STAFF TURNOVER OF HEALTH PROFESSIONALS IN THE BOPHIRIMA HEALTH DISTRICT

Mr. Ntopana N. Matjila

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by

Mr. Ntopana N. Matjila

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Supervisor : Prof. E .J. Louw

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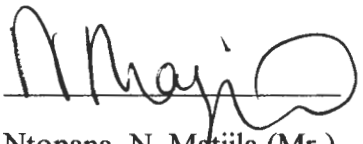
DECLARATION

I, Mr. Ntopana N. Matjila, declare that the Dissertation for the Degree of Masters of Business Administration in Finance 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 been duly acknowledged.



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ABSTRACT

The main aim of the study was to determine the main causes of staff turnover in the Bophirima Health District especially the professional staff. The study focused on professionals who served for periods not longer than two years in the Bophirima Health Institutions. These category of professionals are difficult to recruit and those already in these posts are difficult to retain.

The research method used is qualitative in nature. The target population consisted of professional nurses, medical officers and health therapists who work or had in the past worked in the Bophirima Health District. The purposive non-probability sampling approach had been used in the study. The researcher used semi-structured questionnaires to conduct interviews for those candidates that could be traced and reached. The questionnaire allowed for some questions to be omitted or added given the specific situation. The interviews also allowed the researcher to probe deeper following the responses of the interviewees and thereby gain valuable information.

Results from the questionnaires surveys had been analysed using tables and graphs.

The study identified the following factors as some of the major causes of staff turnover in the Bophirima Health District: shortage of accommodation for staff, shortage of essential medical equipment, shortage of staff and high vacancy rate that causes high workload on the remaining available staff. Biased management style and unfair implementation of departmental policies are also contributing to staff leaving the institutions. Some employees leave for better paying jobs and better opportunities elsewhere like in urban areas, private sector and overseas. Institutional management and provincial administration must collectively improve the above factors to reduce the staff turnover.

Bophirima Health District is a rural area and most villages are not well developed. There are shortages of facilities like schooling, entertainments, banking and shopping complexes. The local municipalities and other stakeholders must be encouraged to improve these facilities.

The study further indicated the effects and how to combat staff turnover. Managers must continuously measure and monitor staff turnover in their institutions so as to reduce the negative impact in advance.

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AN OVERVIEW OF THE STUDY

1.1. INTRODUCTION

The hospitals and health institutions in the Bophirima Health District are experiencing a high staff turnover of health professionals. The professionals like medical practitioners, professional nurses, radiographers, dentists and pharmacists, are difficult to recruit and those in these posts are difficult to retain. The health institutions, public and private, are not running at full planned capacity and with the planned number of professionals. The vacancy rate at these institutions is between 30% and 40%. They are unable to recruit what has been termed "scarce skills" to fill all the planned health professional posts to manage such units as the theatre section, emergency unit, dispensing of medicines and radiology department.

Braham (un-dated:15) stated that the cost of recruiting, training and developing a new employee can vary greatly, from only a few thousand rand to above twenty thousand rand for specialists and medical officers. Staff turnover is very costly to the institutions, estimates of turnover costs may range from 25% to almost 30% of annual compensation. These costs include customer service disruption, emotional costs, loss of morale, burnout, absenteeism among remaining employees, loss of experience and continuity (http://www.amanet.org/books/catalog/0814405975).

The health institutions spend huge sums of their limited allocated budgets to advertise, interview, pay traveling costs to interviewees and to pay resettlement costs. When the new staff member has been appointed, he or she has to be orientated and inducted which also is costly to the institution. This happens before the new staff member can be declared productive at a rate above eighty percent. Once the new incumbent starts to be productive to benefit the institution, which mostly happens around the twelfth month of appointment, then the employee resigns or requests a transfer to another institution. The institution has thus incurred losses of resources as well as skills.

Most professionals who are in posts and already appointed in the Bophirima Health District do not stay long in these posts. The majority resign for positions or posts elsewhere, while

others request transfers within twelve months of their appointment in this district to other districts and provinces (Bophirima Health District Annual Report, 2003 / 2004: 27).

1.2. PROBLEM STATEMENT

1.2.1 Staff turnover

The main problem in Bophirima Health District is the high turnover of health professionals. Staff turnover refers to the movement into and out of an organisation by the workforce (Flippo, 1983: 79). Health professionals, especially medical practitioners and professional nurses, resign while others request transfers to other institutions locally or to other provinces in abnormally high numbers and at a high frequency. Most employees resign while others request transfers within a short period of their being in service, that is, less than twenty four months. Public health institutions, district hospitals and health centres spend a lot of money to recruit scarce professional staff that later leave before those institutions could benefit from them by recovering the recruitment costs.

1.2.2. Causes of staff turnover

Job satisfaction

Job dissatisfaction is generally the major cause of staff turnover and there are employees who are dissatisfied with their work. Job satisfaction is a general attitude towards one's job, the difference between the amount of rewards or remunerations (monetary and non-monetary) workers receive and the amount they believe they should be receiving as compared to their performance and commitment (Robbins, 1993: 102). From an employee's standpoint job satisfaction is a desirable outcome in itself, while from a managerial or organisational effectiveness standpoint, job satisfaction is important due to its impact on absenteeism, labour turnover, and pro-social citizenship behaviours such as helping colleagues and customers in addition to being more cooperative (Karl & Sutton, 1998: 76).

Job satisfaction is a work related attitude which include lasting feelings, beliefs and behavioural tendencies toward various aspects of the job itself, the setting in which the work is conducted, and the people involved (Gerber, et al, 1998: 15; Robbins, 1997: 45). It is an emotional response to one's tasks, as well as the physical and social conditions of the

workplace (Schermerhorn, Hunt & Osborn, 1991: 81). Robbins (1998: 77) states that dissatisfied employees skip work more often and are more likely to resign from their work.

Working conditions and working environment

Most professional staff are not happy with the working conditions and working environment. They complain about the extrinsic factors of the work like work-load and bad facilities. The extrinsic factors are derived from the internal and external environment of the institution. They are financial, material and social factors experienced from the environment surrounding the context of the work (Kreitner & Kinicki, 2001: 101). Employees complain about factors like shortage of accommodation and lack of recreational facilities within walking or reasonable driving distance from their employment. Some areas in the deep rural Bophirima Health District have poor or no cellphone and television reception.

Intrinsic factors

Frederick Herzberg as noted in Robbins (1993: 93) in his motivation-hygiene theory defined intrinsic factors as being related to job satisfaction. Herzberg identified intrinsic factors, such as achievement, recognition, the work itself, responsibility, advancement, and growth. Employees are motivated if they know that there is an opportunity for growth or promotion to a higher level with more responsibility and more salary. Kreitner and Kinicki, (2001: 54) state that psychic rewards are actually intrinsic rewards because they are self-granted. Employees who derive pleasure from the task itself or experience a sense of competence or self-determination are said to be intrinsically motivated.

Equitable rewards and policies

Some professionals with special skills complain of low salaries that are not related to the work-load that are far below those of the private sector. The incentives like rural and scarce skills allowance are considered insufficient; they also exclude some categories of professionals and this is being perceived as discrimination and unfair. These above factors usually lead to low staff moral and high absenteeism. Employees want pay systems and promotion policies that they perceive as being just and in line with their expectations. Promotion provides an opportunity for personal growth and increased social status.

Promotion policies and how they are implemented may lead to job dissatisfaction and low moral.

1.3. DESCRIPTIVE HYPOTHESES

High staff turnover in the Bophirima Health District is caused by intrinsic and extrinsic factors from the institutions and the degree of job satisfaction or dissatisfaction.

1.3.1. Intrinsic factors

i. Unfair and inappropriate implementation of the performance assessment system is one of the causes of staff turnover.
ii. Unfair and inappropriate granting of training opportunities is one of the causes of staff turnover.

1.3.2. Extrinsic factors

Extrinsic factors maybe internal or external from the institutions that may cause employees to resign or request transfers to other institutions outside and within the Bophirima Health District.

Extrinsic-internal factors:

i. Shortage of accommodation and the poor condition of available accommodation for staff members is one of the causes of staff turnover.
ii. Shortage of essential medical equipment and facilities is one of the causes of staff turnover.
iii. Shortage of staff, long working hours and an abnormal workload are causes of staff turnover.
iv. The management style of the top management that is unfair and biased is the cause of staff turnover.

Extrinsic-external factors:

The following are some of the extrinsic-external factors that causes staff turnover in Bophirima Health Institutions:

i. Employees are offered better paying jobs else where like in the private sector or abroad.

ii. The family responsibilities like getting married far away from one's place of work.

iii. Lack of other facilities like entertainment and schooling for children and self development.

1.4. OBJECTIVES OF THE STUDY

The primary objective of the study was to investigate the following factors as the main causes of staff turnover in the Bophirima Health District, especially professional nurses and medical officers.

1.4.1. To investigate if shortage of accommodation for staff is the cause of staff turnover.

1.4.2. To investigate if shortage of essential equipment, facilities and a safe working environment in the institutions are the causes of staff turnover.

1.4.3. To investigate if shortage of staff, long working hours and an abnormal workload is the cause of staff turnover.

1.4.4. To investigate if management style and approach is the cause of staff turnover.

1.4.5. To investigate if departmental, institutional policies and procedures are the causes of staff turnover.

1.4.6. Health professionals being offered better paying jobs and better opportunities elsewhere, like in the private sector and abroad.

1.4.7. Health professionals with family responsibilities like getting married far away from one's place of work.

1.4.8. To investigate if lack of facilities like entertainment and schooling for children and self development around one's place of work is the cause of staff turnover.

1.5. THE IMPORTANCE OF THE STUDY

The aim of this study was to provide an understanding and insight into those inherent problems in the health sector that compel health professionals to leave public health sector institutions. The study was further expected to contribute to the body of existing theoretical knowledge about staff turnover in the Bophirima Health District. The findings of the study provide valuable information in an area where empirical knowledge is generally scanty if not

totally lacking. By soliciting and isolating the main causes of staff turnover especially of health professionals, the study could assist managers of health institutions in addressing the problem.

Staff turnover may be very costly for the employers and institutions. The expenses and costs include hiring, relocation, training and orientation of the new employee to be more productive. High staff turnover causes strain on the staff remaining behind who may have to work overtime to cover the gap created by those who leave the organisation.

1.6. RESEARCH DESIGN

The research design is the plan and structure of investigation so conceived as to obtain answers to the research questions. It includes an outline of what the researcher will do from writing hypothesis, specifying the relationships amongst the variables and analysis of data (Cooper & Schindler, 1998: 27). Mouton (2002: 76) stated that the research design is a plan or blueprint of how a researcher intends conducting the research. It has to include the steps that should be taken in order to demonstrate that a particular hypothesis is true and that all other possible hypotheses must be rejected (Schermerhorn, et al, 2003: 115).

1.6.1. Research method

Qualitative research was conducted using a range of methods which use qualifying words and descriptions to record and investigate aspects of social reality (Bless & Higson-Smith, 2000: 60). This study was qualitative and was aimed at studying the behaviour of professional staff in a specific unknown environment and under certain unknown conditions. The study described the conditions in the health institutions in the Bophirima Health District including clinics, health centres and district hospitals. It focused on how these conditions affect and influence the behaviour of the employees to an extent that they resign or request transfers. The qualitative approach focuses on qualitative aspects like the meaning, experience and understanding of the phenomenon in its entirety. It further involves sustained interaction with the people being studied in their own language and on their own comfortable turf (Brink, 1996: 32).

This study was about the real life experiences of the professional nurses and doctors, and how they perceive their work environment. The study allowed the researcher to know nurses and doctors personally, to experience their daily struggles when confronted with real life situations like the shortage of proper accommodation and the shortage of medical equipment in their institutions, i.e. hospitals, health centres and clinics. The researcher interpreted and described their actions. Qualitative research uses less formalised procedures and there is an absence of boundaries and the focus is more philosophical in nature. The main aim of qualitative research is to understand and the approach is relatively open and wider than the quantitative approach (Mouton & Marais, 1992: 89).

Qualitative research goes hand in hand with exploratory descriptive research design. The results of the qualitative research are descriptions of real situations that could be easily read and interpreted rather than statistical measures and diagrams, which are often beyond ordinary people's experience. Exploratory descriptive research is what the researcher observes and describes in words and on which the conclusion is formulated. It concerns information obtained through observation. Qualitative data are associated with such concepts and are characterised by their richness and fullness based on the opportunity to explore a subject in as real a manner as possible. The approach involves the use of non-standardised data, requiring to be classified into categories and analysis that has to be conducted through the use of conceptualisation (Saunders, et al, 2003: 106).

There are several reasons for measuring and analysing the levels of staff turnover, namely for:

- Control purposes: the organisation must know the current levels of turnover, categories and type of employees leaving to determine when and how to intervene.
- Forecasting the approach and strategy for future staffing and recruitment needs.

1.6.2. The organisation

An organisation is a consciously coordinated social unit, composed of two or more people that functions on a relatively continuous basis to achieve a common goal or set of goals (Robbins, 2003: 135). Schermerhorn, et al (2003: 59) define an organisation as a collection

of people working together in a division of labour to achieve a common purpose. They conclude by stating that the definition describes a wide variety of clubs, religious bodies, labour unions, businesses, schools and hospitals.

The Bophirima Health District is one of the four health districts in the North West Province. It is 70 percent rural and it is situated in the Western part of the North West Province bordering the Northern Cape Province on its west. The purpose of Bophirima Health District is to provide government health services to the communities of the Bophirima District and those who find themselves in the district for whatever reason. The health services are provided through the following institutions that constitute the Bophirima Health District;

- Seven health sub-districts,
- Seven sub-district offices,
- Ten hospitals,
- Fourteen community health centers and
- Seventy five clinics (Bophirima Health District Annual Report, 2003 / 2004: 37).

The Bophirima Health Districts has 1 924 employees of which 343 are nurses, seven pharmacists, 25 medical officers, 10 radiographers and some other professionals and non-professional staff. Other professional staff are environmental officers, occupational therapists, physiotherapists, medical social workers, speech therapists, clinical psychologists, dieticians and dentists. The non professional staff include managers, administration staff, drivers, cleaners and grounds men.

There are community service professionals who are allocated and placed by the National Department of Health at various health institutions according to the needs and the challenges to recruit health professionals. They are to work for twelve months in the specific allocated institution and at the end of the term they may continue to work in that institution or may move to another institution or province of their choice. The challenge of institutions especially in Bophirima is to have strategies and incentives to retain such staff. The community service professionals include newly qualified medical officers, pharmacists, radiographers, physiotherapists, occupational therapists, speech therapists, dieticians and

environmental officers. The newly qualified professional nurses have been included as community professionals from the year 2005.

There are also part-time and session workers like private doctors and pharmacists. Private doctors provide services in the hospitals during the weekends and night duty while their private practice are closed. They at times work during the week days at the clinics and hospitals if there are no doctors. Private pharmacists are also rendering session services during their free time to hospitals and health centres.

Bophirima Health District is made-up of Mamusa, Lekwa-Teemane, Taung, Vryburg, Kurumane, Kagisano and Molopo Sub-districts in the North-West Province in the Republic of South Africa.

1.6.3. The population

A population is the total collection of elements or participants about which the researcher makes some inferences (Cooper & Schindler, 1998: 69). On the other hand Brink (1996: 121), and Bless and Higson-Smith, (2000: 89) define a population as a complete set of events, people or things to which the focus of the research and about which the researcher has interest and wants to determine some characteristics.

The target population in this study consisted of professional nurses, medical officers and health therapists who work or have in the past worked in Bophirima Health District. The health therapists include radiographers, pharmacists, physiotherapists, medical social workers and dentists.

1.6.4. Sampling procedures

i. Non-probability sampling was used in this study because in non-probability sampling the population may or may not be accurately represented. It is used mostly when not all the candidates to be included in the sample population can not be traced or located (Brink, 1996: 56). The non-probability sampling technique is used where the probability of each element or

individuals of the population being included in the sample is not known (Bless & Higson-Smith, 2000: 73).

ii. The non-probability approach to be used in this study is that of purposive sampling. Purposive sampling is also referred to as the judgemental sampling as it is based on the judgment of the researcher regarding the characteristics of a representative sample. The strategy is to choose the units that are considered to be typical and common in the population under investigation (ibid). Brink in Fundamentals of Research Methodology for Health Care Professionals stated that purposive sampling is based on the judgment of the researcher regarding subjects and objects that are representative of the phenomenon or topic being studied, or who are especially knowledgeable about the question at issue. The author further indicates that the method allows the researcher to hand-pick the sample based on the knowledge of the phenomena of study.

iii. Snowball sampling procedure was used in this study to find the respondents who were not very easily accessible. With the snowball sampling procedure, the researcher begins by identifying those participants who meet the criteria, and who will recommend others who they know will meet the criteria. Snowball sampling is useful when one wants to reach a population that is hard to find (www.socialresearchmethods.net/kb/sampnon.htm).

Firstly the researcher consulted records from personnel sections of the department of health in the Bophirima District to identify employees who left or changed jobs between the periods of 2002 to 2003. According to the snowball sampling procedure, the researcher will also personally enquire the contact details from friends and next of kin of those respondents who can not be traced only by the records from personnel section. The researcher phoned the respondents who were easily accessible and request them to participate in this study. Permission letters were also be delivered to the respondents and to relevant departments (Appendices A, B, & C).

1.6.5. The sample

A sample is a set of individuals selected from a population and intended to represent the population under study. Samples are drawn on the basis that it would be impractical to investigate all members of a target population (Breweton & Millward, 2002: 15). Henning (2004: 85) states that sampling is a process of selecting research participants.

In this study the sample was selected from professionals who once worked in the Bophirima Health Institutions (hospitals and clinics) and those who were still working in the district but had changed institutions, departments, jobs or even positions. Some professionals who were not working in Bophirima anymore were difficult to trace. Some had gone overseas and to other provinces like the Western Cape and are not easy to be contacted and others had passed away or left the profession. The sample was selected from all employees that had resigned or were transferred between January 2002 and December 2004 in the hospitals and health centres in the Bophirima Health District. The sample was selected from professional nurses, medical officers and health therapists. Some professionals who were still working in Bophirima were interviewed. The participants were selected from a population according to an underlying interest in particular groups. This form of sampling might have not been representative, but it probably yielded useful information all the same (Brewerton & Millward, 2002: 47).

1.6.6. Data gathering techniques and instruments

The researcher used personnel documents like registers and staff records at the personnel section to identify and select staff that had left the organisation. A list of employees that resigned or were transferred out of the institutions between January 2002 and December 2004 was compiled from the personnel sections of the target health institutions.

Two data collection tools were used in this study, the questionnaire and the interviews. The questionnaire was used for staff that had already resigned or had been transferred and were working away from Bophirima, those that could be more conveniently reached through fax or e-mail. The questionnaires maybe used without direct contact with the respondents (Bless and Higson-Smith, 2000: 111). Some questions will be structured and open ended. Exit

questionnaires may be completed after the staff member has submitted in writing an intention to leave the institution or organisation and they are used to monitor and evaluate the reasons why employees leave.

The respondents completed the questionnaires during their own time at their own pace. They took their tome to think about the answers. For shy candidates they would not be intimidated by the interviewer or researcher and would had the latitude to write whatever they decide to write and express their own views. With the questionnaires, it is easy to reach a large number of respondents. Copies of the questionnaires were sent to targeted candidates in one day and the respondents were given two weeks to complete and send them back. Using mail to distribute the questionnaires is less expensive in terms of cost.

Interview schedules were used for those that were easily accessible and staying or working not very far from the researcher. The interview is a method of data collection in which an interviewer obtains responses and information from a subject in a face-to-face encounter or through telephone call (Brink, 1996: 90). The same questionnaires above were used with some flexibility to gain more information from interviewees. All candidates were asked the same questions.

Interviews allow the researcher to probe deeper following the responses of the interviewee and thereby gain valuable information. The researcher or interviewer can also explain or even rephrase the questions for the respondent to understand and thereafter respond. Interviews may be conducted by the supervisor of the candidate or the human resource personnel before the staff member's last working day. If the employee has already resigned, either the researcher or a suitable person will be identified to conduct the interview (Bless & Higson-Smith, 2000: 35).

1.6.7. Statistical analyses

Descriptive data analysis will be used in this study. The purpose of the descriptive approach is to describe and gain a broad understanding of a situation, a group of people or individual

person (ibid). Brink (1997: 25), states that descriptive statistics are used to describe and summarise data that will be organised to have meaning for the readers of the research report.

Data giving the perceptions and views from the professionals were summarised into categories. The respondents giving similar and same answers or reasons were grouped together and displayed in charts and graphs. A narration or description of the observation was given. In descriptive studies the plan is to describe the variables and also to look for significant relationships amongst them. The causes of staff turnover will be explained and described. The relationship between staff turnover and job satisfaction will also be explained if there is one.

1.7. LIMITATIONS OF THE STUDY

The following are the limitations that are anticipated during the undertaking of this research study:

- The researcher anticipated that some respondents might refuse or be reluctant to participate in the study for reasons known to them with the perception of being victimised in the future.
- The researcher also anticipates scarcity of books, journals and theory because little had been done on the research topic especially in South Africa.
- It may be difficult to trace and interview relevant and appropriate candidates. Candidates that were interviewed are those that are accessible, prepared and cooperative to give information.
- Some of the candidates that were interviewed may not be honest to give the correct information to the questionnaire.
- The study was limited to conditions affecting health workers in the hospitals and clinics and health centres in public sector. Efforts should be made to develop interdisciplinary models that will capture the specific and relevant determinants for turnover behaviour across different sectors of health, private and public and other departments like South African Police Service and Education.

1.8. RESEARCH ETHICS

The researcher must not force access to information or try to apply any pressure on intended / targeted participants to grant access to required information. This includes individuals to be interviewed as they have a right to privacy and management of organisation who also have the obligation to protect their valuable confidential information from competitors (Saunders, et al, 2003: 56). The authors further identified the following ethical issues to be considered:

- Participation in the research is on the voluntary basis and participants may refuse to grant consent to participate or withdraw the initial consent.
- Maintenance of the confidentiality of data provided by individuals and organisations or identifiable participants and their anonymity.
- Behaviour and objectivity of the researcher(ibid).

Bless and Higson-Smith (2000: 112) state that anonymity maybe of great importance in studies where employees are asked about their employer or their working conditions. They further state that participants must be assured that the information they provide will only be used for the stated purpose of the research and that no other person will have access to interview data.

1.9. CONCLUSION

The Bophirima Health Institutions currently experience high turnover of health professionals. The high turnover is due to job dissatisfaction, poor working conditions, intrinsic and extrinsic factors. The descriptive hypothesis to prove these causes of staff turnover had been formulated. The second chapter deals with the literature review. The areas to be investigated include:

- Definitions of concepts to be used in the study. The meaning of specific terms as used in this study.
- Causes of staff turnover in general, that is in other related institutions as found by other researchers.
- Effects of staff turnover on the institutions and on employees.
- Techniques to combat or reduce the impact of staff turnover.
- Variables in staff turnover.

CHAPTER 2

LITERATURE SURVEY

2.1. INTRODUCTION

Effective management of employee turnover is important to health care providers, employees and patients. Better control of turnover can improve the quality of patient care, reduce labour costs, and improve employee morale. Managing human resources is crucial to the efficient and effective delivery of quality 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 destabilise a business and demotivate those who remain behind and attempt to maintain levels of service and output against a background of vacant posts, inexperienced staff and general discontent (Armstrong, 2003: 47).

The aim of this study was 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 was to investigate and identify some of the factors which if exercised may influence the turnover of health professionals in public health sector. This was meant to provide suggestions to managers in the Department of Health (National and Provincial) on the more effective management of human resources, in order to retain skilled health professionals.

Flippo (1984: 145) defines turnover as "the movement into and out of an organisation 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, Carrell, et al (1997: 72) consider turnover as another form of employee movement that results from resignations, transfers out of organisational units, discharges, retirement and death. The authors further maintain that a certain amount of turnover is expected, unavoidable and considered beneficial to organisations. They further maintain that turnover may be functional and dysfunctional. Functional turnover may rectify poor hiring and placement decisions, thus

renewing a stagnating organisation. Dysfunctional turnover, on the other hand, is seen as turnover that hurts the organisation (Carrell, et al, 1997: 90).

Workers who have worked in an organisation for a longer period are likely not to leave. They also move less as they get older because they become used to their work and the institution. They may have also established a good relationship with those around them. Other factors are if their homes are near their place of work, have family responsibilities and if other family members also work in the same organisation, those employees are less likely to leave (www.acas.org.uk/publications/B04).

2.2. DEFINITIONS OF CONCEPTS

The following concepts are defined as they are used in this study:

- **Staff turnover**: The number of staff hired by an institution to replace those who have left in a given period of time. The ratio of this number to the number of employed workers in an institution (Yahoo, 2000).
- **Labour turnover** occurs when workers leave an organisation and need to be replaced by new recruits through resignation, dismissal and retirement. The staff that leaves their employment by resigning or transferring to other institutions leaving their posts vacant (www.acas.org.uk?publications/B04).
- **Turnover**: Voluntary and involuntary permanent withdrawal by employees from the organisation (Robbins, 2003: 121). Turnover may be positive when the right people leave the organisation, or disruptive (distractive) when the turnover is excessive or when it involves valuable performers (Robbins, 1993: 95).
- **Job Satisfaction**: A general attitude towards one's job, the difference between the amount of rewards (monetary and non-monetary) workers receive and the amount they believe they should be receiving from their inputs and efforts (Robbins, 1993: 97).
- **Professional**: A person with a high degree of knowledge or skill in a particular field. Having or demonstrating a high degree of knowledge or skill (http://education.yahoo.com/reference/thesaurus/entry/health).
- **Health Professionals**: The researcher refers to professional nurses, medical officers, radiographers, dentists and pharmacists. These are categories of professionals that are

very scarce especially in the Bophirima Health District. These professionals are seen as having scarce skills.

- **Bophirima Health District**: A clearly demarcated area with boundaries in the North West Province in the Republic of South Africa. It consists of Mamusa, Taung, Naledi, Kagisano and Molopo, and Kurumane sub-districts. The district is more than 80 percent rural.

2.3 THE CAUSES OF STAFF TURNOVER

2.3.1. General staff

Staff turnover may be caused by several factors which may be controllable while others are beyond the control of institutions and managers. Other factors are known while others are unknown. The causes of turnover are a complex mix of factors both internal and external to the organisation.

Turnover may be a function of negative job attitudes, low job satisfaction, combined with an ability to secure employment elsewhere as determined by the state of the labour market (Armstrong, 2003: 37). While turnover is a normal part of organisational function, excessively high turnover may be dysfunctional; a certain level of turnover is to be expected and can be beneficial to an organisation.

2.3.2. Causes of turnover

Carrell, et al, (1997: 57) identified the following causes of staff turnover:

i. General economic conditions, which have an important bearing on the overall availability of jobs. Turnover was seen by authors as following economic swings and generally high during periods or growth or prosperity and low during recessions and low points in the business cycle.

ii. 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.

iii. 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 a source of turnover by

the authors. Employees with large families and important family responsibilities tend to remain on the job.

iv. Finally, demographic factors have been linked to staff turnover.

v. 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.

vi. 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.

vii. The resistance to change by some employees and some managers are some of the causes of turnover. Some employees and managers resist to change and transformation, like hindering the implementation of Performance Management and Development System to service delivery.

Kirschenbaum 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. Health workers are expected to be conversant with, and to do administration and financial management on top of their clinical duties that they have studied at technikons and colleges or universities.

Armstrong (2003: 77) using exit interviews identified the following reasons for labour turnover in organisations:

- 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,
- Personal reasons – pregnancy, marriage, illness, moving away from area etc.

2.3.2. Physicians and doctors

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

i. The need for better compensation, incentives, benefits and higher salaries.
ii. The high and ever rising malpractice.
iii. Some doctors feel their skills are under-utilised, they need upward advancement, and complain about long working hours.
iv. Lack of appreciation for their hard work and not to be treated like disposable commodity.
v. No choice due to restructuring and declining practice.
vi. 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.
vii. Bad relations with hospital administrators.
viii. Bad relations with medical faculty / colleagues.
ix. Physicians who need or desires to move to another climate or environment.
x. Family is not comfortable in the community. The doctor may be happy with the offer of employment and its package, while the partner and children are unhappy.

2.3.3. Remuneration and incentives

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 Broterman (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 different 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 are working in Britain and Middle-East. Another reason for employees to leave is that their current jobs are not related to their salaries and to cost of living.

Manona (2000: 9) also states that 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 inputs 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 organisations (Robbins, 1993: 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 of his or her friends. Mano-Negrin (2001: 106 - 124) maintains that individual staff leaves their jobs for higher positions with higher salary offers and better benefits. Some professional leave their professions for other positions different from their qualified professions, like nurses and doctors leaving their professions for administrative and management positions.

Bernstein (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 remain 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 might 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 by expectations, and if those expectations are not meet or achieved they become demotivated 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 else where, as it has been found that some medical officers and professional nurses resign being in higher positions and earning very high salaries (www.iol.co.za). Bosch (2004: 3) argues that higher bonuses may not be the only best way to ensure staff loyalty.

2.3.4. Working conditions

Working conditions are created by the interaction of employees with their physical work environment. It is this environment that impinges or affects the employee. 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 (Gerber, Nel & van Dyk, 1998: 59).

The push factors being conditions that may compel staff members to request transfers to other institutions or resign. The factors that may push employees out of their job are 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 professionals to leave the Public Services for Private Sector and others for overseas like the United Kingdom and Australia.

Connolly (2002: 16) argues that difficult working conditions, unattractive incentives, and low morale causing health professionals to leave their jobs to seek work in other countries with more inviting health care systems. A report by Physicians for Human Rights (2004: 6) similarly identified push factors that encourage health professionals to leave their countries. They include 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 are driving health professionals from rural to urban areas, from the public to the private sector, and at times out of the professions altogether.

Levitt (1997: 32) states that to retain talented and productive staff, a dentist (or any manager) must provide a supportive work environment. Lack of appreciation for employees' hard work and for them to be treated like disposable commodity. Bad relations with hospital administrators and management. Bad relations with medical faculty / colleagues. (http://www.phg.com/article). Cullinan and Thorn (2005: 13) state that thousands of posts in the public sector are vacant and the crisis is deepening as nurses, doctors and pharmacists leave in search of better working environment elsewhere.

2.3.5. Lack of medical equipment

There are no medical equipment which doctors describe as getting incentives while they are not working. The doctors feel they are working like clerks because mostly they refer their patients to urban hospitals even for minor conditions that they could manage if they had appropriate equipment. The push factors also referred to as hygiene factors that have been observed as pushing employees out of essential jobs (Mthembu, 2005: 4).

Nursing at clinics countrywide was in such a crisis that staff were 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 threaten the well-being of health workers who are already critically understaffed (Hartley, 2005: 1). Nurses have to question themselves about carrying out their duties. They have to draw blood, give injections or handle body fluids, while there are no surgical gloves available. They ask if they should continue rendering these services and expose themselves to danger that puts them under severe pressure. This may lead them to leave the service (ibid).

2.3.6. 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).

2.3.7. Accommodation

The doctors are going 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 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.

2.3.8. Government policies

Doctors in the private sector are abandoning medicine because of factors such as the controversial new medicine-dispensing legislation as prescribed in the New Pharmacy Act of 2005 that has some restrictions (Thorn, 2004: 1). Further, the management style such as how the staff are treated in terms of their time-offs, leaves and assessments may cause staff dissatisfaction that may lead to turnover. Employees may resign because they have not been assessed and promoted for the past two or three years. These are factors that are within the competency of management. Many nurses leave South Africa in hundreds to other countries. The reason for their departure were long working hours, poor pay and large patient load (Naidoo, 2000: 13).

The Southern African Migration Project of 2000 indicated that a brain drain of Zimbabwean professionals, which include doctors, nurses, engineers and lawyers, is due to the President Robert Mugabe's reckless policies.

2.3.9. Resistance to change

The government initiatives of transformation and the resistance to change by employees and some managers are some of the causes of staff turnover. Some employees and managers

resist to change and transformation, like hindering the implementation of Performance Management and Development System to service delivery.

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

2.3.10. External environment

Abdo and Broterman (2004: 24) indicated that there are professionals and physicians who need or desire to live in a 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) is very satisfied with the offer of employment and its package. These include facilities like schooling and rehabilitation. The authors further state that some physicians will look for career opportunities that are closer to their families and friends. This is to ensure there is 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 specialisation field, not necessarily the job satisfaction. South African doctors, nurses and teachers are pouring out of the country because they are well paid in foreign countries with better working conditions. Nearly 9 500 South African doctors, 2 000 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).

2.3.11. 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 associated costs, e.g. recruitment and selection, retraining as well as reductions in productivity. There was a believe that employee retention levels can be increased through the

balancing of organisational requirements with individual developmental needs through the provision of training.

Karen, et al (2001: 35) state that there is a relationship between more job stress, the lower group cohesion, the lower work satisfaction and the higher the anticipated turnover. Staff turnover is higher if there is lower cohesion among staff members and if the staff are not satisfied or unhappy about the work situation. Robbins (2003: 76) states that a lack of growth opportunities and upward mobility for employees is one of the reasons employees leave health organisations 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 contribute to six percent of staff leaving their jobs, 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 work 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.

2.3.12. The demand and supply theory

There is a high demand and low supply of experienced and well-trained professional nurses and medical officers. According to the economic theory of supply and demand, if the demand is high and the supply is low, then the prices or salaries will be high. Hospitals with higher salaries and attractive incentives like private hospitals will better attract the scarce professionals than the public sector with lower salaries.

2.3.13. Perceived job opportunities

Manona (2000: 25) also found that staff turnover is caused by many job opportunities outside the institutions. Kirschenbaum and Mano-Negrin (2002: 106-124) also support the finding that staff turnover is influenced by the external perceived opportunities and internal opportunity paths. An external perceived opportunity is the perception that the condition

outside the present institution is better. The internal opportunity paths are when the employee is moved from one department to another either with the same salary or at a higher level with more responsibility.

2.3.14. Migration of professionals

Some professionals from previously disadvantaged sectors consider working overseas as an opportunity after the new democratic government of South Africa. Such professionals did not have an opportunity during the past government before 1994. They now take the opportunity to taste life overseas some with their families. The reason for going overseas is not only about salaries and working conditions, it is also about opportunities to travel overseas and see places. Some professional nurses especially black South Africans never thought they could work and maybe stay in United Kingdom (Naidoo, 2000: 17).

The Southern African Migration Project of 2000 indicated that the pull factors draw health professionals 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 are leaving their country for greener pastures in South Africa. They leave their country due to the poor economic growth and the weaker currency. The migration of these well trained doctors at high costs by the Zimbabwean government is declared a brain drain that changed to brain hemorrhage with time. The health professionals are drawn 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 (www.phrusa.org/campaigns/aids/pdf/braindrain).

2.4. EFFECTS OF STAFF TURNOVER

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

- Hiring costs, involving time and facilities for recruitment, interviewing, and examining a replacement. This also must include the relocation costs of the new employee.

- Training and orientation costs, involving the time 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 production 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 utilised during the hiring interval, the orientation and induction period.
- Scrap and waste rates climb when new employees are involved.
- 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 maybe unable to achieve planned targets of production and in order to offset the effect of the vacancy rate they may increase the overtime costs.

2.4.2. 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.

2.4.3. Loss of knowledge asset

Robbins (2003: 201) states that a high rate of turnover can disrupt the efficient running of an organisation when knowledgeable and experienced personnel leave and replacements must be found and prepared to assume positions of responsibility. When employees leave organisations, 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 losses these 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 organisation. This might indicate a need to changes in employment and may be reward policies (Armstrong, 2003: 152).

2.5. MEASURING STAFF TURNOVER

2.5.1. 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:

- 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 organisation.
- 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 also called the separation rate, and is expressed as follows:

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

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.

2.5.2. 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 organisations, and it is calculated as follows:

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

There are several reasons for measuring and analyzing the levels of staff turnover:

- Control purpose; the organisation must know the current levels of turnover, categories and type of employees leaving to determine when and how to intervene.
- Forecasting the approach and strategy for future staffing and recruitment needs (www.acas.org.uk/publications/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 include accurate details of all starters and leavers.
- Attitude surveys are used to find what workers like and dislike about their jobs that may lead low morale and staff turnover.
- Distributing questionnaires to be completed by employees.
- Face-to-face interviews must be conducted independently of the organisation (www.acas.org.uk/publications/B04).

2.6. TECHNIQUES TO COMBAT STAFF TURNOVER

More emphasis must be given to human resource practice. Institutions must appoint human resource practitioners who have specialised in this field and who may focus on retention and recruitment strategies. Human resource is a dynamic field that must continuously review and adapt with time. Based on some studies the following recommendations have been made: a more formal integration between the HR function and top management, integrated with the company strategy as well, is necessary (Grobler, 2001: 204).

The government should do more to ensure effective health care in rural areas even though it is difficult to recruit and retain medical practitioners in these areas. New ways of thinking are required to utilise and equip the available human resources for optimal functioning in a primary healthcare environment. Members of the community can also play a valuable role in this respect. The recruitment of older medical practitioners and nurses, who are married with young children, rather than young graduates, should be considered (Hall & Erasmus, 2003: 158).

Bernstein (2001: 59) argues that the government's decision to aggressively recruit "approved scarce skills" from foreign countries results from the crisis South Africa is facing which dictates that it should open up its doors to any skilled, entrepreneurial and honest person who would like to come and work here and not only "approved scarce skills". The government must also aggressively address the issues of concern that causes skilled people to leave South Africa. It must not monitor but design and implement strategies to address the problem.

2.6.1. Training to reduce the impact 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 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 programs experience reduced labour turnover (www.campaign-for-learning.org.uk). 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 organisations 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 are experimenting with various ways to retain scarce skills and are discovering that better medical schemes and higher bonuses may not be the best way to ensure staff loyalty.

Hampton, et al, (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 organisation, it is necessary to take the requirements of both the individual and the organisation in to account. It must be noted that not all problems can be resolved through training. An organisation 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 demands on individuals without any regard to their personal goals and objectives (www.leadingedge.ie).

2.6.2. 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. There needs to ensure that the candidate fit into the job description before being appointed (Karen, et al, 2001: 243). Another approach to reduce staff turnover by the organisations is to critically screen the potential leavers during the hiring process. Organisations must try to recruit and appoint employees who will stay with them for longer periods. It is wasteful expenditure for an organisation to recruit and appoint an employee who clearly indicates to leave the organisation within twelve months of his or her appointment (Binning & Adorno, 2002: 27).

Capko (2001: 271), state that the approach and method of conducting induction and training of new staff may cause turnover. A good and effective induction, development and training program may reduce turnover as the candidate will know what is expected of him or her on the new job (http://www.aafp.org/fpm/20010400/29iden.html). Internal resourcing can be used as one of the alternatives to replace the employees that have left. The availability of suitably skilled people from within the organisation 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).

2.6.3. 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 attracting 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 occupational groups have been identified and declared scarce skills by the Public Health and 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 rural areas and ISRDS nodes. The designated health specialists have to work 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.

2.6.4. 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 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 underserved rural areas of South Africa.

2.6.5. Recognition awards

To improve staff satisfaction and thereby reduce staff turnover the National Department of Health recognises and 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 recognise and acknowledge the efforts and commitment by the workers in their various institutions and sub-districts (Selloane, 2005: 10).

Levitt (2004: 274) identifies 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 marketplace 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 behaviour is rewarded, more and repeated of that behaviour will be received.
- Learn to have productive and meaningful staff meetings.
- Consistent morning huddles (10 to 15 minutes in duration).
- Dealing with the Queen Bee syndrome.
- 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 organisation (http://www.jodena.com/Jodena/article6.html).

2.7. VARIABLES IN TURNOVER

2.7.1. Level of staff turnover

A high turnover rate results in increased recruitment, selection, and training costs. It can disrupt the efficient running of an organisation when knowledgeable and experienced personnel leave (Robbins, 2003: 274).

2.7.2. 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, et al, 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 organisation. Too much stress can overload and break down a person's physical and mental systems resulting in absenteeism and turnover (ibid).

Robbins, (2003) and Schermerhorn, et al, (2003) identified that the following are sources of stress:

- Environmental factors like economical, political, technological uncertainty.
- Organisational factors also referred to as work-related stressors are task demands, role demands, organisational structure and leadership.
- Individual or personal stressors are factors in an employee's personal life out side work that mostly "spill over" 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 outcomes of stress.

Destructive stress impacts on an organisation in a variety of ways. High stress levels due to bad working conditions and environment may lead to staff turnover. (www.adelaide.edu .au/hr/ohs/occstress). Schermerhorn, et al (2003: 154) state that too much stress can over load and breakdown a person's physical and mental system resulting in absenteeism, turnover, dissatisfaction and illness.

2.7.3. Job satisfaction and job dissatisfaction

Herzberg 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 organisation 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 toward 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).

2.7.4. Motivation

Motivation is the process that account for an individual's intensity, direction, and persistence of effort toward attaining an individual or organisational 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).

Schermerhorn, et al, (2003: 160) also state 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 job satisfaction may lead to employee turnover.

2.8. CONCLUSION

In conclusion, this study and the literature reviewed aimed at identifying causes of turnover in the workplace. 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 Bophirima District only.

According to literature review staff turnover is about voluntary and involuntary permanent withdrawal by employees from an organisation. 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 condition of accommodation and facilities like banking and shopping.
- Job satisfaction or dissatisfaction are 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.

In the next chapter, the research methods and data collecting tools that were used in the study to investigate and measure the causes of high turnover of professional nurses, medical officers (doctors) and health therapists in the Bophirima Health District are discussed. Chapter three describes the characteristics of the target population and sample population. Lastly the chapter reflects the data analysis techniques that was used in this study.

CHAPTER 3
RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter aims at describing the procedures that were utilised to identify and analyse the causes of staff turnover in the Bophirima Health District with special focus on health professionals like doctors, professional nurses, radiographers and pharmacists.

3.1.1. The research design is the plan and structure of investigation so conceived as to obtain answers to the research questions. It includes an outline of what the researcher will do from writing hypothesis, specifying the relationships amongst the variables and anlysis of data (Cooper & Schindler, 1998: 179). Mouton (2002: 211) states that the research design is a plan or blueprint of how you intend conducting the research. Research design has to include the steps that should be taken in order to demonstrate that a particular hypothesis is true and that all other possible hypotheses must be rejected (Schermerhorn, et al, 2003: 121).

In this study the researcher identified the problem of high staff turnover especially of health professionals in the Bophirima Health District. Through the literature review, the causes, effects and variables of turnover were identified and noted. The researcher drafted a plan to investigate whether the information and observations from the literature were applicable to the Bophirima Health District.

3.1.2. Methodology is the process of knowing the world through inquiring, but is also much more practical in nature. It is concerned with the specific ways or methods that had been tried to understand the world better (Henning, 2004: 48). According to Mitchell (1989: 113), methodology refers to the technique that a particular discipline uses to manipulate data and acquire knowledge.

3.1.3. In this study the qualitative research methodology was appropriate in this regard as it involves a holistic picture of what goes on in a particular setting or situation. In qualitative research a range of methods of data collection which qualify words and descriptions to record

and investigate aspects of social reality are utilised (Bless & Smith, 2000: 79). Henning (2004: 153) states that in qualitative research the researcher wants to understand and to explain in argument, by using evidence from the data and from the literature, what the phenomenon or phenomena that he or she is studying are about.

The main aim of qualitative research is to understand and the approach is relatively open and wider than the quantitative approach (Mouton & Marais, 1992: 90). It involves sustained interaction with the people being studied in their own language and on their own comfortable turf (Brink, 1996: 32).

3.2. DESCRIPTIVE QUALITATIVE RESEARCH METHOD

The descriptive qualitative research method was used in this study to identify the phenomena of interest, identify variables within the phenomenon, summarize and describe these variables. Descriptive design was used to gain more information about characteristic within a particular field of study. The purpose of descriptive design is to provide a picture of situations as they naturally happen. Descriptive research design is a social research approach used with the primary aim of describing rather than explaining a particular phenomenon or behaviour (Bless & Higson-Smith, 2000: 92).

In the descriptive studies the researcher try to discover answers to the questions who, what, when, where and sometimes how. He or she attempts to describe or define a subject by creating a profile of a group of problems or people that includes the collection of data (Cooper & Schindler, 1998: 68). Thus for the purpose of this study descriptive design was utilised to measure the variables of interest in this study. The variables of interest were turnover, job satisfaction or dissatisfaction, stress and motivation.

In this research the researcher wanted to investigate and understand the reasons employees left their jobs and institutions. Employees leave their institutions by voluntary withdrawal of their services that is by:

- Resigning from their employers,
- Requesting and being transferred to other institutions,

And also by involuntary withdrawal of their services, that is;

- Retiring due to age or ill health,
- Dismissal due to committing misconduct,
- Death of the employee.

3.3. THE ORGANISATION

An organisation is a consciously coordinated social unit, composed of two or more people who function on a relatively continuous basis to achieve a common goal or set of goals (Robbins, 2003: 135). Schermerhorn, et al (2003: 59) defines an organisation as a collection of people working together in a division of labour to achieve a common purpose. They conclude by stating that the organisation describes a wide variety of clubs, religious bodies, labour unions, businesses, schools and hospitals.

The Bophirima Health District, as an organisation, is one of the four health districts in the North West Province. It is a predominantly rural (70%) district situated in the western part of the North West Province bordering the Northern Cape Province on its west. Bophirima Health District is made-up of Mamusa, Lekwa-Teemane, Taung, Vryburg, Kurumane, Kagisano and Molopo Sub-districts in the North West Province in the Republic of South Africa. Further more the district is constituted by seven health sub districts, ten hospitals, fourteen community health centres and seventy five clinics (Bophirima Health District Annual Report, 2003 / 2004: 37).

3.4. THE POPULATION

A population is the total collection of elements or participants about which the researcher makes some inferences (Cooper & Schindler, 1998: 69). Brink (1996: 121), Bless and Higson-Smith, (2000: 89) defines a population as a complete set of events, people or things to which the focus of the research and about which the researcher has interest and wants to determine some characteristics.

Table 3.1. The population under study by location

Job Category	Mam usa	Lekwa-Teemane	Vryburg	Taung	Kurumane	Kagisano and Molopo	**Total**
Professional Nurses	57	36	63	229	169	94	**648**
Doctors	6	7	7	16	19	8	**63**
Pharmacists	2	2	3	4	3	2	**16**
Radiographers	1	1	3	4	3	1	**13**
Medical Social Workers	1	2	1	3	2	2	**11**
Other Professional Staff	2	1	3	4	2	1	**13**
Community Service Worker	4	2	3	2	2	2	**15**
Administration Staff	29	24	36	87	98	45	**319**
Support Staff	34	27	42	12	123	67	**405**
Total	**134**	**104**	**95**	**228**	**419**	**176**	**1445**

Other professional staff includes environmental officers, occupational therapists, physiotherapists, speech therapists, clinical psychologists, dieticians and dentists. The non-professional staff includes managers, administration staff, drivers, cleaners and grounds men.

There are community service professionals who are allocated and placed by the National Department of Health at various health institutions according to needs and challenges to recruit. They work for twelve months in the specific allocated institution and at the end of the term they may continue to work in that institution or may move to another institution or province of their choice. The community service professionals include newly qualified medical officers, pharmacists, radiographers, physiotherapists, occupational therapists, speech therapists, dieticians and environmental officers.

There are also part-time and session workers like private doctors and pharmacists. Private doctors provide services at the hospitals during weekends and on night duty while their private practices are closed. They at times work during the week days at the clinics and hospitals if there are no doctors available. Private pharmacists also render session services during their free time to hospitals and health centres.

Table 3.2. The target population by gender

Job category	Mamusa		Lekwa-Teemane		Vryburg		Taung		Kuruman		Kagisano and Molopo		**Total**
	M	F	M	F	M	F	M	F	M	F	M	F	
Professional Nurses	5	8	3	7	7	10	12	19	9	13	6	13	**112**
Doctors	2	1	2	2	2	1	2	3	4	2	1	2	**24**
Pharmacists	0	1	2	0	1	0	0	2	1	1	0	1	**9**
Radiographers	1	0	0	1	0	0	1	0	0	0	1	0	**4**
Medical Social Workers	0	1	1	1	0	1	0	1	0	1	0	0	**6**
Other Professional Staff	0	1	0	0	1	1	1	0	1	1	0	2	8
Total	**8**	**12**	**8**	**11**	**11**	**13**	**16**	**25**	**15**	**18**	**8**	**18**	**163**

Nurses are predominant in number compared to other categories of staff. The female employees (97) are more than male employees (66). Again, most of the health professionals or clinical staff are not local community members. They originate from other districts and provinces but work in the Bophirima Health District.

3.5. SAMPLING TECHNIQUE

Non probability sampling procedures was utilised to select the sample group in this study. The non-probability sampling technique was used where the probability of each element or individuals of the population being included in the sample was not known (Bless and Higson-Smith, 2000: 73). In non-probability sampling the population may or may not be accurately

represented. It is used mostly when some of the candidates to be included in the sample population can not be traced or located (Brink, 1996: 56).

Furthermore, purposive non probability sampling procedure was utilised to identify members of a sample group appropriate for this study. Purposive sampling is sometimes referred to as judgmental sampling. Purposive sampling involves the conscious selection by the researcher of certain subjects or elements to be included in the study. The researcher must have a prior knowledge of a sample, or of people who will be included in the sample. Purposive sampling is an acceptable kind of sampling for special situations. It uses the judgment of an expect in selecting cases or it selects cases with a specific purpose in mind (Neuman, 1997: 127).

Most non-probability sampling methods are purposive in nature because they usually approach the sampling problem with a specific plan or problem in mind. Purposive sampling can be very useful for situations where you need to reach a target sample quickly to get their opinions (www.socialresearchmethods.net/kb/sampnon.htm). Brink (1996: 56) states that the method allows the researcher to hand-pick the sample based on the knowledge of the phenomena of study.

The specific problem in this study was staff turnover and the target population was the health professionals especially professionals nurses, doctors and health therapists. Most of these categories of health professionals leave their jobs in high numbers and within a short period of their being appointed. In purposive sampling individuals are selected from the population according to an underlying interest in the particular group (Brewerton & Millward, 2002: 18). In this sampling, also referred to as judgment sampling the target sample is chosen deliberately by the researcher (MANCOSA STUDY GUIDE, 2000: 57).

Snowball sampling procedure was used to find respondents in this study who were not very easily accessible. With snowball sampling procedure, the researcher begins by identifying those participants who meet the criteria, and who will recommend others who they know will meet the criteria. Snowball sampling is useful when the researcher wants to reach the population that is hard to find (www.socialresearchmethods.net/kb/sampnon.htm).

Firstly the researcher consulted the records from personnel sections of the Department of Health in the Bophirima district to identify employees who left or changed jobs between the periods of 2002 to 2004. According to the snowball sampling procedure, the researcher will also personally enquire the contact details from friends and next of kin of those respondents who can not be traced only by the records from personnel section. The researcher phoned the respondents who were easily accessible and request them to participate in the study. Permission letters were also delivered to the respondents and to relevant departments (Appendices A, B, & C).

3.6. THE SAMPLE

A sample is a set of individuals selected from a population and intended to represent the population under study. Samples are drawn on the basis that it would be impractical to investigate all members of a target population (Breweton & Millward, 2002: 15). Henning (2004: 85) states that sampling is a process of selecting research participants.

The sample group in this study was health professionals who worked in Bophirima Health District where this study was done, but had left the District, changed institutions or jobs. The sample group consisted of seven professional nurses, three doctors, two pharmacists, two medical social workers and three radiographers. Because females out-number males, the researcher decided to use 60 percent females and 40 percent males in the sample. The participants must have left their institutions or changed jobs between 2002 and 2004 and also be accessible to the researcher.

3.7. DATA GATHERING INSTRUMENTS

3.7.1. Documents and statistics

Registers from personnel sections were the point of departure in collecting information. The researcher used personal documents like registers and staff records at the personnel section to identify and select staff that has left the organisation. The use of records and available data from archives and the personnel section is an inexpensive source of information and it permits an examination of trends or behaviour over time (Brink, 1996: 91).

The personnel section provided the researcher with a list of employees who had left the organisation and information of tracing the participant after leaving the organisation (the new address or telephone) was also accessed from personnel files. The personnel section also provided the information about the composition and number of employees or population in the organisation.

3.7.2. Exit interview questionnaires

Exit interview questionnaires may be completed after the staff member has submitted in writing an intention to leave the institution or organisation. The exit questionnaires are mostly available from the personal file in the Human Resource (HR) Unit. The HR Officer will assist and ensure that the leaving employee completes the exit questionnaires which will be kept in the closed personal file. **Exit interviews** may help in highlighting problem areas within the organisation and in identifying any characteristics which may be common to early leavers. Participants are asked for the reasons that they are leaving and what they think is good and bad about the firm or organisation (www.acas.org.uk/publications/B04.html).

A provincial exit interview questionnaire has been attached (Appendix D). The questionnaire was designed and is used by the institutions in the North West Province in the Department of Health. The supervisor or the Human Resource Unit assists an employee in completing the questionnaire during the notice of termination period. The completed questionnaire is kept on the personnel file.

3.7.3. Interview questionnaires and survey

According to Spector (1996: 69), the survey is a quick and relatively inexpensive way of finding out how people perceive and feel about their jobs. Surveys are usually conducted with employees who are being asked about their own jobs.

3.7.3.1. A questionnaires was used for participants that had already resigned or had been transferred and are working away from Bophirima including those that could be reached through fax or e-mail.

A questionnaire is a series of written questions in a sequence on a topic about which the respondent's opinions are sought (Sommer and Sommer, 1991: 167). The questionnaire was chosen as tool since the researcher could systematically gather information about the respondent's level of job satisfaction that may lead to the respondent leaving the job. The questionnaires may be used without direct contact with the respondent (Bless & Higson-Smith, 2000: 111).

Semi-structured questions and interviews with themes or headings which also allowed for some questions to be omitted or added given the specific situation were used. This was to allow the researcher to explore the research questions and to be more objective. Non-standardised questions were used so as to get in-depth information by placing more emphasis on exploring the "why" and not only the "what" and the "how" as cited by Brink(1996: 91).

Bless and Higson-Smith, (2000: 121) identified the following guidelines to be checked when formulating the questions:

- Is the question necessary to be asked?
- Does the respondent have the information necessary to answer the question?
- Is the question respondent-centered?
- Will the question be interpreted similarly by all respondents?
- Is the question neutral or does it favour and drive the respondent to a particular answer?
- Is the wording of the question adequate?
- Is the organisation of the questionnaire logical and not monotonous?

The questionnaire (Appendix D) had headings like personal information, work record, working conditions, remunerations, accommodation and environment, job satisfaction questions and general information relevant to the research topic. Space was allowed for comments between questions.

3.7.3.2. Interview schedules or surveys were used for those that are easily accessible and staying or working not very far from the researcher. The interview is a method of data collection in which an interviewer obtains responses and information from a subject in a face-to-face encounter or through a telephone call (Brink, 1996: 90). An interview involves direct personal contact with the participant who is asked to answer questions relating to the research problem (Bless & Higson-Smith, 2000: 36). Questionnaire was used with some flexibility to gain more information from the interviewee. Interviews allow for in-depth responses and probing (Schermerhorn, et al, 2003: 61). All candidates were asked the same questions.

Interviews allow the researcher to probe deeper following the responses of the interviewee and thereby gain valuable information. The researcher or interviewer can also explain or even rephrase the questions for the respondent to understand and thereby respond (Bless and Higson-Smith, 2000: 39). Interviews may be conducted by supervisor of the candidate or the human resource personnel before the staff member's last working day. If the employee has already resigned, either the researcher or suitable person was identified to conduct the interview.

Henning, (2004: 86) identified the following steps when conducting a successful interview:

- The interview starts with a scene-setting phase in which the research topic, aim and purpose of the specific interview is clarified by the researcher.
- Then the researcher may provide the interviewee with a set of prepared questions to scan and reflect on for a while.
- Then the researcher proceeds with questions and answers but also with clarifications, explorations and pauses where deemed appropriate.
- The researcher may also deem it necessary to summarise some of the conversation to check whether the interviewer's initial understanding corresponds with that of the interviewee.
- The researcher may ask for expansion on a topic or seek clarification of a concept used by the interviewee.
- The researcher must keep an eye on recording and ensure that everything is recorded.

- Towards the end of the allotted time the researcher must start to round off the interview by asking if there is anything that the interviewee wishes to add.
- Then the researcher concludes with a thank you for cooperation and time.

3.8. DATA ANALYSING TECHNIQUES

Henning, (2004: 90), states that data analysis in qualitative research refers to reasoning and argumentations that are not based simply on statistical relations between variables, but by which people or observation units are described. To explain and make sense of the research data, the researcher has to elicit meaning from the data in a systematic, comprehensive and rigorous manner. Qualitative analysis takes place throughout the data collecting process.

The data must be thoroughly and critically reviewed and checked to detect any errors, bias and mistakes which could distort the description and final outcomes of the study. Bless and Higson-Smith (2000: 132) identified the following errors and mistakes which could distort the description of information under study:

- Classification errors which occurs when data is wrongly identified.
- Measurement errors mostly occur in quantitative data which is wrong or inaccurate.
- Constant errors are systematic and are repeated through out the research process.
- Random errors occur on some occasions but not on others and are mostly unpredictable.

Descriptive data analysis was used in the study. The purpose of descriptive approach is to describe and gain a broad understanding of a situation, a group of people or individual person (Bless and Higson-Smith, 2000: 114). In the case of this research study a group of professional health workers and their perceptions of their working environment were studied. Brink (1997: 102) on the other hand states that descriptive statistics are used to describe and summarise data that will be organised to have meaning for the readers of the research report.

Data about the perceptions and views of the professionals will be summarised into categories. Data whose values cannot be measured numerically can be distinguished by classifying into sets (Saunders, Lewis & Thornhill, 2003: 75). The researcher attempted to describe and

define a subject often by creating a profile of a group of problems, people, or events (Cooper & Schindler, 1998: 129). Respondents giving similar and same answers or reasons were grouped together and displayed in charts and graphs. A narration or description of the observation had been given. In descriptive studies the plan is to describe the variables and also to look for significant relationships amongst them. The causes of staff turnover in these study were explained and described.

3.9. CONCLUSION

A general observation of the target population reflects the following characteristics:

- Both male and female participated, with the females forming the majority.
- Majority of the participants were professional nurses.
- The majority of the participants have not worked more than five years in the Bophirima Health District.

Collected data from interviews was rearranged and summarised for ease of presentation, analysis and interpretation as reflected in the next chapter. The tables of the target population and the samples are also presented in the chapter.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

4.1. INTRODUCTION

This chapter reflects the data collected for this study using interviews and questionnaires. The data are presented in tables and graphs. The results of the analysis were compared to the objectives of the study from chapter one and the findings of the literature review in chapter two. The chapter also reflects the findings from the literature review and questionnaire survey so as to accept or reject the hypothesis from chapter one.

4.2. OBJECTIVES

The primary objective of the study as indicated in chapter one, was to investigate the following factors as the main causes of staff turnover in the Bophirima Health District, especially those related to professional nurses and medical officers.

1.4.1. Provision for accommodation for staff.

1.4.2. Equipment, facilities and a safe working environment.

1.4.3. Shortage of staff, long working hours and an abnormal workload.

1.4.4. Management style and attitude.

1.4.5. Departmental and institutional policies and procedures.

1.4.6. Health professionals being offered better paying jobs and better opportunities elsewhere, like in the private sector and abroad.

1.4.7. Health professionals with family responsibilities like getting married far away from one's place of work.

1.4.8. Lack of other facilities like entertainment and schooling for children and self development around one's place of work.

4.3. BIOGRAPHICAL DATA

4.3.1. Gender

Figure 4.1 depicts percentages of the respondents by gender. The number of female respondents as well as male respondents in the sample is depicted.

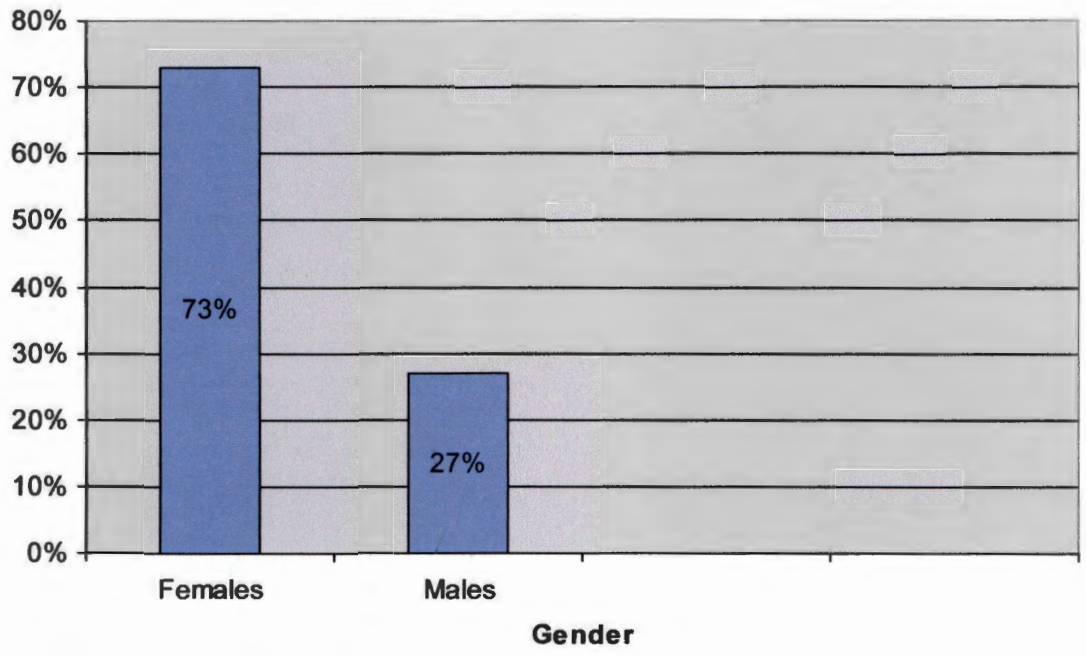

Figure 4.1. Percentages of respondents by gender

Figure 4.1 shows the percentages of respondents by gender. There were 19 respondents who were interviewed during the survey. Females constituted 73 percent (14 respondents) of the interviewed respondents compared to 27 percent (five respondents) of males. This thus suggests therefore that most of the interviewed respondents were females. There was also an observation that there were more female health workers than males in the Bophirima Health District, this may be due to nursing profession being previously female dominated. This was further supported by Table 3.2. in chapter 3 where 40 percent of the target population are males and 60 percent are females.

4.3.2. Age

Figure 4.2 shows the respondents by their age difference. The ages of employees in institutions ranges from 23 years to 60 years according to records in personnel section.

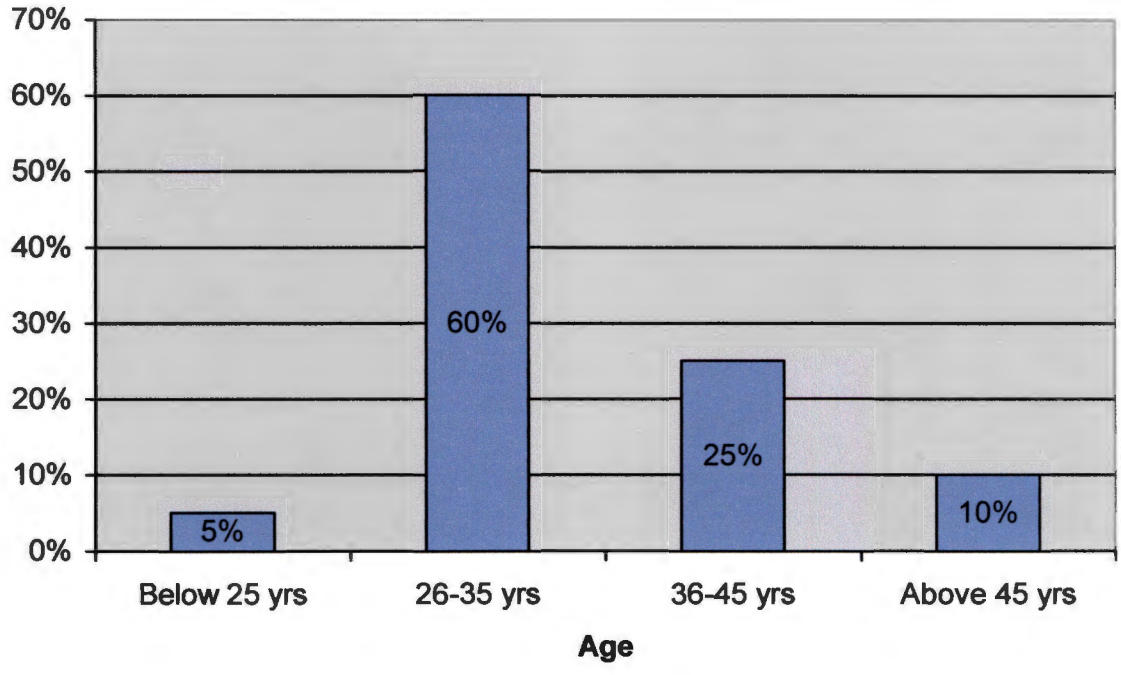

Figure 4.2. Percentage of respondents by age

Figure 4.2 depicts the percentage of the respondents by ages. Nearly 60 percent of the interviewed respondents were between the ages of 26 to 35 years, suggesting that most of the interviewed respondents were relatively young. Less than 10 percent of the interviewed respondents were 45 years and above. It may be suggested that younger employees are more likely to move between jobs than older employees, who may have families (children and husband / wife) making it a little more difficult to relocate. The respondents above 36 years may be tired of changing jobs and have experience of different jobs and institutions.

Age has an influence on the mobility of staff and changing of jobs. Carell, et al (1998: 184) state that employees with a propensity to quit are young employees with little seniority who

are dissatisfied with their jobs. The older employees may prepare to settle while the younger employees still want to experiment and experience other jobs and other environments.

4.3.3. Marital status

Figure 4.3 below depicts the respondents by marital status. Some employees were still young and not yet married while others were divorced or their partners had passed.

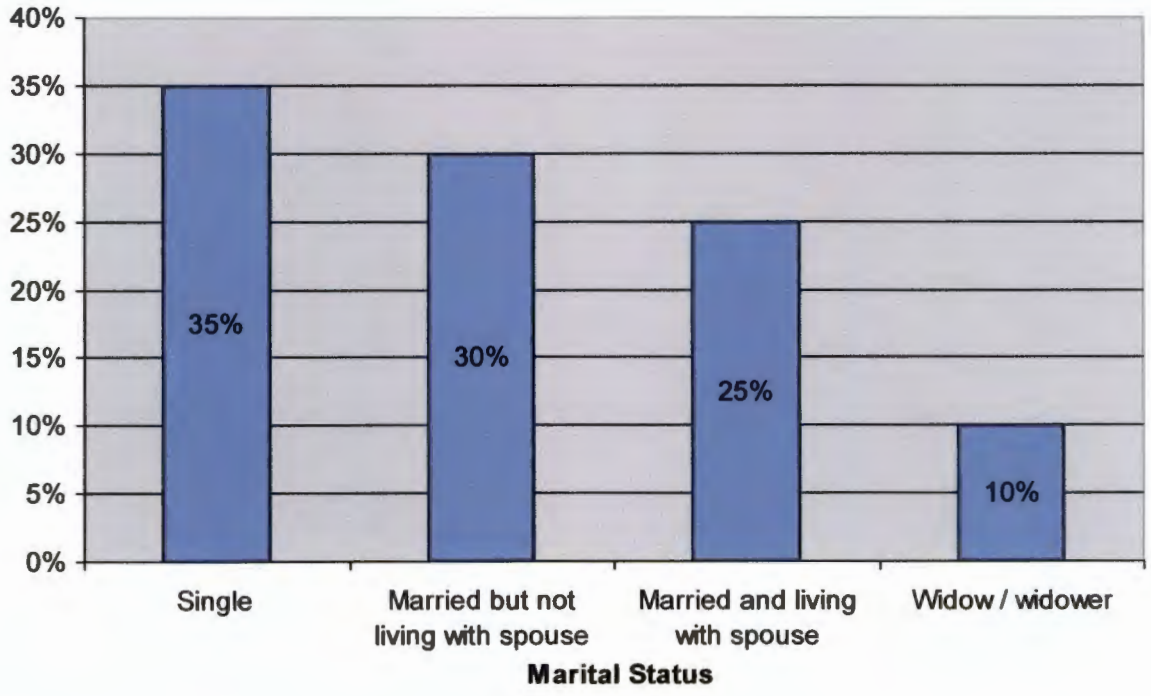

Figure 4.3. Percentages of respondents by marital status

The above figure shows the percentages of respondents by marital status. Over 35 percent of the interviewed respondents indicated that they were still single compared to less than 10 percent who indicated that they were widows. This indicates that most of the interviewed respondents might have thought first of their careers before getting married. About 30 percent of the interviewed respondents indicated that they were married and but not living with their spouses while 25 percent were married and stayed with their spouses.

It may be interpreted that those who were single were free to move between jobs while those who were married but not living with their partners (30%) were likely to relocate to their

spouses when the opportunity arises. There was also an indication that younger and single employees from figures 4.2 and 4.3 found it easy to move between jobs than older and married employees (living with spouses) respectively.

4.3.4. Dependants

Figure 4.4 depicts whether the respondents were staying with their children or not. It was investigated whether respondents were staying with their children and partners as that may influence the respondents to leave.

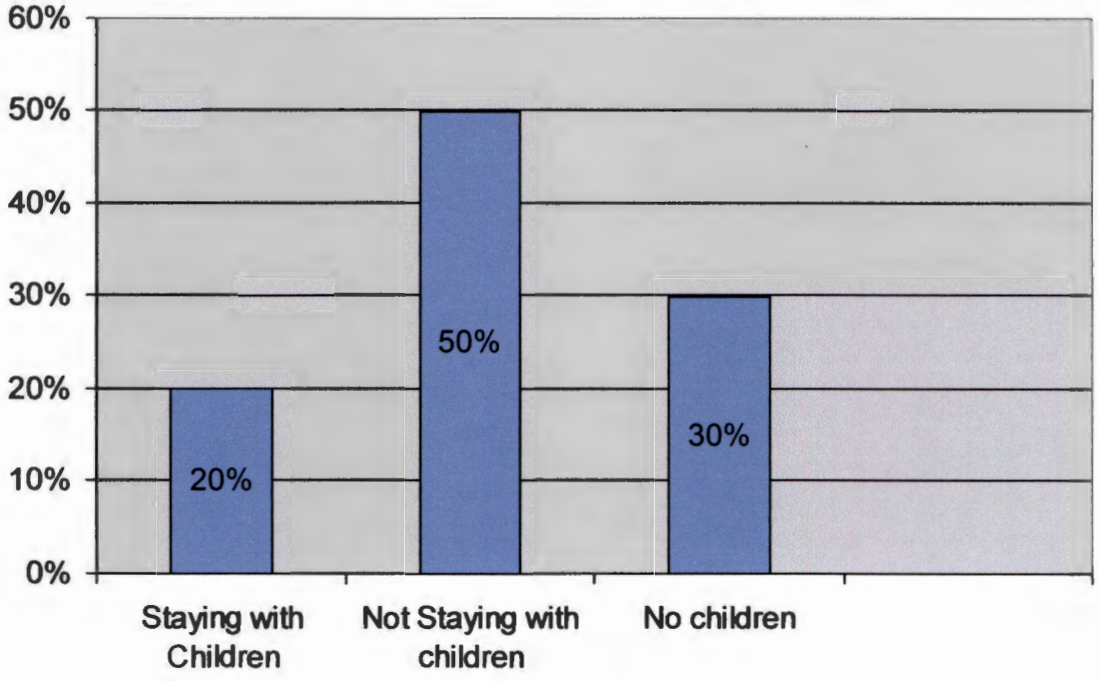

Figure 4.4. Percentages of respondents who stay with their children

The above figure shows the percentage of the respondents in relation to whether they stayed with their children or not. Most of the interviewed respondents (50%) indicated that they did not stay with their children. These may suggest that most respondents preferred having their children stay elsewhere rather than with them. On the other-hand 30 percent of the interviewed respondents indicated that they had no children, which might suggest that some respondents might have placed their careers first before thinking of having children.

The high number of respondents who indicated that they were not staying with their children might be due to a lack of proper schooling, recreational facilities and accommodation for families. The low number of respondents staying with their children, indicates that their kids are still young and not of school going age.

4.4. EMPLOYMENT HISTORY

4.4.1. Current employer

Figure 4.5 depicts the respondents' current employment after changing jobs or leaving the Bophirima Health District.

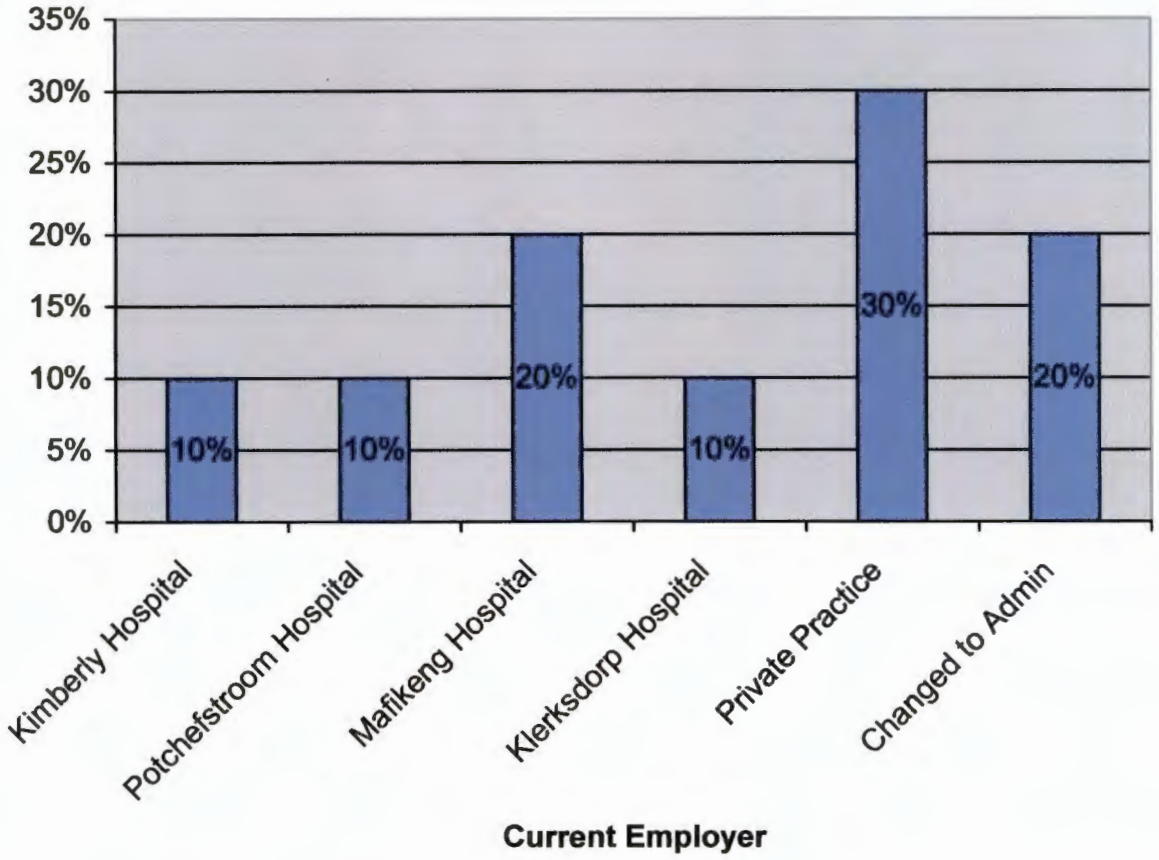

Figure 4.5. Respondents' current employer

The above figure shows the percentage number of the interviewed respondents by current employer. About 20 percent of the interviewed respondents moved to be employed in

Mafikeng Hospital, while 10 percent of the interviewed respondents indicated that they were now working at Kimberley, Potchefstroom and Klerksdorp Hospitals.

The figure indicates that most respondents moved to the bigger urban hospitals. The hospitals stated are bigger, better resourced and are all in urban areas. The urbanisation effect also played a major role in staff leaving towards these hospitals. There is an indication from paragraph 2.3.13 that employees might migrate to urban areas due to the perception that there are better opportunities and conditions in the urban areas than in rural areas.

About 30 percent of the interviewed had moved to private practice probably because they were paid higher salaries than public sector. The number also includes doctors who opened their private practices. On the other hand 20 percent of the interviewed had changed from clinical professions to administration positions.

In paragraph 2.3.10 it was indicated that employees may leave to work in certain areas like institutions in urban areas due to the pressure from family members (Abdo & Brotermam, 2004: 215).

4.4.2. Previous employment

Figure 4.6 depicts the respondents according to the institutions where they were previously employed before moving to new positions in Bophirima Health District or other Health Districts and organisations.

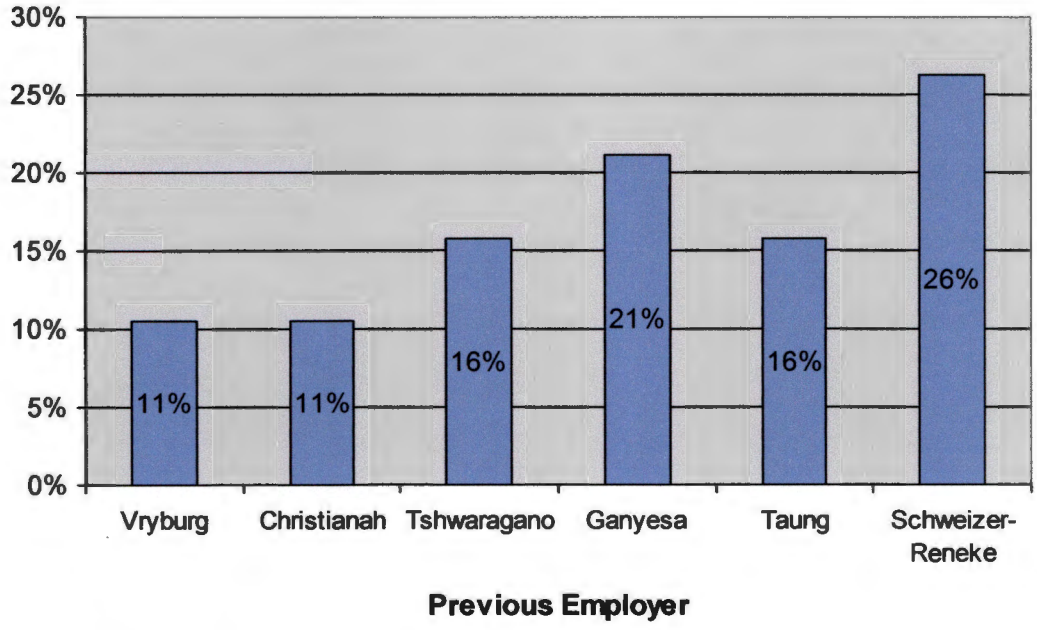

Figure 4.6. Respondents' previous employer

The above figure shows the percentage of interviewed respondents in relation to their previous employment in the Bophirima Health District. About 21 and 26 percent of the interviewed respondents were previously employed at Ganyesa Hospital and Schweizer Reneke Hospital respectively, compared to 16 percent who indicated that they were working at Tshwaragano Hospital and Taung Hospital. Another 11 percent of the interviewed respondents had been employed at Christianah Hospital and Vryburg Hospital.

The figure indicates that all health sub-districts in the Bophirima Health District were represented in the survey. The outcome of the research is thus representative of the Bophirima Health District.

Limitations. There was a good participation from Ganyesa (4) and Schweizer Reneke (5) while participation from the other three sub-districts was very low. There were three respondents from Tshwaragano, three from Taung, Vryburg and Christianah two from each.

4.4.3. Job categories

The table below indicates the frequency and percentage of interviewees according to their job categories.

Table 4.1. Current positions held by respondents

Designation	Frequency	Percent
Radiographers / Snr.	3	15.8
Chief Professional Nurses	5	26.2
Professional Nurses / Snr.	4	21.1
Doctors	3	15.8
Others	4	21.1
Total	**19**	**100.0**

The above table shows the percentages of respondents in relation to their current positions. About 26.2 percent of the respondents were chief professional nurses compared to 21 percent who were senior or professional nurses. A further 15.8 percent of the interviewed respondents were doctors, while another 15.8 percent were radiographers. Twenty one percent of the respondents held other positions like pharmacists, medical social workers and physiotherapists.

Most of the respondents who were interviewed and were also cooperative were professional nurses. This may be due to the fact that the nurses are more in numbers than other categories in the health institutions. This has also been confirmed by table 3.1 of the population under study and the target population in table 3.2.

4.4.4. Date of discharge

The following table indicates the frequency and percentage in relation to the year of discharge.

Table 4.2. Date of resignations from Bophirima Health Institutions

Date	Frequency	Percent
2002	4	21.1
2003	6	31.5
2004	9	47.4
Total	**19**	**100**

The above table indicates that there was a gradual increase in the number of employees resigning every year. In 2002 the resignations were at 21.1 percent, they increased to 31.5 percent in 2003 and further increased to 47.4 percent in 2004. A retention strategy may not be in place, while the working conditions may be getting worse.

The other reason for the increasing resignations might be due to the employment of young and recently qualified professionals who cannot tolerate some conditions and behaviours. They can decide to resign at short notice if they are dissatisfied. The young newly qualified graduates mostly are not offered jobs in big urban institutions due to lack of experience, they then get employed in the rural institutions. Once they get experience in the rural institutions they are recruited by other institutions.

4.4.5. Respondents' reasons for leaving previous employers

Table 4.4 indicates the frequency and percentage of respondents in relation to the reasons for leaving their previous employers from Bophirima Health Institutions.

Table 4.3. Respondents' reasons for leaving previous employers

Reasons for Leaving	Frequency	Percentage
To stay with family.	3	15.8
For higher positions.	6	31.6
Due to poor working conditions.	2	10.5
Other reasons.	8	42.1
Total	**19**	**100**

Table 4.3 shows the percentages of the respondents' reasons for leaving their previous employer. About 31.6 percent of the interviewed respondents indicated that they left for higher positions probably with higher salaries. The 15.8 percent who left to stay with their families might be from the 30 percent in Figure 4.3 who were married but not staying with their partners. Another 42.1 percent left their previous employer due to other reasons like lack of proper accommodation, schooling and recreational facilities. The majority of the respondents in "Others" indicated that they left due to mainly lack of proper schooling and recreational facilities for themselves and their children, the welfare of their children was compromised.

This may indicate that respondents preferred urban areas were facilities like shops, banks recreational areas are more easily accessible than in rural areas. Poor working conditions were also another reason why respondents left their previous employer which accounted for about 10.5 percent of the sample. Naidoo (2000: 9) states that nurses and doctors leave public health institutions because of low salaries. The author indicated that local hospitals were never going to be able to pay the same high salaries as overseas hospitals because of the favourable exchange rate.

Abdo and Broterman (2004: 104) indicated that family members may not be comfortable and satisfied within a certain community and environment, while the father or mother (as employee) is very satisfied with the offer of employment and its package. These include facilities like schooling and rehabilitation to mention a few. The authors further indicate that

some physicians will look for career opportunities that are closer to their families and friends. This is to ensure there is a balance between their work, social and family life.

4.4.6. Assessment of staff

Figure 4.7 depicts performance assessment of the respondents by their previous employer. Performance assessment may lead to a recommendation for a promotion or demotion of the staff member by the supervisor. Performance assessment is one of the elements of working conditions.

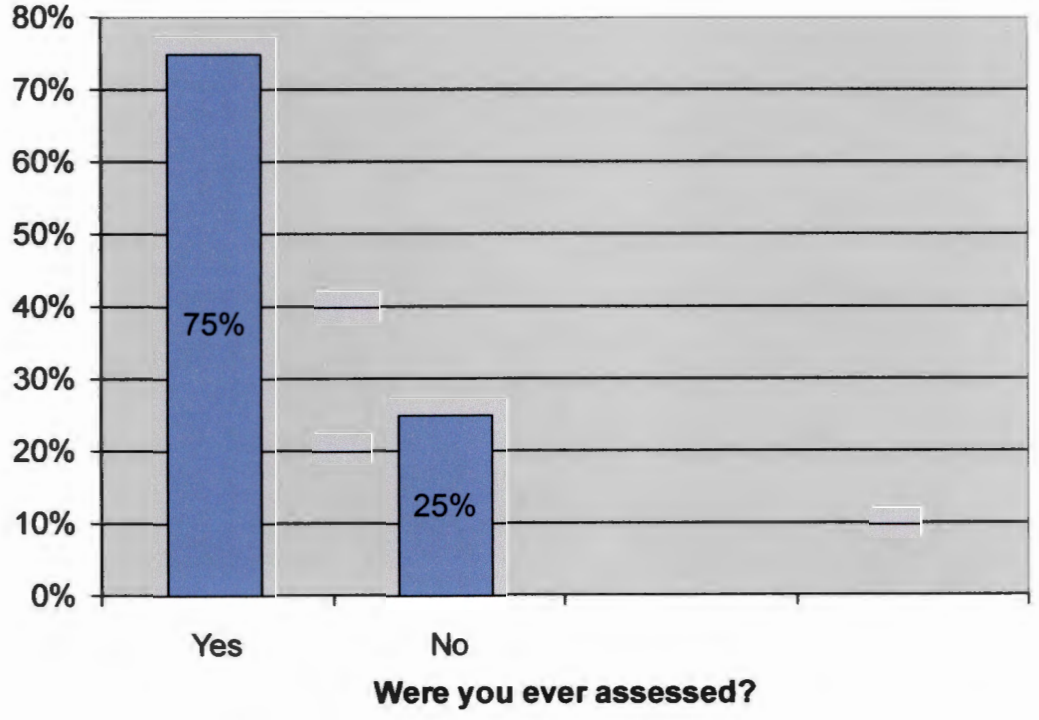

Figure 4.7. Assessment of respondents by previous employer

Figure 4.7 above shows the percentage of the respondents in relation to whether they had ever been assessed. The supervisors are expected to assess their subordinates by completing the performance assessment form after every three months. The annual performance assessments are conducted after the employee has completed twelve months in one position. The four quarterly assessment reports are combined to determine if the employee qualifies

for a promotion or not. The employee may get a promotion for good performance or a reprimand or demotion for poor performance.

Over 75 percent of the respondents indicated that they had been assessed compared to about 25 percent who indicated that they had never been assessed. It is possible that those who had never been assessed were either still new and were yet to be assessed. These were respondents who resigned before they completed twelve months being in service. There was an indication that some were not assessed because they were not on good terms with their supervisors. In such instances the supervisor would then not submit the employee's assessment reports to the assessment panel or else submit a negative assessment report. These may lead to employees leaving because they were not in good terms with their managers.

4.4.7. Staff satisfaction about assessment process

Figure 4.8 below indicates the number of respondents who were satisfied, not satisfied or partial about the assessment process as applied in the Bophirima Health Institutions. It has been observed that assessment outcomes and process does not satisfy all employees in the same way.

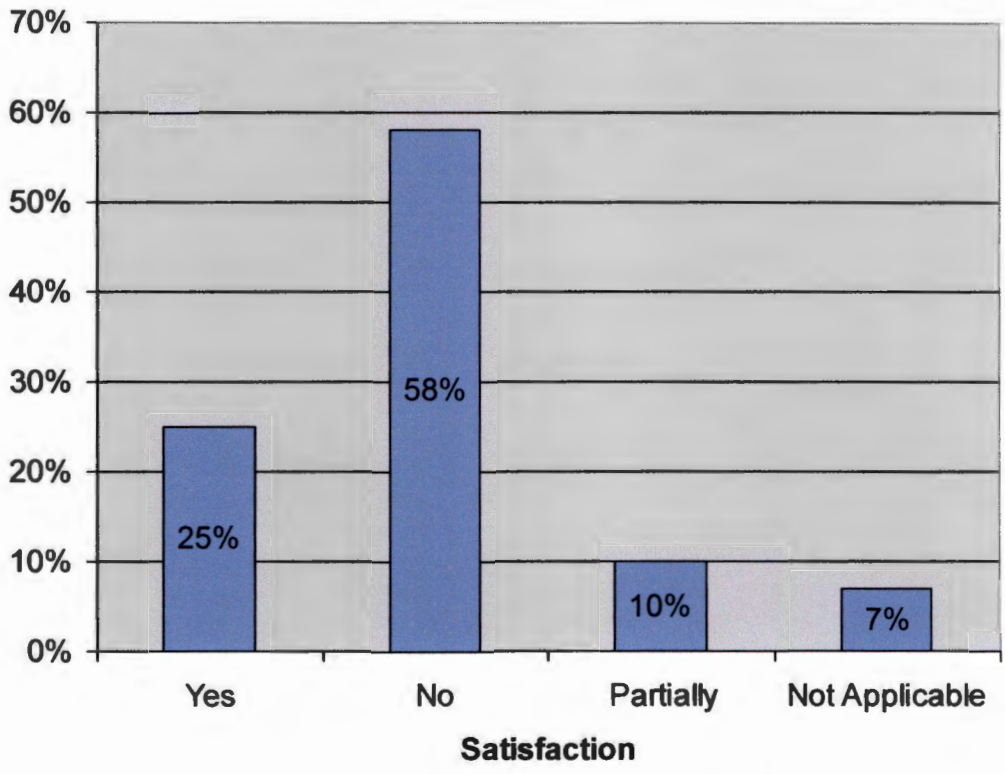

Figure 4.8. Respondents' satisfaction of assessment results

Figure 4.8. shows the percentage of respondents in relation to their satisfaction of assessment results. About 58 percent of the 75 percent who had indicated that they had been assessed (figure 4.7), indicated that they were not satisfied with the assessment results. This might be due to the fact that most respondents were not sure of the assessment criteria or the assessment results did not yield good results in their favour. Some employees refused to participate in the assessment process due to being in bad relationship with their supervisors as indicated in figure 4.18 that management contributed to staff leaving. They refused to complete and submit their self assessment reports to their supervisors and also refused to

accept the final assessment results. About 25 percent of the respondents were satisfied with the assessment results compared to 10 percent that were partially satisfied.

4.4.8. Opportunity for training

Employees were offered the opportunity to attend trainings and workshops related to their jobs. The duration of the training may vary according to the topic and courses content. Figure 4.9 indicates the number of respondents who have and have not been offered an opportunity to attend training.

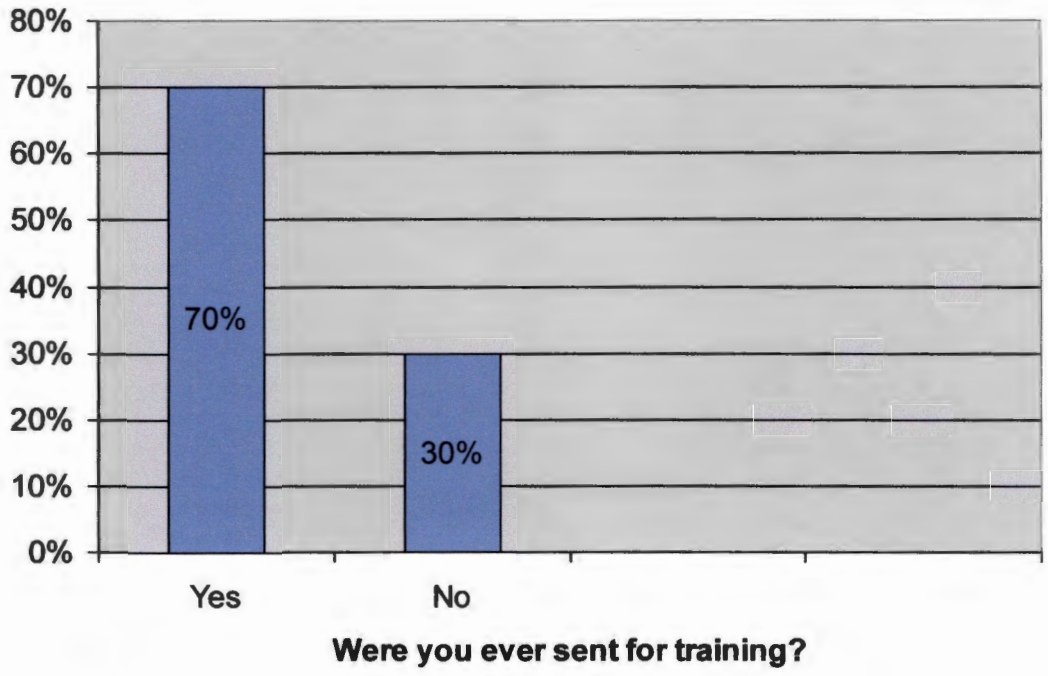

Figure 4.9. Response of respondents who have been sent for training

Figure 4.9 shows the percentage of respondents in relation to whether they had ever been sent for training. About 70 percent of the interviewed respondents indicated that they had been sent for training compared to about 30 percent who had never been sent for training. This suggests that most interviewed respondents were actually qualified for the relevant fields that they were employed in.

Training opportunity and study leave for the duration of more than six months was mostly not given or approved for employees on probation. Employees on probation were only send

for training that takes one month or less as a way of induction and preparing them for the new job.

4.4.9. Opportunity for study leave

At the beginning of the year identify managers identify and submit the training needs of the employees to the training coordinator. Staff members also may apply in writing to the Training Committee to attend training that is in line to their work. Figure 4.10 indicates the respondents who had been denied study leave.

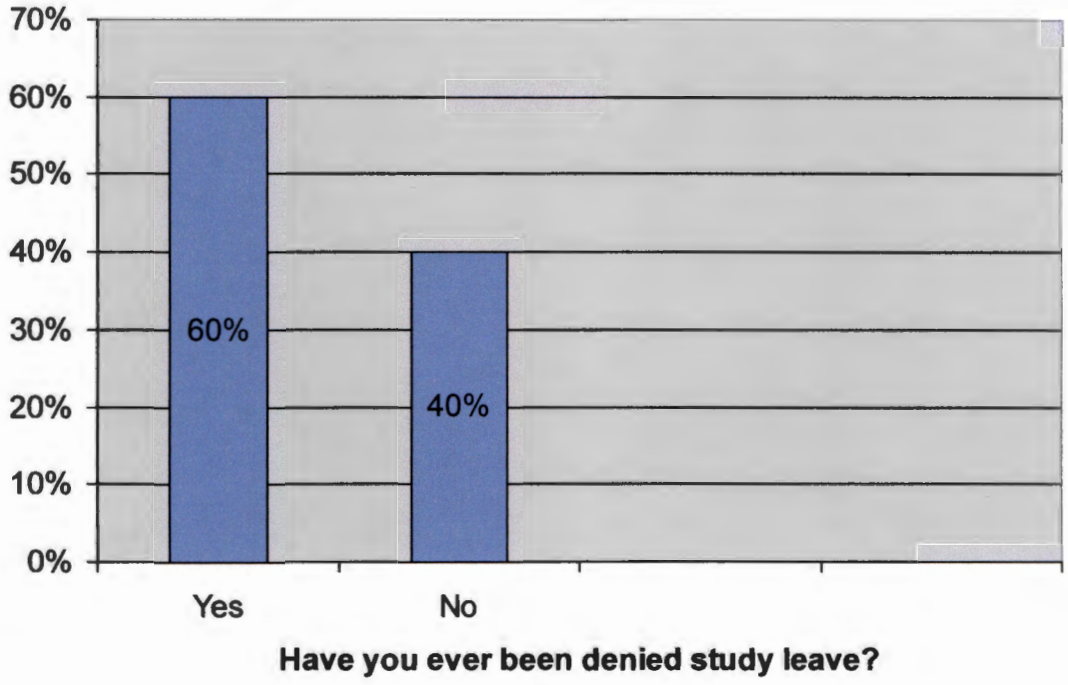

Figure 4.10. Respondents who have been denied study leave

Figure 4.10 shows the percentage of respondents in response to whether they had ever been denied study leave or not. Sixty percent of the interviewed respondents indicated that they had been denied study leave. This may have arisen due to a shortage of staff, they were still on probation or there were insufficient funds allocated for training. While 40 percent of the interviewed respondents indicated that they were offered study leave and had never been denied an opportunity for study leave.

Comparing the figure 4.10 and figure 4.9, some respondents might have been forced to attend workshops and training sessions that were not relevant to their jobs and they did not have an interest in this kind of training.

4.4.10. Training system satisfaction

The decision to send a staff member for training is taken by the manager of the staff member and the training committee based on the availability of funds and other factors. There were a criteria and policy that guides who may be send for which training and when. Figure 4.11 indicated respondents' satisfaction towards the implementation of the training policy.

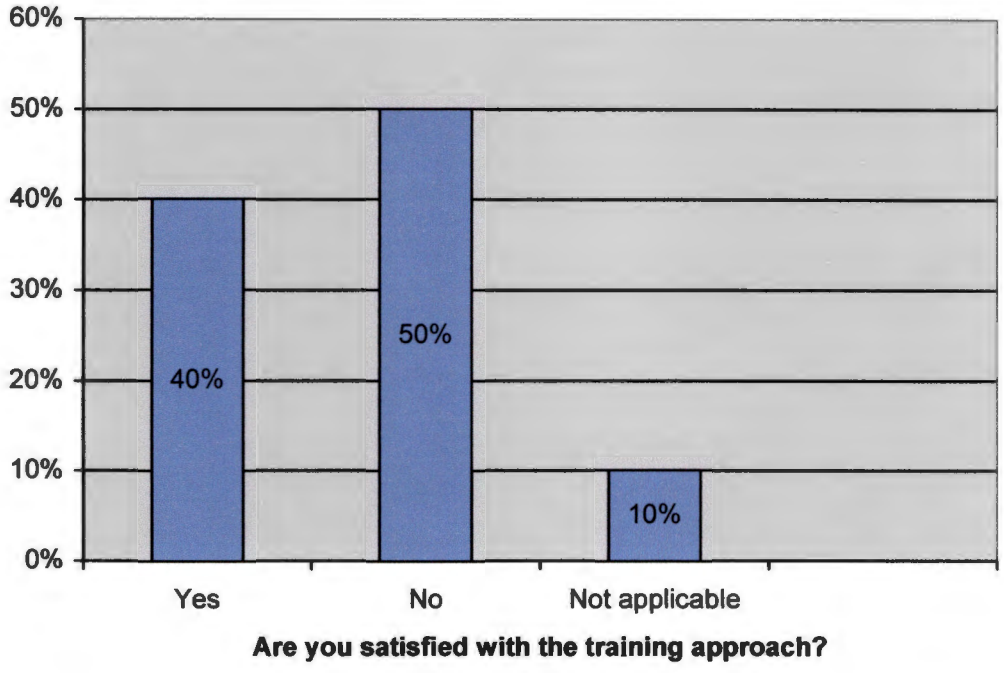

Figure 4.11. Satisfaction of training system

Figure 4.11 shows the percentage of respondents in relation to whether they were satisfied with the training approach. About 50 percent of the respondents indicated that they were not satisfied with the selection criteria for training opportunity. This may arise from the fact that they may not have understood the selection criteria for going to training or workshop or being granted study leave and or they were refused an opportunity to go for training. This was compared to about 40 percent who were satisfied with the training approach.

The "not applicable" bar in figure 4.11 indicates those respondents who were indifferent. They might have been not interested in going for training and workshops due to their age, that were those above 45years as indicated in figure 4.2.

4.4.11. Working hours

Working hours is one of the elements of working conditions which may cause dissatisfaction if they are too long or not structured appropriately.

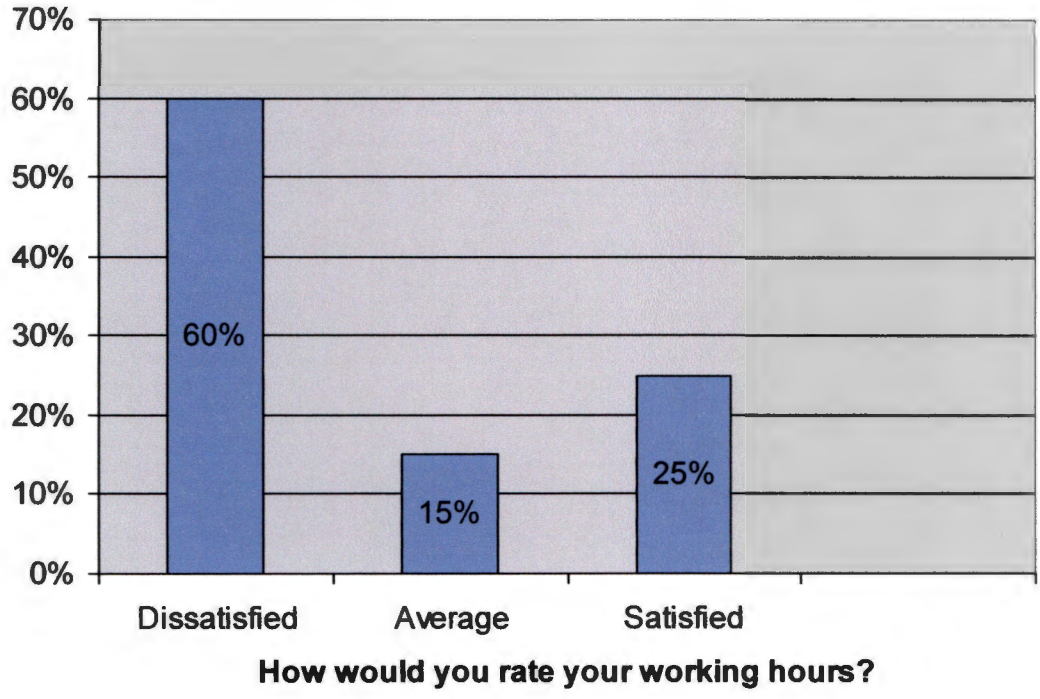

Figure 4.12. Respondents' rating of their working hours

Figure 4.12 shows the percentage of interviewed respondents in relation to how they rated their working hours while 60 percent of the respondents indicated that they were dissatisfied with their working hours. This may suggest that they had to work long hours and also at times they were compelled to work overtime due to shortage of staff. However, 25 percent of the respondents were satisfied with their working hours, probably because they were not busy in their sections. They work long hours but they were not busy and they were getting paid overtime.

The factors that may push employees out of their job are mostly poor working conditions. Staff shortages which are caused by terrible working conditions for health professionals, causes them to leave the public services for private sector and others for overseas like the United Kingdom and Australia (Nare, 2004: 12).

4.4.12. Long working hours and abnormal workload

Workload and working hours affect employees. Long working hours deny employees the opportunity to spend quality time with families and friends. They spend most of their time at work. Abnormal workload also affects employees negatively and may cause work stress and burnout.

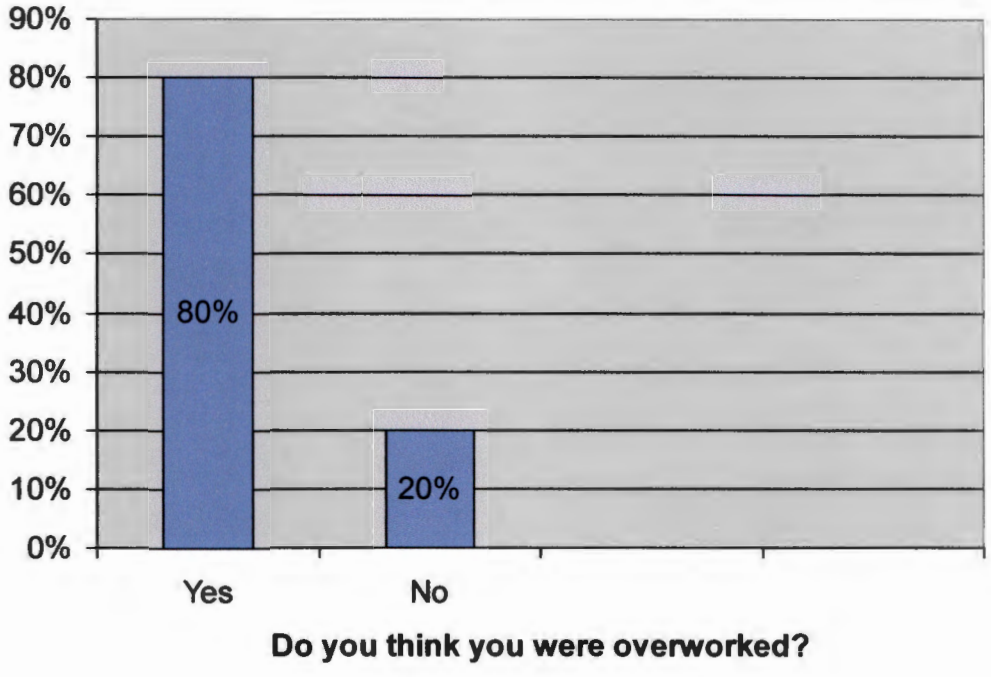

Figure 4.13. Respondents' response to being overworked

Figure 4.13 shows the percentage number of respondents in relation to whether they were overworked. Eighty percent of the interviewed respondents indicated that they were overworked compared to twenty percent who indicated that they were not overworked. It may be possible that those who were over worked were doing more than one scope of work due to staff shortages. The available staff may at times be compelled to work longer hours and forced overtime to complete the days' work due to shortage of staff. This was also seen

on figure 4.12 where most respondents indicated that they were dissatisfied with their working hours. This may also lead to staff leaving.

4.4.13. Rating of workload by the age of the respondents

The rating of the workload amongst different age group is not the same. The older generation with their experience and ageing bodies will rate the same workload differently from the young generation with more energy and different ideas. Table 4.4 depicts the different rating amongst different age groups.

Table 4.4. Respondents' response to being over worked by age

Response	Below 25 years	26-35 years	36-45 years	45 and above years	Total
Yes	1 (100.0%)	10 (90.9%)	3 (50.0%)	1 (100.0%)	15 (78.9%)
No	0 (0.0%)	1 (9.1%)	3 (50.0%)	0 (0.0%)	4 (21.1%)
Total	**1 (100.0%)**	**11 (100.0%)**	**6 (100.0%)**	**1 (100.0%)**	**19 (100.0%)**

Table 4.4 shows 78.9 percent of the respondents indicated that they were over worked of which 90.9 percent of them were between the ages of 26-35years. Eleven of the fifteen respondents who indicated that they were overworked were below the age of 35 years. It can be seen that most respondents indicated that they were overworked from figure 4.2 and most respondents were below the age of 35 years from figure 4.18.

The twenty one percent who indicated that they were not overworked might be those who once worked in very busy institutions before joining the Bophirima Health District. It is possible that those who were overworked carried out responsibilities that surpassed their own job description. It had been indicated that most respondents who left were below the age of 35 years which further indicates that younger staff members can not tolerate to be overworked compared to the older employees.

4.4.13. Salaries

Naidoo (2000: 7) states that nurses and doctors are leaving public health institutions because of low salaries. The author states that local hospitals are never going to be able to pay the same high salaries as overseas hospitals because of the exchange rate.

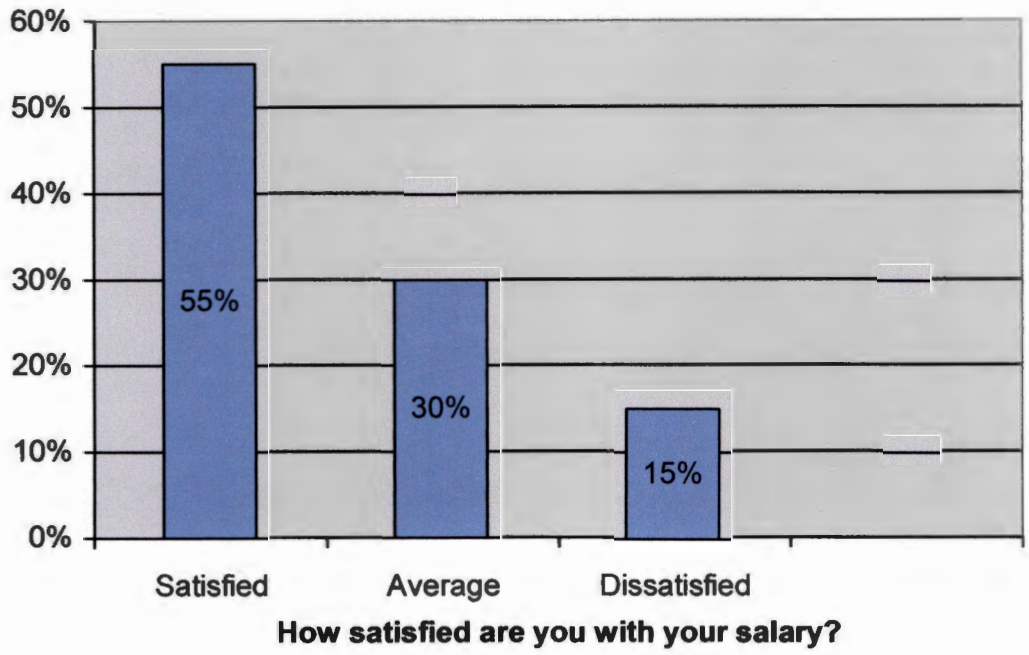

Figure 4.14. Respondents' responses to satisfaction of their salaries

Figure 4.14 shows the percentage of respondents in relation to whether they were satisfied with their salaries or not. Fifty-five percent of the interviewed respondents indicated that they were satisfied with their salaries compared to about 15 percent who were dissatisfied with their salaries, which may result from the fact that they are doing more work (not paid overtime) compared to what they earn. In general however, most respondents indicated that they were either very satisfied or fairly satisfied with their salaries.

The employees are leaving not because of salaries, but because of other reasons. The salaries for public institutions are the same for the same job levels. They leave the public service in one area to a public service in another area some for the same position. They leave Ganyesa Hospital (in rural area) to work in Mafikeng Hospital (in urban area) for the same position and in the same province.

4.4.14. The rating of salaries by age

The employees are commonly not rating their salaries the same way depending on their different needs. The level of satisfaction about salaries also differs according to age because the life styles are also different. Table 4.5 depicts relationship between different age group as against salaries.

Table 4.5. Respondents rating of their salaries by age

Response	Below 25 years	26-35 years	36-45 years	45 years and above.	Total
Very satisfied	0 (0%)	0 (0%)	1 (16.7%)	0 (0%)	1 (5.3%)
Fairly well Satisfied	1 (100.0%)	6 (54.5%)	3 (50.0%)	0 (0%)	10 (52.6%)
Average	0 (0%)	3 (27.3%)	2 (33.3%)	0 (0%)	5 (26.3%)
Little satisfied	0 (0%)	0 (0%)	0 (0%)	1 (100.0%)	1 (5.3%)
Totally Dissatisfied	0 (0%)	2 (18.2%)	0 (0%)	0 (0%)	2 (10.5%)
Total	**1 (100.0%)**	**11 (100.0%)**	**6 (100.0%)**	**1 (100.0%)**	**19 (100.0%)**

Table 4.5 shows the number of respondents by age in relation to how they rated their satisfaction with salaries. About seven of the eleven respondents who indicated they were satisfied with their salaries were below 35 years. About of the 52.6 percent of the interviewed respondents on average were fairly satisfied with their salaries. However, 18.2 percent of those between 26-35yrs were totally dissatisfied with their salaries compared to 16.7 percent of those between 36-45yrs that were totally satisfied with their salaries. It is possible that those who were totally dissatisfied might be doing more than just their job descriptions or work above their scope of practice due to shortage of staff and skills.

Table 4.5 further indicates that most respondents, irrespective of age, were not complaining about their salaries as has been indicated in figure 4.14.

4.4.14. Conflict while on duty

Conflict is opposition between interests or ideas (Collins Dictionary, 2001). Ideas may be about interpretation of a specific policy to be implemented on duty. Interpretation may be different and thereby lead to conflict.

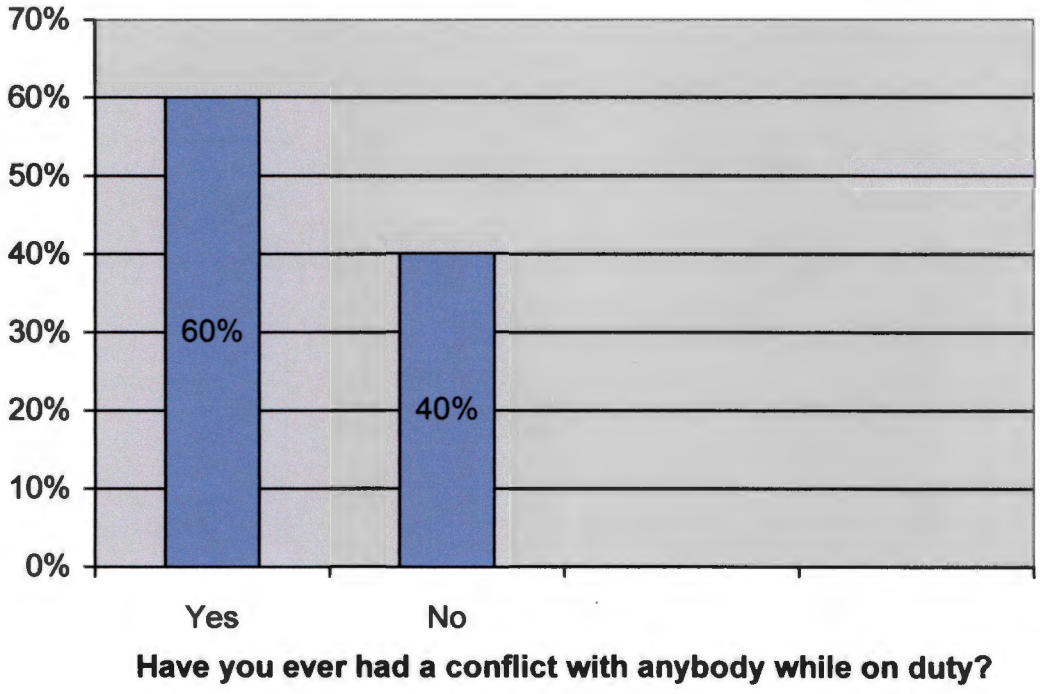

Figure 4.15. Conflict or grievance with anybody on duty

Figure 4.15 shows the percentage of interviewed respondents in relation to whether they had ever had a conflict with colleague or client while on duty. About 60 percent of the interviewed respondents indicated that they have had a conflict with somebody on duty that may include supervisors and managers, which might have resulted from differences in opinion. Only about 40 percent indicated that they had never had conflict with anybody on duty either because they were content with their colleagues at work or they were happy with the level of supervision from management. Some might be because they had close relationship with their managers.

Conflicts occurred due to the misinterpretation of policies and system that are in place, for example sub-ordinates fighting for their rights with their managers during assessment and to be granted study leave. Conflicts may also occur due to the management style which is not

accepted by the employees. They also occur as a result of managers who do not treat their sub-ordinates in the same way or are bully when talking to staff. Conflicts occur due to employees fighting for limited resources, equipment and facilities.

4.4.15. Provision for staff accommodation

Figure 4.16 depict availability of accommodation for staff and the status of that accommodation.

Figure 4.16. Respondents' response to where they stayed

Figure 4.16 shows the percentage of respondents in relation to where they stayed. Most of the respondents indicated that they rented rooms compared to those who stayed in employer sponsored accommodation like nurse homes or in their own houses. It is possible that most respondents rented rooms either because their employers provided inadequate housing or they chose to rent rooms that suited their needs and to ensure they secure their privacy.

Staff might have to rent accommodation because their homes were very far and they were not able to travel home daily. This could lead to staff leaving since their employers were unable

to provide accommodation as expected. Some of the rented accommodation does not meet the needs of the respondents hence they end up leaving. Home owners may move back to their houses when the opportunity arises.

4.4.16. Rating of the accommodation

There were employees staying in their houses, some in the rented rooms while others were staying in accommodation provided by the employer. The conditions and state of these accommodations were not the same. Figure 4.17 depicts the respondents' rating of their accommodation.

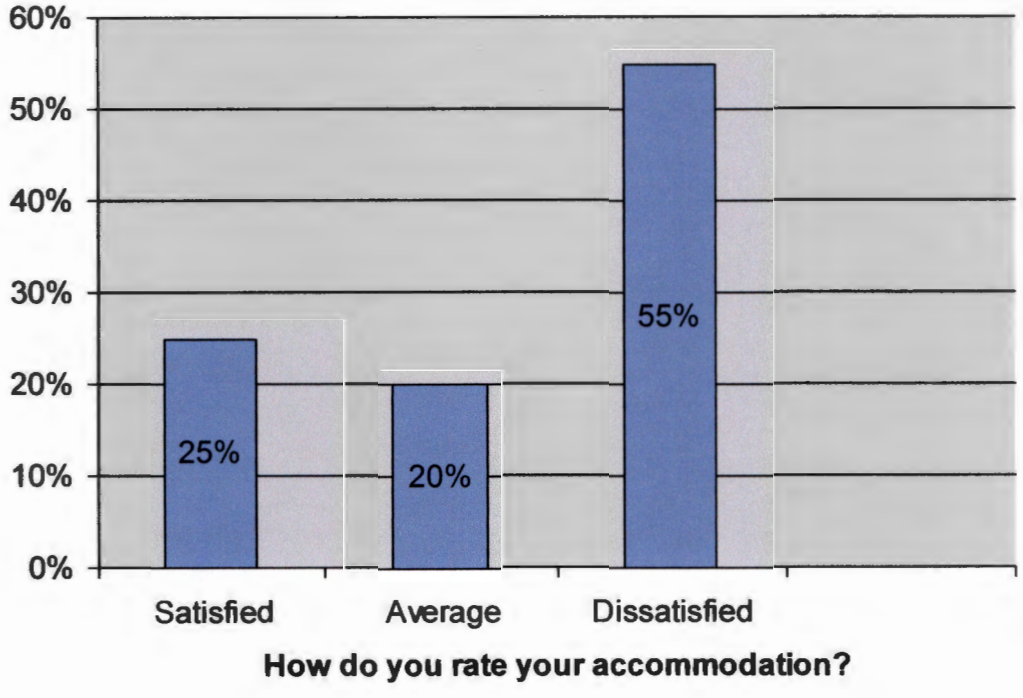

Figure 4.17. Respondents' response on how they rate their accommodation

Figure 4.17 shows the percentage response of respondents in relation to how they rated their accommodation. About 55 percent of the respondents indicated that they were dissatisfied with their accommodation compared to about 25 percent who were satisfied with their accommodation. The respondents, who were very satisfied with their accommodation, are probably those who were staying in their houses and in the government houses with their families. Some of the reasons from dissatisfied respondents may be due to the fact that they might be sharing with their colleagues such that there is a lack of privacy and the distance

from place of work to the rented accommodation is also quite far. A significant percentage of the respondents were renting rooms as seen in figure 4.16 to cater for their private needs and due to a shortage of housing by their employers.

4.4.17. Condition of available accommodation

The conditions of the available accommodations for staff were not the same. Some rooms were better than the others like having electricity and piped water due to Bophirima Health District being mostly rural. Table 4.6 depicts the facilities available in the available accommodation for staff.

Table 4.6. Facilities available at respondents' place of accommodation

Piped Water		
Response.	Frequency	Percent(%)
Yes.	17	89.5
No.	2	10.5
Total	19	100.0
Electricity		
Response.	Frequency	Percent(%)
Yes	19	100.0
No	0	0.0
Total	19	100.0
Toilet		
Response.	Frequency	Percent(%)
Yes	13	68.4
No	6	31.6
Total	19	100.0
TV Network		
Response.	Frequency	Percent(%)
Yes	16	84.2
No	3	15.8
Total	19	100.0
Cell Phone Net-Work		
Response.	Frequency	Percent(%)
Yes	16	84.2
No	3	15.8
Total	19	100.0

Table 4.6 shows the facilities available at the respondents' place of accommodation that may aggravate the conditions of accommodation if not available. About 90 percent of the

interviewed respondents indicated that they received piped water and 68.4 percent had or used the flush toilet system compared to 10 percent who did not have piped water and 31.6 percent who had no flash toilet. It is possible that they might be using a community water taps at the street and instead of the flush toilet they may be using a pit latrine or bucket system.

All the interviewed respondents had electricity at their place of accommodation. Fifteen percent of respondents did not have TV and cell phone net work. These respondents were probably working in the deep rural health centers or clinics where infrastructure is poor. In general most of the respondents place of accommodation had fairly all the facilities that were necessary to make them live comfortably. This may be an indication that staff are leaving for other reasons like their rented rooms may be very small and very far from their place of work with no reliable public transport.

4.4.18. Management attitude

Management attitude and approach can determine whether staff will stay or leave. The way managers treats their staff members has an influence on the welfare and behavior of their juniors.

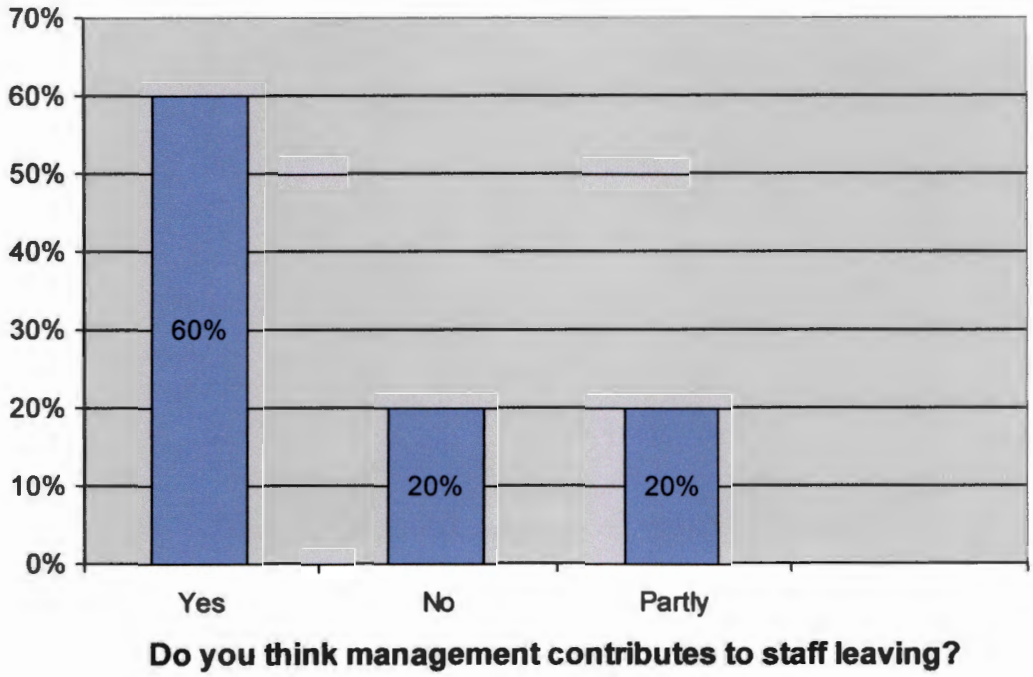

Figure 4.18. Response to whether management contributes to staff leaving

Figure 4.18 shows the percentage number of respondents in response to whether management contributes to staff leaving. Nearly 60 percent of the interviewed respondents indicated that management does contribute to staff leaving compared to about 20 percent who said that management did not. This may suggest that conflicts or disagreements with staff are some of the issues that may contribute to a hostile working environment, which ultimately leads staff to leave their current place of work. Only 20 percent of the interviewed respondents said that management does partly lead to staff leaving suggesting that there are other forces like better job offers elsewhere that may lead to staff leaving and not necessarily management. Poor working conditions are usually attributed to management not doing anything to make employees' jobs much easier.

Ziemba, (un-dated) states that staff turnover is often a symptom of management issues such as inconsistent treatment or lack of recognition. The author further stated that low salaries contribute to six percent of staff leaving their jobs, 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 work related matters. The author 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.

4.4.19. Rating of the working conditions

Staff members have different perceptions about their working environment. It is common that staff may not be satisfied about everything around the working environment. Table 4.7 depicts the rating of respondents about some elements in their working environment.

Table 4.7. Rating of respondents regarding to their work

Management		
Rate	Frequency	Percent (%)
Dissatisfied	11	58
Neutral	3	15
Satisfied	5	27
Total	19	100
Supervisor		
Rate	Frequency	Percent (%)
Dissatisfied	8	42
Neutral	5	26
Satisfied	6	32
Total	19	100.0
Co-workers		
Rate	Frequency	Percent (%)
Dissatisfied	4	21
Neutral	6	32
Satisfied	9	47
Total	19	100.0
Policies and Procedures		
Rate	Frequency	Percent (%)
Dissatisfied	10	55
Neutral	3	13
Satisfied	6	32
Total	19	100.0

Table 4.7 shows the respondents' response regarding their work.

With regard to management, 58 percent of the interviewed respondents were dissatisfied with management, which may be due to disagreements, conflicts or management attitude as indicated in figure 4.18 where it was indicated that staff were leaving due to management attitude. There wee 27 percent and 15 percent respondents who indicated that they were satisfied and neutral with management respectively. This might be those who were close to management and they left for reasons that they think management can not change or do anything about them.

In relation to the rating of the supervisor, about 26 percent of the interviewed respondents were neutral compared to about 32 percent of the respondents who were satisfied. The 42 percent who were dissatisfied were possibly those who associate supervisors with management. Unlike with management, the relationship with supervisors was fairly distributed. It was possible that most respondents were fairly satisfied with the way they were being supervised by their supervisors but with some reservations.

Most of the interviewed respondents were generally satisfied with their co-workers with 47 percent and 32 percent satisfied and neutral respectively. Only about 21 percent of the interviewed respondents were dissatisfied with their co-workers. This may suggest that most respondents had a harmonious relationship with their colleagues. They experience similar conditions and nearly the same frustrations that made them united.

Furthermore about 13 percent of the interviewed respondents indicated that they were neutral to the policies and procedures while 32 percent and 55 percent of the interviewed respondents were either satisfied or dissatisfied with the policies and procedures. This may arise due to misinterpretation of the procedures and policies on the part of those who were dissatisfied as indicated in figure 4.11 about training and figure 4.8 about assessments. The implementation of policies might also be wrong and may be they are not being reviewed for a long time.

In conclusion most interviewed respondents were generally satisfied with their colleagues but were not satisfied with management and the policies created by their employers through management.

4.4.20. Rating of the facilities around the place of work

There is life after work and outside the place of work, life for the staff members, their families and partners. Table 4.8 depicts some of the facilities that the staff members may use their services after work, and how they rate them compared to their needs.

Table 4.8. How respondents rate the facilities around their institutions

Banking Facilities		
Rate	Frequency	Percent (%)
Dissatisfied	6	31.6
Neutral	9	47.4
Satisfied	4	21.0
Total	19	100.0
Supermarkets		
Rate	Frequency	Percent (%)
Dissatisfied	10	52.6
Neutral	6	31.6
Satisfied	3	15.8
Total	19	100.0
Schools		
Rate	Frequency	Percent (%)
Dissatisfied	9	47.4
Neutral	6	31.5
Satisfied	4	21.1
Total	19	100.0
Shops		
Rate	Frequency	Percent (%)
Dissatisfied	14	73.7
Neutral	5	26.3
Satisfied	0	0
Total	19	100.0

Table 4.8 looks at how the respondents viewed the facilities around their place of work. About 31.6 percent of the interviewed respondents indicated that they were dissatisfied with

the banking facilities probably due to limited services rendered at these banks compared to only 21.0 percent that indicated that they were satisfied with the banking facilities probably because queues are mostly not long compared to banks in big cities.

About 47.4 percent of the respondents who were neutral may be due to the fact that they did not rely on banks and they do not do transactions that are complicated. They used the banks to receive their salaries and to deposit or transfer money to their next of kin, the transaction that are mostly done at the auto-banks. Also it was possible that they did not rely on banks for any other ventures like business since they are not interested in any business ventures where advanced banking facilities might be required.

Most of the interviewed respondents were dissatisfied with the supermarkets around their place of work which may arise as a result of them closing too early or having inadequate items to sell or the items were of low quality but expensive. Fifty two percent of the respondents were very dissatisfied with the supermarkets, while about 15.8 percent of the respondents were satisfied with the supermarkets in the area probably because it was a motivation to save money to buy goods they really need and not enticed to spend at times unnecessarily.

As regards to schools, 31.5 percent of the interviewed respondents were neutral which may suggest that most of them may not have children or those who have children do not prefer to stay with them. Some of them might have sent their children in other schools that were not in their area of work. However 47.4 percent of the interviewed respondents indicated that they were not satisfied with the quality of schools which might be due to lack of resources like educators, libraries and laboratories at these schools. Some parents did not stay with their school-going children due to poor schooling facilities as indicated in figure 4.4.

In relation to the shops most of the respondents were not satisfied with the shops in the area. Just like the supermarkets, it is possible that most of the shops sold inadequate items that did not cater for their needs. They had to buy groceries from neighboring towns.

In general most of the interviewed respondents were not satisfied with the facilities particularly the shops, supermarkets, schools and the banking facilities. Again this might also contribute to staff leaving partly because of inadequate facilities around the institutions in addition to problems related to their working conditions.

4.4.21. The comparison of females against males for moving between jobs

The taste and tolerance of females' staff members is mostly not the same for male staff members. Females do not perceive the environment the same way as the males. Table 4.9 depicts relationship or comparison of females against males for leaving their previous employers.

Table 4.9. Response in relation to reason for leaving previous employer by gender

Reasons for leaving	Female	Male	Total
To stay with family	3 (21.4%)	0 (0%)	3 (15.8%)
For higher position	4 (28.6%)	2 (40.0%)	6 (31.6%)
Due to poor working conditions	2 (14.3%)	0 (00.0%)	2 (10.5%)
Other reasons	5 (35.7%)	3 (60.0%)	8 (42.1%)
Total	**14 (100%)**	**5 (100%)**	**19 (100%)**

Table 4.9 shows the percentage number of the respondents in relation to the reasons they left their previous employers by gender. About 21.4 percent of females left to stay with their families. Unlike fathers, children are closer to their mothers hence their leaving to be closer to their children when the opportunity arises. These might be part of the 30 percent in figure 4.3. who were married but not living with their spouses and families.

Other reasons like leaving for higher positions were fairly distributed and represented amongst males and females. There was an indication that males can tolerate poor working conditions unlike 14.3 percent females who left due to poor working conditions.

4.5. FINDINGS

i. Hypothesis: Unfair and inappropriate implementation of the performance assessment system was one of the causes of staff turnover. The respondents indicated that policies were developed by managers and enforced on to staff without staff commenting and discussing them. There was an indication that most policies were not fairly implemented. They apply to some staff and not applicable to others. One of the burning policies was the assessment policy. The majority of the respondents indicated that they were not satisfied with the implementation of the performance assessment system (Figure 4.8.). The findings of the survey confirmed the hypothesis that implementation of performance assessment system was one of the causes of staff turnover.

ii. Hypotheses: Unfair and inappropriate granting of training opportunities was one of the causes of staff turnover. Figure 4.11. indicate that 50 percent as compared to 40 percent of respondents were dissatisfied with the training system and criteria used to selected those going for training. The difference between the satisfied and dissatisfied is marginal, which may suggest that training was a minor cause of staff turnover.

iii. Shortage of accommodation and the poor condition of available accommodation for staff members was one of the causes of staff turnover. Accommodation for staff in Bophirima Health District is not very bad as it has most of the basic facilities like water, electricity and sanitation (Table 4.6.). The employers also issued some appliances like a bed, refrigerator and stove to staff who rented accommodation and those who stay in government accommodation. But most respondents indicated that they were dissatisfied with the available accommodation (Figure 4.17). The only minor problem with some rented accommodation was that rooms were small.

iv. Hypothesis: Shortage of essential medical equipment and facilities was one of the causes of staff turnover. It was indicated that in most institutions their essential medical equipment are reliable and working although they were not enough and not properly controlled. Some equipment were locked and could not be accessed during certain times like after hours and weekends. There are three institutions that have buildings that are old and not safe for staff

and for providing health services. The institutions are Schweizer Reneke Hospital, Vryburg Hospital and Tshwaragano Hospital. The buildings were very old and dilapidated, although these were indicated as a problem, it was not cited as the major cause of staff leaving their institutions.

v. Hypothesis: Shortage of staff, long working hours and an abnormal workload are causes of staff turnover. The long working hours and abnormal increased workload in most health institutions lead to most staff leaving especially the young recently qualified professionals (figure 4.13 and table 4.4). This was mostly due to shortage of professional staff and vacancy rate which was standing at around 30 percent and also the challenge of recruitment and filling of vacant posts. It had been indicated that it takes more than six to twelve months to fill the professional vacant posts. The hypothesis is accepted that shortage of staff, long working hours and abnormal workload are the major causes of staff leaving their employment.

vi. Hypothesis: The management style of the top management that is unfair and biased was the cause of staff turnover. Most managers do not treat their staff members fairly and in the same way. They do not give the staff an opportunity and platform to voice their dissatisfaction also do not attend to their problems and complaints timeously. Most respondents indicated that they did not receive feedback from the managers. There was an indication that most managers were dictating terms and mostly did not consult with staff. Most of the staff end-up assuming that they were not being respected and valued and they leave for institutions where they might find management support and job satisfaction. Figure 4.18 and table 4.7 indicates that the hypothesis holds that management contributed to staff leaving health institutions in the Bophirima Health District.

vii. Hypothesis: The health professional staff are being offered better paying jobs else where like in the private sector or abroad. Table 4.3 indicates that most employees (31.6%) apply for higher positions elsewhere including in the Bophirima Health District. It is common practice that employees will apply and will seek higher and better paying positions when the opportunity arises. Some respondents indicated that they left to work in urban areas where

they can have an opportunity to have two jobs, one job in the public hospital and moonlight after hours in the private hospitals so as to increase their income. The hypothesis holds that employees leave their current jobs for higher positions and salaries elsewhere. Attractive opportunities else where and over seas, opportunities for growth and strong recruitment strategies from private sector and over seas institutions causes health professionals to leave their current jobs (Kirschenbaum & Mano-Negrin, 2002: 74).

viii. Hypothesis: The family responsibilities like getting married far away from where one works. Newly qualified and some desperate health professionals take jobs in Bophirima Health District as a way of getting experience and income while searching for jobs closer to their families. Married respondents indicated that they moved towards their partners to safe relationships even if the salaries or even working conditions are the same (figure 4.3). Some rented rooms were small and could not be shared by a couple or family (figure 4.4). Nurses home policy does not allow family members to stay or sleep overnight in the rooms. Table 4.3 indicates that 15.8% of respondents left their current employment to stay with their families. Family responsibilities was one the causes of staff turnover but to a limited degree.

xi. Hypothesis: Lack of other facilities like entertainment and schooling for children and self development. Most respondents indicated that most facilities were not good or even not there in other areas like in Ganyesa and Schweizer Reneke. Most respondents further indicated that they had alternative arrangements like for schooling they took their children to boarding schools or to stay with their families. Entertainment and recreation they installed DSTV and also bought exercising appliance for them selves (table 4.8). This was not a major reason for staff to leave the Bophirima Health Institutions.

4.6. CONCLUSION

Data collected using questionnaire survey were presented and analysed using tables and figures to test the respective hypothesis of the study. Different causes of staff turnover in different institutions in Bophirima Health District were analysed. The frequency of staff turnover between males and females was also compared and the relationship between age and staff turnover was determined.

In the next chapter the concluding remarks and recommendations on the identified major causes of staff turnover in the Bophirima Health District were discussed and further recommend on how to reduce their impact. It has been observed that all identified objectives do cause staff turnover, but not at the same level as anticipated. Some factors are dominant in one institution and not dominant in other institutions.

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

Staff turnover may be functional or dysfunctional to the organisation. Functional turnover may rectify poor hiring and placement decisions, thus renewing a stagnating organisation. Dysfunctional turnover on the other hand is seen as turnover that hurts the organisation (Carrel, et al, 1997: 72).

A survey using interview questionnaires has been conducted on the target sample. The relationship between staff turnover and job satisfaction, working conditions, rewards and policies were analysed. This chapter deals with the conclusions drawn and recommendations for further study and research.

5.2. RECOMMENDATIONS

A number of recommendations emerged from the study:

1.4.1. Provision for providing for accommodation for staff;

- Accommodation for rented rooms must be subsidised for scarce skills especially where rental charges are very high. Accommodation is one of the most important incentives any institution can use to attract or keep its employees. In situations where accommodation cannot be adequately provided, allowances to cater for rent must be provided or subsidised by the institution.
- Management must encourage and request landlords of renting rooms to upgrade their room to be hospitable. The rooms must be appropriately painted, with ceiling and fence for security. They should also be big enough to accommodate families.
- Institutional policies must be relaxed to allowed married employees' partners to visit and stay overnight in their nurses-home rooms. The rooms must be furnished with basic furnisher and double bed, no more single bed in the nurse-home rooms.

1.4.2. Equipment, facilities and a safe working environment;

- Management must ensure availability of essential medical equipment and improve on access to this equipment. Doctors and some professional nurses complaint about unavailability of equipment. Maintenance and replacement plan for this equipment must be in place.
- Maintenance of facilities must be regularly done to comply with safety standards and to be user friendly. Modernised and advance technology equipments must be procured for use in institutions.

1.4.3. Shortage of staff, long working hours and an abnormal workload;

- Probably when other factors can be urgently addressed, recruitment and retention of scarce skills may improve.
- Management must look into allowing moonlighting of professional staff from other health districts, provinces and private sector to reduce the workload. Those who are prepared to work overtime they be remunerated appropriately. Professionals, nurses and doctors, in private practice must be requested to work certain number of hours in the public institutions as overtime.
- Retired nurses and health professionals who are still strong and able must be allowed to work limited hours in the institutions to reduce workload and avail their expertise and skills.

1.4.4. Management style and attitude. This is one of the identified critical reasons for staff to leave;

- Managers must be sent for people management workshops to improve their management and leadership skills regularly.
- The performance of managers must be monitored and evaluated regularly.
- Recruitment of experienced and exceptionally skilled managers must be encouraged.
- Managers whose performance does not improve even after training and workshops must be deployed to other responsibilities.
- Staff must be consulted during policy formulation so as they must be in a position to own and support the implementation of these policies like the

assessment and training policies. Managers must ensure fair implementation and application of the policies to all staff.

1.4.6. Better paying jobs and better opportunities elsewhere, like in the private sector or abroad;

- Salaries and remuneration of scarce skills must be competitive with those of competitors. Remunerations for staff must also be regularly reviewed to ensure the public sector is not left behind of other sectors. All institutions in Bophirima Health District must qualify for rural and scarce skills allowances as an incentive.
- The job enrichment and enlargement must be looked into for all professionals. Upward mobility and more responsibility must be allowed to staff with more than two years service to improve on staff satisfaction.

1.4.7. Educational, recreational and entertainment facilities;

- The department of education must be involved in improving the schooling facilities around the area. For short-term solution subsidised transport must be availed to transport school children to better resourced schools in the neighborhood. Transport to and from Vryburg, Klerksdorp and Mafikeng on daily basis.
- Institutions must allow staff access into computers and internet for information and communication. Recreational appliances like exercising appliances and DSTV must be availed for staff.
- The local municipalities and private business must be encouraged to be involved in improving other facilities like banking services and shopping facilities in the Bophirima Health District. They must be informed about the effect of the poor services on retention and recruitment of health specialists.
- It is worth pointing out that most of the health institutions in Bophirima Health District are located in rural areas. As such it can only be with the help of the local municipality that the facilities in those areas around these institutions be improved through engaging the service providers to try and improve or provide those services that may cater for the needs of the staff.

For example shops owners could be persuaded to close late to cater for that staffs that break off late from work.

5.3. CONCLUSIONS

The research was conducted for the period starting 2002 to 2004 in order to test the respective objectives of the study. Respondents from different institutions in the Bophirima Health District were interviewed and the information analysed. All health sub-districts in the Bophirima Health District were fairly represented in the study. There were respondents from Schweizer Reneke, Vryburg, Kagisano-Molopo, Taung, Kurumane and Ganyesa.

The findings of the study must be analysed and revisited further, however, they may not be findings due to the uniqueness and ruralness of Bophirima Health District. If some recommendations can be implemented, staff turnover may be reduced and health service delivery may be improved.

Techniques to combat staff turnover from chapter 2 sub-section 2.6 must also be visited and tested in the institutions. Staff turnover must be regularly monitored and measured using several tools including those mention in sub-section 2.5, in order to reach a better conclusion wherethere the level of staff turnover is critical or not.

Further studies on the research needs to be conducted due to the changing behaviour of employees and the working environment are indicated.

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APPENDIX 'A'

QUESTIONNAIRE

- ***Kindly provide honest answers.***
- ***Your response will be confidential.***
- ***Please complete the questionnaire anonymously, i.e. do not write your name on it.***

1. Gender;

Male		Female	

2. What is your age? Tick an appropriate block.

Below 25yrs	26 – 35 yrs	36 – 45 yrs	45 and above yrs

3. Which of the following best describes your marital status? Tick an appropriate block.

a. Single and never married	
b. Married and living with spouse	
c. Married but not living with spouse	
d. Divorced	
e. Widowed	

4. Are you staying with your children? _____
5. If not, where are they staying and with who?_____

6. WORK RECORD

	Current Employer	Previous Employer	Before Previous Employer
6.1 Name of Institution / employer			
6.2 Date of Appointment			
6.3 Date of Termination of service (If applicable)			
6.4 Position / s held (e.g. CPN)			
6.5 From (DATE)			
6.6 To (DATE)			
6.7 Reasons for Leaving			

7. ASSESSMENT

7.1 Were you ever assessed?	
7.2 If not, why have you not been assessed?	
7.3 How often were you assessed?	
7.4 What were the results of your last assessment? E.g. promoted or demoted.	
7.5 Were you satisfied with the assessment results?	

8. TRAINING AND DEVELOPMENT

8.1. Were you ever sent for training?	
8.2. How many times were you sent or attended training?	
8.3. How were you selected for training? e.g. requested personally or chosen by supervisor	
8.4. Have you ever been denied study leave c to attend training? Elaborate	
8.5. Are you satisfied with the training approach or system?	

9. How would you rate your working hours?

Completely satisfied.	5
More satisfied than dissatisfied.	4
About half and half, average.	3
More dissatisfied than satisfied.	2
Completely dissatisfied.	1

10. Which allowances are you receiving

	Yes	No
Rural Allowances		
Scarce Skills Allowances		
Uniform Allowance		
Night Duty Allowance		
Commuted Overtime		
Others; specify		

11. If you work overtime, how are you paid?

Monetary		Time off	

12. How satisfied are you with your salary?

I am very satisfied with my salary	
I am fairly well satisfied with my salary	
I am neither satisfied nor happy – its just average	
I am a little satisfied with my salary	
I am totally dissatisfied with my salary	

13. Are you satisfied about the allowance you receive?_____

    a. If not, give reasons?_____

14.

    a. Do you think your are short staffed in your unit?_____

        i. Elaborate_____

    b. Do you think you are over worked?_____

        i. Elaborate_____

15. Is the uniform and or protective clothing you receive from your employer sufficient for your working condition and environment?_____

    a. Elaborate_____

16. Are there enough working equipment and appliances?_____

    a. If no, elaborate_____

    b. Are they in good condition?_____

17. Are you satisfied with the facilities you are working in?_____

a. If no, elaborate_____

_____

b. In your opinion, do you think the facilities are safe to be used?

_____

18. Which statement best describe your being satisfied with your work?

I am very satisfied with my work	
I am fairly well satisfied with my work	
I am neither satisfied nor happy – its just average	
I am a little satisfied with my work	
I am totally dissatisfied with my work	

19. How would you rate the following about your work?

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
Management					
Supervisor					
Co-Workers					
Policies and procedures					
Others					

Comments on your answer;_____

_____

20. Have you ever had a conflict or grievance with anybody including clients while on duty;_____

21. How satisfied were you on how the conflict was resolved?

I am very satisfied with the resolution.	
I am fairly well satisfied with the resolution.	
I am neither satisfied nor happy – its just average.	
I am a little satisfied with the resolution.	
I am totally dissatisfied with the resolution.	

22. What do you like most about your work?_____

---

23. Where were / are you staying?

ACCOMMODATION	Tick "X"	How much do your pay p month for rental?
Nurses Home		
Government House		
Renting room.		
Staying in your house		

24. How would you rate your accommodation? Tick the statement that best describes your accommodation.

Very satisfied with my accommodation	5
Fairly well satisfied with my accommodation.	4
Neither satisfied nor dissatisfied – its just average	3
A little dissatisfied about my accommodation	2
Totally dissatisfied and unhappy about my accommodation	1

25. Were / are the following available at your accommodation?

	Yes	No
Piped water		
Electricity		
Toilet (not pit)		
TV network		
Cell phone network		

26. Who provided the following items in your accommodation?

	Self	Employer
Bed and Mattress		
Linen		
Refrigeration		
TV		
Stove		
Dining room / Lounge suite		

27. What did you like about your accommodation? _____

_____

28. What did you dislike about your accommodation? _____

_____

ENVIRONMENT

29. How would you rate the following facilities around your institution?

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
Banking					
Supermarkets and Clothing Shops					
Schools					
Movie / Video Shops					
Cinema					
Recreation facilities					
Public Transport					
Others					

30. Your comments about the status of the above facilities_____

_____

_____

_____

31. What do you recommend needs to be done about the above facilities. Something that is achievable_____

_____

GENERAL INFORMATION

32. Why have you left your employment?_____

    a. Why are you not satisfied with your work? _____

    _____

33. How did you get your current employment? Tick the appropriate box.

Self Inquiry	
Recruited by a friend	
Recruited by New Employer	
Advertisement in the Media	

34. Can you advise somebody to come and work in Bophirima Health District?

    a. Give reasons_____

35. Do you think the work environment has an influence on staff leaving their work?

    _____

36. Do you think management contribute to staff leaving?_____

    _____

37. In your opinion what are other reasons that contribute to staff leaving this institution?

    _____

    _____

    _____

38. According to you, what should be done to ensure that staff does not leave Bophirima District?

"Thank you for your time and co-operation"

APPENDIX 'B'

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-Finance student permission to conduct research as a requirement to complete the MBA-Finance Degree.

Topic; "Staff turn over of health professionals in the Bophirima Health District".

Student Name; Ntopana N Matjila (Mr.).
Student Number; 1057 4867.

Thanking you in advance.

Sincerely,

Prof. E.J. Louw
SUPERVISOR .

APPENDIX 'C'

Graduate School of Business,
North West University,
P. Bag X2046,
MAFIKENG CAMPUS.
10/11/2005

TO THE RESPONDENTS.

Dear Sir/ Madam,

Re: Request to be included in the Research Questionnaires.

I, Ntopana Norman Matjila, 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 investigation of the causes of high staff turnover especially health professionals.

Kindly note that all data and or 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 questionnaires 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.

Thanking you in advance.

Sincerely,

Ntopana N. Matjila (Mr.).

APPENDIX 'D'

CONSENT FORM.

I hereby agree to participate in a research study that is to be done in Bophirima Health District, that aims to investigate the causes of high staff turnover especially professionals. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this process at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project, which purpose is not necessarily to benefit me personally. I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

....

Signature of participant. **Date.**

If the respondent is illiterate, the letter should be read to him / her and should make a cross on the signature line. This should be countersigned by the interviewer.

NORTH WEST
DEPARTMENT OF HEALTH
BOPHIRIMA HEALTH DISTRICT

32 Market Street
VRYBURG 8601
Private Bag X24
VRYBURG 8600

Healthy Living for All

Tel: (053) 927 0456 / 7 / 8
Fax: (053) 927 0009
E-mail: sbupleanis@nwpg.gov.za

Date: 27 September 2005
Enq: KK. Motlhabane

The DDG
Department of Health
Private Bag x 2068
Mmabatho
2735

Att: Mr H. Metsileng
Knowledge Management Directorate

RE: REQUEST FOR CONDUCTING RESEARCH IN BOPHIRIMA HEALTH DISTRICT – Mr N.N. MATJILA

The above-mentioned Hospital General Manager at Schweizer-Reneke Hospital studying Masters in Business Administration (MBA) with University of North West hereby request to conduct a research on Identifying the cause of high staff turn over, especially professionals in the Bophirima Health District.

Based on the policy, his application is supported on condition that a copy of a research report is to be provided to the department.

Kind Regards

~~Supported/Not supported~~

..... 27/9/2005
Mr K.K. Motlhabane
District Director: Bophirima Health District

Recommended/Not Recommended

.....
Mr H.Metsileng
Director: Knowledge Management

Approved/Not Approved

.....
Mr O. Mongale
DDG

One Soul

NORTH WEST PROVINCIAL ADMINISTRATION
DEPARTMENT OF HEALTH
BOPHIRIMA DISTRICT
SCHWEIZER RENEKE DISTRICT HOSPITAL

Tel: 053 963 1292 / 3 / 1
Fax: 053 963 2802
Enq: N.N. Matjila
nmatjila@nwpg.gov.za

No. 1 Hospital Street
P. Bag X04.
SCHWEIZER RENEKE
Cell; 082 434 4013

Date; 12th September 2005

Attention;
Mr K. K Motlhabane
District Director
Bophirima Health District
VRYBURG

Re; Request to conduct a Research Project in Bophirima Health District

I have registered with University of North West for Masters in Business Administration (MBA). I am required to do a research project on a work related topic to complete my studies.

I therefore request approval to conduct a research here in Bophirima Health District. The topic I have chosen is "To identify the causes of high staff turn over, especially professionals around the Bophirima Health District". The main objective of the study is to come-up with strategies that will improve staff recruitment and retention specifically for rural areas like Bophirima Health District. Staff turnover is one of the causes of low service delivery and it is also costly for the Department.

My Sample Population will be Health Professionals in Mamusa, Lekwa-Teemane, Taung, Vryburg, Kuruman, Kagisano and Molopo Sub-Districts.

The results of the Research Project will be made available to the Department.

Hoping my request will be considered.

Yours in health,

Mr Ntopana N Matjila; CEO:Schweizer Reneke D Hospital

Recommended.

23/9/2005

DEPARTMENT OF HEALTH

NORTHWEST PROVINCE
Private Bag X2068
MMABATHO
2735

Republic of South Africa

LEFAPHA LA PHOLO

PROFENSE YA BOKONE BOPHIRIMA
Tirelo Building
Albert Luthuli road
MAFIKENG
2745

Repaboliki ya Aferika Borwa

Enq.: Ms M T Molefe Tel No: 018 3875327 Fax No: 018 3875271 E-Mail: kmpaa@nwpg.org.za

EXIT INTERVIEW FORM

NAME:	RANK:
DIRECTORATE:	
DATE OF APPOINTMENT:	
DATE OF TERMINATION OF SERVICE:	
COMPLETED BY: DATE:	RANK:

1. What is the main reason/s for your resignation/transfer?

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2. What is it that we could have done to prevent you from leaving?

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3. What would you see as the biggest challenges in this job?

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4. What changes would you like to recommend regarding the job content, if any?

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5. Was your performance effectively and efficiently managed? Explain.

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6. What did you enjoy most about working here? Why?

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7. What have been the frustrations for you

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8. What opportunities were you given or did you take to develop your skills?

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9. How would you describe the working relationships in this Department?

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10. Would you consider rejoining the Department in future and why?

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11. What will your new position/ new environment offer that is more beneficial for you?

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12. Any other comment you want to make?

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