

Employee retention strategies for medical staff in public hospitals: The case of Potchefstroom hospital

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*Dissertation submitted in fulfilment of the requirements for the degree
Master of Arts Public Management and Governance at the
Potchefstroom Campus of the North-West University*

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December 2016

It all starts here™



DECLARATION

I Shereen Sikwela (Student number 23259914) hereby declare that the dissertation entitled

Employee retention strategies for medical staff in public hospitals: The case of Potchefstroom Hospital

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

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Signed.....on this dayof.....Month 2016

ACKNOWLEDGEMENTS

I am greatly indebted to Our Heavenly Father who has given me strength against all odds to finish this dissertation.

Also to the following people:

To my husband, Tamutswa Bwerinofa, and my sons, Brendon Jika Anotida Bwerinofa and Bradley Bakani Bwerinofa, thank you for the support, patience and understanding for sharing the little resources that we have for me to finish this dissertation. Your support was greatly appreciated I could not have done it without you.

To my supervisor, Dr Luni Vemeulen, thank you for your guidance and support and all the time you took to make sure that I am in the right direction; God bless you.

To Prof Kishore Raga, thank you for editing the dissertation at short notice.

To my aunt and uncle, Mr and Mrs Sikwela, thank you for your undying support and for believing in me, thank you so much.

To my brothers and sisters, thank you for pushing me so hard and for taking turns in taking care of my son when I had no one to count on.

To my friends, thank you for encouraging me to push up to the end, thank you for listening to me and advising me.

To the management of the Potchefstroom Hospital and the secretaries from the clinical manager's officer, the nursing manager's officer and Heads of Department's office, your support was greatly appreciated and thank you for making sure that I got all the assistance I needed.

To all the medical doctors and professional nurses, I really appreciate your efforts and taking your time to fill in the questionnaire, thank you so much.

DEDICATION

This dissertation is dedicated to:

- The Almighty God who gave me the strength to endure and finish it even if sometimes I felt like giving up.
- My late parents, especially my late mum, Violet Nyathi, when I felt like giving up I remembered your smile and I went on.
- My brothers, Cyril Sikwela, Bikani N. Sikwela, and my aunt Angelina Ndlovu, whom I lost during my studies.

ABSTRACT

Citizens' democratic right to health care services is enshrined in the Constitution of South Africa, 1996. In addition, the National Development Plan (NDP), Vision 2030 (2011), as the primary developmental policy of South Africa, states the accessibility and quality of health care services as one of the primary challenges of the democratic developmental state and includes it as a developmental objective (SA, 2013:15). To deliver on the mandate set by the Constitution and the NDP, the availability of skilled, adequate and committed medical doctors and professional nurses is essential to the attainment of the national health outcomes. Eighty four percent (84%) of the total population of South Africa depend on the under-resourced public health sector that is capacitated with few medical doctors (Rispel, 2016:18). However, the public service continues to struggle with the retention of medical employees (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, Mackenzie, Murphy & Bourgeault, 2015:2; Bergstrom, McPake & Pereira, 2015:307; Rural Health Advocacy Programme, 2015:1). Thus, this study focuses on the retention of medical doctors and professional nurses (scarce skills) in the North West Department of Health (NW DoH), specifically, the Potchefstroom Hospital.

The study researched the following problem: the retention strategies used by the NW DoH do not adequately retain employees with scarce skills, especially medical doctors and professional nurses, which consequently, leads to the public health sector not being able to adequately provide health services to the citizens who are reliant on public health care services in the North West Province. Both a literature study and empirical research were conducted. The literature study was conducted to establish the theoretical framework and statutory and regulatory guidelines to employee retention; current employee retention practices at the Potchefstroom Hospital; the understanding of medical doctors and professional nurses as employees with scarce skills; the context of the public health sector in the North West Province; and the typical challenges experienced in the retention of medical employees in the Province, and more specifically, the Potchefstroom Hospital. The empirical research was conducted to determine the factors that are most likely to retain medical doctors and professional nurses at the Potchefstroom Hospital and to

establish managers' and medical employees' views and experiences on employee retention at the Hospital.

The review of the theoretical and legislative frameworks for employee retention, as well as the establishment of the current context of the public health sector in the North West Province (including current retention strategies and challenges experienced), informed the drafting of the research instruments for the empirical research. A self-administered, semi-structured questionnaire was distributed to 102 participants (42 medical doctors and 60 professional nurses). In addition, personal interviews were held with four managers at the Hospital: the HRM Manager; the Training Manager; the Clinical Manager; and the Nursing Manager. The Potchefstroom Hospital does have certain retention practices for medical employees in place. However, irrespective of these practices, a high turnover of medical employees is still experienced. The primary findings of the study, obtained from the questionnaire revealed great dissatisfaction pertaining to the implementation and choice of some of these retention practices, as well as a discrepancy in the results obtained from the medical doctors and professional nurses (questionnaire) and the managers (interviews). Based on these findings, recommendations were made to the Potchefstroom Hospital pertaining to the improvement of its employee retention strategy for medical doctors and professional nurses.

Key words: employee turnover; employee retention; medical doctors; professional nurses; public health sector; medical employees with scarce skills; North West Department of Health

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LIST OF ABBREVIATIONS AND ACRONYMS

BCEA	Basic Conditions of Employment Act
DoH	National Department of Health
DPSA	Department of Public Service and Administration
ETDP	Education, Training and Development Practices
LRA	Labour Relations Act
MDR-TB	Multi-Drug Resistant TB
NDP	National Development Plan
NW DoH	North West Department of Health
OSD	Occupational Specific Dispensation
PMDS	Performance management and Development System
PHSDSBC	Public Health Social Development Sectoral Bargaining Council
PSCBC	Public Service Co-ordinating Bargaining Council
SANC	South African Nursing Council
SETA	Skills Education and Training Authority

CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 ORIENTATION AND PROBLEM STATEMENT

The primary purpose of any government is to provide the needs of its citizens, which are diverse and infinite. Consequently, governments typically prioritise the most dire basic needs such as food, water, social security and basic health care. The Constitution of South Africa, 1996, (hereafter referred to as the Constitution), which is the supreme law of the country, enshrines the right to basic services for all its citizens as stipulated in the Bill of Rights (SA, 1996:11). Chapter 2, Section 27, of the Constitution stipulates that all citizens have the right to access, inter *alia*, health care services, food, water and social security (SA, 1996:11). It is the responsibility of the South African government, with the public service as its executive arm (nationally, provincially and locally), to take reasonable action to achieve the progressive realisation of each of these rights (SA, 1996:11). The focus of this study is placed on one of these basic rights of citizens, that is, the right to health care provision.

Since South Africa is a democratic developmental state, it further accentuates the responsibility to provide the basic rights and services (including health rights and services) to its citizens based on a social contract and the obligation to socio-economic development (Kondlo & Maserumule, 2010:77). The ability of a democracy to secure the basic social and economic rights of its citizens is vital to discern the quality of that democracy (Inter-Parliamentary Union, 1998:4; Wuccherpfennig & Deutch, 2009:6). South Africa is, however, not only democratic but also developmental. A developmental state entails a state's planning capacity to achieve its social and economic objectives (Edigheji, Shisana & Masilela, 2008:36), and links the economic, political, social and institutional structures and dimensions of development for remarkable and rapid economic growth, development and performance (Maserumule, 2007:19; Nzewi & Kuye, 2007:131). Health care services, as a basic human right should, therefore, be supported and prioritised in a democratic developmental state, such as South Africa as part of its democratic responsibility to ensure the basic rights of its citizens as well as enhance their socio-economic circumstances. The country needs a skilled and qualified public service to meet the health needs of its citizens. Therefore, skilled health employees are

essential to ensure effective and efficient services to achieve the national health outcomes (Dassault & Franceshire, 2006:1).

The need for an effective public service with skilled, competent and capable public employees is supported by the National Development Plan (NDP), Vision 2030, which states that one of the primary challenges in South Africa is the frequent poor quality of health services (SA, 2011b:15). Since the adoption of the Millennium Developmental Goals (MDGs) (UN, 2000), a universal framework for development, as well as the consequential Sustainable Development Goals (SDGs) (UN, 2015), that replaced the MDGs, South Africa drafted national development strategies. These include the NDP and the 14 outcomes of government as part of its Programme of Action (POA). The NDP drafted by the National Planning Commission (NPC) offers a long-term vision to meet the developmental objectives that aim to alleviate poverty and reduce inequity by 2030 (SA, 2011a:214). Furthermore, the NDP is linked to public health in that, in 2030, the life expectancy rate in South Africa should be at least 70 years for both men and women and the generation under 20 years should be HIV/AIDS free (NW DoH, 2015:10-11). Moreover, there should be a reduction of the quadruple burden of diseases including a reduction in the infant mortality rate (decrease to less than 20 deaths per 1000 citizens) as well as a reduction of the mortality rate for children under five years (decrease to less than 30 per 1000 citizens) (NW DoH, 2015:10-11).

In addition to the NDP, the government drafted 14 appropriate outcomes for the development of the country citizens' socio-economic environment (SA, 2010c:9). The government's outcomes approach is designed to ensure and focus on achieving the expected improvements in the life of all South Africans (SA, 2010c:9). This outcomes approach also relates to public health, specifically outcome 2, which refers to a long and healthy life for all South Africans (NW DoH, 2015:44). Outcome 2 of the POA further provides specific outputs that should be attained, including an increase in life expectancy, a decrease in the maternal and child mortality rate, a decrease in the burden of diseases, combat Tuberculosis (TB) and HIV/AIDS and strengthening the effectivity of the health systems (North West Province, 2016:63-64).

The NDP, and the 14 outcomes identified through the government's Outcomes Approach, are significantly relevant to this study because of the critical lack of skilled health employees, which poses a fundamental inhibition to achieve national health-related outcomes. Hence, skilled and expert medical employees are imperative to achieve the health-related outcomes. Furthermore, it can be argued that, for the NDP's goals to materialise there is a need for trained and skilled medical employees such as medical doctors and professional nurses. There is also a need to strengthen Human Resource Management (HRM), as medical doctors in the public health sector leave public hospitals because of, amongst others, poor management (SA, 2011a:348). Consequently, the public health sector experiences much difficulty in competing for this scarce skill. The lack of qualified and experienced medical doctors and professional nurses is a critical impediment to achieve the government's Outcomes Approach as well as realise the objectives of the NDP. This study, therefore, focuses on the retention of health employees as aligned to the constitutional basic right to health services, and specifically, the retention of medical doctors and professional nurses.

Eighty four percent (84%) of the total population of South Africa depends on the under-resourced public health sector that is occupied by a limited number of medical doctors (Rispel, 2016:18). Despite constituting 0.7% of the world's population, South Africa accounts for 17% of the global burden of diseases, with an estimated 6.4 million people infected by the HIV/AIDS disease (Hullur, D'Ambruso, Edin, Wagner, Ngobeni, Kahn, Tellman & Byass, 2016:2). Therefore, there is a pressing need to employ skilled medical employees. Therefore, the public health sector finds itself in a particularly arduous position to recruit and retain competent skilled medical employees.

Several suggestions were proposed in Chapter 12 of the NDP to resolve the scarcity of medical employees in the public health sector, of which the following include (SA, 2013:43-44):

- the recruitment, selection, placement and promotion of employees, based on competency; and

- improved excellence through concentration on the identification and development of talented employees and in the process securing professional orientated employees.

The following HRM practices are highlighted in the NDP: the attraction of employees through focused recruitment and selection strategies; subsequent placement; promotion based on competence; and the development of talented employees, which are considered all-encompassing to retain employees (Omotoye, 2011:31). The public service continues to experience difficulty to retain employees with scarce skills (SA, 2008b:45); particularly in the medical fraternity (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, Mackenzie, Murphy & Bourgeault, 2015:2; Bergstrom, McPake & Pereira, 2015:307; Rural Health Advocacy Programme, 2015:1). In its focus on specifically the retention of medical doctors and professional nurses in the public service, the study pays particular attention to the North West Department of Health (NW DoH), at the Potchefstroom Hospital (a public hospital under the auspices of the NW DoH). Given the call for the appointment of skilled and competent public employees as prescribed by several statutory and regulatory frameworks, inter *alia*, the Constitution, NDP and White Paper on HRM in the public service, 1997 (hereafter referred to as the White Paper on HRM). The need to attract, develop and retain skilled employees cannot be underestimated to provide effective and efficient public health care services.

However, the attraction, development and retention of employees cannot be implemented randomly but must be carefully planned and drafted (Vermeulen, 2008:40). Ideally, the retention of employees should commence before being appointed to ensure that the most highly valued talent and skills are attracted, recruited and selected (Vermeulen, 2008:40; Hong, Hao, Kumar, Ramendram & Kadisherai, 2012:63). Omotoye (2011:31) asserts that employee retention focuses on the attraction of employees through focused recruitment and selection strategies as well as retaining skilled and competent employees who positively contribute to the organisation.

Consequently, the public service should appoint suitably qualified and experienced employees as well as attract and retain skilled employees (SA, 2006a:3). Moreover,

the Public Service Commission (PSC) Report on the assessment of the status of HRM in the public service states that the public service, on the national, provincial and local spheres of government, requires skilled and competent employees who are able to implement the policies and programmes formulated by the national government (SA, 2010a:6). This Report states that it is necessary to retain skilled employees. An employee retention strategy as one of the performance indicators for HRM practices is also highlighted (SA, 2010a:5). It is, therefore, clear that employee retention cannot be perceived in isolation from other HRM practices. Consequently, the study aims to establish aspects that should form part of a retention strategy for the Potchefstroom Hospital with a view to retain skilled employees such as medical doctors and professional nurses as well as consider the role of other HRM practices.

Chapter 10, Section 195(1) of the Constitution, sets the milieu for the public service HRM practices by stipulating basic values and principles, which govern public administration. One of the values and principles, relevant to this study, is the stipulation to implement sound HRM and career development practises, as well as maximise employee talent and capabilities (SA, 1996:99). In support of this requirement, in its HRM vision and mission, the White Paper on HRM calls for the following: competent, capable and committed public employees that provide quality services to the citizens of the country (vision); and an HRM that is “a model of excellence, in which service to society stems from commitment” (mission) (SA, 1997:10).

It is evident that government places a high priority on skilled and competent employees as a vital resource in the public service. This is true for all spheres of government. The North West Province Department of Health (NW DoH), and specifically the Potchefstroom Hospital, which is the focus of this study, is also included in this government priority. The availability of skilled employees will ensure an effective and efficient public health care system (Loeweson & Thompson, 2006:35). Hullur *et al.* (2016:2) reinforce the importance of skilled health sector employees. They argue that skilled employees should be considered as the focus of the health system in any country since they are an important resource in the formulation and implementation of health policies (Hullur *et al.*, 2016:2).

Furthermore, Dawson, Nkowane and Whelan (2015:2) hold that skilled health care employees are imperative for an effective and efficient national health system.

Although all the skilled employees are valuable in an organisation, certain skilled employees possess crucial skills since certain professions require particular acumen (Thlapa, 2011:25; Van Dyk *et al.*, 2013:58). Unfortunately, relatively few persons possess such talent, which consistently result in the demand for services, which exceed the supply (SA, 2006e:6; Thlapa, 2011:25). Scarce skills refer to the deficiency at an occupational level where there are insufficient skilled employees to meet the current or future needs of the labour market, either because such employees are not available (absolute scarcity), or they are available but do not meet other employment criteria (relative scarcity) (ETDP-SETA, 2014:9).

Absolute scarcity refers to actual lack of skills, which occur when an employer experiences difficulties to fill job vacancies simply because there are too few job seekers with the required skills (Breier, 2009:7). *Relative scarcity* refers to available qualified persons but the individuals lack the required employment criteria such as geographical location (people unwilling to work outside the urban areas) or equity considerations (inadequate number of candidates with the required skills from specific groups available to meet the skills requirements by an organisation) (SA, 2006e:21). Employees with scarce skills in the public health sector include general medical practitioners, anaesthetists, cardiologists, medical specialists, obstetricians and gynaecologists, paediatricians, radiologists, dentists, surgeons, professional nurses in critical care, emergencies, operating theatre, surgical and midwifery, and relevant to this study, are medical doctors and professional nurses (NW Province, 2016:9).

This study focuses specifically on medical doctors and professional nurses, that is, medical employees with scarce skills. Medical doctors and professional nurses both qualify as employees with scarce skills at both an absolute and relative level of scarcity. With regard to medical doctors, the current ratio is 0.77% doctor per 1000 patients (Labonte *et al.*, 2015:2), which implies absolute scarcity. Relative scarcity is implied by the following aspects: the lack of trained medical and surgical employees due to the low number of medical school graduates because of the limited intake

quota (Bergstrom *et al.*, 2015:307); despite the vast wealth in South Africa, the majority of its citizens live below the poverty line and in rural areas (Moodle & Ross, 2015:613). Furthermore, 60% of the poor in the country live in rural areas served by the least number of medical doctors - the lowest medical doctor versus population ratio is found in North West, Limpopo and Mpumalanga provinces (Rural Health Advocacy Programme, 2015:1).

South Africa also faces a crisis with a scarcity of nursing employees, which is characterised by the lack of skills (absolute scarcity), a lack of interest to study nursing (absolute scarcity), lack of a caring ethos (relative scarcity), and an apparent disjuncture between the needs of nurses on the one hand, and those of communities served on the other hand (relative scarcity) (Rispel & Bruce, 2015:117). The situation has led to an ageing nursing workforce. Approximately 43.7% of the professional nursing employees are over 50 years of age (Rispel & Bruce, 2015: 117). It is therefore, understandable why medical doctors and professional nurses are regarded as medical employees with scarce skills. This is highlighted by lack of required skills, unequal distribution of medical employees in both urban and rural areas, and the anticipated shortage of skills in the near future as a result of the ageing nursing population and apathy to study medicine and surgery.

Another reason why the study focuses on the retention of medical doctors and professional nurses is that they are fundamental employees required to serve the public health sector. Wildschut and Mggolozana (2008:42) contend that due to the excessive HIV/AIDS prevalence and associated high rate of tuberculosis (TB), additional human resources, especially medical doctors and professional nurses are needed in the public health sector, particularly because TB patients generally utilise the public health sector as opposed to the private health sector. Tuberculosis frequently affects the impoverished, those living in rural areas, individuals with compromised immune systems, those without access to Directly Observed Treatment, Short-Course (DOTS) therapy, the uninsured, and those patients utilise public hospitals (Sissolak, Marais & Mehta, 2011:3). Venter, Fairlie, Feldman, Cleaton-Jones and Chersich (2016:1) support the demand for medical doctors and professional nurses in the public health sector and argue that South Africa has both the largest number of patients with HIV infection including the highest absolute

number of patients receiving antiretroviral drugs in the world. Consequently, there is a pressing need for medical doctors and professional nurses to cater for the infected. Furthermore, approximately 40 million citizens depend on the public health sector for health services (Rural Health Advocacy Programme, 2015:1).

However, even if medical employees with scarce skills are valuable in the public health system, there seem to be challenges, especially with regard to the employee turnover of medical doctors and professional nurses. With reference to the high employee turnover of medical doctors and professional nurses, concerns such as low remuneration, poor living and working conditions, a lack of career development opportunities, high burden of HIV and MDR-TB, high cost of living, and job and economic insecurity are possible causes of employee turnover in the public health sector (Labonte *et al.*, 2015:7). Each year South Africa loses more medical doctors and professional nurses to countries which offer higher remuneration, better positions, including living and working conditions, career development opportunities and safety and security for their families (Labonte *et al.*, 2015:7).

The aforementioned challenges were the direct result of employee retention strategies implemented by the National Department of Health (DoH). The ultimate objective was the retention of medical employees with scarce skills. The retention of medical doctors and professional nurses is cause for concern for the DoH as the loss of medical employees with scarce skills cannot be easily replaced; particularly those employees who possess scarce skills. Furthermore, the cost of training or even replacing employees with scarce skills is high for any organisation (Omotoye, 2011:104).

However, as previously alluded to, employee retention cannot be successfully addressed by following a silo mentality (Vermeulen, 2008:40). Effective employee retention strategies have to reflect an integrated HRM approach to be successful (SA, 2000:64; Levin, 2015:26). The process of an integrated HRM approach includes HR planning, job design, staffing (recruitment and selection), training and development, performance appraisal and review, compensation and reward (Vermeulen, 2008:40; Davies & Davies, 2010:419). As previously mentioned, employee retention should ideally commence before an employee is recruited

(Vermeulen, 2008:40; Omotoye, 2011:31; Hong *et al.*, 2012:63). Effective employee retention strategies should be based on human resource (HR) planning that is drawn from the vision and mission statements and the strategic plan of an organisation (Armstrong, 2006:24-29; Bohlander & Snell, 2010:50; Irshard, 2012:87; DeTuncq & Schmidt, 2013:32; Nienaber, 2016:76). Moreover, human resource planning will contribute in formulating a retention strategy that is based directly on the organisation's strategy and integrate policies and procedures to recruit and retain the required number of employees in proper jobs at the appropriate time (Netswera, Rankhumise & Mavundla 2005:37; Aswathappa & Dash, 2008:136; Masibigiri & Nienaber, 2011:1). Employee retention can also be considered during the job description process. Therefore, job descriptions, recruitment and selection as well as employee orientation are imperatives for employee retention (Netswera *et al.*, 2005:37; Masibigiri & Nienaber, 2011:1). Training and development should also be considered in employee retention (Koketso, 2011:96-97). When employees are given the opportunity to training and development interventions, they experience it as an organisational interest and investment in them (Hassan, Razi, Qama, Jaffir & Suhail, 2013:18). The employees would sense that the organisation considers them as valuable, capable and therefore, it is investing in them (Koketso, 2011:96-97; Hassan *et al.*, 2013:18).

The importance of human resources has led to the formulation of a number of HRM policies in the post-Apartheid era. These are, among others, the Labour Relations Act 66 of 1995, the Basic Conditions of Employment Act 75 of 1997, the White Paper on HRM, 1997, the White Paper on New Employment Policy of the Public Service, 1997, the Skills Development Act 97 of 1998, and the Toolkit of Recruitment and Selection, 2006, to mention a few. Furthermore, the government has made an effort to specifically support employee retention of scarce skills through legislation, policies, frameworks, guidelines and assistance from government departments to draft retention strategies. These include:

- Managing Staff Retention: An information guide for government Departments. 2006, by the DPSA.

- The Public Service Act 103 of 1994: Sections 3(5) and 7(3) of the Act allows departments flexibility to deploy employees and to structure work procedures which will facilitate employee retention (SA, 1994:25).
- Public Service Act 103 of 1994 section 37(2) and Public Service Regulations 2001, chapter 1, part viii F and G allow for financial and non-financial rewards for good performance and hence financial reward is the best way to motivate employees to remain in the organisation (SA, 1994:30; SA, 2001:35).
- Public Service Regulations 2001, chapter 1 part v c.3. Public Service Coordinating Bargaining Council Resolution 3 of 1999 and Provincial Resettlements Policy Provision, 2014, allow for a once off payment of recruits from other countries to cater for initial expenses in moving to South Africa. Hence, they will be attracted to work in South Africa's public service (SA, 2001:20, SA, 1999:39).
- Public Service Coordinating Bargaining Council Resolution 3 of 1999 Section (i) stipulates that employees who leave the Public Service before their bonus dates will forfeit their service bonus. This disincentive forces employees to stay and work in the public service (SA, 1999:2).
- Public Service Coordinating Bargaining Council Resolution 3 of 1999 Section xv stipulates that newly appointed employees who leave their jobs before 12 months' service are required to repay relocation costs that were paid to them. This disincentive forces employees to complete their probation in the public service and as such prevent employee turnover (SA, 1999:39).

In addition to national legislation, policies and frameworks, the NW DoH has internal employee retention strategies to retain medical employees with scarce skills. Different retention strategies have been adopted, which include the occupational specific dispensation (OSD), continued professional development, allowances, recruitment of foreign nationals, benefits, commuted overtime for medical doctors and community service for nurses and medical doctors (NW DoH, 2009:55, SA, 2011c:29; SA, 2003:7-9). Therefore, the NW DoH has implemented retention strategies to retain medical employees and the OSD for health professionals, to attract and retain medical doctors and professional nurses (NW DoH, 2009:55).

However, although the NW DoH applies these retention strategies, it still has to contend with the following employee retention issues (NW DoH, 2015:130):

- A shortage of staff and an unacceptable high turnover for nurses - 29%.
- The high turnover of medical employees in the province results in high costs to recruit new employees, which impacts negatively on service delivery.
- The NW DoH overspent its HRM budget, which resulted in a moratorium being placed on filling posts in the second half of the 2015 financial year in the province.
- The inability to fill positions resulted in work overload for the remaining employees, which compromised service delivery since medical doctors and professional nurses are required to work additional overtime. Moreover, they have to manage long patient queues and extended waiting periods.
- The NW DoH allocated 62% of the Department's total budget to HRM in 2015 (18,808 posts). This budget was, however, insufficient to provide adequate staffing for all required services.

The NW DoH 2012 Five Year Strategic Plan states that as part of the Department's mandate to strengthen HRM, it developed a draft plan for health to promote a performance orientated organisational culture and implemented, amongst others, the Performance Management and Development System (PMDS) and the OSD for nurses (NW DoH, 2012:9). The implementation of the OSD for nurses resulted in numerous operational challenges, including over-expenditure in the North West Province and a negative impact on the appointment of other health professionals (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2013:142). It also led to discrepancies in nurses' salaries on the same levels and resulted in general unhappiness among health employees (Mothiba, 2014:454).

Approximately 70% of the medical employees at the NW DoH are within the scope of the OSD (NW DoH, 2015:131). However, in addition to the challenges alluded to in the previous paragraph, the implementation of the OSD resulted in numerous operational challenges such as the Department's over-expenditure of the equitable share by R764 000 (NW DoH, 2015:131). The 2015 Annual Report of the NW DoH reports that the OSD was an attempt to retain medical doctors and professional

nurses, but appears to have had limited success (NW DoH, 2015:131). Moreover, the private sector increased their salary scales to achieve parity with the public health sector, which neutralised the impact of the OSD, placing pressure on the NW DoH in terms of the retention of medical employees with scarce skills (SA, 2016a:77).

Therefore, this study identified the following research problem: the NW DoH's retention strategies do not adequately retain employees with scarce skills, especially medical doctors and professional nurses, which consequently, leads to the public health sector not being able to provide proper health services to the citizens who are reliant on health care services in the North West Province.

1.2 RESEARCH OBJECTIVES

In order to address the research problem, the following research objectives were pursued:

- To determine the theory and best practises relating particularly to employee retention for medical employees with scarce skills (medical doctors and professional nurses);
- to analyse relevant employee retention legislation and policies specifically employee retention for medical employees with scarce skills;
- to review the current retention strategies implemented for medical employees with scarce skills (medical doctors and professional nurses) by the NWDoH; and
- to make recommendations to the NW DoH regarding the retention of medical employees with scarce skills (medical doctors and professional nurses).

1.3 RESEARCH QUESTIONS

In order to address the problem statement the study aims to respond to the following questions:

- What employee retention theories and best practises have been implemented specifically for medical employees with scarce skills including the current

NWDoH (medical doctors and nurses) retention strategies? What legislation and policies has the NWDoH implemented to retain medical employees (medical doctors and nurses) with scarce skills?

- What retention strategies has the NWDoH implemented for medical employees with scarce skills (medical doctors and nurses)?
- Which recommendations based on the retention of medical employees (medical doctors and nurses) with scarce skills can be made to the NW DoH?

1.4 CENTRAL THEORETICAL STATEMENTS

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

- The need for an effective public service with skilled, competent and capable public employees, is supported by the Constitution, Section 195(1), the White Paper on HRM, 1997 and the NDP (SA, 2011).
- “As the biggest employer in the country, the role of the South African public service in developing, motivating and retaining its employees is critical to the effectiveness of the state, since the public service, as the executive authority of the state, is dependent on its employees’ skills, competencies, commitment and attributes to successfully achieve its service delivery mandate” (Vermeulen 2015a:483).
- Although all the skilled employees are valuable in an organisation, there are those individuals who possess crucial skills since certain professions require special acumen (Thlapa, 2011:25; Van Dyk *et al.*, 2013:58). Unfortunately, relatively few people possess such talent, resulting in the demand for their services to exceed the supply (Thlapa, 2011:25). Such occupations are regarded as scarce skills. These persons can select any post in their field of expertise. Moreover, they are difficult to recruit and retain (SA, 2006a:6).

- Eighty four percent (84%) of the total population of South Africa depends on the under-resourced public health sector which is occupied by few medical doctors (Rispel, 2016:18). Despite constituting 0.7% of the world population, South Africa accounts for 17% of the global burden of diseases, with an estimated 6.4 million people infected with HIV/AIDS (Hullur *et al.*, 2016:2). Therefore, there is a pressing need for skilled medical employees, which necessitates the need for the public health sector to recruit and retain competent and skilled medical employees.
- South Africa is faced with a nursing employee scarcity which is characterised by skills shortages (absolute scarcity), a lack of interest to study nursing (absolute scarcity), an absence of a caring ethos (relative scarcity), and an apparent disjuncture between the needs of nurses on the one hand, and those of communities served on the other hand (relative scarcity) (Rispel & Bruce, 2015:117).
- The NW DoH has retention strategies in place for the retention of medical employees and the OSD for health professionals, which was utilised as one of the key strategies to attract and retain medical doctors and professional nurses (NW DoH, 2009:55). However, although the NW DoH applies certain retention strategies, it still has to contend with the following employee retention concerns (NW DoH, 2015:130):
- The public service continued to experience challenges to retain employees with scarce skills (SA, 2008b:45), particularly medical employees (Labonte *et al.*, 2015:2; Bergstrom, McPake & Pereira, 2015:307; Rural Health Advocacy Programme, 2015:1).
- The primary purpose of employee retention is to prevent the loss of skilled employees from the organisation. The loss of such employees could have a negative effect on the attainment of the organisation's objectives (Samuel & Chipunza, 2009:411). In the public service, these objectives are aligned to service delivery to the citizens, including public health services.

- The government has made an effort to support employee retention of scarce skills through legislation, policies, frameworks, guidelines and assistance from government departments to draft retention strategies to retain employees, which include: Managing Staff Retention: An information guide for government Departments. 2006, by the DPSA; the Public Service Act 103 of 1994; the Public Service Act 103 of 1994; the Public Service Regulations, 2001; the Public Service Coordinating Bargaining Council Resolution 3 of 1999; and the Provincial Resettlements Policy Provision, 2014.
- Employee retention includes policies and practices that organisations use to avoid the turnover of valuable and talented employees (Hong *et al.*, 2012:63).
- Employee retention is essential for an organisation as it ensures adequately skilled employees at all levels to assist in achieving goals (Masibigiri & Nieneber, 2011:2). The organisation and individual performances are complemented by the succession of employees who know their jobs, colleagues and organisational services (Omotoye, 2011:103). Organisations have to understand the needs of employees and take cognisance of the factors which motivate their employees to remain at the organisation (Mrara, 2012:27).

Employee retention focuses on attracting employees through focused recruitment and selection strategies as well as retention of the skilled and competent employees who already positively contribute towards the organisation (Omotoye, 2011:31).

- With an employee retention strategy, an organisation positions its employees' needs and expectations at the core of its long-term programme to ensure professional satisfaction of the employee and to create an established relationship with his/her employer (Samuel, 2008:38). Employee retention strategies are formulated to reinforce the capability of organisations to attract and retain their employees (Samuel, 2008:38). The benefits of retaining employees include saving costs for further recruitment, the cost of training to be

conducted for new candidates, improving productivity, increasing employees' performance and meeting organisational goals and objectives (Hong *et al.*, 2012:62).

- The DPSA Report to the Portfolio Committee states that employee retention is determined by the following components of the HRM system: HR planning, recruitment and selection; optimal HR utilisation; human resource development (HRD); compensation and benefits; employee relations and quality of work life (SA, 2006a:14). Both the HRM component and line managers have to certify that all the processes conform to the retention of skilled employees (SA, 2006:14).

1.5 RESEARCH METHODOLOGY

A chosen research methodology considers why a particular research problem was selected, how the specific problem was defined and how the data for the study will be collected and analysed (Sahu, 2013:3-4). Research methodology is the theory of how and how far a research design enables researchers to draw sound inferences to conclusions that offer answers to the research questions (Six & Bellamy, 2012:305). Research methodology includes the design, setting, sample, methodological limitations, the data collection and data analysis techniques of a study (Sahu, 2013:3-4). Subsequently, the following sections outline the research methodology followed in this study, including the research approach followed, the chosen research design, the instruments used for data collection, the manner in which data analysis was conducted and the population and sampling.

1.5.1 Research approach

The study followed both a qualitative and quantitative research approach, known as a mixed methods research approach. Johnson, Onwuegbuzie and Turner (2007:18) define a mixed method research approach as a type of research in which the researcher merges elements of qualitative and quantitative viewpoints, data collection and data analysis techniques for the purpose of extensiveness and vigour

of understanding and validation. In mixed method research the use of quantitative and qualitative approaches in sequence imparts a better interpretation of research problems than either approach alone (Creswell & Clark, 2007:5).

Using a mixed method research is considered advantageous because the blending of data provides a stronger understanding of the research problem than either the qualitative or quantitative methodology (Creswell, 2014:215). Therefore, qualitative and quantitative research used together produces more complete knowledge necessary to inform theory and practise (Creswell & Clark, 2007:6). In this study, the mixed method approach assisted the researcher to determine certain concerns relevant to employee retention at the Potchefstroom Hospital (quantitative research) as well as the beliefs, experiences, perceptions and needs of medical employees relating to employee retention (qualitative research). Together these two approaches provided valuable data to inform the recommendations made to improve the Potchefstroom Hospital's retention strategy.

Qualitative research is an understanding of how people interpreted their experiences; construct their worlds, and what meaning they attribute to their experiences (Merriem & Tisdale, 2016:6). Qualitative research is used to respond to questions about the complex nature of phenomena as well as describe and understand the phenomena from a research participant's perspective (De Vos, Strydom, Fouche & Delpont, 2011:64). A qualitative research approach is used to explore the actions, viewpoints, personal accounts and feelings of people as well as accentuate and understand the elements (De Langen, 2009:52). The qualitative approach was adopted for this study because the research aimed to establish the opinions, experiences, perceptions and needs of medical employees (medical doctors and professional nurses) with reference to employee retention. The purpose for adopting the qualitative approach was to establish the subjective opinions, experiences, perceptions and needs of medical employees, which provided insightful information of what the Potchefstroom Hospital should consider when formulating retention strategies.

The study also adopted the quantitative research approach. Quantitative research implies that objective theories are examined to assess the relationship among

variables (Thomas, 2010:303). These variables are typically measured with instruments, to analyse numbered data through statistical procedures (Creswell, 2009:4). By following the quantitative approach, the researcher was able to allocate numerical values to particular results, thereby establish percentages of employee retention.

A self-administered questionnaire was used to collect data from medical doctors and professional nurses. The questionnaire made provision for the collection of qualitative and quantitative data. Firstly, closed questions were utilised to gather data (quantitative approach). The research participants indicated particular preferences which enabled the researcher to allocate percentages to each question's results. Secondly, the questionnaire also contained open-ended questions (qualitative approach) which related to the participants' beliefs, experiences, perceptions and needs to retain employees. A particular research design, which is elaborated upon in the next section, was selected to validate the adopted research approach.

1.5.2 Research design

A research design is a logical sequence that connects the empirical data to a study's initial research questions and ultimately to its conclusion (Yin, 2009:29). According to Grove, Burns & Gray (2014:128), a research design describes the purpose of the study; addresses research questions, the techniques to be used for data collection, the selection of samples, and data analysis.

The research designed was consistent with the interpretive paradigm which supports the belief that the reality being studied consists of people's subjective experiences of the external world (Terre Blanche & Durrheim, 2009:7). In this study, the aim was to establish the beliefs, experiences and perceptions of the medical doctors and professional nurses employed at the Potchefstroom Hospital. The study also sought to establish the factors which contribute towards the retention of employees with scarce skills.

In addition to the interpretive paradigm, the study followed an explanatory approach, which aims to provide an explanation of the phenomena (Durrheim, 2009:44). In this instance, the employee retention and scarce skills phenomena was explained. The study aimed to explicate the factors which influence these phenomena with a view to make recommendations to improve the retention strategy for the Potchefstroom Hospital, particularly employees with scarce skills, such as medical doctors and professional nurses.

The case study research design was adopted for the study. According to Schram, as cited in De Vos *et al.* (2011:320), the strategic value of a case study lies in its ability to draw focus and attention to what can be learned from a single case. The Potchefstroom Hospital in the North West Province, and in particular, the retention of medical employees with scarce skills (medical doctors and professional nurses) at the hospital served as the case. The aim was to establish which aspects to include in a retention strategy for medical doctors and professional nurses at the North West Province, which may in all likelihood also, be applicable to retain medical doctors and nurses at other hospitals in the public health environment.

Specific data collection instruments were selected to support the research design and to gather optimal data from the case study. The selected research instruments are discussed in the following sections.

1.5.3 Instrumentation

The study used a scholarly literature review, semi-structured personal interviews and a self-administered, semi-structured questionnaire to collect data.

1.5.3.1 Scholarly literature review

A literature review places a research study in context by demonstrating how it fits into a particular field (Maxwell, 2008:236). Furthermore, it is necessary to establish shortcomings in current literature in order to contribute to the scholarly knowledge in a field (Snieder & Lerner, 2009:133). Documents are social artefacts that are produced, shared and used in socially organised ways and are considered the

primary method of data collection in qualitative research (Artkinson & Coffey, 2011:79). Bowen (2009:29) asserts that documents include, amongst other, books, official documents, worldwide web pages and digital resources. Documents in research form part of the research setting and are a natural part of the thereof that does not intrude upon the setting of the research (Merriem & Tisdale, 2016:162). Keenan, Van Teijlingen & Pitchforth, (2015:41) contends that documents are a valuable source of data to analyse organisations and the policy process because they constitute a record of the development and implementation of decisions and activities central to the organisation's function. In this study, documents were of value to determine the steps taken and practices and policies put in place to manage employee retention at the Potchefstroom Hospital.

When utilising documents for research, one has to take cognisance whether it is authentic (an authentic document is reliable) and also credible (free from error) (Merriem, 2009:143). Using documents in this research was an advantage because it is less time consuming than any research instrument such as interviews and observations as explained by Bowen (2009:30). However, it should be noted that even if documents are authentic and can be accurate, they can contain built-in biases that a researcher may not be aware of (Merriem & Tisdale, 2016:181). Documents can be subjective since the researcher is the only person who selects what he/she considers important (Snieder & Lerner, 2009:135). The researcher, however, took special care to select research documents as objectively as possible with the focus on the topic and the phenomena of the research, rather than prove a particular point.

Documents used for this study included government legislation, policies, frameworks and annual reports, which guide the retention of employees with scarce skills. The literature review also included theory of employee retention, especially the persons with scarce skills. In this regard, the documents consulted included scholarly articles, academic conference papers, dissertations and theses, books and online sources. The aim of the literature review was to determine the current body of knowledge of employee retention by reviewing the statutory and regulatory framework, theory and best practice with a view to contribute to this body of knowledge.

In addition to a regulatory, statutory and theoretical literature review, empirical instruments were also used as data collection methods, that is, semi-structured personal interviews, which are outlined below.

1.5.3.2 Semi-structured personal interviews

Interviewing is a basic tool of enquiry (Whiting, 2008:36), which can be structured, unstructured or semi-structured (Turner, 2010:755). In this study, semi-structured interviews were used. A semi-structured interview consists of both open-ended and closed questions (Doody & Noonan, 2013:30). However, closed questions provide an exact answer to a question whereas open-ended questions are accompanied by probes that assist to guide the discussion that allows the participants to respond in their own words and encourage detail in-depth responses (Kanjee, 2009:486; Remler & Van Ryzin, 2010:62; Doody & Noonan, 2013:30). Consequently, additional questions may be posed, including those not anticipated at the beginning of an interview (Gray, 2014:385). At the base of an in-depth interview is the intent to understand the experiences of others and the interpretations that they make of that experience (Mears, 2012:170). Therefore, information that may not have been obtained was provided by the interviewees, which was invaluable for the study.

The participants with whom semi-structured interviews were held included the following persons at the Potchefstroom Hospital: HRM manager, training manager, clinical and nursing manager. The HRM manager was selected as a participant based on his expertise in HRM and knowledge of employee retention and other HRM practices, which support employee retention. The training manager was selected as a participant based on his knowledge and experience of the relationship between training and development and employee retention. The clinical and nursing managers were selected as line managers, who manage the medical doctors and professional nurses at the Potchefstroom Hospital. They have the relevant experience of retaining medical employees with scarce skills and the detrimental consequences it holds for the hospital.

In addition to the semi-structured interviews, a self-administered questionnaire was also used as an approach to collect empirical data. The utilisation and purpose of the questionnaire is discussed in the section below.

1.5.3.3 Self-administered, semi-structured questionnaire

A questionnaire is a list of thoroughly selected structured questions after testing with the perspective of extracting reliable responses from a chosen sample (Denscombe, 2009:11-12). The aim of a questionnaire is to examine what a selected group of participants do, think or feel (Creswell, 2009:156).

Questionnaires are cost-effective, both in terms of time and money since these can be distributed to a multiple of respondents at relatively limited cost and within a short period of time (Gray, 2014:353). This study made use of a self-administered, semi-structured questionnaire. A self-administered questionnaire is completed by individual research participants and only used if the population is sufficiently literate (Babbie, 2008:286). A self-administered questionnaire was suitable for this study due to the high literacy and educational levels of the medical doctors and professional nurses.

A semi-structured questionnaire contains both closed and open-ended questions (Kanjee, 2009:486). As alluded to in the previous section, open-ended questions offer the participants the opportunity to communicate their experiences, beliefs, perceptions and needs about a specific matter in their own words, without constraint (Kanjee, 2009:486; Remler & Van Ryzin, 2010:62; Doody & Noonan, 2013:30). The self-administered questionnaire used for this study comprised of three sections: Section A, the biographical component; Section B, employee turnover (closed questions); and Section C, employee retention strategies (open-ended questions). The closed and open-ended questions related to employee retention of medical employees at the Potchefstroom Hospital. The questionnaire was distributed to medical doctors and professional nurses at the Potchefstroom Hospital. The medical doctors and professional nurses were selected as participants to assess their beliefs, experiences, perceptions and needs to retain employees at the hospital. The questionnaire also aimed to determine the reasons for the high turnover of medical

doctors and professional nurses with scarce skills as these reasons would provide valuable information for the development of an effective employee retention strategy for the Potchefstroom Hospital.

1.5.3.1 Validity of the questionnaire

Validity refers to the extent to which a research instrument or empirical measure adequately reflects the real meaning of the concept being studied (Makoka, 2007:160). It is an indication that the instrument measures what it is intended to measure to enable the researcher to make certain inferences from the findings (Vermeulen, 2011:198). If the research produces credible results that can be used to draw certain generalisations, it can be regarded as valid (Van der Riet & Durrheim 2009:90). Based on the fact that 102 participants (42 medical doctors and 60 professional nurses), from a total of 184 (64 medical doctors and 120 professional nurses) completed the questionnaire, the results from the questionnaire can be considered representative of the population and therefore, valid to draw conclusions and generalise the results.

Content validity relates to the degree to which a sample of items constitutes an adequate operational definition of a concept (Allvin *et al.*, 2009:412). Content validity also refers to the ability of the items in the instrument to represent all the various components of the variable measure (Makoka, 2007:161). To ensure content validity of the questionnaire, the researcher ensured that the questions were drawn from the literature review of the study.

1.5.3.2 Reliability of the questionnaire

Reliability of research is achieved when a specific technique, applied repeatedly to the same object or entity, frequently yields the same result (May, 2006:92). Reliability, therefore, refers to the credibility, confirmability and consistency of the findings. However, interpretive research, such as this study, it is possibly suitable to use dependability as measure, rather than reliability.

Van der Riet and Durrheim (2009:93) explain that in interpretive research, the

context researched is neither static nor stagnant, therefore, identical results are not expected recurrently. The behaviour, opinions and observations of individuals, groups and organisations will adjust and fluctuate in varying contexts (Van der Riet & Durrheim, 2009:93). Thus, it is in this respect that dependability could be more suitable measure to utilise than reliability. Dependability is attained when the reader is persuaded that the findings of the research result from the approach are justified and rationalised by the researcher (Van der Riet & Durrheim, 2009:93). Clear and comprehensive descriptions that reveal how specific actions, views and attitudes are embedded in, and derived from, contextual interaction, will support and achieve dependability of research (Van der Riet & Durrheim, 2009:93 94).

In this study, the dependability of the results was ensured through accurate and comprehensive descriptions of the current status of employee retention at the NW DoH. The research reveals the relation between the inadequacy of the current employee retention strategies and the high turnover rate of medical doctors and professional nurses at the Potchefstroom Hospital.

The research instruments, discussed above as well as the case study research design, was based on a particular population and sample for both the personal interviews and the questionnaire. The population and sampling is motivated in the following section.

1.5.4 Population and sampling

Briggs, Coleman and Morrison (2012:143) define population as the identification of a group of units of interest forming the entire aggregation of cases that meet a designated set of criteria. A target population is the entire set of individuals who meet the sampling criteria, whereas an accessible population is the portion of the target population to which the researchers have reasonable access (Burns, Grove & Gray, 2014:351).

The process of selecting cases from the population to observe is called sampling (Terre Blanche, Durrheim & Painter, 2012:133). Brink (2013:131) states that a sample is a part or fraction of a whole, or a subject of a larger set of selected

participants by the researcher to participate in the research study. According to Burns *et al.* (2013:353), the sampling criteria determine the target population and the sample is selected from the accessible population within the target population. Furthermore, Burger and Silima (2006:657) posit that sampling is done for feasibility purposes and not everyone can be included in the research. It is expensive and unreasonable to study an entire population; therefore, sampling is undertaken to save resources such as time, finance and human resources (Denscombe, 2014:35).

Two sampling techniques were used for this study - random and purposive sampling. In the random sampling method, each unit in the population has an equal opportunity of being included in the sample, while the probability of being selected is not affected by the selection of other units from the accessible population (Tashakkori & Teddlie, 2009:79). Random probability sampling was used to distribute the self-administered questionnaire to all medical doctors and professional nurses, based on their availability.

Purposive sampling refers to cases where a researcher wants to discover, understand and gain insight into phenomena, therefore, must select a sample from which most information can be collected (Merriem & Tisdale, 2016:96). With purposive sampling, the selected research participants provide an underlying focus by intentionally selecting specific cases for the research that provides the most information for the questions being studied (Burns *et al.*, 2013:365). The logic of purposive sampling derives from the emphasis of an in-depth understanding of specific cases from which one can learn a great deal about issues of central importance for the purpose of inquiry (Merriem & Tisdale, 2016:96). Purposive sampling was used for the semi-structured interviews because the selected participants for the semi-structured interviews were able to provide in-depth knowledge on the employee retention and scarce skills phenomena due to the nature of their professions.

For this study, all the managers at the Potchefstroom Hospital constituted the population for the personal interviews. These included the clinical manager, four (4) clinical heads of departments, HRM manager, training manager, nursing manager and nine (9) operations managers. The sample for the interviews consisted of the

following four (4) managers, who were selected to be interviewed based on their availability: HRM manager, training manager, clinical manager and nursing manager. These managers were selected for their particular experience with employee retention. A sample of 42 medical doctors and 60 professional nurses were selected from a population of 184 (64 medical doctors and 120 professional nurses) to complete the questionnaire.

1.5.5 Data Analysis

Data analysis is the process of systematically searching and arranging interview transcripts, field notes, and other material that was accumulated to enable the researcher to achieve the findings of the research (Bogdan & Biklen, 2007:159). In mixed methods research (such as this study), qualitative and quantitative data analysis is conducted independently (Onwuegbuzie & Combs, 2011:1). Quantitative data analysis proceeds from descriptive analysis to inferal analysis (Creswell & Clark, 2011:207), whereas qualitative data analysis involves coding, dividing the data into texts and phrases, and grouping the data into themes (Onwuegbuzie & Combs, 2011:4).

The data for this study was analysed in two phases. Phase one comprised the quantitative data analysis. The data was analysed in relation to the type of questions. The appropriate statistical tests were utilised to address the questions (Creswell & Clark, 2011:207). In this phase, descriptive and inferential statistical analyses were used to distinguish proportions and relations between variables identified from the questionnaire. Data from the questionnaires for this phase was translated into numerical codes. The responses from open-ended questions were also coded and analysed, as discussed in chapter 5.

Phase two comprised an analysis of the qualitative data which entailed the examination and interpretation of data in order to elicit significance, gain an understanding as well as develop empirical knowledge from the data (Grove, Burns & Gray, 2014:279). The aim of a qualitative data analysis is to discover patterns, concepts, themes and meanings (Bogdan & Biklen, 2007:113). Warden and Wong (2007:5) hold that in qualitative research, data analysis is iterative because theories

emerge as data is collected and should be tested, refined and retested against new information until explanations are repetitive. In this data analysis phase, the findings were reported and interpreted through the extensive literature review that supported the findings.

1.5.6 Limitations and delimitations of the study

The participants in the research were predominantly medical doctors and professional nurses. Since the research was voluntary and a random selection of participants was used for the self-administered questionnaire, completion of the questionnaire was not guaranteed. The number of expected responses to the questionnaire was uncertain due to the availability of the medical doctors and professional nurses. Based on the fact that 102 participants (42 medical doctors and 60 professional nurses) completed the questionnaire, the results obtained through the questionnaire can be regarded as representative of the population.

Several participants failed to complete all the items on the questionnaire. The assumed reasons could be due to the language barrier or the respondents felt uncomfortable with specific questions. However, the interviews enabled the researcher probe for responses to ensure that all the questions were answered.

A limited number of professional nurses in the under 35 category participated in completing the questionnaire. Therefore, the views of the younger generation were not addressed adequately. This was problematic since it is the younger generation who have to be retained as the older generation systematically retire. Most views from the senior medical employees (senior medical doctors and senior professional nurses) could not be collected during Phase one of the data collection. Therefore, their reasons to remain in the employ of the Potchefstroom Hospital could not be established. Furthermore, there were a limited number of male professional nurses. This may have affected the results since male nurses could experience different needs compared to their female counterparts.

In conducting the semi-structured interviews, the data collection process was affected by the manager's busy schedules at the Potchefstroom Hospital. Data was

collected during a critical period at the hospital because the managers were involved in consecutive meetings due to trade union hearings. Therefore, only four (4) managers could be interviewed. Fortunately, the managers who were interviewed possessed the necessary skills, experience and knowledge for the purpose of the study.

Since interviews are qualitative in nature, there was a possibility that the researcher could have been biased. In qualitative research, bias affects the validity and reliability of findings which in turn affects the research in its entirety (Zainal, 2007:4). However, to eliminate bias, the researcher refrained from pursuing personal views, but instead focused on a scientific approach to the questions posed, and ensured the participants their independence.

Data was collected at the Potchefstroom Hospital, which functions effectively compared to other rural hospitals in the North West Province. Certain public hospitals might differ in infrastructure, working conditions, working environment and employee turnover. Therefore, the generalisation of the results obtained through the empirical research at the Potchefstroom Hospital may not be completely applicable to other public hospitals in the province. Moreover, with regard to the data obtained from the managers through the semi-structured interviews, it cannot be concluded that the challenges highlighted by management are the same as those experienced by the practising medical doctors and professional nurses.

The language used in this study was English. Even if most skilled employees understand the language, expression and verbalisation in participants' mother tongue could improve data collection, especially since the North West Province comprises primarily of Afrikaans, Setswana and Sesotho speaking inhabitants.

1.5.7 Ethical considerations

Ethics is a set of moral principles which is widely accepted and offers rules and behavioural expectations about the most correct conduct towards participants and other researchers (Punch, 2013:35). Ethical guidelines in research serve as standards and a basis upon which each researcher evaluates his or her own conduct (De Vos *et al.*, 2011:114). For the purpose of this study, the following ethical

guidelines were considered: privacy, confidentiality, voluntary participation and informed consent.

Research participation has to be voluntary and the purpose of the study must be explained to the participants so that informed consent can be obtained (Leedy & Ormrod, 2016:102). All the participants in the study completed a consent form. They consented to participate in the study and confirmed that they would undertake to do so on a voluntary basis (Annexure B).

Lavrakas (2008:243-244) accentuates that the participants' privacy and confidentiality should be respected. Babbie and Mouton (2008:523) assert that confidentiality is ensured when the researcher does not publish the participants' responses, coupled with their names, but anonymously and as part of the collective feedback. The researcher made use of codes to represent the participants and not their real names.

To uphold ethical considerations, the researcher ensured the following:

- Approval was sought and granted by the NW DoH's Policy, Planning, Research, Monitoring and Evaluation committee to conduct the research at the Potchefstroom Hospital.
- The research proposal was approved by the Ethics Committee of the Faculty of Arts of the North-West University, Potchefstroom Campus.
- Participants were provided with the relevant information regarding the study which included explaining the purpose and importance of the study.
- Participants' anonymity was upheld by not requiring them to identify themselves in the questionnaire.
- Participation in the study was voluntary and the participants were ensured that they could withdraw from the study at any given time.
- Consent forms were signed by the respondents to indicate their participation is voluntary.
- The findings of the study would be communicated to respondents at their request.

1.6 SIGNIFICANCE OF THE STUDY

The research highlighted the importance of evaluating retention strategies in public hospitals, which is currently a profound challenge due to the high turnover of medical employees at public hospitals, irrespective of the retention strategies. The research evaluated the effectivity of the strategies to retain medical doctors and professional nurses at public hospitals including allowances, continued professional development, recruitment of foreign nationals, benefits, community service and commuted overtime. An analysis of the impact of the challenges on retention strategies was also undertaken. The research demonstrated how much needs to be done by the NW DoH in formulating sound retention strategies to retain medical doctors and professional nurses. The results revealed (discussed in chapter 5), that retention strategies have to serve as a guide to assist the NW DoH to attract and retain medical doctors and professional nurses. The study provided recommendations of how to improve the Potchefstroom Hospital's retention strategy.

The study made a contribution to both the practice of public administration (specifically the public health sector), as well as Public Administration as an academic discipline. Employee retention is positioned under the HRM domain in Public Administration which is a sub-field of the discipline. The study, therefore, focused on a particular element of the HRM sub-field, that is, employee retention. A contribution to the scholarly body of knowledge was made by having focused on the basic rights of citizens to health care services.

1.7 PRELIMINARY CHAPTER OUTLINE

The research is presented and arranged according to the following chapter outline:

Chapter 1: Introduction to the study

In chapter one the introduction, orientation, problem statement and research methodology of the study was outlined. The chapter provided a background to the dilemma to retain medical doctors and professional nurses with scarce skills such as the chapter also provided the context of the research by highlighting the current

public health sector landscape and the concern to retain medical employees with scarce skills.

Chapter 2: Employee retention: Theoretical framework

In this chapter, a scholarly literature study of employee retention was conducted. The chapter included a review of employee retention best practises. Types of employee turnover, the cause and effect thereof, importance of employee retention, and managing employee retention (involving various HR practices) were discussed in this chapter. Employee retention strategies such as recruitment and selection, compensation and working conditions, training and development, career development and work-life balance were also discussed in this chapter because these are certain strategies that motivate employees to remain with or to leave an organisation.

Chapter 3: Statutory and regulatory framework for employee retention

The chapter reviewed relevant employee retention legislation, policies and frameworks. The legislative context for employee retention which is broad is embedded in the Constitution. A number of Acts and policy documents emanate from the Constitution. The chapter highlighted that employee retention is also legislated in policy documents that comprise the activities of other government departments that have to employ specific occupational groups to deliver essential government services such as medical employees. Attention was also given to recruitment and selection legislation, policies and frameworks, training and development, compensation and working conditions, career development and work life balance since these are imperatives for employee retention.

Chapter 4: The conceptualisation and context of scarce medical skills in the public health sector of the North West Province

In this chapter, scarce medical doctors and professional nurse's skills were conceptualised and motivated. The context of public health in the North West Province was also discussed (including the population of the Province, the socio-economic status, health facilities, the human resources for the public health sector and the burden of diseases) because it justified the reasons employee retention strategies are important in public hospitals. Furthermore, the current retention

strategies implemented in the public hospitals for medical doctors and professional nurses in North West Province was also explored.

Chapter 5: Empirical research: Results and findings

Empirical research was conducted to establish the effectivity of current medical doctors and professional nurse's retention strategies at the Potchefstroom Hospital. In this chapter, the results obtained from the questionnaire and interviews were presented and interpreted. These results informed the recommendations made in chapter 6.

Chapter 6: Conclusions and recommendations

The chapter provided a summary of the study. Furthermore, conclusions were drawn and recommendations were made on improving retention strategies for medical doctors and professional nurses at the Potchefstroom Hospital, based on the literature review and the results obtained from the empirical research.

1.8 CONCLUSION

This chapter provided the contextualisation, orientation and rationale for the study. Furthermore, the research problem and research objectives pertaining to employee retention were expounded upon. Against this background, the following chapter provides a theoretical overview of employee retention.

CHAPTER 2: EMPLOYEE RETENTION: THEORETICAL FRAMEWORK

2.1 INTRODUCTION

As mentioned in chapter 1, section 1.1, the purpose of any government is to provide the needs of its citizens. One of the needs stipulated as a priority in the Constitution of 1996 and the NDP is the right to basic health care. Fulfilling this right requires competent, committed and skilled medical employees (Dassault & Franceshire, 2006:1; SA, 2008b:45; SA, 2010a:6; SA, 2013:43-44; Masibigiri & Nieneber, 2011:2; Hullur *et al.*, 2016:2). Currently, South Africa faces a significant employee turnover of

medical employees (SA, 2011c:348; Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1; Rispel, 2016:18; Hullur *et al.*, 2016:2). Therefore, the retention of medical doctors and professional nurses; is crucial for the public health sector. In an attempt to establish appropriate principles and practices for the retention of public health employees (specifically medical doctors and professional nurses), this chapter provides a theoretical overview of employee retention and employee turnover.

Due to escalating interest to retain employees with scarce skills in the NW DoH, specifically at the Potchefstroom Hospital, it is important to discuss: why medical employees leave the organisation (employee turnover); the role and purpose of employee retention; the factors that affect employee retention; and what can be done to retain employees, especially individuals with scarce skills. This chapter also focuses on the value of following an integrated HRM approach towards employee retention. In this regard, employee retention strategies such as recruitment and selection, compensation, working conditions, training and development, career development and work-life balance are discussed because these encompass several strategies that motivate employees to remain with or to leave an organisation.

The problem statement identified for the study asserts that the retention strategies used by the NW DoH do not adequately retain employees with scarce skills, especially medical doctors and professional nurses, which consequently, leads to the public health sector not being able to provide essential health services to the citizens who are reliant on public health care services in the North West Province. The following aspects relating to the theory of employee turnover and employee retention is discussed in this chapter: types of employee turnover; causes of employee turnover; effects of employee turnover; importance of employee retention; and managing employee retention (involving various HRM practices).

The following section discusses employee turnover with a view to establish what this concept implies, the types of employee turnover that can emerge in organisations, and the causes and effects thereof. Thereafter, the focus will be placed on employee retention as a possible solution to employee turnover.

2.2 EMPLOYEE TURNOVER

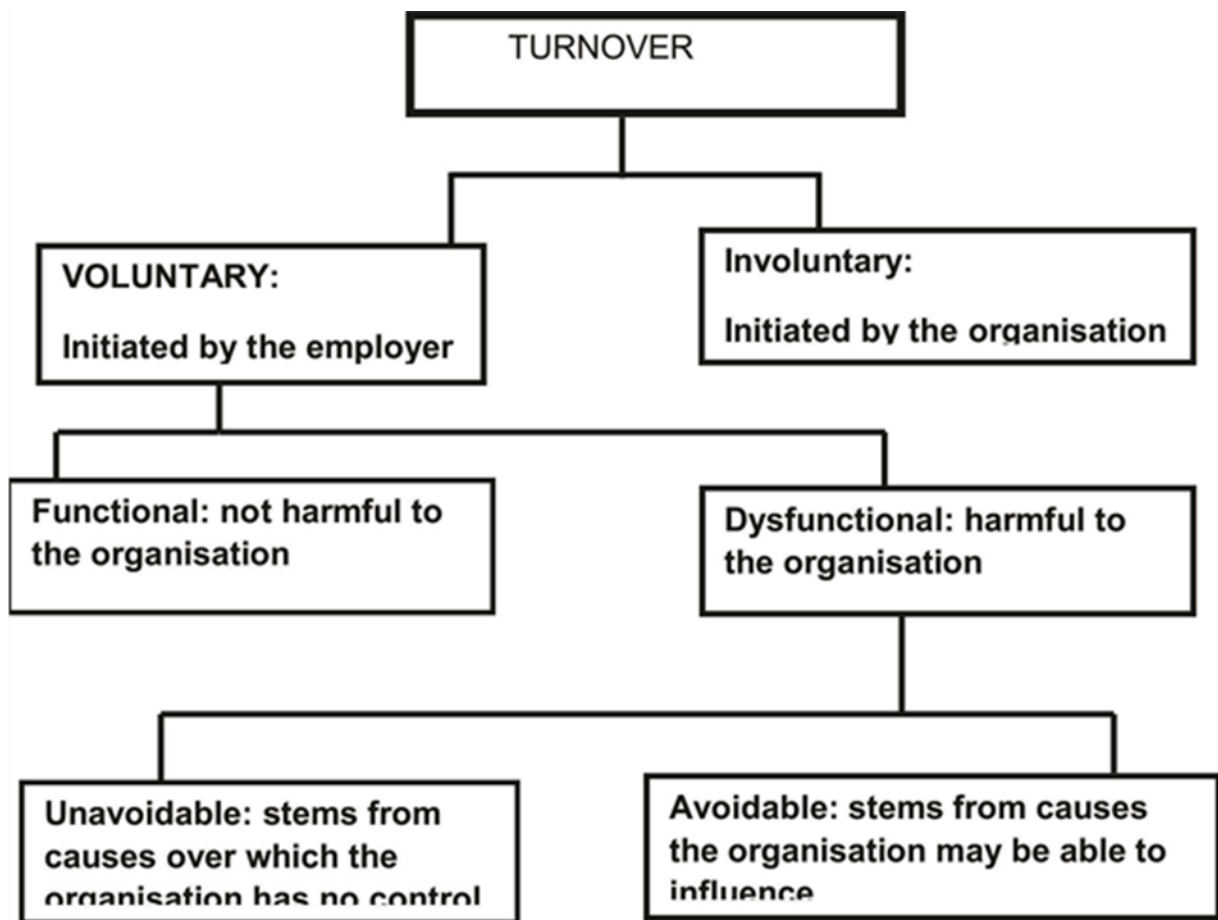
Employee turnover refers to employees who have already left an organisation, are leaving an organisation, or will leave an organisation for various reasons (Grobler, Warwich, Elbert & Hatfield, 2006:125). Thus, employee turnover represents an outward movement of employees who are replaced by new employees (Samuel & Chipunza, 2009:411; Nel & Werner, 2014:79). Each time a position is vacant, whether voluntarily or involuntarily, a new employee must be recruited, appointed and trained (Grobler *et al.*, 2006:125). It is likely that such a replacement cycle will affect the service delivery of a public organisation. The above statement is reinforced by Samuel and Chipunza (2009:411) who assert that the replacement process of exiting employees is not only costly but destructive to service delivery. In the case of the public health sector, (the focus of this study), such an exodus of medical employees can significantly hamper the public service to attain the public health objectives.

Employee turnover is viewed as a negative phenomenon that has to be managed in order for the organisation to function effectively (Theron, Barkhuizen & du Plessis, 2014:2). Furthermore, excessive voluntary turnover negatively influences the morale of the employees and an organisation's reputation as a suitable place to work, which in turn, results in recruitment and retention becoming increasingly challenging and time consuming (Mello, 2015:575). The following section identifies different types of employee turnover, possible causes thereof and the impact employee turnover has on an organisation.

2.2.1 Types of employee turnover

Employee turnover can take place in various ways. These are voluntary/involuntary, functional/dysfunctional and avoidable/unavoidable. Figure 2.1 below identifies the different types of employee turnover.

Figure 2.1: Types of employee turnover



Source: Allen (2006:1)

The various types of employee turnover, illustrated in Figure 2.1 above, may all play a role in the NW DoH. The various types of employee turnover are discussed in the following paragraphs.

2.2.1.1 Voluntary and involuntary employee turnover

Voluntary employee turnover refers to an employee's choice to exit an organisation, whereas involuntary turnover is initiated by the employer, whereby employees leaving the organisation have little or no personal say, for instance, on reaching retirement age, dismissals or lay-offs (Mensele & Coetzee, 2014:15; Nel & Werner, 2014:78; Theron *et al.*, 2014:2). According to Curran (2012:11), the bulk of employee

turnover is represented by voluntary turnover. With voluntary turnover, an employee is generally dissatisfied with their current job, search for other jobs, compare their options with the current job and leave their current employment if the alternative is better (Mensele & Coetzee, 2014:15). Mello (2015:575) posits that voluntary employee turnover generally provides more costs than benefits whereas involuntary turnover is beneficial for the organisation from a cost perspective. This study focuses on voluntary turnover because it can disrupt an organisation's performance. Voluntary turnover is undesirable in the NW DoH as it would incur significant costs that could be reduced by improved HRM as well as negatively influence the delivery of health services due to difficulty in finding a replacement for scarce skills such as medical doctors and professional nurses.

2.2.1.2 Functional and dysfunctional employee turnover

York (2010:91) asserts that functional employee turnover occurs when unsatisfactory performers leave an organisation, whereas dysfunctional turnover refers to key employees leaving an organisation. An organisation should not necessarily decrease employee turnover but aim to reduce dysfunctional turnover by developing appropriate policies (Mello, 2015:576).

Dysfunctional employee turnover is a cause for concern for this study, if one considers that replacing employees with scarce skills is a demanding process that affects the NW DoH negatively in terms of the delivery of health services to the citizens. Mello (2015:575) who states that dysfunctional employee turnover is problematic for an organisation depending on the individual employees' performance levels and the difficulty to replace the skill and expertise supports this. Therefore, dysfunctional employee turnover has negative implications for service delivery owing to the loss of those skills which are difficult to replace (Masango & Mpofu, 2016:887). These negative implications directly affect the poor citizens who rely on public health care, as alluded to in chapter 1, section 1.1.

2.2.1.3 Avoidable and unavoidable employee turnover

An organisation can circumvent avoidable employee turnover by recruiting, evaluating and stimulating its employees (Curran, 2012:12) and implement measures to prevent the employees from leaving (Theron *et al.*, 2014:3, Morrel & Arnold, 2007:13). Unavoidable turnover is beyond an employer's control since an employee may need to relocate, or the spouse is offered a job transfer (Curran, 2012:12; Ariokasamy, 2013:1533). This study focuses on avoidable turnover because it is within the means of the NW DoH to develop effective and enhanced recruitment and selection, performance management, motivation of employees and other HRM practices and policies in order to retain employees with scarce skills. However, to counter avoidable employee turnover, it is necessary to determine the typical causes thereof. This aspect is discussed in the next section.

2.2.2 Causes of employee turnover

Several possible causes of employee turnover include financial considerations, a poor working environment, a lack of career development, in-house movement (moving around between various positions within an organisation), job hopping, poor leadership and management style, and a lack of effective communication and grievance procedures (SA, 2006a: 10-11). Braham (2005:3-5) states the seven most common reasons why most employees leave their employment include:

- **The position or workplace was not what was expected**
This happens when disappointed employees thought the position they applied for, or the working environment turned out to be different from their expectations. Employees generally react negatively towards an unfavourable working environment (Chiboiwa, Chipunza & Samuel, 2011:2912).
- **A mismatch between the position and the person**
This refers to employees who were appointed for positions that did not fit their talent, skills, abilities, preferences or cultural values, resulting in boredom and unhappiness. Employee turnover is high when there is an unsuitable fit

between what the applicant wants and what the institution needs. Consequently, such a candidate who accepts a position in an organisation but is unable to fit with the value system does not stay long (Ariokasamy, 2013:1535).

- **Limited coaching and feedback**

The employees are not acknowledged for undertaking their tasks effectively or provided constructive guidance of how to improve. Employees perceive this scenario as no-one cares to help them discover their strengths and pursue their goals. When managers do not guide the activities of low level and inexperienced employees by assisting and building their work performance, expanding their knowledge and help them to manage difficult situations, they are inclined to leave the organisation (Muteswa & Ortlepp, 2011:15; Dubrin, 2008:359).

- **Limited growth and advancement opportunities**

When employees make no progress in the positions they hold and believe that their jobs lack further potential, they no longer feel comfortable in an organisation (Gimbel, 2015). When employees lack opportunities for growth and development they become frustrated and they are influenced to leave the organisation (Ngobeni & Bezuidenhout, 2011:9963; Seijts & Crim, 2006; Lesabe & Nkosi, 2007).

- **Employees feel devalued and unrecognised**

If managers do not show interest and concern and inform their employees what is expected of them, they (employees) will assume that their skills are unsuitable. A lack of regular positive feedback and recognition are also reasons why employees feel devalued which results in them leaving the organisation (Ng'ethe, Namusonge & Iravo, 2012:300).

- **Stress from overworking and work-life balance**

This aspect refers to instances where a position requires too much significant time away from home or creates tension that interferes with employees'

personal lives or their physical and mental health and wellbeing (Harvard Business Review, 2016). If the organisation does not find ways to help employees to successfully manage their commitments at home and at work as well as assist to relieve the stress of balancing the two, there is greater likelihood that they would leave the organisation (Ariokasamy, 2013:1537).

- **Loss of trust and confidence in organisational leaders**

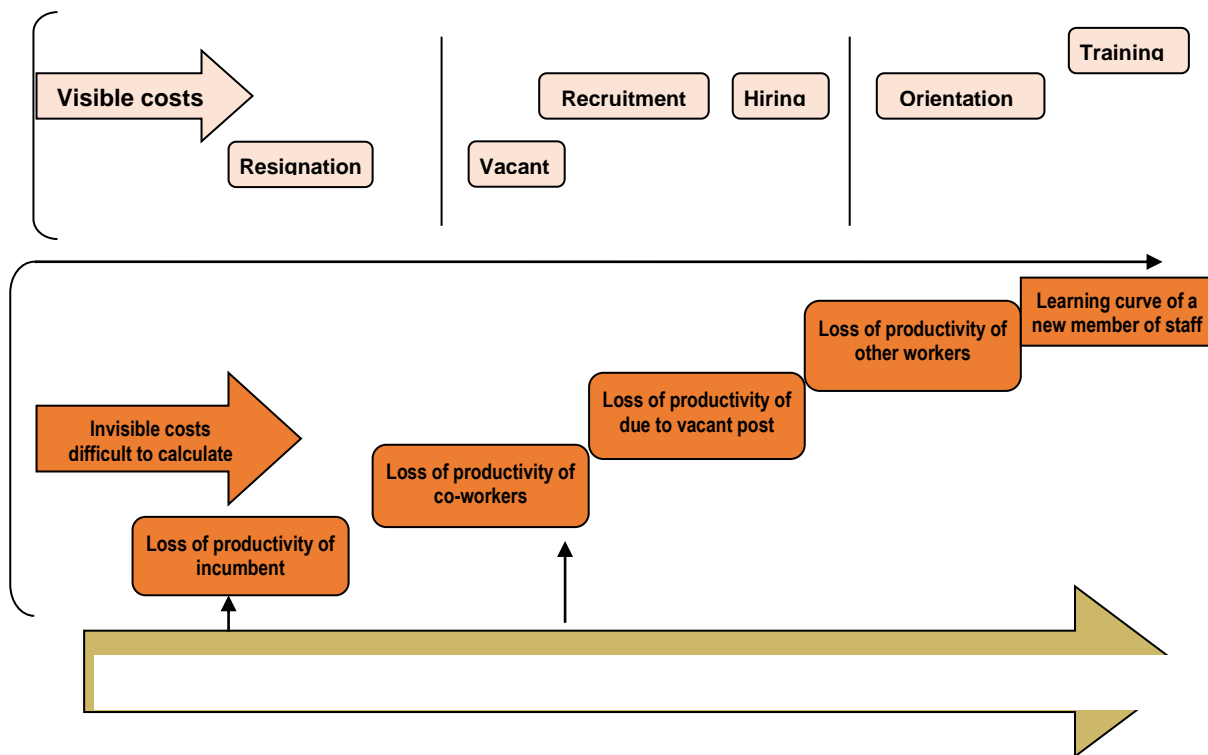
When employees no longer believe in the organisation and feel that no-one seems to care enough to try to rebuild their eroded trust and confidence, they tend to look for positions elsewhere (Gimbel, 2015). Furthermore, incompetent leadership results in poor employee performance, high stress, low job commitment, low job satisfaction and a turnover intention (Ng'ethe *et al.*, 2013:300).

The impact of the aforementioned factors on employee turnover at the Potchefstroom Hospital was established and is discussed in chapter 5. When the causes of employee turnover are not addressed, it leads to the negative impact of employee turnover, which is discussed in the next section.

2.2.3 Effects of employee turnover

Losing employees is costly and it results in a loss of efficiency during the notice period (SA, 2006a:12). Employee turnover also affects service delivery; it is expensive and disruptive to the organisation (Fakhraei, Amani, & Manoochehri, 2015:768). Since employee turnover reduces the output of an organisation and is disruptive because schedules and programmes have to be modified, it also increases the organisations expenses (Fakhraei *et al.*, 2015:768; Mabindisa, 2013:9). Moreover, there are also additional expenses to recruit and select a new employee; a severe negative impact on productivity; an increase in training costs; and a loss of organisational memory (SA, 2006a:12). Figure 2.2 below illustrates the effects of employee turnover in an organisation. These effects are discussed in detail in the following paragraphs.

Figure 2.2: Effects of employee turnover



Source: SA (2006a:13)

According to Masango and Mpfu (2016:883), employee turnover is not only costly but also detrimental to the survival, growth and prosperity of any organisation. However, as mentioned in section, 2.2.1.2, employee turnover is not always detrimental since it may result in the development and promotion of the employees who remain behind as well as creates prospects for fresh ideas to contribute to the organisation (Lepheana, 2012:11). New employees bring new ideas and experiences, which can have an encouraging influence on organisational dynamics (Makhuzeni, 2014:32).

For the purpose of this study, the negative consequences of employee turnover will be explored and established how it affects public health services delivery for the NW DoH with specific reference to the Potchefstroom Hospital. Negative consequences of employee turnover are mandatory in specific circumstances: skilled and competent employees are a critical prerequisite for service delivery, replacing such employees is costly, and employee turnover is disruptive and demoralising to the remaining employees (Schlechter, Syce, & Bussin, 2016:2). This scenario applies to

the Potchefstroom Hospital because skilled medical employees are a prerequisite for the effective and efficient delivery of health services.

Components of employee turnover include separation costs (severance pay and additional overtime), replacement costs (recruiting, selection and training), and performance costs due to productivity loss (York, 2010:91). The loss of employees in which the organisation invested time and money, or employees trained and developed at the organisation's expense to join another organisation is a telling loss (Makhuzeni, 2014:33). It can be argued that employee turnover of highly skilled employees may lead to significant and hidden expenses, which, in turn, correlate with difficulties to complete programmes such as those, prescribed by the NDP and government outcomes.

Increased employee turnover and failure to attract and retain skilled and valuable employees is often quoted as a setback for the realisation of successful service delivery (Omotoye, 2011:88). It creates a poor perception and image of the organisation in the labour market, and it becomes a challenge to recruit and retain employees with scarce skills (O'Hara & Probst, 2016:9). Since there is already a widespread perception of corruption and poor public service delivery, a public organisation such as the NW DoH (and specifically the Potchefstroom Hospital), cannot afford to further tarnish its reputation through the loss of competent, skilled medical employees.

Moreover, employee turnover is also likely to affect levels of productivity, which hold negative consequences for the organisation (SA, 2008c:2). Thus, employee turnover can negatively affect an organisation's productivity because it increases the workload on the remaining employees, which in turn, leads to a low morale and high levels of stress and absenteeism (Mabindisa, 2013:8). Turnover of skilled and competent employees in an organisation results in a loss of productivity, which increases in a loss of patience among citizens because service delivery is compromised and even when rendered, it generally does not meet the citizens' expectations (SA, 2008c:2). This should encourage the NW DoH to remain competitive in the labour market since employee turnover for medical employees is disruptive, poor medical service is provided to the citizens, a low morale among the

remaining medical employees persists followed by poor administration of public hospitals and even unnecessary patient deaths (Mdindelwa, 2011:17).

Once these types, causes and effects of employee turnover are understood, an organisation will have a better idea of the approach to follow to retain employees. The next section will focus on employee retention.

2.3 EMPLOYEE RETENTION

Employee retention is the attraction of skilled and competent persons to join an organisation through focused recruitment strategies (SA, 2006a:9). Employee retention is a voluntary approach by an organisation to create an environment which engages employees to serve over a long term (Chiboiwa *et al.*, 2010:2104). Employee retention also involves keeping those already employed, especially those who possess crucial skills, in the employ of the organisation (SA, 2006a:9). Employee retention is also redesigning a range of HRM activities to provide increased job satisfaction which in turn improves employee commitment, thereby leading to reduced turnover (Nel & Werner, 2014:123). Employee retention can also entail the means used by an employer to motivate qualified and skilled employees to work for an organisation by rewarding high performing employees and creating peaceful working relations among an organisation's employees and management (Van Dyk *et al.*, 2013:59).

According to the DPSA's guide of managing staff retention in Public Service, employee retention can be a concern in terms of (SA, 2006a:15):

- focused recruitment strategies which attract employees to the organisation;
 - keeping competent and skilled employees who are vital in the organisation;
 - motivating employees to stay in the organisation;
 - psychological aspects of perceptions of employees (goals and behaviours) and the operational aspects of the employees attached to the job or tasks that they are required to undertake in terms of their appointment;
 - day-today HRM or as a specific strategy for obtaining or retaining employees;
- and

- being linked to almost all other HRM practises.

Public organisations should regard employee retention as a strategic priority to ensure that not only the required skills are recruited and selected, but also competent and skilled employees remain with an organisation (Vermeulen, 2008:412; Chiboiwa *et al.*, 2010:2104). Since skilled and competent employees are in high demand, it is mandatory for public managers to retain these employees as this will, in turn, assist to provide quality services to the citizens (Vermeulen, 2008:408). The retention of high performing employees has become a challenge because such employees are attracted by many organisations that are in need of the skill (Samuel & Chipunza, 2009:411). Hence, the retention of skilled and competent employees is essential for any organisation (Mackay, 2007:64; Samuel & Chipunza, 2009:411). With regard to the NW DoH, the retention of employees with scarce skills (such as medical doctors and professional nurses), are imperative to provide health care services to the public, especially in consideration of the SDGs, the challenges and objectives identified in public health care as stated in the NDP, and citizens' basic rights as outlined in the Constitution.

2.3.1 Importance of employee retention

The importance of employee retention is the direct result of the lack of skilled employees (Scullion & Collings, 2010:106), changes in employee attitudes, the availability of new employment opportunities and escalating costs associated with appointing new talent (Makhuzeni, 2014:33). Mosey, Jeffers and Paterson (2008:53) state that employee retention is essential to an organisation because an increase in employee turnover would result in instability and an escalation in workload and stress on the remaining employees which would result in job dissatisfaction which in turn could fuel the employee turnover cycle.

Furthermore, organisations are facing significant difficulties in recruiting and retaining skilled employees (Scullion, Caligiuri & Collings, 2008:128), with the public service being no exception (SA, 2011b:348; Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1; Rispel, 2016:18; Hullur *et al.*, 2016:2). In addition, the competition for skilled employees has expanded from the

national to the international level, obfuscating the recruitment of skilled employees as well as making it easier for skilled employees to leave an organisation (Gillingham, 2008:17). As alluded to in chapter 1, section 1.1, each year South Africa loses medical doctors and professional nurses to countries which offer better positions, higher remuneration, better living and working conditions, career development opportunities, and safety and security for their families (Labonte *et al.*, 2015:7).

Moreover, the benefits of retaining employees include saving costs from further recruitment, training new candidates, improving productivity, increasing employee's performance and meeting organisational goals and objectives (Hong *et al.*, 2012:62). It is less expensive and more effective to retain employees with scarce skills within the organisation than to recruit, appoint, orient and deploy new employees (Zingheim & Schuster, 2008:39). Hong *et al.* (2012:60), state that retaining skilled and competent employees is an advantage to an organisation to ensure improved service delivery. Furthermore, the retention of skilled employees is essential in that it endorses working relationships, enhances employee management relationships and capacitates valuable succession planning (Chikumbi, 2011:59) thereby advancing and preserving the organisation's knowledge and learning (Kowalewski, Moretti, & McGee, 2011:100; Chikumbi, 2011:59).

Considering some of the aspects in support of effective employee retention mentioned above – improving productivity and performance, supporting the attainment of organisational goals, increased service delivery and succession planning – are aspects that enhances the public health sector where there is a demand for better service delivery and the attainment of the goals of the NDP. Furthermore, enhanced individual productivity and performance will lead to improved organisational performance, translating into better health service delivery. Succession planning for medical doctors and professional nurses will then support the retention of these medical employees with scarce skills and reduce the turnover rate.

A high rate of employee turnover negatively affects the reputation and competence of an organisation (Hassan, Razi, Qamar, Jaffir & Suhair, 2013:17; Ariokasamy, 2013:1538). A low employee turnover rate assures the organisation that it is

retaining its productive employees by providing them an environment which increases the performance of individual employees (Hassan *et al.*, 2013:17). The organisation and individual performances are complemented by the succession of employees who know their jobs, co-workers and organisational services (Omotoye, 2011:103). In turn, the stability of employees provides an improved image to attract and retain other applicants (Ariokasamy, 2013:1536) as alluded to in section 2.2.3.

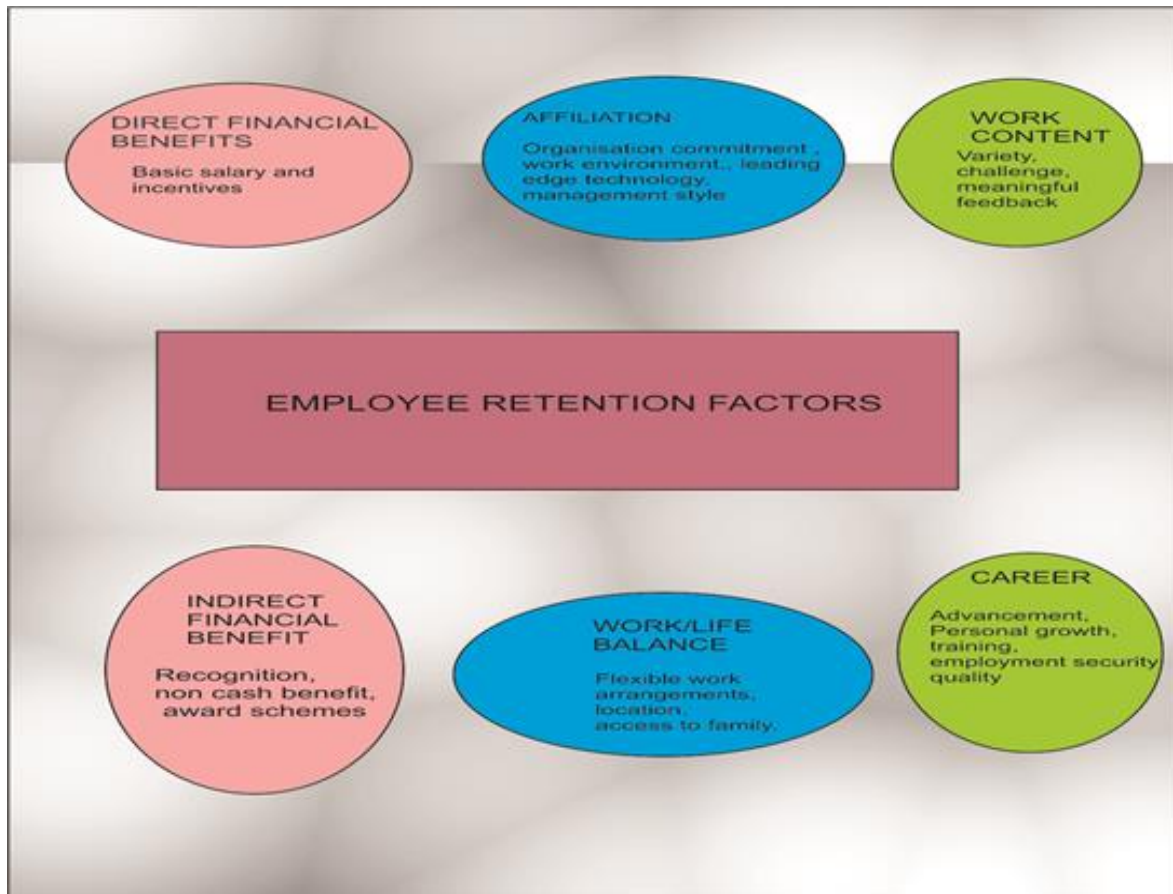
The retention of employees in the public health sector should be a priority for the national DoH, due to the serious lack of health care employees with scarce skills that impede the attainment of the objectives of national development programmes such as the NDP. Attaining these objectives becomes a challenge and is almost impossible to adhere to if the human resource crisis is not addressed effectively, despite available funding for public health care through debt release and specific programmes such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, TB and malaria (Dielenan & Harnmeijer, 2006:9). Therefore, the attention should shift towards addressing employee retention by developing, implementing and evaluating effective employee retention strategies to attain the NDP and the government's health-related outcomes. In the following section approaches to manage employee retention as well as the implementation of best practises that can be utilised by the NW DoH to formulate sound retention strategies will be discussed.

2.3.2 Managing employee retention

There is no single approach to retain employees because employee retention is affected by multiple factors which have to be managed concurrently (Sinha & Sinha, 2012:146). The retention of employees also plays a role in the turnover of employees and should be considered in the formulation of retention strategies (Van Dyk *et al.*, 2013:59). In the public health sector, factors often relate to low remuneration, poor living and working conditions, a lack of career development opportunities, high HIV and MDR-TB burden, extreme cost of living, and job and economic insecurity, which are possible causes of employee turnover in the public health sector (Labonte *et al.*, 2015:7), as referred to in chapter 1, section 1.1. In order to manage employee retention effectively, an organisation has to understand the needs of its employees

(Mrara, 2012:27). Therefore, employers must be aware of the factors which motivate their employees to remain at the organisation (Samuel & Chipunza, 2009:413). Figure 2.3 below identifies best practises that can be used to manage employee retention.

Figure 2.3 Employee retention strategies



Source: Munsamy and Venter (2009:3)

The above Figure identifies the following strategies that are essential for employee retention (Munsamy & Venter, 2009:3):

- Excellent recruitment efforts and selecting the suitable person for the right job as well as the continuous review of job specifications and job descriptions;
- leadership and supervision;
- good working conditions;
- organisational communication and commitment;

- flexible pay and employment practises;
- in order for employees to stay in an organisation, their employers should practice sound employment practises and the salaries must be aligned to nationwide pay scales (SA, 2006a:23);
- career development, such as promotion and skills development should be practiced;
- employers must ensure that the work is challenging and that employees have adequate resources at their disposal which will assist them to meet the demands of the job (SA, 2006a:23);
- employers must also ensure that there is growth and development of skills; and
- employees need personal growth, such as training, mentoring, personal development plans and growth plans. It is mandatory for employees to be capacitated through training and skills development to fit their job requirements (Curran, 2012:25).

Therefore, HRM practices such as recruitment and selection, compensation and working conditions, training and development, career development and work-life balance are included in this study as best practises to retain employees. A modern employee retention strategy stretch beyond salaries and benefits to also incorporate the needs of any employee at any age and enhances individual job satisfaction, loyalty and commitment (Sinha & Sinha, 2012:146). The study, therefore, aims to establish which factors will contribute to the satisfaction, loyalty and commitment of medical doctors and professional nurses at the Potchefstroom Hospital.

As mentioned in section 2.1, the study also focuses on the value of following an integrated HRM approach in an attempt to enhance the retention strategies for medical doctors and professional nurses employed by the NW DoH, specifically at the Potchefstroom Hospital. Human resource management activities can be regarded as a set of interdependent employee management practices concerned with identifying, integrating, training, developing, motivating and retaining skilled employees in an organisation (Collings & Mellahi, 2009:304). A strategic integrated HRM approach must be in place to ensure that employees in the organisation develop into competent employees (Mothupi, 2015:46). Therefore, the aim of an

integrated HRM approach should be to recruit, develop, motivate and retain talented employees in an organisation and manage employees strategically through the organisation's HRM department (Collings & Mellahi, 2009:304; Becker, Huselid & Beatty, 2009:124; Scullion & Collings, 2010:106).

A strategic integrated HRM approach synchronises, integrates the organisation's strategic needs and places it with those aspects related to the management of employees (Grobler, 2016:59). A strategic integrated HRM approach also achieves the organisation's goals and practises (Armstrong, 2014:18). Therefore, the integrated strategic HRM approach ensures that an organisation has skilled, committed and motivated employees to achieve the competitive advantage by integrating the HRM strategy and plan with the organisation's approach (Mothupi, 2014:29). Human resource planning will assist to formulate a retention strategy, which conforms to the organisation's strategy and integrates policies and procedures to recruit and retain the required number of employees in the suitable job at the right time (Kruger, 2007:3; Mothupi, 2014:29), as alluded to in Chapter 1, section 1.1. Integrating employee retention to other HRM practises and the organisation's strategy ensures that the HRM department plays an active role in achieving the organisation's success and its strategic objectives (SA, 2008b:21).

When one considers the democratic basic human rights stipulated in the Constitution of 1996 including the objectives to develop and increase accessibility to public health services as prescribed in the NDP, a strategic integrated HRM approach is imperative to ensure that the objectives are attained and its services are delivered as mandated.

This integrated strategic HRM approach will play a significant role in the retention of skilled employees because the organisation invested in their development and self-actualisation needs (Collings & Mellahi, 2009:304; Becker *et al.*, 2009:124). The study focuses on the role of performance management, employee motivation, mentoring, coaching and succession planning in employee retention, in addition to the HRM practices, mentioned above (recruitment and selection, compensation and working conditions, training and development, career development and work-life balance). Furthermore, as stated in the NDP and alluded to in chapter 1, section 1.1

medical doctors in the public health sector leave public hospitals due to poor management (SA, 2011b:348). The study also focuses on an organisation's leadership and management role in employee retention.

The aforementioned employee retention factors were selected because recruitment and retention can produce distinctive human resources if managed effectively (Mrara, 2010: 30). It can be argued that if more care is taken to ensure that a suitable person is appointed, the concern of employee retention may not become a factor. With regard to compensation, a highly competitive salary will promote employee commitment, thereby reduce employee turnover (Erasmus, Grobler & van Niekerk, 2015:40). Working conditions are mandatory in employee retention (Laschinger, 2012:476). Pleasant working conditions can entice employees to remain in the organisation (Mandhanya, 2015:125). When employees experience a process of training, they feel that the organisation is interested in them and want to develop their careers (Hong *et al.*, 2012:64). Employees feel that the organisations consider them important, capable and invest in them. Consequently, they feel comfortable and remain with the organisation (Hong *et al.*, 2012:64). When sound career development practices are implemented, it can attract potential recruits who are seniors in devising their careers (Omotoye, 2011:95). Work-life balance is important in employee retention because it facilitates the decision for employees to stay or to leave the organisation (Van Dyk *et al.*, 2013:58). Motivation is an imperative for employee retention since it is inferred that such persons will not only be productive workers, but will feel comfortable in the organisation and easily retained (Mothupi, 2014:55). Succession planning also has a positive impact on employee retention (Kowalewski, Moretti & McGee, 2011:100; Mothupi, 2014:55). This notion is supported by McDonalds (2008:21) who asserts that when professionals know that they are being considered to fill crucial positions in the organisation, they commit themselves thereto and foresee a future therein. Therefore, if an organisation offers an attractive package, it is more likely to attract applicants and retain employees (Samuel & Chipunza, 2013:99). The role of HRM practices in employee retention is elaborated upon in the following sections.

2.3.2.1 Recruitment and selection

Various researchers concur that recruitment and selection should be managed and aligned with retention activities (Netswera *et al.*, 2005:37; Vermeulen, 2008:40; Aswathappa & Dash, 2008:136; Figiorning, 2009:22; Masibigiri & Nienaber, 2011:1; Omotoye, 2011:31; Hong *et al.*, 2012:63; Mothupi, 2015:149; 206). This notion is also supported by policy frameworks and reports such as the NDP (SA, 2013:43-44), the White Paper on HRM (1997:4), the DPSA's Report to the Portfolio Committee on Public Service and Administration (SA, 2006b:13) and the PSC's Report on the assessment of HRM in the public service (SA, 2010a:14). Thus, the retention of skilled and competent employees is a measure of how successful the recruitment process was conducted. The recruitment of suitable candidates with sound people and communication skills, the required attitude, willingness to learn would ease the pressure on an organisation to manage the attrition of such skilled employees (O'Hara & Probst, 2016;9).

Recruitment and selection remains a key strategic aspect for HRM. An organisation's performance is a direct result of the individual it employs (Mello, 2015:332). According to York (2010:85), recruitment entails seeking and attracting a pool of applicants from which qualified candidates for job vacancies can be selected. Grobler, Warnich, Carrell, Elbert and Hatfield (2015:183) state that recruitment is the process of acquiring applicants who are available and qualified to fill positions in the organisation, whereas selection is selecting from a group of applicants the individual that is best suited for a particular position (Grobler, 2007:166; Grobler *et al.*, 2015:183).

Ineffective recruitment leads to the selection of an unsuitable candidate and when recruitment fails to secure a suitable individual, selection is limited with a pool of poorly qualified candidates (SA, 2010a:13). Brehmer, Lilly, & Tippins, (2013:29) posits that organisations cannot afford to make mistakes by recruiting unsuitable candidates. Consequently, recruitment is pivotal in the overall selection and placement process. It is critical to recruit the most suitable candidate for a position because the inability to do so could result in the organisation failing and experiencing limited growth (Mrara, 2010:30). Ineffective recruitment and selection may also result

in expensive grievance procedures, complaints, disputes, litigation and discontentment including an increased strain on the entire system due to poor post and person match. Consequently, this could result in unnecessary redeployment of human resources to uphold productivity (SA, 2006b:13). When an unsuitable candidate is recruited, it could prove extremely costly for the organisation to bear (Brehmer *et al.*, 2013:29). Therefore, ineffective recruitment and selection is expensive and requires extensive resource measures such as mentoring, training and employee retention (SA, 2006b:7). The way organisations recruit and select plays a crucial role in the retention of employees over the longer term (Vermeulen, 2008:40; Aswathappa & Dash, 2008:136; Masibigiri & Nienaber, 2011:1; Omotoye, 2011:31; Hong *et al.*, 2012:63; Mothupi, 2015:149; 206) and failure to recruit and select the best employee imposes significant separation and replacement costs (Aldamoe, Yazam, & Ahmid. 2012:77).

Retaining skilled employees begins with attracting and appointing a suitable candidate and by so doing, the best employees suited for the job is likely to perform well and remain at the organisation (SA, 2006b:4; Nienaber, 2016:124). When the organisation shares its strategic goals and information with the candidate, it helps to sell the position to potential employees with clear expectations, required skills and how the candidate's role attributes holistically to the success of the organisation (Taleo, 2012:12). Therefore, the candidates will join the organisation being fully aware of their roles and what is expected of them. This could eliminate one of the reasons of employee turnover, that is, employees, once appointed, express that the position or workplace was not what they had expected (see section 2.2.2).

The ability to recruit and retain skilled and competent employees has a positive impact on the others to remain at the organisation. Furthermore, it will assist employees to identify themselves positively at the organisation which appoints the best candidates (Mrara, 2010:30). The more effective an organisation's recruitment and selection process is, the more likely the focus on achieving efficiency and effectivity in the organisation, leading the organisation to meet its outcomes (Aldamoe *et al.*, 2012:77). This underscores the need to ensure an effective recruitment and selection process with the ultimate purpose of retaining a skilled employee. In the case of the NW DoH, sound recruitment and selection practices

and policies should be the first step to ensure that committed medical employees who will provide selfless service to the community are employed.

However, recruiting employees to meet an organisation's HRM needs is only half the challenge to retain employees (Schuler & Jackson, 2006:219; Samuel & Chipunza, 2013:99). Human resources management practises such as training and development, compensation, working conditions, career development, performance management, employee motivation, mentoring, coaching and succession planning should also be considered for effective employee retention (Omotoye, 2011:95; Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). It requires comprehensive HRM practices and opportunities so that the organisation will be able to attract applicants and retain employees (Samuel & Chipunza, 2013:99) as alluded to in section 2.3.2.

2.3.2.2 Compensation and working conditions

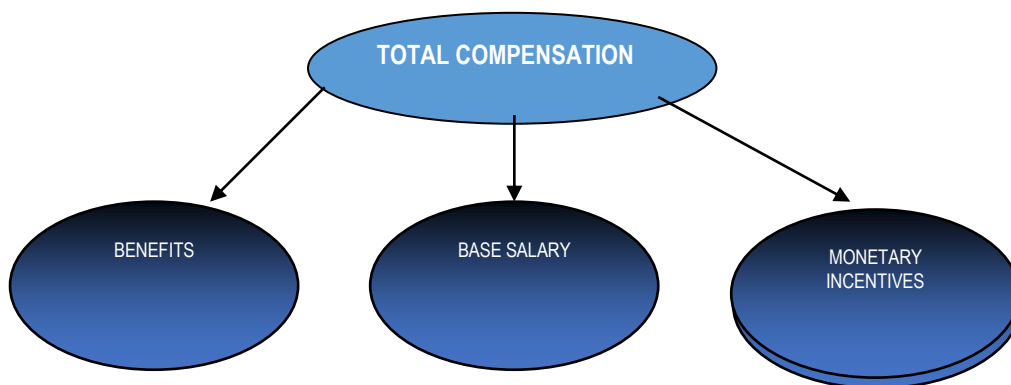
According to the Information Guide on Staff Retention for Government Departments, 2006, financial considerations and the work environment are but two reasons for the high rate of employee turnover (SA, 2006a:10-11). This notion is supported by Muteswa and Ortlepp (2011:15) and Harman, Lee, Mitchell, Felps and Owens (2007:51), who posit that when compensation is not competitive, employees are likely to leave the organisation. Moreover, if the work environment is not conducive to the employees' well-being and expectations, it also contributes to their decision to leave (Mabindisa, 2013:21) as alluded to in section 2.2.2.

Van Dyk *et al.* (2013:60), assert that compensation is the competitiveness of an organisation's remuneration packages (base salary, benefits and incentives) including the organisation's remuneration policy and salary increases. Aldmoe *et al.* (2012:79), posit that compensation can also be in a non-monetary form. Non-monetary incentives include benefits such as pension, life and health insurance, retirement plans and allowances, e.g. subsidised transportation (Hong *et al.*, 2012:65). There are, however, various elements of compensation that can be considered as incentives to retain employees. This aspect is elaborated upon in the next section.

2.3.2.2.1 Elements of compensation

With a view to retain employees with scarce skills, an organisation should establish which strategies will be most suitable for a specific occupation such as medical doctors and professional employees. As mentioned in section 2.3.2, employee retention is affected by multiple elements and can take various forms which must be managed concurrently (Sinha & Sinha, 2012:146). Figure 2.3 below reflects certain elements of compensation: base salary, monetary incentives and benefits.

Figure 2.4: Elements of compensation



Source: Gomez-Mejia *et al.* (2004:329)

The following elements of compensation should be considered when designing retention strategies (Van Dyk *et al.*, 2013:59). Base salary is compensation for work done and is a fixed monthly salary or an hourly wage (Mahal, 2012:39). Monetary incentives refer to indirect compensation or benefits provided to employees other than in cash or rights (Ahmad *et al.*, 2013:6). Employee benefits are rewards that are allocated to employees for their job levels within the organisation (Mahal, 2012:39). Adequate benefits demonstrate that an organisation is supportive and fair; it can improve employee retention in that it creates impartiality to the exact needs and circumstances of individual employees (Ahmad *et al.*, 2013:1).

Compensation aims to attract skilled and competent applicants, motivate and retain skilled and competent employees, administer salaries within legal constraints (Van Dyk *et al.*, 2013: 60; Mahal, 2012:43) and inspire the individuals to achieve the aims

and objectives of the organisation (Van Dyk *et al.*, 2013: 60). York (2010:217) states that compensation has a direct impact on the recruitment, selection and retention of employees with scarce skills. It is extremely difficult to attract applicants as well as retain skilled and competent employees when low compensation is offered (Kossivi *et al.*, 2016:263). Hence, when compensation is substantial, the employees will feel the loss should they leave an organisation (Van Dyk *et al.*, 2013:60). Inadequate compensation is often one of the major reasons for employee turnover (Grobler *et al.*, 2015:405). Therefore, compensation, which is a driver to retain employees and job satisfaction, also facilitates commitment of employees to the organisation (Snelgar *et al.*, 2013:4). Thus, with competitive salaries, employees are more likely to remain at an organisation (York, 2010:217; Grobler *et al.*, 2015:405).

However, compensation alone is not an adequate element for employee retention and should not be considered as a primary employee retention factor, even if a high compensation package creates a culture of excellence in an organisation (Kossivi *et al.*, 2016:263). Compensation, however, stops being a motivator for employee retention if the employee has access to other sources of funding which would make it difficult to attract and retain such an employee (Mrara, 2010:19). Therefore, an employer who base retention on compensation-based commitment is vulnerable to the possibility that their employees will receive superior offers elsewhere (Erasmus *et al.*, 2015:40). Despite the essence of compensation, working conditions are also essential to retain employees with scarce skills.

2.3.2.2.2 Working conditions

Conducive working conditions are an essential factor to retain an employee (Kossivi *et al.*, 2016:263). Working conditions include: the physical work environment such as hygiene; safety and ergonomics; employee health and wellness practises such as supporting a healthy lifestyle and fitness diet; and a social environment such as an encouraging organisational culture (Vermeulen, 2016a:247).

Healthy and attractive working conditions, a flexible workplace improves the health and wellbeing of an employee and contributes towards satisfied employees who are more likely to be retained (Vermeulen, 2008:418; Mandhanya, 2015:191; Vermeulen,

2016a:236-237; Pitt-Catsouphe, James & Matz-Costa, 2015:263). Employees strive to stay with organisations that provide a positive work environment where employees feel that they are valued (Baicker, Cutler & Song, 2015:304), as alluded to in section 2.2.2. In the public health sector, adequate working conditions and the availability of resources such as medicine and equipment are essential for both patients and health employees (Mokoka, Oosthuizen & Ehlers, 2010:4).

Poor working conditions, discourages organisational cultures and an unrealistic high workload are but two of the most significant reasons medical doctors' and professional nurses are dissatisfied in the public health sector which results in the high turnover of medical employees (Mokoka *et al.*, 2010:4; Rural Health Advocacy Programme, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18). Furthermore, a psychological environment provides support for stress management and physical support infrastructures, for example, an on-site psychologist provides a sense of security for employees thereby motivates them to stay at an organisation (GOA, 2011; Vermeulen, 2016a:236; 248-250). In this regard, employee wellness programmes can be of great importance. An employee wellness programme that follows a holistic approach, values employees in all their facets - career, personal, social, financial, spiritual – would likely make employees feel they are being taken care of which can result in a sense of belonging and ultimately, retention (O'Boyle & Harter, 2014; Vermeulen, 2016a:235).

It is evident that compensation and working conditions play a significant role in employee satisfaction, which in turn, affects employee retention. This calls for the NW DoH to consider approaches in which medical employees with scarce skills (medical doctors and professional nurses) can be compensated appropriately and how their working conditions, currently poor, can be improved.

2.3.2.3 Training and Development

Training and development is an important requirement of an organisation's effort to compete in the global environment and meet the ever-changing challenges of the world of work (Grobler *et al.*, 2015:341). In order for organisations to enhance workforce efficiency and improve employee retention, organisations have to find

ways to improve their employee's skills through training and development programmes (Herciu & Belascu, 2009:115).

Training is a planned process to modify attitudes, knowledge or skill behaviours through learning experience to achieve effective performance in an activity (Wan, 2007:298; Kahn & Louw, 2010:184; Vermeulen, 2011:76). Development is the advancement of a person's ability through learning (Wan, 2007:298; Vermeulen, 2011:71); it is a continuous process that employees engage in as they pursue their personal goals (Chikumbi, 2011:38). However, development encompasses more, that is, more inclusive than training (Aldamore *et al.*, 2012:78).

Training reduces employee turnover, increases productivity, improves employee morale, and lowers recruiting and training costs (Snell & Bohlander, 2010:338). The end result of training is imparting new knowledge and skills and, if successful, must meet the employee's and the organisation's needs (Vermeulen, 2011:344; Hong *et al.*, 2012:64). Employers should provide training opportunities for employee growth and development in order to deepen employees' attachment to the organisation (Van Dyk *et al.*, 2013:61). Thus, training and development should be viewed as an investment strategy for the organisation.

Dimensions of training and development include, on or off the job methods: the former includes self-development, job rotation and job enlargement, mentoring and coaching (Vermeulen, 2008:418; Falola, Osibanjo, & Ojo, 2014:163); while the latter includes seminars, workshops and lectures which should be included in the training programme (James & Lucky, 2015:111). The following dimensions of training and development are discussed in the next paragraph: mentoring, coaching, succession planning and career development.

2.3.2.3.1 Mentoring

Mentoring refers to the process where an experienced employee provides guidance to a junior employee and facilitates his or her personal development (Grobler *et al.*, 2015:355). Mentoring is a process of deploying 'experienced individuals to provide guidance and advice that will help to develop the careers of mentees allocated to

them' (Vermeulen, 2016b:177; SA, 2006d:5). A mentoring programme is based on the perception that a skills gap is impeding efficiency in an organisation in delivering basic services to its citizens (SA, 2006d:5). Mentoring is also an effective method to assist inexperienced employees to develop and progress in their profession (Callan, 2016:1601).

The sole purpose of a mentorship is to provide the mentee with the essential qualities to cope with emerging demands, while creating a harmonious environment where employees demonstrate their newly learnt abilities freely (SA, 2006d:6). Mentoring is both developmental (basic know how and self-efficacy) and empowering; promoting critical thinking, consciousness raising, successful decision making and emotional intelligence (Davis & Nash, 2015:324). Mentoring is a non-formal training vehicle that enhances potential and attracts employees with scarce skills to the public service (Van Dijk, 2008:392). The mentor uses methods such as guidance, tutoring and emotional support (Chikumbi, 2011:39). A successful mentoring relationship assists in the convection of psycho-social welfare, such as acknowledgement, reassurance and career facilitation benefits (Van Dijk, 2008:392; Gordon & Melrose, 2011:3; Baranik, Roling & Eby, 2010:369).

Mentoring should advance the quality of HRD and perceived as an essential component in the planning and implementation of employee retention as an approach for the effective and efficient utilisation of human resources (Van Dijk, 2008:392). Employees with mentoring experience improved job performance, enriched job satisfaction, organisational commitment, personal learning, decreased social stress, sense of professionalism, development of leadership skills, increased self-confidence and professional competence and reduced turnover intention (Gordon & Melrose, 2011:14). Certain benefits of mentoring include advancing the career of the mentee by nominating him or her for promotion, protecting the mentee from controversial situations as well as providing coaching by suggesting work strategies as well as improving job performance and longer service in the organisation from the mentee who develops more skills and self-confidence (Grobler *et al.*, 2015:355).

Mentoring is an employee retention imperative and it enables medical doctors and professional nurses to become knowledgeable, sensitive, focused and committed to providing health care services to the public. Furthermore, mentoring positively impacts retention and increases job performance with enhanced quality patient care and reduced stress which, in turn, reduces employee turnover in the public health sector (Gordon & Melrose, 2011:3)

2.3.2.3.2 Coaching

Coaching is an on the job approach in which a manager has the opportunity to teach and guide an employee on a one-on-one basis which can be effective in developing the employee's confidence (Grobler *et al.*, 2015:355). Coaching assists employees to establish the responses themselves rather than informing them what to do or provide simple answers to their questions. As such, the coach acts as learning partner and refrain from applying solutions, knowledge or expertise (Flarherty & Everson, 2014:1). Coaching differs from mentoring in that in coaching; the coachee puts forward demands on the coach to address matters in which he or she needs assistance (Chikumbi, 2011:40).

According to Flarherty and Evason (2014:3), coaching outcomes include:

- excellent long-term performers, whereby coachees are encouraged to develop their capacity to produce outstanding results in a way that is meaningful for themselves and their colleagues;
- self-correcting coaches, whereby coachees learn to correct from their own habits of thinking and acting and from the often, subtle cues expressed in conversations and meetings; and
- self-generating coaches who are able to continuously improve their skills because they learnt how to convert ideas into action, keep themselves open to learning, and to scan the environment for innovation.

Although there are similarities between coaching and mentoring, the former is task-oriented, skills-focused, direct, and time bound, whereas the latter is focused on open-ended personal development (Dean, Oakley, James & Wrigley, 2007:4).

However, coaching is an imperative technique to retain employees because it increases organisational commitment, improves job satisfaction and reduces employee turnover (Flarherty & Evason, 2014:4-5). Therefore, when medical doctors and professional nurses are committed and satisfied with their jobs, they are easily retained. The public health sector would be endowed with knowledgeable and a focused medical staff that has the confidence to provide quality patient care to the inhabitants of South Africa.

2.3.2.3.3 Succession planning

Succession planning is the process of identifying a longer-term plan for the orderly replacement of skilled and competent employees (Grobler *et al.*, 2015:128). Succession planning is a focused process which develops and equips employees with essential competencies to replace senior management as necessary (Vermeulen, 2007:280). Furthermore, succession planning is also the process by which one or more successors are identified for key positions (Patidar, 2016:216). An organisation can through succession planning identify competent employees and enrol them for specific training programme (Chikumbi, 2011:41). The organisation builds and retains their intellectual capital by identifying education, mentoring and coaching employees who have the capability of becoming effective leaders (Paditar, 2016:216).

Succession planning has a positive impact on employee retention. Whenever professionals are aware that they can fill crucial positions in the organisation, they commit themselves thereto and foresee a future therein (McDonalds, 2008:21). Furthermore, employees are more loyal if they are offered development opportunities to enable them to reach their goals of being successful (Davenport, 2012:4). Therefore, succession planning must be an integral part of employee retention because it is difficult to attract and retain skilled and competent employees. Hence, such proactive strategies such as succession planning may help to retain the few employees in the organisation (Mothupi, 2014:61)

It can be argued that a skilled and competent employee is likely to enhance organisational productivity and effectivity, which would have a positive impact on

public service delivery. Therefore, it is imperative that public service organisations, including the NW DoH, invest in developing public employees for progression. The public health sector is a dynamic environment, which is influenced by increased competition and pressure to implement health outcomes such as those highlighted by the NDP and the government's Outcomes Approach as alluded to in Chapter 1, section 1.1. Due to skill shortages and a high turnover of medical employees with scarce skills, which may lead to organisational instability, as alluded to in Chapter 1, section 1.1, there is a need for succession planning to nurture leaders who can address these challenges. According to Paditar (2016:216), changes in leadership can disrupt the organisation's strategy which can lead to poor service delivery; therefore, succession planning protects the organisation from disruptive events associated with leadership changes.

2.3.2.3.4 Career Development

Career-minded employees view career growth and development as an important factor in determining their commitment to the organisation (Samuel, 2008:79). Organisations with a stature for career development are attractive to potential recruits who consider shaping their careers as an important factor (Omotoye, 2011:95).

Career development is a formal approach by the organisation to ensure that employees with proper qualifications and experience are available when needed (Sinha & Sinha, 2012:149). Career development is also a continuous and prescribed effort by an organisation that concentrates on developing and improving the organisation's human resources in light of both the employees and the organisation's needs (Byars & Rue, 2006:200; Vermeulen, 2011:84). Career development is an imperative for employee retention because employees should be encouraged to grow and comprehend their full ability. Moreover, they would be prepared to attach themselves with the current employer until retirement (Omotoye, 2011:95).

Career opportunities can be internal or external: the latter opportunities include a promotion or movement to a different position within the same organisation, while the former implies obtaining a position at another organisation (Van Dyk *et al.*, 2013:61).

When an organisation provides employees with internal job opportunities, it demonstrates that they can realise their career goals internally rather than externally of the organisation, thereby motivating them to commit thereto (Choo & Bowley, 2007:315). Furthermore, career development is likely to enhance employees' opportunities of being considered for promotion which elicits increased loyalty, dedication and career orientation (Samuel, 2008:80; Nel *et al.*, 2011:220). Top performing employees contemplate career planning until they are dissatisfied with their current job situation (Taleo, 2012:11). Such dissatisfaction can directly lead to voluntary turnover if the employee has no access to information about on-going career paths within the organisation (Sinha & Sinha, 2012:149) as alluded to in section 2.2.1.1.

In the public service neither career management nor any HRM practises related thereto were implemented effectively (Vermeulen, 2016b:180). The assessment Report on the status of Human Resource Management states that not only was there limited implementation but an absence of career management programmes in the public service (SA, 2010a:23). The NW DoH is no exception in this regard.

2.3.2.3.5 Work-life balance

A work-life balance refers to an employee striking a balance between his or her personal life and work schedule and avoiding conflict between various roles that have to be fulfilled in terms of the employee personal and work life (Van Dyk *et al.*, 2013:62). Work-life balance programmes include, *inter alia*, child care facilities, a required amount of travel away from home, recreational facilities in distant locations, hours of work, leave time, overtime and flexitime (Vermeulen, 2007:275; Munsamy & Venter, 2009:2). Flexible work schedules add to a work-life balance and can release work-related stress (Mrara, 2010:38). Flexibility at work for dual income families is vital and an organisation that allows such is viewed as concerned employers, which influences the employee's decision to stay at the organisation (Van Dyk *et al.*, 2013:62).

Organisations should design means to assist employees to successfully manage their commitment at home and at work and by so doing, minimise employee turnover

(Mrara, 2010:38). A work-life balance facilitates the employee's decision to stay at or leave the organisation (Van Dyk *et al.*, 2013:58). Therefore, an employer must not take a work-life balance for granted because this conflict can have a significant impact on how individuals view their career outcomes (Omotoye, 2011:106).

An absence of a work-life balance can lead to stress-related illnesses, family strife, violence, divorce, reduced life satisfaction and substance abuse, which in turn leads to an escalated absenteeism, employee turnover, healthcare costs as well as reduced productivity, employee satisfaction, commitment and loyalty towards the organisation (Soni, 2013:36). Consequently, an absence of a work-life balance would negatively influence the productivity and performance of an employee (Darcy, McCarthy, Hill & Grady, 2012:112).

Long working hours are the norm for many professional nurses. This results in burnout (Cortese, Colombo & Ghislieri, 2010:36). With regard to a shortage of professional nurses (refer to section 1.1), many are not allowed to take leave during the year due to the lack of staff and the inability of the public service to provide additional staff to fill in for the employees who are on leave (Kruse, 2011:23). This may increase the rate of employee turnover because these nurses have less time to spend with their families. Therefore, the NW DoH should note that fulfilling the needs and satisfaction of other family members is an essential aspect of work-life balance. Medical employees with family commitments may not be able to work without support services which allows them time to spend with their families (Cortese *et al.*, 2010:36).

Establishing a work-life balance for employees supports their psychological and physical health and wellbeing, while contributing to the improvement of individual and organisational outcomes, such as (Darcy *et al.*, 2012:112):

- a reduction in absenteeism, accidents and injuries;
- a low employee turnover rate and improvement in employee retention;
- increased productivity, increased performance, commitment, morale, job satisfaction and diversity;
- improvements in organisational outcomes (innovation, service delivery, ethical behaviour and customer client experience); and

- a raised profile of the organisation as an employer of choice, thereby making it attractive to outsiders and eases the retention of current employees.

According to Hill, Hawkins and Ferrisweitzman (2010:5), the outcomes of a negative work-life balance includes:

- psychological distress due to poor marital and parental role quality;
- decreased job satisfaction;
- decreased quality of work life;
- greater likelihood of leaving the organisation; and
- increased absenteeism.

2.3.2.3.6 Performance management

Armstrong (2014:334) asserts that performance management is a continuous process of identifying, measuring and developing the performance of an individual or team and aligning performance with the strategic goal of the organisation. Performance management includes a set of activities that improves the performance of all employees (Sripirabaa & Krishnaven, 2009:943; Mothupi, 2014:49). It is also a strategic process that assists in creating a favourable environment for motivating employees to develop and achieve high standards of performance (SA, 2007d:5; Malefane, 2016:142).

Performance management is an imperative to retain employees which can improve service delivery in the public health sector (Malefane, 2016:146). Malefane (2016:146) further posits that by improving employee discipline, public organisations retain well-behaved, trustworthy and loyal employees who are essential in achieving health-related outcomes of the NDP including the government's outcomes approach, as explained in Chapter 1, section 1.1. Therefore, an organisation can improve considerably through implementing performance management which is the way of life (Armstrong, 2014:345-346).

Performance management can also develop employees by promoting performance feedback through analysing strengths, weaknesses; identify areas for improvement and agreement of a personal development plan (Shields, 2007:24, Armstrong,

2014:336). Performance management facilitates activities through which employees are able to achieve personal development (Malefane, 2016:145). Thus, employee development through performance management is an imperative to retain employees when an organisation initiates training and development interventions to improve their performance. An employee is most likely to commit to the organisation since training and development is perceived as a personal career growth opportunity (Samuel, 2008:77) as alluded to in section 2.3.2.3.3. Therefore, the lack of opportunities to develop in an organisation may lead to employees becoming discontent, apathetic and develop a strong desire to find alternative employment (Mothupi, 2014:53).

Employee evaluation, through employee performance assessment and making of decisions on promotion or performance-related rewards attributes towards employee retention (Shields, 2007:24; Armstrong, 2014:336). Performance-based promotion systems can motivate innovative, hardworking, skilled and competent employees and grant an employee the opportunity to earn performance bonuses, encourage productivity and enhance employee retention (Samuel & Chipunza, 2009:414). Performance management can also reward employees through recognition and provision of opportunities to achieve the scope to develop skills and guidance in selecting career paths (Armstrong, 2014:348). Thus, performance rewards such as annual salary increases, pay progressions and performance bonuses in the public service is a strategy which is used to improve working conditions and attract and retain employees with scarce skills (Malefane, 2016:159).

Despite the implementation of performance management in the public service, numerous challenges have been experienced due to poor service delivery as the result of a lack of skills, lack of performance standards and failure to implement the Performance Management Development System (PMDS) properly (SA, 2010a:24). Therefore, solving these problems will create an equitable system and help to identify poor as well as sound performers (Malefane, 2016:162). Moreover, the NW DoH will benefit by implementing the PMDS and by ensuring that the personal development plans are drafted for all medical doctors and professional nurses, granting them the opportunity for career growth.

2.3.2.3.7 Motivation

Motivation is the willingness of individuals and teams to exert high levels of effort to achieve organisational goals, conditioned by the effort and capability to satisfy individual and team needs (Chikumbi, 2011:13). Motivation also includes the goals individual employees have, the approach individuals utilise to select their goals and the way in which others try to change their behaviour (Armstrong, 2014:170). Moreover, motivation is a process that arouses, directs and maintains human behaviour towards attaining objectives (Greenberg & Baron, 2008:248; Mothupi, 2014:53).

Motivation can be intrinsic or extrinsic. Intrinsic motivation occurs when individuals feel that their work is important, interesting and challenging whereas extrinsic motivation is prompted by external factors such as awards for work well done and higher salaries (Armstrong, 2014:170). Intrinsic rewards are personal, internal, psychological response to one's work, they are self-administered and are related to the job itself (Renard & Snelgar, 2016:1), whereas extrinsic rewards are tangible, transactional rewards provided to employees for working in the organisation (Armstrong, 2014:170).

Employees who are intrinsically motivated will favour conditions of high levels of work performance, an opportunity to apply a skills variety, task identity, task signing, continuance and feedback, which will lead to psychological circumstances such as experience meaningfulness of work and responses for work outcomes and knowledge of work's actual results which then leads to job satisfaction and intrinsic motivation (Renard & Snelgar, 2016:3). Extrinsic rewards include pay, promotional opportunities and fringe benefits (Samuel & Chipunza, 2009:412; Visser, 2012:3). The individual employee has control over intrinsic factors in the environment while extrinsic factors are controlled by the employers and supervisors (Luhailima, Mulaudzi & Phethlu, 2014:474). In the NW DoH, extrinsic solutions such as rural allowance and OSD have been implemented as measures to motivate medical doctors and professional nurses (Luhailima *et al.*, 2014:474). However, as indicated in chapter 1, section 1.1, these motivational measures have not been successful because the NW DoH still encounters a high rate of employee turnover. The

Department will have to search beyond these motivational strategies to enhance the retention of medical doctors and professional nurses.

According to (Mothupi, 2014:55), the motivation of employees is an imperative for employee retention since it is inferred that motivated employees will not only be productive workers, but will feel comfortable in the organisation. Motivation is central to employee attraction and employee retention (Koketso & Rust, 2011:2233). Through motivation the organisation can encourage the employees by improving their skills and their morale (Sandhya & Kumar, 2011:1779). Organisations that motivate their employees reduce employee turnover, increase productivity and reduce absenteeism (Direnzo & Greenhaus, 2011:567; Mothupi, 2014:55). It is thus evident that motivation is essential in employee retention since a motivated employee is not only productive, but also commits to the organisation and is more likely to be retained.

The best practises of employee retention discussed above may all be helpful for the NW DoH. The loss of medical employees with scarce skills has a negative impact on the competitive advantage and ultimate survival of the Department (specifically the Potchefstroom Hospital), and it is expensive to replace and train employees with scarce skills in this profession. In any health system, medical employees are the core element and are mandatory to deliver patient care. Therefore, employee retention problems should be appropriately addressed because they are likely to have an adverse effect on the delivery of health services and the outcomes thereof.

2.4 CONCLUSION

Employees leave an organisation for different reasons such as: job satisfaction; remuneration; the job itself; career advancements or a lack thereof; poor working conditions and a lack of opportunities for training and development. Furthermore, employee turnover is detrimental for any organisation as it incurs direct costs (recruitment, appointment, orientation and training), which impacts negatively as well as indirect costs (increased workload, reduced productivity and low employee morale), which can have an unfavourable impact thereto.

Employee retention strategies are only effective when the organisation understands the needs of its employees. Personal needs such as job satisfaction, recognition and career advancement are influenced by an organisation's work conditions. Organisations should view employees as the primary ingredient for success and by doing so; employee retention should be viewed as a fundamental measure towards retention.

Employee retention has to commence with the recruitment the suitable person. If the suitable person is recruited, best practises such as compensation, better working conditions, training and development, career development, succession planning, employee motivation and work-life balance will become more effective. There is a significant and positive relationship between compensation and employee retention. It is alleged that the higher the compensation, the employees would experience greater loss if they leave the organisation. Compensation alone is, however, is inadequate to retain an employee. Employees also add significance to developing their careers. If the organisation offers a development platform, employees become motivated, are satisfied and they commit themselves to the organisation

CHAPTER THREE: STATUTORY AND REGULATORY FRAMEWORK: PUBLIC HEALTH AND EMPLOYEE RETENTION

3.1 INTRODUCTION

Since the Potchefstroom Hospital under the auspices of the NW DoH has to contend with the retention of medical doctors and professional nurses, and the consequential high turnover of medical employees, the previous chapter established a theoretical framework for effective employee retention. However, in addition to guidelines from theory and best practice, the Potchefstroom Hospital, as a public service institution, functions within a particular statutory and regulatory environment, the hospital should ensure that its services, practices and functions conform to national legislation, policies and frameworks. This chapter will focus on both the statutory and regulatory framework for public health including HRM (under which employee retention is

located) in the public service. Various HRM employee retention practices and policies as stipulated in legislation, policies and frameworks will be expounded upon. The statutory and regulatory framework, which guides South Africa as a democratic developmental state is also discussed. The provisions of the Constitution, the NDP and the government's Outcomes Approach are also discussed in the chapter. Although the statutory and regulatory framework is not limited to the legislation, policies and frameworks included in this chapter, those applicable to this study have been prioritised.

3.2 A DEMOCRATIC DEVELOPMENTAL CONTEXT

As alluded to in chapter 1, section 1.1, and section 3.1 above, South Africa is a democratic developmental state. Hence, the study is conducted within this context. The Constitution, 1996, including the Bill of Rights, is the cornerstone of the South African democracy. The ability of a democracy to secure the basic social and economic rights of its citizens is vital to judge the quality of a democracy (Inter-Parliamentary Union, 1998:4; Wuccherpfennig & Deutch, 2009:6), including the right to health care services (SA, 1996:11). The South African government is responsible, through the public service as its executive arm, to provide the basic needs of its citizens. Therefore, several significant statutory and regulatory documents, which guide the provision of public health care services as a democratic right, are outlined in the sections below.

South Africa's state form is, however, not only democratic, but also developmental, as alluded to in chapter 1, section 1.1. A developmental state entails a state's planning capacity to achieve its social and economic objectives (Edigheji, Shisana & Masilela, 2008:36). One of the most significant aspects of the socio-economic circumstances of citizens is the provision of basic health care services. The sections below also focus on the basic right of health services from a developmental perspective.

3.2.1 Constitution of South Africa, 1996

The Constitution enshrines the rights of all citizens and affirms the democratic values of human dignity, equality and freedom (SA, 1996:3). The Constitution is the core instrument which directs the government to execute public administration efficiently and effectively as stipulated in the Bill of Rights and Chapter 10, Section 195 (1) (Moshela, 2014:5).

The Constitution explicitly states in its Bill of Rights that “everyone has the right of access to health care services” (SA, 1996:11), which is the democratic right on which this study is based. Chapter 10, Section 195 (1) of the Constitution, stipulates several basic values and principles which governs public administration, and specifically HRM in the public service (SA, 1996:99):

- public administration must be development-oriented, including the management of its human resources; and
- the public service should practice good HRM and career development practises, to maximise employees’ talent and capabilities.

Section 195 (1), directs public institutions, including the National DoH, and the Potchefstroom Hospital (case study for this study), to exercise effective and efficient public administration as well as adhere to HRM practices that enable employees to acquire their optimal potential. This implies that an encouraging and positive environment should be created for public employees to practice their proficiencies and excel in their daily jobs, since it would have a direct impact on both their employees and organisational performance, which would translate into service delivery.

An HRM practice that can be highlighted for this study is employee retention. As indicated in chapter 2, section 2.3, employee retention is more than merely retaining employees from leaving an organisation. Employee retention also has an aim to provide increased job satisfaction which in turn, improves employee commitment, thereby leading to reduced turnover (Nel & Werner, 2014:123). Also mentioned in chapter 2, section 2.3, employee retention entails motivated qualified and skilled

employees (Van Dyk *et al.*, 2013:59). The aim of employee retention is focused on the motivation, development and nurturing of employees thereby facilitating job satisfaction. Human resource management practices such as career development, talent management and mentoring enhance employee motivation, provides a sense of belonging and generates commitment to the organisation (Vermeulen, 2008:418; Koketso, 2011:39-40; PMI, 2013:3), as alluded to in chapter 2, section 2.3.2. Research revealed that once employees experience job satisfaction, their performance increases (Koketso, 2011:39-40; Koketso & Rust, 2012:2221; PMI, 2013:3; Grobler *et al.*, 2015:355; Vermeulen, 2015a:482), which ultimately benefits the organisation in terms of enhanced organisational performance transforms into quality service delivery for the citizens.

In addition to the Constitution as the supreme law of the country, the NDP is a noteworthy and fundamental policy considered in the context of the study. Currently, the NDP is the government's primary developmental policy, which accentuates the socio-economic developmental needs. The National Development Plan, 2011 is discussed in the next section.

3.2.2 The National Development Plan, 2011

The need for an effective public service with skilled, competent and capable public employees is supported by the NDP which states that one of the primary challenges in South Africa is the frequent poor quality of public services (SA, 2013:15), including health services (see chapter 1, section 1.1). The NDP was implemented to accelerate growth, create decent work and promote the public service to becoming a competitive economy (SA, 2011a:4) thereby fulfilling the constitutional mandate of improving the quality of life of all South Africans. With accessibility to, and quality health care services listed as one of the primary objectives (and challenges), the following nine long term-health goals are listed in the NDP (SA, 2011b:297):

- Increasing life expectancy to 70 years for both males and females;
- improving the prevention and curing of TB;
- reducing maternal, infant and child mortality;
- decreasing non-communicable chronic diseases;

- providing equal health for all citizens;
- appointing skilled, competent and committed individuals to fill posts;
- reducing injury, accidents and violence by 50%;
- reforming health systems; and
- improving primary health care by providing care to the families and communities.

Attaining these nine NDP health-related commitments, underscores the necessity of the retention of skilled and committed medical employees in the public health sector. It can be argued that for the NDP's goals to materialise, trained and skilled medical employees such as medical doctors and professional nurses are mandatory, as alluded to in Chapter 1, Section 1.1. However, the NDP unambiguously states that the training and development and the continuous reviewing of the remuneration of medical employees are some of the elements that need to be addressed in order to restructure the public service and retain employees (SA, 2011b:333). In this respect, training and remuneration as imperatives for employee retention were discussed in Chapter 2, Section 2.3.2.

With regard to the training and development of employees, the NDP states that in order to fill posts with skilled, committed and competent medical employees, health professionals should be trained to meet the requirements of the health care sector as well as confront non-communicable diseases (SA, 2011b:334). As alluded to in Chapter 2, Section 2.3.2.3, training and development opportunities contributes to employee retention because it is an investment in their careers and employees are more likely to remain at the organisation (Samuel, 2008:77; Van Dyk *et al.*, 2013:61; Terera & Ngirande, 2014:43-46). Moreover, it can be argued that when skilled and qualified employees are retained, it enhances an organisation's continuity and performance and results in improved service delivery. Consequently, the probability of attaining the developmental objectives of the NDP is increased.

Furthermore, the NDP posits that human resources should be strengthened through continuous review of remuneration and implementation of operative incentives and strategies such as the OSD (as discussed in chapter 1, section 1.1), to enhance

services in under-privileged areas (SA, 2011b:349). Remuneration and incentives, therefore, are essential to ensure organisational employee loyalty and reward skilled employees for work well-done (Mlilo *et al.*, 2013:843).

3.2.3 Government's Outcomes Approach

The 2014-2019 Medium Term Strategic Framework (MTSF) guides the coordination of policy and resource distribution through 14 outcomes that outline the allocations of the government's functions (SA, 2014:27). The government's Outcomes Approach is relevant in this study because Outcome 2, "a long and health life for all South Africans", is linked to the core business of health care service delivery by the National DoH, including the NW DoH. Outcome 2 outlines the following health care objectives (SA, 2014:18):

- Increasing life expectancy at birth to 63 years;
- reducing the under-5 mortality rate from 41 in 2012 to 23 per 1 000 live births;
- reducing the infant mortality rate from 27 in 2012 to 18 per 1 000 live births in 2019; and
- decreasing the maternal mortality rate from 269 to below 100 per 100 000 live births.

Skilled and committed medical employees are essential to achieve Outcome 2. As mentioned in Chapter 1, section 1.1, skilled medical employees should be considered as the heart of the public health system since they are an important resource in the formulation and implementation of health policies (Hullur *et al.*, 2016:2). Therefore, in order for the country to achieve the government's outcomes as determined by the NDP, public service institutions such as the NW DoH, must ensure it recruits and retains skilled and competent medical employees.

In addition to the supreme law of the country, the NDP, as the primary developmental policy and the 14 outcomes outlined by the government, specific legislation, policies and frameworks have been formulated for public health and HRM respectively. Sections 3.3 and 3.4 focus on these legislation, policies and frameworks.

3.3 STATUTORY AND REGULATORY FRAMEWORK: PUBLIC HEALTH

A number of Acts, policies and frameworks have been promulgated towards fulfilling government's democratic and developmental responsibility to provide effective and efficient health care services. The following sections will elaborate on certain significant public health service legislation, policies and frameworks relevant in the context of this study. Since the statutory and regulatory public health sector framework takes cognisance of the central role and significance of employees in the provision of public health services, various HRM aspects are also addressed in the public health-related legislation, policies and frameworks (section 3.4 focuses on generic HRM legislation, policies and frameworks). The sections below discuss the relevance of the following public health legislation, policies and frameworks: Occupational Health and Safety Act 85 of 1993; White Paper for the Transformation of the Health System, 1997; National Health Act 63 of 2003; National Human Resources for Health Plan, 2006 and Employee Health and Wellness Strategic Framework for the public service, 2008.

3.3.1 Occupational Health and Safety Act 85 of 1993

The Occupational Health and Safety Act (OHSA) 85 of 1993 requires employers to provide and maintain a practical work environment that is safe and without risk for health employees (SA, 1993:3). The Act applies to this study because medical employees in the public health sector are exposed to risky and less than ideal working conditions, as alluded to in chapter 1, section 1.1 and chapter 2, section 2.3.2.2. Medical employees in the public health sector often experience much difficulty with inadequate resources such as medicine and equipment (Mokoka, Oosthuizen & Ehlers, 2010:4), and often carry an unrealistic high workload (Mokoka *et al.*, 2010:4; Rural Health Advocacy Programme, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18).

It was also highlighted in chapter 2, section 2.3.2.2, that healthy working conditions, a flexible workplace and an attractive work environment improves the health and wellbeing of an employee and contributes towards satisfied employees who are more likely to be retained (Vermeulen, 2008:418; Mandhanya, 2015:191; Vermeulen,

2016a:236-237; Pitt-Catsouphes *et al.*, 2015:263). Therefore, if the public health sector can provide improved working conditions to medical doctors and professional nurses, the NW DoH would likely be more successful in retaining the employees.

3.3.2 White Paper for the Transformation of the Health System, 1997

The White Paper for the Transformation of the Health System in South Africa was the initial principle policy document which guided transformation in the public health sector (SA, 1997:1). Chapter 4 of the White Paper discusses the development of human resources for this sector and highlights concerns such as HRM planning, training and development, career development, incentives and remuneration packages (SA, 1997:34-39). These concerns are also imperatives to retain employees as alluded to in Chapter 2, Section 2.3.2 and section 3.3.3 above, and elaborated upon below (SA, 1997:34):

- **Training and development**

Section 4(1) of the White Paper recognises the need to train and develop medical employees, and the importance of formulating frameworks for future training and advancement opportunities for medical employees in order to cultivate excellence (SA, 1997:34-36). The principles of training and development were also addressed in Chapter 2, Section 2.3.2.3, wherein it was revealed that training and development are important organisational requirements to compete in the global environment because it meets the ever-changing environment of the world of work (Grobler *et al.*, 2015:341).

- **Incentives**

The White Paper states that incentives must be developed based on the working conditions and working environment that the employee works in (SA, 1997:37). George *et al.* (2009:39), argue that due to the White Paper, rural allowances were implemented to compensate for the unequal distribution of medical employees between rural and urban areas as well as to retain medical employees in the rural

areas. Rural allowances are discussed as an employee retention strategy for medical employees in the NW DoH in Chapter 4, section 4.4.3. These allowances were introduced to explicitly retain medical doctors and professional nurses in the rural areas of South Africa (Chelule & Madiba, 2014:84).

- **Remuneration packages**

According to the White Paper, the national government's medical employee's salary packages should be reviewed, especially according to the directives as stipulated in the Remuneration of Town Clerks Act 115 of 1984 (SA, 1997:38). The White Paper also states that the national government should ratify the best salary equalising option that is financially feasible (SA, 1997:38). It can be argued that remuneration is an essential starting point in employee retention, as alluded to in Chapter 2, Section 2.3.2.2. Therefore, remuneration packages attract, retain and motivate competent employees to achieve the vision of the organisation (Van Dyk *et al.*, 2013:60).

- **Career development**

Career development and continuing education for medical professionals should be promoted and the system of visiting consultants should be formulated such that specialist categories function as educators at the primary health care level (SA, 1997:39). In Chapter 2, Section 2.3.2.4, it was highlighted that career development is an imperative to retain employees. Career development relates to employee retention in that employees should be encouraged to grow and comprehend their maximum ability and probably be prepared to attach themselves with the current employer until retirement (Omotoye, 2011: 95).

In addition to the significant role of training, development and remuneration in the retention of employees, which was addressed in this chapter including chapter 2, public service organisations such as the NW DoH should also focus on career development. Career development is particularly important in the public health sector because medical doctors and professional nurses are considered a highly qualified scarce talent. Research has revealed that talented employees demonstrate a need

for career development and a lack thereof often leads to an organisation failing to retain them (Vermeulen, 2015a:483).

3.3.3 National Health Act 63 of 2003

The National Health Act guides the functions of the National DoH (Gray & Jack, 2008:31) including the NW DoH. It is important to include a discussion on this Act in the chapter as it highlights salient HRM concerns. These points are highlighted in Section 52 of the Act and relates to employee retention, which is the focus of this study. With regard to HRM in general, the Act introduced a National Health Council (NHC) to formulate policy and monitor the provision, distribution, development, management and utilisation of human resources in the public health sector (SA, 2003:58).

Moreover, the Act identifies the need to resolve the lack of medical employees with scarce skills and explicitly states that health care providers should eradicate this deficit (SA, 2003:58). In Chapter 1, Section 1.1, it was revealed that employees with scarce skills possess crucial capabilities and are in short supply in the public health sector because the demand of such skills exceeds the supply (Thlapa, 2011:25). Therefore, it can be argued that employees with these skills, currently employed in the public health sector should be retained because they are an imperative for the effective functioning of the public health sector. Certain human resource functions listed in the Act include, *inter alia*, the recruitment, retention, development and training of health employees, which are elaborated upon below (SA, 2003:58):

- **Recruitment and retention**

Section 52 of the National Health Act stipulates that the public health sector should identify crucial skills, abilities and capabilities for medical employees and recommend strategies for the recruitment of medical employees from other countries (SA, 2003:58). The section also proposes procedures for the recruitment and retention of medical employees in the National DoH. It can be argued that the National Health Act makes provision for the recruitment of foreign nationals. The

recruitment of foreign nationals is discussed in more detail in chapter 4, section 4.4.2, as an employee retention strategy used by the NW DoH.

- **Training and development**

Section 52 also states that the National DoH should grant resources to meet the training and development needs of medical employees to meet the requirements of the national health system (SA, 2003:58). As alluded to in Chapter 1, Section 1.1 and section 3.2.2 above, when employees are trained and developed, they experience this opportunity as an interest and investment in them. Consequently, they attach themselves to the organisation (Hassan *et al.*, 2013:18).

It is evident that the National Health Act places emphasis on the importance and urgency to not only recruit, but also develop and retain skilled medical employees. If one considers the provision of public health service challenges experienced in the North West Province, as alluded to in chapter 1, sections 1.1 and 1.4 (a high rate of employee turnover, an inability to fill positions, a significant disease burden, a majority of the population that is reliant on public health services, and the budget deficits), the NW DoH should give priority to the stipulations of the Act.

3.3.4 National Human Resources for Health Plan, 2006

The National Human Resource Health Plan of 2006 aims to ensure that the public health sector has suitable quality and quantity employees it requires to attain its goals and objectives (SA, 2006d:15). It also aims to ensure that the public health sector is able to manage employee surplus and scarcity and develop a multi-skilled, representative and flexible workforce, which would enable a department to change swiftly to the changing environment (SA, 2006d:15). As a pivotal policy for medical employees, this Plan is applied to this study because it highlights the effects of skilled and competent medical employee turnover and the imperatives of employee retention, which include training, development, remuneration and working conditions (SA, 2006d:ix-x).

Principle 2 of the National Human Resource Health Plan outlines the importance for citizens to enjoy the benefits of reliable, skilled and competent medical employees to keep abreast with the demands of the increase in diseases in the country (SA, 2006d:ix). Wildschut and Mggolozana (2008:42) contend that the high HIV/AIDS prevalence, associated with high rate of TB and other communicable diseases require additional human resources in the public health sector, as alluded to in Chapter 1, Section 1.1. Therefore, the Plan highlights the importance of retaining medical employees in the public health sector to assist in reducing the challenges of diseases in the country as well as provide effective and efficient health care services to the citizens. The following employee retention HRM practices are highlighted in the Plan and elaborated upon below (SA, 2006d:ix-x):

- **Training and development**

The National DoH, in partnership with the DHET and the National Treasury, are committed to formulating approaches to increase the number of health professionals through training and education to ensure that there are a reliable number of medical employees. It is argued that when skilled and competent health professionals are trained, the recruitment pool increases. Therefore, the policy highlights the importance of training health employees as it would expand the recruitment pool and reduce the risk of having to appoint an unsuitable applicant. Failure to recruit suitable candidates during the recruitment process would result in the appointment of a pool of poorly qualified candidates who would be difficult to retain (SA, 2006d:13), as alluded to in Chapter 2, Section 2.3.2.1.

- **Remuneration and working conditions**

Remuneration and working conditions were discussed in Chapter 2, Section 2.3.2.2. In accordance therewith, Principle 11 of the National Human Resource Health Plan emphasises that health professionals must be remunerated at levels comparable with the obligation placed upon them for the provision of health services, and attractive working conditions must be ensured to enhance the confidence of medical employees in the public health sector (SA, 2006:x). The Plan further states that

remuneration and working conditions play a significant role in employee satisfaction, which in turn, affects employee retention.

It is evident that the National Human Resource Health Plan emphasises the need for effective recruitment and selection practices to enhance employee retention in the long-term. The Plan also highlights the significant role of employee satisfaction in employee retention (SA, 2006:xii). The importance of these two aspects in employee retention has been mentioned in various sections of the study (see chapter 1, sections 1.1 and 1.4; chapter 2, sections 2.3.2.1, 2.3.2.2.1 and 2.3.2.2.2; and this chapter, sections 3.3.1 and 3.2.1).

In most public service organisations, several recruitment challenges transpire which often do not lead to the appointment of the best candidate (SA, 2010a:16). Recruitment challenges in the public service are alluded to in section 3.4.11 below. Various factors which hamper the job satisfaction of medical doctors and professional nurses were also alluded to (see chapter 1, sections 1.1 and 1.4; chapter 2, sections 2.3.2.2.1 and 2.3.2.2.2; and this chapter, section 3.2.1). The HRM practices which support job satisfaction and ultimately employee retention are discussed in section 3.4.7 below. Since the aim of the NW DoH is to minimise the turnover of medical doctors and nurses and to increase the retention of these employees, it is clear that recruitment and job satisfaction need to receive attention.

3.3.5 Employee Health and Wellness Strategic Framework for the public service, 2008

In 2008 the DPSA formulated the Employee Health and Wellness Strategic Framework, which addresses the need for integrated, needs driven, participative and holistic employee health and wellness performance for the public service (Rakepa & Uys, 2013:26). Four functional pillars were proposed in the Framework: HIV/AIDS management; health and productive management; Safety, Health, Environment, Risk and Quality (SHERQ) management; and wellness management. The pillars form the basis of the Framework and identify a critical set of initiatives which should be undertaken by the health and wellness practitioners to execute their roles and responsibilities (SA, 2008b:23). The framework is applicable in this study since

HIV/AIDS and TB are but two of the primary challenges which the DoH is confronted by to ensure effective health service delivery as alluded to in Chapter 1, section 1.1.

Pillar 1 (HIV/AIDS management); states that young women, the poor and people residing in underdeveloped areas in the country are affected by HIV/AIDS (Vermeulen, 2016a:244). In addition, TB is also considered as the major cause of death due to low curative rates, drug resistance and weakened immune systems due to HIV/AIDS (SA, 2008b:24). Therefore, the primary purpose of the Framework is to alleviate the impact of HIV/AIDs and to improve the public service to decrease the infections and effects of the disease in the community.

As alluded to in chapter 1, section 1.1, the high prevalence of HIV/AIDS and the associated high rate of TB demands additional medical employees, especially medical doctors and professional nurses in the public health sector. TB patients usually make use of the public health sector as opposed to the private health sector (Wildschut & Mqgolozana, 2008:42). Tuberculosis frequently affects the impoverished, those living in rural areas, and individuals with compromised immune systems without access to DOTS therapy, the uninsured, and patients who make use of public hospitals (Sissolak *et al.*, 2011:3). Venter *et al.* (2016:1), argue that South Africa has both the largest number of patients with HIV infections as well as the highest absolute number of patients who receive antiretroviral drugs in the world. Consequently, there is a dire need for medical doctors and professional nurses to cater for those who are infected. In this regard, the Employee Health and Wellness Strategic Framework, 2008, provide certain guidelines to prevent cure and monitor the diseases.

In addition to the public health sector HRM practices discussed in the above legislation, policies and frameworks, a number of generic HRM legislation, policies and frameworks have been promulgated to manage the employees in the public service. Since the NW DoH, and in particular the Potchefstroom, is part of the public service, the Hospital is compelled to abide by these legislation, policies and frameworks which are discussed in the following sections.

3.4 STATUTORY AND REGULATORY FRAMEWORK: HUMAN RESOURCE MANAGEMENT

As indicated in chapter 1, section 1.1, skilled health employees are essential in speeding up the achievements of the national health outcomes (Dassault & Franceshire, 2006:1; SA, 2006a:3-6; SA, 2013:15; Hullur *et al.*, 2016:2). The country therefore needs a public service that employs employees with essential health skills and expertise to provide in the health needs of its citizens. In this respect, the following sections will focus on legislation, policies and frameworks pertaining to HRM and, in particular, employee retention in the public service.

3.4.1 Public Service Act 103 of 1994

The Public Service Act of 1994 gives effect to the stipulations of the Constitution to make sure that public administration is effective through the regulation of the employment conditions of public servants (SA, 1994:2; Roman, 2011:35). Section 11(2)(b) states that appointments in the public service should be based on training, skills, competence and knowledge (SA, 1994:19). The policy identifies the importance of recruiting and retaining skilled, knowledgeable and competent employees in the public service. Therefore, retaining skilled employees begins with the appointment of the right candidates, and by so doing, the best employees suited for the job will perform well and stay in the organisation (SA, 2006a:4), as alluded to in Chapter 2, Section 2.3.2.1.

Furthermore, with reference to Section 37 of the Act, employees should receive salaries and allowances in accordance with the salary scale (SA, 1994:33). Important here, is that the Act makes reference to allowances in addition to employees' salaries. As alluded to in chapter 2, section 2.3.2.2, allowances are particularly important to medical employees such as medical doctors and professional nurses, particularly those who work in rural areas, as an attraction technique. Also, mentioned in chapter 2, section 2.3.2.2, was that salaries and allowances attract potential job applicants, motivate employees and contribute to the retention of skilled and competent employees (Hong *et al.*, 2012:65; Mosadeghrad, Ferlie & Rosenberg, 2011:171). This stresses the importance of the NW DoH to

include allowances in its retention strategy to retain medical doctors and professional nurses.

3.4.2 White Paper on the Transformation of the public service, 1995

The White Paper on the Transformation of the Public Service commits to improve the lives of citizens through a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to needs of all citizens (SA, 1995:7). The White Paper is relevant because it identifies HRM functions such as training and development as well as conditions of employment which are detrimental to employee retention. The White Paper explicitly states that the development of employees will include effective lifelong career development paths for all categories of employees in the public service, the need to improve employment conditions and a call to base promotion and career advancement on performance rather than seniority (SA, 1995:52).

Career development is an important factor to determine employee commitment to the organisation (Samuel, 2008:79), as alluded to in Chapter 2, Section 2.3.2.5. It was indicated in Chapter 2, Section 2.3.2.5, that granting employees promotion based on performance motivates them to commit themselves to the organisation (Choo & Bowler, 2007:315; Munsamy & Venter, 2009:3; Omotoye, 2011:95; Sinha, 2012:146; Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Mandhanya, 2015:125; Erasmus *et al.*, 2015:40).

3.4.3 Labour Relations Act 66 of 1995

The Labour Relations Act was promulgated in November of 1995 after the new structures of the Commission for Conciliation, Arbitration and Mediation and the Labour Court were established (Finnemore, 2006:167). The purpose of the Labour Relations Act is to improve economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the following primary objectives (SA, 1995:8):

- To give effect to section 27 of the Constitution;

- to regulate the organisational rights of trade unions
- to promote and facilitate collective bargaining at the workplace and at sectoral level;
- to regulate the right to strike and the recourse to lock-out in conformity with the Constitution (1996);
- to promote employee participation in decision-making through the establishment of workplace forums;
- to provide simple procedures for the resolution of labour disputes through statutory conciliation, mediation and arbitration and through independent alternative dispute resolution services accredited for this purpose;
- to establish the Labour Court and Labour Appeal Court as superior courts, with exclusive jurisdiction to decide matters arising from the Act;
- to provide for a simplified procedure for the registration of trade unions and employers' organisations, and to provide for their regulation;
- to ensure democratic practices and proper financial control;
- to give effect to the public international law obligations of the Republic relating to labour relations;
- to amend and repeal certain laws relating to labour relations; and
- to provide for incidental matters.

The Labour Relations Act is imperative to maintain sound relations among employers, unions and employees in the workplace which contributes to higher levels of performance (Roman, 2011:43). It is applicable to this study because it is a challenge to attract and retain medical employees in an organisation which practises unfair labour practices. It can be argued that employees are more likely to be retained in a peaceful organisation at which fairness and reasonableness is practiced.

3.4.4 Basic Conditions of Employment Act 75 1997

The Basic Conditions of Employment Act regulates employment in South Africa and ensures that the Act complies with the objectives of the International Labour

Organisation (Roman, 2011:41). The minimum provisions for employment conditions stipulated in the Act include the following (SA, 1997:8-12):

- The number of working hours completed for the day and at night;
- payment for overtime, Sundays and public holidays;
- meal breaks and resting periods;
- leave, such as maternity and family responsibility leave;
- compensation and severance payments;
- termination of employment;
- the restriction of child and forced labour;
- basic conditions of employment; and
- written particulars of employment.

Compliance by the NW DoH to the abovementioned conditions of employment, as outlined in the Act was assessed during the empirical research and discussed in chapter 5.

3.4.5 White Paper on Training and Education in the public service, 1997

The primary aim of the White Paper on Public Service Training and Education is to institute a vision and guidelines for the formulation and implementation of policies, procedures and legislation designed to improve training and education in the public service (SA, 1997:4). The White Paper also highlights less formal forms of employee development such as coaching, mentoring, work shadowing, job rotation and job enrichment (SA, 1997:14). Coaching and mentoring are imperatives for employee retention (Van Dijk, 2008:392). Mentoring improves job performance, enrich job satisfaction, organisational commitment and reduces employee turnover intention (Gordon & Melrose, 2011:14), whereas coaching develops employee confidence, which in turn leads to job satisfaction and employee retention (Grobler *et al.*, 2015:355) as alluded to in Chapter 2, Sections 2.3.2.3.3 and 2.3.2.3.2 respectively.

The values and principles underlining the White Paper on training and education in the public service include (SA, 1996:6):

- Offering equal training access to all employees at any level quality;

- empowering disadvantaged and marginal groups;
- assuring democratic, non-racist and non-sexist policies, practices and values;
- providing lifelong learning, particularly through the NQF;
- paving effective career paths for all public servants;
- intense participation and involvement by all relevant stakeholders;
- ensuring mutual understanding and respect, and tolerance for diversity;
- quality and cost-effectiveness human resource utilisation;
- ensuring efficiency, effectiveness and professional service ethos; and
- flexibility and decentralisation within national norms and standards.

Therefore, the White Paper underscores the importance of furnishing employees with adequate training and development opportunities and career path opportunities, which are essential to employee growth and development since it expands employees' sense of commitment to the organisation (Van Dyk *et al.*, 2013:61), as alluded to in Chapter 2, Section 2.3.2.4. The White Paper also underscores the need for quality human resource utilisation, thus reflecting the importance of effectively employing, *inter alia*, skilled employees such as medical doctors and professional nurses. Given the fact that medical employees are often overburdened with workload, it implies, amongst other things, the ineffective utilisation of medical employees. Therefore, it is advisable for the NW DoH to consider including two aspects (career path opportunities and effective utilisation) to manage medical doctors and professional nurses, explicitly with a view to retain them.

3.4.6 White Paper on Human Resource Management, 1997

The aim of the White Paper on Human Resources Management is for the HRM in the public service to employ diverse, competent and well-managed employees as well as efficient, skilled and dedicated to deliver high quality services to the people of South Africa (SA, 1997:2). In the HRM public service vision and mission, the White Paper calls for the following: competent, capable and committed public employees that provide quality services to the citizens of the country (vision); and HRM that becomes "a model of excellence, in which service to society stems from commitment" (mission) (SA, 1997:10).

As alluded to in chapter 1, section 1.1, it is evident that the government places a high priority on skilled and competent employees as vital resources in the public service. The availability of skilled employees will enable the public health care system to function effectively (Loeweson & Thompson, 2006:35). Skilled medical employees are an important resource in the formulation and implementation of health policies and of essence to the performance of a national health system (Dawson *et al.*, 2015:2; Hullur *et al.*, 2016:2).

Human resource management practices relevant to employee retention, which are outlined in the White Paper include: HRM planning, recruitment and selection, career management, flexible working patterns, performance management and promotion. Certain HRM practices, as outlined in the White Paper, are elaborated upon below (SA, 1997:4):

- **Recruitment and Selection**

The White Paper states that recruitment strategies that are cost effective have to be designed to attract applicants including those from historically disadvantaged groups. The White Paper further asserts that selection on merit is important because it ensures that the public service recruits skilled and competent employees (SA, 1997:21). The policy highlights the need to recruit and select correctly, which is vital to retain employees as mentioned in chapter 1, section 1.1 and chapter 2, sections 2.3 and 2.3.1. For instance, recruiting and selecting the best candidate is of utmost importance for the eventual performance of the organisation. Moreover, recruiting loyal and committed employees can be ensured, which in turn, would result in a decrease in employee turnover and contribute towards the retention of skilled employees in the long term.

- **Flexible working patterns**

Part-time work, job-sharing and more flexible working hours should be encouraged as a means to manage work efficiently and effectively, thereby providing working conditions which are susceptible to the employers' and employees' needs (SA,

1997:4). The policy highlights the essence of providing working conditions which influence the employee's decision to stay in the public health sector. As a result, organisations that offers flexible work schedules are perceived as concerned employers and positively influence employees to stay at the organisation (Van Dyk *et al.*, 2013:62). Flexible working patterns and work-life balance was discussed in chapter 2, sections 2.2.2 and 2.3.2.3.5.

- **A career public service**

The public service must serve as a career service vehicle that will grant opportunities for career development and advancement through enhanced performance and career management (SA, 1997:4). Granting opportunities for career development and advancement are important to retain employees and provide effective and efficient service delivery. If employees are granted promotion opportunities, they build their career life with the notion of anchoring their career goals and commit themselves to the organisation (Samuel, 2008:80), as alluded to in Chapter 2, Section 2.3.2.4.

3.4.7 Skills Development Act 97 of 1998

The Skills Development Act was introduced because the national economy was strained by the inadequate supply of skilled employees including the political obligation to redress inequities by creating training and development for employment opportunities (SA, 1998:11; Grawitzky, 2007:1). The Skills Development Act also emphasises the need to transform skills development, thereby enhancing democracy in the workplace and improving the quality of education therein (SA, 1998:11; Mohlala, 2011:10).

The purpose of the Act is to (SA, 1998:10-11):

- Develop skills in the public service;
- invest in the education and training of public employees;
- transform the workplace into a place of learning with the objective to provide opportunities of skills development to employees;

- provide new employees with the opportunity to increase their work experience,
- employ persons who find it difficult to be employed;
- encourage employees to train in leadership and other training programmes;
- improve the employment prospects for previously disadvantaged groups resulting from unfair discrimination and to redress those disadvantages through training and education;
- ensure the quality of education and training provided by the public service, and;
- assist job seekers to find employment, facilitate retrenched employees to re-enter the labour market, and to find capable and competent employees.

According to Mokoola (2012:6), the Skills Development Act addresses the scarce skills shortage in the public service because each organisation is accountable to develop the employee's skills whereby a pool of competent employees is generated. The importance of skilled, capable and competent employees is emphasised throughout this study. It has been alluded to in several sections (chapter 1, sections 1.1 and 1.4; chapter 2, sections 2.1, 2.2, 2.2.3, 2.3, 2.3.1, 2.3.2.1, 2.3.2.2.1, 2.3.2.3.1, 2.3.2.3.3 and 2.2.3.5; and this chapter, sections 3.3.1, 3.3.2, 3.3.3 and 3.3.4) that the public service is reliant on skilled and committed employees to achieve the national health objectives (Dassault & Franceshire, 2006:1; SA, 2008:45; SA, 2010a:6; SA, 2013:43-44; Masibigiri & Nieneber, 2011:2; Hullur *et al.*, 2016:2). Moreover, the public service constantly strives to recruit and retain employees with scarce skills (SA, 2008:45), particularly medical employees in rural areas (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1).

3.4.8 Public Service Regulations, 2001

The Public Service Regulations (PSRs) emanates from the Public Service Act of 1994 and regulates the employment conditions of public employees (SA, 2001:6; Romans, 2011:36). The PSRs also identify HRM functions, which are related to employee retention, including, job evaluation, compensation, recruitment and selection, performance management, training and labour relations (SA, 2001:16-25).

Section F of the PSRs discusses the creation and filling of posts in the public service (SA, 2001:17). Sub section (a) states that, before creating a post, the organisation has to ensure that the post meets the department's objectives (SA, 2001:17). The policy therefore encourages the public health sector to formulate a retention strategy that is based directly on the organisation's strategy and that integrates the policies and procedures to recruit and retain the right number of employees in the right jobs at the right time. This notion is supported by various authors (Netswera *et al.*, 2005:37; Aswathappa & Dash, 2008:136; Masibigiri & Nienaber, 2011:1) and was also alluded to in Chapter 1, Section 1.1.

Section I of the PSRs states that, the organisation should develop a job description for each post (SA, 2001:18). Each job description should indicate the appropriate emphasis on service delivery and other employment requirements such as job requirements and promotion in accordance with the career path of the post (SA, 2001:18). The policy highlights the importance of a job description. In chapter 1, section 1.1 and chapter 2, sections 2.3 and 2.3.1, it was mentioned that one of the pivotal aspects pertaining to employee retention is effective recruitment (Netswera *et al.*, 2005:37; Vermeulen, 2008:40; Masibigiri & Nienaber, 2011:1; Hong *et al.*, 2012:63). Recruitment, however, should not take place without a proper preceding job analysis process, in which the drafting of a job description is included (Netswera *et al.*, 2005:37; Aswathappa & Dash, 2008:136; SA, 2010a:vii;ix;5; Masibigiri & Nienaber, 2011:1).

Part V, Section A of the PSRs, states that remuneration in the public service intend to support efficient and effective service delivery and provide relevant incentives for employees for equal pay and work of equal value (SA, 2001:22). In Chapter 2, Section 2.3.2.1 it was stated that compensation and incentives have a direct impact on the recruitment, selection and retention of employees with scarce skills (York, 2010:217).

Part V, Section D of the PSRs, states that the working environment should support effective and efficient service delivery, taking employees' personal circumstances, including disability, HIV/AIDS and other health conditions into account (SA, 2001:26). Healthy working conditions not only improve the health and well-being of an

individual employee but also contribute to employee retention (Mandhanya, 2015:191), as alluded to in chapter 1, section 1.1 chapter 2, section 2.3.2.2 and section 3.3.3 of this chapter.

3.4.9 Department of Public Service and Administration Retention Guide, 2006

The DPSA's Retention Guide, 2006, is a guideline for government departments to formulate and implement employee retention strategies in relation to needs and requirements to retain their most skilled and competent employees (Roman, 2011:39). Furthermore, the guide defines scarce skills and highlights medical doctors and nurses as employees with scarce skills (SA, 2006a:7). Therefore, the Guide can be utilised by the public health sector as a reference of how to implement strategies that attract and retain medical employees with scarce skills.

As alluded to in Chapter 2, Section 2.3, the Retention Guide states that employee retention should be concerned with (SA, 2006a:9):

- Focused recruitment strategies which attract employees to the organisation;
- retain competent and skilled employees in the organisation;
- motivate employees to stay in the organisation;
- psychological and operational aspects of the employees, attached to the job or tasks that they are required to do in terms of their appointment;
- day-to-day HRM, practiced to acquire or retain employees; and
- almost all other human resources management practises.

Employee turnover factors such as financial considerations, working environment, career development, internal mobility and job hopping, leadership and management style and lack of effective communication and grievance procedures are also highlighted in the retention guide (SA, 2006a:10-11). These were discussed in Chapter 2, Section 2.2 as possible reasons for employee turnover and as such, causes that should be prevented as they can be disruptive to the organisation.

The Retention Guide states that employee retention is influenced by six HRM components: human resources development; compensation and benefits; employee

and labour relations; HRM planning; recruitment and selection; optimal human resources utilisation; and health, wellness and safety (SA, 2006a:10). Chapter 1, section 1.1 identified most of the employee retention components as relevant to the study.

3.4.10 Public service mentoring programme, 2006

The mentoring policy was based on the realisation that skills gaps impede the ability of the public service to deliver on the government's mandate of providing effective and efficient services to its citizens (SA, 2006d:5). Therefore, the Public Service Mentoring Policy is applicable to this study because mentoring is associated with employee retention since it improves job performance, organisational commitment and reduced employee turnover intention (Van Dijk, 2008:392), as discussed in Chapter 2, Section 2.3.2.3.3. The primary purpose of the mentoring policy is to establish skills development for service delivery and transformation of the public service and includes the following objectives (SA, 2006d:7):

- Providing an informal training vehicle for building human capital;
- providing a value-added experience to enhance formal learning programmes such as the learnership programme and experience-based programmes such as the internship programmes;
- improving the efficiency of employees in meeting government's strategic objectives;
- improving the quality of human resources development in the public service;
- attracting and retaining employees with scarce skills in the public service;
- providing management with tools for monitoring and improving the competences new managers in the public service; and
- improving the induction/orientation of new employees.

Therefore, the policy highlights the importance of mentoring in promoting the retention of skilled and competent employees. It can be argued that employees receiving mentoring attach themselves to the organisation and do not consider leaving (Nkomo & Thwala, 2016:307).

In conclusion, legislation such as the Public Service Coordinating Bargaining Council Resolution 7 of 2000 posits that employees can be granted special leave for developmental purposes, for example, when an employee is writing examinations or attending lectures. The leave can be either paid or unpaid. The Public Service Coordination Bargaining Council Resolution 3 of 1999 allows for a once off amount to be paid to recruits from abroad for relocation costs to South Africa. This resolution enables the government to source employees with scarce skills from abroad. Sourcing employees from abroad widens the recruitment pool. The Employment Equity Act 1998 section 37(2) stipulates that employees have to be rewarded financially if it assists to retain the scarce skills.

It is evident that the government has promulgated numerous legislation, policies and frameworks in support of the public health sector and the retention of employees. For the purpose of this study, the above sections focused on legislation, policies and frameworks to enhance the retention of medical employees in the public service, explicitly in the NW DoH (at the Potchefstroom Hospital).

Similarities could be found in HRM legislation, policies and frameworks relevant to employee retention. Certain HRM practices appeared in several documents, and accentuated the importance thereof. Human resource management practices that are stipulated in legislation, policies and frameworks include: recruitment and selection, compensation, working conditions, training and development, career development and incentives. Employee retention is also stipulated in almost all the legislation, policies and frameworks as an imperative for HRM practice. Thus, it is evident that government places a high priority on the retention of employees in the public service, particularly those with scarce skills such as medical doctors and professional nurses. This priority placed on employee retention in the statutory and regulatory environment, including other HRM practices, emerged as an imperative for effective HRM, as well as supports the premise of an integrated HRM approach, as discussed in chapter 2, section 2.3.2. These HRM practices, through an integrated HRM approach, should take prominence in a retention strategy for medical employees at the NW DoH.

3.4.11 Toolkit for Recruitment and Selection, 2006

The PSC's Toolkit for Recruitment and Selection provides guidelines and gives direction on the development of generic recruitment and selection process (SA, 2006b:7). The Toolkit is applicable to this study because recruitment and selection plays a crucial role in employee retention, which was accentuated several times in this study (see chapter 1, sections 1.1. and 1.4 and chapter 2, sections 2.3.2.1).

Poor recruitment and selection decisions result in expensive grievances, complaints, disputes, litigation and discontentment, and puts pressure on employee retention due to a poor post and person match, which results in dubious redeployment of human resources to improve service delivery (SA, 2006b:17). One of the reasons why employees leave an organisation is mismatch between the position and the person. The appointed employees do not fit their talents, skills, abilities and preferences, resulting in boredom (Ariokasamy, 2013:1535), as alluded to in Chapter 2, Section 2.2.2. Therefore, the public health sector cannot afford to make errors by recruiting unsuitable candidates (Nienaber, 2016:137), as alluded to in Chapter 2, Section 2.3.2.1. Once the suitable candidates are appointed in the appropriate position, it is more likely to retain them (Mosehla, 2013:59).

3.4.12 Report on the assessment of the state of human resource management in the public service, 2010

The Report on the assessment of the state of HRM in the public service, 2010 compares progress of the transformation of human resources with the original aims and objectives enshrined in the Constitution including additional policy documents (SA, 2010a:vi). The Report is applicable for this study because it highlights the urgent need to develop employee retention strategies for medical employees with scarce skills. Moreover, certain HRM components which influence employee retention are highlighted by the report, including the following (SA, 2010a:16:23).

- **Recruitment and selection**

The capability of the public service to effectively provide on its mandate depends on its ability to attract and select the desired quality of employees and to retain them (SA, 2010a:15). In Chapter 2, Section 2.3.2.1, it was stated that retaining skilled employees begins with appointing the suitable candidate and, by so doing, the best employees suited for the job are likely to perform well and stay at the organisation (SA, 2006a:4). However, the public service faces challenges of placing individuals with the correct skills and expertise in the most suitable organisations. It can be argued that when employees are appointed for positions that do not fit their talent, skills, abilities, preferences or cultural values, they are bored and miserable which results in them leaving the organisation, and thereby compromise service delivery (Ariokasamy, 2013:1535), as alluded to in Chapter 2, Section 2.2.2.

- **Employee retention**

The policy identifies employee turnover as one of the persistent challenges that the public service faces (SA, 2010a:18). According to Masango and Mpofu (2016:883), employee turnover is not only costly but also detrimental for the survival, growth and prosperity of any organisation and the public health sector is no exception, as discussed in Chapter 2, Section 2.2.3. High employee turnover and vacancy rates reveal that the public service faces difficulties in attracting and retaining employees. Increased employee turnover result in difficulty to attract and retain skilled and competent employees (Omotoye, 2011:88), as alluded to in Chapter 2, Section 2.2.3.

The importance of employee retention (the focus of the study), cannot be overestimated, especially in the public health sector. In chapter 1, section 1.1, reference was made to the public health sector striving to compete for the scarce skills of medical employees. The shortage of medical employees such as medical doctors and professional nurses is evidently an impediment to realise the government's Outcomes Approach including the achievement of the objectives of the NDP. It was highlighted that the public sector continues to struggle with the retention of employees with scarce skills (SA, 2008c:45), and particularly the retention of

medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1). Furthermore, in chapter 1, section 1.1; the problem statement revealed that the NW DoH retention strategies do not adequately retain employees with scarce skills, especially medical doctors and professional nurses. Consequently, this results in the public health sector being unable to adequately provide health services to the citizens who are reliant on public health care services in the North West Province

- **Compensation management and conditions of service**

The policy highlights remuneration and conditions of service as essential in recruiting and retaining employees with the required skills (SA, 2010a:20). During the past 14 years, the national government ensured that public services remained competitive by offering specialised benefits such as pension and medical benefits to its employees in order to retain them (SA, 2010a:20). The importance of employee compensation was also revealed in chapter 2, section 2.3.2.2 and conditions of services in this chapter, section 3.4.1. However, as indicated in the previous paragraph, and as alluded to in chapter 1, section 1.1 the strategies seem inadequate to retain medical employees with scarce skills. The NW DoH, therefore, has to search beyond these standard strategies to retain medical doctors and professional nurses.

- **Career Management**

The policy identifies career management as the process that plans and shapes the growth of employees within an organisation in consensus with organisational needs and objectives (SA, 2010a:22). As indicated in chapter 2, section 2.3.2.5, career management is related to employee retention. When employees are encouraged to grow and comprehend their full ability they experience a sense of belonging and attach themselves with the current employer until retirement (Omotoye, 2011:95). The implementation of the OSD by the DPSA, which re-introduces common career paths and salary scales for cross-cutting job families in the public service must be seen as an attempt to correct this problem and retain employees, as alluded to in Chapter 1, Section 1.1. However, in chapter 1, section 1.1, the implementation of the

OSD for nurses resulted in numerous operational challenges, including over-expenditure in the North West Province and a negative impact on the appointment of other health professionals (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2013:142). It also led to discrepancies in the nurses' salaries on the same levels and resulted in general unhappiness among health employees (NW DoH, 2009:56). Therefore, the NW DoH needs to consider strategies beyond the OSD to retain.

3.5 CONCLUSION

This chapter provided an overview of the relevant statutory and regulatory framework pertaining to employee retention in South Africa. The legislative context for employee retention is broad and is embedded in the Constitution, policy documents and frameworks. Employee retention can also be legislated by policy documents that cover the activities of other government departments that have to employ specific occupational groups to deliver essential government services such as medical employees. Attention was also accorded to policies and legislation, which expounded upon recruitment and selection, training and development, compensation and working conditions, career development and work-life balance. These are considered imperatives for employee retention.

In the next chapter, scarce skills will be conceptualised and the case for medical doctors and professional nurses to be considered employees with scarce skills will be motivated. Moreover, public health and current retention strategies implemented at public hospitals for medical doctors and professional nurses in the North West Province will be discussed.

CHAPTER FOUR: THE CONCEPTUALISATION AND CONTEXT OF SCARCE MEDICAL SKILLS IN THE PUBLIC HEALTH SECTOR OF THE NORTH WEST PROVINCE

4.1 INTRODUCTION

The public service is faced with a host of challenges to retain employees with scarce skills (SA, 2008c:45), and explicitly medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1). The NW DoH is no exception in this regard. The research problem is explicitly identified in chapter 1, section 1.1 of this study. The retention strategies used by the NW DoH do not make adequate provision to retain employees with scarce skills, especially medical doctors and professional nurses. Consequently, the public health sector is unable to provide adequate health services to the citizens who are reliant on public health care in the North West Province.

The previous chapters focused on certain variables of the study - employee retention and the concurrent occurrence of employee turnover (chapter 2); and the statutory and regulatory environment for the public health sector and employee retention (chapter 3), this chapter focuses specifically on scarce skills in the public service. The focus is ultimately on scarce medical doctor and professional nurse skills including their retention. Several statutory and regulatory frameworks, *inter alia*, the Constitution, the NDP, and the White Paper on HRM express the need for skilled and competent public employees in the public service. Moreover, the need to attract, develop, and retain skilled employees cannot be ignored for the successful provision of public health care services. This chapter will discuss why medical doctors and professional nurses are considered employees with scarce skills.

The following aspects of the North West Province's health sector will be discussed: the population of the province, prevailing socio-economic status, health facilities, available human resources for public health services, and the burden to manage diseases. The listed aspects justify the reasons why employee retention strategies are important in public hospitals such as the Potchefstroom Hospital.

It is argued that the country loses medical doctors and professional nurses to the private sector and abroad on a regular basis. Therefore, the turnover of medical doctors and professional nurses in the public health sector resulted in the implementation of strategies such as the OSD, commuted overtime, allowances, recruitment of foreign nationals, continued professional development, benefits and community service. These are several current employee retention strategies used by the NW DoH that will be discussed in this chapter.

However, before the focus is placed on the retention of medical employees with scarce skills in the NW DoH, the chapter provides a conceptualisation of scarce skills, the importance thereof, the types of scarce skills, the reasons for medical scarce skills (NW DoH), and the challenges to retain scarce skills in the public service. Thereafter, the context of the North West Province public health sector is established.

4.2 SCARCE SKILLS

Scarce skills are referred to as those professions that lack qualified and experienced persons (Breier, 2009:5). Such occupations require skills that are imperative to execute a department's goals and objectives and they challenging to recruit and retain as well as expensive to replace (Department of Sports, Art & Culture, 2012:2). Due to the sophistication and scarcity of the skills, professional employees such as medical doctors and nurses can select any post in the area of choice. Consequently, they are difficult to recruit and retain (SA, 2006a:6).

There are signs of the scarcity of qualified and experienced employees in occupations, which are portrayed as crucial to assist the economy's growth (Erasmus, 2009:22). This is true of professionals in the National DoH. Professionals such as medical doctors and nurses are regarded as intellectual capital with scarce skills, which are an imperative in the knowledge economy (Van Dyk *et al.*, 2013:58). Employees with scarce skills in the public health sector include: general medical practitioners, anaesthetists, cardiologists, medical specialists, obstetricians and gynaecologists, paediatricians, radiologists, dentists, surgeons, professional nurses

in critical care, emergencies, operating theatre, surgical and midwifery, and relevant to this study, medical doctors and professional nurses (SA, 2016a:9).

The availability of employees with scarce skills in the public service is associated with improved health outcomes, which is a prerequisite in countries with a high level of HIV/AIDS such as South Africa (Gupta, 2011:1452). Approximately 3.4 million South Africans receive HIV/AIDS treatment, which is more than any other country in the world (UN, 2016:3). There is a dire need for effective and efficient human resources to address diseases such as HIV/AIDS, TB, chronic illnesses, mental health illnesses, injuries and violence, as well as maternal, neonatal and child health care in light of constitutional right to health care, objectives of the NDP and the government's 14 outcomes which must be attained (NW DoH, 2015:10). Therefore, it is argued that a lack of medical employees with scarce skills can lead to an inability to follow standard procedures and to poor initial assessment and diagnosis. Consequently, the NDP health-related outcomes and the constitutional principle of a right to health care are impeded.

A discursive definition of scarce skills highlights two qualifiers related to scarcity, which describes scarce skills as an inability to find suitably qualified and experienced persons to fill occupational vacancies either at an absolute or at a relative level of scarcity (ETDP-SETA, 2014:9). Therefore, scarce skills refer to the deficiency at an occupational level, that is, there are insufficient skilled employees to meet the current or future needs of the labour market. The reasons could include that such employees are either unavailable (absolute scarcity), or available, but do not meet other employment criteria (relative scarcity) (SA, 2006a:21), discussed in sections 4.2.1 and 4.2.2 below.

4.2.1 Absolute and relative scarce skills

Absolute scarcity refers to actual skills shortages, which occur when an employer experiences difficulty to fill job vacancies because there are limited job seekers with the required skills (Breier, 2009:7), as alluded to in Chapter 1, Section 1.1. Furthermore, absolute scarcity refers to situations where (Local Government SETA, 2016:7):

- There is a new or emerging occupation and limited number of persons with the required skills such as biotechnology and information technology;
- the country fails to implement growth strategies and experiences, productivity and service delivery problems due to the lack of skilled and competent employees; and
- no persons have enrolled or engaged in the process of acquiring skills that need to be replaced (replacement demand).

Relative scarcity refers to qualified persons being available, but simultaneously lacks other employment criteria such as (Local Government SETA, 2016:7):

- *geographical location* - people unwilling to work outside the urban areas;
- *equity considerations* - there are a limited number of candidates with from specific groups who meet the skills requirements of an organisation;
- *recruitment and retention difficulties* - an adequate number of persons with the necessary skills required by the labour market, but are unwilling to take up employment at the current levels of remuneration and conditions of employment; and
- *replacement demand* - if there are people in education and training who are in the process of acquiring the necessary skills but the lead-time suggests that they are not available to meet immediate short-term replacement demands.

Defining absolute and relative scarcity is important because it determines appropriate measures to alleviate skill shortages (Breier, 2009:7). The distinction between absolute and relative scarcity influences the confirmation of anticipated skill shortages, and by expansion, the programmes that will be implemented to surmount those shortages (Wildschut & Mqolozana, 2008:4).

Absolute scarcity, supply side policy responses could include increasing education and training levels and adjustments to skilled migration targets and policies (Breier, 2009:7). Supply, in terms of workforce planning, indicates the size and characteristics of the available employees, which is determined by active workforce, new recruits likely to join the organisation and employee turnover due to retirement, career change, death or emigration (Nirel, Grinstien-Cohen, Eyal, Samuel & Ben-

Shoham 2015:2). Generally, 3-4 years is stipulated to complete the nursing qualification and any addition to supply, immigration responses are needed to take precedence for that short period (Breier, 2009:7). With regard to relative scarcity, demand side measures will address issues associated with employee recruitment and retention, which include financial considerations such as increasing pay scales, provide incentives, as well as improve poor work and environmental conditions (Nirel *et al.*, 2015:2).

Medical doctors and professional nurses both qualify as employees with scarce skills at an absolute and relative level of scarcity. Subsequently, the following section explains the reasons for the medical scarce skills in the NW DoH.

4.2.2 Reasons for medical scarce skills in the North West Department of Health

The World Health Organisation (WHO) estimates that globally there is shortage of 12.9 million medical doctors and professional nurses to expand the universal health coverage (Koussa, Atua, Bowser & Kurk, 2016:1). Although South Africa is graded marginally higher than the low income developing countries who experience a severe shortage of medical doctors and professional nurses (Ayobami *et al.*, 2016:2), the country has been excessively under-resourced compared to middle and high income countries (George & Rhodes, 2012:2). This is highlighted by the statistics supplied by Competition and Applied Economics, (ECONEX), a consulting firm, which specialises in economic advice for various sectors in South Africa. The statistics provided by ECONEX reflect that South Africa has 60 medical doctors per 100 000 citizens, whereas Brazil has 189 medical doctors per 100 000 citizens (ECONEX, 2015:9).

It was explained in chapter 1, section 1.1 that the current ratio of medical doctors in South Africa is 0.77% doctor per 1000 patients (Labonte *et al.*, 2015:2), which implies absolute scarcity. The following aspects imply relative scarcity: the shortage of trained medical and surgical employees due to the low number of medical school graduates because of the low intake (Bergstrom *et al.*, 2015:307). Despite the vast wealth in South Africa, the majority of its citizenry live below the poverty datum line in rural areas (Moodle & Ross, 2015:613), 60% of the population live in rural areas.

Unfortunately, the rural masses have access to the least number of medical doctors. The lowest medical doctors versus population coverage rates are prevalent in North West, Limpopo and the Mpumalanga provinces (Rural Health Advocacy Programme, 2015:1).

There are several reasons why South Africa is also faced with a scarcity among the nursing fraternity. The following reasons include, *inter alia*, skills shortages of approximately 44780 professional nurses (absolute scarcity); lack of interest to study nursing (absolute scarcity); lack of a caring ethos (relative scarcity), and an apparent association between the needs of nurses on the one hand and those of communities on the other (relative scarcity) (Rispel & Bruce, 2015:117). The situation resulted in an ageing nursing workforce, which comprised 43.7% professional nurses over 50 years of age (Rispel & Bruce, 2015:117). It is, therefore, evident that medical doctors and professional nurses are considered medical employees with scarce skills. Due to the shortage of skills, unequal distribution of medical employees between urban and rural areas and anticipated shortage of the skills in the near future because of the ageing nursing population and the lack of interest to study medicine and surgery.

It is apparent that medical doctors and professional nurses can be considered as employees with scarce skills, which is adverse to achieve the national health goals. In addition to the general prevalence of a scarcity of medical skills, a distinction can also be drawn between the unequal distribution of scarce skills, that is, the public and private sectors and the rural and urban areas.

4.2.2.2 Unequal distribution between public and private sectors; urban and rural areas

Although the density ratios for medical employees are higher than the minimum level proposed by the WHO, acute shortages of medical employees with scarce skills in the public health sector remain prevalent (George *et al.*, 2009:7). The country's public health workforce reflects a weak knowledge base, which reveals large inconsistencies between the public and the private health sector (SA, 2011c:21). Approximately 30% of the medical doctors work in the public health sector (Labonte *et al.*, 2015:2). Seventy per cent (70%) of the country's medical doctors work in the

private health sector, which serves 32% of the total population with and without medical insurance but can afford private health care (Labonte *et al.*, 2015:2). Therefore, a minute percentage of the population (32%) of the country's citizens are serviced by 70% of the doctors, whereas 68% of the population is reliant on public health services, which comprise only 30% of the country's medical doctors.

With regard to professional nurses, a decline of density ratios can be observed (George *et al.*, 2009:7; Labonte *et al.*, 2015:2). There is a population of 5.11 professional nurses per 1000 patients in the public health sector, which marks an absolute shortage of professional nurses (Labonte *et al.*, 2015:2). As indicated in section 4.2.2 above, there is an ageing nursing workforce in South Africa. The reason can be attributed to a shortage of nurses entering the labour market because a limited number of nurses are joining the profession (Wildschut & Mggolozana, 2008:8; Rispel & Bruce, 2015:118). Approximately 43.7% of the professional nurses are over 50 years of age (Rispel & Bruce, 2015: 117).

It can be inferred that, despite the high-density ratios for medical doctors and professional nurses in South Africa (as proposed by the WHO), there is an unequal distribution of medical employees between the public and the private health sector; resulting in the former health sector being at a disadvantage.

There is a dire need for medical doctors and professional nurses in the rural areas where the critical shortage continues to persist (George *et al.*, 2009:18; Jenkins *et al.*, 2015:1). An uneven distribution of medical employees between rural and urban areas leaves South African rural citizens, which is approximately 44% of the total population, with a mere 12% medical doctors and 19% professional nurses (Jenkins *et al.*, 2015:1).

Furthermore, each year, medical doctors and professional nurses are lost through emigration to countries such as New Zealand, Australia, Canada, United Kingdom (UK) and the United States of America (USA) (Strachan *et al.*, 2011:525; Labonte *et al.*, 2015:2). It is, therefore, apparent that medical doctors and professional nurses are regarded as medical employees with scarce skills due to the shortage of the skill in the public health sector, unequal distribution between urban and rural areas, and

an anticipated shortage of the skills in the near future, because of an ageing population in nursing. To achieve the national health outcomes with the current severe lack of medical scarce skills compels the NW DoH to retain the medical scarce skills that are in its employ. However, the retention of medical employees poses a number of challenges. These challenges are discussed in the next section.

4.2.3 Challenges to retain scarce skills in the public service

Several factors affect medical employee turnover in the public health sector. The factors include: the prevalence of HIV/AIDS, poor working conditions, mounting and unrealistic workloads, poor salaries, inadequate incentives, a lack of workplace security, poor management, a low morale in the workplace, and a high risk of contracting TB (Jenkins *et al.*, 2015:2; Khunou & Davhana-Maselesele, 2016:2). These factors have a direct impact on the retention of medical employees, which was discussed in several sections of chapter 2 and chapter 3 and identified as priority in the NW DoH retention strategy.

Furthermore, as indicated in chapter 1, section 1.1 and section 4.2.2.2 above, the majority of the citizens (68%) depend on public health sector facilities (Labonte *et al.*, 2015:2). The surge in patients using public health services increases pressure on the available human resource capacity, which compromises quality of the health care provided and inconvenience of patients to return to health centres regularly and wait for extended hours to be seen to (Wilkinson, 2013:48).

However, it is argued that medical employees are mobile, beyond any employee retention programme despite being well designed. Therefore, there is no single approach to enhance motivation and employee retention (Ditlopo *et al.*, 2011:89). Thus, employee retention is affected by multiple factors which have to be managed concurrently (Sinha & Sinha, 2012:146) as alluded to in Chapter 2, Section 2.3.2. However, even if effort can be made to retain medical employees with scarce skills in the public health sector, the challenge to retain such employees is perpetual due to the absolute shortage of the skill at a global level. If factors such as compensation, benefits, long working hours and working conditions are not improved significantly,

there will be a continual loss of medical employees to the private health sector and other countries.

In addition to the abovementioned challenges to retain medical employees in the national public health sector, the situation at the North West Province poses a serious concern. In the following sections, the public health sector in the North West Province will be discussed.

4.3 NORTH WEST PROVINCE PUBLIC HEALTH SECTOR

In this section, the focus is on the public health sector in the North West Province, including its population, reigning socio-economic circumstances, available health facilities, the high level of diseases and the available human resources in its public health sector.

4.3.1 Population: North West Province

The North West Province is the third smallest in South Africa in terms of population size, which is approximately 3.7 million. A marginal increase of 238 482 was experienced between 2011 and 2016 (SA, 2016b:13). In 2015, 47% of the total population of the North West Province lived in rural areas (NW Province, 2016:5). The majority of the population reside in the Bojanala District with approximately 1.7 million inhabitants, followed by the Ngaka Modiri Molema District in the region of 889 108 inhabitants, Dr Kenneth Kaunda District with 742 821 inhabitants, and Dr Ruth Mompati District with 459 358 inhabitants (SA, 2016b:13).

The North West Province is a predominantly rural province (Makapela & Useh, 2013:130). As alluded to in several sections of this research (chapter 1, section 1.1, chapter 2, section 2.3.2.7, chapter 3, section 3.3.4, this chapter, section 4.4), the retention of medical employees with scarce skills is particularly challenging in rural areas. Although the Potchefstroom Hospital, located in Potchefstroom in the Tlokwe City Council, is not a rural hospital to the extent of several other public hospitals in the province, it is not an urban hospital and it is surrounded by rural areas. Given the socio-economic circumstances of the North West Province, elaborated upon in the

next section (NW Province, 2016:5), one could claim that a significant number of the population is reliant on public health care services; thereby accentuating the need to attract and retain medical doctors and professional nurses to meet the needs.

Related to the extensiveness of rural areas, the province is also associated with a high unemployment rate and poverty. The next section elaborates on the socio-economic aspects.

4.3.2 Socio-economic status of the North West Province

Approximately 39% of the North West Province population is unemployed (NW Province, 2016:5). Furthermore, the 2015 General Household Survey revealed that the median household income in the Province was R2 800 per month (NW Province, 2016:6). Thus, without a regular or poor monthly income, it can be argued that the province's population primarily utilises the public health sector that offers free health services. This places a responsibility on the North West Provincial Government to ensure that a suitable amount of skilled medical doctors and professional nurses are attracted and retained to provide the required health care needs. In chapter 1, section 1.1, reference was made that the current ratio is 0.77% doctor per 1000 patients (Labonte *et al.*, 2015:2), which implies an absolute scarcity.

Associated with the high unemployment rate, is the extremely high rate of poverty, that is, 47% of the total population live in exceptional poverty (NW Province, 2016:5). Although the Province experienced a decrease in poverty from 9.2% in 2011 to 8.8% in 2016, poverty is still high compared to other provinces (SA, 2016a:14). For example, in the Gauteng Province, the poverty rate is 4.6% and in the Western Cape, 2,7 % (SA, 2016b:2;6). The Northern Cape Province (7.7%) has the poverty rate next to North West province (SA, 2016b:6). Moreover, approximately a fifth of the households in the North West Province benefited from a government-subsidised dwelling, while 21% of the households reported that they reside in government-funded residences, and 18.4% of the households still live in informal dwellings (SA, 2016b:60-61). The majority of the population is reliant on the provinces public health care services in light of the high unemployment and poverty rate. Concomitant to the

high rates of unemployment and poverty are the sub-standard or inadequate health facilities, which is expounded upon in the next section.

4.3.3 Health care facilities

The number of hospitals in the North West Province was reduced from 15 to 12, while the community health care centres increased from 45 to 48. The Klerksdorp Hospital and the Job Shimankana Tabane Hospital in Rustenburg are currently being converted to tertiary hospitals. Thirty-three of the 78 mobile clinics currently provide anti-retroviral treatment (SA, 2016a:67; Venter *et al.*, 2016:1). Three of the abovementioned 12 hospitals are regional namely: Potchefstroom Hospital, Mafikeng Provincial Hospital and the Joe Morolong Memorial Hospital in Vryburg. The province also is home to two specialised psychiatric hospitals: Witrand in Potchefstroom and Bophelong in Mafikeng including smaller public hospitals (SA, 2016a:61).

In contrast to the aforementioned promising depiction, the North West Provincial Legislature's Portfolio Committee on Health and Social Development established that infrastructure remains a concern for the health branch as per its 2011 report (NW Province, 2011:2). The programme to upgrade, erect, refurbish and maintain health facilities across the province was put in place. Approximately 30 health facilities of over 870 which have to undergo major and minor refurbishment (SA, 2016a:6), were maintained during the 2014/2015 financial year (NW DoH, 2015:95). Maintenance in terms of buildings and equipment, as well as minor projects including statutory maintenance could not be attended to in the 2014/2015 financial year, primarily due to the restricted budgets (NW DoH, 2015:110). Furthermore, as alluded to in chapter 2, section 2.3.2.2.2, equipment and the availability of resources are essential for both patients and health employees (Mokoka *et al.*, 2010:4). Therefore, the current public health facilities in the North West Province cannot adequately provide effective health care treatment. The province's challenge to manage and control the dire level of diseases is discussed in the next section.

4.3.4 Disease control in North West Province

The North West Province has made progress, as with health care facilities discussed above, in certain areas to control and manage the high levels of diseases but continues to experience challenges in others. The HIV transmission rate was reduced from 2.3% in 2013/14 to 1.9% in 2014/15; the TB cure rate increased from 66.6% in 2013/14 to 69% by March 2014/15; while the immunisation of children under one year increased to 81.8% (NW DoH, 2015:14).

Unfortunately, the province recorded the highest proportion of deaths in South Africa in respect of infant deaths; children dying between the ages of 1-14; highest TB deaths; and the highest death rate of 6 out of ten of communicable diseases, which is the leading cause of death in the province (SA, 2015:17-38). One year old infant mortality is due to poor implementation of the Integrated Management of Childhood Illnesses while deaths of children under 5 years old, is as a result of poor Anti-Retroviral Treatment initiation (NW DoH, 2015:65).

Given this dreadful burden of diseases and the high death rates, it is evident that the North West Province is in great need of medical doctors and professional nurses. One cannot accentuate the importance to attract and retain the medical employees. The next section focuses on the province's public health sector human resources.

4.3.5 Human resources: public health sector

As indicated in chapter 1, section 1.4, the need for an effective public service, with skilled, competent and capable public employees is supported by the Constitution, Section 195(1), White Paper on HRM, 1997, and the NDP (SA, 2011a). "As the biggest employer in the country, the role of the South African public service in developing, motivating and retaining its employees is critical to the effectiveness of the state, since the public service, as the executive authority of the state, is dependent on its employees' skills, competencies, commitment and attributes to successfully achieve its service delivery mandate" (Vermeulen, 2015a:483). The importance of skilled, competent and committed medical employees to attain the constitutional, the NDP and all other health-related goals, were underscored

throughout this study. It is, therefore, imperative to establish the status (quality, quantity, recruitment, retention, turnover rate) of medical employees in the NW DoH, and in particular, the Potchefstroom Hospital, when taking into consideration the government's development goals including the dire status of the public health sector.

It is argued that if the NW DoH fails to attract and retain medical employees with scarce skills, it will have to manage the calamitous consequences of the health care services provided to the public. Concurrently, in such an instance, the public service will not be able to fulfil either its democratic mandate (the right to health care) or its developmental mandate (the improvement of public health care services). In this regard, the position of current human resources at the NW DoH is cause for concern. The NW DoH's HRM budget was 62% of the Department's total budget in 2015, including 18,808 posts (NW DoH, 2015:129). This budget is, however, inadequate to provide appropriate staffing for all the services (NW DoH, 2015:129), as alluded to in Chapter 1, Section 1.1. The NW DoH is currently experiencing a dire shortage of 432 professional nurses, resulting in the recruitment of retired nurses (SA, 2016a:70). Furthermore, the high vacancy rate in clinical occupations has negatively affected service delivery in the Province (SA, 2016a:70-87).

In addition, the province is training medical doctors in Cuba (ECONEX, 2015:30). This training opportunity to medical doctors is undertaken predominantly with a view to staff the impoverished rural communities such as the North West Province (ECONEX, 2015:30). However, the employee turnover rate increased from 16% to 20.7% in the 2014/15 financial year. This is an indication that there is general unhappiness amongst medical employees with scarce skills (SA, 2016a:81-83).

As indicated in chapter 1, section 1.1, the NW DoH overspent its HRM budget, which resulted in a moratorium being placed on filling posts during the second half of the provincial 2015 financial year (NW DoH, 2015:130). The staff moratorium also negatively affected the province because most of the posts were 'frozen'. Consequently, no active recruitment takes place, and medical doctors and professional nurses experience burnout due to the lack of staff to relieve them (SA, 2016a:87). Therefore, the province urgently requires employee retention strategies for medical employees with scarce skills, to reduce the high level of diseases and

provide quality health services for its citizenry, which is dependent on the provincial public health services.

The North West Province's public health sector, as discussed in the aforementioned sections, faces numerous challenges and it is clear that significant improvements need to be made. An improvement, particularly relevant to this study, is the attraction and retention of medical employees with scarce skills. The following section outlines the current retention strategies utilised by the NW DoH for the retention of medical doctors and professional nurses.

4.4 RETENTION STRATEGIES FOR MEDICAL DOCTORS AND NURSES

The implementation of employee retention strategies requires an integrated effort from all government actors, a focus on process issues, good communication, use of evidence to inform policy and effective monitoring and evaluation of the strategies (Ditlopo *et al.*, 2011:89). However, due to external constraints such as political will and budgetary constraints, hospitals are restricted in terms of creativity and efforts to reduce employee turnover levels including implementing their planned employee retention strategies, since provincial departments of health are required to comply with the retention directives of the National DoH (Rakgokong, 2008:25).

Efforts have been made by the National DoH to retain medical employees with scarce skills, including the following (SA, 2011c:29; SA, 2003:7-9):

- Allowances for rural employment and scarce skills (discussion of rural allowance is necessary in this study, as mentioned in section 4.3.1, because the North West Province is a predominantly rural province and approximately 47% of the population live in rural areas);
- occupational specific dispensation for medical doctors and professional nurses;
- continuing professional development;
- commuted overtime for medical doctors and nurses;
- community service for medical doctors and nurses;
- recruitment and employment for foreign human resources for health; and
- benefits in the public service.

Although the abovementioned retention strategies have been implemented by the NW DoH, as alluded to in chapter 1, section 1.1, it still encounters difficulty with the following employee retention issues (NW DoH, 2015:130):

- A shortage of staff and an unacceptable high turnover for nurses - 29%.
- The high turnover of medical employees in the province results in high costs to recruit new employees and impacts negatively on service delivery.
- The NW DoH overspent on its HRM budget, which resulted in a moratorium being placed on the filling of posts in the second half of the 2015 financial year in the province.
- The inability to fill positions resulted in a work overload for the remaining employees; service delivery was compromised because medical doctors and professional nurses work additional hours and long queues and extended waiting periods.
- As mentioned, the NW DoH's HRM budget was 62% of the Department's total budget in 2015 (18,808 posts). This budget is, however, inadequate to provide sufficient staffing for all the services.

In light of the failure to retain medical doctors and professional nurses at the NW DoH, the following sections will expound upon the effectivity of the retention strategies in the North West public hospitals.

4.4.1 Community service for medical doctors and professional nurses

In South Africa, medical doctors and professional nurses are required to fulfil a one-year compulsory community service at a public health facility after they complete their studies (Ndaba & Nkosi, 2015:1150). According to Hatcher *et al.* (2014:1–2), community service promotes the equal distribution of medical employees, which benefits all the citizens as well as develops their practical skills, knowledge, critical thinking and professional behaviour. Govender, Brysiewicz and Bhengu (2015:2) state that government's intention is to retain skilled and competent medical employees in the country through compulsory community service.

However, the extent to which community service will encourage medical employees to remain in the public health sector is questionable (George *et al.*, 2009:40). The strategy can be an effective recruitment strategy but can fail to retain medical employees with scarce skills if there is lack of supervision and high levels of working overtime (Readorn & George, 2014:2). Moreover, the professional development of employees has been found to be a more effective retention strategy than compulsory community service (Hatcher *et al.*, 2014:11).

According to Readorn and George (2014:2), the introduction of community service has not discouraged medical doctors and professional nurses from leaving the public health sector to the private sector or abroad. Hatcher *et al.* (2014:13), proposes that for the community service strategy to be successful, it must articulate a clear strategy on the placement of employees, that is, they are placed in areas of their choice where they are comfortable and willing to stay. The high rate of employee turnover at the NW DoH, which increased from 16 per cent to 20.7 per cent in the 2014/2015 financial year (SA, 2016a:83), as alluded to in Chapter 1, section 1.1, is evidence compulsory community service has not contributed to the retention of medical employees in the North West Province.

The government has embarked on attracting foreign national medical employees in the event South African medical doctors and professional nurses in the public health sector (ECONEX, 2015:15). The next section elaborates on the recruitment and employment of foreign nationals in the South African public health sector.

4.4.2 Recruitment and employment of foreign nationals

The North West Province has appointed the highest number of foreign medical employees from the Democratic Republic of Congo (DRC) and citizens of neighbouring countries (Segatti, 2014:32). Currently, the National DoH has a policy that limits the recruitment of foreign medical doctors to 6% of the total medical workforce and has resorted to utilising country-to-country agreements (ECONEX, 2015:15).

Various bilateral agreements were also signed with Iran, Tunisia, Germany and Cuba (SA, 2010f:36). The bilateral agreement between South Africa and Cuba (2007) aims to train medical doctors and compel them to work in the South African public health sector, especially rural and inhabitable areas (George *et al.*, 2009:38). The agreement provides relief for the medical scarce skills in that trained medical doctors are contracted to work the same number of years in the public health sector as the duration of their studies abroad (ECONEX, 2015:30).

South Africa also signed an agreement with the Tunisian government, which requires the recruited Tunisian doctors to work in the South African public health sector (George *et al.*, 2009:38). Although bilateral agreements are a well-intended recruitment strategy in the short-term, their long-term effect on the health care system is questionable (Brussels, 2011:7). For instance, medical doctors trained in Cuba opt to specialise and establish private practices once their community service in the public health sector is fulfilled (ECONEX, 2015:31).

Furthermore, foreign medical doctors experience delays and difficulties in registering with the Health Professional Council of South Africa (HPCSA). This has resulted in such frustration that they have resorted to seek employment in other developing countries where the registration processes are simpler (ECONEX, 2015:17). It must be noted that recruitment is only an aspect of employee retention and in order to retain employees in the long-term, several other issues need to be considered (Schuler & Jackson, 2011:7), as outlined in Chapter 2, Section 2.3.2.1.

During 2002, a Memorandum of Agreement (MOA) was signed between the UK and South Africa for the recruitment of medical employees from developing countries to the UK (Brussels, 2011:5). It is evident that the bilateral agreements brought only temporary relief to the scarcity of medical employees in the public health sector. For long-term solutions, government, and specifically relevant to this study, the NW DOH, will have to consider other retention strategies. The payment of allowances to medical employees with scarce skills and those employed in rural areas, is one such a strategy. In the next section, rural and scarce skills allowances for medical employees will be discussed.

4.4.3 Rural and scarce skills allowances

The National DoH introduced the rural and scarce skill allowances with a view to recruit and retain medical doctors and professional nurses in the public health sector (SA, 2004:1; PHWSBC, 2004:2; George *et al.*, 2009:39; Chelule & Madiba, 2014:84; Grobler, Marais & Mabunda, 2015:7). Moreover, to also rectify the unequal distribution of medical employees between rural and urban areas (SA, 2004:3; George *et al.*, 2009:39). The intention of the scarce skills allowances was to ensure an adequate number of health-related skills from which to draw its human resources (SA, 2004:3; George *et al.*, 2009:39).

It can be argued that the rural and the scarce skills allowances were an attempt in the right direction and aimed at leading to change in career plans. However, the rural allowance did not seem to be an effective strategy because it was not adjusted (Chelule & Madiba, 2014:85). Furthermore, the National DoH implemented the rural allowance strategy incorrectly, which led to information gaps, ambiguity and bias (Ditlopo *et al.*, 2011:80). The payment of rural allowances is a costly strategy that needs regular evaluation. However, the National DoH failed to develop monitoring frameworks to evaluate the impact of the rural allowance policy even if the policy document asserted that annual reviews will be conducted (PHWSBC, 2004:5; Ditlopo *et al.*, 2011:89). Although rural financial incentives could improve rural recruitment and retention, it could be argued that it will only reap benefits if it is connected to a sustainable budget.

In spite of the introduction of the rural and scarce skills allowance, employee retention remains one of the biggest concerns in the NW DoH (Chelule & Madiba, 2014:85; NW DoH, 2015:130; ECONEX, 2015:9), as alluded to in section 4.4. Makapela and Useh (2013:134) posit that a lack of employee training, an extensive workload due to the shortage of staff, lack of resources, vast distances from home and improved schooling for medical employees' children, are some of the challenges that medical doctors face when working in rural areas in the NW DoH. Despite the introduction of allowances, the NW DoH still has a high vacancy rate in most clinical posts and continues to experience difficulty in retaining medical doctors and professional nurses due to poor infrastructure, unreliable electricity supply, poor

accommodation facilities and a lack of amenities (Chelule & Madiba, 2014:85). Therefore, financial strategies such as rural and scarce skills allowances are only one of a number of essential factors, which influence the choice of practice for medical employees with scarce skills. The combination of financial and non-financial incentives could be a more effective retention strategy for medical employees (Ditlopo *et al.*, 2011:91). The National DoH, however, also implemented another financial incentive as a retention strategy, the OSD, which is discussed in the next section.

4.4.4 Occupational specific dispensation

The brain drain of medical doctors and professional nurses from the public health sector to the private sector and other countries resulted in the National DoH implementing the OSD (Zulu, 2013:3), as alluded to in chapter 1, section 1.1, chapter 2, section 2.3.1 and in this chapter, section 4.2.2.2. The OSD, as a financial incentive, was introduced in 2007 to attract, motivate and retain medical employees in the public health sector (SA, 2007a:2, PHSDSBC, 2007:2, Ditlopo *et al.*, 2013:138, Mothiba, 2014:449, Levin, 2013:3), thereby improve public health service delivery (PHSDSBC, 2007:1). The formulation and implementation of the OSD for medical employees with scarce skills was based on the perception that there was a need to improve the conditions of service in the public service as well as the remuneration for medical employees (SA, 2007a:1, George *et al.*, 2009:41, Mothiba, 2014:453).

The OSD defines the remuneration structure, frequency of pay progression, grade progression opportunities, career pathing and recognition of appropriate experience and required levels of performance of public officials and outlines the following objectives (PHSDSBC, 2007:2):

- Enhance the ability of the public service to attract and retain skilled and competent employees;
- differentiate remuneration dispensations for different occupations in the public service;
- cater for the unique needs of the different occupations;
- provide for a unique salary structure per occupation; and

- provide adequate and clear salary progression and career pathing opportunities, based on competencies, experience and performance.

George and Rhodes (2012:4) note that the nursing profession was the first to benefit from the OSD in 2007. In phase 1, entry level salaries for professional nurses and nursing assistants was increased by 24% and in phase 2, the salary level included the relevant years of experience (PHSDSBC, 2007:6; George & Rhodes, 2012:4). Previously, professional nurses were not recognised by post, job title or monetarily for studying beyond the normal general four years nursing diploma (Zulu, 2013:3). Thus, nurses were discouraged to study further, but with the introduction of the OSD, the nurses were motivated to study further in areas of specialty including child nursing, deontological nursing, surgical nursing, midwifery and neonatal nursing, psychiatric nursing, community nursing and occupational health nursing (Matsie, 2008:27).

The OSD salary package for medical doctors in the public health sector included a basic salary, 13th cheque, pension fund, medical aid, scarce skills allowance, commuted overtime, and in certain instances, a rural allowance (PHSDSBC, 2009:3-9; George *et al.*, 2009:42). Furthermore, the proposed salary package deflated the existing ranges of medical categories into a single salary package (PHSDSBC, 2009:7-8; George *et al.*, 2009:42).

Nursing has always been one of the lowest paid health professions and this has led to nurses leaving the country or joining the private sector (Matsie, 2008:27; Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1; SA, 2016a:77). However, significant progress is noted to reduce the wage gap since the OSD was implemented in South Africa. It is now on par with the rest of the world in terms of adequate salaries (Levin, 2013:8). Another positive change of the OSD was the enhancement to attract professional nurses with specialised skills such as critical care nursing to join the public hospitals (Motsosi & Rispel, 2012:137). Therefore, nurses were encouraged to specialise in critical care or operating theatre techniques (Motsosi & Rispel, 2012:137; Ditlopo *et al.*, 2013:142).

However, the NW DoH experienced various challenges in the implementation of the OSD, as alluded to in chapter 1, section 1.1. These challenges included inadequate planning; budget surpluses; unplanned negative repercussions; insufficient consultation to provide adequate feedback on the guidelines; an autocratic approach in the formulation and implementation of the retention strategy; a lack of training for the implementation of the OSD; and insufficient monitoring during the implementation of OSD (Ditlopo *et al.*, 2013:139; Mothiba, 2014:454, Levin, 2013:19). Furthermore, the anticipated OSD elements is related to its suitability criteria but there were negative aspects such as failure to interpret the policy, misguided and unpaid accounts and dissatisfaction among nurses whose posts were not rendered correctly, which led to them not benefiting from OSD (Khonou & Davhana-Maselesele, 2016:9; Levin, 2013:8; Mothiba, 2014:454; Motsosi & Rispel, 2012:137). There was an ongoing awareness that application of the OSD for nurses was costlier than expected (Gray, 2009:53). The impression was created that employees are not properly informed of the specific criteria for conversion to the OSD, which in turn led to dissatisfaction and operational challenges (Levin, 2013:19).

As indicated in chapter 1, section 1.1, the NW DoH 2015 Annual Report stated that the OSD was an attempt to retain medical doctors and professional nurses, but appears to have had limited success (NW DoH, 2015:131). Furthermore, the private sector increased their salary scales to achieve parity with the public health sector, thereby nullifying the impact of the OSD and pressure on the NW DoH in terms of the retention of medical employees with scarce skills (SA, 2016a:77).

In summary, it can be argued that medical employees are in search of incentives that exceed salary increments such as personal development, improved housing and educational opportunities for their children. However, even if financial incentives can motivate and retain employees in the short-term, its impact in the long-term is less certain (Mrara, 2010:19), as alluded to in Chapter 2, section 2.3.2.2. The next section will focus on incentives and rewards that can be included to retain medical doctors and professional nurses.

4.4.5 Incentives and rewards

According to Inducement Contribution Theory, an employee will contribute to the organisation in exchange for incentives and rewards (Van der Westhuizen, 2016:31). Skinner's (1969) Reinforcement Theory refers to the relationship between a preferred behaviour (e.g. performance) and a motivational tool (e.g. merit pay). Furthermore, the Expectancy Theory posits that employees are motivated to perform when they believe their effort will lead to acquiring a valued incentive or reward (Armstrong 2006:259; Shadare & Hamed, 2009:10). Therefore, a suitable allocation of rewards is likely to increase employee motivation and performance and possibly enhance achieving the organisational goals (Zhu, 2007:90). Individual incentives and reward systems comprise the following principle: employees perceive a distinct relationship between their input and their incentives (Vermeulen, 2016c:215).

Incentives and rewards can either be monetary or non-monetary (Hong *et al.*, 2012:65), as indicated in chapter 2, section 2.3.2.2. Monetary compensation comprises a tangible value (e.g. merit pay, pay for performance, bonus – see chapter 2, section 2.3.2.2.1). However, non-monetary compensation includes career and social rewards (e.g. job security, job enrichment, flexible hours, opportunity for growth, praise and recognition, participation in decision-making, self-determination, pension, life and health insurance, retirement plans, allowances task, enjoyment and friendships – see chapter 2, section 2.3.2.2) (Vermeulen, 2011:50; Hong *et al.*, 2012:65; Ahmad *et al.*, 2013:1).

In chapter 2, section 2.3.2.3.1, reference was made to the role of mentoring as a career facilitation incentive (Van Dijk, 2008:392). Certain mentoring incentives include advancing the career of the mentee by nominating him or her for promotion, protecting the mentee from controversial situations as well as providing coaching by suggesting work strategies, improving job performance and longer service in the organisation from the mentee who develops advanced skills and self-confidence (Grobler *et al.*, 2015:355).

For the purpose of this study, non-monetary benefits are discussed. Benefits also play a fundamental role in employee retention because they are part of the total compensation package. Therefore, adequate benefits demonstrate that an organisation is supportive and fair (Ahmad *et al.*, 2013:1). Non-monetary benefits can improve employee retention in that it creates impartiality to the exact needs and circumstances of the individual employees (Ahmad *et al.*, 2013:1). Therefore, compensation is a driver of employee retention and job satisfaction and facilitates employee commitment to the organisation (Snelgar *et al.*, 2013:4), as alluded to in chapter 2, section 2.3.2.2.

The following sections focus on the different types of leave as non-monetary benefits. Annual leave as a benefit is emphasised because long working hours is the norm for many medical employees in the public health sector. The majority of the medical employees in the public health sector work 14-hour shifts which eventually results in burnout (Kruse, 2011:23), as alluded to in chapter 2, section 2.3.2.3.5. Therefore, it is important that medical employees be consented to time to rest to revitalise.

With regard to maternity and family responsibility leave, work-life balance is essential to retain employees. It has been stated that an absence of a work-life balance can lead to stress-related illnesses, family strife, violence, divorce, reduced life satisfaction and substance abuse, which in turn lead to escalated absenteeism, employee turnover, healthcare costs as well as reduced productivity, employee satisfaction, commitment and loyalty towards the organisation (Soni, 2013:36). Therefore, medical employees must be accorded time to spend with their families.

With regard to special leave, it is argued that training reduces employee turnover, increases productivity, improves employee morale, and lowers recruiting and training costs (Snell & Bohlander, 2010:338). Therefore, when medical doctors and professional nurses are granted leave to study, they commit to the organisation. Furthermore, occupational and disease leave is discussed with the notion that medical doctors and professional nurses work in unfavourable environments, thus investing in an employees' health and wellness is beneficial for organisations that intend retaining a healthy workforce (Kumar, 2013:13)

Different types of leave benefits are offered by the NW DoH, including annual leave, medical leave, sick leave, special leave, family leave and maternity leave (SA, 2008a:19-25, SA, 1997:12-15). Providing employees with leave is crucial to attract and retain employees (Ahmad *et al.*, 2013:8). In the sections that follow, the discussion is focused on those types of leave currently offered by the NW DoH: annual leave, sick leave, occupational and disease leave, maternity leave, family responsibility leave and special leave.

4.4.5.1 Annual leave

It is mandatory for employees to rest after working for a long period in order to de-stress and revitalise (Ahmad *et al.*, 2013:8). The NW DoH complies with the DPSA's leave guidelines for the public service, that is, employees with less than 10 years' service are eligible to 22 working days of annual leave or 26 days for employees with 10 or more years of service (SA, 2008a:19). Occasionally, employees require leave for other purposes than vacation. Other types of leave that employees have access to is outlined in the following sections.

4.4.5.2 Occupational and disease leave

The NW DoH also grants an employee occupational and disease leave. According to the DPSA's leave guidelines, occupational and disease leave is permitted for the duration of the period that an employee is unable to work because of an occupational injury or disease (SA, 2008a:21). Medical doctors and professional nurses work in unfavourable conditions where they are in danger of inhaling chemical and toxic substances such as aerosols, gases and skin contaminants. Such conditions result in them contracting infections such as hepatitis B or C virus or HIV (Tshitangano, 2013:4). Therefore, they are occasionally in need of occupational and diseases leave.

4.4.5.3 Maternity and family responsibility leave

Medical employees are also entitled to four consecutive months' paid maternity leave that may commence at any time from four weeks before the expected date of birth

(SA, 2008a:22). With regard to family responsibility leave, the Employment Equity Act 55 of 1998 explicates that “employers should endeavour to provide an accessible, supportive and flexible environment for employees with family responsibilities and this includes considering flexible working hours and granting sufficient family responsibility leave for both parents” (SA, 1998:21). An employee in the public service “will be granted three days’ family responsibility leave if an employee’s spouse or life partner gives birth or when a spouse or life partner is ill (SA, 2008a:23).

Research has revealed that parental leave, childcare information and referral, flexible working hours, and financial assistance with childcare predicted both increased effective attachment to the organisation and reduced employee turnover intentions (Beauregard & Henry, 2009:11). Therefore, the presence of family support within the organisation lowers employee turnover intention and helps to retain talented employees (Irshad, 2012:324).

4.4.5.4 Special leave

An employee has the right to apply for special leave to study for exams in terms of a department’s special leave policy (SA, 2008a:24). This gives employees, especially nurses, the opportunity to undertake further studies. According to Wan (2007:297), comprehensive training and development are strategies that can improve workforce productivity and make an organisation competitive in the global market. If nurses are not trained, it implies that they may be unsuitable for promotion. Therefore, they should be granted that opportunity to study without being restrained (Tshitangano, 2012:5).

In summary, employee reward and incentive packages increase employee commitment to the organisation, reduce the intention to leave the organisation, attracts and retains skilled, dedicated and effective employees (Ahmad *et al.*, 2013:2). However, compensation and employee benefits go hand-in-hand, that is, if employees are satisfied with their salaries, they are satisfied with their rewards and incentives (Vermeulen, 2016c:210). Therefore, employee attitudes towards rewards and incentives are significant determinants of pay satisfaction and are linked to

behavioural outcomes such as absenteeism and employee turnover (Steyn, 2010:3). However, organisations need to revise their present reward and incentive packages to identify those that are non-beneficial with a view to substitute them (Irshad, 2010:326).

Earlier in this section, the importance of the opportunity for CPD was mentioned. The next section will explore the role of continuing professional development as an employee retention strategy.

4.4.6 Continuing professional development

Continuing professional development (CPD) is updating and extending a professional employees' knowledge and skills of emerging developments in their field of practice to ensure continuing competence (Aruchallam, 2009:17). Continuing professional development covers multiple activities such as training, supervision, performance management, licensing and accreditation, updating knowledge, updating skills, staying abreast with new developments, learning new areas of practise, ensuring competence, developing emerging areas of competence, developing personal effectiveness and increasing job satisfaction (Volunteer Service Organisation, 2013:3). It is argued that CPD also increases the effectivity of medical employees and enhances employee retention because it builds the future by consolidating the health system and developing professional approaches.

South Africa is primarily a nurse-based healthcare system that requires nurses to improve their skills and learn how to confront the country's disease burden and provide health care services to citizens (SANC, 2008:46). Medical doctors and professional nurses should ensure that the public receives safe and ethically based clinical and nursing care. Furthermore, they must embrace the continuing professional development system to enhance their knowledge, skills, attitudes and ethical behaviour (Kaye-Petersen, 2008:45). In South Africa, it is mandatory for medical employees to earn CPD points so that continued registration with the Health Professionals Council of South Africa is maintained (Mrara, 2010:80).

The NW DoH faces similar challenges as the rest of the world, including compulsory participation being punitive, difficulties in measuring the CPD outcomes, maintenance of CPD systems, carrying the cost and providing support (De Villers, 2008:25). Dedicated time for CPD has become a luxury in the public health sector, with poor working conditions, a lack of employees and medical employees being overwhelmed with patient care duties (Aruchallam, 2009:133). In this respect, various barriers are listed below (De Villers, 2008:23):

- increased work overload for medical doctors and a lack of time for training;
- insufficient training funds;
- inappropriately explained commercial sponsorships;
- non-compliance with best practices to design, develop, implement, and evaluate CPD training interventions;
- biased education and conflict of interest with sponsors;
- a lack of a clear definition of responsible parties and their specific roles in CPD;
- effective assessment of CPD activities to gauge cost-effectiveness;
- a lack of coordination of all stakeholders; and
- demonstration of the medical doctor's CPD to society.

Currently, the NW DoH makes use of the BEST CPD course (a collaboration between Wits, Monash University in Australia and the NW DoH), which has become a prerequisite for all medical doctors working in emergency departments in the North West Province (Cookei *et al.*, 2011:113). Consequently, medical employees are able to keep abreast of the complex health care environment wherein medical doctors and professional nurses are expected to develop themselves (Filipe *et al.*, 2014:5).

4.4.7 Commuted overtime for medical doctors

Overtime is defined as the excess hours that an employee works during the day or per week (Rural Health Advocacy Project, 2012:1). Overtime is also compensation for ordinary work performed during weekends or on public holidays (SA, 2008a:25). With regard to medical employees, generally the term *commuted overtime* (also known as fixed overtime), is used to refer to “the hours of work additional to the total number of normal hours of work required by the employer to render a health service

within a health facility in terms of operational needs. It should be only duty in excess of the prescribed hours of attendance, authorised by the relevant delegated authority” (SA, 2006d:1).

The commuted overtime policy was formulated to accommodate qualified medical employees abnormal working hours (SA, 2006d:1). The challenges experienced in implementing the commuted overtime policy, including the inability of departments at facility level to manage its implementation, resulted in certain medical doctors making it a permanent feature of their remuneration (SA, 2006d:12-13). This policy is bound to change with the new proposed National Policy on Commuted Overtime, 2016. The new proposed policy proposes cancelling fixed overtime payments. This proposal has led to great dissatisfaction amongst medical doctors in the public health sector (SAMA, 2016a; SAMA, 2016b; SAMA, 2016c; Business Day, 7 December 2016). Provincial health departments, such as the NW DoH, will implement the new policy. This policy, which is vehemently opposed by medical doctors, and likely to have a negative impact on the retention of medical employees who work disproportionate hours and carry an inconceivable workload, as alluded to in chapter 2, section 2.2.2 and in this chapter, section 4.4.3.

Currently, trainee medical doctors work extensive hours of unpaid overtime under the guise of training and an ill-advised commuted overtime policy (Erasmus, 2012:655-656). Moreover, only up to 80 hours’ actual overtime is paid while the additional hours worked are unpaid (Rural Health Advocacy Project, 2012:2). It is argued that additional hours are due to a shortage of medical doctors in South Africa, that is, a limited number of doctors who are expected to serve a multiple of patients, as alluded to in section 4.2.2.1

The Basic Conditions of Employment Act enables the public health sector to draft policies such as commuted overtime (SA, 1997:8). The Act infers that divergence must benefit employees. However, the commuted overtime policy for doctors is disparaging and in various respects contradictory to the Basic Conditions of Employment Act (Erasmus, 2012:655-656). Another setback of the commuted overtime policy is that it is physically impossible for strained medical doctors to work ideally without sleep, regardless of the sum they are paid to do so (Rossouw,

Seedat, Emsley, Suliman, & Hagemeister, 2013:568). Patients' rights take priority but the overtime burden placed on medical doctors in public hospitals is often excessive, leading to poor performance, error, burnout and resignation. Consequently, public health service delivery is compromised (Rural Health Advocacy Project, 2012:2).

Therefore, the commuted overtime policy should be family friendly; consent to flexibility for medical doctors who are willing to work in public hospitals but appreciate that they need to raise a family at the same time (Erasmus, 2012:656). Furthermore, the policy must be flexible to accommodate the significant differences between hospitals and expected duties (Rural Health Advocacy Project 2012:2). Since flexibility is not included in the current commuted overtime policy, the new proposed commuted policy leaves the NW DoH in an inept position to retain medical employees. At present medical doctors and professional nurses work demanding and protracted hours, this significantly compromises family time and excludes fixed overtime payments. Moreover, medical employees are likely to become demotivated and inclined to resign.

In conclusion, the commuted overtime policy must not only be a financial solution; it should also reflect and consider other employee retention factors. Therefore, commuted overtime as a retention strategy must be entrenched in a broader recruitment and retention strategy, which focuses on core elements such as education and continued career development, work-life balance, working conditions, while professional and personal support is critical for employee retention purposes, patient care and service delivery (Rural Health Advocacy Project, 2012:2).

4.5 CONCLUSION

The chapter focused on the scarce skills of medical doctors and professional nurses and the retention thereof in the public health sector. A conceptualisation of scarce skills was provided and the prevalence of the relative and absolute scarcity of medical doctors and professional nurses in the public health sector was discussed. Furthermore, reasons were provided for the scarcity of medical skills at the NW DoH, including the shortage of medical doctors and professional nurses, unequal

distribution of medical staff between rural and urban as well as public versus private sectors, a lack of interest in studying surgery including a caring ethos. Therefore, it was established that medical doctors and professional nurses are regarded as employees with scarce skills.

The chapter also outlined the unequal distribution of medical employees between the public and private sectors and urban and rural areas. This unequal distribution has an exceptional negative impact on the retention of medical doctors and professional nurses at the NW DoH. The North West Province's public health sector was discussed. Attention was focused on the population of the province, prevailing socio-economic status, health facilities, available human resources for public health services, and the high level of diseases, which justifies why employee retention strategies are important in public hospitals, such as the Potchefstroom Hospital.

It was argued that the country consistently loses medical doctors and professional nurses to the private sector and abroad. Therefore, the turnover of medical doctors and professional nurses in the public health sector led to the implementation of strategies such as the OSD, commuted overtime, allowances, recruitment of foreign nationals, continued professional development, rewards and incentives and community service. The NW DoH utilises several employee retention strategies, which were discussed in this chapter.

To achieve the national health outcomes with the current severe lack of medical scarce skills compels the NW DoH to retain the medical scarce skills that are in its employ. However, the retention of medical employees poses a number of challenges. Therefore, a revised retention strategy with the focus on factors other than those considered in the NW DoH's retention strategy is recommended.

CHAPTER 5: EMPIRICAL RESEARCH: RESULTS AND FINDINGS

5.1 INTRODUCTION

The previous chapters reported on the literature review and focused on the theory of employee retention and employee turnover; the statutory and regulatory framework

within which public institutions practice employee retention. Moreover, strategies to retain medical employees with scarce skills, a depiction of the current context in which medical employees of the NW DoH function as well as the current retention strategies implemented by the NW DoH to retain medical doctors and professional nurses was also discussed. After the extensive literature review, empirical research was conducted to verify the extent to which the theory and practice of employee retention correlates or differs. This was undertaken with a view to establish the shortcomings in the NW DoH's retention strategy for medical employees, as well as identify probable challenges experienced in the implementation thereof with a view to provide recommendations.

In this chapter, the results obtained during the empirical research are presented and interpreted. Data was collected through a self-administered questionnaire and personal interviews. During the data collection phase of the study, certain challenges were experienced. An overview of these challenges is provided, where after the results acquired from the self-administered questionnaire and personal interviews are presented and interpreted.

5.2 RESEARCH RESULTS

The results acquired through the self-administered questionnaire and personal interviews are presented in two phases. The first phase provides a quantitative data analysis of the questionnaire and the second phase a qualitative data analysis of semi-structured interviews.

5.2.1. Phase one: quantitative data analysis

Quantitative data was collected by means of a self-administered questionnaire (Annexure B). A sample of 60 professional nurses and 42 medical doctors from a total of 184 (64 medical doctors and 120 professional nurses), represented the sample size (Refer to chapter 1, section 1.5.4). The results from the quantitative data analysis are based on the responses from the 60 professional nurses and 42 medical doctors who completed the questionnaire. As alluded to in section 5.1,

certain challenges were experienced during the data collection phase. The challenges are elaborated upon in the following section.

With regard to medical doctors, the following challenges were experienced during the data collection phase:

- Most medical doctors were busy in the wards. Therefore, the researcher attended the CPD meetings on a Friday at 7:30am to meet with the doctors and distribute the questionnaire. However, the CPD meeting included not only medical doctors, but also other allied medical employees such as dentists, pharmacists and physiotherapists. The attendance by medical doctors was not what was expected. Since the attendance was low, only a limited number of questionnaires could be distributed.
- Primarily junior medical doctors and only a limited number of senior medical doctors attend the CPD meetings. Therefore, it was extremely difficult to meet with the senior medical doctors.
- Heads of departments (HODs) were targeted to gain access to more medical doctors. However, since the HODs had to contend with busy schedules, it was particularly difficult to meet with.

Challenges experienced with the completion of the questionnaire by professional nurses included:

- The total number of professional nurses comprised 120, as indicated in chapter 1, section 1.5.4. This population included the nursing manager, operations managers, professional nurses who are away on study and maternity leave, and practising professional nurses. Certain operations managers held that there was no need to complete the questionnaire because they occupied management positions. Moreover, they were of the view that only practising professional nurses should complete the questionnaire.
- The researcher faced resistance from the professional nurses because several were suspicious even though evidence was produced that the research was for academic purposes only and was approved by the NW DoH and the management of the Potchefstroom Hospital.

- Moreover, most of the professional nurses were too busy to browse through the questionnaire. The researcher suggested leaving the questionnaires with them to go through during their spare time; however, the questionnaires were either not completed or misplaced.
- The distribution of questionnaires during the night shift was disrupted because medication is administered to patients at 8 pm. The day shift nurses were extremely busy and that made it difficult to acquire their attention. Furthermore, since the shifts stretch over four days each, certain questionnaires were lost when the nurses went off duty.
- A limited number of questionnaires were issued to the children's ward and the intensive care unit, which is staffed by the majority of the professional nurses. However, at the time the questionnaires were distributed, these wards were the busiest.

In spite of these challenges, and the limitations outlined in chapter 1, section 1.5.6, a suitable number of medical doctors and professional nurses completed the questionnaire. Furthermore, the reliability and dependability of the results were ensured through the following as explained in chapter 1, sections 1.5.3.1, 1.5.3.2 and 1.5.6:

- 102 participants (42 medical doctors and 60 professional nurses), from 184 (64 medical doctors and 120 professional nurses) who completed the questionnaire, the results acquired through the questionnaire can be considered representative of the population and therefore valid to make conclusions and generalise the results.
- To ensure the questionnaire's content validity, the researcher ensured that the questions were drawn from the literature review of the study.
- In this study, the reliability of the results was ensured through accurate and comprehensive descriptions of the status of employee retention at the NW DoH. The research revealed the relation between the inadequacy of the current employee retention strategies and the high turnover rate of medical doctors and professional nurses at the Potchefstroom Hospital.
- The researcher refrained from pursuing her personal views and focused on a scientific approach to the questions posed.

5.2.2 Results acquired from the questionnaire

The questionnaire comprised of three sections: Section A (demographic information); Section B (closed-ended questions); and Section C (open-ended questions). The results acquired through each of these sections are presented and interpreted below:

5.2.2.1 Section A: Demographic information

This section summarises the basic statistics of the sample population collected during the study. This section includes the profession, gender, age and number of years employed at the Potchefstroom Hospital. The respondent's descriptive and inferential statistics are discussed in the sections that follow.

5.2.2.1.1 Respondents profession

The respondents were requested to indicate their profession - medical doctors or professional nurses. Table 5.1 below illustrates the total number of questionnaires collected as well as the number of medical doctors and professional nurses who had responded.

Table 5.1: Respondents profession

Profession	Frequency	Percentage
Medical doctors	42	41.2
Professional nurses	60	58.8
Total	102	100%

(Source: Researcher's own compilation)

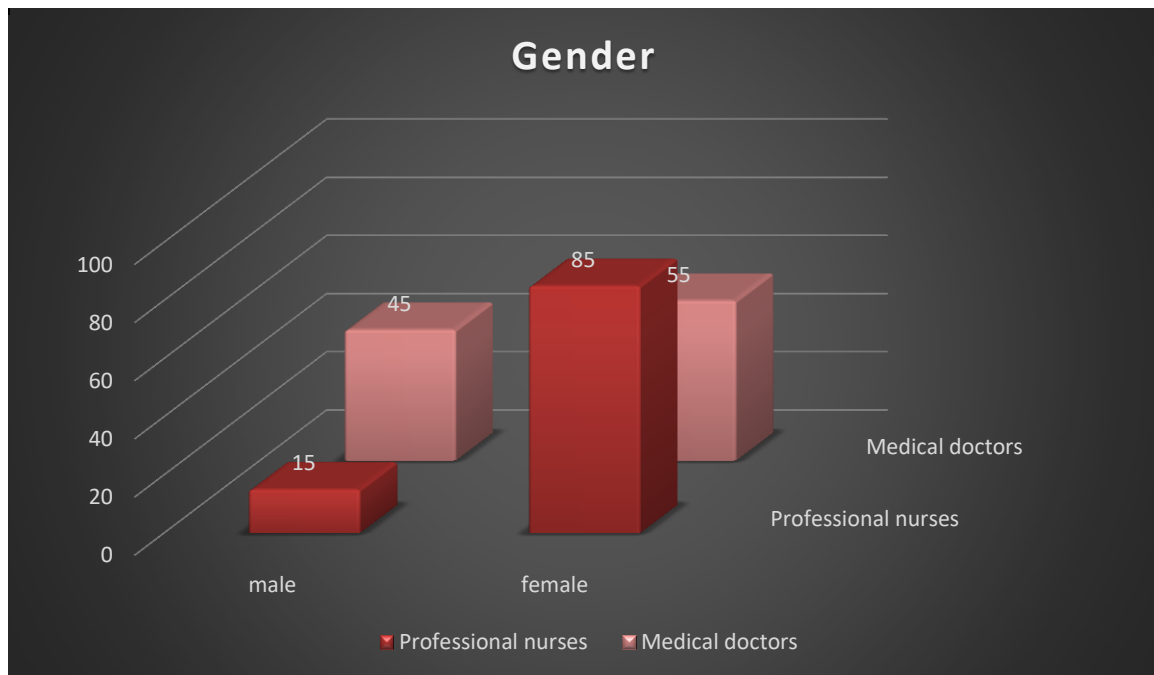
The results above revealed that 42 medical doctors and 60 professional nurses completed the questionnaire. The medical doctor's sample included specialists, officers and interns currently employed at Potchefstroom Hospital. With regard to

professional nurses, all 'sisters' or professional nurses who are in the possession of a four-year diploma or degree were included in the study.

5.2.2.1.2 Respondents gender

The respondents were requested to indicate their gender. The purpose of this requirement was to establish whether a significant section of the sample are females and to confirm that the majority of professional nurses are typically female (Wildschut & Mgqolozana, 2008:13; SANC, 2015:1; Sojane, Klopper & Coetzee, 2016:8; Khunou *et al.*, 2016:7). Females traditionally are the emotional, nurturing caretakers of a family (although it may also affect males) (Revenson, Griva, Luszczynska, Morrison, Panagopoulou, Vilchinsky & Hagedoorn, 2016:49), and extensive periods away from family and home result in an uneven work-life balance, known to enhance employee turnover, as alluded to in chapter 2, section 2.3.2.3.5. On the other hand, males are traditionally the breadwinners of a family (although females may also fulfil this role) (Haase, Becker, Nill, Shultz & Gentry 2015:2). Thus, the absence of retention factors such as a competitive compensation, allowances and commuted overtime, as alluded to in chapter 2, sections 2.3.2.2 and chapter 4, section 4.4.7, could negatively affect the retention of medical employees. The respondent's gender is highlighted in Figure 5.1 below.

Figure 5.1: Medical doctors and professional nurse's gender



(Source: Researcher's own compilation)

The results presented in Figure 5.1 illustrate that a larger proportion of the respondents who are medical doctors were male (55%) as opposed to 45% female respondents. It can be argued that a fair gender distribution among the respondents who are medical doctors implies that both the factors mentioned above in this section will be relevant to employee retention (work-life balance and compensation). The development and implementation of an employee retention strategy for the respondents who are medical doctors should be targeted to benefit males and females equally. Although the study is not focused on gender differences and preferences it was considered of significance to mention that certain factors could be more important to either gender (male/female).

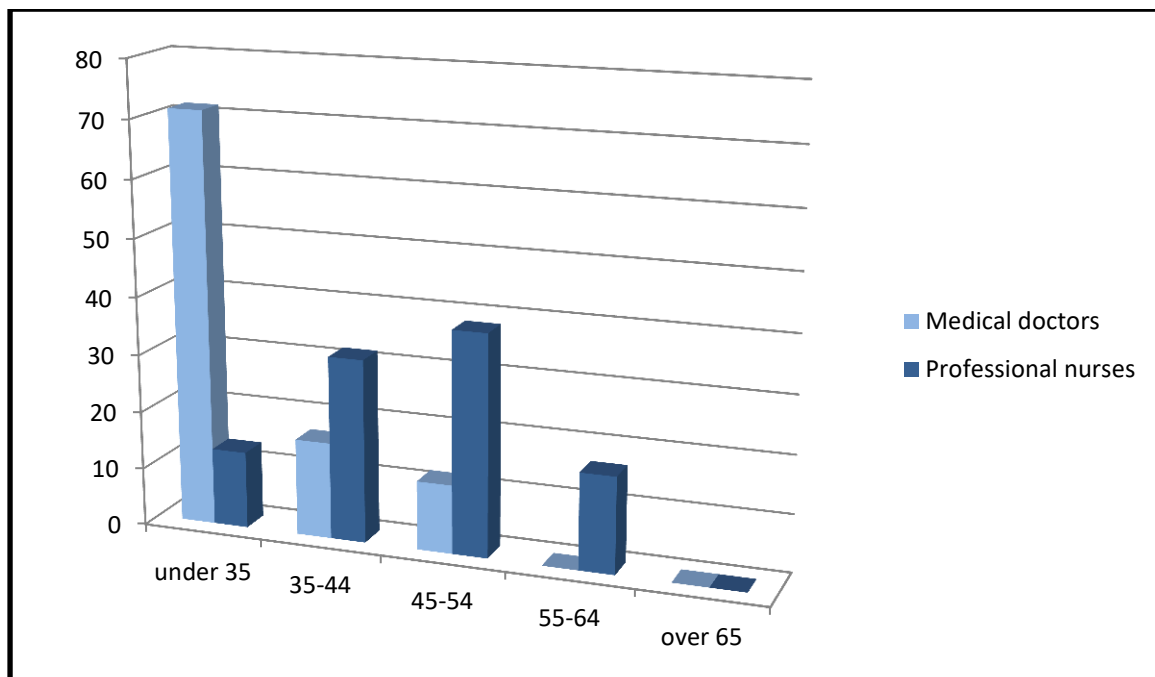
With regard to professional nurses, the statistics revealed that nursing is predominantly a female profession. The females represented 85% of the total respondents who are professional nurses, whereas the males represented 15% of the total respondents who are professional nurses. This trend is in accordance with the province, that is, the female nurses comprise the majority of the professional nurses in the North West Province. Eighty eight percent (88%) of the professional nurses are females while 12% comprise male (SANC, 2015:1). These statistics

reveal that men have been entering the nursing profession at a slow pace. Khunou *et al.* (2016:7), confirm that nursing is predominantly a female profession by stating that the profession had previously failed to attract males. Retention factors such as work-life balance may arguably be more important to female nurses. However, compensation may be equally important to female nurses as heads of a single household income.

5.2.2.1.3 Respondents age

The respondents were asked to provide their age in the highlighted categories. The categories were specified as follows: under 35, 35-44, 45-54, 55-64 and above 65. Figure 5.3 below illustrates the age of the respondents.

Figure 5.2: Respondents age



(Source: Researcher’s own compilation)

The under 35 age group comprises of the highest number of medical doctor respondents (71.4%), followed by 16.7% in the age group 35-44 and the lowest population in the 45-54 age group with only 11.9%. There were no respondents in the 55-64 and over 65 age groups respectively. The results revealed that there are a significant number of young medical doctors employed at the hospital in the age

groups under 35 and 35-44 (88.1%). It can be argued that a young generation of medical doctors will, in addition to financial considerations, also consider career development and training and development opportunities to specialise as important factors for the retention of employees. Since the under 35 age group may start a family, aspects such as work-life balance and on-site childcare facilities can also be considered important. Furthermore, these age groups reflect an economic active population and it still has many years of employment ahead of them. Thus, it is suggested that the NW DoH develop a retention strategy that will ensure that medical doctors with scarce skills will be retained.

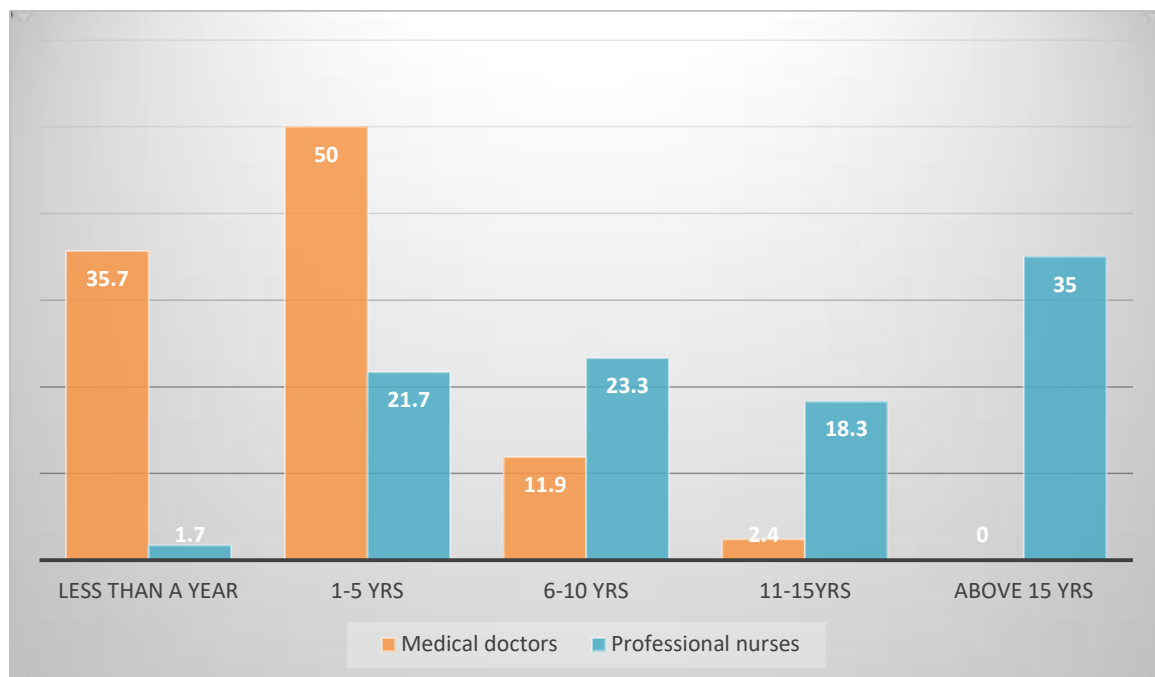
With regard to professional nurses, the age group 45-54 had the highest number of respondents (38.3%), followed by the 35-44 age group (31.7%), 55-64 age group 16.7% respondents and the under 35 only 13.3% respondents. The age group of above 65 comprised of no respondents, which could imply that nurses typically retire at the age of 65. The largest components of respondents who are professional nurses fall in the category of 45-54 years of age. These are professional nurses either with many years' employment or with significant years of experience. In both instances, it would be advantageous for the Potchefstroom Hospital to retain these employees.

Furthermore, the results revealed that there is an ageing professional nursing population in South Africa and a limited number of professional nurses are entering the profession. Moreover, nationally, a significant number of professional nurses, 43.7%, are over 50 years of age (Rispel, 2015:118), as alluded to in Chapter 4, Section 4.2.2.3. The acquired results substantiate the literature, that is, the ageing professional nursing population is above 45 years are more (55%) whereas younger professional nurses entering the profession is limited (13.3%). Therefore, recruitment strategies to attract young professional nurses should also be implemented. In Chapter 2, Section 2.3.2.1, it was revealed that recruitment is also considered just as significant to retain employees. Therefore, recruitment strategies are fundamental to attract and retain young professional nurses.

5.2.2.1.4 Years employed at the hospital

The respondents were requested to state the number of years' service at the Potchefstroom Hospital. The proposed options included: under 1 year, 1-5 years, 6-10 years, 11-15 and more than 15 years. Figure 5.4 below illustrates the results for the number of years employed in the public hospital.

Figure 5.4: Years employed at the hospital



(Source: Researcher's own compilation)

The results revealed that most respondents who are medical doctors (50%), have been employed at the hospital for 1-5 years, followed by 35.7% who have been employed for less than a year, 11.9% employed for the past 6-10 years while 2.4% for 10-15 years. None of the medical doctors have been employed at the hospital for more than 15 years. The results revealed that the number of medical doctors declined as the years increased. The majority of the medical doctors (58.7%) have been employed at the hospital for fewer than five years. These results correspond with the theory that medical doctors have a strong mind-set to leave an organisation they work for (Van Dyk *et al.*, 2013:58). Furthermore, few medical doctors are employed in the public health sector and are often lost to the private sector including other countries (Stratchan, 2011:525) as alluded to in Chapter 4, Section 4.2.2.4.

The majority of medical employees employed at the hospital are young (45 years and younger). The results also confirm the significance of retaining medical doctors who have a considerable number of their economically active years ahead.

With regard to professional nurses, 35% have been employed at the hospital for more than 15 years, followed by 23.3% for the past 6-10 years, 21.7% for 1-5 years, 18.3% for 10-15 years, while 1.7% have been employed for less than a year. The results reflect that the majority of the professional nurses have been employed for more than 6 years (58.3%). It can be inferred from the results that the hospital managed to retain professional nurses for more than 15 years. However, the challenge to recruit professional nurses persists. It is a cause for concern since only 1.7% of the nurses have been employed in less than a year. The significance of recruitment to retain employees was highlighted in Chapter 2, Section 2.3.2.1. The employee retention strategy at the Potchefstroom Hospital should, therefore, actively recruit young professional nurses who would be economically active for a number of years.

Once the respondent's biographical information was established, the next section of the questionnaire (Section B), which comprised of closed questions, focused on employee turnover. The results acquired from Section B of the questionnaire are discussed below.

5.2.2.2 Section B: closed questions

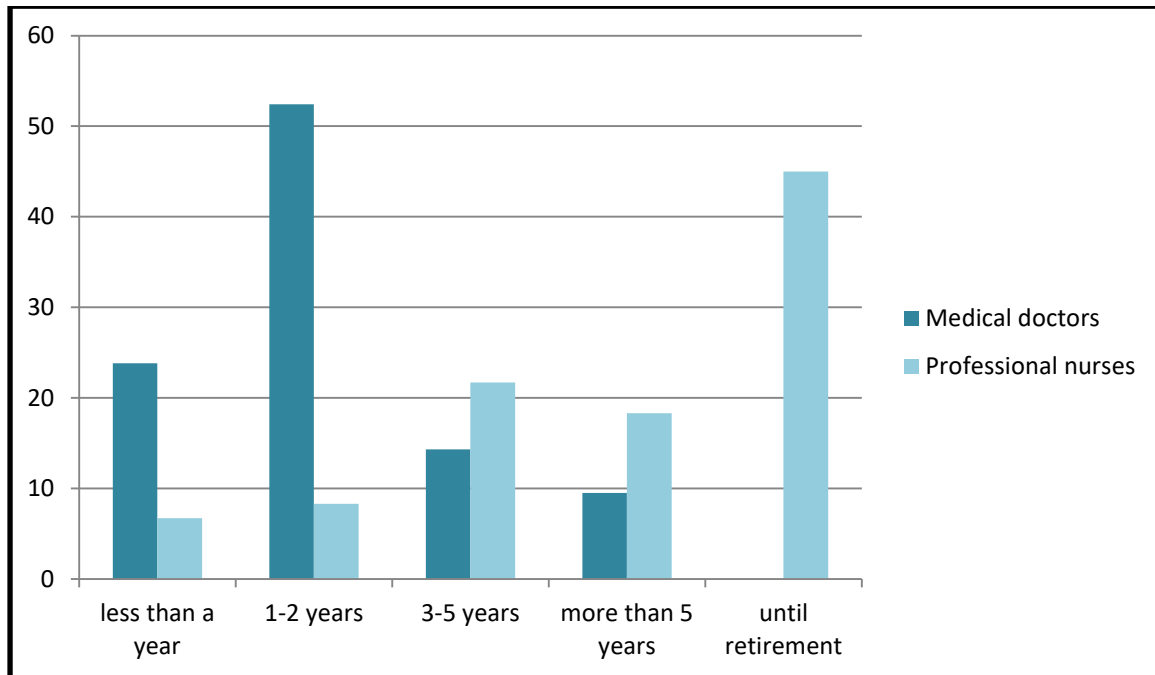
Questions relating to employee turnover were posed in this section. The purpose of these questions was to establish the respondents experience to be appointed in the same position in the private sector or abroad as well as determine the demotivating factors which can lead to employee turnover.

5.2.2.2.1 Intention to leave the hospital

Intention to leave employment is an indicator of employee turnover (Katsikea, Theodosiou & Morgan, 2015:5), as indicated in chapter 2, section 2.2.2. It is alleged that considering leaving should be considered as the first step in the individual's

ultimate resignation, unless the pertinent concerns are addressed (Van Dyk *et al.*, 2013:58). Figure 5.5 below illustrates the respondents who intend leaving the hospital.

Figure 5.5: Intention to leave



(Source: Researcher’s own compilation)

The results revealed that 52.4% of the respondents who are medical doctors have an intention to leave the hospital in the following 1-2 years; 23.8% of medical doctors want to leave the hospital in less than a year; 14.3% in the next 3-5 years, while 9.5% of the respondents in more than 5 years. None of the medical doctor respondents suggested that they want to remain with the hospital until retirement. These results should be of great concern to the management of the Potchefstroom Hospital.

Marinus (2013:3) asserts that nationally, almost half of the medical doctors are likely to leave South Africa and the public health sector in the next five years. The high turnover rate of medical doctors will exacerbate the loss of institutional memory and will lead to unmanaged disease burdens in public hospitals (Marinus, 2013:3). These statements ring true to the above results. An alarming 90.5% of the respondents who are medical doctors want to leave the hospital in less than 5 years of service. These

results considerably accentuate the importance of effective retention strategies for medical doctors at the Potchefstroom Hospital.

Contrary to the results acquired from the medical doctors, 45% of the professional nurses revealed that they want to remain at the hospital until retirement; 21.7% for the next 3-5 years; 18.3% have no intention of leaving the hospital for more than 5 years, whereas 8.3% intend leaving the hospital in 1-2 years, while 6.7% will not leave the hospital in less than a year.

The results revealed that most professional nurses want to remain in the employment of the hospital until retirement. Most respondents who intend staying until the retirement age are in the 45-54 and 55-64 age groups, which constitutes approximately 55% of the total population (Figure 5.3). The results reflect that professional nurses in those age groups are nearing the retirement age. Consequently, this could be the reason for wanting to remain in the employ of the hospital.

5.2.2.2.2 Finding the identical job in the private sector or abroad

Medical doctors and professional nurses are regarded as employees with scarce skills who are in high demand in the labour market (Van Dyk *et al.*, 2013:58). Therefore, the aim of the question was to establish whether medical doctors and professional nurses are aware of the fact that they are invaluable and a sought-after skill in the global market. Each year South Africa loses medical doctors and professional nurses to the private sector and to other countries (Labonte *et al.*, 2015:7), as alluded to in chapter 1, section 1.1 and Chapter 4, Section 4.2.2.2. Table 5.2 illustrates the results of how medical doctors and professional nurses view the significance of their careers in the global market.

Table 5.2: Finding the identical position in the private sector or abroad

	Very easy	Don't know	Very difficult
Medical doctors	40.5	52.4	7.1
Professional nurses	26.7	63.3	10.0

(Source: Researcher's own compilation)

The results above reveal that 52.4% of the medical doctors and 63.3% professional nurses are not aware whether it is easy or difficult to find the identical job in the private health sector or abroad. Since 90.5% of the medical doctors revealed that they plan on leaving the employ of the hospital within the next five years, as mentioned in the previous section, it is unclear for which sector they would head to because they are unsure of their employment prospects. It can be argued that these respondents are either willing to take their chances of employment in the private sector or abroad, irrespective of whether such a step would be successful or they are planning to leave the hospital for another position in the public health sector. In either instance, this does not bode well for the management of the Potchefstroom Hospital. Should the medical doctors leave the employ of the hospital for another public hospital, it could imply that the circumstances are intolerable.

Furthermore, 40.5% of the medical doctors and 26.7% of the professional nurses stated that it would be easy to acquire the same position in the private sector or abroad. Since these employees know their worth, the hospital will remain under threat of a high turnover rate. Consequently, retention strategies should be such that they not only appeal to the employees, but keep them motivated to remain. This finding is substantiated by the theory in Chapter 4, Section 4.2, that medical doctors and professional nurses can select any post in the area of their choice, thereby making it difficult to recruit and retain such professionals (SA, 2006a:6).

In addition, 7.1% of the medical doctors and 10% of the professional nurses revealed that it is very difficult to acquire the same job in either the private sector or abroad. These respondents will remain with the hospital because they have no choice. It can

be argued that retention strategies should also focus on the employees who are willing to remain at the hospital.

5.2.2.2.3 Demotivating factors in a public hospital

The purpose of this question was to theorise the reasons the respondents want to leave the hospital. The different categories included poor working conditions, poor salaries and benefits, lack of career development, lack of time spent with the family, increased workload, and a lack of training and development. The respondents were asked to rank each factor from 1 to 5 with 1 being the least important and 5 being the most important factor. The results are presented in Table 5.3 below.

Table 5.3: Demotivating factors (medical doctors).

	1	2	3	4	5
Poor working conditions	9.5	2.4	31.0	23.8	33.3
Poor salaries and benefits	19.0	21.4	35.7	7.1	16.7
Lack of career development	9.5	16.7	21.4	21.4	31.0
Lack of time to spend with family	11.9	19.0	31.0	26.2	11.9
Increased workload	7.3	9.8	26.8	39	17.1
Lack of training and development	4.8	14.3	21.4	28.6	31.0

(Source: Researcher’s own compilation)

Overall medical doctors perceive poor working conditions, a lack of career development and a lack of training and development as the highest demotivates that influence their decision to leave the hospital. The findings revealed 33.3%, 31% and 31% respectively in each of these categories. Poor working conditions led to certain employees feeling uncomfortable and attracted to other organisations (Mrara, 2010:21), as alluded to in Chapter 2, Section 2.3.2.2. Moreover, training and development opportunities as well as career development relate to employee commitment and employee retention (Van Dyk *et al.*, 2013:68), as indicated in Chapter 2, Section 2.3.2.4. Management should consider these factors to retain medical doctors.

With regard to professional nurses Table 5.4 below illustrates the demotivating factors, which led to leaving the hospital.

Table 5.4: Demotivating factors (professional nurses)

	1	2	3	4	5
Poor working conditions	19.2	13.5	17.3	23.1	26.9
Poor salaries and benefits	16.4.	16.4	12.7	12.7	41.8
Lack of career development	16	14	22		48
Lack of time to spend with family	18.	8	16	18	40
Increased workload	12.5	3.6	8.9	21.4	53.6
Lack of training and development	13.5	15.4	19.2	7.7	44.2

(Source: researcher’s own compilation)

As in the case with medical doctors, professional nurses perceive increased workload, lack of career development and training and development as the highest demotivates that influence their decision to leave the hospital. The findings revealed that 53.6%, 48% and 44.2% respectively in each of the categories. In addition to the results above, several respondents stated that certain factors, which demotivate them to remain at the hospital, include an unfair distribution of duties, irrelevant referrals from the clinic, which in turn increases the workload, apathy among fellow colleagues, unfriendly and lazy co-workers. Moreover, red tape in purchasing equipment, poor management, poor organisational capacity by senior medical employees, a lack of incentives, poor communication from management, unfair promotions, interference from the trade unions making it difficult to carry out duties, and a lack of appreciation were also some of the factors stated. The respondents who listed these factors did not explain the reasons, but each of these factors is of significance and need to be addressed to prevent employee turnover at the hospital.

With regard to both professional nurses and medical doctors, the results are reinforced in Chapter 1, Section 1.1, that low remuneration, poor working conditions,

a lack of career development and training and development opportunities drive employees with scarce skills to leave an organisation (Labonte *et al.*, 2015:7).

In addition to the closed questions, the questionnaire contained open-ended questions (Section C). The results acquired from Section C of the questionnaire are discussed in the next section.

5.2.2.3 Section C: Open-ended questions

The aim of open-ended questions is to elicit more information than what will be accessed with close-ended questions (Doody & Noonan, 2013:30). Therefore, the open-ended questions provided respondents with the opportunity to explain their views, experiences, attitudes and perceptions. The questions in this section focused on employee retention and strategies used by the hospital to retain medical doctors and professional nurses.

5.2.2.3.1 Working preference: Public or private health sector

In Chapter 4, section 4.2.2.2, it was revealed that there is an unequal distribution of medical doctors and professional nurses between the public health sector and the private health sector. Approximately 30% of the medical doctors work in public hospitals, serving most of the population, whereas 70% of the medical doctors serve a population of only 32% (Labonte *et al.*, 2015:2). Table 5.5 illustrates the results of medical doctors' and professional nurses' work preference for the public and private health sectors.

Table 5.5: Public vs private health sector

	public	private	both
Medical doctors	59.5%	33.3%	7.1
Professional nurses	68.3%	18.3%	13.3%

(Source: Researcher's own compilation)

The results reveal that 59.5% of the medical doctors prefer working in the public hospitals and only 33.3% prefer working in the private hospital. The same tendency applies to the professional nurses whereby the majority (68.3%) prefer working in the public hospitals and 18.3% prefer working in the private hospitals. Of the respondents, 7.1% of medical doctors and 13.3% of professional nurses have no preference on where they want to work as long as the working environment and working conditions are conducive.

The result obtained from medical doctors (59.9% that prefer working in the public sector), is a concerning result in the sense that it gives rise to the question, *Why do the vast majority of medical doctors and professional nurses prefer to work in the public health sector?* In section 5.2.2.2.1 above it was indicated that the results of the questionnaire revealed that 90.5% of medical doctors indicated that they want to leave the Potchefstroom Hospital within five years. In the next section, 5.2.2.2.2, it was revealed that 52.4% of medical doctors are of the opinion that it is not easy to find the same position in the private sector. It was argued that one of the reasons that these respondents hold this view is that they are willing to take their chances of employment in the private sector or abroad, irrespective of their knowledge of the success of such a step. However, the result obtained in this question (59.9% that prefer working in the public sector), invalidates that assumption.

Another reason provided in section 5.2.2.2.2 for medical doctors' intention to leave the Potchefstroom Hospital within five years, was that they are planning to leave the Hospital for another position in the public health sector. If this is the case, it suggests that the work circumstances at the Hospital are unbearable to them, thereby, necessitating urgent attention from the Hospital's management to determine the reasons for such great unhappiness and to put effective retention strategies in place. However, the reasons provided by medical doctors who want to remain in the public health sector (33.3%), indicated that they want to serve the community and the less privileged, appreciative patients and to gain experience. Thus, it indicates that these doctors have a certain service ethos, compelling them to remain in the public health sector, although they actually want to leave. In this respect, it will be advisable to the management of the Hospital to make a concerted effort to retain these medical doctors, in the process, improving their work circumstances and benefits.

Medical doctors who indicated that they prefer employment at a private hospital stated that in private hospitals one can determine own working hours, better salaries are paid and private hospitals are organised environments with bigger returns in terms of remuneration, better working conditions, better equipment and shorter shifts. In Chapter 4, Section 4.2.3, it was stated that poor working conditions, increase in workload, a lack of workplace security, better remuneration and personal safety are some of the factors influencing employee turnover in public hospitals (Jenkings *et al.*, 2015:2). Thus, the reasons provided by medical doctors and professional nurses for leaving the public health sector correspond with the reasons provided in literature.

Further, the results revealed that the majority of professional nurses prefer employment in public hospitals (68.3%). This preference may be due to job security, the availability of funds, allowances and benefits, training and development opportunities and providing services to the less privileged. Respondents who prefer private hospitals stated that private hospitals are neat and decorated, better working conditions prevail, there's an availability of staff to share the workload and better salary packages are offered. In Chapter 2, Section 2.3.2, it was stated that employers need to know which factors motivate their employees to stay in the organisation (Mrara, 2012:27). Thus, the employee turnover factors revealed can be used to develop and design employee retention strategies.

5.2.2.3.2 Opportunities in other public hospitals

It is alleged that the NW DoH is losing medical doctors and professional nurses to other hospitals within the public service in urban provinces such as Gauteng and Western Cape. Therefore, the question is meant to address the factors why some medical doctors and professional nurses leave their designated public hospital to another public hospital. The results are presented in the table below.

Table 5.6 public hospital turnovers

	Yes	No	No answer
Medical doctors	61.9%	33.3%	4.8%
Professional nurses	41.7%	55%	3.3%

(Source: Researcher's own compilation)

The results state that 61.9% and 41.7% of all medical doctors and professional nurses have worked in another public hospital before whereas 33.3% and 55% of professional nurses have never worked in another public hospital before whereas 4.8% and 3.3% of medical doctors and professional nurses did not answer the question respectively.

With regards to medical doctors the respondents who have left the public hospitals stated poor management practises and strategies, lack of training opportunities, end of contracts, better posts and opportunity to grow, poor working relationships with subordinates, poor working conditions, family commitments and marital reasons. Moreover, some respondents stated that the previous hospitals were very rural hospital with no career development opportunities, some moved from primary health care to improved hospitals and some respondents have worked in public hospitals outside South Africa. Most of the stated reasons are avoidable causes of employee turnover, (Refer to Chapter 2, Section 2.2.1.3) except for end of contracts and family commitments, and as such, the hospital can prohibit such causes by improving on recruitment, motivating and stimulating medical doctors and professional nurses effectively (Curran, 2012:12).

With regards to professional nurses, most respondents stated that they left the public hospitals that they were working because they got better offers from other hospitals, family commitment issues, personal reasons, poor management of the hospital, too much workload and also lack of posts in their designated hospital forced them to move to Potchefstroom hospital.

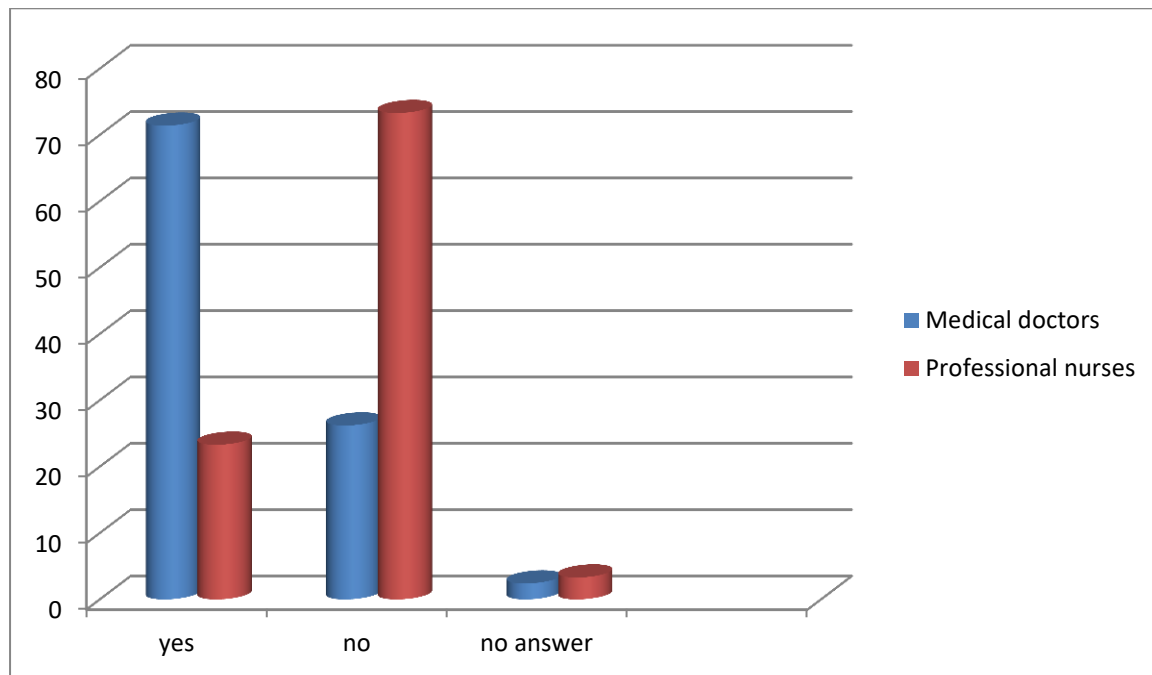
The results are supported by the theory. In Chapter 2, Section 2.2.2, it was stated that the possible causes of employee turnover such as a workplace that does not meet expectations, a lack of coaching and feedback, limited growth and career advancement opportunities and stress from overworking are certain possible causes of employee turnover (Seijts & Crim, 2006; Lesabe & Nkosi, 2007; Dubrin, 2008:359; Chiboiwa *et al.*, 2011:2912; Muteswa & Ortlepp, 2011:15; Ngobeni & Bezuidenhout, 2011:9963; Iravo, 2012:300; Ariokasamy, 2013:1535). Even though it was highlighted in the previous section that most respondents prefer employment in the public health sector than the private health sector, this section highlights that the Potchefstroom Hospital can be in a position of a higher employee turnover of medical doctors and professional nurses to other public hospitals, as alluded to in sections 5.2.2.2.1 and 5.2.2.2.2.

Some of the reasons highlighted by the respondents such as a lack of positions, extensive workloads, career development and training opportunities, poor management practises and a lack of recognition are avoidable causes of employee turnover. These factors can be utilised by the hospital management to establish why there is higher employee turnover in certain e hospitals and work towards implementing strategies to reduce employee turnover and be at an advantage compared to other public hospitals.

5.2.2.3.3 Satisfaction with the current salary packages

It is argued that salaries have been correlated to employee retention, as indicated in chapter 2, section 2.3.2.2. It would seem that the higher the salary package, the greater the possibility of employees feeling that they should leave the organisation (Van Dyk *et al.*, 2013:60). Figure 5.6 below reveals the results of how satisfied medical doctors and professional nurses are with their salary packages at the Potchefstroom Hospital.

Figure 5.6: Satisfaction with salary packages



(Source: Researcher's own compilation)

With regard to medical doctors, 71.4% of the respondents revealed that they are satisfied with the salaries offered by the hospital, whereas 26.2% are dissatisfied with their salary packages. Of the medical doctors, 2.4% did not answer the question. Those who are not satisfied with the salary packages stated that they believe they can earn more.

Employers who base employee retention on compensation-based commitment are vulnerable because their employees could receive improved offers elsewhere (Erasmus *et al.*, 2015:40). It was also argued in Chapter 2, Section 2.3.2.2, that adequate working conditions and the availability of resources are also strong predictors of job satisfaction (Mokoka *et al.*, 2010:4). This statement seems applicable to the medical doctors at the Potchefstroom Hospital. The results revealed that most respondents who are medical doctors are satisfied with their salary packages. However, as indicated in section 5.2.2.2.1, most of the respondents stated that they intend leaving the hospital in less than five years, (refer to Figure 5.5). This, in all likelihood, implies that salaries alone are ineffective to retain medical doctors at the hospital. Alternative retention factors should also be considered.

As for professional nurses, the results revealed that most respondents are not satisfied with their current salary packages (73.3%), whereas 23.3% of the respondents who are professional nurses are satisfied with the current salary package at the hospital. 3.3% did not answer the question.

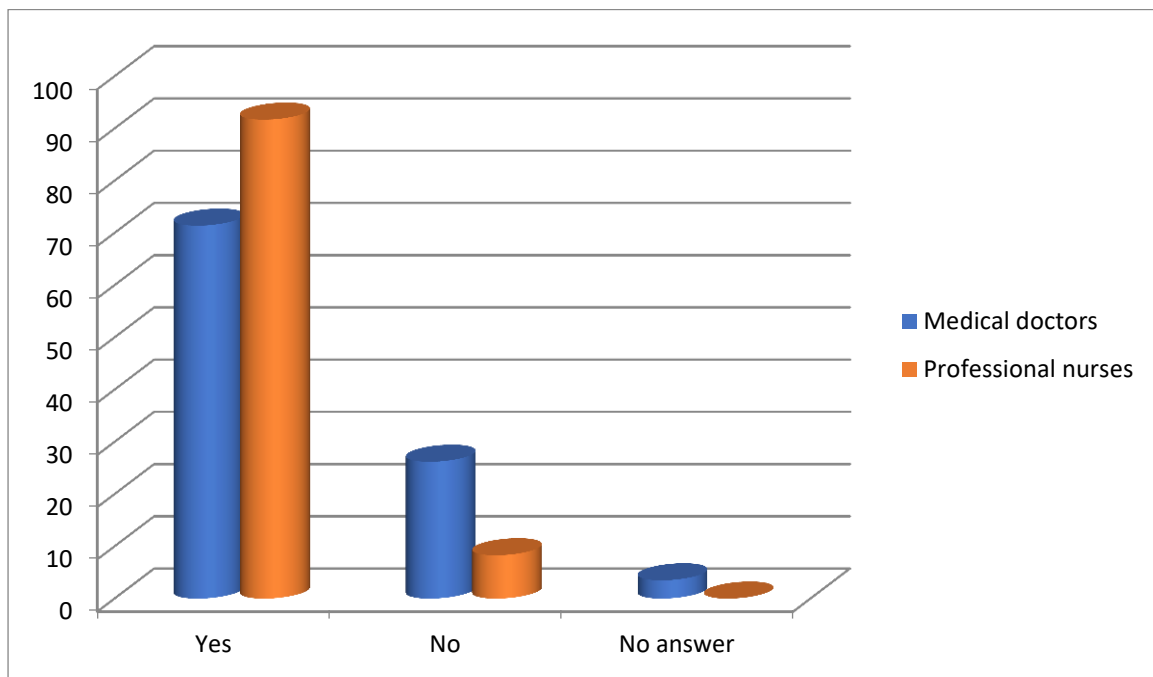
Most professional nurses, regardless of their age group, stated that the workload does not match their salaries. Certain respondents also stated that the salaries are meagre unless one has worked overtime or during public holidays. Moreover, certain professional nurses further stated that better salaries are only earned on specialisation. They also stated that the NW DoH recognises and appreciates employees who have specialised. However, several professional nurses revealed that they are satisfied with their current salaries because the salaries in the public service are better compared to the private sector. One is certain of one's salary at the end of each month in the employ in the public sector, unlike the private sector where they held could be uncertain.

As indicated in Chapter 2, section 2.3.2.2, salary packages are the strongest predictor of employee retention in attracting and retaining skilled employees (Haider *et al.*, 2015:67). Muteswa and Ortlepp (2011:25) concur that salary packages is the most preferred employee retention strategy by knowledge workers. In Chapter 2, Section 2.3.2.2, it was stated that the reasons for the high rate of employee turnover in an organisation is due to inadequate salaries. Hong *et al.* (2012:64) asserts that compensation attracts and retains skilled and competent employees, as alluded to in Chapter 2, Section 2.3.2.2. The findings can be aligned to literature, especially the revelations from the professional nurses.

5.2.2.3.4 Allowances as a retention tool

Organisations that offer allowances establish a positive impact on their employees, thereby, cultivating commitment to the organisation (Osibanjo *et al.*, 2014:79). Figure 5.7 below illustrates how medical employees perceive allowances at the Potchefstroom Hospital.

Figure 5.7: Allowances



(Source: Researcher's own compilation)

The results revealed that 71.4% of the respondents who are medical doctors and 91.7% of the respondents who are professional nurses indicated that allowances motivate them to remain in the employ of the hospital. However, 26.2% medical doctors and 8.3% of professional nurses indicated that allowances do not motivate them to stay in the employ of the hospital. A number of medical doctors (2.4%) did not answer the question.

The respondents who indicated that they are not motivated by allowances stated that working conditions are more important than allowances. Other respondents stated that it is pointless to increase allowances if a poor basic salary is offered. Therefore, an increase in basic salaries should be considered by the NW DoH as a retention strategy before priority is given to allowances. The findings correlate with the theory discussed in Chapter 4, Section 4.4.3, which stated that despite allowances, the NW DoH still experiences a high vacancy rate in most clinical posts and experience difficulty in retaining medical doctors and professional nurses due to poor infrastructure, unreliable electricity supply and poor accommodation facilities (Chelule & Madiba, 2014:85).

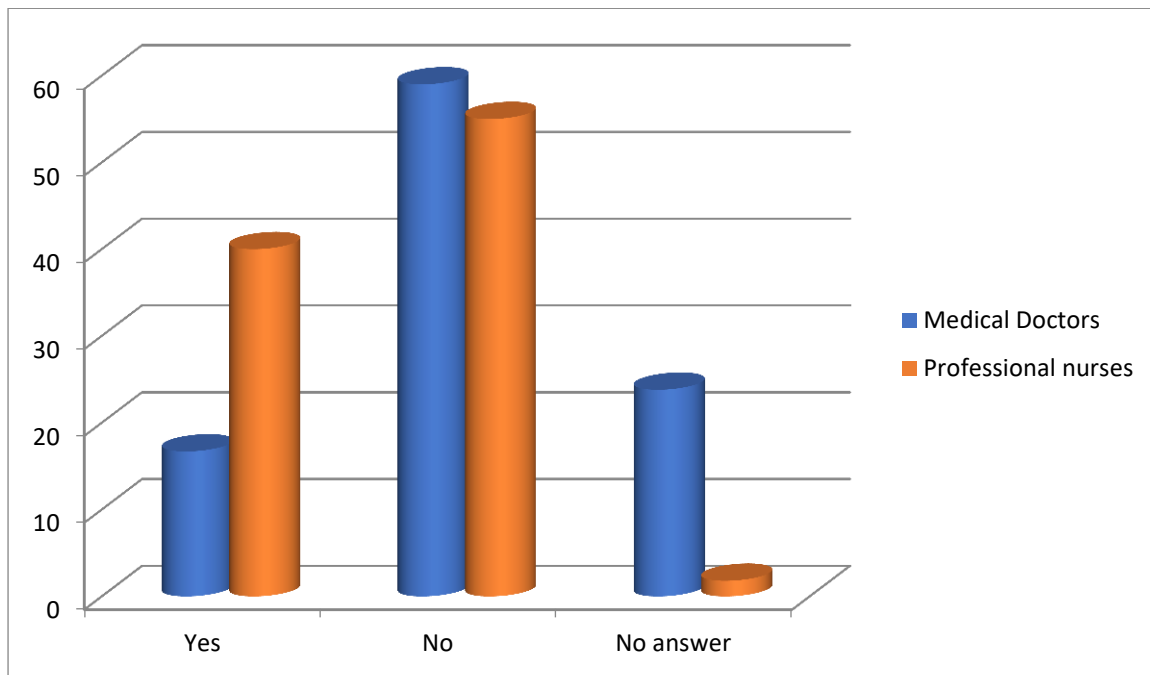
With regard to professional nurses, several respondents revealed that allowances in itself are ineffective to motivate them to remain in the employ of the hospital. They stated that factors such as working conditions should also be considered. The respondents in the 45-54 age category specified that to some extent, allowances can motivate them to remain at the hospital, however, allowances are usually paid to younger professionals. Therefore, they opined that for mature professionals, factors such as promotion and working conditions should be considered as elements of retention. Some respondents who favour allowances stated that they find it incomprehensible that government intends decreasing allowances because it is an incentive to remain at an organisation. The respondents in the under 35 age category agreed that allowances are an effective tool to retain their services. Moreover, they also revealed that allowances should be paid timeously and not two to three months late. The respondents held that danger allowances should also be implemented for employees who work in the Psychiatric Department.

In Chapter 4, Section 4.4.3, allowances were reinforced as an effective retention strategy. According to Chelule and Madiba (2014:84), allowances are an effective employee retention strategy for medical doctors and professional nurses. It can be inferred that allowances are effective employee retention strategies but allowances should not be the only criteria to retain employees, working conditions and factors such as promotion should also be considered.

5.2.2.3.5 Occupational Specific Dispensation (OSD) as retention tool

OSD is a financial incentive that was introduced to attract, motivate and retain medical employees in the public health sector (Ditlopo *et al.*, 2013:138), as alluded to in Chapter 4, section 4.4.4. The respondents were asked to indicate whether they regard the OSD as an effective motivational tool to remain within the employ of the hospital. The results are presented in Figure 5.9 below.

Figure 5.8: Occupational Specific Dispensation



(Source: Researcher's own compilation)

The Figure above revealed that 59.5% of the medical doctors and 55% of the professional nurses indicated that the OSD does not motivate them to remain in the employ of the hospital, whereas 16.7% of medical doctors and 40% of professional nurses disclosed that the OSD does motivate them to remain in the employ. Furthermore, 23.8% of the medical doctors and 5% of the professional nurses did not respond to the question. Most of the medical doctors who chose not to answer the question held that a response would be a waste of time because their views and perceptions would not be considered by the NW DoH. Some of the medical doctors who did not answer the question stated that they do not understand what is implied by OSD.

The medical doctors who are not in favour of the OSD stated that: the OSD had not been implemented properly; the policy is not evaluated; there is no progression as outlined by the policy document; and the NW DOH can utilise an improved retention strategy than the OSD.

The majority of the professional nurses revealed that they are dissatisfied with the OSD, except the respondents in the 55-64 age group. The respondents who

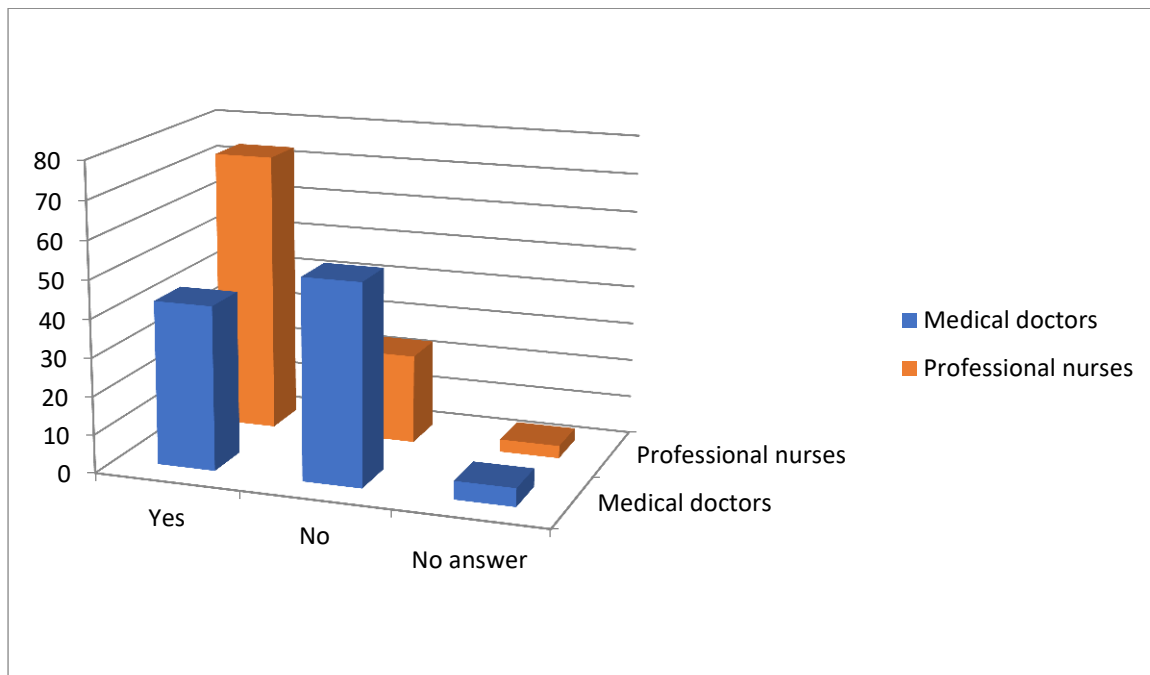
indicated that they are not motivated by the OSD to remain at the hospital provided the following reasons: the OSD is an unfair strategy; the implementation of the strategy was poor; the OSD needs to be improved since it failed to serve its purpose as medical employees continue to resign and the OSD does not benefit all the employees.

As stated in Chapter 4, Section 4.4.4, negative consequences of the OSD include unmet nurses' expectations, inequities in the amounts received, perceived as unfairness, which leads to dissatisfaction and divisions among the different categories of nurses (Ditlopo *et al.*, 2013:139). Moreover, Motsosi and Rispel (2012:137) posit that the perceived negative aspects of the OSD is related to the misinterpretation of the policy and erroneous outstanding payments, leading to unhappiness among nurses who did not benefit or whose posts were incorrectly translated, as also alluded to in Chapter 4, Section 4.4.4. The results to this questions revealed that there is general unhappiness with OSD among both medical doctors and professional nurses.

5.2.2.3.6 Training and development programmes

In Chapter 2, Section 2.3.2.3, it was stated that when employees are going through a process of training and development they feel that the organisation is interested in developing their careers (Hong *et al.*, 2012:64). Figure 5.10 below reflects the respondents' responses to training and development opportunities at the hospital.

Figure 5.9 Training and development



(Source: Researcher's own compilation)

The results above illustrate that most respondents who are medical doctors (52.4%) disagreed that training and development programmes are offered by the hospital, although 42.9% agreed. Most professional nurses (73.3%) agreed that there are training and development programmes offered by the hospital, whereas certain professional nurses (23.3%) disagreed. 4.8% of the medical doctors and 3.3% of the professional nurses did not respond to the question.

The medical doctors, who indicated that training and development programmes are offered by the hospital, stated that they attend CPD meetings every Friday to keep up to date with the medical conditions and how to manage them. Some respondents indicated that although training and development programmes are available, they held the hospital provides more opportunities in this regard. They cited the resuscitation course which is conducted annually. However, most of the respondents revealed that training and development programmes are not offered by the hospital. Some of the respondents who held this opinion argued that if employees want to further their studies, they are required to pay for because the hospital does not provide assistance in this regard. Consequently, professional development was undertaken at their own expense. Some respondents stated that the Clinical

Department does not offer training and development programmes because of a lack of funds for clinical specific courses. The respondents also revealed that the hospital claims not to have an available budget for training and development. Consequently, the onus lies with the employees themselves.

With regard to professional nurses, most of the respondents in the 55-64 age group revealed that training and development programmes are offered by the hospital through workshops and in-service training. Most training programmes mentioned by the respondents include ICU speciality, theatre techniques and advanced midwifery. The respondents also stated that the completion of training and development programmes results in a salary increase. However, several respondents held that even if training and development programmes offered, not everyone benefits from them.

Furthermore, the respondents in all the age groups who did not agree that training and development programmes are offered by the hospital, stated that they do not benefit, especially the junior sisters who held that even if they want to develop themselves, they are not given that opportunity. This response is somewhat a paradox since by indicating that they do not benefit from these training and development programmes, the junior nurses in actual fact admitted that such programmes do exist.

A number of respondents stated that even if training and development programmes are offered, the hospital does not have funding for nurses to attend. Hence, they pay for the programmes. However, certain respondents in the under 35 age category revealed that they are not informed about any training and development programmes and they are only aware of the study leave benefit. Several respondents in this category had never attended any training or development programmes.

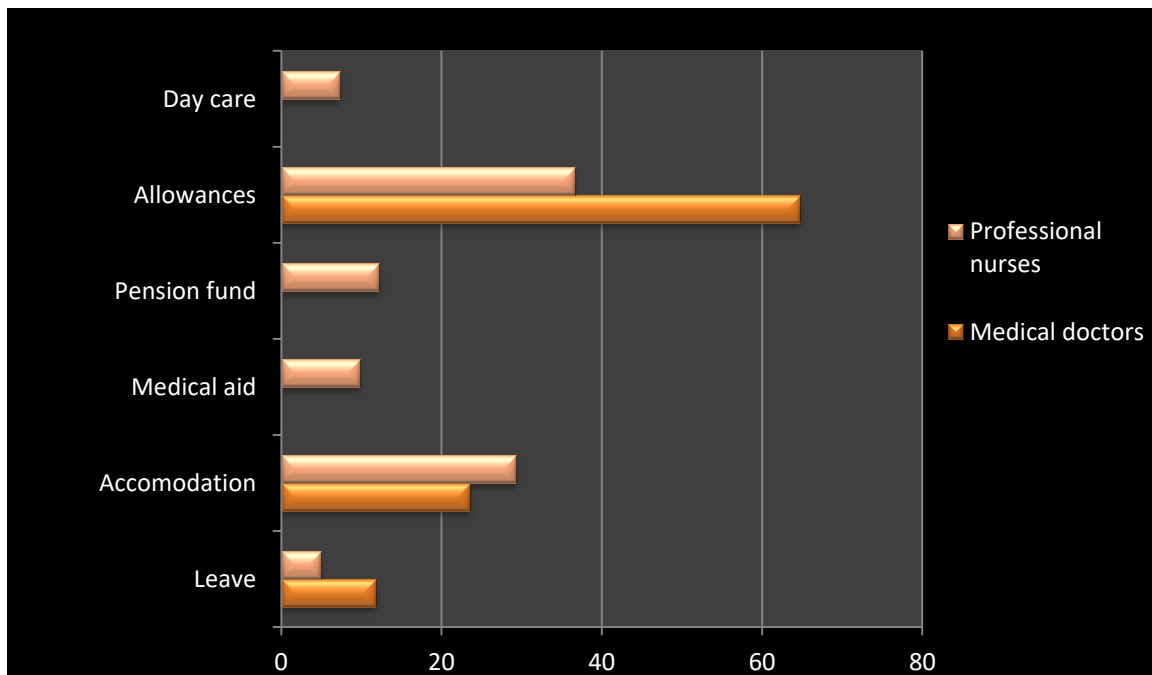
It is, therefore, clear that although the Potchefstroom Hospital offers training and development, it is primarily ineffective. Therefore, there is a need for management to focus and support training and development to reduce employee turnover in order to retain younger professional medical employees. In Chapter 2, Section 2.3.2.3, the importance of training and development in relation to employee retention was

highlighted. It was stated that a lack of training and development negatively influences the individual's attitude towards the organisation and influences the intention to leave (Van Dyk *et al.*, 2013:70). Therefore, if the hospital management neglects the training and development of medical employees with scarce skills, it will lead to dissatisfaction and an increase in employee turnover.

5.2.2.3.7 Benefits as motivation

Employee benefits can be a tool to lure and retain competent, driven and effective employees in the organisation (Ahmad *et al.*, 2013:2), as alluded to in Chapter 4, Section 4.4.5. The various benefits which impact on the employees' motivation (positive or negative), to remain at the Potchefstroom Hospital are indicated in Figure 5.10 below.

Figure 5.10: Benefits



(Source: Researcher's own compilation)

According to the Figure above, most medical doctors are motivated to stay in the employ of the hospital because of benefits such as allowances (64.7%), accommodation (23.5%) and leave (11.8%). The professional nurses revealed the

following motivating benefits: allowances (36.6%), accommodation (23.5%), pension funds (12.2%), medical aid (9.8%), day care (7.3%) and leave (4.9%).

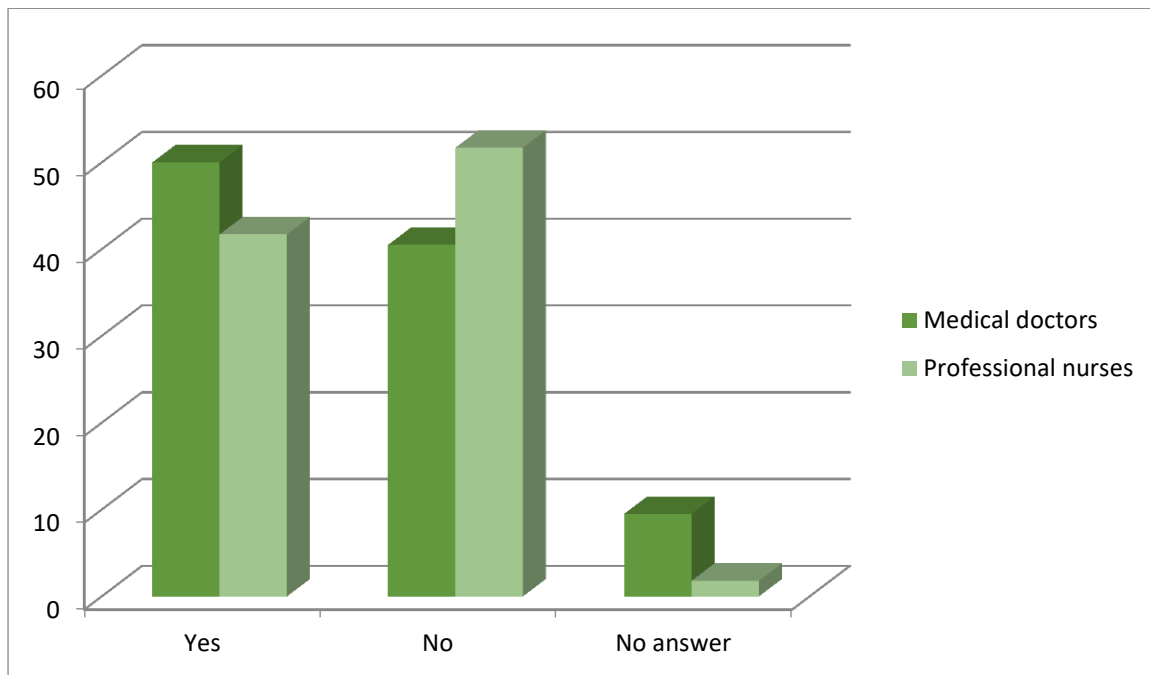
Most respondents in the age group of 55-64 mentioned pension funds as benefits that motivate them to stay in the public hospital. With regard to the 45-54 age group, the following benefits were highlighted: allowances, pension funds, medical aid, accommodation, leave, employee wellness programmes such as aerobics and promotion. In the under 35 category the most stated benefits included housing allowances, study leave, danger allowances, flexi hours, employee wellness programmes such as sports and aerobics. However, most of the respondents in the 35-44 age category stated that accommodation, day care facilities for children and the PMDS were highlighted as motivating benefits.

In Chapter 4, Section 4.4.5, it was stated that employee benefits increase employees' commitment to the organisation and reduces the intention to leave the organisation (Ahmad *et al.*, 2013:2). The findings above revealed that different age groups are motivated by different benefits, for instance, respondents in the 55-64 age group are motivated by pension funds because most of them are nearing their retirement age. However, the younger generation is motivated by allowances, study leave and flexible working hours. Therefore, if the hospital want to utilise benefits as a retention strategy, it should consider providing different benefits to different age groups and/or preferences.

5.2.2.3.8 Availability of technology to perform work efficiently

An inviting work environment with adequate equipment would assist in the retention of employees (Rawat, 2012:4), as alluded to in Chapter 2, Section 2.3.2.2. The respondents were asked to indicate whether technology such as equipment and tools, necessary to undertake their duties effectively are readily available. Figure 5.11 below reveals the results to this question.

Figure 5.11: Availability of technology



(Source: Researcher's own compilation)

The results above revealed that 50% of the respondents who are medical doctors indicated that equipment is available at the hospital to undertake their tasks effectively and efficiently. However, an almost equal number of medical doctors, 40.5%, disagreed and stated that inadequate equipment is available at the hospital.

As for professional nurses, 51.7% indicated that the availability of equipment to conduct their tasks effectively and efficiently is inadequate, whereas 41.7% indicated that it is adequate. The question was not responded to by 9.5% of the medical doctors and 6.7% of the professional nurses.

The results revealed that a slight majority among the medical doctors hold that the hospital supplies them with the necessary equipment to perform their jobs. However, they also stated the following: most of the available equipment is old and dysfunctional; only basic equipment is available; the maintenance of the equipment is time consuming and poorly maintained. In addition, the medical doctors indicated that the waiting list to receive results from the laboratory and x-ray divisions is usually excruciatingly lengthy. The medical doctors who held that the hospital does not supply them with the necessary equipment to undertake their jobs, highlighted

the following reasons: due to a shortage of equipment, there are delays in receiving laboratory and CT scan results; there is severe shortage of ICU equipment; drug shortages in the ICU ward; and certain wards do not have a computer.

It is interesting to note that the medical doctors that responded to the question positively (medical equipment are available), listed a number of problems and challenges pertaining to outdated and poorly maintained equipment. Consequently, both the availability and quality of the equipment should be considered. Not only is this an important aspect in employee retention in terms of enhancing working conditions and providing the necessary support to employees, but it is also a significant factor in service delivery. Outdated and defective equipment will not enable quality health services to the citizens. Consequently, the public service's ability to fulfil its constitutional mandate and to comply with the objectives of the NDP remains a threat.

The results from the professional nurses are similar to those of the medical doctors. The majority of the respondents stated that the lack of advanced technology would prevent them from executing their jobs effectively. Although certain respondents who are professional nurses stated that adequate equipment is available, they also revealed that it is often old, broken and should be replaced or serviced and maintained on a regular basis. The professional nurses further revealed that repairing broken equipment is a challenge at the hospital because both the maintenance and repairs is time consuming.

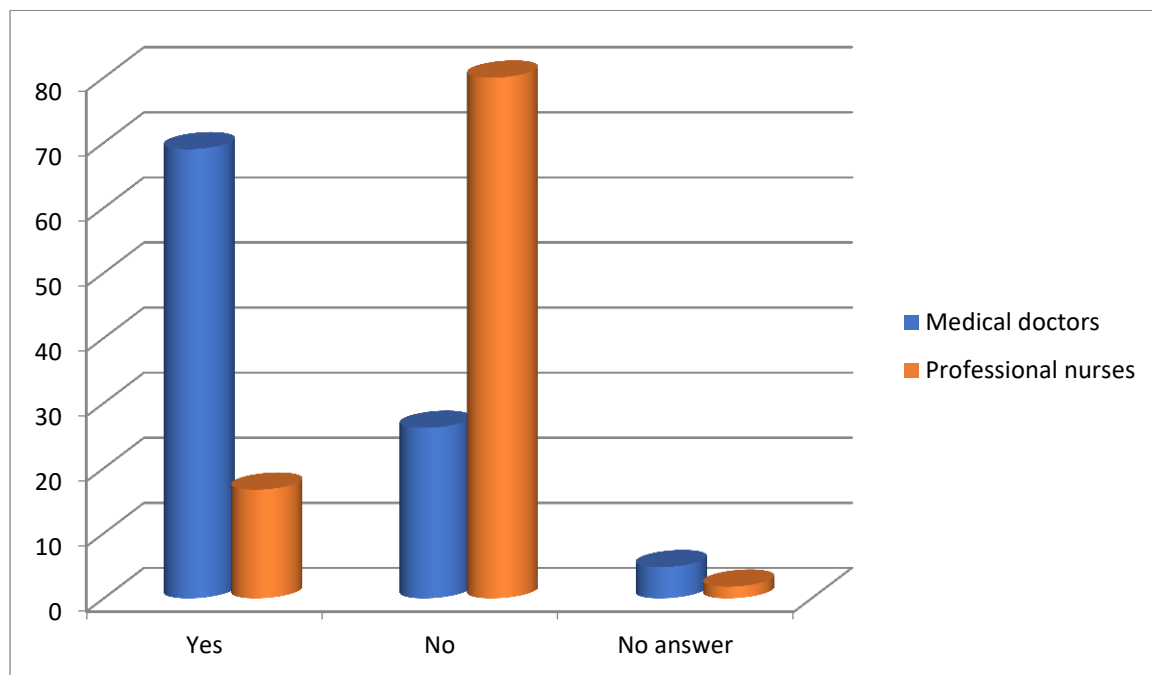
In Chapter 2, Section 2.3.2.2, the importance of available equipment for medical employees was highlighted. Adequate working conditions and the availability of resources such as drugs and equipment are essential for medical employees to perform their duties effectively and efficiently (Guvava, 2008:29; Mokoka *et al.*, 2010:4). However, available and fully functional medical equipment is a major challenge in most public hospitals which has resulted in frequent breakdowns thereby causing delays and substandard service delivery to citizens who are reliant on the public health sector for health services (Phala, 2011:2). It is argued that inadequate and malfunctioning equipment could be one of the reasons why medical employees with scarce skills (such as medical doctors and professional nurses)

leave the employ of the public health sector for the private health sector or abroad. Therefore, to avoid employee turnover, the NW DoH should improve and provide adequate and fully functional equipment to its medical employees.

5.2.2.3.9 Fairness of workload

It is alleged that work overload has affected medical staff negatively in their ability to provide adequate patient care (Mosey *et al.*, 2008:53; Mokoka *et al.*, 2010:4; Mabindisa, 2013:8; Rural Health Advocacy Programme, 2015:1; Labonte *et al.*, 2015:2; Rispel, 2016:18). The respondents to this questionnaire were requested to highlight their perceptions and experiences to the fairness of their workload. Figure 5.13 below illustrates how medical doctors and professional nurses at the Potchefstroom Hospital perceive their workload.

Figure 5.12: Workload



(Source: researcher's own compilation)

The results revealed that 69% of the respondents who are medical doctors perceive the workload at the hospital as fair, whereas 26.2% disagree. Eighty percent (80%) of professional nurses also revealed that they do not perceive the workload at the

hospital to be fair, whereas 16.7% disagreed. The question was not responded to by 4.8% of the medical doctors and 3.3% of the professional nurses.

The medical doctors who highlighted that the workload at the hospital is fair stated that it is, however, unevenly distributed in certain wards. Therefore, it seems that although these medical doctors are able and willing to cope with an increased workload in certain wards, this may affect the effectivity of patient care. The medical doctors provided the following reasons why the workload is not fair: the increasing number of patients who have to be seen to by fewer medical employees due to the lack of staff at the hospital. It was established in chapter 4, section 4.2.2.2, that the ratio between patients and medical doctors in the public health sector is unbalanced, that is, only 30% of the medical doctors in the country to treat 70% of the citizens (Labonte *et al.*, 2015:2). This undoubtedly affects the quality of health service delivery.

The professional nurses, who held that the workload at the hospital is not fair, revealed that widespread burnout was experienced on a regular basis. The following reasons were provided: the increasing number of patients and an inadequate number of medical employees available; and occasionally, the workload relates to a specific shift, for instance fewer professional nurses work on the night shift than the day shift. The respondents also stated that even if the hospital management employs more employees, the shortage of staff has escalated over several years. It will take time to resolve the workload challenge.

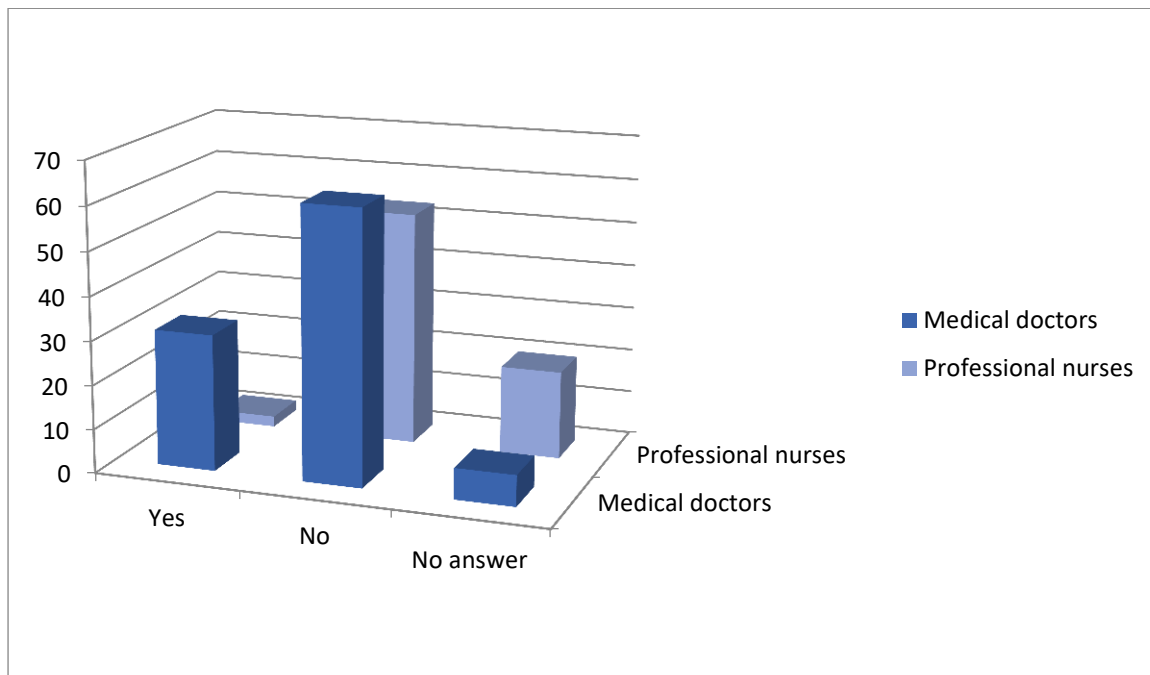
These results revealed that, whereas the vast majority of the medical doctors perceive the workload as fair, a resounding majority of professional nurses hold that the workload at the hospital is unfair. Increased workload at the hospital is attributed by a shortage of staff due to vacant and frozen posts in the NW DoH, as alluded to in chapter 1, section 1.1. It was also highlighted in chapter 1, section 1.1, that the inability to fill positions by the NW DoH resulted in overload for the remaining employees. Consequently, service delivery was being compromised, and the patients had to contend with long queues and waiting times (NW DoH, 2015:130).

The quality of care in public hospitals has declined because of the increased workload and lack of resources, which negatively affects professional nurses. Moreover, strenuous working conditions and under-staffing influences their decisions to leave the profession (Oosthuizen, 2012:56). As alluded to in Chapter 2, section 2.3.2.2.2, and the previous section of this chapter, adequate working conditions and the availability of resources such as medicine and equipment are essential for both patients and medical employees (Mokoka *et al.*, 2010:4). Furthermore, in Chapter 4, Section 4.2.3, it was stated that an increase in workload is one of the factors that affects medical employee turnover with scarce skills (Jenking *et al.*, 2015:2). An increase in patients using public health services intensifies the pressure on the limited human resource capacity. Hence, quality patient health care is compromised. It is thus evident that strenuous working conditions facilitates the decision for medical employees (in this instance, professional nurses), to leave the employ. Moreover, it can be argued that it is physically impossible for medical employees to produce quality care when they are exhausted. It is the responsibility of the NW DoH to find solutions to the staff shortage in public hospitals such as the Potchefstroom Hospital.

5.2.2.3.10 Overtime and weekend work

As indicated above, and as alluded to in Chapter 4, Section 4.4.7, to constantly work overtime makes it is physically impossible for medical employees to function optimally without sleep (Erasmus, 2012:656). While patients' rights to health care take priority, the overtime burden placed on medical employees in public hospitals is often excessive, leading to poor performance, error, burnout and resignation, and at the same time, compromising service delivery (Rural Health Advocacy Project, 2012:2), also alluded to in Chapter 4, Section 4.4.7. The respondents were requested to indicate the impact overtime and weekend work has on them. The results are presented in Figure 5.14 below.

Figure 5.13: Overtime



(Source: Researcher's own compilation)

The results presented in Figure 5.18 revealed that the majority of both the medical doctors (61.9%) and professional nurses (53.3%) agreed that overtime and working during weekends at the hospital is manageable. A number of medical doctors, 31%, and professional nurses, 26.7%, indicated that the overtime is not manageable. The question was not responded to by 7.1% of the medical doctors and 20% of the professional nurses. As indicated in chapter 4, section 4.4.7 medical doctors started considering overtime payment as a permanent fixture of their remuneration (SA, 2006:12-13). This could be a reason why the majority revealed that they manage overtime and working during weekends. This could be a similar scenario among the professional nurses.

The vast majority of the medical doctors (80%) indicated that the workload at the hospital is fair. It is, however, unclear why there is a difference of 18.1% in results - 61.9% indicated that they experience working overtime and during weekends as manageable while 80% revealed that the workload is fair. One would expect these results would be a closer match since it can be argued that if an employee experiences the workload to be fair, overtime and weekend work (as part of that workload), should also be considered likewise. However, there is a discrepancy of

18.1%. The reason seems unclear, but it can be assumed that although medical doctors believe that their workload is fair, a certain percentage may still experience burnout and exhaustion. It can, however, be inferred that working such extensive hours, more of the medical doctors' experience burnout and exhaustion, but consider it as a given because of the nature and extent of their profession. It may also indicate that perhaps their service ethos and realisation of the dire need in public hospitals takes prominence over their own discomfort as alluded to in section 5.2.2.3.1 whereby some stated the importance of serving the community.

Most respondents, whether medical doctors or professional nurses; held that they can manage overtime and work during weekends. However, certain medical doctors and professional nurses revealed that they experience difficulty to cope with overtime and weekend work which results in exhaustion. Several professional nurses stated that occasionally, overtime felt overwhelming. For instance, during certain months, professional nurses are expected to work every weekend, thereby impeding on their personal arrangements. In section 5.2.2.1.2, reference was made to the fact that females are traditionally the emotional, nurturing caretakers of a family (Revenson, Griva, Luszczynska, Morrison, Panagopoulou, Vilchinsky & Hagedoorn, 2016:49), and extensive periods away from family and home result in an uneven work-life balance, which is known to enhance employee turnover, as also alluded to in chapter 2, section 2.3.2.3.5. Furthermore, in chapter 2, section 2.2.2, reference was made to instances of a position which requires much significant time away from home, which can create tension that interferes with employees' personal lives or their physical and mental health and wellbeing (Harvard Business Review, 2016). If the organisation does not find ways to help employees to successfully manage their commitments at home and at work, and help them relieve stress of balancing the two, they leave the organisation (Ariokasamy, 2013:1537).

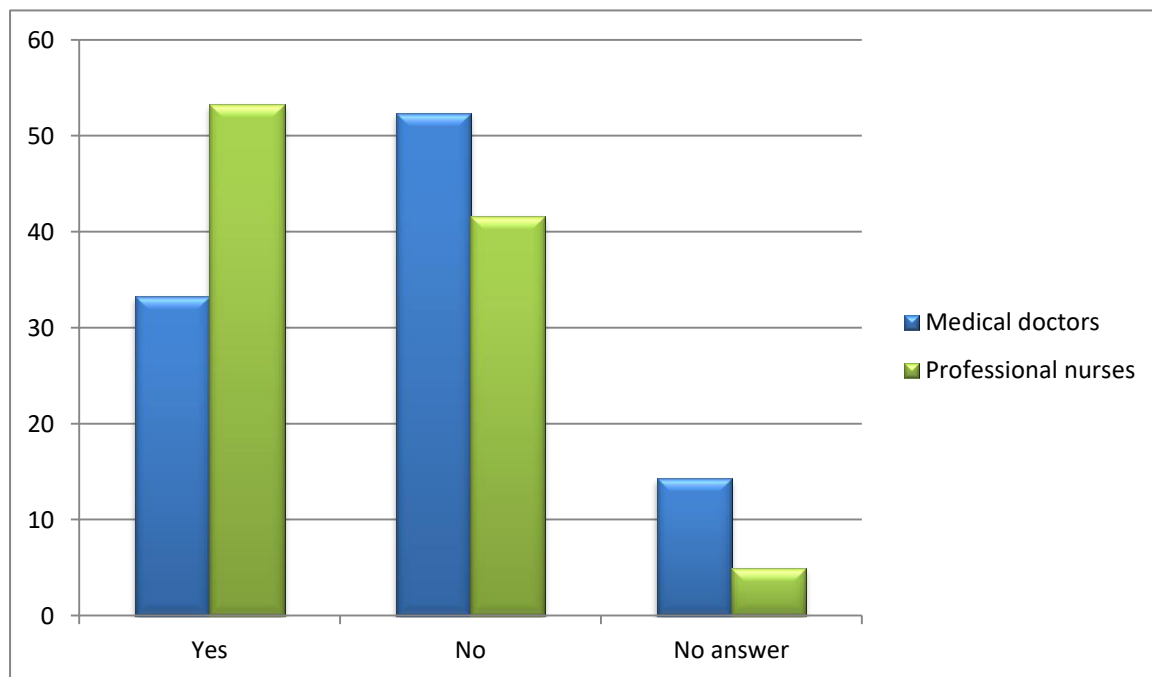
Some of the professional nurses revealed that there is limited funding available for overtime. They further stated that the overtime hours they are expected to work is much, but that the hours balanced with the remuneration. In Chapter 4, Section 4.4.7, it was highlighted that 80 hours of the actual overtime is paid and any excess in overtime is unpaid (Erasmus, 2012:656), referred to as fixed or commuted overtime. Currently, the commuted overtime policy is facing several challenges, as

alluded to in chapter 4, section 4.4.7 (SA, 2006:12-13). In addition, this policy is bound to change and cancel fixed overtime payments, which has already led to great dissatisfaction amongst medical doctors in the public health sector (SAMA, 2016a; SAMA, 2016b; SAMA, 2016c; Business Day, 7 December 2016). It is likely to negatively affect the views of the professional nurses who revealed that they do not perceive overtime and weekend work manageable. It is unclear what the outcome of this policy will be. SAMA is presently in discussion with the government to propose certain amendments (SAMA, 2016a; SAMA, 2016b; SAMA, 2016c). However, as alluded to in chapter 4, section 4.4.7 the commuted overtime policy must not only be a financial solution; but also reflect consideration of other employee retention factors. Therefore, the commuted overtime as a retention strategy must be embedded into a broader recruitment and retention strategy, which focuses on core elements such as education and continued career development, work-life balance, working conditions, professional and personal support is critical for employee retention purposes, patient care and service delivery (Rural Health Advocacy Project, 2012:2).

5.2.2.3.11 Time away from home due to work commitments

Employees who can balance their work family life commitments are happier in their jobs and are more likely to stay and work towards a rewarding and productive career (Omotoye, 2011:106; Soni, 2013:36; Van Dyk *et al.*, 2013:62), as alluded to in chapter 2, section 2.3.2.3.5. The respondents were requested to indicate whether work commitments interfere with their personal lives. The results are presented in Figure 5.15 below.

Figure 5.14: Work and family commitments



(Source: Researcher's own compilation)

Of the medical doctors, 52.4% stated that work commitments do not interfere with their family life, whereas 33.3% held it does interfere with their family lives. With regard to professional nurses, 41.7% of the respondents indicated that work commitments do not interfere with their personal lives, whereas 53.3% held it does affect their family lives.

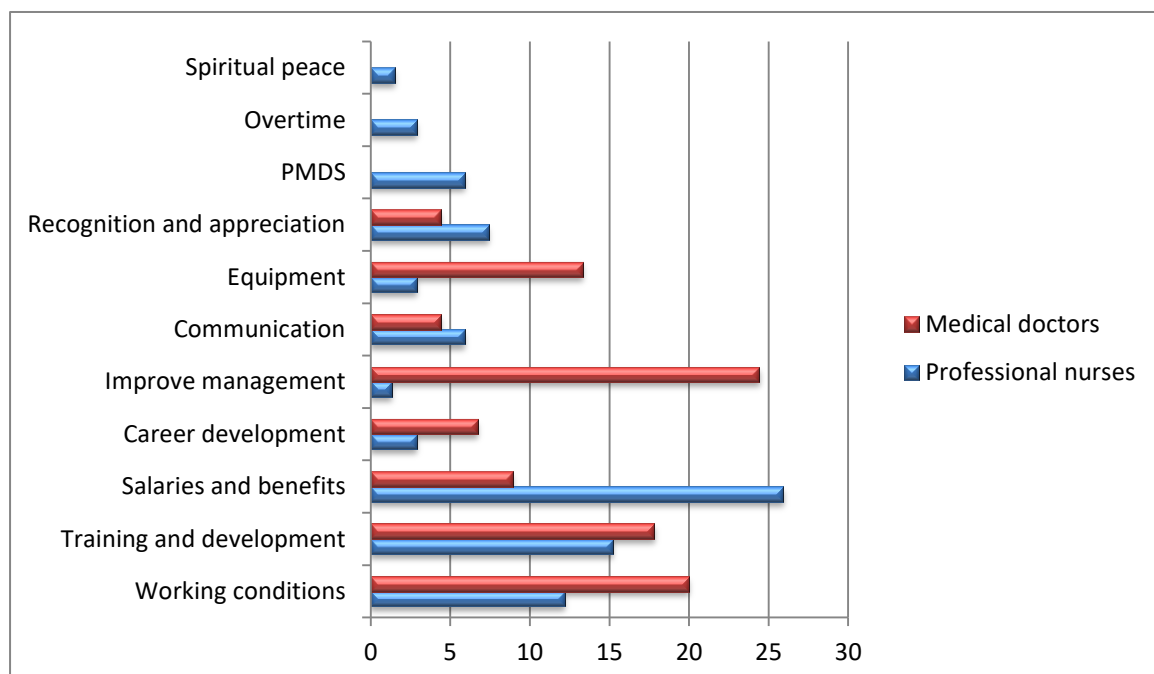
Most respondents, regardless of whether they are medical doctors or professional nurses, indicated that there is a balance between their work and family lives. However, certain respondents, especially professional nurses in the 55-64 age category, stated that they spend too much time at work serving the public, rather than spending time with their families. Again, as highlighted in section 5.2.2.1.2 and the previous section, this could be due to the fact that females traditionally are the emotional, nurturing caretakers of a family (Revenson, *et al.*, 2016:49). In Chapter 2, Section 2.3.2.5, the importance of balancing work and family life was also highlighted. A work-life balance facilitates the decision for employees to remain in the employ of an organisation (Omotoye, 2011:106; Soni, 2013:36; Van Dyk *et al.*, 2013:62). In this instance, given the age category (55-64) of the professional nurses who indicated that work commitments interfere with their family lives, these are

employees who are close to retirement. It may thus reflect an unconscious (or conscious) decision to spend more time with family after retirement. It can be argued that younger professional nurses in all likelihood still have career goals they wish to accomplish. Therefore, they are more willing to compromise family time. The NW DoH may consider customising overtime and weekend work hours to accommodate personal needs and preferences. However, with the current staff shortage at the Potchefstroom Hospital this does not seem a plausible option.

5.2.2.3.12 Improvements to employee retention strategies

For employee retention to be successful, employers must know which factors motivate their employees to remain at the organisation (Direnzo & Greenhaus, 2011:567; Mrara, 2012:27; Mothupi, 2014:55), as indicated in chapter 2, section 2.3.2.3.7. The respondents were requested to indicate factors that are most likely to motivate them to stay in the employ of the Potchefstroom Hospital. Figure 5.16 below presents these factors.

Figure 5.15: Improvements to employee retention strategies



(Source: researcher's own compilation)

Figure 5.16 above reveals that medical doctors highlighted the following motivating factors to remain at the Potchefstroom Hospital: improvement in management (24.4%); improvement in working conditions (20%); training and development opportunities (17.8%); and availability of advanced equipment (13.3%). Professional nurses chose the following motivating factors to remain in the employ of the Hospital: an increase in salaries and benefits (25.9%); training and development opportunities (15.2%); and an improvement in working conditions (13.2%).

These results correlate directly with the literature. Most of the aforementioned reasons were identified in Chapter 2, Section 2.2.2, as possible reasons for employee turnover and in Chapter 2, Section 2.3.2 managing employee retention. Furthermore, the results revealed that employee retention is affected by multiple factors, which have to be managed concurrently (Sinha & Sinha, 2012:146). In order to manage employee retention effectively, the organisation has to understand the employee's needs and be aware which factors motivate them to remain in the organisation (Mrara, 2012:27).

5.2.3 Phase two: Qualitative data analysis

Data was collected through semi-structured personal interviews (Annexure C). During the analysis of the interview data, audio recordings made during the interviews were replayed, in addition to the researcher's notes to ensure that all the information was not overlooked. The researcher also re-read the filed notes to ensure accuracy of the data.

Therefore, the questions for the interviews were categorised as follows (Annexure C):

- **Section A:** Employee turnover (causes and effects)
- **Section B:** Employee retention practises
- **Section C:** Employee retention strategies (as implemented in the Potchefstroom Hospital)

As indicated in chapter 1, section 1.5.3.2, interviews were held with the following managers at the Potchefstroom Hospital: HRM Manager; Training Manager; Clinical Manager; and Nursing Manager. The results collected during the various sections of the interviews are discussed in the following sections.

5.2.3.1 Section A: Employee turnover

As indicated in chapter 1, section 1.1 and chapter 2, section 2.1, South Africa currently faces a significant employee turnover of medical employees (SA, 2011:348; Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1; Rispel, 2016:18; Hullur *et al.*, 2016:2). Therefore, the retention of medical employees who possess scarce skills (such as medical doctors and professional nurses) is crucial for the public health sector.

Employee turnover represents an outward movement of employees, resulting in a replacement with new employees (Samuel & Chipunza, 2009:411; Nel & Werner, 2014: 79), as alluded to in chapter 2, section 2.2. Furthermore, employee turnover is not only costly but also detrimental for the survival, growth and prosperity of an organisation (Samuel & Chipunza, 2009:411; Masango and Mpofu, 2016:883), as alluded to in Chapter 2, sections 2.2 and 2.2.3. Therefore, the aim of the interviews was to establish the reasons and effects of employee turnover.

5.2.3.1.1 Reasons for employee turnover

The purpose of the question was to establish various factors that leads to employee turnover at the Potchefstroom Hospital. The reasons provided by the respondents are indicated below, followed by a summary of the results.

Most reasons for employee turnover were cited as avoidable while others as unavoidable. As stated in Chapter 2, Section 2.2.1.3, unavoidable employee turnover results from life decisions beyond an employer's control, such as moving to a new area or a job transfer for a spouse (Ariokasamy, 2014:1533). Unavoidable reasons for employee turnover at the hospital are **family commitments** and **the termination of community service for medical doctors**. All the respondents stated that most

medical doctors and professional nurses leave the hospital because they want to join their spouses or to be closer to their families, in particular, female medical employees. Respondent A stated:

“Most female medical doctors relocate when they get married to join their spouses or to be near their partners.”

With regard to the termination **of community service** as a reason for employee turnover, Respondent A stated that junior medical doctors leave the hospital when their community service contract terminates. The respondent also stated that the hospital has no control over unavoidable causes of employee turnover, particularly family commitment; however, to retain medical doctors from leaving the hospital after their community service has terminated, the NW DoH has to re-evaluate its retention strategy. The respondent held that the strategy must clearly articulate the placement of community service officers to ensure that they are placed in the area of their choice where they are comfortable and willing to stay after they have completed their community service (Hatcher *et al.*, 2014:13), as alluded to in Chapter 4, Section 4.4.1. It was further highlighted by the respondents that the hospital should be granted the opportunity to recruit medical doctors who are undertaking their community service and willing to remain as opposed to being placed by the NW DoH at a location which would demotivate them and subsequently employed by other provinces or the private sector.

Besides family commitments and the completion of community service for medical doctors, certain avoidable reasons for employee turnover were highlighted by the respondents. In Chapter 2, Section 2.2.1.3, it was highlighted that avoidable employee turnover can be prevented by an organisation by recruiting, evaluating and motivating their employees effectively (Curran, 2012:12). For example, a **lack of career development**. Both respondents A and C held that the lack of career development has led to employee turnover at the hospital. Respondent A stated that:

“medical doctors always want to study further and specialise in certain medical fields. Since the hospital cannot offer such career opportunities, medical doctors leave to university hospitals where they can develop themselves”.

Respondent C stated that:

“due to lack of funds the hospital cannot send a lot of health staff for professional development and the shortage of professional nurses at the hospital has led to a few nurses to be sent for professional development at a time, since it can take 2 to 3 years for nurses to finish studying; in the meantime, there is no one to fill that vacancy hence the restriction of not sending a lot of nurses causes dissatisfaction and this leads to increased employee turnover for nurses”.

Career development is an imperative to retain employees because they should be encouraged to grow and comprehend their full potential and attach themselves to the organisation (Omotoye, 2011:95) as alluded to in Chapter 2, Section 2.3.2.5. The reason for the turnover of medical staff at the hospital is: career development brings growth in one's career and general happiness to employees, thereby improving retention rates. Therefore, if there are no such opportunities, the medical staff will leave the hospital.

The other reason for employee turnover is **lack of resources and poor infrastructure**. Respondent C stated that there is shortage of equipment at the hospital and most of the limited equipment is outdated. Furthermore, the infrastructure of the hospital is old and not conducive to the work environment for the nurses. For example, the tea rooms are in a poor condition and not an enjoyable space to relax during breaks. Respondent B also reinforced this notion that the hospital is old and unattractive; for example, the Casualty Ward. Both respondents B and C held that the hospital needs to be renovated to contribute to the health and wellbeing of the employees. This premise is supported by theory, that neglected, poorly maintained and outdated buildings with non-functional equipment, compromises the safety of the employees (Mokoka, 2009:196). Organisations that retain employees provide a flexible workplace and attractive working conditions (Vermeulen, 2008:418), as alluded to in Chapter 2, Section 2.3.2.2.

An **increased workload** was also highlighted as a common reason for employee turnover. Respondent C stated that the current ratio of nurses to the number of patients is imbalanced. Hence, this scenario has led to an increased workload for the

available medical employees. Respondent B stated that medical employees experience burnout due to lengthy daily working hours. This respondent also held that public hospitals are always busy, characterised by long queues. Moreover, the medical employees attend to patients continuously, often without a break. Consequently, burnout impacts negatively on employee retention.

Increased workloads, long working hours due to staff shortages and higher patient loads, increase stress levels, physical exhaustion, lack of job satisfaction and poor motivation in most public hospitals (Mokoka, 2009:184). Poor motivation is associated with a high attrition rate of employees (Koketso & Rust, 2011:2233; Mothupi, 2014:55).

Inadequate salaries were also highlighted as a reason for the turnover of medical employees with scarce skills. Respondent B held that money is never sufficient for any employee, which makes it difficult to appease medical employees. Respondent C stated that:

“public hospitals are competing with either the private sector or other industries that have attractive salary packages, which makes it difficult to satisfy professional nurses with the current salary”.

In Chapter 2, Section 2.3.2.2, the influence of inadequate compensation on the rate of employee turnover was highlighted (Grobler *et al.*, 2015:405). It can be argued that salaries remain one of the core motivators for any knowledge workers and will continue being the reason why certain medical doctors and professional nurses leave the hospital.

Another reason for employee turnover, highlighted during the interviews, is **red tape** in the recruitment of employees and the purchase of equipment. Both Respondents B and C stated that the red tape experienced in appointing nurses, including the purchase of equipment were impediments to service delivery and impacted negatively on employee retention. Respondent C stated that there is a shortage of nurses at the hospital and in order to fill the vacancies, red tape delays such appointments. Respondent C further stated that the same applies to the repair and

purchase of equipment. The nurses have to utilise old and broken equipment because it takes much time to purchase or be repaired. Respondent B reinforced Respondent C's view, that the red tape associated with purchasing or repairing broken equipment is cumbersome because the hospital employees are required to follow numerous procedures to purchase equipment and may only utilise a specific company for repairs.

Insufficient mentoring was also mentioned as a reason for employee turnover. Respondent C stated that:

“it is rare to do a proper mentoring exercise due to the few qualified professional nurses available at the Hospital, leading to insufficient mentoring of the incoming community service nurses.”

It was indicated in chapter 2, section 2.3.2.3.2, that mentoring promotes important working relationships by giving employees a sense of belonging and serves as an effective retention strategy (Omotoye, 2011:95; Clutterbuck, 2011:2; Hong *et al.*, 2012:64; Van Dyk *et al.*, 2013:58; Samuel & Chipunza, 2013:99; Erasmus *et al.*, 2015:40; Mandhanya, 2015:125). Therefore, sound mentoring relationships assist in retaining skilled and competent employees (Forrester, 2010:4) as alluded to in Chapter 2, section 2.3.2.3.2.

Rural-urban disparities were cited as another reason for employee turnover. Respondent B stated that the North West Province is perceived as rural and most medical doctors and nurses prefer working at hospitals in Gauteng that have better infrastructure compared to the Potchefstroom Hospital. The respondent further stated that urban provinces, such as Gauteng, offer medical employees' children a variety of schools to choose from, the roads are much better, and the malls and selection of shops is wider. The respondent is of the view that these factors attract certain medical employees.

The misdistribution of medical employees has been widely acknowledged. The urban population has greater access to health care. Furthermore, increasing remoteness correlates with increasing staff shortages and a higher burden of diseases

(Campbell, McAllister, Eley, 2012:2). An uneven distribution between rural and urban areas leaves South Africa's rural citizens (which is slightly over 44%), with 12% of the medical doctors and 19% of the professional nurses (Jenkins *et al.*, 2015:1), as alluded to in Chapter 4, section 4.2.2.2. Therefore, the NW DoH should strengthen the strategies to avoid rural and urban movement of medical employees if need be, and re-evaluate the current strategies to attract medical employees with scarce skills.

The interviewees indicated that certain reasons for employee turnover can be taken for granted but can lead to the general unhappiness among medical employees at the hospital. The reasons include (1) the **availability of wellness programmes and (2) a lack of support from the national government**. Respondent C stated that the hospital lacks wellness programmes such as aerobics and a gym, which can be a motivating factor for certain nurses to remain in the employ. In chapter 2, section 2.3.2.2.2, reference was made to the fact that working conditions such as a hygienic physical work environment, safety and ergonomics, employee health and wellness practises, such as supporting a healthy lifestyle and fitness, diet and a social environment, such as an encouraging organisational culture, contribute to work satisfaction (Vermeulen, 2016a:247). Furthermore, the improved health and wellbeing of employees contribute to satisfied employees who are more likely to be retained (Vermeulen, 2008:418; Mandhanya, 2015:191; Vermeulen, 2016a:236-237; Pitt-Catsouphes *et al.*, 2015:263).

With regard to a lack of support from the government, Respondent C stated that unlike the South African Police Service and the South African National Defence Force, which provides uniforms to employees, medical employees in public hospitals do not enjoy that privilege. Public hospital employees are required to purchase their own uniforms, which result in them feeling devalued and demotivated to remain at a public hospital.

Research has revealed that employees consider health and wellness programmes as an important factor in their decisions to remain in their current positions (Dursi, 2008:14-20; Vermeulen, 2008:418; Mandhanya, 2015:191; Vermeulen, 2016a:236-237; Pitt-Catsouphes *et al.*, 2015:263). Changes in lifestyle can be effected through

a combination of efforts to improve awareness, for behavioural change and create environments that support good health practises (Dursi, 2008:14-20). An employee wellness programme that follows a holistic approach, values employees in all facets – such as career, personal, social, financial, and spiritual will likely make employees feel they are being taken care of, which can result in a sense of belonging (Vermeulen, 2016a:235), as alluded to in Chapter 2, Section,2.3.2.2.

A number of avoidable reasons for employee turnover were identified in the interviews. If such reasons are ignored, they will be detrimental to the hospital. Employee turnover is a cause for concern because replacing employees with scarce skills negatively affects the NW DoH in terms of the delivery of health services to its citizens.

5.2.3.1.2 The effects of employee turnover

The interviewees were asked to indicate their perception of employee turnover. The purpose of this question was to assess how employee turnover has affected the hospital and how it has impacted on the delivery of providing health services to the citizens. Respondent A stated that:

“Employee turnover affects patient care and the community as a whole, by hindering the effective delivery of services, although the daily business at the Potchefstroom Hospital has not been affected. When one doctor leaves, for example in the Obstetrics and Gynaecology Department, somebody is trained and put in place of the doctor who left; there is always a replacement”.

Respondent B stated that:

“if a medical doctor or a professional nurse leaves, it is bad for service delivery and the remaining staff because there is already a shortage at the Hospital and if one doctor or one nurse leaves, the burden remains on the remaining doctors and the workload will increase, resulting in burnout of employees”.

Respondent C was of the view that:

“employee turnover affects service delivery because the Hospital has to function with inexperienced people, hindering proper care of the public, therefore resulting in complaints from the patients.”

Though certain respondents stated that employee turnover had not affected the core business of the hospital, a fear of overburdening the remaining employees was expressed. Several respondents stated that there is a shortage of medical employees at the hospital. Therefore, the loss of medical employees places much burden on the remaining employees; negatively influences health outcomes as it reduces work productivity, patient care because it is physically impossible for medical employees to function optimally when they are exhausted, as alluded to in Chapter 4, section 4.4.7. According to Khamisa *et al.* (2014:653), burnout directly affects health outcomes through the depletion of resources necessary to cope, thereby leading to negative emotional states characterised by exhaustion, fatigue, somatisation and social withdrawal, as alluded to in Chapter 4, section 4.4.7. Therefore, burnout has a grave impact on work productivity, patient care, employee attrition and employee turnover rates.

Furthermore, the results acquired from this question during the interviews revealed that the effects of employee turnover are disruptive to service delivery. In Chapter 2, Section 2.2.1.2, it was stated that dysfunctional employee turnover has negative implications for service delivery because the loss of those skills is difficult to replace (Masango & Mpofu, 2016:887). The provision of high-quality health care services depends on the availability of medical employees, which can be regarded as the most important contribution to this process (George *et al.*, 2013:1). The sophistication of these professions, and the fact that they are considered scarce skills makes it an imperative for the NW DoH to retain medical employees. It is required of the public service to provide the needs of citizens through service delivery, since South Africa is a democratic developmental state, as alluded to in chapter 1, section 1.1. Furthermore, as part of the country's democratic and developmental objectives, health care services are prioritised in the Constitution and in the NDP. The disruption in service delivery due to a high rate of turnover amongst medical employees can no longer be endured. The NW DoH should take up the

responsibility to ensure that citizens do not suffer the consequences of employee turnover.

5.2.3.1.2 Impact of the Province's poverty rate on employee turnover

As indicated in chapter 4, section 4.2.2, the majority of the people in South Africa live below the poverty datum line (Moodle & Ross, 2015:613). Furthermore, 60% of the poor people in the country live in rural areas, which are served by the least number of medical doctors (Rural Health Advocacy Programme, 2015:1). In the North West Province, the high unemployment rate is associated with a high rate of poverty. 47% of the Provinces total population is regarded as poor (NW Province, 2016:5), as alluded to in chapter 4, section 4.3.2. Moreover, since the poor cannot afford medical insurance, they are reliant on the public health sector. Therefore, the purpose of this question was to assess the impact poverty in the North West Province has on medical employees at the Potchefstroom Hospital.

Respondent C who confirmed the high poverty rate in the Province stated that the health needs as the result of the poverty rate is greater than the availability of nurses which has led to the constant increase of workload. Respondent B added that:

“when poverty creeps in, more people get sick because of the environment they live in. Sickness can come from the stress that they experience, a lack of proper accommodation and poor nutrition. Therefore, these are the people who make use of the public hospitals”.

To a greater extent, poverty increases pressure on the available resources because the hospital is a referral institution with patients who travel from as far as Ventersdorp, (as stated by Respondent A). The respondent is also holds that:

“even if poverty creeps in, it does not affect the daily business of the Hospital; the Hospital has it under control”.

This statement, although well-intended to indicate that the hospital makes provision to assist patients, may be short-sighted and unsustainable in the long-term. It can be

argued that the hospital cannot continue *ad infinitum* with a shortage of staff and expect to provide quality services.

Furthermore, as mentioned in several sections of this chapter, exhausted, overworked and burnt out medical employees cannot function optimally. Eventually the workload, intensified by the significant number of poor citizens who are dependent on the public health sector, will have severe consequences for health service delivery at the hospital. This requires the NW DoH to recruit and retain medical doctors and professional nurses with scarce skills to constrain the employee turnover.

The opposite of employee turnover is employee retention. In the following section, the results which focused on employee retention acquired will be discussed.

5.2.3.2 Section B: Employee retention practises

From the onset of the study (chapter 1, section 1.1), it was stated that the public service continues to struggle with the retention of employees with scarce skills (SA, 2008:45), and particularly with the retention of medical employees (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, Mackenzie, Murphy & Bourgeault, 2015:2; Bergstrom, McPake & Pereira, 2015:307; Rural Health Advocacy Programme, 2015:1). The retention of medical employees (medical doctors and professional nurses) at the Potchefstroom Hospital (under the ambit of the NW DoH) is the primary focus of this study. Therefore, the aim of this section of the questionnaire was to establish the current retention strategies implemented by the Potchefstroom Hospital. The various questions posed to the interviewees each focused on a specific retention factor.

5.2.3.2.1 Clean and safe working environment

The purpose of this question was to evaluate how the hospital promotes a clean and safe working environment for medical employees. Healthy working conditions improve the health and wellbeing of an individual employee and contributes to

employee retention (Mandhanya, 2015:191), as alluded to in Chapter 2, section 2.3.2.2.2.

To ensure a clean and safe working environment, Respondent B indicated that standard requirements are drawn from the Basic Conditions of Employment Act. Respondent B further stated that:

“A checklist is created, such as the availability of washing basins and towels and the cleanliness of the wards is ensured. If there are broken tiles and broken equipment, it is reported and replaced. The sterilisation of equipment is also ensured and hygiene products are always in supply. With regard to load shedding, there is a generator which is ready to provide power to the Hospital. There is also air conditioning in the Hospital to ensure that temperatures are controlled to avoid discomfort.”

Respondent C affirmed that there are security guards at the gate to guide the staff, patients and the employees at the hospital. In high risk areas, there is a security guard at the door who is responsible for a specific unit. Respondent C further indicated that although the hospital tries to maintain a high standard of cleanliness, the number of cleaner staff is limited and there is no mechanised cleaning equipment to keep the hospital clean. Respondent A stated that:

“a safe working environment is ensured for medical doctors and the availability of equipment aids medical doctors to carry out their duties safely.”

This statement is contradictory to the results acquired in the questionnaire, as indicated in section 5.2.2.3.8 Medical doctors and professional nurses, when requested to indicate whether there is adequate equipment at the hospital to perform their duties effectively and efficiently, 40.5% of the medical doctors disagreed that there is inadequate equipment. As for professional nurses, 51.7% revealed that the availability of equipment to conduct their work effectively and efficiently is inadequate. A number of concerns were raised regarding equipment at the hospital were highlighted namely: most of the available equipment is old and dysfunctional; only basic equipment is available; maintenance and service of the equipment is time consuming; the equipment is poorly maintained; due to a shortage of equipment,

there are delays in laboratory and CT scan results; severe shortage of ICU equipment; drug shortages in the ICU ward; and certain wards do not have a computer. In light of these results acquired from the questionnaire, Respondent A's claim that the available equipment at the hospital contributes to a safe working environment seems unlikely.

It, therefore, seems that there is a discrepancy between what managers believe is available to medical employees and what they actually experience to be available. This is a matter of concern for the following reasons: it reflects poor communication between the employer and employees; it leaves one to believe that the management of the hospital is rather disconnected from what happens at ground level; and it may hold devastating consequences for the retention of medical employees if they feel that they are not heard or prioritised.

Furthermore, a shortage of cleaners and a shortage of cleaning equipment can create unsafe working conditions. It is demotivating to work in an unclean environment. In Chapter 2, Section 2.3.2.2, it was stated that working conditions are a matter of concern, especially with regard to medical employees, as they can be motivating or demotivating (Mokoka *et al.*, 2010:4). Moreover, uncleanliness also poses great risks to patients in the hospital. Therefore, in order to improve the retention of employees, organisations need to develop safe workplaces that promote quality health care. The poor working conditions is a distinct demotivating factor, rating highest amongst medical employees when asked to indicate the most significant reason that will lead them to leave the employ as indicated in section 5.2.2.2.3.

It appears that medical employees at the Potchefstroom Hospital have certain concerns about their working environment that are either overlooked or somehow justified by management. If these concerns, including poor communication are not addressed, it is likely that the skilled employees may decide to leave the employ for ideal working conditions in the private sector or abroad.

5.2.3.1.2. Recruitment and selection process

The purpose of the question was to highlight the relationship between recruitment and employee retention and to establish whether the hospital management is aware of the significance of effective recruitment in the retention of employees. As indicated in chapter 1, section 1.1 and chapter 2, section 2.3.2.2, the retention of employees should ideally commence before they are appointed thereby ensuring that the most highly valued talent and skills are attracted, recruited and selected (Vermeulen, 2008:40; Omotoye, 2011:31; Hong *et al.*, 2012:63; Mello, 2015:332).

Respondent B affirmed the following pertaining to the recruitment and selection process at the hospital: the hospital budget determines whether recruitment should take place; a job specification is created where duties are outlined and a post is advertised; the standard procedure for the recruitment and selection process is used and as such, the Employment Equity laws are also considered; the job is advertised in the City Press newspaper; as the applications are received, they are entered in the register book; the HRM manager appoints a panel to shortlist the candidates, and letters are sent to the union representatives so that they observe the process during the shortlisting meeting; all the applications are verified and successful candidates are communicated with and informed of the date for their interviews, which is usually seven days after shortlisting; an invitation is sent to the same panel members who participated in the shortlisting to conduct the interviews to ensure consistency; the venue of the interview is selected and the panel assembles beforehand to discuss the questions; questions are set and agreed upon by everyone on the panel; when an interview commences, an ice breaker question is posed with the intention to get the respondent to relax; when the interviewee leaves after their interviews, points are allocated, summarised and the candidates are reimbursed for their travelling expenses; in the selection process, Employment Equity laws apply; after the points are added and the panel members agree on the successful candidate to be appointed, an acceptance letter is sent to the candidate.

Although the hospital follows the recruitment and selection process as prescribed by the DPSA, none of the interviewees claimed that they understand the process. It appears that the recruitment and selection process is conducted as a checklist to comply with the guidelines without a deeper appreciation or strategy for the

significance to retain medical employees. The fact that Respondent B mentioned the prerequisite of an available budget that would determine whether recruitment can take place, although regulatory correct, gives one the impression that no appointment will be made if the budget is inadequate. Ideally, the hospital should advocate for its medical employees and request more funding if they are not in a financial position to provide relief for overworked employees. Overworked medical employees have a negative impact on patients because exhausted medical doctors and professional nurses are unable to provide the best quality service. Also, it creates longer waiting times and queues for patients due to the lack of medical employees. The necessity to recruit additional medical employees, with the intention to retain them, cannot be underestimated.

A poor or administratively flawed recruitment decision can have a demoralising effect on other employees as their roles may be affected or their workload may drastically increase while time, money and effort is spent training the new recruit up to the required standard, also alluded to in Chapter 2, Section 2.3.2.1. The effect of low morale among employees leads to low productivity, increased staff turnover, failure in service delivery and a loss of confidence among the public (SA, 2015:8-10). It is evident that careful long-term consideration should lead the recruitment and selection of medical employees at the Potchefstroom hospital.

5.2.3.1.3 Recruitment and retention challenges

Couper *et al.* (2011:118), asserts that the biggest challenge to recruit medical employees continues to be both the recruitment and retention of appropriately skilled human resources, as alluded to in Chapter 2, section 2.3.2.1. Therefore, the purpose of the question was to assess whether the hospital was experiencing recruitment and retention challenges.

Respondent B stated that even if the budget is unlimited, it is difficult to recruit a medical doctor because many factors such as competition from the private health sector and countries abroad need to be considered. Respondent B, however, also stated that Potchefstroom is a developed city in the North West Province which has good schools, a university and recreation facilities. Therefore, attracting medical

employees to the Potchefstroom hospital should not be as big a challenge as compared to recruiting health employees for rural hospitals.

Respondent C affirmed that in 2013/2014, a staff moratorium was implemented by the provincial government. The hospital was unable to appoint additional nurses, which created a serious problem to address the staff shortage (NW DoH, 2014:104). Respondent A stated that retaining medical doctors is not problematic, but recruitment is often a challenge due to the staff moratorium. Moreover, irrespective of the shortage of medical doctors, appointments could not be made. Respondent C also stated that even if medical doctors were willing to work at the hospital, issues such as the lack of funding impeded the recruitment process.

The interviews revealed that the impact of a staff moratorium is detrimental to the hospital as well as the medical doctors and professional nurses due to the extensive workload. Furthermore, the implementation of a staff moratorium was implemented without due consideration for the impact on health care services which is not only contrary to the intent of the Constitution, but may also be unlawful (Marijie, 2014:4), as alluded to in Chapter 1, Section 1.1. Also referred to in chapter 1, section 1.1, overspending the NW DoH HRM budget resulted in the staff moratorium (NW DoH, 2015:130).

As stated from the onset of this study (Chapter 1, section 1.1), the right to access health care services is a constitutional right (SA, 1996:11). The quality and accessibility of health care services are also enshrined in the NDP (SA, 2013:15). For the public service to fulfil this right, it presupposes the quantity and quality of skilled and committed medical employees to provide that service. Therefore, freezing all vacant posts as a cost-saving measure is detrimental to the spirit of the Constitution and the objectives of the democratic developmental state (Marijie, 2014:4).

The staff moratorium has also negatively affected the Province because the majority of the posts have been frozen and no active recruitment of medical employees is taking place. This has resulted in work overload and burnout of the medical employees (SA, 2016:87), as alluded to in Chapter 4, Section 4.3.5. The NW DoH,

had the second lowest doctor-to-population ratio in the country (Marijie, 2014:5), even before the staff moratorium was implemented. It can be argued that with an ever-increasing need for public health care services, this ratio will increase and may be difficult to control in the future. If this happens, it will have long-lasting harmful consequences for the patients' democratic right to health care services. The staff moratorium was, however, not initiated or implemented by the NW DoH, but by the Provincial Government.

5.2.3.1.4 Training and development

Training and development are means of enhancing attachment because they allow employees to see a future where they are employed and provide them with the support necessary to face ongoing challenges related to their work (Grobler *et al.*, 2015:341), as alluded to in Chapter 2, section 2.3.2.4. The purpose of this question was to establish whether training and development opportunities are available at the Potchefstroom hospital.

Respondent A held that training and development opportunities for medical employees is significant, since the employees possess scarce skills. Respondent A further stated that:

“There was an incident whereby the hospital noticed that there were many doctors with a problem of resuscitating patients as they did not know how to do it. Trainers from the Wits University were contracted to offer a training programme. After the training programme, the medical doctors are now confident to resuscitate”.

Respondent C affirmed that training programmes are offered by the hospital:

“There are training workshops and conferences carried out every year but the challenge is that there is a lack of funds that hinders a significant number of nurses to attend those workshops”.

Respondent B stated that the hospital has a training manager and a committee. Respondent D was asked by Respondent B at the interview to explain the training

and development programme offered at the hospital. Respondent D stated that, in the beginning of the financial year, a skills analysis was conducted and the employees submitted requests for training for personal development. Thereafter, the training programmes are weighed against cost because training and development opportunities is one of the largest constraints on a budget. Respondent D explained that the hospital sometimes negotiates with the employees to pay for their own training programmes. The number of days the employees attend the training is not subtracted from their leave. Respondent D also affirmed that employees are required to apply to attend CPD conferences.

This statement corresponds with feedback received from medical doctors and professional nurses in the questionnaire. The results in section 5.2.1.2.3.6 revealed that more than 50% of the medical doctors (52.4%) and 23.3% of the professional nurses indicated that training and development programmes are not offered by the hospital. Several respondents revealed that although training and development programmes are available, they believe the hospital can provide more opportunities. Furthermore, the medical doctors held that if employees want to further their studies, the hospital does not provide assistance. Therefore, the respondents can develop professionally at their own expense. Certain respondents stated that the Clinical Department does not offer training and development programmes. The professional nurses, in all the age categories did not agree whether training and development programmes are offered by the hospital. The junior nurses affirmed that they do not benefit from training and development programmes. The hospital did not offer any personal development opportunities. It can be inferred that certain employees (both medical doctors and professional nurses), feel aggrieved by the lack of training and development opportunities.

The hospital management should take cognisance of training and development opportunities, especially if they intend retaining younger professional medical employees. In Chapter 2, section 2.3.2.3, it was highlighted that employees consider training and development as crucial to their overall career growth and would be motivated to remain at an organisation and build a career path for themselves should such an opportunity be available (Samuel, 2008:77). It can be argued that, the fewer opportunities for training and development will result in a higher employee turnover.

Furthermore, it is advisable for any organisation to invest in the training and development of its employees; not only will it support employee retention, it will also make a significant contribution to the organisation's performance, which in this instance would translate into much needed service delivery to poor citizens.

5.2.3.1.5 Coaching and mentoring

Mentoring and coaching are non-formal training vehicles that is both developmental and empowering (Van Dijk, 2008:392; Davis & Nash, 2015:324; Warnich *et al.*, 2015:355), as indicated in chapter 2, sections 2.3.2.3.1 and 2.3.2.3.2. It was also explained in these sections that mentoring and coaching should be viewed as essential components in the planning and implementation of employee retention as an approach for the effective and efficient utilisation of human resources (Van Dijk, 2008:392; Flarherty & Evason, 2014:4-5). Furthermore, research conducted by Gordon and Melrose (2011:14) confirmed that employees with mentors and/or coaches experience improved job performance, enriched job satisfaction, organisational commitment, personal learning, decreased social stress, sense of professionalism, development of leadership skills, increased self-confidence and professional competence and reduced turnover intention (Flarherty & Evason, 2014:3). Thus, considering the significant role of mentoring and coaching in the personal development and growth of employees as well as in their retention, this question was posed to establish whether mentoring and coaching is offered at the Potchefstroom hospital.

Respondent C stated that the hospital provides coaching and mentoring: Firstly, induction is provided. The new nursing employees are welcomed in their designated wards; secondly, the new nurses attend orientation programmes; and thirdly, a qualified nurse is assigned a new employee who he/she will coach and mentor. Respondent C further stated that there are also training programmes to capacitate managers to fulfil the role of coach and mentor and succession planning. The hospital capacitates its managers to work in senior positions.

Respondent A affirmed that the Heads of Department (HoDs) are responsible to mentor the young medical doctors at the hospital. A survey was conducted by the

Health Professions Council of South Africa (HPCSA) to assess the mentoring programmes offered at the hospital. The hospital was commended for offering good mentoring programmes. The hospital is commended for this practice since almost 50% of the government departments do not have coaching and mentoring practices in place, and those who do, tend to implement these on an *ad hoc* basis (SA, 2010a:13).

Having mentoring programmes in place is a significant commendation for the hospital in terms of the retention of medical employees. However, mentoring programmes on its own are inadequate to retain the employees. Therefore, the hospital is compelled to also improve factors such as working conditions, workload and provide reliable equipment.

5.2.3.1.6 Compensation

The purpose of the question was to highlight that compensation is a fundamental starting point in most strategies to attract and retain employees. As alluded to in Chapter 2, Section 2.3.2.4, when employees receive a good, competitive compensation, they feel the loss when they leave the organisation (Van Dyk *et al.*, 2013:60).

Respondent A affirmed that compensation does not really play a part in employee retention. The respondent also stated that the few doctors who had left the hospital held that compensation was a push factor but concerns of career pathing was one of the primary reason for leaving the hospital. Respondent B held that people will never be satisfied with any compensation package and always felt that they do not earn enough. In addition, Respondent C affirmed that, to some extent, compensation plays a vital role in employee retention; benefits such as retirement packages encourage the nurses to remain at public hospitals. Respondent C held that the private sector may have better conditions and resources than the public service, but the public service has an advantage when compared to compensation and benefits.

The respondents agreed that compensation can attract employees to the organisation, but inadequate to retain them. However, Botha (2014:138) asserts that

compensation attracts and retains skilled and competent employees, as alluded to in Chapter 2, section 2.3.2.2. The results of the questionnaire revealed that compensation is indeed relevant to employee retention (see section 5.2.2.3.3). It was, however, also argued in Chapter 2, Section 2.3.2.2, that compensation alone is not a factor and not be considered as a primary aspect to retain employees (Erasmus *et al.*, 2015:40), as indicated in Chapter 2, Section 2.3.2.2. In addition, adequate working conditions and the availability of resources are also strong predictors of job satisfaction (Mokoka *et al.*, 2010:4). Furthermore, the results from the questionnaire revealed that neither medical doctors nor professional nurses consider compensation as the biggest demotivate to remain in the employ of the hospital. The medical doctors raised the following aspects: poor working conditions, a lack of career development and a lack of training and development whereas the professional nurses considered increased workload, lack of career development and lack of training and development (see section 5.2.2.2.3).

5.2.3.1.7 Work-life balance

The question of work-life balance was posed to establish whether medical employees at the hospital enjoyed such since this aspect emerged as a strategic concern for organisations as well as a key element to ensure employee retention (Ariokasamy, 2013:1537; Van Dyk *et al.*, 2013:62). Organisations should establish techniques to help employees to manage their commitments successfully at home and at work and thereby avoid employee turnover (Mrara, 2010:38), as alluded to in Chapter 2, section 2.3.2.5.

Respondent A held that family comes first, especially female doctors who had previously left the employ because they got married. Respondent B affirmed that there is flexibility in the medical employees' schedules; medical doctors and professional nurses are allowed to exchange roster duties with each other if matters at the household required their attention. In addition, Respondent C stated that professional nurses are granted leave opportunities over weekends if they need to attend special family functions. Other nurses can stand in on the provision that all nurses work 40 hours per week. Respondent C further indicated that employees who needed to be with their sick children could do so according to the 'sick child policy. It

can be inferred that there is an element of flexibility with the nursing staff to attend to family-related matters.

In public hospitals, working extended hours has become a 'norm' for most nurses because they work 14 hour shifts, which often leads to burnout (Kruse, 2011:23). Extended working hours have become the norm for many nurses because in addition to the 14 hour shifts, many are not allowed to take leave during the year due to the shortage of employees (Kruse, 2011:23). The hospital must, therefore, realise that the need for medical employees to spend time with their families is equally significant to the time spent at work. Too much time away from home creates tension that interferes with employees' personal lives and their physical and mental health and wellbeing (Harvard Business Review, 2016). Work-life balance, which is a significant aspect in employee retention, seems to be considered by the Potchefstroom Hospital. However, aspects such as child care centres can be considered to further provide assurance to those employees who are parents.

In addition to the employee retention questions, the interviewees were also requested to respond to questions relating to employee retention strategies at the Potchefstroom Hospital. The results and interpretations of these questions are discussed in the next section.

5.2.3.3 Section C: Employee retention strategies

Various employee retention strategies have been implemented in the NW DoH to limit employee turnover and retain employees with scarce skills. This section of the interviews focused on the implementation and effectiveness of these retention strategies.

5.2.3.3.1 Employee benefits

Employee incentives have emerged as vital in any organisation (Hong *et al.*, 2012:65; Van Dyk *et al.*, 2013:60). The purpose of the question was to establish which incentives are provided by the hospital.

Respondent A stated that besides training benefits, accommodation is provided for medical doctors. Furthermore, when doctors have extended working hours, provision is made for a post call to relieve them from their duties if they are free. Respondent B confirmed that accommodation is provided to medical doctors by the hospital including a limited number of homes by the Department of Public Works. Respondent C affirmed that limited accommodation is also provided to nurses. The respondent added that the hospital also arranged social tea parties, maintained an open-door policy and offered wellness programmes whereby nurses can consult a doctor without payment when they are ill.

Providing benefits such as accommodation or post call is a strategic move used by the hospital as benefits are an imperative to retain employees. As stated in Chapter 4, Section 4.4.5, employee benefit packages enhance employee attachment to the organisation and reduces employee turnover (Ahmad *et al.*, 2013:2). Effective employee benefits align employee needs with the organisation's goals, based on what employees want and what the organisation offers (Steyn, 2010:3). Therefore, the hospital should utilise the provision of accommodation as leverage to retain employees. Furthermore, accommodation should be availed objectively to avoid dissatisfaction among medical employees.

The benefits provided to employees, in particular the provision of accommodation and employee wellness programmes, are positive developments. The hospital can consider providing additional benefits such as the opportunity to attend training and development programmes because both the medical doctors and professional nurses raised this matter as a concern.

5.2.3.3.2 Occupation Specific Dispensation

The OSD was implemented as measure to motivate medical doctors and professional nurses (Luhailima *et al.*, 2014:474), as indicated in chapter 2, section 2.3.2.3.7. However, Luhailima *et al.* (2014:474) also asserted that these motivational measures have been unsuccessful because the NW DoH still experiences a high rate of employee turnover (NW DoH, 2015:130), as alluded to in chapter 1, section

1.1. Therefore, the purpose of this question was to establish the views of the managers who were interviewed on the effectivity of the OSD as a retention strategy.

Respondent C held that the OSD was incorrectly implemented and it resulted in general unhappiness amongst the nursing employees. Respondent C was also held that the OSD makes no provision for salary progression, which had been proposed, but rather, salary stagnation. Consequently, the OSD is an ineffective employee retention tool. Moreover, the OSD also lacks uniformity because of the approach utilised in the implementation thereof at the various public hospitals.

Respondent B was of a different view and held that the OSD had been implemented correctly. Furthermore, Respondent B posited that the OSD is a straight forward document but lacks a proper reviewing technique, which needs to be addressed.

Respondent A stated that the OSD had played a vital role in employee retention as compensation and salaries have increased and improved. Before the OSD was implemented, the salary structure was low and after its implementation, the figures improved.

Several respondents mentioned the positive outcome OSD has had on reducing the wage gap. As highlighted in Chapter 4, Section 4.4.4, the formulation and implementation of the OSD has assisted to reduce the wage gap between human resources for health in South Africa and the rest of the world (Motsosi & Rispel, 2012:137). The nursing employees have always been the lowest paid compared to other medical employees (Matsie, 2008:27).

However, there is general unhappiness with the OSD. Consequently, the NW DoH should re-evaluate the strategy so that it serves its purpose. The results from the questionnaire revealed that 59.5% of the medical doctors and 55% of the professional nurses revealed that the OSD does not motivate them to stay in the employ of the hospital as highlighted in section 5.2.2.3.5. The medical doctors not in favour of the OSD stated the following reasons: OSD was not implemented properly; there is no provision to evaluate the policy; there is no progression as dictated by the policy document; and they held that the NW DOH can utilise an alternative retention

strategy than the OSD. Most professional nurses who revealed that they are not motivated by the OSD to remain with the hospital, provided the following reasons: OSD is an unfair strategy; the implementation of the strategy was executed poorly; the OSD needs to be reviewed since it does not serve its purpose because medical employees continue to resign. Furthermore, the OSD does not benefit all the employees; salaries of employees appointed in equal positions differ and the OSD is demoralising because only certain nursing categories are entitled to it. It can be inferred that the hospital need to review the implementation of the OSD because the majority of the medical employees are extremely dissatisfied.

Motsosi and Rispel (2012:137) also state that the negative aspects of the OSD relate to the eligibility criteria thereof. Primarily, there were negative aspects related to the implementation of the policy such as misinterpretation of the policy, erroneous or outstanding payment which led to unintended consequences such as unhappiness among nurses who did not benefit or whose posts were incorrectly categorised, as alluded to in Chapter 4, Section 4.4.4. Therefore, since the OSD is the primary employee retention strategy used by the hospital, it is evident that the NW DoH should review the strategy based on the common complaints and dissatisfaction.

5.2.3.3.3 Continued professional development

Continued professional development (CPD) has emerged as of strategic importance in the DoH. By updating and extending the professional's knowledge, it ensures continuing competence in the current job (Aruchallam, 2009:17), as alluded to in Chapter 4, Section 4.4.6. The aim of this question was to establish the status of professional development at the Potchefstroom Hospital and to determine its effectivity as a retention strategy.

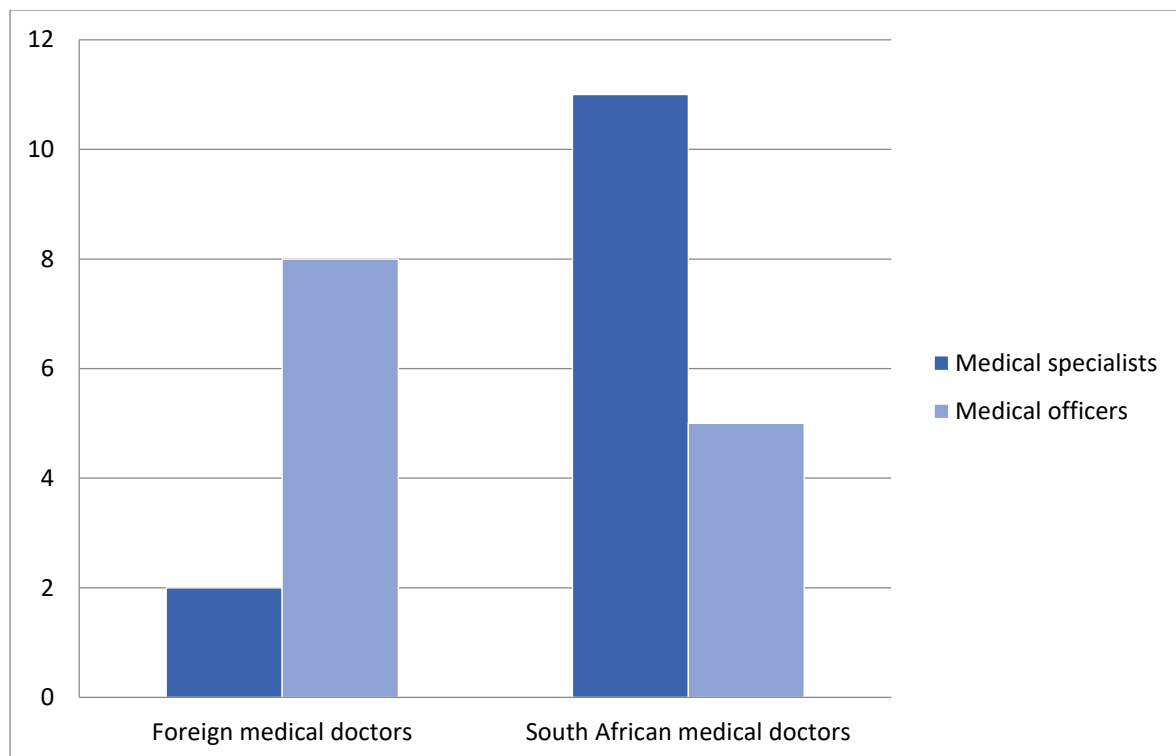
Respondent C opined that CPD is conducted on a regular basis. In addition, Respondent B stated that the hospital has CPD programme to update, refresh and renew the medical doctors and professional nurse's skills in order to keep abreast of the ever-changing environment. Respondent D added that employees need to apply to attend CPD conferences. Continued professional development is conducted every Friday for medical doctors and every day in the morning for nurses.

The importance of CPD cannot be underestimated as South Africa is primarily a nurse-based healthcare system, which compels nurses to be competent and knowledgeable in managing the country’s burden of diseases (SANC, 2008:46). Medical doctors and professional nurses should ensure that the public receives safe and ethically-based clinical and nursing care and as such, they must embrace the continuing professional development system to constantly upgrade their knowledge, skills, attitudes and ethical behaviour (Kaye-Petersen, 2008:45), as explained in Chapter 4, Section 4.4.6.

5.2.3.3.4 Recruiting foreign nationals

The NW DoH records the highest share of foreign health professionals, primarily from the DRC as well as citizens from neighbouring countries (Segatti, 2014:32), as indicated in Chapter 4, Section 4.3.5. Figure 5.17 below illustrates the population of South African and foreign medical doctors at the Potchefstroom Hospital.

Figure 5.17: National and foreign medical officers and specialists



(Source: Researcher’s own compilation)

The Figure above illustrates that the Potchefstroom Hospital has a population of eight (8) specialists and 18 medical officers. Of these, two (2) specialists (7.7%) and 11 medical officers (42.3%) are foreign nationals. The diagram above illustrates only permanent medical officers and specialists and it excludes the medical interns who are on community service (refer to 5.2.2.1.1.).

Respondent A stated that the hospital employs foreign nationals because South African doctors prefer to work in the urban areas such as Gauteng because the North West Province is considered a rural province. Respondent A explained that foreign nationals do not mind working in rural provinces such as the North West Province. Moreover, there are fewer South African doctors so the recruitment pool is limited and the growing population cannot be sustained with the limited number of medical doctors. Furthermore, fewer students are studying surgery. Consequently, the demand for medical doctors is higher than the supply (Bergstrom *et al.*, 2015:307).

Respondent C stated that only two foreign professional nurses are employed at the Potchefstroom Hospital. Therefore, the recruitment of foreign nationals does not play a role in recruiting professional nurses at the hospital.

In Chapter 4, Section 4.4.2, it was highlighted that the recruitment of foreign medical doctors should be considered since restrictions on the employment of these medical doctors can impede effective service delivery. This can result in the Province not being able to respond to the demands for public health care because of a shortage of medical doctors (ECONEX, 2015:17).

5.3 GENERAL SUMMARY OF RESEARCH RESULTS AND FINDINGS

Following the literature study, empirical research was conducted to establish the effectivity of the current medical doctors and professional nurse's retention strategies at the Potchefstroom Hospital. In this chapter, the results from the self-administered semi-structured questionnaire and the personal interviews were presented and interpreted. The questionnaire was completed by 60 professional nurses and 42

medical doctors from a total population of 184 (64 medical doctors and 120 professional nurses). Personal interviews were held with the following managers at the Potchefstroom Hospital: HRM Manager; Training Manager; the Clinical Manager; and the Nursing Manager, from a total population of 16 managers. Both the questionnaire and the interviews focused on employee turnover and retention strategies with a view to establish which employee retention strategies would be the most effective as well as provide recommendations to the NW DoH on how to improve its employee retention strategies.

The results discussed in this chapter informed the findings and recommendations presented in chapter 6. The predominant results obtained from the questionnaire and interviews were:

- The component of professional nurses who participated in the study was dominated by females (85%), which corresponded with the gender distribution of professional nurses at the Potchefstroom Hospital, the North West Province and nationally. (No significant difference in the balance between male and female medical doctors was revealed, that is, 55% medical doctors male and 45% female).
- The majority of the medical doctors were young, under the age of 35 (71.4%), while the professional nurses were generally 38.8% in the 45-54 age group; 16.7% of the respondents were from the 55-64 age group; and only 13.3% in the under 35 age group. These results reflect an ageing nursing workforce, confirmed in the literature reviewed (Rispel, 2015:118). It can be argued that these results emphasise the need for both (1) effective and well-informed retention strategies, including (2) customised retention strategies. The relatively young generation of medical doctors reflect an economic active population who still have many years of employment ahead. The results revealed that financial considerations and workload are not the major concerns for these employees; rather aspects such as the improvement of management (24.4%); working conditions (20%), training and development opportunities for specialisation (17.8%); and the availability of advanced equipment (13.3%) as important employee retention factors. Most medical doctors and professional nurses stated that although equipment is available at

the hospital, it is old, out-dated and lacked proper maintenance. The senior professional nurses (55-64 years of age) revealed that they would like to spend more time with their families. This directly implied that work-life balance is an important factor to them. Professional nurses in the all age categories indicated an increase in salaries and benefits (25.9%); training and development opportunities (15.2%); and an improvement in working conditions (13.2%) as the most important retention factors. It can be inferred from the results that a one-size-fits-all retention strategy is ill-advised and the hospital should consider customising its retention strategy according to the needs of its employees. Furthermore, poor working conditions and the lack of training and development were considered as major motivating factors for both the medical doctors and professional nurses. Working conditions (including the availability of the necessary advanced equipment), is also accentuated in the literature. In chapter 2, sections 2.3 and 2.3.2.2, various authors underscored working conditions as a significant deciding factor for employees to remain in the employ of an organisation or to leave (SA, 2006a:10-11; Munsamy & Venter, 2009:3; Muteswa & Ortlepp, 2011:15; Sinha, 2012:146; Mabindisa, 2013:21; Labonte *et al.*, 2015:7; Mandhanya, 2015:125). Furthermore, the literature confirmed that when employees are granted the opportunity to undergo training and development, they feel that the organisation is interested in their future, invest in them and endeavour to develop their careers. Consequently, the majority of the employees would remain at the organisation (Hong *et al.*, 2012:64). When sound career development practices are practiced, it can attract potential senior recruits (Omotoye, 2011:95). The literature review, as discussed in chapter 2, section 2.3.2 and 2.3.2.3, also confirmed that employers must ensure that there is growth and development of skills; employees need personal growth such as training, mentoring, personal development and growth plans. It is mandatory for employees to be capacitated through training and skills development to fit their job description (Collings & Mellahi, 2009:304; Curran, 2012:25). With regard to poor management (as indicated by medical doctors), as stated in the NDP and alluded to in chapter 1, section 1.1, medical doctors in the public health sector leave public hospitals due to poor management (SA, 2011b:348). The results from the questionnaire confirmed this notion.

- The vast majority (90.5%) medical doctors intend leaving the employ of the hospital in the next five years. Currently, only 14.3% of the doctors are employed for more than five years, revealing that the medical doctors generally do not remain longer in the employ. Taking into consideration the scarcity of the skills, in addition to the high disease burden and demand for public health services, the NW DoH should implement retention strategies for the medical employees. 58.3% professional nurses have been employed at the hospital for more than five years, of which 35% comprise more than 15 years. It can be inferred that the professional nurses tend to remain longer with the hospital. Consequently, it is important to incentivise this commitment.
- The results revealed a minimal impact for medical employees who move from public hospitals to private hospitals but there is greater possibility that these employees would leave the Potchefstroom Hospital for another public hospital – 59.9% of the medical doctors in public hospitals and 68.3% of professional nurses prefer being employed in public hospitals. The results further revealed that 52.4% respondents who are medical doctors and 63.3% of respondents who are professional nurses are unaware whether it is easy or difficult to find the same job in the private health sector or abroad. The medical doctors revealed that they prefer working in the public sector (59.9%). This result is of serious concern because it can be questioned '*Why do the vast majority of medical doctors and professional nurses prefer to work in the public sector?*'
- An overwhelming majority of medical doctors (90.5%) revealed that they intend leaving the Potchefstroom Hospital within five years; however, 59.9% held that it is not easy to secure the same position in the private sector. It was argued that one of the reasons that the respondents hold this view is that they are willing to take up employment in the private sector or abroad, irrespective of whether it was a successful effort. However, the fact that 59.9% prefer working in the public sector, nullifies the assumption. Moreover, the possibility of medical doctors leaving the employ of the Potchefstroom Hospital for another public hospital is perhaps equally possible for them to acquire

employment in the private sector. Whatever the scenario, this should be of concern for the management of the Potchefstroom Hospital. Should medical doctors leave the employ of the hospital for another, it implies that the circumstances are intolerable.

- Most medical doctors and professional nurses were dissatisfied with the OSD (59.5% of medical doctors and 55% of professional nurses). A general unhappiness with the strategy emerged from the questionnaire. The following factors were cited: unfairness in the implementation of the strategy; different salary scales are allocated for employees in equal positions; instead of salary progression, as proposed by the policy, it led to salary stagnation. Several medical employees were unaware of the OSD is and how it functions.

- Only 26.2% of the medical doctors revealed that they do not perceive the workload being unfair. It appears that medical doctors, irrespective of the extensive workload and long hours, are committed and willing to serve the community. However, an overwhelming 80% of the professional nurses indicated that they do not perceive the workload as fair. The nurses held that widespread burnout was experienced on a regular basis. The following reasons were provided for their view: increasing patient numbers; inadequate number of medical employees; and fewer professional nurse's work on the night shift. The respondents also stated that even if the hospital management employed more employees, the shortage had escalated over the past few years. Consequently, it would take time to resolve the workload. Research revealed that the quality of care in public hospital declines because of the increased workload and a lack of resources. Moreover, strenuous working conditions and under-staffing influence medical employees' decisions to leave the profession (Oosthuizen, 2012:56). Suitable working conditions and the availability of resources such as medicine and equipment are essential for both patients and medical employees (Mokoka *et al.*, 2010:4). Furthermore, an increase in workload is one of the factors, which affects employee turnover among the South African medical employees with scarce skills (Jenking *et al.*, 2015:2). An increase in patients using public health services intensifies the

pressure on the limited human resource capacity. Hence, this leads to compromising the quality of health care provided to the patients. It is evident that strenuous working conditions facilitate the decision for medical employees (in this instance, professional nurses) to leave. Moreover, it can be argued that it is physically impossible for medical employees to produce quality care when they are exhausted. This places the responsibility on the NW DoH to find solutions to resolve the staff shortage.

- The NW DoH should consider improving allowances since it was revealed that it is a significant motivator for both medical doctors and professional nurses (71.4% of the medical doctors and 91.7% of professional nurses). The literature review confirmed the relevance of allowances as a consideration to retain employees (Hong *et al.*, 2012:65), as alluded to in chapter 2, section 2.3.2.2.
- In several instances, the lack of communication between management and the medical employees was revealed. It appears there is a discrepancy between what managers believe is available to medical employees and what they actually experience to be available. This is a matter of concern for the following reasons: it reflects poor communication between the employer and employees; leads one to believe that the hospital management team is rather disconnected of matters on the ground; and it may hold devastating consequences to retain medical employees if they feel that they are not heard or prioritised. The following inconsistencies could be observed between management and the medical employees: effectivity of the OSD, availability of advanced, well-maintained equipment; usefulness of training and development including the working conditions.
- In addition, the medical employees highlighted that an improvement in the management of the PMDS is necessary as well as the non-recognition and appreciation of employees.

- The majority of the medical doctors (71.4%) revealed that they are satisfied with their current salary packages. However, many of the respondents stated that they intend leaving the hospital in less than five years. It can be argued that only salaries as a strategy to retain medical employees is inadequate. In contrast, 73.3% of the professional nurses revealed that they are dissatisfied with their current salary packages. It is, therefore, evident that financial consideration is a more significant retention factor for the professional nurses than the medical doctors. Theory confirms the significance of compensation as a factor to retain employees. Various authors indicated that a high rate of employee turnover in organisations is due financial constraints. Should compensation be non-competitive, the employees are likely to leave the organisation (SA, 2006a:10-11; Harman *et al.*, 2007:51; Muteswa & Ortlepp, 2011:15; Sinha & Sinha, 2012:146; Van Dyk *et al.*, 2013:60).
- The majority of the medical doctors (61.9%) and professional nurses (53.3%) agreed that the **overtime** including weekend work is manageable. The medical doctors considered overtime payment as a permanent facet of their remuneration (DoH, 2006:12-13). However, the commuted overtime policy is bound to change, that is; amend fixed overtime payments, which is resulting in great dissatisfaction amongst medical doctors in the public health sector (SAMA, 2016a; SAMA, 2016b; SAMA, 2016c; Business Day, 7 December 2016). As for the professional nurses, several stated that there is limited funding available for overtime and the additional hours is manageable because the calculation of the hours balanced is with sum paid. The new overtime policy is likely to impact negatively of those professional nurses who revealed indicated they do not perceive overtime and weekend work manageable.
- Only 33.3% of medical doctors stated that **work commitments interfere with their family lives**, whereas more than half of the professional nurses (53.3%) held that it does. One should bear in mind the results revealed above in this section (older nurses - 55-64 years of age - indicated that they would like to

spend more time with their families, that is, work-life balance is of significance to them), is clearly significant to certain employees compared to the others. In Chapter 2, Section 2.3.2.5, the significance of balancing work and family life was highlighted in that a work-life balance facilitates the decision for employees to stay in the employ of an organisation (Omotoye, 2011:106; Soni, 2013:36; Van Dyk *et al.*, 2013:62). In this instance, the age category (55-64 years) of the professional nurses who revealed that work commitments interfere with their family lives, comprised employees close to retirement. It may thus reflect an unconscious (or conscious) decision to spend more time with family after their retirement. It can be argued that younger professional nurses in all likelihood still have career goals they wish to accomplish. Therefore, they are willing to compromise family time. The NW DoH may consider customising the allocation of overtime and weekend work to accommodate personal needs and preferences. However, with the current staff shortage at the Potchefstroom Hospital, this does not seem a viable option.

In the interviews, the following was highlighted by the managers as reasons for employee turnover: family commitment; community service; lack of career development; lack of resources and poor infrastructure; increased workload; inadequate salaries; rural-urban disparities; availability of wellness programmes; and a lack of support from the national government.

- **Family commitment:** the managers held that female medical doctors typically leave the employ of the hospital either to get married and move to their partners. This scenario has taken place on several occasions. This situation is unavoidable as discussed in chapter 2, section 2.2.1.3. The hospital is unable to implement a retention strategy to prevent employees from relocating. The results from the questionnaire reflected that most respondents, regardless of whether they are medical doctors or professional nurses, have a balance between their work and family life. The respondents who spent much time at work than at home, were professional nurses in the

55-64 age category. Consequently, in this instance, the hospital can implement a customised retention strategy. It has been highlighted in Chapter 2, section 2.3.2.3.5, that the significance of balancing work and family life facilitates the employee's decision to remain with the organisation (Van Dyk *et al.*, 2013:58). Moreover, flexibility in work schedules adds to a work-life balance and can release work-related stress (Mrara, 2010: 38). The interviewees, however, also revealed that medical doctors and nurses are allowed to exchange roster duties with each other if necessary. Also, medical employees are granted leave opportunities for family responsibilities while during weekends, professional nurses can exchange shifts with other nurses if they have certain events to attend. Furthermore, the sick child policy is applicable to a parent to attend to the child who is not feeling well. As indicated above, the results also revealed that most professional nurses are females. One can argue that many will be mothers, and therefore, extensive periods away from family and home result in an uneven work-life balance, which is acknowledged to enhance employee turnover.

- The interviewees stated that a significant number of medical doctors leave the employ of the hospital after completing their **community service**. The hospital can prevent employee turnover through effective and targeted recruitment strategies. The respondents revealed that the community service strategy must clearly articulate the placement of community service officers to ensure that they are placed in the area of their choice. This notion was supported in the literature reviewed by Hatcher *et al.* (2014:13) that if employees are placed where they are comfortable, they would be willing to stay after they complete their community service, as alluded to in Chapter 4, Section 4.4.1.
- Since medical doctors usually further their studies to specialise in a certain aspect of medicine, a **lack of career development** was also identified as a reason for employee turnover. Since the hospital cannot offer such career opportunities, medical doctors leave to work and study at university hospitals

to advance their skills. Also, due to the lack of adequate funding, the hospital is unable to send a significant number of medical employees for professional development. Moreover, the shortage of professional nurses at the hospital has compromised the number of nurses who could further their professional development. Furthermore, the results from the questionnaire revealed that a lack of career development is one of the major demotivating factors. Career development is an imperative to retain employees since it provides them with career growth opportunities, comprehend their full ability and attach themselves to the organisation (Omotoye, 2011:95), as alluded to in Chapter 2, Section 2.3.2.5. Career development is clearly a significant aspect to retention and should be considered as such by the Potchefstroom Hospital. Although there is inadequate funding, it can be argued that the hospital should advocate additional funding for its employees from the NW DoH. This is also relevant for other training and development opportunities. The interviewees also indicated that the lack of funding was the foremost reason for the provision of limited training and development opportunities. The majority of the medical doctors and professional nurses who completed the questionnaire considered this aspect a major setback. The nurses were particularly unhappy about the lack of adequate training and development opportunities and were dissatisfied with the arrangement that they would often have to personally pay to attend training programmes. Since the development of employees is the responsibility of an organisation's management, strengthens the argument that the hospital should advocate on behalf of its employees to secure the necessary funding. As indicated above, the interviewees confirmed a **lack of resources and poor infrastructure** as one of the reasons for employee turnover. The interviewees confirmed the shortage of equipment. The limited available equipment is out-dated and poorly maintained. Furthermore, the hospital's infrastructure is old and the environment is not conducive. The literature highlighted the significance of a conducive work environment and the necessity for the required resources to execute all tasks effectively and efficiently. The neglected and poorly maintained buildings are ill equipped with non-functional equipment, which is a direct compromise of the safety of its employees (Mokoka, 2009:196). Organisations that are able to retain employees provide a flexible workplace

and attractive working conditions to its employees (Vermeulen, 2008:418), as alluded to in Chapter 2, Section 2.3.2.2.

- The interviews also confirmed the **increased workload** as a common reason for employee turnover. It was revealed throughout chapter 2, an increased workload, long working hours due to staff shortages and higher number of patients, increased stress levels, physical exhaustion, a lack of job satisfaction and poor motivation in most public hospitals were the major reasons for poor retention of staff (Mokoka, 2009:184). Poor motivation is associated with a high attrition rate (Koketso & Rust, 2011:2233; Mothupi, 2014:55). As alluded to in chapter 1, section 1.1 and chapter 4, section 4.2.1, both medical doctors and professional nurses can be regarded as both an absolute and relative scarcity in the public health service. Neither the ratio between medical doctors and patients nor that between professional nurses and patients is balanced, which places a tremendous strain on the medical employees to provide the health needs of a vast population (see chapter 4, section 4.2.1). In addition, factors such as poverty and unemployment further contribute to the workload because the poor and unemployed are typically dependent on public health care services (see chapter 4, section 4.2.2).
- Inadequate salaries, which was identified by the professional nurses in the questionnaire as one of the most significant aspects that will encourage them to leave the employ of the hospital, was confirmed by the interviewees.
- Rural-urban disparities were another employee turnover factor highlighted by the managers during their interviews. The managers pointed out that the North West Province is perceived as a rural province and most medical doctors and nurses prefer working at hospitals in Gauteng which have a better infrastructure. They further stated that urban provinces such as Gauteng, has a wider selection of schools for their children, improved road infrastructure, and a number of malls to shop. An uneven distribution between rural and urban areas leaves South Africa's rural citizens (which is approximately over 44%), with 12% medical doctors and 19% professional nurses (Jenkins *et al.*,

2015:1), as alluded to in Chapter 4, section 4.2.2.2. Therefore, the NW DoH should strengthen retention strategies to curtail rural and urban movement of medical employees and re-evaluate the current strategies so that NW DoH can attract medical employees with scarce skills.

- The managers also highlighted the following reasons for employee turnover, which included (1) the **availability of wellness programmes and (2) a lack of support from the national government**. The hospital lacks wellness programmes such as aerobics and a gym, which can serve nurses to remain in the employ. In chapter 2, section 2.3.2.2.2, reference was made working conditions such as a hygienic physical work environment; safety and ergonomics, employee health and wellness practises such as supporting a healthy lifestyle and fitness diet and a social environment such as an encouraging organisational culture, which directly contributes to work satisfaction (Vermeulen, 2016a:247). Furthermore, improved health and wellbeing of employees contributes towards satisfied employees who are more likely to be retained (Vermeulen, 2008:418; Mandhanya, 2015:191; Vermeulen, 2016a:236-237; Pitt-Catsouphes, James & Matz-Costa, 2015:263).
- With regard to the impact of employee turnover, the interviewees highlighted that it negatively affects patient care and the community as a whole, because of poor and ineffective service delivery. The managers, however, held that employee turnover does not affect the daily business at the Potchefstroom Hospital. The hospital could provide health services to the community, irrespective of staff shortages. However, this is not an acceptable or sustainable long-term solution. Losing medical employee's places much burden on the remaining employees, which negatively influences their health because it limits productivity, patient care and increases employee turnover. It is physically impossible for the medical employees to function optimally when they are exhausted and somatised, as alluded to in Chapter 4, section 4.4.7. According to Khamisa *et al.* (2014:653), burnout directly affects health outcomes through the depletion of resources necessary to cope which leads

to a negative emotional condition characterised by exhaustion, fatigue, somatisation and social withdrawal, as alluded to in Chapter 4, section 4.4.7. Therefore, burnout has a grave impact on work productivity, patient care, employee attrition and eventually, service delivery.

- Interviewees confirmed that the high poverty rate in the province and that the health needs, which emanate as a result of the poverty rate, is much greater than the availability of medical doctors and professional nurses. Consequently, a constant increase of workload for the limited nursing staff.
- During the interviews, the managers revealed that a **safe and healthy work environment** is important. Furthermore, they held that the hospital does provide such an environment. A comparison of the results from the questionnaire revealed the poor working environment as one of the primary reasons to leave the employ of the hospital. The view held by the managers seems contrary to that experienced by the employees. As indicated above in this section, this inconsistency in perceptions reflects poor communication between the employer and employees and creates an impression that hospital management is removed from what takes place on the ground.
- The interviews revealed that the hospital is **recruiting** foreign nationals due to the absolute and relative shortage of skills. Fifty percent (50%) of medical officers employed by the Potchefstroom Hospital are foreign medical doctors. It was also highlighted that the foreign nationals are more willing to work in rural areas than the South African doctors. The shortage of medical doctors was underscored in chapter 4, section 4.2.2. Although the hospital follows the recruitment and selection process as prescribed by the DPSA, none of the interviewees revealed that they have an understanding of recruitment and retention. It appears that the latter and former is conducted as a checklist process to comply with guidelines, without a deeper appreciation or strategy for the significance of this practice to retain medical employees.

- Challenges faced with the recruitment and retention of medical doctors and professional nurses at the hospital included the inadequate budget and staff moratorium on appointments in the North West Province's public health sector by the Provincial Government. With regard to the budget, it can once again be argued that one would expect the hospital to advocate for their employees in light of the need to fill additional posts. In this manner, the health needs of the province's citizenry can be met. As for the staff moratorium, one can only hope that it will not be *ad infinitum*. Unfortunately, the NW DoH is unable to lessen the significant staff shortages, which are detrimental because of the extensive workload medical employees carry to meet the health care needs. Managers held that training and development opportunities for its medical employees is of significance to provide effective medical services. They held that opportunities are provided to the employees, but also acknowledged certain budget constraints, which impeded the possibility to provide additional prospects. As indicated earlier in this section, the lack of training and development opportunities lead to much dissatisfaction among medical employees, particularly professional nurses.
- In their interviews, the managers confirmed that at induction programmes, the new nursing employees are welcomed in their designated wards; secondly, orientation sessions are also held; and thirdly, a qualified nurse is assigned to a new employee and is responsible to coach and mentor the newcomer. Furthermore, there are also training programmes to capacitate managers to fulfil the role of coach and mentor and succession planning. The hospital capacitates its managers to work in senior positions. The interviewees also revealed that the HoDs are responsible to mentor the young medical doctors. The Health Professional Council conducted a survey which revealed that the hospital offered a good mentoring programme. The incumbents at the hospital were commended accordingly for the fine performance. This mentoring programme is regularly applauded at the hospital because almost 50% of the government departments do not offer either coaching or mentoring. The vast majority of the departments which do offer the programmes, do so on an *ad hoc* basis (SA, 2010a:13). Although an excellent practice, mentoring

programmes on its own are inadequate to retain the employees. Consequently, the hospital obliged to also improve factors such as working conditions, workload and the availability of equipment. Mentoring should also be practiced in addition to talent management, career management and performance management.

- One of the aspects that stood out during the interviews was that the hospital provides accommodation to medical employees. Providing benefits such as accommodation or post call is a strategic move used by the hospital as benefits are an imperative for employee retention. This practice is supported by theory, which states that employee benefit packages enhance employee attachment to the organisation and reduces employee turnover (Ahmad *et al.*, 2013:2), as alluded to in Chapter 4, Section 4.4.5.
- Interviewees disagreed with the effectivity of the OSD. Two of the interviewees held that the OSD was implemented incorrectly, does not enhance salary progression and that it lacks uniformity. Another interviewee held that the OSD has played a vital role in employee retention because compensation and salaries have increased and improved markedly. It can be inferred from the respondent's responses that the majority of the medical employees' perception of OSD is negative. Consequently, the NW DoH should re-evaluate the strategy to serve its purpose.

5.4 CONCLUSION

This chapter presented the empirical survey of the study. The findings from both the questionnaires and interviews revealed that inconsistencies exist between the views held by managers of what effective retention strategies entail, as opposed to the perceptions and experiences of medical employees of these strategies. The views held by the managers and medical employees particularly differed with regard to the usefulness and/or effectivity of the available equipment, the OSD and training and development opportunities. This could be as a result of a lack of communication between employer and employee, or impartiality by management of the needs.

Although commendable practices such as mentoring and coaching have been implemented, it is evident that the current employee retention strategies are ineffective to retain medical employees with scarce skills at the hospital.

The results acquired from the questionnaire revealed that most of the medical doctors have an intention to leave the hospital in the next 3-5 years and almost none intend staying in the employ until retirement age. With regard to professional nurses, only a small number are under the age of 35. The professional nurses appear to be an aging population and strategies to recruit and retain younger professional nurses should be improved because they still have career aspirations and many years of economic activity ahead of them.

The results also revealed that the traditionally preferred method of motivating employees with compensation does not motivate medical doctors to remain in the employ of the hospital. Although the majority are satisfied with their current salary packages, they are still willing to leave the hospital within the next 3-5 years. Moreover, most common reasons cited by the medical doctors to remain in the employ of the hospital were: passion; serving the under privileged community; training and development opportunities; and valuable experience. The primary demotivates to remain in the employ of the hospital were: poor working conditions, a lack of career development including training and development. The professional nurses indicated the following aspects as their primary demotivates to remain at the hospital: increased workload, lack of career development including training and development.

Therefore, aspects such as increased training and development opportunities, career development programmes, the lift of the staff moratorium (to relief the workload of employees with new appointments), and improved working conditions seem to be circumstances that could motivate medical doctors to remain in the employ at the Potchefstroom Hospital. Since these employees possess scarce skills and are able to easily find positions in the private sector or abroad because they offer better compensation, resources and working conditions, the NW DoH and the Potchefstroom Hospital in particular, should make a concerted effort to improve its retention strategies and aim to customise these to meet their employees' needs. For

example, nurses in the 55-64 age category expressed a need to spend more time with family, whereas younger medical employees do not necessarily feel that their work-life balance is compromised by their working hours. Thus, a customisation of retention strategies may create a sense of loyalty amongst medical employees as it will give an indication that the hospital care about their needs and is willing to invest in them.

The primary findings of the study (theoretical and empirical research combined) are highlighted in the next chapter. Chapter 6 also provides a summary of the study and makes recommendations of how to improve retention strategies for medical doctors and professional nurses at the Potchefstroom Hospital.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The research problem of the study considered: the retention strategies used by the NW DoH do not adequately retain employees with scarce skills, especially medical doctors and professional nurses, which consequently, leads to the public health sector not being able to adequately provide health services to the citizens who are reliant on public health care services in the North West Province. The preceding chapters established the theoretical (chapter 2) and legislative (chapter 3) foundations for employee retention. Chapter 4 provided a perception of the current situation in the North West Province's public health sector, specifically the strategies to retain medical employees. The findings revealed that the NW DoH is confronted by a multiple of challenges to retain medical doctors and professional nurses. Given the background and theoretical framework of chapters 1-4, chapter 5 reported on the empirical research undertaken in the study.

This final chapter of the study provides a summary of the preceding chapters followed by an interpretation of the primary findings of the study. Furthermore, recommendations are provided to assist the NW DoH in their quest to retain medical employees with scarce skills (medical doctors and professional nurses). The chapter

also gives an indication of future research possibilities, highlights the contribution of the study and provides a final conclusion to the study.

6.2 SUMMARY OF CHAPTERS

Below, the most significant topics and arguments of the study are summarised per chapter.

Chapter 1: Introduction to the study

In chapter one the introduction, orientation, problem statement and research methodology of the study was demarcated and justified. The chapter contextualised the study in democratic developmental South Africa. The democratic right of citizens to health care services, as enshrined in the Constitution (SA, 1996:11), as well as the priority placed on the improvement of the accessibility to, and quality of, public health care services in the NDP (SA, 2013:15), as part of the socio-economic development of the country was accentuated.

In order to provide effective and efficient health services to citizens, the public service as the executive arm of government should ensure the recruitment and retention of skilled, competent and committed public employees. In this respect, the significance of the quality and quantity of medical employees (specifically medical doctors and professional nurses, for the purpose of this study), cannot be underestimated. Skilled medical employees are essential to maximise the achievements of the national health outcomes (Dassault & Franceshire, 2006:1). However, the public sector continues to struggle to retain employees with scarce skills (SA, 2008:45), and particularly the retention of medical employees (Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1). In its focus on the retention of medical doctors and professional nurses in the public service, the study pays particular attention to the provincial sphere. The retention of medical employees (medical doctors and professional nurses) in the NW DoH, at the Potchefstroom Hospital (under the auspices of the NW DoH), was utilised as a case study.

Given the need for skilled medical employees, the public health sector is struggling to retain this scarce skill. The skilled medical employees can easily find equal positions in the private sector or abroad at a much higher salary and better working conditions. Eighty four per cent (84%) of the total population of South Africa depend on the under-resourced public health sector that is capacitated by a limited number of medical doctors (Rispel, 2016:18). The country's public health workforce reflects a weak knowledge base, with multiple inconsistencies between the public health sector and the private health sector (SA, 2011c:21). Approximately 30% of the medical doctors work in the public health sector (Labonte *et al.*, 2015:2) although it is the most demanding sector which services approximately 70% of the country's citizens in terms of health care (Labonte *et al.*, 2015:2). Furthermore, despite constituting 0.7% of the world's population, South Africa accounts for 17% of the global burden of diseases, with an estimated 6.4 million people infected with HIV/AIDS (Hullur *et al.*, 2016:2). Thus, the situation accentuates the need to recruit and retain medical doctors and professional nurses as scarce skilled employees in order to assist citizens, dependent on the public health services to suffer the consequences of an incapacitated sector. The Potchefstroom Hospital, which was identified as the case study for this research, experiences a significant staff shortage, partly due to a staff moratorium, but also because medical employees typically prefer to work in urban areas as opposed to rural areas (George *et al.*, 2009:18; Jenkins *et al.*, 2015:1). Therefore, the NW DoH, and specifically the Potchefstroom Hospital, should ensure that their retention strategies are of such a nature that it enhances the recruitment and retention of skilled medical employees.

Chapter 2: Employee retention: Theoretical framework

In this chapter, a scholarly literature study of employee retention was conducted. Given the fact that South Africa currently faces a significant turnover of medical employees (SA, 2011b:348; Labonte *et al.*, 2015:2; Bergstrom *et al.*, 2015:307; Rural Health Advocacy Programme, 2015:1; Rispel, 2016:18; Hullur *et al.*, 2016:2). The chapter focused on the reasons for employee turnover; the role and purpose of employee retention; factors that affect employee retention; and what can be done to retain employees, especially those with scarce skills.

With regard to employee turnover, the chapter paid attention to the types of employee turnover, possible causes thereof and the effects on an organisation. It was established that employee turnover is not only costly, but also detrimental for the survival, growth and prosperity of any organisation. Furthermore, increased employee turnover and failure to attract and retain skilled and valued employees, is often quoted as a setback for the realisation of successful service delivery (Omotoye, 2011:88).

Once employee turnover was expounded upon, the focus shifted to the approaches an organisation can adopt to preventative measures by implementing retention strategies. Subsequently, employee retention was discussed. The focus was placed on employee retention within the context of the NW DoH as the public health care service provider within the framework of the SDGs; the challenges and objectives of public health care outlined in the NDP, and citizens' basic rights, as stipulated in the Constitution. It was, therefore, established that the retention of employees in the public health sector should be a priority on the agenda of the national DoH. The chapter included a review of employee retention best practises, types of employee turnover, the cause and effect thereof, the significance and management of employee retention. Employee retention strategies such as recruitment and selection, compensation and working conditions, training and development, career development, performance management, motivation and work-life balance were also discussed in this chapter because these are strategies that motivate employees to remain at or leave an organisation.

The chapter also focused on the value of following an integrated HRM approach towards employee retention. In this regard, employee retention strategies such as recruitment and selection, compensation, working conditions, training and development, career development and work-life balance was discussed. The list, *inter alia*, strategies motivate employees to remain with or to leave an organisation.

Chapter 3: Statutory and regulatory framework: Public health and employee retention

The chapter reviewed relevant employee retention legislation, policies and frameworks: (1) public health sector, and (2) HRM, as the umbrella under which employee retention resorts. The statutory and regulatory framework was outlined within the context of the democratic developmental state as stipulated in the Constitution including the NDP.

The chapter highlighted that employee retention is also legislated in policy documents that comprise the activities of other government departments that have to employ specific occupational groups to deliver essential government services such as medical employees. Attention was also given to legislation, policies and frameworks on recruitment and selection, training and development, compensation and working conditions, career development and work-life balance, since these are essential factors to retain employees.

Chapter 4: Conceptualisation of scarce medical skills in the public health sector: North West Province

This chapter specifically focused on scarce skills in the public service. In particular, the focus was placed on medical doctors and professional nurses and the retention of scarce skills. The chapter established the reasons medical doctors and professional nurses are considered employees with scarce skills. Furthermore, the chapter highlighted the significance of the retention of employees with scarce skills, types of scarce skills, reasons for medical scarce skills in the NW DoH, and challenges to retain scarce skills in the public service. The necessity to recruit and select medical employees with scarce skills was accentuated because of the burden of disease in the country. The chapter further underscored the dire need for effective and efficient human resources to manage diseases such as HIV/AIDS, TB, chronic illnesses, mental health illnesses, injuries and violence as well as maternal, neonatal and child health care.

The two qualifiers related to a scarcity of skills, absolute scarcity and relative scarcity, was expounded upon in the chapter. It was established that the public health sector suffers from both an absolute and relative scarcity of medical employees. The distinction between absolute and relative scarcity impacts upon the anticipated skills shortages, and by expansion, the programmes which will be implemented to reduce the shortages (Wildschut & Mqolozana, 2008:4).

It was also established that the majority of people in South Africa live under the poverty datum line and in rural areas (Moodle & Ross, 2015:613); while 60% of the poor live in rural areas which is served by the least number of medical doctors. The North West Province is one of the three provinces with the lowest medical doctor versus population coverage rates (Rural Health Advocacy Programme, 2015:1). South Africa also faces a crisis with a scarcity of nursing employees, which is characterised by skill shortages of approximately 44780 professional nurses and an ageing nursing workforce comprising 43.7% of professional nurses who are over the age of 50 (Rispel & Bruce, 2015: 117).

The focus was also placed on the unequal distribution of medical employees between rural and urban areas. Only approximately 30% of medical doctors work in the public health sector (Labonte *et al.*, 2015:2), and serve almost 70% of the population. Currently, the ratio is 0.77% doctor per 1000 patients (Labonte *et al.*, 2015:2), which implies an absolute scarcity. Furthermore, the population is 5.11 professional nurses per 1000 patients in the public health sector, that is, an absolute shortage of professional nurses (Labonte *et al.*, 2015:2). In addition to the urban-rural inconsistency, each year, medical doctors and professional nurses are lost through emigration to countries such as New Zealand, Australia, Canada, United Kingdom and the United States of America (Strachan *et al.*, 2011:525; Labonte *et al.*, 2015:2).

A number of challenges faced to retain medical doctors and professional nurses were deliberated in the chapter. Factors such as compensation, benefits, long working hours and working conditions came to the fore as reasons for the continual loss of medical employees to the private health sector and other countries.

Furthermore, the context of the North West Province's public health sector was reviewed in chapter four. The attention was focused on the population of the province, prevailing socio-economic status, health facilities, available human resources for public health services and the burden of diseases, which justifies the reason to implement employee retention strategies in public hospitals such as the Potchefstroom Hospital. In 2015, 47% of the total population of the North West Province lived in rural areas (NW Province, 2016:5), that is, the province is predominantly rural (Makapela & Useh, 2013:130). Given the socio-economic circumstances of the North West Province (NW Province, 2016:5), a significant number of the citizenry is reliant on public health care services.

Furthermore, approximately 39% of the North West Province population is unemployed (NW Province, 2016:5). The citizenry of the province predominantly utilises the public health sector that offers free health services. Associated with the province's high unemployment rate is a high rate of poverty. Approximately 47% of the total population lives in poverty (NW Province, 2016:5). Although the level of poverty at the province declined from 9.2 in 2011 to 8.8% in 2016, it is considered exceptionally high compared to other provinces (SA, 2016b:14).

Furthermore, the public health sector provides services with a limited number of medical employees and questionable standard of the facilities and equipment (NW, 2011:2; NW DoH, 2015:95;110; SA, 2016a:6). The current public health facilities in the North West Province cannot provide effective treatment of diseases. The province recorded the highest proportion of deaths in South Africa, namely: infant deaths; children dying between the ages of 1-14; highest TB deaths; and the highest death rate for 6 out of ten communicable diseases (SA, 2015:17-38). Given this dreadful burden of diseases and the high death rate, it is evident that the North West Province is in need of medical doctors and professional nurses. This scenario requires an immediate implementation of an effective retention policy of medical employees.

Chapter 5: Empirical research: Results and findings

This chapter was conducted to establish the effectivity of the current medical doctors and professional nurse's retention strategies at the Potchefstroom Hospital. In this chapter, the results from the 60 professional nurses and 42 medical doctors from a total of 184 (64 medical doctors and 120 professional nurses) self-administered semi-structured questionnaire and the personal interviews were presented and interpreted. Personal interviews were held with the following managers at the Potchefstroom Hospital: HRM Manager; Training Manager; the Clinical Manager; and the Nursing Manager, from a total population of 16 managers.

The most significant results from the questionnaires are that; professional nurses who participated in the study were dominated by females (85%). The majority of the medical doctors were young, under the age of 35 (71.4%), while the professional nurses were generally 38.8% in the 45-54 age group; 16.7% of the respondents were from the 55-64 age group; and only 13.3% in the under 35 age group. Furthermore, the vast majority (90.5%) medical doctors intend leaving the employ of the hospital in the next five years. However, there is a minimal impact for medical employees to move from public hospitals to private hospitals but there is greater possibility that these employees would leave the Potchefstroom Hospital for another public hospital. With regards to OSD most medical doctors and professional nurses were dissatisfied with the strategy. It also appears that medical doctors, irrespective of the extensive workload and long hours, are committed and willing to serve the community. However, an overwhelming 80% of the professional nurses indicated that they do not perceive the workload as fair.

Moreover, allowances are a significant motivator for both medical doctors and professional nurses. Lack of communication between management and the medical employees was revealed. It appears there is a discrepancy between what managers believe is available to medical employees and what they actually experience to be available. The medical employees also highlighted that an improvement in the management of the PMDS is necessary as well as the non-recognition and appreciation of employees. Medical doctors (71.4%) revealed that they are satisfied with their current salary packages despite many respondents intending to leave the

hospital in less than five years. The majority of the medical doctors (61.9%) and professional nurses (53.3%) agreed that the **overtime** including weekend work is manageable. Only 33.3% of medical doctors stated that **work commitments interfere with their family lives**, whereas more than half of the professional nurses (53.3%) held that it does.

In the interviews, the following was highlighted by the managers as reasons for employee turnover: family commitment; community service; lack of career development; lack of resources and poor infrastructure; increased workload; inadequate salaries; rural-urban disparities; availability of wellness programmes; and a lack of support from the national government. With regard to the impact of employee turnover, the interviewees highlighted that it negatively affects patient care and the community as a whole, because of poor and ineffective service delivery. Furthermore interviewees confirmed that due to high poverty rate in the province and the health needs, which emanate as a result of the poverty rate, the work load is much greater than the availability of medical doctors and professional nurses. The managers revealed that a **safe and healthy work environment** is important. Furthermore, they held that the hospital does provide such an environment. A comparison of the results from the questionnaire revealed the poor working environment as one of the primary reasons to leave the employ of the hospital. The interviews revealed that the hospital is **recruiting** foreign nationals due to the absolute and relative shortage of skills. Fifty percent (50%) of medical officers employed by the Potchefstroom Hospital are foreign medical doctors. It was also highlighted that the foreign nationals are more willing to work in rural areas than the South African doctors.

The interviewee further stated that challenges faced with the recruitment and retention of medical doctors and professional nurses at the hospital included the inadequate budget and staff moratorium on appointments in the North West Province's public health sector by the Provincial Government. With regards to training and development, in their interviews, the managers confirmed that at induction programmes, the new nursing employees are welcomed in their designated wards; secondly, orientation sessions are also held; and thirdly, a qualified nurse is assigned to a new employee and is responsible to coach and mentor the newcomer.

Furthermore, there are also training programmes to capacitate managers to fulfil the role of coach and mentor and succession planning. One of the aspects that stood out during the interviews was that the hospital provides accommodation to medical employees. Providing benefits such as accommodation or post call is a strategic move used by the hospital as benefits are an imperative for employee retention. Interviewees disagreed with the effectivity of the OSD. Two of the interviewees held that the OSD was implemented incorrectly, does not enhance salary progression and that it lacks uniformity

6.3 RECOMMENDATIONS

The study researched the following problem: *the retention strategies used by the NW DoH do not adequately retain employees with scarce skills, especially medical doctors and professional nurses, which consequently, results in the public health sector not being able to provide adequate health services to the citizens who are reliant thereon in the North West Province.* Based on the literature review and the results acquired through the empirical research, it became clear that the research problem was relevant. The NW DoH does not manage the retention of medical doctors and professional nurses adequately which can have a harmful impact on the delivery of health care services to patients in the province, including those at the Potchefstroom Hospital. The patients who suffer the most are the citizens who are extremely poor and unemployment. They are dependent on the public health sector for health care services because they cannot afford medical insurance that will provide them access to private health care services.

Throughout the study, several challenges were highlighted regarding the retention of medical employees. Certain challenges are unavoidable (e.g. personal family situations of employees and the staff moratorium). However, most challenges are avoidable and requires a new perspective of how to implement retention strategies at the Potchefstroom Hospital. An effective retention strategy can, *inter alia*, provide relief to the following challenges experienced:

- The shortage of 30% of the country's doctors, who serve approximately 70% of the population.

- The unacceptable high turnover of nurses - 29%.
- The high costs to recruit and train new employees. The staff moratorium placed by the NW DoH's the appointments of medical employees, due to overspending its HRM budget.
- The work overload for the remaining employees, resulting in the inability to fill positions, which compromises service delivery since medical doctors and professional nurses are required to work overtime.
- Best quality service delivery to the province's population, dependent on the public health sector for health care services as opposed to compromised service delivery due to staff shortages, overburden and burnout.
- Meeting the national health outcomes as indicated in the NDP.
- Fulfilling citizens' democratic right to health care.

Therefore, to address the above mentioned employee a retention challenge currently experienced by the Potchefstroom Hospital, the primary recommendation is to pursue an **integrated HRM approach**. All other recommendations flow from the implementation of an integrated HRM approach.

The operational checklist approach, which is currently followed by the hospital, merely complies with guidelines. Therefore, a strategic HRM approach should be followed. As indicated in chapter 2, section 2.3.2, no HRM practice operates optimally in isolation, but most effective when integrated with other HRM practices. The aim of an integrated HRM approach should be to (1) **recruit**, (2) **develop**, (3) **motivate** and (4) **retain** talented employees in an organisation and manage employees strategically through the organisation's HRM department (Collings & Mellahi, 2009:304; Becker *et al.*, 2009:124; Scullion & Collings, 2010:106). Thus, to retain employees, the preceding three steps of an integrated HRM should take place – recruitment, development and motivation. The following sections below provide recommendations of to how medical employees can be recruited, developed and motivated to remain in the employ of the Potchefstroom Hospital.

(1) Recruitment and selection

The role and significance of **recruitment** in employee retention was unscored from the outset. Various legislation, policies and frameworks provide guidelines for recruitment in the public service, most notably, Public Service Act, NDP, White Paper on HRM and PSC's Recruitment and Selection Toolkit. The Public Service Act explicitly states that retaining skilled employees begins with the appointment of suitable candidates, and by so doing, the best employees suited for the job will perform and remain in the employ of the organisation (SA, 2006:4). Therefore, this crucial starting point of employee retention cannot be underestimated. It appears that currently, the recruitment and selection process at the Potchefstroom Hospital considered more of a checklist exercise to ensure compliance with legal guidelines. Without a deeper appreciation or strategy for this practice to retain medical employees, employee retention will remain problematic. It is recommended that the hospital amends its recruitment policies and practices with a well-thought through strategy to ensure that not only the best medical employees are recruited, but individuals who will demonstrate commitment over the long-term.

An effective recruitment strategy presupposes an **HRM Plan**, derived from the hospital's strategic plan. As explained in chapter 2, section 2.3.2, a strategic integrated HRM approach synchronises and integrates the organisation's strategic needs (Grobler, 2016:59) towards the achievement of the organisation's strategic goals (Armstrong, 2014:18). Therefore, the integrated strategic HRM approach ensures that the organisation has the skilled, committed and motivated employees it needs to achieve the competitive advantage by integrating the HRM strategy and HRM Plan with the organisation's approach (Mothupi, 2014:29). Thus, the HRM Plan will assist to formulate a retention strategy, which conforms to the organisation's strategy and integrates policies and procedures to recruit and retain the required number of employees in suitable jobs at the appropriate time (Kruger, 2007:3; Mothupi, 2014:29).

Two specific groups of medical employees that should ideally be targeted are young medical doctors and young professional nurses. The two groups of employees are not only skilled, but have many years of economic activity ahead. As for medical

doctors, the ideal would be to approach them during their community service (or even before it commences). Given the ageing nursing workforce, more young nurses should be recruited. The **community service** strategy must clearly articulate the placement of medical doctors to ensure that they are placed in the area of their choice where they are comfortable and willing to stay after they have completed their community service, as alluded to in Chapter 4, Section 4.4.1. Furthermore, the hospital should be granted an opportunity to recruit medical doctors who are undertaking their community service and willing to remain at the hospital, as opposed to being placed by the NW DoH at a location where they could become demotivated and eventually be lost to other provinces or the private sector.

To recruit **young professional nurses**, the hospital must be able to provide career growth possibilities. The results from the questionnaire revealed that professional nurses are motivated by opportunities to advance their careers such as career development practices and training and development opportunities. It would, therefore, be beneficial for the hospital to include such opportunities in the package offered to professional nurses. The professional nurses (as indicated in the questionnaire), complain bitterly about the salaries and benefits that are non-competitive to those of the private sector. It is recommended that the hospital makes budgetary provision for competitive salaries and benefits as those offered in the private sector.

Challenges to the recruitment and retention of medical doctors and professional nurses at the hospital highlighted by the interviewees, included the availability of an adequate budget and staff moratorium placed on appointments in the North West Province's public health sector by the Provincial Government. With regard to the **budget**, it can be argued that one would expect the hospital to advocate for their employees, because of the need to fill additional positions in order to serve the health needs of the Province's population. The hospital should campaign for a substantial staff budget, given the importance of skilled medical employees to manage the country's health-related goals.

The **staff moratorium** has resulted in medical employees leaving the Potchefstroom Hospital, because of significant staff shortages, extensive workload which medical

employees undertake to provide a proper health care service. The implementation of the staff moratoria was imposed without due consideration for the impact on health care services which are not only contrary to the intent of the Constitution, but may even be unlawful (Marijie, 2014:4). Therefore, the hospital should seek legal advice and place pressure on the NW DOH to lift the staff moratorium.

Therefore, recruitment and selection is an imperative of employee retention as recruiting the right candidate assists in retaining medical employees with scarce skills. Thus the following objectives were achieved:

- determining the theory and best practises relating particularly to employee retention for medical employees with scarce skills (medical doctors and professional nurses) and
- analysing relevant employee retention legislation and policies specifically employee retention for medical employees with scarce skills.

(2) Development

The significance of **training and development** in employee retention was accentuated throughout the study. Furthermore, the budget was mentioned as a constraint during the interviews. However, the essence of training and development is highlighted in legislation and policies such as NDP, the National Health Act, White Paper for the Transformation of the Health System, the Skills Development Act, and White Paper on the Transformation of the Public Service, which clearly indicate government's commitment to training and development of public service employees. Therefore, the NW DoH should, based on legislation and policy as well as the significance to attain the national health goals within the context of the NDP and the democratic developmental state, motivate for a more substantial budget for staff development.

Medical employees should not be expected to fund their training and development courses for professional development. Furthermore, opportunities for training and development should be created. Dissatisfaction with the lack of training and development opportunities was raised by both medical doctors and professional

nurses. Therefore, mechanisms should be put in place to ensure an equal distribution of training and development opportunities.

In addition to budgetary constraints, another challenge highlighted by the managers during the interviews was the reality that staff shortages often restrained both doctors and nurses the opportunity to attend training courses. Due to staff shortages, the workload, which is extensive, is overwhelming for the remaining medical employees when their colleagues attend training and development courses. This situation once again accentuates the need for effective recruitment both in terms of quality and quantity. It also relates to effective HRM planning, emanated from strategic planning. The hospital's strategic service delivery mandate makes provision for long-term, medium-term and short-term goals, which considers the quantity and quality of human resources required to attain the goals. An HRM Plan, integrated with the Strategic Plan, should make provision for the recruitment of these employees.

Mentoring and coaching practices reside in the development category. During the interviews with the managers, it was revealed that the hospital has an excellent mentoring programme for nurses, and to a lesser extent for medical doctors. Therefore, it is recommended that mentoring and coaching include all medical doctors and professional nurses.

Career development is another development practice that needs attention. Currently, no career development is practiced at the hospital. It was revealed, as one of the top three demotivates for both medical doctors and professional nurses. As alluded to in chapter 2, section 2.3.2.3.4 career development is an imperative to retain employees. Employees should be encouraged to grow and comprehend their full ability, which will enhance the possibility of them attaching themselves to their current employer until retirement (Omotoye, 2011:95). Furthermore, career development will provide career advance opportunities to employees including a career growth path. Thus, the hospital should draft and implement an internal career development policy and integrate these with other employee development practices such as training and development courses, mentoring and coaching, and employees' personal development plans (PDPs).

Performance management develops employees by promoting performance feedback through an analysis of strengths, weaknesses and areas for improvement and agreement on a PDP (Shields, 2007:24, Armstrong, 2014:336), as indicated in chapter 2, section 2.3.2.3.6. As an employee development instrument, performance management facilitates activities through which employees are able to achieve personal development (Malefane, 2016:145). Therefore, the effective implementation of performance management practices is crucial for the development of medical employees. This requires correct implementation of the PMDS, regular appraisals and feedback and continuous support to the employees.

When medical employees with scarce skills are granted training and development opportunities (coaching and mentoring, succession planning and career development) and when performance management is practised correctly, such employees attach themselves to that organisation and it becomes easier to retain them. Hence training and development are regarded as best practises of employee retention and the following objectives: To determine the theory and best practises relating particularly to employee retention for medical employees with scarce skills (medical doctors and professional nurses) and to analyse relevant employee retention legislation and policies specifically employee retention for medical employees with scarce skills were achieved.

(3) Motivation

In chapter 2, section 2.3.2.3.6, performance management as a strategic process assists to create a favourable environment to motivate employees to develop and achieve high standards of performance, was explained (SA, 2007:5; Malefane, 2016:142). It was also revealed that performance management, as a development instrument (Malefane, 2016:145), provides developmental opportunities, which contributes towards employees' gratification and motivation and lessens the desire to find alternative employment (Mothupi, 2014:53).

In addition to performance management, employees' **working conditions** play a significant role in their retention. Both the medical doctors and professional nurses highlighted poor working conditions as demotivation in the work environment. The

aspects revealed by the medical doctors and nurses were confirmed by the managers during the interviews. Therefore, medical employees working conditions can be improved through the following:

- Provision should be made in the budget to purchase advanced **equipment** (in adequate quantities). Since the right to health care services enshrined in both the Constitution and the NDP, as well as taking into account the significant number of citizens in the North West Province dependent on the public health sector, the hospital management should be able to motivate a substantial budget to the NW DoH for this purpose.
- Equipment should be serviced regularly and maintained.
- The NW DoH should simplify the procedures to purchase and repair broken equipment because the red tape impacts negatively on service delivery and staff morale.
- Recreational facilities should be availed for nurses where they can relax during shifts.
- dependent on the public health sector, the hospital management should be able to motivate to the NW DoH a substantial budget for this purpose.
- Equipment should be regularly serviced and maintained.
- The NW DoH should amend its procurement procedures and repair the broken equipment because the red tape impacts negatively on service delivery and staff morale.
- Avail recreational facilities for nurses to relax during shifts.
- **Poor management** (identified by medical doctors and professional nurses), poor organisation by senior medical employees, lack of incentives for loyalty, **poor communication by management**, unfair promotions, interference from trade unions, and a lack of appreciation (highlighted by professional nurses), were revealed in the questionnaire as impediments to execute their duties effectively and efficiently. Furthermore, in various instances, the discrepancies in the findings revealed by the medical employees and managers also reflected a lack of management appreciation of aspects which the employees consider as significant and how they perceive certain practices and decisions taken.

It is clear that hospital management should improve communication with its employees. It is recommended that the managers make a concerted effort in this regard. It is recommended to host regular brief informal meetings or provide opportunities through suggestion boxes to acquire input from employees of their working conditions. The managers can also consider distributing newsletters on a regular basis. The most appropriate recommendation is for managers to invite medical employees to raise their concerns and communicate their needs without hesitation. The employees would be more encouraged to discuss matters with managers if they are aware that their concerns and requests will be heard, noted and acted upon. This requires managers to demonstrate an understanding, sincerely care about their employees and provide positive direction and assistance.

However, all managers are not customarily psychologically and emotionally equipped to provide visionary, positive and encouraging guidance (Vermeulen, 2015b:2). The situation could become uncooperative for managers who do not possess these personal qualities resulting in harm to both their employees and organisation and a disservice to the communities (Wilson-Starks, 2003; Lipman-Blumen, 2005:30; Tavanti, 2011:127; Wilson, 2014).

It can also be argued that a management team should be appointed with extreme caution. Effective managers motivate, develop, and direct employees towards performance (Vermeulen, 2015b:2). Aspects such as allegations of unfair promotions and a lack of appreciation (as highlighted by professional nurses in the questionnaire), reveals the inability of management to practice inspiring leadership, resulting in unfavourable circumstances for the employees. Only managers, “sensitive to the complexity, disillusionment, ambitions, emotions, strengths, weaknesses and motivating factors of human beings”, can provide effective leadership (Vermeulen, 2015b:3). Therefore, careful consideration during the recruitment and selection of managers is strongly recommended.

Furthermore, it is also recommended that the hospital, (as applicable to the recruitment of medical employees), amend the criteria and approach for

recruitment **and selection of managers.** Moreover, assessment of interpersonal skills should be included. It is important to appoint managers who display the ability to act as mentor and coach, motivate employees and are able to communicate properly. Employees want to feel that they are cared for and that their needs are considered and attended to, which calls for managers with particular personal skills, in addition to technical skills. In this regard, the inclusion of personality tests (such as Jung's Meyer Briggs test) and work behavioural style assessments (such as Thomas International's DISC factors) in the selection of managers to assess interpersonal skills should be regarded.

Furthermore, the careful consideration in the recruitment and selection of managers, effective implementation of the PMDS, improvement of working conditions and essential equipment, can be utilised to incentivise as well as motivate the employees. A number of the most significant benefits are discussed below.

- **Lifestyle benefits**

Currently, no **employee wellness programme** is available at the Potchefstroom Hospital. Employee wellness programmes are known to increase employee motivation and performance. As alluded to in chapter 2, section 2.3.2.2.2, an employee wellness programme that follows a holistic approach, values its employees in all their facets - career, personal, social, financial, spiritual – would likely make employees feel that they are being taken care, that is, a sense of belonging and ultimately, retention (Vermeulen, 2008:418; Pitt-Catsouphes *et al.*, 2015:263; O'Boyle & Harter, 2014; Mandhanya, 2015:191; Vermeulen, 2016a:235-237). An employee wellness programme can include services such as an onsite gym, a day care centre for employees' children, counselling services, and offer various courses such as time and stress management. Employees should express their needs freely.

- **Work-life balance**

The professional nurses in the 55-64 age category highlighted a lack of a work-life balance as a shortcoming. Work-life balance includes, *inter alia*, long distance

travels, recreational facilities in distant locations, work hours, leave time, overtime and flexitime (Vermeulen, 2007:275; Munsamy & Venter, 2009:2). Flexibility in work schedules contributes towards a work-life balance and can release work-related stress (Mrara, 2010:38), as explained in chapter 2, section 2.3.2.3.5. A work-life balance is also known as an employee retention factor because it facilitates the decision for employees to either remain at or leave the organisation (Omotoye, 2011:106; Van Dyk *et al.*, 2013:58). The hospital should consider flexible timetables for the older nurses so that they can spend more time with their families. Furthermore, all medical doctors and professional nurses work extensive hours as a result of the staff shortage and staff moratorium. The recruitment of new employees should include a better work-life balance for all medical employees.

- **Occupational Specific Dispensation (OSD)**

The questionnaire revealed much dissatisfaction with the implementation as well as application of OSD. In certain instances, the medical doctors refused to respond to the question pertaining to OSD. They held that a response would be superfluous because the NW DoH would not consider their views and perceptions. This response revealed a relationship of distrust, which substantiated the poor communication between the managers and the employees (as alluded to above). The medical doctors also indicated that the OSD had not been implemented properly; the policy is not evaluated; no progression as dictated by the policy document; and the NW DOH should implement an improved retention strategy than the OSD.

The professional nurses' views of the OSD included the following: it is an unfair strategy; implementation of the strategy was poor; OSD needs to be amended since it does not serve its purpose because the medical employees continue to resign; does not benefit all the employees; employees appointed in equal positions earn dissimilar salaries; and the OSD is discouraging because not all nursing categories are entitled to it. The OSD has resulted in widespread discontent among the medical employees. As stated in Chapter 4, Section 4.4.4, negative consequences of the OSD include: nurses' expectations not met, inequities in salaries are perceived as unfairness, which results in dissatisfaction and division among the various nursing categories (Ditlopo *et al.*, 2013:139). Moreover, Motsosi and Rispel (2012:137)

assert that the perceived negative aspects of the OSD is related to the misinterpretation of the policy and erroneous or outstanding payments, which led to dissatisfaction and frustration among nurses who did not benefit or whose posts were misapprehended. The following recommendations are provided in terms of the OSD:

- The OSD policy should be reviewed. Proper evaluation measures should be implemented as proposed in the policy document.
- Workshops or information sessions should be held to explain the OSD to employees.
- Managers should be trained to implement the OSD properly.
- **Compensation, allowances and commuted overtime**

The significance of **compensation** is highlighted in the Basic Conditions of Employment Act; DPSA's Retention Guide; Report on the assessment of the state of human resource management in the public service; NDP; National Human Resources for Health Plan; and the Public Service Regulations. However, salary package dissatisfaction among the professional nurses persists. Furthermore, as indicated in Chapter 2, section 2.3.2.2, salary packages are the strongest predictor of employee retention in attracting and retaining skilled employees (Muteswa & Ortlepp, 2011:25; Haider *et al.*, 2015:67).

However, employers who base employee retention on compensation-based commitment are vulnerable to the possibility that their employees will receive better offers elsewhere (Erasmus *et al.*, 2015:40). It was argued in Chapter 2, Section 2.3.2.2, that adequate working conditions and the availability of resources are also strong predictors of job satisfaction (Mokoka *et al.*, 2010:4). This statement seems to be true for the medical doctors at the Potchefstroom Hospital. The results from the questionnaire revealed that most medical doctors (71.4%) are satisfied with their salary packages. However, as indicated in chapter 5, section 5.2.2.2.1, a significant number of these medical doctors (52.4%) also stated that they intend leaving the hospital in less than five years. This, in all likelihood, implies that salaries alone are ineffective in retaining medical doctors and other retention factors should also be

considered. Moreover, recommendations should be provided of the retention of medical employees.

As for professional nurses, the results of the questionnaire revealed that the vast majority are dissatisfied with their current salary packages (73.3%). The majority of the nurses, regardless of their age group, stated that there is no logical relation between their workload and their salaries. Certain respondents also alluded that the salaries are poor, unless one works overtime or during public holidays. Moreover, several professional nurses also asserted that better salaries are only earned, once a nurse specialises. It is of the utmost importance that the hospital management does everything possible to compensate professional nurses for their extensive working hours. In doing this, aspects such as the correct implementation of the OSD should be considered. It should be underscored by the hospital to the NW DoH on behalf of its employees, who in turn can convey this message to the Provincial Government. The staff moratorium was implemented by the Provincial Government due to NW DoH's overspending its HRM budget. Although unacceptable, it also highlighted that the staff budget is inadequate to compensate medical employees in terms of salaries, allowances and overtime payments.

Allowances, such as rural and scarce skills were implemented to attract and retain medical doctors and professional nurses in the public health sector (see Chapter 4, section 4.4.3). Unfortunately, the National DoH failed to implement the rural allowance strategy properly, which led to information gaps, ambiguity and bias. However, the results from the questionnaire revealed that most medical employees are satisfied with the allowances they currently receive. The NW DoH can consider improving allowances since this incentive is well received by both medical doctors and professional nurses.

Commuted overtime also proved a significant incentive for the medical doctors. However, the National Commuted Overtime Policy is about to be amended, whereby medical doctors will no longer receive fixed overtime payments. The proposed amendment to policy has led to profound dissatisfaction among the medical doctors who vehemently oppose. This proposed amendment is likely to have a negative impact on the retention of medical employees at the NW DoH, who work excessive

hours and carry an inconceivable workload. Currently, SAMA is in negotiations with the government on behalf of the medical doctors to amend the policy stipulations. If the National Commuted Overtime Policy is implemented as drafted, it may be detrimental to retain the medical doctors at the Potchefstroom Hospital. Should this incentive be withdrawn in light of the poor working conditions, excessive workload and working hours, it may result in an exodus of medical doctors from the public health sector. It is recommended that the hospital, through the NW DoH, appeal against the policy and add its voice in support of SAMA's negotiations with the government.

In summary, although compensation is widely regarded as the biggest employee retention factor, agreeable working conditions and the availability of resources are also strong predictors of job satisfaction. This statement rings true from the responses to the questionnaire in which both the medical doctors and professional nurses voiced their dissatisfaction of the poor working conditions at the hospital. It can be argued that the Potchefstroom Hospital should improve the working conditions (including the availability of advanced equipment in adequate quantities and good condition). In addition, serious consideration should be taken of lifting the staff moratorium to enable the hospital to recruit new employees.

The public service is required by legislation to provide services to its citizenry. Consequently, the primary concern of the hospital should be to ensure the provision of the health needs of the people. This service cannot be provided effectively with limited and overworked medical employees. Furthermore, the significance of a service ethos should not be compromised. Both medical doctors and professional nurses revealed that one of the most significant reasons to work in the public health sector is to serve the community. The NW DoH should keep in mind that medical employees with scarce skills can secure alternative employment in the private health sector, with much better working conditions, a fair workload and reduced working hours. The fact that the employees choose to work in the public health sector in itself should be sufficient reason to make an effort to retention these employees. The results from the questionnaire revealed that the professional nurses remained at the hospital for an extended period and spend their entire careers in the employ. This loyalty and commitment should be incentivised. Furthermore, due to the dire

shortage of medical doctors in the public health sector, the hospital should do their utmost to retain those in their employ. Ideally, a combination of the retention factors, recommended above, should be implemented.

In conclusion employee retention should not be discussed in silo mentality but as an integrated approach. Therefore, medical employees with scarce skills are motivated by various factors as indicated above and certain employee retention strategies such as OSD, allowances and commuted overtime should be reviewed as they are vital in retaining medical employees with scarce skills. Therefore the following objectives were achieved:

- determining the theory and best practises relating particularly to employee retention for medical employees with scarce skills (medical doctors and professional nurses).
- analysing relevant employee retention legislation and policies specifically employee retention for medical employees with scarce skills
- reviewing the current retention strategies implemented for medical employees with scarce skills (medical doctors and professional nurses) by the NWDoH;

6.4 CONTRIBUTION TO THE STUDY

The research highlighted the significance of evaluating retention strategies in the public health sector. The study would assist the NW DoH since the current strategies to retain medical doctors and professional nurses at public hospitals clearly identified specific areas for improvement to reduce the high turnover rate.

The study contributed to both the practice of public administration (specifically the public health sector) as well as Public Administration as an academic discipline. Employee retention is positioned under the HRM domain in Public Administration which is a sub-field of the discipline. The study, therefore, focused on a particular element of the HRM sub-field, that is, employee retention. A contribution to the scholarly body of knowledge was made by focusing on the basic rights of citizens to health care services and the retention of medical employees with scarce skills to ensure that this constitution right is abided by.

6.5 FURTHER RESEARCH

Further research can be conducted on the retention of medical employees. Although the questionnaire used in this study contained a qualitative element (open-ended questions), however, more intensive qualitative research can be conducted to establish a deeper understanding of aspects which motivate medical doctors and professional nurses.

The professional nurses under the 35-age category, including senior medical doctors provided limited information. Given the reality of an ageing nursing workforce, further research can be conducted on the retention of younger professional nurses. The senior medical doctors have vast experience in the public health sector and can provide valuable insight into challenges faced to retain medical doctors.

A study of the management of the public hospital in the North West Province can shed light on, not only managerial challenges and restrictions to implement retention strategies, but also improve recruitment and selection strategies for managers at public hospitals. Also, a study of managerial communication and management styles in the public health sector can be of value to establish the challenges pertaining to communication breakdown and the resultant damage to relationships between the managers and the medical employees.

6.6 CONCLUSION

Given the democratic right of citizens to health care services (as enshrined in the Constitution) and the government's developmental objective to enhance the accessibility and quality of health care services (as stated in the NDP), the public service, in particular the NW DoH, and specifically the Potchefstroom Hospital as a public institution, was selected as the **locus** of the study. The **focus** of the study included: the essential prerequisite of available, skilled and adequate number of medical doctors and professional nurses to attain the national medical health outcomes, and the significance to provide quality service delivery to citizens (as the primary purpose of the public service), medical employees (medical doctors and professional nurses).

Furthermore, the study focused specifically on a particular HRM practice, that is, the **retention of medical doctors and professional nurses**, due to the high turnover rate of skilled medical employees in the public health sector. An extensive literature study and empirical survey research was conducted. The **literature study** was conducted to establish the theoretical framework and statutory and regulatory guidelines to retain employees. Moreover, current employee retention practices at the Potchefstroom Hospital; consider both medical doctors and professional nurses as employees with scarce skills; the public health sector milieu in the North West Province; and typical challenges experienced in the retention of medical employees in the province. The **empirical research** was conducted to establish the most likely incentives to retain medical doctors and professional nurses at the Potchefstroom Hospital and as well as gather the managers' views and experiences of the retention of medical employees at the hospital.

The literature study revealed certain proven employee retention **best practices** that can assist the Potchefstroom Hospital to formulate an effective employee retention strategy for medical doctors and professional nurses. The review of **existing** employee retention and the public health sector **legislation, policies and frameworks**, revealed adequate guidelines and directives to retain medical employees. As for the **contextualisation of the public health sector in the North West Province**, a review of the landscape revealed that the Province: has one of the highest poverty rates in the country; the highest unemployment rates in the country. Moreover the province is riddled with the burden of diseases; highest death rate of infants; children dying between the ages of 1-14; highest TB rate; highest death rate for six out of 10 of communicable diseases. Furthermore, there is severe shortage of medical doctors and professional nurses in relation to the population; there are experiences of both absolute and relative scarcity of medical doctors and professional nurses; the province is also disadvantaged due to the unequal urban-rural distribution of medical employees and has a dire need for advanced and adequate equipment and facilities. It was also revealed that medical doctors and professional nurses could be considered as employees with scarce skills (both in absolute and relative scarcity terms). Furthermore, a review of the current retention strategies for medical employees revealed that a number of strategies have been

implemented, however, a significant turnover of medical employees is still experienced and several challenges are experienced in the retention of medical doctors and professional nurses.

The reviewed theoretical and legislative frameworks for employee retention as well as the establishment of the current context of the public health sector in the North West Province (including current retention strategies and challenges experienced), led to the selection of the research instruments for the empirical survey. A self-administered, semi-structured questionnaire was distributed to 102 participants (42 medical doctors and 60 professional nurses). In addition, personal interviews were held with four managers at the Hospital: HRM Manager; Training Manager; Clinical Manager; and Nursing Manager. The results from the questionnaire and interviews were presented and interpreted. Certain primary findings for the retention of medical employees at the Potchefstroom Hospital, *inter alia*, included:

- The most prominent factors which impact on the retention of medical doctors at the hospital included: working conditions; lack of career development as well as training and development.
- The most significant factors which impact the retention of professional nurses at the hospital included: increased workload, lack of career development as well as training and development.
- Great dissatisfaction with the working conditions and the availability of sophisticated equipment were expressed by both the medical doctors and the professional nurses.
- Both the medical doctors and professional nurses voiced concern and dissatisfaction with regard to the OSD policy.
- Professional nurses in all age categories are dissatisfied with the incongruity between their workload and salary packages.
- The majority of the medical doctors are satisfied with their current salary packages.
- Professional nurses aspire towards work-life balance, especially the professional nurses in the 55-64 age category.
- The majority of the medical doctors plan on leaving the hospital employ within the next five years.

- The majority of the professional nurses remain employed at the hospital for more than a decade; others for more than 15 years, while some even until retirement.
- Allowances are an incentive to both the medical doctors and professional nurses.
- Commuted overtime payment is an incentive for medical doctors.
- Professional nurses are frustrated with the lack of training and development opportunities.
- There is a discrepancy between the perceptions held by management, the experiences and views of medical doctors and professional nurses of employee retention and challenges experienced.
- Poor communication between management and the medical employees was underscored.
- Both the recruitment and selection of medical employees and managerial employees should be amended.
- The hospital has an effective mentoring programme for professional nurses and to a lesser extent for medical doctors.
- Most medical doctors leave the employ of the hospital after completing their community service.
- A staff moratorium was placed by the Provincial Government on the recruitment of medical doctors and professional nurses.

Based on the aforementioned findings, recommendations were provided to the Potchefstroom Hospital to improve its employee retention strategy for medical doctors and professional nurses. The recommendations included: recruiting and selecting with a view to retention; recruitment of medical doctors before the completion of their community service; improved working conditions; opportunities for employee development (training and development, career development); recruitment and retention of young professional nurses; employee benefits (allowances, overtime, work-life balance, an employee wellness programme, the OSD policy); and renewed recruitment and selection practices for managers.

This study made a contribution to the practice of public administration, in particular to the public health environment including the scholarly knowledge of Public Administration, specifically the sub-field of HRM under which employee retention resorts.

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Annexure A

Informed Consent

By participating in this research, you make a valuable contribution to the empirical data towards a Master's Degree in Public Management and Governance. The title of the research is **Employee retention strategies for medical staff in public hospitals: A case of the Potchefstroom Hospital**. The research is conducted by Shereen Sikwela, a student at the North-West University, Potchefstroom Campus.

The purpose of the research is to gather data on employee retention at the Potchefstroom Hospital in the North West Province (specifically medical doctors and professional nurses) through:

- A semi-structured questionnaire (completed by medical doctors and professional nurses)
- Personal semi-structured interviews (with managers)

The researcher ensures that:

- Your participation is anonymous and will be treated confidentially. The results obtained from the questionnaire and interviews will be reported as a collective and no individual participant will be identified or implicated.
- You may refuse to respond to a question and withdraw from the study at any given time. Should you decide to withdraw from the study, all data gathered through your participation will be destroyed.
- The results of the research will be utilised for this study, that is, Master's Degree and for no other purpose.

By signing this form, you are grant consent to participate in this study voluntarily.

Participant's initials and surname: _____

Participant's signature: _____

Date: _____

Researcher's initials and surname: **S Sikwela**

Researcher's signature: _____

Date: _____

Annexure B

Questionnaire

Medical doctors and professional nurses

The questionnaire is part of the data collection for a master's degree. The title of the research is **Employee retention strategies for medical staff in public hospitals: A case of the Potchefstroom Hospital.**

The purpose of the questionnaire is to gather data on employee retention at the Potchefstroom Hospital in the North West Province. The questionnaire is specifically aimed at establishing the recruitment and retention practices, policies and challenges pertaining to medical doctors and professional nurses.

The questionnaire comprises of three sections:

Section A - Biographical information

Section B - Employee turnover

Section C - Employee retention strategies

Please answer all Sections of the questionnaire.

It will take approximately 15 minutes to complete the questionnaire.

If you have any questions, you are welcome to contact the researcher, Shereen

Sikwela:

Mobile: 076 994 2881

E-mail: shereenska@gmail.com

SECTION A: BIOGRAPHICAL INFORMATION

Instructions

Indicate the correct answer with an [X] in the appropriate box.

1. Profession

Medical doctor	Professional nurse

2. Gender

Male	Female

3. Age

Under 35	35-44	45-54	55-64	Over 65

4. Years of employment at the Potchefstroom Hospital

Less than 1 year	1-5 years	6-10 years	10-15 years	More than 15 years

SECTION B: EMPLOYEE TURNOVER

Instructions

Choose the answer you agree with by indicating an [X] in the appropriate box.

5. I see myself working at the Potchefstroom Hospital in...

Less than a year	1-2 years	3-5 years	More than 5 years	Until retirement

6. How easily will you find the same position in the private health sector or abroad?

Very easy	Don't know	Very difficult

7. Which of the following factors demotivate you to work in the public health sector?

Instructions

Scale the statements in order of importance - 1 is least demotivating and 5 is most demotivating.

	1	2	3	4	5
Poor working conditions					
Poor salary and benefits					
Lack of career development					
Lack of time to spend with family					
Increased workload					
Lack of training and development					

If there are other factors that demotivate you to work in the public health sector, not mentioned above, please list them.

SECTION C: EMPLOYEE RETENTION STRATEGIES

Instructions

- Choose the answer you agree with by indicating an [X] in the appropriate box.
- Also, please answer each of the open-ended questions below, indicating your personal experiences, views and preferences.

8. Would you prefer to work in the public health sector or the private health sector?

Public health sector	Private health sector

Please explain your choice.

9. Were you previously employed at another public hospital?

Yes	No

If yes, please provide reasons for your departure.

10. Are you satisfied with your current salary package?

Yes	No

Please provide reasons for your answer.

11. Do allowances motivate you to remain in the employment of the hospital?

Yes	No

Please provide reasons for your answer.

12. Does the implementation of the Occupational Specific Dispensation (OSD) motivate you to remain in the employment of the hospital?

Yes	No

Please provide reasons for your answer.

13. Are training and development programmes offered by the hospital?

Yes	No

If yes, please list them.

14. List benefits that would motivate you to remain in the employ of the hospital.

15. Is advanced technology (equipment and tools) available to assist you to perform your work efficiently?

Yes	No

Please explain your answer.

16. Do you perceive the workload at the hospital fair?

Yes	No

Please provide reasons for your answer.

17. Is the overtime and workload over weekends more than you can manage?

Yes	No

Please provide reasons for your answer.

18. Do you spend too much time away from home due to work commitments?

Yes	No

Please provide reasons for your answer.

19. What do you think can be done to improve the employee retention strategies at the hospital?

Thank you for your time and participation; it is much appreciated!

Annexure C

Interview questions

Interview questions for personal semi-structured interviews with the following participants at the Potchefstroom Hospital, North West Department of Health: **Manager: Human Resource Management; Manager: Training; Clinical Manager; and Nursing Manager.**

Section A: Employee turnover

1. What are the primary causes of employee turnover for medical doctors and professional nurses? Do you think that such causes are avoidable?
2. How has employee turnover affected service delivery at the Potchefstroom Hospital?
3. Does the rate of poverty in the North West Province exert pressure on the Hospital and on medical doctors and professional nurses' workloads?

Section B: Employee retention

4. How do you ensure a clean and safe working environment for medical doctors and professional nurses?
5. Are you experiencing difficulties in recruiting and retaining medical doctors and professional nurses?
6. Briefly explain the recruitment and selection process at the Hospital.
7. Does the Hospital practice coaching and mentoring with medical doctors and professional nurses?
8. Explain the importance of training and development for medical doctors and professional nurses.
9. Does compensation play a vital role in retaining medical doctors and professional nurses?
10. How do you ensure that the shift system does not affect family life for medical doctors and professional nurses?

Section C: Employee retention strategies

11. Explain some benefits used by the Potchefstroom Hospital for the retention of medical doctors and professional nurses.
12. Is the occupational specific dispensation (OSD) as a tool effective in the retention of medical doctors and professional nurses?
13. How does the Hospital practice continued professional development?
14. What are the advantages of recruiting foreign nationals at the Potchefstroom Hospital?