THE STUDY OF STAFF TURNOVER AMONGST REGISTERED NURSES: THE CASE OF BOPHIRIMA DISTRICT IN THE NORTH WEST PROVINCE, SOUTH AFRICA

BY

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Promoter: Professor Lulama Qalinge

DECLARATION

I, Mr. Abram Tsidiso Sejake, declare that the Dissertation for the Degree of Master of Business Administration in General at the North West University hereby submitted, has not previously been submitted by me for a Degree at this or any other University, that it is my own work in design and execution, and that all material herein has duly been acknowledged.

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Abram. T. Sejake(Mr.)

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ABSTRACT

The aim of the study is to explore staff turnover amongst registered nurses in Bophirima District Hospitals. The following are the study's specific objectives:

- determine the factors contributing to staff turnover;
- to investigate the effectiveness of the retention policy;
- to device means to alleviate the problem of staff turnover;
- and to explore how staff turnover affect the financial situation of the hospital.

The qualitative design was used in the study and entailed 100% of management (Chief Executive Officers and Nursing Services mangers) and 50% of functional registered nurses (Unit managers and operational registered nurses) in all Bophirima District Hospitals.

The research studies revealed that staff turnover have largely contributed towards the shortage of staff and thus created stress and burn-out for the remaining nurses. The following factors were found to be detrimental to the nursing care process and, thus, caused nurses to leave for greener pastures overseas:

- Emigration of registered nurses to oversees countries,
- High level of frustration, stress and burnout due to shortage of staff,
- Poor working conditions, lack of essential equipments,
- Lack professional development,

- Lack of management support, lack of career path, high staffing cost,
- Lack of awareness about retention strategies.

On the basis of the findings, the following are recommendations were made:

- reviewing the remuneration package of registered nurses,
- introduction of occupation specific dispensation for registered nurses,
- allowing retired nurses who are still strong and able to work limited hours,
- allowing moonlighting of registered nurses from other health districts, provinces and private sector,
- Improvement in the conditions of service of registered nurses by the introduction of rest rooms/change rooms and cafeteria facilities,
- maintenance of hospital facilities to improve the general image of the institutions,
- Review and create awareness about retention strategy.

Occasional debriefing sessions must be considered to deal with stress and burnout.

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ACRONYMS

CPN – Chief Professional Nurse

SPN –Senior Professional Nurse

PN – Professional Nurse

SA – South Africa

SANC – South African Nursing Council

GDP – Gross Domestic Product

AMWAC – Australian Medical Workforce Committee

HIV – Human Immune Virus

AIDS – Acquired Immune Deficiency Syndrome

DENOSA – Democratic Nurses Organization Of South Africa

NWP – North West Province

MEC – Member of Executive Council

SSA- Sub-Saharan Africa

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CHAPTER ONE

GENERAL ORIENTATION

1.1. INTRODUCTION

In 1994 South Africa obtained independence under the leadership of the African National congress. This era marked the end of isolation for South Africans. This meant that South Africa opened its boarders to the rest of the world, and South Africans found themselves having opportunities of exploring the world beyond their boarders.

Positive as this may seem, it did not come without challenges. The opening of the boarders saw many South African professionals leaving the country for greener pastures and more professional development.

The health profession is one of those professions that is faced with the exodus of registered nurses for overseas countries. This created a gap as more and more nurses took the advantage of exploring the world. This, therefore, resulted in the high staff turnover in different hospitals throughout the country.

As a result, health services became affected as human resources dwindled on a yearly basis. This meant that the government needed to do something to retain those that are still in the system and to advertise for more post to fill in the gaps. The availability of sufficient and competent registered nurses with appropriate skills and experience is needed to maintain the health system in South Africa, this is central to the success of the transformation process of the health care system.

In August 2005 during the launch of the Human Resource for Health strategic framework, the Minister of Health stressed that the single most critical resource to deliver on the objectives of the country is the availability and capacity of health personnel. It is the lack of this availability and capacity that has prompted the researcher to undertake this study as indicated below:

The specific health worker to population ratio for sub-Saharan Africa (SSA) is 135 nurses per 100 000 population (North West Department of Health, Workforce plan, 2006). This ratio is the least favourable reported in the world. This is due to the fact that in sub-Saharan African countries (SSA), there are fewer health workers than they had 30 years ago, despite larger population and increased health needs.

Though South Africa had more professional health workers than any country in SSA, (with the exception of Mauritius), South Africa still suffers from low worker density between the public and the private sector, and between urban and rural in the public sector.

1.2. STATEMENT OF THE PROBLEM

The professional brain drain from South Africa to overseas countries has stripped off South Africa of its human resources, leaving some of the services especially the hospitals, bleeding, and thus affecting service delivery. Employee turnover, therefore, has created enormous problems in the health sector and has created negative bottom-line impacts.

According to Goolsby(2006), the cost associated with employee turnover, show up in such areas as advertising for new employees, time and money necessary to screen the applicants, training or orientation of new employees, lost productivity and low quality of work amongst the employees left behind.

The number of nurses in employment in South Africa was estimated in 2003 to be 155484, with a nurse population ratio of 343 : 100 000, which compared favorably with world health organization minimum norm of 200 : 100 000. However, the nurse population ratio is expected to drop to 305:100 000 over next ten years with a total of 18 758 positions remaining unfilled (North West Department of Health workforce plan 2005). Staff turnover has a tendency to affect mostly the rural areas. This is due to poor geographic conditions and the lack of facilities and resources. Bophirima District being situated in a rural area, is no exception.

Bophirima region has been characterized by high staff turnover and yet it accounts for 604 853 of the total population of the North West Province (Bophirima Health Report, 2005). It is against this background that the researcher is interested in investigating the staff turnover amongst the registered nurses in the Bophirima region, to assess the impact on service delivery, how it affects the financial position of the health sector and finally, to look at the effectiveness of the retention strategies.

1.2.1. THE EXTENT OF THE PROBLEM

In this study, the extent of staff turnover amongst the professional nurses/Registered nurses, will be viewed from the following perspective: International, National, Provincial and local. The extent of the problem is a means of estimating how big the said problem is. Is it worth undertaking research in that particular area or not because undertaking a study is about use of scarce resources both finance, material and time.

1.2.1.1. The international perspective

The rising turnover rates are a challenge facing providers and are often used as indicators of recruitment/retention difficulties. In the United States, rising rates of turnover have been experienced, particularly in the nursing and pharmacy sectors. The turnover among hospital nursing staff rose from 12% in 1996 to 15% in 1999 (the nursing executive centre, 2000).

Among the pharmacy staff, turnover rose from 14.6% to 21.3% between 1998 and 2000 (hospital & Health Care Compensation Service, 2000a).

Turnover is also experienced among nurse aides in home health care agencies. A 2000 national survey of home care agencies reported a 21% turnover rate for registered nurses (Hospital & Health care compensation Service, 2000b). In contrast, data for Scotland indicate, for the past years, a relatively stable turnover rates for

nurses estimated at around 8% per year, according to the Scottish Executive payroll statistics.

The Democratic Nurses Organization of South Africa (DENOSA) Commissioned a report on nurse emigration that was published in 2001 (Xaba & Phillips, 2001). The report analyzed the statistics on nurse emigration, surveyed health care institutions, and interviewed emigrating nurses. The author planned to survey 100 institutions (29 responded), to analyze questionnaires provided to 100 nurses considering emigration (10 responded), and to interview 20 nurses who were emigrating (16 responded). The authors cautioned about variation in emigration data collected by different institutions in South Africa. They reported that it was not possible to determine the actual number of nurses leaving South Africa, or to which countries they had moved. The report assessed verification data held by the South African nursing council (SANC). Applications to work in another country as a nurse were recorded. This did not necessarily mean that the nurses left South Africa. There was a clear upward trend in the verification issued until the year 2000. Though not commented on by the authors of the report, the reduction in 2000 may be linked to the temporarily reduced flow of nurses from South Africa to the United Kingdom in 2000 as a result of the introduction of ethical recruitment guidelines in England in November 1999.

According to Table 1. below is the Verification issued by the South African Nursing Council, 1999-2000.

Year	No. of applications for verification of qualification	Percentage change per year
1991	455	
1992	578	27.0%
1993	595	2.9%
1994	547	-8.1%
1995	511	-6.6%
1996	957	87.3%
1997	1359	42.0%
1998	1746	28.5%
1999	3672	110.3%
2000	2543	-30.7%

Source: xaba & Phillips (2001)/SANC.

The report also examined data on actual outflow reported by other government agencies, e.g. Statistics South Africa and the Department of Home Affairs. The United Kingdom, Saudi Arabia, New Zealand and Australia were reported to be the most common destination for emigrating nurses. The main impacts of nurse emigrations were reported to be the following:

- Frustration and demotivation of nurses remaining in South Africa;
- Loss of skills(and quality of service); and

- Increased staff shortages (60% of institutions surveyed reported it was difficult to replace nurses who had left).

1.2.1.2. National perspective (South Africa)

The nursing profession in South Africa (SA) is regulated through the Nursing Act No.50 of 1978 (Nursing Act), which provides for the registration of professional nurses and the enrolment of nurses and nursing auxiliaries.

The South African Nursing Council, in terms of the Nursing Act, keeps a register of professional nurses and roll of nurses and nursing auxiliaries eligible to practice in South Africa (SA). Various types of qualifications to establish and upgrade skills are available at the universities, technikons, colleges and nursing schools.

Enrolment figures of first-time entrants can be one of the indicators of nursing supply if failure rates can be accurately estimated. However, it is difficult to establish figures for first-time entries into the profession, as these data are mixed with enrolment data of those upgrading existing skills. However, the following table (table2) gives an overview of nursing supply over a period of 1996-2004.

According to Table 2 below the Nursing supply 1996-2004 is as follows:

Categories of nurses	1996	1997	1998	1999	2000	2001	2002	2003	2004	Variance
Professional nurses/midwifes	87 783	90 007	91 011	92 390	93 303	94 552	94 948	96 715	98 490	+10707
Enrolled nurses/ Enrolled midwives	33 170	33 005	32 744	32 925	32 399	32 120	32 495	33 575	35 266	+2096
Enrolled nursing Auxiliaries	51 567	51 538	49 948	47 578	45 943	45 666	45 426	47 431	50 703	-864
Total	172 521	174 550	173 703	172 893	171 645	172 938	172 869	177 721	184 459	+11939

According to table 2 above South African Nursing Council(SANC) register in 2004, there were 98 490 professional nurses, 35 266 enrolled nurses and 50 703 enrolled nursing auxiliaries who were classified as eligible to practise in SA. These trends in the number of nurses registered are of serious concern as they have not even kept up with population growth.

According to census 2001, the SA population has increased from approximately 40.5million to 46.4Million, which is a growth of over 14%.

In addition, during this period, the demand on nurses has increased considerably. There has been greater reliance by the public sector on the nursing profession. This is largely due to the increased emphasis placed on primary health care which is based on nurses being the main service providers. This has been compounded by the increased usage of the public sector health service as a result of easier accessibility (e.g. free maternal and child health) and by increased morbidity largely due to the HIV epidemic. This has resulted in an increased workload for nurses.

It is also important to note that, although there has been an overall increase in the number of professional nurses on the SANC register, not all of the professional nurses are actively working as professional nurses in the SA health system. Professional nurses often retain their registration when working abroad, retired from employment or not employed as nurses.

1.2.1.3. Provincial perspectives

To illustrate the extent of the problem in North West Province, Annual turnover rates by salary bands for the financial year 2004/2005 have been taken from the annual report 2004/2005 as well as comparisons of appointment and terminations.

According to table 3. Annual turnover rates by salary band is as follows:

Salary band	Total 2004	Appointment	Terminations	Transfers	Turnover rate
Lower skilled	5505	**347**	**225**	**6**	**1(4)**
Skilled	4845	**718**	**326**	**17**	**2(7)**
Highly skilled production	4859	**728**	**458**	**63**	**10.7(11)**
Highly skilled supervision	651	**218**	**180**	**29**	**4(32)**
Senior management service band A	28	**10**	**1**	**1**	**1(7)**
Senior management service band B	3	**0**	**0**	**0**	**0**
Senior management service band C	0	**0**	**0**	**0**	**0**
Other	0	**677**	**630**	**0**	**0(4)**
Total	15891	**2698**	**1820**	**116**	**12.2**

	Appointment	Terminations
Fin YR 04/05	**2698**	**1936**
Fin YR 03/04		**1483**

The table 3 above portrays the annual turnover rates by salary band across all levels. According to the table3 above the highest turnover of 10.7 is depicted under highly skilled production. This is a category

Appointment: include transfers from other department to the departments of health.

Terminations: Nurses that leave the profession

Table 4. Annual turnover rates by critical occupation

Occupation	Total employees as on 1 April 2004	Appointments	Terminations	Transfers	Turnover rates
Ambulance and related workers	501	391	303	0	60.5
Appraises valuers and related professionals	1	0	0	0	0
Dental practitioners	42	28	31	1	76.2
Dental technicians	1	0	0	0	0
Dental therapy	17	5	2	0	11.8
Dieticians and nutritionists	29	20	11	2	44.8
Emergency service related	38	43	23	0	60.5
Environmental health	68	40	22	0	32.4
Head of department/chief executive officer	1		0	0	0
Health sciences related	75	0	10	0	13.3
Medical practitioners	422	10	250	26	65.4
Medical specialists	51	292	15	1	31.4
Medical technicians/technologists	6	30	0	0	0
Nursing assistants	2424	0	118	8	5.2
Occupational therapy	31	295	26	1	87.1
Optometrists and opticians	1	28	0	0	0
Oral hygiene	7	0	0	0	0
Pharmaceutical assistants	1	3	0	0	0
Pharmacists	75	64	30	3	44
Physicists	0	0	1	0	0
Physiotherapy	38	33	17	3	52.6
Professional nurse	2944	225	203	22	7.6
Psychologists and vocational Counselors	16	13	16	0	100
Radiography	65	33	17	2	29.2
Senior managers	27	3	0	0	0
Social work and related	24	13	2	3	20.8

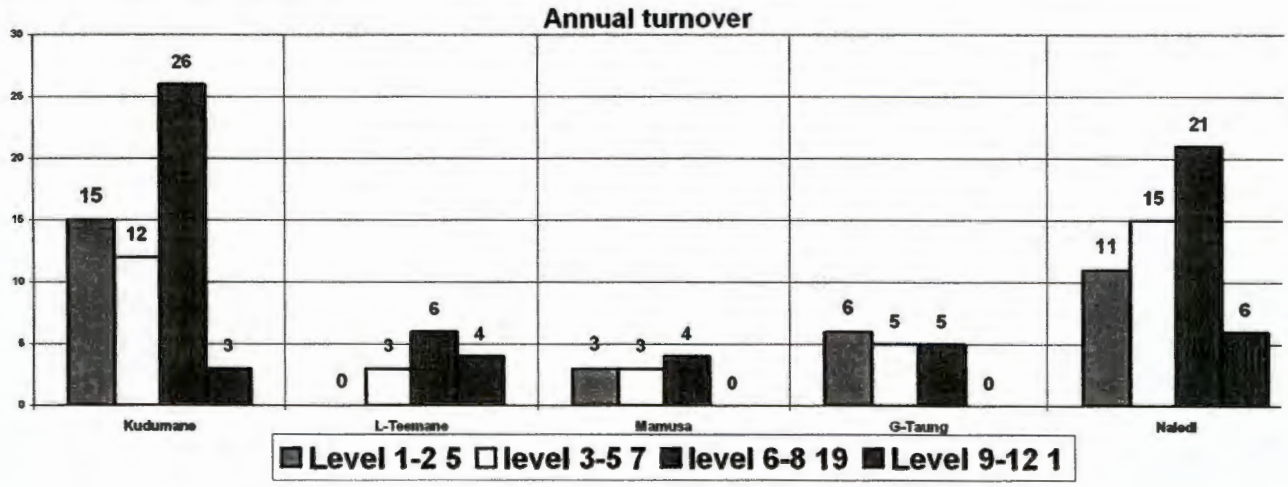
professionals					
Speech therapy and audio logy	13	15	13	0	100
Staff nurses and pupil nurses	1215	32	46	5	4.2
Statisticians and related professionals	1	0	0	1	100
Student nurse	439	196	78	0	17.8
Supplementary diagnostic radiographers	35	0	2	0	5.7
TOTAL	8608	1812	1236	78	15.3

Staff turnover among nurses in NWP making up to 30.3%

1.2.1.4. Local perspectives (Bophirima)

Since the study is carried out on Bophirima District of the North West Province it is necessary to give the extent of the problem in the area. Figure 1 below depicts employee's annual turnover by salary level in Bophirima(Annual report 04/05)

According to Figure 1. Annual turnover is as follows



1.3. Aim of the study

The aim of the study is to explore staff turnover in Bophirima District of the North West Province.

1.4. Objectives of the research

The objectives of the study are as follows:

- Determine factors contributing to staff turnover;
- To investigate the effectiveness of the retention policy;
- To device strategies to alleviate the problem of staff turnover; and
- To explore how staff turnover affects the financial situation of the hospitals.

1.5. RESEARCH QUESTIONS

The study will be directed by the following research questions:

- What are the factors contributing to staff turnover in hospitals amongst registered nurses;
- What is the essence and nature of the retention strategy for registered nurses;
- What problems do registered nurses encounter in hospitals,
- What are the strategies in place to combat or alleviate staff turn over; and
- What is the cost of staff turnover to Hospital?

1.6. Significance of the study

Like any other research, there must be a rational for undertaking a study; otherwise it becomes a worthless exercise. Based on the above, it is therefore appropriate to indicate below the significance of undertaking this study,

- The study will provide management with the root causes of staff turnover in the Bophirima Health District;
- It will provide hospitals with information on how staff turnover impact on economic accounting of hospitals;
- The study will also provide direction towards the development of retention strategy in line with the challenges facing registered nurses in Bophirima Health District; and
- It will provide a base for the development of Provincial and National policy guidelines.

1.7. Definition of concepts

This area of the research concentrates on comprehensive and conceptual clarifications of terminology used in this study. The clarification of concepts and terms in this study is important so that the context and meaning of terms are well defined, to avoid misinterpretation and misrepresentation of views and facts of the study. It is important to note that the terms and concepts carry a plethora of possible meanings.

The concepts and terms clarification in this research is not intended to contest meanings of the same concepts and terms provided for by other authors, but to avoid misinterpretation and ambiguity in the interpretation of concepts and terms utilized throughout the study

Turnover:

Turnover Voluntary and involuntary permanent withdrawal by employees from the organization (Robbins, 2003:121). Turnover may be positive when the right people leave the organization, or disruptive (distractive) when the turnover is excessive or when it involves valuable performers (Robbins, 1993:95).

Council:

Council means the South African Nursing Council contemplated in section 2 of Nursing Act, 2005 (Act no. 33 of 2005)

Database:

Database means an integrated system of particulars of persons registered under the Nursing Act, nursing education institutions and nursing agencies, kept by the council to meet its information processing and retrieval requirements in terms of the Nursing Act.

Health establishment:

Health establishment means the whole or part of the public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic intervention, nursing, rehabilitative, palliative, convalescent, preventative or other health-care.

Health services

Health services include the following:

(a) health care services including reproductive health care and emergency medical treatment contemplated in section 27 of the constitution;

(b) basic nutrition and basic health care services contemplated in section 28(1)c of the constitution;

(c) medical treatment contemplated in section 35(e) of the constitution; and

(d) municipal health services;

Learner nurse:

Learner nurse means a person registered as such in terms of section 32 of the Nursing Act;

Minister:

Minister means the Minister of Health;

National department:

National department means the National Department of Health;

Nurse:

Nurse means a person registered in a category under section 31(1) in order to practice nursing or midwifery;

Nursing:

Nursing means a caring profession practised by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is possible, cares for a health care user so that he or she lives in comfort and with dignity until death;

Nursing service:

Nursing service means any service within the scope of practice of a practitioner in terms of the Nursing Act;

Professional nurse:

Professional nurse means a person registered as such in terms of section 31 of the Nursing Act;

Register:

Register means a register containing the names and other particulars of all persons registered in terms of section 31, 32 or 33 and additional qualification registered in terms of section 34;

1.8. Ethical Implication of the Research

There are a number of key phrases that describe the system of ethical protections that the contemporary social and medical research establishment has created, to try to protect the right of their research participants.

The principle of voluntary participation requires that people not be coerced into participating in research. This is especially relevant where researchers had previously relied on captive audiences for their subjects- e.g. prisons, universities, and places like that.

Close to the notion of voluntary participation is the requirement of the informed consent. Essentially, this means that prospective research participants must be fully informed about the procedures and risks involved in research and must give their consent to participate.

Ethical standards also require that researchers not put participants in a situation where they might be at risk of harm as a result of their participation. Harm can be defined both as physical and psychological. There are two standards that will be applied in this study in order to protect the privacy of participants.

The participants will be guaranteed confidentiality- they will be assured that identifying information will not be made available to anyone who is not directly involved in the study.

The other stricter measure that will be observed is the principle of anonymity which essentially means that the participants remain anonymous throughout the study- even to the researchers themselves.

Clearly, the anonymity standard is a stringer guarantee of privacy, but it is sometimes difficult to accomplish, especially in situations where participants have to be measured at multiple points.

Even when clear ethical standard and principles exist, there will be times when the need to do accurate research runs up against the right of potential participants. No set of standards can possibly anticipate every ethical circumstance.

Therefore, a procedure will be put in place that assures that the study will consider all relevant ethical issues in formulating the research plans. To address such needs the study proposal will be taken through the departmental research committee for approval as well as the graduate school (North West University).

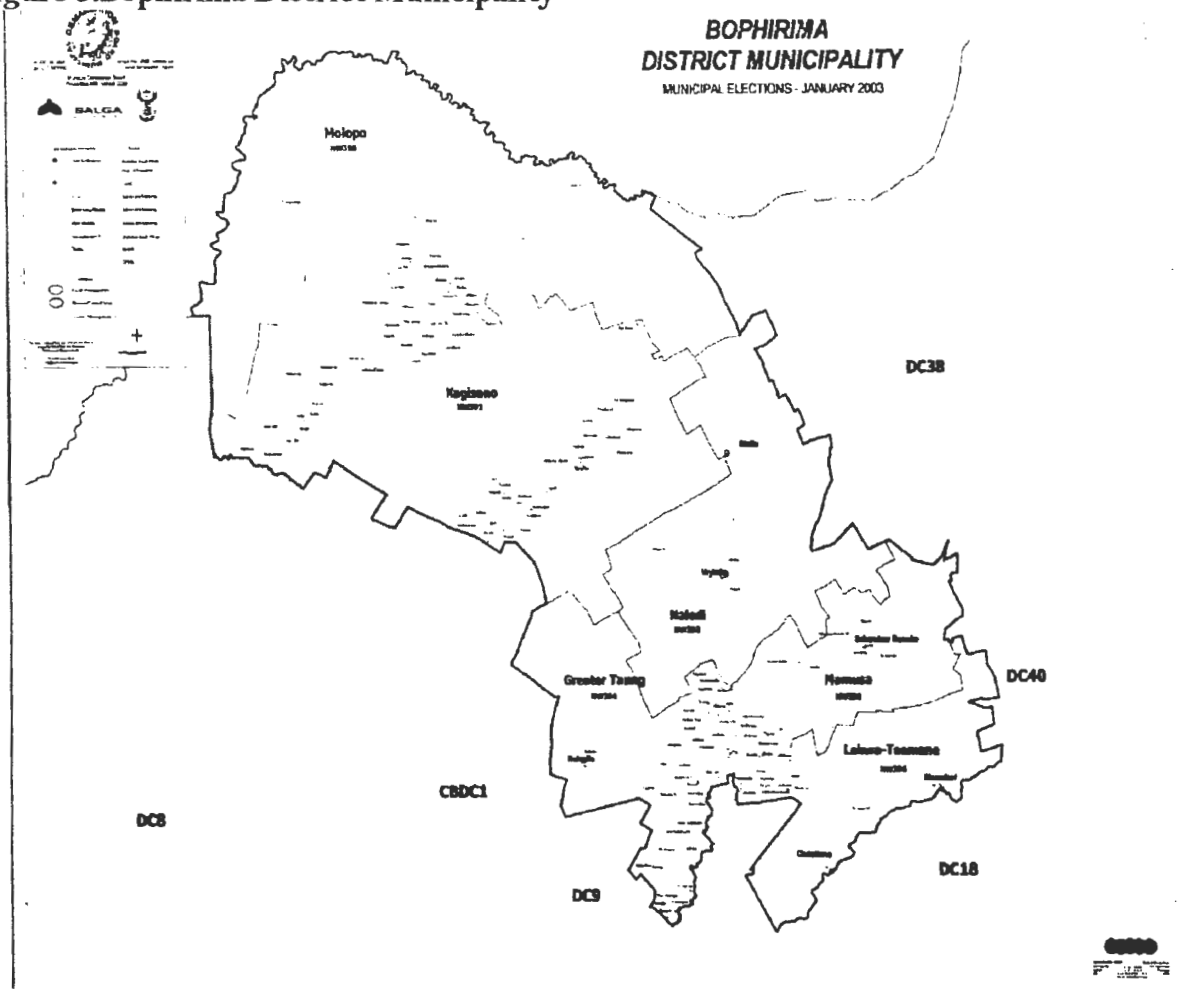
1.9. Delimitation of the study

In an attempt to provide a research scope for this study, it is important to indicate that staff turnover among registered nurses affect hospitals Nationally, Provincially and locally at various spheres of Government in South Africa. However, it is clear that this problem is more felt at local because of its closeness to the community. Although a lot has been done at National and Provincial sphere of government, it is clear that much has to be done at local level.

The scope of this study will, therefore, cover the local level with specific reference to the Bophima District as one of the four Health Districts in the North West Province. The Bophirima health District is comprised of six sub-districts namely Kudumane, Kagisano & Molopo, Greater Taung, Naledi, Lekwa Teemane and Mamusa. Each Sub-District has a District hospital. Below is figure 3 which portrays the Geographical map of the Bophirima District Municipality with

Kgalagadi as a cross-boundary municipality being situated between the Northern Cape and North West Provinces respectively.

Figure 3.Bophirima District Municipality



The above figure 2. Depict the map of Bophirima District Municipality.

Figure 4. below is the Kgalagadi District Municipality map

The above figure 4. Depicts the Geographic map of Kgalagadi District Municipality. Kgalagadi map is included due to the fact that Moshaweng local Municipality from Kgalagadi falls within the Bophirima District as a cross boundary Municipality between North West and Northern Cape Provinces therefore, the health services in that area falls under the Bophirima Health District.

Bophirima Health District serves a population of 615740 with a growth rate of 1.8 %(2001 census)

The table 1 below depict the population distribution across Bophirima District Municipality.

Population distribution

Table 1

POPULATION	Population Growth Rate	Ganyesa (Kagisano)	Kudumane (Moshaweng/ Gasegonyane)	Lekwa teemane	Molopo	Schweitzer Reneke (Mamusa)	Taung (Greater Taung)	Vryburg (Naledi)	District Total (Bophirima)
02/ 03 (2001 Census)		96 393	154 496	42 961	11 684	48 358	182 170	58 097	**594 159**
03/04 (2001 Census)	1.8%	98 128	157 277	43 734	11 894	49 228	185 449	59 143	**604 853**
04/05 (2001 Census)	1.8%	99 897	160 108	44 521	12 108	50 114	188 787	60 208	**615 740**

Chapter 2

Literature review

2.1. Introduction

The review of literature is an essential part of every research project for the following reasons: First, the researcher is able to determine the extent to which theory and research are developed in the field under study, the opposing theoretical perspectives, and the research that support or does not support opposing perspectives.

Second, the researcher can identify the definition of concepts and variables already established in the literature and can examine elements of research used by others, such as designs, methods, scales, instruments, measures, and techniques of data analysis that may prove useful in the proposed project.

Third, the researcher can discover what is known and what remains in the field, and may identify a study that can replicate or whose findings may be compared and contrasted with the proposed study.

Fourth, the researcher may become aware of the difficulties experienced by others, which may save time, money, error and which may identify ethical problems.

Finally, the researcher may find a research report that is so well-structured and easy to read that it will be useful as a guide in writing the research report.

Based on the above it is then proper to briefly provide the definition of literature review. According to Searman (1987:141) review of the literature refers to an extensive, thorough, and systematic

examination of publications relevant to the research project. The review of literature is usually divided into two parts: First, the researcher locates as many of important publications as is feasible; and secondly, the researcher reviews critically those publications of particular significance to the project.

The aim of this study is to provide an understanding and insight into those inherent problems in the health sector that compel health professionals to leave public sector institutions. The overall objective is to investigate and identify some of the factors which, if exercised, may influence the turnover of health professionals in public health sector. This is meant to provide suggestions to the manager in the Department of Health i.e. Provincial and District on the more effective management of human resources, in order to retain skilled health professionals.

The effective management of employee turnover is imperative in health care setting, as it significantly affects health care providers, employees and clients. Significant reduction in staff turnover can improve the quality of patient care; improve employee morale and reduction in employee cost. In order to realise the afore-mentioned, proper management of human resources is crucial to the efficient and effective delivery of quality of health care. However, turnover of staff constitutes a major factor in the shortages of staff which is currently experienced by the health professionals in the Republic of South Africa. Shortages of health professionals with experience, particularly in public sector hospitals, have adverse effects on the

provision of efficient and effective quality health care to the consumers of this service (Cullinan & Thorn, 2005:85). High rates of staff turnover can create an unstable business environment and act as a demotivator for those who remain behind, in an attempt to maintain levels of service and production against a background of vacant posts, inexperienced staff and general discontent (Armstrong, 2003:47).

By focusing on turnover among workers, this study examines an area of major importance to organizations and their administrators and managers. Turnover is usually assumed to have a negative influence on organizational effectiveness, and information about hospital support that assumption. The frequently cited, negative features of nursing personnel turnover are increased financial cost, reduced quality of care for patients, and disrupted worker relations (Stryker, 1981:6). Increased financial cost to hospital at a minimum consists of cost of recruitment, interviewing, selection, training and greater supervision of new nurses and aids (Flamholtz, 1973). The cost of overtime for other nursing personnel during training also must be included. Likewise, salary cost until new nursing personnel reach full productivity must be considered. While estimates of such costs vary, one by the University Of Southern California School Of Business which is frequently quoted is four times the monthly pay of the worker (Schwartz, 1974:50).

2.2. Health services market characteristics

From an economic perspective, the health service is a market, wherein buyers and sellers interact through the market mechanism, resulting in the possibility of exchange. The demand is associated with buyers and the supply with sellers, and market can be competitive or non-competitive. The health services market is characterized by market failures, i.e. the assumption for having perfect competition are violated. In the presence of market failures, market mechanisms, from a societal perspective, lead to non-optimal demand and/or supply in health services. Most markets are characterized by market failures, but what is unique to the health service market is the extent of these market failures (Donaldson and Gerard, 1993).

In order to achieve the optimal outcome of a competitive market, the following conditions must be satisfied (Folland et all, 1993):

- There must be sufficient small sellers and buyers of the goods and services to eliminate the possibility that any single buyer or seller could influence the price of the good or service;
- The service produced by each seller must be identical to the service produced by other sellers, i.e. the service is homogenous;
- All resources and input must be mobile, i.e. no barriers to entry or leaving;
- There must be perfect information, i.e. all participants in the economic process must be aware of the costs and prices; and

- No externalities: Externalities present the positive or negative effects that market exchanges have on people who do not participate in those exchanges. But these conditions are not fulfilled, since the health services market experience the following:

2.2.1. Presence of externalities

Positive externalities result from health services. For example, some people may benefit from other people's consumption of health care, such as vaccination. Benefit may also arise from knowing that someone else is receiving needed health services, even if this does not impact on one's own health status (caring externally). As unregulated market does not account for externalities, such market may lead, in the case of positive externalities, to underproduction of health care.

2.2.2. Imperfect knowledge

Patients are not always aware of their health status and the options available to contribute to an improvement in their health. In addition, the patient does not necessarily know how each option could contribute to better health and is not always able to judge the relative quality of each. A problem related to imperfect knowledge is the asymmetry of information between the patient and the provider, or the patient and the insurance.

2.2.3. Uncertainty

There is uncertainty regarding health care use (Arrow, 1963). Health care use cannot be planned in the same way as weekly consumption of food. In addition, deterioration in health is often sudden and/or unexpected.

As a result of the above market failures, governments respond to such failures through policy intervention. A classical example of public intervention in the presence of a positive externality, e.g. vaccination, is the introduction of a mandatory policy of vaccination.

2.3. Demand and supply of health personnel

Factors affecting the demand and supply of health personnel are now examined-below, factors having an impact on the demand for the health workforce, then those influencing the supply of health personnel.

2.3.1. The demand for health workforce

The demand for health workforce is determined by various elements such as overall environmental factors, the demand for health care and the organization of health care system delivery discussed below.

2.3.2. Overall environmental factors

Overall environmental factors such as economic, socio-demographic, political and technical elements influence the demand for health personnel. Gross domestic product (GDP) per capita is economic factors that contribute to demand for health personnel. Countries

with higher GDP per capita are said to spend more on health care than counties with lower income, as demonstrated by cross-sectional studies (Blomqvist and Carter, 1997), and hence would also tend to demand a larger workforce.

In contrast, an economic crisis may lead to a decrease in the demand for health personnel. The economic crisis in the 1990s in the former Soviet Union resulted in labor adjustment in the entire economy, including the health sector. In consequence, countries such as Kazakhstan, Kyrgyzstan and Lithuania are now oversupplied with specialist doctors and do not have enough general practitioners (Eggerl, 2000). The age distribution of the population is socio-demographic elements that contribute to determining the demand for health workforce. The gain of the population, which is a major concern in developed countries, gives rise to an increase demand for health services and health personnel, especially in the future in developed countries. General policy decisions might also have an impact on the demand for health personnel, as illustrated with the French example of the introduction of a new regulation regarding workweek hours.

The governments programme to reduce the workweek to a maximum of 35 hours in an attempt, both to create hundreds of thousands of new jobs and to achieve greater flexibility in the labour, force led unions to demand the creation of more posts in public hospitals. The unions insisted that the government create an additional 80,000 posts in the public hospitals rather than the 45,000 already agreed

on, because of what they said were intolerable pressure on the staff (Barry, 2002).

2.4. Structural approach to turnover

This study attempts to move a step closer to a better understanding of the worker turnover in organizations. It does so by considering three types of factors, with empirical support and with theoretical attention in the work on structure and control by Hage (1974, 1980) as the building blocks for a structural approach to understanding turnover.

These types of factors include the opportunity structure in which organizations compete for workers, the organizational structure in which individuals work, and the control structure by which workers are rewarded for continued participation. Before describing this structural approach, it is important to note that the type of turnover is designed to explain, not the decision of the individual to leave an organization, but rather the rate of voluntary turnover for each type of worker.

Such rates are usually calculated for individuals performing the same work in the organization or belonging to a similar occupation. In hospitals, rates of turnover for nursing personnel are often recorded for registered nurses and other categories such as enrolled nurses and nursing auxiliaries. In an attempt to understand rates of turnover for various types of workers, in particular, registered nurses in hospitals, a structural approach stresses the importance of various

aspects of the organization and conditions in the immediate area or territory (Knapp and Harrissis, 1981:80). While many hospital nursing administrators believe high turnover rates are largely related to structural characteristics, a few administrators and numerous nursing personnel have begun to acknowledge the potential impact of such factors

In George (1979:54-57), for example, Hughes and Peters (1978) found nursing personnel likely to report such structural problems as low salaries, poor relations among workers, and limited communication. In fact, several of these types of structural aspects are inherent in the structure and control by Hage (1980:50-51):In order to survive and achieve their goals, organizations use certain strategies to control the continued participation of their workers. Two control strategies-material rewards and symbolic incentives considered desirable by workers are used to keep turnover rates low. With the labour market and the organization delimiting the context in which individuals work and receive rewards/incentives, some organizations succeed in keeping their workers. Others fail, but most achieve, at best, imperfect control over the continued participation of workers.

According to the work by Hage, the three types of structural factors thought to account for significant portion of the variation in turnover rates are opportunity structure in which individuals work, and control structure by which workers are rewarded. The complex relations among these factors and turnover rates are elaborated in the

following paragraphs:

2.4.1. Opportunity structure

Among the many types of structural conditions which may influence turnover, the opportunity structure looms large (Meyer, 1978). The opportunity structure broadly refers to the conditions in which organizations compete for workers, under which control by Organization is attempted, and in which turnover is initiated by workers. As such, opportunity is a characteristic of the environment of the organization and is exterior to the organization. With the dependence of some organizations, especially service producing ones, such as hospitals, for workers to achieve their goals, recent studies of turnover have broadened to include investigation of these exogenous variables.

According to Price (1977:46, 81), the amount of general unemployment and the supply and demand for each type of worker are two common indicators of opportunity. While the effect of the general unemployment level on turnover is proposed herein to be direct and of similar magnitude for various types of workers, the impact of supply and demand on turnover rates is expected to be mediated by material reward and symbolic incentives that organizations offer each type of worker. Therefore, both indicators of the opportunity structure are considered here.

The amount of unemployment refers to the general level of economic activity during a particular period (Price, 1977:40). According to

March and Simon (1958:100), "Under nearly all conditions, the most accurate single predictor of labour turnover is the state of the economy." Unequivocally supported by studies in the turnover literature, it is expected that periods of recession and inflation will be accurate predictors also of turnover rates for nursing personnel in labour intensive hospital industry, where capital and technology cannot be substituted for available, trained workers (Caplow, 1954). The ratio of supply to demand for the type of workers examined also, is an important aspect for understanding turnover rates. It refers specifically to the availability of qualified nursing personnel, to fill similar alternative positions in the organizations (Stolzenberg, 1975)

2.4.2. Organizational structure

A second type of structural condition likely to influence turnover is the organizational structure. The structure of the organization generally refers to the conditions under which individuals work and in which they are rewarded for continued participation. With organizations such as hospitals, varying widely in their structure, an important question is whether those differences delimit the kind of control strategies used by organizations and /or determine the variation in turnover rates among different type of workers (Ouchi, 1977). Skilled individuals in supervisory level positions, who co-ordinate the task and who encourage amicable relationship among those under their authority, are likely to be affected by the structure of the organization.

In hospitals, these positions are usually filled by registered nurses who carry the responsibility of provision of nursing care, execution of policy, maintenance of standards, as well as cooperation between nursing and other type of workers in the hospital (Kaplan, 1968:34-36). The structural aspect of the organization considered important for understanding turnover rates among workers, in particular supervisory-level positions, include ownership and size.

Ownership refers to the type of socially established, recognized, and enforceable management of the organization. While literature review by Price (1977:65) makes no explicit mention of the type of ownership as a significant factor for understanding variation in turnover rates among workers, he does note the need for information about service producing organizations of a profit-making variety.

The size or scale of operation is another important structural aspect for understanding turnover rates (Kimberly, 1976: Martin, 1979). While a cursory review of the turnover literature on size suggests inconsistent findings, a closer examination reveals a small but consistent body of evidence based on the study of hospitals. That research indicates that large size is related to more extensive nursing personnel turnover (Levine, 1957; Price and Miller, 1980; Yett, 1970).

2.4.3. Control structure

Requiring a relatively stable group of workers to survive and achieve goals, organizations attempt to control the continued participation of such individuals (Houghland and Wood, 1980; Perrow, 1972). Control

refers to any planned or formally structured attempt by organizations to elicit continued participation by workers (Hage, 1980:351). Control can include rewarding and sanctioning. While organizations have traditionally used material reward to keep turnover among all workers low, organizations have also used symbolic incentives, particularly among skilled workers, to keep their turnover limited (Etzioni, 1964). The differential use of these two strategies of control is due, in large part, to distinct duties/responsibility of unskilled nurse aides and skilled nurses. Hospitals have only recently begun to concentrate on such control strategies and their differential use by the type of nursing personnel, despite their repeated use in other organizations.

2. 4.3.1.Material Rewards

The use of material rewards or remuneration for both unskilled and skilled workers refers to the allocation of nontransferable goods and services. Constituting utilitarian control which can be planned for or standardized by the organization, remuneration is grounded in an image of individuals as motivated by economic rewards. The material rewards repeatedly noted for its effectiveness in keeping turnover rates low is pay, which includes high wages and numerous fringe benefits (Porter and Steers, 1973).

2.4.3.2. Symbolic incentives

The use of symbolic incentives, especially for skilled workers, refers

to the allocation and manipulation by organizations of normative symbols, such as prestige and esteem (Etzioni, 1964). This type of reward is grounded in the image which organizations have of workers as individuals seeking recognition, appreciation and involvement. In hospitals, skilled registered nurses are the individuals likely to expect such recognition through their work. Incentives traditionally noted for their effectiveness in keeping turnover low among skilled workers include opportunities for promotion (Lawler, 1973: 11), conditions encouraging integration (Van der merwe and miller, 1971: 239), communication of work related expectations and bases for evaluation (Wieland, 1969: 69), and centralization of work related decision making (Argyris, 1973: 144).

2.5. Health workforce imbalances

Imbalances have been reported for almost all health professions and in particular for nurses. This is also reported by the United States General Accounting Office (2001a). However shortage has not been institution-wide but concentrated in specialty care areas, particularly intensive care unit and operating rooms (Buerhaus, 2001a). The shortage of registered nurses in intensive care units is explained in part by the sharp decline in the number of younger registered nurses, whom intensive care unit has historically attracted. Shortages in operating rooms probably reflect that many registered nurses who work in this setting aging and retiring altogether.

2.5.1. Geographical imbalances

Virtually all countries suffer from a maldistribution of human resources for health, and the primary area of concern is usually the physician workforce (Blumenthal, 1994).

In both industrialized and developing countries, urban areas almost invariably have a substantially higher concentration of physicians than rural areas.

Understandably, most health care professionals prefer to settle in urban areas, which offer opportunities for professional development, education and other amenities for their families and attractive employment possibilities. But it is in the rural and remote areas, especially in the developing counties, that most severe health problems are found. The geographical maldistribution of doctors has been the subject of particular attention. In general there is a higher concentration of general practitioners in inner cities suburbs of the metropolitan areas. According to the Australian Medical Workforce committee

(AMWAC, 1998), the reason for high concentration of general practitioners and nurses in the inner city areas are as follows:

- Historical;
- Lifestyle-related: greater employment opportunities;
- Child- related: better access to secondary and tertiary education services; and
- Professional, family and social ties and professional ambitions.

The geographical distribution of health care personnel is an important

issue in many countries. Managua, the capital of Nicaragua, contains one-fifth of the country's population but around half of the available health personnel (Nigenda and Machado, 2000). In Bangladesh, most of the doctors (35%) and nurses (30%) in health services are located in four metropolitan districts where only 14.5% of the population lives (Hossain and Begun, 1998). This concentration pattern is characteristic of developing countries.

In Indonesia the geographical distribution of physicians is a particular concern, since Indonesia's vast size and difficult geographical conditions present a tremendous challenge to health service delivery (Chomitz et.al.1998).

It is difficult to place doctors in remote islands or mountain or forest locations with few amenities, no opportunities for private practice, and poor communications with the rest of the country. To improve the geographical distribution of physicians, governments often have used combinations of compulsory service and incentives. So far, there is virtually no country in the world that has solved the problem of a rural/urban imbalance of the health professions workforce (Blumenthal, 1994). This does not necessarily mean that policies and programmes designed to reduce the imbalance have had no effect. For example, Thailand has successfully begun to stem the migration of health professionals from rural to urban areas and from public to private facilities with a range of strong financial incentive (Wibulpolprasert, 2002).

2.5.2. Institutional and services imbalances

Institutional imbalances occur when some health care facilities have too many staff or others are understaffed because of prestige, working conditions, ability to generate additional income, or other situation-specific factors (De Geyndt, 1999).

Institutions such as magnet hospital, for example, are hospital characterized by, among other things; adequate to excellent staffing, low turnover, and rich nursing skill mix and greater job satisfaction, although there might be a general health personnel shortage (Gleason-Scott et al, 1999).

Imbalance between the types of health services provided might also arise. In particular, one can consider the issue of curative versus preventive care. Breslow (1990) and other public health experts estimate that most diseases (80%) and accidents are preventable through known methodologies, yet at present there is an imbalance in the funding of medical research, with only 1%-2% going to prevention and 98%-99% spent on curative approaches. This imbalance in funding raises the question of a health workforce imbalance between preventive and curative care.

2.5.3. Public/private imbalances

In many countries such as those in Africa, the health care sector is essentially public. In these countries, budget constraint can result in imbalances in the health care system.

In Ghana, on the basis of doctor- to –population ratios, the current

population of doctors working for the Ministry of Health in particular and in the country as whole was estimated to be well below the human resources required (Dovlo and Nyonator, 1999).

Since public health care systems depend heavily on the budget they are allocated, the issue of budget should be carefully investigated when examining shortages in a public health care system. Over the last years there has been an expansion of the private health care sector in various parts of the world. As a result, health care personnel are leaving the public sector to join the private sector, exacerbating imbalances in the public sector. Thailand experienced an "internal brain drain" from the public rural district and provincial hospitals to the rapidly growing urban private hospital (Wibulpolprasert, 1999). In Angola, 75% of doctors working for the Ministry of Health also work in the private sector, and only five with official authorization (Fresta, 2000).

2.5.4. Gender imbalances

In many countries, women still tend to concentrate in the lower-status health occupations and to be a minority among more highly trained professionals and managers (Dussault, 1999). In Bangladesh, the distribution by gender of the health workforce shows that the total proportion of women accounts for little more than one-fifth in health services (Hossain and Begum, 19988). The distribution of woman by occupational category is biased in favor of nurses. Women are very poorly represented in other categories, such as dentists,

medical assistants, pharmacists, managers/trainers and doctors. The under-representation of women in managerial and decision-making positions might lead to less attention to and poorer understanding of the problems specific to women and the particularities of their utilization patterns (Standing, 1997).

Female general practitioners have been shown to practise differently from males, managing different types of medical conditions, with some differences due to patient selectivity, and others inherent in the sex of physician. In some more traditional areas, some women will not seek care for themselves or even for their children because they do not have access to a female provider (Dussault, 1999).

2.6. "Push "and "pull" factors

This part reports on the attitudes and motivations for mobility. Previous research on nurse mobility (Mejia, Pizurki & Royston, 1979; Connell, 200; Buchan, 2002a) highlights the importance of push and pulls factors discussed below that lead nurses to leave one country and look for employment opportunities in another.

2.6.1. Push factors

It has to be recognized that many health workers in many health systems work in situations where they are underpaid, have inadequate resources to perform their functions, struggle with heavy workloads, and, in some cases, have to cope with the threat of violence. This may be particularly the case in developing countries where health systems are under-resourced (Mutizwa-Mangiza, 1998;

Bennett & Franco, 1998).In this situation, some workers l leave to go to other sectors, to other parts of the country or abroad, thus creating bigger challenges for those who remain behind.

Dovlo (1999), in his 1998 survey of seven African countries, found vacancy levels in the public health sector to range between 7.6% (for doctors in Lesotho) and 72.9% (for specialists in Ghana); Malawi reported a 52.9% vacancy level for nurses. Those who attempt to stay in a demanding and stressful situation have to adopt coping strategies (Ferrinho & van Lerberghe, 2000) but others will make use of the possibilities of internal or external migration. Some of the analysis conducted in developing countries has assessed the impact of push factors in these countries, stimulating nurses to leave (Xaba & Phillips, 2001; PAHO, 2001). The section below summarizes information from focus group interviews conducted in the Caribbean, the Philippines and South Africa.

The Caribbean

The review conducted (PAHO, 2001) to inform managed migration summarized the main push factors encouraging nurses to consider leaving the Caribbean as follows:

- Poor pay;
- Poor working conditions, including security in some workplaces;
- Lack of job tenure;
- Limited opportunities for professional development;
- Lack of involvement in decision making;
- Lack of support from supervisors; and

- Unstable economic conditions.

The Philippines

Focus group interviews with nurses, conducted by Lorenzo (2002), reported the following factors contributing to nurse supply/demand imbalances in the Philippines, and the subsequent stimulus to migrate.

- Economic factors like the following
  - high unemployment rate in the country
  - over production of nurses not addressed adequately
  - Decreased demand in international market (Note: refers to downturn in mid-1990s) with no or very little increase in domestic demand.
- Social factors listed below
  - Values attached to nursing by family;
  - Preference for urban and city life.
- Political factors like the following
  - Non- enforcement of existing laws that control and monitor nursing supply and demand;
  - Absence of comprehensive human resource planning in health;
  - Inadequate networking and collaboration among institutions and agencies responsible for production and utilization of nursing human resource.
- Professional factors like the following
  - lack of emphasis on independent nursing practice;

- perceived weakness of nursing leadership to advocate for nurses;
- inability to influence decision-making and policy-making bodies;
- inadequate networking and collaboration between nurses involved in production and utilization of nurses; and
- Failure to shift from traditional roles to innovative and entrepreneurial roles.

Lorenzo noted that the pull factor of demand from various industrialized countries had varied markedly overtime, with huge overflow to the United States and the Middle East in the 1980s but lower demand from these countries in the 1990s. Recently, this has been replaced by heavy recruitment from the United Kingdom and Ireland.

South Africa

The main push factors identified by the report commissioned by DENOSA (Xaba and Phillips, 2001), using focus group interviews with nurses based in south Africa, included the following:

- lack of competitive incentives in the public sector;
- work pressure: for example long hours, poor resources and high ratios of patients per nurses;
- few opportunities for career development;
- escalating crime rates in the country; and
- Rise of HIV/AIDS in South Africa.

2.6.2. Pull Factors

To explore the motivations of individual international nurses who had actually moved, focus groups were conducted for this study with international nurses in Australia, Ireland and Norway. Information from these focus groups was complemented by data from a larger survey of international nurses in the United Kingdom who were members of the Royal College of Nursing: an analysis of 1119 responses, representing a 35% response rate (RCN, 2002).

The key points identified in the focus groups are reported in table 1 on page 16. These highlight common themes relating to recruitment practices, but also reveal the different reasons why nurses have moved from one country to another. Even from these small groups, it is apparent that there is usually one main factor that has stimulated the nurses to move, but that there are often secondary factors too, for example, the Filipino nurse in Norway reported better pay as the primary pull factors, but some also reported opportunities for additional training, the United Kingdom and New Zealand nurses in Australia reported travel as the main factor. The RCN survey highlighted that international nurses reported professional development and better salary as the two best features of working in the United Kingdom. To a certain extent, the push factors present a mirror image on the issue of relative pay, career prospects, working conditions and environment available in the source and destination countries. Where the relative gap (or perceived gap) is significant, the pull of the destination country will be felt.

However, there are other factors that may also act as significant push factors in specific countries at specific times, such as the impact of HIV/AIDS on health system workers, concerns about personal security in areas of conflict, and economic instability. Other pull factors, such as the opportunity to travel or to assist in aid work, will also be a consideration for some individual nurse.

The table 1 below depict the summary of the main pushes and pull factors in the international nursing recruitment.

Table1 Main pushes and pulls factors in international nursing recruitment

Push factors	**Pull factors**
Low pay(absolute and/or relative	Higher pay(and opportunity for remittances)
Poor working conditions	Better working conditions
Lack of resource to work effectively	Better resourced health systems
Limited education opportunities	Career opportunity
Impact of HIV/AIDS	Career opportunity
Unstable/ dangerous work environment	Provision of-basic education
Economic instability	Political stability
	Travel opportunities
	Aid work

2.7. Motivation

At one time, employees were considered just another input into the production of goods or services. What perhaps changed this way of thinking about employees was research, referred to as the Hawthorne studies, conducted by Elton Mayo from 1924 to 1932(Dickson, 1973). This study found that employees were not motivated solely by money and that employee's behavour was linked to their attitude (Dickson, 1973). The Hawthorne studies began the human relations approach to management, whereby the needs and motivation defined below, of employees became the primary focus of management (Bedeian, 1973).

2.7.1. Definition of motivation

Many contemporary authors have also defined the concept motivation. Motivation has been defined as the psychological process that gives behaviour purpose and direction(Kreitner,1995); a predisposition to behave in a purposive manner to achieve specific, unmet needs(Buford, Bedeian, & Lindner,1995); an internal drive to satisfy an unsatisfied need(Higgens,1994) and the will to achieve(Bedeiean,1993). The word motivation is derived from the Latin word "movere", meaning "to move". Motivations represent those psychological processes that cause the arousal, direction and persistence of voluntary actions that are goal directed (Kreitner & Kinicki, 1998:189). Motivation is the process that account for an individual's intensity, direction and persistence of effort towards

attaining an individual or organizational goal. The expectancy theory of motivation states that the strength of a tendency to act in a certain way, depends on the strength of an expectation that the act will be followed by a given outcome (Robbins, 2003: 174.) Managers need to understand these psychological processes if they are to successfully guide employees towards accomplishing organizational objectives. Understanding motivation is also important as a crucial factor in some instances underpinning staff turnover in organizations. For this research paper, motivation is operationally defined as the inner force that drives individuals to accomplish personal and organizational goals.

2.7.2. Motivation theories

Understanding what motivated employees and how they were motivated was the focus of many researchers following the publication of the Hawthorne study results (Terpstra, 1979). Five major approaches that have led to our understanding of motivation are Maslow's need-hierachy theory, Hertzberg's two factor theory, Vroom's expectancy theory, Adams' equity theory, and Skinner's reinforcement theory. According to Maslow, employees have five levels of needs (Maslow, 1943): physiological, safety, social, ego, and self actualizing.

Maslow argued that a lower level need has to be satisfied before the next higher level need would motivate employees.

Hertzberg's work, on the other hand, categorized motivation into two

factors namely motivators and hygiene's (Hertzberg, Mausner, & Snyderman, 1959). Motivators or intrinsic factors, such as achievement and recognition, produce job satisfaction. Hygiene or extrinsic factors, such as, pay and job security, produce job dissatisfaction.

Vroom's theory is based on the belief that employee effort will lead to performance and performance will lead to reward (Vroom, 1964). Reward may be either positive or negative. The more positive the reward, the more likely the employee will be highly motivated. Conversely, the more negative the reward, the less likely the employee will be motivated.

Adam's theory states that employees strive for equity between themselves and other workers. Equity is achieved when the ratio of employee's outcomes will not be repeated and behaviours that lead to negative outcomes will not be repeated (Skinner, 1953). Managers should positively reinforce employee behaviour that lead to positive outcomes. Managers should negatively reinforce employee behaviour that lead to negative outcomes.

2. 7.3. Need Theories of Motivation

Need theories attempt to pinpoint internal factors that energize behaviour? Needs are physiological or psychological deficiencies that arouse behavior. They can be strong or weak and are influenced by environmental factors. Thus, human needs vary over time and place. Two popular need theories are discussed below: Maslow's need

hierarchy and McClelland's need theory. In this research the behaviour in question is the decision of the employee to leave his or her present employment due to unfulfilled needs, which is either physiological or psychological.

2.7.4. Maslow's Need Hierarchy Theory

In 1943, psychologist Abraham Maslow published his now-famous need hierarchy theory of motivation. Although the theory was based on his clinical observation of a few neurotic individuals, it has subsequently been used to explain the entire spectrum of human behaviour. Maslow proposed that motivation is a function of five basic needs-physiological, safety, love, esteem and self actualization (Kreitner & Kinicki, 1998:193).

According to Maslow, these five need categories are arranged in a proponent hierarchy. In other words, he believed human needs generally emerge in a predictable stair-step fashion. Accordingly, when one 's physiological needs are relatively satisfied, one's safety need emerge, and so on, up the need hierarchy, one step at the time. Once a need is satisfied, it activates the next higher need in the hierarchy. This process continues until the need for self actualization is activated.

2.7.5. Managerial implication of Maslow's Theory

A satisfied need may lose its motivation potential. Therefore, managers are advised to motivate employees by devising programme

or practice aimed at satisfying emerging or unmet needs.

2.7.6. McClelland's need Theory

David McClelland, a well-known psychologist, has been studying the relationship between needs and behaviour since the late 1940s. Although he is most recognized for his research on the need for achievement, he also investigated the need for affiliation and power. David McClelland's need Theory is further elaborated upon by discussing the following three needs outlined below:

2.7.6.1. The need for achievement

Achievement theories propose that motivation and performance vary according to the strength of one's need for achievement. For example, a field study of 222 life insurance brokers found a positive correlation between the number of policies sold and the broker's need for achievement. In the organizational setting the clear target for achievement must be set and clearly defined to the employees. Employees with a need for achievement should be given the opportunity.

2.7.6.2. The need for affiliation

Researchers believe that people posses a basic desire to form and maintain a few lasting, positive and important interpersonal relationships. In addition, the research noted that both psychological and physical health problems are higher among people who lack

social attachments. Just the same, not everyone has a high need to affiliate. People with a high need for affiliation prefer to spend more time maintaining social relationships, joining groups and wanting to be loved. Individuals high in this need are not the most effective managers or leaders because they have a hard time making difficult decisions without worrying about being disliked. If employees are not given opportunities to advance into managerial positions and generally participate in groups they may decide to leave the organization and this will lead to staff turnover.

2.7.6.3. The need for power

The need for power reflects an individual's desire to influence, coach, teach, or encourage others to achieve. People with a high need for power like to work and are concerned with discipline and self-respect. There is a positive and negative side to this need. The negative face of power is characterized by an" if I win, you lose" mentality.

In contrast, people with a positive orientation to power focus on accomplishing group goals and helping employees obtain the feeling of competence.

2.7.6.4. Managerial implications

Given that adults can be trained to increase their motivation, organizations should consider the benefit of providing achievement training for employees. Moreover, achievement, affiliation, and power needs can be considered during the selection process, for better

placement. For example, a study revealed that individuals' need for achievement, affected their preference to work in different companies that had a pay-for-performance environment than those with low achievement motivation. Finally, managers should create challenging task assignments or goals because the need for achievement is positively correlated with goal commitment, which, in turn, influence performance. Moreover, challenging goals should be accompanied with a more autonomous work environment and employee empowerment to capitalize on the characteristics of high achievers.

2.7.7. The role of motivation in organization

Why do we need motivated employees? The answer is survival (Smith, 1994). Motivated employees are needed in our rapidly changing workplaces. Motivated employees help organizations survive. Motivated employees are more productive. Motivated employees are more likely to stay with the organization longer. To be effective, managers need to understand what motivates employees within the context of the roles they perform.

Of all the functions the manager performs, motivating the employees is arguably the most complex. This is due, in part, to the fact that what motivates employees changes constantly (Bowen & Radhakrishna, 1991). For example, research suggests that as employee's income increases, money become less of a motivator (Kovach, 1987). Also, as employees get older, interesting work

becomes more of motivator.

Effective employee motivation has been one of management's most difficult and important duties. Success in this endeavour is becoming a more difficult challenge in light of organizational trends to downsize, re-engineer, and demands associated with managing a diverse workforce. One of the most interesting points then arises on why study motivation in relation to staff turn over, however before answering the question it is important to understand what is actually meant by motivation. Schermerhon(2003: 160) also states that motivation refers to forces within an individual that account for the level, direction and persistence of effort expended at work. If the hard working motivated employee does not receive what he or she was expecting to receive as an outcome of his efforts, he or she might be highly demotivated and decide to leave his job. There is an indication that there is a significant positive relationship between motivation and job satisfaction (Kreitner & Kinicki, 2001: 98). A low level of satisfaction may lead to employee turnover.

2.8. Job satisfaction and job dissatisfaction

Hertzberg (1959) in his hygiene theory, found job dissatisfaction to be associated with factors in the work context or environment. He identifies hygiene factors that are most frequently mentioned by employees expressing job dissatisfaction. Further, employees may express their dissatisfaction by leaving the organization through resignations and looking for a new employment or position (Kreitner

& Kinicki, 2001: 95).Job satisfaction is an individual's general attitude toward his or her job. It is the degree to which the individuals feel positively or negatively about their jobs (Schermerhorn, et al, 2003:161). The difference between the amount of reward (including salaries) workers receive and the amount they believe they should receive for their efforts or input Robbins, (2003:176) Job satisfaction is also defined as an affective or emotional response towards various facets of one's job. Employers and managers are advised to try and reduce employee turnover by increasing employee job satisfaction. There is also an indication that there is a negative relationship between job satisfaction and employee turnover (Kreitner & Kinicki, 2001: 97).

According to Goolsby (2005), another contributing factor to employee turnover is poor management. This include such factors as poor communication from leadership, lack of training, too much change, lack of resources necessary to do the job, lack of recognition that an employee is dissatisfied with career development opportunities, harassment, demeaning behaviour, and a lack of flexibility towards employees. Lifestyle changes, such as the transfer of a spouse, birth of a child, or the need for a shorter commute, will also cause employee turnover (www.about-business.org).

2.9. What reduces employee turnover

Goolsby(2005) postulates that people will always be attracted by greener pastures, such as, higher salaries and better benefits, so

companies need to conduct market survey, to ensure they are competitive. However, the best strategy for reducing employee turnover is increasing employee loyalty. This is best accomplished by investing in the employees and establishing training programme that provide employees with career development opportunities. Promotions from within are an important component of this strategy. Another crucial component is encouraging employees to make suggestions and rewarding them for contributions that help the business to grow. Giving compensation incentives to such activities is a popular way to ensure retention of staff.

Flippo (984:145 :) defines turnover as "the movement into and out of an organization by the workforce". This movement is an index of the stability of that workforce. The author further purports that an excessive movement is undesirable and expensive. Similarly, Carrel, et al (1997: 72) consider turnover as another form of employee movement that results in resignations, transfers out of organizational units, discharges, retirement and death. The authors further maintain that a certain amount of turnover is expected, unavoidable and considered beneficial to organizations. They further maintain that turnover may be functional and dysfunctional. Functional turnover may rectify poor hiring and placement decisions, thus renewing a stagnating organization. Dysfunctional turnover, on the other hand, is seen as turnover that hurts the organization (carrel, et al, 1997: 90) Workers who have worked in an organization for a longer period are likely not to leave. They also move less as they get older because

cycle. Another factor that affects turnover is the local labour market, which is determined by both the local economic conditions and the supply demand ratio for specific kinds of occupations and professions in the labour market. Personal mobility or the extent to which one is bound to a particular area because of family or other social ties was also seen as source of turnover by the authors. Employees with large families and important family responsibilities tend to remain on the job. Finally, demographic factors have been linked to staff turnover.

2.10.2. Salaries that are not related to cost of living.

Salaries are the same for government employees, but the cost of living is different in different areas. Accommodation and life style is very expensive in urban areas. These may lead to movement of staff to a place of their preference than where they are needed. The resistance to change by some employees and managers are some of the causes of turnover. Some employees and managers resist change and transformation, like hindering the implementation of performance Management and Development System to service delivery. Kirshenbaum and Mano-Negrin (2002: 59) state that staff turnover is related to previous work histories. The authors further maintain that professionals or employees who change jobs frequently, will leave their new positions within a short period of time in their new position, irrespective of the working conditions. Finlayson, (2002: 151) state that staff turnover is caused by the changing nature of the jobs and the emerging employment

opportunities. Naidoo (2000: 7) states that nurses and doctors leave public health institutions because of low salaries. The author further states that local hospitals are never going to be able to pay the same high salaries as overseas hospitals because of the exchange rate. She concludes by indicating that health professionals leave to take up lucrative contracts overseas.

Abdo and Broteman (2004: 23) agree that the number one reason for doctors to leave is the need for better compensation, incentives, benefits and higher salaries. Salaries are the same for government employees irrespective of location, but the cost of living is different in areas Nare (2004: 5) stated that South African doctors, nurses and teachers are pouring out of the country because they are well paid in foreign countries with better working conditions. The author further indicated that nearly 9 500 South African doctors, 2 000 nurses and midwifery were working in Britain and Middle –East. Manona (200:9) also states staff turnover is also caused by pay and job satisfaction. The other factors whose increase resulted in reductions in staff turnover were commitment or intent to stay, the existence of local kin, participation in making job-related decisions and improved communication or receipt of sufficient work related information. The equity theory states that individual employees compare their job input and outcomes with those of others and then respond so as to eliminate the inequities. Employees mostly compare themselves with their friends' neighbours, co-workers and colleagues in other organizations (Robbins, 93). If the employee perceives that there is

no equity or fairness, the negative tension may motivate him or her to do something to correct the situation. He or she may be motivated to resign and look for a job with better working conditions and high salary like that of his or her friends. Mano-Negrin (2001:106 – 124) maintains that individual staff leave job for higher positions with higher salary offers and better benefits.

Some professions from other positions, different from their qualified professions like nurses and doctors, leave their professions for administrative and management positions. Berstein (2001: 10) states that expectations of many employees were raised by the events in 1994 and those expectations have not been met. The expectancy theory of motivation states that the strength of a tendency to act in a certain way depends on the strength of an expectation that the act will be followed by a given outcome (Robbins, 2003: 102) Pay is a classic dissatisfier and as long as perceptions remains negative, employees will have a reason to feel disaffected. If pay in South Africa is a more serious dissatisfier than in a number of other countries, it may mean that before employees can become motivated, attention will have to be paid to the hygiene factors.

Vroom's( ) expectancy theory of motivation states that the strength of a tendency to act in a certain way, depends on the strength of an expectancy that the act will be followed by a given consequence (or outcome as more salary or promotion) and on the value or attractiveness of that outcome of the actor (Kreitner & Kinicki, 2001: 64) Employees are motivated and may be tempted to resign or

request transfer to other institutions.

It is however argued that not all employees leave in search for higher salaries elsewhere, as it has been found that some medical officers and professional nurses resign being in higher positions and earning very high salaries (HYPERLINK "http://www.iol.co.za" www.iol.co.za). Bosch (2004: 3) argues that higher bonuses may not be the only best way to ensure staff loyalty. Armstrong (2003: 77) using exit interviews identified the following reasons for labour turnover in organizations:

- More pay;
- Better prospects (career move) else where;
- More security;
- More opportunity to develop skills;
- Better working conditions;
- Poor relationships with manager / team leader;
- Poor relationship with colleagues / co-workers;
- Bullying or harassment on duty; and
- Personal reasons – pregnancy, marriage, and illness, moving away from the area etc.

2.10.3. Reasons leading to Physicians and doctors leaving.

Abdo and Broterman (2004:24), on the other hand stated the following ten reasons that led to physicians and doctors leaving their jobs. The reasons were listed in order of priority.

- The need for better compensation, incentives, benefits and

higher salaries;

- The high and ever rising malpractice;
- Some doctors feel their skills are under-utilized; they need upward advancement and complain about long working hours;
- Lack of appreciation for their hard work;
- No choice due to restructuring and declining practice;
- Some physicians will look for career opportunities that are closer to their families and friends. They indicated the need to balance work and family life;
- Bad relations with hospital administrators;
- Bad relations with medical faculty / colleagues;
- Physician who needs or desires to move to another climate or environment; and
- Family is not comfortable in the community. The doctor may be happy with the offer of employment and its package, while the children are unhappy.

2.10.4. Working conditions

Working conditions are created by the interaction with their physical work environment. It is this environment that impinges on or affects employees. This includes availability of facilities such as production machinery like equipment and appliances, protective clothing and aspects of the physical environment in which the employee works such as ventilation, lighting and space. The physical work environment refers to the attractiveness of the work environment

doctors and pharmacists leave in search of better working environment elsewhere.

2.10.5. Lack of medical equipment

The doctors feel they are working as clerks because, mostly, they refer their patients to urban hospitals even for minor conditions that they could manage if they had appropriate equipment. The factor referred to is also a hygiene factor that has been pointed out as one of the factors push employees out of essential jobs (Mthembu, 20005:4).

Nursing at clinics countrywide was in such a crisis that staff was buckling under a patient ratio of 1:90 instead of 1:35, and as a consequence, faced severe health risks. An inadequate supply of protective equipment, negligible waste disposal methods and high patient loads, were some of the issues that threatened the well-being of health workers who were already critically understaffed (Harley, 2005:1) Nurses had to question themselves about carrying out their duties.

They had to draw blood, give injections or handle body fluids, while there were no surgical gloves available. They asked if they should continue rendering these services and expose themselves to danger that puts them under severe pressure. That might lead them to leave the service (ibid)

2.10.6. Social contacts

Employees who have no opportunity for social contact may find their work unsatisfying. This lack of satisfaction may reflect itself in low production, high turnover and absenteeism (Hampton, et al, 1978:103).

2.10.7. Accommodation

The doctors back to hospitals in urban areas because of the "awful accommodation situation" in the rural areas. There is an indication that they have to use candles for light and at times share rooms because of the shortage of accommodation (Mthembu, 2005: 4).Accommodation and life style are very expensive in urban areas. These may lead to movement of staff to a place of their preference than where they are needed.

2.10.8. Government policies

Doctors in the private sector medicine because of factors such as the controversial new medicine-dispensing legislation as prescribed in the New Pharmacy Act of 2005, that had some restrictions (Thorn, 2004: 1). Further, the management style, such as how the staff is treated in terms of their time-off leaves and assessment may cause staff dissatisfaction that may lead to turnover. Employees may resign because there are factors that are within the competency of management. Many nurses leave South Africa in hundreds to other countries because of better conditions of work. The reason for their

departure were long working hours, poor pay and large load (Naidoo, 2000: 13)The South African Migration Project 2000 indicated that a brain drain of Zimbabwean professionals, which include doctors, nurses, engineers and lawyers, is due to President Robert Mugabe's reckless policies.

2.10.9. Resistance to change

The government initiatives of transformation and the resistance to change by employees and some managers were some of the causes of staff turnover. Some employees and managers resisted change and transformation, like hindering the implementation of Performance Management and Development System to service delivery.

Other reasons for staff movement were the changing nature of the jobs, the emerging employment opportunities. Health workers were expected to be conversant and to do administration and financial management on top of their clinical duties that they had studied at technikons and colleges or universities (Finlayson, 2002: 82).

2.10.10. External environment

Abido and Broterman (2004: 24) indicated that there professionals and physicians who need or desire to live in specific climatic conditions and environment. The family members may not be comfortable and satisfied within a certain community and environment, while the father or mother (as employee) were very

satisfied with the offer of employment and its package. These include facilities like schooling rehabilitation. The authors stated that some physicians will look for career opportunities that were closer to their families and friends. This is to ensure there was a balance between their work, social and family life (ibid).

Staff turnover is caused by occupational employment opportunities in the job market and occupational preferences or specialization field, not necessarily the job satisfaction. South African doctors, nurses and teachers were are pouring out of the country because they were well paid in foreign countries had had better working conditions. Nearly 9 500 South African doctors, 2000 nurses and midwifery are working in Britain and Middle East. This is not the fault of many dedicated doctors and nurses who try their best (Nare, 2004: 5)

2.10.11. The other push factors

Other readings about staff turnover and retention include the aids-related mortality, burnout and work overload due to high vacancy rate contribute to health staff leaving South African Hospitals. Employers are continuously searching for ways to reduce their turnover rates and associates costs, e.g. recruitment and selection, retraining as well as reductions in productivity. There is a belief that employee retention levels can be decreased through the balancing of organizational requirements with individual developmental need through the provision of training.

Karen, et al (2001:35) states that there is a relationship between

more job stress, the lower group cohesion, the lower work satisfaction and the higher the turnover. Staff turnover is higher if there is lower cohesion among staff members and, if the staff growth opportunities and upward mobility for employees is one of the reason employees leave health organizations in numbers.

The author also states that minorities and women frequently face limited promotion opportunities, especially into the very top levels of management.

Ziemba, (un-dated) argues that staff turnover is often a symptom of management issues such as, inconsistent treatment or lack of recognition. The author further states that low salaries contributes to six percent of staff leaving their job, while 25 percent of workers said they left their jobs due to bad relationship with their managers, a lack of communication between managers and employees, and limited employee input in related matters. She concludes by stating that satisfaction with the manager is the single most reliable predictor of whether a health care employee will quit his job or not.

2.10.12. Perceived job opportunities

Manona (2000: 25) also found that staff turnover is caused by many job opportunities outside the institutions. Kirshenbaum and Mano-NEGRIN (2002:106-124) also support the finding that staff turnover is influenced by the external perceived opportunities and internal opportunity path. An external perceived opportunity is the perception that the condition outside the present institution is better. The

internal opportunity paths are where the employee is moved from one department to another with the same salary or at a higher level with more responsibility. The Southern African Migration Project of 2000 indicated that the pull factors drew health professional to other countries like the shortages of health professionals in those countries and their recruitment to high income countries. It is further indicated that Zimbabwean doctors left their country for greener pastures in South Africa.

The doctors leave their country due to the poor economic growth and the weaker currency. The migration of these well-trained doctors at high cost by the Zimbabwean government is declared a brain drain that changed to brain hemorrhage with time. The health professionals move to countries with high shortages of health professionals with the hope for better job opportunities. They are also drawn to countries with better recruitment strategies in place and offering high incomes .A high turnover rate results in increased recruitment, selection, and training costs. It can disrupt the efficient running of an organization when knowledgeable and experienced personnel leave (Robbins, 2003:274).

2.10.13. Stress

Stress is a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. Work can be stressful and job demands can disrupt one's work life balance Schermerhorn (2003: 153) Stress is defined as a dynamic condition in

which an individual is confronted with an opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be uncertain and important. Stress is not always bad, but a high level of stress may lead to turnover Robbins (2003: 186). Destructive stress is dysfunctional for both the individual and the organization. Too much stress can overload and break down a person's physical and mental system resulting in absenteeism and turnover. Robbins, (2003) and Schermerhorn, et al, (2003) identified that the following are sources of stress:

Environmental factors like economical, political, technological uncertainty;

Organizational factors also referred to as work-related stressors are task demands, role demands, organizational structure and leadership.

Individual or personal stressors are factors in an employee's personal life out side work that mostly "spill to the job. They include family issues, personal economic problems and inherent personality characteristics.

A high level of staff turnover is common in work areas where the environment or work conditions cause stress in staff members (Adelaide, 2005: 48) Robbins, (1998: 236) argue that behavioural related stress symptoms include changes in productivity, absence and turnover.

Work environment and job dissatisfaction may cause occupational stress to an employee and stress is positively related to absenteeism and burnout turnover (Kreitner & Kinicki, 2001:194). The authors

further developed a model of occupational stress to demonstrate the relationship of stressors, perceived stress and outcome of stress.

Destructive stress impacts on an organization in a variety of ways. High stress levels due to bad working conditions and environment may lead to staff turnover. Schermerhorn(2003:154) state that too much stress can lead to breakdown in a person's physical and mental system, resulting in absenteeism, turnover, dissatisfaction and illness.

2.11. Effects of staff turnover

Flippo (1984: 151) and Armstrong (2003:76) agree on the following factors as the cost of labour turnover:

- Hiring cost, involving time and facilities for recruitment, interviewing, and examining a replacement. This also must include the relocation cost of the new employee;
- Training and orientation costs, involving the time of the supervisor, personnel department and trainee;
- The pay of the new employee or learner is in excess of what is produced;
- Accident rates or injuries on duty of new employees are often higher;
- Loss of productions in the interval between separation of the old employee and the replacement by the new. Quality is also reduced;
- Production equipment is not being fully utilized during the

hiring interval, the orientation and induction period;

- Scrap and waste rates climb when new employees are involved; and
- Overtime pay may result from an excessive number of separations, causing trouble in providing timeous and quality services.

Superb Staff Services, {2001} state that high staff turnover causes low morale, work-related stress and low productivity levels for the remaining employees. The company may be unable to achieve planned targets of production and, in order to offset the effect of the vacancy rate; they may increase the overtime costs.

2.11.1. Loss of clients and business

Robbins (1993:134) states that regular important clients may be lost to rivals and competitors if they are always being served by new faces due to staff turnover. Similarly Levitt (2004) agrees with Robbins by stating that patients love to see familiar faces when they return to the office and cherish long-term comfortable relationships with office staff members.

2.11.2. Loss of knowledge asset

Robbins (2003:201) states that a high rate of turnover can disrupt the efficient running of an organization when knowledgeable and experienced personnel leave since and replacements must be found and prepared to assume positions of responsibility. When employees

leave organizations, it is not only skills that are lost, but the valuable knowledge invested in these employees is also lost. Knowledge is an expensive commodity and a major asset to the company. As employees leave, the company loses this major asset (Explorer Issue.2003) .The cost of turnover can be alarmingly high if it is well informed managers and knowledgeable workers who leave the organization. This might indicate a need to make changes in employment and reward policies (Armstrong, 203:153)

2.12. Measuring staff turnover

2.12.1. The need for measurement and forecast of staff turnover.

Staff turnover is critical to management and the human resource unit. Information needs to be gathered through some form of human resource audit to measure the level and extent of staff turnover and to forecast the future human resource and skills needs for the organization (Price, 2004:93).

Measurement of staff turnover will assist in the following:

- Management developing strategies to retain existing skills and individual expertise;
- Identifying scarce and inadequate skills and talents that are missing in the workforce;
- Experiences that can be developed in the existing staff and have a succession plan from within the organization; and
- Identifying the risk of existing talent and skills being lost to competitors (ibid).

The simplest formula to measure staff turnover is to measure the number of leavers in a period as a percentage of the number employed during the same period, usually on a
Quarterly or annual interval. This is called the separation rate, and is expressed as follows:

$$\text{Separation Rate} = \frac{\text{Number of leave} 100}{\text{Average no. working}}$$

The average number working is the sum of the number of staff working at the start of the period and the number working at the end of the period, divided by two.

2.12.2. The Stability Index, on the other hand, illustrates the extent to which the experienced workforce is being retained. It is useful in comparison over a period or with other similar organizations, and it is calculated as follows:

$$\text{Stability Index} = \frac{\text{Number of workers with one Year's service \{or more\} now}}{\text{Number of workers one year ago}}$$

There are several reasons for measuring and analyzing the levels of staff turnover for Control purpose; the organization must know the current levels of turnover, categories and types of employees leaving

to determine when and how to intervene. Forecasting the approach and strategy for future staffing and recruitment needs (HYPERLINK "http://www.acas.uk/publication /B04"www.acas.uk/publication /B04)

Staff turnover can be measured using the following approaches:

- Staff leaving must be requested to complete exit interview;
- Regular consultation with employees will indicate to management causes of dissatisfaction and problems that may lead to staff turnover;
- Personnel records must be include accurate details of all starters and leavers;
- Attitude surveys are used to find what workers dislike about their jobs that may lead to low morale and staff turnover; and
- Distributing questionnaires to be completed by employees.

Face-to- face interviews must be conducted independently of the organization (www.acas.org.uk/plublications/BO4).

2.13. Retention strategies to combat staff turnover

The government in addressing the critical shortage of nurses, pharmacists and doctors, has drafted a human resource plan still to be debated and discussed with various stakeholders. The draft plan focuses mainly on the training of additional health workers, dealing with migration of professionals and management of human resource (Cullinan & Thorn,2005: 103).There is an indication that employers who introduce and maintain staff development programme experience reduced labour turnover.

Naidoo (2000:94) cited Nkonzo-Mtembu who agrees that the government must treble the number of nurses being trained to increase the pool of nurses and reduce the impact of those who leave the country. Branham, (un-dated) maintains that 50 percent of the typical employee's job satisfaction is determined by the quality of his or her relationship with the manager. Many companies flounder in their attempt to improve employee retention because they have placed the responsibility for it in the hands of human resources personnel instead of managers. Some have begun to measure managers' turnover rates and vary the size of their annual bonuses accordingly. Hutchinson (2002: 149) states that the primary objective of most organizations is to attract and retain employees.

The author further indicates that retaining skills is not just about more cash but that companies all over the world with various ways to retain scarce skills and better medical schemes and higher bonuses may not be the best way to ensure staff loyalty. Hampton, (1978: 237), state that redesigning and job enrichment may increase job satisfaction and hence, lead to reduce staff turnover. When deciding on training as a strategy for retaining staff in the organization, it is necessary to take the requirements of both the individual and organization into account. It must be noted that not all problems can be resolved through training.

An organization that provides individuals with the opportunity to have some input into their career management, stands a far better chance of attracting and retaining employees than the one that makes

demand s on individuals without any regard to their personal goals and objective

2.13.1. Effective hiring process

Staff-turnover may also be caused by hiring or appointing people that do not match the positions available. During the recruiting process, the panel must cross check that candidates are suitable for the positions and practice they have applied for. There is a need to ensure that the candidate fits into the job description before being appointed (Karen, et al, 2001:243). Organizations must try to recruit and appoint employees who will stay with them for longer periods. It is wasteful expenditure for the organization to recruit and appoint an employee who clearly indicates to leave the organization within twelve months of his or her appointment (Benning & Adorno, 2002:27).

Capko (2001:271,) states that the approach and method of conducting induction and training of new staf,f may cause turnover. A good and effective induction, development and training programme may reduce turnover as the candidate will know what is expected of him or her on the new job. Internal resourcing can be used as one of the alternatives to replace the employees that have left.

The availability of suitable skilled people from within the organization must be examined. Promoting, redeploying, and retraining of existing staff to fill the vacated position may motivate the employees as an opportunity for growth (Armstrong, 2003:263).

2.13.2. Review the incentives and allowances

Thorn (2004:59) states that the health department has implemented community service, rural and scarce-skills allowances in an attempt to attract staff to the under-resourced and under-served areas. Nare (2004: 13) also agrees that the South African government has introduced rural allowances and scarce skills allowances, to counter the higher salaries on offer. The National Department of Health has introduced scarce skills allowance in an attempt to attract and retain designated health professionals on a full time basis. Specific health professional skills in occupation groups have been identified and declared scarce skills by the Public Health and the Welfare Sector Bargaining Council. The policy accommodates also the Community Service Workers (Agreement No. 1 of 2004:57). The National Department of Health further introduced rural allowances in another attempt to recruit and retain specific health specialist's professionals in identified inhospitable health institutions in rural areas where it is difficult to recruit and retain some health professionals (Resolution No 2 of 2004: 29) Robbins, (1998:142) argues that monetary incentives alone are effective in the short term and not in the long term. He further states that money is not a motivator and not important to all employees.

2.13.3. Recruitment of private and foreign professionals

To reduce the impact of staff turnover, ten Cuban doctors have been deployed in the Bophirima Health District to reduce the vacancies left

by the South African doctors. Private medical practitioners and Specialists have been invited and encouraged by the Minister of Health to join the Department of Health by dedicating some of their time to work in the public hospitals and clinics (MEC Mayisela, NWP, Budget Speech 2005/2006:13). It is further supported by the National Policy on Recruitment and Employment of Foreign Health professionals in the Republic of South Africa. The recruitment of foreign professional's policy clarifies that recruitment and employment of foreign health professionals must be viewed within the context of recruiting persons with verified qualifications, skills and competencies to work in under- served rural areas of South Africa.

2.13.4. Recognition awards

To improve staff satisfaction and, thereby, reduce staff turnover, the National Department of Health recognizes the awards certificates for the best performing staff members. The awards and certificates are handed to the deserving employees by the MEC for Health annually. This is to recognize and acknowledge the efforts and commitment by the workers in their various institutions and sub-districts (Selloane, 2005:10).

Levitt (2004:274) identifies the following ten strategies for successful staff retention and to reduce employee turnover.

- The manager must develop a vision for the institution and then clearly share it with the staff;
- The manager must understand the realities of the market place

he or she is operating in;

- Create the best workplace environment for the staff;
- Let the staff know that the manager care about them and appreciate their efforts;
- Clarify job descriptions and assign specific responsibilities;
- Bonus and incentive plans work wonders. If the behavior is rewarded, more and repetition of that behavior will be received;
- Learn to have productive and meaning staff meetings;
- Consistent morning huddles (10 to 15 minutes in duration};
- Dealing with the Queen Bee syndrome.); and
- Live by an updated, well-written, state –of the art policy manual.

Levitt (ibid), states that assembling the perfect staff is a difficult and time consuming process, and it could take a few years to find the right blend of talent and personalities.

Also, the last thing a manager wants to happen is for these key personnel to leave the organization.

2.14. CONCLUSION

In conclusion, this study and its related literature review were intended to identify issues that causes staff turnover in the workplace. The review of literature focuses on structural approach to staff turnover in organizations, the health care market, and imbalances in the health care professionals in hospitals in South

Africa and around the world. The literature focused on stressors, job satisfaction or dissatisfaction and motivation as factors that influences staff turnover. Similarly, these are the variables that the researcher in this study intended to measure. The results of this study will, therefore, help the researcher identify, if there is a universal pattern with regard to staff turnover that health workers assume in other hospitals, places or even countries, or whether the pattern identified in this study pertains to the Bophirima District only.

According to literature review, staff turnover is about voluntary permanent withdrawal by employees from an organization. Employees withdraw their services due to various factors like work stress, job dissatisfaction and de-motivation. The literature review further revealed that work stress is mostly caused by workload, lack of resources and the external environment like conditions of accommodation and facilities like banking and shopping.

Job satisfaction or dissatisfaction is caused by remuneration, working hours and management style. Demotivation may be due to assessment policies, training policies and low or lack of incentives to recruit and retain staff.

CHAPTER 3

3.1. Research method

Research method refers to the way in which the researcher collects data, whether by observation, questioning, or measuring (Searman 1998: 251). The method of data collection is related both to the problem being studied and the research design.

3.2. Research design

Research design refers to a plan for selecting subjects, research site, and data collection procedures to answer research questions (McMillan&Schumacher, 2001:166). The design shows which individuals will be studied, when, where, and under which circumstances they will be studied.

The goal of a sound research design is to provide results that are judged to be credible. Credibility refers to the extent to which the results approximate reality and are judged to be trustworthy and reasonable.

Research design refers to the way in which the researcher plans and structures the research process (Seaman, 1987:165). The design provides flexible guideposts that keep the research headed in the right direction. There is no such thing as one correct design; designs vary from one study to another. Each researcher chooses the design that is most useful for her or his research purpose – whether to

observe in order to know, to know in order to predict, or to predict in order to control or prescribe.

Three of the most common and useful purposes of social research are exploration, description and explanation (Babie, 1998:90). Although a given study can have more than one of the above, for purposes of this study, exploratory design was used. Exploratory design plans either to assemble new information about an unstudied phenomenon or to take a new look at old data (Seaman, 1987: 181). In this study, the researcher plans to explore factors contributing to staff turnover, how staff turnover affects the financial situation of the hospital and the effectiveness of the retention policy.

3.3. Data collection

The data was collected through the use of interviews. According to Seaman, (1987: 288), the interview is a method of data collection in which an interviewer asks questions from the respondent, either face- to-face or by telephone. The interview is comprised of the following three components: the interviewer, the interview schedule or guide, and the respondent. Each of these represents a wide range of variables. For example, the interview schedule may be highly structured, requiring the most formal type of interaction between the interviewer and respondent. On the other hand, the schedule may be only a guide that the interviewer has memorized or held in hand, while encouraging the respondent to talk freely. In both cases,

however, the interview schedule must be carefully formulated and the interviewer must be trained.

Instruction on the interview schedule is of two kinds namely instruction to the interviewer, which are not to be read, and instructions to the respondent, which must be read.

In this study, two types of interviews were conducted i.e. Individual and focus groups. The individual interview according to Searman, (1998: 290) is about open interview which allows the object of study to speak for him/herself. On the other hand, focus group interview is a kind of interview which is partially structured by a schedule of questions and topic, and the interviewer is free to deviate from the schedule, so long as the material is covered by the conclusion of the interview. Individual interview was conducted with Chief Executive Officer (CEO) and Nursing Managers, whilst focus group interview was conducted with Unit Managers and Operational Registered Nurses.

3.4. Sampling

According to Seaman, (1987: 157) sampling is the process by which the study subjects or objects are chosen from a large population. Sampling is a crucial part of the research process, since the method of sampling determines, whether or not the study sample represent the entire population from which it was drawn. If the sample does represent the entire population, the findings from the sample can be generalized to the population. If not, the findings apply only to the

sample studied. Sampling is a critical aspect of research determining the extent to which the study-sample data may be generalized to the larger population.

To obtain a sample of health personnel from the Bophirima Health Region the following information need to be clarified. The Bophirima Health Region is divided into seven health sub-districts namely Naledi, Mamusa, Lekwa Teemane, Greater Taung, Kagisano & Molopo and Kudumane.

Within each sub-district, there are five district hospitals namely, Tshwaragano, Vryburg, Ganyesa, Schweitzer Reneke and Taung hospitals. Each hospital in the sub-district provides a package of services such as Obstetrics and Gynaecological, Medical and Surgical, Pediatric, Out-patient and Emergency Services. A sample will therefore be selected from the different layers of the health personnel in each of the five hospitals.

Probability sampling was used to select the sample. According to McMillan & Schumacher, (2001:170) in probability sampling, subjects are drawn from a large population in such a way that the probability of selecting each member of the population is known, though probability are not necessarily equal. This type of sampling is conducted to efficiently provide an estimate of what is true for a population from a smaller group of subjects (sample).

Several methods of probability sampling to draw representative, or unbiased samples from a population was used. Each method however, involves some type of random sampling, in which each

member of the population as a whole or of subgroups of the population, has the same chance of being selected as other members in the same group.

The form of probability sampling used in the study is stratified sampling. Stratified sampling is the most relevant form of probability sampling for this study because it organizes the population into homogenous sub-sets (with heterogeneity between sub-sets) and thereafter, selects the appropriate number of elements from each stratum. With reference to this study, each hospital was divided into the following stratus: senior management, nursing manager, unit managers and functional registered nurses. From the first level i.e. senior management, only the hospital chief executive officer (CEO, S) were selected i.e. one CEO from each hospital. This constitutes 100% of the population since there is only one CEO in each hospital. Individual interviews were held with each CEO. With the nursing managers, each hospital has the following number of nursing managers Taung 2, Tshwaragano 2, Ganyesa 1, Vryburg 1 and Schweitzer 1 .This translate to 8 nursing managers, and therefore 100% of the population of nursing managers were interviewed individually.

Unit managers were divided into five focus groups with one focus group per hospital. With registered nurses, a sample frame of all registered nurses was secured from the CEO of each hospital. Sample frame is the actual list of sampling units from which the sample, or some stage of the sample, is selected, Babbie, (1998:201).

Depending on the number of registered nurses in each hospital, 50% of the total population was randomly selected to form a sample. The selected registered nurses were thereafter divided into focus groups of 10- 15 members. A total of seven focus group were held across all hospitals.

3.5. Data analysis

Data analysis is the process by which the researcher summarizes and analyses the data that have been collected Searman, (1998:333). The kind of analysis utilized depends on the research design, the method of sampling, and by which method the data were collected and measured. The researcher used memo writing techniques, words, diagrams, tables and graphs as the main instruments for data analysis. Categorising data is a mammoth task of reducing huge raw data into useful groups. In coding, a researcher organized the raw data into conceptual groups and created concepts, which was then used to analyse data. Data coding, therefore, served a simultaneous purpose of analytical categorization of data. The researcher performed open coding during the first pass through recently collected data and then located themes and assigned initial codes in a first attempt to condense the massive data into groups. Open coding brings themes to the surface from deep within the data. The themes rise at low level of abstraction and come from the researcher's initial research questions, concepts in the literature,

terms used by members of social setting, or new thought stimulated by immersion in the data (Neuman,1997).

The researcher used discussion and analysis of data categorized into various findings.

CHAPTER 4

INTERPRETATION AND ANALYSIS OF DATA

4.1. Introduction

The study is qualitative in nature and therefore focuses on a number of questions which the data analysis processes, emerging themes and findings should help to answer. Qualitative data analysis tends to be primarily an inductive process of organizing data into categories and identifying patterns (relationships among the categories (McMillan& Schumacher, 1993:479). In an attempt to answer questions, the researcher was open to different possibilities coming out with contrary or alternative explanations for the findings. Based on the latter, the following varying methods of data collection were employed, individual interviews with management i.e. Chief Executive Officers and Nursing services managers. Furthermore, focus group interviews were held with unit managers and operational registered nurses and non-verbal cues were observed during the interview process, to cross check emotional tones of the respondents. Metaphors, quotes, proverbs, analogies and question were used. In the process of analyzing data, several activities simultaneously engaged the attention of the researcher, such as, sorting the

information into categories, and writing the qualitative text. To effect interpretation, the researcher did data reduction. Variables relating to experiences, feelings and opinions of management and registered nurses, were analyzed using an inductive approach. This meant that concepts were generated from the empirical data rather than from the pre-formulated theories (Morse&Field, 1996).

Data was presented in various ways. The answers were first grouped according to content and then categorized into themes, in the process, trying to keep the researcher interpretation to a minimum and constructing categories from the registered nurses own perceptions. The data had to be reduced to certain patterns, categories or themes, to allow interpretations to be made using different schema or techniques. This process has been achieved through usage of tables, graphs and figures. Tables reflected response rates while the graphs reflected the demographic data. Figures, to a limited extent have been used to augment graphs and tables.

The core of analysis was from the result of the management and nurses. Where applicable, the findings have been compared with theory from the literature review, while the researcher sought the applicability of the different theoretical frameworks to the findings. The intentions of this qualitative research have not been to generalize the findings, but to form unique interpretations of events (NEUMAN, 1997).

4.2. RESPONSE RATE

The response rate is the number of population sample who responded to the interview divided by the total targeted population sample. In this research, the population was divided into the following stratus: management and operational registered nurses. A sample of 85 operational registered nurses was targeted for interview, however 69 respondents were interviewed, constituting 81% of the total population of registered nurses. With management, a total of 12 managers were targeted and 100% responded. The reason for failure to have 100% of registered nurses was a clear indication that it is not only difficult to assemble them for focus group interviews but more worse for their availability due to their acute shortage. Remembering that hospital nursing care is provided hours around the clock, 7days a week, the few that were there were distributed all over to make up for the 24 hours shift for both day and night. So really having them at one common place is a challenge. At some stage, one was prematurely tempted to ask questions such as what about their annual leave? What about family responsibilities? What about their training and development? The questions went on and on, however at this stage they would be reserved for later interrogation as the report progress.

The researcher held seven focus group interviews with registered nurses and, the respondents in each group ranged from six to ten. The focus group interviews were held at the premises of each

hospital and all the logistics were done in collaboration with management.

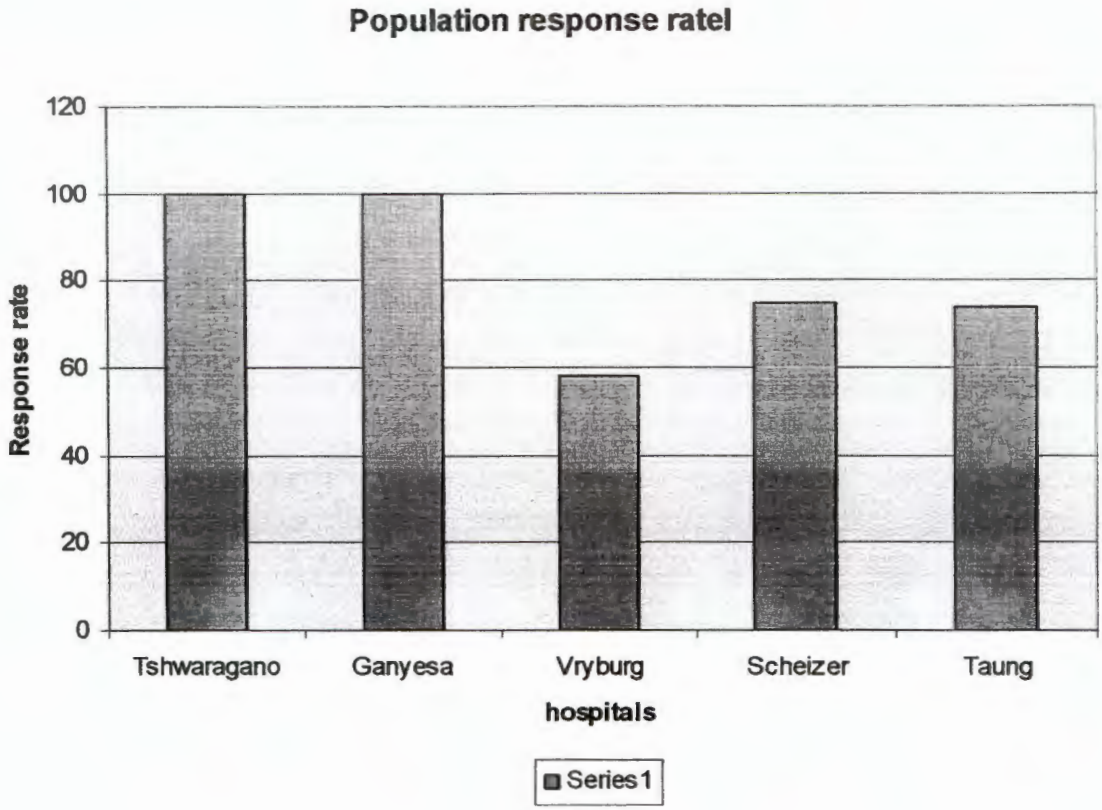
Since the response of registered nurses is well above 50% of the total target population, the researcher is of the opinion that the data may be considered valid adequate and representative of the views, opinions and feelings of all the registered nurses in the hospitals. As the results from the focus groups interviews were analyzed, the management responses served the purpose of confirming and cross checking the nurse's responses. Table 2 below portrays the operational nurses' response rates from different hospitals while figure 1 on the next page represents the nurses' turn-up distribution. Though only 81% of registered nurses turned up for focus group interviews, Table 2 and figure 1 show that, apart from one hospital, i.e. Vryburg hospital, the turn up from each of the hospitals was well above 50% with Tshwaragano and Ganyesa hospitals scoring the highest at 100% attendance.

REGISTERED NURSES RESPONSE RATE

TABLE 2

NO	HOSPITAL	NO OF REGISTERED NURSES	TARGET Population	INTERVIEWED	RESPONSE AS %
1	Tshwaragano	40	20	20	**100**
2	Ganyesa	20	10	10	**100**
3	Vryburg	24	12	7	**58**
4	Schweitzer Reneke	17	8	6	**75**
5	Taung	70	35	26	**74**
Total		**171**	**85**	**69**	**81**

Figure 1


Population response ratel
120
100
80
60
40
20
0
Response rate
Tshwaragano
Ganyesa
Vryburg
Scheizer
Taung
hospitals
Series1

4.3. Profile of the respondents

The profile of the respondents were categorized as follows using figures

4.3.1. Gender

The Figure 2 below portrays population by gender

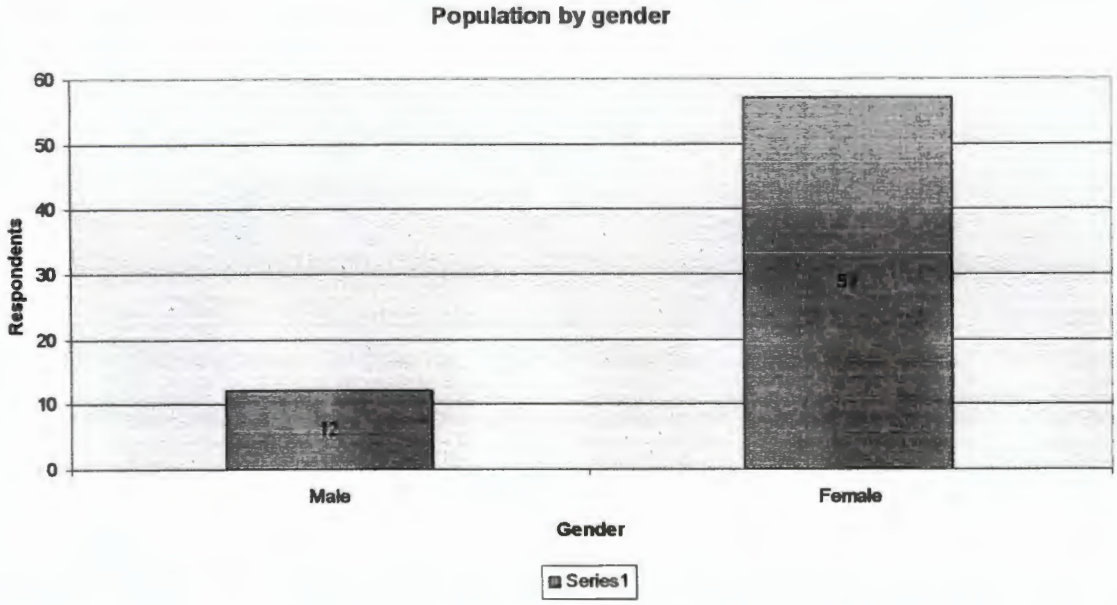
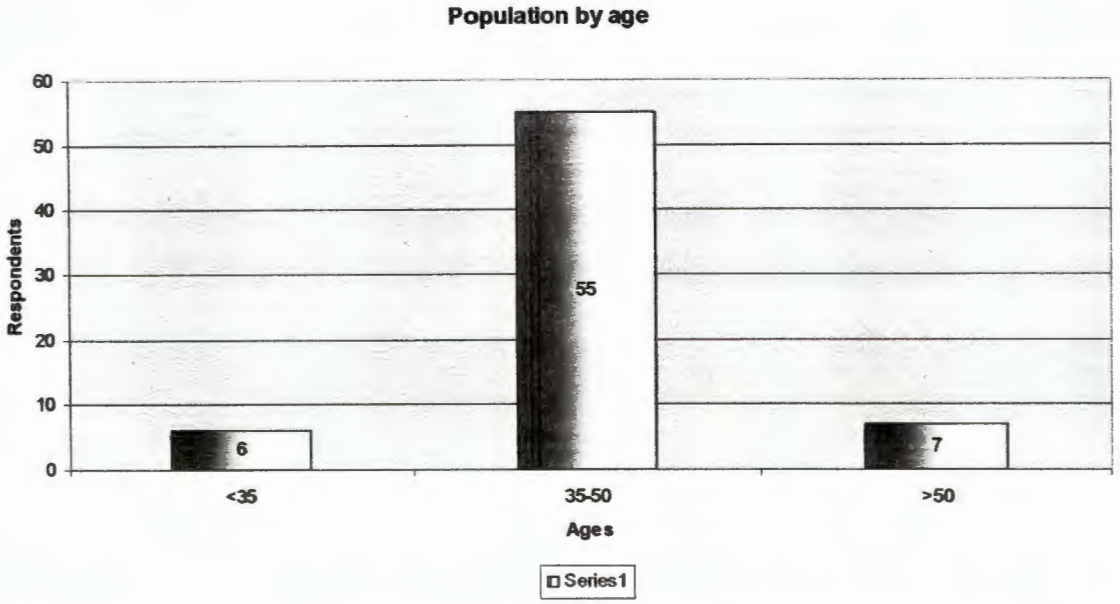


Figure 2 above depicts the profile of respondents by gender, a total of 69 respondents were interviewed, 12 males constituting (17%) of the respondents and 57 females which constitutes (83%) of respondents. The analysis indicates that there were more females than males in most hospitals in Bophirima. It was also observed during research that males were a rare species in this profession. In some hospitals the researcher did not see even a single male. The fact that they, were few, draw more curiosity from the researcher. In order to satisfy that curiosity, the researcher decided to probe for more information from few males encountered during the research process. With in-depth probing from few males it was mentioned that

males prefered to work in mine hospitals where male were dominant. Perhaps in public hospitals, the male would be more comfortable to work in the male unit. This was more of a cultural issue as explained by some male registered nurses.

4.3.2. Respondents by age

Figure3. below shows the various ages of the respondents. The ages of employees were categorized as less than 35years, between 35 and 50 and above 50years.



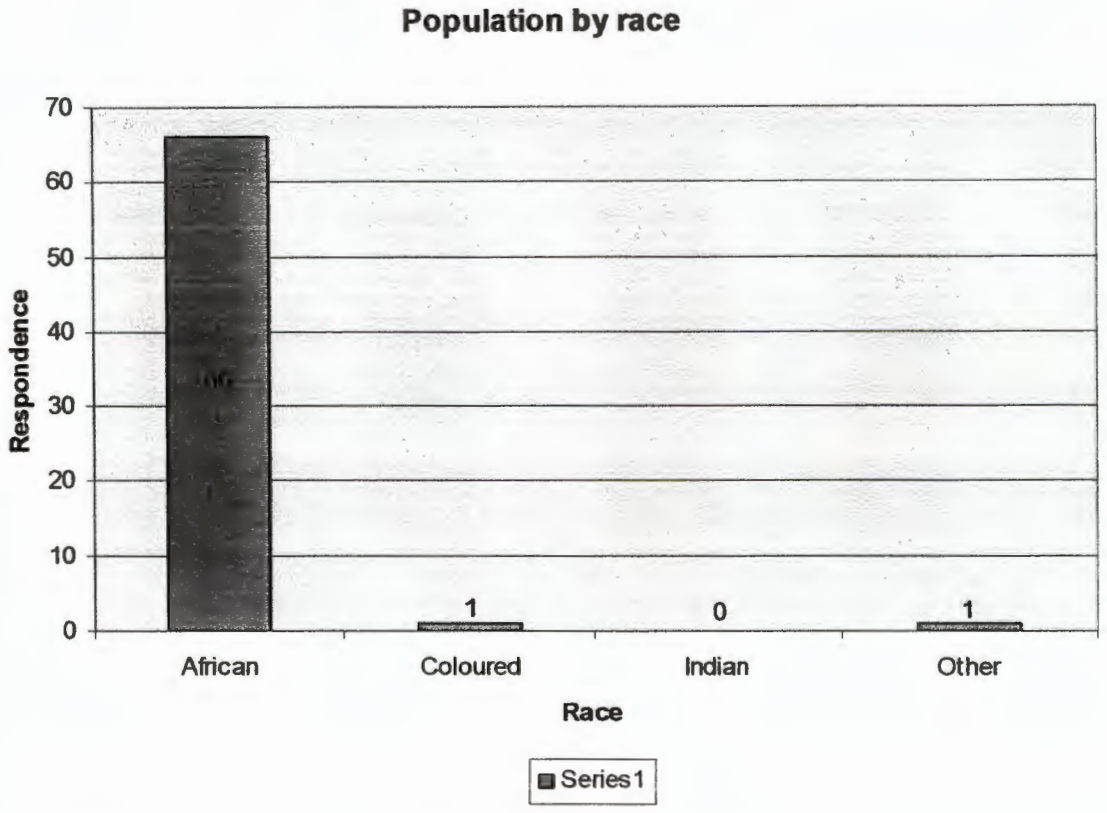
According to figure 3, six respondents (8%) were less than35years, fifty five respondents (80%) were between 35-50years and seven respondents (10%) were above50years. It may be suggested that young employees are more likely to move between jobs than old employees, who may have families (children and husband/wife) making it a little difficult to relocate. The respondents who were

between 35-50years may be tired of changing jobs and might have experience of different jobs and institutions.

4.3.3. Respondents by race

The following is a figure4 which portrays respondents by racial groups

Figure 4. Registered nurses by racial group



The race did not have signifance in the research except to mention that all the respondents in Bophirima were African. This may be due to the rural- ness of the District.

4.3.4 Respondents by marital status

Figure 5. below depict respondents bymarital status

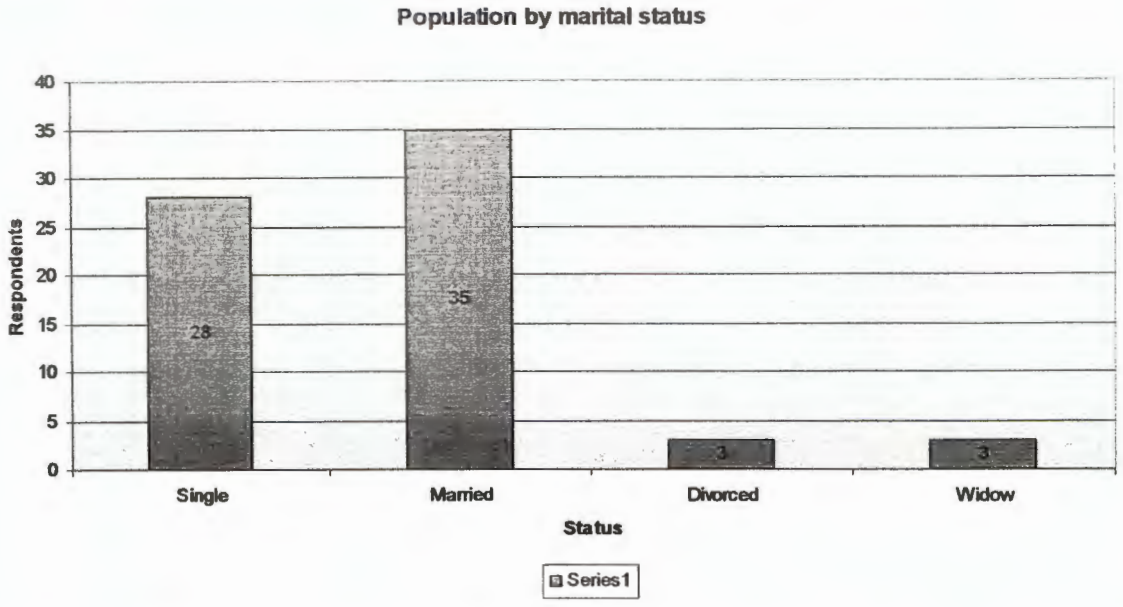
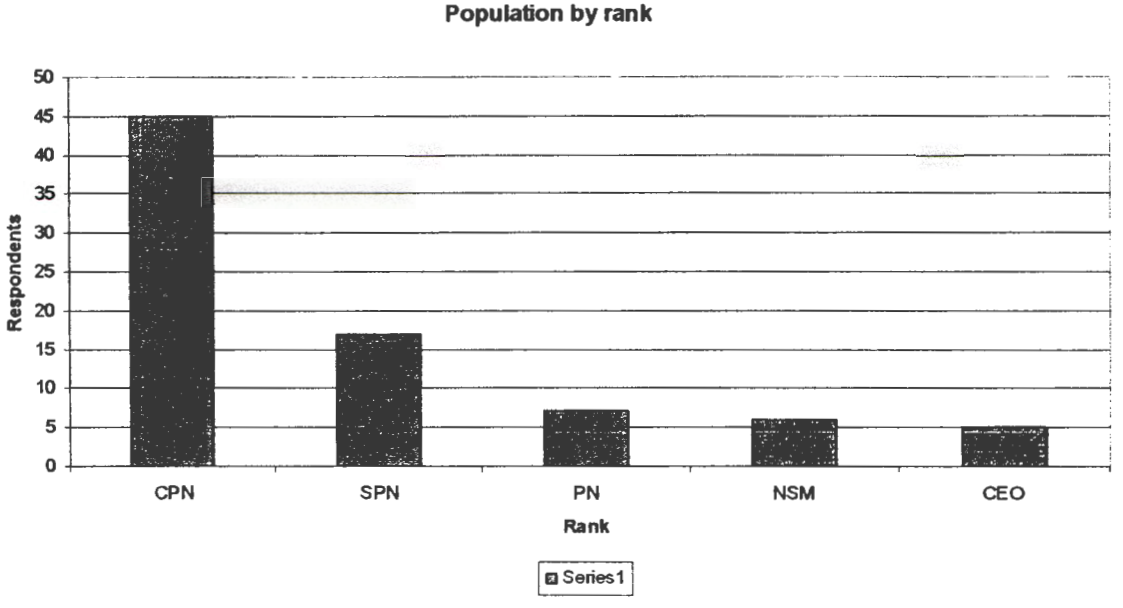


Figure 5 above, depicts the respondent's marital status. The marital status was ranked as single, married, divorced and widowed. 28 respondents (41%) were single, 35 respondents (51%) were married, and 3 respondents (4%) were divorced and widowed respectively. The significance of marital status in relation to staff turnover is that, if an employee is married a decision to move to another area may require consensus of both members while it may be a bit easier for a single, divorced or a widowed person. This, however, is a simplistic explanation as in some instances; the influence is above the couples themselves as it includes other family members such as children, parents, etc. The interesting issue that emerged from the Bophirima Hospitals is that the majority of respondents were married but during the interview, they kept pointing out that if they were not married, they would also move to

overseas countries. The total number of single, divorced and widowed were equivalent to those that were married. That suggest that, even if marriage might be an issue for holding back those employees who were remaining the chances are that those that were single, divorced and widowed would still leave in great numbers. In simple business terms, Bophirima has a very narrow safety margin against staff turnover.

4.3.5. Respondents by rank

Figure 6. below depicts the respondents by rank.



Of all the 45 respondents (66%) were chief professional nurses, 16 respondents (23%) were senior professional nurses (CPN), and (SPN) and about 7 were junior professional nurses (PN). The significance of the rank in relation to staff turnover is that rank is about opportunity for advancement and therefore a better salary. In Bophirima District Hospitals, the pyramid is upside down. The majority of the registered

nurses were chief professional nurses and senior registered nurses while junior professional nurses were very few. The opportunity for advancement is removed in these institutions therefore a potential trigger for staff turnover. When comparing this analysis to the age analysis done earlier it is clear that the majority of those people were between 35-50 years of age and were expected to be well established in their profession.

4.3.6.Respondents by experience

Figure 7. below depicts the respondents by work experience

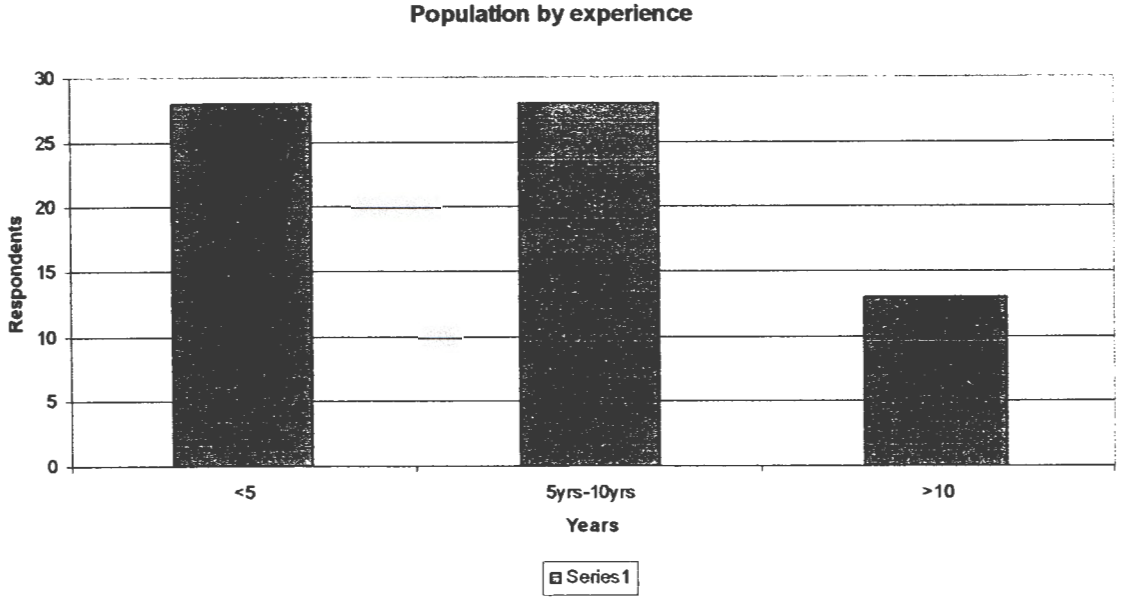


Figure 7 above shows that 13 respondents (28%) have been in nursing for more than 50years. This indicates that they are well versed with the nursing care processes. On the other hand frustrations within the profession, such as shortage of registered nurses, poor working conditions, low salaries and inadequate support from managemen,t may undermine their continued contribution in

the profession. On the other hand, it is important to note that some of these nurses, are near the retirement age and their contribution is also constrained by age. 28 respondents (41%) have been in the service for years to years which, also indicates that most registered nurses are not new in the nursing service. They may have developed coping strategies to deal with stress and challenges inherent in the nursing profession, however, these nurses form the core foundation of nursing. It must also be noted that they are very dynamic in nature and marketable in terms of nursing experience, developed skills and capacity. They may, however, be overwhelmed by the acute shortage of nurses and the increased nurse patients ratios in hospitals. The interesting fact noted was that 28(41%) of respondents had less than five years in nursing which is equal to the previous category. This is the inexperienced group that needs more training and development. They wouldl also need more experienced registered nurses to work under their supervision.

4.4. Interview with operational registered nurses

The interview with operational registered nurses uncovered the following findings:

4.4.1. Migration of nurses to overseas countries

To qualitatively asses staff turnover amongst the registered nurses in Bophirima the first question that the registered nurses answered was there was a general view that nurses are leaving the country for overseas countries. This was to asses their level of awareness about

the general problem of migration of registered nurses to other countries overseas. All the participants in different focus groups said they agreed that nurses were leaving. They indicated that it was mentioned all over the radio and television news, news paper such as City Press and Sunday Times, nursing news letters, trade union meetings e.t.c. Some even said "re a ba latela" meaning that they would also follow as government did not care about them "puso ga e re kgatalele". They also indicated that shortage was all over.

4.4.2. Factors that contribute towards migration of nurses

The response of the majority of registered nurses was that they were leaving for greener pastures. When unpacking the issue of greener pastures, it was revealed that it was about low salaries for nurses across all levels, poor working conditions, such as, old physical structures, inadequate medical equipment to care for the patients, lack of opportunities for advancement, such as promotions to the next higher level, shortage of staf,f as other nurses leave, low staff morale, as a result of other nurses having left, lack of recognition for good work, they even said sometimes it was not about salaries but just a thank you was enough. As the researcher went on and on, one could see a sign of frustration and desperation in the faces of these nurses. The issues that were regarded as top priorities were low salaries, poor working conditions and lack of recognition for good work.

4.4.3. Response towards offer of employment overseas

When confronted with offer of employment overseas some said "yes" they would go but others said "no" because of personal commitment. These included family responsibilities, such as, marriage, children, housing bonds and advanced age. The Majority said if they could turn back the clock of time they would definitely leave. "Ga re sa kgona manese ga a yo" meaning we can no longer cope there is too much shortage of nurses.

4.4.4. What strategies could be put in place to retain nurses?

The first response from the majority of the respondent was for the government to recognize that there was indeed a problem. If they (meaning authorities) they do not accept that a problem exists how can they solve the problem? In many instances, it was like solutions were not far fetched as some nurses knew what could be done. For example most said in order to address the above problems the authorities must review the salary levels of registered nurses "the salaries are just too low, we cannot even afford to have a house for our children". Improve on the working conditions of nurses "give us basic equipment to treat patients", since doctors are recruited from overseas, let the same be done with professional nurses, we cannot cope anymore, the current hospital structures need to be reviewed more posts have to be created, even when they work overtime, they are not being paid on time more training and development of registered nurses is necessary although the shortage of staff make it

very difficult to release those few that are there for training. They stated that the basic things that government should do to review salaries and improve on the working conditions.

4.4.5. Response towards encouraging others to leave

The majority of the respondents did not want to dwell much on this issue except to say that it has an individual choice. Only a few responded that they would advice them to go.

4.4.6. Satisfaction with conditions of service

The issue of the working conditions is an emotional one. This was one of the questions that aroused a lot of emotional feelings. Some nurses openly said they did not have their personal life anymore. In some instances, they had to be in the hospital hours around the clock doing calls. The shortage of registered nurses was killing them. At times they dealt with the issue of shortage of equipments and shortage of medications. They could not attend meetings nor attend workshops because they were so understaffed, they could just afford it. In some of the hospitals, the physical structure left much to be desired. The privacy of patients was grossly compromised.

4.4.7. Strategies to improve conditions of service

The majority of the respondents stated that they were not happy with their conditions of service. They further eluded to the fact that salary package for registered nurses needed to be reviewed. The

salary in the public service should be brought in par with that in the private sector. Building of new hospitals in some areas was especially highly recommended in the missionary hospitals that were built decades ago. Where nurses had performed overtime, payment should be expedited by management, continuous professional development, purchasing of high priority life saving devises, especially those that deal with blood sugar related diseases, in some areas, the issue of staff accommodation were mentioned.

4.4.8. Awareness about retention strategies

Retention strategy is a package in the form of policy decision, specifically designed to retain professional nurses in the employment of the public service. Surprisingly enough, the majority of the registered nurses were not aware about the retention strategy of the public service, however, through in-depth probing, it was discovered that registered nurses were being paid rural allowance and scarce skill allowance. The question that immediately arose was around the rural allowance. The nurses flatly pointed out that rural allowance is not working because, since its inception, registered nurses were continuously leaving. They also said it had created more problems because other support staff in the rural areas did not receive it. They said it had, in fact, created conflict between registered nurses and other sub categories like staff nurses and auxiliary nurses, however, these were the categories that augmented the shortage of registered nurses as some even performed the role of registered nurses. The

other allowance associated with the retention strategy is scarce skill allowance. It was only paid to registered nurses with additional specialist qualifications, such as, theatre techniques, intensive care unit but other specialists, such as, advance midwifery, was excluded. With respect to application in other disciplines such as doctors, pharmacists are not paid according to additional specialization but by simply being a doctor one benefited from it. When it came to nursing they said it had actually polarized nurses around specialties. The sad story was that in many instances, the specialist required nurses were just not enough and they had to be augmented by non specialist registered nurses. In many instances they refused to work in specialist areas because they were not being paid allowance?

4.4.9. Impact of shortage of staff

At the end of it all, those who remain behind should carry the burden. The final response of those who were left behind is that, that were overworked, overloaded but it was evident that, some virtually had got no where to go. It was reported that absenteeism due to sick leave in some hospitals had increased due to backache and other psychosomatic related illnesses. It was evident that to reverse that, situation was a quantum leap which required men and women with guts.

4.5. Interview with management

The interview with management yielded the following responses:

4.5.1. Introduction

The management population consisted of chief executive officers and nursing services managers. In this research five chief executive officers and seven nursing services managers were interviewed individually face to face. 100% of population sample responded. Hospital management's role, basically in this research, was to corroborate and confirm the responses of operational registered nurses. The general house keeping was performed at the beginning of each session. The interview was held at the premises of each hospital, thanks for the managements assistance with conducive environment provided during the interview. The general rules of interview sessions were observed. Each respondent was taken through a set of about eleven structured open ended questions.

4.5.2. Migration of nurses to overseas countries

With general issue of the migration of nurses to overseas countries, the management also agreed that indeed registered nurses were leaving except one nursing manager who pointed out that some were leaving from one province to another due to disparities amongst the provinces.

4.5.3. Factors that contribute towards migration of nurses

Generally speaking, there was great corroboration between management responses and those of the nurses. The main factor which emerged from nurses and also confirmed by management was low salaries paid to nurses across all levels in South Africa, poor working conditions(inadequate medical equipment, especially life support, old hospital structures in some of hospitals, shortage of medicines, lack of resource for infection control, no rest rooms), shortage of resources (material and human) shortage of registered nurses, lack of opportunity for development to higher level(promotions), some for change of environment, for better career path, limited number of nursing services manager posts(depends on the number of beds per hospital ward at Provincial hospital, the criteria is not applied).

4.5.4. Experience on shortage of nurses.

Most of the managers interviewed acknowledged that shortage of registered nurses was the biggest problem in hospitals. Training hospitals were better of because registered nurses were augmented by periodic placement of student nurses during practices. The other problem which arose however, was the constant supervision required by students' nurses. Some managers said, in many occasions, quality health service had been compromised leading to more medico-legal cases.

4.5.5. Response of other nurses towards shortage

Although most the nurses were not complaining directly, however, there were lots of symptoms which manifested as a result of shortage of staff. The rate of absenteeism due to sick leave in some of the hospitals was reported to be high as a result of backache and other related psychosomatic illnesses. The morale of the nurses who were left behind wss also down and production was low. Medico-legal cases were common and conflict, as result, of burn-out was the order of the day. Most nurses referred for employment assistance programme had complained about work related stress and frustration due to shortage of staff. The managers said it was difficult to draw the registered nurses duty schedules because literally they had to work overtime most of the time. The situation was unbearable.

4.5.6. Exit interview

All the managers interviewed said they had developed a template used to conduct exit interviews and they were conducting exit interview when nurses left employment.

4.5.7. Reasons for leaving

Reasons for leaving are as follows:

- Increased workload due to the departure of other registered nurse. Overwork;
- Greener pastures – promotion to higher post and better salary, Mostly senior professional nurses to chief professional nurses;

- Personal reasons such as joining the spouse or other family members;
- To be in urban areas where there are better developments such as the shopping complex and malls, Personal professional development such as being near to tertiary institutions such as universities e.t.c;
- Better schools for their children;
- Being left behind in terms of modern technology; and
- Being promised better opportunities for training and professional development.

4.5.8. Retention policy in place

Since the conditions of service were provincial and national, competencies in the public service hospitals did not have specific retention policies for registered nurses. The national retention policy for health professionals was in place at all hospitals.

4.5.9. Review of retention policy

The policy was never reviewed since its inception in 2001.

4.5.10. Effectiveness of retention policy

All the chief executive managers corroborated with information provided by the registered nurses that the retention policy, in some areas was really not effective. Despite the fact that the retention policy was introduced, the registered nurses were still leaving. The

interesting fact was that the retention policy of the public service was well known by the managers while the registered nurses knew very little about it.

4.5.11. Effects of staff turnover on financial accounting

The fact that there was shortage of registered nurses meant that those who were left behind should work overtime. The managers highlighted the following:

- Most managers indicated that the payment for overtime had almost doubled due to shortage of registered nurses for past financial years;
- Escalating personnel, costs, due to recruitment of post vacated within a short space of time, selection, placement, orientation and induction, administrative, training and development of new employees;
- Loss of revenue as patient relocates to areas where registered nurses are available such as private hospitals;
- Rollover of personnel budget due to inability to fill vacant posts as a result of no responses received after advertisement of posts; and
- Deteriorating production due to low morale of registered nurses left behind.

4.5.12. Strategies to alleviate staff turnover.

Responses from management acknowledged that to deal with alleviation of staff turnover amongst registered nurses was complex. It was more complicated because negotiation of conditions of service in South Africa was centralized at the bargaining council nationally and nurses were not available in the country. The managers and the employees submitted their input through their representatives who, in turn bargained on their behalf at the central bargaining chamber of the public service. In the opinion of the managers, the department of public service and administration should review the salaries of registered nurses to bring them in par with that of their colleagues in the private sector as a minimum and gradually move towards international practice, to improve the conditions of service by make that material resources are available, making sure that appropriate life support equipment are purchased for the hospitals, accelerate the building of new hospitals through hospital revitalization programme, recruit registered nurses from foreign countries to reduce shortages in the hospitals, accelerate professional development through public funded initiatives, reduce reliance of hospitals on student nurses, establish the nursing directorate nationally and provincially, and review the current retention strategy for registered nurses.

4.6. CONCLUSION

Staff turnover, especially for registered nurses, indicated that operational registered nurses and management in Bophirima was a

serious challenge that compromised the quality of Nursing care and the standard of the nursing profession. There were various factors that contributed towards the staff turnover as alluded to by the majority of registered nurses in focus groups and confirmed by management during the interview. These include shortage of staff, increased workload, low salaries, poor working conditions, lack of essential equipment, lack of management's recognition of good work, lack of professional development, lack of training, lack of opportunity for advancement to upward mobility, lack of knowledge about retention strategies, lack of accommodation for registered nurses and cultural problems for male nurses.

CHAPTER FIVE

DISCUSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter follows data interpretation and therefore presents the findings from the empirical data collected from one to one interviews with hospital chief executive officers, nursing service managers and focus groups interviews with operational registered nurses. While data interpretation form the initial process of the findings through presenting data in various forms, such as tables and graphs, this chapter only indicates the findings and emerging themes of the interpretations.

5.2. PROFILE OF THE RESPONDENTS

Seven focus group interviews were held with 69 registered nurses and eleven individual interviews conducted with five chief executive officers and six nursing services managers. Each focus group consisted of five to ten participants and lasted between 60 and 90 minutes. Since the target population was 85 registered nurses and the response rate was 69 operational registered nurses, that constituted 81% of the total population and at justifiably pointed to validity, representativeness and authenticity of the findings. All the targeted chief executive officers and nursing managers were interviewed constituting a 100% response rate. All interviews for all groups were at their respective hospitals.

The findings of this chapter form the discussional platform to determine answers to the research questions which were based on the objectives. To ground the results into theoretical perspectives, other similar studies have been referred to during literature review in chapter two.

5.3. FINDINGS/EMERGING ISSUES

After the interview with operational registered nurses and management were held the following findings emerged:

5.3.1. Registered nurses commitment to nursing care

Despite the fact that many problems beset the nursing care process, the observation during research, pointed out that the remaining nurses in the Bophirima District Hospitals made a sizeable contribution to the care process through registered nurses asserting their commitment to their clients. The remaining nurses had willingly accepted to take care of the sick people and to see to it that they improved or made them to die with love and dignity. Nursing commitment was important especially at the current time when the health facilities were full of patients. Nursing commitment ensured sustainability of the nursing care process. However, of commitment of the remaining registered nurses was undermined by the following factors which emerged during research as factors contributing to staff turnover in Bophirima Health District.

5.3.2. Emigration of registered nurses to overseas countries

This was part of the research report on attitudes and motivations for mobility. The study confirmed that there was exodus of nurses from South Africa to other countries leaving the health services bleeding and unable to cope with the few that remained behind. Previous research on nurse mobility(Mejia Royston, 1979,200,Buchan,2002a) highlighted the importance of push and pull factors, led nurses to leave one country and look for employment opportunities in another. It has emerged that many health workers in SA are working in situations where they are underpaid, have inadequate resources to perform their functions, are struggling with heavy workloads, and, in some cases, have to cope with the threat of violence. This may be characteristic of developing countries where health systems are under-resourced (Mutizwa-Mangiza, 1998; Bennet & Franco, 1998). In confirmation of the above review of related literature, some workers in the Bophirima Health District have moved to other sectors or other parts of the country or abroad, thus creating bigger challenge for those who remained behind. The main issues necessitating departure by registered nurses are low salaries, lack of opportunity for advancement. Poor working conditions, to mention but a few. Registered nurses in Bophirima are frustrated and overwhelmed by the conditions in which they find themselves.

5.3.3. High level of frustration, stress and burn-out due to shortage of staff. According to review of literature done earlier in chapter two,

stress is a state of tension experienced by individuals facing extraordinary demands, constraints or opportunities. Work can be stressful and job demands can disrupt one's work life balance Schermerhorn (2003: 153) Stress is defined as a dynamic condition in which an individual is confronted with an opportunity, constraint, or demand, related to what he or she desires and for which the outcome is perceived to be uncertain and important. Stress is not always bad, but a high level of stress may lead to turnover as it is the case in Bophirima (Robbins 2003: 186).

Registered nurses in the Bophirima District were found to be suffering from stress and burn- out and, thus, experienced nursing as overwhelming. This was because of increased workload and long working hours. The nurse patient ratio has almost doubled for each professional nurse remaining. The fact that, in hospitals, nursing care is provided twenty four hours around the clock, compounds the problem even more. To cover for 24 hours shift means nurses had to work more hours to substitute those that had left the services. Due to stress and burn-out, the medico-legal problems were reported to be high in some hospitals. Some of the professional nurses complained that despite shortage, when a problem occurred management became hard on them. The labour relations conflict was also reported to be high due to stress and frustration. The situation to some nurses becomes unbearable and they decide to leave their jobs. As a matter of fact, shortage undermined the quality of nursing

care in hospitals and had direct contribution to staff turnover in Bophirima hospitals.

5.3.4. Poor working conditions

Respondents had different perceptions about their working environment. It was however, common that staff might not be satisfied about everything around the working environment. Working conditions were created by the interaction with their physical work environment. It was this environment that impinged or affected employee. That included availability of facilities such as production machinery like equipment and appliances, protective clothing and aspects of the physical environment in which the employee worked, such as, ventilation, lighting and space. The physical work environment refers to the attractiveness of the work environment (Gerber, Nel & Van Dyk, 1998:59). The factors which may push employees out of jobs were mostly poor working conditions. Nare (2004:7) states that it is the fault of bad management, strange priorities, local corruption and staff shortages which are themselves caused by terrible working conditions for health professional to leave the Public Service sector and others for overseas countries like the United Kingdom and Australia Connolly (2002:16) argues that difficult working conditions, that are unattractive and low morale, cause health professional to leave their jobs and seek work in other countries with more inviting health care systems.

A report by physician for Human Rights (2004:6) similarly identified

push factors that encouraged health professionals to leave their countries. They included the need for increased salaries, safer working conditions, better human resources for health management policies, improved health care infrastructure, and enhanced professional development opportunities. The authors further reported that the push factors were driving health professionals from rural areas to urban areas, from the public to the private sector, and at times, out of the profession altogether.

Levitt (1997: 32) states that to retain productive staff, dentist (or any manager) must provide a supportive work environment. Cullinan and Thorn (2005:13) stated that thousands of posts in the public sector were vacant and the crisis was deepening as nurses, doctors and pharmacists leave in search of better working environment elsewhere.

5.3.5. Lack of essential equipments

Shortage of medical equipment and facilities was found to be one of the causes of staff turnover amongst registered nurses. It was discovered that, in most institutions, there was shortage of life support equipment such as glaucometeres, defibrillators e.t.c. These equipments are important during emergencies as they enable nurses to cope better with life threatening situations. Some mentioned issues like having to witness patients dying in front of them without assistance which created an emotional strain on registered nurses, hence stress and burn-out.

Nursing in the Bophirima hospitals was in such a crisis that staff was bulking under a patient ratio of 1:90 instead of 1:35, and as a consequence, faced severe health risks. Inadequate supply of protective equipment, negligible waste disposal methods and high patient's loads were found to be issues that threatened the well-being of health workers who were already critically understaffed.

Nurses had to question themselves about carrying out their duties. They had to draw blood, give injections or handle body fluids, while there were no surgical gloves available. They asked themselves if they should continue rendering services and expose themselves to danger that put them under severe pressure. That was what made them to leave the service.

5.3.6 Lack of professional development

In many respects, registered nurses complained about lack of professional development. The professional development referred to is about professional training courses for nurses in order to hone their skills and be abreast with modern developments. Though management was aware of the importance of continuous development, the issue of training was not possible due to acute shortage of staff. The situation in Bophirima was excercebated by the rural nature of the region, in that there were no tertiary institutions where nurses could, on their own, attend at their own time. This, therefore, confirmed that lack of professional development contributed to staff turnover.

Development of employees was one of the critical issues to enhance better quality of care to patients and the public at large. The more knowledgeable staff is, the better the service delivery.

The research findings indicated that in most hospitals in Bophirima there was no specific training programme for registered nurses. It was even confirmed by managers that the training budget for the previous financial year 06/07 was drastically reduced. This was indicated by the fact that the majority of the registered nurses had not been exposed to training for many years. It was anticipated that no good results could be expected if the nurses had no training and were left alone to sink or swim. The training was glaring from statistics given and detrimental to the quality of care. The nurses ended up being frustrated and stressed because they could not cope adequately with changing technology. They resigned and moved to other areas or even overseas due to lack of training.

5.3.7. Lack of management support

The findings confirmed that despite management role being the backbone of the health care services, registered nurses complained of lack of recognition for good work from their superiors. They indicated that it was not always about money but some form of acknowledgement would pep up their level of satisfaction. When a medico-legal problem occurred management should not be quick to blame but to consider the conditions under which nurses were working. Management should be seen to be playing an important role

in motivating hard working professional nurses by considering special efforts during performance assessment. Management support and recognition for good work could assist in lower staff turnover. There was therefore, a correlation between staff turnover and lack of management support and recognition.

5.3.8. Lack of career path

Career pathing is about upward mobility for nurses and better pay/salary. In many health facilities in Bophirima as indicated by the profile on ranking, there was no opportunity for advancement. Most of the senior posts are filled as a result of rank promotions that were done in the public service around 1996/1997. The structures are bloated and nursing services managers posts was determined by hospital beds instead of workload and create opportunity for advancement. The end result was that nurses had to move to other regions in the provinces or other provinces even abroad, to realize upward mobility. There was correlation between staff turnover and lack of career pathing.

5.3.9. High staffing cost.

It was found that in many hospitals in Bophirima in order to augment for shortage of staff, registered nurses had to work overtime. The cost for overtime had increased dramatically more so that the rates for registered nurses were high.

In some instances the student nurses and enrolled nurses were used to fill in the gaps. This was particularly common in training hospitals. Registered nurses complained that though students were used to assist, it became problematic during the months when they were not allocated to the hospitals as the situation reverted back to the normal position.

The cost for re-advertisement, selection, appointment and training of new staff, had also increased. That affected the budget. The nurses end up leaving to other better resourced areas in the private sector or urban areas. It was evident that staff turnover affected the finances of the hospital.

5.3.10. Ineffective retention strategy

The researches revealed that the majority of operational registered nurses in focus groups were not aware about the public service retention strategy, such as, rural allowance and scarce skill allowance. However, in sharp contrast management were aware about the retention strategy for registered nurses. That could be due to the fact that some nurses just did not have a chance to read due to the pressure of work or the unavailability of retention documents in most health institutions as result of the rurality of the Bophirima region.

5.4. RECOMMENDATIONS

Based on the above findings, the following recommendations are made:

5.4.1. Review of the remuneration package of registered nurses:

To address the above the following measures should be considered:

- The current remuneration package of registered nurses should be urgently reviewed;
- The administrators should introduce occupation specific dispensation for registered nurses in order to bring salaries of professional nurses in par with that of their colleagues in the private sector.

5.4.2. Shortage of staff, long working hours and abnormal workload; could be addressed by implementing the following:

- Retired nurses, who are still strong and able, should be allowed to work limited hours in the hospital, to reduce workload and avail their expertise and skills;
- Management must consider allowing moonlighting of registered nurses from other health districts, provinces and private sector; and
- Those prepared to work overtime should be remunerated appropriately.

5.4.3. To counteract shortage of staff, long working hours and abnormal workload the following are recommended:

- The management should consider using the services of agencies like in the private sectors;
- Nurses should be allowed to work flexi-hours;and
- Management should consider recruiting nurses from other countries

5.4.4. Equipment, facilities and a safe working environment; could consider implementing the following:

- Management should ensure standardization of essential medical equipment lists in all facilities in consultation with affected health professionals;
- Essential equipment list should be developed and prioritized within budgetary constraint of the department; and
- Regular maintenance of equipment should be prioritized.

5.4.5. Improvement in the conditions of service of registered nurses through the measures such as the following:

- The management should consider the introduction of rest rooms/change rooms and cafeteria facilities as nurses are working long hours due to shortage of staff;
- Introduction of market related compensation for uniform allowance;
- Maintenance of hospital facilities to improve the general image of the institutions to the public and revitalization of those that is old and dilapidated;

- Old hospitals should be completely renovated adequately; and
- Provision of health and safety equipment.

5.4.6. Review of retention strategy by implementing the following:

- The current retention strategy for registered nurses should be reviewed and aligned to the needs and recent developments in the nursing profession;
- Nurses must be made aware of the retention strategy. This could be done through conducting worships, making the document available in most institutions; and
- In order to retain registered nurses an occupation specific dispensation for registered nurses should be introduced in the public service.

5.4.7. Training and career path

Despite the fact that there was shortage of registered nurses training and development should be undertaken. It is more important these days because of the introduction of continuous professional development (CPD) points by the professional councils through the following:

- Management should look into the introduction of on the job training in the workplace;
- Hospitals should consider re-introducing Clinical Training Department (CTD) which is available in training hospitals;

- Management should consider using services of Agencies to temporarily relieve nurses during shortages; and
- An opportunity schedule should be developed for all registered nurses to ensure equal opportunity for training.

5.4.8. Stress and burnout could be addressed by implementing the following:

- Occasional debriefing sessions should be considered to alleviate stress and burnout.

5.5. CONCLUSION

The staff turnover, as old as history, has always caused many problems to health management and societies in general. However, the value of nursing care, effectiveness and contribution of registered nurses, depends on the environment in which nursing care takes place. While the remaining registered nurses' commitment and patriotism cannot be over emphasized in Bophirima hospitals, to keep the light burning, empirical evidence suggest that stress and burn-out may undermine their commitment which is important to take care of the sick and maintain high standard of care. The nurses suffer political will on the part of government to address the plight of nurses. Nevertheless, the study thus pointed to the needs to review the salaries and conditions of service for registered nurses in Bophirima, in particular and the North West Province, in particular.

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APPENDIX ONE

INTERVIEW SCHEDULE FOR REGISTERED NURSES

1. There is a general view that nurses are leaving the country for overseas countries. Do you agree with this?

2. If nurses are really leaving, what are the factors that contribute to them leaving?

3. If you were offered employment to work overseas, would you leave?

4. If yes, why and, if no, why?

5. In your view what could be done to prevent nurses from leaving the country?

6. Would you encourage others to leave?

7. Are you satisfied with your conditions of service?

8. If no what could be done?

9. Are you aware of any retention strategy in place to keep nurses in employment?

10. Are you overworked as a result of nurses having left the employment?

APPENDIX TWO

INTERVIEW SCHEDULE FOR MANAGEMENT

1. There is a general view that nurses are leaving the country for oversees countries. Do you agree with this?

2. If nurses are really leaving, what are the factors that contribute to them leaving?

3. Have you experienced shortage of nurses in this hospital as a result of high staff turnover?

4. Have other nurses in our hospital complained of overwork as a result of others having left the employment?

5. When nurses leave, do you interview them to find out why they are leaving?

6. What are the reasons normally given by nurses who resign from the employment?

7. Is there any policy in place to retain nurses in your employment in order to counteract high staff turnover?

8. When last was it reviewed?

9. Is the policy working?

10. How does staff turnover affect the financial situation of the hospital?

11. What could be done to alleviate the problem of staff turnover?

APPENDIX THREE
REQUEST TO UNDERTAKE RESEARCH

Graduate School of Business,
North West University
P. Bag X2046
Mafikeng Campus.

To; Relevant Departments,

Dear Sir/Madam,

Re: Research Project (Mini-Dissertation)

The Graduate school of business requests you to grant our MBA-General student permission to conduct research as a requirement to complete the MBA-general Degree.

Topic; "staff turnover amongst registered nurses in Bophirima Health District Hospitals.

Student Name; Abram .T. Sejake (Mr.)
Student Number;

Your cooperation will be appreciated.

Your sincerely,

Prof. L.Qalinge
SUPERVISOR.

APPENDIX FOUR
PERMISION TO UNDERTAKE RESEARCH

Graduate School of business,
North West University,
P. Bag X 2046
MAFIKENG CAMPUS.

TO: THE RESPONDENTS.

Dear Sir / Madam

Re: Request to be included in the Research

I, Abram Tsidiso Sejake, have been granted permission by the Graduate School of Business and Commerce at the North West University (Mafikeng Campus), to conduct research in the Bophirima Health District in the North West Province. You are humbly requested to participate in this study, which is about the exploration of staff turnover amongst registered nurses in Bophirima Health District Hospitals.

Kindly note that all data and information collected will be strictly confidential and no details of any person's particulars will be given to anybody. The results generated shall be used for purpose of this study only. The researcher will ensure the confidentiality of your answers and the interview schedule and the results of this study will be reported in such a way that it will not be possible to identify the people who have provided the information.

Your cooperation is always appreciated.

Yours Sincerely,

Abram. T. Sejake (Mr.)

APPENDIX FIVE
CONSENT FORM

I hereby agree to participate in a research study that is to done in the Bophirima Health District, which aims to explore the causes of staff turnover amongst registered nurses. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating in this process at any point, should I choose to do so, and that this decision will not in any way affects me adversely.I understand that this is a research project, which its purpose is not necessarily to benefit me personally. I understand that this consent form will not be linked to the interview schedule, and that my answers will remain confidential.

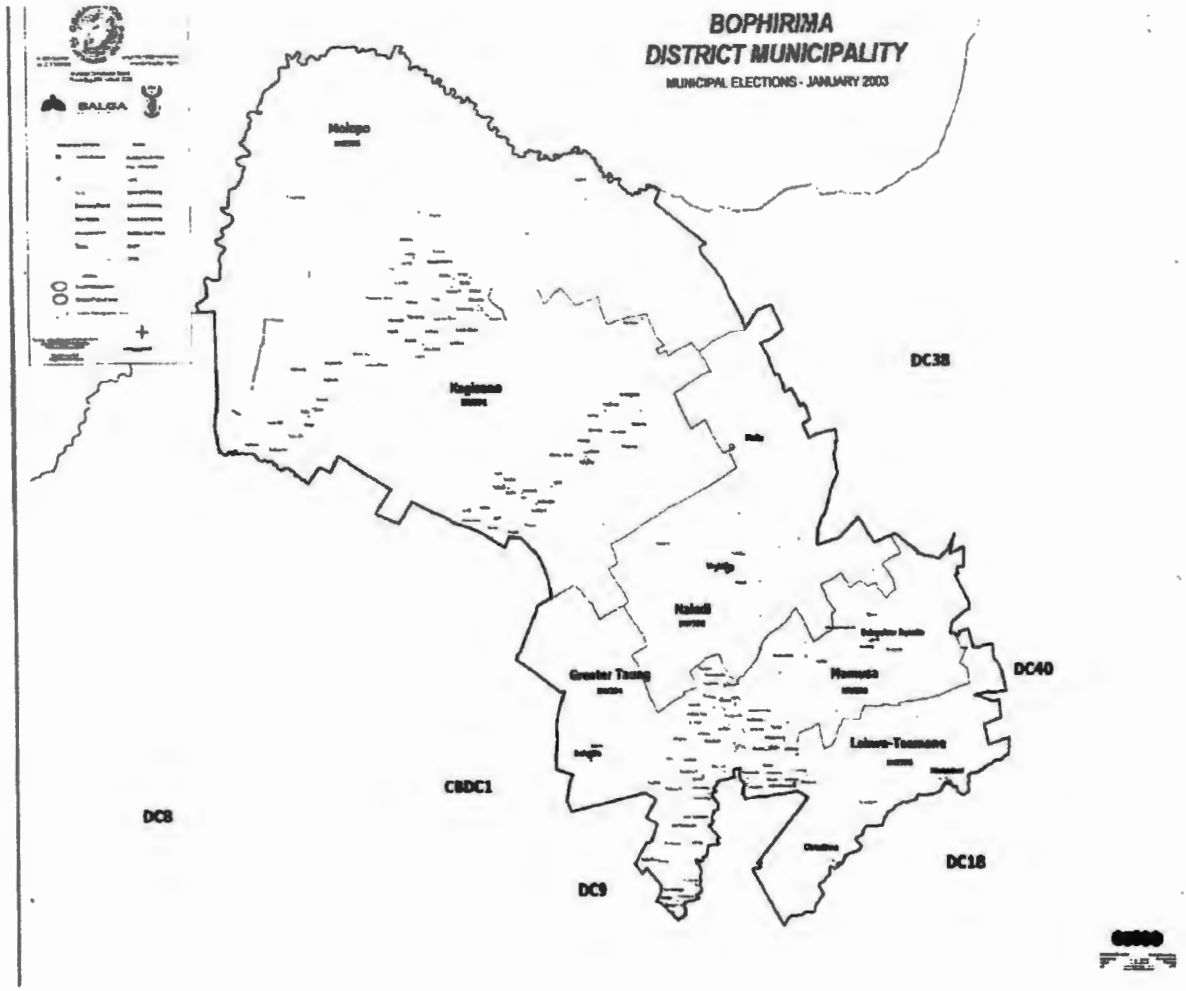
....

Signature of participants **Date**

APPENDIX SIX

BOPHIRIMA DISTRICT MUNICIPALITY MAP

BOPHIRIMA DISTRICT MUNICIPALITY



APPENDIX SEVEN

KGALAGADI DISTRICT MUNICIPALITY MAP