

STAFF TURNOVER AT SELECTED GOVERNMENT HOSPITALS

BY

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DECLARATION

“I, Sindiswa Victoria Mdindela, hereby declare that:

- **The work in this thesis is my own original work;**
- **All sources used or referred to have been documented and recognised; and**
- **This thesis has not been previously submitted in full or partial fulfillment of the requirements for an equivalent or higher qualification at any other recognised education institution.”**

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ABSTRACT

The purpose of this study was to identify factors that impact on staff turnover and strategies that organisations can use to curtail staff turnover. To achieve this goal the following procedure was followed.

- An overview of theories related to staff turnover was conducted to identify what staff turnover is. Also the consequences of staff turnover, the classification and measurement of staff turnover and the broad theoretical explanation of staff turnover were investigated. The current brain drain experienced in the medical field was explored.

A literature study was also conducted focusing on individual, job, organisational and environmental factors that influence staff turnover and strategies that managers can utilise to reduce staff turnover. Interviews were conducted with the chief executive officer and one doctor at Hewu hospital. Interviews were also conducted among senior nurses.

- An empirical study was undertaken to determine individual, job, organisational and environmental factors that impacted on staff turnover among doctors and nurses at Bisho and Hewu Hospitals. The strategies that were utilised at these hospitals to retain doctors and nurses were also investigated.

Suggestions were made for addressing factors that could impact on staff turnover among doctors and nurses and strategies that could be utilised to retain staff.

These strategies include:

- Getting people off to a good start,
- Create a great environment with bosses whom people respect,
- Share information,
- Give people as much autonomy as they can handle and
- Challenge people to stretch.

Staff turnover is an issue that many South African organisations are currently facing and an issue that is especially affecting the medical field. Various factors, especially job and organisational factors, are not adequately addressed and these could lead to a high rate of staff turnover. It is clear that organisations should have a human resource strategic plan in order for them to effectively select, retain, train and develop employees. Health Care organisation could use the strategies identified in this study as a mechanism to benchmark how well they manage staff turnover. It is therefore important that the management of hospitals should strive to identify the underlying causes of labour turnover in their organisations and formulate strategies to address the problem.

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CHAPTER ONE

INTRODUCTION, MAIN PROBLEM AND OUTLINE OF THE RESEARCH PROJECT

1.1 INTRODUCTION AND MAIN PROBLEM

For any business to function it needs a reliable and consistent source of labour. A critical shortage of nurses and doctors is developing in South Africa (Nursing Update, 2005, p.9). Every trained person becomes an asset of considerable value and presents management with the challenge of keeping him/her satisfied and settled. Excessive turnover is costly, disruptive and self-perpetuating.

Staff turnover can be described as the total movement of employees in and out of an organisation (Grobler, Warnich, Carrel, Elbert & Hatfield 2006, p.123). Benefits accrue, for example, if a new hire is more effective than the one replaced. However, the replacement of one worker is bound to disturb the rhythm and harmony of teamwork that plays a crucial role in the attainment of efficiency and productivity in the organisation. Turnover that hurts the organisation is known as dysfunctional turnover.

With the shortage of skilled labour in South Africa and the current brain drain, which sees many doctors and nurses taking jobs overseas, the problem of staff turnover in the health services becomes critical (Nursing update, 2005, p.38). Coetzer (2006, p.50) is of the opinion that the brain drain from South Africa is not the consequence of the political or social situation in the country, but rather a consequence of the increasing international mobility of skilled labour,

professional services and even management. According to Coetzer (2006) the global skills mobility is a reality that should be managed.

The former Ciskei region is dominated by public hospitals and very few private hospitals exist. This region is very rural. Hewu and Bisho Hospitals are two of the public hospitals in the region, with the former situated in Whittlesea in the Chris Hani District Municipality and the latter situated in the Amathole region. These are community hospitals. Hewu Hospital was built in Whittlesea because it was viewed as central to all villages in the district and the same applies to Bisho Hospital which services the community of Bisho and surrounding villages. Whittlesea is also the central business area in the district while Bisho used to be the capital town of the former Ciskei during the pre-1994 political dispensation. At the time of writing there were 134 registered nurses and 10 registered doctors employed at Hewu Hospital. The hospital consisted of eight clinical wards, one intensive care unit and a maternity ward. Bisho had 250 registered nurses and seven doctors who were permanently employed.

Even though both hospitals were well developed in terms of number of beds and services provided, they did experience problems. One of the main problems experienced is that of staff turnover. Hewu Hospital had 60 vacancies for nurses and 15 for doctors, and Bisho had 59 vacancies for nurses and 16 for doctors. Both hospitals were operating at a ratio of one nurse to 18 patients. Since 2003. at Hewu Hospital, a total of 73 nurses and doctors have resigned which was indicative of the stressful situation that exists. The vacancies have increased the workload of the remaining doctors and nurses (Mgudlwa, 2006). Kreitner and Kinicki (2001, p.28) state that staff turnover is costly and decreases the job satisfaction of the remaining staff. Turnover also disrupts organisational continuity and is very costly in terms of rehiring and training new employees (Kreitner & Kinicki, 2001, p.28). It is therefore necessary to investigate staff turnover and find ways to control it.

To retain and maintain employees is not just about providing money and titles. It is also a matter of creating an environment or culture with which employees can identify (Bruce & Pepitone, 1999, p.106). The goal of truly successful managers is to get employees to work energetically, enthusiastically and to the best of their ability. Davis (1997, p. 261) relates higher job satisfaction to lower employee turnover. The more satisfied employees tend to stay in their jobs for longer.

The above discussion leads to the main problem of this study.

1.2 THE MAIN PROBLEM

What factors contribute to staff turnover at Hewu Hospital and Bisho Hospital?

1.2.1 Sub-problems

The following sub-problems have been developed from the main problem:

Sub-problem 1

What individual, job, organisational, and environmental factors impact on staff turnover? This sub-problem was addressed by a thorough literature study to compare and integrate the various theoretical approaches that highlight the factors that contribute to staff turnover. Interviews were conducted with the chief executive officer of Hewu Hospital and five senior nurses get their views on the abovementioned factors.

Sub-problem 2

What strategies can organisations use to reduce staff turnover? This sub-problem was addressed by a theoretical study of strategies that organisations could use to reduce staff turnover. These strategies are covered in Chapter three.

Sub-problem 3

What individual, job, organisational, and environmental factors, identified in the resolution of sub-problem one, contribute to high staff turnover among doctors and nurses at Hewu and Bisho Hospitals? This sub-problem was addressed by means of an empirical study, in the format of a survey with a questionnaire as data collecting tool. The questionnaire was administered to doctors and nurses at both Hewu and Bisho Hospitals.

Sub-problem 4

What strategies are used at Hewu and Bisho Hospitals to reduce staff turnover? This sub-problem was addressed by means of an empirical study in the format of a survey with a questionnaire as data collecting tool.

1.2.2 Objectives of the study

The study aimed at achieving the following objectives:

To conduct a theoretical study to define what staff turnover is, and investigate how staff turnover is measured, as well as to give an overview of the causes and consequences of staff turnover.

To conduct a literature study to identify factors relating to the individual, the job, organisation (including organisational culture) and environment that contribute to staff turnover.

To conduct an interview with the chief executive officer and five senior nurses to get their views on staff turnover at Hewu Hospital.

To use the information gained from the interview and from the literature study, to develop a questionnaire. This would be used in the empirical study to determine the extent to which doctors and nurses at both hospitals agreed that the identified factors were evident in their work situation.

To conduct a literature study to identify strategies that organisations can use to retain staff.

To conduct an empirical study to determine what strategies were being used at Hewu and Bisho Hospitals to retain doctors and nurses.

To provide recommendations for the reduction of staff turnover at these hospitals.

1.3 DEMARCATION OF THE RESEARCH

Demarcating the research serves the purpose of making the research topic manageable from a research point of view. The omission of certain topics does not imply that there is no need to research them. The problem statement gives a clear indication of what was included in the research.

1.3.1 Geographical demarcation

The empirical components of the research were conducted at Hewu and Bisho Hospitals, which are situated in the former Ciskei homeland in the Eastern Cape, but which currently form part of the Chris Hani district municipality and Amathole region.

1.3.2 Demarcation of job category and level

The assessment was limited to personnel categories that satisfied the following criteria:

Male and female personnel (doctors and nurses) on the permanent post structure of the hospitals. The target group consisted of all nurses and doctors from both hospitals namely Hewu and Bisho. The management from both hospitals were excluded from the empirical study. The sample group consisted of 10 doctors and 97 nurses from Hewu and 7 doctors and 90 nurses from Bisho.

1.3.3 Organisational departments

The empirical study included doctors and nurses who worked in the following departments: Intensive care unit, Maternity, Radiology, Casualty, Cardiology, Medical and Surgical, and Pediatrics.

1.3.4 Subject Demarcation

The study focused on factors that predict staff turnover such as individual, job, organisational and environmental factors, and strategies that can be used by management to reduce staff turnover. The study focused on voluntary resignation, which is considered as controllable staff turnover. It did not focus on staff turnover caused by dismissal, death, retirement or prolonged illness.

1.4 DEFINITION OF SELECTED CONCEPTS

The following concepts that appear in the title, main problem and sub-problems are briefly explained to ensure consistency in interpretation.

1.4.1 Staff turnover

Grobler et al (2006, p.125) define staff turnover as the movement of employees out of the organization, that results from resignation, transfers out of the organisational units, discharges, retirement and death. Controllable staff turnover includes resignations and dismissals (Van der Merwe & Miller, 1988). For the purpose of this study, the focus was on voluntary resignation.

1.4.2 Resignation

Grobler et al (2006, p 244) define resignation as the ending of an employment contract by the employee.

1.4.3 Management

Management is the process aimed at co-ordinating people's activities to achieve high quality results not attainable by one person acting alone (Smit & Cronje, 2002 p.8).

1.4.4 Strategies

John (1998, p.534) defines a strategy as the process by which top executives seek to cope with the constraints and opportunities that the organisation faces.

The strategy that is chosen should be consistent with the opportunities and constraints of the environment.

1.5 THE SIGNIFICANCE OF THE RESEARCH

Many researchers regard staff turnover as an overall measure or indication of organisational functioning. When employees are dissatisfied in their jobs, they tend to withdraw in order to try to minimise their exposure to the job. The withdrawal manifests in two main forms namely, turnover and absenteeism (Greenberg & Baron, 1995, p.178). The amount of turnover in an organisation can be used as an objective quantifiable indicator of effectiveness.

Wagner and Hollenbeck (1995, p. 213) stress that it is costly to replace workers. Staff turnover is further exacerbated by the fact that losing high performing individuals affects the productivity of the organisation. It is most felt when employees performing complex jobs leave the organisation, as the organisation loses the investment that was made in their development.

As previously indicated Hewu and Bisho Hospitals were, at the time of writing, experiencing a high level of staff turnover especially among doctors and nurses. This created a problem for service delivery and customer satisfaction in the hospitals. Staff turnover is costly and disruptive and results in the deterioration of conditions at the hospital. The providers of health care as well as the recipients (customers) are affected. High turnover adversely affects the image of the organisation. The government invests in the training of nurses and wants to reap the rewards of its investment. The shortage of nurses places strain on the South African Nursing Council who is responsible for the training and provision of qualified nurses.

Studies on staff turnover show that excessive turnover creates an unstable workforce and increases the human resources costs and organisational ineffectiveness (Grobler et al, 2006, p. 16).

It was therefore important that staff turnover at both hospitals be investigated to identify the factors that contribute to this problem, and to identify strategies to rectify the situation.

The results of this study can be used by:

The Government and the Department of Health, who is the main employer of doctors and nurses in public hospitals, and who is responsible for policies related to the medical profession.

Managers of Hewu and Bisho Hospitals, who are responsible for developing a strategy for the motivation and retention of doctors and nurses.

Managers of both hospitals who are concerned about the needs of their customers and who want their organization to become more competitive.

Managers of other government hospitals who also experience a high level of turnover among doctors and nurses.

Managers from any other organisation, who are also concerned about staff turnover.

Scholars in the field of organisational behaviour and human resources management.

1.6 ASSUMPTIONS

The following assumptions applied to this study:

Staff turnover is a negative phenomenon as it affects performance.

Employee dissatisfaction is a predictor of staff turnover.

Managers can successfully develop and implement strategies to control staff turnover.

1.7 RESEARCH DESIGN AND METHODOLOGY

This section describes the specific strategies or methodology used for data collection and analysis, in order to address the main problem of the study.

1.7.1 Research methodology

The following procedure was adopted to solve the main problem and sub-problem.

1.7.1.1 Literature study

A thorough literature survey was conducted to explore staff turnover. The literature study addressed sub-problems one and two (see section 1.2.1). The literature study focused on:

What is staff turnover and how is it calculated?

What are the consequences of staff turnover for employees and the organisation?

What are the theoretical explanations for staff turnover?

What individual, job, organisational and environmental factors impact on staff turnover, especially in terms of doctors and nurses?

What strategies can organisations use to reduce staff turnover?

1.7.1.2 Empirical study

A qualitative paradigm had been used to analyse data obtained from the interviews. For the survey, a quantitative research design was used. This approach requires that the data be expressed in numbers (Struwig & Stead, 2001, p.7). This design is suitable when large amounts of data are collected from a large target group. For the empirical study a self-administered questionnaire was used as a data collection method. A self-administered questionnaire is easier to administer and allows for greater anonymity than interviews (Struwig & Stead, 2001, p. 9).

The development of the questionnaire was based on key factors contributing to staff turnover as explored and identified in the literature study, and the structure of the questionnaire (the different sections) corresponds with the structure of the theoretical presentation. A Likert-type scale was utilised for sections B to F of the questionnaire. The questionnaire consisted of the following sections:

SECTION A: Biographical data

SECTION B: Individual factors

SECTION C: Job factors

SECTION D: Organisational factors

SECTION E: Environmental factors

SECTION F: Strategies used to reduce staff turnover

The results of the study were analysed to determine whether employees felt committed to the organisation, whether they felt there was a match between their personal characteristics and their jobs and whether job, organisational and

environmental factors were determining factors in their decision to either remain in their jobs or leave the organisation. Also, to determine what strategies were used at the hospitals in order to retain staff. The analysis of the survey addressed sub-problems three and four (see section 1.2.1).

The results were presented in tables and descriptive statistics. Cronbach coefficient alpha, factor analysis and Cohen's d for practical significance were used to analyse the raw data obtained from the survey.

1.8 REMAINDER OF THE STUDY

Chapter one focuses on the problem statement, demarcation of the study, research design and significance of the study.

Chapter two presents a theoretical overview of staff turnover. Attention was focused on what staff turnover entails, the consequences of staff turnover, the classification and measurement of staff turnover and the broad theoretical explanation of staff turnover. The current brain drain experienced in the medical field is also addressed.

Chapter three focuses on individual, job, organisational and environmental factors that influence staff turnover and strategies that managers could utilise to reduce staff turnover.

Chapter four covers the research methodology used for the study.

In **Chapter five**, the results of the study are presented and analysed

In, **Chapter six**, recommendations are offered and final conclusions drawn.

CHAPTER TWO

THEORETICAL OVERVIEW OF STAFF TURNOVER

2.1 INTRODUCTION

In Chapter one, an introduction to the study was presented. The main problem and sub-problems were stated, the study was demarcated, key concepts were defined and the structure of the remainder of the study explained. The purpose of the study was to investigate staff turnover among doctors and nurses in the public hospital sector and to identify strategies that could be used to retain the services of these employee groups. It was stated in Chapter one that staff turnover among doctors and nurses in South Africa was reaching critical proportions (Nursing update, 2005, p.38) and that the brain drain contributed to this problem (Coetzer, 2006, p.50).

This chapter will provide an overview of turnover. Attention will be focused on what turnover is, followed by a discussion of the consequences of staff turnover, the classification and measurement of staff turnover and the broad theoretical explanations of staff turnover. Finally the brain drain experienced in the medical field in South Africa will also be addressed.

2.2 DEFINITION AND CLASSIFICATION OF STAFF TURNOVER

Nel, Werner, Haasbroek, Poisat, Sono and Schultz (2008, p.583) define staff turnover as the movement of employees in and out of the boundaries of the organisation. Considering this definition, transfers to a different branch or plant would not be considered as staff turnover. Staff turnover is perceived as a final and permanent act. These authors also distinguish between controllable and uncontrollable turnover. Controllable turnover refers to turnover that can be

controlled by management. Controllable turnover includes both voluntary resignations and dismissals. Voluntary resignations are controllable because management can offer better wages, working conditions and opportunities to retain employees, while dismissals are controllable because management can use more constructive strategies, such as training, unambiguous policies on discipline and coaching, to shape an employee's behaviour to a desired level rather than dismissing the employee. Dismissal can also be avoided if due attention is given to the selection of suitable persons and to the encouragement of stable groups through careful induction procedures and proper socialisation. Uncontrollable staff turnover refers to turnover which is outside the control of management, such as turnover as a result of death, retrenchments and incapacity.

Price (1997, p.107) also states that a distinction has to be made between avoidable and unavoidable turnover. Avoidable turnover is considerable as controllable in the sense that management could have reduced, minimised or prevented such loss.

Schultz and Schultz (2006, p.243) state that retrenchments due to cost-cutting measures can be regarded as involuntary turnover. Though they do not make an explicit comparison between involuntary and voluntary turnover, the implication is that when an employee makes the decision to leave the organisation, it is considered as voluntary turnover. Nel et al (2008, p. 584), as stated above, distinguish between voluntary resignations and dismissals, but consider both as controllable staff turnover. Swanepoel, Erasmus, Van Wyk and Schenk (2003, p. 772) also distinguish between voluntary (resignations) and involuntary (dismissals) staff turnover and mention that both these types of staff turnover should be measured.

Grobler et al. (2006) define turnover in the same way as Nel et al (2008). Grobler states that turnover is the movement of employees out of the

organisation. These authors distinguish between avoidable and unavoidable turnover, without clearly indicating the difference between these two types of turnover. They, however, mention that staff turnover is linked to job satisfaction, with the inevitable result that organisations are mostly concerned with the reasons why employees want to leave an organisation.

Staff turnover can be described as the frequency or amount of voluntary termination (Gordon, 1991, p. 745). Newton & Davis (1997, p.261) define turnover as the proportion of employees leaving a job during a given time period. According to Price (1997, p.106) involuntary turnover may occur for reasons which are independent of the affected employee such as the need to cut cost, restructuring or downsizing, where employees have been forced to leave. Voluntary turnover represents the exercise of choice and is the result of a decision-making process where employees have chosen to leave. Turnover reflects the effect of the balance between organisational benefits (pull factors) and career attitude to work (push factors). Turnover behaviour may be counteracted by career aspiration if expectations for advancement keep employees in the organisation, added to by fear of unemployment (Hayes, O'Brien Duffield, Shamian, Buchan, Hughes, Heather, Laschinger, North & Stone, 2006).

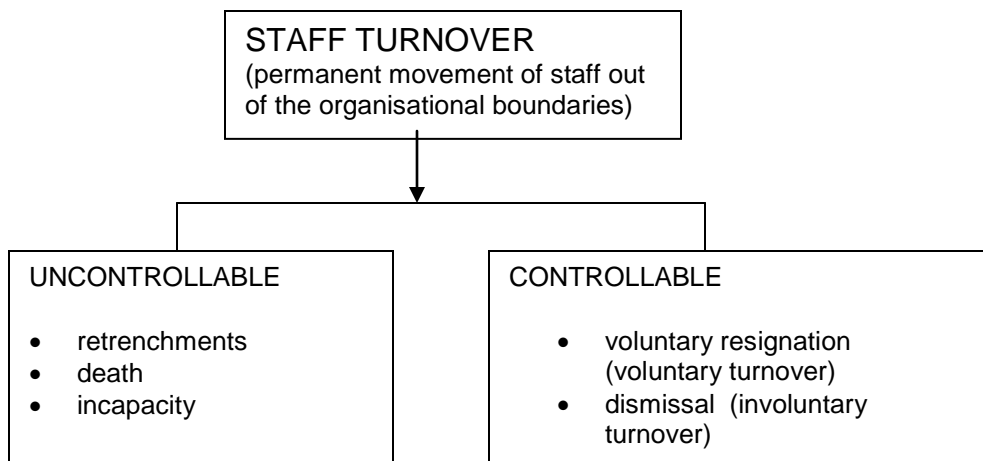
Career attitudes and prospects distinctly affect prospective turnover behaviour of employees who are found in a stable internal labour market. Individuals who lack security in the internal labour market develop a careerist attitude towards work. Such attitude is based on staying in the job only until a better one is found. Some employees with a careerist attitude leave their job for no other reasons than just to leave. These employees are seen as more cosmopolitan than their colleagues or over-reactive to unfriendly job situations. In all cases it is the intensity of the career attitude that impels a move and has consequences for turnover. An alternative explanation for turnover patterns could be provided by the market viability argument. This theory claims that the more control a person has over

his/her professional knowledge, the greater the mobility of the person (Negrin & Kirschenbaum, 1999).

Jones (1990), referring specifically to the nursing industry, states that when considering the definition of turnover it is important to acknowledge that some turnover can be viewed as beneficial to an organisation. Staff turnover offers an opportunity for cost reduction with decreased salaries, benefit costs and vacation pay for new employees. Productivity could increase by providing better person-job matches as employees move to jobs where their performance will be greatest, contributing to an efficient labour market (Grey & Phillips, 1996). However, in a situation such as in South Africa, where there is a shortage of nursing personnel, this statement might not be valid.

For the purpose of this study, the above definitions and explanations of staff turnover can be illustrated as such:

Figure 2.1: Definition and classification of staff turnover



This distinction between controllable and uncontrollable turnover is important as only controllable staff turnover is included in the measurement and analysis of

the staff turnover rate. The measurement of staff turnover is discussed in more detail in section 2.5. The assumption is that management can put strategies in place to deal with excessive staff turnover that is disruptive to the organisation.

In terms of the context of this study, controllable staff turnover would refer to situations where medical personnel resign to find employment elsewhere, for example in the private hospital sector, overseas or in another industry, or when they are dismissed for misconduct.

2.3 THE CONSEQUENCES OF STAFF TURNOVER

High staff turnover can impact negatively or positively on an organisation's capacity to meet its organisational objectives and needs. The effects of labour turnover are the driving forces that compel managers to look at this issue in depth. It is because of these effects that managers are starting to see staff turnover as a problem that needs attention. In public hospitals, high staff turnover affects the morale of nurses and doctors and the productivity of those who remain to provide care, while new staff members are hired and orientated (Hayes et al, 2006).

In addition to the problems inherent in obtaining and training employees when turnover is high, an organisation is perceived to be in economic difficulty and there is likely to be difficulties in planning production schedules and fulfilling orders in time (Sigma, 2007).

2.3.1 Negative consequences

The negative consequences of staff turnover relate to costs, poor performance, disruption in the psycho-social environment and a decline in morale.

2.3.1.1 Direct and indirect costs

The most frequently studied organisational consequence of turnover is monetary cost. It has become evident for most researchers that turnover is expensive, even though in reality it is only a few organisations that systematically evaluate the direct or indirect cost of turnover. Grobler et al (2006, p. 125) state that staff turnover costs the South African industry several million rand a year. They mention the following examples of the cost of staff turnover:

- Increased recruitment, selection and placement costs
- Increased training and development costs
- Lower productivity, more accidents, scrappage and quality problems
- Disruption in programmes and projects as managers and administrators leave.

Direct costs are those incurred during the hiring process and include costs such as advertising or hiring temporary staff. Indirect costs relate to the termination of employment, orientation and training, and decreased productivity (Hayes, 2006). Gray and Phillips (1996) and Johnson and Buelow (2003) point out that the indirect cost of turnover in a nursing environment could be significant because of decreased initial productivity of new employees and decreased staff morale and group performance. A high level of staff turnover can also result in professional disillusionment as remaining staff question their own employment in this sector (Waldman, Kelly, Arora & Smith, 2004).

As stated in Chapter one, Hewu Hospital, where the empirical research for this study was conducted, was experiencing a high level of staff turnover, especially among nurses and doctors which created problems for service delivery and customer satisfaction. The nursing industry in South Africa in general is experiencing a shortage of skilled labour.

2.3.1.2 Cost of lost performance

The high cost of losing employees has long been recognised in the world. SIGMA (2007) identified a number of costs incurred as a result of employee turnover. These are:

- Recruitment of replacement
- Administrative hiring costs
- Lost productivity before a replacement can be placed in the job
- Lost productivity due to the time required for a new worker to get up to speed on the job
- Lost productivity associated with time that coworkers must spend away from their work to help a new worker
- Cost of training
- Cost associated with the period prior to voluntary termination when workers tend to be less productive
- Cost associated with communication of the proprietary secrets
- Public relations costs
- Increased unemployment insurance costs.

Mostly, when employees have communicated their separation plans to the employer their efficiency drops as well as their commitment to the company. The leaver is leaving with his/her unique skills which the newcomer may take a long time to master. The Chief Executive Officer at Hewu Hospital pointed out that it takes a long time to replace a nurse or a doctor and this has negative implications for patients.

2.3.1.3 Disruption in the psycho-social environment

In any organisation, social and communication patterns develop among employees over time that not only assist them in doing a better job, but also contribute to effective work relationships and feelings of belonging. According to

Hacker (1999), when an employee leaves, other employees who were sociable with the leaver may feel distressed. If leavers are valuable co-workers, and/or if the work group is cohesive, turnover can have a negative effect on those remaining.

2.3.1.4 Decline in morale

Morale can be defined as a state of mind determined by the individual's anticipation of the extent of satisfaction of those needs which she/he perceives as significantly affecting his /her work situation (Rhodes, Neville & Allan, 2004). Sinclair (1992, p.2) defines morale as the professional interest and enthusiasm that a person displays towards the achievement of individual and group goals in a given situation. It is evident from these definitions that morale has to do with both individual and group goals in a given job or work situation. It also has to do with the attitudes, enthusiasm, interests and behaviour that people exhibit towards their jobs. These definitions relate to employees' motivation and it may be useful to use motivation theories to probe nurses' and doctors' morale.

If an employee leaves, the morale of the remaining employee may be shaken. As highlighted before, communication patterns will be disrupted and social contact will be hindered. Turnover may stimulate additional turnover by causing a decline in attitudes and highlighting the fact that alternative jobs may be available (SIGMA, 2007). A large number of voluntary or involuntary terminations might damage the reputation of the organisation and increase public relations costs.

2.3.2 Potential positive consequences

Staff turnover does not only create costs, but can sometimes bring in new ideas, skills and enthusiasm to the existing labour force. Hence a certain degree of staff turnover is desirable as it creates opportunities to produce a wider experience as new ideas are brought to the organisation. Staff turnover also provides career

development opportunities for workers. Furthermore staff turnover can be also a way in which businesses slowly reduce their workers without having to opt for redundancies.

Staff turnover is said to be beneficial to the organisation when a poor performer is replaced by a more productive employee (Chartered Institute of Personnel and Development, 2003).

It is important to analyse the performance of leavers. If it is poor performers who are increasing the rate of turnover, then there is no need to be concerned. Turnover creates opportunities for replacement and such replacements may bring with them new knowledge, ideas, approaches and styles. According to Grobler et al (2006, p.125), staff turnover can be beneficial when it corrects previous poor hiring and placement decisions. They term this functional turnover.

Lateness and absence can be predictors of staff turnover because they represent a withdrawal response from the organisation (Griffith et al, 2000).

A high level of turnover can be caused by many factors:

Inadequate wage levels leading to employees moving to competitors

Poor morale and low levels of motivation within the workforce

Initial recruiting and selecting the wrong employees, meaning they leave to seek suitable employment.

Though some staff turnover might be beneficial to the organisation, a high level of turnover cause disruption, low performance, low morale, poor customer service and a poor organisational image. In the context of this study, staff turnover among medical personnel can result in a breakdown of medical services, disruption, low morale, low customer satisfaction, poor administration and even the unnecessary death of patients.

2.4 THE MEASUREMENT OF STAFF TURNOVER

As previously mentioned, recruitment, hiring and induction are costly exercises to any organisation, especially to those experiencing high staff turnover. When measuring the rate of turnover, the organisation wants to know how many people are leaving, who are leaving, and for what reasons. Various measures can be used to determine the extent and nature of staff turnover. The most important measures, which must be read together to get a more comprehensive picture of staff turnover in the organisation, are the staff turnover rate (LTR), median length of service (MLOS) and percentage voluntary turnover (%V). It was stated earlier that only voluntary resignations and dismissals are included in the measurement of staff turnover, as these forms of turnover are considered as controllable.

2.4.1 The staff turnover rate (LTR)

According to Nel et al (2003, p.586), the most commonly used measure for staff turnover is the staff turnover rate (LTR). The LTR gives an indication of the percentage of employees that leave the organisation over a period of time.

The LTR is calculated by the means of the following formula:

$$\frac{\text{Number of leavers during a period (V + D)}}{\text{Average of number in employment during period}} \times 100$$

It should be noted that the monthly LTR may fluctuate considerably and therefore the calculation of quarterly or yearly rates are recommended as being more reliable. For comparative purpose, rates should always be expressed on a per annum basis, irrespective of the period over which they are calculated. In other

words, if a monthly LTR is calculated, it should be multiplied by 12 (months), if a quarterly LTR is calculated, it should be multiplied by four (terms).

Staff turnover of 25 percent per year is considered respectable in a moderately large organisation. A turnover rate of between 30 to 35 per cent indicates that the company is most likely incurring huge costs in the hiring and recruitment of employees who will probably leave the organisation after some time (Beardwell & Holden, 1994, pp.128-131). Some industries experience more staff turnover than others due to the nature of the business. For example, a high staff turnover is experienced among part-time employees in the retail industry. Furthermore, the economic situation and availability of alternative jobs also impact on staff turnover. It therefore makes sense to compare the staff turnover rate with those of similar organisations.

2.4.2 Median length of service (MLOS)

According to Nel et al (2008, p.584), the MLOS indicates at what stage of employment employees leave. The MLOS is calculated by ranking the length of service, expressed in months, at which each individual has left the company and then to find the middle figure. Should the length of service of employees who left be 1,2,3,4,5, 6 and 7 months respectively, the MLOS will be 3 months since a median is simple, a middle term. A short MLOS indicates problems with employment, induction, training, socialisation and also a lack of mentoring. A long MLOS indicates problems with advancement opportunities or resistance to changes that have taken place in the organisation.

The following example will clarify the abovementioned idea. Suppose during a period there were seven leavers with the following length of service 38; 28; 7; 9; 32; 10 and 5. Rearranging these measurement in order of size from the lowest to the highest: 5;7;9;10;28;32 and 38. The median length of service for this group is 10 months. This is the dividing line below which there are three cases and above

which are also three cases. The median length of service of 10 months tells you that half number of employees who left terminated employment before 10 months of service.

2.4.3 Percentage Voluntary Resignation (%V)

The formula for calculating the %V =

$$\frac{V}{V + D} \times 100$$

According to Nel et al (2008, p.584) the %V indicates the percentage of leavers who left voluntarily as opposed to being dismissed. A high %V indicates employee dissatisfaction with the job or organisation, whereas a low %V indicates a high rate of dismissal, thus signifying dissatisfaction on the part of the organisation.

2.4.4 Other measurements of staff turnover

Organisations can also determine the total separation rate which would include controllable and uncontrollable turnover. According to Grobler et al (2005, p. 126) formulas for three measures of turnover are:

Total separation rate = Separations/ average number of employees x 100

Resignation Rate = Resignations/ Average number of employees x 100

Avoidable turnover rate = $\frac{\text{total separation} - \text{unavoidable separation}}{\text{average number of employees}} \times 100$

2.5. EXIT INTERVIEWS

Exit interviews are regarded as one of the most widely used type of interview (Mathis & Jackson, 2003, p. 92). In the interview the individual is asked to identify reasons for leaving the organisation. One survey revealed that 87% of employers conduct exit interviews and that more than half of them used information gathered to enhance retention (Mathis & Jackson, 2003, p. 92). It can also be used to determine the nature of staff turnover in the organisation, as it provides additional information to the formal calculations.

2.5.1 Problems with exit interviews

Organisations typically obtain qualitative information on turnover through exit interviews and surveys. However, it is important to appreciate that the reasons people give for their resignations are frequently untrue or only partially true (CIPD, 2004). The use of exit interviews is widespread yet they are notoriously unreliable, particularly when conducted by someone who may later be asked to provide a reference for the departing employee. Individuals are reluctant to voice criticism of their managers, colleagues or the organisation, therefore generally giving some less contentious reasons for their departure.

Exit interviews provide a format for ignoring bad feelings when they should be an opportunity to gather the most honest feedback an employee is willing to provide. Interviewers often fail to gather the following information during exit interviews (Williams, 2004):

- Whether the person has the skill to do the job
- Whether the person's manager helped or hindered the employee's performance

- Whether the organisation provided the necessary training and skill
- Whether the organisation helped or hindered employee performance.

2.5.2 How to conduct exit interviews

The right approach to exit interviews enable companies to make appropriate organisational development interventions to retain their most valued employees and preempt damaging departures. Striking the right balance ensures that the organisation can gain the data they need to rectify problem areas and that the departing employee can achieve positive closure on the employment relationship (Margaret, 2007). The following factors have been identified as the best method for conducting exit interviews:

- Be consistent

The organisation has to adopt one methodology on how to conduct interviews for the whole organisation or for all departments.

- Remain impartial

In order to ensure that employees give the true reasons for leaving, a third party should be engaged as a neutral person. As an employer, concerns around confidentiality must be addressed and employee participation should always be voluntary.

- When to do it

When conducting an exit interview timing is very important. The best time for conducting an interview is during the second or third week of the month, at the end of the notice period, when the emotions of resigning have subdued (Margaret, 2007).

- Focus the interview

The exit interview is an opportunity for the employer to find out the true reasons the employee has decided to leave the organisation. It is also important to ask advice on areas that need to be improved in order to retain the remaining employees.

- Positioning and tone

The tone should be conversational. For example, asking what attracted the employee to the organisation, which expectations were met and which were not, leading up to what factors influenced the decision to leave.

- Enhance future retention

Many concepts measured in an engagement survey can be turned into parallel questions in the exit process. Exploiting parallel concepts will enable comparisons to be drawn between former and current employees.

- From insight to action

Having invested considerable time and energy in collecting exit data, it is crucial to put these insights to good use in a timely and co-ordinated fashion.

- Protect your employer brand

The way the employee departure is handled can have a lasting impact on their perceptions of the organisation. A sensitively managed exit can also ensure that alumni become brand ambassadors who will speak highly of their former employer in the market place.

2.6 STAFF TURNOVER AMONG NURSES AND DOCTORS

The lack of health personnel in some countries is staggering, especially when compared to developed countries (Chen, 2004).

In Malawi there is one doctor per 50 000 – 100 000 people compared to one per 300 in the United Kingdom. The inequitable global distribution of numbers is strikingly illustrated by Table 2.2 which shows how countries, particularly in Africa, with the highest disease burden, have the lowest health worker density (Woodward, 2003).

Table 2.1: Density of doctors and nurses in rich and selected poor countries.

	WHO norm	Rich countries	Sample of 8 African countries
Nurses per 100 000 population	100 minimum	Several hundred to over 1000	8.8 to 113.1
Doctors per 100 000 population	20 minimum	200 to 400	3.4 to 13.2

Source: JLI, 2004, p. 121

According to a recent report from the Voluntary Hospitals of America it costs approximately 100 per cent of a nurse's salary to fill a vacated nursing position. For a medical/surgical nurse the average is about \$46 000 while the cost is \$64 000 for a critical care nurse. Considering the current average turnover rate among health care workers, a hospital employing 600 nurses at \$46 000 per nurse per year will spend \$5 520 00 a year in replacement costs (CIPD, 2004).

Asia, with about half of the world's population, has access to only about 30 per cent of the world's health professionals. There is a global shortage of more than four million health care workers (Sanders, Lehmann & Ferrinho, 2004).

Furthermore, according to the Department of Health in Taiwan only about half of the nurses were registered in 1999. Therefore, there are many trained nurses that do not work as nurses. Such a high turnover rate results in attrition of

nursing education and a waste of hospital resources (Yun Lu, Li-Lin, Man Wu, Lung Hsieh & Yuang Chang, 2002).

Attracting doctors and nurses to rural areas has long been a challenge. Even developed countries such as Canada, Australia and the United State of America have become reliant on foreign qualified doctors and nurses to staff facilities in rural and remote areas (Buchan & Sochalaski 2003).

In 2003, the rate of nursing staff leaving the National Health Service in Britain was 9.4 per cent. The scope of this wastage amounts to approximately 33,500 nurses per annum. Furthermore there are increased demands for nurses as their roles have widened to include those responsibilities formally undertaken by medical staff. This emphasises the negative impact that the nursing shortage may have on the quality of patient care (Aiken et al, 2002).

On the basis of the World Health Organisation (WHO) data the highest nurse population ratios were for Finland and Norway. The nursing shortages in hospitals have consequences not only for patient outcomes but also for educational outcomes. The global gap in the supply of health workers is estimated to be 4, 3 million, with 57 countries depicted as countries with critical shortages experiencing shortfalls of 2.4 million doctors, nurses and midwives (Shah, 2006).

2.6.1 Staff turnover in South Africa

South Africa's public health system is characterised by human resources shortfalls. According to the WHO, 31 countries in Africa do not meet 'the health for all' standard of a minimum of one doctor per 5000 people. In 1990, the doctor population ratio in Malawi, Mozambique and Tanzania was 1: 30 000 or more and in Angola, Lesotho, Zambia and Congo this ratio stood at 1: 20 000.

South Africa currently has fewer public health workers, including professional nurses and doctors than it did ten years ago. To aggravate shortages South Africa's national health system is structurally characterised by a deep public–private sector divide. The inequitable distribution of health personnel between public and private sectors is more intense the more developed the private sector (EQUINET, 2000). In South Africa where the private sector consumes 58 per cent of total health expenditure, private health services capture a higher proportion of all types of personnel than the public sector. In 2005, of 99 534 professional nurses registered with the South African Nursing Council, only 43 660 were employed in the public sector. Some have gone so far as to suggest that a badly managed introduction of Antiretroviral Therapy (ART) “could do more harm than good” and that the shortage of skilled personnel and inequities in human resource provision in the public sector might worsen, especially in the primary health care (PHC) system and particularly in poorer and rural districts (Van Rensburg, Steyn, Schneider and Loffstadt, 2008).

Staff turnover at Hewu hospital

According to Mgudlwa (2006), the former chief executive officer for Hewu hospital since 2003, a total of 73 nurses and doctors have resigned at Hewu Hospital. In 2007, the hospital had 60 vacancies for nurses and 15 for doctors. At that stage it was operating at a ratio of one nurse to 18 patients. This resulted in an increased workload for the remaining staff.

2.7 THEORETICAL EXPLANATION OF STAFF TURNOVER

The impact of turnover has received considerable attention by senior management, human resource professionals, and industrial psychologists. It has been proven to be one of the most seemingly intractable human resource challenges confronting organisations (SIGMA, 2007). Staff turnover is a readily

measurable, objective behaviour that can have critical consequences for the worker and the organisation.

Past theoretical models have synthesised turnover research and specified relationships among determinants of turnover (Hayes et al, 2006). Tang, Kim and Tang (2000) confirmed the link between commitment and actual turnover and the analysis of Griffeth et al (2000) showed that organisational commitment was a better predictor of turnover than overall job satisfaction.

Jooste (2003, p. 59) postulates that turnover among nurses and doctors is determined by two types of dissatisfaction:

- Dissatisfaction with the organisation, related to group cohesion, job stress, and control over decisions, and
- Professional dissatisfaction, related to the nurses' and doctors' perception of the quality of care, time allowed to do the job, and enjoyment derived from it.

Human resource management literature has traditionally sketched staff turnover in a negative light (Siebert, Zubanov, Chevalier & Vitanen, 2006). This negative view is supported when excessive turnover creates an unstable workforce and increases human resource cost and organisational ineffectiveness. A certain amount of turnover is unavoidable and considered beneficial to the organisation. This is when new employees may inject fresh blood into the firm by introducing new ideas and methods and innovative, more effective ways of doing things (Grobler et al, 2006, p. 125).

Nurses often resign without concrete job offers in hand (Hom & Kinicki, 2000). Nurses also sometimes interrupt employment to bear children or follow relocating spouses. This is known as kinship responsibility. There is strong support in the literature for a negative relationship between kinship and voluntary turnover (Iverson, 1999). Nurses also tend to pursue alternative jobs after leaving current

positions and temporarily abandoning the labour market. This can be due to their exceptional job prospects.

Four theoretical approaches try to explain the phenomenon of staff turnover. These include unmet expectations of employees (illustrated through the process of socialisation), the fit between the employee and the job, and the fit between the employee and the organisation (Nel et al, 2008, p.583). In addition, an alternative approach is not to look at staff turnover as such, but the reasons for retention.

2.7.1 Socialisation in the workplace

Nel et al. (2008: p) defines socialisation as the process through which newcomers learn the values, norms and beliefs of an organisation in order to become an integral part of it. Kort (2007) also defines socialisation as the process by which newly hired employees learn about, adapt to, and identify with the organisation. Based on the above definitions the end result of successful socialisation is a person who has adopted the values of an organisation as his or her own, and acts according to them. If employee values are not in line with the values of the organisation it can result in demotivation, underperformance and lower productivity. In this case socialisation has not been successful.

Figure 2.3: The socialisation process

PHASE ONE Anticipatory socialisation (learning before joining the organisation)	Subjective interpretation of information obtained through the media, job advertisement, job interview and social networking. Includes information about the job requirement, development opportunities, management approach, job security, benefits and opportunities for personal needs.
PHASE TWO Reality encounter (actual experiences on entering the organisation and starting on the job)	The new-comer gets to know the required work ethic, actual job requirements and social arrangements. He or she develops a feel for the shared values, attitudes, beliefs and behaviour and observes modeled behaviour and attitudes.
PHASE THREE Adjustment and acquisition (the newcomer changes his or her attitudes and behaviour to conform to those of the group)	Group values, attitudes and behaviours are internalised. The newcomer settles down into the newly acquired behavioural pattern.

Source: Nel et al, 2008

Figure 2.3 shows that before joining an organisation an employee has to find more information about the organisation so as to acquaint him or herself with the values, norms and beliefs of that organisation. When individuals join an organisation they have certain expectations about the organisation such as promotional opportunities, salary, status and challenging work (Nel et al, 2003, p.35).

Secondly, at phase two, if the employee's values, norms and beliefs are in line with those of the organisation he/she will be satisfied and expectations are met. However, if expectations are not met by the organisation the employee will experience culture shock which could lead to job dissatisfaction. For those

individuals whose expectations are not met the likelihood of their withdrawal from work would increase (Griffith, 2000).

Lastly, if expectations are met, the employee will start associating with group members thereby developing group cohesion and satisfaction which, in the long run, reduce staff turnover. Highly motivated employees who are satisfied with the work environment are likely to remain in the organisation and continue to be productive (Grobler et al, 2006, p.127).

Wanous, as cited by Korte (2007), summarises the four –step process of socialisation as follows:

Newcomers confront the reality of the new job and adjust to expectations. The newcomer achieves role clarity – newcomers learn and negotiate the expectations and requirements of their role in the organization.

The newcomer locates him or herself in the organisation and learns how his or her work contributes to the work of the organization.

The newcomer assesses success – assesses the value of his/her contribution to the organisation.

When comparing Wanous' description of socialisation to that of Nel et al (2008), it is clear that they tend to view the newcomer as a relatively passive recipient of organisational instructions – the person is merely learning to fit in. They also view socialisation as a process comprising of reciprocal interactions between the newcomer and coworkers and primacy of relationship building. The difference between the two models is that in Wanous' model, the newcomer will learn to fit into the organisational values and norms whereas with Nel's model the newcomer will quit the organisation if his or her expectations, values and norms are not in line with organisational values. Wanous does not consider staff turnover as a consequence of the employee not being able to fit into the organisational culture.

Rice, Hill and Trist (1983), see the socialisation as three identifiable phases:

- Induction crisis, which occurs in the early stages of employment. This is a period of high potential turnover when the strains and stress of the new job are at the highest point. Few group bonds have been formed and the person –work relationship is still fragile.
- The differential transit, when the employee begins to feel familiar with the job and co-workers. The person-work relationship has developed and the person is less likely to leave in this period.
- Settled connection, when the person-work relationship is stable and satisfying and employee is fully integrated into the working group.

If expectations are not met, the employee could abuse his or her rights, such as taking sick leave as a strategy to withdraw from the job. In the long term it could lead to high staff turnover in the organisation.

The socialisation process also illustrates why it is necessary for the organisation to determine the median length of service (MLOS) (discussed in section 2.5.2.) A low MLOS could imply that the employee did not socialise successfully and instead experienced alienation, which ultimately resulted in staff turnover.

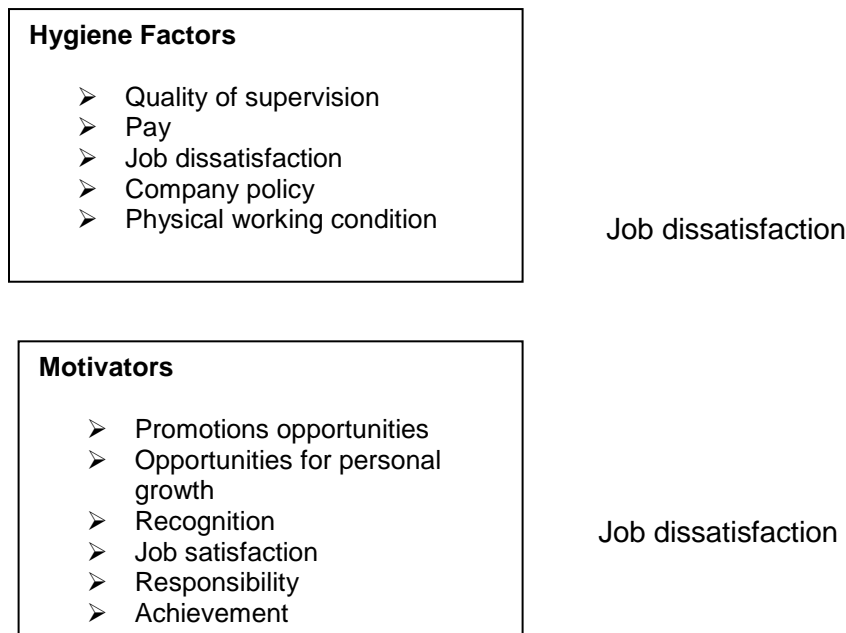
2.7.2 The fit between employee and the job (job satisfaction)

Job satisfaction refers to a predominantly positive attitude towards one's job (Bergh & Theron, 2006, p.176). Factors that contribute to job satisfaction include a meaningful job, remuneration, working conditions and relationships with superiors and colleagues.

The job satisfaction motivation theory, developed by Fredrick Herzberg, casts further light on the sources of job satisfaction in the workplace (Werner, 2001, p. 331). The theory distinguishes between dissatisfiers and motivators. Job content or hygiene factors, also called dissatisfiers, refer to aspects such as company policy and administration, equipment, supervision, working conditions, relationship with supervisor, salary, relationship with subordinates and co-workers, personal life, status, job security and fringe benefits. Job content factors, also called motivators, refer to aspects such as achievement, recognition, the work itself, responsibility, feedback, challenge, self-actualisation, freedom, advancement and potential for growth.

According to Greenberg and Baron (1995, p.174) the distinction made by Hertzberg between hygiene factors and motivators led to it being called the two factor theory of job satisfaction.

Figure 2.4: Herzberg's two factor theory



Source: Greenberg & Baron, 1995, p.174

One criticism leveled against this theory is its basic assumption that individuals are motivated by a high level of job satisfaction (Nel et al, 2003, pp.59-60). According to Greenberg and Baron (1995, p.1974), research based on the theory has resulted in mixed results, with some supporting the theory, whilst others found that factors labeled as hygiene and motivators have an impact on both satisfaction and dissatisfaction. Despite the criticism, it is a widely read theory. Robbins (1993, p.211) points out that few managers are unfamiliar with the theory's recommendations.

Robbins (2001, p.78) indicates that the relationship between job satisfaction and staff turnover is negative, but stronger than for the relationship between job satisfaction and absenteeism. According to him, factors such as the availability of labour, expectations about alternative job opportunities and length of service are important constraints on the actual decision to leave. It is therefore clear that, in this study, factors other than job satisfaction should also be considered and probed in the empirical study.

The person work relationship refers to the extent to which there is a fit or match between the personal characteristics of an employee and the characteristics of a job. If there is a fit between the person and the job, the person will experience job satisfaction and is less likely to want to leave the organisation. Two theories that illustrate the relationship between a person and a job, or the importance of job characteristics are Holland's personality-environment types and Oldham and Hackman's job characteristics model.

According to Holland's personality-environment theory, personality and occupational choice are interrelated. A person's career choice (environment) stems in part from his or her personality and motivation. People might have one or more dominant personality type and might tend to be attracted to a work environment that is similar.

Holland identifies six personality types and six parallel occupational environments. To attain job identity, congruence is required between personality type and career or job choice.

Figure 2.5 presents the characteristic traits related to the different environments as identified by Holland.

Figure 2.5: Holland's six personality types

REALISTIC	INVESTIGATIVE	ARTISTIC	SOCIAL	ENTERPRISING	CONVENTIONAL
Asocial	Analytical	Complicated	Ascendant	Acquisitive	Careful
Conforming	Cautious	Disorderly	Empathetic	Adventurous	Conforming
Frank	Critical	Emotional	Friendly	Agreeable	Conscientious
Genuine	Complex	Expressive	Generous	Dominating	Defensive
Hard headed	Curious	Idealistic	Helpful	Energetic	Efficient
Inflexible	Independent	Imaginative	Idealistic	Exhibitionistic	Inflexible
Materialistic	Intellectual	Impractical	Patient	Excitement	Inhibited
Normal	Introspective	Impulsive	Kind	Seeking	Methodical
Persistent	Pessimistic	Independent	Persuasive	Flirtatious	Obedient
Practical	Precise	Introspective	Responsible	Optimistic	Orderly
Self effecting	Rational	Intuitive	Sociable	Self-confident	Persistent
Thrifty	Reserved	Non-	Tactful	Talkative	Practical
Uninsightful	Retiring	conforming	Understanding		Prudish
Uninvolved	Unassuming	Open	Warm		Thrifty
	Unpopular	Original			Unimaginative
		Sensitive			

Source : Bergh & Theron (2006, p.176)

Table 2.5 shows five environmental types, namely realistic, investigative, artistic, social, enterprising and conventional. It also shows the typical characteristics a person should have to create a fit between person and the job environment. For example, a creative person will feel frustrated in a conventional environment,

while an investigative person might not function optimally in a social environment, due to incongruence between traits and environment.

This table implies that nursing falls under the social environment as a career choice. Nurses should ideally have social traits, such as empathy, helpful, patient, kind, responsible, tactful and warm. Social environment have a strong community orientation characterised by friendliness and warmth.

Hackman and Oldham developed an approach called the job characteristics model in 1975 (Bergh & Theron, 2006 p. 177). The job characteristics model illustrates how jobs can be designed so that individuals can find fulfillment and regard their work as valuable. The proposed model indicates that enriching certain components of jobs alter individuals psychological state in a way that enhances their work effectiveness.

The five critical core job dimensions that have been identified are skill variety, task identity, task significance, autonomy and feedback.

Skill variety indicates the extent to which a particular job has a number of different activities that require the use of several skills and talents, abilities and competencies.

Task identity relates to the extent to which a particular job requires completing a whole piece of work, starting from beginning to end as evident by a visible outcome.

Task significance relates to how the job impact on others within, as well as outside, the organisation. This relates to the extent that employees understand the role they play with regards to their work contribution in the overall effectiveness of the organisation.

Autonomy relates to the extent to which an individual is given the freedom and discretion to plan, schedule and execute tasks independently.

Feedback relates to the extent to which individuals are given clear, concise and unambiguous feedback regarding their performance as well as their outcomes.

The job characteristics model implies that nurses would be more motivated if their jobs allowed them to use a variety of skills, if they understood and felt that their jobs were important. Nurses would also be further motivated if they experienced identifiable responsibility, received feedback and enjoyed a degree of freedom to make decisions themselves.

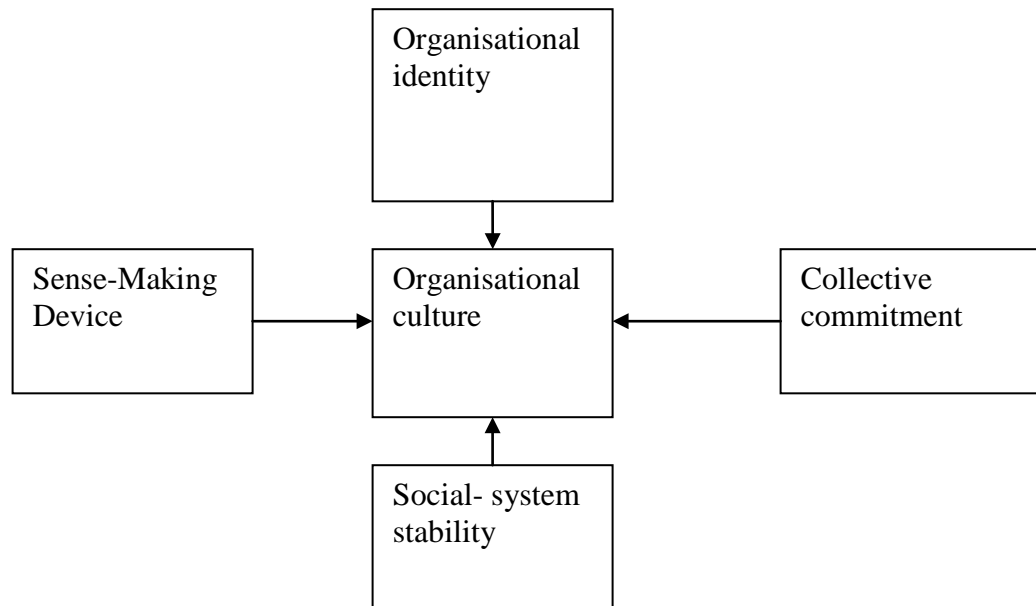
2.7.3 The person – organisational culture fit

The person-organisational culture fit is an extension of the person-job fit. It refers to the extent to which an employee identifies with the underlying assumptions and beliefs in an organisation. It is important that there is congruence between the individual's values and that of the organisation as it creates a sense of identity for the employee and provides social stability, which will contribute to reducing staff turnover.

Organisational culture refers to a system of shared assumptions held by members which distinguish one organisation from the other (Nel et al, 2003, p.22). As a result, it gives members of the organisation an identity. Sharing norms values and perceptions provide people with a sense of togetherness that promote a feeling of common purpose. Identifying with the organisation creates greater commitment to organisational goals and objectives. Commitment to the organisation implies that employees will be less likely to leave the organisation. It creates social system stability with associated emotional security. By nurturing a shared sense of identity and commitment, culture encourages lasting integration and cooperation among the members of the organisation. It is clear that identification with the organisational culture could therefore reduce staff turnover. Organisational culture shapes behaviour by helping members make sense of their surroundings. An organisation's culture serves as a source of shared meaning that explains why things occur in way they do (Keitner & Kinicki, 2004; Wagner & Hollenbeck 2002; Robbins, 1994).

Figure 2.6 illustrates the four functions of culture

Figure 2.6: The four functions of culture



SOURCE : Kreitner & Kinicki (2004, p. 81)

Various types of cultures result in various types of employee behaviour in the organisation. Kinicki and Kreitner (2001, p. 76) identify three types of organisational culture. Awareness of these types of cultures provides greater understanding about the manifestation of culture and how it affects employees feelings and behaviours and thus employee motivation and retention.

Kreitner and Kinicki (2004, p. 87) refer to a constructive, passive-defensive and aggressive-defensive culture. Each culture is shaped by normative beliefs which organisational members are seldom aware of, but which influence their

behaviour, attitudes and feelings. According to Kreitner and Kinicki (2004, p. 87) normative beliefs associated with a constructive culture refers to a culture in which employees are encouraged to interact with others and do work on task and projects in a way that will assist them and satisfy their needs to grow and develop. This culture endorses achievement, self-actualisation, humanistic-encouragement and affiliation.

The normative belief associated with a passive-defensive culture is that employees must interact with others in ways that do not threaten their own job security. This culture endorses approval, conventional dependence and avoidance. An aggressive-defensive culture encourages employees to approach their jobs in forceful ways in order to protect their status and job security. This culture endorses normative beliefs of opposition, power, competition and perfectionism.

If there is a link between the employee's personal beliefs and the normative beliefs of the organisation, the employee is more likely to identify with the company's values and commit to it, and less likely to resign or engage in behaviour that will result in dismissal. For example, if the employee values and seeks power, and the company has an aggressive-defensive culture, the employee will identify with and commit more strongly to the company and its values. If the employee values personal growth and development, autonomy and achievement, and the organisation has a constructive culture, the same will happen. In each case, strong identification with the organisational culture will result in less staff turnover.

The reward system, the strength of leadership, the ability of the organisation to elicit a sense of commitment, and its development of a sense of shared goals, among other factors, will influence such indices of job satisfaction as turnover intentions and turnover rate (SIGMA, 2007).

2.7.4 Retention

One theoretical approach to understanding staff turnover is to highlight the reasons why employees prefer not to leave the organisation or, in other words, the factors that influence the retention of employees. These factors include commitment and the accumulative benefits derived from long service.

Commitment has been defined as the strength of an individual identification and involvement with a particular organisation, which implies an acceptance of the organisation's values and goals and the desire to remain a member of the organisation (Van der Merve & Miller, 1993, p. 40) believes that the psychological bond between the individual and the organisation could be described as psychological attachment, comprising compliance, identification and internalisation. Attachment, however, includes both exchange commitment and psychological commitment. Compliance thus corresponds to adopting specific behaviours and attitudes in order to gain specific rewards. It further implies that identification means accepting the influence of the organisation, and respecting its values and accomplishments. A further aspect of attachment is internalisation, which represent a progressive deeper level of attachment. Attachment also implies that internalisation occurs when the attitudes, values and norms of the organisation or group are congruent with the employees own. Peel (2002), together with Peel & Boxall (2005) also state that commitment or attachment would lead one to expect that flexible employment relationship, more so than contracting employment, will have a major effect on both the individual and organisation.

Length of services has been found to be the best single predictor of turnover (Mobley et al, 1978). The longer a person stays with an organisation the more likely it is that he will become committed to that organisation in several ways.

Through long service group ties are formed, habit patterns are established and a stabilising sense of familiarity with the job situation emerges.

Considering the above theoretical approaches to staff turnover, it becomes clear that in order to determine the reasons for high staff turnover in the public hospital sector, questions should be asked about the expectations and actual encounters medical personnel have of their jobs and their organisation. Further questions should be asked on the fit between their characteristics and the characteristics of their jobs and the reasons why some medical personnel do not consider leaving their jobs.

2.8 THE BRAIN DRAIN

A brain drain refers to when a country experiences a shortage of skills when people with certain expertise emigrate (Matume, 2003). The movement of nurses and doctors out of Southern Africa is part of the phenomenon that has come to be known as Africa's brain drain. The problem has been noted in healthcare in particular because the loss of healthcare professionals in poorer countries like South Africa leaves an already struggling healthcare system in a more desperate state.

The shortage of skilled people in the South Africa is one of the most pressing issues on the agendas of both business and government. The flight of nurses and doctors from South Africa and other African states to overseas countries has long been a point of concern, and the advent of AIDS has sharpened fears about the effects of this migration (Nursing Update, 2005, p. 30). The World Health Organisation (2006) noted that there is a global shortage of 4,3 million doctors, midwives, nurses and support workers, which provides ample alternative opportunities for medical personnel at state hospitals. Figure 2.7 illustrates the number of nurses registered by the South African Nursing Council.

Figure 2.7: Growth in the South African Nursing Council Register and Roll of nurses for period 1998-2003

Categories of Nurses	1998	1999	2000	2001	2002	2003	Variance growth
Professional Nurses/Midwives	91011	92390	93303	94552	94948	96715	+5704
Enrolled nurses/Midwives	32744	32925	32399	32120	32495	33575	+831
Enrolled Nursing Auxiliaries	49948	47578	45943	45666	45426	47431	- 2517
Total	173709	172893	171645	172938	172869	177721	+4018

Source: South African Nursing Council, 2006

The production of nurses, as reflected on the South African Nursing Council register for the period 1998 – 2003, indicates that there was a fluctuation in the growth of nurses that were registered and enrolled to practice nursing in South Africa. There has been a growth of 5704 in the number of professional nurses and 831 enrolled nurses but a decline of 2517 in the number of nursing auxiliaries (these nurses, also known as carers, are enrolled but not registered with South African Nursing Council).

The extent to which health professionals are leaving Southern Africa to work overseas is difficult to determine. For example one independent South African study reported that between 1989 and 1997 an estimated 2333 609 people left the country for New Zealand, Australia, Canada, United State and United Kingdom, while official South African Statistics put this figure at 82 811. There are 600 South African doctors registered to practice in New Zealand, and 10 per cent of Canada's hospital-based physicians are South African graduates. In the United Kingdom six percent of the total workforce is South African (Human Sciences Research Council, 2004).

In South Africa, Democratic Nursing Organisation of South Africa (DENOSA), a national nursing union, predicts that more than 300 specialist nurses leave the country every month. Table 2.9 indicates the number of nurse registered with the U.K CC which is a statutory body that maintains a register of qualifies nurses, midwives and health visitors.

Table 2.9: Nurses and midwives from Southern Africa registering with the UK CC

Country	1998/1999	1999/2000	2000/2001
South Africa	599	1460	1086
Zimbabwe	52	221	382
Zambia	15	40	83
Malawi	1	15	45

Source : Martineau (2002, p.5)

Statistics from the British Medical Journal (2004) indicate that in 2001/2002 a total of 2 114 nurses left South Africa for Britain. This indicated a substantial increase from the 599 nurses who left South Africa in 1998/1999.

The targeting of South African nurses and doctors by recruiting agencies with job offers to work overseas is causing a high level of skill drain that the country can ill-afford. Public hospitals in South Africa are faced with the challenge of declining quality of health care within the constraints of staff shortage in an increasing competitive global health environment.

The chronic staff shortage is causing long delays in the treatment of patients as people queue for hours in the corridors of hospitals. In Hewu Hospital, where the empirical study for this research was conducted, the nurse – patient ratio was 1:18. In the casualty ward, two nurses had to attend to approximately 30 patients at a time and in the maternity ward, two or three midwives attended to about 10

women waiting to give birth at any given time (Chief Executive Officer Hewu, 2006). The problem was compounded by the fact that the Government cut down on the training of professional nurses in order to concentrate on the training of nursing assistants (Chief Executive Officer- Hewu, 2006).

2.8.1 Causes of brain drain

The World Health Report (WHO) of 2006 summarised a number of reasons why health workers move to other countries. Workers concerns (push factors) relate to:

- Lack of promotion prospects
- Poor management
- Heavy workload
- Lack of facilities
- A declining health service
- Inadequate living conditions, and
- High levels of violence and crime.

Prospects (pull factors) for:

- Better remuneration
- Upgrading qualifications
- Gaining experience, and
- Family related matters.

The above factors have been sub-divided into pull and push factors. The factors arising from concerns are described as push factors (concerns) as they encourage health workers to leave their country or location of work. Pull factors (prospects) are those factors that offer prospects for better circumstances and attract and facilitate the movement of health workers towards that level or country (Shah, 2006; Equinet , 2000).

According to Mngomezulu (2006) greener pastures was not the only reason why nurses pursued employment abroad. She states that many nurses wanted the adventure of working in a foreign country. In this respect, it is evident that Mngomezulu perceived the exodus of nurses as a consequence of a more accessible global work environment. This view is supported by Coetzer (2006, p. 50) who suggests that staff turnover is a symptom of the global world, and notes that it might be useful for South African organisations to overcome environmental challenges by recruiting medical personnel from overseas.

2.8.2 Consequences of the brain drain

The loss of nurses to other countries results in a huge cost that the government cannot afford. The conditions of hospitals are deteriorating, and the providers of health care as well as the recipients thereof feel the strain (Mngomezulu, 2006).

The brain drain is exerting a significant strain on the continent of South Africa. The Deputy Director-General of the International Organisation for Migration (IOM), Ndiora Ndiaye, noted that to fill the gap created by the skills shortage, African countries spend an estimated \$4 bn annually to employ about 100 000 non-African expatriates. The Equinet (2000) states the following consequences of the brain drain:

- The negative effect on the overall function of the health system and consequent increase in mortality and morbidity.
- The lack of health care personnel can also mean that other health care investments become wasted. For example, the departure of two anesthetists from a South African Spinal Injury Centre to Canada resulted in the entire centre being forced to close.
- Counter productive behaviour may also result from staff shortages including absenteeism, salary- augmenting behaviour, pilfering of public property, poor treatment of patients and the sale of drugs that should be free.

- The loss of institutional memory from large scale resignation and the other turnover factors result in a duplication of work and wastage of resources.

The brain drain implies voluntary staff turnover because medical staff initiate the process themselves. It was stated in section 2.4.1 that voluntary staff turnover is controllable as management (in this case, the Department of Health or the management of a specific hospital) can take action steps to prevent it. In terms of the empirical study of this research, it would be necessary to inquire about the intention of medical staff to leave the country to seek employment abroad, their reasons for doing so and the strategies that are put in place to prevent them from leaving.

2.9 INTERVIEWS

A group interview was conducted with five senior nurses at Hewu Hospital. The interview was semi-structured in the sense that pre-determined questions were asked but the interviewees were also allowed to give their opinions about issues not covered during the interview.

The following questions were posed during the interview:

- a) Do you have a labour turnover problem among nurses?
- b) Do you have a labour turnover problem among doctors?
- c) What are the percentage of nurses leaving?
- d) What are the percentage of doctors leaving?
- e) Do you have a statistics with regard to labour turnover for the period starting from 2003 to 2008 or 2007. Is it possible that I can see those stats?
- f) Do you conduct exit interviews?
- g) What have you found?
- h) Do you submit a report on labour turnover to management?

- i) Are you willing to share that with me?
- j) What reasons do people give for leaving?
- k) What do you think are the true reasons why people are leaving?
- l) Do they leave the profession or they go to other hospitals? To the private sector?
- m) Do they leave may be because they should not be nurses in the first place?
- n) Do they leave because they are experiencing dissatisfaction in things such as poor environment, lack of resources, poor pay? Anything else?
- o) Do they leave because they don't like the hospital they are working for?

ENVIRONMENTAL FACTORS

- a) Do nurses leave because they want to go work overseas?
- b) Now that there is a problem with our South African economy , do you think this might have an impact on your current labour turnover problem? POS or NEG
- c) Do you think crime/violence around the area of Witleasea impacts on your labour turnover?
- d) Do you think some of the labour turnover is caused by or related to political issues around the area of Witleasea?
- e) Do you think the xenophobic attacks impacted on your labour turnover?
- f) Is there any thing that is relevant that I have missed?
- g) What actions are you taking in order to prevent nurses and doctors from leaving the hospital as to retain them?

The following is a summary of the responses received during the interview:

The interview was conducted on 17 September 2008. The following members were present: 5 senior nurses. The researcher classified the questions for the interview into two sections. The first section was based on labour turnover especially at Hewu hospital and the second section was based on environmental factors. The researcher will be reporting on these two sections.

The senior nurses reported that they were experiencing labour turnover at the hospital more particularly with the nurses. With regards to doctors, labour turnover was not a problem but there was a problem in the past. The nurses did not supply the statistics for period of 2003 to 2007/8.

The senior nurses also revealed that they normally conducted exit interviews when one of the employees left, as part of the human resource policy. Based on these exit interviews they found that employees were leaving because of salary or pay, health related reasons, workload and personal reasons. They also provided a guide on the way in which they conduct exit interviews.

The true reasons why people leave were also shared. These are shown below:

- Leadership keeping on making empty promises
- They don't give employees direction
- Interpersonal relations – there is a gap between nurses and managers
- Managers don't value employees
- Conflict not being resolved among staff members
- Lack of communication
- Lack of recognition and security
- They are understaffed which leads to heavy work loads
- Lack of resources
- Skills and advance

Lastly, it was mentioned that nurses did not leave their profession but they moved to other institutions like Frontier hospital or Frere hospital. Some left for security reasons and others for personal reasons.

Under environmental factors:

The nurses revealed that most of the staff came from rural areas and they wanted to relocate to urban areas like East London, Port Elizabeth, and Gauteng, Cape Town, Durban.

Others moved overseas for security reasons and to protect their families. The nurses did not want to comment on the political issues. They also mentioned that they did not have any nurses coming from other countries like Zimbabwe or Zambia. Instead the profession was dominated by Indians and Whites.

In conclusion the nurses mentioned that at Hewu hospital there was no retention plan in place to retain employees.

It is therefore evident from the interview that Hewu hospital was experiencing serious labour turnover amongst nurses and doctors. The fact that they did not have a retention strategy worsened the situation. It therefore became very clear that whatever retention strategy they constructed should be a strategy that addressed the true reasons that caused the employees to leave as mentioned above.

These issues were covered in the questionnaire used in the survey among doctors and nurses at Hewu and Bisho Hospitals.

2.10 CONCLUSION

In this chapter, staff turnover was defined and the consequences and measurement of staff turnover explained. A theoretical overview of the causes of staff turnover was presented and attention was given to the brain drain and its effects on the medical industry in South Africa. In Chapter 3 individual, job, organisational, and environmental factors that impact on staff turnover are discussed.

CHAPTER Three

STRATEGIES FOR MANAGING STAFF TURNOVER

3.1 INTRODUCTION

In Chapter two, an overview of staff turnover was presented. The definition of turnover was provided and a distinction was made between controllable and uncontrollable turnover. The measurement of staff turnover was also discussed and a broad theoretical explanation of staff turnover presented. This was followed by a discussion of the brain drain which the medical field in South Africa is currently experiencing.

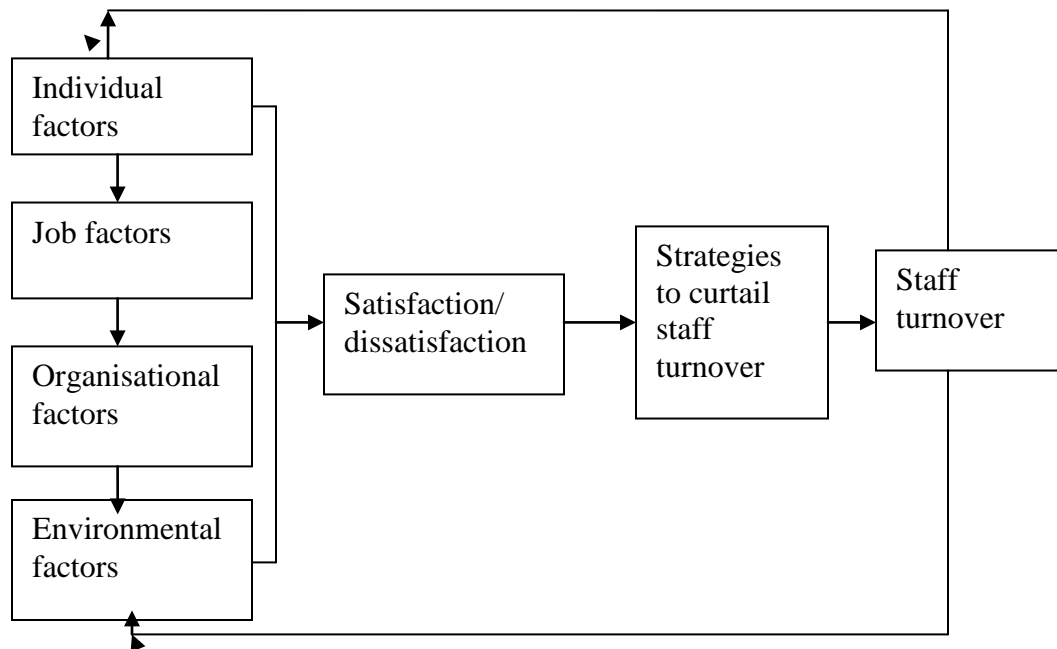
The aim of this chapter is to provide an overview of strategies that managers can utilise to prevent staff turnover. In order to attain this goal, an overview of individual, job, organisational and job factors that impact on staff turnover will be provided.

3.2 FACTORS IMPACTING ON LABOUR TURNOVER

Staff turnover is a complex issue, with many conditions acting together to influence it (Shiels & Ward, 2001).

Various authors (Grobler et al, 2006, p. 127; Nel et al, 2003, p. 505; Van Der Merwe & Miller 1993, p. 74-77) give an overview of factors that impact on staff turnover. These factors can be divided into individual, job, organisational and environmental factors. Figure 3.1 illustrates the factors that impact on staff turnover.

Figure 3.1: Factors impacting on staff turnover



Source: Compiled from the theoretical overview of staff turnover

Table 3.1 shows that individual, job, organisational and environmental factors impact on the satisfaction/dissatisfaction of employees. These factors need to be understood in order to develop logical strategies to curtail staff turnover. The effectiveness of these strategies will determine how much staff turnover the organisation experiences.

3.3 INDIVIDUAL FACTORS

Individual factors that have an effect on staff turnover are age, length of service, background, and personality (Grobler et al, 2006; Nel et al, 2003, p. 505; Van der Merwe & Miller, 1993, p. 74).

3.3.1 Age

Studies reveal that there is an inverse relationship between age and turnover – young new hires are the highest risk factor for turnover. Grobler et al (2006, p.126) state that employees with a propensity to quit are young employees with little seniority who are dissatisfied with their jobs.

The relationship between age and turnover may be based on a number of influences. Younger employees may have more entry level access, more job opportunities and fewer family responsibilities, making job mobility easier.

3.3.2 Length of service (tenure)

In terms of tenure, most research conducted support the supposition that turnover is significantly higher for shorter tenure employees. It has been found that employees normally resign during the first three years of employment.

A large percentage of voluntary turnover occurs in the first few months of employment when a person is still new in the organisation (Grobler et al, 2006, p.126).

According to Van Der Merwe and Miller (1993, p.70) it is not only the length of service which affect employee stability but factors such as the formation of group ties, essence of familiarity with the job situation, and other tangible and intangible benefits which are likely to arise from long service. Nel et al (2003, p. 85) also state that employees sometimes remain in an organisation for a long period because they have built up a good relationship with their coworkers.

Satisfying group interaction depends on the existence of stable groups in the organisation which are cohesive in character and facilitate positive relationships.

The usual argument is that the older the employee is the more important job security is due to benefits, such as pension rights, accruing to longer service. As a result turnover for people with a long service is normally lower.

Personality

Personality is the dynamic organisation within the individual of those psychosocial factors that determine the person's unique adjustment to his or her environment (Alberts & Motlatla, 1998, p.11). Personality variables may influence turnover through a variety of paths. Trait affectivity, for example, may influence the perception of the work environment and lead people to believe a job has negative or positive qualities that would not be present in other jobs (Timmerman, 2006). Researchers have condensed previous research on personality traits into the Five Factor model (FFM). The FFM describes five factors of personality on a continuum: conscientiousness, extraversion, agreeableness, emotional stability and openness to experience (Impelman, 2007; Zimmerman, 2008; Timmerman, 2006).

Conscientiousness

Conscientiousness is described as being reliable, hardworking, diligent, organised and punctual. Conscientiousness likely influences the contractual and moral/ethical motivational forces that affect turnover. Those who measure higher in conscientiousness are more likely to believe that a contractual obligation exists between the employer and the employee and are more likely to adhere to this obligation.

Extraversion

Individuals higher in extraversion tend to experience positive emotions more frequently than those who report introversion. Extroverts are more likely to recall positive rather than negative information about the work environment and are therefore more motivated to stay on in the organisation.

Agreeableness

Agreeable individuals are less likely to engage in withdrawal behaviours as they are more likely to be more understanding of the negative aspects of their environment.

Emotional stability

Individuals low in emotional stability are more likely to encode and recall negative information as they tend to have negative perceptions of themselves and their environment. Employees who have negative views of their work environment are more likely to leave.

Openness to experience

Individuals high in openness to experience will value changing jobs and will therefore be more apt to leave an organisation. Openness also has links to wanderlust and the Hobo syndrome which would impact negatively on staff turnover. Therefore, individuals higher in openness are more likely to leave the organisation to explore other opportunities regardless of how they feel about their job.

It is evident that personality can impact on a person's perception of the job, and as such impact on staff turnover.

3.4 JOB FACTORS

Job satisfaction is a set of favourable or unfavourable feelings and emotions with which employees view their work (Luthans, 2002, p. 121; Nel et al, 2004, p. 587). Job satisfaction is an effective attitude, a feeling of relative like or dislike towards one's job. A satisfied employee may comment that "I enjoy having a variety of tasks to do" (Newstrom & Davis, 1997, p. 256). Job factors that influence staff turnover include workload, meaningful work, working conditions, remuneration,

relationship with supervisor, relationship with co-workers, empowerment and autonomy.

3.4.1 Workload

A consistently heavy workload increases job tension and decreases job satisfaction, which in turn, increases the likelihood of turnover (Hayes et al, 2006). Empirical evidence suggests that, for each additional patient, a nurse experiences a 23 per cent increase in burnout and a 15 per cent increase in job dissatisfaction (Aiken et al, 2002b).

Cartledge (2001) found work-related stress to be a major contributor to turnover among nurses and doctors in critical care units. Using a convenience sample in a study on stress among oncology nurses, it was found that nearly 40 per cent of nurses were dealing with excessive workloads, 48 per cent were dissatisfied with their pay, 70 per cent experienced emotional exhaustion and 48 per cent could not commit to remaining in that specialty area for a further twelve months (Hayes et al, 2006).

Cameron, Horsburgh and Armstrong- Stassen (1994) did a comparative analysis by unit type and concluded that nurses and doctors in psychiatric departments were least satisfied with their jobs, more likely to leave their positions and reported more burnout than those in other departments. Evers, Tomic and Brouwers (2002), by means of hierarchical regression analysis, determined that physical and psychological aggression and number of weekly working hours had a significant relationship with emotional exhaustion, while psychological aggression had a significant relationship with depersonalisation. It was also found that perceived risk of assault impacted on psychiatric nurses and doctors' intention to leave their current job.

3.4.2 Meaningful work

The content of the work itself is a major source of job satisfaction. Feedback from the job itself and autonomy are two important job related motivational factors. Some of the most important ingredients of a satisfying job, uncovered by surveys, include interesting and challenging work, work that is not boring and a job that provides status (Nel et al, 2004, p. 553).

3.4.3 Working conditions

Working conditions have a modest effect on job satisfaction. If working conditions are good (clean, attractive) employees will find it easier to carry out their jobs. If working conditions are poor (hot, noisy) personnel will find it more difficult to get things done (Nel et al, 2004, p. 553).

3.4.4 Remuneration

Wages have a significant impact on job satisfaction. Money not only helps people attain their basic needs but is also instrumental in satisfying upper level needs such as esteem and self-actualisation. People perceive their remuneration as an indication of what they are worth to the organisation (Nel et al, 2004, p.552). Fringe benefits are also important but they are not as influential because employees normally do not know how much they are receiving in benefits (Luthans, 2000, p.121).

3.4.5 Relationship with supervisors

Supervision is another moderately important source of job satisfaction. There seems to be two dimensions to supervisory style. One is employee centeredness and this is measured by the degree to which a supervisor takes a personal interest in the employee's welfare. The other dimension is participation or

influence, as illustrated by managers who allow their employees to participate in decisions that affect their job (Luthans, 2002, p. 121).

3.4.6 Relationship with co-workers

The nature of the work group will have an effect on job satisfaction. Friendly cooperative workers are a modest source of job satisfaction to individual employees. The work group serves as source of support, comfort, advice and assistance to the individual worker. A good work group makes the job more enjoyable (Luthans, 2002, p.122). People with strong career orientation may place less emphasis on social relations (Nel et al, 2004, p.553). As mentioned earlier, employees with a longer tenure are less likely to leave their jobs because of the relationships built with coworkers.

3.4.7 Empowerment and autonomy

Structural employment is the presence or absence of empowering conditions in the workplace while psychological empowerment is the employees' psychological interpretation or reaction to these conditions (Adjei-Appiah, 2008).

Larnabee, Ostrow, Withdraw, Hobbs and Burant (2003) state that job satisfaction is a major predictor of the intention to leave while psychological empowerment is a major predictor of job satisfaction. In other words, employees who experience psychological empowerment will experience more job satisfaction and will be less likely to leave their job.

Work schedules

The work schedules associated with different jobs vary. Some jobs may be performed during normal daily work hours and workdays and some jobs require working nights, weekend and extended hours (Mathis & Jackson, 2003, p. 28).

To promote balance between work and home, potential benefits of work-scheduling strategies have been documented, especial for nurses who have home responsibilities such as young children, Long shifts, overtime, weekend, nights, holidays and weekend overtime were found to be predictors of anticipated turnover.

3.5 ORGANISATIONAL FACTORS

Organisational factors that can potentially impact on staff turnover include the organisational culture, organisational climate, communication, empowerment, promotional opportunities, corporate management, geographical location, training and development and organisational commitment.

Organisational culture

In Chapter two, organisational culture has been defined as a set of assumptions, beliefs, values and norms that are shared by the organisation's members. Culture represents a key element of the work environment in which employees perform their jobs (Newstrom & Davis, 1997, p. 102).

Organisational culture is made up of a number of inter-related components: artifacts, behaviours, espoused values and core values (Nguwi, 2004). Artifacts are the physical manifestations of culture such as organisational structure, rules, processes and routines as well as more tangible things like office layout, status symbols and the way people dress for work. Behaviours are the ingrained

patterns or behavioural norms that are followed by people within the organisation. Espoused values are the values which an organisation claims to hold. Lastly, the core values are described as the fundamental ideals that the organisation wants to retain over time.

Once an organisational culture is established, it will provide employees with identity and stability thus leading to job satisfaction which will in turn reduce the employees intent to resign. Employees that cannot identify with the organisational values, tend to leave the organisation soon after employment. The process through which employees adopt organisational values, is called socialisation. According to Jooste (2003, pp. 181- 182) organisational culture serves to integrate organisational members so that they know how to relate to one another and to adapt to the environment.

Cultural Diversity

South Africa is characterised by cultural diversity. Different cultural norms, values and beliefs may affect staff interactions and performance. For example, conflict could occur due to:

Language barriers, where certain words or expressions offend or insult those belonging to a different culture.

Different values and practices (for example, how the healthcare practitioner-physician relationship is valued or handled).

Different background and experiences (coming from a sophisticated background, which is resourceful in comparison to a less resourceful environment).

Tappen (2001, p. 160) reports that employees prefer to work with people of the same race, gender and education which could lead to discrimination. Females also rate their opportunities for advancement lower than men. The presence of these factors can lead to job satisfaction and ultimately influence a person's decision to leave the organisation.

3.5.3 Organisational climate

Organisational climate describes the present trend of opinion, attitudes and feelings in an organisation (Jooste, 2003, p. 296). Meudell and Callen (1996, p. 168) indicate that organisational climate is about employees perceptions of what the organisation is about and subsequently affect morale and attitudes.

Different sections of an organisation may have different climates because of different conditions under which employees work. Climate is influenced by different styles of management, work pressure and the availability of resources (Fielding, 2001, p. 37).

The organisational climate is a relatively enduring quality of the organisation which is experienced by its members, has an effect on their behaviour, and influences how the organisation functions. Zamuto and Krackover (1991) use seven dimensions to measure climate:

Trust

An organisation has a high level of trust when individuals are open, sharing and truthful, where individuals place their confidence in the organisation. An organisation has a low level of trust when the individuals are closed, guarded, unsharing, untruthful and create an atmosphere of anxiety and insecurity.

Conflict

An organisation has a high level of conflict when there is a high opposition of forces, goals and beliefs, which are experiences in friction and disagreement among the individuals. An organisation has a low level of conflict when there is

harmony in goals and beliefs, which yield a spirit of cooperation among the individuals

Morale

An organisation has a high level of employee morale when individuals are confident and enthusiastic about the organisation. An organisation has a low level of employee morale when the individuals lack confidence and enthusiasm about the organisation and a sense of purpose and confidence about the future.

Rewards

An organisation is equitable in its rewards when individuals accept rewards as fair and just without bias or favouritism. An organisation is inequitable in its rewards when individuals see favouritism, bias and non-work related criteria as the basis for rewards.

Resistance to change

An organisation experiences a high resistance to change when individuals believe that inertia is high and presume and desire that 'we will do things tomorrow as we did them today'. An organisation has a low resistance to change when individuals embrace change as the normal circumstance and relish that 'tomorrow will be different'.

Leader credibility

The leader credibility is high when individuals have belief in its leadership; there is a sense of respect, inspiration and acceptance of decisions and actions. Leader credibility is low when individuals lack respect and do not accept the legitimacy of authority.

Scapegoating

An organisation has a high level of scapegoating when individuals believe that the responsibility for actions will be shifted to others such as top management, staff, employees or outsiders. An organisation has a low level of scapegoating when individuals believe that the responsible individuals will assume responsibility for the failure of actions.

Organisational climate and intention to leave has been found to be an antecedent to turnover (Griffith et al, 2005). A poor organisational climate may motivate workers to leave and at the same time high turnover may negatively affect employees perceptions of organisational climate (Stone, Mooney-Kane, Larson, Pastor, Zwanziger & Dick, 2007).

3.5.4 Organisational Communication

Communication is an exchange, not just a giving action, as all parties must participate to complete the information exchange (Bennis, 2002, p. 2). Due to abnormal circumstances in which healthcare services are sometimes delivered, there can be many barriers to communication (Jooste, 2003, p. 202). Anything that prevents understanding of the message is a barrier to communication.

Verbal and non-verbal communication are the two main types of communication used by human beings. Communication plays a major role in ones job satisfaction. Employees have a strong need to be informed. Organisations with a strong communication system enjoy lower turnover of staff. Employees feel comfortable to stay in positions longer where they are involved in some level of the decision-making process, but in the absence of openness in sharing information, the chances of continuity of employees are minimal (Ongori, 2007).

A lack of communication produces a high level of voluntary turnover (Jooste, 2003, p. 204). If workers feel that there are too many restrictions placed on them, they do not participate in decision making or their opinions are not considered, the potential to leave increases (Cumper, 2000, p. 51).

3.5.4.1 Verbal communication

Jooste (2003, p. 204) mentions that verbal communication in healthcare services is primarily associated with spoken words. Members communicate with one another and with patients/clients. Verbal communication requires psychological and cognitive mechanisms that facilitate speech production and reception. In a field study that included 327 hospitals, a positive relationship was found between communication and job performance, and communication and satisfaction. The link between communication and satisfaction was stronger, particularly in terms of supervisor communication, climate and personal feedback. The study confirmed the vital role of communication with the immediate supervisor, and communication and employee job satisfaction (Goris & Vaught, 1997, p. 81).

The accessibility of information of information will lead to strong performance from the employees and create a strong cooperate culture. Therefore information accessibility would make employees feel that they are appreciated for their effort and the chances of leaving the organisation are minimal (Ongori, 2007).

3.5.5 Training and development

All organisations, either private or public engage employees to execute certain activities in order to attain goals and objectives. No matter what these goals are, organisations must have competent employees to perform the tasks and to accomplish them. This is not just a matter of extensive training in task skills, but of completely new ways of thinking about work, and of working and relating with one another (Beardwell & Holden, 2001, p. 275). Although well-thought-out

strategies and human resource planning, recruitment and selection initially provide an organisation with the required workforce, additional training is normally necessary to provide employees with job-specific skills which enable the employees to survive over time (Swanepoel, Erasmus, Van Wyk & Schenk 2003, p. 450).

The relationship between training and staff turnover is complex. One point of view states that high staff turnover reduce the return on investment in human capital and, as a result discourages that investment (Forrier & Sels, 2003). The literature postulates both a positive and a negative relationship between training and staff turnover (Forrier & Sels, 2003).

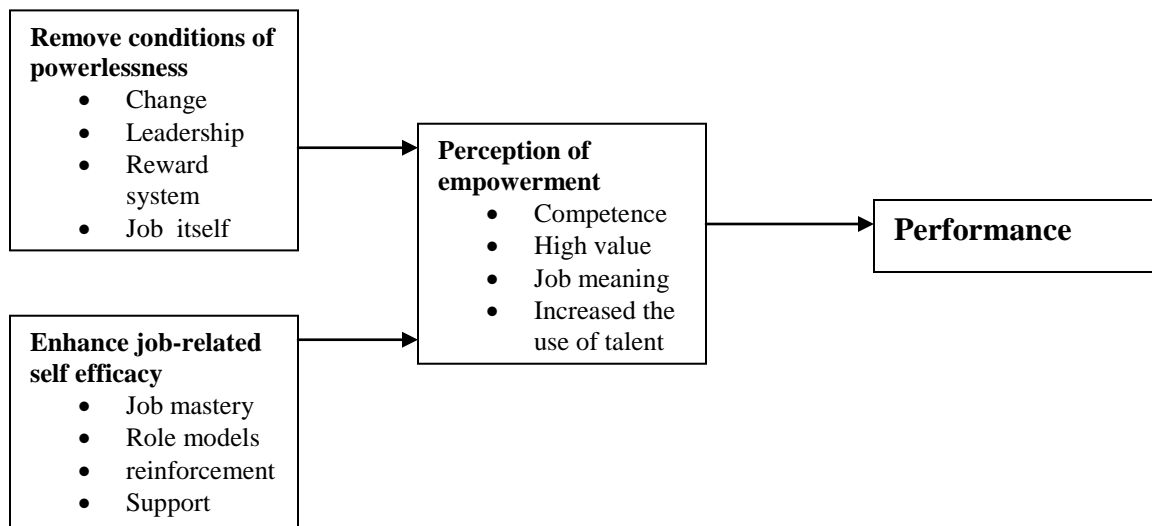
According to the positive perspective, companies with a high turnover rate will invest more in training to replace the skills and competencies of outgoing personnel and to increase employment loyalty in the future. The negative perspective argues that organisations that train employees extensively generate higher turnover precisely because the trained personnel leave the company for better paid jobs where they can use the skills they have acquired.

Current labour economic thinking on training assumes a negative relationship between turnover and training. It supposes that the investment in training is the result of optimising decisions made by both workers and employees. The increased skills resulting from general training enables employees to extract higher wages from their current or future employers. Since employers are confronted with the risk of not being able to recoup this investment, they will not be inclined to sponsor general training of employees. Firm-specific training, on the other hand, cannot generate an increased wage with anyone other than the current employer. Therefore organisations can recoup their investment in specific training and they will be willing to share some or all of the costs of specific training rather than of general training (Forrier & Sels, 2003).

3.5.6 Empowerment

Empowerment refers to the use of a person's potential and competencies, the discovery of new expertise and the creation of new opportunities to apply such competencies (Jooste, 2003, p. 227). According to Newstrom and Davis (1993, p.246), empowerment is the process of identifying and removing the conditions that causes powerlessness while enhancing feelings of self-efficiency. In essence the process of empowerment provides workers with the skills and authority to make decisions that traditionally were made by managers. Figure 3.2 illustrates the empowerment process.

Figure 3.2: Empowerment process



Source: Newstrom & Davis (1993, p. 247)

Figure 3.2 shows that an empowering work environment that will retain employees incorporates role models, support, enables employees to become masters of their jobs, and reinforcement. Managers can use strategies that can remove the conditions of powerlessness. These strategies include change, leadership, the reward system and the job itself. When power is shared employees experience a sense of ownership and control over their jobs. Also

empowered employees know that their jobs belong to them. When they have a say in how things are done they feel more responsible. When they feel responsible, they show more initiative in their work, get more work done and enjoy the work more.

There is a positive correlation between the job level of employees and staff turnover, with the later reaching its peak when the level of employee empowerment is the lowest (Burns, 2007). This indicates that an employee who feels empowered and perceive to have autonomy in performing a job will be more likely to be satisfied with the job and less likely to quit the job and vice versa (Ontorio, 2008).

In the public health industry, empowerment can be used as a strategy to improve services (Cumper, 2000, p. 41). For empowerment to be successful there must be evidence of elements such as desire to improve public health services, awareness of public health needs, an acceptable climate, feedback and rewards for improving public health services.

3.5.7 Geographical Location

According to Lehmann, Dieleman and Martineau (2008) geographical location is a main determinant of staff turnover. Lack of housing and schools are quoted as reasons why health staff members in remote areas leave their jobs. The following questions have to be answered with regard to the geographical location of the organisation: Are there transport facilities readily available for workers to get to work? Is the distance affecting work attendance or job choice? Is other similar employment readily available in the area? Are there strong trade union pressures in the particular area? If employment is readily available then there is more competition and turnover could be high.

The chief executive officer of Hewu Hospital stated that in rural areas like Whitlesea where Hewu Hospital is situated, there is a lack of services such as good schools for children, municipal services, infrastructure and a shortage of commercial and business centers that could impact on staff turnover. Employee dissatisfaction can be expressed in a number of ways, including by quitting, complaining, insubordination, stealing organisational property or shrinking a part of their work responsibilities (Heath, 2008).

3.5.8 Promotional opportunities

Career development and life long learning activities promote job satisfaction for doctors and nurses, increase the retention of nurses and enable continued provision of high quality care (Heyes et al, 2000).

Promotional opportunities seem to have a varying effect on job satisfaction. This is because promotions take a number of different forms and have a variety of accompanying rewards. For example, individuals who are promoted on the basis of seniority often experience job satisfaction but not as much as those who are promoted on the basis of performance (Luthans, 2002, p. 121). Similarly, a ten per cent salary raise is typically not as satisfying as one with a 20 per cent salary increase.

Promotional arrangements can reward individual behaviour by providing security, status and skill development. It can also benefit the organisation by promoting productivity and performance goals. Promotion can contribute to retaining employees and motivating them to perform, thus reducing costs of training, recruitment and turnover (Saporta & Farjoun, 2003).

Dissatisfaction with promotional opportunities has shown to have a stronger relationship with turnover among nurses than workload or pay (Shield & Ward, 2001). In a longitudinal survey conducted among nurses in one hospital, a

multivariate analysis of data indicated that perception of few promotional opportunities, high reutilisation opportunities, low decision making latitude and poor communication were predictors of intent to leave (Davison et al,1997).

3.5.9 Management style

The supervisory or management style used in an organisation could also impact on staff turnover. No one enjoys working for a manager who is inconsiderate and authoritarian. Todd (2002) reports that in a study conducted at Space Coast Credit Union, employees indicated that they left because they could not stand their bosses. Auckland University staff reported frustration with incompetent management as a consistent factor that influenced them to leave (Gardiner & Parata, 1998, p. 32). This reflects how critical the relationship between manager and employees is for retention.

According to Jooste (2003, p.27) the main aim of the manager is to maximise output of the organisation through administrative implementation. To achieve this, managers must undertake the functions of planning, organising, staffing, directing and controlling.

According to Nandi (2002) when there is a high degree of participation, integration and commitment in the primary work group, staff turnover will be lower.

3.5.10 Organisational commitment

Organisational commitment has become one of the most popular work attitudes studied by practitioners and researchers (Ontario, 2008). One of the main reasons for its popularity is that organisations continuously try to gain a competitive advantage through teams consisting of committed employees.

Organisational commitment is defined as the degree to which the employee feels dedicated to the organisation (Spector, 2000). Organisations expect their employees to accept the goals allocated to them and to be motivated to achieve these goals (Grobler, Horn & Gaetner, 2006). An employee with a high level of commitment to the organisation is willing to exert extra effort on behalf of the organisation. Thus, an employee with a strong emotional attachment to the organisation tends to work harder and is therefore more productive and has a strong emotional desire to remain with the organisation. In contrast, the employee with economic or calculative ties to the organisation will stay because of side bets invested in the organisation. These side bets can be monetary value, a pension plan, specific skills required whilst working or status which will be lost if the employee decides to leave (Ontario, 2008). Both effective and continuance commitment is negatively associated with turnover intention (Meyer & Stanley, 2002).

Attachment strategies refer to methods to reduce staff turnover, absenteeism, and other forms of withdrawal from the work environment and to increase time spent at work (Nel et al, 2008, p. 47). The simple statement that employees are attached to organisations does not necessarily imply that they are strongly drawn to the organisation or that they have positive feelings about the organisation but involves only the question of why they retain their membership of organisations. In general it may be said that the organisation can expect employees to be attached to it and less prone to withdrawal if employees experience job satisfaction.

Meyers and Allen (1991) argue that one of the most important reasons for distinguishing among the different forms of organisational commitment was that they have very different implications for behaviour. Although all three forms of commitment, namely affective, normative and continuance commitment, tend to bind employees to the organisation, and therefore relates negatively to turnover, their relations with other types of work behaviour can be quite different. Research shows that affective commitment has the strongest positive correlation with job performance, organisational citizenship behaviour, and attendance followed by normative commitment. Continuance commitment tends to be unrelated or negatively related to these behaviors.

Related research reports positive relationships between commitment and organisational effectiveness and productivity, job performance and interpersonal trust as well as a negative association between organisational commitment and absenteeism and turnover (Marchior & Henkin, 2004).

3.6 ENVIRONMENTAL FACTORS

Environmental factors that have an effect on staff turnover are geographical location, environmental turbulence, metropolitan area size, competition in the market place, economic conditions and support organisations. However, these factors are rarely under the control of the organisation (QuaEnoo, 2001; Grobler et al, 2006, p.127).

3.6.1 Geographical Location

Whether the organisation is located in a warm or cold climate will impact on its attractiveness to employees and therefore its retention and turnover costs. In an interview, the chief executive officer of Hewu Hospital pointed out that Whittlesea,

where the hospital is located, experience extreme weather conditions and that this could impact on staff turnover at the hospital (Heath, 2008).

3.6.2 Size of the Metropolitan area

The size of the metropolitan area or dynamism of the metropole may also influence organisational membership and turnover costs. Large metropolitan areas have certain qualities such as professional sports and cultural activities, numerous types of services available to employees and potentially more competition for employee services. According to the chief executive officer of Hewu Hospital, most of the staff at Hewu came from rural areas and wanted to relocate to urban areas such as East London, Port Elizabeth, Gauteng, Cape Town and Durban where they believe there are better opportunities (Heath, 2008).

3.6.3 Environmental turbulence

The dynamism of the environment, a factor related to the size of the metropolitan area, could also impact on staff turnover. The environment will influence the type of employee it attracts. For example, employees who are more entrepreneurial and have a high risk orientation will be attracted to prospector organisations that attempt to interact actively with a dynamic environment. People who prefer a more conservative approach will join defender organisations that reluctantly interact with the environment. The chief executive officer of Hewu Hospital stated that employees, during exit interviews, cited various reasons for leaving including going overseas due to security reasons and the high crime rate in South Africa. Others leave for better opportunities, or to 'explore and conquer the world'.

3.6.4 Economic conditions

General economic conditions have an important bearing on the overall availability of jobs. In some instances an organisation may have a high rate of turnover not because employees are dissatisfied with any elements of the job, but because there are better job opportunities elsewhere. It is noted that turnover is at its highest when jobs are plentiful. However where the situation is one of high levels of unemployment, either regionally or nationally, the staff turnover figure inevitably goes down as there is not enough job choice.

3.6.5 Support Organisations

The availability of support organisations such as good public schools and medical facilities may influence whether an employee remains in the present organisation or takes advantage of other opportunities. The chief executive officer of Hewu Hospital reported that nurses and doctors indicated that the lack of good public schools as compared to East London and Port Elizabeth could be a reason to leave employment at the hospital (Heath, 2008).

3.7 MANAGING FOR RETENTION

Harvard Business School (2002) provided a short list of sensible strategies organisations could follow to retain employees and thus reduce staff turnover. The following sections present and discuss this list.

3.7.1 Get people off to a good start

Getting people off to a good start begins with hiring people who are suitable to their jobs and making sure that they understand what they are getting into (both in terms of the culture of the company and the specifics of the job description). While all organisations recruit employees, only some organisations recruit for retention (McKeown, 2002, p.118). Figure 3.3 summarises the main distinctions between generic recruitment and recruiting for retention.

Figure 3.3: Generic recruitment versus recruiting for retention

	Generic Recruitment	Recruiting for Retention
Employment contract	Hires to the old employment contract.	Hires to the new employment contract.
Hiring model	Concentrates mostly on the classic hiring model.	Uses all hiring models.
Employee profile	Based on functions and skills.	Based on functions, skill and fit.
Hiring methods	Emphasises speed and place filling. Event related.	Emphasises alignment between employee and employer. Process-based.

Source: McKeown (2002, p. 119)

From Table 3.3 it is evident that organisations that are recruiting for retention hire employees based on the new employment contract that recognises new realities in the work place (McKeown, 2002, p.125). According to the new employment contract, employees join the organisation provided their expectations, such as reward for performance, are met. Employees will remain in the organisation as long as they are being challenged and developed as an individual. According to the new employment contract, employers expect employees to take the initiative, be self-disciplined and add value to the organisation, while employees expect the

organisation to provide them with opportunities and to be empowered. It is therefore important to ensure a fit between the prospective employee and the organisation. Employees are therefore carefully selected to ensure that they will be able to attain organisational goals. Recruitment and selection should not be aimed at filling a position but more at meeting organisational needs.

Organisations seeking to recruit for retention use a variety of hiring models, reducing the centrality of the core employee concept and reflecting more accurately the needs of their prospective employees. There are five common hiring models being used by organisations that recruit for retention. These include the classic model, flexible work, free agents, outsourcing and pushing the work down to customers (McKeown, 2002, p.124-132).

Classic Model for employing employees

The classic model is a standardised hiring model that is used where employees are recruited for core positions in line with the purpose of the organisation.

Flexible work

Flexible work arrangements do not require that the employee work in a specific place and or at a specific time. This includes telecommuting, job sharing and a compressed workweek. This model is specifically useful in an era where a balance between work and life is promoted.

Free Agent

In this case the organisation recruits people who are qualified to undertake a job but who do not want to work full time for one company as a core employee or even as a flexible worker.

Outsourcing

Many organisations outsource functions that are not their core business. This allows management and employees to focus on the core business of the organisation.

Pushing the work down to your customers

Many organisations have concluded that it is just not possible for them to find, train, motivate, and retain employees to do a good job on some of the tasks related to customer interaction, so they have outsourced the job directly to the customers. For example, the customer might be expected to complete a form on-line which otherwise would have been completed by an administrative officer in the organisation.

The above information suggests that hospitals should reconsider their recruitment strategies. While the classical model is appropriate in situations where core workers need to be present, other models, such as flexible work arrangements can be used to supplement existing employees in periods of high demand.

According to Bando and Burns (2003) recruitment is more than just putting up a sign and an advert in the paper. A company's success depends upon the success of its team members. Therefore, if you want quality people there is no substitute for making good hiring decisions. Bradley (2003) argues that hiring will affect a company's bottom line in a number of ways such as increase productivity, positive customer relations, high morale and more that can stem from adding a top performer to the team. Hacker (1999) suggests the following if one wishes to prevent bad hiring decision:

- Look for creative recruitment alternatives if you are having problems finding good people. This suggestion is in line McKeown's (2002) suggestion as incorporated in Figure 3.3 (see page 77).

- Consider the amount of exposure you will get before you decide that a creative approach as too expensive.
- Encourage employees to refer individuals who meet the job requirement.
- Consider offering an incentive for successful referral to avoid biases.
- Define eligibility, procedures and parameters before launching a referral programme.

To reduce staff turnover, organisations should therefore adhere to good hiring decisions as there is no substitute for quality employees.

3.7.2 Create a great environment with bosses whom people respect

“People don’t leave companies they usually leave bosses’ (Harvard Business School, 2002). In a Kepner-Tregoe survey, 16 per cent of the respondents identified conflict with the boss as one of the three most common reasons for the departure of top performing employees. Managers assume that company policy and corporate culture determine the working environment. Bad bosses are not conducive to a great environment. According to Harvard Business School (2002) it is better to replace bad managers and supervisors than to replace an endless stream of employees. This suggests that supervisors and managers have an important impact on an employee’s decision to stay in or leave an organization.

3.7.3 Share information

Examining organisational communication patterns is a good way to identify factors contributing to effective and ineffective management (Kreitner & Kinicki, 2002, p. 303). Price (1977) suggests that other factors like centralisation (degree to which power is centralised in a social system) produces higher levels of turnover while integration (extent of participation in primary relationship) and

communication produce lower levels of voluntary turnover. Freely dispensing information about business, financial performance, strategies and plans tells employees that you trust them, that they are important assets and that you respect their ability to understand and contribute to the business as a whole (Harvard Business School, 2002). If employees are not afforded an opportunity to be involved in decision-making, problem solving and communication, they will not hesitate to leave the organisation.

In terms of the retention of doctors and nurses, this would imply that hospital managers should regularly communicate relevant information to doctors and nurses and allow them to participate in debates about organisational plans, strategies and management.

3.7.4 Give people as much autonomy as they can handle

Many people enjoy working with a minimum of supervision. In order to give people a sense of control, they should be empowered to take responsibility for as much of their job as they can handle. At the same time, this will make the manager's job easier (Harvard Business School, 2006, p. 82). Autonomy is evident when employees experience a sense of ownership and control over their jobs. When they have a say in how things are done employees feel more responsible, they show more initiative in their work, get more done and enjoy work more (Alberts & Motlatla, 1996, p.135).

3.7.5 Challenge people to stretch

Most people, particularly those the company want to retain enjoy a challenge and the feeling that they have been entrusted with bigger responsibilities than they had a right to expect (Harvard Business School, 2006, p. 82). Stretching people implies that they are using their full potential and continuously growing and developing. This impacts on job satisfaction and subsequently, retention.

3.7.6 Flexible work arrangements

In Figure 3.3 (see page 78) it was indicated that companies that recruit for retention make use of alternative recruitment strategies, including flexible working arrangements. Research which compared the level of job satisfaction between healthcare professionals who had a choice regarding the shift they worked and those who did not have a choice, found that those who had a choice experienced more job satisfaction than those who did not have a choice (Brooks, 1997, p. 63). The advantage with regard to flexibility is that companies can customise workers schedules to meet current workflow and demands (Harvard Business Essentials, 2002, p. 69).

3.7.7 Design jobs to encourage retention

If a manager notices unacceptable high turnover in a critical job category, he/she should look at what people are asked to do in that job (Harvard business School 2002, pp. 82-83). Today scientists have come up with innovative ways to design jobs to make work execution more efficient and at the same time increase the enjoyment factor (Greenberg & Baron, 1995, p.146). Oldham and Hackman (1975) identified five characteristics, name skill variety, task identity, task significance, feedback and autonomy that make jobs more motivational. Job enlargement, job rotation and job enrichment can also be used to make jobs more motivational.

3.7.8 Identify potential defectors early

To control staff turnover, potential defectors should be identified. Firstly, stay interviews should be conducted by asking people how they feel about their assignments, company policies, and working environment, whether they feel included or excluded by the corporate culture and what will keep them with the

company (Harvard Business School 2002, p. 83). Secondly, exit interviews aimed at determining the real cause of leaving the organisation should be conducted. Sensitive interviewers can obtain a great deal of useful information about employee's perceptions of personnel policies and practices. It could enhance the employment situation as well as maintaining the leaver's goodwill (Cumming, 1994, p.366).

3.7.9 Be a retention- oriented manager

Managers should not forget their responsibility to assure proper staffing in their unit. It is important to look at how people are managed and how the workflow is scheduled (Harvard Business School, 2006, p. 83).

3.8 OTHER RETENTION STRATEGIES

The retention strategy should be based on an analysis of why people leave. A better method is to conduct attitude surveys at regular intervals. A retention plan should address areas in which lack of commitment and dissatisfaction can arise (Amstrong, 1997; Mathis & Jackson, 2003, pp. 29 -30). These are listed and discussed below.

3.8.1 Provide equitable remuneration

Pay problems arise because of uncompetitive, inequitable or unfair pay systems. According to Mathis and Jackson (2003, p. 29) pay and benefits must be competitive which means they must be close to what other employers are providing and what individuals believe to be consistent with their capabilities, experience and performance.

3.8.2 Create meaningful jobs

Dissatisfaction can arise if jobs are unrewarding in themselves, because they do not provide for task variety, task significance, autonomy or feedback. Hackman and Oldham developed an approach called the job characteristics model in 1975. The job characteristics model determines how jobs can be assigned so that individuals can find fulfillment and regard their work as valuable (Newstrom & Davis, 1997, p.297).

3.8.3 Manage performance and rewards

Employees can be demotivated because they are unclear about their responsibilities or performance standards, are not provided with feedback on how well they are doing or feel that their performance appraisals are unfair. Many individuals expect their rewards to be differentiated from those of others based on performance. That means if an employee receives about the same pay increase and overall pay as others who produce less, are absent more and work fewer hours than themselves, they may feel that the situation is unfair. To strengthen links between organisational and individual performance, firms are using variable pay and incentives programmes. These programmes offer cash bonuses or lump sum payments to reward extra performance

3.8.4 Clarify career opportunities

Dissatisfaction with career prospects is a major cause of resignations. This may be unavoidable- more people now recognise that they need to broaden their experience in a number of organisations. But such wastage can be unnecessary if it is caused by failure of the organisation to keep individuals informed of their career opportunities or to provide them with career development opportunities. Employees should be able to discuss career opportunities within the organisation and career development activities with their managers. Career development and

planning efforts may include formal mentoring programs. Also companies can reduce attrition by showing employees that they are serious about promoting from within.

3.8.5 Recognise good performance

The key to win turnover is valuing all people's contributions to the company, recognising their strength and respecting their ideas (Berta, 2002). Lack of recognition of contributions from employees and rewards for such contributions may also influence the rate of turnover. Employees need to feel that someone cares and that they are an important part of the team.

This recognition need not be in the form of money. It can be either tangible or intangible. Calling the worker into the office and mentioning the good work done is enough (Nene, 2002, p. 30). Tangible recognition comes in many forms such as employee of the month and perfect attendance certificates.

The remedy for these problems identified in section 3.2 is to improve the organisation's systems for recruitment, training and development, performance management and reward. In other words, it is necessary to develop a coherent and integrated approach to the management of people, and this is the essence of human resource management.

3.9 CONCLUSION

The aim of this chapter was to provide an overview of individual, job, organisational and environmental factors that impact on staff turnover. In addition the strategies to manage staff turnover were explained. It has been concluded that retention is an ongoing process that needs to be effectively managed to lower turnover. The next chapter describes the research methodology that was followed in the study and presents the biographical data collected during the survey.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

In chapter three an overview of individual, job, organisational and environmental factors that impact on staff turnover was presented. The theoretical survey also revealed strategies that organisations utilise to prevent staff turnover. The objective of this chapter is to describe the research methodology that was used in the empirical study and to analyse the biographical data obtained during the survey.

4.2 RESEARCH DESIGN

A research design guides the researcher in planning and implementing the study in a way that is likely to achieve the intended goals (Burns & Grove, 2001, p.225). According to Klaas (2007, p.17), quantitative research designs tend to be highly structured and include tight controls to eliminate contaminating influences. In planning a research project it is thus critical that the researcher not only chooses a viable research problem, but should also take into account the kind of data that will be required in investigating the research problem.

Research design, in essence, is the planning of the research study. It is essential to identify resources and procedures that will be followed as well as data that will be gathered with the aim of solving the research problem (Leedey, 2001, p. 91).

There are two main approaches used in gathering and analysing data: the qualitative and quantitative method. The method used in this study was a quantitative approach as the main problem is exploratory in nature. The research

design for this study emerged from identifying the main problem and related sub-problems.

The main problem was:

What factors contribute to staff turnover at selected public hospitals?

An analysis of the main problem resulted in the identification of four sub-problems:

Sub-problem one

What individual, job, organisational and environmental factors impact on staff turnover?

Sub-problem two

What strategies can organisations use to reduce staff turnover?

Sub-problem three

What individual, job, organisational and environmental factors, identified in the resolution of sub-problem one, contribute to high staff turnover among doctors and nurses at Hewu and Bisho Hospitals?

Sub-problem four

What strategies are used at Hewu and Bisho Hospitals to reduce staff turnover?

4.2.1 Actions taken to address the sub-problems

The following broad procedures were adopted to solve the main problem and sub-problems.

In chapter two a theoretical study of staff turnover was conducted, with specific reference to what turnover is, the consequences of staff turnover, the classification and measurement of staff turnover. Also, broad theoretical explanations of staff turnover and the brain drain experienced in the medical field in South Africa were explored.

In chapter three, the literature study was aimed at identifying the individual, job, organisational and environmental factors that contribute to staff turnover. The strategies that can be used to control staff turnover were presented. An interview was conducted with the Chief Executive Officer of Hewu Hospital to get her views on staff turnover. The information obtained from the interview was also used in the formulation of items for the questionnaire which was used in the empirical study. An interview was also conducted with five senior nurses to get their views on factors affecting staff turnover. The responses from this interview were also used in the formulation of items for the questionnaire.

To resolve sub-problems three and four an empirical study was conducted among nurses and doctors from two public hospitals (Hewu and Bisho Hospitals). A questionnaire was used as a data collecting instrument.

4.3 EMPIRICAL STUDY

An empirical study enables the researcher to collect a large amount of information by means of surveys. Polit and Hungler (1999, p. 716) describe a survey as non-experimental research that focuses on obtaining information regarding the activities, beliefs, preferences and attitudes of people through direct questioning of a sample of respondents.

A survey for the study was based on a deductive approach (Pilot & Hungler, 1999, p. 719). In a deductive approach the literature is reviewed in the initial stages of the study and a questionnaire is formulated from that conceptual framework.

In this section, the population, questionnaire, pilot study and research response rate, related to this study, will be discussed in detail.

4.3.1 Population

Burns and Grove (2001, p.83) define population as a group of people who share common traits or attributes of interest to the researcher. The specification of the population to which the enquiry is addressed affects decisions that researchers must make both about sampling and resources. In this study the population consisted of all registered nurses and doctors permanently employed at Hewu and Bisho Hospitals in the Eastern Cape. This included 10 doctors and 134 nurses at Hewu Hospital and seven doctors and 250 nurses at Bisho Hospital.

4.3.2 Sampling

Convenience sampling was used to select the participants in the two selected public hospitals. Convenience sampling involves selecting cases or units for observation as they become available to the researcher (Chepkilot, 2005). A convenience sampling technique was most appropriate for this study as it would not be possible to get access to all the doctors and nurses at both hospitals. Wegner (2001, p. 168) acknowledges that it is not always feasible to collect data on every possible observation in the population. According to Burns and Grove (2001, p.83) a sample is a segment that consists of the same characteristics as the population on whom the study is conducted.

4.3.3. Questionnaire

A questionnaire is a set of prepared questions or measures to which respondents or interviewers record answers (Joseph, Hair, Barriey, Arthur, Money & Phillip, 2003, p.184). Wegner (2001, p.17) stresses the importance of ensuring that the correct research questions are addressed. A well-constructed questionnaire is reliable and valid if the related phases of the research are executed well.

Saunders, Lewis and Thornhill (2003, p.304) state that the layout of the questionnaire should be attractive to encourage the respondent to complete and return it. It should not appear to be too long. The best way of obtaining valid responses to questions is to keep both the visual appearance of the questionnaire and the wording of each question simple.

Questions that could be included in a questionnaire are as follows: multiple choice questions, open ended questions, closed questions, ranking questions and scaled response questions.

The questionnaire used in this study was carefully developed based on the information presented in the literature study. The structure of the questionnaire (the different sections) also corresponds with the structure of the theoretical presentation.

The questionnaire for this study was divided into six sections, namely:

Section A: Biographical data

Section B: Individual factors

Section C: Job factors

Section D : Organisational factors

Section E : Environmental factors

Section F : Retention strategies

At the end of the questionnaire, open-ended questions were posted related to reasons why doctors and nurses leave the hospital, and what strategies are used to retain the services of doctors and nurses at the hospital. The questionnaire is attached as Annexure A.

The design of a questionnaire contributes to its reliability and validity as a measuring instrument.

4.3.3.1 RELIABILITY AND VALIDITY OF THE MEASURING INSTRUMENT

Joseph et al (2003, p.170) define reliability as the extent to which a survey instrument is considered reliable if its repeated application results in consistent scores. Reliability can be determined by means of a test-retest, internal consistency and alternative form (Saunders et al, 2003, p. 309). The test re-test method states that a questionnaire needs to be administered twice to respondents. In this method it is difficult to persuade respondents to answer the same questionnaire twice. In this study, these problems were overcome by making use of a pilot study which served as a type of test-retest method. The responses received from the pilot study were compared to those received for the survey in order to make a judgment about the reliability of the questionnaire.

Internal consistency involves correlating the responses to each question in the questionnaire with responses to other questions in the questionnaire. After administering the questionnaire used in this study, the responses to Sections B to F were statistically tested for internal consistency. The Cronbach alphas for each sub-scale were determined. Reliability is determined by comparing responses to alternative forms of the same question or group of questions (Zikmund, 2000, p.280). Except for environmental factors (Section E), all the other

selected factors that were statistically probed in the analysis obtained a Cronbach's alpha coefficient exceeding 0.70, thus confirming the reliability of the summated scores derived from the individual measuring instruments. Section E obtained a Chronbach alpha of 0.54. It is therefore advisable that the items and results related to environmental factors are considered individually and not as a combined result.

4.3.3.2 Validity

Validity is the degree to which an instrument measures what it is intended to measure and whether it measures the concept accurately (Lobiondo-Wood & Haber, 2002, p.321; Polit & Hungler, 1999, p.717).

There are different ways in which validity can be assessed. According to Joseph et al (2003, p.174), the main methods are content validity; criterion validity; nomological validity; construct validity; convergent validity and discriminant validity.

Content validity refers to whether the items in a measuring instrument reflect the theoretical content of the construct that was being measured (Struwig & Stead, 2001, p. 139). In this study, a thorough theoretical study of staff turnover was conducted and factors that influence staff turnover were identified. These factors were then converted into test items. Content validity can be determined by expert judgement. In this study, experts in the field of organisational behaviour were approached to evaluate the validity of the questionnaire. The high internal consistency coefficient (alpha coefficient) obtained for sections of the questionnaire, as explained in the previous paragraph, hints that the items in the questionnaire are measuring a particular concept or construct.

4.3.4. QUESTIONNAIRE COVER LETTER

The purpose of a questionnaire cover letter is to explain the reasons for the survey. According to Jankowicz (2005, p. 298) the cover letter must contain the following:

A statement of who the researcher is and the institution that is supporting/commissioning the researcher;

A statement of the purpose of the questionnaire;

A request for assistance with the study, which primarily shows how completion of the questionnaire may be of benefit to the respondent;

A statement that the respondent material will be treated responsibly with a brief description of the confidentiality or anonymity and security arrangements that pertain; and

An expression of thanks in anticipation.

These guidelines stated above were followed in designing a cover letter for this study. The cover letter which accompanied the questionnaire used in this study, is attached as Annexure A.

4.3.5 PILOT STUDY

Joseph et al (2003, p.201) perceive the pilot study as a pre-testing using a small sample of respondents with characteristics similar to the target population. No questionnaire should be administered before the researcher has evaluated the likely accuracy and consistency of the responses.

The purpose of a pilot test is to refine the questionnaire so that respondents will have no problem in answering the questions and in recording the data (Saunders et al, 2003, p. 308). Bells (1999) as cited by Saunders et al (2003, p. 309)

suggests that in addition to a self-administering questionnaire a further short questionnaire should be given to the respondent to determine the following:

How long the questionnaire took to complete;

The clarity of the instructions;

Which, if any, questions were unclear or ambiguous

Which, if any, questions the respondent felt uneasy about answering;

Whether in their opinion there were any major topic omissions;

Whether the layout was clear and attractive; and

Any other comments.

According to Saunders et al (2003, p.309) the questionnaire will need to be pilot tested to discover whether:

There are any questions for which visual aids should have been provided;

The respondents have difficulty in finding their way through the questionnaire; and

The respondents are able to record answers correctly.

In conducting a pilot study for this research project, questionnaires were submitted to ten nursing managers from the following departments: Out Patient, Medical and surgical, Maternity, Pediatric and Intensive Care. The nursing managers in each department issued questionnaires to nurses and doctors visiting the department. The participants were requested to complete the questionnaire and comment on the content and structure of the questionnaire. This enabled the researcher to make any amendments that were required and ensured that the questionnaire was relevant to the objective of the research problem.

4.4 ADMINISTERING THE QUESTIONNAIRE

The purpose of administering a questionnaire is to gain access to the sample and to maximise the response rate (Saunders, 2003, p. 310). Hewu and Bisho Hospitals were contacted telephonically and the names of the CEOs were obtained. An appointment was made with the respective CEOs for the pilot study as explained above.

A second appointment was arranged in order to distribute the questionnaires. The researcher personally distributed the questionnaires to both hospitals with the help of the CEOs and nursing managers. The completed questionnaires were personally collected by the researcher. The entire process of administering the questionnaire took four weeks.

4.4.1 RESPONSE RATE

At Hewu Hospital 107 questionnaires were distributed among nurses and doctors and at Bisho Hospital 100 questionnaires were distributed.

Table 4.1 presents the number of questionnaires distributed.

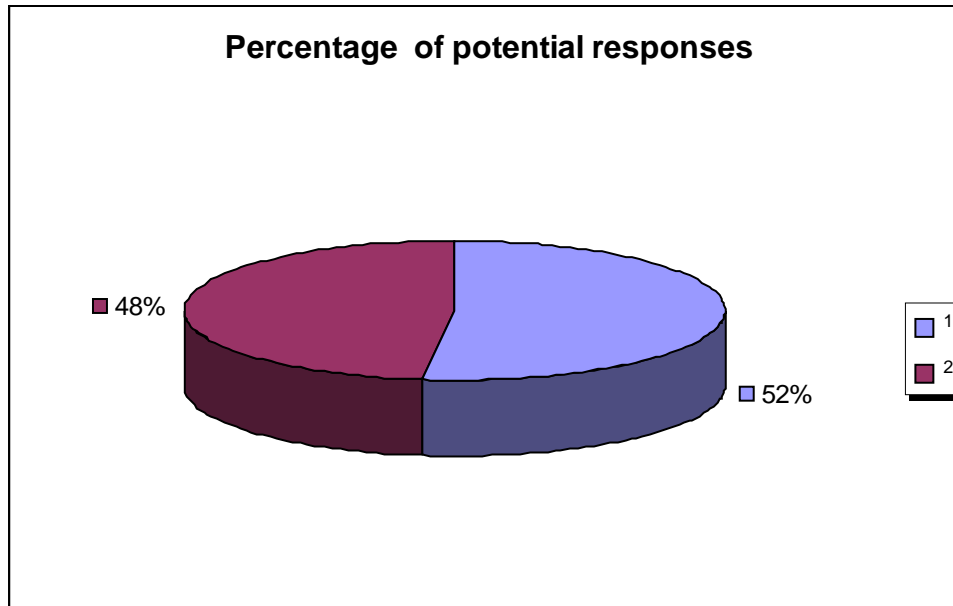
Table 4.1

Number of questionnaires distributed

Hospital	Number of subjects	Percentage (%)
Hewu Hospital	107	52%
Bisho Hospital	100	48%
Total	207	100

Table 4.1 indicates that 107 questionnaires were distributed at Hewu Hospital and 100 questionnaires at Bisho Hospital.

Chart 4.1: Number of questionnaires distributed



1 – Hewu Hospital

2 – Bisho Hospital

Table 4.2 indicates the response rate.

Table 4.2: Response rate

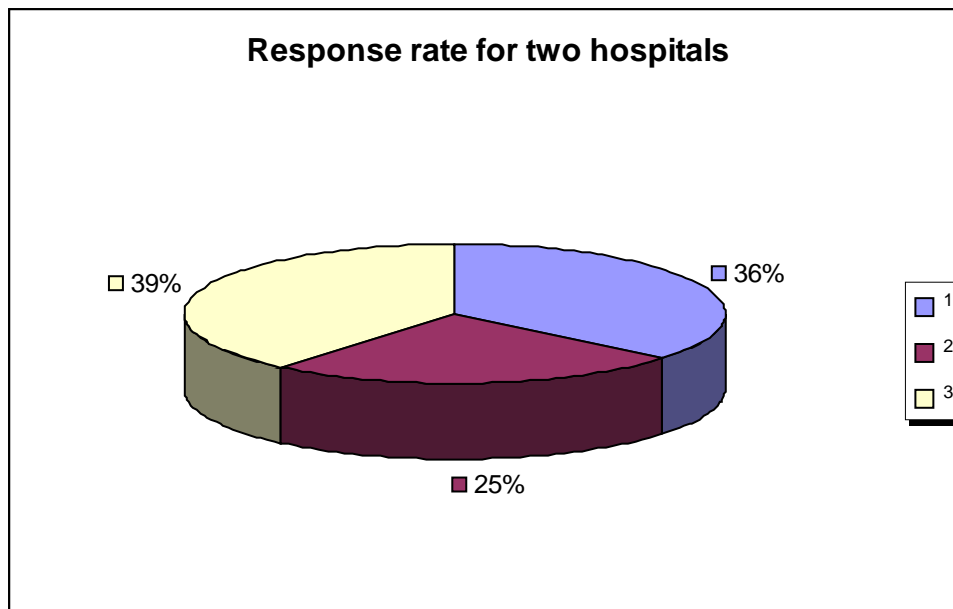
Hospital	Sample No	Response	Percentage (%)
Hewu	107	75	59%
Bisho	100	52	41%
Total	207	127	100%

At Hewu Hospital 75 questionnaires were completed and collected, while at Bisho Hospital 52 questionnaires were completed and collected.

It is therefore evident that a total response rate of 61 per cent was obtained. De Vos et al (2002, p.172) indicate that a 60 per cent response rate is good, while a 70 per cent response rate is excellent. The response rate of 61 per cent received for this study was therefore considered as acceptable.

Chart 4.2 visually illustrates the response rate from the two hospitals and the percentage of unreturned questionnaires.

Chart 4.2: Response rate



1-Hewu

2- Bisho

3-Unreturned

4.5 PRESENTATION AND ANALYSIS OF THE BIOGRAPHICAL INFORMATION

Section A of the questionnaire required that the respondents provide information about themselves, such as rank, gender, age, highest qualification, language,

functional area and length of service. The information contained in section A is presented and discussed below:

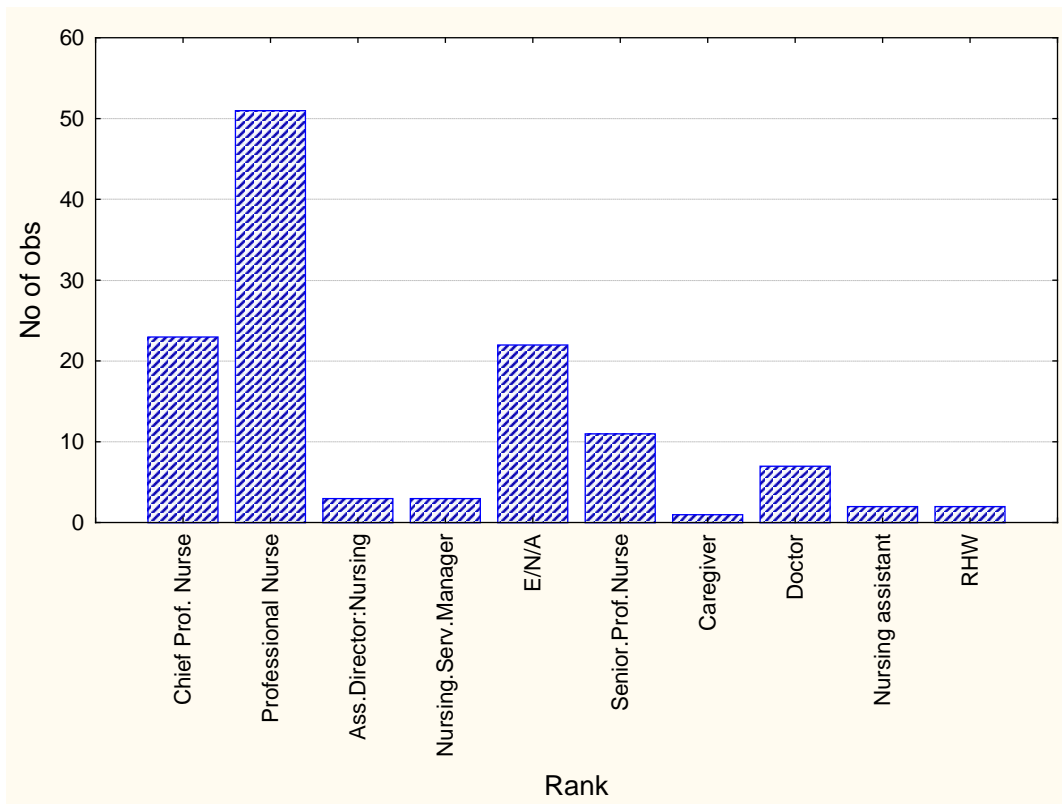
4.5.1 RANK

Question A.1 required of the respondents to indicate their position in the organisation. Responses to this question are presented in Table 4.3 and Chart 4.3. The table indicates both the frequency and the percentage, while the chart only indicates the frequency.

Table 4.3: Responses with regard to rank

Rank	Frequency	Percentage
Chief Prof. Nurse	23	18.4%
Professional Nurse	51	40.8%
Ass. Director: Nursing	3	2.4%
Nursing Serv. Manager	3	2.4%
Enrolled Nurse Assistant	22	17.6%
Senior. Prof. Nurse	11	8.8%
Caregiver	1	0.8%
Doctor	7	5.6%
Nursing assistant	2	1.6%
Registered health worker	2	1.6%
Total	125	100%

Bar chart 4.3: Responses with regard to rank



No of obs - The number of respondents (also called objects)

E/N/A - Enrolled nursing assistant

RHW - Registered health worker

It is evident from both Table 4.3 and Chart 4.3 that most of the respondents (40.8%) were professional nurses or chief professional nurses (18.4%). Only seven doctors returned the questionnaire.

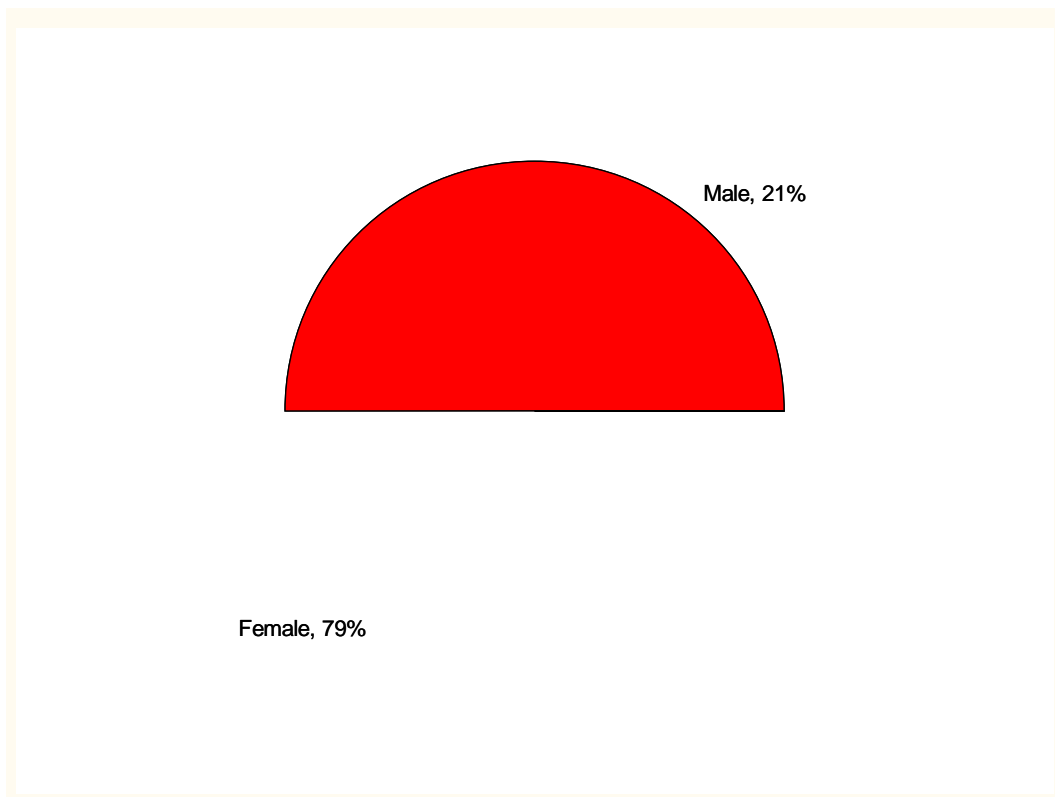
4.5.2 GENDER

Question A.2 required of the respondents to indicate their gender. Table 4.4 and Chart 4.4 present responses received to this question.

Table 4.4: Responses with regard to gender

Gender	Response frequency	Percentage
Male	26	21
Female	98	79
Total	124	100

Chart 4.4: Responses with regard to gender



From Table 4.4 and Chart 4.4 it can be seen that more females (79.0%) than males (21.0%) participated in the survey. This indicates that the nursing industry is still dominated by females. However, both genders were represented.

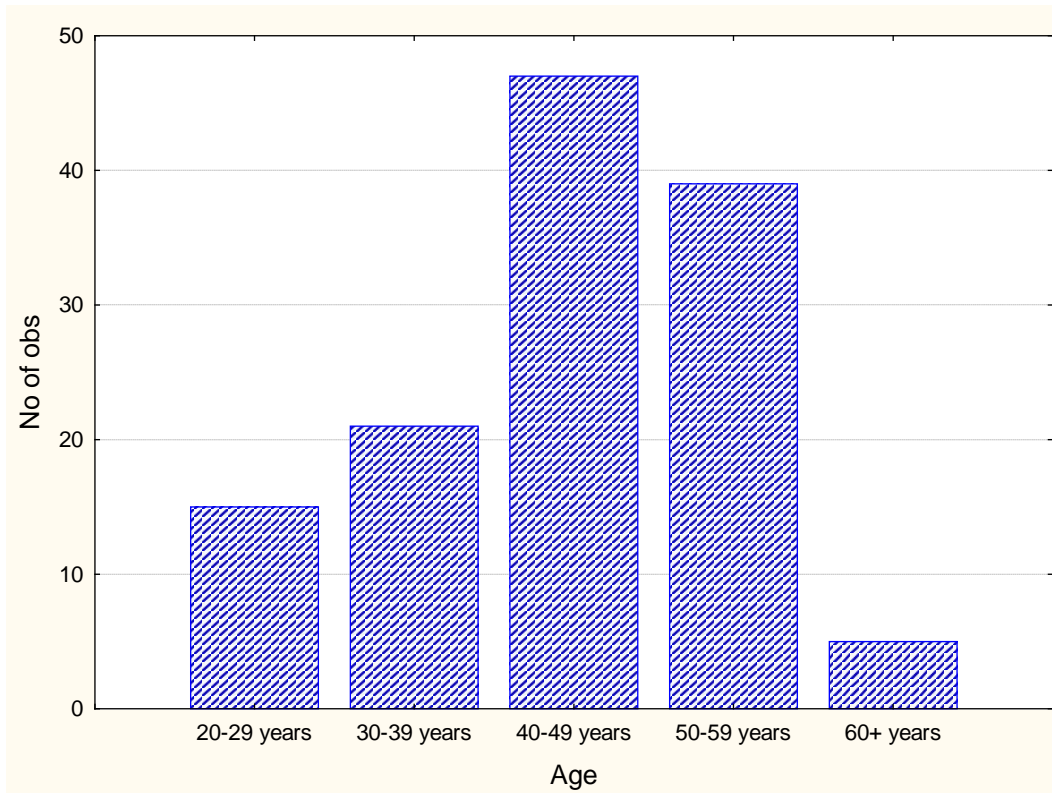
4.5.3 AGE

Question A.3 required of the respondents to indicate their age. Table 4.5 and Chart 4.5 represent responses received to this question. The table indicates response frequency and percentage while the chart indicates response frequency only.

Table 4.5: Responses with regard to age

Age	Response Frequency	Percentage
20 – 29	15	11.8%
30 – 39	21	16.5%
40 – 49	47	37.0%
50 – 59	39	30.7%
60 plus	5	3.9%
Total	127	100%

Chart 4.5: Responses with regard to age



The majority of the respondents, as indicated by Table 4.5 and by Chart 4.5 were between the ages 40-49 (37%) and 50-59 (30.7%) years. This indicates that most of the respondents were relatively older and thus more experienced. This could also indicate that the hospitals included in this study fail to employ or retain a younger workforce.

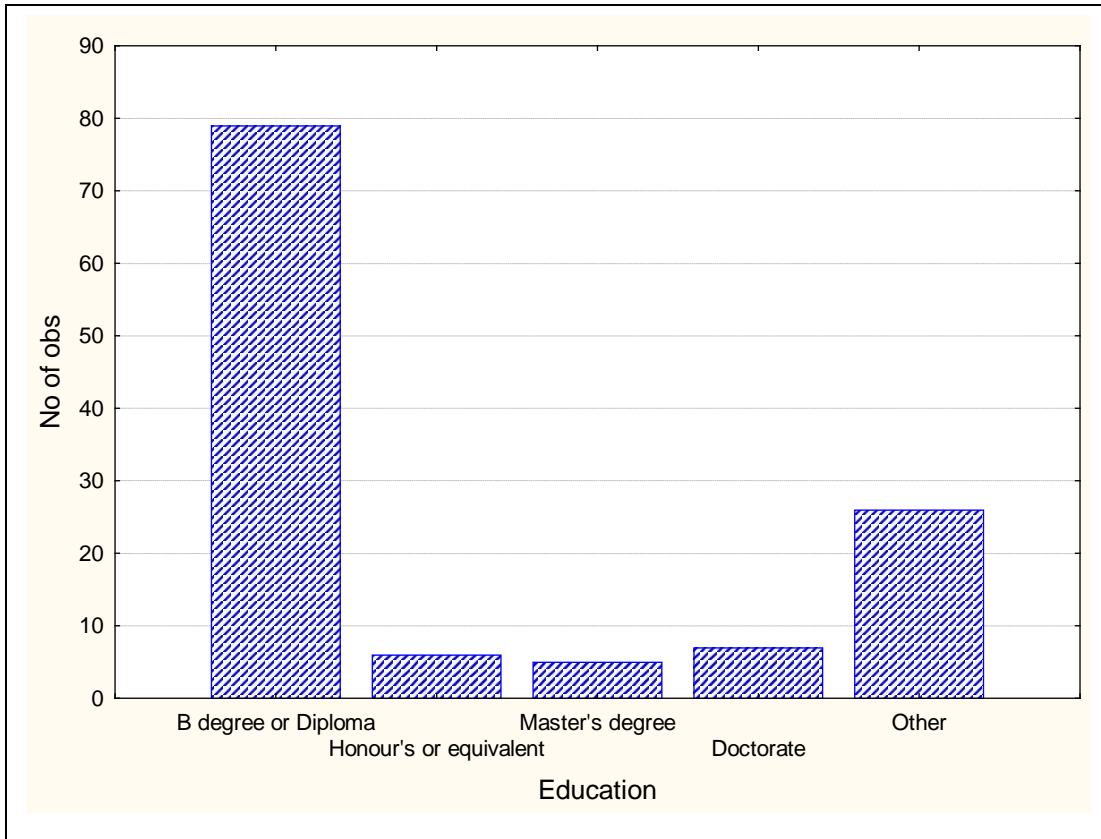
4.5.4 HIGHEST QUALIFICATION

Question A.4 required of the respondents to indicate their highest qualification. Table 4.6 and chart 4.6 present responses received to this question.

Table 4.6: Responses with regard to highest qualification

Highest qualification	Response frequency	Percentage
B.Degree or Diploma	79	64.2%
Honours or Equivalent	06	4.9%
Masters Degree	05	4.1%
Doctorate	07	5.7%
Others	26	21.1%
TOTAL	123	100%

Chart 4.6: Responses with regard to highest qualification



From Table 4.6 and Chart 4.6 it is clear that the majority of the respondents (64.2%) had a bachelor's degree or diploma. Respondents with other qualifications constitute 21.1 percent. Respondents with other qualifications did not specify exactly what qualifications they have.

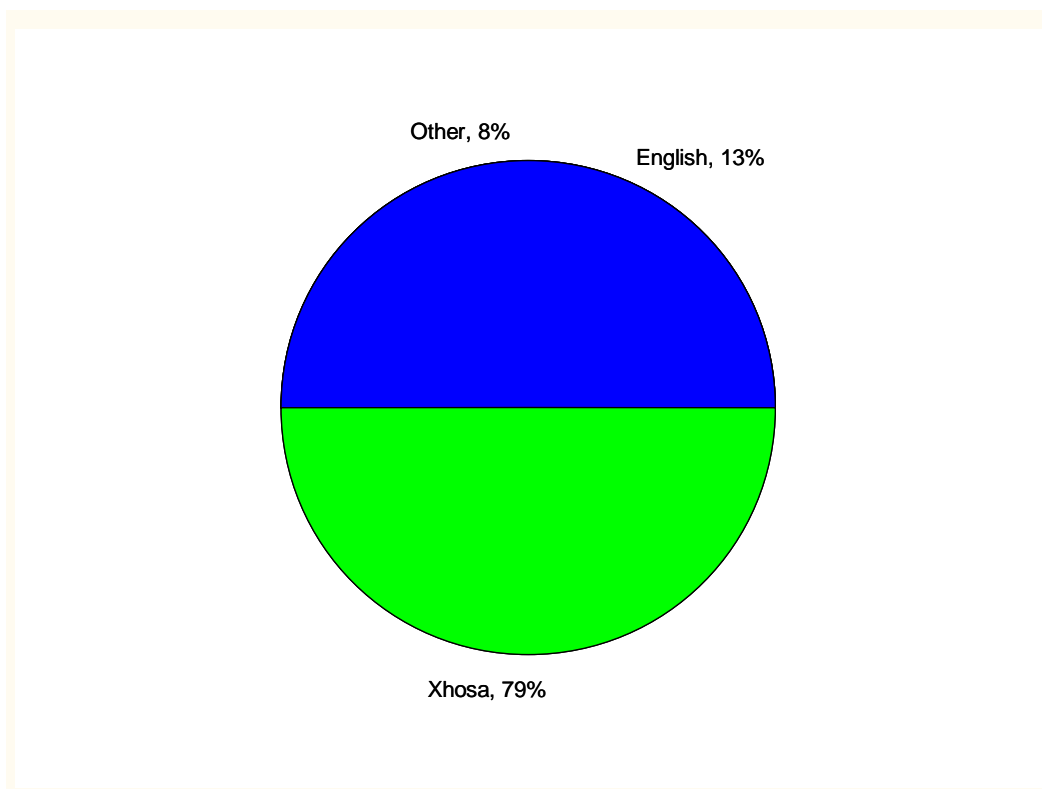
4.5.5 LANGUAGE

Question A.5 required of the respondents to indicate their home language. The results are presented in Table 4.7 and Chart 4.7.

Table 4.7: Responses with regard to home language.

Home language	Response frequency	Percentage
Afrikaans	0	0%
English	16	12.9%
Xhosa	98	79.0%
Other	10	8.1%
Total	124	100%

Chart 4.7: Responses with regard to home language.



It is evident from both table 4.7 and chart 4.7 that most of the respondents were Xhosa speaking (79%) while 13% were English speaking and eight per cent indicated that they had a home language other than English and Xhosa.

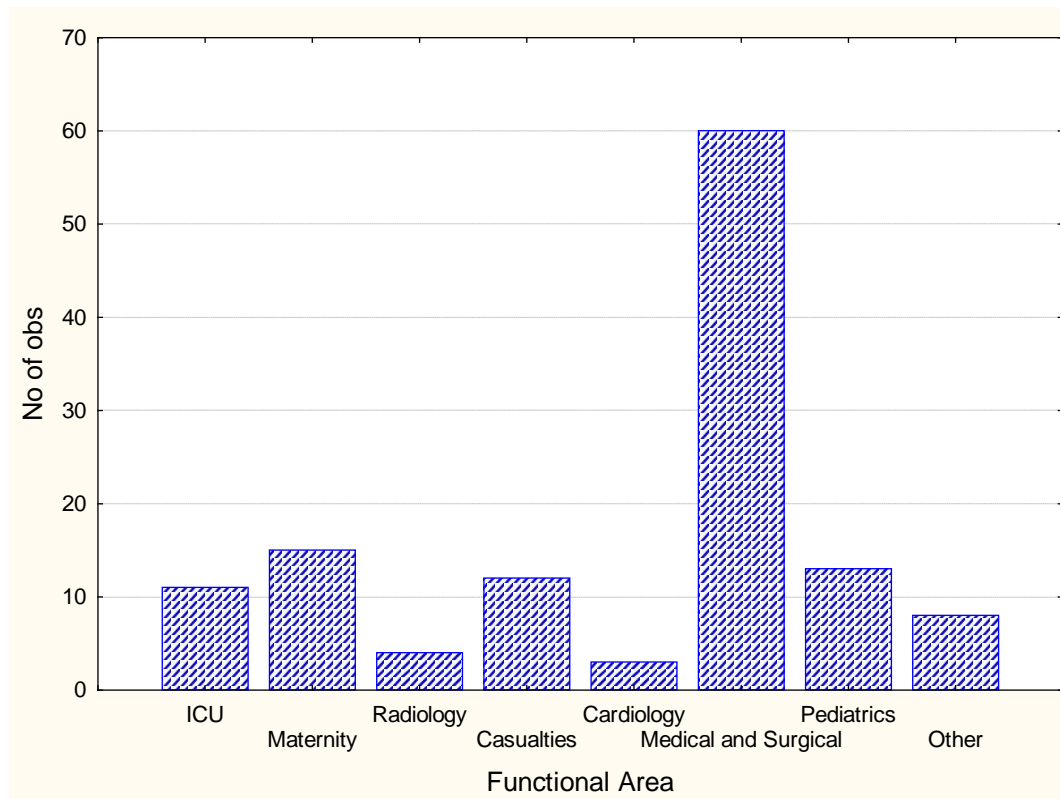
4.5.6 FUNCTIONAL AREA

Question A.6 required of the respondents to indicate in which functional area they were employed. Responses to this question are presented in Table 4.8 and Chart 4.8.

Table 4.8 Responses with regard to functional area

Functional Area	Response Frequency	Percentage
ICU	11	8.7%
Martenity	15	11.9%
Radiology	04	3.2%
Casualities	12	9.5%
Cardiology	03	2.4%
Medical &Surgical	60	47.6%
Pediatrics	13	10.3%
Other	08	6.3%
Total	126	100%

Chart 4.8: Responses with regard to functional area



It is evident from both Table 4.8 and Chart 4.8 that most of the respondents (47.6%) represented the medical and surgical unit. A total of 11.9 per cent of the respondents were from maternity and 10.3 per cent were from pediatrics while another ten percent represented casualties, nine percent of the respondents were from ICU and six percent represented other specialties, while three percent of the respondents were from radiology and two percent were from cardiology. Those who indicated other units, specified pharmacy and dental services.

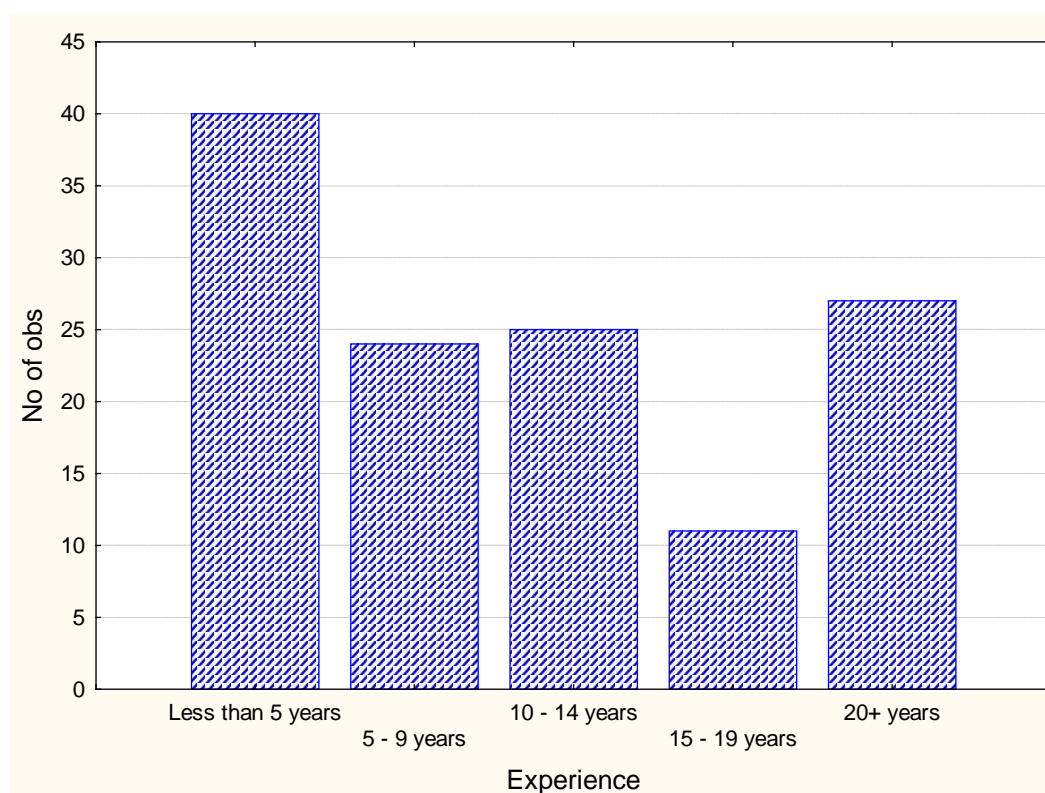
4.5.7 LENGTH OF SERVICE

Question A.7 required of the respondents to indicate the number of years employed at the hospital. Responses to this question are presented in Table 4.9 and Chart 4.9.

Table 4.9: Responses with regards to length of service

Length of service	Response frequency	Percentage
Less then 5 years	40	31.5%
5 – 9 years	24	18.9%
10 – 14 years	25	19.7%
15 - 19 years	11	8.7%
20 plus	27	21.3%
Total	127	100%

Bar chart 4.9: Responses with regards to length of service



The results from table 4.9 indicate that 31,5% of the respondents were employed for less than five years. Twenty-one per cent (21.3%) were employed for more than 20 years, while 19.7 per cent were employed for between 10 years and 14 years. The results suggest that a total of 70 percent of the employees were employed for more than five years, which indicates a relatively stable work force.

4.6 CONCLUDING REMARKS

In this chapter an overview was provided of the methodology that guided the study. The biographical details of the respondents were also analysed. In the following chapter the survey results are reviewed and analysed.

CHAPTER 5

ANALYSIS AND INTERPRETATION OF RESULTS

5.1 INTRODUCTION

In chapter four the research methodology used in this study was discussed. A quantitative survey with a questionnaire as data collecting tool was used. The data collected from section A (biographical data) of the questionnaire was presented and analysed. The aim of this chapter is to present and analyse the data collected from Sections B to F and therefore address sub problems three and four.

Sub problem three

What individual, job, organisational and environmental factors contribute to staff turnover among doctors and nurses at Bisho and Hewu Hospitals?

Sub problem four

What strategies are used at Bisho and Hewu Hospitals to reduce staff turnover?

The results from section B to F of the survey questionnaire are presented in the same sequence as they appear in the questionnaire.

The questionnaire consisted of seven main sections:

Section A: Biographical data

Section B: Individual factors

Section C: Job factors

Section D: Organisational factors

Section E: Environmental factors

Section F: Retention strategies

The questionnaire also made provision for open-ended questions relating to reasons for staff turnover among doctors and nurses at Hewu and Bisho Hospital and strategies that could be used to retain staff.

5.2 QUANTITATIVE ANALYSIS

Sections B to F of the questionnaire were designed according to a Likert-type scale and the respondents had to indicate whether they strongly agreed, agreed, were unsure, disagreed or strongly disagreed with each statement. Numerical values, ranging from five (strongly agree) to one (strongly disagree), were used to enable the quantitative analysis of the results. Descriptive statistics, the Cronbach alpha, independent T-tests and Cohen's d were used to present and analyse the data obtained from the survey. The quantitative analysis of the results from section B to F is presented below.

5.2.1 Descriptive statistics

In this section the descriptive statistics, namely the mean scores and standard deviations, for Sections B to F are presented.

5.2.1.1 Section B (individual factors)

Section B of the questionnaire contained statements related to individual factors that could potentially impact on staff turnover.

Grobler et al (2006), Nel et al (2003, p. 505) and Van Der Merwe & Miller (1993) indicate that individual factors such as age, length of service and personality could impact on staff turnover.

Table 5.1 presents the descriptive statistics for Section B.

TABLE 5.1
MEANS AND STANDARD DEVIATIONS OF SCORES FOR SECTION B
(INDIVIDUAL FACTORS)

		Bisho Hospital			Hewu Hospital		
		N	Mean	Std D	N	Mean	Std D
1	I see my job as a calling.	51	4.5	0.83	76	4.8	0.69
2	I consider my personality as suitable for the medical profession	51	4.5	0.64	76	4.8	0.57
3	It is important to me personally that I do my job very well	51	4.8	0.39	76	4.9	0.44
4	I feel I am making a valuable contribution to the life of people who live in this area	50	4.7	0.45	75	4.8	0.52
5	I am known as an employee who is organised, on time and reliable	51	4.6	0.56	75	4.8	0.51

An analysis of the mean and the standard deviation of the variables in section B revealed an aggregate mean of 4.6 for Bisho Hospital and 4.8 for Hewu Hospital. All the mean scores for the variables in this section were above four, indicating that respondents strongly agreed on all the statements in this section. The standard deviation indicated that the spread of results was relatively narrow, ranging between 0.4 to 0.8 for Bisho and 0.4 to 0.7 for Hewu Hospital. The low standard deviation (less than 1) indicates that there was agreement among respondents in terms of their responses to the statements in this section.

The results suggest that the respondents were, in terms of individual and personality factors, well suited for the kind of jobs that they were employed in, and that a fit between the person and the job existed.

5.2.1.2 Section C (Job factors)

Section C of the questionnaire contained statements related to job factors that could potentially impact on staff turnover.

Job factors that influence staff turnover include workload, meaningful work, working conditions, remuneration, relationship with supervisor, relationship with co-workers, empowerment and autonomy (Luthans, 2002, pp. 121-122). Table 5.2 presents the descriptive statistics for Section C.

TABLE 5.2**MEANS AND STANDARD DEVIATIONS OF SCORES FOR SECTION C (JOB FACTORS)**

		Bisho Hospital			Hewu Hospital		
		N	Mean	Std D	N	Mean	Std D
1	I am paid fairly for the work I perform.	49	3.0	1.31	76	1.7	1.19
2	My manager discusses my performance with me.	51	3.2	1.03	75	2.1	1.15
3	My job provides me with the opportunity to develop my talent.	50	3.7	1.00	75	2.6	1.27
4	I am clear of what is expected of me.	50	4.4	0.67	76	3.5	1.31
5	My manager motivates me to do a good job.	51	3.5	1.01	73	3.0	1.28
6	I cope well with my workload.	50	3.7	1.05	72	2.5	1.49
7	I understand how my job contributes to the achievement of the organisations goals.	48	4.0	0.62	76	3.1	1.16
8	My needs are taken into consideration at work.	51	2.9	1.15	72	2.2	0.9
9	The work that I do is challenging.	47	4.0	0.99	72	3.1	1.33
10	The physical working conditions are conducive to achievements.	50	3.2	1.02	74	2.5	1.14
11	I am provided with the necessary resources to complete my task successfully.	51	2.4	1.04	76	2.4	1.10

12	I get recognition for my performance.	51	2.9	1.8	76	2.2	1.06
13	My job entails a variety of tasks and is therefore interesting.	49	3.6	1.04	74	2.7	1.30
14	I am responsible for making important decisions in my job.	50	3.7	0.90	76	3.0	1.28
15	I have job security.	51	3.3	1.7	75	2.7	1.24
16	My colleagues are supportive.	51	3.7	0.86	75	3.8	5.96
17	My department is adequately staffed.	48	2.3	1.17	75	2.4	1.24
18	My job allows me to grow professionally.	49	3.5	1.12	74	2.8	1.26
19	Organisational policies related to my job are adequately communicated to me.	49	3.1	1.08	75	2.6	1.19
20	The organisation is doing a good job of ensuring that its employees are members of a relevant professional association.	51	3.0	1.12	76	2.8	1.08
21	Employees are encouraged to occupy official positions such as being a committee member or office bearer in a professional association.	51	2.7	0.91	76	2.9	1.19

An analysis of the mean and standard deviation of variables in section C revealed an aggregate mean of 3.2 for Bisho and 2.7 for Hewu Hospital. This suggests a tendency towards unsure on all statements in Section C.

The standard deviation indicated that the spread of results was relatively narrow ranging between 0.62 to 1.3 for Bisho and 0.9 to 1.3 for Hewu Hospital.

The standard deviation for both hospitals is very low and indicates that the respondents were in agreement in terms of the way they responded to the statements in this section.

Statements that received high mean scores (agree) were, in terms of Bisho Hospital, statements four (I am sure of what is expected of me), seven (understand how my job contributes to organisational goals) and nine (the work is challenging). For Hewu Hospital, none of the statements elicited high mean scores.

Statements that received a low mean score (less than 2.5), indicating disagree responses, were, for Bisho Hospital, statements 11 (I receive adequate resources to complete my job) and 17 (my department is adequately staffed) and for Hewu Hospital statements one (I am paid fairly), two (my manager discusses my performance with me), eight (my needs are taken in consideration), 12 (recognition for performance) and 17 (department adequately staffed).

It is evident that respondents from both Bisho and Hewu Hospitals felt that their respective hospitals were understaffed. The respondents from Hewu Hospital highlighted some management issues, such as performance management, recognition and the satisfaction of personal needs.

5.2.1.3 Section D (Organisational factors)

Section D of the questionnaire contained statements related to organisational factors that could potentially impact on staff turnover. Organisational factors that can potentially impact on staff turnover include the organisational culture, organisational climate, communication, empowerment, promotional opportunities, corporate management, geographical location, training and development and organisational commitment (Newstrom & Davis, 1997, p. 102; Jooste, 2003, pp. 181-182; Tappen, 2001, p. 160; MacFarland, 2002, p.589; Fielding, 2001, p.37).

Table 5.3 presents the descriptive statistics for Section D.

TABLE 5.3
MEANS AND STANDARD DEVIATIONS OF SCORES FOR SECTION D
(ORGANISATIONAL FACTORS)

		Bisho Hospital			Hewu Hospital		
		N	Mean	Std D	N	Mean	Std D
1	The culture of the organisation encourages medical personnel to be committed to the organisation .	50	3.3	1.00	76	2.6	1.15
2	Organisational leaders build a multicultural climate that welcome and accommodate people of different backgrounds.	50	3.3	1.05	76	2.9	1.14
3	My manager encourages team work.	51	3.7	0.39	76	3.1	0.44
4	There is an open communication in the organisation	49	3.2	1.05	69	2.8	1.26
5	There is a feeling of trust among organisational members.	51	3.0	0.81	75	2.7	1.10
6	I feel committed to the hospital where I am working.	49	3.6	0.84	76	3.2	1.30
7	I find that my personal values and the values of the hospital are very similar.	49	3.4	1.00	75	2.7	1.18

8	I feel proud to work at this hospital.	49	3.2	1.15	76	2.8	0.91
9	I give a positive view of the hospital to outsiders.	47	4.0	0.99	72	3.1	1.33
10	There is a high morale among members of the organisation.	50	3.1	0.73	76	2.7	0.89
11	I believe that the management of the hospital is doing their best to manage the hospital well.	51	3.0	1.04	76	2.7	1.10

An analysis of the mean and standard deviation of the variables in section D shows an aggregate mean of 3.3 for Bisho and 2.8 for Hewu Hospital. This indicates that the respondents indicated that they felt unsure about the statements in this section. The standard deviation for Bisho Hospital ranges from 0.4 to 1.15 and 0.44 to 1.33 for Hewu Hospital. This indicates that the respondents only marginally disagreed about the statements.

For Bisho Hospital three statements showed a tendency towards agree and strongly agree. These are statements three (My manager encourages teamwork), six (I feel committed to the hospital where I am working), and nine (I give a positive view of the hospital to outsiders). These results show that respondents from Bisho Hospital exhibited a positive attitude towards the organisation and demonstrated organisational citizenship behavior, by giving a positive view of the organisation to outsiders (statement 9).

5.2.1.4 Section E (Environmental factors)

Section E of the questionnaire contained statements related to environmental factors that could potentially impact on staff turnover

Environmental factors that have an effect on staff turnover are geographical location, environmental turbulence, metropolitan area size, competition in the market place, economic conditions and support organisations (QuaEnoo, 2001; Grobler et al, 2006, p. 127).

Table 5.4 presents the descriptive statistics for Section E.

TABLE 5.4:
MEANS AND STANDARD DEVIATIONS OF SCORES FOR SECTION E
(ENVIRONMENTAL FACTORS)

		Bisho Hospital			Hewu Hospital		
		N	Mean	Std D	N	Mean	Std D
1	The brain drain is affecting staff turnover among nurses and doctors at the hospital.	51	2.0	0.82	75	4.0	1.31
2	I am considering finding a job overseas.	50	3.2	1.41	76	3.1	1.42
3	I enjoy working in this area of South Africa.	50	3.6	1.21	76	3.9	1.26
4	I am considering applying for a job at another hospital in South Africa.	49	2.8	1.45	76	1.8	1.09
5	Employees stay in their jobs because it is hard to find another job.	51	3.6	1.37	76	3.1	1.64
6	I would prefer working in a bigger city rather than here.	51	2.8	1.30	75	2.2	1.58
7	I am well settled in this area.	51	3.3	1.30	75	2.2	1.58

8	I will accept almost any type of job assignment in order to keep working in this hospital.	51	2.8	1.30	75	2.9	1.23
9	I am willing to put in an above normal effort to help this hospital succeed.	51	3.7	0.96	76	3.1	1.36
10	Some medical personnel leave to go to a place where there are better educational opportunities for their children.	51	2.1	1.08	75	2.1	1.17
11	Some medical personnel leave to find a safer place to stay.	50	2.1	0.9	76	2.1	1.21
12	Some medical personnel leave to go to a place with better working conditions.	51	2.5	1.05	76	2.4	1.32
13	I am not considering leaving my job.	51	3.8	0.94	76	2.8	1.61

In section E an aggregate mean was not calculated because the Cronbach alpha test, discussed in the next section, revealed a low alpha score (0.54) which indicates that a lack of consistency exists among these statements.

The data in Table 5.4 reveals that respondents at Bisho Hospital (mean 2) felt that the brain drain (statement 1) had less of an effect on staff turnover than respondents from Hewu Hospital (mean score 4).

In statement 3, respondents from both hospitals agreed that they enjoyed working in the area where their hospital was located (Bisho mean score 3.6 and Hewu mean score 3.9).

In statement 4, the respondents at Bisho Hospital indicated that they were unsure of whether they were considering applying for a job at another hospital in

South African, while respondents from Hewu Hospital (mean score 1.8) disagreed that they were considering accepting a job elsewhere in South Africa.

In statement 5, the respondents at Bisho Hospital (mean score 3.6) agreed that employees stayed in their jobs because it was hard to find another job while respondents from Hewu felt unsure about this statement (mean score 3.1).

In statement 7, the respondents at Bisho Hospital indicated that they were unsure of whether they were settled in their area while respondents from Hewu Hospital indicated the disagreement with the statement.

In statement 9, the respondents at Bisho Hospital indicated that the respondents agreed with the statement that they are willing to put in an above normal effort to help their hospital succeed while respondents at Hewu were unsure with the statement.

In statement 10, it is evident that respondents from both Bisho and Hewu Hospitals indicated disagreement with the statement that some medical personnel leave to go to a place where there are better educational opportunities for their children.

In statement 11, it is evident that respondents from both Bisho and Hewu Hospitals indicated disagreement with the statement that some medical personnel leave to find a safer place to stay.

In statement 13, the respondents at Bisho Hospital showed that they agreed with the statement that they were not considering leaving their job, while respondents at Hewu Hospital were unsure of whether or not they were considering leaving their jobs.

For Bisho Hospital, the standard deviations varied from 0.82 to 1.45 and for Hewu Hospital the standard deviations varied from 1.09 to 1.64. This showed more variation in terms of the responses received, indicating that the respondents were not in agreement with their responses to some of the statements. The results should therefore be read with caution, as they might not be indicative of how most respondents felt.

5.2.1.5 Retention Strategies

Section F of the questionnaire contained statements related to retention strategies that can be used to reduce staff turnover.

Organisations that are recruiting for retention hire employees based on the new employment contract that recognises new realities in the work place (McKeown, 2002, p. 125).

Table 5.5 presents the descriptive statistics for Section F.

TABLE 5.5
MEANS AND STANDARD DEVIATIONS OF SCORES FOR SECTION F
(RETENTION STRATEGIES)

		Bisho Hospital			Hewu Hospital		
		N	Mean	Std D	N	Mean	Std D
1	Management are making plans to ensure that there are enough medical personnel employed at the hospital.	51	2.8	1.01	76	2.5	1.28

2	Management tries their best to ensure that employees will not leave the organisation.	50	2.7	1.07	76	2.4	1.15
3	Management actively address the shortage of nurses and doctors.	49	2.9	1.03	76	2.4	1.25
4	Management carefully select and employ people who are well suited for the job.	51	3.1	0.98	75	3.1	1.05
5	Only medical personnel who have the necessary skills are employed	51	3.2	1.18	76	3.2	1.02
6	Flexible working arrangements are offered to attract and retain medical personnel.	48	2.6	1.12	75	2.7	1.05
7	The hospital management addresses the work related issues of dissatisfied staff.	50	2.5	1.15	76	2.5	1.22
8	A professional climate is created where respect is shown to medical personnel.	51	2.9	1.10	74	2.9	1.07
9	New staff receive adequate orientation to help them settled down.	49	3.3	1.02	76	2.4	1.22
10	New staff receive adequate on the job training.	49	2.9.	0.93	75	2.5	1.22
11	A climate of participation in decision-making is created.	50	2.5	1.105	76	2.4	1.32
12	Staff loyalty to the hospital is recognized.	51	2.5	1.05	76	2.4	1.32
13	Medical personnel are recognised for the effort they put into the hospital.	51	2.9	1.07	75	2.7	1.19

An analysis of the mean and standard deviation of the variables in section F revealed an aggregate mean of 2.8 for Bisho and 2.6 for Hewu Hospital. It is evident that the respondents indicated a tendency towards unsure with regard to statements in this section. The standard deviations for Bisho ranged between 0.9 to 1.18 and for Hewu Hospital between 1.02 to 1.32. The standard deviations for both hospitals were higher than those obtained for other sections, indicating that responses to this section were more spread out, and probably including more agree and disagree responses. The results suggest that the management of the respective hospitals could benefit from giving attention to the statements in this section.

In summary, the above descriptive analysis showed that, except for individual factors, all the other factors could have a negative impact on staff turnover at the two hospitals included in this study.

Interpretation of responses to open-ended questions

The questionnaire included the following open-ended questions:

In your view what are the reasons for doctors leaving the hospital?

In summary, 40 percent of the respondents shared the following information pertaining to the above question :

Poor management

Heavy work load

Lack of facilities

A declining health service

Inadequate living conditions and

Salaries

In your view what are the reasons for nurses leaving the hospital?

A total of 21percent of the respondents revealed that nurses are leaving because of :

Salary

Health related reasons

Work load

Personal reasons

Lack of resources

Looking for green pastures and security reasons

In your view what can be done to retain (keep) doctors at the hospital?

Forty percent of the respondents indicated that management should employ more doctors, supply more facilities, increase salaries, provide adequate living conditions and that management should improve their skills.

In your view what can be done to retain (keep) nurses at the hospital?

Twenty one percent of the respondents indicated that management should increase salaries, employ more nurses, provide more resources, promotions should be given and flexible time should be provided.

5.3 THE CRONBACH ALPHA

The Cronbach alpha is a statistical test used to determine the internal consistency and reliability of the statements or statements used in a questionnaire. It is generally accepted that values greater than 0.7 are an indication of acceptable internal reliability (Saunders et al, 2003, p.310).

Table 5.6 presents the descriptive statistics for Section F

TABLE 5.6
THE CRONBACH ALPHA ANALYSIS FOR SECTION F.

FACTOR	Number of statements	Alpha	Average inter-statement correlation
Individual	5	0.79	0.50
Job	22	0.84	0.32
Organisational	11	0.87	0.39
Environmental	13	0.54	0.10
Retention	13	0.89	0.40

Table 5.6 shows that all the factors obtained alpha values above the minimum acceptable level of 0.7, except the environmental factors, which obtained a Cronbach alpha value of 0.54. It can therefore be concluded that there is internal consistency among the statements in Sections B, C, D and F of the questionnaire.

The statements in Section E (environmental factors) did not correlate strongly (alpha 0.54) and consequently it was not desirable to calculate one score for the statements under the heading "Environmental factors". As a result, it was decided to first conduct a factor analysis for the scores obtained in this section to identify sub-factors that could be used in an analysis and comparison of average scores for all the sections. This analysis and comparison of these factors is presented in paragraph 5.5.

5.4 FACTOR ANALYSIS OF STATEMENTS IN SECTION E (ENVIRONMENTAL FACTORS)

It was mentioned earlier that the internal consistency among statements in Section E was low and that consequently an average score for the statements in the section could not be calculated. A factor analysis was therefore done on the statements in Section E (environmental factors) to identify sub-factors that could potentially impact on staff turnover. The Varimax rotated factor-loading matrix is presented in Table 5.7. For purposes of this analysis, the scoring of a number of negative statements had been reversed. These include statements 2, 4, 5, 6, 10, 11 and 12. In Table 5.7, an 'r' for 'reversed' had been added at the end of each statement that had been reversed.

TABLE 5.7:

VARIMAX ROTATED FACTOR LOADING

Factor loadings (Verimax normalized)					
		Factor 1 Pull factors	Factor 2 Stay factors	Factor 3 Push factors	Factor 4 Stay in S.A
2	I am considering finding a job overseas (r)	0,19	0,02	0,20	0,54
3	I enjoy working in this area of South Africa	-0,14	0,13	-0,21	0,40
4	I am considering applying for a job at another hospital in south Africa. (r)	0.04	0.24	0.79	0.11
5	Employees stay in their jobs because it is hard to find another job (r)	0.01	-0.13	0.38	-0.08
6	I would prefer working in a bigger city rather than here (r)	0.40	0.32	0.51	0.08
7	I am well settled in this area	0.13	0.59	-0.15	0.51

8	I will accept almost any type of job assignment in order to keep working for this hospital	0.12	0.67	0.04	0.18
9	I am willing to put in an above normal effort to help this hospital succeed	-0.03	0.72	0.06	-0.02
10	Some medical personnel leave to go to places where there are better educational opportunities for their children (r)	0,64	-0.14	0.13	0.20
11	Some medical personnel leave to find a safer place to stay (r)	0.94	-0.01	-0.02	0.10
12	Some medical personnel leave to go to a place with better weather conditions (r)	0.72	0.27	-0.03	-0.24
13	I am not considering leaving my job	-0.20	0.38	0.33	-0.02

Sub-factors that emerged from this analysis were labeled Pull (statements 6, 10, 11 and 12), Stay (statements 7, 8, 9 and 13), Push (statements 4, 5 and 6) and Stay in South Africa (2, 3 and 7), consistent with the findings of the theoretical study.

Pull factors are factors that attract a person to join a particular organisation, for example fringe benefits, working conditions and the culture of that organisation (Mondi, 2002,p.27).

Push factors are factors that are the reasons for leaving a particular organisation such as poor interpersonal relations or a lack of financial rewards (Mondi, 2002, p.27).

While the reliability of the statements in Section E was too low to enable the calculation of a combined score for this section, the above factor analysis revealed four sub-factors (Pull, Stay, Push and Stay in SA) that could be used in

lieu of environmental factors for a comparison with the total scores of each of the different sections.

5.5 DESCRIPTIVE STATISTICS – ANALYSIS OF TOTAL SCORES

The descriptive statistics of the total scores (Table 5.8) present the mean, median, minimum, maximum and standard deviation scores obtained for each section, and the sub-factors that were identified under Section E (environmental factors).

TABLE 5.8

DESCRIPTIVE STATISTICS OF TOTAL SCORES

Factors	Valid N	Mean	Median	Minimum	Maximum	Std. Dev
Individual	125	4.7	5.0	2.4	5.0	0.4
Job	99	2.9	2.8	1.2	4.6	0.7
Organisation	109	3.0	3.0	1.0	4.8	0.8
Pull	125	2.2	2.0	1.0	5.0	0.9
Stay	125	3.1	3.3	1.0	5.0	0.9
Push	124	2.6	2.7	1.0	5.0	1.1
Stay in SA	125	3.5	3.5	1.0	5.0	1.0
Retention	116	2.7	2.6	1.0	4.6	0.7

Individual factors obtained the highest mean score. The respondents felt that they did have the necessary personal attributes to fit into their jobs, and that individual factors would, in this case, not be a determining factor in staff turnover. Job, organisational, three of the sub-environmental factors (stay, push and stay in SA) and retention factors obtained mean scores that indicated a tendency towards ‘unsure’ responses. These are therefore areas that should be

addressed by the management of the hospitals in their quest to control staff turnover. The sub-factor pull obtained a low mean score of 2.2 indicating a tendency towards 'disagree' responses. The standard deviations for all the factors are low, indicating relative agreement among respondents in terms of their responses. The median scores correspond closely with the mean scores, supporting the interpretation of the mean scores.

5.6 COMPARISON OF SCORES OF BISHO AND HEWU HOSPITALS

Independent sample t tests were conducted to compare the responses from the two hospitals on the factor scores. In addition, Cohen's d was calculated to indicate whether differences between the two hospitals had practical significance. Practical significance implies that the differences between the scores obtained from the two hospitals are large enough to justify the attention of the hospital management.

Table 5.9
Comparisons for two hospitals.

Factors	Mean Bisho	Mean Hewu	T-value	Df	P	Valid N Bisho	Valid N Hewu	Std.Dev Bisho	Std.Dev Hewu	Cohen's d
Individual	4.7	4.8	-1.89	123	0.0612	50	75	0.4	0.4	0.3
Job	3.3	2.6	5.32	97	0.0000	39	60	0.5	0.7	1.1
Organisation	3.4	2.8	4.02	107	0.0001	46	63	0.6	0.8	0.8
Pull	2.2	2.2	0.44	123	0.6619	50	75	0.8	1.0	0.1
Stay	3.5	2.9	3.45	123	0.0008	51	74	0.8	1.0	0.6
Push	3.1	2.4	3.70	122	0.0003	49	75	1.1	1.0	0.7
Stay in SA	3.4	3.5	-0.28	123	0.7834	49	76	1.2	0.9	0.1
Retention	2.8	2.6	1.62	114	0.1071	46	70	0.7	0.7	0.3

Statistically significant differences at the 5 percent level ($p\text{-value} < 0.05$) were found between the scores from the two hospitals for the following factors: job, organisational and environmental sub-factors Stay and Push.

Cohen's d is calculated as the difference between the two means divided by the pooled standard deviation. It gives an indication of the practical meaning of the differences found. The Cohen's d for job and organisational, and environmental sub-factors stay and push, are in the region of 0.8 or higher, indicating that these differences are meaningful enough to be further investigated. The results show that in terms of the abovementioned factors the responses from Bisho Hospital were generally more positive than those received from Hewu Hospital. However, the mean scores indicated that the factors were nevertheless problematic at both hospitals.

5.7 CONCLUSION

In this chapter, the statistical analysis and results from the empirical study were reviewed and analysed. These included descriptive statistics, the Cronbach alpha coefficient, factor analysis of environmental factors, analysis of total scores and comparisons of scores for both hospitals. Chapter six will provide a summary of the main findings and present conclusions and recommendations.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this final chapter, the main findings of the study are summarised and conclusions are drawn. The limitations of the study are discussed and, based on the results of the study, recommendations are suggested. Suggestions for further research are also given.

6.2. SUMMARY OF THE STUDY

The main problem that prompted the study was the high rate of staff turnover among doctors and nurses at government hospitals.

The main problem and sub problems are restated below to indicate what actions were taken to resolve each problem.

What factors contribute to staff turnover at government hospitals?

An analysis of the main problem provided identification of the following sub-problems.

Sub-problem ONE

What individual, job, organisational and environmental factors impact on staff turnover?

A review of relevant literature led to the identification of individual, job, organisational, and environmental factors that impact on staff turnover. Individual factors included personality, age and length of service. Job factors include relationship with the supervisor, content of the job, working conditions, remuneration and developmental opportunities. Organisational factors included are organisational culture, cultural diversity, organisational climate and organisational communication. Environmental factors included are geographical location, environmental turbulence, metropolitan area size, competition in the market place, economic conditions and support organisations . An interview was also conducted with the chief executive officers from Hewu hospital to gain additional insight into the factors that could contribute the staff turnover among doctors and nurses in government hospitals.

Sub-problem TWO

What strategies can organisations use to reduce staff turnover?

A literature study was conducted to identify strategies organisations could use to retain employees and thus reduce staff turnover. These strategies, as discussed in chapter three, include getting people off to a good start, creating a great environment with bosses whom people respect, sharing information, giving people as much autonomy as they can handle and challenging people to stretch.

Sub-problem THREE

What individual, job, organisational and environmental factors, identified in the resolution of sub-problem one, contribute to staff turnover among doctors and nurses at Bisho and Hewu hospitals.

To resolve this sub-problem, a survey among doctors and nurses at Hewu and Bisho Hospitals was conducted. A questionnaire was developed based on the results of the information presented in chapter three of the study and the interview conducted with the chief executive officer at Hewu Hospital and five senior nurses. The methodology used in the study and the analysis of the biographical data were presented in chapter four. Chapter 5 provided an analysis and interpretation of results.

The results suggested that individual factors, such as personality and fit between the person and the job, were not likely factors to predict staff turnover among the respondents as they felt they had the right personality and characteristics to be successful in their jobs, and they saw their jobs as a mission. However, the respondents indicated many job, organisational and environmental factors that could impact on staff turnover.

Respondents from Bisho Hospital indicated satisfaction with some job factors, while respondents from Hewu Hospital felt mostly unsure about the statements presented in this section. Respondents from both hospitals felt that their respective hospitals were understaffed.

The respondents from Bisho Hospital demonstrated, through their responses, commitment and organisational citizenship behaviour, and also indicated that teamwork was encouraged. The responses from Hewu Hospital, in terms of organisational factors, were undecided (unsure). An analysis of the responses of the Section: Environmental factors, once again demonstrated commitment on the

side of respondents from Bisho. Respondents from Hewu Hospital felt that the brain drain did impact on staff turnover. However, respondents from both hospitals indicated that they enjoyed working in the areas that they were employed in. Respondents from Bisho indicated that they were not planning to leave their jobs, while respondents at Hewu Hospital were undecided (unsure).

Significant differences were found between the responses from Bisho and Hewu Hospitals in terms of job, organisational and environmental sub-factors Stay and Push. The scores from Bisho Hospital were more positive in terms of these factors (higher aggregate mean scores).

Sub-problem FOUR

What strategies are used at Hewu and Bisho Hospitals to reduce staff turnover?

In terms of the retention strategies employed by the hospitals (Section F), the respondents indicated that they were unsure of whether management actively addressed staff turnover and the appropriate selection of new personnel, whether new staff were oriented and trained, and whether loyalty and effort were recognised. These results are congruent with those obtained from Sections C to D, indicating many job and organisational factors that could be addressed by management. It is also congruent with the information obtained through an interview with the Chief Executive Officer at Hewu Hospital, which revealed that the hospital did not have a formal strategy to retain staff.

A comparison between the results obtained from Bisho and Hewu Hospitals revealed some significant and practical differences, especially in terms of job and organisational factors that affected staff turnover.

6.3 RECOMMENDATIONS

The study would not be complete without making recommendations.

It is recommended that the hospitals continue employing people who are well trained and who perceive their jobs as a calling. This will ensure a fit between the person and the job, which is the first requirement for the retention of personnel. Organisations should not only employ to fill a job but also consider a fit between the person and the organisation.

In terms of job factors, it is recommended that the management of the hospitals give attention to both hygiene factors and motivators. Where the management does not have more leverage to affect the remuneration of nurses and doctors, they should continue to lobby with the government to improve the working conditions of medical personnel.

Management should give attention to those factors that they can control, including communication with staff, fair treatment, recognition for effort and performance, participation in decision making, providing support and encouragement, and training and developing staff to prepare them for promotion and enhanced responsibility. In addition, it is recommended that a continuous performance management programme be instituted so that employees will have clarity on what is expected of them, that their performance is monitored and recognised and that they get opportunities to develop themselves. Such a programme will require well trained supervisors.

In terms of organisational factors, it is recommended that management should give attention to these factors that they can control. For example, management have to understand that people are different and appreciate those differences. They differ in terms of nature, time orientation and relationship to nature. Since health care organisations are characterised by cultural diversity at local, national,

continental and global level, they need leaders who are culturally sensitive. Leaders should assess whether or not the dominating culture accommodates racial minorities, women and other cultural strangers.

Management should support staff members by providing appropriate training on cultural diversity. They should send staff to programs such as cultural diversity workshops to create awareness of the ways in which biases are related to race, ethnicity, country of origin, age and gender and how this can affect working with others. Management should assign exemplary individuals who are culturally sensitive to mentor new employees, especially those who are culturally different.

In terms of environmental factors, it is recommended that the management do an analysis of the environment to avail themselves of the factors that pull people towards and push people away from the hospital or area. Based on the results, strategies should be developed to overcome limitations. This could include requesting the local municipalities and the education department to improve facilities and schools in the environment. An organisational culture of acceptance and encouragement could also compensate for limitations in the environment.

In summary, it is suggested that the management of the hospitals, in addition to governmental representatives, and representatives from other state hospitals have a strategic meeting to identify actions that can be taken, within a specific timeframe, and under clear leadership, to attract and retain nurses and doctors at state hospitals.

6.3.1 RECOMMENDATIONS PERTAINING TO HUMAN RESOURCE STRATEGIES

The hospitals need to have strategic human resources recruitment and a retention plan. The Chief executive officer of the Hewu Hospital indicated that the

hospital did not have a retention plan in place. According to Jooste (2003, p. 192) and Forrier and Sels (2003), the following retention strategies are recommended:

Orientation and socialisation

A human resources department has to make it a point that a new comer is oriented during the early stages of employment so as to encourage socialisation among other employees. The early stages of employment are most critical because these are the stages where most employees feel that they are neglected and alone.

Training and development

Employees should be given training to improve their skills as most respondents indicated that they did not receive adequate training on the job. It is through training that public hospital managers will be able to create a motivating climate in public hospitals that will enable employees to maximise their potential.

Recognition

Employees should be recognised for the contribution they make to the organisation. Most respondents indicated that they are not given recognition for the work they are performing. Management has to establish or set up a recognition program for its employees. Recognition can take any form, not only in monetary terms. When an employee has achieved something, a supervisor can call him or her to an office to congratulate the person. Meetings can also be utilised to make others aware of their colleague's achievements. Publications on in-house notice boards, news letters and journals may also help. Employees who obtain higher qualifications should be given more challenging work. This would ensure that the acquired skills are utilised to the benefit of organisation.

Succession plans

Management should have a succession plan such as a pool of suitable candidates. These people should be interviewed for a post that might exist in the near future but those candidates must not be placed in the organisation, they will be called when the need exists.

Flexible benefits

Flexible benefits that are available to help employees to balance work and life demands should be provided and communicated to the employees.

Climate of participation in decision making

Management should involve their employees when they make decisions. Once you involve people in decision-making they will be willing to exert more effort because they were part and parcel of the decision that has been taken and that will increase their level of commitment in the organisation.

Regular survey

Regular surveys should be conducted to established employee –needs as well as to measure their perceptions regarding their jobs.

Promotion

Opportunities for promotion should be provided. This might include, if there are no posts available to promote valuable employees to, giving an employee a new title that reflects the level of work he or she has achieved.

Conditions of Service

This involves moving a step further from basic conditions of employment to a more personal level which involves the environment in which people work. This means providing work equipment and facilities so that employees can do their work more easily. Favourable conditions of service has a tremendous effect on the level of pride of employees and the work they are doing.

6.4 OTHER FINDINGS FROM INTERVIEWS

In addition to the strategies for retaining employees, the chief executive officer revealed the following:

Management is experiencing staff turnover at the hospitals more particularly with nurses than doctors. The managers also revealed that they normally conduct exit interviews. Based on those exit interviews they have found that employees are leaving because of:

Salary

Healthy related reasons

Work load

Personal reasons

Lack of resources

Looking for green pastures and security reasons

Nurses and doctors don't leave their profession but they go to other institutions like Frere Hospital and Queenstown Private Hospital

6.5. AREAS FOR FUTURE RESEARCH

The study was restricted to two hospitals, namely Bisho and Hewu Hospitals. The study could be extended to include hospitals in metropolitan areas and the public sector in other areas of the Eastern Cape.

The study was primarily aimed at nurses and doctors who are permanently employed by the hospital. Future research could include nurses and doctors who have already left the services, who will shed more light on their experience regarding reasons for turnover, as well as strategies that can be implemented to enhance retention.

It was noticed in the study that staff from Bisho Hospital indicated commitment and organisational citizenship behaviour. Further research could be conducted to determine levels of organisational citizenship behaviour and factors that contribute to it.

6.6. PROBLEMS AND LIMITATIONS

The main problem experienced by the researcher was the refusal by some respondents to complete the questionnaire. Some respondents were not willing to cooperate even after they were shown a letter that gave permission to the researcher to conduct the study at the respective hospitals. The process of collecting the questionnaire proved to be challenging because some respondents failed to complete the questionnaire on time and the researcher spent a considerable amount of time visiting the hospitals to follow up on the collection of the questionnaires. Despite this, an adequate number of questionnaires were returned to make the study valid. In addition, not enough doctors participated in the study to make a comparison between the responses of doctors and nurses viable.

6.7. CONCLUSION

South Africa is currently experiencing a skills shortage, especially in the medical field, and especially in government hospitals. It is often reported that doctors and nurses are dissatisfied with their working conditions, and are lured to private organisations and organisations overseas. The study established that doctors and nurses at Hewu and Bisho Hospitals felt that they were well suited for their jobs, but that there were many job and organisational factors that were not adequately addressed. These could lead to a high rate of staff turnover. It was also found that little attention was given to retention strategies to retain employees.

It is clear that organisations should have a human resource strategic plan in order for them to effectively select and retain talent and to provide training and development of employees. Institutions need to invest in the training and development of their employees to better equip them with skills and implement strategies to reduce turnover and retain employees. It would be advisable that the information presented in this study be put to good use not only for the present, but also for future development. Finally Hewu and Bisho Hospitals are therefore encouraged to adopt and implement a retention strategy to improve the job and organisational related factors in order to enhance efficiency and effectiveness in service delivery.

COVERING LETTER

APPENDIX 1



14 October 2008

Dear Dr/Sir/Madam

SURVEY OF STAFF TURNOVER AT A SELECTED GOVERNMENT HOSPITAL

I am currently in the process of writing my dissertation for the completion of a Masters degree in Technology (Human Resource Management) under the auspices of the Faculty of Business and Economic Sciences at the Nelson Mandela Metropolitan University. The purpose of this questionnaire is to investigate factors contributing to labour turnover amongst doctors and nurses at public hospitals.

It will be appreciated if you could answer all the questions in the attached questionnaire. The questions relate to how individual, job, organisational and environmental factors impact on staff turnover. It should not take more than fifteen minutes of your time and we want to thank you in advance for your cooperation.

By not placing your name on the questionnaire your responses are kept anonymous and no one will be able to identify you as a respondent in this study.

Please return the questionnaire not later than 30 October 2008 to your relevant supervisor or directly to Mrs S.V Mdingela – Majova.

Your Sincerely

Mrs Sindiswa Victoria Mdingela- Majova
RESEACHER

Dr. Amanda Werner
RESEARCH SUPERVISOR

SURVEY QUESTIONNAIRE

APPENDIX 2

SECTION A : BIOGRAPHICAL DATA

Please supply the following information by making an “X” in the appropriate block where the options are provided.

A.1 What is your rank?

Professional nurse	
Senior professional nurse	
Chief professional nurse	
Nursing service manager	
Doctor	
Assistant director: Nursing Services	
Other, please specify	

A.2 What is your gender?

Male	
Female	

A. 3 What is your age group?

20-29	
30-39	
40-49	
50-59	
60+	

A.4 Please indicate your highest qualification

Bachelor's degree or Diploma	
Honour's degree or equivalent	
Master's degree	
Doctorate	
Other, including clinical speciality. Please specify:	

A.5 What is your home language?

Afrikaans	
English	
Xhosa	
Other (please specify)	

A.6 In which functional area do you work?

ICU	
Maternity	
Radiology	
Casualties	
Cardiology	
Medical and Surgical	
Pediatrics	
Other, please specify:	

A.7 How long have you been working for at this hospital?

Less than 5 years	
5 - 9 years	
10 -14 years	
15 - 19 years	
20 +	

SECTION B: INDIVIDUAL FACTORS

Please indicate the extent to which you agree with each statement by putting an "X" in the appropriate block.

	Individual factors	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	I see my job as a calling	5	4	3	2	1
2	I consider my personality as suitable for the medical profession	5	4	3	2	1
3	It is important to me personally that I do my job very well	5	4	3	2	1
4	I feel I am making a valuable contribution to the life of people who live in this area	5	4	3	2	1
5	I am known as an employee who is organised, on time and reliable	5	4	3	2	1

SECTION C: JOB FACTORS

Please indicate the extent to which you agree with each statement by putting an “X” in the appropriate block.

	Job factors	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	I am paid fairly for the work I perform	5	4	3	2	1
2	My manager discusses my performance with me	5	4	3	2	1
3	My job provides me with the opportunity to develop my talent	5	4	3	2	1
4	I am clear of what is expected of me	5	4	3	2	1
5	My manager motivates me to do a good job.	5	4	3	2	1
6	I cope well with my workload	5	4	3	2	1
7	I understand how my job contributes to the achievement of the organisation's goal	5	4	3	2	1
8	My needs are taken into consideration at work	5	4	3	2	1
9	The work that I do is challenging	5	4	3	2	1
10	The physical working conditions are conducive to achievement	5	4	3	2	1
11	I am provided with the necessary resources to complete my task successfully	5	4	3	2	1
12	I get recognition for my performance	5	4	3	2	1
13	My job entails a variety of tasks and are therefore interesting	5	4	3	2	1
14	I am responsible for making important decisions in my job	5	4	3	2	1
15	I have job security	5	4	3	2	1
16	My colleagues are supportive					
17	My department is adequately staffed	5	4	3	2	1
19	My job allows me to grow professionally	5	4	3	2	1
20	Organisational policies related to my job are adequately communicated to me	5	4	3	2	1
21	The organisation is doing a good job of ensuring that its employees are members of a relevant professional association	5	4	3	2	1
22	Employees attend conferences and meetings (local, regional and national) organised by professional associations	5	4	3	2	1
23	Employees are encouraged to occupy official positions such as being a committee member (office bearer) in professional associations	5	4	3	2	1

SECTION D: ORGANISATIONAL FACTORS

Please indicate the extent to which you agree with each statement by putting an “X” in the appropriate block.

	Organisational factors	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	The culture of the organisation encourages medical personnel to be committed to the organisation	5	4	3	2	1
2	Organisational leaders build a multi cultural climate that welcomes and accommodate people of different backgrounds	5	4	3	2	1
3	My manager encourages team work	5	4	3	2	1
4	There is a open communication in the organisation	5	4	3	2	1
5	There is a feeling of trust among organisational members					
6	I feel committed to the hospital where I am working	5	4	3	2	1
7	I find that my personal values and the values of the hospital values are very similar	5	4	3	2	1
8	I feel proud to work at this hospital	5	4	3	2	1
9	I give a positive view of the hospital to outsiders	5	4	3	2	1
10	There is a high morale among members of the organisation					
11	I believe that the management of the hospital is doing their best to manage the hospital well	5	4	3	2	1

SECTION E: ENVIRONMENTAL FACTORS

Please indicate the extent to which you agree with each statement by making an “X” in the appropriate block

	Environmental factors	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	The brain drain is affecting labour turnover among doctors and nurses at the hospital	5	4	3	2	1
2	I am considering finding a job overseas	5	4	3	2	1
3	I enjoy working in this area of South Africa	5	4	3	2	1
4	I am considering applying for a job at another hospital in South Africa	5	4	3	2	1
5	Employees stay in their jobs because it is hard to find another job	5	4	3	2	1
6	I would prefer working in a bigger city rather than here	5	4	3	2	1
		Strongly agree	Agree	Unsure	Disagree	Strongly disagree
7	I am well settled in this area	5	4	3	2	1
8	I will accept almost any type of job assignment in order to keep working for this hospital	5	4	3	2	1
9	I am willing to put in an above normal effort to help this hospital succeed	5	4	3	2	1
10	Some medical personnel leave to go to a place where there are better educational opportunities for their children	5	4	3	2	1
11	Some medical personnel leave to find a safer place to stay	5	4	3	2	1
12	Some medical personnel leave to go to a place with better weather conditions	5	4	3	2	1
13	I am not considering leaving my job	5	4	3	2	1

SECTION F : RETENTION STRATEGIES

Please indicate the extent to which you agree with each statement by making an “X” in the appropriate block.

	Retention strategies	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1	Management are making plans to ensure that there are enough medical personnel employed at the hospital	5	4	3	2	1
2	Management tries their best to ensure that employees will not want to leave the organisation	5	4	3	2	1
3	Management actively addresses the shortage of nurses and doctors	5	4	3	2	1
4	Management carefully select and employ people who are well suited for the job	5	4	3	2	1
5	Only medical personnel who have the necessary skills are employed	5	4	3	2	1
6	Flexible working arrangements are offered to attract and retain medical personnel	5	4	3	2	1
7	The hospital management addresses the work related issues of dissatisfied staff	5	4	3	2	1
8	A professional climate is created where respect is shown to medical personnel	5	4	3	2	1
9	New staff receive adequate orientation to help them settle down	5	4	3	2	1
10	New staff receive adequate on the job training	5	4	3	2	1
11	A climate of participation in decision making is created	5	4	3	2	1
12	Staff loyalty to the hospital is recognised	5	4	3	2	1
13	Medical personnel are recognised for the effort they put into the hospital	5	4	3	2	1

Please answer the following open ended questions:

In your view what are the reasons for nurses leaving the hospital?

In your view what are the reasons for doctors leaving the hospital?

In your view what can be done to retain (keep) nurses at the hospital?

In your view what can be done to retain (keep) doctors at the hospital?

THANK YOU VERY MUCH FOR YOUR KIND CO-OPERATION !

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