AN INVESTIGATION OF TURNOVER AND RETENTION FACTORS OF HEALTH PROFESSIONAL STAFF WITHIN THE EASTERN CAPE DEPARTMENT OF HEALTH

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ABSTRACT

Health Professionals are critical in the provision of health services, more especially when it comes to nurses who are next to the patient most of the time. It is critically important for the Eastern Cape Department of Health to ensure that skilled health professionals such as doctors, pharmacists, nurses and the like are retained and the staff turnover regarding this category of staff is appropriately managed.

The difficulty to attract and retain health professionals is negatively affecting service delivery in the Eastern Cape department of Health and leaves the department with an unacceptably high vacancy rate. This often put more of a burden on to the health professionals who remain within the organization. Some of them will end up leaving the organization. There is a great shortage of health professionals in South Africa and it becomes easier for the health professionals to get employment elsewhere, particularly in the private sector which appears to have a competitive advantage as compared to the public sector.

In this study, both quantitative and qualitative methods were used to gather information through the utilization of a questionnaire and interviews were conducted mainly to confirm the results obtained. The results of the study have assisted to reflect factors that could be influencing the health professionals to leave health facilities of the Eastern Cape Department of Health. The respondents were drawn from the two areas within the Health Department, and these are, Mthatha and Port Elizabeth areas. One hundred (100) questionnaires were issued to the health professionals and sixty three responded. Documents that were received from the department were helpful in determining the turnover rate.

The study has revealed that the Eastern Cape Department of Health may succeed in retaining the health professionals if they can be made to feel that their

job is important. It appears that health professionals would like to be given enough opportunity to perform their functions and participate in the decision making processes of the department. Some factors may be contributing to the staff turnover and these are, lack of career opportunities to develop, challenges in the workplace, conflict with the management and colleagues. It is always important for the organizations to recognize its employees by giving them space to practice their profession and create a comfortable workplace that could have an impact in influencing the employee to remain within the organization. Employee turnover can be minimized, if employees can be exposed to a healthy workplace environment that will assist if fostering happiness, and in the process, enhance their motivation.

It is imperative for the Eastern Cape Department of Health to focus on the training and development of its employees in order to increase the efficiency and competitiveness. As the employees gain the necessary skills to perform their job, productivity may improve. The performance of the employees should be properly managed, and the resultant incentives and rewards must be fairly distributed. This could promote harmony in the workplace and that could help in building relationships among employees. If employees are satisfied, there is an increased chance that they will stay within the organization and it becomes difficult for other competitors to attract them. Employees must be given adequate space to participate in the decision making processes of the organization, and by doing so, their loyalty to the organization could be increased.

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DECLARATION

I, Masibulele Mrara, hereby declare that this dissertation is my own work and that sources of information that have been utilized in this study were acknowledged. This dissertation has not been submitted for the purpose of assessment to any other university.

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LIST OF ACRONYMS

UK	United Kingdom
ECDoH	Eastern Cape Department of Health
HRM	Human Resources Management
ELHC	East London Hospital Complex
OR	Oliver Reginald
PSR	Public Service Regulations
OSD	Occupational Specific Dispensation
SAHR	South African Health Review
HST	Health Systems Trust
EC	Eastern Cape
MDG	Millennium Development Goals
BCSA	Basic Conditions of Employment Act
PE	Port Elizabeth
HPCSA	Health Professions Council of South Africa
SANC	South African Nursing Council
PERSAL	Personnel and Salary System
DHS	District Health Services
HMS	Hospital Management Services
HPTD	Health Professional Training and Development
CPD	Continuing Professional Development
HR	Human Resources
PMDS	Performance Management and Development System
MEC	Member of the Executive Council
CHC	Community Health Centre
EMS	Emergency Medical Services

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

The majority of South African public health facilities are unable to retain health professionals such as doctors, pharmacists, nurses and the like. The Eastern Cape Health Department has a problem with employees who are leaving the hospitals and attempts by the organization to deal with the challenge are seemingly not successful. Shortage of qualified staff and competition between the public and private sector as well as developed countries such as United Kingdom (UK) and Australia seem to be contributing to the current state of affairs. Furthermore, it appears that the public service has not managed to develop effective strategies to keep them in service. Hospitals, Community Health Centres and clinics are experiencing a shortage of health professionals, for example, in the Eastern Cape Department of Health annual report (2006/07) recruitment and retention of health professionals has been cited as a challenge and a constraint that is impacting on service delivery. In the Sunday Times (2009), it was stated that health workers are fed up with their shabby treatment and the state of the health sector hence the doctors were tempted to leave the country. Staff turnover is costly as some of the health facilities are forced to use the current employees to work excessive overtime and the recruitment costs are high. It appears that the Eastern Cape Department of Health (ECDoH) is negatively affected by lack of effective retention strategies and employee turnover, hence the need for this research, For example, the annual reports of the department reflects that the turnover rate is 10.2% but when it comes to health professionals, the average is 36.7% (Annual Report 2007/08).

An organization should be able to retain employees in order to prevent challenges such as the expenditure associated with staff turnover. The Society for Human Resources Management estimated that it costs 3 500 dollars to replace an employee who is paid 8 dollars per hour, if the costs of recruiting,

interviewing, hiring, training, reduced productivity and the like, were considered (Blake, 2006). According to Shaw, Delery, Jenkins and Gupta (1998: 512) economics research indicates that investments in the human capital of an organization, such as pay and benefits, reduce voluntary turnover as long as the people are happy. Turnover doesn't have to happen, if the people are given what they want for them to stay (Hodge, 2002). Strategic HRM research also suggests that commitment-enhancing HRM systems reduce turnover. In a survey conducted by Microsoft in 2002, people were asked what they were looking for in a job (Furlonger, 2003). Surprisingly the results showed that rewards (i.e. salary and benefits) were only ranked fourth. Top of the list was the ability to work in a great team, followed by career development and then having a good manager. Health organizations are required to utilize specific retention methods that suit them in order to minimize negative consequences to employees and patients.

High staff turnover can negatively impact on patient care. Therefore, if the ECDoH is unable to retain its health professionals for which the provision of health services is relied upon, then health services in the province will be negatively affected. The health service is facing challenges that are caused by a number of factors such as the chronic shortage of staff, which is affecting service delivery plans, for example, the public sector has an average of twenty-six per cent (26%) of the doctors as compared to seventy-four per cent (74%) in the private sector (Health Systems Trust, 2001).

1.2 THE EASTERN CAPE HEALTH SERVICES

The core business of the ECDoH is to render health services in the entire Province and the departmental documents such as strategic plans, vision, and programs utilized for marketing and the like, normally reflects the purpose of its existence. Health professionals constitute about two thirds of the departmental staff complement to serve about eighty per cent (80%) of the population. The Eastern Cape Province is mainly rural and most people (70%) live in rural areas

(ECDoH Strategic Plan, 2005/10) but most health professionals work in urban areas although certain health professionals working in rural areas are getting allowances of between 8 and 22% of their basic salary. Nurses working in rural areas are getting an additional 12% of their basic salary and doctors are receiving additional 22% of their basic salary, therefore the basic salary difference between a doctor who is working in Mthatha (rural) and Port Elizabeth (urban) is 22% (Public Health and Welfare Sectoral Bargaining Council, 2004). Health professionals, more especially nurses, doctors and pharmacists, are the backbone of Health Department when it comes to the provision of proper healthcare services. Health services cannot be provided without health professionals. It is important for the Eastern Cape Health Department to recruit and retain health professionals in order to maintain and improve the quality of healthcare services provided to the Eastern Cape communities. The difficulty to retain health professionals such as doctors, nurses, pharmacists and the like, affects the core business of the organization, which is to provide health services.

1.3 IMPLICATIONS OF EMPLOYEE TURNOVER IN THE DEPARTMENT

The Eastern Cape Health Department Head Office is based in Bisho with a number of facilities spread across the Province. Buhler (2002) states that organizations are particularly concerned about the number of employees who leave to accept another job whereas, if the organization had developed better retention strategies, these workers might have stayed. Knowing that some turnover is natural, a company must still take proactive measures to hold this number down as much as possible. It appears that organizations are finding it difficult to retain employees, and the ECDoH seems to be one of them. The vacancy rate in certain areas could be as a result of turnover and lack of appropriate retention strategies. The Department of Health is currently faced with a challenge of staff retention. A survey conducted by Schoonraad and Radebe (2005) depicts that the vacancies in most of the programs in provincial departments of health vary between 25% and 45%. There is a great shortage of

doctors in the public service and rural provinces such as Eastern Cape are the most affected, for example, The World Health Organization recommends an average ratio of eight doctors to every 10 000 people – about three times more doctors than what South Africa have at the moment (Sunday Times, 2009). In the East London Hospital Complex (ELHC), one of the Eastern Cape's referral hospitals, has only two full-time psychiatrists attending to about 12 455 outpatients a year, excluding in-patients, outreach and community services (Sunday Times, 2009). This illustrates that in terms of the ratio, the WHO recommends about 1:1250 whereas in the East London Hospital the ratio is 1:6227. However, it appears that the Department has not adequately considered addressing the employee turnover problem as the data obtained from Human Resources Directorate reflects that an average vacancy rate for health professionals is above fifty per cent. It shows that Mthatha Hospital Complex has managed to fill 1553 posts for health professional and 1967 posts are vacant, whereas Port Elizabeth filled 2023 posts, with 2401 posts being vacant. The reasons why employees are leaving the organization still have to be determined.

Bursaries have been offered by Eastern Cape Department of Health to students who are studying towards obtaining health related qualifications so that they can serve the department after qualifying, but it appears that this is inadequate as some of these health professionals are prepared to refund the departmental costs, instead of serving. Furthermore, the higher institutions of learning cannot accommodate the demand for health professions hence the Eastern Cape Department is sending some of the students to Cuba in order to study medicine (Health Systems Trust, 2001). According to Levin (2006), although South Africa has now moved to democracy, in theory, everyone should have access to education and to acquire skills, but the backlog still exists. Coupled with this skills shortage, is a high level of employee turnover. These high turnover levels in turn negatively influence the morale of the remaining employees. There is more demand for the health professionals as compared to the supply.

Because of the impact of staff turnover on service delivery, the Health Department and its managers have a responsibility to improve their response to the challenges that are currently experienced and this begins with understanding what keeps people in employment and what may prompt them to leave the organization. It is possible that the rate of staff turnover may differ from one area to another. As a result, an urban and a rural district were the sites of the research, namely the Nelson Mandela District and the O R Tambo district, respectively. It appears that the prevailing circumstances in the rural areas are contributing to the challenge of staff retention as many health professionals leave the rural districts after a short period of employment. Seemingly, health professionals are more willing to work in urban areas as compared to rural ones. Makhubu (2006) states that the staff turnover in rural areas is attributed to difficult working conditions such as poor infrastructure and isolation of rural clinics, worsening a general exodus of healthcare professionals from rural communities to developed urban centres. However, this claim needs to be further investigated to establish if it is indeed the case in the Eastern Cape Department of Health (ECDoH), and if so, what reasons underlie urbanization. The ECDoH (2006) strategic plan reflects that one of the challenges of the Department is the recruitment of health professionals and managers in various areas. However, the operational plan lacks specifics in terms of actions or mechanisms that will be implemented to deal with the problems. The researcher wants to find out the intentions of the health professionals to stay within the Eastern Cape Department of Health and those employees who may leave the department and to make recommendations that could be included in such a strategy.

The prevalence of HIV / AIDS has put more of a burden on the nurses in the health facilities due to an increase in the number of critically ill patients. Most organizations are not in a position to handle the situation especially public facilities for example, Staws (1980: 263) states that “An important consequence of turnover is the opportunity it provides for the organization to adapt to its

environment". As the workload for nurses' increases, work-related stress becomes imminent resulting in some of the nurses leaving the profession.

High employee turnover often affects a number of health facilities in adequately providing quality health care to patients. As long as the needs of employees with scarce skills are not satisfactory resolved, it appears that the Eastern Cape Health Department will continue to experience a brain drain. Therefore, the department has a responsibility to ensure that its health facilities are supportive and will promote employee satisfaction that will lead to the retention of workers.

1.3.1 THE PUBLIC VERSUS PRIVATE HEALTH SECTOR

Any organization that is not functioning at full staff complement is facing a challenge of not providing services at the required standard. In most cases, posts are created according to the needs of the organization and if the gap is not closed, there could be serious consequences, For instance, it was reported in the media that a number of babies died under questionable circumstances in one of the Eastern Cape hospitals. This was exposed, following investigation by a local newspaper into the state of affairs in the hospital. It was conceded that staffing problem is one of the contributory factors (National Task Team Report, 2007). The department's staff vacancy rate is above 35 per cent (Annual Report, ECDoH 2006/7). It appears that there was no appropriate plan developed to address the staff shortage for example, Lesley Odendaal in Daily Dispatch (2007:06), stated that, "The provincial Rapid Assessment of Service Delivery and Socio-Economic Survey commissioned by Premier Nosimo Balindlela in 2005 and completed in July 2006, has noted that in the Department of Health, more focused research aimed at attracting and retaining staff is strongly recommended". However, there is a lack of evidence showing that the department has started with the research. High vacancy rate may lead to demoralised health professionals such as doctors and nurses that may in turn result to poor treatment of their patients. Other categories of staff within health

are affected and skills shortage seems to be a serious challenge, for example, Boxall and Purcell (2003: 14) state that, “Labour shortages continue to be problematic in the health sector where various disciplines, such as radiotherapy, cannot keep pace with escalating demand and furthermore competition for health workers with internationally transferable skills is becoming more and more ruthless, straining resources of public health systems all over the world”. A high vacancy rate is sometimes caused by staff turnover and the inability of the organization to keep employees whose skill is in demand.

1.4 EMPLOYEE RETENTION INITIATIVES

It appears that shortage of equipment, quality of relationships, the way in which things are done, lack of leadership and the like, have contributed in the turnover of health professionals in the public service. For example, in the Sunday Times (2009), it was revealed that Dr June Fabian who is a senior specialist at Charlotte Maxeke hospital, said there was sufficient money in the health system for functional hospitals, but “poor leadership and mismanagement of funds” had created a crisis of care”. This illustrates that should one of the psychiatrists leave, the remaining one will have to deal with all the patients, hence it is important for the Eastern Cape Health Department to ensure that the current doctors are retained in the province.

1.4.1 SOME ORGANIZATIONAL PRACTICES ON STAFF RETENTION

The department of health does not have a retention strategy as it is mainly relying on provisions of the National Public Service Regulations when it comes to retention of employees with scarce or specific competencies, For example, PSR (2001), states that “An executive authority may set the salary for a post or an employee above the minimum notch of the salary range indicated by the job weight, if she or he has evaluated the job, but cannot recruit or retain an employee with the necessary competencies at the salary

indicated by the job weight". As much as the clause creates the opportunity to attract or retain employees with the required skills, there are limitations because certain conditions such as proof that certain procedures have been followed and that funds are available, have to be satisfied. Furthermore, the focus is on remuneration as if that is the main contributing factor in recruiting and retaining staff with scarce skills. However, Blakemore, Low, and Ormiston (1987) state that "Bonus awards improve retention ability of the firm and that, when structured with a rigid base wage, bonuses can become the dominant component of total compensation in the worker's retention decision if the bonus is risk reducing and correlated with outside offers". Certain identified health professionals are receiving scarce skills allowances and rural allowances that are paid as percentages linked to their basic salaries. For example, a doctor working in an identified rural area may get allowances (scarce and rural) of thirty seven per cent over and above the monthly basic salary.

1.4.2 IMPLICATIONS OF EMPLOYEE TURNOVER IN THE DEPARTMENT

Most hospitals in the Eastern Cape public service have a problem of overcrowding and one of the causes is the shortage of healthcare workers in the province. Therefore overcrowding can be regarded as a push factor for the departmental health professionals. According to Noe, Hollenbeck, Gerhart and Wright (2003) excessive turnover can disrupt customer service, innovation and productivity, especially if the employees who leave take with them valuable industry-specific knowledge and customer relationships. The Health Department in the Eastern Cape will have to turn away quite a number of patients if there are inadequate doctors and other health professionals or otherwise there will be a poor quality of health services provided to the patients due to excessive numbers that are not manageable.

Research suggests that employee turnover involves significant adjustments in attitude and behavior for both stayers and leavers (Wright and Bonnet, 1992). For example, for the leavers, job change can be stressful resulting in a potentially major transitional crisis involving a search for one's career niche and similarly, turnover can result in more discouraged, less satisfied coworkers among the stayers. The negative effects of employee turnover are loss of productivity, diminished morale, strained communications between management and employee, and, of course, the increased costs of hiring and training of new employees (LeCrone, 2006).

The exiting of employees with experience denies the rendering of appropriate services to the patients because newly appointed staff will not be having appropriate experience to deal with complex issues, For example, Riggs and Rantz (2001) state that “Because staff must be continuously replaced, care is too often provided by inexperienced, incompetent, and/or dissatisfied workers who demonstrate minimal commitment towards the clients”. Newly recruited and inexperienced employees would require more training, supervision and the like; and in the process more pressure is put on the limited resources which could be better spent in providing quality health care to the patients. Furthermore, high staff turnover is negatively affecting the development of trusting relationships between the employees and the client. In the case of health care professionals, it is the patients who are directly affected; whereas the relationship between employees, suppliers and other clients would indirectly affect patients and the smooth running of health services.

1.4.3 TURNOVER AND MIGRATION OF HEALTH PROFESSIONALS

Turnover of health professionals is affecting the provision of health services to South African citizens in a negative way and it is costly in that, other countries are able to escape expenditure relating to the training of health professional by recruiting South Africans. The ratios of nurse-to-patient, pharmacist-to-patient,

doctor-to-patient appears to be increasing, instead of decreasing and that is causing a discomfort to our health professionals who end up leaving the country to go and work overseas where there are resources and less workload. According to Dr Ntyintyane (City Press, 2009) there are more than 12 000 South African doctors who are working overseas and lack of support from the health authorities is pushing some of the doctors away. This, therefore, means that the Eastern Cape Health Department has to develop effective retention strategy that will prevent health professionals from leaving.

1.4.4 STRATEGIES CURRENTLY USED IN PUBLIC SERVICE TO RETAIN HEALTH PROFESSIONALS

The Department of Health is presently focusing on granting employees higher salaries or notches when they indicate that they are leaving the organization. This is causing some discomfort in the employees who have not been offered positions elsewhere as certain employees who are regarded as junior end up being paid higher salaries while others have to wait for a period of at least a year before they are granted higher notches due to satisfactory performance. At this stage, some employees may not be in a position to change their minds as they have already made their decision to leave. An Occupational Specific Dispensation (OSD) was implemented for nurses during 2007 in order to attract and retain them. Other health professionals like doctors and pharmacists were supposed to get salary increases from 01 July 2008 but there was a delay in implementing it, prompting a strike. Health professionals are required to do compulsory community service for a year after completing their studies. The Eastern Cape Department of Health is offering bursaries to students and they are required to serve the department for a period that is equal to the duration of their studies.

1.4.5 INADEQUATE STRATEGY TO DEAL WITH EMPLOYEE RETENTION AND TURNOVER

It appears that, in dealing with the retention and turnover of health professionals, the Eastern Cape Health department has not developed and implemented a Provincial Human Resources Policy and Strategy that will focus on the attraction and retention of health professionals in the province, particularly in the rural areas. Seemingly, the current plans are less successful in addressing the retention and turnover issues such as, leadership and management, training and development, allowing employees a degree of freedom in the performance of their job and provide them with the opportunity to make a meaningful contribution in the decision making process that is affecting their specific jobs. In doing so, the department will be ensuring that the leadership and management within the health facilities is developed in order to deal with the new challenges associated with health issues and professionals, For example, Ijumba and Barron (2005) suggest a number of strategies that can be used to retain health professionals in the public service and these are;

- Roles of hospital managers should be clearly defined in order to understand the significance of health professionals, the minimum numbers for services required, and approaches to dealing with crisis in staffing.
- Appropriate ongoing training and support of hospital managers, including balancing the demands of financial management with service delivery needs and appropriate quality of care measures.
- The development of district hospitals as training sites, as part of the academic health complexes envisaged in the National Health Act. Focused postgraduate training of family physicians, clinical nurse practitioner training and training of a new cadre of medical assistants must be facilitated by partnerships with service providers and training institutions.

- The implementation of the medical assistant program to support and strengthen health facilities, more especially the district hospitals, community health centres and clinics.
- The revision of rural allowances to include additional nursing categories, for example, nursing assistants and enrolled nurses are not entitled to the payment of a rural allowance.

1.4.6 PUBLIC VERSUS PRIVATE SECTOR COMPETITION FOR HEALTH CARE PROFESSIONALS

Currently, the public sector finds it difficult to compete with the private sector for the scarce health professionals, For example, SAHR (1998) revealed that there are 229 Dentists in the Eastern Cape and only 34 were working in the public sector with a ratio of 1: 175 064 against 195 working in the private sector with a ratio of 1: 2 654. There is a maldistribution of health professionals between the public and the private sector. Private sector has more health professionals than public sector although it is servicing about 15 to 20% of the population, but the ratio of health professionals per 100 000 population in the public service is skewed as compared to the private sector . In the South African Public Review (2007), Wadee and Khan have provided the following statistics relating to the distribution of doctors and nurses between public and private sector in 2006.

TABLE 1: OVERVIEW OF PUBLIC AND PRIVATE HEALTH PERSONNEL DISTRIBUTION

SECTOR	MEDICAL PRACTITIONER (%)	MEDICAL SPECIALIST (%)	NURSES (%)
Public	27.4	24.8	58.9
Private	72.6	75.2	41.1

Table 2: Distribution of Medical Specialists and Medical Practitioner by public sector dependant and private sector dependant in 2007

SECTOR	CATEGORY	RATIO TO POPULATION	RATIO PER 100 000 POPULATION
Public	Medical Practitioner	1 per 4 219	23.7
	Medical Specialist	1 per 10 202	9.8
Private	Medical Practitioner	1 per 601	166.3
	Medical Specialist	1 per 5 765	17.4

However, there are similar problems that are affecting the health system as a whole, but sometimes there is a difference in terms of impact and levels between private and public sector and the skewed staff distribution between the sectors is one of the contributing factors. The health system appears to be experiencing challenges in the public service, which is serving a bigger portion of the population, but having a shortage of resources. Most people utilize public health services as they cannot afford the fees charged in the private sector. In the private sector there is limited access, mainly as a result of high costs whereas frequent errors, overcrowding, low morale, incompetent administrators and substandard care are some of the ills confronting the public health sector (Ntyintyane, in City Press, 2009: 13). The following statistics from Health Systems Trust (HST) reflect a ratio of a health professional per 100 000 population in the public service.

Table 3: Ratio of health professional per 100 000 population in the public service

CATEGORY	EASTERN CAPE	SOUTH AFRICA
Medical Practitioner	17.9	26.0
Medical Specialist	2.5	9.8
Occupational Therapist	1	1.9
Pharmacist	2.9	4.5
Professional Nurse	114.2	116.6
Psychologist	0.70	1.10
Physiotherapist	1	2.20
Radiographer	4.5	5.2

In 2008, Eastern Cape (EC) Province had the lowest number of physiotherapists and pharmacists as compared to the other eight provinces. The Eastern Cape had 2.5 medical specialists per 100 000 whereas Western Cape had 31.9 and Gauteng had 22.3. Medical Practitioners in Kwazulu Natal Province were 34 per 100 000, Western Cape = 37.9 per 100 000 and Gauteng had 32 per 100 000.

In the public service statistics have shown that that certain provinces who are not attractive to most health professionals have succeeded in recruiting and retaining the nurses, for example, in the Eastern Cape Province the ratio of nurses is 114 per 10 000, which is not far off to the national average of 116 per 100 000 population.

The ratio for nurses was close to the national average behind four provinces, that is, Northern Cape = 155, Kwazulu Natal = 136.3, Limpopo = 127.50 and Western Cape = 123.4. Nurses constitute the majority of the entire work force in the National Health Department, for example, Kgosana (2007: 04) wrote in City Press that Health Minister Manto Shabalala-Msimang said that “Nurses were of strategic importance to the health sector as they were the single largest

professional group in the sector and were relied upon for the delivery of primary healthcare, specialised and secondary services". Therefore, the retention of nurses becomes crucial because the relevant training institutions for nurses cannot keep up with the demand for nurses in the labour market. A number of hospitals in the Eastern Cape are less successful in retaining nurses in the institution. Health services are not adequately provided to the communities due to lack of resources. The hospitals and clinics are negatively affected as lack of retention strategies and the rural nature of the province appear to be challenges.

Almost all the doctors participating in a study by Van Dormael, Dugas, Kone, Coulibaly, Sy and Desplats (2008), stated that *improving their salary* was one of the three most important factors in retaining doctors in rural practice and almost half mentioned it as the most important factor.

Factors that made doctors want to leave rural hospital practice included the factors, such as insufficient salary, heavy work load and understaffing, poor housing, poor hospital management, lack of basic medical equipment, personal relationships, no recreational facilities and specialisation, lack of managerial input as a doctor, poor relationship with colleagues, lack of transport and lack of good schooling for children (Kotze and Couper, 2006).

1.5 THE RESEARCH PROBLEM

South Africa public service is experiencing critical shortage of skills, including the scarcity of health professionals. Employee turnover seems to be one of the challenges that are having an impact in the current state of affairs in the health system and lack of effective strategies to retain them, as a result health services are negatively affected, particularly in provinces such as Eastern Cape that are mainly rural. The Eastern Cape Health department and its facilities need to develop appropriate mechanisms in order to curb or minimize the turnover of health professionals by improving on their retention. The goal of this research is to investigate the factors contributing to the turnover and retention of health

professional staff employed by the Eastern Cape Health Department, with a possibility of assisting the Department in developing a staff retention strategy. ECDoH is less successful in retaining health professionals and a research to find out the reasons as to why there are difficulties in retaining health professionals in the health facilities of the EC, particularly in the clinics and district hospitals, is required.

1.6 STRUCTURE OF THE REPORT

There are six chapters in this research report, namely, Chapter One which is the introduction, background information, research problem and context as well as the significance of this research. Chapter Two deals with the literature review and it focuses mainly on the theoretical aspect of the study relating to employee retention and turnover. Research methodology is covered in Chapter Three and research results are provided in Chapter Four. Chapter Five presents the discussions where the results of the study are analyzed. Furthermore, Chapter Five focus on employee retention and turnover factors that are mainly affecting health professionals in the ECDoH. Lastly, it is the conclusion and recommendations with regard to effective retention strategies that may be utilized so as to encourage health professionals to stay in the health facilities of the Eastern Cape Department of Health, and minimize the turnover rate.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

One of the challenges faced by employers is the attraction and retention of employees with specialities in relevant fields. Harrison, Bhana and Ntuli (2007) state that it is now widely accepted that the shortage of health workers in many places is among the most significant constraints to achieving the three health-related Millennium Development Goals (MDGs): to reduce child mortality, improve maternal health, and combat HIV/Aids and other diseases. Producing, recruiting and retaining health professionals remain key challenges facing but not confined to South Africa as these have been documented as challenges globally. This requires organizations to be creative and innovative in order to retain the services of skilled employees. As competent employees are required in any organization, the company must be able to attract, protect, develop and retain its employees. Therefore, an organization should create a conducive and harmonious working environment that will have a positive effect on employee retention throughout the organization.

This study deals with the intentions to stay or leave the organization rather than the actual reasons as to why the employees will leave or stay. Many studies use intention to leave instead of, or in addition to, actual turnover as the outcome variable because there is evidence that before actually leaving the job, workers typically make a conscious decision to do so (Michal; Nissly and Levin, 2001).
Michal *et al.* (2001) further state that, it is more practical to ask employees of their intention to quit in a cross-sectional study than actually to track them down via a longitudinal study to see if they have left or to conduct a retrospective study and risk hindsight biases. Some of the major challenges facing health systems in developing countries are the international migration of professional nurses, coupled with migration from rural to urban areas and gravitation to the private sector from the public sector (Pillay, 2009).

This chapter covers areas relating to the retention and turnover of employees particularly focusing on health professionals. It will also explain the significance of health professionals in providing health services, as well as the challenges faced by the public service in retaining health professionals. Lastly, there will be an exploration of the mechanisms that may be put in place in order to deal with retention and turnover issues in the Eastern Cape Department of Health.

2.2 EMPLOYEE TURNOVER

Empirical evidence strongly supports the position that intent to stay or leave is strongly and consistently related to voluntary turnover (Lambert, Hogan and Barton, 2001). The findings of the study conducted by Pillay (2009) revealed that younger nurses, nurses in the public sector and nurses from the more rural provinces were significantly less likely to be in their current positions within the next five years.

2.2.1 DEFINITION OF EMPLOYEE TURNOVER

Robbins (2003) defines turnover as the voluntary and involuntary permanent withdrawal from an organization, and a high turnover rate results in increased recruiting, selection, and training costs. However, this study will focus on voluntary turnover. Transfers from rural to urban area are significant for this study and they become important when an employee leaves the ECDoH. In an organizational context, turnover can be defined as the termination of an employee's intraorganizational career trajectory, which is composed of a sequence of job changes from job entry to exit (Zhao and Zhou, 2008). Employee turnover could refer to a situation whereby employees exit the organization voluntarily for various reasons, and thereby affecting the organization negatively in terms of costs and the capacity to deliver the minimum required services.

2.2.2 CAUSES OF EMPLOYEE TURNOVER

An understanding of the causes and antecedents of turnover is a first step for taking action to reduce turnover rates (Michal *et al*, 2001). Bratton and Gold (2003) identify some factors causing high staff turnover and these are;

- The job not matching new employee's expectations,
- A lack of attention from line managers,
- A lack of training,
- Lack of autonomy,
- Lack of challenge and variety within the work,
- Disappointment with the promotion and development opportunities,
- Disappointment with standards of management, including unapproachable, uncaring and distant behaviour and a failure to consult

It is important for the organizations to conduct exit interviews in order to find out the reasons as to why employees leave for the purpose of developing plans and strategies that will assist in curbing employee turnover. However, research indicates that exit interviews are not a trustworthy informational basis for the identification of factors that cause turnover in an organization (Griffeth and Hom. 2001). Some organizations utilize exit interviews to find out the reasons as to why employees are leaving in order to rectify and improve the situation that may lead to some good retention strategies. However, it must be stated that certain employees may not provide accurate information in interviews. Griffeth and Hom (2001) state that as a result of the exit interview's inaccuracy, most academic researchers concerned with employee turnover use the exit interview only as a secondary data collection tool.

2.2.2.1 SALARY PACKAGE

A Gerber (1998) state that there is much speculation among academics and practitioners about the real influence that money has as a motivator. Money ceases to be a motivator, if a person has got sufficient funds and in this case people may not be attracted to the organization or retained. In its simplest form, compensation refers to the payments that employees receive in exchange for

services rendered. “Payment” in this context refers to all forms of monetary compensations received by an employee, whether this is salary, wage, financial and non financial benefits, or deferred benefits. However, for the employees who need money, it can serve as a motivating factor.

The aim of compensation is to attract competent employees, to retain them and to motivate them to achieve the aims of the organization or employer (Gerber 1998). Some decades ago the employee benefits were hardly considered to be part of the employee’s compensation. Benefits were privileges and not rights. Today it is the size and extent of the package that is one of the contributory factors in deciding whether to join or exit the organization.

Despite the importance of salaries, many doctors stated that other factors, such as job satisfaction and working conditions, were more important and the salary on its own would not retain them (Van Dormael, Dugas, Kone, Coulibaly, Sy and Desplats, 2008). However, Studies conducted by Tetty (2005) have indicated that dissatisfaction with salaries is a key factor undermining the commitment of academics to their institutions and careers, and consequently their decision or intent to leave. Therefore, this suggests that employers need to realize that if incentives and working conditions are not are not improved and exit may become one of the options for them. The employees will look for another job that is going to better their salaries. It is unfortunate that the provincial health department is not in a position to determine employee salaries as a result of this competency being centrally determined in the public service.

2.2.2.2 BENEFITS

Employees always flock to companies who offer more benefits (Rampur, 2009). Benefits can demonstrate to employees that a company is supportive and fair, and there is evidence to suggest that stable benefits are at the top of the list of reasons why employees choose to stay with their employer or to join the company in the first place (Lockhead and Stephens, 2004)

The introduction of flexibility in benefits packages can be a key ingredient in ensuring good retention, particularly since it affords greater responsiveness to the specific needs and circumstances of individuals (Lockhead and Stephens, 2004)

2.2.2.3 CAREER ADVANCEMENT

Career advancement may affect turnover decision through several different channels such as the current level of career attainments, recent upward mobility, and the future prospect of career advancement along the job ladder in an organization (Zhao and Zhou, 2008). Managers have a responsibility to ensure that there is career management of employees exists in the organization.

Effective career management means that at all levels in the organization there are well qualified workers who can assume more responsible positions as needed and that as many members of the organization as possible are highly motivated and satisfied with their jobs and careers (Jones, George and Hill, 2000). Therefore, opportunities such as promotions and training should be made available to employees in an organization. Since job status may play an important role in reducing turnover, organizations should use it as a career reward and incentive to retain qualified employees (Zhao and Zhou, 2008).

2.2.2.4 TRAINING AND DEVELOPMENT

The employee turnover rate may be affected by training. According to a study done by the ASTD in 2003, 41% of employees at companies with poor training planned on leaving within a year, as against 12% planned departures at companies with excellent training (Clouden, 2009). Different types of training can play an important role in creating and reinforcing high involvement work processes (Vandenberg, Richardson and Eastman, 1999). It is imperative for the organization to provide development opportunities for individual employees in order enhance their skills and improve their chances of getting higher posts. A

lack of training, development and career opportunities are some of the major reasons for voluntary turnover (Phillips, 1990).

2.2.2.5 PERFORMANCE MANAGEMENT

It is imperative for any organization to manage the performance of its employees effectively so as to keep employees who are making meaningful contribution to the company. In a research conducted by Sherman, Alper and Wolfson (2001), the results have shown that more than half of the employees surveyed said they believe their companies routinely tolerate poor performance and managers often underestimate how vehemently employees resent the presence of underperformers within their group, which may help to explain why good people are walking out the door. This suggests that there is a need for organizations to deal with low performers in order to reduce the chances of losing high performing employees.

Employees whose performance is recognized for the purpose of incentives are encouraged to continue making a valuable contribution to the organization. Skilled employees should be remunerated accordingly. For example, Griffeth and Hom (2001) refers to the significance of payments based on employee performance, whereby employees receive pay raises for increasing depth of knowledge in a professional or technical area, or for expanding their breadth of knowledge of multiple jobs (corresponding to several stages in a continuous-process technology or manufacturing assembly). The introduction of an Occupational Specific Dispensation in the public service seems to be one of the attempts to take cognisance of performance, knowledge and career pathing.

Employees who do not perform may choose between improving their performance in order to be rewarded or leave the organization, and in the process create an opportunity for the organization to recruit new employees who will perform. However, performing employees may leave the organization if they are treated equally with non-performing employees when it comes to the

distribution of rewards and incentives. Managers may push performing employees away if they are not communicating clear expectations and fail to share their picture of what constitute success of the employee in the expected deliverables and the performance of their job (Heathfield, 2009). Providing ongoing performance management through networking within the organization in order to share the best practices could assist in building relationships among employees.

2.2.2.6 WORKING ENVIRONMENT AND CONDITIONS

A poor work environment may cause discomfort to some employees who may end up being attracted to other organizations with better working conditions.
In a study conducted by Pillay (2009), public sector nurses felt employment security, workplace organization and the working environment were the most important factors, whereas the private sector nurses rated workplace organization, employment security and professional practice as being the most important.

It should be realized that, working conditions in an organization, have a role to play in deciding whether to stay or leave. These are the gaps that may be explored. Good working conditions may serve as a motivating factor to employees, in order to stay in an organization. This, therefore, means that the impact of service benefits in staff retention cannot be ignored. Various employee service benefits are regulated by the legislation in South Africa, and leave; working time; employment remuneration; termination of employment; and others; are some of the benefits that they are entitled to.

It is evident that public and private sector employment have to comply with the Basic Conditions of Employment Act at a minimum level, working conditions should be continuously improved. However, if the organization wants to retain its valued employees, service conditions should be attractive. Therefore, employers

must demonstrate commitment and responsibility so as to ensure that all workers, irrespective of specialist field, are treated fairly.

The Basic Conditions of Employment Act can be utilized to ensure that basic working conditions are maintained and improved. However, it has to be acknowledged that some organizations provide more favourable benefits above the minimum and therefore, employees will always have a choice to move from one organization to another. The Basic Conditions of Employment Act (BCEA) if used correctly is one of the tools that are used to motivate and retain employees in various fields of work, but as previously mentioned, the issues enshrined in the BCEA are part of the keys to motivate all employees.

2.2.2.7 WORKING PROCESSES

The problem of turnover can be addressed through a variety of pro-active retention strategies: workplace policies and practices which increase employee commitment and loyalty (Lockhead and Stephens, 2004). One of the studies conducted by Vandenberg, Richardson and Eastman (1999) demonstrate that substantial practical benefits can be achieved when organizations are using a participative approach to management as the morale of the workforce is much stronger, in the sense that they are more psychologically attached to the organization and possess greater satisfaction from work and in turn, they are less likely to state an intention of leaving the organization in the near future, and appear to behave consistently with that intention.

Organizations should continuously improve their systems, procedures and policies in an attempt to look after its employees. If employees are given authority and participate in the decision making processes of the organization, they may identify themselves with that organization and it may be difficult for them to leave. Furthermore, this may be shared with other people outside the organization whereby a desire to work for the organization may be generated.

According to Cascio (1995), organizations should focus on what motivates people.

2.2.2.8 JOB DISSATISFACTION

Job dissatisfaction likely leads an employee (1) to think about quitting, which may in turn lead that employee (2) to evaluate the expected utility of searching for another job and the costs associated with quitting the present job; from that evaluation, (3) an alternative to search for alternative jobs may emerge, which in turn likely leads the employee (4) to the actual searching for alternative jobs and (5) to the evaluation of the acceptability of any identified alternatives, and from that second evaluation, the employee would likely (6) compare those alternatives to the present job, which in turn can lead to (7) an intention to quit, and eventual employee turnover (Lee, 1988). If employees continue to leave the organization and new people are coming, there could be a disruption in organizational performance. In most cases, people who are leaving the organization are dissatisfied workers

There is a perception or an assumption that when employees are dissatisfied, exiting the organization becomes one of the considered options. According to Nel, Gerber, Van Dyk, Haasbroek, Schultz, Sono and Werner (2001) high absenteeism and labour turnover figures might be an indication of dissatisfaction in an organization.

Job dissatisfaction may therefore contribute to high staff turnover. Research has revealed that among young employees aged eighteen to twenty-five; job satisfaction was a predictor of whether or not they changed jobs (Luthans, 1995). On the other hand, as job tenure (length of time on the job) increased, there was less likelihood of their leaving. According to Hom and Kinicki (2001), job dissatisfaction can activate turnover. It becomes easier for employees to leave the organization if they are dissatisfied, particularly in areas where the employment rate is low. Once the employees develop thoughts about leaving in a

situation whereby alternatives are available, terminating the employment becomes one of the considered options. The results of the research conducted by Lum, Kervin, Clark, Reid and Sirola (1998) suggest that job satisfaction has an indirect influence on the intention to quit, whereas organizational commitment has the strongest and most direct impact. Furthermore, Dockel (2003) states that, in order to gain employee's commitment to the organization and increase retention, the employer needs to identify which retention factors induce organizational commitment.

2.2.2.9 ROLE OF A MANAGER

It is imperative for managers to continue interacting with the employees and by observing the behaviour of employees who are valuable assets, efforts can be made to convince employees intending to quit to remain with the organization. For example, replacing departed employees is expensive and the remaining employees may be demoralized from the loss of valued co workers, and both work and social patterns may be disrupted until replacements are found (Davis and Newstrom, 2002). However, it must be mentioned that turnover is not always negative. When employees who are not adding any value to the organization leave, that would create an opportunity for the replacement with a best performing employee. According to Staw (1980: 265), "turnover could increase performance simple because the labour market has improved overtime, allowing the organization to recruit increasingly better members". Ivancevich and Matteson (1996) further state that, "if managers could develop reward system that retained the best performers and cause poor performers to leave, the overall effectiveness of an organization would improve". A reward system based on merit should encourage most of the better performers to remain with the organization. The issue of turnover may depend on who is leaving as an organization will benefit if disruptive employees and low performers are quitting.
Dissatisfied employees may have difficulty in communicating their unhappiness to upper level management because of the gate keeper role of their supervisor (LeCrone, 1996).

2.3 EMPLOYEE RETENTION

To effectively retain workers, employers must know what factors motivate their employees to stay in the field and what factors cause them to leave (Michal *et al*. 2001). It is always important to keep skilled employees in any organization in order to improve the kind of service that is provided to the relevant customers. There has been a lot of research that has been conducted so as to find why employees stay in an organization. Some of these studies have focused in specific health professional categories such as nurses, doctors, allied health professionals and the like. Company picnics, consolation for a death in the family, recognition for special occasions such as birthdays, and many “plain old pats on the back” for a job well done, go a long way in increasing employee commitment to an organization (LeCrone, 2006).

2.3.1 DEFINITION OF EMPLOYEE RETENTION

Employee retention refers to the ability of an organization to keep its valuable employees through various methods or strategies such as offering competitive remuneration or benefits, appropriate recruitment and selection, good management or leadership, as well as the availability of training and development opportunities. As people continue to desire to work for an organization, then it can be said that it’s succeeding to manage employee retention. Employee retention is a systematic effort by employers to create and foster environment that encourages current employees to remain employed by having policies and practices in place that address their diverse needs (Purcell, 2005)

2.3.2 MANAGING STAFF RETENTION

It is always important to keep key people in an organization. The best organizations design, implement and leverage systems that detect warning signals projected by dissatisfied employees and therefore, managers and

organizations should try by all means to be ahead of their competitors in retaining their employees by learning how to focus on key employee satisfiers and dissatisfiers (Harkins, 1998). Around the world, dissatisfaction with income is one of the major causes of doctors leaving public service, and improving salaries is often mentioned as an intervention to attract and retain rural doctors (Van Dormael, Dugas, Kone, Coulibaly, Sy and Desplats, 2008). Therefore, it is imperative for an organization to develop retention plans, including relationship building with the key staff.

One of the most important factors in an organization is the ability to retain its experienced skilled employees. High employee turnover may have an impact in the organizational situation of high vacancy rate which is to the detriment of effective service delivery. Runy (2005), states that in order to foster staff retention, organizations need to develop environments in which health professionals want to work.

Firstly, employees should be willing to cooperate and support one another. They should be willing to work as a team for the benefit of their organization as together each one achieves more. Nel *et al.* (2001) state that “groups and teamwork allow for greater participation and increased performance, and ultimately influence the motivation and satisfaction of employees”. Nel *et al.* (2001) further states that cultural diversity, like change, needs to be managed if its positive influences such as the attraction and the retention of the best skills are to be harnessed. Most workers, including nurses would be satisfied and feel valued if a space is created for them to participate in the decision-making process particularly on areas affecting their field of work. According to Luthans (1995), there is empirical research evidence indicating that participants in communication networks are generally more satisfied with their jobs, are more committed to their organizations, and are better performers than those who are not involved in the communication process.

Secondly, employees know what is expected of them, with their roles clearly defined, they will take taking responsibility for their own actions. By creating a culture of responsibility, an organization can improve the morale and productivity of its workers and at the same time boost recruitment and retention. Doug (2006) states that as corporate culture becomes more positive and productive; employee turnover, recruiting expenditures, and training expenses are decreased, and those changes in turn, positively affect the workload attitude of committed, productive employees. Doug (2006) further indicates that a corporate culture that nurtures enthusiastic, productive employees becomes a recruiting tool itself, as word of mouth spreads among both current and prospective employees.

Thirdly, the employer should try by all means to recruit appropriately qualified staff and accommodate their needs. The organization must take care of its employees by demonstrating or including in its plans, a way of balancing the work and family life. For example, Robbins (2003) states that recent studies suggest that employees want jobs that give them flexibility in their work schedules so they can better manage work/life conflicts. According to Luecke (2002), “People stay with a company for many reasons, including job security, a work culture that recognizes the importance of work-life balance, recognition for a job well done, flexible hours, or a sense of belonging”.

2.3.2.1 SOME FACTORS CONTRIBUTING TO RECRUITMENT OF SUITABLE EMPLOYEES

According to Nel, Gerber, Van Dyk, Haasbroek, Schultz, Sono and Werner (2001), recruitment is aimed at providing a pool of potential employees from which the organisation can select the required number in accordance with job requirements. Therefore, if the organization wants to reduce employee turnover, it has to ensure that the right people for the job are recruited. Braton and Gold (2003) refer to recruitment as the process of attracting people who might make a contribution to the particular organization. Braton and Gold (2003) refer to

attraction as the favourable interaction between potential applicants and the images, values and information about an organization. It appears that attracting employees and motivating them to remain in an organization require workable strategies.

The ability to recruit and retain employees with expertise may be influential on other workers in terms of arriving at a decision to stay and in the process help them to positively identify themselves with the organization as a result of the kind of support that they will get from the competent employees. According to Boxall and Purcell (2003), failure to recruit workers with appropriate competence will doom the firm to failure or, at the very least, to stunted growth.

2.3.2.1.1 RECRUITING AND RETAINING VALUABLE STAFF

The best companies make a point that they are attracting and recruiting employees who will make a meaningful contribution. Companies striving to hire the best employees have a competitive edge over others. There should be a thorough scrutiny of employees and only the most suitable applicants should be hired. According to Thompson, Strickland and Gamble (2006), " The quality of an organization's people is always an essential ingredient of successful strategy execution – knowledgeable, engaged employees are a company's best source of creative ideas for the nuts-and-bolts operating improvements that lead to operating excellence". Companies may employ spouses of employees as a strategy for attracting and retaining top talent as this may limit one of the reasons (family) for employees to leave the organisation, particularly in technical occupations. For example, Cascio (1995) states that a national survey done for General Electric found that 50 percent of all female technologists were married to technologists and that the advantages of hiring both spouses include the following:

- It helps lure prospective employees to remote communities where suitable jobs for a spouse might be hard to find.

- It cuts recruiting and relocation costs.
- It encourages executives already on board to accept transfers.
- It makes employees less susceptible to offers from rival firms.

However, there could be disadvantages, whereby disciplining or dismissing one partner may result in both partners exiting the organization. It must also be mentioned that the process of filling a post in an organization will include human resource planning and analysis, recruitment, selection and orientation and induction, for example, Griffeth and Hom (2001) state that many turnover theorists say that job attraction or employee's expectation of future improvements in their job or future attainment of other desirable positions inside the organization can deter turnover. This illustrates the significance of recruiting employees who fit organizational values and are likely to stay longer in the company.

Attraction and retention of employees complement each other and if both are done well, they can produce excellent human capital. According to Luecke (2002), "If your human assets were measurably superior, other companies would notice and try to lure them away with higher pay, more authority, and more appealing work situations – perhaps the same inducements you used to recruit them". This, therefore, illustrates that retention is a challenge faced by many organizations in the world. As part of its retention strategy, The Eastern Cape Department of Health has to look after the interest of its employees, which will also motivate employees to improve their performance, for example, employees who are satisfied with their work and their company are more likely to create satisfied customers. If employees are happy, the chances of them leaving the organization become limited (Luecke, 2002).

2.3.2.2 ORGANIZATIONAL FACTORS, INCLUDING CULTURE

Constructs such as organizational culture and climate, as well as organizational structure and technology have been well developed in terms of theory,

measurement, and empirical linkages to organizational effectiveness, employee work attitudes and productivity, as well as staff turnover (Morris, Bloom and Kang, 2007). The practices of the organization are another factor that influences the employees to stay. If employees are not satisfied, they may leave. Therefore, the culture of the organization may affect attraction, retention or turnover in the organization. Organizational culture is a system of shared meaning held by members that distinguish the organization from other organizations. Various organizations, therefore, have different organizational cultures. Acknowledgement that organizational cultures have common properties does not mean however that there cannot be subcultures within any given culture. Most large organizations have a dominant culture and numerous sets of subcultures. An organization may boost its image through culture, for example, rendering quality services and investment in its employees that could lead to staff become competitive advantage. Robbins (2003) further states that organizational culture is concerned with how employees perceive the characteristics of an organization.

Previous research in this area had consistently identified supervisor support and co-worker support as critical to preventing employee burnout and intention to leave or actual turnover (Yankeelov, Barbee, Sullivan and Antle, 2008).
A major finding of a study conducted at Kentucky child welfare agency which was affected by the high rate of turnover in the United States, is that those who stayed were more attached to their supervisors, suggesting that employees felt a sense of security in their relationships with the supervisor (Yankeelov, Barbee, Sullivan and Antle, 2008)

A number of employees belong to different cultural groups and differences amongst the workers should serve as an inspiration rather than divisions. According to Robbins (2003), the challenge for organizations is to make themselves more accommodating to diverse groups of people by addressing their different lifestyles, family needs and work styles. Organizations should not treat everyone the same. By recognizing that employees are different and

respond to their individual or group needs, the employer may succeed in retaining staff with greater productivity. As long as employees are open with one another and respect each other, they may work as a team in sharing their knowledge which may have benefits for the clients.

This study has revealed that employees need to be given a space to be creative and innovative in order to contribute positively towards the vision and mission of the organization. A sense of responsibility and belongingness should be instilled to the organizational staff by giving them sufficient or reasonable space to have a meaningful contribution towards the strategic direction of the organization. Organizations that are recognizing the performance of their employees by providing them with incentives, rewards, training, powers and the like may succeed in motivating the employees to remain. If employees with scarce skills are to be retained in the organization, there is a need for motivation that is intentional and directional

2.3.2.3 ECONOMIC FACTORS

Economic theoretical explanations of turnover are based on the premise that employees respond with rational actions to various economic and organizational conditions (Michal *et al.* 2001). Ford's car plants were experiencing significant employee turnover – often reaching levels as high as 300 to 400 per cent per year and after realizing the problem a decision was taken to double the basic wages from 2.50 dollars to five per day and the turnover was drastically minimized (Jones, George and Hill, 2000).

Different attraction and retention techniques are utilized by companies so as to deal with staff shortage. Lindquist and Hart (1988: 1206) have found that the following old techniques are still favoured and are now receiving new emphasis;

- increasing benefits packages
- emphasizing retention

- experimenting with different nursing care delivery systems
- reimbursing for tuition
- providing bonuses for referral/retention//new hires
- paying interview expenses

Furthermore, the survey that was done by Lindquist and Hart (1988) revealed the following;

- Recognition programs tend to emphasize improving communication, as well as offering recognition and rewards for staff.
- Referral and retention bonuses for current employees are viewed by recruiters as more positive investments than hire-on bonuses, and that the use of bonuses for current employees is widespread.
- Retention bonuses are given for years of service, working the night shift, practice in a speciality area, or as lump-sum bonuses for all staff each year.

2.3.2.4 EFFECTIVE LEADERSHIP

Lack of support, particularly from supervisors, decreases workers' ability to cope with their stressful jobs and increases the likelihood that they will leave their jobs (Michal *et al.* 2001). According to Griffeth and Hom (2001) management researchers have blamed bad supervision as a prime culprit of turnover. Therefore, it is crucial for an organization to develop its managers in order to improve their leadership skills. Research on the effects of attachment in high stress jobs (such as firefighters, Israeli soldiers) indicates that a supervisor can serve as a secure base, buffering their employees from the trauma of the work they are engaged in (Yankeelov, Barbee, Sullivan and Antle, 2008). It appears that having a supportive supervisor who is believed to be competent is a significant factor in staying on the job.

Research shows that greater participation in decision making is strongly associated with higher levels of job satisfaction and organizational commitment,

For example, in nursing homes, staff members who occupy higher status positions, which provide more opportunities for involvement in decision making, report higher job satisfaction and greater commitment than the less educated paraprofessional staff (Sikorska-Simmons, 2005).

Many surveys suggest managers make the big difference to people wanting to stay, and that the impact of the manager on the morale of his or her team can be long-lasting (Holchebe, 1999). In most cases, when employees indicate that they want to leave, they would be lured by pay increase which only lasts for few weeks or months as a motivating factor. Developing an appropriate management style of the leaders often becomes more important than salary increases, as developed managers would be in a position to set targets which will keep employees motivated and that will in turn lead to high performance and a desire to stay.

2.3.2.5 TRAINING AND DEVELOPMENT

It is vital for an organization to create an environment in which important information is freely communicated and in which employees are knowledgeable and perceptive of opportunities for further self development, various forms of training will logically also be key to an organization's array of business practices (Vandenberg, Richardson and Eastman, 1999). Training and development has an impact on staff turnover. A study done by the ASTD in 2003, has revealed that 41% of employees at companies with poor training planned on leaving within a year as against 12% departures at companies with excellent training (Clouden, 2009)

2.3.2.6 CLEAR JOB EXPECTATIONS

When an individual's expectations of the job are not met, the employee may experience job dissatisfaction which could make it difficult for an organization to retain staff. Employees are joining the organizations for different reasons. When

some of the expectations by newly recruited staff are not fulfilled, those employees exit the organization. Some employees may not be in a position to tolerate certain managers or supervisors and decide to quit, with some of them exiting in the first few months after they have joined the organization. Some of the employees seem to have been confronted by situations that they were not prepared to encounter. According to Wilcox, Sachuk, Smith and Viner (2000), these employees could feel somewhat abandoned after the first few days at work and rather than suffer through all this, they decide that the job isn't for them and they leave. Orientation of employees in an organization helps them to feel welcomed and instil a sense of belongingness that may in the long run prove to be effective in terms of staff retention.

2.3.2.7 JOB SATISFACTION

The content of the work itself is a major source of satisfaction and research related to the job characteristics approach to job design, shows that feedback from the job itself and autonomy are two of the major job-related motivational factors (Luthans, 1995). Once employees realize that they are given authority to participate in the decision-making process when it comes to their field of work, they could be motivated and a desire to continue working for the organization may improve. Griffeth and Hom (2001) also state that turnover studies primarily have established that satisfaction with supervision promotes job retention without necessarily identifying specific behaviours by supervisors that commit employees to the company". However, there are other issues that may keep people satisfied at work, such as pay, colleagues, working conditions and the like. According to Buhler (2002) research studies have identified certain factors that influence job satisfaction, such as compensation, recognition, relationships with other organizational members (especially peers and direct supervisors), opportunities for training, and challenge. Luthans (1995) further states that "High job satisfaction will not, in and of itself, keep turnover low, but it does seem to help. On the other hand, if there is considerable job dissatisfaction, there is likely to be high turnover". Other factors such as commitment to the organization have a role

to play when it comes to the relationship between satisfaction and turnover. The particular needs of the employee plus the incentives that serve as motivation to the staff could influence them to stay, more especially if there is a lack of employment opportunities.

Work satisfaction is an important predictor of where health professionals intended to work and health managers in rural provinces should therefore focus on key dissatisfactors if they are to improve retention of nurses in their regions (Pillay, 2009). In general, employees with low levels of work satisfaction are not easily retained as compared to employees reporting high levels of work satisfaction (Wright and Bonnet, 1992).Research results have suggested that in order for employees to remain on the job, they need to feel a sense of satisfaction from the work that they do and a sense of commitment to the organization or the population served by it (Michal *et al*. 2001).

2.3.2.8 SIGNIFICANCE OF ORGANIZATIONAL REPUTATION

Some companies have realized the significance of providing support and resources for the betterment of employees and the communities in which they operate. It appears that some employees feel better when they are working for a company that has demonstrated its commitment in improving the plight of the communities. Organizations that are taking care of their employees and the society often boost their image. It is not difficult for these organizations to recruit and retain the employees and in the process minimise staff turnover, for example, Thompson *et al*. (2006) states that, “Companies with deservedly good reputations for contributing time and money to the betterment of society are better able to attract and retain employees compared with companies with tarnished image”. It is therefore, imperative for organizations to understand that their people are the greatest assets. As part of their corporate strategy, companies should reflect commitment to social responsibility by way giving back something to other role players in business such as employees and communities.

2.3.2.9 BALANCING WORK AND FAMILY LIFE

Organization should find ways to help employees successfully manage their commitments at home and at work, and by doing so many retention problems can be avoided (Luecke, 2002). It is imperative for parents to share responsibility when it comes to the caring for the family, for example, parents may take turns to fetch children from school. The research has shown that flexible work-schedules lead to greater work-life balance and can offset work stress (Pearce and Mawson, 2009). Therefore, organizations should be in a position to provide their employees with the opportunity to work flexible hours.

Research suggests that when adults add children to their family, men and women tend to become more traditional in how they divide workloads, in other words, tasks become delegated by gender rather than by interest or ability (Hogarth and Dean, 2008). The most well-documented pressures family members experience in balancing work and family are overload and conflict due to multiple roles (Hansen, 1991).

2.3.3 RETENTION OF NURSES

Studies conducted by Pillay (2009) found that nurses in the more urbanized provinces (Western Cape, Free State, Kwa-Zulu Natal and Gauteng) were significantly more satisfied than their colleagues from the more rural provinces and this may partly explain the gravitation of nurses from rural to urban areas.
The consistent theme to emerge from nurses in both sectors, irrespective of their future work plans, is the importance of workplace organisation, employment security, and the working environment and professional practice environment. The finding that nurses across sectors as well as those who intend to stay or leave, rate the importance of these factors equally, is compelling reason to prioritise these issues (Pillay, 2009). Hospitals that have successfully

implemented retention programmes have focused on providing good working environments, professional development, and accommodating individual life styles (Runy, 2005). Rural hospitals or health facilities such as clinics seems to be struggling to provide basic facilities such as accommodation, schools, and the like. An organization that is employing nurses has to ensure that the service conditions (including salaries) of nursing employees working in rural hospitals and clinics are improved so that they can be better than those offered in urban areas, for example, there is no difference between the rural allowance paid in nurses working in Mthatha area and health facilities in deep rural areas such as Flagstaff and Lusikisiki in the former Transkei homeland. This could cause job dissatisfaction which may lead to quitting by some of the employees.

2.3.4 RETENTION OF DOCTORS, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS

The public service is experiencing a gross shortage of doctors, pharmacists and allied health professionals such as Occupational therapists, Physiotherapist, dietitians, radiographers and the like. These health professionals are rendering essential services and their retention within the public service becomes critical. Research that was conducted in Ethiopia has suggested that the government discusses the possible solutions with health professional associations/societies and other health stakeholders, and applies concrete medical doctors retention mechanisms before the public medical schools and hospitals lose doctors (Berhan, 2008). Strengthening relationships among doctors and between doctors and the communities that they serve also contributes toward their retention (Kotzee and Couper, 2006). Some of the most important factors in the retention of pharmacists and other health professionals in both urban and rural areas are; the availability of the sufficient and suitably qualified staff; hospital management's support for pharmacy practice; professional development opportunities; and access to organized continuing education . The research data indicates that there is a greater tendency for allied health professionals in private practice to be retained in rural areas than those in the public sector (O'Toole, 2008)

2.3.5 LINKS AND FIT INTO ORGANIZATION

Job embeddedness represents a broad set of influences on an employee's decision to stay on the job and these influences include on-the-job factors, such as bonds with co-workers, the fit between one's skills and demands of the job, and organization sponsored community service activities (Holtom, Mitchell and Lee, 2006). A number of factors such as the links, fit, commitment and the like contribute to employee's decision to stay in the organization, for example, Mitchell, Holtom, Lee, Sablynski and Erez (2001:) state that "A variety of research streams suggest that there is a normative pressure to stay on a job, deriving from family, work team members, and other colleagues". If employees are connected into an organization by any means, there is a great possibility that they will stay and in the process improve the chances of prolonged retention. Employees who are older, married with children and having long service are likely to stay until retirement or termination of their service. Furthermore, these employees may possess the job knowledge and skill fitting the organization. According to Mitchell *et al* (2001), "an employee's personal values, career goals, and plans for the future must fit with the larger corporate culture and the demands of his or her immediate job". It appears that employees whose values do not fit well with the organization are likely to leave their employer faster than those whose values are congruent with organizational values. It would be difficult to leave the organization if employees are to leave their colleagues, interesting projects or perks. Leaving the old organization for a new one may affect job stability and chances to advance in the organization, hence various advantages accrue to an individual who stays. Furthermore, Mitchell *et al* (2001) concluded that being embedded in an organization and community is associated with reduced intent to leave and reduced actual leaving.

2.4 CONCLUSION

It is important for managers to have an understanding of why people would leave the organization and it is equally important to identify those factors that attract people to organisations (Amos, Ristow, Ristow and Pearse, 2008)

Job satisfaction has the largest direct effect on turnover intent (Lambert, Hogan and Barton, 2001). Hospital managers, health administrators and policy makers responsible for health services in rural areas, need to work in collaboration with their communities to address sources of dissatisfaction and to improve working conditions for nurses, if they are to reduce the turnover of nurses in their regions and improve access to care (Pillay, 2009). Training and Development could also contribute to employee retention and turnover. For example, employees who are given opportunities for training may remain within the organization. However, some employers could have fears that if their employees are well trained, they may leave the organization for better jobs elsewhere.

Employees who lack in organizational and professional commitment, who are unhappy with their jobs, and who experience excessive burnout and stress but not enough social support are likely to contemplate leaving the organization (Michal *et al.* 2001). Employees who are committed to their employing organizations are less likely to quit than those who are not (Sikorska-Simmons, 2005). Recruitment may be one way of building intellectual capital but it is of little use if an organization cannot retain key employees. This often creates conducive environment to boost the morale of the employees. Any organization that is not having a good human resources attraction and retention strategy is faced with a challenge of loosing valuable employees.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the methodology that was utilized in carrying out the research in order to attain the goal of the study. The goal is to investigate the factors that may be contributing to the turnover and retention of health professional staff employed by the Eastern Cape Health Department, with a possibility of assisting the Department in developing an employee retention strategy.

Both quantitative and qualitative research methods were utilized. Data was firstly collected through the utilization of a structured questionnaire which was distributed to the targeted employees of the Department of Health in the Eastern Cape provincial government. This survey was mainly conducted to identify the main factors that are contributing to employee turnover and retention, together with the strategies that may be used by the Department in order to curb staff turnover and retain employees with scarce skills within the Department of Health in the Eastern Cape. The questionnaire was administered amongst selected employees within the Health Department, focusing on the Port Elizabeth (urban) and Mthatha (rural) areas. This survey was followed by interviews with key individuals.

3.2 RESEARCH QUESTION, AIM AND OBJECTIVES

The research seeks to answer the question; What are the main factors that employees attribute to their intentions to stay and/or leave the employment of the Eastern Cape Department of Health? The goal of the research is therefore, for staff to rate a range of potential factors so as to assist the Department in developing a staff retention strategy. The objectives are as follows;

- To establish the level of turnover within the Eastern Cape Department of Health and identify the recent trends in turnover levels.
- To find out why people intend to leave health institutions, districts and the Eastern Cape Health Department.
- To establish the reasons influencing people's intentions to stay in the Department.
- Provide recommendations on a retention strategy.

3.3 DELIMITATION AND LIMITATIONS OF THE STUDY

The study focuses on only two of the districts within the Eastern Cape Province. The research was done in the Eastern Cape Health Department with a particular focus to Mthatha which is regarded as rural and Port Elizabeth area which is urban.

For the purpose of this study, the targeted employees are the professionally qualified healthcare workers registered with the relevant Health Professional Councils such as Health Professions Council of South Africa, Pharmacy Council and South African Nursing Council. The employees concerned are Medical Practitioners, Dentists, Pharmacists, Allied Health workers and Nurses. The health professionals working in the two areas (Mthatha and Port Elizabeth) constitute more than twenty per cent (20%) of the workforce. Administrative and other support personnel were excluded from the study.

3.4 RESEARCH PARADIGM

Fouche and Delport (2002) state that a paradigm a fundamental model or frame of reference that is used to organize observations and reasoning. A post positivist approach (Denzin and Lincoln, 1994) was used in this research. While utilizing this approach, the researcher recognizes that since he is working for the Department of Health and attached to its Human Resources Directorate; it may

not be easy to separate himself from what is happening within the organization. Nevertheless, the researcher has tried to objectively analyze the results of the questionnaire, together with the data obtained through the interviews of Senior Managers and human resources records of the Eastern Cape Department of Health.

3.5 RESEARCH DESIGN

A research design is a plan or a blueprint of how you intend conducting the research (Babbie and Mouton, 2001). In the design process, care should be taken to ensure that all tools match the original hypothesis and research objectives (Gray, 1994). A structured questionnaire was utilized to collect quantitative data that was used to fulfill the objectives of the study. The completed questionnaires have provided useful information that was used to understand to understand retention and turnover factors in the organization. Furthermore, interviews were conducted with the senior managers to confirm and further explore the results. Finally, Departmental documents and records were analyzed to explore turnover trends.

3.5.1 THE SURVEY RESEARCH METHODS AND APPROACHES

Research design can be classified by the approach used to gather primary data, which is, observing conditions, behaviour, events, people, or processes; or alternatively communication with people about various topics (Cooper and Schindler, 1998). According to O'Reilly - De Brun and Kane (2001) observation provides information about what people let you see them doing, as opposed to the survey, which gives information on what people say they are doing, what they say other people do, or what they say should be done. Some of the methods that can be used in gathering data in a survey are personal interviewing, telephone interviewing and self-administered surveys. In this study, data was primarily

collected through the utilization of questionnaires, supported by documents and interviews.

3.5.2 REASONS FOR CHOOSING THE METHODOLOGY

If the researcher has chosen the observation approach, more time would have been required, including additional financial resources as it is more costly to conduct research by observation. A survey was more appropriate for this kind of research and questionnaires were mainly utilized to get the required data. Surveys are useful when responses are required to the same questions from a number of people. Surveys can take two forms: structured face-to-face and telephone surveys, which the researcher administers; or alternatively using self administered questionnaires which respondents fill in themselves (O'Reilly-De Brun and Kane, 2001).

Given the researcher's position in the organization, bias was reduced during the administration of the questionnaires, as the researcher was not present and the respondents were allowed to complete them on their own time. After the questionnaires were completed they were forwarded to the researcher who had the responsibility to sort the data and capture it on an Excel spreadsheet for the purpose of analysis.

The survey was not done on a large scale considering the sample size. The population in the two areas is about 3 576 (health professionals only) and the sample is 100 (50 each). The number of questionnaires that were returned is 63, that is, 32 in the Mthatha area and 31 in Port Elizabeth area. It should be noted that overall, the two areas (Mthatha and Port Elizabeth) have a staff complement of 3 576 health professionals, about 2000 of them reside in Port Elizabeth and the remainder belongs to Mthatha area. A sample of 100 may not be sufficiently large size of the population but it should be noted that a sample of less than 100 can be appropriate for a population of 100 million, under certain circumstances

(O'Reilly-De Brun and Kane, 2001). The respondents were chosen using a non-probability based sampling. The questionnaires were distributed to cover different categories of health professionals as they were given to doctors, nurses, pharmacists and allied health workers (radiographers, physiotherapists, occupational therapists and the like).

3.6 DATA GATHERING TECHNIQUES

The type of information this enquiry dealt with is both qualitative and qualitative in nature. According to Ivancevich and Matteson (1998), blending and integrating quantitative and qualitative research helps to better understand, cope with, and modify organizational behavior. Dawson (2002) states that qualitative data analysis methods are viewed as ranging from highly qualitative methods to almost quantitative methods, which involve an element of counting.

To establish staff turnover trends and reasons for leaving, data was obtained from the Human Resources Management and Persal (Personnel and Salary Information System) Directorates.

In addition, current employees were given questionnaires to complete. They were hand delivered by the researcher to the respondents, some clinical managers and some Human Resources Managers of the selected areas for onward transmission to relevant respondents, as most of them do not have access to email facilities.

In addition to administering the questionnaire, in-depth, semi structured interviews were conducted with (1) the two Heads of Clinical Governance for Port Elizabeth Hospital Complex and Mthatha Hospital Complex, (2) Programme Managers, who are also senior managers at the level of Chief Directors (Bisho Head Office) for Hospital complexes and health districts and (3) General Manager for Human Resources Development and Training. The interviews were

conducted after the collection and analysis of data, so as to help the researcher to ask more relevant questions that further enlighten the survey results.

Interviews with the Senior Managers and other selected respondents were recorded in writing so as to assist in the analysis of data. Responses of the clinical managers to the interviews were used for analysis of the data and they were accessible to interviewees in order to enhance the reliability of the data and to ensure that the views of the participants were accurately reflected. Departmental documents and other information that is linked to the study was analyzed thematically and compared to the survey data to arrive at a conclusion of this study.

3.6.1 QUESTIONNAIRE DEVELOPMENT

Wilkinson (2000: 43) state that there are key questions that need to be asked when developing a questionnaire, for example, To whom is the questionnaire directed?; Are you sure the instrument will be received and acted on by that person?; How will you structure your questions?; How will you process the returns?; How will you analyze the responses?; How can you design your questionnaire to enhance your response rate?. When questions are formulated, it is expected that words and concepts with which the respondents will be familiar with, are used (Welman and Kruger, 2001: 167). Therefore, technical terms that may not be easily understood by the respondents were avoided. Efforts have been made to use simple language that is unambiguous, and with short questions or statements. Furthermore, in this case, there was a targeted group of health professionals whose level of education and skill put them in a better position to understand what is required from them.

The focus of the questionnaire was on the factors that may influence the health professional to stay or leave the Health Department. The questionnaire is divided into the following sections.

The structure of the questionnaire is as follows;

- Section A – Biographic details of the respondent – 19 questions. The questions provide demographic and socio-economic information on the employee and the organization. At the employee level, these include gender, age, salary level, race, division, educational level. It also includes the division or section of work, previous employers, reasons for leaving, current place of work, travelling distance to work and home ownership.
- Section B1 – Factors that influence the decision to stay or leave the organization – 67 questions.
- Section B2 – Staff retention management – 22 questions.
- Section B3 – External factors that may influence decision to leave the organization – 7 questions.
- Section B4 – Intention to quit – 9 questions.

The questionnaire was constructed in such a way that the respondents may reveal their attitudes on issues relating to staff turnover and retention. Attitudinal questions provide information on the strength of the feeling or opinion about objects, issues, activities and interests. For example, one may wish to determine the attitude of respondents towards their jobs, management, work relationships, career advancement and so on. In addition to that, attitudes can be measured through the use of the single-item rating scales that are applied when a single question is used to measure the construct of interest whereas multiple-items rating scales are applied when two or more questions are used to measure the construct (Remenyi, Williams, Money and Swartz, 1998: 154). Section B1 of the questionnaire has 67 questions with the rating scale ranging from a score of -10 to a score of +10 and these are single item ratings. A positive rating is related to staff retention, while negative scores identify the item as a turnover factor. Section B2 has 22 questions that deal with managing staff retention with a rating scale of 0 to 10 indicating the degree of importance with 10 being the highest in terms of importance. Section B3 has seven questions designed to check the

external factors that may influence the employee decision to leave the organization with a rating scale of 0 to 10. Section B4 has eight questions that were designed to indicate the intention of the employee to quit, with a rating scale of 1 to 7.

3.6.2 QUESTIONNAIRE AND PILOT SURVEY

Wilkinson (2000: 42) describe the questionnaire as a useful tool for collecting data from a large number of respondents and further indicate the circumstances under which a questionnaire can be utilized, as follows;

- Information is sought from large numbers over a relatively large geographical area.
- When information sought is not complex
- When seeking information about facts, either in the present, or because of the influence of memory, in the recent past.
- When particular groups are studied, or people in a particular problem area because the researcher want to generalize about them, make comparisons with other groups or use their responses and comparisons for development.
- When there is certainty that a questionnaire will produce the type of information that is needed.
- When there is certainty that barriers such as language and literacy do not apply to the population.

The above requirements have been met, except that the results cannot be generalized to the whole Eastern Cape Department due to the sample size.
Questionnaires collect data by asking people to respond to exactly the same set of questions and they are often used as part of a survey strategy to collect descriptive and explanatory data about attitudes, beliefs, behaviors and attributes (Saunders, Lewis and Thornhill, 1997). The researcher was well aware of the fact

that the reliability and validity of the collected data will depend mainly on the questions asked, the structure of the questionnaire as well as the pilot study.

A pilot study was conducted with ten employees of the Eastern Cape Department of Health, two senior doctors, one Human Resources Manager, three nurses and four allied health workers who are providing the health support service. In developing a questionnaire – as much as in developing an interview – pilot-testing is essential and this testing will enable the researcher to determine whether the items are worded properly, for example, whether terms like approve and like (or disapprove and dislike) are being used as synonyms or whether there are differences in implication (Rosnow and Rosenthal, 1996). The reason for conducting the pilot test was to ensure that questions are clear to the respondents and would be amended if it was necessary. Furthermore, in terms of the covering letter that was written to the respondents, it was stated that the questionnaire would take about twenty minutes to complete. Therefore, the duration for completing the questionnaire was verified during the pilot survey.

Four respondents in the pilot survey were contacted by telephone and the researcher personally met with three. The other three employees out of ten possible respondents did not return the questionnaires within the stipulated period, which was two days. A follow up was made and the questionnaires were returned later and they became part of the main survey.

The feedback received from the clinical managers who participated in the pilot survey was positive and no difficulties were experienced in the completion of the questionnaire. The questionnaire was clear to all the respondents except one who has raised an issue on item nine. It was discovered that some health professionals such as nurses and allied workers working in hospital complexes may be confused when it comes to choosing the division in item nine (Biographical Details); hence it was decided to have “hospital services” so as to provide more clarity under this item. However, it may be possible that some

nurses and allied workers could have marked their questionnaires under hospital services. Hospital complexes are under program four which is referred to as Hospital Services and the questionnaire had divisions such as clinical support, nursing and the like, which were all under the same program. The researcher decided to effect a slight change on the item. The respondent was uncertain about the choice of division because Medical and Hospital Services were both relevant to her.

3.6.3 CONTENT VALIDITY AND RELIABILITY

Validity relates broadly to the extent to which the measure achieves its aim, that is, the extent to which an instrument measures what it claims to measure, or tests what it is intended to test; and reliability refers to matters such as the consistency of a measure – for example, the likelihood of the same results being obtained if the procedures were repeated (Wilkinson, 2000). Rosnow and Rosenthal (1996) contend that "Content validity means that the test or questionnaire items represent the kinds of material (or content areas) they are supposed to represent, which is usually a basic consideration in the construction phase of any test or questionnaire". The questions that were developed in the questionnaire are both directly and indirectly linked to the literature as reflected in Chapter Two. During the pilot survey, two senior managers of District Health Services and Hospital Management Services were specifically selected in order to assist in the determination of the appropriateness of questions and statements. Therefore, efforts have been made to ensure validity of the questions and statements reflected in the questionnaire.

3.7 SELECTED POPULATION AND SAMPLE FOR THE STUDY

Health professionals employed in the Port Elizabeth and Mthatha areas of Eastern Cape Department of Health serve as the population for the purpose of this study. These employees are responsible for the core business of the

organization which is to render health services to the population of the Eastern Cape. The sampling method that was utilized in administering the questionnaire is non-probability. Cooper and Schindler (1998) contend that non-probability sampling procedures may be used because they satisfactorily meet the sampling objectives. Two of the reasons to choose non-probability over probability sampling were cost and time.

The choice of the sampling was convenient and the results of the study would still be valuable to the Eastern Cape Department of Health. Although some form of random sampling is usually preferred, not all sampling entails random sampling, for instance, where a sampling frame is unavailable, or where research is exploratory, researchers may strategically select a sample based upon his/her judgments about the population of interest, with a specific purpose in mind, even though such a non-probability sample will not be fully representative, the rationale is that it will provide useful data for a sample judged to be typical of, or at least provide some interesting insight into, the wider population according to some characteristics thought to be prevalent amongst sample members (Gill and Johnson, 2002).

It was clear that with a population of about 3000 health professionals scattered in different research areas, it would be difficult to do probability sampling hence the choice of convenience sampling which is the easiest and cheapest. While a convenience sample has no controls to ensure precision, it may still be a useful procedure and often one will take such a sample to test ideas about a subject of interest, and the results may present evidence that is so overwhelming that a more sophisticated sampling procedure is unnecessary (Cooper and Schindler, 1998).

3.7.1 BIOGRAPHICAL DATA OF THE RESPONDENTS

The first part of the questionnaire deals with biographical information which could be useful in the analysis of the data. Respondents were expected to provide the information about race, gender, qualification, division where they work and the like, as indicated in the attached questionnaire as Appendix A.

3.7.2 RACE

The workforce profile of the Eastern Cape Department of Health as at 31 March 2009, reflects that blacks constitute 86.5%, Coloureds = 8.2%, Whites = 4.8% and Indians = 0.6%. The level of response indicated here below reflects the racial breakdown of the employees, more especially when it comes to whites and coloureds. However, 98% of the employees in Mthatha are black and only 64.2% of the employees are black in Port Elizabeth. 21.6% of the employees in Port Elizabeth are coloureds and whites constitute 12.7%.

TABLE 4: BREAKDOWN OF RESPONDENTS BY RACE

Race	Frequency	Percent	Cumulative Percent
Black	46	73.0	73.0
White	5	7.9	81.0
Asian	4	6.3	87.3
Coloured	8	12.7	100.0
Total	63	100.0	

3.7.3 GENDER DISTRIBUTION

The percentage of females in ECDoH is 73.1% as against 26.9 males. The table below indicates that 76.2% of the respondents are female and the response rate for males is 23.8 and this largely reflects the gender balance in the department. The percentage of female employees in Port Elizabeth is 75.5, whereas in Mthatha, females constitute 74.2%.

TABLE 5: BREAKDOWN OF RESPONDENTS BY GENDER

Gender	Frequency	Percent	Cumulative Percent
Male	15	23.8	23.8
Female	48	76.2	100.0
Total	63	100.0	

3.7.4 AGE

The majority of health professionals who responded are between the age of 25 and 45, with 34.9% of them falling within the age group 35 to 45 years. The percentage of the respondents between the age of 35 and 45 is 27 and 9.5% of respondents are 55 years and above. The percentage of respondents below the age of 25 is 6.3.

TABLE 6: DISTRIBUTION OF RESPONDENTS BY AGE

Age	Frequency	Percent	Cumulative Percent
< 25yrs	4	6.3	6.3
25 to <35yrs	14	22.2	28.6
35 to < 45yrs	22	34.9	63.5
45 to < 55yrs	17	27.0	90.5
55 or older	6	9.5	100.0
Total	63	100.0	

3.7.5 JOB GRADE

The respondents who are rendering services at production level constitute 76,2 per cent of the total number of questionnaires returned by the respondents. Managers represent 22.2 per cent of the respondents and one of the respondents did not indicate the grade in the questionnaire. The majority of respondents are professionally qualified at 54%. However, most of the respondents in the other grades could also be professionally qualified.

TABLE 7: DISTRIBUTION OF RESPONDENTS BY GRADES

Grades	Frequency	Percentage	Cumulative Percent
Top management	1	1.6	1.6
Middle management	13	20.6	22.2
Supervisor	10	15.9	38.1
Professionally qualified	34	54.0	92.1
Non-supervisory	4	6.3	98.4
Blank (Unmarked)	1	1.6	100
Total	63	100.0	

3.7.6 DISTANCE FROM WORK, TRAVELLING AND ACCOMODATION

Most of the respondents stay closer to work as compared to 23.8% 0f the respondents whose travelling distance between home and work is above 50% and there is no excessive travelling between their place of residence and work station. Seventy one per cent of the respondents own cars. Sixty five per cent of them stay in their own accommodation while thirty five per cent are renting.

Rentals include the community service health professionals who are required to serve one year community service after qualifying.

TABLE 8 TRAVELLING DISTANCE, MODE OF TRANSPORT AND ACCOMMODATION

Kilometres	Frequency	Percent	Cumulative Percent
N/A	21	33.3	33.3
< 5 km	11	17.5	50.8
5 to < 50 km	16	25.4	76.2
50 to 100 km	6	9.5	85.7
> 100 km	9	14.3	100.0
Total	63	100.0	

TABLE 9: MODE OF TRANSPORT

Mode of Transport	Frequency	Percent	Cumulative Percent
Walk or bicycle	1	1.6	1.6
Train	1	1.6	3.2
Bus or taxi	14	22.2	25.4
Own transport	45	71.4	96.8
Other	2	3.2	100.0
Total	63	100.0	

TABLE 10: ACCOMMODATION

Accommodation	Frequency	Percent	Cumulative Percent
Own	41	65.1	65.1
Rent	22	34.9	100.0
Total	63	100.0	

3.7.7 QUALIFICATIONS

Ninety per cent of the respondents have diplomas, degrees and masters or doctoral degrees. This is expected given the fact that the minimum requirement for them to be registered with the health professions council is a three year qualification. The respondents who have matric could be staff nurses and nursing assistants who are getting enrolment certificates, unless some of them have made an error when completing the questionnaire.

TABLE 11: QUALIFICATIONS OF RESPONDENTS

Level of Education	Frequency	Percent	Cumulative Percent
< Matric or Grade 12	2	3.2	3.2
Matric or Grade 12	4	6.3	9.5
Diploma	14	22.2	31.7
Bachelors Degree	21	33.3	65.1
Honours Degree	11	17.5	82.5
Masters or Doctoral Degree	11	17.5	100.0
Total	63	100.0	

3.7.8 DIVISIONAL DISTRIBUTION

Forty three per cent of the respondents are nurses and this is in line with the departmental statistics as the majority of health professionals are nurses. Furthermore, the vacancy and turnover rate for nurses is relatively lower than other categories of staff. Again the ratio of nurses per 100 000 population is 114.2 in the Eastern Cape which is closure to the national average of 116 per 100 000.

TABLE 12: DIVISIONAL DISTRIBUTION OF HEALTH PROFESSIONALS

Division	Frequency	Percent	Cumulative Percent
Nursing	27	42.9	42.9
Hospital Services	8	12.7	55.6
Medical Services	11	17.5	73.1
Support Services	11	17.5	90.6
District Services	5	7.8	98.4
System	1	1.6	100
Total	63	100.0	

3.8 ANALYSIS OF DATA

The researcher captured the survey data in Microsoft Excel and used available formulas for the purpose of analysis. Some of the data captured is categorical in nature and statistical analysis is mainly descriptive. Furthermore, inferential statistics was applied to explore the relationship between biographic variables and turnover and retention factors. The researcher decided to classify the data before the actual analysis and the information was coded, for example, the Mthatha area was coded as number 1 and Port Elizabeth was coded as number 2. The data was sorted and Excel formulas were used to do the counting and ratings.

In Section B1 there was sixty seven items with scores ranging from -10 to +10. A score of +10 means that this factor is exceptionally important in influencing the employee to stay, whereas a score of -10 indicates that this factor is tremendously important in influencing the employee to consider leaving the organization. A neutral score of 0 illustrates that this factor is not important when it comes to influencing the employee to stay or leave.

The items which had the highest frequency of positive or negative scores were identified and further analyzed. The top ten retention variables represented by positive scores were identified together with the top ten turnover variables as represented by the frequencies of negatively scored items.

The mean for the top ten retention items and turnover items were then calculated for the sub-sample that they represented. The proportion of the sub-sample to the total sample, was then multiplied by the mean to determine an impact score. This was a more accurate way of identifying the priority items among the top ten, as it combined both the level of importance and prevalence of an item.

The sixty three questionnaires completed by the respondents were combined and calculations were made so as to identify the top items. Completed questionnaires were then divided according to the areas, that is, Mthatha and Port Elizabeth for the purpose of doing comparison between the two areas. The factors were prioritized as indicated by the frequencies and impact scores, for both retention and turnover. The results of the data were then utilized in the interviews with the senior managers who were thereby given feedback, as well as the opportunity to provide a more in depth explanation of the prioritized factors.

3.8.1 ANALYSIS OF INTERVIEW DATA

Arrangements were made with the selected managers for an interview after the collection of the data through the questionnaire as well as departmental records (such as strategic plans, operational plans, data from Persal and the like). They were asked to make comments on the results and some of them also provided their comments in writing. The main purpose of the interviews was to check and confirm the results obtained through the administration of the questionnaire. This, therefore, means that the interviewees commented for more in-depth

understanding of the results, for example, it was confirmed by a majority of them that there is a lack of effective leadership and communication.

3.9 ETHICAL CONSIDERATIONS

Cooper and Schindler (1998: 108) state that the goal of ethics in research is to ensure that no one is harmed or suffers adverse consequences from research activities. Respondents remained anonymous in order to promote openness and frank responses. The issue of anonymity was emphasized to the respondents as they were not required to provide their employee details, including their names.

The researcher has in no way tried to influence the respondents when it comes to the completion of the questionnaires. They were free to provide answers according to their personal opinion. It was specified to the respondents that this research is done for study purposes. The aims and objectives of the study were communicated to both respondents and the organization where research was conducted, in this case, the Eastern Cape Department of Health. Permission to conduct the study was requested and obtained from the Health Department.

3.10 CONCLUSION

This research has utilized both quantitative and qualitative survey method in the form of documentation and interviews with clinical managers so as to analyze and measure the data that was provided through the questionnaire that was administered to the respondents. The study was also used to identify factors that are contributing to staff turnover and retention of health professionals in the Eastern Cape Department of Health. Interviews were conducted with four managers after administering questions so as to enable the researcher to ask relevant questionnaires following the analysis of the data. Information from literature review was used to construct the questionnaires. The respondents had sufficient opportunity to complete the questionnaire without interference from the

researcher and ethical considerations were applied all the time. This chapter deals with research methodology and the results are mainly dealt with in the next chapter, which will be followed by a discussion of the results in Chapter Five.

CHAPTER 4: RESULTS

4.1 INTRODUCTION

In this chapter, results relating to the factors that would influence the health professionals to leave the Eastern Cape Department of Health or stay within the organization are presented. One of the objectives of the study is to look at turnover trends within the organization. Data concerning the turnover trends and the vacancy rate were obtained from the Human Resources Directorate and Strategic Planning.

The questionnaire results were extensively utilized. The first sixty seven questions of the questionnaire that was completed by the respondents had zero at mid point and then 1 to 10 representing staff retention for each item and -1 to -10 representing staff turnover. Quite a number of responses had positive scores of 60% and above; and these scores were regarded as significant, for example, there were nineteen items where a minimum of 40 respondents have answered positively. Positive scores mean that the factor is important in influencing the employee to stay. The total number of respondents is sixty three, meaning that the majority of respondents have indicated the factors that may influence them to stay and the ECDoH may focus on these items. The items are presented in Table 13 below.

TABLE 13: ITEMS WITH AT LEAST 40 POSITIVE RESPONSES

ITEM	DESCRIPTION	%
52	Level of significance or importance of the job	77.78
4	Purpose, Vision or Mission of the organization	74.60
22	Degree of training to adequately do the job	74.60
27	Quality of relationships with colleagues	74.60
28	Treatment by work colleagues	74.60
56	Level of engagement and involvement with the job	73.02
58	Scope or discretion to respond to clients	73.02

53	Level of Autonomy provided by the job	71.43
60	Meaningfulness of job content & Assignments	69.84
50	Amount of variety in the job	68.25
57	Level of challenge & excitement of work in area of expertise	68.25
21	Development & gaining new knowledge & skills	66.67
29	Support from Manager and Colleagues	66.67
61	Level of responsibility in the job	66.67
47	Degree of self-belief in performing the job	65.08
54	Information provided by the job including feedback from colleagues & supervisor	65.08
67	Fairness in allocating tasks & assignments in the section	65.08
20	Learning Environment of the organization	63.49
41	Degree of feeling that the employee does a job that suits him/her	63.49

There were a few responses with the frequency of negative scores above sixty per cent. The negative scores indicate that the factor is important in influencing the employee to leave. This could suggest that these items should be taken into consideration in the development of the retention strategy. The three items are indicated here below in Table 14.

TABLE 14: NEGATIVE SCORES ABOVE SIXTY PER CENT

ITEM	DESCRIPTION	%
14	The way organization is led by top management	69.84
32	Degree of fairly or unfairly reward for contribution	63.49
11	How things are done and how people generally behave at work	60.32

Other indicators (Staff Turnover) were close to sixty per cent with 58.73% each and these indicators are; 8, 9, 19, 40 and 43.

After the sorting of the data, ranking was done of the 67 items of Section B1, in terms of the impact analysis and the top ten (10) retention factors are presented in Table 16. The top ten turnover factors are in Table 17. Other statistical results are presented in the form of cross tabulations, p-values and chi-squares.

Items that are responding to the four objectives of the study are presented in this chapter. Firstly, the results responding to the first objective are presented, followed by results responding to the second, third and the fourth objective.

4.2 TURNOVER RATE OBTAINED FROM DEPARTMENTAL DOCUMENTS

The 2004/5 and 2005/6 Annual Reports of the Eastern Cape Department of Health reveal that the average turnover rate was 10.1% and 9.2% respectively. However, almost all the health professional categories had a turnover rate that is above 20% during 2005/6 financial year. For example, during 2005/6 financial year Doctors, Pharmacists, Occupational Therapists, Physiotherapists, Psychologists, Speech and Audiologists had the following vacancy and turnover rates.

TABLE 15: VACANCY AND TURNOVER RATE PER OCCUPATION

OCCUPATION	VACANCY RATE IN 2004/5	VACANCY RATE IN 2005/6	TURNOVER RATE IN 2005/6
Doctors	48%	48%	28%
Pharmacists	31.9%	49.3%	37.5%
Occupational Therapists	63%	71.7%	42.4%
Physiotherapists	45.4%	58.3%	34.8%
Psychologists	75%	75.5%	54.5%
Speech & Audiologist	46.2%	41.2%	23.1%
TOTALS	51.8%	57.3%	36.7%

4.3 TOP TEN OVERALL RETENTION ITEMS

The calculations were made according to the results obtained after the completion of the questionnaire by the respondents. Ratings were made by considering the frequency of scores, and a mean was calculated as the average of the applicable scores, followed by the impact score. The top ten retention items are as follows:

TABLE 16: TOP TEN OVERALL RETENTION ITEMS

RANK	ITEM DESCRIPTION	FREQUENCY	%	MEAN	IMPACT SCORE
1	Significance of job	49	77.78	7.76	6.05
2	Treatment by colleagues	47	74.60	7.34	5.51
3	Quality of relationships	47	74.60	7.17	5.38
4	Training	47	74.60	7.04	5.28
5	Engagement or involvement in job	46	73.02	7.11	5.19
6	Support from management & colleagues	42	66.67	7.45	4.99
7	Use of discretionary powers	46	73.02	6.83	4.98
8	Purpose, Vision & Mission	47	74.60	6.55	4.91
9	Self belief	41	65.08	7.39	4.80
10	Level of autonomy	45	71.43	6.71	4.76

4.4 SUMMARY OF RETENTION FACTOR

The top five items obtained the highest frequent scores of seventy three per cent and above, with impact scores ranging between 5.19 and 6.05. The results seem to suggest that most of the health professional regard the significance of their job

as the main factor that is related to their retention. Relationships between employees and managers appear to be a critical factor, including training and development. Health professionals would like to be involved in matters affecting their jobs.

4.5 TOP TEN OVERALL TURNOVER ITEMS

The information was obtained after using the data sorted from the completed questionnaire. Ratings were made by considering the frequency of scores, and a mean was calculated as the average of the applicable scores, followed by the impact score. The top ten turnover items are as follows;

TABLE 17: TOP TEN OVERALL TURNOVER ITEMS

RANK	ITEM DESCRIPTION	FREQUENCY	%	MEAN	IMPACT SCORE
1	Leadership	44	69.84	-7.45	-5.22
2	Distribution of rewards	40	63.49	-7.50	-4.73
3	How things are done	38	60.32	-7.66	-4.59
4	Problem solving	37	58.73	-7.57	-4.46
5	Stress, tension, conflict	37	58.73	-7.27	-4.29
6	“Red tape” or bureaucracy	37	58.73	-7.24	-4.27
7	Performance management system	37	58.73	-7.14	-4.21
8	Fairness and consistency	37	58.73	-6.73	-3.97
9	Employee recognition	31	49.21	-8.00	-3.92
10	Feedback and career advancement	35	55.56	-6.69	-3.74

4.6 SUMMARY OF TURNOVER FACTORS

About seventy per cent of the respondents have linked leadership to the turnover factor suggesting that the ECDoH could lose health professionals to other employers if the leadership and management issues are not adequately addressed**.** Leadership is the only item with an impact score that is above five, followed by the unfair distribution of rewards and “how things are done”, with their respective impact scores of 4.73 and 4.59. The second and the third item have scored percentages of 63.49 and 60.32 respectively. Problem solving and stress, tension and conflict items have both obtained a frequency score of 58.73 per cent with impact scores of 4.46 and 4.29 respectively.

Problem solving; stress, tension and conflict; ‘red tape or bureaucracy; performance management system as well as fairness and consistency have all attained a similar score of 37 which translate to 58.73 per cent, with almost the same mean of seven which could mean that the respondents felt equally strong about these variables. The impact scores of these items are almost equal at around four. Lastly, employee recognition has the lowest frequency score as compared to other nine top ten items but the mean is eight, which is the highest. This illustrates that health professionals should be treated with the respect that they deserve as their dissatisfaction could trigger their intentions to quit the organization.

4.7 TOP TEN RETENTION FACTORS FOR MTHATHA AND PORT ELIZABETH

The top ten retention items for the two sub-samples were lifted for the purpose of comparing the two areas, taking into consideration the differences in scores, per item. This is represented by the following table of items and the impact scores;

TABLE 18: TOP TEN RETENTION FACTORS FOR MTHATHA AND PORT ELIZABETH

RANK	MTHATHA		PORT ELIZABETH	
	ITEM DESCRIPTION	IMPACT SCORE	ITEM DESCRIPTION	IMPACT SCORE
1	Significance of job	6.13	Significance of job	5.96
2	Purpose, vision, mission	5.83	Treatment by colleagues	5.73
3	Organizational structure	5.80	Discretionary powers	5.33
4	Involvement with job	5.60	Quality of relationships	5.23
5	Training	5.56	Level of autonomy	5.15
6	Self belief	5.52	Training	4.92
7	Quality of relationships	5.50	Managerial support	4.89
8	Treatment by colleagues	5.28	Job responsibility	4.82
9	Managerial support	5.09	Involvement with job	4.76
10	Skills development	4.97	Job variety	4.60

4.8 SUMMARIZED TOP TEN RETENTION FACTOR FOR MTHATHA AND PORT ELIZABETH

Health professionals in both areas identified the significance of their job as the number one retention factor. The top five items in both areas have attained an impact score that is above five and that is almost similar to the impact scores for the combined sample as described above. The items from two to nine under Mthatha have obtained an impact score that is above five, whereas the impact scores from item six to ten under PE are below five. With the exception of significance of the job item, the rankings of the remaining nine items are

significantly different and that could suggest the differences between the two areas in terms of the “working conditions” and “how things are being done”.

4.9 TOP TEN TURNOVER FACTORS FOR MTHATHA AND PE

The top ten turnover items for the two sub-samples were lifted for the purpose of comparing the two areas, taking into consideration the differences in scores, per item. This is represented by the following table of items and the impact scores;

TABLE 19: TOP TEN TURNOVER FACTORS FOR MTHATHA AND PE

RANK	MTHATHA		PORT ELIZABETH	
	ITEM DESCRIPTION	IMPACT SCORE	ITEM DESCRIPTION	IMPACT SCORE
1	Leadership	-5.13	Leadership	-5.78
2	Problem solving	-4.98	“Red tape” or bureaucracy	-5.15
3	Employee recognition	-4.73	Distribution of rewards	-5.13
4	How things are done	-4.49	Fairness and consistency	-5.13
5	Distribution of rewards	-4.39	How things are done	-5.12
6	Availability of resources	-4.30	Pay package	-4.83
7	Communication	-4.28	Performance management system	-4.60
8	Stress, tension, conflict	-4.25	Stress, tension, conflict	-4.25
9	Health and safety	-4.12	Problem solving	-3.98
10	Listening to employee ideas	-3.92	Workload	-3.69

4.10 SUMMARIZED TOP TEN TURNOVER FACTORS FOR MTHATHA AND PORT ELIZABETH

Again leadership is a priority issue in both regions, which have the highest impact score for this item. The four items below number one under Mthatha have all scored below five whereas in Port Elizabeth, the first five items have attained an impact score that is above five**.** Stress, tension and conflict ranked at number eight and this could relate to the shortage of staff or how things are done in the organization as this item features in the first five in both areas. Pay package is ranked at number six in Port Elizabeth but it does not feature in the top ten, for the Mthatha area.

4.11 COMPARISONS BETWEEN MTHATHA AND PORT ELIZABETH

A cross tabulation between the two areas was done in order to check the relationship between two sub-samples. It was detected that, with the exception of the following four variables, the rest had p-values that suggest that there is no statistical significance between them.

TABLE 20: P-VALUES OF SELECTED ITEM DESCRIPTIONS

NO	ITEM DESCRIPTION	RESULT
76	Participation in decision making and problem solving	p-value = 0.047 suggest that there is statistically significant difference between the variable and the current place of employment. The two variables are independent of each other
79	Movement to another section to work with different people	p-value = 0.005 suggest that there is statistically significant difference between the variable and current place

		of employment. The two variables are unrelated.
83	Induction of new employees for better adjustment in the new workplace	p-value = 0.020 suggest that there is statistically significant difference between the variable and current place of employment
92	The availability of sport and recreation facilities	p-value = 0.035 suggests that there is statistically significant difference between the variable and the current place of employment. This shows lack of relationship between the two areas

4.12 INTERVIEW FINDINGS

The clinical managers who were interviewed agreed that most of the top issues relating to the turnover of health professionals reflect the challenges that they are facing in their day to day activities. One of the managers has indicated that even the ranking of the items is correct**.** However, another manager in a different area has disagreed with the statement that top leadership is contributing to the staff turnover, as this has never been revealed in the exit interviews that are conducted when an employee resigns. The manager indicated that exit interviews are conducted by the managers and the reasons provided by the exiting employees may not be accurate for fear of the consequences such as reports when reference checks are done by the prospective employers.

Interviews have revealed that there are inconsistencies and injustices that are happening at the work place. Some of the managers find themselves in a situation where they have to implement policies that are unfair, and there is a feeling that they have no choice as it is their responsibility to do so. It was agreed that the selection criteria that is used to give awards to employees is not clear.

One of the managers said that health professionals are usually frustrated due to support services that are not helpful, “but in most cases, they usually have constraints as well”, as some of the juniors feel that their seniors are doing less for more”. This could relate to the finding that some employees are not happy with how things are being done within the organization, such as the amount of red tape or bureaucracy, and the unfair distribution of rewards. That is, some of the employees may feel that high performing employees should be rewarded more substantially than those employees whose performance rating is average.

The managers have agreed that there are challenges when it comes to strategic communication and implementation and this may also relate to the functioning of leadership. Some employees could feel that there is a lack of direction, or that the vision and mission of the organization is not appropriately communicated to them. The organization should have a clear direction that it is following, and this should be clearly understood by the employees. In reality, most employees are not involved in the decision making processes and strategic documents are regarded as privileged. The organizational structure needs to be reviewed as it does not address the operational issues and again, this illustrates that there is a need to address the challenges relating to leadership. It was agreed that training and development is very important for the retention of health professionals.

4.13 CONCLUSION

The results demonstrate that health professionals in the Department of Health are faced with challenges that need to be addressed. The significance of the job for a health professional is directly linked to their retention.

It was noted that there were both similarities and differences between Mthatha and Port Elizabeth on how the retention and turnover factors are viewed. It would be important for the Eastern Cape Department of Health to seriously consider the issues that were raised by both health professionals and managers in order to

deal effectively with retention and turnover. In the Mthatha area, the results suggest that if leadership can provide a clear direction, this may contribute to the retention of health professionals. This is also linked to the overall results whereby it is suggested that leadership is a challenge within the Eastern Cape. More discussions on the results will be reflected in the next chapter.

CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

It appears organizations have a great responsibility to ensure that the retention of staff is properly managed. Efforts should be made to keep employees motivated and fairness must be maintained at all times, with a particular focus to performance and management.

In this chapter, the factors that could influence the health professionals to stay or leave the Department of Health are discussed. The goal of the study is to investigate the factors contributing to the turnover and retention of health professional staff employed by the ECDoH, with a possibility of assisting the Health Department in developing a staff retention strategy. There were four objectives that were formulated in relation to the goal of the study and these are:

- To establish the level of turnover within the Eastern Cape Department of Health and identify the trends.
- To find out why people intend to leave health institutions, districts and the Eastern Cape Health Department.
- To establish the reasons influencing people's intentions to stay in the Department.
- Provide recommendations on a retention strategy.

5.2 TURNOVER TRENDS IN THE ECDoH

Based on the data that was obtained for this study through the available documents such as operational plans, the Persal system and interviews, the average turnover trend for 2004/5, 2005/6 and 2006/7 is ten per cent (10%). However, this is the overall turnover which includes all the employees of the Department of Health. The average turnover trend for health professionals is

over thirty per cent, for example in 2005 the turnover rate for doctors was 32.5%, pharmacists 37.5%, Physiotherapists 34.8%, Occupational Therapists 42.4% and it was 54.5% for psychologists. These percentages exclude nurses whose turnover rate over the specified years is equal to the departmental average. It appears that the ECDoH has not managed to reduce the turnover rate effectively. The unavailability of effective retention strategy for the health professionals could be one of the contributory factors in the challenge of the department to retain its critical employees.

5.3 DISCUSSION OF THE RETENTION FACTOR RESULTS (TOP 5)

Most of the respondents have clearly indicated the items that may influence their retention and the first eight, as it is illustrated in Table 18, had a score that is above seventy per cent. Buhler (2002) states that it is no longer enough to fit the person with the job to improve retention, the person must suitable for the job and this fit increases the probability of staying with the firm for a longer period. There are five retention indicators that have obtained the highest impact scores and these are; Level of significance or importance of the job, Treatment by work colleagues, Quality of relationships with colleagues, Degree of training to adequately do the job and Level of engagement and Involvement in the job. This section responds to objective number two, which is, to establish the reasons causing people to stay in the department.

It must be stated that the researcher decided to utilize the percentages together with impact scores because it was discovered that sometimes there would be items that are having the same percentage as represented here below by items no 2, 3 and 4 with 74.60%. The impact scores had to be used for the purpose of ranking these items.

TABLE 21: TOP FIVE RESULT OF THE RETENTION FACTOR

No	Item Description	Percentage	Impact Score
1	Level of significance or importance of the job	77.78	6.05
2	Treatment by work colleagues	74.60	5.51
3	Quality of relationships with colleagues	74.60	5.38
4	Degree of training to adequately do the job	74.60	5.28
5	Level of engagement and involvement with the job	73.02	5.19

5.3.1 SIGNIFICANCE OR IMPORTANCE OF THE JOB

Wagner and Hollenbeck (1998) refer to task significance as a degree to which a job has a significant impact on the lives of other people, whether those people are coworkers in the same firm or other individuals in the surrounding environment. One of the most important factors in job satisfaction is the kind of work employees perform (especially when it is challenging or interesting) and the freedom they have to determine how the work is done (Wagner and Hollenbeck, 1998).

This item has the highest score of 77.78% and it is high on both Mean (7.05) and Impact Score (6.05), when it comes to the Overall Scores. However, when it comes to Mthatha area it is high on Impact score (6.13) but second to Purpose, Vision and Mission when it comes to the percentage as this item has scored 81% which is the highest. In the Mthatha area, the third highest impact score is 5.80 for the structure of the organization. In the Port Elizabeth area, the items with the highest score in terms of percentage (both 83.87) are 58 and 27.

It is suggested from the above information that the majority of employees (more than three quarters), regard the significance of the job as an important retention

factor. This demonstrates that health professionals would like to be given sufficient space to perform their functions by influencing the decisions that are affecting their jobs directly and if this is done, it would mean that their significance would have been recognized.

One of the management responsibilities would be to assist the health professionals in understanding their significance in the organization. Gupta-Sunderji (2004) suggests that employees should be helped to understand the purpose of their job and why their positions are important to the company. However, it seems as if most health professionals do not have the intention of leaving their profession as most of them are still interested in practicing their health profession but there is no guarantee that they may not leave the Eastern Cape Province or public service. The study has revealed that 25% of the health professionals think about leaving their profession or line of work and this number is significant if the shortage of health professionals is taken into consideration. This is a high percentage and it needs to be addressed. The introduction of Occupational Specific Dispensation could serve as one of the strategies for health professionals to continue practicing.

5.3.2 TREATMENT BY WORK COLLEAGUES

The comparison between the two sub-samples on this item indicates that in the PE area, this item came second with the impact score of 5.73; whereas it came number eight in the Mthatha area with the impact score of 5.50. It is important for Eastern Cape Department of Health to have employees who value relationships with others and this could have a positive effect in keeping health professionals within the organization hence people skills have to be assessed on a regular basis, for example, Buhler (2002) states that people management is often cited as a top reason that employees leave the firm and the key is to address on a timely basis problems that results in high turnover. Employees cannot be expected to treat their customers with respect, in line with Batho Pele (People

First) if they are not treated in that manner. If employees are satisfied, it is likely that they will treat the patients and other clients in a friendly manner.

Surveys and studies demonstrate that people want more from work than money, while managers predicted the most important motivational aspect of work for people would be money, personal time and attention from the colleagues was cited by workers as most rewarding for them at work (Heathfield, 2008). This emphasizes the fact that people want to be treated with dignity and respect by both supervisors and fellow employees. The Eastern Cape Health Department need to encourage the employees to work in teams, for example, establishing quality circles, so that each and every employee can make a contribution and at the same time create a sense of belongingness to the team as well as the entire organization. Managers should try to make an employee's first day special, for example, new employees can be assigned a buddy who will help them to find the bathrooms, show them where the cafeteria is and eats lunch with them sometime during the first few days of the week and the buddy should continue to check with the new employee during the first month (Giguere, 2006). Quite a number of employees these days are independent, and they can easily move to organization where they would feel welcomed or well received. The average tenure is ten per cent but its higher for certain health professionals.

5.3.3 QUALITY OF RELATIONSHIPS WITH COLLEAGUES

The study reveals the importance of relationships in keeping the best employees within the organization, and in this case, health professional are the key. The quality of relationships within a work group is very important to employees, especially the extent to which the individual is accepted as part of the work unit and the friendliness and support of his or her fellow employees (Carrell, Elbert, Hatfield, Grobler, Marx, Van der Schyf, 1998: 561). Team work should be promoted in order to create a sense of purpose and employees are likely to be proud of what they are doing. Communication between among all employees

should be encouraged because the study has shown that it is valued by the respondents, for example, 78% of the respondents indicated that communication about things affecting their job in the organization may influence them to stay within the organization. If the interaction between the employees is based on trust which can be built through continuous communication, this could result in the establishment of an effective team. When you take the time to communicate to and consult with employees, at a minimum, you will build better relationships. Another aspect of communication that generates positive results is offering timely and constructive feedback to your employees (Gupta-Sunderji, 2004). If workers participate in a similar work, share a common task, or face the same problems, this may assist cohesiveness. The nature of the duties may serve to bring health professionals together when it is necessary so as to communicate and interact regularly with each other during the performance of their duties.

When a quality team is formed, it should include decision makers from several key groups: employees, peers, senior managers, customers, suppliers, and staff support (Ivancevich and Matteson, 1996). Sound working relations and effective cooperation will assist in boosting the morale of the staff and job performance. The more homogeneous the group in terms of such features as shared backgrounds, interests, attitudes and values of its members, the easier it is usually to promote cohesiveness. Group spirit and relationships take time to develop. The empowerment of employees may lead to better relationship. Cohesiveness is more likely when members of a group are together for a reasonable length of time, and changes occur only slowly. A frequent turnover of members is likely to have an adverse effect on morale, and on the cohesiveness of the group (Mullins, 2002). This illustrates the significance of the Eastern Cape Department of Health in managing staff retention.

5.3.4 TRAINING TO ADEQUATELY DO THE JOB

Most health professionals have successfully completed the basic training to perform their tasks; however, they are required to undergo further training at work so as to keep up with the developments because of the technological advances and the like. Training and development opportunities have become a crucial retention-tool and employees who are receiving training tend to be more loyal to the firm, more knowledgeable, and more skilled (Buhler, 2002). If employees are continuously developed, there are chances that the employees will remain in the organization.

It appears that about 74.60% (Impact score 5.28) want to stay because of the Training and Development that they are receiving. This could suggest that certain employees feel that their superiors are eager to assist them in advancing their careers. The department may score high on retention through training if it is kept relevant. It is critical for employees to be provided with development opportunities within a year or two after joining the organization.

It appears that Eastern Cape Department of Health is committed to training and development of its employees hence there is a special grant called Health Professional Training and Development (HPTD) which is aimed at equipping health professionals with relevant skills and knowledge so as to keep up to date with any new developments. Furthermore, health professionals are required to earn CPD (Continuing Professional Development) points for continued registration with HPCSA, including nurses who are registered with the SANC. The results seem to suggest that the training that they are getting in the organization is adequate and the development of health professionals may improve the chances of retaining them. The departmental operational plan for 2009/10 reflect a budget of R526 067 000 for Human Resources Development and Training and this could be adequate to realize one of the departmental

strategic objectives, which is, to facilitate effective recruitment, development and retention of human capital for effective service delivery.

5.3.5 LEVEL OF ENGAGEMENT AND JOB INVOLVEMENT

Involvement in the decision making processes of the organization goes a long way in terms of retaining the best talents. Health professionals must be involved in the decisions that are affecting them. For example, Lvosyk (2003) states that involvement and participation breeds responsibility and enthusiasm. Health professionals seem to be satisfied with the level of engagement and as a result, they want to stay and this item has scored 77.10. However, this appears to contradict the assertion by one of the managers who has indicated that there is a lack of effective communication and involvement of health professionals in the decision making processes. Once employees realize that their opinions and suggestions are taken into cognizance, they will be satisfied and in turn customers will be happy and simultaneously build up the reputation of the organization whereby most employees would like to be associated with the Health Department of the Eastern Cape. The leadership of the organization need to take this into cognizance as this could have a positive impact in terms of minimizing employee turnover.

5.4 RESULTS OF THE TURNOVER FACTORS

The results have revealed that the ECDoH need to focus on a number of issues in order to manage turnover. The following items, in order of priority need more attention;

- Leadership
- Distribution of rewards
- The way of doing things in the organization
- Problem solving
- Stress levels, tensions and conflict management

It was found that perception of organizational culture, job security, compensation level, job satisfaction as well as demographic variables such as age, gender, education and a number of dependants; influence turnover (Huselid, 1995). The Eastern Cape Department of Health has a responsibility to ensure that the level of staff turnover is kept to the minimum.

When turnover costs are unacceptably high, or higher than your industry's average, do an assessment; find out who is leaving and why they are leaving; and exit interviews can help the employer to find out why (Blake, 2006). Employees often cite a number of reasons for leaving the organization and this study has revealed leadership, distribution of rewards, practices and work behavior, problem solving, stress and conflict as some of the factors that have a potential to contribute in the staff turnover of the Eastern Cape Department of Health.

TABLE 22: TOP FIVE RESULTS OF THE TURNOVER FACTOR

No	Item Description	Percentage	Impact Score
1	The way organization is led by Top Management	69.84	5.22
2	Degree of fairly or unfairly reward for contribution	63.49	4.73
3	How things are done & how people generally behave at work	60.32	4.59
4	The way problems are generally dealt with by managers	58.73	4.46
5	Amount of stress, tension and conflict in the job	58.73	4.29

The results reveal lower turnover scores in the Mthatha area as compared to the Port Elizabeth area as reflected here under; it should be noted that the impact scores were mainly used to rank the items with the same percentage.

TABLE 23: TOP FIVE TURNOVER ITEMS FOR MTHATHA AREA

No	Item Description	Percentage	Impact Score
1	The way organization is led by Top Management	62.50	5.13
2	The way problems are generally dealt with by managers	63.49	4.73
3	Recognition received for what is done by the employee	56.25	4.73
4	How things are done & how people generally behave at work	53.13	4.49
5	Degree of fairly or unfairly reward for contribution	56.25	4.39

TABLE 24: TOP FIVE TURNOVER ITEMS FOR PORT ELIZABETH AREA

No	Item Description	Percentage	Impact Score
1	The way organization is led by Top Management	77.42	5.78
2	The level of “red tape” or bureaucracy or standardized operating procedures	74.19	5.15
3	Degree of fairly or unfairly reward for contribution	70.97	5.13
4	Degree of fairness or consistency in implementation of policies	70.97	5.13
5	How things are done & how people generally behave at work	67.74	5.12

5.4.1 LEADERSHIP

The manner in which the organization is led seem to be taken very seriously by the health professionals as 69.84% has demonstrated that it may be a contributory factor to their exit intentions. Health professionals in both Mthatha and Port Elizabeth areas have cited leadership as the main reason for leaving their employer. This illustrates how significant the leadership is, within the organization like the Eastern Cape Health Department. If health professionals feel that they are not appropriately led, they will simple leave the organization. Leaders have direct control over an employee's sense of achievement, recognition for those achievements, job structure and content, supervisory practices, and relationships with employees (Gupta-Sunderji, 2004). Employee retention and turnover are under the direct control of the organization's (or division's or department's) leaders.

Ivancevich and Matteson (1996) define leadership as the influence in an organizational setting or situation, the effects of which are meaningful and have a distinct impact on, and facilitate the achievement of, challenging organizationally relevant goals. It appears that employees of the Department of Health would prefer a kind of management that will be prepared to listen and this can be done by involving the staff in the formulation of organizational strategy which will reflect the desired outcomes and set goals. However, the employees must also be prepared to listen to the management. Any individual, in any position, at any level of the organization can exert goal-specific influence on others. The top management can be found in most organizations, and they make themselves stand out when, through the application of influence, relevant goals are achieved (Ivancevich and Matteson, 1996). In the Mthatha area, 81.25% have indicated that the purpose, vision or mission of the organization is important to them when it comes to decision to stay and therefore, the leadership in this area should

focus on developing its managers and craft a clear strategy with the involvement of health professionals.

The University of Michigan Hospitals adopted quality management as a way to attract and keep top people in the health care profession (Ivancevich and Matteson, 1996). Top on the list of items under the turnover factor at 62.50% in Mthatha area is, the way problems are generally dealt with by managers and the way in which the top management is leading the organization. It is said that employees leave managers who fail to provide clarity about the expectations, provide clarity about career development and earning potential, give regular feedback about performance, hold scheduled meetings, and provide a framework within which the employee perceives he can succeed (Heathfield, 2008). Giguere (2006) further states that, if employees are going to leave, they usually do so in the first 18 months to three years after they were hired and most of them do not leave the organization, they leave a manager. The Health Department has to seriously consider the training and development of its leadership as the majority of respondents have cited lack of leadership as a turnover factor. Leadership is crucial for a team approach to be effective. It is significant for the teams to be kept together by good leaders so that the members can be in a better position to solve the problems. This could remove the perception that solution to problems is the responsibility of the managers.

Good leaders and their skill in promoting employee retention appears to be the key in determining as to why people stay or leave. For organizations to keep its key employees their number one priority should be to look at their management. The leader's relation to the employees play a central role in retaining employees, because employees need to feel involvement, and that their presence count (Hedberg and Helnius, 2007).

5.4.2 REWARDS FOR CONTRIBUTION

Each organization has a responsibility to ensure that rewards are fairly distributed to the employees as poor management of rewards may lead to some of the best employees leaving the organization if they are compensated equally with the low performers. The study has shown the critical importance of distributing the rewards and incentives fairly, for example, they must linked to performance and the actual achievement of the targets. The percentage of the respondents who have indicated that they may leave their current employer due to the way in which rewards are distributed is 63.49 (Impact score 4.73). This item obtained the second highest score for the two areas combined but it came at number five in Mthatha area with 56.25 (Impact Score 4.39) and number three in Port Elizabeth with the score of 70.97 (Impact score 5.13). The figures also show that the respondents in the Port Elizabeth feel strongly about the unfair distribution of rewards as compared to the respondents in the Mthatha area.

It appears that Health Department has to improve its reward system so as to be able to keep the best performing employees. Therefore, the Health Department cannot underestimate the importance of issues such as flexible work schedules and advancement opportunities when it comes to a decision by employees to stay or leave the organization because some employees do not regard financial reward as the most important, particularly those employees who feel that they have got sufficient money. Employers need to understand the requirements of their employees and pay attention to the most significant ones that will boost their morale and in the process increase their chances to stay within the organization. In this case, the Eastern Cape Department of Health may conduct a research on employee satisfaction in order to determine the level of dissatisfaction on its employees and address the identified push factors.

There has to be consistency and fairness in the distribution of benefits relating to compensation and promotion. The tendency of bringing in new people at a higher

rate than the current employees must be avoided as this has a potential to negatively affect the morale of the loyal workforce. Furthermore some of the employees may be prompted to leave the service and return later when they will be given an opportunity to bargain for higher salaries.

Employees should get the rewards linked to their performance and achievement of the targets. It is interesting to realize that even the study reveals that 86.88% of the respondents would like the incentives or rewards to be based on performance or contribution. Therefore, there should be sufficient funding that is set aside in order to ensure that high performers are rewarded for their good performance. The development of employees through the relevant training can also be regarded as a reward more especially if it is linked to performance.
Rewarding employees as a team may be more effective than compensating individual employees as this could motivate health professionals to work as a team and encourage proper coordination and cooperation between various occupational categories.

5.4.3 PRACTICES AND BEHAVIOR AT WORK

Some of the senior managers interviewed have indicated that the delays in processing correspondence relating to the service benefits of employees have to be addressed if the ECDoH wants to retain the health professions. The results emanating from the administration of the questionnaire have shown that the item relating to the bureaucracy obtained the high percentage and impact scores. It is high time for the ECDoH to look at the relationships between people whereby poor management behavior will not be accepted. One of the areas in which the Department should carefully consider, is its recruitment practices as the methods that are being utilized may contribute to the turnover of the employees. Health professional are mobile, so the way in which they are handled may contribute to some of their decision to stay or leave the organization. Most employees expect to be treated fairly and justly in all aspects of their work, for example, young

employees may feel less inclined to stay with the organization and may quit for better opportunities elsewhere (Carrell et al, 1998).

The interviews have revealed that one of the disadvantages in the public service is its bureaucratic tendencies, and the Eastern Cape Department of Health is not immune to that practice. There is a little space that is provided to the supervisors or managers to take important decisions. This often leads to delays in finalizing issues and in the end, causes dissatisfaction to the employees, who may ultimately leave the organization. Sometimes the people who are entrusted with responsibilities to resolve issues are not capacitated and that is frustrating for certain employees. Wagner and Hollenbeck (1998) state that the perception of inequity causes an unpleasant emotional state that may cause employees to reduce their future efforts, change their perceptions regarding rewards for their work efforts or, as often is the case, leave the organization

It is much more effective to focus on reducing de-motivators by improving supervisory practices and relationships with employees, and removing the bureaucracy associated with company policies. In fact, improving supervisory practices and relationships with employees, and removing bureaucracy, will, by default, result in increased intrinsic motivation as well (Gupta-Sunderji, 2004). Health professionals should be granted due recognition of their performance and this should be done timeously in order to keep the employees motivated.

5.4.4 PROBLEM SOLVING

The impact score for problem solving in the Mthatha area was the second highest (-4.98) after leadership (-5.13). It has to be taken into consideration that ‘leadership’ and ‘red tape’ as turnover factors obtained high scores, therefore, leadership, systems and processes have to be improved. People at service delivery points should be allowed to take important decisions. In order to address problems within the Eastern Cape Department of Health, an integrated team

approach is essential. The 2009/10 Operational Plan for the Eastern Cape Department of Health reflects Ten Point Plan Priorities for Health that were adopted by the National Health Council and among them is; Overhauling the management systems, Improving human resources management as well as Research and development. According to the Operational Plan, HR services remain one of the critical weaknesses in the functions that support clinical services, including poor financial management. As the department has identified its challenges, good leadership to drive strategies of dealing with those challenges need to be developed. Leadership by example, employee involvement, and team building pilot projects make the transition to team problem solving easier (Ivancevich and Matteson, 1996). Some managers, supervisors and employees are not given the opportunities to participate in the decision making processes aimed at achieving departmental goals.

The circumstances facing quite a number of organizations are frequently changing and in most cases employees are affected. Some of the employees will always find it difficult to adapt to the changes. One of the options that become available is to leave the organization, particularly when those changes are perceived to be negative. Managers must be involved in gathering data on the performance of their organizations, comparing these data to desired performance levels, identifying the causes of problems, developing and choosing action plans, and finally implementing and evaluating these action plans (Hackman, Lawler and Porter, 1983). In most cases, problems affect organizational performance, the functioning of teams or groups and individual behavior, whereby employees may be dissatisfied and end up leaving the Department of Health, if their problems are not addressed timeously.

Sometimes retention efforts fail as a result of ineffective solutions that are chosen, for example, implementing a solution without diagnosing who is leaving, and why they are leaving often results in solutions that are incapable of solving the root cause behind turnover (Blake, 2006).

5.4.5 STRESS, CONFLICT AND TENSION IN THE JOB

The results of the study reveal that the level of stress and conflict in the workplace may influence some of the employees to leave the organization. According to Wagner and Hollenbeck (1998) Interpersonal conflicts, lack of teamwork, unfriendliness among co-workers and rivalries among managers and supervisors are reported to have a major negative effect on employee job satisfaction. This reveals the importance of ensuring that relationships among the employees play a big role when it comes to staff retention because if they are dissatisfied, they may leave the Eastern Cape Department of Health. It must be mentioned that the results on Job stress, conflict and tension in the job are consistent with the research by Lee and Chuang (2006) which indicate that job stress has positive relationship with turnover intention and it usually results in psychological and physical discomfort, and then turnover intention increases.

The Eastern Cape Department of Health need to observe all the elements of dissatisfaction among its employees and try by all means to resolve them before they manifest themselves issues such as depression and absenteeism. Companies that ignore problems stemming from faulty work designs such as lower quality, higher production costs, depressed workforce motivation, and greater employee absenteeism and turnover, risk losing out to more vigilant competitors who keep up with developments in work design and use this knowledge to continually upgrade production tasks and procedures (Wagner and Hollenbeck, 1998). Health professionals can easily leave the Eastern Cape Department of Health or a particular health facility within the organization, for example, 74.65% of the respondents have indicated that if they resign, there is great possibility for them to get another job easily. However, the results also shown that the majority of health professionals are not very keen to leave the province, city or country, hence the organization is required to ensure that any situation that could raise the level of stress, conflict or tension at work is dealt

with effectively. Therefore, the employee wellness programs within the organization should be developed and strengthened.

As a result of the shortage of health professionals, some of them continue to work overtime and most of them are working straight shifts which do not allow them to work flexi hours. This could have negative consequences for the department as employees may experience burnout, for example, Buhler (2002) states that companies have to fight the tendency to take advantage of people by consistently working them long hours because in the long run, this behavior is likely to prompt the employee to leave. Therefore, as much as health professional need more money, the hours of work should be appropriately managed in order to limit the chances of stress and at the same time ensuring that productivity is not negatively affected.

5.5 INTERVIEWS WITH SENIOR MANAGERS

Interviews were conducted with managers in order to verify the findings and give some feedback to the Eastern Cape Department of Health. The interviews have revealed that most issues that are reflected by the results of the study are accurate, as the clinical managers confirmed the reliability of the results. The information obtained from the interviews has assisted in clarifying quite a number of issues and they were understood in more depth.

5.6 CONCLUSION

Seemingly, the ECDoH should put more emphasis on issues such as significance of the job that the health professionals are doing, training and development, quality of relationships, participation in the decision making processes and the like, if health professionals are to be kept within the organization. It is clear from the above that, in order to retain health professionals, the Eastern Cape Department of Health should develop an

effective retention strategy that will address leadership and management, career development opportunities, performance management, service benefits and employee recognition. Employees who work for effective managers are more likely to settle in for a long term and high employee turnover affects an organization's ability to provide safe, effective care for patients; and its expensive (Giguere, 2006). Therefore, the Eastern Cape Health Department must understand health professionals regard their job as important and they are playing a significant role in the provision of health services. It appears that the major reason as to why employees leave organizations is not because of salaries but the way in which they are managed or led.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

There are four sections in this chapter and these are, main findings, strategies that may be utilized to improve the retention of health professionals, the limitations relating to how the study was conducted and recommendations for future research. Finally, the concluding remarks are provided.

6.2 SUMMARY OF THE MAIN FINDINGS

The results of the study have revealed high scores under the retention factors as compared to the turnover factors. The prevalence (frequency) percentages of the first five items under retention factors range from 73.02 to 77.78 whereas it is 58.73 to 69.84 under the turnover factors. However, it must be stated that in the Port Elizabeth area, the scores are higher under the turnover factor with the top four ranging from 77.42 to 70.97 and the fifth one is 67%. The scores were generally higher in the Port Elizabeth area as compared to Mthatha, for example, under the turnover factors the first five scores are above eighty per cent. This could indicate that the Eastern Cape Department of Health has to focus more on the items that are reflected as retention factors so as to prevent the health professionals from leaving the public service in the Eastern Cape Province.

The study has shown that health professionals feel that their job is very significant in the provision of health services and if they feel that they do not get the recognition that they deserve, it will be difficult for them to stay in the organization. Furthermore, if the leadership is not strengthened and opportunities for career advancement are not provided, health professionals may leave the service and get employment elsewhere. Therefore, it is important for the Eastern Cape Department of Health to attend to all the issues that are causing dissatisfaction to health professionals in order to improve the chances of

retaining them. If things are done in an appropriate manner, health professionals may stay, for example, should health professionals realize that there is a fair distribution of rewards and incentives when it comes to the performance management and development system, the turnover may be reduced and more health professionals could be attracted into the Eastern Cape Department of Health.

The Eastern Cape Department of Health should continue to invest in the health services by providing the necessary training and development to the current and prospective employees, including the managers. Equipment, tools, people and other resources that are critical for the performance of critical procedures or services should be made available at all times. It is clear from the results that the way in which the organization is led remains the cause of concern for the health professionals who are currently rendering services in the department. Therefore, the leadership of the organization need to ensure the existence of coordinated teams that will be assisted to obtain what they need for the successful performance of their functions and responsibilities. Health facilities need to set their priorities right and there should be proper planning when it comes to resource allocation throughout the departments. Cross functional and multi-departmental teams need to be established and work together more effectively so that employees can move away from their traditional departmental thinking, which does not augur well for the achievement of the organizational goals.

6.3 RECOMMENDATIONS TO SENIOR MANAGEMENT, HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT DEPARTMENTS

It would be important for the Eastern Cape Department of Health to embark on a leadership development efforts that will improve the chances of retaining health professionals as this study has revealed that current employees are viewing leadership as important in terms of the influence to stay or leave the

organization. Management and employees should be developed and be given latitude to deal with issues related to the attainment of departmental goals.

6.3.1 DEVELOPMENT OF LEADERSHIP AND MANAGEMENT COMPETENCIES

The Eastern Cape Department of Health needs to develop a programme that will equip its leaders to deal with the challenges that are specific to the organization. The vacancy rate and the turnover rate of health professionals in the Eastern Cape Department of Health indicate the difficulties that the organization has to attract and retain competent health professionals.

Lack of leadership and management skills has been identified as one of the problems facing the public service at large, for example, in the Sunday Times of 12 July 2009, the current National Health Minister Aaron Motsoaledi has blamed ill-qualified hospital chief executives for many of the department's problems, including huge number of vacant posts for medical staff and one of his first moves will be to improve management through the retraining or redeployment of unsuitable hospital chief executives. The Eastern Cape Department of Health must assess the skills level of its current health facility managers for developmental purposes and removal if they cannot perform their functions satisfactorily. Therefore selection process must be improved in order to ensure that suitable candidates for the job are appointed.

6.3.2 RETENTION OF HEALTH PROFESSIONALS AND KNOWLEDGE IN THE HEALTH DEPARTMENT

The retention of health professional for long periods is equal to the retention of knowledge gathered through the experience that the employees gained over a number of years in service. The Eastern Cape Department of Health has to pay a particular attention to those items whereby the respondents have indicated that

they will be prepared to stay if they are addressed to their satisfaction. Interviews with senior managers have revealed that employees should have access to information because it becomes a problem when knowledgeable people leave as service delivery and innovation are negatively affected. Therefore, it would be important to develop people skills in the area of informatics and knowledge at all levels of the departments within a health facility. Health professionals should be encouraged to share the vision on the value of retaining knowledge; and this is linked to the findings relating to the vision, and mission of the department as well as clear expectations, for example, Involvement of employees in decisions that affect their jobs and the overall direction of the company whenever possible. They should be involved in discussions about the company vision, mission, values and goals. This strategic framework will never “live” for them or become “owned” by them if they merely read it in email or hanging on the wall (Heathfield, 2008). One of the interviewees has also alluded to the lack of direction and involvement of employees at lower levels in the crafting and implementation of organizational strategies. Information systems can assist the public health facilities by becoming a permanent structure as people come and go, the value of the experience may be incorporated in the systems that will help in the operational effectiveness and functional integration within the department.

6.3.3 BETTERMENT OF SALARY PACKAGES AND WORKING CONDITIONS FOR HEALTH PROFESSIONALS

In the last few months there has been a strike by doctors due to non-payment of promised OSD as per Resolution 1 of 2007. The employees should have been received their salary increases in July 2008 and nurses had already been paid the revised OSD salaries from 01 July 2007. Some of the grievances of the doctors were centered on shortages of medication and equipment, as well as a severe shortage of doctors. The government needs to move quickly in solving the current dilemma of underpaid health professionals and the poor conditions in most state hospitals. The shortage of doctors and pharmacists has been going

on for quite some time and if the challenges facing the health department are not resolved, more health professionals will leave the state hospitals thereby putting the lives of poor communities at risk.

6.3.4 IMPROVEMENT OF PERFORMANCE AND DEVELOPMENT MANAGEMENT SYSTEM

There is a need for the development of a new system that should assist in retaining competent health professionals. This system should be able to provide a clear direction for pay progression and performance rewards. Incentives and rewards must be provided to high achievers with a clear focus on measurable outputs that will be balanced with the best practices, for example, leadership. Performance Management and Development System (PMDS) should focus on the orientation of health professionals, supervisors, managers or leadership competencies. Personal development plans must be provided for each employee. There should be a clear guidance on the relationship between the departmental planning processes and individual performance management. Lastly, there is a dire need for the Eastern Cape Department of health to design reward systems that will recognize both team and individual performance. Seemingly, the current system is not assisting the organization as it is mainly focusing on the individuals, for example, there are “Excellent Awards” that are provided annually to selected individuals, and the criteria is unknown to the majority of employees. Some of these awards are at the discretion of the political head of the department, that is, the Member of the Executive Council (MEC).

6.3.5 TRAINING AND DEVELOPMENT

The Eastern Cape Department of Health should strengthen the process of encouraging planning and investing in the training and development of health professionals. Organizations that have invested on the training of employees have managed to retain them, as long as their scarce skills are appropriately

recognized. Most people like to know that they have a room for career advancement and this can also serve as a deterrent to employee turnover. Therefore, availability of development opportunities for health professionals will increase organizational commitment that will make it difficult for other potential employers to attract them

6.3.6 FOCUS ON THE EFFECTIVE COMMUNICATION

There is a great need for the improvement of communication and coordination in the Eastern Cape Department of Health. In one of the questions around purpose, vision or mission of the organization posed during the interviews, one of the managers responded by saying “This is usually kept in privileged documents like the strategic and operational plans of the department”. It was suggested that the information is not communicated to employees at all levels of the organization. Communicate goals, roles and responsibilities so people know what is expected and instill a sense of belonging (Heathfield, 2008). Strategic goals and objectives of the organization must be communicated to all levels of employees after they have participated in their development through the appropriate consultations. The leadership of the organization must ensure that departmental expectations are clearly communicated to the employees for the achievement of performance targets and expected outcomes. In that way, employees will be able to define their significance in the accomplishment of the departmental goals. Employee recognition is one of the communication tools that help to reinforce and reward the most significant outcomes that employees create for the organization. The Eastern Cape Department of Health has to improve in publicizing the selection criteria for performance bonuses and excellent awards so that it can be understood by employees.

6.4 LIMITATIONS OF THE STUDY AND RECOMMENDATION FOR FUTURE RESEARCH

The study mainly focused on the hospital complexes which are relatively better than districts, health centers and clinics in terms of staff shortages and resources. It is worse in the clinics because only nurses are employed there, without the luxury of having doctors and other health categories like pharmacist, radiographers, physiotherapists and the like. As a result of the small sample and focus areas, it would be difficult to generalize the results of this study. However, the outcome could serve as an indication that the Eastern Cape Department of health is faced with a great challenge in trying to retain health professionals. With regard to the future research on retention and turnover of health professionals, the following recommendations can be made.

6.4.1 LARGE SAMPLE COVERING MORE AREAS

The study was mainly conducted in the two hospital complexes in Port Elizabeth and Mthatha, whereas there are other health facilities in the two areas more especially in Port Elizabeth which has got clinics, CHC and district hospitals. A larger sample covering clinics, CHC, district hospitals, specialized hospitals, regional hospitals and hospital complexes would have allowed generalized findings. It is desirable that this kind of study be extended to private health facilities in order to test the differences between public and private sector health facilities. The sampling was not done according to the different categories of health professionals, for example, doctors, nurses, radiographers, clinical psychologists, pharmacists and the like. Furthermore, within the category of doctors, there would be specialists and dentists; and in nursing, there are professional nurses, enrolled nurses and nursing assistants. Therefore, the future questionnaire may include the rank or job title of the respondent, so that the results can be categorized per job title or rank for analytical purposes.

6.4.2 CONDUCTING LONGITUDINAL STUDIES

In future, the study may be carried out over a period of time and include the employees who have left the service, for example, the information on exit interviews was not readily available when required and it is not clear as to whether they are properly conducted, with a follow up to the respondents over a period of at least six months after the employees have left the service. However, there could be challenges in locating ex-employees and it may have cost implications. It may be more useful to extend personal interviews to the health professionals at production level (even if it's one person per rank) as this could bring more light on the real reason as to why employees stay or leave the Eastern Cape Department of Health or certain health facilities within the department. In addition to that, the researcher may be in a position to clarify certain questions, as it became clear during the pilot survey and personal interviews with managers that the certain respondents understood the questions differently.

6.4.3 IDENTIFICATION OF TRENDS ON THE LEVEL OF TURNOVER

There is a lack of data on the level of turnover trends for the employees of the Eastern Cape Department of Health. Although there is a provision on persal to access this information, the data obtained by the researcher was not very much useful in terms of getting a clear picture on the turnover of health professionals for the organization. However, the Annual reports for 2004/5 and 2005/6 reflect the overall departmental turnover rate as 10.1% and 9.25 respectively. With the exception of nurses, the average turnover rate for other health professionals is 36.7%. The availability of user friendly management information may provide more insight on the extent of turnover rate for future studies. Furthermore, the reasons as to why the turnover rate for the nurses is different to other health professionals, but more or less equal to the general turnover rate could be established.

6.4.4 EXTENSION OF THE STUDY TO INCLUDE PRIVATE SECTOR EMPLOYEES

It has been realized from the statistical information that most of the health professionals prefer to work in the private sector as compared to the public service. The public service has only managed to attract more nurses as compared to the private sector but it is not clear whether these nurses are working in the public service by choice or it is due to limited opportunities outside the public service. Perhaps there are advantages to work in the public service and future research involving all the nurses irrespective of the sector where they work, could divulge more information.

6.4.5 INTRODUCTION OF OSD FOR HEALTH PROFESSIONALS

During 2007, an Occupation Specific Dispensation Agreement was signed in order to improve the salaries and career progression of health professionals in phases starting with nurses from 01 July 2007. Doctors, Pharmacists and Emergency Medical Services (EMS) were to follow on 01 July 2008 and Allied Health Workers were supposed to benefit from 01 July 2009. The main reason for having this resolution was to attract and retain health professionals into the public service. It remains to be seen whether the government has achieved the intended purpose of this agreement. However, there were many challenges that were experienced as a result of the implementation and non implementation of the agreement, which has culminated to industrial actions by the affected health professional. The impact of Occupational Specific Dispensation in relation to retention and turnover will have to be considered in the future studies because by then, most of the health professionals would have received their benefits relating to the agreement. Qualitative studies are also recommended in order to look at the priority factors in more depth.

6.5 CONCLUSION

According to the results, poor leadership came out strongly as an item that may influence health professionals to leave the Eastern Cape Department of Health. Other items can be managed, if the organization can be able to attract and develop good leaders. Effective hiring to improve retention requires that attention be paid to the organization-job-person fit and the top management must view employees as valuable assets that must be nurtured and supported (Buhler, 2002). This is in line with quite a number of previous studies that were conducted whereby there is a great opportunity for employees to remain in an organization, if there are good leaders. It should be stated that the results of this research relate to the findings of a study conducted by Couper et al (2007) which revealed that while financial incentives are necessary, the work environment, sound management, and team relationships are equally important elements of a rural retention strategy. In most cases, health professionals are required to use complex skills and that appears to provide them with an opportunity for independence, hence it is important for them to be given reasonable freedom to perform their tasks

It would be necessary for the Eastern Cape Department of Health to provide valuable organizational information frequently to its employees so that they are clear about the impact of their tasks to organizational effectiveness. The organization should encourage creative innovation by fairly rewarding health professionals who take reasonable risks to make improvements and invest on training and education that is necessary for the stimulation of the new thinking. Towards the end of 2008 the department provided training to certain employees who will ultimately become change agents to assist in the new projects geared to improving provision of appropriate health services to the communities of the Eastern Cape Province. The Eastern Cape Department of Health needs to develop a clear retention strategy that will minimize employee turnover.

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APPENDIX 1: THE QUESTIONNAIRE

Dear Colleague

RESEARCH INVESTIGATING FACTORS THAT INFLUENCE THE RETENTION OF STAFF

Attached is a questionnaire designed to gain insight into what influences employees to stay working for Eastern Cape Department of Health. It is aimed at a cross section of employees in the Nursing and Medical Services as well as other health professionals in Occupational Therapy, Physiotherapy, Radiography Services and other Clinical Services.

The aim of the research is to get your views on what would influence your decision to stay or leave the employment of Eastern Cape Health Department. It also aims to establish the practices that the Health Department could apply that would positively affect the retention of its employees. The results will be used mainly for academic purposes and the final report will be available on the Rhodes University Intranet for your information. A copy of the results will also be made available to the management of Health Department in the Eastern Cape, and may be used by management to reconsider the Department's Human Resource Management policy and practises. However, the ideas listed in this questionnaire are derived from the literature and should not be misinterpreted as ideas that are already part of Departmental plans, or as ideas that will definitely be adopted.

This is an anonymous questionnaire and therefore you will not be personally identified in the reporting of the results. The questionnaire is divided into five sections and completing it should take about 20 to 30 minutes. It would be appreciated it if you would complete and return it to HR in UIF Building in Bisho by 05 August 2008

If you have any queries concerning the questionnaire, please contact me at 040 6081631 or 083 378 0747.

Thank you for your participation.

Yours sincerely

Masibulele

SECTION A: BIOGRAPHIC DETAILS OF THE RESPONDENT

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

	QUESTION	ANSWER
1	**Race**: 1 = Black, 2 = White, 3 = Asian, 4 = "Coloured"	1 2 3 4
2	**Age**: 1= Less than 25, 2= 25 to less than 35, 3= 35 to less than 45, 4=45 to less than 55, 5=55 or older	1 2 3 4 5
3	**Job Level**: 1 = Top management, 2 = Middle management, 3 = Supervisor, 4 = Professionally qualified staff, 5 = Non-supervisory	1 2 3 4 5
4	**Length of service** at your current employer	years months
5	Length of **total working experience**:	years months
6	**Number of employers worked for**, before being employed by your current employer	employers
7	Highest **educational qualification** obtained: 1= Less than Matric or Grade 12, 2= Matric or Grade 12, 3= Diploma, 4= Bachelors Degree, 5= Honours Degree, 6= Masters or Doctoral Degree	1 2 3 4 5 6
8	**Gender**: 1 = male, 2 = female	1 2
9	**Division** or section: 1= Nursing, 2= Hospital Services, 3= Medical Services, 4= Support Services, 5= District Services	1 2 3 4 5
10	If you are married or in a serious relationship and your partner also works, please indicate **how far away** their place of work is from yours. 1= Not applicable, 2= Less than 5 km, 3= 5 to less than 50km, 4= 50 to 100km, 5= more than 100km	1 2 3 4 5
11	Please indicate your usual and main way of **travelling to work**: 1= walk or bicycle, 2= train, 3= bus or taxi, 4= own transport (e.g. car, motorcycle), 5= Other Specify _____	1 2 3 4 5
12	**Marital status**: 1= Not married nor in a serious relationship, 2= Married or living with a partner	1 2
13	Name of previous employer and place of work	
14	Main reason for leaving previous place of employment	
15	Name of current employer and place of work	
16	Do you own or rent the home that you stay in when you commute to and from work during the week? 1= Own, 2= Rent	1 2
17	**Employment status of spouse or partner**: 1= Not applicable, 2= Unemployed, 3= Employed part time or in a half day job, 4= Employed full time, 5= Self-employed in own business	1 2 3 4 5
18	Please indicate the number of people under 18 years of age who live with you in the week.	people

SECTION B

This section of the questionnaire examines issues related to staff retention and turnover. It is an opinion questionnaire and as such there are no right or wrong answers. You are simply requested to answer as honestly as possible, expressing your opinion on the scale provided. It is important that you show some differentiation in your responses to indicate which factors are more important than others. Do not take too long in deciding on your answer to any of the items. Usually your first response is accurate.

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

Please indicate the degree of importance of the following factors in either influencing you to stay on or leave the employment of your current employer or place of work. Place a cross (X) over the corresponding number on the scale. A score of zero (0) means that this factor is not important at all when it comes to influencing you to stay or leave the organisation. A score of +10 means that this factor is extremely important in retaining your employment, while a score of -10 means that this factor is extremely important in influencing you to consider leaving.

It is important to first be clear on what the factor means for you and then decide on its influence on you staying or leaving. For example, you may decide that the public reputation of your employer is very good, but compared to other factors, this factor does not influence your decision to stay or go. Then a low positive score or even a score of zero would be appropriate. Another example is that you may describe the organisational culture as very formal and regulated, and like this aspect of the organisation. Then you may rate organisational culture as a positive influence on your staying, and may give it a score of +6. On the other hand, you may not like the way the organisation is structured at the moment and this is making you unhappy. You would probably then give this factor a high minus score, maybe even -10 if you feel very strongly about it.

FACTOR		Degree of importance Important influence on me leaving										Not important										Important influence on me staying
1.	The public reputation of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
2.	The relationship that the organisation has with other organisations	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
3.	The relationship that the organisation has with its customers or clients	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
4.	The purpose or vision and mission of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
5.	The structure of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
6.	The plans and changes that the organisation is implementing	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
7.	The organisation's policies, systems and processes	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
8.	The degree of fairness and consistency in the way in which	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

	policies are implemented																					
9.	The level of "red tape", bureaucracy or standardised operating procedures in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
10.	The organisational culture	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
11.	How things are done around here, and how people generally behave at work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
12.	The amount and timing of communications regarding plans, events and developments in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
13.	The general climate or emotional state of people at work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
14.	The way the organisation is being led by top management	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
15.	The amount of participation in decision making in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
16.	The amount that the organisation either listens or does not listen to the views and ideas of its employees	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
17.	The quality of my manager's leadership and nature of the relationship I have with him or her	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
18.	The way people are treated by those in leadership positions	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
19.	The way problems are generally dealt with by managers in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
20.	The learning environment of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
21.	Developing myself and gaining new knowledge and skills	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
22.	The degree to which I feel adequately trained to do my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
23.	The training and development opportunities available	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
24.	The amount of coaching and mentoring received	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

25.	The amount of opportunity for personal career development and growth, including my promotion prospects	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
26.	The social environment at work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
27.	The quality of the relationships I have with colleagues that I work with	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
28.	The way I am treated by my work colleagues	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
29.	The amount of support I receive from my manager and colleagues	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
30.	The size of my pay package	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
31.	The way my pay package is structured in terms of its benefits (medical, pension, allowances) and incentives (e.g. performance bonus)	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
32.	The degree to which I am fairly or unfairly rewarded for my contribution	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
33.	The balance of work and my other life pursuits and interests	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
34.	The size of my workload	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
35.	The amount of overtime and weekend work that I have to perform	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
36.	My regular working hours	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
37.	The amount of time that I spend away from home due to work commitments and travelling each day	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
38.	The number of nights that I spend away from home due to work commitments and travelling	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
39.	The amount of flexibility I have in terms of when I work and where I work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
40.	The amount of stress, tension and conflict I experience in my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
41.	The degree to which I feel I am doing a job that suits or does	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

	not suit who I am																					
42.	The degree to which the work environment is either sensitive to or indifferent to my personal, family and health related needs	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
43.	The current performance management system of the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
44.	Opportunities for feedback, self-improvement and career advancement	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
45.	The degree to which I can achieve my personal and professional goals	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
46.	The recognition I receive for what I do	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
47.	The degree to which I believe I am performing well in my current job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
48.	The degree to which I know what is expected of me in my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
49.	The high or low status of my job in the organisation	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
50.	The amount of variety in my job. That is the extent to which I am required to do many different things at work, using a variety of skills and talents.	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
51.	The degree to which my job involves doing a “whole” and identifiable piece of work. That is, the extent to which the job is a complete piece of work that has an obvious beginning and end.	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
52.	The level of significance or importance of my job. The extent to which the results of my work affect the lives and well-being of other people.	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
53.	The level of autonomy that my job provides. The extent to which my job permits me to decide on how to go about	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

	doing my work																					
54.	The amount of information that the job itself provides me with, about my work performance. The extent to which the work itself provides clues about how well I am doing, besides any feedback I get from my co-workers or supervisor	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
55.	The amount I can or cannot be innovative and creative in my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
56.	My level of engagement and involvement with my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
57.	The level of challenge and excitement of work assignments in my area of expertise	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
58.	The scope or discretion I have available to respond to client or customer needs	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
59.	The overall level of job satisfaction that I am experiencing at the moment	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
60.	The meaningfulness of job content and assignments	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
61.	The level of responsibility I have in my job	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
62.	The extent to which the latest technology is available or not.	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
63.	The availability of technology, equipment, resources and tools to perform my work	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
64.	The level of health and safety at the workplace	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
65.	The quality of air and lighting, and the noise level	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
66.	The arrangement and layout of the work area	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
67.	The fairness of the allocation of assignments and tasks among the staff in my section or department	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	**0**	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10

SECTION B2: MANAGING STAFF RETENTION

Please provide your opinion of the degree of importance of the following possible management initiatives that could be taken by your current employer to retain you in employment. Place a cross (X) over the corresponding number on the importance scale to the right. A score of 0 means that this factor is not important at all, while a score of 10 means that this factor is extremely important.

	FACTOR	Degree of importance Not important at all → Very important										
68.	Clarify and communicate the organisation's core purpose and guiding principles and values	0	1	2	3	4	5	6	7	8	9	10
69.	Change human resource management policies so that they are more fair	0	1	2	3	4	5	6	7	8	9	10
70.	Change the organisation structure so that it is flatter and more flexible	0	1	2	3	4	5	6	7	8	9	10
71.	Improve organisation systems and processes	0	1	2	3	4	5	6	7	8	9	10
72.	Communicate more with me about what is happening in the organisation	0	1	2	3	4	5	6	7	8	9	10
73.	Communicate more with me about things that affect my job	0	1	2	3	4	5	6	7	8	9	10
74.	Improve the way in which staff grievances are reported and handled	0	1	2	3	4	5	6	7	8	9	10
75.	Reduce the amount of bureaucracy or red tape	0	1	2	3	4	5	6	7	8	9	10
76.	Allow me to participate more in decision making and problem solving within the organisation	0	1	2	3	4	5	6	7	8	9	10
77.	Change the person who I report to (i.e. my supervisor)	0	1	2	3	4	5	6	7	8	9	10
78.	Develop my manager so that he or she can manage me more effectively	0	1	2	3	4	5	6	7	8	9	10
79.	Move me to another section so that I work with different people	0	1	2	3	4	5	6	7	8	9	10
80.	Organise more informal gatherings where staff can mix socially	0	1	2	3	4	5	6	7	8	9	10
81.	Increase my pay by 25 percent	0	1	2	3	4	5	6	7	8	9	10
82.	Pay me more, based on my performance or contribution	0	1	2	3	4	5	6	7	8	9	10
83.	Improve the induction programme for new employees so that they can better adjust to their new workplace	0	1	2	3	4	5	6	7	8	9	10
84.	Revise the performance management system	0	1	2	3	4	5	6	7	8	9	10
85.	Provide me with more training related to the job I do	0	1	2	3	4	5	6	7	8	9	10
86.	Provide me with more opportunities to attend courses which develop me	0	1	2	3	4	5	6	7	8	9	10
87.	Provide me with a clearer career development path	0	1	2	3	4	5	6	7	8	9	10
88.	Provide me with a coach or mentor	0	1	2	3	4	5	6	7	8	9	10
89.	Redesign the job that I do	0	1	2	3	4	5	6	7	8	9	10

SECTION B3: EXTERNAL FACTORS THAT MAY INFLUENCE YOUR DECISION TO LEAVE THE ORGANISATION

There are a number of reasons outside of the working environment, which may influence a person to leave their place of employment. Please provide your opinion of the degree of importance of the following factors to your remaining or leaving the area or your job. Place a cross (X) over the corresponding number on the importance scale to the right. A score of 0 means that this factor is not important at all, while a score of 10 means that this factor is extremely important.

	FACTOR	Degree of importance										
90.	The geographic location of my place of employment in a rural or urban area.	0	1	2	3	4	5	6	7	8	9	10
91.	The level of infrastructural development (e.g. condition of roads, public transport system, shopping centres)	0	1	2	3	4	5	6	7	8	9	10

92.	The availability of sport and recreational facilities	0	1	2	3	4	5	6	7	8	9	10
93.	The level of crime in the area	0	1	2	3	4	5	6	7	8	9	10
94.	The quality of education available for my family	0	1	2	3	4	5	6	7	8	9	10
95.	The availability and quality of health services	0	1	2	3	4	5	6	7	8	9	10
96.	The people who live in my neighbourhood	0	1	2	3	4	5	6	7	8	9	10

SECTION B4: INTENTION TO QUIT

Finally, please give an indication of your intention to quit by placing a cross (X) to show the degree to which you agree or disagree with the following statements, where 1= Strongly disagree and 7= Strongly agree.

FACTOR		Level of agreement Strongly disagree						Strongly agree
97.	I often think about quitting my job.	1	2	3	4	5	6	7
98.	I will probably look for a new job in the next year.	1	2	3	4	5	6	7
99.	I never think about quitting my job.	1	2	3	4	5	6	7
100.	I am thinking of leaving the country.	1	2	3	4	5	6	7
101.	I am thinking of leaving the Province I currently work in.	1	2	3	4	5	6	7
102.	I am thinking of leaving the town/city I currently work in.	1	2	3	4	5	6	7
103.	I am thinking of leaving the profession or line of work I am currently in	1	2	3	4	5	6	7
104.	I am thinking of leaving my place of work so as to be closer to my family and friends, or to be able to spend more time with them	1	2	3	4	5	6	7
105.	If I wanted to resign this month, I expect that I could easily get another job	1	2	3	4	5	6	7

This is the end of the questionnaire.
Thank you for completing this questionnaire.
Please remember to return it to: Mr Mrara, Human Resources Dept, UIF Building, Private Bag X 0038 BISHO 5605

APPENDIX 2: LOCATION COMPARISONS (Crosstabs)

V75 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V75	1	Count	1	2	3
		% within Current place	3.3%	6.5%	4.9%
	3	Count	3	1	4
		% within Current place	10.0%	3.2%	6.6%
	4	Count	4	2	6
		% within Current place	13.3%	6.5%	9.8%
	5	Count	4	3	7
		% within Current place	13.3%	9.7%	11.5%
	6	Count	3	1	4
		% within Current place	10.0%	3.2%	6.6%
	7	Count	0	1	1
		% within Current place	.0%	3.2%	1.6%
	8	Count	0	6	6
		% within Current place	.0%	19.4%	9.8%
	9	Count	5	5	10
		% within Current place	16.7%	16.1%	16.4%
	10	Count	10	10	20
		% within Current place	33.3%	32.3%	32.8%
	Total	Count	30	31	61
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.129[a]	8	.256
Likelihood Ratio	12.943	8	.114
N of Valid Cases	61		

a. 15 cells (83.3%) have expected count less than 5. The minimum expected count is .49.

V76 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V76	0	Count	1	0	1
		% within Current place	3.2%	.0%	1.6%
	1	Count	2	0	2
		% within Current place	6.5%	.0%	3.2%
	2	Count	1	1	2
		% within Current place	3.2%	3.2%	3.2%
	3	Count	2	4	6
		% within Current place	6.5%	12.9%	9.7%
	4	Count	1	0	1
		% within Current place	3.2%	.0%	1.6%
	5	Count	9	1	10
		% within Current place	29.0%	3.2%	16.1%
	6	Count	2	4	6
		% within Current place	6.5%	12.9%	9.7%
	7	Count	0	3	3
		% within Current place	.0%	9.7%	4.8%
	8	Count	2	8	10
		% within Current place	6.5%	25.8%	16.1%

	9	Count	4	3	7
		% within Current place	12.9%	9.7%	11.3%
	10	Count	7	7	14
		% within Current place	22.6%	22.6%	22.6%
	Total	Count	31	31	62
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.476[a]	10	.047
Likelihood Ratio	22.423	10	.013
N of Valid Cases	62		

a. 16 cells (72.7%) have expected count less than 5. The minimum expected count is .50.

V77 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V77	0	Count	10	7	17
		% within Current place	32.3%	22.6%	27.4%
	1	Count	1	3	4
		% within Current place	3.2%	9.7%	6.5%
	2	Count	1	1	2
		% within Current place	3.2%	3.2%	3.2%
	3	Count	1	3	4
		% within Current place	3.2%	9.7%	6.5%
	4	Count	3	4	7
		% within Current place	9.7%	12.9%	11.3%
	5	Count	4	0	4

		% within Current place	12.9%	.0%	6.5%
	6	Count	3	6	9
		% within Current place	9.7%	19.4%	14.5%
	7	Count	0	1	1
		% within Current place	.0%	3.2%	1.6%
	8	Count	3	3	6
		% within Current place	9.7%	9.7%	9.7%
	9	Count	1	0	1
		% within Current place	3.2%	.0%	1.6%
	10	Count	4	3	7
		% within Current place	12.9%	9.7%	11.3%
	Total	Count	31	31	62
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.815[a]	10	.457
Likelihood Ratio	12.249	10	.269
N of Valid Cases	62		

a. 20 cells (90.9%) have expected count less than 5. The minimum expected count is .50.

V78 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V78	0	Count	4	5	9
		% within Current place	12.5%	16.1%	14.3%
	1	Count	1	1	2
		% within Current place	3.1%	3.2%	3.2%

	2	Count	0	2	2
		% within Current place	.0%	6.5%	3.2%
	3	Count	1	2	3
		% within Current place	3.1%	6.5%	4.8%
	4	Count	2	4	6
		% within Current place	6.3%	12.9%	9.5%
	5	Count	2	3	5
		% within Current place	6.3%	9.7%	7.9%
	6	Count	2	1	3
		% within Current place	6.3%	3.2%	4.8%
	7	Count	0	4	4
		% within Current place	.0%	12.9%	6.3%
	8	Count	4	2	6
		% within Current place	12.5%	6.5%	9.5%
	9	Count	4	1	5
		% within Current place	12.5%	3.2%	7.9%
	10	Count	12	6	18
		% within Current place	37.5%	19.4%	28.6%
	Total	Count	32	31	63
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.098[a]	10	.279
Likelihood Ratio	14.620	10	.147
N of Valid Cases	63		

a. 20 cells (90.9%) have expected count less than 5. The minimum expected count is .98.

V79 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V79	0	Count	16	6	22
		% within Current place	50.0%	19.4%	34.9%
	1	Count	2	2	4
		% within Current place	6.3%	6.5%	6.3%
	2	Count	0	3	3
		% within Current place	.0%	9.7%	4.8%
	3	Count	2	3	5
		% within Current place	6.3%	9.7%	7.9%
	4	Count	1	2	3
		% within Current place	3.1%	6.5%	4.8%
	5	Count	1	4	5
		% within Current place	3.1%	12.9%	7.9%
	6	Count	2	1	3
		% within Current place	6.3%	3.2%	4.8%
	7	Count	1	3	4
		% within Current place	3.1%	9.7%	6.3%
	8	Count	0	7	7
		% within Current place	.0%	22.6%	11.1%
	9	Count	2	0	2
		% within Current place	6.3%	.0%	3.2%
	10	Count	5	0	5
		% within Current place	15.6%	.0%	7.9%
	Total	Count	32	31	63
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.203[a]	10	.005
Likelihood Ratio	32.123	10	.000
N of Valid Cases	63		

a. 20 cells (90.9%) have expected count less than 5. The minimum expected count is .98.

V80 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V80	0	Count	0	4	4
		% within Current place	.0%	12.9%	6.3%
	1	Count	2	4	6
		% within Current place	6.3%	12.9%	9.5%
	2	Count	0	2	2
		% within Current place	.0%	6.5%	3.2%
	3	Count	3	2	5
		% within Current place	9.4%	6.5%	7.9%
	4	Count	3	1	4
		% within Current place	9.4%	3.2%	6.3%
	5	Count	6	5	11
		% within Current place	18.8%	16.1%	17.5%
	6	Count	3	1	4
		% within Current place	9.4%	3.2%	6.3%
	7	Count	1	0	1
		% within Current place	3.1%	.0%	1.6%
	8	Count	0	5	5
		% within Current place	.0%	16.1%	7.9%
	9	Count	4	3	7

		% within Current place	12.5%	9.7%	11.1%
	10	Count	10	4	14
		% within Current place	31.3%	12.9%	22.2%
	Total	Count	32	31	63
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.660[a]	10	.061
Likelihood Ratio	22.485	10	.013
N of Valid Cases	63		

a. 18 cells (81.8%) have expected count less than 5. The minimum expected count is .49.

V83 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V83	1	Count	1	0	1
		% within Current place	3.1%	.0%	1.6%
	2	Count	0	1	1
		% within Current place	.0%	3.2%	1.6%
	3	Count	1	2	3
		% within Current place	3.1%	6.5%	4.8%
	4	Count	3	0	3
		% within Current place	9.4%	.0%	4.8%
	5	Count	2	4	6
		% within Current place	6.3%	12.9%	9.5%
	6	Count	2	6	8
		% within Current place	6.3%	19.4%	12.7%

	7	Count	0	3	3
		% within Current place	.0%	9.7%	4.8%
	8	Count	2	7	9
		% within Current place	6.3%	22.6%	14.3%
	9	Count	4	2	6
		% within Current place	12.5%	6.5%	9.5%
	10	Count	17	6	23
		% within Current place	53.1%	19.4%	36.5%
	Total	Count	32	31	63
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.694[a]	9	.020
Likelihood Ratio	23.291	9	.006
N of Valid Cases	63		

a. 18 cells (90.0%) have expected count less than 5. The minimum expected count is .49.

V90 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V90	0	Count	9	0	9
		% within Current place	29.0%	.0%	14.5%
	1	Count	3	4	7
		% within Current place	9.7%	12.9%	11.3%
	2	Count	2	4	6

		% within Current place	6.5%	12.9%	9.7%
	3	Count	1	2	3
		% within Current place	3.2%	6.5%	4.8%
	4	Count	3	0	3
		% within Current place	9.7%	.0%	4.8%
	5	Count	1	1	2
		% within Current place	3.2%	3.2%	3.2%
	6	Count	2	1	3
		% within Current place	6.5%	3.2%	4.8%
	7	Count	2	5	7
		% within Current place	6.5%	16.1%	11.3%
	8	Count	4	4	8
		% within Current place	12.9%	12.9%	12.9%
	9	Count	1	2	3
		% within Current place	3.2%	6.5%	4.8%
	10	Count	3	8	11
		% within Current place	9.7%	25.8%	17.7%
	Total	Count	31	31	62
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.368[a]	10	.067
Likelihood Ratio	22.164	10	.014
N of Valid Cases	62		

a. 20 cells (90.9%) have expected count less than 5. The minimum expected count is 1.00.

V91 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V91	0	Count	4	1	5
		% within Current place	12.9%	3.2%	8.1%
	1	Count	0	5	5
		% within Current place	.0%	16.1%	8.1%
	2	Count	2	2	4
		% within Current place	6.5%	6.5%	6.5%
	3	Count	0	1	1
		% within Current place	.0%	3.2%	1.6%
	4	Count	2	1	3
		% within Current place	6.5%	3.2%	4.8%
	5	Count	3	4	7
		% within Current place	9.7%	12.9%	11.3%
	6	Count	2	2	4
		% within Current place	6.5%	6.5%	6.5%
	7	Count	2	2	4
		% within Current place	6.5%	6.5%	6.5%
	8	Count	1	3	4
		% within Current place	3.2%	9.7%	6.5%
	9	Count	4	6	10
		% within Current place	12.9%	19.4%	16.1%
	10	Count	11	4	15
		% within Current place	35.5%	12.9%	24.2%
	Total	Count	31	31	62
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.943[a]	10	.227
Likelihood Ratio	15.575	10	.112
N of Valid Cases	62		

a. 18 cells (81.8%) have expected count less than 5. The minimum expected count is .50.

V92 * Current place

Crosstab

			Current place		
			Mthatha	Port Elizabeth	Total
V92	0	Count	1	4	5
		% within Current place	3.2%	12.9%	8.1%
	1	Count	2	2	4
		% within Current place	6.5%	6.5%	6.5%
	2	Count	3	3	6
		% within Current place	9.7%	9.7%	9.7%
	3	Count	3	1	4
		% within Current place	9.7%	3.2%	6.5%
	4	Count	0	2	2
		% within Current place	.0%	6.5%	3.2%
	5	Count	3	5	8
		% within Current place	9.7%	16.1%	12.9%
	6	Count	1	1	2
		% within Current place	3.2%	3.2%	3.2%
	7	Count	0	5	5
		% within Current place	.0%	16.1%	8.1%
	8	Count	8	1	9
		% within Current place	25.8%	3.2%	14.5%

	9	Count	0	2	2
		% within Current place	.0%	6.5%	3.2%
	10	Count	10	5	15
		% within Current place	32.3%	16.1%	24.2%
	Total	Count	31	31	62
		% within Current place	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.411[a]	10	.035
Likelihood Ratio	23.853	10	.008
N of Valid Cases	62		

a. 20 cells (90.9%) have expected count less than 5. The minimum expected count is 1.00.

APPENDIX 3: BIOGRAPHICAL FREQUENCIES

Frequency Table

Race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Black	46	73.0	73.0	73.0
	White	5	7.9	7.9	81.0
	Asian	4	6.3	6.3	87.3
	Coloured	8	12.7	12.7	100.0
	Total	63	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 25yrs	4	6.3	6.3	6.3
	25 to <35yrs	14	22.2	22.2	28.6
	35 to < 45yrs	22	34.9	34.9	63.5
	45 to < 55yrs	17	27.0	27.0	90.5
	55 or older	6	9.5	9.5	100.0
	Total	63	100.0	100.0	

Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Top management	1	1.6	1.6	1.6
	Middle management	13	20.6	21.0	22.6
	Supervisor	10	15.9	16.1	38.7

	Professionally qualified	34	54.0	54.8	93.5
	Non-supervisory	4	6.3	6.5	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
	Total	63	100.0		

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< Matric or Grade 12	2	3.2	3.2	3.2
	Matric or Grade 12	4	6.3	6.3	9.5
	Diploma	14	22.2	22.2	31.7
	Bachelors Degree	21	33.3	33.3	65.1
	Honours Degree	11	17.5	17.5	82.5
	Masters or Doctoral Degree	11	17.5	17.5	100.0
	Total	63	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	15	23.8	23.8	23.8
	Female	48	76.2	76.2	100.0
	Total	63	100.0	100.0	

Division

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing	27	42.9	43.5	43.5
	Hospital Services	8	12.7	12.9	56.5

	Medical Services	11	17.5	17.7	74.2
	Support Services	11	17.5	17.7	91.9
	District Services	5	7.9	8.1	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
	Total	63	100.0		

Distance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	21	33.3	33.3	33.3
	< 5 km	11	17.5	17.5	50.8
	5 to < 50 km	16	25.4	25.4	76.2
	50 to 100 km	6	9.5	9.5	85.7
	> 100 km	9	14.3	14.3	100.0
	Total	63	100.0	100.0	

Travel

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Walk or bicycle	1	1.6	1.6	1.6
	Train	1	1.6	1.6	3.2
	Bus or taxi	14	22.2	22.2	25.4
	Own transport	45	71.4	71.4	96.8
	Other	2	3.2	3.2	100.0
	Total	63	100.0	100.0	

Marital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not married or in a serious relationship	28	44.4	45.2	45.2

	Married or living with a partner	34	54.0	54.8	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
	Total	63	100.0		

Current place

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mthatha	32	50.8	50.8	50.8
	Port Elizabeth	31	49.2	49.2	100.0
	Total	63	100.0	100.0	

Own rent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own	41	65.1	65.1	65.1
	Rent	22	34.9	34.9	100.0
	Total	63	100.0	100.0	

Partner Employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N/A	25	39.7	39.7	39.7
	Unemployed	3	4.8	4.8	44.4
	Employed part-time or half day job	1	1.6	1.6	46.0
	Employed full-time	31	49.2	49.2	95.2
	Self-employed in own business	3	4.8	4.8	100.0
	Total	63	100.0	100.0	

Under 18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	21	33.3	33.3	33.3
	1	11	17.5	17.5	50.8
	2	19	30.2	30.2	81.0
	3	10	15.9	15.9	96.8
	4	1	1.6	1.6	98.4
	7	1	1.6	1.6	100.0
	Total	63	100.0	100.0	

APPENDIX 4: CALCULATED SCORES INCLUDING IMPACT SCORES

		RETENTION - ALL							
NO	ITEM	DESCRIPTION	SCORE	%	DECIMAL	TOTAL+	MEAN	STD DEV	IMPACT
1	52	Level of significance or importance of the job	49	77.78	0.78	380	7.76	2.33	6.05
2	28	Treatment by work colleagues	47	74.60	0.75	345	7.34	2.48	5.51
3	27	Quality of relationships with colleagues	47	74.60	0.75	337	7.17	2.87	5.38
4	22	Degree of training to adequately do the job	47	74.60	0.75	331	7.04	2.5	5.28
5	56	Level of engagement and involvement with the job	46	73.02	0.73	327	7.11	2.51	5.19
6	29	Support from Manager and Colleagues	42	66.67	0.67	313	7.45	2.42	4.99
7	58	Scope or discretion to respond to clients	46	73.02	0.73	314	6.83	2.44	4.98
8	4	Purpose, Vision or Mission of the organisation	47	74.60	0.75	308	6.55	2.61	4.91
9	47	Degree of self-belief in performing the job	41	65.08	0.65	303	7.39	2.31	4.80
10	53	Level of Autonomy provided by the job	45	71.43	0.71	302	6.71	1.96	4.76
11	61	Level of responsibility in the job	42	66.67	0.67	290	6.90	2.58	4.63
12	21	Development & gaining new knowledge & skills	42	66.67	0.65	297	7.07	2.55	4.60
13	50	Amount of variety in the job	43	68.25	0.65	285	6.63	2.14	4.31
14	60	Meaningfulness of job content & Assignments	44	69.84	0.70	265	6.02	2.57	4.22
15	57	Level of challenge & excitement of work in area of expertise	43	68.25	0.68	263	6.12	2.69	
16	67	Fairness in allocating tasks & assignments in the section	41	65.08	0.65	259	6.32	2.49	
17	54	Information provided by the job including feedback from colleagues & supervisor	41	65.08	0.65	256	6.24	2.48	4.06
18	41	Degree of feeling that the employee does a job that suits him/her	40	63.49	0.63	254	6.35	2.63	4.00
19	20	Learning Environment of the organisation	40	63.49	0.63	236	5.90	2.49	3.72
		TURNOVER - ALL							
NO	ITEM	DESCRIPTION	SCORE	%		TOTAL-	MEAN	STD DEV	IMPACT
1	14	Way organisation is being led by Top Management	44	69.84	0.70	-328	-7.45	2.72	-5.22
2	32	Degree of fairly or unfairly reward for contribution	40	63.49	0.63	-300	-7.50	2.92	-4.73

3	11	How things are done & how people generally behave at work	38	60.32	0.60	-291	-7.66	2.57	-4.59
4	19	The way problems are generally dealt with by managers	37	58.73	0.59	-280	-7.57	2.29	-4.46
5	40	Amount of stress, tension and conflict in the job	37	58.73	0.59	-269	-7.27	2.51	-4.29
6	9	Level of "red tape" or bureaucracy or standardized operating procedures	37	58.73	0.59	-268	-7.24	3.01	-4.27
7	43	The current performance Management system in the org	37	58.73	0.59	-264	-7.14	2.91	-4.21
8	8	Degree of fairness and consistency in implementation of policies	37	58.73	0.59	-249	-6.73	2.39	-3.97
9	46	Recognition received for what is done by the employee	31	49.21	0.49	-248	-8.00	2.57	-3.92
10	44	Opportunities for feedback, self-improvement and career advancement	35	55.56	0.56	-234	-6.69	3.18	-3.74
11	18	The way people are treated by those in leadership positions	33	52.38	0.52	-235	-7.12	2.74	-3.70
12	63	Availability of technology, equipment, resources & tools to perform work	31	49.21	0.49	-230	-7.42	2.29	-3.64
13	34	Size of workload	32	50.79	0.51	-222	-6.94	2.82	-3.54
14	12	Communications regarding plans, events and developments in the org	35	55.56	0.56	-221	-6.31	2.72	-3.54
15	16	Amount of listening or not listening to the views and ideas of employees	33	52.38	0.52	-210	-6.36	2.98	-3.31
16	15	Amount of participation in the decision making	34	53.97	0.54	-203	-5.97	2.71	-3.22

		RETENTION - MTHATHA >20	**SCORE**	**%**		**TOTAL+**	**MEAN**	**STD DEV**	**IMPACT**
1	52	Level of significance or importance of the job	24	75.00	0.75	196	8.17	2.08	6.13
2	4	Purpose, Vision or Mission of the organisation	26	81.25	0.81	187	7.19	2.43	5.83
3	5	The structure of the organisation	22	68.75	0.69	185	8.41	1.87	5.80
4	56	Level of engagement and involvement with the job	23	71.88	0.72	179	7.78	2.37	5.60
5	22	Degree of training to adequately do the job	24	75.00	0.75	178	7.42	2.32	5.56
6	47	Degree of self-belief in performing the job	22	68.75	0.69	176	8.00	2.53	5.52
7	27	Quality of relationships with colleagues	21	65.63	0.66	175	8.33	1.77	5.50
8	28	Treatment by work colleagues	21	65.63	0.66	168	8.00	2.06	5.28
9	29	Support from Manager and Colleagues	21	65.63	0.66	162	7.71	1.93	5.09
10	21	Development & gaining new knowledge & skills	21	65.63	0.66	158	7.52	2.4	4.97

11	67	Fairness in allocating tasks & assignments in the section	22	68.75	0.69	158	7.18	2.46	4.96
12	41	Degree of feeling that the employee does a job that suits him/her	22	68.75	0.69	147	6.68	2.57	4.61
13	61	Level of responsibility in the job	21	65.63	0.66	141	6.71	2.59	4.43
14	60	Meaningfulness of job content & Assignments	23	71.88	0.72	141	6.13	2.42	4.41
15	42	Work environment that is sensitive to personal, family & health related needs	21	65.63	0.66	127	6.05	2.58	3.99
		TURNOVER - MTHATHA >16	**SCORE**	**%**		**TOTAL+**	**MEAN**	**STD DEV**	**IMPACT**
1	14	Way organisation is being led by Top Management	20	62.50	0.63	-163	-8.15	2.6	-5.13
2	19	The way problems are generally dealt with by managers	20	62.50	0.63	-158	-7.90	2.01	-4.98
3	46	Recognition received for what is done by the employee	18	56.25	0.56	-152	-8.44	1.92	-4.73
4	11	How things are done & how people generally behave at work	17	53.13	0.53	-144	-8.47	2.27	-4.49
5	32	Degree of fairly or unfairly reward for contribution	18	56.25	0.56	-141	-7.83	3.13	-4.39
6	63	Availability of technology, equipment, resources & tools to perform work	17	53.13	0.53	-138	-8.12	3.02	-4.30
7	12	Communications regarding plans, events and developments in the org	20	62.50	0.63	-136	-6.80	2.71	-4.28
8	40	Amount of stress, tension and conflict in the job	19	59.38	0.59	-137	-7.21	2.59	-4.25
9	64	The level of health and safety at the workplace	17	53.13	0.53	-132	-7.76	2.82	-4.12
10	16	Amount of listening or not listening to the views and ideas of employees	18	56.25	0.56	-126	-7.00	2.83	-3.92
11	44	Opportunities for feedback, self-improvement and career advancement	17	53.13	0.53	-125	-7.35	3.16	-3.90
12	18	The way people are treated by those in leadership positions	17	53.13	0.53	-120	-7.06	2.9	-3.74

		RETENTION - PE >20	**SCORE**	**%**		**TOTAL+**	**MEAN**	**STD DEV**	**IMPACT**
1	52	Level of significance or importance of the job	25	80.65	0.81	184	7.36	2.53	5.96
2	28	Treatment by work colleagues	25	80.65	0.81	177	7.08	2.81	5.73
3	58	Scope or discretion to respond to clients	26	83.87	0.84	165	6.35	2.19	5.33
4	27	Quality of relationships with colleagues	26	83.87	0.84	162	6.23	3.25	5.23
5	53	Level of Autonomy provided by the job	25	80.65	0.81	159	6.36	1.68	5.15

6	22	Degree of training to adequately do the job	23	74.19	0.74	153	6.65	2.67	4.92
7	29	Support from Manager and Colleagues	21	67.74	0.68	151	7.19	2.86	4.89
8	61	Level of responsibility in the job	21	67.74	0.68	149	7.10	2.62	4.82
9	56	Level of engagement and involvement with the job	23	74.19	0.74	148	6.43	2.5	4.76
10	50	Amount of variety in the job	23	74.19	0.74	143	6.22	2.13	4.60
11	21	Development & gaining new knowledge & skills	21	67.74	0.68	139	6.62	2.67	4.50
12	54	Information provided by the job including feedback from colleagues & supervisor	22	70.97	0.71	134	6.09	2.58	4.32
13	57	Level of challenge & excitement of work in area of expertise	23	74.19	0.74	129	5.61	2.46	4.15
14	59	Overall level of Job satisfaction	21	67.74	0.68	128	6.10	2.51	4.14
15	60	Meaningfulness of job content & Assignments	21	67.74	0.68	124	5.90	2.77	4.02
16	4	Purpose, Vision or Mission of the organisation	21	67.74	0.68	121	5.76	2.66	3.92
17	20	Learning Environment of the organisation	21	67.74	0.68	116	5.52	2.6	3.76

		TURNOVER - PE >16	**SCORE**	**%**		**TOTAL+**	**MEAN**	**STD DEV**	**IMPACT**
1	14	Way organisation is being led by Top Management	24	77.42	0.77	-180	-7.50	2.83	-5.78
2	9	Level of "red tape" or bureaucracy or standardized operating procedures	23	74.19	0.74	-160	-6.96	2.85	-5.15
3	32	Degree of fairly or unfairly reward for contribution	22	70.97	0.71	-159	-7.23	3.07	-5.13
4	8	Degree of fairness and consistency in implementation of policies	22	70.97	0.71	-159	-7.23	2.29	-5.13
5	11	How things are done & how people generally behave at work	21	67.74	0.68	-158	-7.52	2.77	-5.12
6	31	Pay package structure	18	58.06	0.58	-150	-8.33	2.43	-4.83
7	43	The current performance Management system in the org	21	67.74	0.68	-142	-6.76	3	-4.60
8	40	Amount of stress, tension and conflict in the job	18	58.06	0.58	-132	-7.33	2.5	-4.25
9	19	The way problems are generally dealt with by managers	17	54.84	0.55	-123	-7.24	2.61	-3.98
10	34	The size of workload	17	54.84	0.55	-114	-6.71	2.73	-3.69
11	44	Opportunities for feedback, self-improvement and career advancement	18	58.06	0.58	-109	-6.06	3.15	-3.51
12	15	Amount of participation in the decision making	18	58.06	0.58	-107	-5.94	2.48	-3.45
13	42	Work environment that is sensitive to personal, family & health related needs	17	54.84	0.55	-105	-6.18	2.35	-3.40