AN INVESTIGATION OF THE INTENTION TO LEAVE OR STAY OF HEALTH CARE PROFESSIONALS AT ST. ANDREWS HOSPITAL

Research Report submitted in partial fulfilment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION

in the

RHODES BUSINESS SCHOOL

by

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September 2013

Declaration

I, Rochelle Aneeta Amanambu, hereby declare that this research report is my original work, that all reference sources have been accurately reported and acknowledged and that this dissertation has not previously, in its entirety or in part, been submitted to any University for assessment purposes.

_____ _____

Rochelle A Amanambu Date

Acknowledgments

Many people have supported and mentored me throughout the MBA course and the successful completion of this report is as a result of their guidance, patience and wisdom

To my supervisor Professor Noel Pearse, thank you for your quiet counsel and guidance

My husband, Dr Ndudi Amanambu, your steadfast encouragement throughout the course and critical perspective has kept me alert and diligent, and especially after the birth of Chigozie Jayson you comforted us and surrounded us with love, patience and understanding

My family abroad and in South Africa, thank you for the nurturing environment, support and provision of resources to enable me to successfully complete the programme

KZN Department of Health for advocating the study and ensuring the development of a sound and ethical study

St. Andrews Hospital CEO, Mrs T Ntleko, Management and staff, this investigation was made possible by your willingness to endorse the study, encourage participation from all respondents and provide me with the required information for the completion of this report

Colleagues, friends and fellow students, thank you for teaching me and allowing me to develop my knowledge base by mentoring me and sharing your professional and life experiences with me

Integrative Summary

Within the South African public health sector, the national health reform relies largely on nurses to roll out its primary health care initiative. However, the demand for and retention of health care workers in South Africa, particularly in under-resourced areas is unmet and threatens the plans for scaling up interventions to increase access to services and control the spread of disease (World Health Organisation 2006). Despite interest in the retention of human resources, current health policy interventions are not aimed at exploring the factors that affect retention and turnover of the health care workers (Mathauer and Imhoff 2006). There are limited studies in South Africa that focus on retention and turnover and the factors that influence decisions to stay/leave. What can Human Resource Management do to prevent undesirable turnover, especially among front line health care workers and supervisors? The costs of turnover may be visible and direct with immediate effects, but may also be indirect and its impact not evident at first. Some of the visible turnover costs according to Barrick and Zimmerman (2009: 201) and Buck and Watson (2002:175-193) include advertising and recruiting expenses; reference checks; temporary worker costs; orientation and training of the new employee; relocation costs, formal training costs and induction expenses; decreased productivity and potential loss of loyal customers. Direct and indirect costs described by Mobley (1982) include increased HR and payroll administration; loss of productivity; transition meetings and informal training. There are also the hidden costs which include missed deadlines; loss of organisational knowledge; loss of experience and skills; lower morale due to increased work burden; clients' impact and employee turnover (Hom and Griffeth 1995; Staw 1980).

This report did not intend to clarify the extent of turnover by calculating rates and identifying trends, rather it was to understand the nature of turnover and the factors that influence the decisions of health care workers intention to quit/stay at a district rural hospital.

This report organizes and integrates the information obtained from the study under three main headings:

Section 1: The evaluation report

This section includes the Abstract providing a concise overview of the research, its importance and the terms of reference. A summary of the literature review is provided with relevance to the research problem.

The research method addresses the aim and objectives of the research and a summary of the results with discussion and conclusion is provided.

Section 2: Literature review

This section provides the relevant literature as it relates to the problem statement and uses causal modelling to provide the theoretical construct critically and objectively.

Section 3: Description of the research methodology

This section describes the methodology and procedure undertaken in rigorous detail.

Turnover and retention are inextricably linked but are fundamentally different concepts. Turnover is described by Grobler, Warnick, Carrel, Elbert and Hartfierd (2006:123) as the "total movement of employees in and out of an organisation." Retention is an organisational plan aimed at "implementing integrated strategies or systems designed to increase workplace productivity by improving processes for attracting, developing, retaining and utilizing people with the required skills and aptitude to meet current future business needs" (Lockwood 2006:2). Ideally, such a plan consists of strategies that are specific to the local environment, and should focus on the reasons for leaving employment as well as the intention to leave. This research aims to identify the most prevalent retention and turnover factors that influence an employee's decision to leave or stay.

The aim of the research was to identify the most prevalent factors influencing intention to stay (retention) or leave (turnover) of Health Care Professionals (HCPs) at St. Andrews Hospital. The objectives of the study were to identify the ten most prevalent retention and turnover factors and to make recommendations towards the development of relevant strategies to retain HCPs at St. Andrews Hospital. A literature survey was conducted to provide a sound base for the theoretical construct for the research problem and in the development of the questionnaire. A survey method was used to collect the primary data comprising of a self-administered questionnaire. This was distributed amongst five divisions of Health care professionals (medical, allied, dental, pharmacy and nursing) – front line professionals at the core of service delivery. Using a Likert-type scale questionnaire, respondents were asked to rate their perceptions on factors related to turnover and retention within and external to the organisation.

Another aspect of the questionnaire included intention to quit in which respondents were asked to rate thoughts about quitting the town/profession within the year. One hundred and fifty questionnaires were distributed and one hundred and seven were returned completed and formed the basis of the study. The results of the study demonstrated the perception of the Health Care Professionals and the factors that influenced the propensity to stay/leave the organisation.

Based on the impact scores, the top three turnover factors identified were, the way the organisation is led by top management (0.934), the size of the workload (0.862), and the way problems are dealt with by managers in the organisation (0.817) (Table 3). No statistically significant relationships were found between turnover factors and biographical variables. Availability of quality health services was ranked as the external factor that had the highest influence (78%) on turnover, while geographical location was ranked the lowest (Figure 2). The main reason given by respondents for leaving their previous employment was promotion, followed by distance and personal/family reasons (Figure 3). An important result of the study was that 46% of the respondents were thinking of leaving the town with the aim of job seeking within the year while 29% were considering resigning from St. Andrews Hospital (Figure 4). Based on the impact scores the top three retention factors identified were the quality of relationships with colleagues (1.698), the amount of support received from managers and colleagues (1.484) and the level of engagement and involvement with the job (1.390) (Table 8). A positive relationship was found between leadership and job dimension factors at the 1% level of significance (Table 9).

The turnover research provided the individual reasons for leaving and staying and focused on leadership and organisation factors. This means that improvements in the way the organisation is led may improve employee performance and in retention. This highlights the role of HRM in mediating organisational goals to the employee expectations. The research also highlighted the external factors that affect individuals' decisions – that may not be preventable but are predictable and recruitment strategies must account for this. Undesirable turnover in the form of intention to quit is very important as it could disrupt service business and it can be mitigated or prevented with retention planning. Leadership dynamics and management styles were implicated in turnover. This demotivates workers and disengages the worker creating unsupportive working environments.

This will further intensify instability when there are delays in interviewing, training and deploying workers to continue front-line services. The purpose of this study was to gain insight into turnover and retention factors that influence decisions to quit/stay within St. Andrews Hospital in order to formulate strategies to reduce turnover and influence Human Resource recruitment and selection processes using predictors related to turnover. In its approach, biographic factors, attitudes towards work and organisation were simultaneously assessed to determine their influence on turnover and retention. The loss of a (potentially) productive employee affects not only the quality of work and staff morale, but the indirect and direct costs associated with hiring and training, and often the unfilling of vacant posts due to the location or other factors are not often recouped.

This study has identified a number of individual Health Care Professional' factors specific to St. Andrews Hospital that can be used to predict both current and future turnover and the propensity to stay. This may be included into future initial recruitment processes with trends monitored over time towards retention strategies. This study asserts findings in the literature that supports the constructs that best predicted turnover are related to social and psychological support (Barrick and Zimmerman 2009), this provides indirect endorsement of organisation wellness programmes designed to offer support and reduce employee uncertainties during orientation and induction. Other predictors can be used as motivators and can be related to job performance. Furthermore, the usefulness of engaging with employees throughout the workplace to identify variables that predict turnover and retention was also indicated – this may improve tenure, increase motivation, improve job satisfaction and overall influence decision making to less likely to quit.

Key recommendations from the retention research include the use of pull factors to motivate workers due to the strong social influence of relationships developed at work. Recommendations include the development of an orientation programme for new employees that includes service standards and HR policies; supervisory courses for operational managers to effectively manage workplace grievances and facilitate communication flow as well as a wellness programme for all employees that integrate the systems, policies and procedures of the organisation to improve person-organisation fit.

In appraising individual employee performance, recommendations include an annual review of the job description and setting measureable performance targets and a workplace development plan that includes succession planning. With regards to the external factors that influence turnover there is a need for collaboration across departments to resolve the social, basic and safety needs of the employees (i.e. infrastructure, education, accommodation and security). These collaborations would be both with government and municipal departments as well as with private enterprise (public-private partnerships).

St. Andrews Hospital can avoid voluntary turnover of its Health Care Professionals and increase their performance by modelling its decisions on the set of predictors analysed in this study to improve employees' propensity to stay, improve commitment to and person-organisation fit thus reducing turnover and improving retention.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HCP	Health Care Professional
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRD	Human Resources Department
HRM	Human Resource Management
JLI	Joint Learning Initiative
KZN	KwaZulu Natal
MDG	Millennium Development Goals
MTSF	Medium Term Strategic Framework
NGO	Non-Governmental Organisation
NHI	National Health Insurance
PHC	Primary Health Care
PMS	Performance Management System
SA	South Africa
TB	Tuberculosis
WHO	World Health Organisation
WSP	Workplace Skills Plan

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Annexure 1: Questionnaire

Annexure 2: Provincial Ethical Approval

Annexure 3: District Ethical Approval

Annexure 4: St. Andrews Hospital Ethical Approval

Abstract

Background: The demand for and retention of talent worldwide is aggravated by revolutionary trends that include global competition, demographic changes and technological advances. In South Africa this phenomenon according to Frost (2002) is further challenged by the emigration of skilled people; the relative scarcity of specialist and managerial employees; employment equity and affirmative action procedures. But the development of strategies first requires an understanding of the factors which influence decisions to leave or stay particularly in rural and remote areas. St. Andrews Hospital is a rural district hospital in Ugu District, KZN. Its remoteness from urban areas and the lack of resources contributes towards challenges of attracting and retaining health care professionals to the area. It is the aim of this study to identify the ten most prevalent turnover and retention factors in a rural district hospital with the intention of making recommendations towards strategies to mitigate turnover and improve retention of health care professionals. This study will not only serve the local Human Resource Department but may also be used to inform district and provincial policies as well as departments' decisions in the design or the review of current retention strategies aimed at reducing turnover.

Method: The survey method was used to collect the primary data by distribution of self-administered questionnaires to Health Care Professionals at St. Andrews Hospital. Of the one hundred and fifty questionnaires distributed, one hundred and seven were returned (71% response rate) and formed the basis of the study.

Results: Based on the impact scores, the top three turnover factors identified were, the way the organisation is led by top management (0.934); the size of the workload (0.862); and the way problems are dealt with by managers in the organisation (0.817). No statistically significant relationships were found between turnover factors and biographical variable. Availability of quality health services was ranked as the external factor that had the highest influence (78%) on turnover, while geographical location was ranked the lowest. The main reason given by respondents for leaving their previous employment was promotion, followed by distance and personal/family reasons.

The top three retention factors identified from the impact scores were the quality of relationships with colleagues (1.698); the amount of support received from managers and colleagues (1.484); and the level of engagement and involvement with the job (1.390). This demonstrates that the salary package often thought to be a first priority factor Mobley, Horner and Hollingsworth (1978); Mobley (1982) and Herzberg (2003) is far less of a determining factor at St. Andrews Hospital than management support, job involvement and person-organisation fit as well as the social relationships formed in the workplace. A positive relationship was found between leadership and job dimension factors at the 1% level of significance. This supports the strong social bond (person-organisation fit) formed in the work environment between management and colleagues that supports retention and increases level of commitment. An important result of the study was that 46% of the respondents were thinking of leaving the town within the year while 29% were considering resigning from St. Andrews Hospital within the year.

Conclusion: The results reveal a complex interaction of factors impacting on turnover and retention. The Human Resource Management function has a pivotal role to play in improving its ability to attract and retain professionals through developing comprehensive strategies based on external and internal and environmental factors.
The study conveys to the St. Andrews Hospital management that turnover and retention factors are unique to the location and the working environment and differs amongst Health Care Professionals – this should be deliberated on when formulating Hospital Human Resource retention policies.

Section 1: The Evaluation Report

1.1 Introduction

Public health care services in South Africa are in crisis (Human Resources for Health Draft plan 2030). In the health fraternity, turnover rates in the nursing profession are affecting health care delivery and according to Buchan (1999) the shortage is due to migration and also to nurses deciding to abandon the nursing profession. Health services are rendered largely by nurses and the impact of such shortage is critical. Arguably then, the delivery of quality health services is dependent not only on the availability of a competent workforce, but also on the number of workers with the appropriate skills. The World Health Organisation (WHO) advocates in the strengthening of a health service delivery system by developing a workforce strategy that addresses improving employee recruitment, helping the existing workforce to perform better, and slowing the rate at which employees leave the health workforce (World Health Organisation, 2006). It can be surmised then that as the supply of healthcare workers is not always able to meet the demand for health workers (World Health Organisation, 2006:101-104), an understanding of the primary factors that influence turnover will assist organisations and managers in the development of retention strategies that will attract and retain healthcare workers in this environment.

1.2 Importance of the study

St. Andrews Hospital is a district Hospital situated in KwaZulu Natal. The area is largely rural and shares borders with the Eastern Cape Province. According to the Ugu district municipal documents, the district reflects a cohort that is more vulnerable to HIV/AIDS, crime and violence, aggravated by the rural-urban split in its geographical location (Ugu profile – eWISA). A further challenge highlighted is a shortage of health workers with posts that cannot be filled exacerbated by relocations and increasing mortality rates amongst health workers. This has also been attributed to a lack of commitment and motivation of the present workforce, the HIV/AIDS and TB epidemics and the resulting toll on physical and emotional energy and burnout of the workers.

Compared to institutions in peri-urban and urban areas, the perceived turnover seems much higher due to the location of the institution, access to and availability of a variety of services. The spread of turnover across districts within the province is not yet known. Due to the health status of the district and the location of the primary health care clinics, a survey on staff turnover and retention to identify factors that influence the decision to stay/leave is crucial to inform Human Resource practice. As these strategies will be based on both previous and current trends, it will strengthen recruitment and selection processes, increase the knowledge and skills pool of Health Care Professionals, and work towards addressing shortages, improving morale and strengthen service delivery.

St. Andrews Hospital supports twelve clinics that provide Primary Health Care (PHC) services within the Umuziwabantu sub-district. These clinics are considered rural health clinics – as they are strategically located within the area to make health care available and accessible to people living in rural communities. Rural health clinics are often most affected by health care worker shortages that arise from the inequities of poor infrastructure as well as poor medicine and supply systems that influence the retention of workers (Travis, Bennet, Haines, Pang, Bhutta and Hyder, 2004:900-906). As the hospital supports these PHC clinics it was vital to include these Health Care Professionals (HCPs) in the study in order to understand their perceptions of retention and turnover influenced by the geographical location and remoteness of the area as well as availability of quality health services. With this in mind, the study was designed to understand the nature of turnover and the factors that influence decisions of intention to quit/stay for HCPs at St. Andrews Hospital.

1.3 Research aim and objectives

The aim of the research was to identify the most prevalent factors influencing intention to stay (retention) or leave (turnover) of Health Care Professionals (HCPs) at St. Andrews Hospital. The objectives of the study were to identify the ten most prevalent retention and turnover factors and to make recommendations towards the development of relevant strategies to retain HCPs at St. Andrews Hospital.

1.4 Literature Review

Both the Global Health Initiative (2004) and the World Health Organisation (2006) concur that the health workforce shortages are reported especially in resource-poor countries (Kirigia, Gbary, Muthuri, Nyoni and Seddoh 2006: 89; Muula, Panulo and Maseko 2006:9). In such health systems there are challenges to produce, recruit and retain health professionals within the country and in the health sector. The impact of disease is known to increase worker attrition rates, and the HIV/AIDS epidemic has affected health systems worldwide. The World Health Organisation (2006:19) reports that poor working conditions with insufficient resources, coupled with the devastating effects of HIV/AIDS fuel burnout, lowers staff morale and increases staff absenteeism from work.

Job satisfaction studies conducted on hospital nurses, associated stress and leadership style with dissatisfaction and turnover, and associated level of education and pay with job satisfaction. Delobelle, Rawlinson, Ntuli, Malatsi, Decock and Depoorter. (2011:373) discusses South African studies of job satisfaction among nurses - dissatisfaction was associated with pay, promotion, career prospects and work conditions and satisfaction was compromised by the HIV/AIDS impact with higher workloads, resource shortfalls and high patient mortality. Mokoka, Oosthuizen and Ehlers (2010:484-493) report a serious shortage of nurses largely due to job dissatisfaction. According to Mokoka *et al*., (2010:484-493) the factors that enhance nurses' retention include good working conditions, working hours, salaries and professional development while the factors that contribute to turnover rates are unsafe working environments and a lack of resources. It must also be noted that studies have focused on job satisfaction among nurses rather than retention factors, and that the focus has been on extrinsic factors rather than the intrinsic (Backman 2000:27).

The World Health Report 2006 summarised the turnover factors of why health workers migrate as - lack of promotion prospects, poor management, a heavy workload, lack of clinics, a declining health service, inadequate living conditions and high levels of crime. Retention factors included better remuneration, upgrading of qualifications, gaining experience and family-related matters. This formed the basis of the questionnaire design in order to further explore turnover and retention factors for individuals and to confirm the findings from the existing body of knowledge.

Turnover and retention are inextricably linked. A very concise description of turnover is viewed as the workers' exit pathway with their reasons for leaving. Retention is a key component aimed at stabilizing the workforce especially preventing and reducing turnover. Viewed in this way, the organisation seeks to improve human resources and meet organisational goals simultaneously. A more detailed literature review can be found in Section 2 of the report.

1.5 Research Method

The questionnaire adapted from Pearse (2011) intended to examine the HCPs perception and response to a wide range of factors that could influence turnover and retention. These included organisational, leadership, developmental, relational, economical, job and hygiene dimensions, and individual factors within and external to the organisation. This range of factors was to diversify the complexity of turnover and retention from an employees' perspective in order to make more informed, data-driven decisions in developing retention strategies. Included in the questionnaire was intention to leave the organisation, because it is not always clear what the link between intent to leave and actually leaving is, direct conclusions about retention drivers and links to turnover may possibly be established. For these reasons, the questionnaire designed used a Likert-type scale and focused on issues prevalent in the literature but also aimed to explore the magnitude of importance of such factors (Annexure A). Each of the scales used in the questionnaire was checked for reliability using Cronbach's alpha coefficient.

The survey method was used to collect the primary data by the distribution of self-administered questionnaires to HCPs at St. Andrews Hospital and its feeder clinics, in order to identify the most prevalent retention and turnover factors. The sample size consisted of one hundred and fifty HCPs from various health categories. Of the one hundred and fifty questionnaires distributed, one hundred and seven were returned completely filled (71% response rate) and formed the basis of the study; twenty questionnaires were incomplete and did not form part of the analysis and twenty three were not returned. The data collection was conducted during February–March 2013 after ethical approval and permission to conduct the study was obtained. Detailed information on the development of the questionnaire and the sampling technique can be found in Section 3 of this report.

The analysis of the data included identifying the ten most prevalent turnover and retention factors from the questionnaires and examining the relationship with relevant biographic variables as well as the strength of the relationship between the retention factors by examining the degree of correlation. Detailed information on the description of the sample can be found in Section 3 of this report. The external factors influencing turnover as well as the intention to quit were also identified in order to determine the magnitude of importance placed on these factors by HCPs.

1.6 Results

1.6.1 Job Division

The job divisions from each category are represented in Table 1. The sample was represented by Nursing (both Hospital and PHC) (63%), Pharmacy (12%), Medical (10%), Allied (Radiography, Occupational Therapy, Audiology, Dietetics, Physiotherapy) (10%) and Dental (5%) professionals.

Table 1: Job divisions of Health Care Professional sample

Category	Frequency	Percent
Dental	5	4.7
Medical	11	10.3
Allied	11	10.3
Pharmacy	13	12.1
Nursing	67	62.6
Total	107	100.0

1.6.2 Job Level

In terms of job level, most of the workers are professionally qualified (58%) management (supervisory, middle and top management) 25%, and non-supervisory staff (e.g. lay counsellors) comprising of 17% (Figure 2). As this study has been designed with front-line workers as the focus, it is evident that the majority of the professionals should fall into this category and are the focus for retention strategies. It also provides a snapshot view of the clinical professionals' distribution and may be used towards training and development, career pathing and in reviewing of the various job descriptions in the PMS.

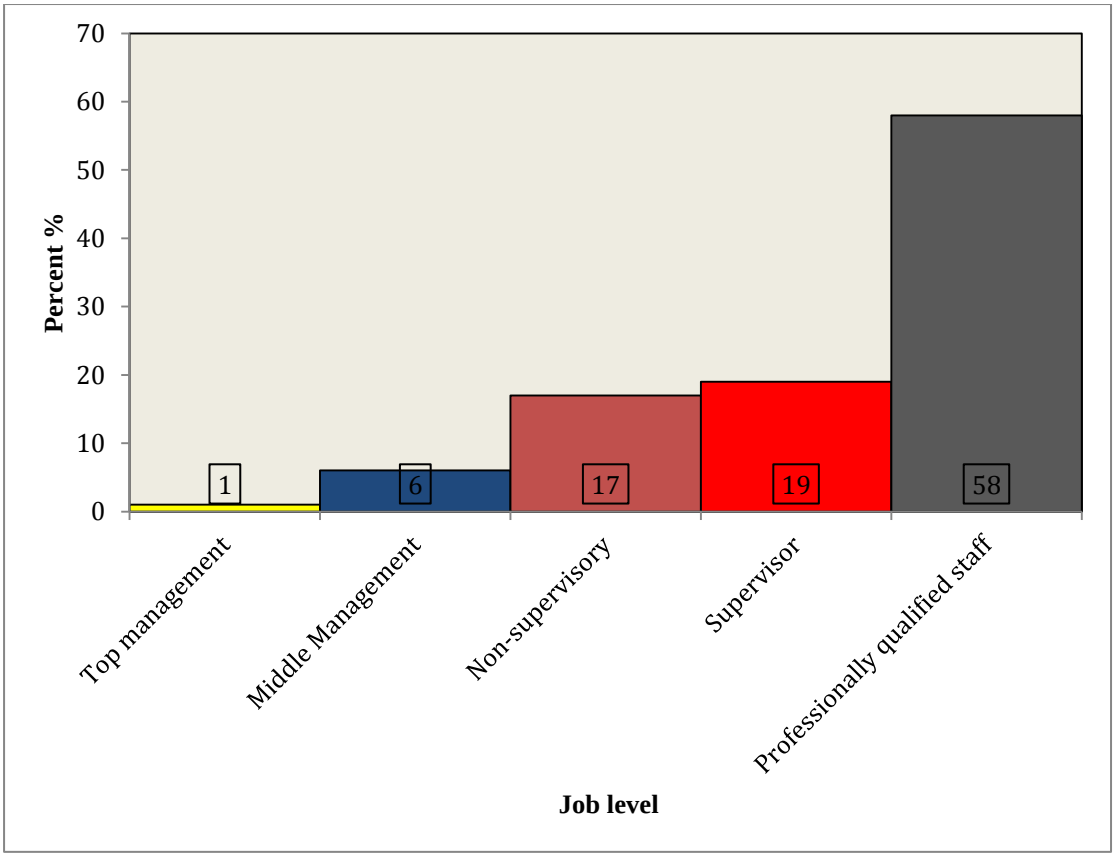

Figure 1: Description of the sample according to the Job level

1.6.3 Turnover factors

The first objective was to identify the ten most prevalent turnover factors as identified by HCPs of St. Andrews Hospital. Two categories of turnover factors are presented in this section - ten most prevalent turnover factors, and from amongst these ten, the top five turnover factors. The ten most prevalent factors were selected on the basis of the level of frequency percentage, whilst the top three factors were selected from the top five based on the level of impact scores.

1.6.3.1 Ten most prevalent turnover factors

The results of the top ten turnover factors identified from the survey are ranked according to their frequency percentage scores, from the highest frequency of 50.5% to the lowest frequency of 37.4% (Table 1). With regard to frequency distribution results, the following factors were identified, namely: the way the organisation is led by top management (50.5%); the size of the workload (44.9%); the structure of the organisation (41.1%); the amount of overtime and weekend work (39.3%); the extent to which the latest technology is available or not (39.3%); the organisation policies, systems and structures (39.3%); the way problems are dealt with by managers in the organisation (39.3%); the way people are treated by those in leadership positions (38.3%); overall job satisfaction at the moment (37.4%) and, developing self and gaining new knowledge and skills (37.4%).

Table 2: Summary of the ten most prevalent turnover factors

Question	Factor	Rank	Sub-sample size	Frequency %	Mean	Impact Score
5	The way organisation is led by top management	1	54	50.5	1.85	0.934
13	The size of the workload	2	48	44.9	1.92	0.862
2	The structure of the organisation	3	44	41.1	1.93	0.793
14	The amount of overtime and weekend work	4	42	39.3	1.90	0.747
24	The extent to which the latest technology is available or not	5	42	39.3	1.93	0.758
3	The organisation' policies, systems and structures	6	42	39.3	2.05	0.806
8	The way problems are deal with by managers in the organisation	7	42	39.3	2.08	0.817
7	The way people are treated by those in leadership positions	8	41	38.3	2.08	0.797
23	Overall job satisfaction at the moment	9	40	37.4	2.10	0.785
9	Developing self and gaining new skills	10	40	37.4	2.16	0.808

Question number and factor: full description of the question as it appears in the questionnaire

Sub sample size: number of negative ratings by respondents

Frequency %: Total negatives counted/Total number of respondents

Mean: Average score for negative scores

Ranking:	Impact score ranking = Frequency % x Mean

1.6.3.1.1 Top five turnover factors

The first objective in assessing the turnover factors was to rate the priority of these factors according to the impact scores (Table 3). Results of the impact scores show that the top five turnover factors were: the way the organisation is led by top management (0.934); the size of the workload (0.862), the way problems are dealt with by the managers in the organisation (0.817), developing self and gaining new knowledge and skills (0.808) and the organisation policies, systems and structures (0.806).

In terms of the impact score, the way the organisation is led by top management received the highest ranking, followed by the size of the workload. Although the structure of the organisation was ranked third in terms of the frequency percentage, it was ranked seventh in terms of impact scores. Likewise, the amount of overtime and weekend work ranked fourth in terms of the frequency percentage, it was ranked tenth in terms of impact scores. Based on this evidence, it can be concluded that the two former factors had less of an impact than the first of the top three turnover factors.

Table 3: Summary of the top five impact factors on turnover

Question	Factor	Rank	Sub-sample size	Frequency % (a)	Mean (b)	Impact Score (axb)
5	The way the organisation is led by top management	1	54	50.5	1.85	0.934
13	The size of the workload	2	48	44.9	1.92	0.862
8	The way problems are dealt with by managers in the organisation	7	42	39.3	2.08	0.817

9	Developing self and gaining new knowledge and skills	10	40	37.4	2.16	0.808
3	The organisation policies, systems and structures	9	42	39.3	2.05	0.806

To assess the distribution levels of these factors, the top three turnover factors need to be further examined, using biographic variables.

1.6.3.2 Analysis of top turnover factors and biographic variables

The second objective in assessing the turnover factors is to further analyse the top three turnover factors by examining their relationship with relevant biographic variables. These include the way the organisation is led by top management; the size of the workload, and, the way problems are dealt with by the managers in the organisation. Analysis will focus on the way the organisation is led by top management because 50% of respondents regard this to be the most important turnover factor, with a mean average of 1.85 and an impact score of 0.934 while the other turnover factors had percentage frequencies of below 50% (Table 3). Based on this evidence, the way the organisation is led by top management is regarded as the most important factor that requires further analysis by means of examining biographic factors. These results will be tested using the Chi-square test to assess the significance level (Dovich, 1990) between the job level (Table 4) and the job division (Table 5) to the way the organisation is led by top management.

- Job level and the way the organisation is led by top management

  Ho: no relationship exists between job level and the way the organisation is led by top management as a turnover factor

  Ha: there is a relationship between job level and the way the organisation is led by top management as a turnover factor

Table 4: Chi-Square test results for Job level and top management

	Supervisory and Middle Management	**Non-Supervisory**	**Total**
Turnover	9	45	54
	17%	83%	59%
Retention	11	27	38
	29%	71%	41%
Total	20	72	92
Chi-square = 1.977193	df = 1	p-value= 0.159686	

The probability value p is larger than 0.05, which means that there is no statistically significant relationship. The quantitative analysis has shown that job level and the way the organisation is led by top management are not statistically significantly related.

- Job division and the way the organisation is led by top management

  Ho: no relationship exists between job division and the way the organisation is led by top management as a turnover factor

  Ha: there is a relationship between job division and the way the organisation is led by top management as a turnover factor

Table 5: Chi-Square test results for Job division and top management

	Clinical (Medical+pharmacy+dental+nursing)	**Non-Clinical (Allied)**	**Total**
Turnover	52	3	54
	96%	6%	59%
Retention	34	4	38
	89%	11%	41%
Total	86	6	92
Chi-square = 2.18664	df = 1	p-value= 0.13921	

The probability value p is larger than 0.05, which means that there is no statistically significant relationship. The quantitative analysis has shown that job division and the way the organisation is led by top management are not statistically significantly related.

In summary, the chi-square results have shown that the way the organisation is led by top management is not statistically significant for job level and job division. This means that the various categories of workers within a particular job level or job division are satisfied with the way the organisation is currently led by top management and that this is an important factor in weighing a decision to leave the institution.

1.6.4 External factors that may influence turnover

In considering factors that increase the propensity to leave the organisation, external factors must also be considered.

Respondents were asked to rate six external factors according to the degree of importance (Table 6). The results show that the availability of quality health services rate highest (78%). It is interesting considering that this same category of HCPs providing such service are also concerned about the delivery and availability of quality services in the area. The level of crime (69%), availability of quality education (66%) and level of infrastructural development (64%) can be grouped together as their level of importance is similar (Figure1). Interestingly these external factors may be linked to families or workers with children as access to education and infrastructure may be linked to schools and access thereof. The last two factors of recreational facilities and geographical location are moderately ranked and this may indicate that it is not as strongly important compared to other factors, given the location of the hospital as well as its proximity to surrounding urban areas. These results confirm previous studies which attribute poor working conditions to the attrition rate (Travis *et al.*, 2004).

Table 6: External factors that influence turnover

Rank	Factor description	Magnitude of importance %
1	Availability of quality health services	78
2	Level of crime	69
3	Availability of quality education	66
4	Level of infrastructural development	64
5	Availability of sports and recreational facilities	58
6	Geographical location of working environment (rural/urban)	50

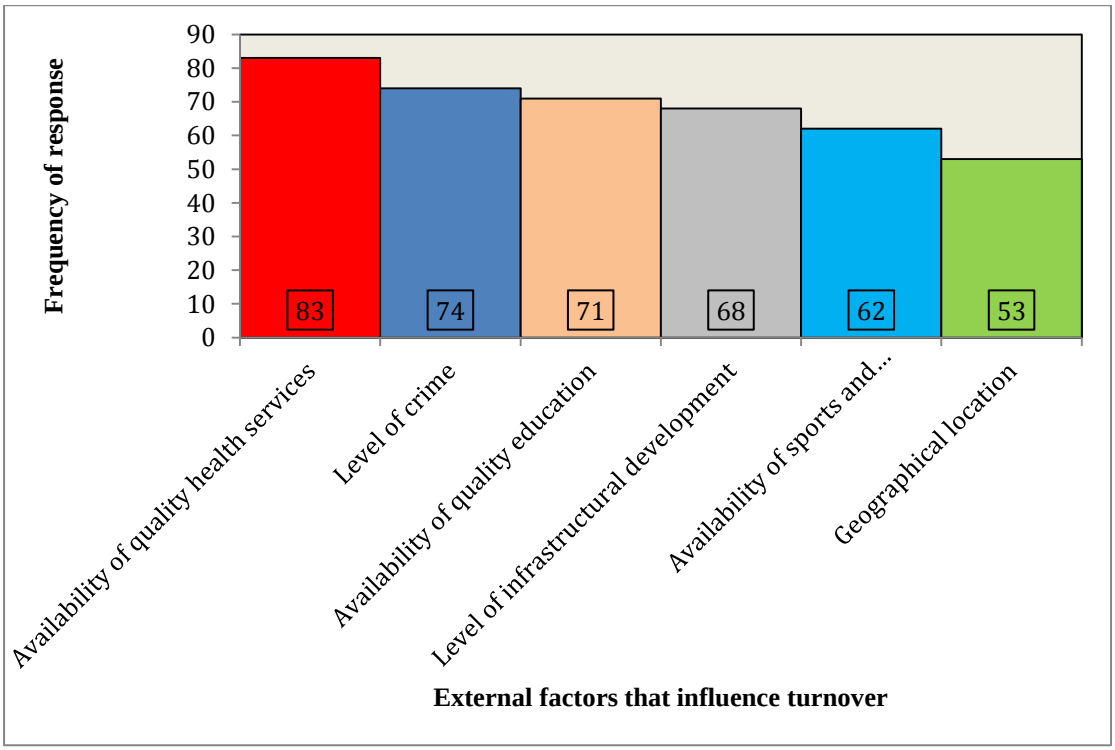

Figure 2: External factors that influence turnover

In summary, research recognizes that internal and external factors may act as either or both push and pull factors and employees will regard each accordingly. The magnitude of importance between job levels and divisions differ amongst organisations, departments and occupations. It is important to create a holistic understanding of internal and external factors and their influence on turnover.

1.6.5 Factors that led to turnover (from previous employment)

The majority of HCPs did not give a specific reason for leaving their previous employment (38%), however a variety of reasons were given by the remainder as follows: promotion (13%); distance (12%); personal/family (11%); contract termination (8%) and HR/Management issues (6%) (Figure 2). It is an important question to explore as it may highlight new factors that could contribute to turnover, and also confirm existing research allowing informed recommendations that is based on historical trends and the future expectations of employees. This data identifies issues that act as a basis for informing retention strategies as well in the interviewing

of potential candidates for suitability into vacated positions at the institution. The verification check of suitable candidates should include not only the verification of qualifications and the financial state of affairs but also a reference check against previous employment history. . Mobley (1982a) emphasized the importance of taking future expectations of employees into consideration when analysing turnover in the organisation.

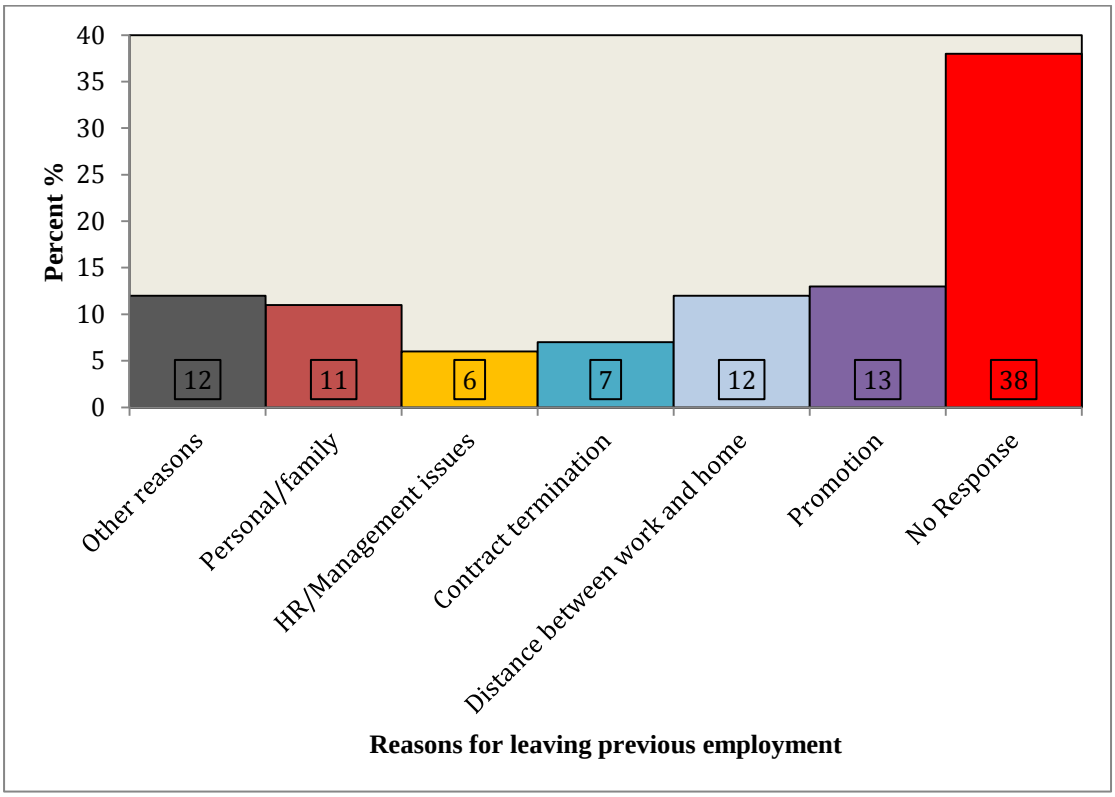

Figure 3: Reasons for leaving previous employment

Although contract termination and HR/Management issues are infrequent, its appearance on a wide scale highlights the role of HRM in managing turnover and retention.

1.6.6 Intention to quit

An important result of the study was that 46% of the respondents were thinking of leaving the town with the aim of job seeking within the year while 29% were considering resigning from St. Andrews Hospital (Figure 3). The majority are thinking of leaving the town (46%) but not the district, nor the province and least likely the country. Job resignation (29%) is a thought but a transfer is a more likely alternative as only a small percentage is considering resigning (18%). There is a moderate response to ease of obtaining employment after resignation (37%).

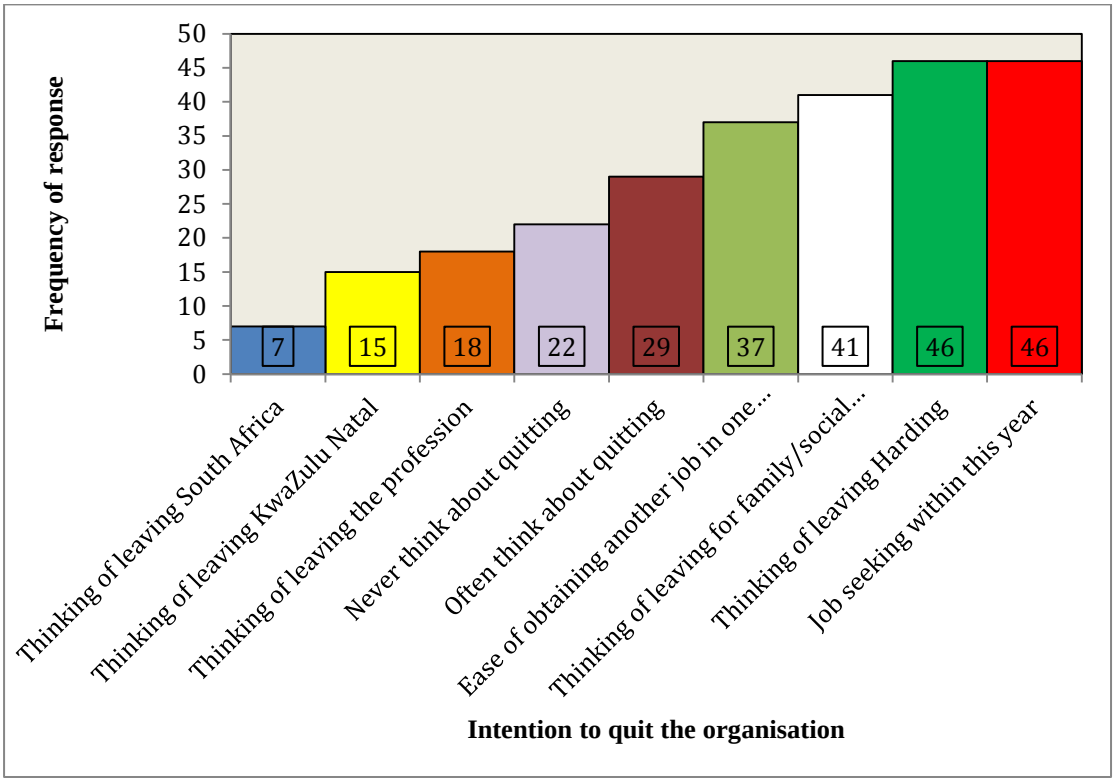

Figure 4: Intention to quit

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This reveals that distance and family are significant determinants and motivators likely to contribute towards turnover. It highlights that external factors have a stronger influence on turnover than internal factors. Even though 22% of respondents are not considering resignation, the remaining 29% require an intervention as this number could increase with time.

1.6.7 Retention factors

The first objective was to identify the ten most prevalent retention factors as identified by HCPs of St. Andrews Hospital. Two categories of retention factors are presented in this section - ten most prevalent retention factors and from amongst these ten, the top five retention factors. The ten most prevalent factors were selected on the basis of the level of frequency percentage, whilst the top five factors were selected from the top ten based on the level of impact scores.

1.6.7.1 Ten most prevalent retention factors

The results of the most prevalent ten turnover factors identified from the survey are ranked according to their frequency percentage scores, from the highest frequency of 68.2% to the lowest frequency of 46.7% (Table 7). With regard to frequency distribution results, the following factors were identified, namely: the quality of relationships with colleagues you work with (68.2%); the amount of support received from your manager and colleagues (62.6%); level of engagement and involvement in the job (58.9%); pay package structure (52.3%); developing self and gaining new knowledge and skills (53.3%); the quality of managers' leadership and nature of the relationship you gave with him/her (50.5%); overall job satisfaction at the moment (47.7%); the way problems are dealt with by managers in the organisation (47.7%); the way people are treated by those in leadership positions (46.7%); and the amount of variety in your job (46.7%). The results emphasise the strong association between retention and social relations in the workplace.

Table 7: Summary of ten most prevalent retention factors

Question	Factor	Rank	Sub-sample size	Frequency %	Mean	Impact Score
10	The quality of relationships with colleagues you work with (quality of relationships)	1	73	68.2	2.49	1.698
11	The amount of support received from your manager and colleagues (amount of support)	2	67	62.6	2.36	1.484
22	Level of engagement and involvement in the job (level of engagement)	3	63	58.9	2.36	1.390
12	Pay package structure	4	56	52.3	2.26	1.182
9	Developing self and gaining new knowledge and skills (developing self)	5	57	53.3	2.16	1.151
6	The quality of managers' leadership and nature of the relationship you have with him/her (quality of leadership)	6	54	50.5	2.18	1.101
23	Overall job satisfaction at the moment	7	51	47.7	2.10	1.002
8	The way problems are dealt with by manager in the organisation (conflict resolution)	8	51	47.7	2.08	0.992
7	The way people are treated by those in leadership positions	9	50	46.7	2.08	0.971
20	The amount of variety in your job	10	54	50.5	2.18	1.018

Question number and factor: full description of the question

Sub sample size: number of positive ratings by respondents

Frequency %: Total positives counted/Total number of respondents

Mean: Average score for positive scores

Ranking: Impact score ranking = Frequency % x Mean

1.6.7.1.2 Top five retention factors

The strength of these factors was calculated using the impact scores (Table 8). The results show that the top five retention factors were: the quality of relationships with the colleagues you work with (1.698); the amount of support received from manager and colleagues (1.484); level of engagement and involvement in the job (1.390); pay package structure (1.182), and developing self and gaining new skills (1.151). In terms of the impact score there are no changes to the top three retention factors in terms of their rankings: they follow the same pattern as their level of importance. These factors will be further tested, using correlation analysis to describe the degree of strength and using Pearson product-moment correlation.

Table 8: Summary of the top five impact factors on retention

Question	Factor	Rank	Sub-sample size	Frequency % (a)	Mean (b)	Impact Score (axb)
10	The quality of relationships with colleagues you work with	1	73	68.2	2.49	1.698
11	The amount of support received from your manager and colleagues	2	67	62.6	2.37	1.484
22	Level of engagement and involvement in the job	3	63	58.9	2.36	1.390
12	Pay package structure	4	56	52.3	2.26	1.182
9	Developing self and gaining new knowledge and skills	5	57	53.3	2.16	1.151

1.6.7.2 Analysis of top three retention factors

The retention factors were further analysed by examining their relationship with relevant biographic variables. The results demonstrate a moderate retention percentage and further analyses will show the strength of these variables (Table 9).

1.6.7.2.1 Analysis of the group of retention factors

The top three retention factors will be further analysed to find out whether a relationship exists between the factors, i.e. the quality of relationships with colleagues you work with; the amount of support received from your manager and colleagues; and level of engagement and involvement in the job.

The objective of this assessment is to analyse the strength of the relationship of using Pearson product-moment correlation.

The Pearson product-moment correlation is a technique used to show the strength of the relationship between two continuous variables using r and p values (Dovich 1990). An r of -1 is a perfect negative correlation, an r of +1 is a perfect positive correlation; an r of 0 means there is no correlation.

- Analysis of the quality of relationships with colleagues and its impact on the level of engagement and involvement in the job.

In the case of quality of relationships and impact on the level of engagement and involvement in the job, the results show that the r value is 0.453, this suggests a positive correlation and the p value is 0.000, which means that the correlation is statistically significant at 1%. This means that as the quality of relationships with colleagues improve there is a deeper level of job engagement.

- Analysing the quality of relationships with colleagues and the amount of support received

In the case of quality of relationships and amount of support received from manager and colleagues, the results show that the r value is 0.795, this suggests a positive correlation and the p value is 0.000, which means that the correlation is statistically significant at 1%. This means that the quality of relationships with colleagues improves as more support is received from the manager and colleagues.

- Analysing the amount of support received and impact on level of engagement and involvement in the job

In the case of amount of support received from manager and colleagues and job engagement, the results show that the r value is 0.533, this suggests a positive correlation and the p value is 0.000, which means that the correlation is statistically significant at 1%.

Table 9: Summary of Correlation Results

Factor		The amount of support received from your manager and colleagues	Level of engagement and involvement in the job
Quality of relationships with colleagues	Pearson Correlation	0.795	0.453
	p-value	0.000	0.000
	N	107	107
The amount of support received from your manager and colleagues	Pearson Correlation		0.533
	p-value		0.000
	N		107

Correlation is significant at the 0.01 level (2-tailed)

In summary, the positive correlation results demonstrate a link between leadership and job dimension. It further affirms the social/relational association amongst management and staff that promotes a retentive working environment. This strongly supports the person-organisation (P-O) fit by Wheeler, Gallagher, Brouer and Sablynski (2007) in which the stronger the P-O fit the lower the event of job mobility.

1.7 Conclusion

Through the distribution and completion of the questionnaire by the sample population, the aim and objectives to identify the primary turnover and retention factors influencing HCPs at St. Andrews Hospital was achieved. The analysis and discussion of the results provided further insight into recommendations towards the development of relevant HRM retention strategies.

The design of the questionnaire highlighted that different categories of workers respond differently to turnover and retention factors and a future study could possibly compare the choices of the various categories of workers.

This is recommended by Leumann, Dieleman and Martineau (2008) who argue that packages of interventions are likely to be more effective than individual policies in attracting health care workers to rural areas.

The results of the top turnover factors involve a combination of organisational, environmental, economic and individual factors (Table 2). External factors play a significant role in turnover due to the influence of family responsibilities and reasons for leaving previous employment (Figure 1). Failure to understand the impact of these factors on decision-making may have negative implications for the organisation in service delivery. Issues related to workload and individual factors and social relationships at work are strong motivators of retention. This confirms studies conducted in the WHO (2006) report. The sources of dissatisfaction contributing to turnover revealed that factors related to the work environment rather than individual or demographic factors are of more importance that individual factors. This was also found to be true in a study by Coomber and Barriball (2006) in assessing the impact of job satisfaction components on intent to leave and turnover for hospital nurses.

A majority of the responses focused on leadership of the organisation followed by size of the workload (leadership and organisational factors) (Table 3). No statistical significant relationships were found between turnover factors and biographic variables. A challenge for the organisation is to address external factors such as education, health, and infrastructural development (Table 6).

The three external factors with the largest magnitude of importance affecting turnover was availability of quality health services; level of crime and availability of quality education.

Reasons for leaving previous employment included promotion, distance and family reasons (Figure 2). An important result of the study was that 46% of respondents have the intent to leave the organisation within the year and this appears to be largely attributed to family reasons. This increases the probability that HCPs will have high job mobility until distance and family reasons are resolved and stabilized. St. Andrews Hospital Management should be concerned about the results of intention to quit and develop interventions as there is still an opportunity to mitigate this factor.

This study has highlighted that both financial and non-financial incentives can be used to retain workers and that interventions must be tailored for the environment. The results for retention were related to leadership, developmental, economic and individual factors (Table 7). Retention factors demonstrate a strong relationship between employees and the support received from managers at work as well as a strong link between management and employees. A positive correlation was found between the leadership and job dimension factors at the 1% level of significance (Table 9). This could be useful in establishing a platform for discussion between management and employees in developing retention strategies. Key reflections from the retention study identified the need for data-driven decisions to inform HR practice. This means that accurate data is needed so that interventions can be tested and documented with strengthened HRM systems in place for successful implementation of retention strategies. Even though retention strategies may be in place there are aspects not within the HRM sphere of control – worker shortages may not always be attributed to high turnover. The employee post establishments of organisations formed at provincial levels must be based on current and future service business and needs as historical forecasts may lead to inadequate staffing causing high absenteeism and low staff morale. The organisation needs to constantly review internal processes and conduct a situation analysis to be aware of needs at an operational level. Turnover can be mitigated, management needs to engage with staff and use the PMS tool to lead HRH planning and management. This will allow for a mix of interventions that will be sustainable for the future as well as build a strong organisational climate with integrated systems at all levels of health care.

Recommendations include the development of an employee orientation programme for new employees that creates a support structure that aligns employee expectations with HR policies. The performance management system requires a review of all job descriptions and scope of practice, each with measureable outcomes and a workplace skills and development plan that includes succession planning. Lastly, a staff wellness programme that integrates the systems, policies and procedures of the organisation to improve person-organisation fit. With regards to the external factors that influence turnover there is a need for collaboration across departments to resolve the social and physiological needs of the employees (i.e. infrastructure, education, accommodation and security).

These collaborations would be both with government and municipal departments as well as with private enterprise utilizing “Imbizo’s” and “Indaba’s” to problem-solve issues on wide-scale with a variety of stakeholders.

In disseminating the information to Hospital management and HRM, the focus should be on factors within their sphere of influence and control. Interventions can be focused on the categories of HCPs most susceptible to external and internal factors highlighted in the study.

References

1. Backman, A. 2000. Job Satisfaction, Retention, Recruitment, and Skill Mix for a Sustainable Healthcare System: Report to the Deputy Minister of Health for Saskatchewan. URL: http://www.health.gov.sk.ca/health-worcs [Cited:15 August 2012
2. Barrick, M.R., and Zimmerman, R.D. 2009. Hiring for Retention and Performance. *Human Resource Management.* 48,2:183-206
3. Buchan, J. 1999. Still attractive after all these years? Magnet hospitals in a changing health environment. *Journal of Advanced Nursing.* 30:100-108
4. Buck, J.M., and Watson, J.L. 2002. Retaining Staff Employees: The relationship between Human Resource Management Strategies and Organisational Commitment. *Innovative Higher Education.* 26,3:175-193
5. Coomber, B., and Barriball, K.L. 2006. Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies.* 44:297-314
6. Delobelle, P., Rawlinson, J.L., Ntuli, S., Malatsi, I., Decock, R., and Depoorter, A.M. 2011. Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: a questionnaire survey. *Journal of Advanced Nursing*. 67, 2:371-383
7. Dovich, R.A. 1990. *Reliability Statistics*. Quality Press
8. Frost, L. 2002. Finding the top people. *HR Future magazine.* 1, 3:30-32
9. Grobler, P.A., Warnick, S., Carrel, M.R., Elbert, N.F., and Hartfierd, R.D. 2006. *Human Resource Management in South Africa*. (3rd ed). UK London: Cornwall Institute of Management
10. Herzberg, F. 2003. One more time: how do you motivate employees? *Harvard Business Review*. 81,1: 86
11. Hom, P., and Griffeth, R. 1995. "*Employee Turnover.*" South-Western Publishing, Cincinatti, OH
12. Human Resources for Health South Africa 2030. Draft HR Strategy for the Health Sector 2012/13 – 2016/17. *Consultation Document V5.* August 2011

13. JLI: Human Resources for Health. Overcoming the crisis. Edited by: Joint_Learning_Initiative. Global Health Initiative/Harvard University Press: 2004
14. Kirigia, J.M., Gbary, A.R., Muthuri, L.K., Nyoni, J., and Seddoh, A. 2006. The cost of health professionals' brain drain in Kenya. *BMC Health Serv Res*. 6:89
15. Lehman, U., Dieleman, M., and Martineau, T. 2008. Staffing remote rural areas in middle-and low-income countries – A literature review of attraction and retention. *Biomed Centrl Health Serv Res.* 8:19
16. Lockwood, N.R. 2006. Talent Management: Driver for organisational success. *Society for Human Resource Management*
17. Mathauer, I., and Imhoff, I. 2006. Health worker motivation in Africa: The role of non-financial incentives and human resource management tools. *Human Resources for Health.* 4:24
18. Mobley, W.H., Horner, S.O., and Hollingsworth, A.T. 1978. An evaluation of precursors of hospital employee turnover. *Journal of Applied Psychology.* 63, 4: 408 - 410
19. Mobley, W.H. 1982. *Employee Turnover: Causes, Consequences, and Control.* Addison-Wesley Publishing Company, INC
20. Mobley, W.H. 1982a. *Employee turnover: causes, consequences and control*. Philippines: Addison-Wesley Publishing Company, INC
21. Mokoka, E., Oosthuizen, M.J., and Ehlers, V.J. 2010. Retaining professional nurses in South Africa: Nurse Manager's perspectives. *Health SA Gesondheid* 15, 1:484-493
22. Muula, A.S., Panulo, B Jnr., and Maseko, F.C. 2006. The financial losses from the migration of nurses from Malawi. *BMC Nursing.* 5:9
23. Staw, B. 1980. "The consequences of Turnover." *Journal of Occupational Behaviour.* 1,4:253-273
24. Travis, P., Bennet, S., Haines, A., Pang, T., Bhutta, Z., Hyder, A.A. 2004. Overcoming health systems constraints to achieve the Millennium Development Goals. *Lancet*. 364:900-906
25. Ugu profile – eWISA (unpublished report) URL: http://www.ewisa.co.za/eWISAWaterworks/misc/.../Ugu_171104.pdf [Cited: 03 April 2014]

26. Wheeler, A.R., Gallagher, V.C., Brouer, R.L., and Sablynski C.J. 2007. When person- organisation (mis)fit and (dis)satisfaction lead to turnover: The moderating role of perceived job mobility. *Journal of Managerial Psychology*. 22, 2: 203-219
27. World Health Organisation. 2006. The World Health Report 2006: *Working Together for Health*. Geneva. World Health Organisation. 19:1-209. URL: http://www.who.int/whr/2006/en/ [Cited: 15 August 2012]

Section 2: Literature Review

2.1 Introduction

The objective of this section is to review the existing theory and empirical research on staff turnover and retention in order to better understand the factors that influence the decisions of employees to leave or stay within the organisation.

The following sections will be covered in this section

a) Shortage of Health Care Workers
b) Employee turnover and retention
c) Factors that affect employee turnover
d) Factors that influence the decision to leave an organisation
e) Factors that affect employee retention
f) Factors that influence the decision to stay within an organisation

In recent years, the growing awareness of disease burden and mortality has resulted in international acknowledgement that the availability of well-trained and motivated health workers will improve access to essential health services to achieve the United Nations' Millennium Development Goals (Travis, Bennet, Haines, Pang, Bhutta, Hyder, 2004:900-906). According to Dussault and Franceschini (2006:12) patients with the greatest need for health care tend to live in remote and rural areas and attracting skilled health workers to these areas and retaining them is difficult. Health systems face a serious crisis when there is a shortage of health workers to improve the health and wellbeing of communities in need and contributes directly not only to the global burden of ill health, but compounds the inequities in accessing health care especially for communities in disadvantaged, remote and rural areas. This has severe consequences for health care delivery as these health workers have extended responsibilities being distanced from doctors, technology and referral sites.

2.2 Shortage of Health Care Workers

The World Health Organisation (WHO) has developed a ten-year plan of action (2006-2015) for countries to address the challenges of human resource shortages in the health sector, the most common contributing factor being job satisfaction with specific focus on issues of remuneration and working conditions. (WHO, 2006: 99-150). Studies conducted by the Joint Learning Initiative (JLI) (2004) found that longstanding global inequities in countries worldwide contribute to the maldistribution of a health workforce. This is accelerated by a weak and under-resourced health system in developing countries as well as an increasing disease burden perpetuated by psycho-social issues such as gender inequality and poverty. Since effective health care delivery relies largely on a competent and equipped health workforce, many studies aim to investigate how to resolve health issues and inequalities in access to health.

Studies reviewed in Delobelle, Rawlinson, Ntuli, Malatsi, Decock and Depoorter. (2011:373) investigating the impact of HIV/AIDS on the work environment cited poor working conditions and low pay, coupled with the risk of occupational exposure to HIV and working in environments of high mortality, disease-burden and lack of access to life-saving treatment as stressful working conditions. Similarly, Shisana, Hall, Maluleke, Stoker, Schwabe, Colin, Chauveau, Botha, Gumede, Formundam, Shaikh, Rehle, Udjo and Gisselquist (2003) reported such stressful working conditions as a major reason for not enjoying work and health workers reported stress, physical exhaustion and dissatisfaction due to the increased workload. According to Mbewu and Simelela (2003:103), the epidemic also contributed to an increase in the number of hospital admissions between 1994-2004,which further increased the workload of a diminishing workforce.

Within the South African public health sector, the national health reform relies largely on nurses to roll out its primary health care initiative. It is vital that health policy interventions are aimed at exploring the factors that affect retention and turnover of the Primary Health Care (PHC) nurses not only to retain them in the system but also to improve the existing conditions. This is supported in the literature by Chabikuli, Gilson, Blaauw, and Schneider (2005:104-115) who reported that research among PHC nurses has been poorly described.

Migration of health workers has also been described from rural to urban, from public to private and from primary to higher levels of care. Such an uneven distribution of health workers suggests that unless more health professionals are attracted to work in these areas and remain, it will not be possible to improve health outcomes (Travis *et al*., 2004:900-906). The issue of migration contributing to high turnover rates is discussed by Geyer (2004:34-37) in the form of moving from public to private practice, transfers between clinics as well as emigration to other countries. Interestingly, Padarath, Ntuli, and Berthiaume (2003:1-427) argue that migration flow follows a hierarchy of wealth within a country and during emigration, and, discusses trends of moving from remote rural areas of low-income countries via urban areas and/or the private sector in these countries into under-served areas in high-income countries.

According to Buchan (2004:6), the migration of nurses to more developed countries are influenced by 'push' and 'pull' factors. Push factors are described as those factors that influence the employee's decision to leave the organisation due to unhappiness in the current job (Winterton, 2004) whilst pull factors describe factors that offer prospects for better circumstances, attract and facilitate the movement of health workers towards that level or country (Shah, 2006; Equinet, 2000). Pull factors described in Buchan (2004:6) included improved work conditions, better pay and improved career prospects and push factors included nurse staffing ratios and expected standards of living.

The WHO World Health Report 2006 summarised the reasons why health workers migrate as follows:

Table 10: Summary of push and pull factors (Source: WHO 2006)

Push factors	**Pull factors**
Lack of promotion prospects	Better remuneration
Poor management	Upgrading of qualifications
Heavy workload	Gaining experience
Lack of clinics	Family related matters
A declining health service	
Inadequate living conditions	
High levels of violence and crime	

This "flight" of health care workers is described by the JLI (2004) as a migration crisis and attributes factors of low wages; poor working conditions; lack of supervision; lack of equipment and infrastructure as well as HIV and AIDS facilitating towards international migration. The Neoclassic Wage Theory (Hicks 1932 as cited in Flatau 2002) asserts that workforce mobility is an individual choice driven largely by financial motives as well as the probability of finding employment locally and internationally (Boyle and Halfacree 1998; Todaro 1976). For the purposes of this study, the focus is on push factors which are categorized into organisational, economic and individual factors, and pull factors which focus on job and hygiene dimensions.

Health institutions especially in the public service where for example, earnings are determined at national level are "handicapped in responding quickly and effectively to changes in local employment conditions" (Williams, Livy, Silverstone, and Adams 1979). Reid (2004:5) found that a rural allowance had positively influenced the future plans of health workers, particularly nurses, to work in a rural area in South Africa.

Whilst the literature supports the view that health service policy makers must find ways to improve the attraction and retention of staff especially in rural areas, it argues that the development of such strategies first requires an understanding of those factors which influence decisions to stay/leave a position and this must be understood in the context of the setting. This understanding will help to develop appropriate strategies that are more likely to be successful.

The demand for and retention of health care workers in South Africa, particularly in under-resourced areas according to Frost (2002) are aggravated by three factors (i.e. the emigration of skilled people; the relative scarcity of specialist and managerial employees due to an oversupply of unskilled labour and an under-supply of skilled labour; and the national mandate to address employment equity from designated groups). In its attempt to reconcile these factors, the National Government developed its Medium Term Strategic Framework (MTSF July 2009), also known as the 10 Point Plan- intended to assist the country in meeting the Millennium Development Goals (MDGs) and monitoring improvements in the health system. Included in the MTSF are strategies to improve the quality of health services and improve Human Resources (HR) planning, development and management. These include plans to align human resources with service delivery objectives with forecasting processes for various health categories over the next five years (e.g. the re-opening of nursing colleges in order to ensure the accelerated production of nurses and targets for the training and production of various cadres of workers).

In addition, the draft Human Resources Health Strategy' 2012/13-2016/17 (2012) approach to improving HR for health looks towards the establishment of structures to improve the attrition rate.

South Africa's health workforce attrition rate is 25% per annum and this contributes to the slow growth of the health professional pool and poor retention of graduates as well as unplanned and unfunded public service posts, inefficient management and recruitment processes. The document goes on to highlight poor working conditions in the public services as a primary reason for migration and movement from the public to private sector. The maldistribution of inequity in density of health professionals between rural and urban and public and private sector is also discussed between provinces. Since South Africa's current health care system delivery is largely nurse-driven, health outcomes must also include increasing the total workforce and the number of health professionals to deliver these services. The strategies listed in the draft Human Resources Health Strategy 2012/13-2016/17 (2012) that will be used to mitigate the existing health care worker shortages includes the recruitment of foreign health professionals, improving the professional development opportunities of existing nursing personnel (e.g. specialty training in Midwifery), increased training and research at a tertiary level; career pathing and progression as well as a renewed scope of practice at a primary health care level. It is hoped that the National Health Insurance (NHI) will provide infrastructure to clinics as well as equipment resources in alignment with the PHC re-engineering focus.

2.3 Employee Turnover and Retention

The availability of trained and committed employees is a means of sustaining a competitive advantage of an organisation. It is becoming clear that strategies to address skill shortages, to attract and retain talented human resources and to train and develop a workforce to drive current and future growth of an organisation is critical to sustainability and success (Winterton, 2004:371). This requires an understanding of turnover and retention and the reasons that influence decisions to leave or stay.

2.3.1 Turnover

There are various ways to describe turnover within the literature. A broad definition of staff turnover as described by Grobler, Warnick, Carrel, Elbert, and Hartfierd, (2006:123) is the "total movement of employees in and out of an organisation." Staff turnover is not always desirable for the organisation and the associated costs are described as "often unexpected and force administrators to spend valuable time and effort recruiting, selecting, and training replacements" (Buck and Watson 2002:175). The visible turnover costs according to Barrick and Zimmerman (2009: 201) and Buck *et al.,* 2002 include advertising and recruiting expenses; reference checks; security clearance; temporary worker costs; orientation and training of the new employee; relocation costs, formal training costs and induction expenses; decreased productivity and potential loss of loyal customers. Direct and indirect costs described by Mobley (1982) include increased HR and payroll administration; loss of productivity; transition meetings and informal training. There are also the hidden costs which include missed deadlines; loss of organisational knowledge; loss of experience and skills; lower morale due to increased work burden; clients' impact and chain reaction turnover (Hom and Griffeth 1995; Staw 1980). It can be safely assumed that benefits accrue if turnover results in higher productivity and greater efficiency.

Whilst the literature acknowledges that turnover amongst healthcare workers, especially nurses, is a recurring problem, the retention strategies focused on preventing nurse turnover and keeping nurses in an organisations' employment are often made without the support of full and complete knowledge of their associated costs and benefits (Jones and Gates 2007). This supports the body of knowledge that promotes the use of causal modelling to explore the processes by which individual characteristics, job satisfaction, and intention to quit explain turnover.

According to Alexander, Lichtenstein, Joo and Ullman (1998:415) turnover can be conceptualized as "a multistage process linking social and experiential orientations, attitudes toward the job, the decision to quit, and the behaviour of actually quitting."

In their study, intention to quit was the strongest direct predictor of turnover, with professional growth opportunities and workload highlighted as indirect predictors of turnover. Dissatisfaction with work hazards and relationships with co-workers were both indirect and direct predictors of turnover. Other predictors included autonomy and size of workload. This shows that strategies to promote retention need to address aspects of jobs so that they are tailored to specific nursing groups and take into consideration the type of care and the active therapeutic relationship between provider and patient.

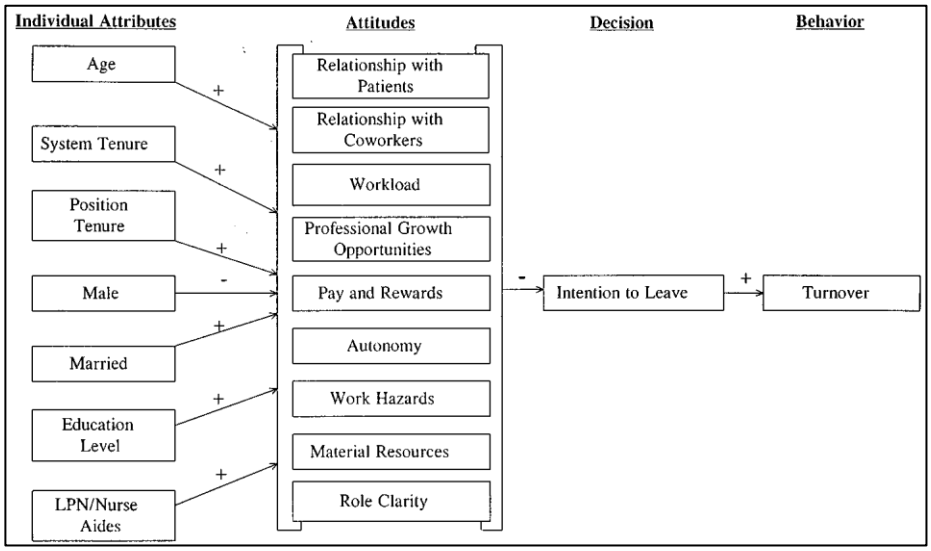
In the provision of long-term and chronic care Anthony (1990) and Cnaan, Blankertz, Messinger, & Gardner (1988) suggest that the shift from maintenance and custodial care to active treatment and psychosocial rehabilitation requires health organisations to recruit highly motivated care-givers, provide them with the appropriate training, and ensure that they view their contributions to patient care as important and their jobs as satisfying. Health organisations need to adopt measures that identify and address levels of stress and job satisfaction at an internal and external level in order to influence the propensity to quit.

The purpose of the study in Alexander *et al. (*1998: 415-427) was to identify those aspects of the work of psychiatric nursing personnel that most accurately predicted their intention to leave their jobs, actual turnover and, to identify the elements of work and the workplace that were salient to different groups of psychiatric nursing personnel.

Although the study focused exclusively on nurses in the psychiatric setting its application can be extrapolated to understand turnover among nurses in the public health care setting and calls attention to factors that organisations must address on a more comprehensive scale.

2.3.1.2 Factors that affect employee turnover

A model can be used to illustrate the antecedents of turnover as follows:



+ = positive relationship - = negative relationship LPN = licensed practical nurse

Figure 5: **Theoretical model of turnover and intention to quit among psychiatric nursing personnel (Source: Anthony 1990)**

The model incorporates elements of needs-satisfaction and social information processing determinants of job satisfaction and the subsequent effects on intent to leave and turnover and provides a sound foundation for Human Resource Management to design targeted interventions to increase job satisfaction and reduce turnover as well as for managers and supervisors to create a sound organisational climate and culture for work and job satisfaction. The multistage attitudinal, decisional, and behavioural process was also described in Irvine and Evans (1995) where the behavioural component of the model focused on the act of separating from a job. This behaviour is predicted by the decisional component of the model, usually intent to leave, which directly affects behaviour and, at the same time, represents the intervening variable between turnover and other antecedents of turnover. This conforms to the approach adopted in studies by Mobley, Horner, & Hollingsworth (1978), Parasuraman (1989), Price & Mueller (1981) and Weisman, Alexander and Chase (1980).

Albeit that the model emphasizes the relative importance of specific dimensions of job satisfaction that influence intention to quit and on personal attributes of nursing personnel that may shape such attitudes toward their job, it is based on the assumption that individual attributes that reflect social and experiential orientations will interact with situational factors to shape work attitudes and behaviours. When compared to the causal model of turnover (Price 2001) the model does not differentiate amongst environmental, individual and structural factors and the relationship between job satisfaction and behaviour. The absence of environmental factors and the extent to which environmental factors are considered in the literature represents a crucial link for Human Resource recruitment strategies.

Although Price (2001) addresses environmental factors, the focus is on opportunity and kinship responsibility. Opportunity is defined as the availability of alternate jobs in the environment. This is based on the premise that if more jobs are available in the market the easier it is for an individual to find a better fit in other organisations. This increases labour turnover and reduces job satisfaction due to the perceived benefits of turnover by the individual. This has been supported by Wheeler, Gallagher, Brouer and Sablynski (2007) who highlight the effects of person-organisation (P-O) fit and job mobility on human resource practices. Perceived job mobility (ability to get another job) moderates the job satisfaction-intention to leave - relationship such that the combined effect of poor P-O fit with high job mobility is a good predictor of the intention to leave.

Kinship responsibility refers to the individual's responsibilities and/or obligations to relatives. Price and Mueller (1981) suggest that the obligations to relatives reduce an employee's intention to leave due to the responsibility towards their family and relatives. However this holds only within the local community. According to Turban, Campion, and Eyring (1992), the local job market is defined as the geographical area a person will be able to work in without the need to move from his current residence.

In this study, the design attempts to identify external factors that may influence the decision to leave the organisation. The external factors that are being addressed include the geographic location of employment, the level of crime in the area and the quality of education available for the family.

It is assumed that these are factors of interest to health care workers working in a rural area and it is expected that this study will show a strong positive correlation between the external factors and the intention to leave.

A consideration in the use of the causal models for turnover is that in its application, different categories of health care workers will be affected by different aspects of the job and the environment differently for various reasons. The extent to which an issue (e.g. growth opportunities) impacts job satisfaction and influences intention to quit; and actual quitting behaviour means, that the manner in which mitigation strategies are implemented may not be the same for different categories of workers.

The model incorporates causal linkages between key individual attributes (e.g., age and occupation) and attitudes toward the workplace that potentially influence turnover (e.g., satisfaction with workload, pay, and rewards). The social and experiential orientations that are posited to differentially affect job satisfaction are age, gender, tenure, marital status, level of education, and nursing training.

According to the literature previous investigators have linked age and tenure to both job satisfaction and turnover, with older workers and those with longer tenure more likely to be satisfied with and less likely to leave their jobs (Benedict, Glasser, and Lee, 1989; Coward, Hogan, Duncan, Horne, Hilker and Felson, 1995; Price and Mueller, 1981), women and married workers have higher levels of job satisfaction than their male and unmarried counterparts (Coward *et al*., 1995; Dunkin, Stratton, Harris, Juhl, & Geller, 1994; Hinshaw and Atwood, 1983) and level of education and nurse training have been positively related to job satisfaction (Hinshaw *et al*., 1983; Huey & Hartley, 1988; Price *et al*., 1981).

The model uses nine dimensions of job satisfaction that may affect nursing personnel's intention to leave and turnover. The dimensions are generic to turnover and retention research and are relevant to most categories of health workers, though to a different extent. Although all nine dimensions are posited to relate negatively to intent to leave, the strength of these relationships is assumed to vary as a function of their importance to particular categories of workers.

It is expected that this study will corroborate previous research results, and that the factors listed will be positively related to an employee's intention to leave, as well as highlight other external factors that may influence the decision to leave.

2.3.1.3 Factors that influence the decision to leave an organisation

As previously discussed push and pull factors impact on the individual who makes decisions about moving to, leaving or staying in a job in a variety of ways. For the purposes of the study the focus will be on organisational hard and soft factors, economic factors, and individual factors. Biographic factors that may influence turnover is also discussed.

Organisational hard and soft factors

There are three factors identified in this section that will be discussed -structure of the organisation, organisation policies, systems and processes and organisational culture.

- **Structure of the organisation**

The structure of an organisation deals directly with managing employees effectively in terms of the lines of communication and reporting requirements. A rigid structure hinders innovation and creativity (Mensah and Alemna 1997; Riggs and Rantz, 2001). Within the public health care system, operating procedures must be communicated to employees and allow review of procedures to create a platform for discussion that will increase commitment and strengthen communication. Organisation structure affects front-line workers directly due to the direct patient contact, and managers must be flexible in managing employees as poor implementation may contribute to turnover.

- **Organisational policies, systems and processes**

Human Resource Management (HRM) practices function to mediate between HR strategies and organisational goals. Organisational policies include recruitment and selection, attraction and retention, and the Performance Management System (PMS). Recruitment and selection refers to the process of attracting potential employees and selecting applicants with the right knowledge, skills and expertise to achieve organisational goals.

Performance management and its appraisal is concerned with the individuals' performance and development in relation to the individual targets/timelines set and the organisational goals. It ensures that those activities and outcomes are aligned and that challenges that impede productivity are identified and resolved in order to enhance subsequent performance. Poor policy implementation and failure to manage performance (recognition, rewards, incentives) can contribute to labour turnover.

- **Organisational culture and behaviour**

The organisational culture refers to beliefs, values, norms and expected behaviour shared by people within the organisation and used to pursue organisational goals (Hill and Jones, 2001). Employee relations with line managers and top management often determines the culture of an organisation, and the same is true for how directives from top management are communicated to departments for implementation. Within an organisation HRM must ensure that there are communication lines and stable structures for labour processes and grievances, employee occupational health and safety and employee wellness programmes as well as its integration into organisation systems, policies and processes. Furthermore, the HR function in relation to retention must ensure that employees are treated equally without discrimination, offered opportunities for growth, and build relationships with one another (teamwork).

This means that the link between employee commitment and the propensity to stay and leave can be influenced by HRM practices and the organisational factors and environment cultivated by managers. The employees' behaviour and attitude can be influenced and specific patterns of behaviour adopted for increased productivity and quality of work. This will work towards retention and renewed commitment to the organisation and the organisation becomes the employer-of-choice.

Economic factors

The economic dimension concerns compensation of employees, incentives and the pay package structure. Mobley (1982a) has revealed that there is a strong relationship between labour turnover rate and compensation, provided that there adjustments to the relative costs of living. It is also linked to the PMS and if implemented correctly, linking rewards to performance has been shown to reduce labour turnover and to contribute towards the commitment of employees to organisations (Huang, Lawler and Lei, 2007). With regard to salary pay structures and incentives, the structuring of the salary package requires consultation with employees and unions. Poor structures without restructuring salary benefits can demotivate staff and contribute to turnover.

Individual Factors

As discussed earlier, individual factors are linked to personal values as well as biographical factors.

- **Lack of career development**

Johnstone 2003:8-15 suggests that a lack of career development and self-development programmes as well as career pathing within the organisation contributes to turnover. Such lack may affect the employee further and contribute to work-related stress, tension and conflict within the job. This has a chain reaction effect on job performance and the balance between work and family life.

- **Lack of leadership and management support in the organisation**

Employees require support on two levels (tangible and intangible support) from the management within the organisation. Tangible support needed by employees includes the provision of working tools such as office equipment and office furniture, while intangible support includes good supervision, motivation, and appreciation for good work done (Capko, 2001). An absence of either leads to job dissatisfaction and also affects the work performance of the employees (Scott, Gravelled, Simoens, Bojke and Sibbald, 2006) and contributes to attrition rates.

Biographic factors and turnover

Generally, the literature acknowledges that individual factors' influencing attraction and retention depend on a persons' personal characteristics. However the strength of the association between biographic factors and turnover cannot be quantified as the level of importance differs. The emphasis in this study will draw attention to five factors on which most research has been focused on- age, gender, length of service and work experience, education level and marital status.

- **Age**

According to Harrison (1998:455-468) reasons for turnover are inconclusive in relation to age, educational level and gender. However, attrition rates according to Mobley (1982a) tend to be higher in younger employees who have recently joined organisations when compared to older employees with longer service records. Factors that could be inter-related may be the ease of mobility and lack of job level engagement, family stability and current job satisfaction. This means that in mitigating turnover, HR policies must recognize mobility between age groups and aim to develop a mix of skill sets as well as develop mentoring programmes for younger and older age groups.

- **Gender**

As mentioned previously the implementation of affirmative action and employment equity policies in South Africa has increased gender sensitivity in the workplace. The literature is also conflicted on the relationship between gender and turnover, however factors relating to an association between gender and turnover, focus on the size of the workload, career pathing and work schedules (Victoria 2008). Again this must be considered along with the marital status of individuals that may impact decision-making on turnover.

- **Length of service and work experience**

Currently there is limited evidence investigating the relationship between working conditions and job satisfaction. Yet, according to Mobley (1982a:97), "length of service is regarded as the best predictor of labour turnover" – attributed to working conditions, unfulfilled job expectations and organisational culture (Winterton 2004). Mobley (1982b) suggests that the first three years are crucial in increasing commitment because of the accumulation of experience as a result of training and development. This speaks to the maintenance of a supportive organisational climate and culture (Veldsman 2003) that motivates employees and recognizes length of service (Buck and Watson 2002).

- **Education**

According to Mobley (1982a), education level is not a good predictor of labour turnover and previous research has not indicated any clear relationship between education and turnover. HRM policies must consider that mobility may be associated with qualifications and work experience and may mitigate turnover by implementing succession planning for career development. This also means that organisations must recognize the value of the employee and the (increased) skill set brought into the job. Interestingly though, this does not speak to the job level that may not require additional qualifications.

- **Marital status**

Knowledge of the marital status of employees is useful when conducting research on staff turnover and retention as this impacts on factors relating to decision-making in workload allocation and shift work. This has further implications in terms of family responsibilities (Mobley *et al.,* 1978), children and availability of schooling and recreational clinics and infrastructural development.

In summary, empirical research shows no consistency of turnover in terms of biographic variables, but these factors cannot be looked at in isolation. Any decision by an individual will be the result of a complex interplay of various factors and provides useful insight into further research on biographic factors and their influence on turnover.

External factors that may influence decisions to leave the organisation

External factors are related to the local working environment. In rural and remote areas this is compounded by the availability of general living conditions, national policies, socio-economic factors and the level of infrastructural development. This study focused on six external factors - geographic location, level of infrastructural development, availability of sport and recreational clinics, level of crime, availability of quality education and health services.

- **Geographic location of the organisation**

The location affects the employee in terms of the distance travelled, access to transport as well as the time and money to be spent (Ramlall (2003). Brown (2006) identified labour turnover to be greatest in regional and remote areas suggesting a direct relationship between internal transfers and the remoteness of the area. Organisations need to realize the extent of control and influence over external factors, this suggests that recruitment and interviewing processes must be sensitive to issues relating to external factors. Labour turnover will remain a challenge in rural areas and this has been confirmed by empirical research conducted in various areas.

- **Lack of infrastructural development**

This factor is linked to individual needs and family responsibilities and will then be coupled with access and availability of schools. The possibility of migration is also influenced by this factor and has been discussed in earlier sections. Employees may decide to move between institutions, from rural to urban where there is more development –this has rollover consequences to service delivery and affects the availability and quality of health services.

- **Availability of quality health services**

The availability of health clinics and equipment for a conducive working environment for employees and families is important. A further constrain may be the available budget for the provision of adequate health clinics. This affects both employees and end-users and is directly related to job satisfaction.

- **Education**

The availability of quality education for children is a strong motivator to stay/leave the organisation. Rural and remote areas are strongly affected as professional employees may leave due to poor quality education in remote areas.

- **Availability of sport and recreation clinics**

This factor is important for employees who seek an outlet to de-stress and spend quality time in social activities. The rate of labour turnover tends to be higher in remote areas where the level of economic and infrastructural development is lower (Van Dormael, Dugas, Kone, Coulibay, Sy, Marchal and Desplats, 2008). People originally from urban areas may find it difficult to work in rural areas and adapt to this lack (WHO, 2009). As mentioned earlier recruitment policies need to be sensitized of the external factors that influence labour turnover in rural and urban areas.

2.3.2 Retention

Retention is defined as "the implementation of integrated strategies or systems designed to increase workplace productivity by developing improved processes for attracting, developing, retaining, and utilizing people with the required skills and aptitude to meet current and future business needs," (Lockwood, 2006:2). This means that retention is an active part of talent management in so far as training and developing staff, creating productive work environments and increasing core competencies continuously, (McDonnell, Lamare, Gunnigle and Lavelle 2010:151).

Turnover and retention are inextricably linked. In his study, Williams *et al*., (1979:1-16) suggests that the decision to stay/quit originates from three causal areas- general economic factors (e.g. prevailing levels of employment, alternative job opportunities, comparative pay), organisational factors (e.g. overall job satisfaction, size of work unit), and perceived or individual factors (e.g. age, sex, length of service)." "Employee satisfaction levels" according to Mansell, Brough, Cole (2006:86) are swayed by the "influence of psychosocial job characteristics [e.g. job demands, control and social support] on turnover" and that "- organisational performance indicators can be linked to those behaviours which directly impact human resource functioning (absenteeism, turnover and legal compensation claims)."

This demonstrates there is no simple and single solution to retaining or managing employees. Buchan (2002:209-218) reiterates this complexity in his reference to nurses that "the complex interaction of pay, job satisfaction, career prospects and non-work issues means there is no single solution to retaining and motivating nursing staff." Therefore, for an individual, factors of peer support and quality of supervision, and quality of administration (e.g. conflict resolution and work formalization; the level of autonomy conferred) may affect the level of commitment to work and impact on job satisfaction. Likewise, the size of the workload and job flexibility may affect self-efficacy and contribute towards dissatisfaction.

Although there are many factors that affect retention, not all may be easily quantified but their effects may be costly to an organisation. In their study reviewing the link between human resource management and performance, Harris, Cortvriend and Hyde (2007) suggest that every individual is unique and organisations may only be able to identify the number of factors that closely relate to employee retention and its correlates, but may not be able to determine the exact set of characteristics – individual, organisational or economical – that has the most effect on an individuals' decision to remain within an organisation.

Related literature supports some of these generic factors under a general theme of organisational characteristics (e.g. pay, promotion; work characteristics e.g. nature and scope of the job; and individual characteristics e.g. age). However the importance of work content and work environment is under-researched and targeted instead towards turnover and job satisfaction. Hinshaw, Atwood, Gerber and Erickson (1985:384), and Mueller and Price (1990:321-335) both indicated that these factors are generic to exploratory models of employee turnover including the nursing profession. Hinshaw *et al*., (1985) developed a model for anticipated and actual turnover based on expected tenure, group cohesion, job stress, control over practice and job satisfaction. Borda and Norman (1997) found intent to stay as having the largest impact on turnover, and Tai, Bame, and Robinson (1998) indicated that age, tenure, income and professional rank predict turnover, influenced by the extent of job satisfaction, level of employee-organisational commitment, growth opportunities and supervisor's behaviour.

In a meta-analysis in Taiwan, salary and fringe benefits were most strongly related to turnover, followed by co-worker relationships, supervision, job challenges and administrative policies (Yin and Yang 2002:573-581). Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Spence Laschinger, North and Stone (2006:237-263) reported that organisational and socio-demographic factors, including younger age, inexperience, lower tenure, higher educational level and kinship responsibilities contribute to nurse turnover.

The model used to illustrate the antecedents of retention provided by Veldsman (2003) explains the relationship of various factors that influence an employees' decisions to stay or leave an organisation. All of the factors included in the model are to an extent investigated in the study by examining organisational, leadership, developmental, relational, economical, and individual aspects that influence retention and can be extrapolated to the model.

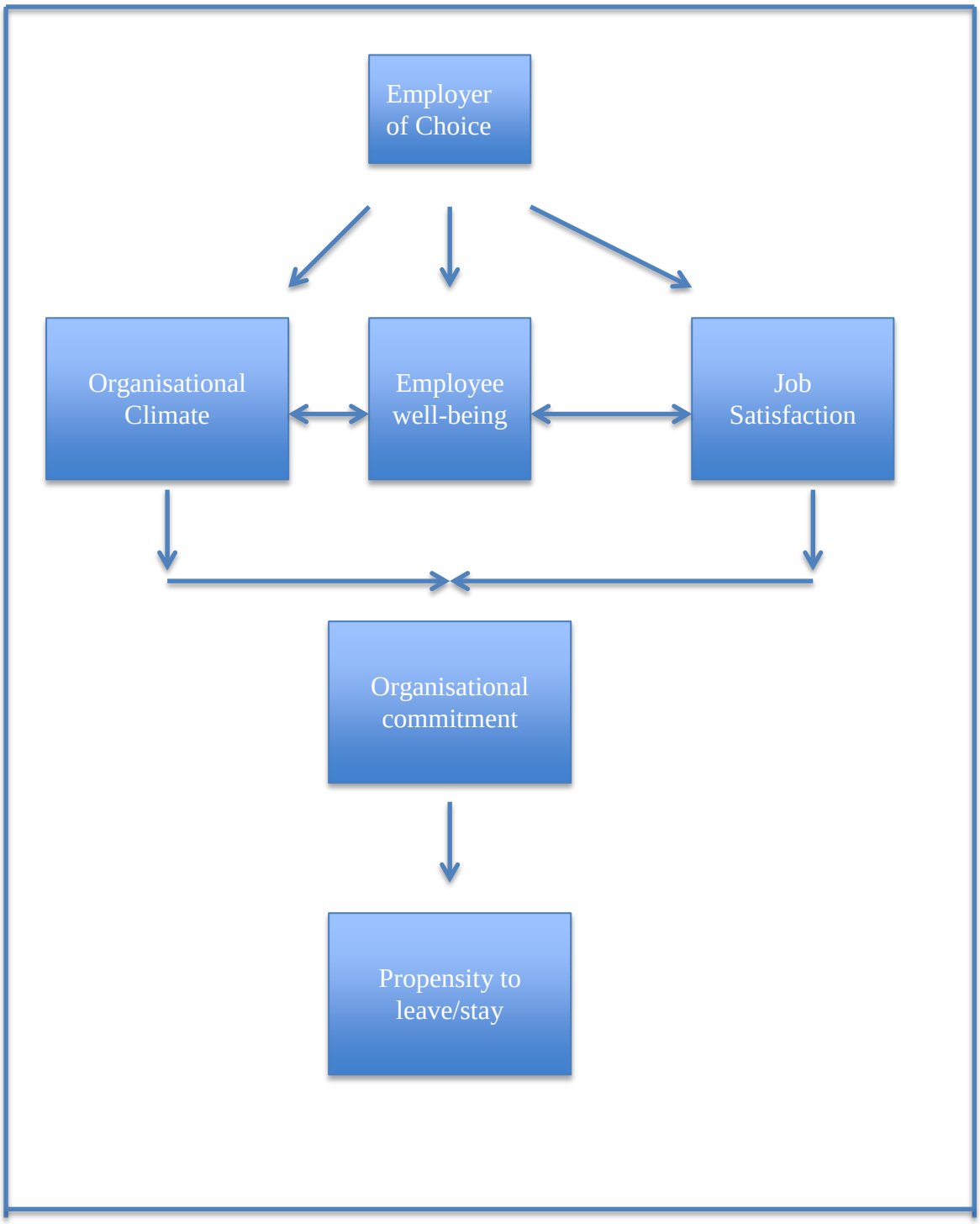


Figure 6: Veldman's employee commitment model (Source: Veldsman 2003 as cited in Kotzé and Roodt 2005.)

According to the model, the individual initially has certain views regarding his/her organisation as an Employer of Choice, which affects his/her decision to join and stay with the company. The propensity to stay or to leave is further affected by Organisational climate and culture, Job Satisfaction, and Employee Well-being. Organisational Climate and culture reflects on how the individual engages with the surrounding work environment. Job Satisfaction indicates the immediate work environment and engagement of the employee thereof. Employee Wellbeing is situated between Organisational Climate and Job Satisfaction. This indicates the positive and/or negative responses of the employee to his/her total work setting (i.e. the macro and micro work settings), which is reflective of his/her internal experiences of his/her work engagement. The propensity to stay or leave is moderated by the individual's mobility like the ability to pursue and find alternative employment and the prevailing market conditions facing the individual e.g. favourable or unfavourable supply/demand for labour in the current economic climate.

2.3.2.1 Factors that affect employee retention

The factors that affect/influence the retention of employees must be identified so that they can be strategically managed during workforce planning. Some may even be controlled to an extent if viewed as predictors for leaving the job. Veldsman (2003) clusters these factors into three categories –factors pertaining to employee well-being including the biographical information, factors pertaining to organisational climate and culture and factors pertaining to job satisfaction.

- **Factors pertaining to employee well-being**

Factors that are brought into the job include gender; ethnicity; family background; education and work experience and attitude. These may not always be controlled but can be changed by the work environment and load, and may influence the career progression of the individual. These factors do not predict job turnover, but may be considered as generic factors when deciding to leave or stay.

Specific factors that influence employee well-being and retention listed by Kotzé and Roodt (2005: 50) includes skills and professional development, training and development of new skills, increased scope of practice and advancement opportunities. Employee well-being according to Roland, Rust, Stewart and Pielack (1996) is also affected by better pay and better working conditions, which affect productivity and quality of work. The study suggests further that work conditions are also affected by how employees are treated by supervisors and managers, how conflicts and grievances are resolved and the communication between employees and management. This is an important consideration for managers of workers at all levels as it promotes engagement within the organisation and job commitment. Satisfaction amongst these factors promotes retention, whilst dissatisfaction affected emotional well-being and increased propensity to leave.

- **Factors pertaining to Organisational Climate and Culture**

The ability of an employee to adapt to global economic conditions and develop new and innovative ways to increase profitability is a sought after skill and competitive edge for an organisation. Identifying those factors that promote retention, improve attitude towards work and work relationships and meeting the basic expectations that employees may have contribute towards shared value and a conducive work environment to improved productivity and quality. It also goes towards establishing standards across all levels and builds trust towards management and the organisation.

According to Moran and Volkwein (1992), Organisational climate is defined as an enduring characteristic of an organisation which embodies the employees' collective perceptions about their organisation with respect to dimensions such as trust, cohesiveness, support, recognition, innovation and fairness. It also reflects the prevalent norms, values and attitudes and the organisations' culture.

An employee is more likely to leave if they perceive a lack of strategic direction from management. This talks to the vision and mission of an organisation with clear and realistic goals that have been communicated to and understood by employees. It is the employees that will bring in the deliverables and so some level of control/autonomy in the work environment under supportive management correlates with renewed commitment to the organisation.

The work climate also speaks to teamwork and the culture created within a department that shares inputs and outputs together.

- **Factors pertaining to Job Satisfaction**

The strength of the relationship between job satisfaction and actual turnover is debatable. According to Irvine and Edwards (1995:246-253) this correlation is moderate whilst it been has identified as the most immediate antecedent to turnover (Borda *et al.,* 1997: 385-394). Job satisfaction is often the result of how an individual perceives the fulfilment of personal job values and needs with the job at hand. It is not the same for every person and is essentially a personal experience. Carvajal and Hardigan (2000:420-425) propose that in health care, job satisfaction has an impact on the delivery of quality healthcare delivery. There is a relationship between job satisfaction and employee turnover, absenteeism, worker productivity and the overall organisational effectiveness. This infers that improved job satisfaction will improve worker retention and support retention, which will improve the delivery of health care services contributing to quality care and result in improved clinical outcomes and patient well-being. It is likely then, that strategies within the health sector are subject to socio-economic, political and institutional influence just as other labour markets and human resource interventions must be coherent and linked.

The relationship between retention and job satisfaction is influenced by job involvement, task characteristics and role stressors. These refer to the nature of the tasks, how employees are treated at work, relations with each other and management and how well one is equipped to fulfil the tasks and work rewards. The extent to which management deals with complaints at an operational level is also important. Levy (2003:282) also describes personal characteristics, social factors and growth opportunities as antecedents that lead to job satisfaction with implications for individuals and the organisation.

The motivation of an employee to work and remain in an organisation suggests that the employees' values (intrinsic motivation) and that of the organisation are aligned, and that motivational factors within an organisation may have an influence on the employees' extrinsic motivation to commit and perform. Hackman and Oldham (1976: 250-279) identified five characteristics - skill variety, task identity, task significance, feedback and autonomy that organisations can use to make jobs more motivational, increase the level of engagement and improve P-O fit and involvement in the job.

The concept of motivation can be understood McClelland's Achievement Motivation Theory (McClelland 1978) which states that three needs are central to employee motivation at work – the need for achievement, power and affiliation (Riggio, 2003:186). Achievement is considered a higher order psychological need, power at a foundational safety level and affiliation at a social level (Statt, 1994: 283). Organisations need to recognise employees' willingness to exert high levels of effort towards organisational goals in order to gain a competitive advantage and satisfy some individual needs simultaneously.

2.3.2.2 Factors that influence the decision to stay within an organisation

The two main pull factors in this study are job and hygiene dimension.

Job dimension

The literature reveals that factors that influence the job dimension and increase organisational commitment include job variety, job engagement, job satisfaction and level of autonomy.

- **Job variety**

Challenging work increases employee commitment, thus reducing the intention to quit (Brewer, 1996), but must be aligned to competitive salaries and benefits, recognition as well as the organisational culture (Price, Kiebusch, and Theis 2007). It complements the level of job engagement and the amount of variety in the job.

- **Job engagement**

A strong culture reflects on attitude and willingness to work, and is related to processes and systems that provide conducive work conditions for performance. This suggests that highly engaged employees will stay longer and perform better than less engaged employees in the organisation.

- **Job satisfaction and level of autonomy**

Knowledge on job satisfaction is important for assessing the morale of employees in relation to intention to quit (Winterton, 2004). This is strongly linked to motivation and increases employee commitment. As employees are given increased responsibility to act and take decisions within their scope of practice, the lower the labour turnover with improved trust and accountability within the work climate. HR policies and practices must be designed in such a way as to attract people and to influence them to stay in the organisation especially with respect to job design and autonomy.

Hygiene Dimension

The creation of a conducive working environment helps to improve staff retention (Capko, 2001) and contributes to job satisfaction but, if ignored, can lead to job dissatisfaction (Mobley *et al.,* 1978). This focuses largely on working conditions and health and safety standards at work. A number of studies also discuss the benefits of introducing participatory management and supportive supervision to improve working conditions. Managers must also provide the tools to facilitate productivity (i.e. resources, latest technology, and health and safety standards).

2.4 Conclusion

As indicated earlier reducing turnover and managing retention requires an understanding of the factors that influence the decision to stay or leave. Organisations need to retain the knowledge and skills set within the organisation and also cultivate and create environments that improve employee commitment. Retention and staff turnover are issues of importance because of the impact on the organisation. Impacts include the visible turnover costs on recruitment and retraining practices, impact on personal relations with customers and customer loyalty as well internal impacts of demotivated staff. Staff with high P-O fit have a low intent to leave which is related to high levels of commitment, this is a powerful retention factor in the organisation and supports the organisation as the employer of choice.

References

1. Alexander, J.A., Lichtenstein, R., Joo Oh, H., and Ullman, E. 1998. A Causal Model of Voluntary Turnover Among Nursing Personnel in Long-Term Psychiatric Settings. *Research in Nursing and Health.* 21: 415-427
2. Anthony, W.A. 1990. Psychiatric rehabilitation: The need to integrate with treatment services. *Focus on Mental Health Services Research.* 4,2:1–2
3. Barrick, M.R and Zimmerman, R.D. 2009. Hiring for Retention and Performance. *Human Resource Management*. 48, 2 :183–206
4. Benedict, M.B., Glasser, J.H., and Lee, E.S. 1989. Assessing hospital nursing staff retention and turnover: A life table approach. *Evaluation & The Health Professions.* 12, 1: 73–96
5. Borda, R.G and Norman, I.J. 1997. Factors influencing turnover and absence of nurses: a research review. *International Journal of Nursing Studies*. 34, 6:385-394
6. Boyle, P.J., and Halfacree, K. 1998. *Exploring contemporary migration*. Longman, Harlow
7. Brewer, A. M. 1996. Developing commitment between managers and employees. *Journal of Managerial Psychology.* 11,4: 24-34
8. Brown, C. 2006. *Labour turnover and costs in the Australian accommodation industry.* CRC. Research by Griffith University
9. Buchan, J. 1999. Still attractive after all these years? Magnet hospitals in a changing health environment. *Journal of Advanced Nursing.* 30:100-108
10. Buchan, J. 2002. Nursing shortages and evidence-based interventions: a case study from Scotland. *International Nursing Review*. 49, 4:209-218
11. Buck, J. M. and Watson, J. L. 2002. Retaining Staff Employees: the relationship between Human Resources Management Strategies and Organisational Commitment. *Innovative Higher Education*. 26, 3: 175 – 193
12. Capko, J. 2001. Identifying the causes of staff turnover. *Family Practice Management*
13. Carvajal, M.J., and Hardigan, P.C. 2000. Pharmacists' Source of Job Satisfaction – Inter Gender Differences in Response. *American Journal Of Pharmaceutical Education*. 64, Winter: 420-425

14. Chabikuli, N., Gilson, L., Blaauw, D., and Schneider, H. 2005. Human Resource Policies. In: Ijumba, P., and Barron, P. (eds) *South African Health Review*. Durban: Health Systems Trust. 2005
15. Cnaan, R.A., Blankertz, L., Messinger, K.W., and Gardner, J.R. 1988. Psychosocial rehabilitation: Toward a definition. *Psychosocial Rehabilitation Journal.* 11,4: 61–77
16. Coward, R.T., Hogan, T.L., Duncan, R.P., Horne, C.H., Hilker, M.A., and Felsen, L.M. 1995. Job satisfaction of nurses employed in rural and urban long-term care clinics. *Research in Nursing & Health.* 18: 271–284
17. Delobelle, P., Rawlinson, J.L., Ntuli, S., Malatsi, I., Decock, R., and Depoorter, A.M. 2011. Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: a questionnaire survey. *Journal of Advanced Nursing*. 67, 2:371-383
18. Dunkin, J., Stratton, T., Harris, T.R., Juhl, N., and Geller, J. 1994. *A Predictive Model for Retention of Rural Nurses.* Unpublished manuscript, Grand Forks, The University of North Dakota Rural Health Research Center
19. Dussault, G., and Franceschini, M.C. 2006. Not enough there, too many here: understanding geographical imbalances in the distribution of the health workforce. *Human Resources for Health*. 4:1-12
20. Equinet discussion paper number 4: *Health personnel in Southern Africa: Confronting maldistribution and brain drain*
21. Geyer, N. 2004. Re-marketing the nursing profession. *Nursing News.* 28, 3: 34-37
22. Flatau, P. Hicks's *The Theory of Wages:* Its Place In The History of Neoclassical Distribution Theory. *History of Economics Review*. 44-65
23. Frost, L. 2002. Finding the top people. *HR Future Magazine.* 1, 3:30-32
24. Geyer, N. 2004. Re-marketing the nursing profession. *Nursing News.* 28, 3: 34-37
25. Grobler, P.A., Warnick, S., Carrel, M.R., Elbert, N.F., and Hartfierd, R.D. 2006. *Human Resource Management in South Africa*. (3rd ed). UK London: Cornwall Institute of Management

26. Hackman, J.R., and Oldman, G.R. 1976. Motivation through the design of work: Test of theory. *Organisational Behaviour and Human Performance*. 16,2:250-279
27. Harrison, M.E. 1998. Female Physicians in Mexico: migration and mobility in the life course. *Social Science and Medicine.* 47,4:455-468
28. Harris, C., Cortvriend, P., and Hyde, P. 2007. "Human resource management and performance in healthcare organisations." *Journal of Health Organisation and Management*. 21, 4: 448-459
29. Hayes, L.J., O'Brien-Pallas, L., Duffield, C., Shanian, J., Buchan, J., Hughes, F., Spence Laschinger, H.K., North, N., and Stone, P.W. 2006. Nurse Turnover: A Literature Review. *International Journal of Nursing Studies*. 43, 2:237-263
30. Hill, C.W.L. and Jones, G.R. 2001. *Strategic management*. Houghton Mifflin
31. Hinshaw, A.S., and Atwood, J.R. 1983. Nursing staff turnover, stress, and satisfaction: Models, measures, and management. *Annual Review of Nursing Research.* 1: 133–153
32. Hom, P. and Griffeth, R. 1995. *"Employee Turnover."* South-Western Publishing, Cincinatti, OH
33. Huang, T.C., Lawler, J., and Lei, C. 2007. The effects of quality of work life on commitment and turnover intention. *Social Behavior and Personality.* 35,6: 735-750
34. Huey, F., and Hartley, S. 1988. What keeps nurses in nursing: 35,00 nurses tell their stories. *American Journal of Nursing.* 88: 181–188
35. Human Resources for Health South Africa 2030. Draft HR Strategy for the Health Sector 2012/13 – 2016/17. *Consultation Document V5.* August 2011
36. Irvine, D.M., and Evans, M.G. 1995. Job Satisfaction and Turnover among Nurses: Integrating research findings across studies. *Nursing Research*. 44, 4:246-253
37. JLI: Human Resources for Health. Overcoming the crisis. Edited by: Joint_Learning_Initiative. Global Health Initiative/Harvard University Press: 2004

38. Johnstone, P.L. 2003. Nurse Manager Turnover in New South Wales during the 1990s. *Collegian: Journal of the Royal College of Nursing Australia.* 10,1: 8-15
39. Jones, C. and Gates, M. 2007. "The Costs and Benefits of Nurse Turnover: A Business Case for Nurse Retention." *The Online Journal of Issues in Nursing*. 12, 3 Manuscript 4
40. Kirigia, J.M., Gbary, A.R., Muthuri, L.K., Nyoni, J., and Seddoh, A. 2006. The cost of health professionals' brain drain in Kenya. *BMC Health Serv Res*. 6:89
41. Kotzé, K., and Roodt, G. 2005. Factors that affect the retention of managerial and specialist staff: An exploratory study of an employee commitment model. *SA Journal of Human Resource Management.* 3, 2: 48-55
42. Levy PE. 2003. Industrial/Organisational Psychology – Understanding the Workplace. Boston: Houghton Mifflin Company. Pages 1 – 485
43. Lockwood, N.R. 2006. Talent management: Driver for organisational success. *Society for Human Resource Management*
44. Mansell, A., Brough, P., Cole, K. 2006. Stable Predictors of Job Satisfaction, Psychological Strain and Employee Retention: An Evaluation of Organisational Change within the New Zealand Customs Service. *International Journal of Stress Management*. 13, 1:84-107
45. Mbewu, A., and Simelela, A. 2003. Operational plan for the Comprehensive HIV and AIDS Care, Management and Treatment for South Africa. Pretoria: Department of Health, 1-261. URL: http://www.gov.za/issues/hiv/carelan19nov03.htm [Cited: 15 August 2012]
46. McClelland, D.C. 1978. Managing motivation to expand human freedom. *American Psychologist*. 33,3: 201-210
47. McDonnell, A., Lamare, R., Gunnigle, P and Lavelle, J. 2010. Developing tomorrow's leaders—Evidence of global talent management in multinational enterprises. *Journal of World Business* 45:150–160
48. Mensah, V. and Alemna, A.A. 1997. Staff retention in public libraries in Ghana. *Library Management*. 18,6: 286–294
49. Mobley, W.H., Horner, S.O., and Hollingsworth, A.T. 1978. An evaluation of precursors of hospital employee turnover. *Journal of Applied Psychology.* 63, 4: 408 – 410

50. Mobley, W.H. 1982a. *Employee turnover: causes, consequences and control*. Philippines: Addison-Wesley Publishing Company, INC
51. Mobley, W.H. 1982b. Some unanswered questions in turnover and withdrawal research. *Academy of management review*. 7,1: 111-116
52. Moran, E.T. & Volkwein, J.F. 1992. The cultural approach to the formation of organisational-climate. *Human Relations*. 45,1:19-47
53. Mueller, C.W., and Price, J.L. 1990. Economic, psychological, and sociological determinants of voluntary turnover. *Journal of Behavioral Economics*. 19, 3:321-335
54. Padarath, A., Ntuli, A., and Berthiaume, L. 2003. Human resource. In: Ijumba, P., Ntuli, A., Barron, P. (eds) *South African Health Review*. Durban: Health Systems Trust; 2003. URL: http://www.hst.org.za/publications/423 [Cited: 15 August 2012]
55. Parasuraman, S. 1989. Nursing turnover: An integrated model. *Research in Nursing & Health.* 12: 267–277
56. Price, J.L., and Mueller, C.W. 1981. *Professional turnover: The case of nurses*. New York: SP Medical and Scientific Books
57. Price, J.L. 2001. Reflections on the determinants of voluntary turnover. *International Journal of Manpower*. 22, 7: 600-24
58. Price, W.H., Kiebusch, R., and Theis, J. 2007. Causes of employee turnover in Sheriff Operated Jails. *Public Personnel Management,* 36, 1: 51- 63
59. Ramlall, S. 2003. Organisational Application: Managing employee retention as a strategy for increasing organisational competitiveness. *Applied Human Resource Management Research.* 8,2: 63-72
60. Reid S. 2004. *Monitoring the effect of the new rural allowance for health professionals*. Durban: Health Systems Trust; 2004.
61. Riggio, R E. 2003. *Introduction to Industrial/Organisational Psychology*. 4th edition. New Jersey: Prentice-Hall, Pearson Education Inc. Pages 1- 556
62. Riggs, C. J. and Rantz, M. J. 2001. A Model of staff support to improve retention in Long- Term Care. *Nursing Administration Quarterly/Winter.* 19, 4: 43 – 54

63. Roland, T., Rust, G.L., Stewart, H.M., and Pielack, D. 1996. The satisfaction and retention of front-line employees. *International Journal of Service Industry Management.* 7, 5: 62-80
64. Scott, A., Gravelle, H., Simoens, S., Bojke, C. and Sibbald, B. 2006. Job satisfaction and quitting intentions a structural model of British general practitioners. *British Journal of Industrial Relations.* 44, 3: 519 – 540
65. Shah, A. 2006. Sustainable development: Brain drain of workers from poor to rich countries. URL: http://www.globalissues.org/traderelated/development/braindrain [Cited: 17 September 2013]
66. Shisana, O., Hall, E.J., Maluleke, R., Stoker, D., Schwabe, C., Colvin, M., Chauveau, J., Botha, C., Gumede, T., Formundam, H., Shaikh, N., Rehle, T., Udjo, E., and Gisselquist D. 2003. *The impact of HIV/AIDS on the Health Sector: National survey of health personnel, ambulatory and hospitalised patients and health clinics*, 2002, HSRC Press, Cape Town
67. Statt, D.A. 1994. *Psychology and the World of Work*. New York: New York University Press. Page 1-457
68. Staw, B. (1980), "The consequences of turnover." *Journal of Occupational Behaviour.* 1, 4: 253–273
69. Tai, T.W., Bame, S.I., and Robinson, C.D. 1998. Review of nursing turnover research. *Social Science & Medicine*. 47, 12:1905-1924
70. The Presidency, Republic of South Africa. 2009. Together Doing More and Better–Medium Term Strategic Framework. A Framework to Guide Government's Programme in the Electoral Mandate Period (2009-2014). Issued by: Minister in the Presidency Planning- July 2009. URL: http://www.info.gov.za/view/DownloadFileAction?id=127120
71. Todaro, M. 1976. *Internal migration in developing countries*. Geneva, International Labour Office
72. Travis, P., Bennet, S., Haines, A., Pang, T., Bhutta, Z., Hyder, A.A. 2004. Overcoming health systems constraints to achieve the Millennium Development Goals. *Lancet*. 364:900-906

73. Turban, D.B., Campion, J.E., and Eyring, A.R. 1992. Factors relating to relocation decisions of research and development employees. *Journal of Vocational Behaviour.* 41: 183-199
74. Van Dormael, M., Dugas, S., Kone, Y., Coulibaly, S., Sy, M., Marchal, B. and Desplats, D. 2008. Appropriate training and retention of community doctors in rural areas: a case study from Mali. *Journal of Hum Resource Health.* 6,1: 25
75. Veldsman, T.H. 2003. *Personal communication*. Internal research report. CS Holdings
76. Victoria, H.J. 2008. Voluntary turnover and women administrators in higher education. *Higher Education.*
77. Weisman, C.S., Alexander, C.S., and Chase, G.A. 1980. Job satisfaction among hospital nurses: A longitudinal study. *Health Services Research.* 15: 341–364
78. Wheeler, A.R., Gallagher, V.C., Brouer, R.L., and Sablynski C.J. 2007. When person- organisation (mis)fit and (dis)satisfaction lead to turnover: The moderating role of perceived job mobility. *Journal of Managerial Psychology*. 22, 2: 203-219
79. Williams, A., Livy, B., Silverstone, R, and Adams, P. 1979. Factors associated with Labour Turnover among Ancillary Staff in two London Hospitals. *Journal of Occupational Psychology*. 52:1-16
80. Winterton, J. 2004. A conceptual model of labour turnover and retention. *HRDI*. 7(3): 371 390
81. World Health Organisation. 2006. The World Health Report 2006: *Working Together for Health*. Geneva. World Health Organisation. URL: http://www.who.int/whr/2006/en/ [Cited: 15 August 2012]
82. World Health Organisation. 2009. *Increasing access to health workers in remote and rural areas through improved retention.* Research paper presented by WHO at Geneva Convention February 2009
83. Yin, J.T., and Yang, K.A. 2002. Nursing turnover in Taiwan: a meta-analysis of related factors. *International Journal of Nursing Studies* 39, 6: 573–581

Section 3: Research Method

3.1 Introduction

The objective of this section is to describe the research methodology in detail. The aim of the research was to identify the most prevalent factors influencing intention to stay (retention) or leave (turnover) of Health Care Professionals (HCPs) at St. Andrews Hospital and its Primary Health Care (PHC) clinics. This study did not intend to clarify the extent of turnover by calculating rates and identifying trends, rather it was to understand the nature of turnover and the factors that influence decisions of intention to quit/stay.

A quantitative research approach was used. Data was collected through a structured Likert-type scale questionnaire distributed to various categories of HCPS within the Hospital and clinics as the area is considered rural and the focus of the research is the retention of HCPs at both sites. This survey was conducted to identify the ten most prevalent factors influencing intention to stay (retention) or leave (turnover) of HCPs with the intention of making recommendations towards the development of relevant strategies to retain staff at St. Andrews Hospital and its PHC clinics. For the purpose of this research, reference to St. Andrews Hospital refers to St. Andrews Hospital and its PHC clinics.

3.2 Research Aims and Objectives

The aim of the study was to identify the most prevalent factors influencing intention to stay (retention) or leave (turnover) of HCPs at St. Andrews Hospital. The objectives were as follows:

- To identify the ten most prevalent turnover factors
- To identify the ten most prevalent retention factors
- To make recommendations towards the development of relevant strategies to retain HCPs at St. Andrews Hospital

3.3 Ethical considerations

Verbal permission to conduct the study from the St. Andrews Hospital Manager (Mrs T Ntleko) was obtained. Written permission and approval from the KZN Health Research and Knowledge Management Component (Annexure 2), Ugu District Office (Annexure 3) and St. Andrews Hospital (Annexure 4) was obtained for the use of the Hospital and the feeder PHC clinics as the study site. All data collected was based on the voluntary participation of the HCPs and on condition of anonymity. Information was identified by the sub-sample represented and not individualised. All questionnaires were kept securely by the researcher at all times. The final research report is to be sent to the KZN Health Research Committee.

3.4 Research Design

3.4.1 Research Paradigm

According to Fouche and Delport (2002) a paradigm is a fundamental model or frame of reference that is used to organize observations and reasoning. The paradigm that informed and guided the inquiry as described in Guba and Lincoln (1994:109) was a post-positivist approach with the ontological view of critical realism. The research was aimed to understand the nature of turnover and the factors that influence decisions of intention to quit/stay of HCPs at St. Andrews Hospital. The epistemology was a modified dualist/objectivist approach to determine if the research "findings 'fit' with preexisting knowledge," (Guba and Lincoln 1994:110). This will be compared to the literature in which any "replicated findings are probably true (but always subject to falsification)," (Guba and Lincoln 1994:110).

3.4.2 Research method

The research design for this study surfaced from identifying the main research problem and sub-related problems. The main problem identified was:

- What primary factors influence HCPs' intention to stay/leave St. Andrews Hospital?

The related sub-problems included:

- What individual/social, job, organisational and environmental factors impact the retention of HCPs at St. Andrews Hospital?
- What individual/social, job, organisational and environmental factors impact the turnover of HCPs at St. Andrews Hospital?
- What strategies from the individual/social, job, organisational and environmental factors can St. Andrews Hospital Human Resources Department (HRD) use to influence the HCPs' decision to leave/stay?

The survey method was used in the form of a questionnaire based on the sub-problems to rate the experience and measure the opinions and perception of HCPs on issues relating to social factors, organisational climate, job satisfaction and employee well-being. Analysis of the questionnaires and the responses generated could be used towards the development of relevant strategies to retain HCPs at St. Andrews Hospital. The nature of the study required that biographical details also be included in order to explore the relationship between various factors that influence the HCPs' decision to stay or leave the organisation. This data was used to describe the profile of the respondents and identify relationships as well as to facilitate an understanding of the nature of the problem as suggested by Ghauri and Gronhaug (2002).

3.4.3 Data Collection

The objective of this section is to describe the method of collecting the data that was used in this survey. The survey method was used to collect the primary data by distribution of a self-administered Likert-type scale questionnaire to HCPs at St. Andrews Hospital in order to identify the primary retention and turnover factors.

3.4.3.1 Questionnaire

A questionnaire is a set of prepared questions or measures to which respondents or interviewers record answers (Joseph, Barry, Money and Samouel, 2003:184). Wagner and Hollenbeck (2002:168) acknowledge that it is not always feasible to collect data on every possible observation in the population, however the researcher must ensure that the correct research questions are addressed. A well-constructed questionnaire is reliable and valid if the related phases of the research are executed well (Joseph *et al.*, 2003:184).

The type of questions that could be included in a questionnaire are discussed by Saunders, Lewis and Thornhill (2003:304), and these may be multiple choice questions, open-ended questions, closed questions, ranking questions and scaled response questions. Saunders *et al.*, (2003:304) advise further that the layout of the questionnaire should be attractive to encourage the respondent to complete and return it; it should not appear to be too long and that the best way of obtaining valid responses to questions is to keep both the visual appearance of the questionnaire and the wording of each question as simple as possible. The design of a questionnaire contributes to its reliability and validity as a measuring instrument.

In order to identify factors that influence turnover and retention, questions that asked the responder to indicate the strength of reaction on scales was considered most appropriate in the design of the study. This was measured using a 21-point Likert-type scale. The use of a 21-point Likert type scale in the design of a questionnaire to identify factors related to staff turnover and retention was tested by Pearse (2011) who found that the 21-point scale was useful to respondents, as evident in the spread of responses across the 21 response categories of the scale. The characteristics of a Likert-type scale includes a "declarative sentence that is clearly positive or negative, followed by a number of response options that indicate varying degrees of agreement with or endorsement of the statement" (DeVellis 2003:78, cited in Pearse 2011:160). This is argued for in Roberts, Laughlin and Wedell (1999) in order "to solicit more definitive responses from respondents, rather than eliciting muted, unvarying responses" as cited in Pearse 2011:160.

Since turnover and retention factors were being considered simultaneously in this study questions were stated neutrally to "identify if employees would differentiate between turnover and retention variables as two distinct sets, or (as was anticipated) that a variable could be considered as contributing either to the employees' intention to stay or leave, depending on its level or characteristic in the organisation" (Pearse 2011:165). The questionnaire adapted from Pearse (2011) covered individual, organisational, managerial and environmental aspects relating to work and the workplace in order to assess the impact and perceived value of influence on HCPs which would assist towards retention strategies.

The questionnaire is attached as Annexure A. The format of the questionnaire included forty questions consisting of four sections. The four sections are - (1) a fourteen item biographic section concerning background information of the respondent; (2) thirty one items on turnover and retention factors, where the respondents were asked to rate the importance of internal push factors and/or pull factors; (3) six items on external factors that would influence the decision to stay or leave and (4) nine items on intention to quit, where the respondents was asked to rate their likelihood of leaving in the near future.

The questionnaire was designed as follows:

- The first page addressed to the respondent was a cover letter that explained the purpose of the study and its aim, assured the confidentiality of the responses and provided contact details of the researcher. It described the layout of the questionnaire and the approximate time to complete it.

- The questionnaire was made up of two main sections with section B divided into three sub-sections. Each section had instructions on how to complete the questions.

- Section A covered all biographic details of the respondent.

- Section B covered retention and turnover factors. Respondents were asked to rate the importance and influence of a range of push factors (perceived to increase intention to leave) and pull factors (perceived to increase intention to stay).

    - Section B1 covered factors that influence the decision to stay or leave the organisation. It comprised of an interval scale ranging from -10 to +10 to characterize the degree of importance of influence on leaving or staying.

    - Section B2 covered external factors that may influence the decision to leave the organisation. It comprised of an interval scale ranging from 0 to 10 to characterize the degree of importance of influence on remaining or leaving the area or the job.

    - Section B3 covered the intention to leave the organisation. Respondents were asked to rate the likelihood or applicability of a number of factors from strongly disagree to strongly agree on an interval scale from +1 to +7 that could become a reason to leave the organisation.

3.4.3.2 Content validity and reliability

Joseph *et al.*, (2003:170) define reliability as the extent to which a survey instrument is considered reliable if its repeated application results in consistent scores. Validity relates broadly to the extent to which the instrument measures what it claims to measure, or tests what it is intended to test (Wilkinson, 2000). The questions that were developed in the questionnaire were directly linked to the literature and the researcher made use of a pilot study to scrutinize if the questionnaire was representative of the research area. The researcher was available for queries regarding completing the questionnaire but had no personal involvement in the filling out of questionnaires. Questionnaires were issued and explained to the managers and supervisors of the categories of HCPs who were then responsible for the distribution and administration thereof and the collection and return of the questionnaires to the researcher.

Internal consistency (reliability) is a measure used to determine reliability of the scale used in questionnaires (UCLA: Statistical Consulting Group 2011). It is commonly used in Likert-type scale questionnaires that provide a range for responses. Cronbach's alpha is the most common measure for internal consistency; it does not distinguish between different underlying personal qualities but provides an overall reliability coefficient for a set of questions (UCLA: Statistical Consulting Group 2011). Each of the scales used in the questionnaire was checked for such reliability by correlating the responses to each question in the questionnaire with responses to other questions in the questionnaire. After administering the questionnaire, each response to sections B1 to B3 was statistically tested for internal consistency. Each section obtained a Cronbach's alpha coefficient exceeding 0.70 confirming the reliability of the summated scores derived from the responses indicating a high level of internal consistency (Table 11).

Table 11: Reliability Statistics Table

	Cronbach's alpha	Number of questions
Section B1	0.951	25
Section B2	0.827	6
Section B3	0.704	9

3.4.4 Data Analysis

Descriptive statistics was used to describe the frequency distribution of biographic variables. Information on turnover, retention and demographic variables was displayed using frequency tables and bar charts.

In analysing the questionnaire, responses from each section was pooled and categorised according to the defining degrees of importance. This means that for Section B1, responses were counted, pooled and categorised into the degree of importance as 'Important influence on me leaving,' Not important' and 'Important influence on me staying;' Section B2 into the degree of importance as 'Not important at all,' and 'Very important' and; Section B3 as 'Strongly disagree' and 'Strongly agree.'

The turnover factors included both internal and external factors and these were categorically separated in the results. This can be found in Section 1 of this report. The primary turnover and retention factors were identified using the average mean and impact scores to determine the importance and impact levels of the top ten factors. From the top ten turnover and retention factors, the top three factors were selected using the impact scores, and further analysed using Chi-square and Pearson correlation methods. The Chi-square test was used for the top three turnover variables to determine the level of independence, and Pearson correlation method was used to test the significance level and degree of strength between the retention factors. The statistical tool used for the quantitative analyses was IBM SPSS Statistics Version 21.

3.5 Research Procedure

This section describes the procedures used in collecting of the data, its analysis, and the sampling procedure. The study site was St. Andrews Hospital.

3.5.1 Data collection

A survey method was used to collect the primary data comprising of a seven page self-administered Likert-type scale questionnaire.

The questionnaire was posted as a paper version and distributed to the various categories of HCPs at St. Andrews Hospital through the component managers and PHC Supervisor. One hundred and fifty questionnaires were distributed.

3.5.2 Sampling

The population size was approximately three hundred and six participants which comprised of doctors; allied HCPs i.e. Radiology, Occupational Therapy, Dietetics, Audiology, and Physiotherapy Departments; Dental Department; Pharmacy Department; and the Nursing Component which formed the majority of the sample (Hospital and PHC-based).

The sample population targeted for the study included a purposive sample of one hundred and fifty HCPs permanently employed by St. Andrews Hospital, particularly front-line staff who are directly involved in patient care, and most susceptible to turnover and retention. The inclusion criteria for the sample was based primarily on three aspects – actively on duty, a clinical worker and a registered professional currently registered with the relevant Health Council. HCPs who were attending training/on leave were excluded from the study. Of the one hundred and fifty questionnaires distributed, one hundred and seven were returned (71% response rate) and formed the basis of the study, twenty questionnaires were incomplete and did not form part of the analysis and twenty three were not returned.

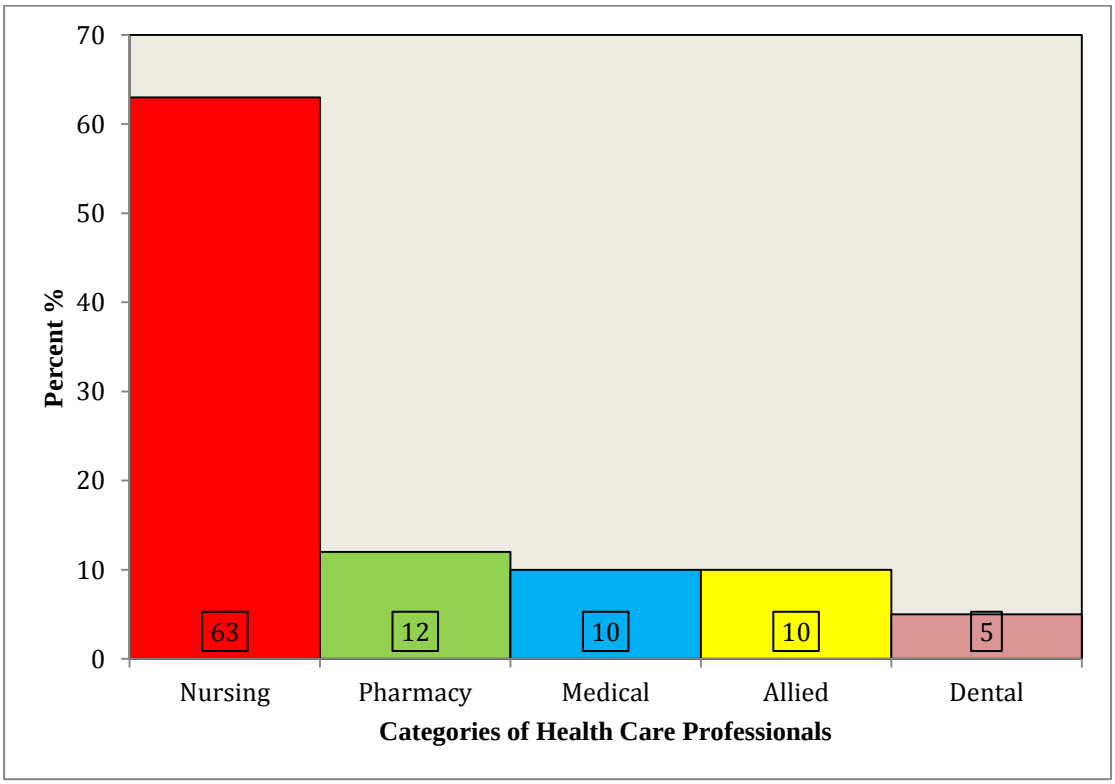


Figure 7: Categorical description of the sample

Questionnaires were circulated and distributed during February – March 2013 and a follow up was made two weeks after distribution. Returned questionnaires were checked for completeness then categorically separated and numbered. Some of the shortcomings identified during the distribution and administration of the questionnaires related to incomplete questionnaires and untimely returns.

It was not possible to track and trace questionnaires for completeness due to the anonymity and these questionnaires were removed from the data for analysis. Questionnaires that were not returned to the researcher within the two-week period as stated on the cover letter were recovered after telephonic communication with the relevant departments.

The Nursing category (63%) comprising of Hospital nursing personnel (41) and PHC nursing personnel (26) formed the majority of the sample followed by the Pharmacy (12%), Medical (10%), Allied (10%) and Dental (5%) departments. Strategies aimed

at retention towards these categories must be aware of the perceptions of these HCPs and their holistic needs.

The following graphs describe the biographic profile of the respondents and include age, gender, marital status, current accommodation, education level, job level, current service length, and reason for leaving previous employment.

3.5.2.1 Biographic profile of the study sample

- **Age**

The HCPs fell into the following age range: < 25 years (8%); 25-34 years (49%); 35-44 years (20%); 45-55 years (17%) and > 55 years (6%). The majority of workers fell into the 25-44 year range (Figure 9).

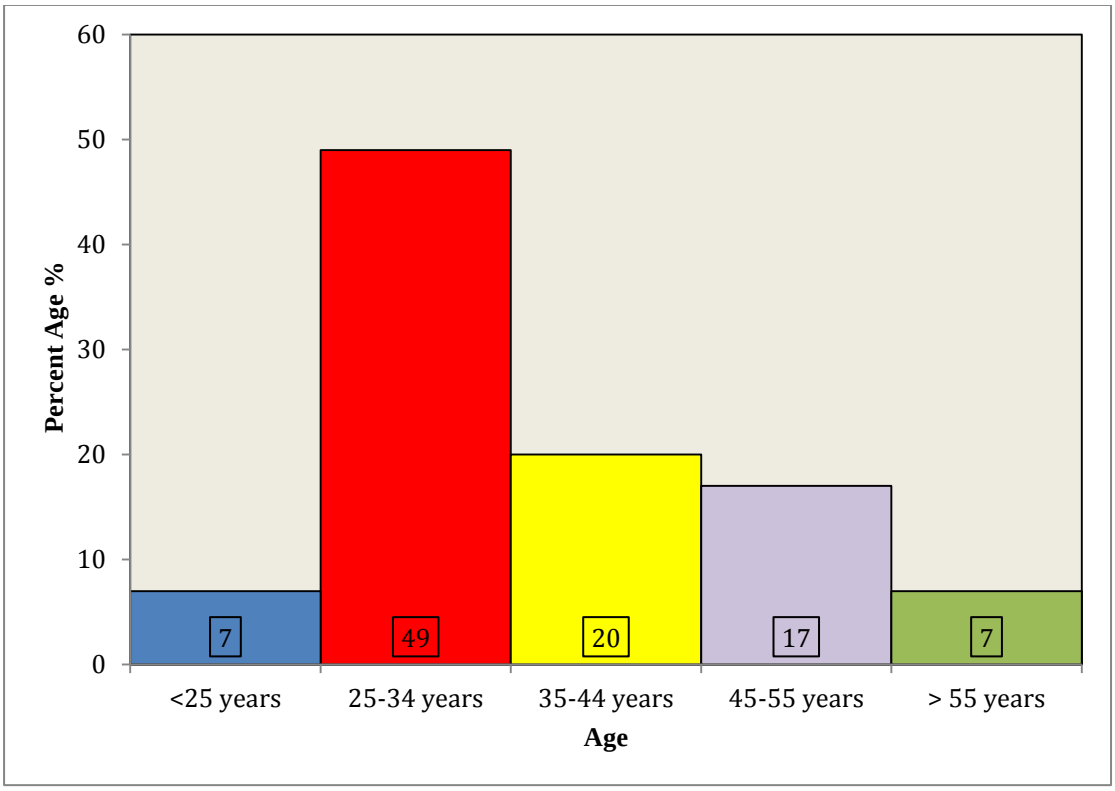


Figure 9: Age distribution of the sample

- **Gender**

The majority of the HCPs represented in the sample were females (79%) with males comprising of 21% (Figure 10).

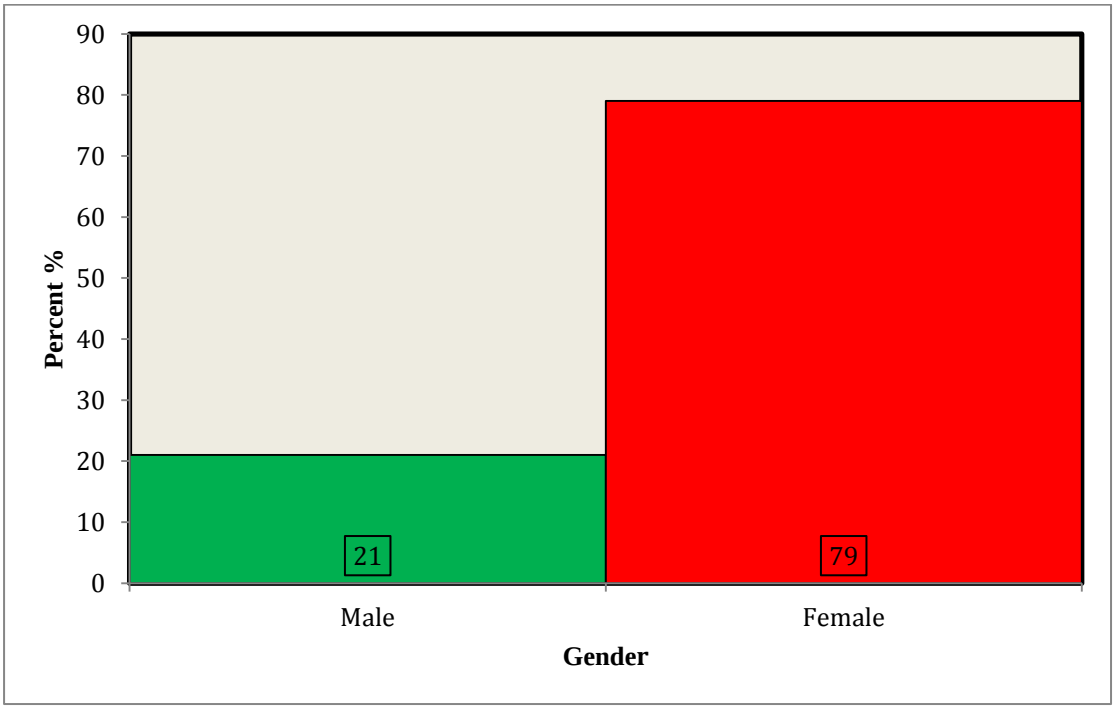


Figure 9: Distribution by gender

- **Marital Status**

The majority of the participants in the sample were not married but in a relationship (50%) (Figure 11).

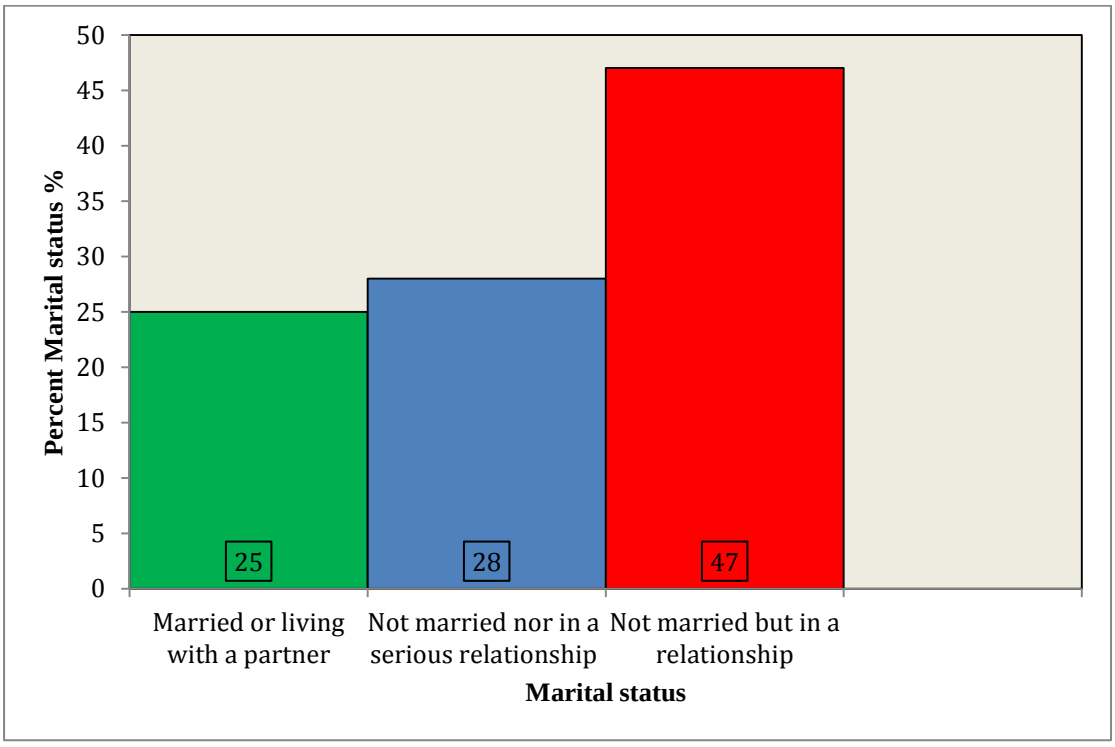


Figure 10: Distribution according to marital status

- **Accommodation**

More than 70% of the HCPs are renting accommodation in Harding and its surrounding areas (Figure 12).

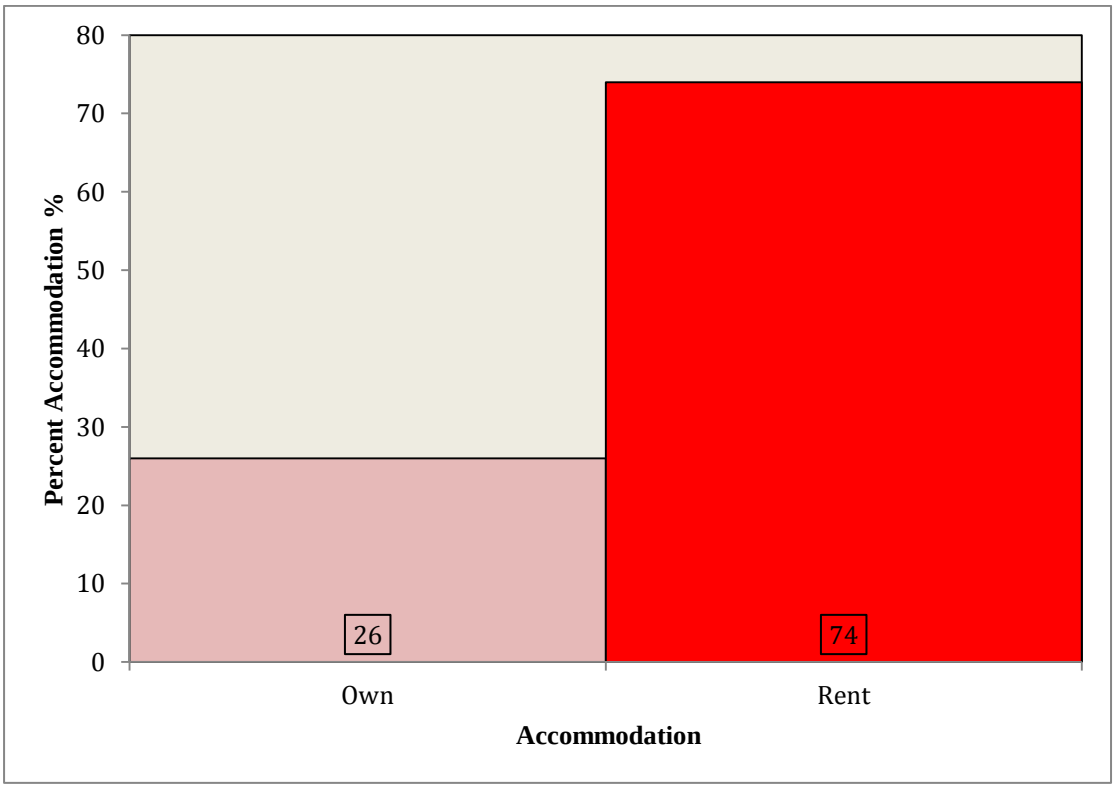


Figure 11: Distribution according to Accommodation status

- **Education Level**

Most of the respondents in the sample had a diploma (39%), or a Bachelor degree (25%), and 22% had a Grade 12 certificate only (Figure 13). Higher degrees such as Honours (10%) and/or a Masters/Doctorate qualification (3%) were low in prevalence.

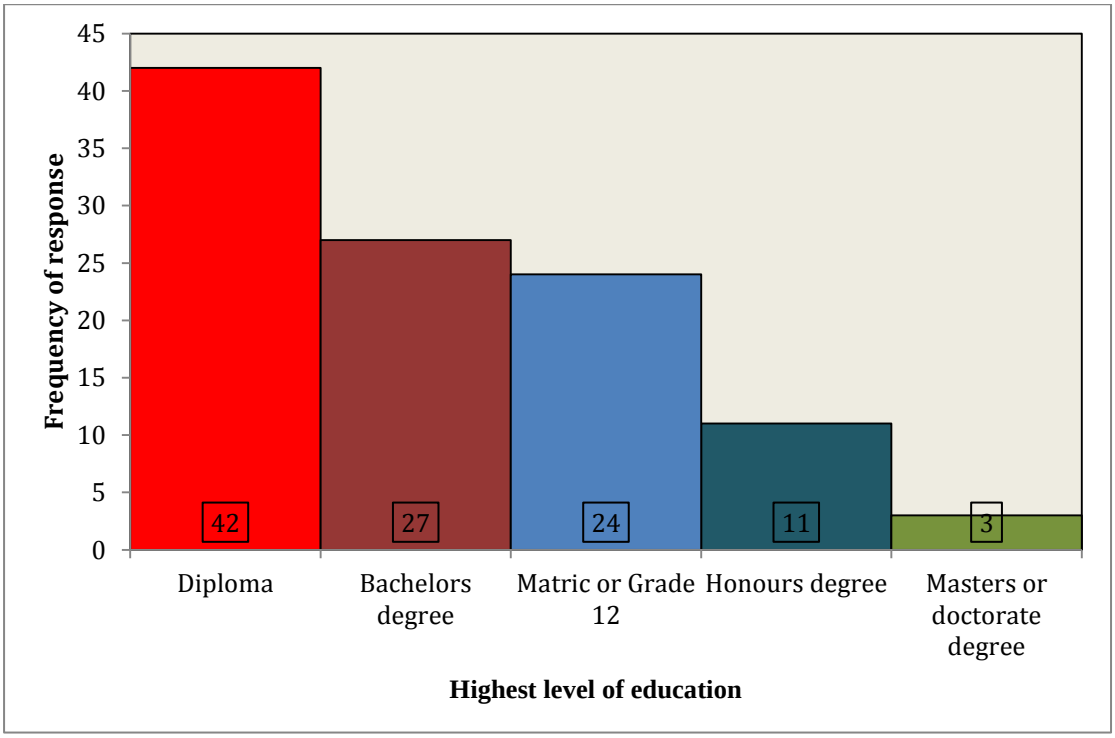


Figure 12: Distribution of the sample according to the highest level of education

- **Current Service Length**

The majority of the employees (31%) had worked for less than 60 months at St. Andrews Hospital (Figure 14). This provides some insight into the attrition rate and further analysis is required to monitor the success of previous retention strategies. The distribution of the sample reflects a high number of newly employed or graduates entering the institution below 1 year (27%); 1-3 years (31%); 4-6 years (16%); 7-9 years (8%) and > 9 years (19%).

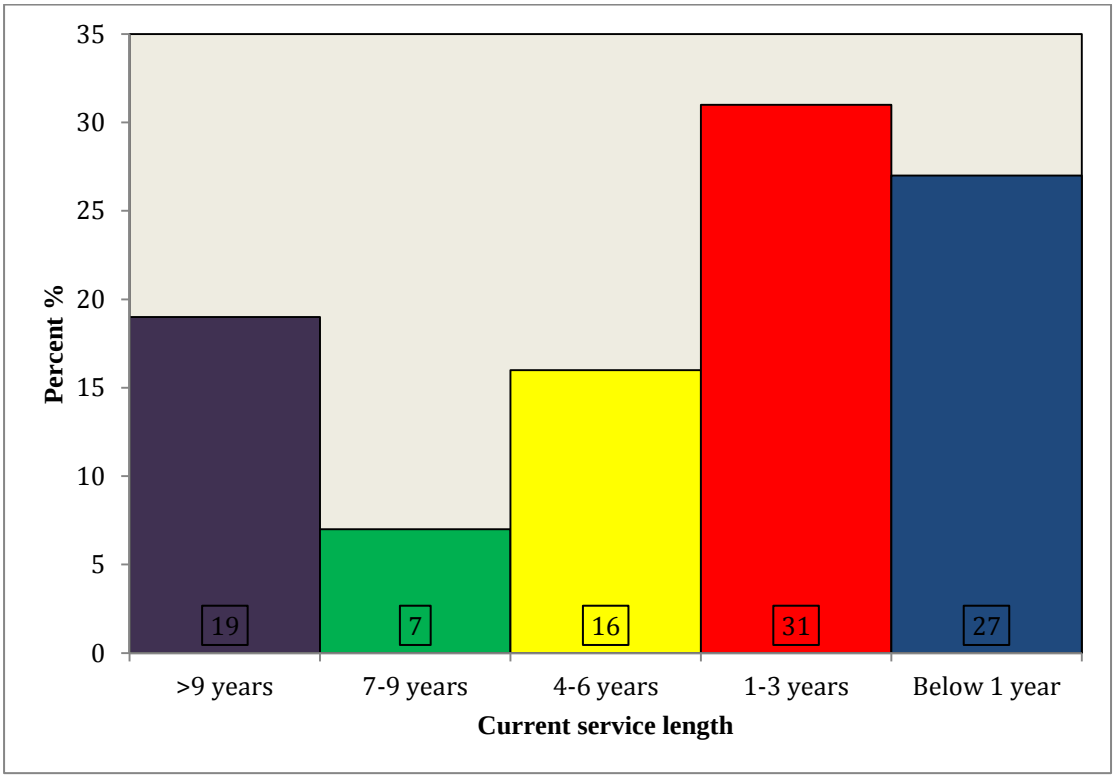


Figure 13: Distribution of service length at St. Andrews Hospital

3.6 Delimitations and Limitations of the Study

The data collected and techniques used in analysing the data for the research to achieve the set objectives have limitations and it is important to highlight some of the challenges that have impacted the research.

- The study was limited to a particular site, St. Andrews Hospital within Ugu district in the KZN province. As the focus of the research is the retention of HCPs at this site, no comparisons to other institutions within the district were made in terms of generalisation of results across HCPs or institutions. This could have provided further insight into understanding the factors that influence decisions to stay/leave the organisation.

- For the purposes of this study, only professionally qualified HCPs were targeted. These professionals are registered with their relevant Health Professional Councils such as Health Professions Council of South Africa, South African Pharmacy Council, South African Allied Professions Council and the South African Nursing Council. All other administrative and support workers were excluded. Attrition rates within the various categories could have provided further insight into tailored development of retention categories for specific categories of professionals.

- Information from the exit interviews from HCPs who have resigned/transferred from the institution prior or during the research period were not accessed which could have provided further insight into the retention and turnover factors by analysing the reasons for leaving and correlate these with the primary factors identified from the survey.

- The quality of the data collected may have been compromised by the completeness of the questionnaire as some of the HCPs were hesitant to answer even though confidentiality was assured. This could have been mitigated by the researcher physically administering the questionnaires to employees rather than managers/supervisors, and to ensure that the reasons for conducting the study were properly explained to all HCPs participating in the survey.

Even though a cover letter was attached explaining the purpose of the study, verbal communication between the respondents and the researcher could have helped to facilitate the data collection process.

- The questionnaire did not accommodate differentiation of day and night duty nursing personnel that could have assisted with comparisons in responses within that category. In all cases, the sizes of the sub-samples were too small to undertake a statistical comparison between the primary retention and turnover factors affecting various groups.

- Individual interviews with departments could have been conducted to expand on the nature of these primary factors that could be used towards the development of retention strategies for HR.

3.7 Conclusion

Although the survey method was chosen and applied in this research design it has highlighted challenges in its administration and distribution that will affect the generalization of the results of the study. However it will be effective for the said institution and the use of interview data would have complemented the information gained from respondents. The questionnaire was aimed to address both the aim and objectives of the study questionnaire and make recommendation towards retention strategies however the incompleteness, difference in interpretation and perhaps the use of a 21-point Likert scale could have caused confusion amongst some of the respondents. Limitations of the study have been addressed and this research could be repeated in the future using focus-group discussions and interviews to provide in-depth insight into the questions in which ‘no response’ or ‘other’ was elicited.

While the research does acknowledge the limited scope of this study, the findings of the research is still of value to St Andrews Hospital in the development of relevant strategies to retain Health Care Professionals.

References

1. DeVellis, R.F. 2003. *Scale Development: Theory and applications* (2nd ed.), Sage Publications, Thousand Oaks
2. Fouche, C. B and Delport, C.S.L. 2002. *The place of theory and the literature review in the qualitative approach to research*. In A.S. de Vos (Ed.) Research at grassroots: For the Social Sciences and human service professions (2nd Ed). Pretoria: van Schaik Publishers
3. Ghauri, P. and Gronhaug, K. 2002. *Research methods in business studies: a practical guide***,** 2nd ed. England: FT Prentice Hall
4. Guba, E.G and Lincoln, Y.S. 1994. Competing Paradigms in Qualitative Research in N.K Denzin and Y.S Lincoln (Eds), *Handbook of Qualitative Research* (pp. 105-117). London: Sage
5. Joseph, F., Barry, B., Money, A.H. and Samouel, P. 2003. *Business Research Methods*. United State of America: Leyh Publishing
6. Pearse, N. 2011. "Deciding on the Scale Granularity of Response Categories of Likert type Scales: The Case of a 21-Point Scale. *The Electronic Journal of Business Research Methods.* 9,2: 159-171
7. Roberts, J. S., Laughlin, J. E. and Wedell, D. H. (1999) "Validity Issues in the Likert and Thurstone Approaches to Attitude Measurement". *Emotional and Psychological Measurement*. 59, 2: 211-233
8. Saunders, M., Lewis, P.& Thornhill, A. (2003). *Research Methods for Business Students*. (3rd Ed). England: Prentice Hall
9. UCLA: Statistical Consulting Group. *Introduction to SAS*. URL: http://www.ats.ucla.edu/stat/sas/notes2/ [Cited: 07 March 2014]
10. Wagner, J.A & Hollenbeck, J.R. (2002). *Organisational Behaviour* . Fourth Edition. New York: McGraw Hill Publishers
11. Wilkinson, D. 2000. *The Researcher's Toolkit, The Complete Guide to Practitioner Research.* London: Routledge Falmer Buhler, P. 2002. Streetwise Human Resources Management, Avon, Adams Media

Annexures

Annexure 1

1. Health Care Professional Questionnaire.

Research investigating factors that influence the intention to leave or stay of Health Care Professionals at St. Andrews Hospital

Permission to Conduct Study:

2. Provincial Ethical Approval

3. District Ethical Approval

4. St. Andrews Hospital Ethical Approval

14 February 2013
Dear Colleague

RESEARCH INVESTIGATING FACTORS THAT INFLUENCE THE INTENTION TO LEAVE OR STAY OF HEALTH CARE PROFESSIONALS AT ST. ANDREWS HOSPITAL

Attached is a questionnaire designed to gain insight into what influences employees to continue working for St. Andrews Hospital. It is aimed at a cross section of employees in the Hospital and has been approved by Mrs Ntleko, the Hospital Manager.

The aim of the research is to get your views on what would influence your decision to stay or leave the employment of St. Andrews Hospital. It also aims to establish the practices that St. Andrews Hospital Human Resource Department could adopt that would positively affect the retention of its employees. The results will be used mainly for academic purposes and the final report will be available on the Rhodes University Internet for your information.

This is an anonymous questionnaire and therefore you will not be personally identified in the reporting of the results. Your participation and completion of this questionnaire is voluntary. The questionnaire consists of 2 sections and it should take approximately 20-30 minutes to complete. Please complete and return it to the St. Andrews Hospital Pharmacy Department before 31 March 2013. If you have any queries concerning the questionnaire, please contact me at any of the contacts listed below.

Mobile: 072 224 0852
Work: 039 433 1955 Ext 351
Email: pharmacy.standrewshospital@kznhealth.gov.za

Thank you for your participation.

Yours sincerely

Rochelle Amanambu

SECTION A: BIOGRAPHIC DETAILS OF THE RESPONDENT

Please complete Section A in full. Please note that this information will be used to make group comparisons only and your questionnaire will not be analysed or reported on an individual basis. Either fill in the detail required or place a cross (X) over the number that best describes you.

	QUESTION	ANSWER					
1	Race: 1=Black 2= White 3= Indian 4=Coloured	1	2	3	4	5	6
2	Age: 1= less than 25 2=25 – 35 3=35 – 45 4=45 – 55 5=55 or older	1	2	3	4	5	
3	Job Level: 1= Top management 2=Middle management 3=Supervisor 4=Professionally qualified staff 5=Non-supervisory	1	2	3	4	5	
4	Length of service at current employer (years or months)						
5	Length of total working experience (years or months)						
6	Number of employees worked for before being employed by current employer						
7	Highest educational qualification obtained: 1=Less than Matric or Grade 12 2=Matric or Grade 12 3=Diploma 4=Bachelor degree 5=Honours degree 6=Masters or Doctoral degree	1	2	3	4	5	6
8	Gender: 1=Male 2=Female	1	2				
9	Division/Section: 1=Medical 2=Allied 3=Dental 4=Pharmacy 5=Nursing	1	2	3	4	5	
10	Marital Status: 1=Not married nor in a serious relationship 2=Not married but in a relationship	1	2	3			

	3=Married or living with a partner						
11	Name of previous employer and place of work (e.g. District/town)						
12	Main reason for leaving previous place of employment						
13	Institution currently working at: 1=Hospital 2=PHC facility	1	2				
14	Do you own or rent the accommodation currently residing in and commuting to and from work? 1=Own 2=Rent	1	2				

SECTION B

SECTION B1: FACTORS THAT INFLUENCE YOUR DECISION TO STAY OR LEAVE THE ORGANISATION

Please indicate the degree of importance of the following factors in either influencing you to stay on or leave your current employer or place of work. Place a cross (X) over the corresponding number on the scale.

0 = this factor is not important in influencing you to stay or leave your current employer or place of work

+10 = this factor is extremely important in influencing you to stay your current employer or place of work

-10 = this factor is extremely important in influencing you to leave your current employer or place of work

	FACTOR	Degree of importance Important influence on me leaving										Not important										Important influence on me staying
1	The public reputation of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
2	The structure of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
3	The organisation policies, systems and processes	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
4	The organisational culture	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
5	The way the organisation is led by top management	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

6	The quality of your managers' leadership and nature of the relationship you have with him/her	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
7	The way people are treated by those in leadership positions	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
8	The way problems are dealt with by managers in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
9	Developing self and gaining new knowledge and skills	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
10	The quality of the relationships with colleagues you work with	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
11	The amount of support received from your manager and colleagues	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
12	Pay package structure (medical aid pension, allowances) and incentives (performance-based)	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
13	The size of the workload	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
14	The amount of overtime and weekend work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
15	Your regular working hours	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
16	The number of nights spent away from home due to work commitments and travelling	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
17	The amount of flexibility in work hours and place of work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
18	The amount of stress, tension and conflict experienced	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
19	The recognition received for what you do	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

20	The amount of variety in your job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
21	The level of autonomy in your job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
22	Level of engagement and involvement in the job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
23	Overall job satisfaction at the moment	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
24	The extent to which the latest technology is available or not	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
25	The OHS level at the workplace	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

SECTION B2: EXTERNAL FACTORS THAT MAY INFLUENCE YOUR DECISION TO LEAVE THE ORGANISATION

Please provide your opinion of the degree of importance of the following factors to you remaining or leaving the area or your job.
Place a cross (X) over the corresponding number.
0 = this factor is not important at all
10 = this factor is extremely important

	FACTOR	Degree of importance										
		Not important at all										Very important
26	The geographic location of my place of employment in a rural or urban area	0	1	2	3	4	5	6	7	8	9	10
27	The level of infrastructural development e.g. road, public transport	0	1	2	3	4	5	6	7	8	9	10
28	The availability of sport and recreational clinics	0	1	2	3	4	5	6	7	8	9	10
29	The level of crime in the area	0	1	2	3	4	5	6	7	8	9	10
30	The quality of education available for my family	0	1	2	3	4	5	6	7	8	9	10
31	The availability and quality of health services	0	1	2	3	4	5	6	7	8	9	10

SECTION B3: INTENTION TO LEAVE THE ORGANISATION

Place a cross to show the degree to which you agree or disagree with the following statements
1=Strongly disagree
7=Strongly agree

	FACTOR	Strongly Disagree						Strongly Agree
32	I often think about quitting my job	1	2	3	4	5	6	7
33	I will probably look for a new job later in the year	1	2	3	4	5	6	7
34	I never think about quitting my job	1	2	3	4	5	6	7
35	I am thinking of leaving the country	1	2	3	4	5	6	7
36	I am thinking of leaving the Province	1	2	3	4	5	6	7
37	I am thinking of leaving the town	1	2	3	4	5	6	7
38	I am thinking of leaving the profession	1	2	3	4	5	6	7
39	I am thinking of leaving my place of work so as to be closer to my family and friends, or to be able to spend more time with them	1	2	3	4	5	6	7
40	If I wanted to resign this month, I expect that I could easily get another job	1	2	3	4	5	6	7

The end
Thank you for completing the questionnaire
Please return to: St. Andrews Hospital Pharmacy Department

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 021/13
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Mrs RA Amanambu

Subject: Approval of a Research Proposal

1. The research proposal titled '**An investigation of the intention to leave or stay of health care professionals at St Andrews Hospital**' was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at St Andrews Hospital.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 21/02/2012

HEALTH
KwaZulu-Natal

UGU HEALTH DISTRICT OFFICE
Private Bag X 735, Port Shepstone, 4240
41 Bissett Street, via Main Entrance of Nelson Mandela Drive
Tel.:039 688 3000,
Fax.:039 682 6296
Email.:veeran.chetty@kznhealth.gov.za

www.kznhealth.gov.za

Enquiries: Mr V Chetty
Ref: UGUDHO research
Date: 15 February 2013

Principle Investigator Ms. Rochelle A Amanambu
Address 1
Address 2
Address 3

Re: PERMISSION TO CONDUCT RESEARCH AT DISTRICT/FACILITY

I have pleasure in informing you that the permission has been granted to you by the District Office/Facility to conduct research on **"An investigation of the intention to leave or stay of Health Care Professionals at St Andrews Hospital""**.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.

2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.

3. Please ensure this office is informed before you commence with your research.

4. The District Office/Facility will not provide any resources for this research.

5. You will be expected to provide feedback on your findings to the District Office/Facility.

Thanking you.
Sincerely

Mr Veeran Chetty
District Manager
Ugu Health District Office

HEALTH
KwaZulu-Natal

St Andrews Hospital
14 Moodie St
Private Bag X1010
HARDING
4680
Tel: 039 – 4331955
Fax: 039 - 4332439
E-mail: thandazile.ntleko@kznhealth.gov.za

Our Ref:SA/1
Enquiries: Mrs T.L. Ntleko
Telephone: 0394331955 ext 266
2013-01-16

MRS R.AMANAMBU

RE: LETTER OF SUPPORT: INVESTIGATING THE INTENTION TO LEAVE OR STAY OF HEALTH CARE PROFESSIONALS AT ST ANDREWS HOSPITAL

- I refer to your letter dated 16 January 2013 in the above matter.
- This is to confirm that as Hospital Manager, I support the project.
- Please note this is a letter of support only.
- Approval from Department of Health Ethics Committee is necessary before the research begins.
- Once you have obtained final approval from the Department of Health and ready to implement the project, please liaise with Dr Lumeya (the Medical Manager) and Ms Vane (the Deputy Nursing Service Manager) to facilitate informing the relevant Professionals.
- Your contact persons at Head Office for approval of the research are Mrs Gugu Khumalo e-mail details are: Gugu.Khumalo@kznhealth.gov.za or Dr Elizabeth Lutge e-mail address: Elizabeth.Lutge@kznhealth.gov.za
-

Thank you,

T.L.Ntleko

T.L.NTLEKO
Hospital Manager

Cc: Dr K. Lumeya
Ms M. Vane