

FACTORS ASSOCIATED WITH TURNOVER AMONG NURSES IN PUBLIC  
HEALTH FACILITIES IN KHOMAS REGION OF NAMIBIA

A RESEARCH THESIS SUBMITTED IN FULFILMENT

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BY

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## **DECLARATION**

I, **EUSEBIA S. SHAVA**, hereby declare that “Factors associated with turnover among nurses in public health facilities in Khomas Region of Namibia”, is a true reflection of my own work, and that all the sources used have been acknowledged in the text and the reference list. The version of this work is an original work, and has not previously been submitted or in part for the degree at any other university.

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## ABSTRACT

The Khomas Region of Namibia has witnessed the exodus of skilled nurses and this has impacted on health care performance. The purpose of this study was to determine the factors associated with staff turnover of nurses within the public health facilities; determine the demographic factors that contribute to turnover of nurses in the public health facilities; determine the factors that are associated with turnover of nurses in the public health facilities, describe the opinions of the respondents regarding turnover and analyse and to analyse the association of demographic data and variables of each associated factor within Khomas Region of Namibia. A mixed method (triangulation) of both quantitative and qualitative approaches was used against a target population of 597 nursing staff. The stratified random sampling method was used in selecting the participants. Data analysis used was SPSS for the quantitative and Atlas.ti for the qualitative.

Findings revealed poor working conditions; unsatisfactory salary (.79 commonality), insufficient time for training (.75 commonality), lack of chance for promotion (.80) and lack of managers' encouraging participation (.80). Further outcomes indicated that nepotism, favoritism, delayed overtime payments, lack of team work, unskilled supervisors, including lack of career development, were the main factors leading to nursing turnover. An inherent limitation of the study was its cross-sectional nature thus the findings may not necessarily be reflective for all causes of nurse turnover in public health facilities in Namibia.

The following recommendations were made; the government should review nurses' remuneration scales to correspond with those of the private sector. An exit interview system should be implemented to determine possible causes of nurse turnover, there is need to strengthen orientation and training of new employees to clarify what is expected of them.

## **DEDICATION**

This study is dedicated to my loving husband who identified my potential many years ago and helped me climb all ladders that has led to all my success. I could not have been where I am now without his support and love. May the good Lord bless him abundantly.

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## TABLE OF CONTENTS

<b>CHAPTER 1</b> .....	1
<b>INTRODUCTION AND BACKGROUND TO THE STUDY</b> .....	1
1.1. INTRODUCTION .....	1
1.2. BACKGROUND TO THE PROBLEM .....	2
1.3. PROBLEM STATEMENT .....	4
1.4. PURPOSE OF THE STUDY .....	6
1.5. OBJECTIVES OF THE STUDY .....	6
1.6. SIGNIFICANCE OF THE STUDY .....	6
1.7. LIMITATIONS .....	6
1.8. DELIMITATIONS .....	7
1.9. PARADIGMATIC PERSPECTIVES .....	7
1.9.1 Meta- theoretical assumptions .....	8
1.9.1.1 Ontological assumption .....	8
1.9.1.2 Epistemology assumption .....	8
1.9.1.3 Axiology assumption .....	9
1.9.1.4 Methodological assumption .....	9
1.9.1.5 Rhetorical assumption .....	10
1.9.2 Theoretical research as a basis for the study .....	11
1.9.2.1 Traditional turnover model .....	11
1.9.2.2 Herzberg motivational model .....	12
1.9.2.3 Conceptual framework .....	13
1.10. DEFINITION OF CONCEPTS .....	14
1.10.1 Factors .....	14
1.10.2 Turnover .....	15
1.10.3 Nurses .....	15
1.10.4 Public health facilities .....	15
1.11. OUTLINE OF CHAPTERS .....	16
1.12. SUMMARY .....	16
<b>CHAPTER 2</b> .....	18
<b>LITERATURE REVIEW</b> .....	18
2.1. INTRODUCTION .....	18
2.2. GENERAL BACKGROUND OF TURNOVER .....	18
2.3. TURNOVER AMONG NURSES .....	19

2.4.	THEORETICAL AND CONCEPTUAL FRAMEWORK .....	20
2.4.1	Herzberg motivational model .....	20
2.4.2	Traditional model .....	21
2.5.	FACTORS ASSOCIATED WITH STAFF TURNOVER .....	22
2.5.1	Demographic factors .....	23
2.5.1.1	Marital status.....	24
2.5.1.2	Educational qualification .....	24
2.5.1.3	Age.....	24
2.5.1.4	Gender.....	25
2.5.2	Employee promotion practices .....	25
2.5.3	Reward or compensation practices .....	26
2.5.4	Staff training and development practices .....	28
2.5.5	Work environment.....	29
2.5.6	Other factors .....	29
2.6.	EFFECTS OF TURNOVER .....	30
2.6.1	Individual employee and family.....	31
2.6.2	Organisation .....	32
2.7.	STRATEGIES TO OVERCOME TURNOVER .....	32
2.5.2	Performance incentives .....	33
2.5.3	Performance feedback .....	33
2.5.4	Sharing knowledge .....	33
2.8.	SUMMARY .....	35
	<b>CHAPTER 3 .....</b>	<b>36</b>
	<b>RESEARCH DESIGN AND METHOD .....</b>	<b>36</b>
3.1.	INTRODUCTION.....	36
3.2.	RESEARCH DESIGN .....	36
3.2.1	Mixed method design .....	36
3.2.2	Explorative design .....	38
3.2.3	Descriptive design .....	38
3.2.4	Analytical design.....	39
3.3.	RESEARCH CONTEXT .....	39
3.4.	POPULATION.....	40
3.4.1	Sample and sampling.....	40
3.5.	DATA COLLECTION.....	41
3.5.1	Research instrument .....	41

3.5.2	Procedure for data collection .....	43
3.5.3	Preparation of the research field.....	43
3.5.4	Pilot study.....	44
3.5.5	Validity of the instrument.....	44
3.5.5.1	Content validity.....	44
3.5.5.2	Face validity.....	45
3.5.5.3	Construct validity.....	46
3.5.6	Reliability of the instrument.....	46
3.6.	DATA MANAGENENT.....	47
3.7.	DATA ANALYSIS .....	48
3.7.1	Quantitative data analysis.....	48
3.7.2	Qualitative data Analysis.....	49
3.8.	ETHICAL CONSIDERATIONS .....	49
3.8.1	Permission to conduct the research .....	49
3.8.2	Principles of respect of persons .....	50
3.8.3	Principle of beneficence .....	50
3.8.4	Fair treatment/justice .....	50
3.9.	SUMMARY .....	50
	<b>CHAPTER 4 .....</b>	<b>52</b>
	<b>DATA ANALYSIS AND PRESENTATION OF FINDINGS .....</b>	<b>52</b>
4.1.	INTRODUCTION.....	52
4.2.	OVERVIEW OF THE DATA COLLECTION AND ANALYSIS PROCESS .....	52
4.3.	RESPONSE RATE.....	53
4.4.	RESULTS FOR EACH OBJECTIVE.....	53
4.4.1	Objective 1 .....	53
4.4.2	Objective 2 .....	57
4.4.3	Objective 3 .....	73
4.4.4	Objective 4 .....	83
4.4.4.1	The analysis of the association of demographic factors .....	83
4.5.	SUMMARY .....	93
	<b>CHAPTER 5 .....</b>	<b>95</b>
	<b>DISCUSSIONS, CONCLUSIONS, LIMITATIONS, RECOMMENDATIONS AND CONTRIBUTIONS OF THE STUDY .....</b>	<b>95</b>
5.1.	INTRODUCTION .....	95
5.2.	DISCUSSIONS .....	95

5.2.1	Demographic factors (objective 1) .....	95
5.2.2	Associated factors (objective 2) .....	98
5.2.3	Opinions of the respondents (objective 3).....	101
5.2.4	Associations of the demographic data and correlations/ relationships of variables of each associated factors (objective 4).....	105
5.3.	CONCLUSIONS .....	109
5.4.	LIMITATIONS .....	110
5.5.	RECOMMENDATIONS .....	111
5.5.1	Management .....	111
5.5.2	Education.....	112
5.5.3	Further research .....	113
5.6.	CONTRIBUTIONS OF THE STUDY.....	114
5.7.	SUMMARY .....	114

## **LIST OF ABBREVIATIONS**

<b>MoHSS:</b>	Ministry of Health and Social Services
<b>R/N:</b>	Registered nurse
<b>BBC:</b>	British Broadcasting Corporation
<b>E/N:</b>	Enrolled nurse
<b>UNAM:</b>	University of Namibia
<b>SPSS:</b>	Statistical package of social scientists
<b>WHO:</b>	World Health Organisation
<b>SA:</b>	South Africa
<b>HRM:</b>	Human Resources Manager

## LIST OF TABLES

<b>Table 1.1:</b>	Number of nurses in the Khomas Region public health facilities	4
<b>Table 3.1:</b>	The mixed method application of data analysis	38
<b>Table 3.2:</b>	Population of the study	41
<b>Table 3.3:</b>	Cronbach's alpha	48
<b>Table 4.1:</b>	Age of the respondents	54
<b>Table 4.2:</b>	Marital status of the respondents	54
<b>Table 4.3:</b>	Earned salary per month	55
<b>Table 4.4:</b>	Level of education	56
<b>Table 4.5:</b>	Respondents' rating on company reward or compensation practices	57
<b>Table 4.6:</b>	Central tendency and viability of responses on company rewards or compensation	58
<b>Table 4.7:</b>	Respondents' rating on training and development practices	59
<b>Table 4.8:</b>	Central tendency and variability of responses on training and development practices	60
<b>Table 4.9:</b>	Respondents' rating promotional opportunities to the previous job	61
<b>Table 4.10:</b>	Central tendency and variability of responses on promotional opportunities in previous job	62
<b>Table 4.11:</b>	Respondents' rating on recognition factors at previous job	63
<b>Table 4.12:</b>	Central tendency and variability of responses on recognition factors of previous employer	64
<b>Table 4.13:</b>	Respondents' rating on work-related stress at previous job	64
<b>Table 4.14:</b>	Central tendency and variability of responses on work-related stress at previous job	65
<b>Table 4.15:</b>	Respondents' rating on leadership relationship factors at previous job	66
<b>Table 4.16:</b>	Central tendency and variability of responses on leadership relationship factors in previous job	67
<b>Table 4.17:</b>	Respondents' rating on work environment factors at previous work	68
<b>Table 4.18:</b>	Central tendency and variability of responses on work environment factors at previous employment	69

<b>Table 4.19:</b>	Respondents' rating on retaining nursing staff, staff training and work environment	70
<b>Table 4.20:</b>	Response rating on the role of recognition/staff rewards on nursing staff turnover	72
<b>Table 4.21:</b>	Cross tabulation of gender, salary and age	84
<b>Table 4.22:</b>	Gender, marital status and salary distribution	85
<b>Table 4.23:</b>	Cross tabulation between gender, tenure and marital status	86
<b>Table 4.24:</b>	Correlation analysis on variables (items) on company reward or compensation practices	87
<b>Table 4.25:</b>	Correlation analysis variables (items) on training and development practices	88
<b>Table 4.26:</b>	Correlation analysis variables (items) on training and development practices	88
<b>Table 4.27:</b>	Correlation analysis on recognition factors from previous employer	89
<b>Table 4.28:</b>	Correlation analysis on work-related stress in previous job	90
<b>Table 4.29:</b>	Total variance explained	91
<b>Table 4.30:</b>	Rotated component matrix	92

## LIST OF FIGURES

<b>Figure 1.1:</b>	The traditional turnover model	12
<b>Figure 1.2:</b>	Herzberg hygiene and motivation factors.	14
<b>Figure 1.3:</b>	Diagrammatical representation of conceptual framework	15
<b>Figure4.1:</b>	Number of years worked in the position	56
<b>Figure 4.2:</b>	Comments associated to primary document	74
<b>Figure 4.3:</b>	Quotes on overtime	76
<b>Figure 4.4:</b>	Quotes on promotion on merit	77
<b>Figure 4.5:</b>	Quotes on recognition and reward practices	78
<b>Figure 4.6:</b>	Quotes on skilled managers	80
<b>Figure 4.7:</b>	Quotes on untaxed overtime	82

# **CHAPTER 1**

## **INTRODUCTION AND BACKGROUND TO THE STUDY**

### **1.1. INTRODUCTION**

Turnover of nurses has become a critical concern globally because it erodes and cripples the effective operations of health systems (Stanz & Greyling, 2010; Simon, 2014; World Health Organisation, 2006). Despite its centrality to a country's nursing shortages, scholars have given little focus on turnover among nurses (Meier & Hicklin, 2007; Selden & Moynihan, 2000). The case of Namibia nursing staff turnover is no exception. Nursing staff turnover remains a financial concern to public as well as private institutions, and it has an impact on staff morale and working practices.

Further, staff turnover could also have detrimental effects on patient care. In a practical sense, nursing turnover has impacted on stakeholders' welfare, which includes reduced quality of patient care, increased contingent staff costs, and loss of patients (Huston & Marquis, 2003). However, staff shortages caused by nurse turnover are associated with significant decreases in the overall quality of patient care, increases in the length of patient stays in hospital, and greater numbers of hospital-acquired patient illnesses and conditions that do not qualify for medicare/medical aid reimbursement. Studies have examined the reasons why nurses leave their jobs, but these have often produced conflicting findings and have frequently relied upon findings from bivariate correlation or multiple regression techniques (Benedict, Josiah, Ogunbenle, & Akpeti, 2012).

The health of a community is a major concern for any government. The staff complement of health care workers goes a long way in determining the quality of service that any health institution can deliver. Jones (as cited in Dasgupta & Agarwal, 2014), defines nurse turnover as the process by which nurses leave or transfer within a public health care system. It is generally viewed as the movement of staff out of an organisation (Hunt, 2009). According to Dasgupta and Agarwal (2014), although the definition of turnover varies according to different literature, employee turnover is defined as the ratio of the number of workers that need to be replaced in a given period of time, to the average number of workers.

Although the issue of high nurse turnover has been a topic of research in various countries, there is little literature on the challenge in Namibia, especially in the Khomas Region's public health care system. Haoses-Gorases, Jonas and Kapaama (2014) focused on the problem of high nurse turnover in Namibia in terms of how it affects the whole country, and its concomitant effects on service delivery.

This chapter presents the introduction of the study, background to the problem and the significance of the study. The aims, objectives, problem statements, research questions, and assumptions underpinning the study, are also presented. The structure of the study is included in this chapter.

## **1.2. BACKGROUND TO THE PROBLEM**

There are two public hospitals: in the Khomas region of Namibia namely Katutura State Hospital and Windhoek Central Hospital. In addition, during the study period 2010 to 2015 there were eight state functioning clinics in the Khomas Region: Khomasdal, Wanaheda, Okuryangava, Robert Mugabe, Hakahana, Otjomuise,

Donkerhoek, Grootaub, and the Katutura Health Centre. In all of these health facilities, high nurse turnover has been a major concern.

Retention of nursing staff is important for successful health care operations. According to Das and Baruah (2013), staff retention is a key factor for the success of an organisation. The health of a community is of essence for any government; the staff complement of health care workers largely determines the quality of service that a health institution can deliver. Nurse workforce in sub-Saharan Africa is a crucial component of its health workforce. Blaauw (2014) reported that in terms of intending to leave their current job, only 18.8% of health workers in Tanzania, and 26.5% in Malawi, indicated that they were actively seeking employment elsewhere, compared to 41.4% in South Africa. These statistics indicate the magnitude of this challenge Namibia is no exception as it is experiencing a high turnover of nurses who move from public health facilities to the private health care sector. The gap left by the departure of the nurses creates a vacuum that normally would not be immediately filled. This has a negative impact on service delivery in public health facilities.

According to the Ministry of Health and Social Services (MoHSS), the 2008 Health and Social Services System Review Report indicated that the public sector has 2.0 health workers per 100 000 population, which is below the World Health Organisation (WHO) benchmark of staff (nurse) to patient ratio of 2.5 per 100 000 patients (Namibia, 2014). Also according to Namibian auditor-general (2009), the percentage of vacant posts indicates high turnover of nurses, which stood at 15% and 18%, respectively compared to optimum turnover rate which is 5-10% per annum (Booyens, 2004). Compared to some countries in the region, from 2004 to 2009 there were 155 484 nurses practising in South Africa at a rate of 437 nurses per 100 000 of

the population, which compares favourably with the WHO minimum of 200:100 000 (Hall, 2004). Although the national turnover of nurses stands at 18%, according to data from MoHSS , in the Khomas Region the turnover rate for the period between 2010 and 2015 was 43% (see Table 1.1) This is very high compared to other regions in Namibia (Ministry of Health and Social Services, 2015).

**Table 1.1:** Number of nurses in the Khomas Region public health facilities 2010 - 2015\*

Total nursing staff	1388
Total resignation	597
<b>% staff turnover</b>	<b>43%</b>

Source: *Ministry of Health and Social Services, 2015*

The ramifications of the issue of nursing staff turnover not being addressed are high mortality rates and increases in diseases. Service delivered to patients will also worsen to proportions that will affect communities and the nation as a whole. The purpose of this cross-sectional study was to investigate the factors causing nurses turnover in the public health facilities within the Khomas Region of Namibia and to recommend measures in order to reduce the turnover.

### **1.3. PROBLEM STATEMENT**

Turnover of nurses has become a critical concern globally, as well as in Namibia, as it erodes and cripples the smooth operations of health systems (Stanz & Greyling, 2010; Simon, 2014; World Health Organisation, 2006).

Despite government's efforts, through MoHSS to address the shortage of health workers in the public sector by increasing the enrolment of student nurses at higher learning institutions, recruitment of registered nurses in various fields, and recalling retired nurses, nurses (health workers) are still leaving the public sector for the

private sector (Jonas, 2007). Between 2010 and 2015, out of 1 388 nursing staff, 597 nurses left the health sector within the Khomas Region (Ministry of Health and Social Services, 2015).

The shortage of health workers in the public health facilities, especially in the Khomas region, has reached a critical level, which has impacted service delivery negatively. Windle (2008) asserts that turnover of nursing staff affects quality of patients care and overloads the remaining nursing complement. Therefore poor service delivery is partly a consequence of high nurses turnover from public hospitals due to unknown reasons.

It is therefore important for the management of public health facilities to understand the factors that influence nurse turnover so that appropriate retention strategies can be crafted to reduce the exodus of nursing staff in the Khomas Region.

The main research questions in this study were:

- What are the demographic factors contributing to turnover of nurses in the public health facilities of the Khomas Region?
- What are the associated factors that contribute to turnover of nurses in the public health facilities of the Khomas Region?
- What are the opinions of the respondents regarding turnover?
- What are the associations of demographic data and correlation or relationship of variables of each associated factors?

#### **1.4. PURPOSE OF THE STUDY**

The aim of this study was to determine the factors associated with turnover among nurses in public health facilities in the Khomas Region of Namibia.

#### **1.5. OBJECTIVES OF THE STUDY**

There were four objectives in this study to:

- Determine the demographic factors that contribute to turnover of nurses in the public health facilities in the Khomas Region.
- Determine the associated factors that contribute to turnover of nurses in the public health facilities in the Khomas Region.
- Describe opinions of the respondents regarding turnover.
- Analyse the association of demographic data and the correlation/relationship of variables of each associated factor.

#### **1.6. SIGNIFICANCE OF THE STUDY**

The study could provide useful information on the factors that public health management should address to curb the exodus of nurses from the sector. The findings of this study could inform and assist policy-makers and healthcare centre management on improvement initiatives, as well as form a basis for future assessments to retain nursing staff. In addition, it contributes to the body of knowledge and literature relating to nurse turnover, especially in public health facilities of the Khomas Region. The study could also provide a base line for other researchers relating to the turnover of nurses.

#### **1.7. LIMITATIONS**

Time was a major limiting factor due to workload for some nurses to participate in the study citing other commitments. Obtaining a sample size representative of the

population in question was therefore difficult. The researcher had to extend time by an extra two weeks to enable respondents to complete the questionnaire when it was convenient. Another limitation was reaching respondents because most of them had moved out of the region under study. To overcome this, researcher employed triangulation of data collection methods. Apart from sourcing information of nurses who had resigned from the public health facilities human resources department, the researcher also obtained information from the Nurses Council of Namibia.

### **1.8. DELIMITATIONS**

This study focused on nursing staff turnover within the Khomas Region only. The findings of the study therefore cannot be generalised to other regions within Namibia.

### **1.9. PARADIGMATIC PERSPECTIVES**

Henning, Van Ransburg and Smith (2004) define a paradigm as a theory or hypothesis. The former is a framework within which theories are built, that essentially influences how one sees the world, determines one's perspective, and shapes one's understanding of how things are connected. A research paradigm is a set of beliefs, under which a research is based. Paradigm perspectives influence the way a research is designed, how data are to be collected and analysed, and how the research results are presented and disseminated. Since paradigms represent belief systems that guide a researcher, this study employed the perspectives of the respondents to help share the understanding of how factors affecting turnover are shaped. Considered in this study were meta-theoretical assumptions, theoretical assumptions as a basis for the study, and definition of concepts.

### **2.5.1 Meta- theoretical assumptions**

The meta-theoretical assumptions for this study were ontological, epistemological, axiological, methodological, and rhetorical. Each is described below.

#### **1.9.1.1 Ontological assumption**

This philosophy relates to different perspectives from which the nature of the world can be seen by an individual, which in normative emphasises that social phenomenon is different from other factors (Bryman as cited in Rahmawati, 2008). Ontology is a system of beliefs that reflects an interpretation on an individual about what constitutes an act. This has been the basis for the selection of the mixed research method in order to able to bring in the positivism and interpretivist. In this study the researcher used a structured closed and opened-ended questionnaire to obtain quantitative and qualitative data (see Chapter 3 Table 3.1).

#### **1.9.1.2 Epistemology assumption**

Epistemology relates to how knowledge can be recognized, developed or acknowledged (Mkansi & Acheampong, 2012). This philosophy considers alternative ways of approaching research (Khin & Heng 2012). Epistemology may be objective or subjective. The former recognises the outside world, which is hypothetical and impartial, while the latter being subjective suggests that the outside world is in the realm of clarifications from reflection (Eriksson & Kovalainen, 2008). Through the use of epistemology the researcher was able to verify concepts quantitatively by measuring a large sample, as well as qualitatively by use of in-depth broad questions. This allowed for generation of valid findings to approximate reality as closely as possible. The researcher tried to obtain the truth by relying on

the accounts of the respondents, and respected the views of the respondents as valid data (Tshilongamulenzhe, 2012). Epistemology relates to how things can be known; how truth or facts, if they do exist, can be discovered and disclosed. Through the generalisation of findings from the questionnaires, it was revealed by both quantitative and qualitative approaches that low salaries in former places of employment in public facilities, is responsible for turnover for the majority of the respondents.

### **1.9.1.3 Axiology assumption**

Axiology has to do with values. For the pragmatic worldview, values play a significant role in the interpretation of the results according to Wagner et al. (2012). It primarily refers to the aims of a research and tries to clarify if one is trying to explain or predict the world, or seeking to understand it. Since this study used a mixed approach, axiology was employed as to how values play a crucial role in interpreting results; the researcher also adopted both objective and subjective points of view (Dudovskiy, 2016). In this study as the researcher tried to understand nurses' turnover in the Khomas Region, this was undertaken in a value-free objective way and subjectively through the use of quantitative research. Both objective and subjective points of view were adopted by means of a mixed method during data analysis and interpretations of the results for part 1 and 2 (quantitative analysis), and part 3 (qualitative data analysis) as illustrated in Annexure F. This was done to prevent possible bias and errors.

### **1.9.1.4 Methodological assumption**

Methodological assumption focuses on analysis of the methods used for gaining the data (Cohen, Manion & Morrison, 2012). In normative paradigms, a quantitative

scientific method is used to observe objects. It uses a mathematical calculation to generalise findings and to test theory. In contrast, an interpretive paradigm uses observation and fieldwork notes to investigate an object. An interpretive paradigm tends to use qualitative methods for observation. As a result, the findings can be open to many interpretations. On the other hand, methodology in critical theory tends to use both quantitative and qualitative approaches. It uses a quantitative approach to control the social setting when doing actions, and a qualitative approach to observe the changes that happened after the actions are given.

This study relied on people as its unit of analysis. A mixed research method incorporating both qualitative and quantitative analyses of contrasts and concepts was used as described in methodological assumption (Tshilongamulenzhe, 2012). As stated above a three part closed and open-ended questionnaire was used as the research tool. The open-ended qualitative data were analysed (see. Table 3.1).

#### **1.9.1.5 Rhetorical assumption**

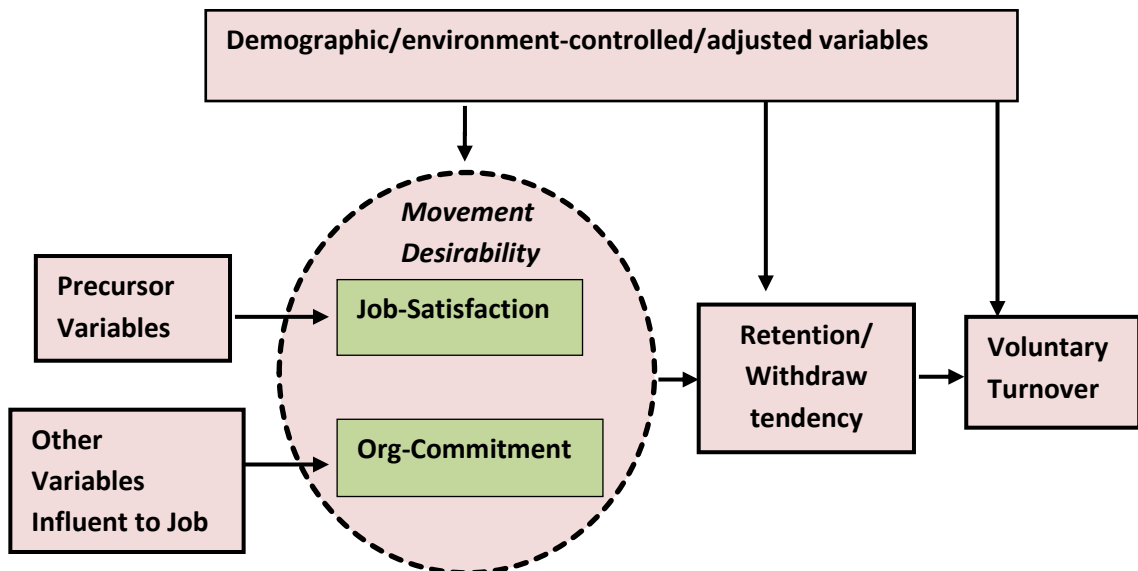
Rhetorical assumption refers to the persuasive language of research (Gone, 2009). According to Peterson (2014), in quantitative research the language is formal while in qualitative research it is less informal. In the study this meant using rhetorical assumption that increased the reliability and validity of results because issues that cannot be addressed with questionnaires can be addressed with qualitative data collection and vice versa. In this study the researcher applied rhetorical approaches to explore and describe the qualitative research results for part 3 since the respondents were given opportunity to express their opinions regarding turnover (see Annexure F Part 3).

## 1.9.2 Theoretical research as a basis for the study

In this study, the researcher used two theories: the traditional turnover model, and Herzberg motivational model. These, as well as a conceptual framework, are described below.

### 1.9.2.1 Traditional turnover model

These are classic models that were developed by scholars in their bid to determine factors that influenced employee turnover. Figure 1.1 shows some of the variables in the model.



\*Adopted from Griffeth et al. (2000).

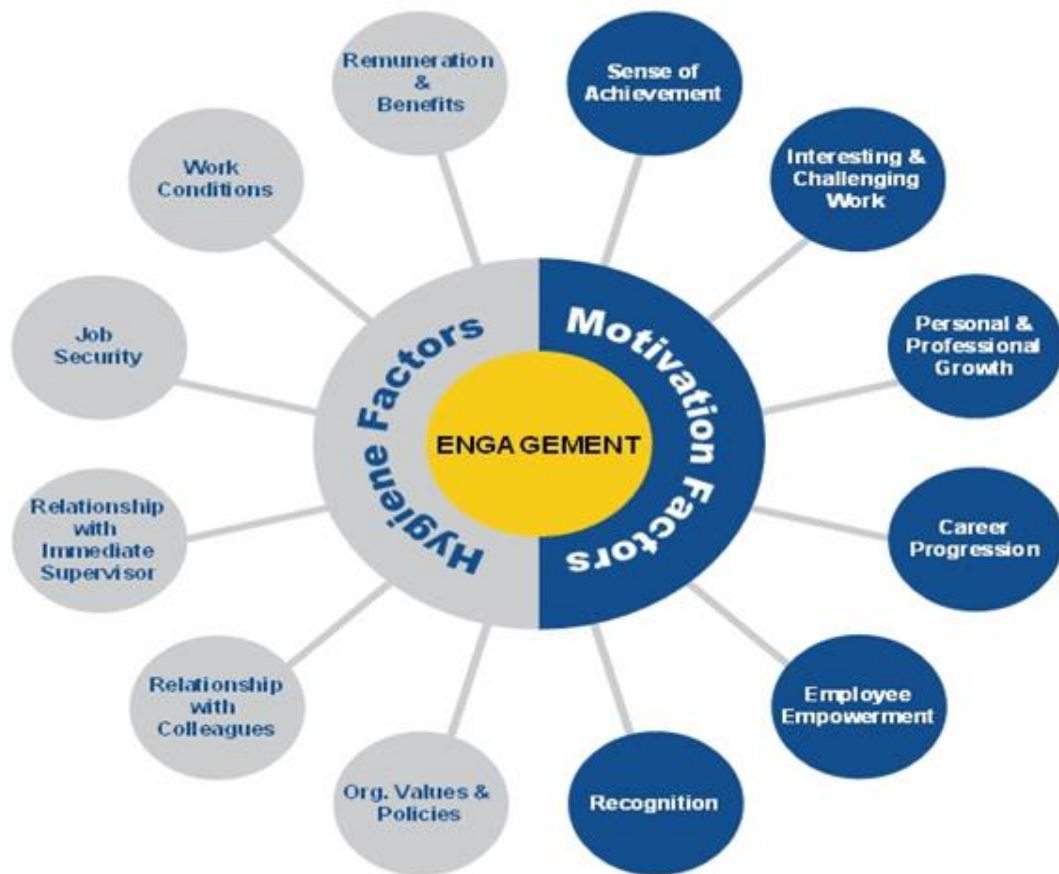
**Figure 1.1:** The traditional turnover model.\*

This model was used because its variables were matched with those in the study. This study sought to establish factors influencing turnover of nursing staff within the Khomas Region. Thus variables such as demographic factors, job satisfaction, organisation factors, and work environment factors drawn from these traditional models are applied. The theory by Griffeth answers the causes of nurse turnover as all factors are explained in detail in Chapter 2.

### **1.9.2.2 Herzberg motivational model**

This model by Herzberg (1959) identifies job factors that result in job satisfaction (motivators) and factors that help to prevent dissatisfaction (hygiene factors). This study also incorporates the factor theory propounded by Herzberg et al. (1959). It is an important theory that explains what satisfies or dissatisfies employees and hence, it serves as an important framework for employee retention. Herzberg et al. (1959) proposed a two-factor theory or the motivator-hygiene theory.

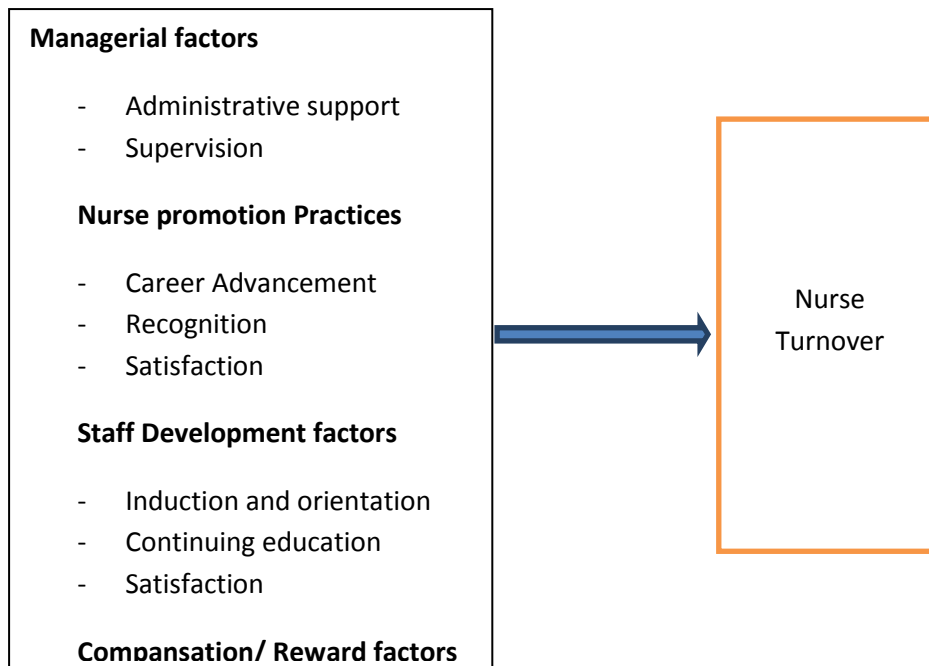
The motivators are intrinsic factors which comprise recognition, sense of achievement, employee empowerment (growth) and promotional opportunities, career progression, personal and professional growth, interesting and challenging work. Hygiene factors are those job factors which are essential for existence of motivation at work, namely remuneration, work conditions, job security, relationships with immediate supervisor, relationships with colleagues, and organisation's value policies. These factors were used as basis for the variables of the questionnaire for this study (see Annexure F). Hygiene and motivational factors are illustrated in a Figure 1.2.



**Figure 2.2:** Herzberg hygiene and motivation factors.

### 1.9.2.3 Conceptual framework

A theoretical and conceptual framework is a collection of interrelated ideas based on theories. It is a reasoned set of propositions which are derived from and supported by data or evidence (Kombo, 2006). It is a discussion of related theories attempting to predict a phenomenon. The researcher conceptualised high nurse turnover as the dependent variable, and the factors causing turnover as the independent variables. The researcher assumed that the identified factors had either a positive or negative influence on nurse turnover. These factors formed the independent variables while nurse turnover formed the dependant variables as illustrated in Figure 1.3.



**Figure 2.3:** Diagrammatical representation of conceptual framework (Adapted from Bogonko and Katule (2015))

## 1.10. DEFINITION OF CONCEPTS

The key concepts as derived from the title of the study are defined below:

### 1.10.1 Factors

Factors can be defined as positive and negative consequences that cause change in quality of care resulting from absorption of new nurses lacking professional experience (Gillies, 2004). This study comprised demographic and associated factors.

- Demographic factors: In this study, these are marital status, age, gender, salary, level of education, and tenure
- Associated factors: Contributing factors to leaving previous job such as company rewards or compensation practices, training and development practices, promotional opportunities, recognition, work-related stress, leadership and work environment.

### **1.10.2 Turnover**

Turnover is the movement of personnel from one unit to another within or between organisations such as hospitals and community health centres or between a public and private hospital (Carmeli, 2003). In this study, turnover was defined as the frequent movement of nurses from public health facilities of the Khomas region.

### **1.10.3 Nurses**

According to International Council of Nurses, a nurse plays an integral part in the health care system, encompasses the promotion of health, prevent illness, and care for physically ill, mentally ill and disabled people of all ages, in health care and other community settings. In this study, nurse refers to registered and enrolled, nurses who had resigned from the public health facilities in the Khomas region. These nurses are all licenced to practice by the Nursing Council of Namibia.

### **1.10.4 Public health facilities**

Public health facilities are an organised system of health centres run by the national government to serve the community. Public health facilities are committed to maintain, protect and improve the health and wellbeing of citizens (Hayes, 2006). In this study, public health facilities refer to Katutura State Hospital, Windhoek Central Hospital, eight clinics namely, Khomasdal, Wanaheda, Okuryangava, Robert Mugabe, Hakahana, Otjomuise, Donkerhoek, Grootaub, and Katutura Health Centre in the Khomas Region.

## **1.11. OUTLINE OF CHAPTERS**

The study report is composed of five chapters, as outlined below.

**Chapter 1:** This chapter focuses on the introduction and background to the study which introduces the topic under study. It provides the background and research problem statement that justifies the study as well as the significance, limitations and delimitations of the study.

**Chapter 2:** This chapter reviews the literature, which is later linked to the research problem, and the research instrument. The purpose of this chapter is to draw upon any previous research in the same subject and to analyse its conclusions, and identify research gaps.

**Chapter 3:** This chapter presents the research methodology used in the study. This includes definition of the target group, sample design, data collection, validity and reliability and ethical considerations.

**Chapter 4:** This chapter describes the procedure of data collection, data analysis, and the research findings.

**Chapter 5:** This chapter presents the discussion of the findings, conclusion, limitations, recommendations, and contribution to the body of knowledge of the study. It summarises the research findings and links them to different literature to answer the research objectives. Recommendations are made, based on the research findings.

## **1.12. SUMMARY**

This chapter introduced the research topic and the background of the research problem. In addition the chapter highlighted the problem that motivated the researcher to investigate the factors that influenced nursing turnover within the

public health facilities. Research questions and research objectives were articulated. The chapter also highlighted the significance of the study and limitations encountered by the researcher. Finally, important terms of the research were defined. The following chapter presents review of relevant literature within the context of the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1. INTRODUCTION**

This chapter covers the literature pertaining to nursing staff turnover. According to Mugenda and Mugenda (cited in Bogonko & Kathure, 2015), the purpose of literature review is to help a researcher to demonstrate a researcher's familiarity with the existing body of knowledge and to avoid unnecessary and unintentional duplication of work. In addition it forms a basis within which research findings are to be interpreted. This chapter reviews literature related to the study and the models on turnover. It discusses types of turnover among nurses, Herzberg's theory, factors associated with turnover, job satisfaction, organisational commitment, effects of staff turnover, and strategies to reduce staff turnover. A comparative study on turnover in nursing is also discussed. The review linked to the study objectives such as to:

- To determine the demographic factors that contribute to turnover of nurses in the public health facilities in the Khomas Region.
- To determine the associated factors that contribute to turnover of nurses in the public health facilities in the Khomas Region.
- To describe opinions of the respondents regarding turnover.
- To analyse the association of demographic data and correlation/relationship of variables of each associated factor.

#### **2.2. GENERAL BACKGROUND OF TURNOVER**

Many authors have defined the term turnover in different ways. Mathis and Jackson (2007) define staff turnover as employees who retire, who are laid off, who resign or are discharged. Mohamad (2006) defines turnover as an employee's own intention or

probability that he or she has a conscious and deliberate intent/desire to permanently leave an organisation at some point in the near future. Baumann (2010) defines it as the quantity of a population that leaves an organisation within a specific period. According to Carmeli (2003) turnover is the cessation of membership by an individual who received a monetary compensation from an organisation. These respective definitions, although different, centre on an individual who terminates his or her services with the organisation. The researcher found the definition advanced by Carmeli (2003) to be appropriate for this study since the focus is on nurses who have delinked with the public health facilities they worked for.

### **2.3. TURNOVER AMONG NURSES**

Turnover among nurses is a complex problem requiring a multi-faceted solution (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012). The potential cost to a health care system due to turnover among nurses has ramifications, which includes temporary staffing, training, recruitment, and hiring (O'Brian-Pallas, Murphy, Shamian, Li & Hayes, 2010). If hospital staffing levels are unstable, there is a resultant reduction in unit capacity, which may in turn negatively influence the quality of care that is provided (O'Brian-Pallas et al., 2010).

Interest in staffing and potential turnover is not a new phenomenon. The causal model of turnover, developed by Price and Mueller (1981), mapped how the determinants of opportunity, routinisation, participation, instrumental communication, integration, pay, distributive justice, promotional opportunity, professionalism, general training, and kinship relate to produce turnover. With continued research on the causal model, they found that intent to stay was significant in explaining variation in turnover among the participants (Price & Mueller, 1981).

Significant direct effects include intent to stay, opportunity, and general training. Significant indirect effects include job satisfaction, routinisation, participation, and instrumental communication, pay, promotional opportunity, and kinship responsibility, amount of time worked, age, and length of service (Price & Mueller, 1981).

## **2.4. THEORETICAL AND CONCEPTUAL FRAMEWORK**

Theoretical and conceptual framework is a collection of interrelated ideas based on theories. It is a reasoned set of prepositions that are derived from and supported by data or evidence (Kombo, 2006). It is a discussion of related theories attempting to predict a phenomenon. The researcher conceptualised high nurse turnover as the dependent variable and the factors causing turnover as the independent variables. The researcher assumed that the identified factors had either a positive or negative influence on nurse turnover. These factors were used to form the independent variables while nurse turnover formed the dependant variables.

The study considered two frameworks of factor theories by which cover employee turnover retention and a traditional model by that looks at the causes of employees' turnover. These frameworks helped to analyse different situations where much of the literature is on nurse turnover in public institutions.

### **2.4.1 Herzberg motivational model**

This is a motivational model by Herzberg(1959) that identifies job factors that result in job satisfaction (motivators), and factors that help to prevent dissatisfaction (hygiene factors). The motivators are intrinsic factors and are part of job content administered by an employee, such as recognition, promotional opportunities and

responsibility. Hygiene factors involve issues such as pay, benefits, status, job security and working conditions.

The factor theory propounded by Herzberg et al. (1959); explains what satisfies or dissatisfies employees thus serves as an important framework for employee retention. Herzberg et al. (1959) proposed a two-factor theory or the motivator-hygiene theory. According to this theory, there are some job factors that result in satisfaction while other job factors prevent dissatisfaction. Herzberg (1959) identified pay or salary structure as hygiene factor that has to be appropriate and reasonable.

#### **2.4.2 Traditional model**

Griffeth and Hom (2001) describe different types of employee turnover. Turnover can be categorized as involuntary or voluntary (Gillies, 2004; Hayes et al., 2006; Mara, 2010). Involuntary turnover, according to Griffeth and Hom (2001), refers to employer-initiated job terminations: dismissals or layoffs, for example. According to Mathis and Jackson (2007), staff turnover includes “employees who retire and employees who are laid off, who quit or who are discharged. It also includes those who are boarded or die”. This definition is very wide thus for the purpose of this study there is a need for specificity to align the type of turnover in this study. For Griffeth and Hom (2001) employer-initiated job termination is involuntary turnover that could be dismissals or layoffs. For example, such turnover is initiated by an employer and could be contributed to poor job performance, misconduct, incapacity or retirement. Allen (2000) makes a distinction between staff turnover and is of the opinion that involuntary turnover generally occurs for reasons which are independent of the concerned employee: when organisations incur losses or unavoidable expenses, and perceive the need to cut costs, re-structure or downsize, for example.

Voluntary turnover on the other hand refers to an employee's chosen exit from an organisation. Voluntary turnover is prompted and executed not by an individual and not by an employer. Allen (2000) states that voluntary turnover represents a worker's poor chosen exit from an organisation, for example, retirement at an employer's request, or due to remuneration due including job dissatisfaction. McCooley and Dawn (2010) contend that it is best to focus on voluntary separations when addressing turnover from an organisation.

According to Khoele (2014), voluntary turnover can also be classified as functional or dysfunctional. According to Khoele (2014), the former "is favourable for the organisation, for example, when a poor performer resigns" but the latter "is detrimental to the organisation for example a departure of a productive worker." Griffeth and Hom (2001) also refer to dysfunctional turnover as being "the type of resignations that disadvantage employers." Abelson (1987), as cited by Griffeth and Hom (2001), provided more clarity on dysfunctional turnover that dysfunctional exits can further be divided into avoidable and unavoidable quits. Griffeth and Hom (2001) contend that unavoidable turnover refers to leaving an organisation due to uncontrollable circumstances such as family relocations or disabilities. Turnover is avoidable when an organisation has the ability to retain staff but fails to have control satisfying their job or career needs (Griffeth & Hom, 2001). Examples of avoidable turnover might include poor pay scales or lack of opportunities to advance.

## **2.5. FACTORS ASSOCIATED WITH STAFF TURNOVER**

There have been a myriad of studies conducted on factors that affect staff turnover. In view of an emotional element involved in one individual or another, there had been no specific reasons cited for leaving an organisation. Nursing turnover can be

seen to have both positive and negative consequences. Studies have shown such negative outcomes as: diminished quality of care resulting from the absorption of new nurses lacking professional experience; increased costs and economic losses for the healthcare system (training and absorption costs); staff burnout; and decreased job satisfaction.

The occurrence of high turnover can be understood vis-à-vis several indirectly related factors. These are mainly organisational characteristics such as work overload, management and leadership characteristics, relationship with physicians, decision-making ability, empowerment and autonomy. The World Health Organisation's report on *Evidence and information for policy health service provision* indicates that there are several determinants associated with turnover: socio-psychological factors such as gender, having young children, transition due to spousal job relocation, improvement in quality of life, professional factors (a desire to learn and advance in the nursing profession) and economic factors (higher salary and improved working conditions and other benefits, amongst others).

The next session present detailed explanation of the factors associated with staff turnover.

### **2.5.1 Demographic factors**

Law Dictionary (n.d.) defines demographic factors as characteristics assigned to age, sex, education, income, marital status, job, religion, birth rate, death rate, family size, and marriage. In studies undertaken in the United States (US) at different times, the national turnover rate for hospital nurses was 12% in 1996, 15% in 1999, and 26.2% in 2000. In the study done specifically in north central West Virginia, job satisfaction

significantly correlated with context, structure, and attitude variables even though age was not correlated with job satisfaction.

#### **2.5.1.1 Marital status**

In a study conducted in Kuwait to assess nurse job satisfaction they found a significant positive relationship between job satisfaction and marital status.

#### **2.5.1.2 Educational qualification**

A high level of education qualification shows an inverse relationship with job satisfaction (Cowin, 2002). Therefore, other studies indicated younger nurses with less work experience, lower professional titles, and lower working positions experienced lower levels of emotional exhaustion that are positively related to job satisfaction and negatively to intention to turnover. However, Buchan (2004) holds a different point of view, that registered nurses (RNs) with more years of experience had the highest job satisfaction, lowest burnout, and were less likely to leave.

#### **2.5.1.3 Age**

Age of a worker was also considered as one of the influencing factor for staff turnover. In a study done in China, for 20 to 30-year-old nurses, work satisfaction and job stress were the significant predictors of anticipated turnover. For the 31 to 40-year-old nurses, work satisfaction was predictive of anticipated turnover and for the 41 to 50-year-old nurses, work satisfaction and group cohesion were predictive of anticipated turnover (Wang, Tao, Ellenbecker & Liu, 2012). A study done in Jordan revealed that nurses who were 51 years or older were not significant predictors of turnover whereas younger nurses (21 to 35-year olds) were more likely to leave than older nurses (aged over 35 years old) (Mohammed 2017). This finding is in line with previous studies conducted in Ethiopia, China, and (SA) (Engeda, Birhanu & Alene,

2014, Wang, Tao, Ellenbecker & Liu, 2012, Delobelle, Rawlinson, Ntuli, Malatsi, Decock & Depoorter, 2011). One possible explanation for this finding might be that older nurses have more of a desire for stability as they approach their retirement because the prospect of a retirement income is important to improving their quality of life. Also nurses over 35 years of age are more likely to have a family and therefore job stability is important.

#### **2.5.1.4 Gender**

A study conducted by Oulton (2006), indicated that nursing is one of the numerous professions in which females comprises the clear majority of workers and that gender difference is as a factor for job satisfaction and nurse turnover. The study highlighted that more male than female nurses cited better salaries as their reasons for leaving their place of employment. On the other hand 32.6% of female nurses and 63.6% of male nurses found their current position more rewarding professionally. The findings of a study conducted in (SA) were that female nurses were generally more satisfied with resources than their male colleagues, but no statistically significant and overall gender differences in intention to leave were noted (Rambur, McIntosh, Palumbo & Reinier, 2003).

#### **2.5.2 Employee promotion practices**

Limited opportunities for internal promotion and career advancement have been reported to impact employees' attitudes and behaviours (Price, 2001, Samad, 2006). Promotional chances refer to the degree of potential upward occupational mobility within an organisation. Rewards exhibited higher job affection, displayed greater organisational commitment, and experienced lower turnover intentions (Aryee et al., 2001; Khatri et al., 2001; Samad, 2006). Abeysekera (2007) found that besides promotion opportunities, the evaluation criteria used in the promotion and reward

system also had significant effects on employees' turnover intentions. Employee promotional chances typically foster an employee's behavioural commitment by encouraging internal careers, thereby guaranteeing job security and other favourable future rewards such as improved income, power and status to the employees. Sullivan and Decker (2005) found that today's nurses want to have challenging careers that offer opportunities for growth and advancement. Yin and Yang's (2002) meta-analysis reported that the strongest organisational factors related to nurse turnover intentions, were lack of internal promotion and career advancement opportunity.

Armstrong (2005) further adds that dissatisfaction with career prospects is a major cause of employee turnover. Organisations that provide formal career development activities and match them to needs of the employees at various stages of their careers reduce the likelihood that productivity will decrease as a result of obsolescence or that job frustrations will create reduced satisfaction and hence intention to quit (turnover). Regular performance appraisals are very important as these allow for the development of career paths which are sensitive to nurses' performance levels and abilities. The three main purposes of performance appraisals are salary awards, identification of training needs to enable the employees and organisations to achieve their objectives, and to aid individuals' career development strategies (Ball, 2004).

### **2.5.3 Reward or compensation practices**

Compensation, according to Milkovitch et al. (2005), refers to "all forms of financial returns and tangible services and benefits employees receive as part of an employment relationship." The phrase financial return refers to an individual's base salary, as well as short and long-term incentives. Tangible services and benefits refer

to, for example, insurance, paid vacation and sick days, pension plans, and employee discounts. Some of the reward factors that influence turnover are described in the ensuing discussion.

Compensation experts Richard et al.(2003) note that pay and benefits are extremely important to both new and existing employees. The compensation received from work is a major reason that most people seek employment. Compensation not only provides a means of sustenance and allows people to satisfy their materialistic and recreational needs, it also serves their ego or self-esteem needs. Consequently, Taylor (2010) found that if a firm's compensation system is viewed as inadequate, top applicants may reject that company's employment offers, and current employees may choose to leave that organisation leading to turnover. If employees perceive that their efforts will be accurately appraised, and if they further perceive that the rewards they value are closely linked to their evaluations, an organisation would have optimised the motivational properties from its evaluation and reward procedures and policies. Rewards are likely to lead to high employee performance and satisfaction when they are perceived as being equitable by employees, tied to performance, and to the needs of an individual.

Pay dissatisfaction has been found to significantly predict absenteeism and turnover (Mohamad, 2006). Mohamad research shows that employees' perception of human resource management (HRM) practices on inequitable compensation level can predict organisational turnover. Workers with higher paying jobs are more likely to stay than those with lower paying jobs. Hinkin et al. (2000) reported that one of the main reasons cited by hotel employees for leaving their jobs was low and inequitable pay.

#### **2.5.4 Staff training and development practices**

Training and development, according to John et al. (1994), is a systematic process of altering employees' behaviour to further an organisation's goals. Development is the acquisition of knowledge and skills that may be used in the present or future. Training programmes can affect work behaviour in two ways. The most obvious is by directly improving the skills necessary for an employee to successfully complete his or her job. An increase in ability improves an employee's potential to perform at higher level. Of course, whether that potential becomes realised is largely an issue of motivation.

A second benefit from training is that it increases an employee's self-efficacy, namely a person's expectation that he or she can successfully execute the behaviours required to produce an outcome. For employees, those work behaviour tasks and their outcome is effective job performance. Employees with high self-efficacy have strong expectations about their abilities to perform successfully in new situations. They are confident and expect to be successful. Training, then, is a means to positively affect self-efficacy.

For nurses to be able to take charge of institutions in their work environment, ongoing training and development should be available (Strachota et al., 2003). Nurses expect their work environment to supply them with adequate opportunities and equipment to provide patient care of a high standard. Dissatisfactions at work could increase nurse turnover rates (Mrrayan, 2005). However, Dunn, Trivedi, Kampert and Clark (2005) reported that an Australian study did not find a relationship between nurses' levels of satisfaction and their levels of education.

### **2.5.5 Work environment**

A safe and happy workplace makes employees feel good about being there. Each one is given importance and provided the security that gives them the motivation and incentive to stay. Positive perceptions of workplace relationships (supervisor and co-workers support) may help reduce work-related stress, increase job satisfaction and motivation, enhance commitment, improve performance, and reduce employees' turnover intentions (Lum et al., 2002). Employees do not like the feeling of being in the dark about what is happening in a company where they are employed. Employees motivated and develop enthusiasm only when management opens up to them and discusses company policies, sales clients, contracts, goals and objectives. This encourages participative management. Being open about everything that is company related will help in building trust and motivating employees.

### **2.5.6 Other factors**

Other factors considered in this study are position held, recognition, work-related stress and leadership relationships. Hayajneh et al. (2009), in his study on Malaysian government doctors found that recognition for achievement and career advancement were negatively and significantly related to turnover intention. Rambur et al. (2005), indicated that lack of recognition for different skills and competency levels in the work environment, neither by compensation nor in role differentiation, was a disincentive for nurses turnover Sullivan and Decker (1997), found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem. A safe and happy workplace makes employees feel good about being there. Each one is given importance and provided the security that gives them the motivation and incentive to stay. Therefore

positive perceptions of workplace relationships between supervisor and co-workers support may help reduce work-related stress, increase job satisfaction and motivation, enhance commitment, improve performance, and reduce employees' turnover intentions (Laphalala, 2006).

Job satisfaction is an area that has been extensively researched and published (Smerek & Peterson 2007; Cole & Cole ,2005; Torkabadi & Kheirkhah ,2013). However, despite a plethora of research in this area the findings have been inconsistent. The more accurately public sector managers understand what motivates their employees, the more effective strategies can be crafted to curb staff turnover. There are a number of definitions to job satisfaction. Price (2001) defines it as the effective orientation that an employee has towards his or her work. Chen (2008) defines job satisfaction as pertaining to feelings, attitudes and preferences of individuals regarding work. Job satisfaction pertaining to the nursing fraternity consists of a multidimensional constructs that have personal fulfilment in one's job (Broome, & Nash, 2001). Therefore, it becomes paramount to understand job satisfaction in the context of the health care sector in order to curtail nursing turnover, especially in the Khomas Region of Namibia which is experiencing a high turnover rate.

## **2.6. EFFECTS OF TURNOVER**

According to McGovern and Miller (2008), "high employee turnover rates affect customers, other employees, management, and employers. While it's not feasible to think that an organisation will never lose an employee, keeping turnover to a minimum is in organisations best interests." Phillips et al. (2009) in their advise on

the “negative impact of staff turnover on the organisation”, provided the following impacts from staff turnover.

- *High financial cost* – the author provided that talent departure has a huge financial costs to the organisation both direct and indirect costs.
- *Exit problems and issues* – the author advised that some individuals find the need to involve the legal system, leaving the organisation with the challenge of dealing with an even bigger problem. Even employees who leave voluntarily can cost the organisation time and money.
- *Productivity losses and workflow interruptions* – this is a concern that a person who exits abruptly and cause a productivity gap. This void not only causes a void for the specific job performed by the departing employee, but others on the same team and within the flow of work. This is also confirmed by Mathis and Jackson (2007) who assert that employees have to work extra hours to compensate for the work of those that have resigned.

### **2.6.1 Individual employee and family**

Administrative support is vital in keeping staff motivated to stay in an organisation. This type of support pertains to personal development and family matters. For example, some nursing personnel may have to relocate to other districts of the country due to marriage or family relocations. The hospital or clinic management should facilitate the ease of such transfers where necessary. Pardey (2007) contends that lack of administrative support precipitates the quit intentions of an employee.

Netswera, Rankhumisi and Mavundla (2005) emphasise that nursing staff, who relocate should be assisted in order to maintain a balance between family issues and work. The author adds that such a support system tends to curb turnover intentions.

This statement is further supported by Mohamad (2006), who states that individuals who have a high administrative support are likely to continue working for the same organisation for a long period of time as they feel wanted and respected. Pardey (2007) states that lack of social support from management increases turnover intentions of nurses.

### **2.6.2 Organisation**

Turnover tends to put a strain on organisational performance and productivity (Noe, Hillenbeck, Gerhart & Wright, 2006). Organisations that experience turnover either benefit from it or suffer costs as a result of it. These costs are as a consequence of various factors that influence employee turnover. If the factors are identified, they tend to reduce the ramifications of turnover in terms of costs and disruptions in the workplace (Maharaj & Anderson, 2010). Employee turnover puts a strain on an organisation's scarce resources. Morell et al. (2004) identified direct and indirect costs of voluntary turnover as replacement, recruitment and selection, temporary staff, management time, morale, pressure on remaining staff, costs of learning, product or service quality, organisational memory, and the loss of social capital. These costs are also confirmed by Dess and Shaw (2001), and Morell et al. (2004).

## **2.7. STRATEGIES TO OVERCOME TURNOVER**

The strategies organisations use to engage their workers depend not only on their business strategies but also on the size and complexity of the organisations and their workforce (Branham 2012). According to Kaye and Jordan-Evans (2014), an important strategy for engaging and retaining talented employees is having discussions with all employees who must be retained.

### **2.5.2 Performance incentives**

Every good performance is appreciated in the form of a pat on the back, bonuses or giving some other compensation for a job well done. Organisations that struggle to keep up the attrition rate are mostly those that think employees are just doing their job. Even if it is an employee's job, completion in an appreciable manner calls for an incentive, and this goes a long way in boosting staff morale and reducing turnover. These incentives can be implemented at an individual as well as team level. It has been seen that this works wonders in getting the best out of employees and reduces turnover intentions. It is important to keep in mind that these bonuses should not be given without a reason, unless it is a commitment for annual bonuses or some such thing

### **2.5.3 Performance feedback**

This is one of the methods being followed by many organisations. Feedback is not only taken from a boss, but also from other seniors and subordinates. Previously, appreciation was only sought from an immediate boss or management, but organisations now understand the importance of collecting performance feedback from several quarters. The opinion of everyone matters, especially for someone who is in a leadership role at any level. Each person in the team is responsible for giving constructive feedback. This kind of system helps in identifying people who can perform well as leaders at higher levels in an organisation. Even senior level managers can use this system to their advantage, as a tool to improve themselves.

### **2.5.4 Sharing knowledge**

Knowledge sharing is a significant strategy that helps in the betterment of employees and their work. Keep all knowledgeable information in central databases that can be

accessed by each and every employee. For example, if an employee is sent on some training, the knowledge acquired by that employee can be stored in these databases for others to learn from it. Even innovative ideas that management deems fit for employees to see, can be stored here for all to see.

Reducing employee turnover requires time and a well thought out strategy. This is about creating a conducive and engaging working environment that influences employees to enjoy their jobs, reignite their purposes through initiatives such as training and development. This is done by compiling a plan of action, and investing in resources such as time and leadership that cares about the people (Smith 2007).

Maslow's hierarchy of needs, and Herzberg's intrinsic factors (motivators), formulated employee motivation strategies, associated with job satisfaction and recognition to retain valuable staff (Swanepoel, Erasmus & Schenk, 2008). Nel et al.( 2004), emphasised reinforcement of commitment on the job for staff retention by nurturing positive attitude so that employees can identify themselves with an organisation.

Staff training and development was also indicated as an enhancement of employee self-esteem and encouragement of teamwork (Sadri, Sadri & Nayak, 2011). Robbins, (2004), pointed out that employee exit interviews must be conducted to establish why employees are leaving and determine the reasons for them leaving. The need for employee retention policy was also mentioned by Scott (2013), as a strategy associated with the development of necessary steps to keep current workers satisfied with their roles.

## **2.8. SUMMARY**

Various studies, especially in developed countries, have been done on nurse/employee turnover. From the literature review limited studies have been done in Namibia relating to factors that cause nursing turnover. In particular, none has been done in public hospitals in the Khomas Region. Many factors that cause nursing turnover have been linked to limited career advancement, low salaries, lack of management support, work overload /stress, undervaluing of nurses' services, limited numbers of nurses in the market, and availability of opportunities locally and beyond. Steps to curb nurse turnover especially in the government health facilities may be impossible because of attractions by greener pastures. While these studies on nurse turnover concentrated on foreign countries it was deemed worth while to test some of variables in public hospitals in the Khomas Region in this study. The gap to be filled in this study is to identify the factors causing high nursing turnover in public hospitals in the Khomas Region of Namibia..

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHOD**

#### **3.1. INTRODUCTION**

Chapter 2 dealt with the literature on research conducted by other researchers on this topic. This chapter presents the research methodology that was employed in this study. It builds on the introduction and provides assurance that appropriate procedures were followed. The chapter is organised around the research design and method that includes, study population, and sampling. Also presented is a detailed description of the data collection instrument methods of data collection as well as validity and reliability as well as the ethical considerations. The methods used for data analysis are also explained.

#### **3.2. RESEARCH DESIGN**

According to Grove, Burns and Gray (2013), research design is an overall research approach or the strategy taken. McDaniel and Gates (2006) define research design as a plan for addressing research objectives. Both definitions include a plan or strategy required to address the objectives of a study. This study employed an exploratory, descriptive and analytical designs of a mixed methods of quantitative and qualitative approach.

##### **3.2.1 Mixed method design**

This study used a mixed method approach, which involves collecting both quantitative and qualitative data and integrating them. The researcher based the inquiry on the assumption that collecting diverse types of data best provides a more complete understanding of a research problem than either quantitative or qualitative

data alone (Creswell, 2014). The fundamental principle of mixed methods research is that multiple kinds of data should be collected with different strategies and methods in ways that reflect complementary strengths and non-overlapping weaknesses, allowing a mixed methods study to provide insights not possible when only qualitative or quantitative data are collected (Creswell, 2014).

This study employed the mixed methodology. Thus, the mixed method was appropriate for the study since its objectives sought to collect quantitative data on the factors causing nurse staff turnover in the Khomas Region. The study also sought to collect qualitative data on the opinions of the nursing staff on turnover.

In this study, a structured three part questionnaire was used as the research tool (instrument). Close-ended questions were used to collect demographic data in the first part as well as factors associated with nurse turnover in the second part. To provide the respondents with an opportunity to give their opinions on retention, recognition, reward, and influences on leaving their previous jobs required the use of open-ended questions in the third part of the questionnaire. The use of both closed and open-ended questions allowed for collection and analysis of respective quantitative and qualitative data as evident in Table 3.1.

**Table 3.1:** The mixed method application of data analysis

COMPONENTS OF THE QUESTIONNAIRES	APPROACH FOR DATA ANALYSIS
Part 1 : Demographic factors associated with turn over	Quantitative analysis
Part 2 : Factors associated with nurse turnover	Quantitative analysis
Part 3:Opinions on turnover	Qualitative analysis (see Annexure F: questions <i>J,K &amp; L</i> )

### **3.2.2 Explorative design**

Exploratory design is defined as research to gain new insights, discover new ideas, and for increasing knowledge of a phenomenon (Burns & Groove, 2013). According to Sekeran and Bougie (2011), exploratory research is normally undertaken when not much is known about a phenomenon or where there is lack of information about a situation. This study attempted to explore the factors associated with turnover among nurses in the public health facilities of the Khomas Region as information in this regard is limited. The researcher used exploratory design to lay the groundwork for future studies or to determine whether the outcome might be explained by existing theory. The use of exploratory design allowed the researcher to capture the variables for the development of the questionnaire.

### **3.2.3 Descriptive design**

Descriptive research design can be quantitative or qualitative. It involves collection of information that can be presented numerically or as individual interpretations (Burns & Groove, 2000). Its advantage is that it allows a researcher to employ multiple approaches for data collection and analysis. Descriptive research design involves gathering data that describes events and organises data in the form of visual aids such as graphs and charts to aid a reader in understanding distribution. It helps a researcher to present discrete and categorical variables like mean and standard deviation. It also helps to manage large volumes of data. In this study the data described were demographic and associated factors pertaining to turnover in the public health facilities in the Khomas Region. Qualitative data that depicted the in-depth narrative descriptions were easily organised into patterns that emerged during analysis (see Part 3 in Annexure F).

### **3.2.4 Analytical design**

An analytical design is the use of an appropriate process to break a problem down into elements necessary to solve it. The knowledge obtained is independent of an observer. This design is interested in the cause and effect relationship and correlations in phenomena (Austin et al., 1999).

The researcher chose analytical research design to determine assumptions and to estimate statistical-based factors contributing to nurse turnover. This helped to understand the relationship between variables such as age and salary. In this study analytical design was utilised in objective four, namely, to analyse the association of demographic data and the correlation/relationship of variables of each associated factor (De Vos et al., 2011).

### **3.3. RESEARCH CONTEXT**

The study was conducted in private health facilities and other sectors which nurses moved to, leaving public health facilities in the Khomas region. According to McCormack et al (2002) context in the health fraternity looks at issues like the environment, culture, and leadership. This study was also carried out in line with these common characteristics while analysing the causes of nurse turnover in the Khomas Region. The environment or setting in which this research took place was the nurses who had moved from public health facilities to private hospitals and other sectors. This gave the environment its specific boundaries and structures that shaped the environment for practice. Research context in this study involved quality improvement and practice development in order to bring about change in the practice which is linked to culture. Manley (2000) defines culture as ‘the way things are done here.’ He further argues that it is the culture at individual, team and organisational levels that creates the context of practice. Culture is not something an organisation

has; it is something an organisation is. Leadership according to Kitson et al. (1998) is the nature of human relationships such that effective leadership gives rise to clear roles, effective teamwork, and effective organisational structures. Leadership styles create an organisational culture which impacts on environment. Within this research context the study aimed to establish the causes and effects of nurse turnover in the Khomas Region.

### 3.4. POPULATION

A population is the total number of individuals who have certain characteristics in common (Cree II & Clark, 2007). The target population for this study consisted of nurses who resigned from two main public hospitals, eight clinics and one Health Centre in the Khomas Region during the period 2010-2015. Their respective count values are shown in Table 3.2. A target population is used to obtain a sample thereof.

**Table 3.2:** Population of the study

Public health facilities	2010	2011	2012	2013	2014	2015	Total
Hospital 1	19	39	44	53	57	37	249
Hospital 2	39	4	74	36	26	23	202
Clinics	6	7	52	12	10	10	107
Health Centre	8	6	7	5	6	7	39
<b>Total</b>	<b>72</b>	<b>77</b>	<b>177</b>	<b>112</b>	<b>105</b>	<b>97</b>	<b>597</b>

#### 3.4.1 Sample and sampling

Rao software programme was used to calculate the sample size from the target population. From the target population of 597 of nurses (see Table 3.2) who resigned between 2010 and 2015, a 95% confidence interval was considered and a confidence limit of 0.05%. The calculated sample was n= 240. From the sample size of n=240 a stratified random sampling method was used to select representative samples from

the public health facilities in Table 3.2. This sampling technique divides a population of study into non-overlapping strata, by using ratio of strata to population. The calculation for respondents samples were as follows: Hospital 1 n=100 (41.8%), Hospital 2 n= 81 (33.8%), clinics n= 43 (17.9%), and health centre n= 16 (6.5%) to obtain n=240 respondents. The desired number of elements was selected randomly from each stratum.

### **3.5. DATA COLLECTION**

Data was collected in private health facilities and other sectors where nurses migrated to leaving public health facilities in the Khomas region. The researcher contacted potential participants using information gathered from the Ministry of Health and Social Services (MoHSS). The researcher distributed questionnaires to potential participants in the selected sample size from the target population. Data collection included research instruments and procedure for data collection.

#### **3.5.1 Research instrument**

A questionnaire was used as the research tool to gather data for this study using closed-ended questions and open ended questions. The research tool included closed and open-ended questions that compromised three parts.

**Demographic factors:** This part of the questionnaire asked questions on demographics of the respondents, namely gender, age, marital status, salary earned per month, level of education, and tenure (see Annexure F) to gauge the representativeness.

**Part 2: Associated factors with turnover:** This part of the questionnaire comprised seven close-ended questions on factors contributing to nurses' leaving one job for another. The questions covered company rewards or compensation practices, training and development practices, promotional opportunities, recognition, work-related stress, leadership relationships, and work environment; a five-point Likert scale was used (*1 = strongly agree; 2 = agree; 3 = neutral; 4 = disagree; 5 = strongly disagree*). The respondents were also asked to rank factors related to retention of nursing staff and work environment from the most important to the least ones on a scale of 1 (most important) to 10 (least important). Respondents were requested to answer YES or NO on the effect of recognition and staff reward on nurse turnover (see Annexure F).

**Part 3: Opinions of the respondents on turnover:** The respondents were asked three open-ended questions to obtain their perceptions and opinions on the factors that contribute to high nurse turnover in public healthcare facilities in the Khomas Region. Opinions were on what can the public health facilities do to retain nursing staff and whether or not recognition/reward practices influences staff turnover. Respondents were also given an opportunity to mention other factors that could have influenced them to leave the public health facilities. The questions sought to ascertain the situations, settings and relationships that existed in the public healthcare facilities in the Khomas Region.

### **3.5.2 Procedure for data collection**

The procedure to contact potential participants, as explained in 3.5, was followed. A self-administered questionnaire was used for data collection as described under 3.5.1 and 3.5.1.3. Questionnaires were distributed at potential participants' current work places during working hours and, at their homes after working hours and weekends. Those who had moved outside the study region were mailed the questionnaire. All were asked to complete the questionnaire within a week of receiving it. Collection of data spanned 60 days since potential participants were not confined to a single study site.

### **3.5.3 Preparation of the research field**

The researcher obtained a letter of authorisation and introduction from the University of Namibia (see Annexure A). The researcher then wrote a letter to MoHSS seeking permission to carry out the study in the region. An approval letter was provided by the Permanent Secretary Ministry of Health and Social Services (MoHSS) see Annexure B. Letters were written to private hospitals requesting permission to carry out the study within their hospital surroundings; permission was granted by the Roman Catholic Hospital (see Annexure C). Two hundred and forty (240) questionnaires and consent forms were printed according to the researcher's calculated sample size. The researcher first informed the potential participants about the purpose of the research and sought their informed consent on whether they wanted to participate in the study or not. Distribution of these documents to potential participants was carried out as explained in section 3.5.2. To allow time to complete the questionnaire, all of those who were handed or mailed the questionnaire were given a week to complete it during their spare time after working hours.

### **3.5.4 Pilot study**

A pilot study is a small-scale study conducted prior to a main study. It involves a limited number of participants from the population at hand (Brink et al., 2016). In this study, a pilot study was conducted as a mini-version of the full study. It was done to pre-test the research questionnaire. The process was done by including a few individuals who met the inclusion criteria but who were not part of the main study sample. Ten nurses, who met the inclusion criteria but not included in the main study sample, were selected at the one of the private hospitals to participate in the pilot study. The purpose of the study was explained and questionnaires were administered to the participants read and understand in the researcher's presence. The participants found all of the questions clear and precise. No challenges, gaps or flaws in completing the questionnaire thus no adjustments were made to the research tool after the pilot study. The main study did not include data collected during the pilot study.

### **3.5.5 Validity of the instrument**

Cooper et al. (2011) define validity as the extent to which a test measures what is meant to be measured. To ensure validity of a series of informed decisions the research questions, the purpose of the research, and theoretical paradigms, were used in this research. For the purpose of validity for this study: content, face and construct validity were applied.

#### **3.5.5.1 Content validity**

Content validity refers to how well an instrument represents all the components of the variables to be measured (Brink, Van der Walt & Ransburg, 2016). This study focused on measuring the factors that influence nurse turnover. One of the variables

to be measured was ‘contributing factors to leaving the job and accepting the new job’.

The content or the variables of the questionnaire (see Annexure F) were extracted from recent articles pertaining to turnover of nurses. The questionnaire was approved by the researcher’s academic supervisor who is an expert in health services. It was also approved by the University of Namibia and MoHSS (see Annexure B and C). The questionnaire was also tested as described in 3.5.4. The variables for Part 2 were tested with Cronbach’s coefficient alpha in terms of clarity of the items and whether the research tool measured the essential aspects of the relevant variables.

#### **3.5.5.2 Face validity**

Face validity refers to how well a research design offers a process that will facilitate data acquisition within a research agenda (Healy & Perry, 2000). In other words, it measures what it is supposed to measure. This study used face validity to ensure readability and clarity of content as suggested by Brink et al. (2016). The methodological paradigm in this research is congruent with the research paradigms and aligns to the research aim and questions (see page 5). The research methodology, research design, and methods, are linked to provide answers to the research questions. Therefore, the research design followed in this research is to the point and corresponds with all other elements, thereby ensuring high face validity. The questionnaire had both structured and semi-structured questions which ensured consistency in the provided data.

### **3.5.5.3 Construct validity**

According to Polit and Beck (2008), construct validity measures the relationship between an instrument and related theory. A measure has construct validity if the set of items constituting it faithfully represents the set of aspects of a theoretical construct measured, and does not contain items which represent aspects not included in a theoretical construct. (Emory & Cooper, 1991). Babbie (2005) further defines construct validity as the degree to which a measure relates to other variables as expected within a system of theoretical relationships. The structural aspects of validity are concerned with the degree to which a scoring structure conforms to the dimensional structure of a construct.

The study was based on two theories: the traditional theory by Griffeth et al. (2000) and the factor theory propounded by Herzberg et al. (1959). These theories look at employee retention and its causes. The research instrument and its findings were supported with the theories' assumptions. In this study, construct validity was useful in measuring variables concerning the feelings and satisfaction of respondents. The study involved factors such as performance incentives and feedback. Construct validity was thus useful in measuring the relationship of these variables.

### **3.5.6 Reliability of the instrument**

Reliability of the instrument refers to the degree to which a measurement technique can be depended upon to secure consistent results upon repeated application (Weiner, 1985). Cronbach coefficient alpha was conducted to test the questionnaire items for internal consistency. Cronbach's coefficient alpha is a measure used to test the reliability of items in a questionnaire. Alpha estimates the degree of interrelatedness among a set of items and variance among the items, and a widely advocated level of adequacy for coefficient alpha is at least 0.7. A Cronbach alpha of .60 is acceptable

but .70 and above is even better (Cronbach, 1951). However, Sekeran and Bougie (2013) argue that reliabilities which are less than .60 are poor.

The ultimately high Cronbach's alpha in all the groups (Table 3.3) indicates that the statements indeed measured the concepts defining the statements. This result confirms that this part of the instrument was valid. Although .63 was below the recommended alpha threshold, it is acceptable as other studies suggest that an alpha of .60 is acceptable.

**Table 3.3:** Cronbach's alpha

Items	Cronbach's Alpha	Revised Alpha
Company rewards or compensation <b>PPS-SIA</b>	.60	.70 (without SIA)
Training and development practices <b>STP-TPC</b>	.81	.81
Promotional opportunities in your previous job <b>GOA-OPL</b>	.60	.78 (without OPL)
Recognition factors by your previous employer <b>CCO-UWW</b>	.73	.73
Related stress to work-related stress in previous job <b>HWW-UWO</b>	.40	.63 (Without UWO)
Leadership relationship factors in the previous job <b>NSP-MRW</b>	.74	.74
Work Environment factors at the previous employment	.72	.72

### 3.6. DATA MANAGENENT

The researcher employed replicable data management principles to verify accuracy of data sources. Data management included construction of research questions, the research set-up, and the choice of method to be used and to ensure reference to

sources studied was accurately documented. The quality of data collection, data input, data storage and data processing were guarded closely. All steps taken were properly reported and the execution was properly monitored. Raw research data were archived in such a way that they can be retrieved at a minimum expense in terms of time and effort.

### **3.7. DATA ANALYSIS**

Gayet et al. (2009) define data analysis as ordering and organising raw data to extract useful information. In this study, the data were quantitatively and qualitatively analysed as described.

#### **3.7.1 Quantitative data analysis**

In Parts 1 and 2, a preliminary cleaning and formatting of the data was the first step in data preparation. This included renaming of variables such as limiting the number of characters to fit the specified nomenclature of SPSS. Data were thereafter exported to SPSS for diagnostic and reliability analyses. All cases with 50% or more missing entries were discarded and the data re-ordered appropriately. The collected data were analysed and synthesised using Statistical Package of Social Science (SPSS) software, which is designed to analyse quantitative data. Statistical processes with SPSS derived descriptive correlations, covariance and factor analyses. This entailed the following analysis steps:

Part 1 - demographic data: gender, age, marital status, salary per month, level of education and tenure in terms of frequency, frequency table, percentage and association.

Part 2 - associated factors that contribute leaving previous job: company rewards or compensation practices, training and development studies, promotional

opportunities, recognition factors, work-related stress, leadership relations factors and work environment factors in terms of frequency, frequency table, percentage and association.

### **3.7.2 Qualitative data Analysis**

The qualitative data collected in Part 3 were transcribed verbatim in a MS Word document and then by grouping the verbatim responses/ statements to questions J, K and L.(Annexure F). After the grouping of each question, the verbatim responses/statements were assigned to ATLAS ti, which is a software designed for qualitative analysis. The quotations were then coded by selecting the meaning from each verbatim statement/response.The second stage of analysis was to merge similar codes into higher or super codes to reduce and combine the most important aspects of the coding (Silver & Lewins, 2014). Networks were then produced for interpretation purposes (Friese, 2014).

## **3.8. ETHICAL CONSIDERATIONS**

Bogonko and Kathure (2015) define ethics as a branch of philosophy that deals with one's conduct and serves as guide to one's behaviour. All ethical considerations pertaining to avoidance of harm to the respondents, informed consent, confidentiality, and authorisation to undertake the study were observed in this study.

### **3.8.1 Permission to conduct the research**

The researcher obtained a letter of authorisation and introduction from the Ethics Letters were written to various private hospitals seeking permission to contact nurses Committee of University of Namibia (Annexure A). Permission to conduct research was granted by MoHSS (Annexure C). who left the public health sectors (Annexure D).

### **3.8.2 Principles of respect of persons**

Respondents were only included in the study when they had signed the consent form. They were informed they could withdraw from the study at any point or choose not to answer some questions with no penalty.

### **3.8.3 Principle of beneficence**

The questionnaire was carefully structured in a manner to avoid psychological stress to respondents. It was reviewed by the respective ethics committees of the University of Namibia and MoHSS. The researcher used pseudonyms to protect the identity of the respondents and to ensure they came to no harm.

### **3.8.4 Fair treatment/justice**

In this study, the principle of justice was ensured such that every potential participant had an equal opportunity to be selected from the target population for the reasons directly related to the research purpose and not because they were easily available or could be manipulated.

## **3.9. SUMMARY**

This chapter presented the research methodology employed in this study. The research methodology and rationale for selecting data were discussed. A description of the research design and method was presented. A target population and sampling strategy used were explained followed by a description of the data collection instrument and how it was constructed. A pilot study as well as the data analysis methods was described including a detailed explanation on coding of the data.

Validity, reliability, and ethical considerations were also presented. The next chapter presents the analysis of data and their findings.

## **CHAPTER 4**

### **DATA ANALYSIS AND PRESENTATION OF FINDINGS**

#### **4.1. INTRODUCTION**

This chapter presents a detailed analysis conducted on collected questionnaire data. Descriptive statistics and demographic variables are provided first to give background information. A detailed analysis is further employed to explain the data in different ways in order to answer the research objectives and consequently the research question.

#### **4.2. OVERVIEW OF THE DATA COLLECTION AND ANALYSIS PROCESS**

The questionnaire was used to collect the raw data. As described in 3.5.1.2, a five-point Likert scale was used in some quantitative questions with codes 1 to 5, with 1 being strongly agree and 5 being strongly disagree were applied. The validity and reliability of the research instrument (tool) were confirmed as discussed in Chapter 3 (see 3.5.4 to 3.5.5.4). Correlation results laid the foundation for further analysis, which was ultimately used to answer the research questions. A factor analysis was conducted to classify turnover factors and to investigate if the statement groups could be retained in the Namibian context.

The final portion of this section provides the results of content analysis, code occurrence, and frequency measures that were yielded by the qualitative data. The qualitative section also provided an explanation of the central themes that emerged during qualitative analysis. This chapter concluded with a summary of the results.

### **4.3. RESPONSE RATE**

There was response rate of 72% (n=172 received out of n=240). Welman, Kruger and Mitchell (2005), state that a response above 50% is sufficient to obtain meaningful statistical analysis and obtain acceptable results. The results are presented and discussed in terms of the four objectives of the study.

### **4.4. RESULTS FOR EACH OBJECTIVE**

#### **4.4.1 Objective 1**

The objective was to determine the demographic factors that contribute to turnover of nurses in the public health facilities in the Khomas Region.

The data presented are bimodal: demographic data and their association to turnover.

#### **Demographic data**

Gender, age, marital status, salary educational level and period in a position, are presented.

- **Gender**

There were more female than male respondents (123/71% and 49/29%) respectively.

- **Age group**

Table 4.1 depicts the age range of respondents. Age range 21-30 years (96/55.8%); 31-40 years (41/23.8%); 41-50 years (27/15.7 %); and >50 years (8/ 4.7%).

**Table 4.1:** Age of the respondents

	Age	Frequency	Percent	Valid percent	Cumulative percent
	21-30	96	55.8	55.8	55.8
	31-40	41	23.8	23.8	79.7
	41-50	27	15.7	15.7	95.3
	>50	8	4.7	4.7	100.0
	Total	172	100.0	100.0	

- **Marital status**

As shown in Table 4.2, 46 (27%) of the respondents were married, 105 (61%) were single, 6 (4%) were widowed, 7(4%) were divorced, and 8 (4.7%) were living with partners. As evident, the majority (61%) were single.

**Table 4.2:** Marital status of the respondents

		Frequency	Percentage	Valid percentage	Cumulative percentage
<b>Marital Status</b>	Married	46	26.7	26.7	26.7
	Single	105	61.0	61.0	87.8
	Divorced	7	4.1	4.1	91.9
	Widowed	6	3.5	3.5	95.3
	Living with partner	8	4.7	4.7	100.0
	Total	172	100.0	100.0	

- **Salary earned (per month)**

As evident in Table 4.3, the monthly salary ranges were: < N\$10,000 (41/23.8%); N\$ 10 000 – 15 000 (55/32%); N\$ 15 000 – 20 000 (44/25.6%); N\$ 20 000 – 25 000 (16/9.3%); N\$ 25 000 – 30 000 ( 8/4.7%); N\$30 000 – 35 000 (4/2.3%); and >N\$35 000 (4/2.3%).

**Table 4.3: Salary earned per month**

		Frequency	Percent	Valid percent	Cumulative percent
Salary	<10 000	41	23.8	24.0	24.0
	10 000 – 15 000	55	32.0	32.2	56.1
	15 000 – 20 000	44	25.6	25.7	81.9
	20 000 – 25 000	15	8.7	8.8	90.6
	25 000 – 30 000	8	4.7	4.7	95.3
	30 000 – 35 000	4	2.3	2.3	97.7
	> 35 000	4	2.3	2.3	100.0
	Total	171	99.4	100.0	
Missing	System	1	.6		
Total		172	100.0		

As evident in Table 4.3, the majority of the respondents (n=106/55.8%) were not well paid as their monthly salaries were within the <N\$10000 to N\$15000 range.

- **Level of education**

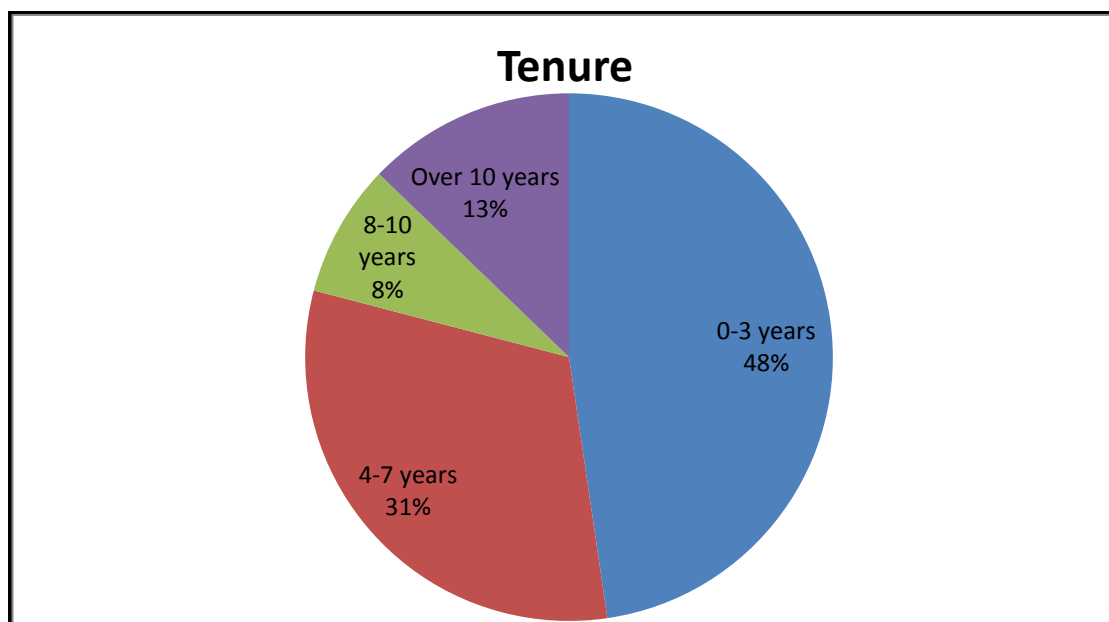
In terms of education as shown in Table 4.4, 43 (25%) had certificates, 53(31%) diplomas, 69(40%) degrees, and only 4(2%) had master's degrees. It can be noted that most of the respondents (40%) were having degrees holders, this could imply that there is a strong need for career or professional development. Professional and career is a critical component especially in a developing country such as Namibia. However, the finding is in contrast with findings of a study conducted by Dunn et al. (2005) in Australia which reported no relationship between nurses' levels of satisfaction and levels of education.

**Table 4.4:** Level of education

		Frequency	Percent	Valid percent	Cumulative percent
Education	Certificate	43	25.0	25.0	25.0
	Diploma	53	30.8	30.8	55.8
	Degree	69	40.1	40.1	95.9
	Masters	4	2.3	2.3	98.3
	Others	3	1.7	1.7	100.0
	Total	172	100.0	100.0	

- **Tenure**

As shown in Figure 4.1, 83(48%) of the respondents had worked in the public health sector for three or less years, and 53(31%) had worked between four and seven years. Those who worked for more than 10 years constituted 23(13%) whereas those who had worked between eight and ten years were only 14(8%). This illustrates that the majority, or close to half of the respondents were relatively new staff members, which could be an indication of high staff turnover.



**Figure 434.1:** Number of years worked in the position.

#### 4.4.2 Objective 2

The objective was to determine the associated factors that contribute to turnover of nurses in the public health facilities in the Khomas Region. The purpose of the objective was to determine company reward or compensation practices; training and development practices; promotional opportunities to previous job; recognition factors by previous employer; work-related stress and previous job; leadership relationship in the previous job; work environment factors at previous employment, and factors relating to retaining nursing staff training and work environment that could contribute to turnover of nurses in the public health facilities in the Khomas Region. These factors results are presented below.

- **Company reward or compensation practices**

Table 4.5 shows the results of these factors as follows:

**Table 4.5:** Respondents' rating on company reward or compensation practices

STATEMENT /ITEM	SA F (%)	A F (%)	N F (%)	D F (%)	SD F (%)
<b>Item 1:</b> My previous employer took pride in paying satisfactory salary [PPS].	24(14.0)	36(21.1)	54(31.4)	38(22.1)	18(10.5)
<b>Item 2:</b> My previous employer really cared about rewarding great achievements [PGA]	27(15.7)	51(29.7)	40(32.3)	28(16.3)	26(15.1)
<b>Item 3:</b> My employer valued the well-being of employees, inform of rewards [WR]	28(16.3)	41(23.8)	42(24.4)	39(22.7)	22(12.8)
<b>Item 4:</b> My employer strongly considered salary increase annually [SIA]	26(15.1)	32(18.6)	47(27.3)	37(21.5)	27(15.7)
<b>Total</b>	105	160	183	142	93

The results of these items are presented below.

**Item 1:** Of the respondents, 24 (14%) strongly agreed that their previous employer took pride in paying satisfactory salary [PPS], 36 (21.1%) agreed, 54(31.4%) were neutral, 38(22.1%) disagreed, and 18 (10.5%) strongly disagreed.

**Item 2:** Of the respondents, 27(15.7%) strongly agreed that their previous employer really cared about rewarding great achievements [PGA], 51(29.75%) agreed, 40 (32.3%) were neutral, 28 (16.3) disagreed, and 26(15.1%) strongly disagreed.

**Item 3:** A significant 28 (16.3) strongly agreed that their employer valued the well-being of employees in form of rewards [WR], 41(23.8%) agreed, 42(24.4%) were neutral, 39 (22.7%) disagreed, and 22 (12.8%) strongly disagreed.

**Item 4:** Of the respondents 26 (15.1%) strongly agreed that their employer strongly considered salary increase annually [SIA], 32 (18.6%) agreed, 47(27.3%) were neutral, 37(21.5%) disagreed, and 27 (15.7%) strongly disagreed.

The mean and standard deviation relating to company rewards and compensation were calculated and are presented in Table 4.6.

**Table 4.6:** Central tendency and viability of responses on company rewards or compensation

		PPS	PGA	WR	SIA
N	Valid	170	172	172	169
	Missing	2	0	0	3
Mean		3.06	3.15	3.08	2.96
Median		3.00	3.00	3.00	3.00
Std. Deviation		1.195	1.296	1.277	1.293
Minimum		1	1	1	1
Maximum		5	5	5	5

In terms of agreement with the statement my previous employer took pride in paying a satisfactory salary (PPS) had a mean (M) score of 3.06. My previous employer really cared about rewarding great achievements (PGA) (M=3.15), and my employer valued the well-being of employees in the form of rewards (WR) (M=3.08). However, respondents slightly disagreed with the statement on salary increase (SIA), which scored 2.96. The results also showed slight variation in the standard deviation with the highest deviation recorded in PGA. The highest standard deviation was 1.296 while the lowest was 1.195.

- **Training and development practices**

The respondents were given an opportunity to rate training and development practices as shown in Table 4.7.

**Table 4.7:** Respondents' rating on training and development practices

STATEMENT /ITEM	SA	A	N	D	SD
	F (%)	F (%)	F (%)	F (%)	F (%)
<b>Item 1:</b> Sufficient time was allocated for training in the previous job [STP]	20(11.6)	34(19.8)	44(25.6)	49(28.5)	25(14.5)
<b>Item 2:</b> Sufficient money was allocated for training [SMT]	24(14.0)	46(26.7)	51(29.7)	36(20.9)	14(8.1)
<b>Item 3:</b> Did the training plans developed, monitored for all employees? [TPE]	19(11.0)	49(28.5)	53(30.8)	39(22.7)	12(7.0)
<b>Items 4:</b> Training programmes were consistently evaluated. [TPC]	18(10.5)	45(26.2)	55(32.0)	35(20.3)	18(10.5)

**Item 1:** Of the respondents, 20 (11.6%) of them strongly agreed that sufficient time was allocated for training in the previous job [STP], 34 (19.8%) agreed, 44 (25.6%) were neutral, 49 (28.5%) disagreed, and 25 (14.5%) strongly disagreed.

**Item 2:** Of the respondents, 24 (14.0%) strongly agreed that sufficient money was allocated for training [SMT], 46 (26.7%) agreed, 51 (29.7%) were neutral, 36 (20.9%) disagreed, and 14 (8.1%) strongly disagreed.

**Item 3:** A significant 19 (11.0%) strongly agreed that the training plans developed were monitored for all employees [TPE], 49 (28.5%) agreed, 53 (30.8%) were neutral, 39 (22.7%) agreed, and 12 (7.0%) strongly disagreed.

**Item 4:** Of the respondents **Items 4:** 18 (10.5%) strongly disagreed that training programmes were consistently evaluated [TPC], 18 (10.5%) agreed, 45 (26.2%) were neutral, 55 (32.0%) 35(20.3%) disagreed, and 18 (10.5%) strongly disagreed.

Table 4.8 relates to respondents' opinions on training and development practices.

**Table 4.8:** Central tendency and variability of the respondents' responses on training and development practices

		STP	SMT	TPE	TPC
N	Valid	172	171	172	171
	Missing	0	1	0	1
Mean		2.85	3.18	3.14	3.06
Median		3.00	3.00	3.00	3.00
Std. Deviation		1.232	1.160	1.105	1.146
Minimum		1	1	1	1
Maximum		5	5	5	5

Respondents agreed with statements relating to SMT, TPE and TPC. Respondents, however, disagreed with the statement relating to STP. The highest standard

deviation was 1.232 while the lowest was at 1.105, indicating divergent views on the statements.

- **Promotional opportunities at previous job**

In relation to promotional opportunities at their respective previous job respondents rated four items as illustrated in Table 4.9.

**Table 4.9:** Respondents' rating promotional opportunities at previous job

STATEMENT / ITEM	SA F (%)	A F (%)	N F (%)	D F (%)	SD F (%)
<b>Item 1:</b> I had a very good opportunity for advancement in my previous job [ <b>GOA</b> ]	44(25.6)	18(10.5)	38(22.1)	23(13.4)	49(28.5)
<b>Item 2:</b> I had a good chance for promotion [ <b>GCP</b> ]	29(16.9)	16(9.3)	31(18.0)	47(27.3)	48(27.9)
<b>Item 3:</b> Promotions were based on my ability [ <b>PBA</b> ]	37(21.5)	17(9.9)	37(21.5)	33(19.2)	46(26.7)
Item 4: Opportunities for promotion were limited [ <b>OPL</b> ]	49(28.5)	62(36.0)	23(13.4)	19(11.0)	18(10.5)

**Item 1:** Of the respondents 44 (25.6 %) of the respondents strongly agreed that they had a very good opportunity for advancement in my previous job [**GOA**], 18 (10.5 %) agreed, 38 (22.1 %) were neutral, 23 (13.4) disagreed, and 49 (28.5) strongly disagreed.

**Item 2:** Of the respondents 29 (16.9 %) strongly agreed regarding having a good chance for promotion in previous job [**GCP**], 16 (9.3%) agreed, 31 (18.0%) were neutral, 47 (27.3) disagreed, and 48 (27.9) strongly disagreed.

**Item 3:** Of the respondents 37 (21.5 %) strongly agreed that promotions were always based on their ability [**PBA**], 17 (9.9 %) agreed, 37 (21.5 %) were neutral, 33(19.2 %) disagreed, and 46(26.7 %) strongly disagreed.

**Item 4:** Of the respondents 49 (28.5%) strongly agreed that opportunities for promotion were limited [OPL], 62(36.0%) agreed, 23 (13.4%) were neutral, 19(11.0%) disagreed, and 18(10.5%) strongly disagreed.

Table 4.10: Indicates that the highest mean was 3.47 while the lowest was 2.32.

**Table 4.10:** Central tendency and variability of participants' responses on promotional opportunities in previous job

		GOA	GCP	PBA	OPL
N	Valid	172	171	172	171
	Missing	0	1	0	1
Mean		3.09	3.47	3.24	2.32
Median		3.00	4.00	3.00	2.00
Std. Deviation		1.223	1.308	1.264	1.352
Minimum		1	1	1	1
Maximum		5	5	5	5

The respondents agreed with statements relating to GOA, GCP and PBA. There was disagreement with the statement relating to limited opportunities for promotion (OPL).

- **Recognition factors by previous employer**

In relation to recognition factors by previous employer, the respondents rated four items as illustrated in Table 4.11.

**Table 4.11:** Respondents' rating on recognition factors at previous job

STATEMENT /ITEM	SA	A	N	D	SD
	F (%)	F (%)	F (%)	F(%)	F(%)
<b>Item 1:</b> The company cared about employees' opinions [CCO]	26(15.1)	27(15.7)	52(30.2)	40(23.3)	27(15.7)
<b>Item 2:</b> A work-supervisor cared about employees' well-being [ WEW]	12(7.0)	34(19.8)	51(29.7)	43(25.0)	32(18.6)
<b>Item 3:</b> A supervisor who considered employees' goals and values [SEV]	15(8.7)	27(15.7)	53(30.8)	48(27.9)	27(15.7)
<b>Item 4:</b> Unsupportive workmates towards others' work [UWW]	13(7.6)	33(19.2)	47(27.3)	39(22.7)	38(22.1)
Total	66	121	203	170	124

**Item 1:** Of the respondents 26 (15.1 %) strongly agreed that the company cared about employees' opinions [CCO], 27(15.7 %) agreed, 52 (30.2 %) were neutral, 40 (23.3 %) disagreed, and 27(15.7 %) strongly disagreed.

**Item 2:** Of the respondents 12(7.0 %) strongly agreed that work-supervisors cared about employees' well-being [WEW], 34 (19.8 %) agreed, 51(29.7 %) were neutral, 43 (25.0 %) disagreed, and 32(18.6 %) strongly disagreed.

**Item 3:** Of the respondents 15 (8.7 %) strongly agreed that supervisors considered employees' goals and values [SEV], 27 (15.7 %) agreed, 53 (30.8 %) were neutral, 48 (27.9 %) disagreed, and 27 (15.7%) strongly disagreed.

**Item 4:** Of the respondents 13 (7.6 %) strongly agreed that there were unsupportive workmates towards others' work [UWW], 33 (19.2 %) agreed, 47 (27.3 %) were neutral, 39 (22.7 %) disagreed, and 38 (22.1 %) strongly disagreed.

**Table 4.12:** Central tendency and variability of responses on recognition factors of previous employer

		CCO	WEW	SEV	UWW
N	Valid	172	172	170	170
	Missing	0	0	2	2
Mean		2.91	2.72	2.74	2.67
Median		3.00	3.00	3.00	3.00
Std. Deviation		1.274	1.182	1.169	1.234
Minimum		1	1	1	1
Maximum		5	5	5	5

Table 4.12 shows a highest mean of 2.74, meaning all the respondents disagreed with statements relating to GCO, WEW, SEV and UWW. The highest standard deviation was 1.274 and the lowest was 1.160.

- **Work-related stress at previous job**

In relation to work-related stress in their respective previous job, the respondents rated three items as illustrated in Table 4.13.

**Table 4.13:** Respondents' rating on work-related stress at previous job

STATEMENT /ITEM	SA	A	N	D	SD
	F (%)	F (%)	F (%)	F (%)	F (%)
<b>Item 1:</b> Health facility working hours were normal [HWN]	28(16.3)	31(18.0)	22(12.8)	62(36.0)	29(16.9)
<b>Item 2:</b> Conditions within the job was manageable [CJM]	14(8.1)	37(21.5)	50(29.1)	47(27.3)	24(14.0)
<b>Item 3:</b> Unsupportive workmates towards others' work [UWO]	21(12.2)	31(18.0)	52(30.2)	36(20.9)	32(18.6)
<b>Total</b>	63	99	124	145	85

**Item 1:** Of the respondents 28 (16.3 %) strongly agreed that health facility working hours were normal [HWN], 31 (18.0 %) agreed, 22 (12.8 %) were neutral, 62 (36.0 %) disagreed, and 29 (16.9 %) strongly disagreed.

**Item 2:** Of the respondents 14 (8.1%) strongly agreed that conditions within the job were manageable [CJM], 37 (21.5%) agreed, 50 (29.1%) were neutral, 47 (27.3%) disagreed, and 24 (14.0%) strongly disagreed.

**Item 3:** Of the respondents 21 (12.2%) strongly agreed that they were unsupportive workmates towards others' work [UWO], 31(18.0%) agreed, 52(30.2%) were neutral, 36 (20.9%) disagreed, and 32(18.6%) strongly disagreed.

**Table 4.14:** Central tendency and variability of responses on work-related stress in previous job

		HWN	CJM	UWO
N	Valid	172	172	172
	Missing	0	0	0
Mean		2.81	2.83	2.84
Median		2.00	3.00	3.00
Std. Deviation		1.357	1.162	1.268
Minimum		1	1	1
Maximum		5	5	5

Table 4.14 shows a highest mean of 2.84 and a lowest of 2.81, indicating that respondents all disagreed with statements relating to HWN, CJM and UWO. The highest standard deviation was 1.387 and the lowest was 1.162 indicating that although the respondents agreed on the statements other factors influenced their responses.

- **Leadership relationship factors in previous job**

Respondents' rating on leadership relationship factors at their respective previous job is illustrated in Table 4.15.

**Table 4.15:** Respondents' rating on leadership relationship factors at previous job

STATEMENT /ITEM	SA	A	N	D	SD
	F (%)	F (%)	F (%)	F (%)	F (%)
<b>Item 1:</b> Nursing staff have positive perceptions of work place relationship, (Supervisor and co- worker) [NSP]:	11(6.4)	15(8.7)	33(19.2)	73(42.4)	40(23.3)
<b>Item 2:</b> Managers empower their subordinates [MES]	13(7.6)	26(15.1)	60(34.9)	57(33.1)	16(9.3)
<b>Item 3:</b> Managers encourage participative management [MPM]	7(4.1)	25(14.5)	48(27.9)	67(39.0)	25(14.5)
<b>Item 4:</b> Managers recognise good work [MRW]	22(12.8)	34(19.8)	51(29.7)	36(20.9)	29(16.9)
Total	53	100	192	233	110

**Item 1:** Of the respondents 11(6.4 %) strongly agreed that nursing staff had positive perceptions of workplace relationship, (supervisor and co-worker) [NSP]: 15(8.7 %) agreed, 33(19.2 %) were neutral, 73 (42.4 %) disagreed, and 40 (23.3 %) strongly disagreed.

**Item 2:** Of the respondents 13(7.6%) strongly agreed that managers empowered their subordinates [MES], 26(15.1 %) agreed, 60 (34.9 %) were neutral, 57 (33.1 %) disagreed, and 16 (9.3 %) strongly disagreed.

**Item 3:** Of the respondents 7 (4.1 %) strongly agreed that managers encouraged participative management [MPM], 25 (14.5 %) agreed, 48 (27.9 %) were neutral, 67 (39.0 %) disagreed, and 25(14.5 %) strongly disagreed.

**Item 4:** Of the respondents 22 (12.8 %) strongly agreed that managers recognise good work [MRW], 34(19.8 %) agreed, 51(29.7 %) were neutral, 36 (20.9 %) disagreed, and 29 (16.9 %) strongly disagreed.

**Table 4.16:** Central tendency and variability of responses on leadership relationship factors in previous job

		NSP	MES	MPM	MRW
N	Valid	172	172	172	172
	Missing	0	0	0	0
Mean		2.33	2.78	2.55	2.91
Median		2.00	3.00	2.00	3.00
Std. Deviation		1.118	1.057	1.039	1.262
Minimum		1	1	1	1
Maximum		5	5	5	5

Table 4.16 shows a highest mean of 2.78, indicating that respondents disagreed with statements relating to positive perceptions of workplace relationship (NSP,) empowerment of subordinates (MES) encouraging participation, (MPM) and recognition of good work (MRW). According to Bommer, Rubin and Baldwin (2004) leadership has a direct influence on intention to leave.

- **Work environment factors at previous employment**

The respondents' rating on work environment factors at the previous employment is depicted in Table 4.17.

**Table 4.17:** Respondents' rating on work environment factors at previous work

STATEMENT /ITEM	SA	A	N	D	SD
	F (%)	F (%)	F (%)	F (%)	F (%)
<b>Items 1:</b> A safe and happy workplace made employees feel good about being there. [SHW]	12(7.0)	25(14.5)	45(26.2)	39(22.7)	50(29.1)
<b>Items 2:</b> Each employee is given importance and provided the security that gives them the motivation. [EIP]	10(5.8)	34(19.8)	54(31.4)	49(28.5)	23(13.4)
<b>Items 3:</b> Employees work close to home/family [EPF]	42(24.4)	29(16.9)	36(20.9)	39(22.7)	22(12.8)
Total	64	88	135	127	95

In relation to work environment factors at the previous employment, the respondents rated three items.

**Items 1:** Of the respondents 12 (7.0%) strongly agreed that there was a safe and happy workplace that made employees feel good about being there [SHW], 25 (14.5%) agreed, 45 (26.2%) were neutral, 39 (22.7%) disagreed, and 50 (29.1%) strongly disagreed.

**Items 2:** Of the respondents 10 (5.8%) strongly agreed that each employee was given importance and provided the security that gave them the motivation [EIP], 34 (19.8%) agreed, 54 (31.4%) were neutral, 49 (28.5%) disagreed, and 23 (13.4%) strongly disagreed.

**Items 3:** Of the respondents 42 (24.4%) strongly agreed that employees worked close to home/family [EPF], 29 (16.9%) agreed, 36 (20.9%) were neutral, 39 (22.7%) disagreed, and 22 (12.8%) strongly disagreed.

**Table 4.18:** Central tendency and variability of responses on work environment factors at previous employment

		SHW	EIP	EPF
N	Valid	172	172	171
	Missing	0	0	1
Mean		2.52	2.83	3.26
Median		2.00	3.00	3.00
Std. Deviation		1.370	1.268	1.500
Minimum		1	1	1
Maximum		10	10	9

Table 4.18 shows that the highest mean on work environment factors was 3.26 and the lowest 2.52. Respondents agreed with the statement relating to the fact that employees work close to home and family (EPF) while they disagreed with statements relating to the health care institution providing a safe and happy workplace (SHW) and that each employee is given importance and security to motivate them (EIP).

- **Factors relating to retaining nursing staff training and work environment**

In relation to factors relating to retaining nursing, staff training and work environment respondents ranked 14 factors from the most important to the least (1-10) as shown in Table 4.19.

**Table 4.19:** Respondents' rating on retaining nursing staff, staff training and work environment

		Range	Minimum	Maximum	Sum	Mean	Std. Deviation
1	Provide opportunity to in service training [PTS]	9	1	10	893(53%)	5.28	2.962
2	Provide opportunity to continuous education [OCE]	9	1	10	906(53%)	5.36	3.250
3	Allocate staff according to their interest [SAI]	13	1	14	827(50%)	4.95	3.369
4	Allocate staff according to qualifications [AAQ]highest	10	1	10	1044(62%)	6.21	3.223
5	Reduce workload by recruiting adequate staff for each shift [RRS]	10	1	10	914(55%)	5.54	3.138
6	Short working hours [SWH]	13	1	13	854(54%)	5.44	2.953
7	Provide safe working physical environment (security) [PSW]	9	1	10	1000(60%)	6.02	2.907
8	Provide pleasant social environment [PPE]	9	1	10	1001(62%)	6.18	2.725
9	Flexible working hours [FWH]	10	1	10	988(61%)	6.10	2.913

10	Presence of other health workers (e.g. doctors, pharmacists, radiographer etc.) <b>[OPR]</b>	9	1	10	1068(64%)	6.36	3.088
11	Sufficient equipment, medication and other supplies <b>[EMO]</b>	9	1	10	1031(62%)	6.17	3.030
12	Provide updated technological equipment <b>[UTE]</b>	9	1	10	1019(61%)	6.14	2.917
13	Provide good management/ supervision etc. <b>[GMS]</b>	10	1	10	981(59%)	5.91	2.964
14	Provide transport to work place <b>[TWP ]</b> (Lowest)	10	1	10	618(39%)	3.94	3.693

As evident in Table 4.19, almost all the respondents perceived that the indicated factors would help return nurses at current workplace. The highest scored factor was OPR with a mean of 6.36 and a sum score of 1068 and the lowest factor was TWP with a mean of 3.94 and a corresponding sum score of 618. Other perceived factors were allocating staff according to qualification (mean 6.21), provide safe work physical environment (mean 6.02), provide pleasant social environment (mean 6.18), flexible working hours (mean 6.10), and provide updated technological equipment (mean 6.14).

- **The role of recognition/staff reward on nursing staff turnover**

The respondents were asked to rate the role of recognition/staff rewards on nursing staff turnover. Their responses are presented in Table 4.20.

**Table 4.20:** Response rating on the role of recognition/staff rewards on nursing staff turnover

Role	Response	Frequency	Percentage
<b>Annual Bonus</b>	Yes	143	83%
	No	22	13%
<b>Performance Bonus</b>	Yes	67	39%
	No	99	57%
<b>Performance Award</b>	Yes	77	45%
	No	89	52%
<b>Performance award Bonus</b>	Yes	70	41%
	No	97	56%
<b>Simplified criteria for promotion</b>	Yes	91	53%
	No	76	44%
<b>Publicise acknowledgement of achievement</b>	Yes	77	45%
	No	83	48%

Relating to the effect of recognition and reward of staff turnover a total of 143(83%) agreed with the statement that annual bonus had an effect on staff turnover whereas 22 (13%) disagreed. On performance bonus 67 (39%) agreed and 99 (57%) did not agree. Regarding performance award (certificate) 77 (45%) agreed and 89 (52%) disagreed with the statement. Relating to a simplified criteria for promotion, 70 (41%) agreed and 97(56%) did not agree with the statement. On the issue of simplified criteria of promotion, 91 (53%) agreed with the statement and 76 (44%) disagreed. On the need to publicise acknowledgement of achievements, 77(45%) agreed and 83(48%) did not agree.

### 4.4.3 Objective 3

The objective was to describe opinions of the respondents regarding turnover.

Three questions on the questionnaire were in a form of open-ended question in order to allow the respondents to express their views or opinion on retaining nursing staff at public health facilities; recognition/reward practices which influences staff turnover and other factors that could have influenced the employee to leave the previous.

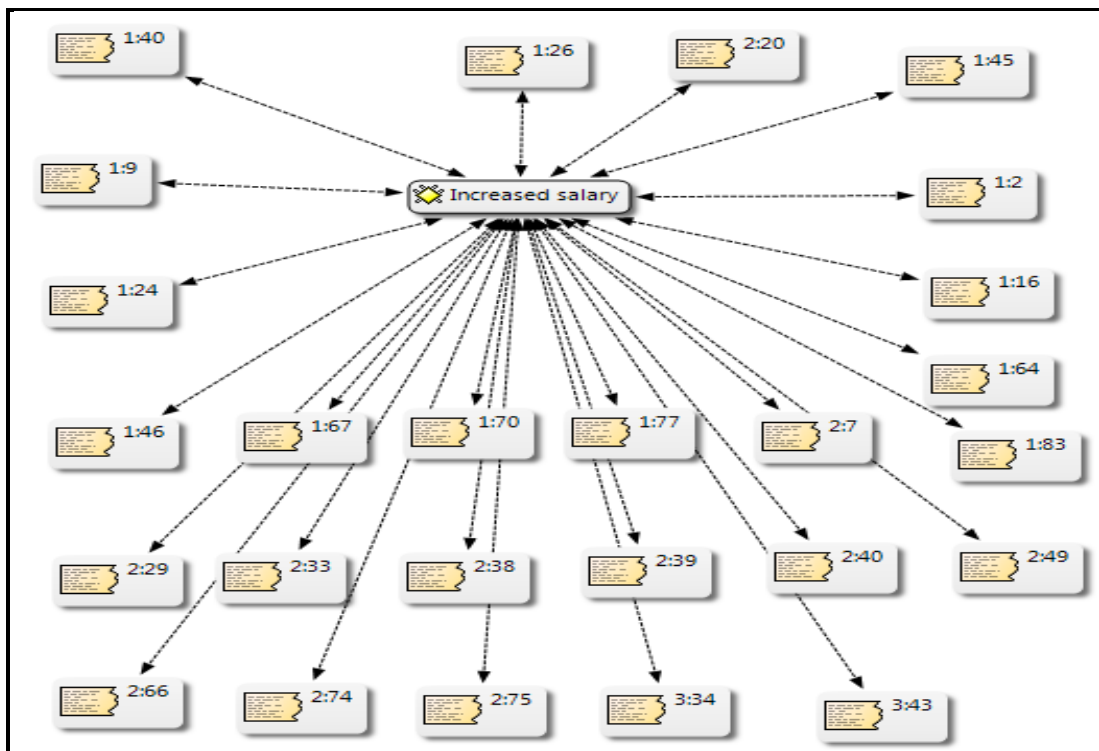
ATLAS ti software was used to analyse the qualitative data for this study. The software assisted the researcher in coding, reducing, and inferring. After all the quotations were transcribed in a word document, the document (primary documents) were assigned or loaded into ATLAS ti. The verbatim comments/statements were then coded: open or in vivo coding was used. Lines of data in the quotations that were considered important or relevant were coded. This process, according to Silver and Lewins (2014), attempts at systematically grouping aspects that are of interest to the research. After coding, prominent codes emerged and these were the ones that focused in answering the research questions. Codes that had similarity were merged and those that did not appear much were eliminated during the second stage coding. Krippendorff (2013) contends that ATLAS. ti software provides the ability to link quotations to create networks where patterns are identified which are helpful in report writing.

There were three questions in this study (see Annexure F: questions J, K and L ) of about the opinions of the respondents on the retention of nursing staff at public health facilities; recognition/reward practices which influence staff turnover; and factors that could have influenced employees to leave the public health facility. For

the opinions on the retaining of staff, 104 responses were identified; for factors that could have influenced an employee to leave public health facility 110 responses were obtained and on recognition/reward practices, there were 50 responses. The responses were merged and seven themes were delivered in terms of turnover and retention. These and related themes are presented below.

- **Increased salary**

Increased salary is associated with verbatim comments/ statements as shown in Figure 4.2 that made it one of the most essential factors among other factors related to turnover.



**Figure 4.2:** Comments associated with the primary document.

The verbatim suggestions by the respondents are presented in italics. Their suggestions in terms of the essential of increment of salary are as follows.

*Increase salaries and decrease workload [PD.1.45]*

*Give a better salary package and make sure the basic needs for proper nursing care are met [P.D.1.70]*

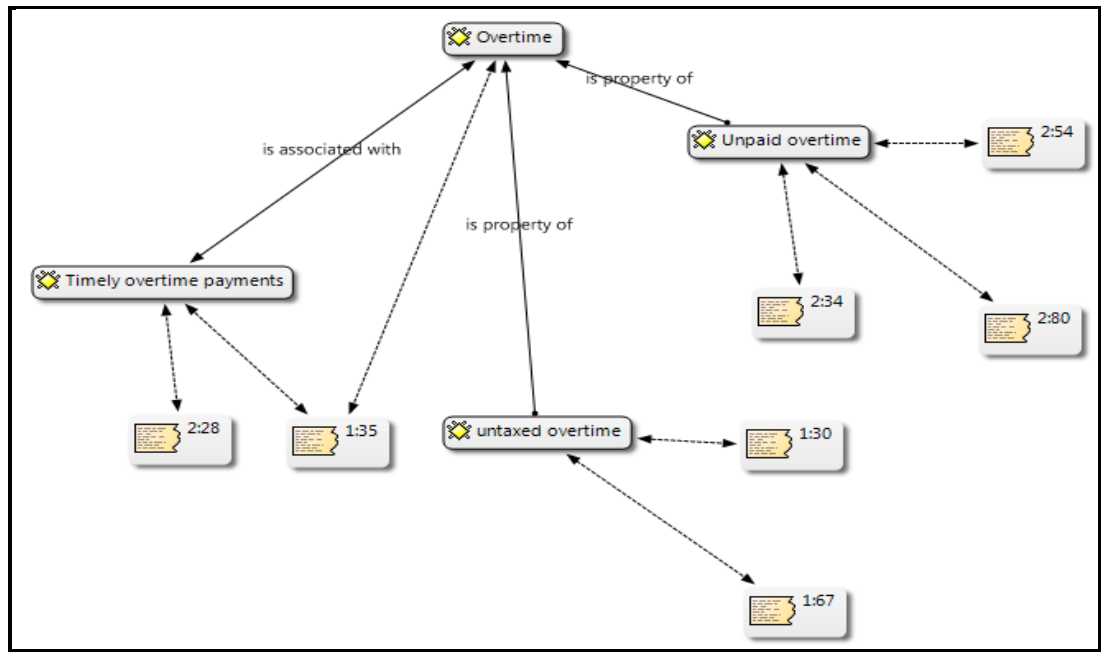
*A good salary always goes along way because people have bills to pay among others contribute to staff turnover but most of all, staff search for better opportunities in other health institutions especially in private health care institutions where the pay is much improved [P.D.3.34],*

*Positive, caring relationship and public health facilities must offer nursing staffs more decent wages and benefits [P.D.1.40].*

The issue of salary received more comments as noted from the verbatim quotes; the problem of salaries appears to be the main area of concern. Ozdemir (2009) posits that rewards are an essential factor of job satisfaction since they meet the needs and wants of a working individual. When salaries are perceived to be low in a particular economic dispensation, workers tend to balance the disequilibrium by leaving the organisation for greener pastures. According to many researchers a constructive relationship exists between the salary one gets and job satisfaction. Maurer (2001) states that, rewarding workers equitably for service rendered is one of the key factors to job satisfaction.

- **Overtime**

Overtime is associated with the following: unpaid overtime, timely overtime payments and untaxed overtime, as presented in Figure 4.3.



**Figure 4.3:** Quotes on overtime.

Verbatim quotes associated with overtime were as follows.

*Working overtime with no payment [P.D.2.54].*

*Working overtime with no payment [P.D.2.80]*

*Unpaid overtime working hours and tight work load schedule [P.D.2.34]*

*Not receiving my overtime money on time [P.D.2.28]*

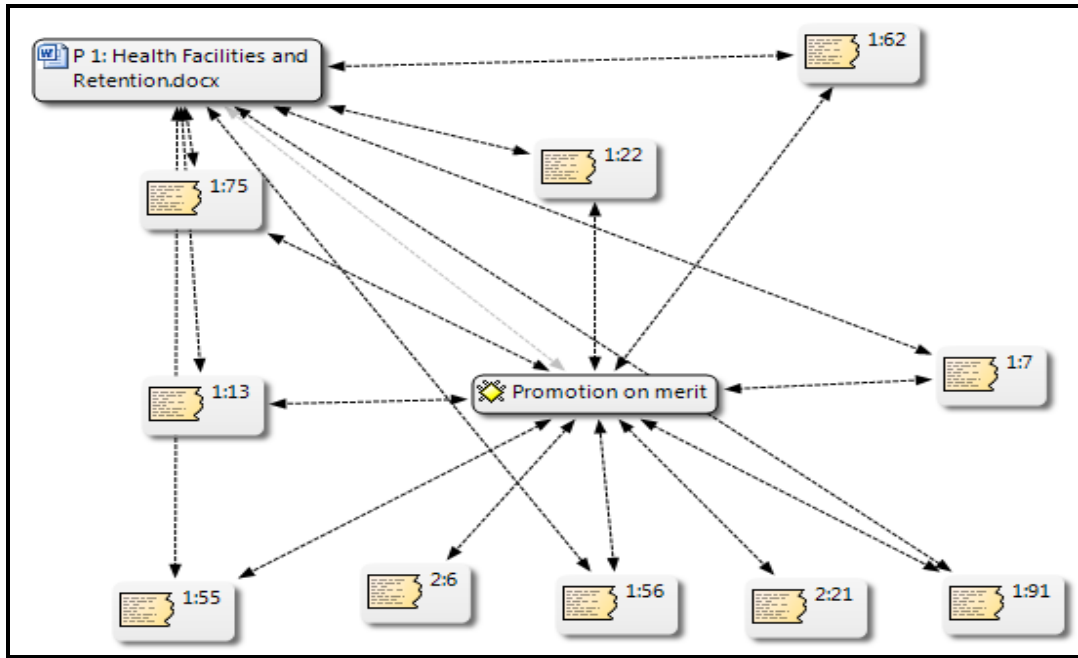
*Health workers to get their overtime payments on time [P.D.1.35]*

*Don't tax overtime [P.D.1.30]*

*Increase salaries and reduce tax [P.D.1.67]*

- **Promotion on merit**

Promotion on merit was another factor in the open-ended questions. Respondents' comments (quotes) are listed in Figure 4.4. They were of great concern to the respondents.



**Figure 4.4:** Quotes on promotion on merit.

These are some quotes associated with promotion to be awarded on merit and not based on favouritism.

*Introduce a promotion system [P.D.1.62]*

*Promote old staffs according to experience but not according to qualification [P.D.1.22]*

*Promote old staff according to their experience [P.D.1.75]*

*The government should interview candidates for promotion to avoid favouritism [P.D.1.13]*

*Fair interviews for promotion [P.D.1.55]*

*Provide flexible working hours and promotions must be based on merit and experience [P.D.1.56]*

*Promotion should be given to those who deserve it, no favouritism [P.D.1.91]*

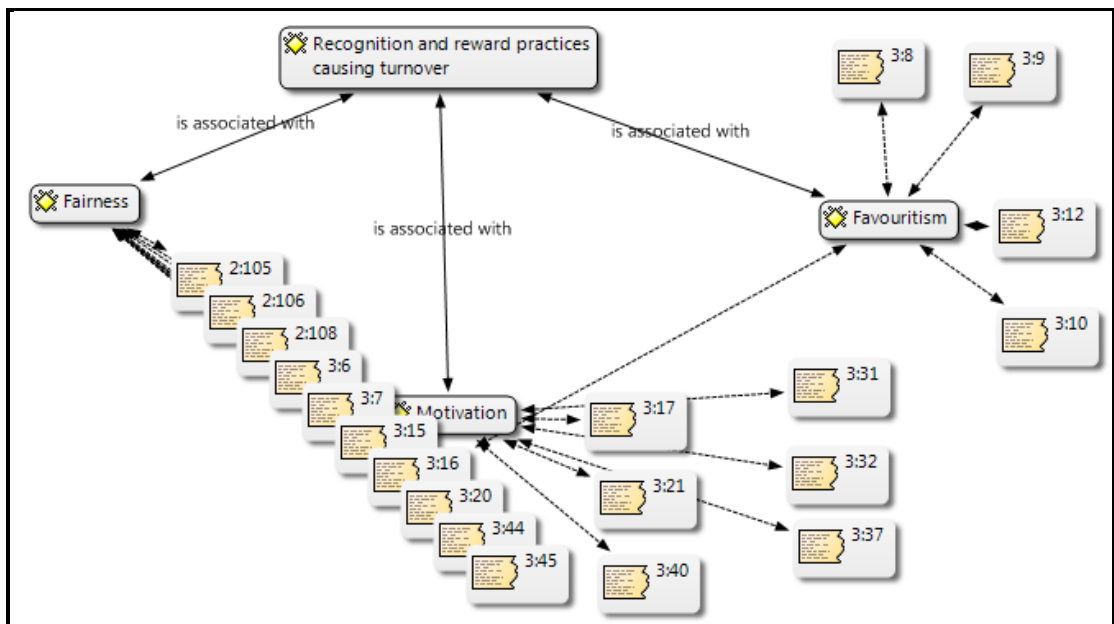
*Favouritism as promotion is given to those who do not deserve it [P.D.2.21]*

*Promote using merit and not age [P.D.2.6]*

There is a constructive association among promotion and job satisfaction (Baloch, 2009). Workers become more committed if there is an expectancy of a job promotion since it uplifts status and emoluments as suggested by Kosteas (2011). Where there is transparency in the way appraisals are done and as such are regular, then the need for upliftment to become committed is increased.

- **Recognition and reward practices**

There were three factors pertaining to recognition and reward practices in terms of turnover, namely, fairness, favouritism and motivation. Figure 4.5 depicts the data pertaining to these factors. The verbatim quotes for favouritism and motivation are indicated with their respective codes below.



**Figure 4.5:** Quotes on recognition and reward practices.

- **Favouritism**

Several responses in terms of favouritism are presented.

*No, it creates conflict among workers because everyone needs to be recognised and rewarded at the end of the day [3.6]*

*Well those in favour of reward practices stay but the ones at the disadvantage may feel they are unfairly treated [3.15]*

*Rewards are given to specific people because they are either friends with the matron [3.16]*

*Too much corruption as rewards are attached to buddies [3.20].*

*Many disadvantages as rewards are given to those close to the boss [ 3.44]*

*People are recognised by who they know and rewards are only given to those people. The rest of us are demotivated [3.45]*

*Yes it creates conflicts and favouritism [3:10]*

*No because the rest of the co-workers will feel bad and left out. Some people can be recognised many times than others it might be due to corruption [3.12],*

- **Motivation**

The following quotes were from respondents with regards to motivation.

*Employees not paid according to qualifications and experience [2.106]*

*Discrimination according to races, gender and other ethnic groups as well as religion [2.108]*

*They need good supervisors who encourage team work [1.28],*

*Yes it causes staff turnover because as a worker you are forced to work hard to get a reward e.g. increment [3.21]*

*It does because by giving reward/recognition practices it encourages staff to develop themselves and work very hard to earn more rewards [3.32]*

*Yes it motivates the nurses to do their work appropriately as they feel so empowered [3.37]*

Rambur et al. (2005), indicated that lack of recognition for different skills and competency levels in the work environment, neither by compensation nor in role differentiation, was a disincentive for nurses to improve their educational levels. Sullivan and Decker (1997) found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem.

- **Skilled managers**

Skilled managers are associated with improved working conditions, health facilities and factors causing staff to leave and are presented in Figure 4.6.



**Figure 4.6:** Quotes on skilled managers.

The following signified the ineffective management skills that exist in these healthcare centres.

*Place supervisors in departments that would do their job properly* [1.18]

*Improve the calibre of management* [P.D.1.12]

*They need good supervisors who encourage team work* [P.D.1.28]

*Create supportive working environment and fair supervision* [P.D.1.53]

*Adopt workforce management* [P.D.1.47]

*Place or recruit managers who are competent or provide training to the managers to run facilities properly* [P.D.1.37]

*Better management from unit managers* [2.26]

*Lack of etiquette toward staff members by managers* [2.87]

*Disorganised working environment* [2.94]

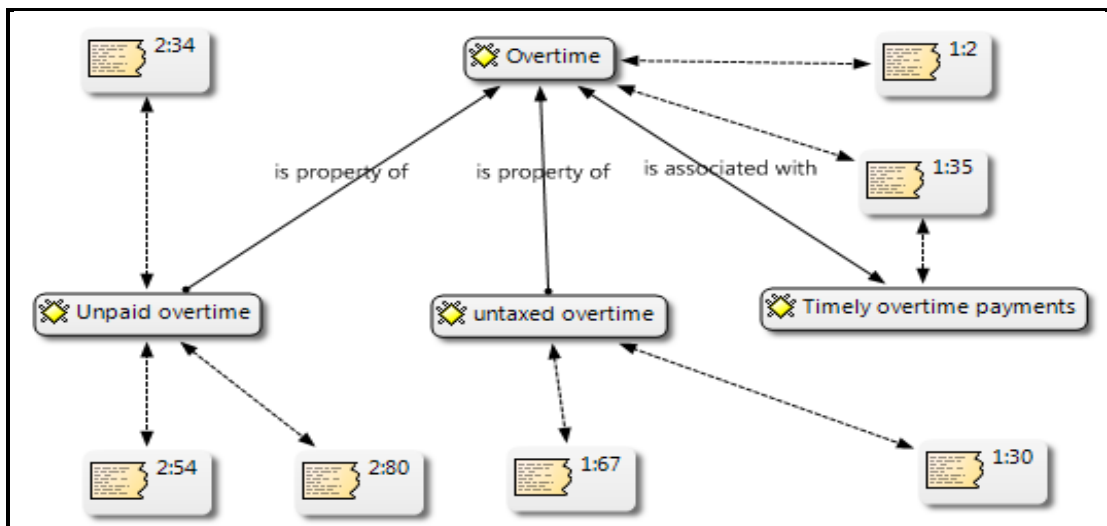
These findings are in harmony with those of O'Brien-Pallas, Duffield, and Hayes (2006), who state that there is a direct relationship between nurse turnover and the type of management. Poor supervision could arise within a work place when a supervisor is insensitive and incompetent. This could lead to job dissatisfaction which can further cause a high rate of nurses who were planning to leave their units since they could be less satisfied with their nurse manager when compared to nurses who reported an intent to stay with their current unit (Cohen, Stuenkel, & Nguyen, 2009; Stone et al., 2006).

The cause of workload in a way could have a bearing on managers' inability to plan. Workload could also be attributed to disequilibrium with nurse-patient ratios due to

turnover consequences. Satisfaction with workload is defined as a nurse's satisfaction with the type and number of activities that are accomplished as a regular part of the job (Stamps & Piedmonte, 1986). Available studies tend to indicate low satisfaction with workload by nurses (Gardulf, Orton, Eriksson, Unden, Arnetz, Kajermo, et al., 2008; Tinker, Sweetham, & Nelson, 2011; Rheingans, 2008).

- **Untaxed overtime**

The issue of overtime was associated with unpaid overtime, untaxed overtime, and timely overtime payments as depicted in Figure 4.7.



**Figure 4.7:** Quotes on untaxed overtime.

The quotes pertaining to overtime were as follows.

*Increase salary and pay overtime on time [P.D.1.2]*

*Increase salaries and reduce tax [P.D.1.67]*

*Don't tax overtime [P.D.1.30]*

*Health workers to get their overtime payments on time [P.D.1.35]*

*Unpaid overtime working hours and tight work load schedule [P.D.2.34]*

*Working overtime with no payment [P.D.2.54]*

The above indicate that working overtime to fill the gap of inadequate staff and not being paid on time, may lead to frustration and dissatisfaction which may result in turnover intentions. De Troyer (2000) contends that low job satisfaction levels can be imputed to the physical working conditions. While Olds and Clarke (2010) indicate that extended working hours, due to personnel shortages, affect health care delivered to patients.

#### **4.4.4 Objective 4**

The objective was to analyse the association of demographic data and the correlation/relationship of variables with each associated factor.

##### **4.4.4.1 The analysis of the association of demographic factors**

The analysis of the association of demographic factors to turnover covered gender salary distribution and age; marital status; gender and salary; tenure and marital status. These are presented and discussed below.

- **Gender, salary distribution and age**

The cross tabulation between gender, salary and age aimed to tabulate numbers that may provide insight as to what is the most likely salaries in particular age group and further look into the most affected gender group. It can be noted in Table 4.21 that the majority were females. However, gender was critical as the majority of the respondents in the entire sample were females. Nonetheless, the salary structure revealed that the majority received between N\$10, 000 and 20, 000 per month.

Table 4.21 shows that 17 females out of 46 respondents who were married received a salary of between N\$15, 000 and 20, 000 per month. The majority of the nurses who

were single (104 out of 172) received a salary of less than N\$ 10,000 and between N\$ 10, 000 and 20, 000.

**Table 4.21:** Cross tabulation of gender, salary and age

Age			Salary							Total
			10 000	10 000-15 000	15 000-20 000	20 000-25 000	25 000-30 000	30 000-35 000	>35 000	
21-30	Gender	M	9	4	5	2	1	0	0	21
		F	23	25	15	4	2	3	2	74
	Total		32	29	20	6	3	3	2	95
31-40	Gender	M	2	5	3	2	0	0	1	13
		F	4	9	9	4	1	1	0	28
	Total		6	14	12	6	1	1	1	41
41-50	Gender	M	0	3	3	0	3		1	10
		F	1	7	6	2	1		0	17
	Total		1	10	9	2	4		1	27
>50	Gender	M	2	2	1	0				5
		F	0	0	2	1				3
	Total		2	2	3	1				8
Total	Gender	M	13	14	12	4	4	0	2	49
		F	28	41	32	11	4	4	2	122
	Total		41	55	44	15	8	4	4	171

- **Gender, marital status, and salary**

In Table 4.22 the salary distribution and marital status can be an effective factor associated with nurse turnover in the sense that the majority of the nurses were relatively young and single. They therefore did not have many responsibilities such as families to take care of. They would be more likely to take a risk of migrating to other organisation in search of better job opportunities.

**Table 4.22:** Gender, marital status and salary distribution

Marital status			Salary							Total
			< 10 000	10 000-15 000	15 000-20 000	20 000-25 000	25 000-30 000	30 000-35 000	>35 000	
Married	Gender	M	2	5	3	2	2	0		14
		F	2	7	17	4	1	1		32
	Total		4	12	20	6	3	1		46
Single	Gender	M	9	7	6	2	1	0	2	27
		F	26	26	12	6	2	3	2	77
	Total		35	33	18	8	3	3	4	104
Divorced	Gender	M	1	1	1		0			3
		F	0	2	1		1			4
	Total		1	3	2		1			7
Living with Partner	Gender	M		1		0	1			2
		F		3		1	0			4
	Total			4		1	1			6
Others	Gender	M	1	0	2					3
		F	0	3	2					5
	Total		1	3	4					8
Total	Gender	M	13	14	12	4	4	0	2	49
		F	28	41	32	11	4	4	2	122
	Total		41	55	44	15	8	4	4	171

- **Gender, tenure and marital status**

Results in Table 4.23 revealed that out of 105 single nurses, 67 (64%) had worked for only three or less years and 32 (30%) had worked for between four to seven years. The low numbers of nurses working for more than eight years is a strong indicator that there was a huge turnover. In total 82 (48%) of the nurses had worked for less than three years, and 54 (31%) had worked for between four years and seven years.

**Table 4.23:** Cross tabulation between gender, tenure and marital status

Marital status			Tenure					Total
			0-3 years	4-7 years	8-10 years	10 years and above	5	
Married	Gender	1	2	6	2	3	1	14
		2	10	13	3	6	0	32
	Total		12	19	5	9	1	46
Single	Gender	1	15	10	1	1		27
		2	52	22	1	3		78
	Total		67	32	2	4		105
Divorced	Gender	1	1		1	1		3
		2	0		3	1		4
	Total		1		4	2		7
Widowed	Gender	1			0	2		2
		2			2	2		4
	Total				2	4		6
Living with partner	Gender	1	1	1	1	0		3
		2	1	2	0	2		5
	Total		2	3	1	2		8
Total	Gender	1	19	17	5	7	1	49
		2	63	37	9	14	0	123
	Total		82	54	14	21	1	172

- **Correlation /relationship of the variables of the associated factors to turnover**

Correlation attempts to depict relationship between variables in each associated factors. The Pearson coefficient of correlation is used to measure the strength of association between variables and to test for a linear relationship between two variables (Keller & Warrack, 2003). Correlations of 0.4 and above are considered to be significant (Utts & Heckard, 2007).

- **Company reward or compensation practices**

Table 4.24 depicts a correlation analysis on variables (items) on company reward or compensation practices. There was a significant correlation between WR and PGA ( $r = .583^{**}$ ) while a moderate correlation emerged between PGA and PPS ( $r =$

.42\*\*). There was no significant correlation between the other variables in this factor. This means that the strongly related variables are likely to collectively contribute more to the factor. SIA correlated poorly with the rest of the items and it had the lowest mean value.

**Table 4.24:** Correlation analysis on variables (items) on company reward or compensation practices

Correlations					
		1	2	3	4
[PPS]	3.06	1			
[PGA]	3.15	.422**	1		
[WR]	3.08	.207**	.583**	1	
[SIA]	2.96	0.082	0.146	.177*	1

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

\*. Correlation is significant at the 0.05 level (2-tailed).

- Item 1: My previous employer took pride in paying satisfactory salary [PPS].
- Item 2: My previous employer really cared about rewarding great achievements [PGA]
- Item 3: My employer valued the well-being of employees, in form of rewards [WR]
- Item 4: My employer strongly considered salary increase annually [SIA]

### • Training and development practices

In Table 4.25 there was a significant correlation between TPC and TPE ( $r = .65^{**}$ ), a strong association between TPC and SMT ( $r = .51^{**}$ ), a strong relationship between SMT and STP ( $r = .53^{**}$ ). There was a moderately strong correlation between TPC and STP ( $.46^{**}$ ) while a strong relationship existed between TPE and SMT ( $r = .50^{**}$ ). There was in general a significantly high correlation among all the variables which means that these items collectively measured training and development accurately. Only STP scored a mean of less than 3.00 meaning that, respondents had in general negative perception on this item.

**Table 4.25:** Correlation analysis variables (items) on training and development practices

Correlations						
	1	2	3	4	5	
[STP] 2.85	1					
[SMT] 3.18	.529**	1				
[TPE] 3.14	.484**	.499**	1			
[TPC] 3.06	.459**	.505**	.648**	1		
[GOA] 3.09	.358**	.307**	.402**	.372**	1	

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

- Item 1: Sufficient time was allocated for training in the previous job [STP]
- Item 2: Sufficient money was allocated for training [SMT]
- Item 3: Did the training plans developed, monitored for all employees? [TPE]
- Items 4: Training programmes were consistently evaluated. [TPC]

- **Promotional opportunities to the previous job**

There was a significant correlation between SEV and WEW ( $r = .688^{**}$ ), a significant association between WEW and CCO ( $r = .60^{**}$ ), a strong relation between SEV and CCO ( $r = .53^{**}$ ) as shown in Table 4.26. Finally, there was a strong correlation between PBA and GSP ( $r = .54^{**}$ ). OPL was correlated generally poor with the rest of the items and it had the lowest mean score of 2.32. This could imply that OPL measured something else or does not contribute effectively to measuring recognition factor.

**Table 4.26:** Correlation analysis variables (items) on training and development practices

Correlations						
	1	2	3	4	5	6
[GCP] 3.47	1					
[PBA] 3.24	.538**	1				
[OPL] 2.32	-0.070	0.081	1			
[CCO] 2.91	.344**	.303**	0.015	1		
[WEW] 2.72	.269**	.269**	0.012	.601**	1	
[SEV] 2.74	.286**	.250**	0.083	.529**	.688**	1

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

- Item 1: I had a very good opportunity for advancement in my previous job [ STP]

- Item 2: I had a good chance for promotion [ SMT]
- Item 3: Promotions were always based on my ability.[ TPE]
- Item 4: Opportunities for promotion were limited [TPC]
- Item 5: A work-supervisor cared about employees' well-being [ WEW]
- **Item 6:** A supervisor who considered employees' goals and values [SEV]

In Table 4.27 there was a significant correlation between SEV and WEW ( $r = .688^{**}$ ), a significant association between WEW and CCO ( $r = .60^{**}$ ), a strong relation between SEV and CCO ( $r = .53^{**}$ ). Finally, there was a strong correlation between PBA and GSP ( $r = .54^{**}$ ). OPL was correlated generally poor with the rest of the items and it had the lowest mean score of 2.32. This could imply that OPL measured something else or did not contribute effectively to measuring recognition factor.

**Table 4.27:** Correlation analysis on recognition factors from previous employer

Correlations						
	1	2	3	4	5	6
<b>GCP 3.47</b>	1					
<b>PBA 3.24</b>	.538**	1				
<b>OPL 2.32</b>	-0.070	0.081	1			
<b>CCO 2.91</b>	.344**	.303**	0.015	1		
<b>WEW 2.72</b>	.269**	.269**	0.012	.601**	1	
<b>SEV 2.74</b>	.286**	.250**	0.083	.529**	.688**	1

- Item 1: The company cared about employees' opinions [CCO]
- Item 2: A work-supervisor cared about employees' well-being [ WEW]
- Item 3: A supervisor who considered employees' goals and values [SEV]
- Item 4: Unsupportive workmates towards others' work [UWW]
- Item 5: A supervisor who considered employees' goals and values [SEV]
- Item 6: A work-supervisor cared about employees' well-being [ WEW]

- **Work-related stress in previous job**

In Table 4.28 on work-related stress in previous job, there was a significant correlation between UWO and UWW ( $r = .47^{**}$ ) while a significant correlation existed between CJM and HWN ( $r = .47^{**}$ ). In general, the correlations were weak, and the main scores were all less than 3. This reveals divergent perceptions on work-related stress in previous job.

**Table 4.28:** Correlation analysis on work-related stress in previous job

Correlations				
	1	2	3	4
<b>UWW 2.67</b>	1			
<b>HWN 2.81</b>	0.039	1		
<b>CJM 2.83</b>	0.066	.472**	1	
<b>UWO 2.84</b>	.470**	-0.007	0.073	1

**Item 1:** Health facility working hours were normal [HWN]

**Item 2:** Conditions within the job was manageable [CJM]

**Item 3:** Unsupportive workmates towards others' work [UWO]

**Item 4:** Unsupportive workmates towards others' work [UWW]

- ***Factors analysis of the statement associated with turnover***

The aim of this section was to analyse all statements (items) associated with turnover in order to found out how many different factors were needed to explain the pattern of relationships among the variables. The variables under a component define that construct while a variable with the highest commonality has more influence in the variation of the data.

What is the nature of those factors?

The nature of the factors attempts to explain the measured hypothetical construct as a whole. For example, recognition is not directly measured but it is through factors of variables that a hypothetical measured is established.

How well do the hypothesised factors explain the observed data?

This is expressed as the number of component extracted as shown in Table 4.29.

How much purely random or unique variance does each observed variable include?

The variables with eigenvalues greater than one and those with eigenvalues less than one were left out. From Table 4.29 it can be noted that component one accounted for

29% of the variances in the data, component two accounted for 8%, and component three accounted for 6%, as did component four. Components five and six accounted for about 5% each of the variances in the data; component seven accounted for about 4% as did component eight. In total there were eight components that accounted for 68% of the variances in the data.

**Table 4.29:** Total variance explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.549	29.036	29.036	7.549	29.036	29.036	3.024	11.630	11.630
2	2.189	8.417	37.454	2.189	8.417	37.454	2.834	10.900	22.530
3	1.632	6.277	43.731	1.632	6.277	43.731	2.548	9.799	32.329
4	1.509	5.802	49.533	1.509	5.802	49.533	2.424	9.323	41.652
5	1.390	5.348	54.881	1.390	5.348	54.881	1.990	7.652	49.304
6	1.291	4.965	59.846	1.291	4.965	59.846	1.874	7.209	56.513
7	1.151	4.426	64.272	1.151	4.426	64.272	1.694	6.515	63.029
8	1.008	3.877	68.149	1.008	3.877	68.149	1.331	5.120	68.149
9	.923	3.550	71.699						
10	.799	3.075	74.774						
11	.735	2.829	77.603						
12	.666	2.561	80.163						
13	.588	2.260	82.424						
14	.554	2.130	84.554						
15	.490	1.886	86.439						
16	.464	1.785	88.224						
17	.425	1.634	89.858						
18	.414	1.591	91.450						
19	.382	1.470	92.919						
20	.335	1.288	94.207						
21	.304	1.170	95.378						
22	.285	1.096	96.473						
23	.257	.987	97.460						
24	.234	.899	98.359						
25	.223	.859	99.218						
26	.203	.782	100.000						

Extraction Method: Principal Component Analysis.

**Table 4.30: Rotated component matrix**

	Component							
	1	2	3	4	5	6	7	8
PPS				.796				
PGA				.434	-.420			
WR		.580						
SIA						.596		
STP			.746					
SMT			.734					
TPE			.539					
TPC			.718					
GOA		.720						
GCP		.796						
PBA		.691						
OPL							.557	
CCO				.604				
WEW	.510			.521				
SEV	.628							
UWW					.727			
HWN						.751		
CJM						.667		
UWO					.775			
NSP				.562				
MES	.693							
MPM	.790							
MRW	.644							
SHW							.786	
EIP							.636	
EPF								.879

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 8 iterations.

As shown in Table 4.30 component one consists of five items namely MPM (.79), MES (.69), MRW (.644), SEV (.63), and WEW (.51). From component one, MPM with a score of .79 had the highest score meaning that it had the most influence to the rest of the items in that component. Component two comprised GCP (.80), GOA (.72), and PBA (.58). GCP, with a score of .80 was the highest influencer of

component two. Component three consists of STP (.75), SMT (.73), TPE (.54), and TPC (.72). It can be noted that the item STP was the most influencer of component three with a score of .75. Component four had PPS (.80), PGA (.43), CCO (.60), WEW (.52) and NSP (.56). Item PPS was the leading member of component three at .80 score. Component five had UWW (.73) and UWO (.76) as the only members. UWO was the leading variable with a score of .76. Component six consisted of SIA (.60), HWN (.75) and CJM (.67) as its members. HWN was the leading variable with a score of .75. Last was component seven with OPL (.56), SHW (.79) and EIP (.64) as its members. The leading item was SHW at .79.

It can be deduced that managers encouraging participative management (MPM) was the greatest influencer of factors affected by staff turnover. This influence factor was followed by: sufficient time being allocated for training in the previous job (STP); my previous employer took pride in paying satisfactory salary (PPS); the respondents strongly agreed that they were unsupportive workmates towards others' work (UWO); the respondents strongly agreed that health facility working hours were normal (HWN); and a safe and happy workplace made employees feel good about being there (SHW).

#### **4.5. SUMMARY**

This chapter presented the findings from the data analysis for each of the four objectives. There was a strong concordance between the findings from the quantitative closed-ended questions and the qualitative open-ended questions. Factors such as poor remuneration, lack of skilled managers, delayed and taxed overtime payments, lack of recognition figured prominently in the qualitative aspect

of the study. The next chapter covers the conclusions, limitations, recommendations, and contributions of the study.

## **CHAPTER 5**

### **DISCUSSIONS, CONCLUSIONS, LIMITATIONS, RECOMMENDATIONS AND CONTRIBUTIONS OF THE STUDY**

#### **5.1. INTRODUCTION**

The previous chapter outlined the results of this research. This chapter discusses the quantitative and qualitative research findings as presented in the results (chapter four) It was expected that the analysis of the results displayed in the previous chapter would allow the researcher to gain a deeper understanding of the factors that are related to turnover among nurses in the public health institutions in the Khomas Region in Namibia. This was in order to meet the four objectives listed in Chapter 1. Conclusions, limitations, recommendations and contribution of the study, based on the analysis and discussions, are also presented.

#### **5.2. DISCUSSIONS**

The discussions are largely based on the study objectives since the aim was to determine the factors associated with turnover among nurses in public health facilities in the Khomas Region. Two hundred and forty questionnaires were distributed and 172 (72%) response rate were completed and returned. Welman, Kruger and Mitchell (2005) maintain that the response above 50% is sufficient to obtain meaningful statistical analysis and to obtain acceptable results.

##### **5.2.1 Demographic factors (objective 1)**

These were: age, gender, professional qualifications, and marital status and tenure. Findings of this study revealed that the majority of the respondents were females.

This is in line with a study conducted by Gardham (2001) who stated that female nurses are more predominant in public health institutions.

Females dominated the number of the respondents in the sense that historically nursing has been a female dominated profession. The results of the questionnaire show that this trend has not dramatically increased in recent times.

The researcher found that the respondents age range of those between 21-30years (55.8%) were in the majority while 23.8% were in the age group 31-40 years. This finding shows that the majority of the nursing staff were relatively young and could easily move to another place of work which is in line with previous studies conducted in Ethiopia, by Engeda, Birhanu and Alene (2014), which indicated that older nurses have more of a desire for stability as they approach their retirement age and that the prospect of a retirement income is important to improving their quality of life and of their family.

The majority of the respondents were single (61%) as compared to those who were married (27%). This finding conforms to a study done by Orly et al. (2012) who found that unmarried nurses were 1.7 times more likely to change workplaces than married nurses. However, these findings contrasts with Cavanagh (1992) who suggested that kinship responsibilities involving home obligations, children, spouses, and aging parents, affect the work and turnover habits of nurses, possibly warranting change in the work environment. The findings on income levels of the respondents showed that the majority (32%) earned between N\$10,000-N\$15,000 per month. While those earning between N\$15000-N\$20,000 accounted for 26%. These low bracket salary scales could contribute to nurses leaving the public health sector for

attractive salaries in the private health care sector (Wang, Tao, Ellen Becker & Liu, 2012).

The education levels of the respondents were skewed: 31% had obtained diplomas, 40% had degrees, and only (2%) had master's degrees. The results reflect that most (40%) of the respondents were highly educated. Literature supports that those who are more educated have a better leverage for bargaining for better salaries and reasons to leave when not satisfied. These findings are similar to those of Garrosa, Moreno-Jimene, Liang and Gonzalez (2008) who found that nurses with a higher level of education have a greater tendency to leave their workplace for one that enables professional development and advancement.

In terms of the relationship of gender and salary, the majority of the respondents were females and the salary structure revealed that the majority of these nurses received an income between N\$10,000 and N\$20,000 per month. In fact the majority of the nurses who were single (104 out of 172) received a salary of less than N\$10,000 and between N\$10,000 and N\$20,000. Salary distribution and marital status can be an effective factor associated with nurse turnover in the sense that since the majority of the nurses were relatively young and single, they did not have many responsibilities such as families to take care of. They would be more likely to take a risk of migrating to other organisation in search of better job opportunities. It is thus more likely that age and marital status played a critical role in turnover of the nurses. According to Gray and Phillips (1994) turnover rates increase when young and single nurses exit from a health care sector compared to those who are close to retirement.

### **5.2.2 Associated factors (objective 2)**

Objective 2 relates to Part 2 of the questionnaire. Respondents answered questions on contributing factors that led them to leave their previous jobs in public health facilities.

With regards to company reward and compensation practices, the respondents agreed positively to all statements, an indication that reward and compensation practices were in place. The mean and standard deviation relating to the company rewards and compensation score range was 2.96 to 3.08. However, the results also showed slight variation in the standard deviation with the highest deviation recorded in the statement: my previous employer really cared about rewarding great achievements. The highest standard deviation was 1.296 while the lowest was 1.195. These findings seem strange, but this might be a reflection of a compensation system that might not be satisfactory to the respondents. These findings are similar to those of Taylor (2010), namely, that if a firm's compensation system is viewed as inadequate, top applicants may reject that company's employment offer, and current employees may choose to leave an organisation leading to high turnover. Mohamad (2006) also contends that pay dissatisfaction is a predictor of absenteeism and turnover.

Regarding training and development practices, the respondents agreed with all statements, while they disagreed with the statement relating to sufficient time allocated for training in the previous job (see Table 4.8). This finding could indicate that the respondents could not attend to trainings and development practices although sufficient money was allocated for training. The highest standard deviation was 1.232 while the lowest was at 1.105, indicating divergent views on the statements. The findings are in harmony with those of Armstrong (2005), who asserts that

dissatisfaction with career prospects is a major cause of employee turnover. Sullivan and Decker et al. (2005) opine that today's nurses want to have challenging careers that offer opportunities for growth and advancement. Yin and Yang (2002) found that the strongest organisational factors related to nurse turnover intentions, were, lack of internal promotion and career advancement opportunity. However, despite increased funding for career development by government to increase the supply of nurses and improve healthcare services, there is a propensity to lose the trained nurses to private sector thereby losing the massive investments (Dovlo, 2007).

On promotional opportunities in the previous job, the highest mean was 3.47 while the lowest was 2.32. The highest standard deviation was 1.352 and the lowest was 1.223. The respondents disagreed with statements relating to promotional opportunities revealing that there were no chances of promotion for them in the public health facilities. The findings are similar to those of Kosteas (2011) who contends that nursing staff become more committed if there is an expectancy of a job promotion since it uplifts status and emoluments.

On recognition factors related to previous employer, the majority of the respondents disagreed with all the statements with regards to recognition factors (see Table 4.11). This may confirm that recognition is one of the major factors contributing to turnover in the public health facilities. This is in line with Rambur et al. (2005) who indicated that lack of recognition for different skills and competency levels in the work environment, neither by compensation nor in role differentiation, was a disincentive for nurses to improve their educational levels. Sullivan and Decker (1997), found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem.

Work-related stress was found as one of the most contributing factors to turnover: the majority of the respondents were not in agreement that health facility hours were normal, conditions within the job were manageable, and there were supportive workmates towards others' work. This point reveals that respondents did suffer work-related stress they disagreed with these statements. This is in support with Olds and Clarke (2010) who indicated that extended working hours due to personnel shortages affect health care delivered to patients

On the leadership relationship factors, the findings show a highest mean of 2.78, indicating that respondents disagreed with statements relating to positive perceptions of workplace relationship empowerment of subordinates, encouraging participation, and recognition of good work According to Bommer, Rubin and Baldwin (2004) leadership has a direct influence on intention to leave. The finding with regard to work environment factor at previous employment, the highest mean was 3.26 and lowest at 2.52. Respondents agreed with the statement relating to the fact that employees work close to home and family; they disagreed with statements relating to the health care institution providing a safe and happy workplace and that each employee is given importance and security to motivate them. These findings are in concert with those of Pardey (2007), who contends that lack of administrative support precipitates an employee's intentions to quit. Dieleman and Harnmeiyer (2006) too state that working conditions contribute to staff turnover intentions.

For the factors relating to retaining nursing, staff training and work environment, the study revealed that the highest scored factor was the presence of other health workers (e.g. doctors, pharmacists, radiographers, etc.) mean of 6.36 and a sum score of 1068 as indicated in Table 4.19. This is thus an indicator that nurses are interdependent with doctors, pharmacists, radiographers and other health workers; therefore prefer

their presence as they perform their duties. The lowest factor was the statement of providing transport to work place with a mean of 3.94 and a corresponding sum score of 618. However, this could be due to the factor that most employers stay close to their homes or drive themselves to work. Other perceived factors were allocating staff according to qualification (mean 6.21), provide safe work physical environment (mean 6.02), provide pleasant social environment (mean 6.18), flexible working hours (mean 6.10), and provide updated technological equipment (mean 6.14).

The role of recognition/staff reward on nursing staff turnover in terms of annual bonus, performance bonus, performance award, performance award bonus, simplified criteria for promotion and publicise acknowledgement of achievement related to the aims and objectives of the study. The findings revealed that in terms of the role of recognition and reward for staff turnover, 83% of respondents agreed with the statement that annual bonus had an effect on staff turnover, while 13% disagreed. On performance bonus, 39% agreed and 57% did not agree. Regarding performance award (certificate), a total of 45% agreed and 55.2% disagreed with the statement. Relating to simplified criteria for promotion 41% agreed and 56% did not agree with the statement. On the issue of simplified criteria of promotion, 53% agreed with the statement and 44% disagreed. On the need to publicise acknowledgement of achievements, 45% agreed and 48% did not agree. The findings are similar to those of Sullivan and Decker (1997), namely that participants need more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem.

### **5.2.3 Opinions of the respondents (objective 3)**

The main themes that emerged were salary increase, overtime, promotion on merit, recognition and reward practices, favouritism, motivation, and skilled managers. The

issue of salary received more support as noted from the quotes. The problem of salaries appears to be the main area of concern. Ozdemir (2009) suggest that rewards are an essential of job satisfaction since they meet the needs and wants of the working individual. When salaries are perceived to be low in a particular economic dispensation, workers tend to balance the disequilibrium by leaving the organisation for greener pastures.

According to many researchers, a constructive relationship exists between the pay which one gets and job satisfaction. Maurer (2001) states that, rewarding workers equitably for service rendered is one of the key factors to job satisfaction. However, apart from poor salary increases being a factor that might have caused nurses to leave public institutions, working long hours and unpaid overtime could have contributed to this turnover. The response on working hours showed that 91 nurses disagreed that the public sector had normal working hours and only 59 agreed. This goes further to be supported by the opinions of respondents who voiced that even if they worked for long hours they were rarely remunerated. Working overtime to fill the gap of inadequate staff and not being paid on time, may lead to frustration and dissatisfaction which may result in turnover intentions. The cause of workload in a way could have a bearing on the inability to plan by the managers. Workload could however be attributed to disequilibrium on the nurse-patient ratios due to turnover consequences. Satisfaction with workload is defined as a nurse's satisfaction with the type and number of activities that are accomplished as a regular part of the job (Stamps & Piedmonte, 1986). Available studies tend to indicate low satisfaction with workload by nurses (Gardulf, Orton, Eriksson, Unden, Arnetz, Kajermo, et al., 2008; Tinker, Sweetham, & Nelson, 2011; Rheingans, 2008). De Troyer (2000) contends that low job satisfaction levels can be imputed to the physical working conditions.

The mentioned grievances above can also be tied to motivation. The study further revealed that the public institutions nurses are not motivated. This is supported by the responses which came out when asked if promotions or working conditions were manageable. The response that came out frequently from the respondents was: provide flexible working hours and promotions must be based on merit.

The results from Part 2 of the questionnaire also support this. The general consensus was that nurses had limited opportunities for advancement or being promoted by their previous employer. Statistics on promotion on merit reflected that only 32% agreed that promotion was based on their abilities as compared to 46% who disagreed (Table 4.9). However, respondents had differing opinions of this issue. Certificate holders who had worked for many years wanted promotion to be based on experience and not qualification. Diploma and degree holders preferred that promotion should be based on merit.

In the study respondents also brought in the issue of favouritism on promotion opportunities. They gave an opinion that the government should interview candidates for promotion to avoid favouritism and that promotion should be given to those who deserve it. Literature supports both the generalised and purposive data in relation to promotion and favouritism. Baloch (2009) substantiates this by asserting that ‘unfair promotion tendencies that were blighted by favouritism and nepotism are a contributor to nursing turnover.’ The findings are in line with those of Baloch (2009) who asserts that there is a constructive association among promotion and job satisfaction. Workers become more committed if there is an expectancy of a job promotion since it uplifts status and emoluments as suggested by Kosteas (2011).

Lack of recognition reduces morale and motivation on nurses' performance which may culminate into quit intentions. The findings are in harmony with those of Rambur et al. (2005), who indicated that lack of recognition for different skills and competency levels in the work environment, neither by compensation nor in role differentiation, was a disincentive for nurses to improve their educational levels. Sullivan and Decker (1997), found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem.

With regards to leadership relations, the respondents felt that managers lacked competence as reflected by their varied responses. These findings are in harmony with those of O'Brien-Pallas, Duffield, and Hayes (2006), who state that there is a direct relationship between nurses' turnover and the type of management.

Poor supervision could arise within the work place when a supervisor is insensitive and incompetent and this could lead to job dissatisfaction which can further cause a high rate of nurses who were planning to leave their units. They were less satisfied with their nurse manager when compared to nurses who reported an intent to stay with their current unit (Cohen, Stuenkel, & Nguyen, 2009; Stone et al., 2006). Causes of nurses staff turnover are also discussed by other authors (Parker, 2005, van Zyl, Dalglis, du Plessis, Lues & Pietersen, 2013).

The findings regarding poor working environment as a precursor to nursing turnover is in concert with De Troyer (2000) who contends that low job satisfaction levels can be imputed to the physical working conditions. Olds and Clarke (2010) indicate that extended working hours, due to personnel shortages, affect health care delivered to patients.

#### **5.2.4 Associations of the demographic data and correlations/ relationships of variables of each associated factors (objective 4)**

As noted earlier, the majority of the respondents was females which are a common trend everywhere, and is not based on sampling criteria. The study as stated earlier revealed that the salary distribution and marital status can be an effective factor associated with nurse turnover in the sense that the majority of the nurses were relatively young and single; therefore did not have many responsibilities such as families to take care of. They would be more likely to take a risk of migrating to other organisations to look for better job opportunities.

Furthermore, the study revealed a strong correlation between marital status and movement which is tied to tenure. Regardless of gender, single respondents only stayed in the public sector from 0 to 7 years. A total of 99 single respondents fell into the periods of tenure of 0-3 years and 4-7 years as shown in Table 4.23. During the same tenure periods, 31 married respondents left the public sector, and five left after 8 years.

Correlation attempts to depict relationship between variables in each associated factors. Although correlation does not mean causality, it helps to identify parts of associations in the data that can be used to answer certain questions. When items are highly correlated, it implies that an increase (positive or negative) on one item results in an increase of the other. In terms of intervention, it means that making improvements on one item may directly or indirectly cause improvement on the other. Correlations can provide enough information to address objectives that are sound in the sense that confidence intervals are also stated with the levels of correlation. Correlations further help to reduce the number of items to a few that can be easily

managed and henceforth address research questions or provide platform for further detailed analysis.

The study revealed that on company reward or compensation practices, there was a significant correlation between the variables ‘my employer valued the well-being of employees in the form of rewards’ and the variable ‘previous employer really cared about rewarding great achievements’ ( $r = 0.58^{**}$ ). This shows that rewarding great achievers (employees) increased their perception of being valued and the prospects of their well-being. Well-being of employees has a bearing on their life in general and thus can determine whether they want to remain in the company or not. A moderate correlation emerged between the variable ‘previous employer really cared about rewarding great achievements’ and ‘previous employer took pride in paying satisfactory salaries’ ( $r = 0.42^{**}$ ). This implies that although the previous employer rewarded great achievements, there was not much practical impression the employer took pride in paying satisfactory salaries, which could compromise trust, henceforth demotivate workers to stay on the job for longer. Ozdemir (2009) pointed out that rewards are an essential part of job satisfaction. There was no significant correlation between the other variables in this factor. This means that the strongly related variables are likely to collectively contribute more to the factor. The variable my employer strongly considered salary increase annually correlated poorly with the rest of the items and it had the lowest mean value. This simply means, in the Khomas region such variables may be more of influencer variables that may even be more effective if they were placed in another factor. This part is dealt with in factor analysis later in the chapter.

In terms of training and development practices, there was a significant correlation between the variable “training programmes were consistently evaluated” and the

variable “was the training developed monitored for all employees?” ( $r = 0.65^{**}$ ). There was a strong association between training programmes were constantly evaluated and sufficient money was allocated for training ( $r = 0.51^{**}$ ). This result illustrates that funding for training and evaluation of training programmes were in place, however, this alone could not persuade nurses to stay on the job for long. These programmes could have been perceived as higher order needs that may not be necessary for most of the younger nurses. More pressing challenges such as payments for over time and recognition could have had more impact on staff retention. For example, Sullivan and Decker (1997), found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self-esteem.

A strong relationship between the variables: “sufficient money was allocated for training” and “sufficient time was allocated for training in the previous job” ( $r = 0.53^{**}$ ) was found significant. The study further revealed a moderate strong correlation between variables training programs were consistently evaluated and sufficient time was allocated for training in the previous job ( $0.46^{**}$ ). In addition, a relationship ( $r = 0.50^{**}$ ) existed between responses to the questions on whether the training plans developed were monitored for all employees, and whether sufficient money was allocated for training. Although these were considered a great development, nurses may have felt that development programmes were not top priority in terms of job satisfaction. Recognition factors from previous employer showed a significant correlation between the variables: “a supervisor who considered employees’ wellbeing” and “work supervisor cared about employee’s well-being” ( $r = 0.68^{**}$ ). Furthermore, a significant association between the variables: “a work supervisor cared about employee’s wellbeing” and “the company cared about

employees' opinions" ( $r = 0.60^{**}$ ) was revealed. There was also a strong relation between the variables: "a supervisor who considered employee's goals and values" and "the company cared about employees' opinions" ( $r = 0.53^{**}$ ). The role of a supervisor is critical to the day to day feeling and well-being of employees. Workers usually run away from supervisors and not necessarily from the company. These findings once again point to O'Brien-Pallas, Duffield, and Hayes (2006), who stated that there is a direct relationship between nurses' turnover and the type of management.

There was a strong correlation between the variables: "promotions were always based on my ability" and "I had a good chance for promotion" ( $r = 0.54^{**}$ ). If workers perceived that promotions were based on merit, they would most likely find it worthwhile attempting to work hard knowing that their contribution will be recognized and rewarded. In the absence of this, workers will only work to keep their jobs and leave whenever there was an opportunity to. Employees seek recognition in what they do as Sullivan and Decker (1997), purported that participants need more recognition to satisfy their needs for reputation and self-esteem. The variable: "opportunities for promotion were limited" was correlated generally poor with the rest of the items and it had the lowest mean score of 2.32. This could imply that opportunities for promotions were limited measured something else or did not contribute effectively to measuring recognition factor. Furthermore, on work-related stress in the previous job, there was a significant correlation between the variables unsupportive workmates towards other's work and the statement a supervisor who cared about employees' wellbeing ( $r = 0.47^{**}$ ). A significant correlation existed between the statement conditions within the job was manageable and health facility working hours were normal ( $r = 0.47^{**}$ ). In general, the correlations were weak, and

the main scores were all less than 3. This reveals divergent perceptions on work-related stress in the previous job. Although correlation does not mean causality, they reveal relationships that are important for intervention. For instance, if a supervisor was perceived to care about the well-being of nurses, then nurses were more likely to perceive the workplace as supportive and caring which in turn may affectively motivate them to do more.

### **5.3. CONCLUSIONS**

The conclusions are based on the analysis of the data obtained from a structured questionnaire that was completed by nurses who resigned from public health facilities in the Khomas Region, Namibia. The conclusions are presented according to the objectives of the study.

The study revealed that demographic factors such as gender, age, marital status, tenure, and educational level contributed to turnover. The young and single constituted the majority of respondents and were in the lower end of the income brackets. All respondents were educated with a minimum qualification of a certificate; while the highest qualification was a master's degree. Furthermore, the study revealed that the majority of the respondents rarely remained in the public sector after 10 years. More single respondents moved mostly between 0 and 3 years compared with the other respondents.

In addition to demographic factors, it was further concluded that the respondents were dissatisfied by the reward or compensation schemes hence it could have been the reason for them leaving the public health facilities. Poor leadership relationships factors had a significant relationship with turnover. The respondents agreed that management support and supervision was not adequate and effective. Interpersonal

relations were not excellent. Work-related stress was due to long working hours and unsupportive workmates towards others' work. Finally respondents complained about the working environment which failed to provide a safe and happy working environment.

The study revealed a strong concordance between the findings from the quantitative closed-ended questions and the qualitative open-ended questions. Respondents were given an opportunity to further express themselves on three questions. Factors such as poor remuneration, lack of skilled managers, lack of recognition, delayed and taxed overtime payments, lack of recognition, figured prominently in the opinions of the respondents.

The respondents felt that there is need to increase salaries in public health sectors, and that overtime should not be taxed and should also be given in time. They felt that promotion should be based on experience as well as merit and not merely on favouritism. According to the respondents, there is need for competent managers who possess good managerial skills to achieve teamwork among nurses, and to create supportive working environment, provide fair supervision and respect nurses fairly, while avoiding favouritism.

#### **5.4. LIMITATIONS**

All research studies have limitations and this study is no exception. This study was cross-sectional in nature which limits making causal inferences on nurse turnover in Namibia. Time was also major limiting factor due to the unavailability of some nurses to participate in the study citing other commitments. Obtaining a sample size representative of the population in question was therefore difficult and the researcher

had to extend time by an extra two weeks to enable respondents to respond when it was convenient.

Another limitation was reaching respondents because most of them had moved out of the region under study. To overcome this, the researcher employed triangulation of data collection methods. Apart from sourcing information from nurses who had resigned from the public health facilities human resources department, the researcher also obtained information from the Nurses Council of Namibia.

## **5.5. RECOMMENDATIONS**

The recommendations are based on three functions of nursing: management, education, and research.

### **5.5.1 Management**

Improving managerial performance should be at the forefront of any initiative focused on decreasing nurse turnover. This requires providing managers with knowledge, tools, and time needed to engage nurses around critical workplace issues that drive turnover. The researcher makes the following recommendations to the management of MoHSS.

- **Remuneration/ salaries:** The remuneration levels were a concern to most of the respondents. These findings were also confirmed by those who have left the public health sector for alternative jobs. Management should elicit government to review the remuneration packages so that they are commensurate with those that are paid in private hospitals and within the SADC region. There is a need to benchmark with other health care organisations in order to arrive at an equitable salary range. This could reduce turnover.

- Management should clearly communicate work expectations to nurses, providing information showing nurses' performance relative to their work goals, and giving nurses the opportunity to engage in conversations with leaders on ways to improve performance and to increase nurses' sense of autonomy and control over their work. These managerial practices also should reduce stress-related turnover caused by role ambiguity.
- The health care sector needs to introduce exit interviews to determine what is causing the turnover and make efforts to rectify the causes. This would assist management to retain nursing staff and reduce both recruitment and training costs. Regular surveys should be undertaken to also assist in detecting problematic issues affecting the nursing staff.

### **5.5.2 Education**

This study revealed lack of training and development practices for nurses in the public health facilities. To address this, the following recommendations are presented.

- Strengthen orientation and training of new employees so that they can be clear about what is expected of them and that positive feedback is given for job well done in order to avoid turnover.
- Stress management programmes should be made available for staff members by conducting regular staff meetings where nurses can contribute their views, offer flexible staffing arrangements, and by providing regular in-service/education programmes which would enable staff to stay abreast of changes in healthcare.
- The study revealed a lack of teamwork. A platform should be created to encourage team building in order to establish better communication and problem-solving between and within different teams. MoHSS should include in their

budgets team building activities. This can encourage the nursing staff to avoid quit intentions from the healthcare institutions. There should be programmes to assist staff to cope with their work and expectations.

- Several methods can be used to provide and maintain continuing education among staff members such as small-group activities in which staff members of the same unit share interesting clinical experiences or other topics of mutual interest with staff members of another unit. This may inspire some nurses to further their educational training and may encourage others to read relevant nursing literature to extend their knowledge. Programmes could be planned with other healthcare services in the community with the aim of giving staff members an insight into new techniques. Institutions should support individual programmes for continuing education, such as degree courses at universities and correspondence or college courses relevant to nursing. In addition, there is a need to support attendance of workshops, seminars, conferences in order to develop staff.
- Management should ensure that employees with appropriate qualifications and experience are available when the organisation requires service in order to improve the quality of employees when they get the opportunity to progress in their careers. Career development should reduce turnover as employees would probably decide to stay instead of seeking greener pastures outside the organisation.

### **5.5.3 Further research**

The study only focused on nurse turnover in public health facilities in the Khomas Region. Nurse turnover seems to be a national problem in Namibia. Therefore, studies need to be undertaken in all the regions in Namibia to find out the extent to

which nurse turnover varies from one region to another and seek solutions that can help the entire country. Further research should be conducted using in-depth interviews to further explore the factors associated with nurse turnover in public health facilities.

## **5.6. CONTRIBUTIONS OF THE STUDY**

Based on the findings of the study it is suggested that this study contributed to the body of knowledge, service providers, and the nursing profession.

### **5.6.1 Body of knowledge**

According to the literature search, no study exists that focuses on factors affecting nursing staff turnover within the Khomas Region of Namibia. Understanding of the challenges associated with turnover among nurses provides a baseline for other researchers relating to turnover of nurses in the country.

### **5.6.2 Service providers**

The study should inform and assist MoHSS, policy-makers and healthcare center management to use the results for follow-up organisation improvement initiatives and to establish a baseline for future assessments in its pursuit to retain nursing staff which should result in better service delivery and improved patient satisfaction.

### **5.6.3 Nursing profession**

The study provides useful information on the factors that public health management should address in order to curb the exodus of nurses from the sector. In addition, the study contributes to the body of knowledge and literature relating to nurse turnover.

## **5.7. SUMMARY**

This chapter represents the last part of this study. The research findings were discussed and concluded. Limitations encountered during the study were revealed. Furthermore, the recommendations based on the three functions namely management, education and research were presented. Finally the chapter discussed the study's contributions to the body of knowledge, service providers and nursing professions.

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## ANNEXURES

### ANNEXURE A: PERMISSION LETTER FROM UNIVERSITY OF NAMIBIA



#### ETHICAL CLEARANCE CERTIFICATE

**Ethical Clearance Reference Number: SONPH/128/2016**

**Date: 5 December, 2016**

This Ethical Clearance Certificate is issued by the University Of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

**Title of Project:** Factors Associated with the Turnover Among Nurses in Public Health Facilities, Khomas Region

**Nature/Level of Project:** Masters

**Researcher:** E. S. Shava

**Student Number:** 200838687

**Faculty:** School of Nursing and Public Health

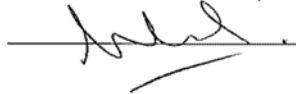
**Supervisors:** Dr. H. Amukugo (Main) Dr. L. Pretorius(Co)

Take note of the following:

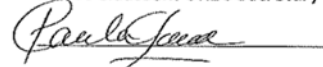
- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
  - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected, request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Prof P. Odonkor: UREC Chairperson



Ms. P. Claassen: UREC Secretary



**ANNEXURE B: CLEARANCE CERTIFICATE UNIVERSITY OF NAMIBIA**



**ETHICAL CLEARANCE CERTIFICATE**

**Ethical Clearance Reference Number: SONPH/128/2016**

**Date: 5 December, 2016**

This Ethical Clearance Certificate is issued by the University Of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

**Title of Project:** Factors Associated with the Turnover Among Nurses in Public Health Facilities, Khomas Region

**Nature/Level of Project:** Masters

**Researcher:** E. S. Shava

**Student Number:** 200838687

**Faculty:** School of Nursing and Public Health

**Supervisors:** Dr. H. Amukugo (Main) Dr. L. Pretorius(Co)

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
  - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected, request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Prof P. Odonkor: UREC Chairperson

A handwritten signature in black ink, appearing to be "P. Odonkor", written over a horizontal line.

Ms. P. Claassen: UREC Secretary

A handwritten signature in black ink, appearing to be "P. Claassen", written over a horizontal line.

**ANNEXURE C: PERMISSION LETTER FROM MINISTRY OF  
HEALTH AND SOCIAL SERVICE NAMIBIA**



**REPUBLIC OF NAMIBIA**

*Ministry of Health and Social Services*

Private Bag 13198  
Windhoek  
Namibia

Ministerial Building  
Harvey Street  
Windhoek

Tel: 061 – 203 2562  
Fax: 061 – 222558  
E-mail: [hnangombe@gmail.com](mailto:hnangombe@gmail.com)

**OFFICE OF THE PERMANENT SECRETARY**

**Ref:** 17/3/3

**Enquiries:** Dr. H. Nangombe

**Date:** 11 May 2017

**Ms. Eusebia S. Shava**  
University of Namibia  
P. O. Box 25103  
Windhoek  
Namibia

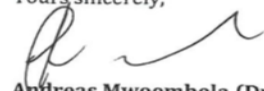
Dear Ms. Shava

***Re: Factors associated with turnover among nurses in public health facilities Khomas region***

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
  - 3.1 The data to be collected must only be used for academic purpose;
  - 3.2 No other data should be collected other than the data stated in the proposal;
  - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

- 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
- 3.5 Preliminary findings to be submitted upon completion of the study;
- 3.6 Final report to be submitted upon completion of the study;
- 3.7 Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,

  
Andreas Mwoombola (Dr)  
Permanent Secretary



*"Health for All"*

**ANNEXURE D: PERMISSION LETTER CATHOLIC HOSPITAL**

ROMAN CATHOLIC HOSPITAL WINDHOEK  
NURSING SERVICE MANAGER  
P.O. BOX 157, TEL: 2702015, FAX: 2702034  
[bshipanga@rchna.org](mailto:bshipanga@rchna.org)

06 JULY 2017

Dear R/N Shava

**Re.: Research on factors associated with Turnover among Nurses in  
Public Health facilities**

The above was supposed to be scrutinized by the Ethical Committee, but the Committee is not fully functional.

We hereby grant you permission to conduct the above research. The following aspects must be taken in consideration:

1. The research is only for study purposes.
2. All data to be treated confidential

Yours faithfully

  
Sr. Bernadette Shipanga  
Nursing Service Manager

CC.: Sr. Sarah Gocela OSB  
Administrator

Roman Catholic Hospital  
Nursing Service Manager  
Tel: 061-2702015 Fax 2702039  
Box 157 Windhoek / Namibia

## **ANNEXURE E: CONSENT FOR RESPONDENTS**

My name is Eusebia Shava, a health professional working for Roman Catholic Hospital in Khomas Region. I am conducting a study on factors associated with the turnover among nurses in public health facilities, Khomas Region. You have been selected by chance to participate in this study. Although the study will not benefit you directly, it will provide information that might enable the Ministry of Health and Social Services to identify the factors associated with turnover in their public health facilities and assist them with decision making on how they can minimize the turnover. The study is approved by training institution (UNAM) where I am currently studying, as well as by the Ministry of Health and Social Services. It may take you up to 20 minutes to respond to the questions. You are free to ask any question about the study if you need more clarification. Your participation in this study is voluntary and you have the right to refuse to participate. You also have the right to withdraw anytime. The information collected from you will be coded so it is not linked to your name and your identity will not be revealed at any time in a study. All data will be kept in a secure place and will not be shared with any person without your permission.

## ANNEXURE F: STRUCTURED QUESTIONNAIRES

The purpose of this study is to assess **nurse job turnover in Khomas region and examine the occupational and non-occupational factors associated with this turnover**. It is completely anonymous and all responses will be treated with confidentiality. The exercise will take about 15 minutes. Thank you for your cooperation.

Please do not put your name on this questionnaire as we wish to retain your anonymity.

Check the following items which apply to you: Please mark your appropriate response with an **x** in the box with numbers. Mark one box only

### DEMOGRAPHICS

#### PART I

##### 1. What is your gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

##### 2. What is your age?

21-30 years	<input type="checkbox"/>
31-40 years	<input type="checkbox"/>
41-50 years	<input type="checkbox"/>
>51 years	<input type="checkbox"/>

##### 3. What is your marital status?

Married	<input type="checkbox"/>
Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Living with partner	<input type="checkbox"/>
Others(specify)	<input type="checkbox"/>

##### 4. Previous salary (per month)?

< 10 000 N\$	<input type="checkbox"/>
10 001-15 000 N\$	<input type="checkbox"/>
15 001-20 000 N\$	<input type="checkbox"/>
20 001-25 000 N\$	<input type="checkbox"/>

25 001-30 000 N\$	
30 001-35 000 N\$	
>35 000	

**5. Level of education**

Certificate	
Diploma	
Degree	
Masters	
Others specify	

**6. For how long have you worked in this position?**

0-3 years	
4- 7 Years	
8-10 years	
10 years and above	

**PART II**

**Contributing factors to leaving the previous job and accepting the job**

**SA- Strongly agree; A-Agree; N-Neutral; D-Disagree; SD-Strongly disagree**

**A. Company reward or compensation Practices**

Please indicate your level of disagreement / agreement with the following statements by Ticking [√] the MOST appropriate box.	<b>SA</b> <b>1</b>	<b>A</b> <b>2</b>	<b>N</b> <b>3</b>	<b>D</b> <b>4</b>	<b>S</b> <b>D</b> <b>5</b>
1. My previous employer took pride in paying satisfactory salary.					
2. My previous employer really cared about rewarding great achievements					
3. My employer valued the well-being of employees, inform of rewards.					
4. My employer strongly considered salary increase annually					

**B. The following statements relate to training and development practices**

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box	<b>SA</b> <b>1</b>	<b>A</b> <b>2</b>	<b>N</b> <b>3</b>	<b>D</b> <b>4</b>	<b>S</b> <b>D</b> <b>5</b>
1 Sufficient time was allocated for training in the previous job					
2 Sufficient money was allocated for training					
2 Did the training plans developed, monitored for all employees?					
3 Training programmes were consistently evaluated.					

**C. The following statements relate to promotional opportunities in your previous job.**

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box	SA 1	A 2	N 3	D 4	SD 5
1. I had a very good opportunity for advancement in my previous job.					
2. I had a good chance for promotion.					
3. Promotions were always based on my ability.					
4. Opportunities for promotion were limited.					

**D. The following statements relate to recognition factors by your previous employer**

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box.	SA 1	A 2	N 3	D 4	SD 5
1 The company cared about employees' opinions					
2 A work-supervisor cared about employees' well-being					
3 A supervisor who considered employees' goals and values					
4 Unsupportive workmates towards others' work					

**E. The following statements relates to work – related stress in the previous job.**

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box?	S 1	A 2	N 3	D 4	SD 5
1 Health facility working hours were normal					
2 Conditions within the job was manageable					
3 Unsupportive workmates towards others' work					

F Leadership relationship factors in the previous job

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box?	SA 1	A 2	N 3	D 4	SD 5

1 Nursing staff have positive perceptions of work place relationship, (Supervisor and co- worker).					
2 Managers empower their subordinates					
3 Managers encourage participative management					
5. Managers recognise good work					

**G Work Environment factors at the previous employment**

Please indicate your level of disagreement / agreement by Ticking [√] the MOST appropriate box	SA	A	N	D	SD
1 A safe and happy workplace made employees feel good about being there.					
1. Each employee is given importance and provided the security that gives them the motivation.					
2. Employees work close to home/family					

**H. Factors relating to retaining nursing staff training and work environment.**

Please rank the factors from the most important to the least (1-10) of the following statements relating to retaining of nursing staff in relation to training and work environment.	Rank according to importance
1. Provide opportunity to in service training	
2. Provide opportunity to continuous education	
3. Allocate staff according to their interest	
4. Allocate staff according to qualifications	
5. Reduce workload by recruiting adequate staff for each shift	
6. Short working hours	
7. Provide safe working physical environment (security)	
8. Provide pleasant social environment	
9. Flexible working hours	
10. Presence of other health workers (e.g.	

doctors, pharmacists, radiographer etc.)	
11. Sufficient equipment, medication and other supplies	
12. Provide updated technological equipment	
13. Provide good management/ supervision etc.	
14. Provide transport to work place	

**I. The role of recognition/staff reward on nursing staff turnover**

Please indicate your response to the following statements relating to effect of recognition and reward of staff turnover by Ticking [✓] the MOST appropriate box	<b>Yes 0</b>	<b>No 01</b>
1. Annual bonus		
2. Performance bonus		
3. Performance award (certificate)		
4. Performance award and bonus		
5. Simplified criteria of promotion		
6. Publicise acknowledgment of achievements		

J. In your own opinion what can the public health facilities do to retain nursing staff?

.....

.....

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.....

.....

K. In your own opinion explain whether /or not Recognition/Reward Practices causes staff turnover?

.....

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L. What other factors that could have influenced you to leave your previous employment?

.....  
.....  
.....  
.....  
.....

**THANK YOU FOR YOUR PARTICIPATION**

## ANNEXURE G: CODING OF QUESTION J, K AND L [QUALITATIVE ANALYSIS]

### **J. In your opinion what can the public health facilities do to retain nursing staff?**

- Increase salary and pay overtime on time
- Improve the working conditions of the workplace
- Place sufficient staff in departments
- Provide continuous career development and education for nurses
- Recognise and align nurses according to experience and qualification
- Promote using merit and not age
- Improve working environment. Annual increase of salary
- Short manageable working hours
- Allow more training programs
- Improve the calibre of management
- The government should interview candidates for promotion to avoid favouritism
- Encourage employees to further their studies
- Locate nurses according to where they want to work because a nurse who is unhappy can resign and go where she can be properly placed
- A good salary always goes along with it because people have bills to pay
- Provide more beds for patients as the state hospital receives many patients from the regions
- Place supervisors in departments that would do their job properly
- Registered nurses at public sector are nurses but they only dish out medication doing doctor's rounds and feel they are not part of work
- The public sector should start acknowledging the staff and easy recognition.
- Promote old staffs according to experience but not according to qualification
- Provide safe working environment
- Increase their salary annually
- There must be a different salary scale base on the qualifications e.g. the salary for a registered nurse who has obtained a bachelor of nursing honours should be higher than those with a diploma in nursing.
- Train more nurses
- They need good supervisors who encourage team work
- Create an environment free from stress and favourable conditions
- Don't tax overtime
- They can recruit in order for the workload to be shared
- Public health facilities can also provide employees with bonuses for good deeds
- Have enough staffs to reduce workload and have a good management/supervision.
- Have enough and advanced equipment that may be used in the hospital

- Health workers to get their overtime payments on time
- Have enough staff to reduce work overload and pay on time
- Place or recruit managers who are competent or provide training to the managers to run facilities properly
- Recognise nursing staff for their hard work and motivate them. Send them for training to improve their knowledge and skills. Send more enrolled nurses for diploma program
- Positive, caring relationship and public health facilities must offer nursing staffs more decent wages and benefits.
- When nurses show signs of readiness entrust them with ne task and greater responsibility to keep them challenged and engaged
- Public health facilities need do set up a policy that will allow staff to work 24/7 that will be for all public health facilities. Provide transportation to all staff to and from work
- Provide adequate facilities like equipment and provide enough medications to sustain the number of patients on a daily basis
- Increase salaries and decrease workload
- They must increase salaries annually
- Adopt workforce management
- Allow ease of transfers for the nursing staff
- Improve residential infrastructure for all health personnel
- Should train own nurses
- Reduce working hours
- Bonus rewards
- Create supportive working environment and fair supervision
- Appraise workers for good work done
- Fair interviews for promotion
- Provide flexible working hours and promotions must be based on merit and experience
- They should offer grants/bursaries for nurses to further their studies
- Nurses should be given staff leave and be paid while on leave
- Should be encouraged to finish their studies
- Send the workers to school and after completion bond them
- Improve technological facilities
- Introduce a promotion system
- Recruit more nurses
- Increase salary
- Give promotion
- They have to train their own workers so that when they finish school they automatically work for them and not allowed to leave the job
- Increase salaries and reduce tax
- Employ more nursing staff to deal with the workload.
- Give motivational awards to the nurses to empower them to do their job
- Give a better salary package and make sure the basic needs for proper nursing care are met
- Provide opportunity to in-service training
- Provide performance award to those who perform well in their work
- Flexible working hours for staff members
- They must set an appropriate number of patients to be attended

per day by prioritizing on who need urgent help to the least urgent in order to reduce the workload on the nurses

- Promote old staff according to their experience
- Reduce workload
- Increase salaries
- Recruit more nurses
- Introduce performance bonus systems and acknowledge performance
- Should treat all nursing staff equally regarding their qualifications
- Not recognising/reward practices causes staff turnover because it makes nurse's feel well valued and appreciated. They feel the work too much and no one sees it.
- Improve working conditions by ensuring that enough staff are available to reduce exhaustion of staff and nurse ratios
- Sufficient remuneration package
- Ensure that there enough working medical equipment, supplies and medication
- Recruit more staff
- Provide incentives to reward performance
- Staff and patient ratio to balance each other
- Nurses are overworked
- Unsafe environment especially in the emergency unit as no control of people entering
- The building itself is not safe and unkempt. Needs to be upgraded
- Promotion should be given to those who deserve it, no favouritism
- The government should provide good nursing homes and affordable for students
- Student nurses should be paid even a small amount to appreciate them
- They should create a conducive working environment
- Allocate staff according to qualifications and not according to age
- Renovate the health facilities
- Deregister nurses who aren't doing their jobs
- Promote patient-nurse relationship and acknowledge good work
- Hiring of nursing assistants so as to help with some of the duties
- Have enough advanced equipment
- Flexible hours

Opinion recognition/reward practices cause staff turnover

**K. In your opinion explain whether/or not Recognition/Reward Practices causes staff turnover?**

- Every person can work hard especially when you know that you are going to receive something in return and you can try by all means to keep the job.
- Recognition/reward practices do not cause staff turnover as they can

cause the other staff members to feel otherwise

- Recognition causes staff turnover because those that are not being awarded feel inferior that maybe they do not know enough compared to those that are being awarded
- Most definitely. Staff that are in a job to grow and advance learn fast overtime and certain things become routine. If staff are not rotated they might want to quit
- No, it creates conflict among workers because everyone needs to be recognised and rewarded at the end of the day.
- It causes problems between staff as people become jealous of each other
- Favouritism increases
- No it creates conflicts and jealousy
- Yes it creates conflicts and favouritism
- Rewards cannot motivate for a nurse to stay, but it is the working spirit that needs changing
- No because the rest of the co-workers will feel bad and left out. Some people can be recognised many times than others it might be due to corruption
- Yes if you are a hard- working and no one sees that, you may go.
- Very much because if you feel left out you try to go somewhere where you are recognised as a team player
- Well those in favour of reward practices stay but the ones at the disadvantage may feel they are unfairly treated
- Rewards are given to specific people because they are either friends with the matron
- Yes it does as staff are highly motivated towards their work
- Provide more benefits like transport and house allowance to all employees
- No it doesn't. Rewards in the form of money will never be enough
- Too much corruption as reads are attached to buddies. No fairness at all
- Yes it causes staff turnover because as a worker you are forced to work hard to get a reward e.g. increment
- Get sufficient working staff
- Lack of recognition
- Poor working environment
- Delayed overtime payments
- Lack of promotion
- Not appreciated for hard work
- Over- crowded by the patients with few staffs
- Poor supervision
- Poor working environment
- Yes because it is a form of motivation to work
- It does because by giving reward/recognition practices it encourages staff to develop themselves and work very hard to earn more rewards
- Strongly agree. If individuals are recognised they will work harder
- These among others contribute to staff turnover but most of all, staff search for better opportunities in other health institutions especially in private healthcare institutions where the pay is much improved
- The lack of recognition and rewards can cause staff to feel unwanted

and unappreciated

- Yes because reward is a form of encouragement to your employee so that one will feel recognised and happy to keep on working
- Yes it motivates the nurses to do their work appropriately as they feel so empowered
- Yes it does help boost them as they know they are rewarded
- It creates a huge turnover if staff are recognised/awarded they will be productive
- Yes it motivates workers
- It does. Rewards and recognition improve morale and attracts staff
- Train more enrolled nurses
- Increase salaries
- Many disadvantages as rewards are given to those close to the boss
- People are recognised by who they know and rewards are only given to those people. The rest of us are demotivated

Opinion on other factors that could have influenced the employee to leave the previous

**L. What other factors that could have influenced you to leave your previous employment?**

- Lack of cooperation among co-workers
- Shifts were not too good
- Poor leadership
- Ugly uniform
- Nepotism
- Poor salary
- There is nothing more agonizing like working in an environment infested with silo mentality and coupled with a lot of bureaucracy. That was suffocative to my desire to discharge my mandate.
- No medical aid
- There was no opportunity to grow in my career
- The wrong colleagues
- Lack of adequate equipment to perform the job
- Employer employee relationship has deteriorated
- Lack of self- actualisation
- To move closer to my family in Katima
- Working conditions not conducive
- Workforce is not secure
- Workers do not cooperate
- Employer has issues
- Poor salary incremental or nothing at all
- Favouritism as promotion is given to those who do not deserve it
- Seniors have no respect for juniors
- Staffs leaving the ward for no reasons and don't even inform others
- Most of the staffs do not come to work on payday and no measures are taken
- Hospital has cracks and urine smelling in the corridors
- Better management from unit managers
- Overworking

- Not receiving my overtime money on time
- Salary increase
- There was limited opportunities to specialise
- No compatible relationship between employer and employee
- Burnout and overworked
- Salary not enough to cater for needs
- Unpaid overtime working hours and tight work load schedule
- Insubordination, some employees that worked in the hospital for a long time do not co-operate
- Private Doctors that admit patients that do not to be admitted.
- Reward and recognition can make staff to stay and work hard to impress the boss
- Salary not adequate to cater for my personal living
- Very low salaries and the car allowances that nurses do not have
- Salary was too low and I couldn't afford paying for rent and meet basic needs. I couldn't save to buy my dream car
- Lack of respect/no recognition/lack of team work/unwillingness by co-workers to accommodate each other
- Long working hours
- Long shifts
- Too long distance to the workplace
- Lack of motivation
- Poor hygiene at workplace
- Depleted infrastructure
- Supplies which were always out of stock
- Poor salary
- No promotion and the level of payment was a bit low
- Delayed overtime payment
- Lack of promotion
- Overload of work
- Working overtime with no payment
- Workload
- I would be closer to my family in Windhoek
- No time for studies
- Lack of promotion
- Poor management with management
- Poor working conditions
- Lack of communication among colleagues
- Work related stress
- Night shifts
- Poor cooperation from senior nurses
- Poor working conditions
- Poor salaries
- Too long distance to work place
- Workload

Lack of equipment

Lack of opportunities

Could not be granted leave to pursue fulltime studies

The state hospital refused to give me study leave

Lack of mutual respect between employee and employer

Poor salary and unfavourable health practice

Low salary  
There is too much pressure on nurses due to high workload and less staff  
Lack of enough staff members leading to workload  
Poor quality and few equipment  
Overload of work  
Working overtime with no payment  
Lack of security and safety in the area  
No conducive environment to work in  
No adequate basic needs e.g. water, electricity and housing  
No transport  
Lack of discipline  
No cooperation between other workers  
Lack of etiquette toward staff members by managers  
Poor supervision  
Poor working environment  
Long working hours  
Unsafe poor working conditions  
Lack of bonus  
Lack of recognition  
Disorganised working environment  
Poor collaboration between staffs  
Poor communication  
Working away from family  
Insufficient material  
Availability of resources  
Bullying  
Burnout  
Working conditions  
Workload  
Unconducive working environment  
Registered nurses and enrolled nurses must be treated equally  
Employees not paid according to qualifications and experience  
Unrecognised hard work  
Discrimination according to races,gender and other ethnic groups as well as religion.  
Disrespected for young staff by elder staff

### ANNEXURE H:

My previous employer took pride in paying satisfactory salary [PPS].
My previous employer really cared about rewarding great achievements [PGA]
My employer valued the well-being of employees, inform of rewards [WR]
My employer strongly considered salary increase annually [SIA]
Sufficient time was allocated for training in the previous job [STP]
Sufficient money was allocated for training [SMT]
Did the training plans developed, monitored for all employees? [TPE]
Training programmes were consistently evaluated. [TPC]
I had a very good opportunity for advancement in my previous job [GOA]
I had a good chance for promotion [GCP]
Promotions were based on my ability [PBA]
Opportunities for promotion were limited [OPL]
I had a very good opportunity for advancement in my previous job [GOA]
I had a good chance for promotion [GCP]
Promotions were based on my ability [PBA]
Opportunities for promotion were limited [OPL]
The company cared about employees' opinions [CCO]
A work-supervisor cared about employees' well-being [WEW]
A supervisor who considered employees' goals and values [SEV]
Unsupportive workmates towards others' work [UWW]
Health facility working hours were normal [HWN]

Conditions within the job was manageable [ <b>CJM</b> ]
Unsupportive workmates towards others' work [ <b>UWO</b> ]
Nursing staff have positive perceptions of work place relationship, (Supervisor and co- worker) [ <b>NSP</b> ]:
Managers empower their subordinates [ <b>MES</b> ]
Managers encourage participative management [ <b>MPM</b> ]
Managers recognise good work [ <b>MRW</b> ]
A safe and happy workplace made employees feel good about being there. [ <b>SHW</b> ]
Each employee is given importance and provided the security that gives them the motivation. [ <b>EIP</b> ]
Employees work close to home/family [ <b>EPF</b> ]
Provide opportunity to in service training [ <b>PTS</b> ]
Provide opportunity to continuous education [ <b>OCE</b> ]
Allocate staff according to their interest [ <b>SAI</b> ]
Allocate staff according to qualifications [ <b>AAQ</b> ]highest
Reduce workload by recruiting adequate staff for each shift [ <b>RRS</b> ]
Short working hours [ <b>SWH</b> ]
Provide safe working physical environment (security) [ <b>PSW</b> ]
Provide pleasant social environment [ <b>PPE</b> ]
Flexible working hours [ <b>FWH</b> ]
Presence of other health workers (e.g. doctors, pharmacists, radiographer etc.) [ <b>OPR</b> ]
Sufficient equipment, medication and other supplies [ <b>EMO</b> ]
Provide updated technological equipment [ <b>UTE</b> ]
Provide good management/ supervision etc. [ <b>GMS</b> ]
Provide transport to work place [ <b>TWP</b> ] (Lowest)

**ANNEXURE I: EDITOR'S LETTER**