision would influence their decision to remain or work in a rural facility.

Therefore, the NW DoH must identify senior medical practitioners and specialists that can provide mentoring, coaching and effective and supportive supervision to medical practitioners and specialists at rural facilities. It does not necessarily mean that this supportive supervision and mentoring should be rendered on site at the rural facility, it could be done through outreach by visiting specialists. Mentoring has been found to be a significant factor in the development, motivation and retention of employees (Detuncq & Schmidt, 2013:31; Talent Management Orientation Guide, 2015:30).

The assistance that medical practitioners and specialists receive through the provision of mentoring, coaching and effective and supportive supervision would increase the likelihood of recruiting and retaining medical practitioners at rural facilities. Employee

development creates a sense of belonging amongst employees who feel appreciated, due to the organisation's investment in their careers, which results in a healthy organisational culture and motivated employees (Farndale *et al.*, 2010:165).

**Recommendation 5: The NW DoH should consider the payment of additional financial incentives**

Hong *et al* (2012:64) indicate that additional financial incentives serve as a consideration for employees to assume employment in an organisation or to remain with an organisation. Compensation and benefits are addressed during the recruitment and selection process. (Hariharan, 2014:46). Mokoka *et al.* (2010:4) state that suitable working conditions, together with available resources, are essential during the recruitment process. Additional financial incentives can therefore not be used as a retention strategy in isolation from other factors, such as working conditions. During the empirical investigation, the medical practitioners and specialists (81,25%) indicated that additional financial incentives would serve as motivation to work or remain in a rural facility.

The research results revealed that additional financial incentives would serve as motivation for both medical practitioners and specialists, as indicated by 81,25% of the medical practitioners and specialists who completed the questionnaire.

Therefore, the NW DoH must look at ways of identifying financial incentives, additional to the rural allowances within the DPSA's and National Treasury's prescripts, depending on available budget. These incentives could be paid as an additional allowance, or payment for studies towards improving the qualifications of the medical practitioners and specialists, or towards career development opportunities.

**Recommendation 6: The NW DoH should change the scope of practice**

The scope of practice is a concept that several professions use in the context of professional regulation (NMBI, 2015:2). The scope of practice sets out the procedures, actions and processes that the registered or licensed professional is allowed to perform and, in addition, the individual practitioner's scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task (NMBI, 2015:2).

The current scope of practice at rural facilities is limited, and only makes provision for dealing with the basic medical needs of the patients. The current scope of practice does not contribute to the job satisfaction of the medical practitioners and specialists, as it limits what they are allowed to do in terms of the package of services rendered by the facility (RSA, 2012:4).

The vast majority of medical practitioners and specialists, 87.5%, agreed that changing the scope of practice at rural facilities would influence their decision to take up employment with, or remain at a rural facility.

Changing the scope of practice is, however, not a decision that can be taken by the NW DoH on its own, since the classification of hospitals is done by the Minister of Health who sets specific standards for hospitals. Therefore, the department should engage the Minister of Health to consider amending the scope of practice for rural facilities. Thus, by championing the process to change the scope of practice at rural facilities, the department will bring it to the relevant authority's attention that there is a need to amend or change the scope of practice at rural facilities and that doing so is likely to increase the recruitment and retention of medical practitioners and specialists.

**Recommendation 7: The NW DoH should mitigate the failure of the OSD with internal policies and practices**

The principles of the OSD have to be complied with by all health departments in all provinces. The OSD has improved the salaries for medical practitioners and specialists by introducing a revised salary structure that provides for career pathing, pay progression, seniority, increased competencies and performance.

Unfortunately, the OSD does not assist rural facilities to recruit and retain medical practitioners and specialists, since they cannot be offered higher salaries (other than the rural allowance or any other financial benefits). The OSD is very prescriptive and therefore no deviations are allowed. Therefore, in order to address the failure of the OSD, the NW DoH should develop internal policies and practices to deal with the shortcomings of the OSD. These policies and practices should deal specifically with the recruitment and retention of medical practitioners and specialists in rural areas.

### **Recommendation 8: The NW DoH should implement recruitment and retention by means of a strategic integrated HRM approach**

A strategic integrated HRM approach includes the integration of human resource planning, job design; recruitment and selection; training and development; career development; performance appraisal and review; mentoring and coaching; talent management; compensation; and rewards (Davies & Davies, 2010:419; Armstrong, 2014:18). Strategic HRM is considered as a framework to align an organisation's human resource plan to its goals and objectives and is necessary for the Public Service to effectively manage employees' recruitment, performance, development and retention (Ulrich, 2009; Louw & Kahn, 2010; Koketso, 2011; Barkhuizen, 2014). One of the main objectives of strategic HRM is to implement strategies that are integrated with the organisation's business strategy, which emphasises the importance of employing the most talented, skilled and engaged employees (Armstrong, 2014:5).

Therefore, the NW DoH should give attention to the following to ensure that it implements a strategic integrated HRM approach for the recruitment and retention of medical practitioners and specialists, especially in rural areas:

- Proper human resource planning should be conducted to formulate a well-defined recruitment and retention strategy, specifically for rural areas.
- The human resource plan should be integrated with the strategic plan of the department.
- Human resource planning, recruitment and selection, performance management, career development, mentoring and coaching, HRD, and talent management, should be practised in an integrated and interrelated manner with each other.

Thus, the NW DoH, by implementing or adopting a strategic integrated HRM approach towards recruitment and retention, would improve the position of the department to recruit and retain medical practitioners and specialists in rural areas.

In summary, as found in the responses from the medical practitioners and specialists during the empirical investigation, there are a variety of factors that would influence their

decision to take up employment or remain at a rural facility. These include working conditions, equipment and supplies, mentorship and supportive supervision as well as accommodation, living conditions and continuous professional development. It is therefore argued that the NW DoH needs to implement a combination of the recruitment and retention factors as mentioned above by means of an integrated approach. The recruitment and retention factors, discussed above, should be practised in a convincing and effective way to serve as motivation for medical practitioners and specialists and present the rural facilities as facilities of choice.

#### **5.4. CONCLUSION**

The study focused on the recruitment and retention of medical practitioners and specialists in the rural areas of the North West Province. Given the constitutional requirement to provide quality health care services to all citizens, and in consideration of the NDP (2011) highlighting the failing public health care system as one of the most significant challenges of the democratic developmental state, it is evident that the public health sector needs to employ skilled, capable and competent medical employees to ensure that the Government delivers on its constitutional and service delivery mandate and to ensure the achievement of the goals and objectives of the democratic developmental state. It is also imperative that the Public Service retains highly skilled and talented employees.

However, the Public Service continues to experience challenges in recruiting and retaining employees with scarce skills (RSA, 2008a:45; RSA, 2011a:371; RSA, 2012a:334), especially medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; RHAP, 2015:1). In addition, the majority of the population (84.5%) in the North West Province's rural areas are dependent on public health care (McIntyre & Ataguba, 2016:9). In spite of this need, the majority of medical practitioners (53%) and specialists (90.1%) are employed in the urban areas, leaving the public health sector understaffed to effectively provide the people's health needs. Further to this, the NW DoH has an employee turnover rate of 50.1% for medical doctors and 31.4% for medical specialists (RSA, 2017a:156).

The aforementioned context and challenges led to the identification and formulation of the research problem: the NW DoH does not employ an adequate number of medical practitioners and specialists to serve the population of the North West Province, thereby not effectively fulfilling its mandate to provide quality health care services to citizens, and should enhance its recruitment and retention strategies to recruit and retain medical practitioners and medical specialists, especially in rural areas. To address the research problem, a theoretical framework for employee recruitment and retention in the Public Service was established in Chapter 2. In Chapter 3, the statutory and regulatory framework pertaining to the recruitment and retention of medical practitioners and specialists was reviewed, as well as a statutory and regulatory framework for the public health sector. Following the literature review and the review and the statutory and regulatory framework, an empirical investigation was conducted (Chapter 4).

A self-administered semi-structured questionnaire and semi-structured personal interviews were used as data-collection instruments. The study followed a mixed method approach, descriptive research design and purposive, non-probability sampling. The questionnaire was completed by 12 medical practitioners and four (4) specialists from a total population of 186 (176 medical practitioners and 10 specialists). Personal interviews were held with the following persons at the various facilities in the province: Human resource management (HRM) practitioners (12); CEOs of public hospitals (2); a Clinical Manager (1) from a total population of 64 (48 HRM Practitioners, 8 Hospital CEOs and 8 Clinical Managers). The questions in both the questionnaire and interviews focused on the recruitment and retention of medical practitioners and specialists at the NW DoH, especially in rural areas. The empirical research was conducted with a view to establishing which employee recruitment and retention strategies are effective, as well as to provide recommendations to the NW DoH on the improvement of its employee retention strategy for medical practitioners and specialists at rural facilities.

The findings from both the questionnaire and interviews revealed the following themes as significant to the recruitment and retention of medical practitioners and specialists in the NW DoH in rural areas: continuous professional development; career development; mentoring, coaching and supervision; additional financial benefits working conditions; the availability of equipment and supplies; living conditions; municipal infrastructure; and access to good schools. Subsequently, a number of recommendations were made with a

view to improving the recruitment and retention of medical practitioners and specialists in the North West Province, especially in rural areas. The recommendations indicated that the following aspects should receive attention by the NW DoH regarding the recruitment and retention of medical practitioners and specialists: good working conditions; appropriate accommodation and living conditions; career development and continued professional development opportunities; mentoring, coaching and effective and supportive supervision; the payment of financial incentives, additional to the rural allowances; changes in the scope of practice; the failure of the OSD; and a strategic integrated HRM approach.

The contribution of the study is practical as well as theoretical in nature. In terms of its practical contribution, the recommendations made in this study can be used by the NW DoH as guidelines to increase the recruitment and retention of medical practitioners and specialists at the rural facilities in the North-West Province. The study also made a theoretical contribution to the scholarly knowledge of the sub-field of Human Resource Management within Public Administration. The theory, results and recommendations of the study can be used to assist the students in Public Administration (especially undergraduate students) to gain a better understanding of the context and challenges pertaining to the recruitment and retention of employees in the Public Service. Postgraduate students can use the study as a point of reference or departure for future research on the topic.

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**QUESTIONNAIRE****Medical practitioners and specialists****North-West Department of Health**

I would like to thank you for devoting a part of your valuable time in responding to the questionnaire and participating in this research. The questionnaire is used as data collection instrument for empirical research for a Masters degree in Public Administration (MPA) at the North-West University (NWU). The title of the study is: ***The recruitment and retention of medical practitioners and specialists in rural areas: the case of the North West Department of Health.*** The purpose of this research is to determine the extent to which the North West Department of Health (NW DoH) can improve on the recruitment and retention of medical practitioners and specialists in the rural areas of the province.

The questionnaire comprises of three sections:

- Section A – Consent form
- Section B - Biographical information
- Section C – Recruitment and retention

The completion of the questionnaire should not take more than 15 – 20 minutes.

**Please answer all Sections of the questionnaire.**

Should you have any queries or comments pertaining to this questionnaire, please contact me at [janniedbeer@gmail.com](mailto:janniedbeer@gmail.com).

Thanking you in advance

Jannie de Beer (Researcher)

## SECTION A: CONSENT TO PARTICIPATE IN THE STUDY

I, \_\_\_\_\_ (name and surname), agree to participate in the research for a master's degree in Public Administration, titled *The recruitment and retention of medical practitioners and specialists in rural areas: the case of the North West Department of Health*, through the completion of a questionnaire.

### I give my consent to participate in the study with the following understanding:

- The purpose of the questionnaire was explained to me.
- My participation is voluntary.
- My anonymity is ensured. Feedback on the responses obtained through the questionnaire will be reported as a collective; therefore, I will not be identified by name in the study.
- I may withdraw from the study at any given time.
- The information I provide will be used for the purpose of this research study only and will not be made available to any third party.
- I will answer questions honestly, based on my personal expertise, experience and views.

### Participant:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Researcher:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION B: BIOGRAPHICAL INFORMATION

Please indicate the relevant answer with a **X** in the appropriate box:

**1. Gender**

Male	Female

**2. Age**

< 30	30 – 40	41 – 50	51 – 60	61 – 65

**3. Highest academic qualification**

Bachelor of Medicine, Bachelor of Surgery	
Bachelor of Medical Sciences	
Master of Medicine	
Master of Surgery	
Doctor of Medicine	
Doctor of Philosophy	
Doctor of Clinical Surgery	
Other:	

**4. Current rank/position in the NW DoH**

Medical Officer Grade 1	
Medical Officer Grade 2	
Medical Officer Grade 3	
Clinical Manager	
Medical Specialist	
Head: Clinical Unit	
Head: Clinical Department	
Manager: Medical Services	

**5. Period of employment in current rank/position**

Less than 1 year	
1 – 5 years	
6 – 10 years	
More than 10 years	

**6. Period of employment at NW DoH**

Less than 1 year	
1 – 5 years	
6 – 10 years	
More than 10 years	

**7. Period of employment at a rural facility**

0 – 1 Years	
1 – 5 Years	
6 – 10 Years	
More than 10 Years	

**8. Allocation to a rural facility**

Medical internship	Yes	No
Community Service	Yes	No

**9. If you answered yes at question 8, how did you perceive your experience of working in a rural facility?**

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### SECTION C: RECRUITMENT AND RETENTION

Indicate the most suitable answer, based on your personal experience, with a **X** in the appropriate box.

	Strongly Agree	Agree	Disagree	Strongly Disagree
10. Young people recruited from rural and/or deprived areas are likely to remain in those areas once trained.				
11. Continuous Professional Development (CPD), education and research opportunities will positively influence my decision to work in rural facilities.				
12. Changing the scope of practice (e.g. At Community Health Centres and District Hospitals) for health care professionals in rural areas will enhance my job satisfaction and will positively influence my decision to remain practicing in rural areas.				
13. Additional financial incentives, over and above a rural allowance, will positively influence my decision to work in rural facilities.				
14. The job satisfaction of health care practitioners in rural areas will increase if the undergraduate and postgraduate curricula of medical degrees are revised to include topics of rural health to enhance the competencies of health care professionals working in rural areas.				
15. An improvement in the living conditions for health workers and their families (e.g. infrastructure, sanitation, electricity, telecommunications, and schools) in rural communities will have a positive influence on my decision to remain practicing / or to practice in a rural area.				
16. I'm more likely to remain at a rural facility if the appropriate equipment and supplies are available.				
17. I'm more likely to remain at a rural facility if I receive supportive supervision and mentoring.				
18. The availability of senior posts and programmes for career development will positively influence my decision to remain at a rural facility.				

**19. Kindly indicate the most significant aspects that will motivate you to continue working in rural areas or to take up employment in rural areas.**

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**20. Kindly indicate the most significant aspects that will incline you to leave your employment in a rural area.**

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**INTERVIEWS**

**Human Resource Management practitioners, line managers at public hospitals and the Chief Executive Officers (CEO's) of public hospitals  
North-West Department of Health**

**SECTION A: CONSENT TO PARTICIPATE IN THE STUDY**

I, \_\_\_\_\_ (name and surname), agree to be interviewed as part of the research for a master's degree in Public Administration, titled: ***The recruitment and retention of medical practitioners and specialists in rural areas: the case of the North West Department of Health.***

**I give my consent to participate in the study with the following understanding:**

- The purpose of the interview has been explained to me.
- The interview will be audio recorded to simplify the process of transcription for the researcher. The audio recordings will not be made available to any third party.
- My participation is voluntary.
- I may withdraw from the study at any given time.
- My anonymity is ensured. The results obtained from the interviews will be reported as a collective; therefore, I will not be identified by name or position in the study.
- The information I provide will be used for the purpose of this research study only and will not be made available to any third party.
- I will answer the questions honestly, based on my personal expertise, experience and views.

**Interviewee:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Researcher:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SECTION B: BIOGRAPHICAL INFORMATION

*(completed by researcher upon requesting the information from the interviewees)*

Designation: \_\_\_\_\_  
Division and Unit: \_\_\_\_\_  
Period of employment in current post: \_\_\_\_\_  
Period of employment at the DSBD: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Age: \_\_\_\_\_

## SECTION C: RECRUITMENT AND RETENTION OF MEDICAL DOCTORS AND SPECIALISTS AT THE NW DoH

### Questions for HRM practitioners

1. Does the NW DoH undertake a **Human Resource (HR) planning** process before the commencement of the recruitment and selection process?
  - If yes, please indicate if the HR planning process is effectively conducted
  - If no, please explain what is preventing the NW DoH from conducting HR planning
2. Are there any shortcomings and/or challenges in the **recruitment and selection** policies and practices of the NW DoH, specifically pertaining to the recruitment and selection of medical practitioners and specialists in rural areas?
  - If yes, please identify these shortcomings
3. Are there any shortcomings and/or challenges in the **retention** policies and practices of the NW DoH, specifically pertaining to the retention of medical practitioners and specialists in rural areas?
  - If yes, please identify these shortcomings
  - If no, what is done by the NW DoH to make the retention of these employees successful?
4. Does the implementation of the **Occupational Specific Dispensation (OSD)** for medical practitioners and specialists assist with the **recruitment and retention** of these employees in rural areas?
  - If yes, please indicate the advantages of the OSD
  - If no, please indicate the disadvantages of the OSD

**Questions for line managers and CEOs**

1. In your view, what can be done to ensure that sufficient medical practitioners and specialists are **recruited** for employment in rural areas as well as **retained**, once they took up employment?
2. Do you have enough appropriate **equipment and supplies as well as the supportive supervision and mentoring practices** available at rural facilities?
  - If yes, how are the equipment, supplies, supervision and mentoring practices at rural facilities be maintained?
  - If no, what needs to be done to ensure that the appropriate equipment, supplies, supervision and mentoring practices are available at rural facilities?
3. Are **career development** opportunities available for medical practitioners and specialists at rural facilities?



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Faculty of Arts Ethics Committee  
Tel: (018) 2691757  
Tel: (018) 2691488  
E-mail: [WJ.vanWyk@nwu.ac.za](mailto:WJ.vanWyk@nwu.ac.za)

12 October 2017

### TO WHOM IT MAY CONCERN

Mr J de Beer (23946210) is enrolled as a post-graduate student at the North-West University.

The following information is applicable to Mr de Beer's studies:

Faculty: Arts (Humanities)

School: Government Studies

Subject group: Public Administration

Programme: Masters of Public Administration (L831P)

Title of mini-dissertation: *The recruitment and retention of medical practitioners and specialists in rural areas: the case of the North West Department of Health*

This title has been approved by the Focus Area: Social Transformation, and the Management Committee of the Faculty of Arts on 17 July 2017.

The study has also been evaluated and approved by the Ethics Committee of the Faculty of Arts and the Institutional Research and Ethics Committee (IREC) of the North-West University. The ethics number for this study is NWU 00117-13-A-1

Kind regards

A handwritten signature in black ink, appearing to read 'W.J. van Wyk'.

Prof W.J. van Wyk

Faculty of Arts: Ethics Committee

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**POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION**

Name of researcher : Mr. J. de Beer  
 North West University

Physical Address \_\_\_\_\_  
 (Work/ Institution) \_\_\_\_\_  
 \_\_\_\_\_

Subject : Research Approval Letter – The recruitment and retention of  
 Medical practitioners and specialists in rural areas: the case of  
 North West Province.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards

  
 Dr. FRM Ralchal  
 Director: PPRM&E

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20 NOV 2017

NORTH WEST PROVINCE  
 REPUBLIC OF SOUTH AFRICA

17/11/2017  
 Date

  
 Researcher

20/11/2017  
 Date



Healthy Living for All