COLLEGE OF LAW AND MANAGEMENT STUDIES

School of Management, Information Technology and Governance

Retention Challenges of Medical Specialists and Medical Officers at Inkosi Albert Luthuli Hospital in KwaZulu-Natal

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DECLARATION

I, Hendrica Gugu Mkhize, declare that:

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II. This dissertation has not been submitted for any other degree or examination at any other University.

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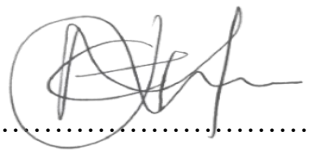
Signature: 

Date: 15 January 2024

ACKNOWLEDGEMENTS

It is by God's grace that I have made it this far. I would not have been able to achieve this without Him.

I would also like to extend my gratitude to my family, my beautiful girl (Melokuhle) for understanding that I have to be in the library to study, and particularly my husband (Singela- my blessing from God), who has been doing all the running around and helping with homework without complaining and also making sure that he supports and encourages me to complete my studies.

I would also like to thank Mr. Kevin Edward from work, who ensured that I applied and helped me meet all requirements. When I said I could not make it, it was too much, I was scared, he reminded me that "there is nothing impossible with God". Not forgetting my colleagues who participated in my research without hesitation and reminded me that "my hard work will pay in the end, and I must not let anything stand in the way of my dreams".

I cannot forget Dr BP Mbatha, Dr Mahlungulu, Prof Hardcastle, Babhe Ntuli, Neeran Sign and Kufanelesibonge Mafoko. The role you played will never be forgotten. Pushing me, the running around, and the ideas on how to tackle issues really meant a lot.

Finally, my supervisor, Dr Nduduzo Ndebele, has been very dedicated to helping me and encouraging me not to give up. Thank you, Dr, for your time and for responding to my messages and emails the same day. There was never 24 hours waiting time. May God continue to bless you and enrich you in your career.

ABSTRACT

In the Department of Health, the roles of medical specialists and medical officers are crucial in the delivery of healthcare services. The Department needs to employ and retain these employees to fulfil the mission of providing the communities with quality health care. This study, therefore, investigates the retention challenges of medical specialists and medical officers in the KwaZulu-Natal Department of Health. The study used a case study of Inkosi Albert Luthuli Central Hospital, and a qualitative research design was employed in this study. Non-probability sampling was chosen, where open-ended questionnaires were designed for three categories of participants: medical supervisors, medical specialists and medical officers, and human resource practitioners. Each of these categories had a separate questionnaire. Fifty (50) questionnaires were distributed, but only 30 responses were received from the participants. The questionnaires aimed to find out if there were retention challenges and any strategies in place to resolve these challenges. The results of the study showed that there are retention challenges and a shortage of medical employees in the Department of Health. Some of the reasons for these shortages are economic and human resources challenges. This has a negative impact on service delivery as the current employees are overworked and the quality of care is compromised. Although there are strategies in place to retain medical employees as implemented by the Department of Health, the study showed that these strategies are not effective in retaining medical employees in the Department. Therefore, to address this, the study recommends that the management review the current strategies and that salary reviews are crucial, as most employees opt to work in the private sector.

LIST OF ABBREVIATIONS

CPD	-	Continuous Professional Development
DoH	-	Department of Health
DPSA	-	Department of Public Service and Administration
HCD	-	Head Clinical Department
HCU	-	Head Clinical Unit
HPCSA	-	Health Professions Council of South Africa
HR	-	Human Resources
HRM	-	Human Resource Management
IALCH	-	Inkosi Albert Luthuli Central Hospital
KZN	-	KwaZulu-Natal
KZN DoH	-	KwaZulu-Natal Department of Health
Med Specs	-	Medical Specialists
MOs	-	Medical Officers
MPSA	-	Minister of Public Service and Administration
NDP	-	National Development Plan
OSD	-	Occupational-Specific Dispensation
PHC	-	Primary Health Care
PHSDSBC	-	Public Health and Social Development Sectoral Bargaining Council
RHAP	-	Rural Health Advocacy Project
RSA	-	Republic of South Africa
RWOPS	-	Remunerative Work Outside of the Public Service
TAC	-	Treatment Action Campaign
UKZN	-	University of KwaZulu-Natal
WHO	-	World Health Organisation

LIST OF TABLES

Table 3.1 The study's target population and sample size 19

Table 4.1 Underlying reasons for staff shortage 28

Table 4.2 Effects of poor staff retention 31

Table 4.3 Key factors supporting staff retention 33

Table 4.4 Current staff retention strategies 36

Table 4.5 HR's effectiveness in addressing staff retention problems 38

Table 4.6 The extent important retention factors are being addressed 39

Table 4.7 The effectiveness of past staff retention strategies 40

Table 4.8 Proposed strategies that could promote professional retention 41

LIST OF FIGURES

Figure 3.1 Example of Tree maps in Atlas.ti 23
Figure 4.1 Participants' roles 26
Figure 4.2 Participants' highest educational attainment 27
Figure 4.3 Participants' work experience in years 27

LIST OF ANNEXURES

Annexure A: Questionnaire for HR Practitioners 60

Annexure B: Questionnaire for Medical Supervisors 63

Annexure C: Questionnaire for Medical Specialists and Medical Officers 65

Annexure D: Informed consent form 67

Annexure E: Ethical clearance 70

Annexure F: Gate keeper letter 71

Annexure G: KZN Health approval letter 72

Annexure H: Plagiarism certificate 73

Annexure I: Editor's letter 74

Annexure J: Turnitin report 75

TABLE OF CONTENTS

DECLARATION ..... **ii**
ACKNOWLEDGEMENTS ..... **iii**
ABSTRACT ..... **iv**
LIST OF ABBREVIATIONS ..... **v**
LIST OF TABLES ..... **vi**
LIST OF FIGURES ..... **vii**
LIST OF ANNEXURES ..... **viii**
TABLE OF CONTENTS ..... **ix**
CHAPTER 1 ..... **1**
ORIENTATION OF THE STUDY **1**
1.1 Introduction 1
1.2 Problem Statement 2
1.3 Research Aim and Objectives 3
1.3.1 Research Aim 3
1.3.2 Secondary Objectives 3
1.3.3 Research Questions 3
1.4 Rationale of this Study 4
CHAPTER 2 ..... **5**
LITERATURE REVIEW **5**
2.1 Introduction 5
2.2 Retention of Med Specs and MOs in the Public Health Sector 5
2.2.1 Factors that Influence Retention of Medical Employees in the Public Sector 7
2.3 Effects of Staff Shortages on the Delivery of Healthcare Services 8
2.3.1 Perceived Reasons for Med Spec and MO Shortage in the Public Sector 9
2.4 Strategies to Retain Med Specs and MOs in the Public Health Sector 10
2.4.1 OSD in the Public Health Sector 12
2.4.2 Additional Financial Benefits and Rewards in the Public Health Sector 13
2.4.3 CPD in the Public Health Sector 14
2.4.4 Changing the Scope of Practice in the Public Health Sector 14
2.4.5 Job Satisfaction 14
2.4.6 Appropriate Equipment and Supplies in the Health Sector 15
2.5 Conclusion 15
CHAPTER 3 ..... **17**
RESEARCH METHODOLOGY **17**
3.1 Introduction 17
3.2 Research Design 17

3.3 Sampling Strategy 18
3.3.1 Target Population 19
3.3.2 Sampling Frame 19
3.3.3 Sampling Size 19
3.3.4 Sampling Technique 20
3.3.4.1 Non-probability Sampling 20
3.4 Data Collection Methods 20
3.4.1 Questionnaire Design 21
3.4.2 Questionnaire Format 21
3.4.3 Questionnaire Layout 22
3.5 Secondary Data 22
3.6 Primary Data 22
3.7 Data Analysis 23
3.8 Ethics 24
3.9 Conclusion 25
CHAPTER 4 26
DATA PRESENTATION, INTERPRETATION AND DISCUSSION 26
4.1 Introduction 26
4.2 Description of Participants 26
4.3 Theme 1: Underlying Reasons for Staff Shortage 28
4.3.1 Economic/ Market Factors 28
4.3.2 HR Challenges 29
4.3.3 Organisational and Work Environment Factors 30
4.4 Theme 2: Effects of Low Staff Retention at IALCH 31
4.4.1 Effects on Staff 32
4.4.2 Effects on the Hospital 32
4.4.3 Effects on Patients 33
4.5 Theme 3: Key Factors Supporting Staff Retention 33
4.5.1 Communication and Transparency 34
4.5.2 Compensation and Workload 34
4.5.3 Growth and Development 34
4.5.4 Resources 35
4.5.5 Work Environment 35
4.6 Theme 4: Current Strategies to Retain Staff and their Effectiveness 36
4.6.1 Current Strategies and Actions 36
4.6.2 Effectiveness in Addressing Staff Retention Strategies 38
4.6.3 The Extent to which Important Retention Factors are being Addressed 39
4.6.4 The Effectiveness of Past Staff Retention Strategies 40
4.7 Theme 5: New Strategies that Could Promote Professional Retention 41
4.7.1 Growth and Development 42
4.7.2 Leadership and Administration 42

4.7.3 Resources 43
4.7.4 Work Environment 44
4.7.5 Workload and Compensation 45
4.8 Conclusion 46
CHAPTER 5 47
CONCLUSIONS AND RECOMMENDATIONS 47
5.1 Introduction 47
5.2 Summary of Findings 47
5.2.1 Research Question 1: How effective are the retention strategies in the medical department at IALCH? 47
5.2.2 Research Question 2: What are the effects of staff shortages of Med Specs and MOs at IALCH? 48
5.2.3 Research Question 3: What are the underlying reasons for the Med Specs and MOs shortage at IALCH? 48
5.2.4 Research Question 4: What other strategies could be used to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH? 49
5.3 Overall Summary Conclusions 49
5.4 Recommendations 50
5.4.1 Effectiveness of the Retention Strategies in the Medical Department at IALCH 50
5.4.2 Effects of Staff Shortages of Med Specs and MOs at IALCH 50
5.4.3 Underlying Reasons for the Med Specs and MOs Shortage 50
5.4.4 Other Strategies to Use to Strengthen and Enhance Existing Retention Strategies to Ensure the Sustainability of Med Specs and MOs at IALCH 51
5.5 Limitations of the Study 51
5.6 Recommendation for Further Research 51
5.7 Conclusion 52
REFERENCES 53
ANNEXURES 61

CHAPTER 1
ORIENTATION OF THE STUDY

1.1 Introduction

The Department of Health (DoH) is mandated to provide healthcare services to the public of South Africa. To fulfil this mandate, the Department must ensure that health care is accessible to all by providing proper infrastructure and human capital. The KwaZulu-Natal Premier's office had prioritized the retention of current human capital in order to prevent high turnover because the recruitment of new skills is costly (Human Resource Management circular 23, 2013). The population of South Africa is growing every day, resulting in an increased demand for healthcare services. Recently, it was observed that the DoH "faces worsening staff shortages, which will require billions of Rands in additional investment to prevent" (Kathryn, 2020:1). Staff shortages will result in ineffectiveness in providing proper health services for the communities.

Proper provision of health services to the public means that "the health systems must ensure that they have the sufficient number of healthcare workers with a combination of junior and senior staff to deliver services" (Mash, Viljoen, Swartz, Abbas, Wagner, Steyn, Hendricks, Stapar, Williams, Adeniji, Schoevers & Kapp, 2022a:1). Each health institution servicing a community must meet the demands of that community. According to Mash et al. (2022a:1), "the public sector looks after about 80% of the population". This means that the public sector is the "backbone" of health services, and Medical Specialists (Med Specs) are needed as they are the "essential members of the primary healthcare team" (Mash et al. 2022a:1).

The healthcare system was developed with the goal of assuring that residents had access to quality healthcare. The medical field needs more healthcare workers to meet its commitments. This research intends to find out the challenges in retaining Med Specs and medical officers (MOs) at Inkosi Albert Luthuli Central Hospital (IALCH). According to the KwaZulu-Natal Department of Health, "retention is about finding the best employee for the job and finding ways of retaining those employees, this will be possible if range of ideas and strategies and resource practices are interlinked" (HRM Circular 160; 2009:3).

This research seeks to discover why the DoH fails to retain Med Specs and MOs. Mash et al. (2022a:2) have outlined retention factors that have been identified by researchers; these

include: “adequate income and incentives, appropriate workload, access to specialist care and outreach, availability of continuing education, spouse career opportunities, acceptable education for children, acceptable living and working conditions, safety, opportunities for career advancement, and recognition by managers, peers, and patients”. Therefore, the above factors need to be considered by the employer in retaining employees.

This research focuses on government healthcare as a democratic and developmental entitlement of residents. The research focuses especially on the need for medically trained, experienced and dedicated Med Specs and MOs to guarantee that such rights are realised via the delivery of services to meet the nation's basic needs. The KwaZulu-Natal Department of Health (KZN DoH) is used as a case study. The study's public administration (practice) focus is on determining how Med Specs and MOs can be retained in the KwaZulu-Natal (KZN) Province, and presenting recommendations for improving these procedures. The next section looks at the problem statement.

1.2 Problem Statement

The KZN DoH has a challenge in retaining Medical Specs and MOs, and this greatly affects service delivery to the community. Although there is a challenge in retaining Med Specs and MOs, the government is failing to recruit new medical employees. In March 2024, unemployed doctors had a peaceful march in KZN Health Head Office, demanding to be employed (Rall, 2024). Furthermore, in 2024, a report was issued that 800 qualified doctors were unemployed, while the Department has a shortage of medical doctors (BusinessTech, 2024). To meet the demands of the public, the Department needs to retain and employ more medical employees.

Unresolved issues have resulted in the failure to retain current medical employees; these include issues such as “low salaries, job security and working conditions” (Business Tech, 2024:1). Failure to retain current medical employees also creates a burden on the current medical employees, and the DoH will thus fail to meet the mandate to provide quality healthcare to the public.

In addition, Moodley (2011:2) states that the “public healthcare systems' inherent inefficiencies also leave this organisation ill-equipped to react to continuous changes in its operating environment”. According to Padarath (2003:56), “as a result, the gap between the depth and breadth of services accessible in the government and business is widening” (cited in Moodley,

2011:3). Moodley (2011:3) stated that "further to that, in the post-apartheid era, the South African public sector has changed by attracting and hiring people from different walks of life; government efforts since 1994 changed policy and strategy in the area of human resources and labour; rights have shifted from a process-oriented approach to a person-centred approach".

The shortage of Med Specs and MOs is not just an issue that only affects South Africa, indeed, "the shortage of healthcare professionals is a global phenomenon" (Shipalana, 2019:496). In South Africa, "most medical specialists work in the private sector, as a result public hospitals often rely on specialists who work both in the private and public sectors; in addition, research by the Discovery Foundation in 2019 stipulates that currently there are seven specialists per 100 000 population in the public sector" (Mail & Guardian, 2021:1). Therefore, health institutions need to fill all vacant posts to meet the daily demands of the public. The Department of Public Service and Administration (DPSA) "has made an effort by introducing Resolution 1 of 2007, which provides several incentive benefits such as occupational-specific dispensation (OSD), rural allowances, commuted overtime, and pay progressions in an effort to attract and retain medical professionals, however, the turnover remains high" (Shipalana, 2019:497).

1.3 Research Aim and Objectives

1.3.1 Research Aim

The study examines variables that make it difficult for the KZN DoH to retain Med Specs and MOs who are experienced, well-trained, competent, and highly qualified.

1.3.2 Secondary Objectives

The secondary objectives of the study are:

- To examine the effectiveness of retention strategies in the medical department at IALCH.
- To determine the effects of staff shortages of Med Specs and MOs at IALCH.
- To investigate the underlying reasons for Med Specs and MOs shortages at IALCH.
- To come up with strategies to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH.

1.3.3 Research Questions

This study attempts to answer the following key research questions:

- How effective are the retention strategies in the medical department at IALCH?
- What are the effects of staff shortages of Med Specs and MOs at IALCH?
- What are the underlying reasons for the Med Specs and MOs shortage at IALCH?
- What other strategies could be used to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH?

1.4 Rationale of this Study

The research is important to provide the much-needed empirical evidence on appointing and retaining more Med Specs and MOs to benefit the community at large. This will assist the KZN DoH to fulfil its objectives to provide proper and high-quality health care for all. This study is vital because many Med Specs and MOs are leaving the Department. When recruited, they stay for a short period and resign from the public sector.

This study is, therefore, important because it is a descriptive and prescriptive resource for determining the reasons Med Specs and MOs are not happy with the salary and working conditions provided by the public sector, and why the department is unwilling to make counter offers to retain the existing employees. The Department also fails to retain Med Specs and MOs because of the fixed salaries. The Department must be willing to negotiate salaries and meet the reasonable demands of the Med Specs and MOs.

The research also provides possible solutions to manage the Human Resources (HR) section, which needs to do a proper investigation as to why recruited Med Specs and MOs are exiting the Department. The exit forms must be properly filled in and studied carefully to examine the reasons why Med Specs and MOs are exiting the department. In addition to the exit form, which asks standard questions across all sections and levels, one-on-one exit interviews can be conducted. The HR section needs to create a policy that will allow the retention of Med Specs and MOs. The solution to the existing problem will be discovered from the exit interviews and forms that will establish whether these categories of employees are exiting the DoH due to unbearable working conditions or low salaries. The next chapter presents literature review that will help address the research questions.

CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

According to the strategic plans of the DoH, over the years, the promotion and improvement of the health system has been one of the goals of the National Health Act, 2003 (Act no. 61 of 2003) (National Department of Health, 2020). This goal can be achieved by different interventions, one of which is the strengthening of human capital. For the DoH to achieve its goals, there is a need to increase human capital. The DoH has classified the Med Specs and MOs as "high-risk" because failure to retain them is a loss for the Department (HRM circular 23, 2013:6). Although recruitment of Med Specs and MOs is not a huge challenge, the retention of these categories is. Failure in the retention of medical employees has a negative impact on service delivery. This literature review chapter focuses on the retention challenges of the Med Specs and MOs in the DoH in KZN.

A literature review examines different studies "related to a theme or theory or method and synthesises prior studies to strengthen the foundation of knowledge" (Paul & Criado, 2020:1). Different literature and studies based on retention challenges of medical employees in the DoH will assist in further understanding the challenges that the Department is facing to retain medical employees. Furthermore, the literature review looks at theories that have worked or failed in dealing with the challenges at hand. The current literature review assists in identifying gaps that need to be covered, which helps to address the "research questions with a power that no single study has and uncover areas in which more research is needed, resulting in creating theoretical frameworks and building conceptual models" (Snyder, 2019:334).

In addressing the objectives as stated in chapter one, this chapter discusses the following topics: firstly, the retention of Med Specs and MOs in the public health sector; secondly, factors that influence the retention of medical employees in the public sector; thirdly, effects of staff shortages on the delivery of healthcare services; fourthly, unpacking strategies to retain Med Specs and MOs; and lastly, strategies to retain medical employees.

2.2 Retention of Med Specs and MOs in the Public Health Sector

"The public sector caters for 84% of the South African population, while 16% of South Africans are served by the private sector" (Pillay, Tiwari, Kathard & Chikte, 2020:2).

Retention of medical employees is one of the items on the 2030 Agenda for Sustainable Development (Pillay et al., 2020), which is to "substantially increase health financing, the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States" (United Nations, 2017:21).

Despite the latest interventions made by the government to try to improve the situation in the public health sector, Koelbe and Siddle (2014:1118) describe the healthcare system in South Africa as "ruined and in serious need of repair" (cited in Maphumulo & Bhengu, 2019:1). Due to the challenge of retaining Med Specs and MOs, the government of South Africa is unable to meet the obligations of providing quality healthcare to the public. An article in the Times of Swaziland stated that "400 patients were on a waiting list waiting to be attended by an orthopaedist" (Mkhwanazi, 2023:1). An orthopaedist is a bone specialist who performs surgeries (Mkhwanazi, 2023). The Swaziland case of the shortage of Med Specs is one of the results of the challenges of retaining medical employees. Some of the retention challenges are caused by "employees' experiencing poor working environments such as lack of accommodation facilities, amenities, and no signals for cellphones" (HRM Circular 160, 2009:5).

Skilled and competent medical professionals are a strong pillar of the healthcare system and a requirement to implement the government's healthcare policies and programmes and to attain the envisioned aims and outcomes (World Health Organisation - WHO, 2007).

Nonetheless, as previously stated, the public sector keeps facing difficulties in retaining people with scarce talents, particularly medical employees (Republic of South Africa - RSA, 2008). The NDP makes recommendations to address the shortage of government medical workers, such as the following (RSA, 2011):

- Expand various medical practitioners with advanced training;
- Increase the number of section experts in listed specialities (medicine, surgery with anaesthesia, obstetrics, paediatrics, and psychiatry);
- Hire, train, and employ 700 000 thousand community health workers to serve community-based health care; and
- Increase the number of medical professionals.

The NDP recognises the importance of skilled Med Spec recruitment, development, and retention in the public health sector as a major government policy. However, ensuring that individuals in rural regions have access to high-quality medical services supplied by qualified medical personnel is one of the most difficult tasks in public health care (Dolea, Stormont & Braichet, 2010).

The KZN DoH is currently unable to meet the province's population healthcare needs (Rural Health Advocacy Project (RHAP), 2015). It is unfortunate that there has been no improvement in the healthcare systems, in fact, "the public healthcare systems are worsening, there are treatment delays, long waiting periods, severe shortage of physicians and lack of proper medical care" (Shenaaz, 2023: 940). Even though the province has 41 rural areas that have the greatest demand for the government's healthcare sector, "the rural districts employ only 47% of the province's medical practitioners" (RHAP, 2015:1). However, just 21% of the province's general practitioners are in rural areas (RHAP, 2015). Due to the high turnover rate, the DOH will not be able to meet the health goals of the province. The next section looks at factors that influence the retention of medical employees in the public sector.

2.2.1 Factors that Influence Retention of Medical Employees in the Public Sector

Retention of medical employees in the public sector is crucial as it strengthens the workforce. Therefore, employees need to effective management and appropriate remuneration" (Mash, Williams, Stapar, Hendricks, Steyn, Schoevers, Wagner, Abbas, Kapp, Perold, Swartz, Viljoen & Bello, 2022b:2). Ngure (2018:31) also mentions "remuneration as one of the factors that influence retention of medical employees, and further adds career development, recognition, staff engagement, and management". These factors are not a cut and paste solution to the retention challenges because different employees have their own preferences and challenges.

In the public sector there are Med Specs who are trained and specialise in a particular field, whereas MOs are known to be "non-specialist doctors and are essential members of the multidisciplinary team in the hospitals" (Mash et al., 2022b:2). According to Mash et al. (2022b:2), "a recent South African report estimated that there will be a shortfall of 2 293 MOs in the primary health care (PHC) by 2025, this is due to inequitable distribution of MOs between provinces".

The shortage of medical employees is why the DoH needs to implement retention strategies.

These are necessary because “having sufficient MOs, and a mix of senior and junior doctors, impacts on the ability to cover overtime rosters, run operating theatres, provide training for the whole multidisciplinary team, support PHC, and give attention to quality improvement activities” (Mash et al., 2022b:2). The findings of the research conducted in the Western Cape illustrate that “MOs were largely satisfied with their remuneration, infrastructure, resources, basic living, and working conditions whereas in many other African countries, this is not the case” (Mash et al, 2022b:7). Dissatisfied employees tend to leave the Department, and this has a negative impact on service delivery.

2.3 Effects of Staff Shortages on the Delivery of Healthcare Services

South Africa, as a developing country, faces the challenge of the shortage of Med Specs and MOs, which has a negative impact on the healthcare system (Shipalana, 2019). Driouchi (2014:7) cites a report published by O’Brien and Gostin (2011) dealing with health worker shortages which claims that the “global human resource shortage is certainly much greater than 4.3 million health workers”. Another report by WHO estimates the shortage of health workers of about 4 000 000, calling “for immediate action to resolve the accelerating crisis” (Driouchi, 2014:7).

The above paragraph indicates a crisis that needs immediate intervention because the shortage of medical employees in health facilities negatively impacts the public sector (DoH). The shortage of medical employees can result in delays in attending to patients who are in “need of some specialities” (Driouchi, 2014:8). For instance, Seward (2007) claimed that the waiting time for medical doctors can be more than seven weeks in the Boston area, in the United States of America (cited in Driouchi, 2014:8). It is shocking that one can wait for a period of seven weeks to get medical attention. In seven weeks, a patient’s situation might get worse and cause delays in the performance of their normal duties.

Driouchi (2014:8) cites Abdullah (2005) who investigated the implications of waiting time, stating that “the long-time gives a negative perception on the quality of services in hospital, other reports report that the waiting time can lead to progression of diseases, which lead to further social and economic burdens”. In this regard, the patient fails to go back to work and cannot provide for their family without an income, as the company policy could be no work, no pay. This also means that the patient will not even be able to contribute towards taxes due to lack of income.

In 2017, the KZN DoH was reported by the Treatment Action Campaign (TAC, 2017:1) to have "massive challenges in the healthcare system because of the shortage of doctors and other healthcare workers that threaten lives". Recently, Shenaaz (2023:937) wrote that "GroundUp investigated complaints from the community about the conditions of the East London clinic, where a doctor is available twice a month". The shortage of medical employees in the departments means that "tackling challenges such as maternal and infant mortality, infectious diseases, noncommunicable illnesses and providing essential basic services like vaccination" is difficult (WHO, 2022:4). Maphumulo and Bhengu (2019:2) cite a study conducted by Tana (2013:82) that shows that "participants affirmed the insufficiency and inadequacy of health workers which they described as leading to physical and mental exhaustion, and in some cases to further deterioration of their medical condition". The employee shortage can be caused by several factors. These factors are discussed in the section below.

2.3.1 Perceived Reasons for Med Spec and MO Shortage in the Public Sector

In any organisation, it is a huge loss to lose an employee who has been fully trained by the organisation, therefore, the DoH must ensure it retains the medical employees (Gomathy, Raghavendra, Charan & Bhaslar, 2022). There are different reasons that cause Med Specs and MOs to leave the Department, such as "constant friction with their superiors or other team members, low salary, lack of growth prospects and motivation" (Gomathy et al., 2022:1). Failure of line managers and management to ensure Med Specs and MOs are "satisfied with their roles and responsibilities and offer them new challenges results in medical employees leaving the department" (Gomathy et al., 2022:1). Rose and van Rensburg-Bonthuyzen (2015) proposed a few methods to attract and retain Med Specs for the public sector, including the following: a focus on health professionals with a passion for serving the public healthcare sector must be recognised, and their relocation to rural areas must be facilitated; the collaboration between the community and the health team should be encouraged; the establishment of health teams, rather than individual employment, would facilitate a better work environment and encourage the retention of healthcare personnel in rural areas; and good referrals should be identified.

Other factors that contribute to medical employees exiting the Department, according to WHO (2022), include, firstly, insufficient training capacity. For medical workers to keep up with their daily work, they need to be trained, especially when there are new diseases that affect their

patients. Secondly, the population is increasing, which means more work for medical employees; therefore, vacated posts must be filled immediately, and sometimes, there may be a need to create additional posts to accommodate the increasing number of patients. Thirdly, another perceived challenge is the Med Specs' and MOs' mental wellness. Instead of taking care of their mental health, they fear stigma and loss of practising licenses (Ho, 2023). This challenge hinders them from performing their daily duties, and they may not cope when dealing with sickly patients. As Ho observed (2023:2), "Not being able to help their patients in the way they are trained to do also amounted to moral injury, burnout and ultimately exiting the public healthcare system". As a result, they "depend on alcohol and drugs to cope" (Ho, 2023:2).

2.4 Strategies to Retain Med Specs and MOs in the Public Health Sector

Only 30% of the government's Med Specs are said to serve 68% of the people who rely on public healthcare (Labonte, Sanders, Mathole, Crush, Chikanda, Dambisya, Runnels, Packer, MacKenzie, Tomblin-Murphy & Bourgeault, 2015). Working conditions that are poor and too much work are the two leading causes of dissatisfaction among healthcare specialists and practitioners in government hospitals, leading to a high turnover among employees (Mokoka, Oosthuizen & Ehlers, 2010).

An employer's ability to acquire qualified individuals, such as medical practitioners and experts, is crucial (Ratna & Chalwa, 2012). However, retaining these individuals is more crucial than recruitment, which is why companies must establish and implement efficient retention management policies and procedures (Yamamoto, 2011). Professionals want to feel respected and valued and want to see that the commitments made throughout their recruitment and selection process are not hollow words (Hariharan, 2014). The main factor affecting the recruiting and retaining of Med Specs, particularly those working in rural areas of developing countries, according to Mbemba, Gagnon and Hamelin-Brabant (2016), is the advancement of their economic circumstances, that is, housing, community schools with teachers that are trained well, electricity, clean water, and proper roads and transport. Additional factors that affect the recruitment and retention of Med Specs in rural areas in developing countries are: workplaces that provide benefits like organisational support from the management and design; the provision of suitable resources; gratitude from leaders, other employees and service users; an environment that is stable; the creation of opportunities for career development; and an attractive work environment (Mbemba et. al, 2016).

According to Hariharan (2014), healthcare systems must determine which aspects generate job satisfaction to maximise the retention of medical practitioners. Hariharan (2014) continues by stating that while benefits and compensation are crucial and addressed regularly in the hiring process, good packages cannot compensate for a bad working environment. The following are the remaining major elements in recruiting and retaining Med Specs in public hospitals, in addition to a competitive compensation and benefits package (Eide, 2015):

- Medical practitioners and experts must have adequate employment;
- While practising in remote settings, they should have access to larger hospitals;
- They must adhere to a reasonable call schedule because the recruitment process should have a favourable impact on them;
- They should have had exposure to rural communities as children;
- Within the community, there should be chances for spousal work and/or spousal happiness;
- There must be opportunities for community-based interaction and a desire to foster belongingness; and
- Proper schools and recreational activities must be accessible.

The following characteristics have higher chances to boost and affect retention: support for internal job factors, job satisfaction tactics, and the decrease of work stress (Peckham, Catherine & Peckham, 2016). Lee and Nichols (2014) believe that key aspects in retaining skilled individuals are a feeling of belonging and proof of community appreciation, strong schools, recreational activities, and competitive wages.

Nevertheless, the positive impact of the occupation-specific dispensation (OSD) and rural allowances, as retention tools for those who work in KZN's rural areas, have been short-lived (Makapela & Useh, 2013), as the Med Specs still resign from the public service. Higher income, good working conditions, and greater career chances are all pull factors as staff members move from one place to another to obtain higher salaries. Management styles, the present leadership, opportunities to increase education, infrastructure, equipment, working conditions, and support are all push and pull aspects in the workplace, according to George and Rhodes (2012). Labour relations, management strategies, poor leadership, no career development and career opportunities, no proper work facilities, staff shortages, burnout, and a lack of advanced working tools are all push effects, whereas opportunities for continued education, satisfying working conditions, good leadership, and continued equipment and

support are all pull factors (Lehmann, Dieleman & Martineau, 2008). Lastly, the impact of the socio-economic, institutional, and political environment on the health labour market, sufficient equipment, managerial skills, and the influence of key stakeholders all play a role in the success of health sector policies (Lehmann et al., 2008).

The next sections focus on retention tactics that are relevant to Med Specs and experts in this study's context, considering the retention styles as well as specific considerations. The topic includes the following retention factors: OSD, additional financial benefits and rewards, Continuous Professional Development (CPD), changing the scope of practice, job satisfaction, and appropriate equipment and supplies.

2.4.1 OSD in the Public Health Sector

The occupation specific dispensation (OSD) was implemented for employees in 2007 in various government professions (RSA, 2007). In August 2010, the OSD for medical practitioners and specialists was introduced (Public Health and Social Development Sectoral Bargaining Council - PHSDSBC, 2010:2-3) with the following aims:

- Recruiting and retaining experts and specialists to introduce a redesigned remuneration structure as per specified occupation that provides for career pathing, pay progression, seniority, and increasing competencies;
- Enhancing the capability of government to retain and attract qualified specialists;
- Providing a flatter structure than the old hierarchy of post levels; and
- Recognising and migrating serving workers according to positions they held during the implementation.

In addition to the above listed goals, OSD aims to make sure centralised Human Resource Management (HRM) practice controls use the definition of the grading structure for equivalent job descriptions and occupation levels (RSA, 2011). For consistency and reporting purposes, all government departments, both national and provincial, have employed new ranks, job titles or occupational categorisation and salary codes since the OSD's foundation (Zulu, 2013). The Minister of Public Service and Administration (MPSA) sets the competency standards for each post or grade level to prevent scenarios where postings for the very same job are evaluated differently and to guarantee that posts are applied consistently across spheres of government (RSA, 2011).

Despite the OSD's competitive pay and other adjustments, medical practitioners and specialists continue to leave the public service. Working circumstances, according to Schriver and Kallestrup (2014), outweigh pull considerations such as better salary abroad. Job discontent, deferred promotions, and a lack of acknowledgement of employment are the main factors for leaving the department, according to George and Rhodes (2012). The positive impact of the OSD and rural benefits as retention interventions have failed (Makapela & Useh, 2014) because the public service keeps losing medical practitioners and specialists (Reardon & George, 2014).

Allowances are granted to workers to try to alleviate imbalances in supply and healthcare access, as well as to recruit and retain medical practitioners and specialists in areas where demand is high (such as rural districts in KZN Province) (Keckley, Coughlin & Stanley, 2013). However, it seems that the benefits granted to rural employees alone are insufficient to recruit and maintain medical practitioners and experts. The rural benefits have a short-term effect; once recipients are accustomed to them, they are viewed as part of their regular wage, and their usefulness is lost (Makapela & Useh, 2014).

2.4.2 Additional Financial Benefits and Rewards in the Public Health Sector

Financial incentives, such as payment of OSD, have been adopted by the KZN DoH to incentivise Med Specs and experts to perform their jobs (Luhalima, Mulaudzi & Phetlhu, 2014). The effect of payment for special benefits for employees working in rural areas is unsuccessful, as stated in Section 3.2.1, since once the recipients of the compensation become used to that benefit, the benefit stops its usefulness (Makapela & Useh, 2013). To recruit and retain Med Specs, the KZN DoH should explore implementing extra financial incentives.

Although financial incentives may help in recruiting and retaining Med Specs, this may only be effective if it is tied to a long-term budget. Employee retention can be achieved by additional financial incentives, as confirmed by Hong, Hao, Kumar, Ramendran and Kadisherai (2012). Within the scope of current legislation and policies, the KZN DoH should evaluate whether extra financial incentives for healthcare specialists and practitioners can be provided as to enhance the current recruitment and retention programme. According to Musgrove (2011), salaried employees who are paid regardless of their end-product have no incentive to generate more than what is required to keep their jobs. The next section looks at another aspect of retention, which is CPD.

2.4.3 CPD in the Public Health Sector

The Health Professions Council of South Africa (HPCSA) states that healthcare practitioners are responsible for keeping their professional abilities and knowledge up-to-date for the sake of their patients (Van Vuuren & Nel, 2013). In July 2017, the HPCSA approved the CPD Guidelines for Health Practitioners, indicating that the health professions' ethical practice necessitates all health practitioners' consistent and ongoing commitment to lifelong learning through the protocols of CPD (HPCSA, 2017). Section 195 (1) (h) of Chapter 10 of the Constitution of 1996 is linked with CPD. The section states that HRM and career development policies must be used to maximise the skills and abilities of government personnel (RSA, 2009). Employee retention is aided through career development. The labour force must be urged to develop and understand the potential they have and be committed to staying with their employers until their retirement (Omotoye, 2011).

In South Africa, medical employees are required to gain CPD points to maintain their registration with the HPCSA (Mrara, 2010). Medical staff can thus keep current in a complex healthcare setting where medical practitioners and experts are trusted to continue their education (Filipe, Silva, Stulting & Golnik, 2014).

2.4.4 Changing the Scope of Practice in the Public Health Sector

The National Health Act of 2003 establishes rules and criteria for several types of healthcare sectors (Forman, Pillay & Sait, 2003). Organisations that give support to extended scope of practice understand how hard it is to demonstrate that the safety and quality would not suffer because of the expansion (LeBuhn and Swankin, 2010). The scope of practice establishes a process, an action, and a procedure that a licensed or registered professional may carry out. For instance, in the case of medical employees, their profession has a body that they need to register with and must abide by their rules and regulations, which is called the HPCSA. In a study conducted by Peterson and Fang (2018), medical practitioners in the public health sector can be called upon to deliver a greater range of healthcare services and treatments than their urban counterparts, implying a wider scope of practice. If the employer cannot accommodate the changing of scope strategy, job satisfaction must be a priority.

2.4.5 Job Satisfaction

A present-day strategy for retaining employees should be beyond pay and benefits, to address the requirements of all workers, resulting in increased job satisfaction, faithfulness, and

dedication (Sinha & Sinha, 2012). The retention of Med Specs also requires rethinking a variety of HRM practices to improve job satisfaction, which leads to higher employee commitment and lower turnover (Nel & Werner, 2014). According to Hariharan (2014), the healthcare system must first determine which aspects generate job satisfaction, to maximise the retention of Med Specs. Compensation, a strategy for employee retention and job satisfaction, also promotes employees' loyalty to the department (Snelgar, Renard & Venter, 2013). A Med Spec who is paid competitively is likely to stay with the department (York, 2010).

Mothupi (2014) is of the view that drive is critical for employee retention because it is assumed that driven employees shall not only be effective but also feel at ease in the workplace, making them more likely to stay. According to Peckham et al. (2016), the following characteristics promote and affect retention: support for the intrinsic factors of the job; job satisfaction strategies; and the elimination of work stress like work overload, an unsupportive environment and excessive requirements. Lastly, employing motivated health professionals and specialists, as well as rewarding great performance, would ensure that the public sector meets the demands set forth in the Constitution of 1996, particularly Chapter 2 of the Bill of Rights, in providing citizens' rights to healthcare services (RSA, 2009).

2.4.6 Appropriate Equipment and Supplies in the Health Sector

Medical practitioners and specialists require suitable equipment and functioning facilities to properly meet the demands of patients. A great deal of research has been conducted to discover the source of (and provide a way to overcome) Med Specs' aversion to performing duties at public health facilities, according to the Africa Foundation (2017). Inadequate working circumstances, a lack of equipment, and poor living conditions are all common complaints (Africa Foundation, 2017). Quality housing is widely highlighted as a critical feature in the recruitment and retention of health employees in the public sector, according to Africa Foundation (2017).

2.5 Conclusion

The KZN DoH is facing the challenge of retaining Med Specs and MOs despite several interventions implemented to retain them. Recruitment in these categories is not a major challenge, as posts are filled when advertised. The challenge emerges when the incumbent resigns or applies for a transfer to other institutions. Hence, the study was conducted at IALCH.

Medical employee shortages have negative impacts on service delivery. As the population increases every year, there is also a need for an increase in medical employees to be able to meet healthcare demands. Failure to meet the demands of population growth will result in the collapse of the DoH, which means the employees will suffer from fatigue and will not be able to assist patients. This is one of the challenges that medical employees face, and they may end up resigning.

The DoH has come up with interventions like OSD to attract and retain medical employees. The literature explains that the effectiveness of this intervention was short-lived as it did not work in the long run. This proves that monetary incentives are not always a solution. Improvement of working conditions, management style and job satisfaction also have a role to play in relation to effective retention strategies. The next chapter presents the research methodology and data collection technique used.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction

Chapter two covered the literature review on challenges of retaining medical employees in the healthcare sector in South Africa. The aim of this chapter is to discuss the methodological processes used in this study and the research design used to collect data from the participants. This study is based at IALCH, with the purpose of finding solutions to the challenges of retaining Med Specs and MOs. The KZN DoH is failing to retain medical employees, and this has a negative impact on the healthcare system. The aim of the study is to find reasons as to why the Med Specs and MOs are exiting the Department and, from their responses and drawing on previous studies, put forward recommendations.

There are different types of research designs, depending on the objectives and purpose of the study. Research is very important in any field of study and profession, and different professions define the term research differently (Brink, 2006). A research process can be taken as a way of gathering evidence to discover unknown facts and to prove known facts (Brink, 2006). For instance, "in science, research refers to exploration, discovery and careful study of unexplained phenomena" (Brink, 2006:2). In addition, "research is generally about generating knowledge or adding knowledge to assist in knowing" (Ndebele, 2021:115). In general, for one to gather more knowledge on any subject, research can be conducted using different sources, like books, journals, online sources, newspapers, and people. As Sahu (2013:2) indicates, the purpose of research is to contribute "to existing knowledge, and advancement for the betterment of this universe".

3.2 Research Design

Research design, according to Ndebele (2021:121), "refers to the decisions that the researcher makes to execute the chosen methodology". Research design, also known as inquiry strategies by some scholars, ensures the use of appropriate research procedures to achieve the main aims and objectives (Denzin & Lincoln, 2011), as outlined in chapter one. In addition, according to Kumar (2014), research design is the proposed plan on how the data will be collected from participants, how the participants will be selected, and how the findings will be collected and analysed. This study uses a qualitative research design in the form of questionnaires that were given to Med Specs, the Head Clinic Unit (HCU), the Head Clinical Department (HCD), MOs,

and HR administrators. The qualitative method was used because data were collected in the "form of words, to discover reasons for observed pattern" (Busetto, Wick & Gumbinger, 2020:2).

This survey assisted in finding out views and reasons why Med Specs and MOs are resigning from the DoH. One of the objectives looks at the difficulties in retaining Med Specs and MOs in KZN DoH. As a result, numbers were calculated from the completed items of the questionnaire to assess specific aspects that influence the hiring and retaining of Med Specs and MOs, and conclusions are drawn. The interviewees' recruiting and retention experiences and viewpoints are analysed and recounted to represent how they interpret their experience. Furthermore, the participants' responses provide information that aids in the investigation of the relationship between various HRM and organisational aspects, and the hiring and keeping of Med Specs and MOs. The factors that influence Med Specs' and MOs' recruitment and retention are classified into a range of categories to establish which ones have the most impact on recruitment and retention.

3.3 Sampling Strategy

A population, according to Babbie and Mouton (2013:115), is "all prospective respondents who can offer information on research". A sample, according to Kumar (2011:193), is a subset of the population that a researcher is interested in. The goal is to choose a representative sample of the general population from which the researcher can draw conclusions (Blanche, Durrheim & Painter, 2012). In addition, "on the basis of information obtained from the sample, the inferences are drawn for the population; the more the sample is representative of the population, the higher is the accuracy of the inferences and better are the results generalisable" (Alvi, 2016:11).

The non-probability sampling method was used. This allowed the selection of the sample to be Med Specs and MOs from IALCH, and HR practitioners.

A site, the IALCH, was chosen because of its relevance and the availability of participants from different races, genders, religious backgrounds, and ages (Miles, Huberman & Saldana, 2014). A form of the convenience sampling approach was utilised in this study because of the availability and convenience of access to Med Specs and MOs. According to Sekaran and Bougie (2016:248), non-probability sampling "is confined to specific types of people who can provide the desired information because they are the only ones who have it". This sample

explains why Med Specs and MOs prefer to work for the private sector and the challenges they face at IALCH. The questionnaire's target audiences were Med Specs, MOs, and HR practitioners (recruitment and exit) at the KZN IALCH.

3.3.1 Target Population

Table 1 illustrates the total population of HCU (4), HCD (4), Med Specs (35), MOs (33), HR practitioners (3), HR exit Section (1), and supervisors (7) at IALCH. Med Specs and MOs were sampled from each section of the hospital. The focus was more on the sections that are battling to retain Med Specs and MOs. The population includes the HR practices and exit section because they deal with exit interviews, statistics, and implementation of the retention policy.

Table 3.1: The study target population and sample size

Position/ Job Title	POPULATION Sections/ Departments						SAMPLE
	Paediatrics	Oncology	Medical (Rheumatology)	Medical (Renal)	HR Practices	HR Exit	
HCD	01	01	01	01			02
HCU	01	01	01	01			02
Med Spec	18	06	06	05			15
MO	15	11	01	06			20
HPR					03	01	2
HR Supervisor					07		4

Source: Author's construction (2023)

3.3.2 Sampling Frame

The sampling frame is a list of participants drawn from the target population. The population sample had a total number of 45 participants. Given the population sample in Table 1, the sample was 2 HCDs, 2 HCUs, 15 Med Specs, 20 MOs, 3 HR practitioners, and 4 HR practitioners, including the exit section.

3.3.3 Sampling Size

This is a qualitative study. Therefore, data was collected using questionnaires. The target population was the HCU, HCD, MOs, Med Specs and HR practitioners from IALCH. All these participants are still in service.

3.3.4 Sampling Technique

To ensure that the collected data was reliable, careful consideration was taken into choosing a sampling technique. There was no specification in terms of gender, race and age groups. Specific units were targeted. In all categories, newly appointed and long service participants were selected. The study was conducted at IALCH because it would not be feasible to get hold of all medical employees for KZN DoH in its entirety. This study used a non-probability sampling technique.

3.3.4.1 Non-probability Sampling

Non-probability sampling is used in "qualitative and quantitative research, secondly it is used when the number of elements in a population is either unknown or they cannot be individually identified" (Kumar, 2019:305). The participants in the study were conveniently chosen because they were easy to access and they were known samples. It was easy to contact and communicate with them. Furthermore, the participants were willing share their opinions as to what the challenges were and what interventions could be put in place to assist the DoH to retain medical employees.

3.4 Data Collection Methods

Research methodology is a systematic process that aids the researcher in identifying problems, formulating problems, getting data, participating in fieldwork, using different statistical methods, considering the evidence, and drawing inferences from the data obtained or the experiment (Sahu, 2013). Furthermore, research methodology "plays an important role in the implementation of a study and accordingly assists in the achievement of research objectives" (Ndebele, 2021:120). "Researchers should clearly understand the following question in their mind: how to reach the answers to the questions, what could be the other steps, and what methods or techniques should be used?" (Sahu, 2013:3).

In qualitative research, data can be collected in three categories; "these are, unstructured interviews, observations, and secondary sources" (Kumar, 2019:238). Unstructured interviews can be conducted in different types, including in-depth interviews, focus group interviews, narratives, and oral histories (Kumar, 2019).

Survey questionnaires were used to conduct the study. A survey questionnaire has both advantages and disadvantages. Its advantage is that it allows for a "large collection of data

relatively quickly, it is user-friendly, and it is easy to use" (Ndebele, 2021:133). The disadvantage of survey questionnaires is that they can confuse the "participants if poorly constructed" (Ndebele, 2021:133).

The questionnaire was easy to understand. There were both open- and closed-ended questions. A self-administered semi-structured questionnaire was used. A self-managed questionnaire was appropriate for this study because the participants were literate. The closed-ended questions in the questionnaire were used to calculate the percentages of Med Specs' and MOs' responses. The closed-ended questions assessed the factors that contribute to the KZN DoH's significant employee turnover of Med Specs and MOs.

The questionnaire's open-ended questions (qualitative research approach) allowed participants to share their experiences and perceptions of the KZN DoH's recruitment and retention strategies in their own words, adding to the data's depth. Med Specs and MOs were included as participants because they could share what variables impact their decision to work in the KZN public healthcare sector. The questionnaire was distributed to permanent Med Specs, MOs and HR administrators.

3.4.1 Questionnaire Design

In this study, the questionnaires were designed according to the objectives of the study as stipulated in chapter one. English was used as it was simple for the participants to understand.

Three questionnaires were compiled as follows: one for the HR practitioners (Annexure A), another for HCU and HCD (Annexure B), and one for Med Specs and MOs (Annexure C). Questionnaires for Med Specs and MOs had 12 questions, and for the HR practitioners, 11 questions. It took the participants at least 10-15 minutes to respond to the questions.

The questionnaires were sent to the participants via email. The consent form was also attached, with the instructions to read and sign before responding to the questions. The participants were informed that their participation was confidential, and the data collected will be kept safe.

3.4.2 Questionnaire Format

The questionnaire had open-ended questions. This gave participants the opportunity to express their views. The questionnaire was for an individual to participate. The questions were based

on retention challenges, and interventions to retain Med Specs and MOs. The questionnaires were formulated targeting a specific group. There were separate questionnaires, as noted earlier.

3.4.3 Questionnaire Layout

In developing the questionnaires, care was taken to ensure the language and wording were clear. The questionnaires were sent to the participants via email to allow the participants to type the responses and respond at their own time. An email was sent, followed by a phone call for further clarity. The questionnaires were divided into two parts. Section A was the demographic information, and Section B was the main questions (refer to Annexure A–C). Section A was based on specifying the area of speciality, years of experience and qualifications of the participants. In Section B, the participants could respond more on the retention challenges of Med Specs and MOs. The Section further probed about the challenges, and interventions the Department has in place, to retain medical employees, and the effects of the shortage of medical employees.

3.5 Secondary Data

Secondary data can be in the form of "office statistics, administrative records, accounts kept routinely by organisations" (Saunders et al., 2009 cited by Ndebele, 2021:132) and can be generally understood as "data that is existing and has not been collected by the researcher". This study drew on secondary data from the establishment report of IALCH. The establishment report illustrates all the vacant posts, filled posts, allocation of posts per section in the hospital and the budget allocation per post. Internal circulars and other government publications were used to get more information and updates concerning the retention strategies of Med Specs and MOs in the Department. The exit forms were also used as secondary data. Each form was studied to analyse reasons why Med Specs and MOs exit the IALCH.

3.6 Primary Data

To meet the defined research objectives, primary data needs to be collected (Ndebele, 2021). According to Mthuli (2018), cited in Ndebele (2021:132), "primary data is collected for the explicit research problems at hand, using processes that fit the research problem best". The problem at hand is the retention of medical employees for KZN DoH. The process used to research the problem was the collection of primary qualitative data through structured questionnaires. The goal of this study is to understand the underlying factors that result in

medical employees exiting the IALCH in a short period of time.

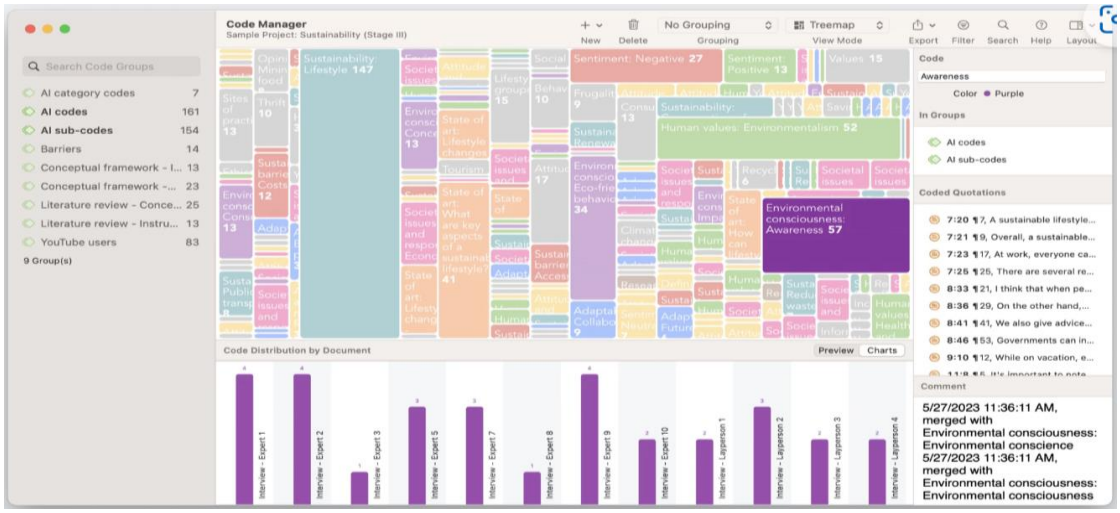
3.7 Data Analysis

Qualitative data analysis was used to analyse the data for this project. The goal of qualitative data analysis is to determine the participants' perceptions of certain phenomena by analysing their viewpoints, knowledge, values, and experiences to estimate their understanding and construction of the phenomenon (Creswell & Clark, 2011). Data was reduced using thematic analyses. Mkhize (2022:23) explains the process of thematic analysis as follows: Data "will be coded to allow for new impressions to shape the interpretation in different and unexpected directions, (make notes) and write summaries of each transcript or piece of data that will be analysed and code the material by capturing the essence of elements of the material by reducing and interpreting the data".

Software called ATLAS.ti.23 was used to code the data. ATLAS.ti.23 is commonly used for qualitative data analysis. "The software enables researchers to store all relevant information in one place, providing greater data management security and eliminating manual tasks, although it does not perform automated data analysis" (Soratto, Pires & Friese, 2020:4).

To analyse data generated from questionnaires using ATLAS.ti.23, a TreeMaps option was used. The first step was familiarisation of the data in its transcript form. The codes in ATLAS.ti "can be marked by different colours, which is illustrative if you use colours to distinguish between different themes in the research" (Team ATLAS.ti, 2023:14).

Figure 3.1 Example of TreeMaps in Atlas.ti



Source: Team ATLAS.ti (2023:15)

3.8 Ethics

All studies that involve human participation require ethical approval "to ensure that the research conforms with general ethical principles and standards of conducting inquiries" (Ndebele, 2021:145). This study complies with the University of KwaZulu-Natal's (UKZN) ethical considerations. This is vital because this research includes human participants. The intentions of this study were clarified to the subjects, and each participant was given a consent form to sign as proof of commitment to participate in the study (Annexure D: Consent Form).

The aim of ethical compliance was to inform the participants about the aim of the study and what the study entailed, as well as inform the participants that the study adheres to confidentiality, that the information would be kept in a locked safe, and that their names would not be disclosed. It also specified that it is important to inform participants that participation is voluntary, that they can withdraw from the study at any time, and that there are no risks involved. The data will only be kept for five years, locked in a secure place and discarded after that period.

To commence with the study, the researcher applied for ethical clearance (Annexure E) from UKZN's Human and Social Sciences Research Ethics Committee, which was submitted to the DoH's National Health Research Database to request for gatekeeper permission. The gatekeeper permission was approved and submitted to IALCH management (Annexure F).

3.9 Conclusion

This chapter provided an overview of the research methodology used in this study. This study used the qualitative research method. The chapter explained how the sample size was selected and how the questionnaires were formulated to meet the objectives of the study. Non-probability sampling was used. Questionnaires were designed and given to the relevant, identified population to establish specific reasons as to why there are retention challenges in the public sector. Collected data was analysed using ATLAS.ti. The next chapter presents, interprets and discusses the data collected.

CHAPTER 4
DATA PRESENTATION, INTERPRETATION AND DISCUSSION

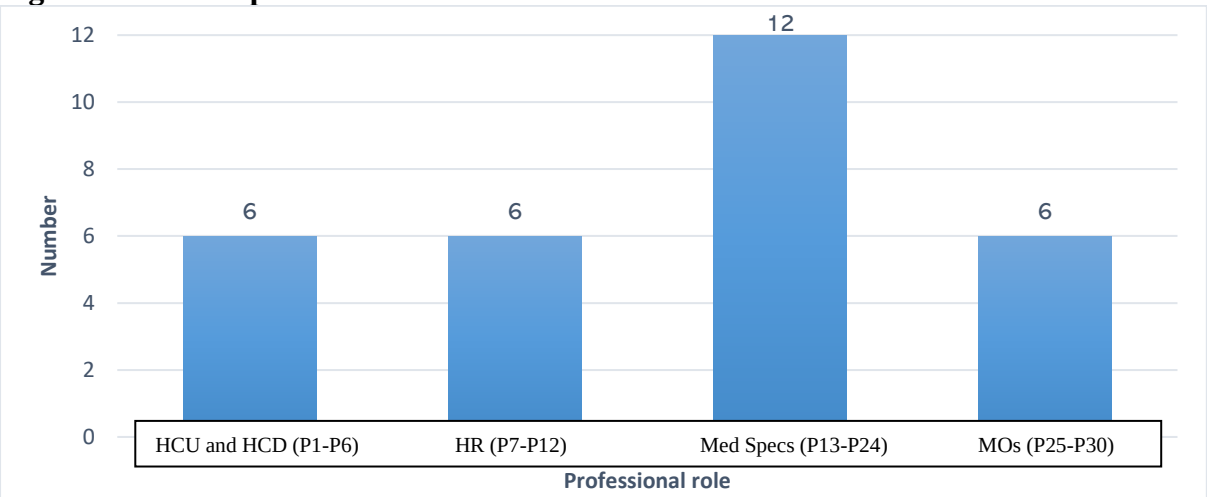
4.1 Introduction

Data were analysed thematically using ATLAS.ti 9. Descriptive data on the participants were analysed using frequency analysis on Microsoft Excel. Braun and Clarke's (2019) six-step process was applied to the data. The first step was the familiarisation of the data in its transcript form. This involved reading the text at least three times to get an understanding of the concepts covered (Braun & Clarke, 2019). The second step involved generating open codes from the data that was uploaded to ATLAS.ti. Open coding systems involved the identification of codes that were not predetermined. The third step involved developing themes from the generated open codes. This involved the grouping of related codes into groups or categories based on an identified factor. The grouped codes were then reviewed and finally defined into themes and subgroups under them into subthemes. The final stage involved writing up the themes into a report. Co-concurrence tables and in vivo codes were used to present data and findings.

4.2 Description of Participants

The study used a sample of 30 participants drawn from the IALCH's medical and HR units and departments. Figure 4.1 summarises the participants by role.

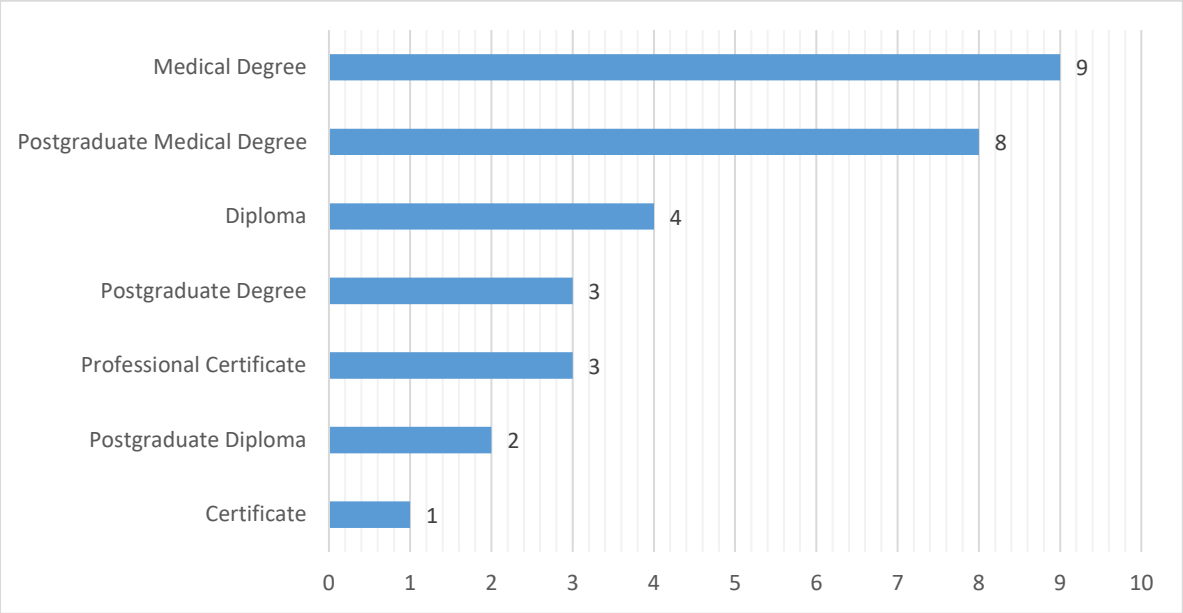
Figure 4.1: Participants' roles



Source: Author's construction (2023)

Participants P1 to P6 were either heads of clinical units (HCUs) or heads of clinical departments (HCDs) at IALCH. P7 to P12 were HR professionals, and they were six in total. P13 to P24 were Med Specs and these were 12 in total. P25 to P30 were MOs and were six in total.

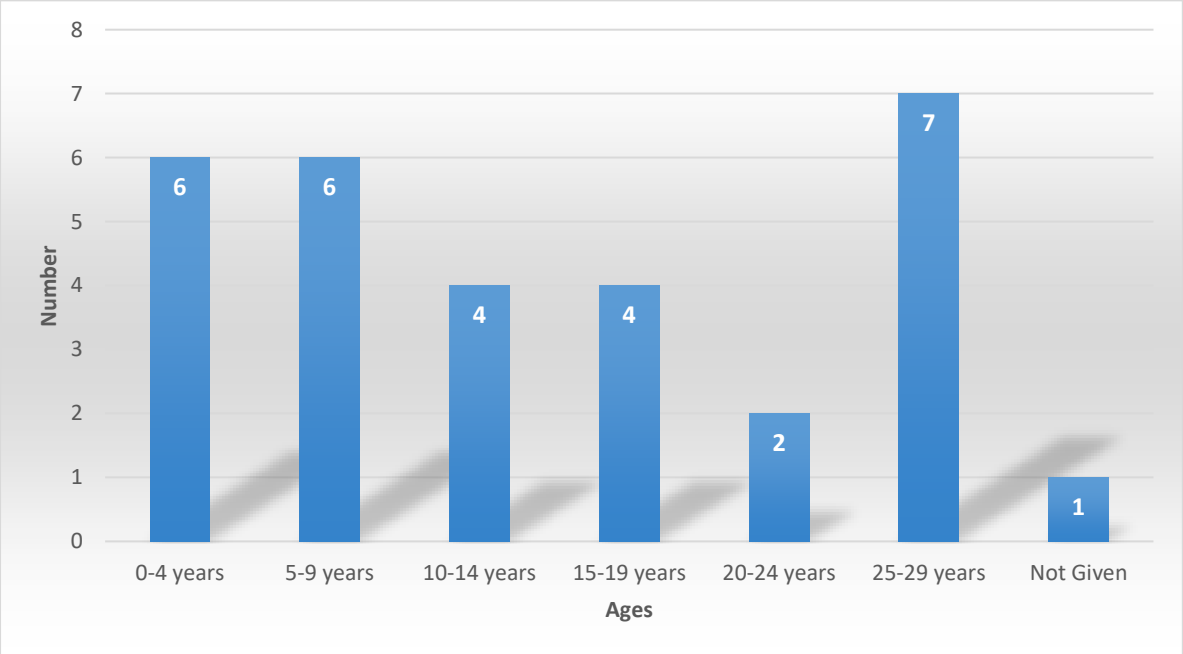
Figure 4.2: Participants' highest educational attainment



Source: Author's construction (2023)

Nine of the participants had medical degrees, eight had postgraduate medical degrees, four had diplomas, three had professional certifications, three had postgraduate degrees (not necessarily medical), and two had postgraduate diplomas, while one had a certificate. The sample therefore consisted of highly qualified professionals.

Figure 4.3: Participants' work experience in years



Source: Author's construction (2023)

The participants' years of experience ranged from 6 months to 28 years. Six had between 0 to 4 years, and another 6 had 5 to 9 years of experience. Seven had 25 to 29 years of experience. The sample was, therefore, highly experienced and in a position to effectively contribute to the experienced-based nature of this study.

4.3 Theme 1: Underlying Reasons for Staff Shortage

The first theme focused on the reasons behind Med Spec and MO shortages at IALCH. The theme was mostly built from the question: *What are the underlying reasons for the Med Specs' and MOs' shortage at IALCH?* The economic, HR, organisational and work environment factors identified by the participants constituted Theme 1's subtheme.

Table 4.1: Underlying reasons for staff shortage

Underlying Reasons for Staff Shortage	Contributors	Group code
Competitive private/ international sector	P1, P6	Economic/ market
Employment equity	P7	Economic/ market
Recruitment freezes	P2, P3, P7	Economic/ market
Frustrating HR processes	P4, P5, P6	HR challenges
High turn-over	P7, P9, P12	HR challenges
Lack of incentives	P7, P9	HR challenges
Low remuneration	P1, P2, P3, P4, P7, P10	HR challenges
Lack of career progression	P1, P2, P3, P8	HR challenges
Processes/ monitoring system	P4, P7, P11	HR challenges
Budget constraints	P2, P3, P4, P5, P6, P8, P11, P9	Organisational
Infrastructure shortages	P4, P6	Organisational
Lack of leader support	P10	Organisational
Poor organisational structures	P11	Organisational
Bullying	P7, P11	Work environment
Family/ work-life considerations	P2, P4, P8	Work environment
Overworking	P1, P2, P4, P7, P8, P9, P10	Work environment
Personality clashes	P10	Work environment

Source: Author's construction (2023)

4.3.1 Economic/ Market Factors

The economic or market factors behind staff shortages were the existence of a competitive private sector that attracted and drew professionals away from the public sector. In addition, international labour markets also attracted professionals from the South African markets, resulting in a shortage of professional healthcare workers.

P7 mentioned that employment equity also drew professionals away from the private sector, resulting in staff shortages:

"The equity target also leads to staff leaving as they are not given job opportunities."

This suggested that the sector was male-dominated and male-centric, and the reservation of posts for less-represented groups created gaps that were not filled in. This frustrated professionals who were not eligible for these posts.

At the economic or market level, government-imposed staff freezes contributed to staff shortages. These constricted the recruitment and replacement rate for staff who would have left the sector, leading to staffing shortages.

Like this current study, Hassen, Archer and Pellizzon (2020) found that the public sector was a less preferred destination for professional healthcare workers because of poor remuneration compared to the private sector. Hassen et al. (2020) also found burnout as a challenge more common in the public than in the private healthcare sector.

4.3.2 HR Challenges

Among HR challenges, P4 and P6 mentioned frustrating HR processes as contributing to staff shortages. According to P6, the current "*HR appointments are lengthy and frustrating."* As a result, it took too long to replace lost human capital. The public healthcare sector was, therefore, not able to cope with the high turnover, which was a major challenge (P7, P9, P12).

Lack of incentives to stay (P7, P9), low remuneration (P1, P2, P3, P4, P7, P10) and lack of career progression (P1, P2, P3, P8) were also common HR problems that were deemed to be responsible for the staff shortages. These factors are captured in the extracts below:

"High turnover, lack of incentives, unfilled vacancies" (P9)

"High turnover, workload, low salaries, lack of incentives, bullying" (P7)

"Workload, lack of support, insufficient allowances" (P10)

"Long hours, poor work-life balance, low salaries, lack of career progression, budgetary constraints" (P8)

"High turnover, unaddressed terminations" (P12)

There were also issues relating to the hospital's staff attendance monitoring system – the Jarrison System (P4, P7, P11). The participants felt that this system did not consider them as responsible professionals.

The above findings resonate with the outcomes from Haskins, Phakathi, Grant and Hardwood's (2017) study carried out in KZN rural hospitals. In that study, it emerged that rural healthcare facilities were exposed to staff shortages. Furthermore, there was a problem of staff being overworked to compensate for staff shortages.

4.3.3 Organisational and Work Environment Factors

At the organisational level, various factors contributed to staff shortages. These were budget constraints (P2, P3, P4, P5, P6, P8, P11, P9), infrastructure shortages (P4, P6), lack of leader support (P10) and poor organisational structures (P11). In relation to infrastructure shortages, P4 was concerned that the "*lack of dedicated spaces for doctors*" discouraged professionals from staying at IALCH. This alongside with the "*inability to access treatment for patients*" (P5) was related to budget constraints that were widely mentioned by the participants. The extracts below from the participants highlight the above-mentioned issues:

"Budgetary constraints, lack of organisational structure, bullying" (P11)

"High turnover, workload, low salaries, lack of incentives, bullying" (P7)

"Long hours, poor work-life balance, low salaries, lack of career progression, budgetary constraints" (P8)

Poor relationships among work colleagues that manifested as "bullying" (P7, P11) and personality clashes (P10) discouraged professionals from holding their jobs for long. P2 and P8 also mentioned that family issues were behind the professional staff's decisions not to stay. According to P2:

"Married practitioners cannot just move to the rural sites due to family commitments, especially if married to non-medical partners." (P2)

Some moved to communities that supported family life, while others left the profession to attain a healthier *"work-life balance"* (P8). The above highlights the existence of many factors behind staff shortages, some existing at the personal level while others, like labour market competition, were external and global. Eide (2015) also found that medical practitioners valued work opportunities that supported family unions. This is similar to the views that some Med Specs and MOs left IALCH in attempts to find work environments that accommodated family life. This included the need to be closer to schools for their children.

Another issue discussed in this section was employee support when carrying out one's duties. A study by Haskins et al. (2017) found that some healthcare practitioners shared a similar experience. Due to low staffing ratios, one could find themselves isolated from colleagues who could offer professional support and guidance on their work. Gomathy et al. (2022) found friction between work colleagues and perceptions of bullying as contributory factors of resignations. This was also reflected in the current study.

4.4 Theme 2: Effects of Low Staff Retention at IALCH

The second theme considered the effects of low staff retention at IALCH. The subthemes that built this theme were the effects of low staff retention on (1) staff, (2) the hospital and (3) patients.

Table 4.2: Effects of poor staff retention

Effects of staff leaving	HCU and HCD	HR
Overworked staff	P1, P5, P6	P7, P9
Loss of institutional memory	P2	P11
Reduced productivity	P2	
Decreased care quality/ services	P1, P2, P3, P4, P5, P6	P7, P8, P10, P12
Inexperienced staff	P4	P10, P12
Administrative challenge for heads	P3	
Training and recruitment pressures	P3, P4	P7
No research development	P5, P6	
High turn-over		P7, P9, P12

Source: Author's construction (2023)

4.4.1 Effects on Staff

The effects of poor staff retention included *"overworked remaining staff"* (P1) among Med Specs and MOs as well as other support healthcare workers. As fewer professionals remain, they are forced into sharing a large work burden among themselves. This resulted in "*less productivity*" (P2) among overworked professionals. Highly overworked professionals had a propensity to leave their jobs and, therefore, this contributed to increased staff turnover. P6 stated this came with "*burnout, invalidated progress*" among professionals. P6 also stated how low staff retention affects research:

> *"It limits the amount of time that can be spent on research as clinical duties are a priority."* (P6)

Similar findings were shared by Van Vuuren and Nel (2013) cited by Ndebele (2021). They noted that increased work pressure and staff shortages deprived professionals of an opportunity to develop and update their skills. This, in turn, tended to affect the healthcare system at large.

4.4.2 Effects on the Hospital

P2 and P11 highlighted that as healthcare professionals leave, the facility's *"institutional memory"* is lost. This referred to a loss of institution-specific knowledge and expertise that has been created over the years. This effect was also highly related to the issue of inexperienced staff. P6 stated that staff departures invalidated departmental operational plans:

> *"It invalidates a lot of progress made in a department as you plan according to the staff complement when staff leave. It makes a lot of plans futile as you don't have the capacity to continue with it."* (P6)

It was notable that the more experienced professionals had a larger propensity to leave, leaving behind a predominantly inexperienced staff (P4, P10, P12). This scenario created continuous training and skills development pressures to replace the lost human capital. Administratively, the hospital spent a lot of time on "*repeat interviews*" (P3) and other activities designed to keep the hospital staffed. P5 also mentioned that low staff retention suppressed "*research development*", suggesting that professionals needed a longer stay at an institution to contribute to its research and knowledge-building component. Gomathy et al. (2022) found that the main reasons why Med Specs and MOs left hospitals were low remuneration and lack of growth.

The current study also notes that institutions lost human capital when staff they would have trained at a cost left.

4.4.3 Effects on Patients

The problem of *"decreased expertise, new staff training issues (and) decreased quality of care"* (P1) affected the quality and quantity of healthcare services available at IALCH. This was experienced as *"cancelled surgeries"* (P1) and *"patient complications"* (P2), adding to experiences of "*disruption of services*" (P4) among patients. Thus, low staff retention adversely affected both the professionals and the patients. The latter group bore even more harsh consequences of compromised service and health.

Like the above findings, Driouchi (2014) asserts that the shortages of Med Specs can adversely affect the quality of healthcare available to patients. A WHO (2022) report also noted that staff shortages came with dire consequences that included infant mortalities. In the current study, one participant also mentioned high mortality rates as discouraging to staff, and this also forced some to move.

4.5 Theme 3: Key Factors Supporting Staff Retention

Under Theme 3, the focus was factors that the participants, especially the Med Specs and MOs, considered important for staff retention. The theme was built from data from various interview questions. The leading question was, however: *What factors do you consider to be important for you to remain working here as a Med Spec or MOs*?

Table 4.3: Key factors supporting staff retention

Group code	Factor	Participants
Communication and transparency	Clear communication	P24
	Transparent expectations	P24
	Clear orientation programme and protocols	P24
	Good communication	P18, P31
	Transparency	P31
	Good working relationships	P18, P22
Compensation and workload	Reasonable working hours	P24, P29, P30
	Manageable work volumes	P13
	Appropriate compensation	P13, P20, P22, P24
Growth and development	Robust academic support/research	P19, P24
	Potential to grow (further studies)	P25
	Exposure to a variety of clinical conditions	P25

	Opportunity for growth	P16, P30
Resources	Availability of materials to perform duties	P26
	Availability of resources	P15, P21, P26, P27
	Enough staff	P20, P28
	Adequate resources	P20, P26, P28
Work environment	Effective teamwork	P28
	Mutual respect	P31
	Patient improvement	P31
	Healthy and supportive working environment	P17, P22, P23, P24, P23, P27, P31
	Safe and healthy work environment	P27
	Recognition	P13
	Conducive work environment for personal growth	P27, P30

Source: Author's construction (2023)

4.5.1 Communication and Transparency

P24 and P31 focused on the importance of transparency and communication as retention factors. Clear communication supported by open and transparent work expectations could encourage Med Specs and MOs to stay. P31 used the terms "*good communication*" and "*transparency*" to describe this, while P2 mentioned "*clear communication (and) transparent expectations*."

4.5.2 Compensation and Workload

Compensation and workload were discussed as important retention factors by P24 and P30. Competitively higher remuneration and manageable work volumes, as noted by P24 and P30, among others, were positive factors that encouraged staff to stay. Similarly, George and Rhodes (2012) found higher income, good working conditions and greater career chances as pull factors.

4.5.3 Growth and Development

P24 and P25 highlighted that career development and growth opportunities were also crucial for the specialist's retention. This included robust academic support, the potential to further one's studies (P24) and exposure to a variety of clinical conditions that helped to enhance one's experience (P25). P16 specifically referred to the importance of "*subspecialty training opportunity*" that enabled more skills acquisition within niche areas of a given specialisation.

P30 mentioned the general existence of "*opportunities for growth*" as crucial for professional

staff retention. P13 highlighted the importance of "*trainee support"* in relation to skills development. Several scholars, including Filipe et al. (2014) and Hatcher, Onah, Kornik, Peacocke and Reid (2014), found that CPD was not only a mandatory process but a voluntarily required aspect of career growth. This pressured professionals to move to environments that supported both mandatory and voluntary skills development.

4.5.4 Resources

Work and organisational resources were important for retention. This was discussed by P26, P27 and P28. P26 mentioned the "availability of materials to perform duties" as critical. P20 mentioned the importance of "*available working equipment"* in retention, and P21 highlighted the significance of:

> *"Equipment that works and availability of necessary drugs; radiation turnaround for imaging."* (P21)

Important resources, therefore, included both equipment and machinery and consumables like drugs. P28 mentioned the importance of HR in addition to the material resources needed to perform one's duties.

4.5.5 Work Environment

Under teamwork and patient care, P28 mentioned the importance of *"effective teamwork"* in staff retention. P31 mentioned the importance of *"mutual respect"*, and P31 the significance of *"patient improvement"*. This implied that professionals were less keen to work in environments where patients were not likely to get better, and these include environments without adequate resources. Ho (2023) also found that working in teams was important for professional healthcare morale and motivation. Improving this aspect, therefore, increased staff retention opportunities.

Finally, the professionals talked about the importance of a positive work environment and staff retention. This included a supportive environment (P24, P27, P31) which was physically safe and healthy to work in (P27). The same environment also needed to be conducive to "*personal growth*" (P27, P30). Some extracts from the participants capture the above factors.

> *"Robust academic support, healthy and supportive working environment, reasonable*

working hours, clear communication, transparent expectations, appropriate compensation, clear orientation programme and protocols" (P24)

"Potential to grow (further studies), work environment, exposure to a variety of clinical conditions" (P25)

"Safe and healthy work environment, availability of resources, conducive work environment for personal growth" (P27)

The findings point to various factors that the concerned specialists considered important in their jobs. These were personal, interpersonal, and organisational.

Hariharan (2014) found that while benefits and compensation are crucial and addressed regularly in the hiring process, good packages cannot compensate for a bad working environment. The current study found that the work environment determined professional healthcare workers' job satisfaction and lowered their propensity to leave. The current study did not find work environment to be more important than remuneration issues but noted the importance of both factors in Med Specs' and MOs' retention.

4.6 Theme 4: Current Strategies to Retain Staff and their Effectiveness

Theme 4 looked at the current strategies that, according to the participants, were being used in the IALCH to retain staff. Under the theme, the effectiveness of these strategies was also discussed.

4.6.1 Current Strategies and Actions

In response to questions on the current strategies used to retain staff in the medical department, a subtheme on current strategies and action was developed. Table 4 summarises the strategies identified.

Table 1.4: Current staff retention strategies

Current retention strategies	Contributors
None	P1, P4, P6, P9, P12
Filling in vacant posts	P2, P10
Searching for funding	P10
Encouraging staff to stay	P2

Mentorship	P3
Promotions	P11
Increased on-call support	P3
Career development opportunities	P3
Flexibility for studying professionals	P5
Remunerative Work Outside of the Public Service (RWOPS)	P5, P7
OSD	P7
Commuted overtime	P7

Source: Author's construction (2023)

Some participants, including P1, P6 and P9, were convinced that the hospital, particularly its HR department, had not implemented any visible strategies to retain Med Specs and MOs as healthcare professionals. P10 noted that the hospital was involved in a recruitment drive in partnership with UKZN, and this was expected to increase the staff component. The recruitment was also supported by an urge to avail funding for additional professional staff:

> *"Ongoing recruitment, partnership with UKZN, creation of funds"* (P10)

P3 focused on skills and training development opportunities among staff, including mentorships:

> *"Mentorship, increased on-call support, and specialist career development opportunities"* (P3)

P5 also mentioned that HR strategies involved skills development opportunities like the state-supported *"Remunerative Work Outside of the Public Service",* to give specialists opportunities to develop their skills in the private sector while working for the government, thereby "*allowing flexibility with work in medical school and RWOPS*" (P5).

P5 further highlighted that the HR department was allowing flexible work hours for professionals who were still studying. P7 summarised these as: "*OSD, commuted overtime, pay progression, grade progression*."

Fajková, Fejfarová and Urbancová (2016) also mention mentorship as an important talent management and skills development aspect that supports staff retention goals. Like the current

study, Haskins et al. (2017) found that promotions were a highly valued outcome that increased healthcare professionals' job satisfaction. However, Haskin et al.'s (2017) study found that promotions were easier to come by in rural healthcare facilities, and this is contrary to the current study. In the current study, career development prospects appear to be very challenging to the participants.

4.6.2 Effectiveness in Addressing Staff Retention Strategies

Table 5 focuses on HR's effectiveness in addressing staff retention problems.

Table 4.5: HR's effectiveness in addressing staff retention problems

HR Departments' effectiveness	Contributors
Lack of funding	P1
Overarching staff freeze	P1, P5
Administrative rather than strategic role	P2
Has not assisted	P3
No strategies implemented	P4
Frustrating appointment processes	P6

Source: Author's construction (2023)

P1 believed that HR was not effective in addressing low staff retention because of funding challenges. Adequate funding was a priority area that needed to be addressed to empower HR to resolve high staff turnover among MOs and Med Specs:

> *"Unable to address challenges due to frozen posts and lack of funding."* (P1)

P2, on the other hand, believed that HR was failing to exert a meaningful impact on the staff turnover challenge because its focus was mostly administrative rather than strategic. This resonated with views that it had limited strategic control over staffing freezes:

> *"HR's role is administrative only, not addressing retention challenges."* (P2)

P5 opined that HR was, in fact, part of the problem. It had long and frustrating appointment processes that delayed the entry of new professionals at the hospital. This meant that professionals were not quickly relieved of their overworking circumstances created by staff shortages, and some chose to leave as a result: *"No, HR appointments are lengthy and frustrating"* (P6). In sharp contrast, P6 stated: *"Yes, HR advertises posts before freezing."* This showed an attempt to fill in posts.

To some, the general mood was that *"HR hasn't assisted with resolving challenges"* (P3) and *"HR hasn't implemented any retention strategies"* (P4). Overall, there were, therefore, different views, with some participants believing that the problem was beyond HR and some thinking that HR was responsible for alleviating this challenge.

Ndebele (2021) found that the freezing of staff posts was predominantly a government rather than a medical facility decision. This left HR units unable to effectively deal with this challenge that demanded increases in healthcare funding as a solution. This is widely reflected in the above findings, where staff freezes are noted as a problem that IALCH was struggling to deal with. From a governmental perspective, the retention of skilled staff is a fundamental, difficult multi-factor issue. There was a large probability of failing to meet retention goals due to its complexity (RSA, 2011).

In the literature, other strategies introduced to retain professionals are also discussed as less effective than desired. For instance, according to Makapela and Useh (2014), the positive impact of the OSD and rural benefits as retention interventions failed.

4.6.3 The Extent to which Important Retention Factors are being Addressed

Data were collected on the extent to which important retention factors were being addressed under the various staff retention methods and strategies applied by the IALCH.

Table 4.6: The extent important retention factors are being addressed

Are factors being addressed	Contributors
No	P15, P17, P27, P28
Yes	P13, P14, P16, P18, P19, P20, P21, P23, P25
Yes, greatly	P22, P30
Not sure	P29

Source: Author's construction (2023)

Some participants agreed that the factors of importance were being addressed but not in a significant, effective, and urgent manner. For instance, P24 mentioned they were *"not significantly addressed"*, and P25 stated they were being addressed only *"to a certain extent."* P26 stated that they were being addressed *"very slowly."*

P30 and P31 indicated that they were being addressed resolutely. Also, P7, P8, P10 and P11

were among those who agreed that at least something was being done to meet retention needs. A study by Ndebele (2021) also found similar views that rural tertiary hospitals' strategies to curb high staff turnover were considered ineffective by staff.

4.6.4 The Effectiveness of Past Staff Retention Strategies

The participants either mentioned or discussed the effectiveness of the strategies that IALCH had implemented to improve staff retention. Table 4.7 summarises these.

Table 4.7: The effectiveness of past staff retention strategies

Past Strategies Effective	
Not successful	P1, P3, P7, P9, P10, P14, P17, P19, P20, P22, P24, P28
Strategies non-existent	P4, P6, P12, P16, P18
Not sure	P13, P15, P21
Less effective/ not effective enough	P2, P5, P26, P28
Effective	P30
Some are effective, others not	P9, P11

Source: Author's construction (2023)

The participants held different views on whether the strategies that were being implemented to facilitate staff retention at IALCH were effective or not. The first group, which included P14, P17, P1 and P7, among others, noted that the past strategies were not effective in controlling the problem. For example:

> *"Not effective - we continue to lose staff."* (P19)

> *"I will say less effective because staff still left despite the minimal interventions."* (P20)

> *"Not effective, more and more specialists/ officers leaving."* (P28)

Others, like P16 and P18, stated that there were no strategies to talk about since none were ever implemented. They were, therefore, not able to mention whether any past strategies had been effective or not. According to P18, "*I have not seen any strategies to retain staff*" and P16 stated "*zero in my department*". Some participants, like P13, P15 and P21, among others, were not sure about the status quo of any staff retention strategies.

Some, like P25 and P27, felt that the strategies were, to some extent, working, but they were

not robust enough to fully arrest the problem. In this regard, P25 rated the strategies' effectiveness as *"average"*, while P8 mentioned that they were *"not effective enough"* to provide a full solution to the challenge. P9 also stated that they were *"effective for some, not overall."* P11 identified strategies aimed at affecting salaries as the only effective ones, with others failing to have the desired impact: *"effective for salaries, not overall"*. P30 is the only participant who mentioned that the retention strategies worked without any doubt because *"qualified registrars were given MO posts"* as a way of retaining them, and this appears to have kept them in their positions.

4.7 Theme 5: New Strategies that Could Promote Professional Retention

Theme 5 centred on the participants' proposed strategies and methods that could help in the retention of Med Specs and MOs at IALCH. These were classified into growth and development, leadership and administration, resources, work environment, and workload and compensation. These are summarised in Table 4.8 below.

Table 4.8: Proposed strategies that could promote professional retention

Group code	Strategies the government should support	Contributors
Growth and development	Allow public/private partnership in terms of work (RWOPS)	P15, P4, P16, P26
	Open specialist opportunities (Registrar posts)	P16, P26
	Allow career progression for subspecialists	P2
	More experiential opportunities	P17, P25
	More training and support for junior employees	P22
Leadership and administration	Recognition and appreciation	P13
	Effective administrative processes and support	P13, P6
	Effective leadership and management	P13, P9, P12
	Empower youth leadership	P18, P28
Resources	Adequate infrastructure and resources	P4, P26
	Improve funding	P5, P8, P14, P20
Work environment	Less frustrating monitoring/regulations	P4, P5, P7, P11
	Staff satisfaction and work improvement surveys	P17
	Address root stressors and burnout	P7, P24
	Address bullying	P8, P12
	Improve communication	P12
	Reduce mortality rate	P10
Compensation	Competitive salary scales and more funded unit posts	P14, P21, P20, P6, P7, P10, P24
Workload	Increase MOs' posts	P3, P4, P6, P16, P22, P26, P27

	Improving staffing so that workload is better	P2, P3, P7, P9, P10, P16, P22, P24, P28, P29, P6
	Unfreezing posts	P7, P27, P30
	Reduce mandatory call hours	P30

Source: Author's construction (2023)

4.7.1 Growth and Development

The participants made various suggestions on how personal growth and development could be enhanced. Several participants recommended that the hospital allows public/private partnerships in terms of work (RWOPS), and these include P15, P4, P16 and P26. In P15 and P16's view:

> *"Allow public/private partnership in terms of work (RWOPS)"* (P15)

> *"Open specialist opportunities, increase medical officers posts, offer RWOPS"* (P16)

RWOPS increases opportunities for skills development and personal growth and, therefore, encourages professionals to stay. P16 and P26 noted the need to *"open specialist opportunities"* as another way of supporting career growth among professionals. Other views were that IALCH should *"allow career progression for subspecialists"* (P2), and P17 and P25 encouraged more experiential opportunities among specialists by calling for *"broader exposure, more outreaches, offer incentives to grow"*. In P22's view, there should be more training and support for junior employees.

Mash et al. (2022a) found that outreach to other institutions, including those of a referral capacity, enhanced skills development processes and support for professionals. The absence of such outreach negatively affected staff retention among MOs (Mash et al., 2022a).

4.7.2 Leadership and Administration

Strategies involving changes to the patterns of leadership and administration were also suggested. P13 suggested that increasing the *"recognition and appreciation"* of professionals could encourage them to stay. P13 and P6 mentioned the importance of effective administrative processes and support. In the former's words, effective administration involves *"providing administrative support to allow doctors to focus on patient care"* (P13), and this was critical

for professional motivation. *"Support from management"* (P9) was considered part of effective leadership, a view also shared by P12 and P13. P13 stated:

> *"There seems to be an assumption that everyone in a managerial position knows what they are doing, but the reality is they do not, and as a result, there is often poor communication and transparency between these new managers and employees."*

P18 noted that the government should empower youth leadership as a way of encouraging professionals to stay in the public healthcare sector:

> *"The government should work on moving older people out of senior positions and heads of department and trying to attract younger people into these posts. The problem is largely driven by the older generation who perpetuate the prevailing negative culture."*

P28 also highlighted the need for *"support for junior employees."* A study by Mash et al. (2022a) also found that junior practitioners needed support and guidance to grow and proceed with their work with minimal mistakes. Not getting such support was considered too large a risk to necessitate a decision to move. According to George and Rhodes (2012), leadership and management styles play important roles in staff retention. Less supportive and negative leadership styles and processes discouraged staff retention. This is also mirrored in the current study, where issues like leadership support and effective leadership are discussed as critical in relation to staff retention.

4.7.3 Resources

The issue of resources was considered severely problematic at IALCH. It was one of the reasons behind the high attrition among Med Specs and MOs. Participants recommended improved funding (P5, P8, P14, P20). Such funding would improve infrastructure and resources (P4, P26). Increased funding comes with *"adequate staff, equipment, theatre time"* (P26). P4 mentioned a better physical working environment with all necessary facilities, including *"dedicated tea rooms"*, as being critical for the retention of professionals. P13's statement captures the common sentiment around resources:

> "*Adequate infrastructure and resources: We need staff; our patients do not have access to effective medications, simple things like fitting gloves, etc. How are we expected to*

work and provide services if simple things like those mentioned above are not available?"

In a KZN study, "Factors influencing recruitment and retention of professional nurses, doctors and allied health professionals in rural hospitals in KwaZulu Natal," Haskins et al. (2017) found that rural public healthcare facilities generally suffered from resource constraints. In their study, however, there was much focus on healthcare worker housing infrastructure as a major determinant of job satisfaction and, therefore, staff retention. In the IALCH scenario, the resources described to be in short supply were directly related to assisting patients and included enough facilities and consumables.

4.7.4 Work Environment

Several views highlighted that making changes to the work environment could positively affect staff retention. Among the changes, P4, P5, P7 and P11 suggested the implementation of less frustrating monitoring/regulations. These also touched on the Jarrison System, which was mentioned earlier as problematic. P4 demanded *"less strict monitoring."* P4 further stated that the Jarrison monitoring system made:

> *"…staff feel that they are treated like prisoners – it should be your output that is important and not counting of hours – anyone can sit in their respective spaces and be of no value in providing a service – accountability of your output/clinical service provided should be a better monitoring tool."* (P4)

P5 described the current systems as marred with too much red tape. P5 and P11, therefore, suggested *"red tape"* in administrative processes that included employee monitoring and supervision, while P7 called for *"fair timekeeping"*.

P24 highlighted that the system needed to *"address root stressors, and burnout"* (P7) as this too had the effect of forcing professionals to leave the hospital. P8 and P12 both suggested that addressing bullying could be part of reducing those stressors, although P12 added *"improved communication"* to the recommendations. P10 noted that since high mortality rates discouraged professionals from staying, reducing them could improve retention. Ndebele (2021) also found the importance of open communication between staff and management to be critical for the former's job satisfaction.

4.7.5 Workload and Compensation

Workload and compensation issues were among the most saturated themes discussed in the data. The view is that to address the low staff retention issues and their staff shortage consequence, it was important to address workload and compensation issues. According to several participants, who included P14, P21 and P24, public sector remuneration needed to be competitively high to dissuade professionals from leaving for the private sector. This was captured vividly in P21's statement:

> *"Increase salaries – most people do enjoy working in state but the discouraging factor is the salaries; worse when one has an option of being in private making a minimum of 25% more than current government salaries."* (P21)

Remuneration increases were expected to be implemented concurrently with a decrease in work volumes – another highly contentious matter judging from the interviews. This was backed by many participants, including P2, P3, P10, P16 and P24. P10 saw the need for *"salary increases"* and *"addressing workload"* at the same time, while P20 mentioned *"competitive salary scales and more funded unit posts"*.

The reduction in workload among current MOs and Med Specs could be achieved through hiring more professionals (P4, P16, P26). Another method of reducing workload was the reduction of *"mandatory call hours"* (P30) where the professionals worked.

P4 also believed that getting *"experienced medical officers"* could also achieve the effect of reducing workloads among professionals. According to P31, better recruitment practices that included *"preventing frozen posts and advertising vacancies in advance"* would reduce understaffing and workload issues that discouraged professionals from staying at IALCH. This was also shared by P27.

Eide (2015) gave a list of suggestions on how medical professionals can be retained. These included opportunities for outreach, skills development and experience building. Also, Eide (2015) suggested call schedules, opportunities for family and a sense of team belonging. These were similar to some of the suggestions made by the participants. However, some suggestions

by Eddie (2015), including community-based interactions, recreational activities and facilities, were not highly shared.

4.8 Conclusion

The analysis extracted five themes from the data. These were: Theme 1 – Underlying reasons for staff shortage; Theme 2 – Effects of low staff retention at IALCH; Theme 3 – Key factors supporting staff retention; Theme 4 – Current strategies to retain staff and their effectiveness; and Theme 5 – New strategies that could promote professional retention. These themes corresponded with, and were therefore able to answer, the study's research questions.

Theme 1 resonated with research question 3 – What are the underlying reasons for the Med Specs and MOs shortage at IALCH? Theme 2 aligns with research question 2 – What are the effects of staff shortages of Med Specs and MOs at IALCH? Theme 3 aligns with research questions 1 and 3, while theme 4 relates more to research question 4 – What other strategies could be used to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH? The next chapter concludes the research and further discusses recommendations.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study aimed to explore the retention challenges of Med Specs and MOs at IALCH in the KZN province. The study used a qualitative research approach with a sample of senior and experienced healthcare professionals, including Med Specs and MOs, who were the subjects of interest. This chapter concludes the study and presents a summary of findings and appropriate recommendations for further research. It starts with a summary of findings across the study's research questions.

5.2 Summary of Findings

The study had four research objectives and corresponding research questions. The research questions were:

1. How effective are the retention strategies in the medical department at IALCH?
2. What are the effects of staff shortages of Med Specs and MOs at IALCH?
3. What are the underlying reasons for the Med Specs and MOs shortage at IALCH?
4. What other strategies could be used to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH?

5.2.1 Research Question 1: How effective are the retention strategies in the medical department at IALCH?

The study revealed that the Medical Department at IALCH had put in place various retention strategies and methods in an attempt to keep its Med Specs and MOs. These strategies included internal programmes like mentorships, commuted overtime, promotions, filling in empty vacancies, searching for funding and increased on-call support. Other strategies that existed in the public healthcare sector were also being implemented, including RWOPS and OSD.

Objective 1 was achieved because the findings stipulated that the strategies are there but not effective. There were views that the Department's strategies were not effective in retaining staff, and this was because of lack of funding. The HR Department was considered an administrative unit rather than a strategic Department, which had limited power and control over key issues like staff freezes that pushed professionals to leave. Overall, key staff continued

to leave, and this was considered as evidence that the available strategies were not working as required.

5.2.2 Research Question 2: What are the effects of staff shortages of Med Specs and MOs at IALCH?

Objective 2 was achieved by the study as the participants did indicate the challenges of staff shortages. To staff, the effects of staff shortages were increased workload and minimised work-life balance opportunities. This resulted in burnout while also depriving the latter of opportunities for professional development. As noted, staff shortages, therefore, created a cyclical problem as work-pressured staff quit their jobs. To the hospital, staff shortages resulted in the further loss of available staff, taking with them their training and experience as well as institutional memory. It also made strategic and operational planning a challenge as primary subjects of such plans often left the institution. To patients, staff shortages resulted in cancellations and health procedure delays. It also exposed patients to less experienced professionals and overall increased mortality risks. The perception of the quality of services also declined.

5.2.3 Research Question 3: What are the underlying reasons for the Med Specs and MOs shortage at IALCH?

Objective 3 was achieved because the study unveiled that there were several underlying factors behind Med Specs and MOs shortages at IALCH. These were classified as economic or market factors, HR challenges, organisational challenges and work environment factors. Economic factors such as the competitive private sector and internal labour market rates encouraged local professionals to leave the public healthcare sector. Also, employment equity and provincial policies on staff freezes had a similar effect. Frustrating HR processes, the effects of high turnover on workload, lack of incentives, low remuneration, lack of career progression and unfavourable staff attendance monitoring systems were also identified as key HR factors behind shortages. At a wider organisational level, the key underlying factors behind staff shortages were budget constraints, infrastructure shortages, lack of leader support and poor organisational structures. Work environment factors behind staff shortages were identified as bullying, family/work-life considerations, overworking and personality clashes. These were primarily relationship issues between healthcare professionals and their immediate surroundings.

5.2.4 Research Question 4: What other strategies could be used to strengthen and enhance existing retention strategies to ensure the sustainability of Med Specs and MOs at IALCH?

Objective 4 was achieved because the participants proposed strategies that covered five broad areas: growth and development, leadership and administration, resources, work environment, and workload and compensation. IALCH needed to support RWOPS, career progression, and training and skills development among professionals. Under leadership and administration, new strategies must enhance staff recognition and appreciation, and operational support for remaining professionals. The empowerment of young professionals was considered critical in staff retention. Increasing resource availability and funding as strategies could also help in arresting staff departures. In the work environment, addressing frustrating supervision processes, poor communication, bullying, and general job satisfaction could help in the retention of Med Specs and MOs. In terms of workload and compensation, IALCH needed to increase remuneration while reducing the work burden among Med Specs and MOs.

5.3 Overall Summary Conclusions

The study found that the retention of Med Specs and MOs was a problematic process, and this was a result of departmental, organisational and wider external factors that included economic and migration dynamics. Regardless, there was a need to arrest this problem, and several methods, strategies and activities had been put in place for this purpose. Nonetheless, these were proving to be ineffective as the problem persisted. The findings suggested that while strategies were in place, they were ineffectively implemented.

The main implementing body, which was the HR Department, was reported to be disempowered in dealing with some challenges that emanated from outside the organisation. The findings further pointed to the staff retention problem as a multi-factor and cyclical problem. In the first instance, many factors caused it – both internal and external. In the second, as more professionals left, the remaining ones were overburdened with work, and this resulted in them leaving as well. This greatly increased staff losses. All in all, the challenge became more of committed implementation of staff retention strategies as most of the strategies suggested by staff were already in operation but were failing to yield the desired results.

Looking at the findings from Homans social exchange theory (Cherry, 2023), Med Specs and MOs were viewed as experiencing an unfair exchange. They believed they were giving more

in terms of workload compared to the remuneration, working conditions and personal development opportunities they were getting. The risks of staying at IALCH were, therefore, considered to be higher compared to the ensuing benefits. This unbalanced exchange resulted in failed staff retention attempts on the part of the IALCH. This pointed to a need to create and sustain a risk or cost versus benefit balance between IALCH and its Med Specs and MOs. This process, however, as noted in relation to many failed strategies, is complex and, therefore, requires commitment and engagement in both planning and change implementation on the part of both the leadership and the affected staff.

5.4 Recommendations

Based on the current study's findings, recommendations are put forward in this section.

5.4.1 Effectiveness of the Retention Strategies in the Medical Department at IALCH

The research showed that the retention strategies are no longer effective. Therefore, it is recommended that DoH and HRM review new strategies. The management must come up with a strategic team to monitor and evaluate the effectiveness of current strategies and come up with new ones. Since the economy is not doing well and there is pressure due to a shortage of employees, the management can start by looking at increasing salaries to match the competition and being open to salary negotiations. Secondly, medical employees should be allowed and encouraged to perform RWOPS as a way to learn and share medical information between the private and the public sector. In addition, the training posts must be available and open to all MOs and allow them to train and be promoted as Med Specs.

5.4.2 Effects of Staff Shortages of Med Specs and MOs at IALCH

Staff shortages can be prevented by the Department. HR must develop a new structure working with the Admissions Department to allocate and balance HR in the Medical Department. Where there are shortages, posts must be added to the establishment and funding allocated. These posts need to be advertised and filled. This will prevent anxiety among current employees, and it can avoid the cancellation of patients' appointments, as well as negligence. Lastly, a system to monitor patient visits must be implemented. Ways to decrease the number of referrals in order to accommodate the shortage of medical employees should be looked into.

5.4.3 Underlying Reasons for the Med Specs and MOs Shortage

Medical employees are leaving the public sector due to economic reasons. The public sector

needs new strategies to retain medical employees. Their needs should be addressed to allow them to perform their duties and not be monitored all the time. Work environments need to be created to allow medical employees to be responsible for their work. IALCH should enhance its efforts and focus on implementing some participant-recommended measures. These include creating a well-resourced work environment that supports personal growth and positive communication and relationships among team members.

5.4.4 Other Strategies to Use to Strengthen and Enhance Existing Retention Strategies to Ensure the Sustainability of Med Specs and MOs at IALCH

IALCH should enhance its HR department's retention strategy capacity. This is in line with the finding that HR was not empowered or capacitated to implement strategies that healthcare professionals considered effective in meeting their targets. The capacitation processes include enhancing the Department's authority in influencing resource allocation in areas that affect job satisfaction among Med Specs and MOs, and other professionals. Management needed to relook at the workload versus compensation balance and introduce new and innovative measures that relieve Med Specs and MOs of excessive work burdens. These included the mechanisation of some activities and the promotion of voluntarism.

5.5 Limitations of the Study

The study had the following limitations and these were mostly associated with its qualitative nature:

- The research study relied on subjective views and experiences which cannot be objectively quantified. Although these were later triangulated with findings in the literature, there are possibilities of participant biases.
- The study's findings cannot be generalised beyond the IALCH environment as well as beyond the participants involved. This limitation stems from the use of a non-probability, purposive sample common in qualitative research.

5.6 Recommendation for Further Research

The following studies are recommended to increase knowledge on Med Specs and MOs:

- Research that explores the retention challenges of Med Specs and MOs at other medical

facilities is needed because the current study's qualitative approach does not support wide generalisations of findings to other institutions.

- Studies that investigate the methods and processes that can be applied in making HR departments more empowered and effective in staff retention strategy implementation at IALCH and other healthcare facilities.
- Studies that research the fundamental reasons behind the failure of retention strategies at IALCH and other healthcare facilities are also critical. This is necessitated by the views that strategies implemented in Med Spec and MO retention were ineffective.

5.7 Conclusion

The research was able to provide the much-needed empirical evidence on appointing and retaining more Med Specs and MOs. This will assist the KZN DoH in fulfilling its objectives to provide proper and high-quality healthcare for all. This will be critical in crafting new strategies and amending existing strategies so that they can effectively serve staff retention goals. This will have a significant impact on healthcare professionals, IALCH and the communities it serves. The study was able to draw a sample consisting of various healthcare professionals with adequate experience in how it should operate. This enabled the study to create a rich and in-depth information and knowledge source that can practically assist in promoting staff retention and encouraging change.

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ANNEXURES

ANNEXURE A

QUESTIONNAIRE SCHEDULE

For HR PRACTITIONERS

RETENTION CHALLENGES OF MEDICAL SPECIALISTS AND MEDICAL OFFICERS AT INKOSI ALBERT LUTHULI HOSPITAL IN KWAZULU- NATAL

Your participation in this study is highly appreciated. Please note that all information will be handled with confidentiality, secondly, the data collected will only be used for the completion of this study, thirdly your name will not be mentioned in the study, fourthly, if you feel you do not wish to participate in the study, you are allowed to withdraw at any time, and lastly, you are encouraged to provide honest responses.

SECTION A: DEMOGRAPHICS

1. What area of Human Resources management do you mostly work on at IALCH?.....

2. How many years of experience do you have? .....

3. What is your highest academic qualification? …….

SECTION B: MAIN QUESTIONS

4. Based on your experiences do you see the retention of medical specialists and officers at IALCH as problematic? Please explain.
   ……
   ……
   ……
5. In your own understanding and observation, has the HR department dealt with challenges of retaining medical specialists and officers?
   ……
   ……

6. What are the current strategies used to retain staff in the medical department?.....
   .....
7. Please discuss how effective each of these strategies is
   ……
   …..
8. What new strategies can be introduced in an effort to improve the retention of medical specialists and officers at IALCH?
   …….
9. What are the effects of medical specialists and officers leaving the institution?
   .....
   .....
   .....
10. What are the underlying reasons for the medical specialists and officers shortage at IALCH?
    .....
    .....
11. Is there any information you would like to add on the retention of medical specialists and officers at IALCH? .....

ANNEXURE B

QUESTIONNAIRE SCHEDULE
For MEDICAL SUPERVISORS
RETENTION CHALLENGES OF MEDICAL SPECIALISTS AND MEDICAL OFFICERS AT INKOSI ALBERT LUTHULI HOSPITAL IN KWAZULU-NATAL

Your participation in this study is highly appreciated. Please note that all information will be handled with confidentiality, secondly, the data collected will only be used for the completion of this study, thirdly your name will not be mentioned in the study, fourthly, if you feel you do not wish to participate in the study, you are allowed to withdraw at any time, and lastly, you are encouraged to provide honest responses.

SECTION A: DEMOGRAPHICS

1. Can you briefly describe your supervisory role at IALCH?
   .....

2. How many years of experience do you have? .....

3. What is your highest academic qualification? …….

SECTION B: MAIN QUESTIONS

1. Based on your experiences do you see the retention of medical specialists and officers at IALCH as problematic? Please explain.
   ……
   ……
   ……

2. In your own understanding and observation, has the HR department dealt with challenges of retaining medical specialists and officers?
   ……
   ……

3. What are the current strategies used to retain staff in the medical department?.....
   .....
4. Please discuss how effective each of these strategies is
   ……
   …..
5. What new strategies can be introduced in an effort to improve the retention of medical specialists and officers at IALCH?
   …….
6. What are the effects of medical specialists and officers leaving the institution?
   .....
   .....
   .....
7. What are the underlying reasons for the medical specialists and officers shortage at IALCH?
   .....
   .....
8. Is there any information you would like to add on the retention of medical specialists and officers at IALCH? .....

ANNEXURE C

QUESTIONNAIRE SCHEDULE

For MED SPECs & MOs

RETENTION CHALLENGES OF MEDICAL SPECIALISTS AND MEDICAL OFFICERS AT INKOSI ALBERT LUTHULI HOSPITAL IN KWAZULU- NATAL

Your participation in this study is highly appreciated. Please note that all information will be handled with confidentiality, secondly, the data collected will only be used for the completion of this study, thirdly your name will not be mentioned in the study, fourthly, if you feel you do not wish to participate in the study, you are allowed to withdraw at any time, and lastly, you are encouraged to provide honest responses.

SECTION A: DEMOGRAPHICS

1. Can you briefly describe your role at IALCH?
   .....

2. How many years of experience do you have? .....

3. What is your highest academic qualification? …….

SECTION B: MAIN QUESTIONS

4. What factors do you consider to be important for you to remain working here as a medical specialist or officer?

…….

5. In your opinion are these factors being addressed/met/taken care of?

…….

6. Has the medical specialist or officer retention situation affected you personally and how?

……

7. Has the medical specialist or officer retention situation affected the IALCH and its communities and how?

……

8. Observing the current situation of your current department? Do you have enough human resources to deal with daily challenges?

…….

9. In your own understanding and observation, has the department dealt with retaining challenges of medical specialists and officers?

……

10. How effective have been past strategies to retain medical specialists and officers?

……

11. What strategies can the government put in place in order to retain Med Spec and MOs?

……

12. Is there any information you would like to add on the retention of medical specialists and officers at IALCH?

    ……
    ……..

ANNEXURE D

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

PARTICIPANTS INFORMATION
INFORMED CONSENT

Date: 30 June 2023
Greetings:

My name is Hendrica Gugu Mkhize currently studying at the University of KwaZulu-Natal (Westville Campus) and working at Inkosi Albert Luthuli Central Hospital as a Human Resource Officer. My email address is 204506943@stu.ukzn.ac.za and my contact numbers are 072 5113948 (cell) and 031 2401056 (office line).

You are being invited to consider participating in a study that involves research. The research study is about the retention challenges of medical specialists and medical officers at Inkosi Albert Luthuli Hospital in KwaZulu-Natal. The aim of the research is to seek solutions to the retention challenges at the Department of Health and determine the effects of staff shortage. The study is expected to enrol 45 participants, focusing on the following departments: Paediatrics, Rheumatology, Oncology, Renal, and the Human Resource Section. The interview schedules are prepared for the Head Clinical Departments, Head Clinical Unit, and Human Resource Practitioners. Questionnaires are prepared for the medical specialists and medical officers. The study involves the following procedures: an appointment will be made with the HCD, HCU, and HR practitioners in order to conduct the interview face-to-face or telephonically. For the medical specialists and medical officers, the questionnaires will be available online or face-to-face. The duration of your participation if, you choose to enrol and remain in the study is expected to be 30 minutes.

We hope that the study will provide solutions to the retention challenges, and the department can be able to retain well-trained, and experienced medical employees.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: 00020924).

In the event of any problems or concerns/ questions you may contact Gugu Mkhize (the researcher) at 0725113948 / 0312401056 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participation in this research is voluntary and participants may withdraw participation at any point, and in the event of refusal/ withdrawal of participation, the participants will not incur a penalty.

There are no costs, no incentives or reimbursements to be incurred by participants as a result of participation in the study.

All data collected from the study will be kept confidential, only the researcher and the supervisor will have access to the data. The data will be kept in a lockable cabinet and will be destroyed after the study.

CONSENT

I _____ have been informed about the study entitled Retention Challenges of Medical Specialists and Medical Officers at IALCH in KwaZulu-Natal, by Gugu Mkhize.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

_____ _____

Signature of Participant **Date**

_____ _____

Signature of Witness **Date**
(Where applicable)

ANNEXURE E

ETHICAL CLEARANCE

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

05 September 2023

Hendrica Gugu Mkhize (204506943)
School Of Man Info Tech & Gov
Westville Campus

Dear HG Mkhize,

Protocol reference number: HSSREC/00005957/2023
Project title: Retention challenges of medical specialists and medical officers in the KwaZulu-Natal Department of Health: The case of Inkosi Albert Luthuli Central Hospital
Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 10 August 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 05 September 2024.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,

Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee
Postal Address: Private Bag X54001, Durban, 4000, South Africa
Telephone: +27 (0)31 260 8350/4557/3587 **Email:** hssrec@ukzn.ac.za **Website:** http://research.ukzn.ac.za/Research-Ethics
Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

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ANNEXURE F

GATE KEEPER LETTERS: IALCH

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Physical Address 800 Vusi Mzimela Road, Mayville - 4058
Postal Address: Private bag X03 Mayville – 4058
Tel: 031 240 1124 Fax: 031 240 1005 Email: linda.mtshali@ialch.co.za
www.kznhealth.gov.za

DIRECTORATE:
OFFICE OF THE MEDICAL MANAGER
INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

Reference: HSSREC/00005957/2023
Enquiries: Dr. LP. Mtshali

19th September 2023

Ms. HG Mkhize
School of Man Info Tech & Gov
University of KwaZulu Natal
Westville Campus

Dear Ms. Mkhize

RE: PERMISSION TO CONDUCT RESEARCH AT IALCH

I have pleasure in informing you that permission has been granted to you by the Medical Manager to conduct research on: **Retention challenges of medical specialists and medical officers in the KwaZulu- Natal Department of Health: The case of Inkosi Albert Luthuli Central Hospital**

Kindly take note of the following information before you continue:

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. Kindly ensure that this office is informed before you commence your research.
4. The hospital will not provide any resources for this research.
5. You will be expected to provide feedback once your research is complete to the Medical Manager.

Yours faithfully

.....

Dr. LP. Mtshali
Senior Manager – Medical Services
Office of the Medical Manager
IALCH

GROWING KWAZULU-NATAL TOGETHER

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Physical Address 800 Vusi Mzimela Road, Mayville - 4058
Postal Address: Private bag X03 Mayville – 4058
Tel: 031 240 1124 Fax: 031 240 1005 Email: linda.mtshali@ialch.co.za
www.kznhealth.gov.za

DIRECTORATE:
OFFICE OF THE MEDICAL MANAGER
INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

Reference: HSSREC/00005957/2023
Enquiries: Dr. LP. Mtshali

19th September 2023

Ms. HG. Mkhize
School of Man Info Tech & Gov
University of KwaZulu Natal
Westville Campus

Dear Ms. Mkhize

Re: Approved Research: Ref No: HSSREC/00005957/2023 – Retention challenges of medical specialists and medical officers in the KwaZulu – Natal Department of Health: The case of Inkosi Albert Luthuli Central Hospital

As per the policy of the Provincial Health Research Committee (PHRC), you are hereby granted permission to conduct the above-mentioned research once all relevant documentation has been submitted to PHRC inclusive of Full Ethical Approval.

Kindly note the following.

1. The research should adhere to all policies, procedures, protocols and guidelines of the KwaZulu-Natal Department of Health.
2. Research will only commence once the PHRC has granted approval to the researcher.
3. The researcher must ensure that the Medical Manager is informed before the commencement of the research by means of the approval letter by the chairperson of the PHRC.
4. The Medical Manager expects to be provided feedback on the findings of the research.
5. Kindly submit your research to:

- The application is an online process by logging on to: HTTP://NHRD.HEALTH.GOV.ZA and follow the steps as indicated on the Provincial Health Research page.

Yours faithfully

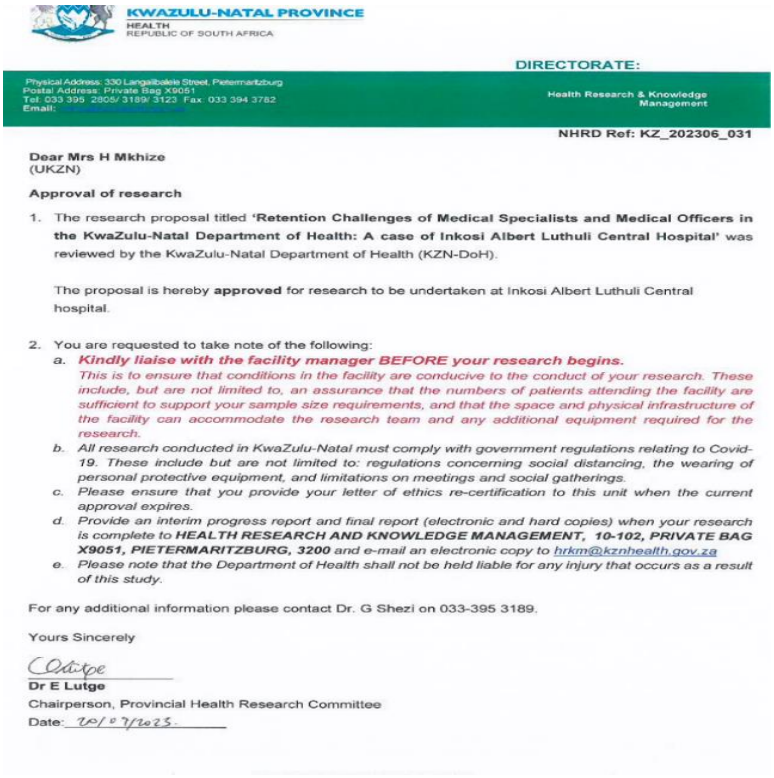
.....

Dr. LP. Mtshali
Senior Manager – Medical Services
Office of the Medical Manager
IALCH

GROWING KWAZULU-NATAL TOGETHER

ANNEXURE G

KWAZULU NATAL DEPARTMENT OF HEALTH APPROVAL LETTER



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2808/ 3189/ 3123 Fax: 033 394 3782
Email:

Health Research & Knowledge Management

NHRD Ref: KZ_202306_031

Dear Mrs H Mkhize
(UKZN)

Approval of research

1. The research proposal titled **'Retention Challenges of Medical Specialists and Medical Officers in the KwaZulu-Natal Department of Health: A case of Inkosi Albert Luthuli Central Hospital'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken at Inkosi Albert Luthuli Central hospital.

2. You are requested to take note of the following:
   a. ***Kindly liaise with the facility manager BEFORE your research begins.***
      This is to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.
   b. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   c. *Please ensure that you provide your letter of ethics re-certification to this unit when the current approval expires.*
   d. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za*
   e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.*

For any additional information please contact Dr. G Shezi on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Provincial Health Research Committee
Date: 20/07/2023

ANNEXURE H

PLAGIARISM CERTIFICATE

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

CERTIFICATE OF COMPLETION

This is to certify that

Hendrica Mkhize

Has successfully completed the

UNDERSTANDING PLAGIARISM
ONLINE SHORT COURSE

Administered by

The University Teaching and Learning Office (UTLO)

Issued date: 2 March 2023

COURSE COMPLETED

UTLO

Professor Rubby Dhunpath
Director: Teaching and Learning

ACU EDUCATION

AUypY1AO9q

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ANNEXURE I

EDITOR'S LETTER

14 February 2024

To whom it may concern

LANGUAGE EDITING REPORT: HENDRICA G. MKHIZE
(Student Number: 20450694)

This letter confirms that the MBA dissertation titled **"Retention Challenges of Medical Specialists and Medical Officers in the KwaZulu-Natal, Department of Health: The Case of Inkosi Albert Luthuli Central Hospital"** submitted by Hendrica G. Mkhize (School of Management, Information Technology and Governance, College of Law and Management Studies, University of KwaZulu-Natal) has been edited for language. The editing process was undertaken to ensure that the thesis is free from such English language errors as (but not limited to) those of clarity, coherence, grammar, punctuation and spelling. Neither the research contents nor the author's intention was altered in any way.

Please let me know if you require any further information.

Regards

Prof Urmilla Bob
Full Professor in Geography
University of KwaZulu-Natal
Email: bobu@ukzn.ac.za

---

k/b

25 April 2024

Editing Certificate

This letter confirms that the following Master's thesis by Hendrica G. Mkhize was language edited: **Retention Challenges of Medical Specialists and Medical Officers at Inkosi Albert Luthuli Hospital in KwaZulu-Natal.**

Dr Karen Buckenham, *PhD (KwaZulu-Natal), MA (KwaZulu-Natal), TESL (Toronto), BSc (Toronto).*
kbuckenham@mweb.co.za

DISCLAIMER: The English language editor used track changes for corrections and inserted comments for queries. The responsibility for effecting the changes in the final, submitted document is the responsibility of the student.

ANNEXURE J

TURNITIN REPORT