Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province.

By

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DECLARATION

I Johannah Ramarope declare that the dissertation titled **'Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province'** is my own work, and that all sources that I have cited or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted to other institution or for any other degree.

Signature: JRamarope

Date: 15/08/2015

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DEDICATION

I would like to thank God the almighty, my shepherd, who helped me to complete this research project. He was always good to me. There is nothing impossible with God (Luke 1:37).

I would like to dedicate my study to my son, Mashudu and daughter, Tumelo Ramarope, who were supportive and encouraging me during this research.

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Acronyms and Abbreviations.

AIDS	-	Acquired Immune Deficiency Virus
DENOSA	-	Democratic Nursing Organisation of South Africa
HIV	-	Human Immune Deficiency Virus
SANC	-	South African Nursing Council
OSD	-	Occupation Salary Dispensation
UK	-	United Kingdom
WHO	-	World Health Organization
HRC	-	Human Research Council
PHC	-	Primary Health Care
DOH	-	Department of Health
DOL	-	Department of Labour
PN	-	Professional Nurse
STATS	-	Statistics
USA	-	United States of America
RN	-	Registered Nurse
SSA	-	Sub-Saharan Africa
ART	-	Anti-Retroviral Therapy

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ABSTRACT

Nurses constituted the largest group in South African health care services and form the backbone of nursing care. There had been a significant increase in the number of professional nurses leaving the district hospitals either to other hospitals, primary health care services, private hospitals or other countries. The purpose of this study was to determined factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District. The design of this study was qualitative, descriptive and contexture. The population of the study included all professional nurses in Vhembe District, who had moved from one hospital to other health care facilities during the period 2005-2009. The research participants were selected by means of purposive sampling. Data was obtained by means of unstructured interview that was audio-taped and later transcribed. Collected data was analysed through the use of open coding method. The following themes were revealed from raw data: main theme: institutional related factors with the following themes push and pull factors related to staff turnover and personal related factors with the following themes: financial aspects, family related aspects to staff turnover. Informed permission for conducting the study was obtained from the Department of Health of Limpopo Province. Trustworthiness was ensured by applying the four strategies proposed by Lincoln and Guba (1994:120) namely, credibility, transferability, dependability and conformability.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. INTRODUCTION

Globalization had fundamental implications for the mobility of people in general and skilled persons in particular (Oosthuizen & Ehlers, 2007). Staff turnover is the in and out movement of employees of an organization (Swansburg, 1996). The author further stated that staff turnover take place within the nursing organization when employees are moving to other hospitals, clinics or countries. Staff turnover is related to job dissatisfaction and organizational commitment referred to the process of employees leaving an organization and had to be replaced. Stone, (2004) also defined staff turnover as the movement of employees out of an organization. Every trained nursing person is an asset of considerable value and present hospital management with the challenge of keeping him/her satisfied and settled. Excessive turnover is described as being costly, disruptive and self-perpetuating. Increased, staff turnover among professional nurses, over recent decades has been generating grave concern, especially in developing countries and the loss of skilled health professionals can seriously weakening the health systems (Haour-Knipe & Davies, 1999). Nursing personnel who were migrating to other countries are highly skilled and potential investors, beneficiary to the country (Ribinson, 1999). Professional nurses from more developed countries were said to migrate for personal reasons, while nurses from less developed countries migrated for economic, professional and family reasons (Minnaar & Selebi, 2009).

Staff turnover especially in developed countries is said to be associated with rapid increasing high-tech health care, expansion of medical services and a growing aging population (Kuehn, 2007). A critical shortage of nurses and doctors was said to be developing in South Africa (Hall, 2004). Shortages are also evident in developing countries; a study by Rouleau (2012) reported that in Senegal, out of 87% patients who are in need of maternal care, only 52% are assisted by a qualified midwife. This shortage of midwives is attributed to the high maternal mortality rates in Senegal which is estimated at 401 per 100 000 live births. In Malawi, it has been reported that there are only two (2) doctors and 36.8 nurses per 100 000 population (Bemelmas, van den Akker, Pasulani, Tayub, Hermann, Mwagomba, Chiomba, Ford &

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Philips, 2011). This is an indication of how severe the problem of staff shortages is in developing countries.

The migration of skilled health professionals from Africa to developed country has also adversely affected the quality of care offered in health institutions due to staff shortages. It is not uncommon in most African countries for newly qualified nurses, medical interns, and nurse's aides to be left alone to perform tasks that are normally beyond their ability with the implicit risk of misdiagnosis or prescribing inappropriate treatment and for unqualified staff to perform specialized duties which are beyond their scope of practice (Iwu, 2014). In countries such as Zimbabwe and Cameroon, the gross shortage of staff, including support staff such as cleaners and porters has resulted in highly skilled staff such as doctors and nurses having to perform unskilled but essential functions such as mopping the floors (Oulton, 2006). This scenario is frustrating and might lead skilled nurses to relocate to better facilities in the private sector and urban areas.

These shortages have been confirmed by the Department of Labour's (DoL), Master List of Scarce and Critical skills, (8 August 2006), indicated that there was a shortage of 10 250 Registered Nurses, as well as 4 120 Primary Health Care Nurses, thus indicating a total need of 14 370 nurses in South Africa. According to recent statistics 40% of registered nurses posts were vacant throughout South Africa in 2006 (Oulton, 2006). Oulton, (2006) indicated that there was a shortage of 79 791 health care workers for the year 2007 and 2008. In South Africa, shortage of nurses can be attributed to a number of factors such as poor working conditions, poor communication, poorly resourced workplaces, lack of workplace safety, low morale, inadequate salaries, lack of visible nursing leadership, limited career progression opportunities as well as the heavy loads of work (Oosthuizen & Ehlers, 2007; Li et al, 2010; Mokoka, Ehlers & Oosthuizen, 2011).

According to WHO (2008) the problem of shortage of health professionals in South Africa, has been exacerbated by poor distribution of health care workers, poor monitoring and management of skill combinations, particularly in rural areas. These shortages have been aggravated by the retirement of baby boomers as most of the nurses were born between 1943 and 1964, meaning that about two thirds of nurses in South Africa are over the age of forty and will soon retire (Ehlers & Oosthuizen, 200724; Li, Fu, Hu, Shang, Wu, Mokoka, Oosthuizen & Ehlers, 2011). Mokoka, Ehlers & Oosthuizen, (2011) reported that shortage of staff in South Africa occurs as a result of continued growing health needs of the country,

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growth of private sector groups, growing health needs of the country and inadequate capacity of nursing training institutions. In addition, shortages of nurses in many countries can also be attributed to the unattractiveness of the nursing profession to young people and the perception that nursing offers few prospects than other careers (Mokoka, Ehlers & Oosthuizen, 2011; Li et al., 2010). Migration of nurses to affluent countries is another factor that led to a substantial decrease in the nurse patient population from 149 nurses per 100 000 population in 1998 to 110 per 100 000 population in 2007 (Awase & Braichet, 2007). In South Africa, the shortage of staff is attributed to the fact that South African nurses are targeted by more affluent countries who offer better salaries, competitive incentives, better resources and working conditions, decreased workloads and lower prevalence of HIV and AIDS (Oosthuizen & Ehlers, 2007; Breier et al., 2009).

Studies on migration of health professionals in Four Anglophone and two Francophone African countries: Cameroon, Ghana, Senegal, South Africa, Uganda and Zimbabwe suggest that job dissatisfaction and low morale due to poor working conditions and low salaries are the major causes of migration of health care workers to affluent countries. These studies have also revealed that job dissatisfaction and low morale are endemic among health professionals in Africa. It is for these reasons that health professionals mainly, doctors and nurses, are leaving the continent in search for greener pastures (Awase & Braichet, 2007; Breier et al., 2009).

In Zimbabwe and Ghana, migration of health care workers is attributed to the high levels of political violence, economic insecurities and lack of future for their children, lack of resources and facilities and poor management of the health services. In contrast, HIV and AIDS pandemic is the main cause of attrition in Lesotho and Malawi as it is the cause of death among health care workers. For example, Botswana lost 17% of its workforce between 1999 and 2005 (Awase & Braichet, 2007; Iwu, 2014). In addition HIV and AIDS have increased the work load of the few remaining health care workers (Iwu, 2014).

In South Africa, the causes and patterns of migration are complex, and are predominantly determined by political and economic factors (Don –Wauchope, Karas, Chetty, Davidson, Gottschalk, Rabiner, Sam, Sommerville, Swartz & Viljoen; 2011). A web-based survey to collect information on the nature of work, remuneration and reasons for leaving South Africa which was circulated to twenty doctors who have left South Africa for greener pastures, revealed that factors such as financial reasons including political factors such as high crime

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rate, political violence and institutional factors such as poor pay and working conditions were responsible for the doctors' migration to other countries (Don –Wauchope et al., 2011).

These findings are supported by other studies, in which reasons cited for leaving South Africa were economic factors, desire for better opportunities and to upgrade professional qualifications, poor remuneration and employment opportunities, different salary scale between source countries and destination countries, ethnic and religious tensions resulting in civil war, human rights abuses, economic collapse and poverty (Lehmann, Dieleman & Martineau, 2008; Breier et al., 2009; Peñaloza, Pantoja, Bastías, Herrera & Rada, 2012).

Migration of health care workers does not only occur between developing and affluent countries, but also from public to private hospitals as well as from rural to urban areas. In 1999, 73% of the practitioners were estimated to be working in the private sector despite the fact that the sector only catered for less than 20% of the population. According to Coovadia, Jewkes, Barron, Sander, McIntyre, (2009), only 60% of the total nurses were in public sector in 2005 and that of the 99 534 registered nurses on the SANC register in 2005, only 43 660 (44%) were in public sector. Push factors for migration to private sector stem from the desire for more professional development opportunities, the need for greater wage compensation, better salaries and better working conditions, better supplies of drugs and better equipment as compared to the public sector.

Nurses were the backbone of health services, but in South Africa their profession itself was in need of care. Nearly 250 000 skilled health professionals left the country for Australia, Canada, New Zealand, United Kingdom and the United States of America between 1989 and 1997 (Riley, 2008:60). South African professional nurses were in demand in overseas countries, for example, Britain, America and Ireland due to their high standard of training (Volgavartz, 2004:1-2). The exodus of experienced nurses made an already desperate situation worse because since doctors were scared here, nurses became more experienced in treating and diagnosing patients.

Nursing staff turnover accounted for more than fifty percent of the total movement of the South African health care organization. Gillies (1989) reported an annual nurse turnover rate of thirty percent in hospitals in a variety of geographical areas. Staff turnover was naturally exacerbated by the fact that losing such high performing individuals affected the productivity of the organization and at the hospitals it affected the quality of care. Staff turnover of skilled

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professional nurses can be viewed as brain drain. Visser, Steyn, Visser, Buthuizen and Ehlers (2007) explained 'brain drain' as depletion of skilled people who were vital to the functional core of a national economy. It was most felt when the professional nurses who were performing complex jobs left the hospital, as the hospital lost the returns on made investment and excessive turnover creates an unstable workforce and increased the human resource costs and organizational ineffectiveness (Buchan & Sochalski 2004). According to Swansburg, (1996) movement of employees out of an organization or health care institutions was resulted from resignations, transfers out of the organizational units, discharges, retirement and death. According to Mathis and Jackson, (2003) turnover was classified in a number of different ways including voluntary versus involuntary turnover; functional and dysfunctional turnover, controllable and uncontrollable turnover. Voluntary turnover was caused by many factors, including career opportunities, remuneration, supervision, geography and personal reasons. Involuntary turnover was triggered by employees not complying with organizational polices and work rules, thus not meeting the expected performance standard. Booyens (1998) mentioned that high nursing staff turnover seriously complicated a hospital's goal of providing quality care for its patients.

The conditions under which workers are exposed to are said to be a major contributory factory to staff turnover. Most of the working conditions in the public hospitals were said to be appalling (Jacobs, Jones, Gabella, Spring, Brownson, 2012). This is confirmed y report from the Department of Public Service Administration Report (DPSA, 2006), which described South African public hospitals as highly stressed as a result of dysfunctional management structures and weak management functions. This may be attributed to under resourced institutions, lack of management skills and staff shortages and increased patient loads.

Increased workload and complex procedures related to changes in technology, increased patients admissions due to free health services and the burden of Tb and HIV/AIDS could be another factor that employees decide to relocate to less stress institutions like primary health care facilities. Increased admissions was evident in the national study conducted in two hundred and twenty two (222) health facilities which comprised of public and private sectors indicated that between 1991 and 1998, there was an increase of 88% in hospital admissions which lead to stress and exhaustion among health care workers as a result of the increased workload (Benatar, 2004).

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This notion is also confirmed by Breier (2010) who reported that public hospitals in the country have experienced increased patients loads over the past decade. The increase in patient admissions in public hospitals is probably due to the high costs of private hospitals, rapidly growing urban populations, poverty and the associated disease as well as the escalation of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS). The increased workload was aggravated by the inability of the primary health care clinics and districts hospitals to identify patients who should be managed at secondary and tertiary institutions (DPSA Report, 2006).

In addition, the HIV / AIDS pandemic have also increased fear of infection among health care workers as they are continually confronted with hospital wards full of terminally ill patients. In addition, fear of infection increases stress and the risks to injuries such as needle pricks. The Aids pandemic also affects attitudes and practice of health care workers as they also suffer from the stress of being entrusted with the responsibility to care for very sick and dying patients (Delobelle, Rawlinson, Ntuli, Malatsi, Decock & Deporteer, 2009).

This is supported by Al-Monani (2008), whose study findings suggest that ninety percent of nurses in public hospitals were dissatisfied with their salaries. In this study, ninety percent of nurses identified major reasons for their intent to leave as salary and benefits, eighty percent reported motivation systems, while eighty seven percent reported workload resulting from shortage of nurses. Furthermore, poor staffing and heavy workload coupled with insufficient time to provide quality patient care were emphasized as the stressors and predictors of nurses quitting public hospitals. Additional causes of exit of nurses from the public sector stem from the desire for more professional development opportunities, the need for better wage compensation, better salaries and better working conditions, better supplies of drugs and better equipment as compared to the public sector (Mokoka et al, 2011). The movement of health professionals to the private sector has a negative impact on the poor; as most of them cannot afford the huge fees charged at private health institutions. The communities perceive the quality of care they receive in public from institutions as being poor, as they have to wait for a long time before receiving medical attention, which is then hurried because of the patient load (Al-Monani, 2008).

There is also evidence of migration from rural to urban areas as a result of challenges such as lack of infrastructure and few opportunities for professional advancement; limited opportunities for private practice; and lack of basic equipment and drugs in health institutions

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(Largade & Blaaw, 2010; Peñaloza, Pantoja, Astrids, Herrera & Rada, 2012). For example; Lehmann, Dieleman and Martineau (2008) revealed that the number of doctors in the Western Cape in 2007 was four times higher than that in the rural provinces. Lehmann, Dieleman and Martineau (2008) stated several factors that make doctors want to leave hospitals in rural areas as follows: insufficient salaries, heavy work load understaffing, poor housing, poor roads and transport, lack of clean drinking water and schools poor hospital management, lack of basic medical equipment and poor interpersonal relationships. Migration of health professionals from the rural areas has increased the workload on the remaining health professionals who are employed in disadvantaged institutions since they now have to deal with heavy loads of work than their counterparts who are employed in urban areas.

Al-Monani (2008) suggest that long working hours and heavy loads of work have adverse effect on the health and wellbeing of workers. There is growing evidence that the risk of hypertension, cardiovascular diseases, fatigue, stress depression, musculoskeletal disorders, chronic infections, diabetes, and general health complaints increase with overtime and extended schedules. From this study, it is clear that provision of a positive working environment, improving the promotion system and recognition for work done are factors which can assist in curbing nurses' migration. In response to the labour drainage in the hospitals different researchers have come up with strategies to enhance retention of staff. Marchal, De Brouwere and Kegels (2005), in their study indicate that for hospitals to retain a qualified nurse in a competitive labour they have to develop policies and benefits comparable to those in other businesses, provide opportunities for career advancement, lifelong learning, flexible work schedules as well as develop policies that promote loyalty and retention. Failure to develop long term strategies that will address the challenges will lead to chronic inadequate hospital nurse staffing as more nurses particularly the younger ones intend to leave the nursing profession. Improving communication between nurses and management about the allocation of resources may help in improving the present situation and in the creation of an environment that is conducive to high quality patient care.

Other strategies suggested by (Peñaloza, 2012) include the following:

- Implementing strategies to improve work conditions and career prospects of health professionals (financial and non-financial).

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- Interventions for the education and training of health professionals, which adjust training to the needs and demands of the local health system (e.g. teaching methods, use of local language training, community-based curricula, etc.).
- Use of compulsory service schemes for health professionals.
- Strategies to facilitate and support the return of health professionals working abroad.

Despite the suggested strategies increased workload was found to be a major factor in staff turnover. According to Tomic and Tomic (2010), workload is described as the perceived pressure due to the amount of work and the heaviness of the task. Workload indicates the degree to which the job is taxing in terms of mental effort, complexity of work and speed of work. Tomic and Tomic (2010), identified that employees experience heavy workload when they experience difficulties in meeting the task requirements as delegated by employer. Carayon, Gurses and Karsh's human factors model propose that there are three types of workload resulting from different demands and resources:

Unit - level workload which refers to staffing ratios.

- Job- level workload which refers to general and specific demands of the job, including the general amount of work to be done in a day, the difficulty of type work and the amount of concentration needed to do the work.
- Task -level workload which refers to the demands and resources for a specific nursing task such as medication administration (Holden, 2012).

The aspect of resources as mentioned in task level workload are important in defining workload as resources are a key towards the achievement of the organizational goal. It is imperative, that the necessary resources be made available to employees so that they can complete their tasks in time. Access to resources refers to one's ability to acquire the financial means, materials, time given to complete the task, rest breaks, cognitive capacity, support staff and suppliers to do the work on the other side, demands refers to the need to concentrate on the task to be done (Cho, & Lee., 2008). Work overload is the most imported predictor of burnout, lack of involvement and dehumanization of patients by care givers. It is also a major cause of dissatisfaction among health care givers and support staff and has an

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influence on staff decisions as whether to leave or remain in their jobs (Nirel, Goldwag, Fregenburg, Abgobi & Halpern, 2008).

Research suggests that those with higher workload tend to report more health problems as compared to those with lesser workloads for example, Tomic and Tomic (2010), reported that nurse run a risk of health symptoms and burnout because of their engagement in physically and mentally demanding tasks which involve working odd and long working hours, shifts and dealing with seriously ill and dying patients.

- HIV / AIDS epidemic its consequences on workload

There is substantial evidence that HIV /AIDS scourge is another factor that impacts negatively on workload and staff shortages as it is also a leading cause of death among health care workers in the developing world (Shisana, Hall, Maluleke, Chauveau & Schwabe, 2004; Bemelmans et al, 2011). Shisana, Hall, Maluleke, Chauveau & Schwabe, (2004) revealed that forty six percent of patients in South African hospitals are Aids patients and that the majority of them were brought to hospitals when they were already critically ill. Caring for terminal ill patients, coupled with the limitations of the working environment places additional burden on the workforce that is already overburdened, demotivated and emotional exhausted.

The HIV and AIDS contagion has added new labour intensive tasks due to the need for urgent rolling out of antiretroviral therapy. These tasks include antiretroviral projects such as pre and post counselling of patients and their relatives, HIV testing, explaining and dispensing antiretroviral treatment, monitoring and support which accompany treatment .The burden of HIV and AIDS has been exacerbated by lack of support from senior doctors and administrators and a lack of political leadership. Furthermore, the emergent HIV and AIDS projects have led to a diversion of human resources in an effort to increase ART roll out, in order to curb the pandemic in South Africa. Delobelle, Rawlinson, Ntuli, Malatsi, Decock & Depoorteer, 2011; Bemelmans et al, 2011).

Hospital based health workers are expected to work harder; and faster and even do overtime in a non–supportive environment characterized by high prevalence rates of infectious diseases as well as high patient turnover rates. This puts them at a higher risk of committing medical errors (Delobelle, Rawlinson, Ntuli, Malatsi, Decock, Deporteer, 2011). The implication is that there is no time available for training and to access educational programs and this increase their risk of exposure to incidents .This therefore, coupled with many other factors, account for the high levels of stress, fear, frustration and depression among South

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African health care workers, hence the reluctance to provide care to HIV positive patients (Delobelle, Rawlinson, Ntuli, Malatsi, Decock, Deporteer, 2011).

The impact of poor working condition was identified in most of the studies reviewed and the following sub-themes were identified: job stress, shift work, long working hours. job dissatisfaction and low morale, burnout among health care professionals, lack of motivation.

A series of studies suggest that health care professions are very stressful. This is due to the high physical and mental demands placed on them by their professions since the nature of their jobs involves prolonged, odd and irregular working hours. It is no wonder health workers, particularly doctors and nurses are continually subjected to stressful conditions throughout their career lives (Tomic & Tomic, 2010). According to Ogiska-Bulik (2006); Tomic and Tomic (2010), stress occurs when perceived demands exceeds one's ability to cope. Larrabee, Wu, Persily, Simoni, Johnston, Marcischack, Mott and Gladden (2010), define job stress as the harmful, physical and emotional experiences that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.

According to Melchior, Caspi, Milne, 2007; Van der Colff and Rothmann (2009) job stress is an unpleasant emotional experience associated with elements of fear, dread, anxiety, irritability, annoyance, anger, sadness, grief and depression. Job related stress among nurses and doctors may result from rotating shift work, heavy workload, high demands, long working, lack of autonomy or/and job control and poor working conditions and lack of rewards. Nakakis and Onstantinos (2008) describes other sources of stress as understaffing, administrative issues, lack of support or supervision, too much paperwork and missed breaks. Stress among health professionals can also be attributed to their responsibility to care for wellbeing of other people, especially those who are very sick. Some of the patients that they care for, as well as their relatives are demanding, aggressive and disrespectful (Nakakis & Onstantinos, 2008)

Sources of stress particularly among nurses were identified as aggression and violence, negative staff attitudes and behavior. These findings are consisted with many studies which reported that the most significant sources of stress among nurses were aggression from physicians-to nurses, from nurses-to- nurses and from patients and their relatives. Major forms of staff -to-staff aggression include rudeness and gossip (Tabak, Koprak, Belmont & Wadsworth, 2007).

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There is substantial evidence that personalities like Type A and D behavior patterns may increase the level of occupational stress and may contribute significantly to the development of burnout syndrome. These behavior patterns are characterized by a variety of negative emotions such as neuroticism, dysphoria, anxiety and irritability and negative self-concept (Nakakis & Onstantinos, 2008).

High levels of stress should be of a concern to both leaders and staff as it has negative health outcomes which include emotional exhaustion, physiological, psychological effects and social effects such as irritability, anger and lowered standards of care, which may lead to serious medical errors and consequently, patient deaths (Larrabee, et al., 2010). Stress impacts on wellbeing, job satisfaction as well as the organization as it can lead to absenteeism and high turnover rate. The effect of stress on health care workers as well as on organization also translates into poor quality patient care (Nakakis & Onstantinos, 2008); Nirel, Goldwag, Freigenburg, Abadi & Halpern, 2008).

Stress has been linked to worker ill health, increased use of illegal substances, suicidal tendencies injuries and premature deaths among health care workers (Nakakis & Onstantinos, 2008). This is corroborated by Michie and Williams (2003); Tabak et al. (2007); Larrabee, et al. (2010), in their articles which focused on the association between work factors and psychological ill health among health care workers. They described the key work factors associated with psychological ill health and illness absenteeism among staff members as long hours worked, work overload and pressure, lack of control over work; lack of participation in decision making ,poor job satisfaction, poor emotional climate and poor social support. Melchior (2007) found that working situations have psychological consequences and physical consequences among health care workers in particularly when high demands coincide with low decision latitude and low support at the workplace for example stress has been cited as a major contributory factor to the population's burden of psychiatric disorders . These include major depressive disorders and anxiety disorders among.

Fub et al. (2008), in their study of Work-Family Conflict in German hospital physicians described work-related emotional distress and role overload as predictors of increased work-family conflict which translates to family discords and marital dysfunctions. Poor psychological health and illness related absenteeism are likely to lead to problems for patients in that both the quantity and quality of patient care may be diminished. Several explanations

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such as organizational changes and nature of the work have been put forward for this high level of ill health in public hospitals. A study conducted in the UK, by Michie and Williams (2003), found that rates of psychological ill health in the public sector varied from 17% to 33%, with lower rates in hospitals characterized by smaller size, greater cooperation, better communication, more performance monitoring, a stronger emphasis on training, and allowing staff more control and flexibility in their work environment.

Working irregular hours, including night and day shift is inherent in the nursing and medical profession despite the fact that shift work has been acknowledged as an occupational health and safety challenge many centuries ago. Irregular hours and shift work poses serious physical, psychological and social health risks to individuals. Both acute and chronic occupational health problems associated with shift work have been identified and described in occupational health literature (Barker & Nussbaum, 2011).

A shift worker is defined as anyone who works extended duration and non-standard hours such as working late into the night or starting work too early (Barger, Lockley, Rajaratnam & Landrigan, 2009). Studies among nurses in Japan and in the United States, reported that irregular shifts affect the circadian rhythm and disturbs other biorhythms leading to failure of various physiological functions and metabolic syndromes. These include health problems such as obesity, gastrointestinal disorders, cardiovascular disease, duodenal ulcers, infectious diseases and musculoskeletal complaints, mental health problems such as depression and suicide (Barger et al., 2009; Van der Colff & Rothmann, 2009Olivo, Squires, Giblin & Simpson, 2008).

This is confirmed by Several other studies which have also reported that irregular and long work shifts are associated with higher safety risks, medical errors, motor vehicle crashes, , injuries at work as well as death as a result of fatigue while driving from work to home (Melchior & Caspi, 2007; Barger, Lockley, Rajaratnam & Landrigan, 2009).

There is considerable evidence that Irregular shifts and long working hours are the major risk factors for mental ill health, particularly among young women (Tomic et al. (2010) have reported that nurses are prone to mental health problems as compared to those who are engaged in other types of jobs because they work night or irregular shifts more than others. Nurses are also exposed to more mental stress than other health care professionals because of the additional burden required of them to develop increasingly higher skills levels in order to keep up with advances in medical technology (Suzuki, Ohida, Kaneita, Yokoyama, Miyake,

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Harano, Yagi, Ibuka, Kaneko, Tsutsui & Uchiyama, 2004). However other health workers are not immune from such effects, for example a study that was published by the American Medical associations of junior doctors who had worked 90 hours shifts showed that they had significant neuropsychiatric alterations in behaviour (Steele, Ma, Watson, Thomas, 2000).

In addition, hormonal and biological reasons, having to Nakakis and Onstantinos, (2008), reported that stress as a result of irregular working hours among take care of their household chores; child care, pregnancy and child birth add to their stress levels. Nurses are said to be linked to self-destructive behaviours such as stealing and spreading false rumours. The degree of ill health among health professionals impacts negatively on the quality and quantity of patient care. Many studies of health care workers indicate that accidents are significantly higher for health care workers whose state of mental health is poor, than those with a good mental health status, for example, Van der Colff et al (2009) ; Barger et al., (2009) reported that the percentage of nurses who had committed medical errors such as drug administration errors and errors in patient identification increased significantly with shift lengths exceeding 12 hours was and was also higher among those who were not mentally in good health. Easterbrooks et al. (2008) discovered that nurses who worked 12hr shift provided lower quality patient care than those who work 8 hour shift. Literature on night shift and long shifts suggests that women who work irregular hours are at increased risk of developing breast cancer risk, particularly breast cancer and reduces immune functioning among nurses. This has been attributed to the excessive exposure to artificial light during the night or early morning which leads to suppression of melatonin which has a tendency to induce incessant production of oestrogen which is involved in breast carcinogenesis (Van der Colff et al 2009 ;Barger et al., 2009).

Long working hours has physical and cognitive effects on health care workers. The most immediate effects include fatigue, stress, and reduced sleep excessive use of tobacco and drug and alcohol abuse. Long working hours leads to decline in worker functioning and contribute to injuries and errors. Studies involving physicians - in - training working who work long hours with recurrent 24 hour shifts indicate that 36% make serious medical errors than those whose schedule is limited to 16 hour, suffer 61% needle stick injuries after exceeding their 20th consecutive hour of work, their risk of getting in a motor vehicle accident when driving after 24 hours of work is doubled (Barger et al., 2009).

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Furthermore, long hours lengthen exposure to occupational hazards and shorten the periods of recovery. In addition, long working hours have also been associated with family problems such as dysfunctional marriages, reduced quality time spent with children and elders (Barger, Lockley, Rajaratnam & Ladrigan et al., 2009). Barger, Lockley, Rajaratnam & Ladrigan et al., (2009) has reported that the employees affect at work has an influence on the employees affect states of the employee at home. It has also been found that sleep deprivation associated with long shifts between 12 and 24 hours are linked to musculoskeletal disorders, work-related falls mainly as a result of reduced vigilance attention as related to fatigue.. These risks are equal irrespective of whether the long shifts are voluntary or mandatory.

Job satisfaction is conceptualized differently by different authors. Morrison, Jones and Fuller (1997) define job satisfaction as an effective response of the worker to his job. It is the consequence of the worker's experience on the job in relation to his own values, that is, what he wants or expects from it. According to Adams and Bond, (2000) job satisfaction is the degree of positive affect towards a job or its components. Other authors define job satisfaction as a dimensional parameter consisting of intrinsic factors such as decision autonomy, and extrinsic factors such as wages and job security (Manojlovich (2005). Job satisfaction is said to be positively associated with customer satisfaction, organizational commitment and performance outcomes.

According to Beecroft, Dorey & Wenten, (2008) job dissatisfaction can be defined in two approaches namely: a global approach that encompasses overall attitudes, feelings and emotions towards their work experience, and a faceted approach that emphasizes employees' attitudes towards individual aspects of their job, which is more useful at determining specific areas for improvement.

Job dissatisfaction is a disease which impacts negatively on the organization, employers and employees. Rosse and Saturay (2004), state that people who are dissatisfied with their jobs are likely to engage in impulsive reactive behaviors such as quitting, disengaging and retaliation rather than engaging in adaptive behaviors such as problem solving behaviors or defensive mechanisms to try and alter noxious situations in their work environment. Coomber and Manojlovich (2005) suggest that there is association between dissatisfaction and turnover or intent to quit, retire, voluntary absenteeism, late coming and job withdrawal. Job withdrawal refers to those behaviors that are intended to remove the worker from his job

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either by arriving late or leaving work early, being absent, or minimizing time spent on allocated task, with the aim of avoiding or escaping feelings of dissatisfaction.

A provincial review study that was conducted by South African Human Rights Association (SAHRC, 2000), among health workers in the nine provinces of South Africa in preparation for a national enquiry into the right to have access to health care, revealed that there was low morale among staff members in public hospitals. The low morale has been attributed to poor management, changes in workloads and lack of managerial support in the public sector. The review also revealed that there were high levels of dissatisfaction among health workers because of the poor working conditions. These problems were attributed to poor communication, unnecessary bureaucracy, centralized decision making processes, and inadequate training (Beecroft, Dorey & Wenten , (2008).

A recent study by Beecroft, Dorey & Wenten , (2008) revealed that nurses in South Africa were dissatisfied as a result of poor organizational climate, inadequate remuneration and excessive workload SAHRC (2000) also indicated that there was a general feeling among health workers that staff, especially the nursing staff, are underpaid and overworked. Besides the fact that they are being underpaid, there are also indications that these categories of health workers, feel undervalued. Management and society in general does not sufficiently recognize and / or do not appreciate their contribution. Job dissatisfaction and levels of burnout, which further lead to emotional exhaustion, are especially important in the current context of nurse sickness absenteeism and shortages, burnout turnover and intent to quit (Beecroft, Dorey & Wenten ,2008).

In contrast decentralized decision making autonomous and empowered behavior, communication and collaborative relationships among colleagues contributes to high levels of job satisfaction (Beecroft et al., 2008). Manojlovich (2005) suggests that improving the nursing practice environment as well as improving communication among colleagues may help contribute to job satisfaction and quality of patient care.

Components of social justice such as job control, job demands, professional autonomy, social support as well as decision making procedures are equally important in predicting the health of employees (Kivimaki, Elovainio, Vahtera & Ferrie, 2003). Consequently nurse dissatisfaction occurring as a result of work climate, changes in workloads and managerial support cost the hospital dearly in high replacement costs; resulting to increases in-patient

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care costs. Most importantly, research evidence suggests that among the highest costs of high turnover is greater patient mortality (Beeccroft, Dorey, Wenten, 2008).

Burnout is also a problem among health care workers in public hospitals. Literature on job-related burnout among human service workers, nurses in particular, suggests that organizational stressors in the work environment are important determinants of burnout and subsequent voluntary turnover. Burnout is a reaction to chronic interpersonal stressors and emotional overload (Ray, Wong, White & Heaslip, 2013). Burnout is most frequently characterized as a syndrome of physical and emotional exhaustion resulting from the development of negative self-concept, negative job attitudes, and a loss of concern or feeling for clients (Rosenberg & Pace, 2006). Cordes and Dougherty (1993) as cited in Gueritault-Chalvin, Kalichman, Demi & Petersen (2008) have conceptualized burnout as a particular type of stress occurring principally in professional contexts where work demands, especially those of an interpersonal nature, lead to chronic emotional exhaustion, depersonalization and reduced sense of personal accomplishment. Emotional exhaustion is described as a feeling of being overextended and exhausted by one's work. Depersonalization is described as an unfeeling or impersonal response toward recipients of one's service, care, treatment, or instruction. Reduced personal accomplishment refers to feelings of incompetence and unsuccessful achievement of one's work with people. It is an indication that work has lost its meaning for people in their workplace (Escriba-Aguir & Martino-Baena, 2006; Ray, Wong, White & Heaslip, 2013). People who are affected experience feelings of disillusion and that they are being stretched too thin. The physical and emotional exhaustion occur as a result of prolonged stress or frustration.

In literature, major contributing factors to burnout have been identified as workload, conflict between work and home commitments, conflict with colleagues and insufficient knowledge to cope with changes. Personal factors such as age, years in the profession, coping styles and social support also have an impact on burnout and stress (Laschinger, Grau, 2011; Wong et al, 2013). This has been detected in a wide variety of health care providers such as physicians, nurses, midwives, social workers, dentists, care providers in oncology and AIDS-patient care personnel, emergency service staff members, mental health workers, and speech and language pathologists (Mollarta, Skinner, Newiga & Foureurc, 2011; Wong et al.,2013).

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It has also been identified among those who work with special populations such as the persons with physical disabilities, the severely ill, children and prisoners. Burnout has adverse consequences on job satisfaction as well as performance. Furthermore, burnout produces both physical and behavioral changes, and produces physical symptoms such as exhaustion, headache, insomnia, respiratory disorders, gastro intestinal disorders, depression and hypertension in some instances leading to substance abuse. A myriad of studies indicate that burnout is associated with negative health outcomes for human services workers such as psychological distress, somatic complaints, and alcohol and drug abuse. For organizations, burnout can be costly leading to increased employee tardiness, absenteeism, turnover, decreased performance, and difficulty in recruiting and retaining staff (Vahey, et al, 2004).

These findings suggest that burnout is a serious occupational disease which needs to be identified and treated immediately by implementing strategies such as ensuring job control by the individual worker, group meetings, better up-and-down communication, more recognition of individual worth, job redesign, flexible work hours, full orientation to job requirements and available employee assistance programmes (Laschinger et al, 2012).

Lack of motivation is also common among people employed in public hospitals. Motivation is defined as an individual's degree of willingness to exert and maintain an effort towards organizational goals. It is the willingness to fulfill the workplace responsibilities under the prevailing availability of resources. It is the force that energizes and gives direction to behavior (Al-Monani, 2008). On the contrary lack of motivation refers to the absence of inspiration to act. Motivation is also described as follows by Songstad, Rekdal, Massay & Blystad, (2011):

(a) Intrinsic or motivators. These include achievement, recognition, the work itself responsibility, advancement and personal growth.

(b) Extrinsic factors or hygienic factors refers to things such as job status, security, relationship with subordinates, personal life, relationships with peers and supervisors, company policy and administration, supervision ,salary, and working conditions. The literature review has revealed that all the these factors coupled with remuneration, training recognition and transparency in the workplace have a great influence on motivation of health care workers in public hospitals. Working condition is an important factor in ensuring motivated and well performing staff. Working conditions are also vital for the quality of health. Literature also indicates that motivation, job satisfaction and performance are closely

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related to each other and are all influenced by factors such as financial rewards, career development, continuing education, availability of resources, infrastructure, hospital management and recognition and appreciation (Songstad et al., 2011).

Professional nurses aree critically important to the hospital because they were trained professionals whose presence in the hospital was continuous, whereas other professionals, in the hospital, spend very little time with the patients. Oosthuizen and Ehlers (2007) supported this by pointing out that nurses constituted the largest professional group in South Africa's health services and form the backbone of nursing care. Since professional nurses were such a critically important group, it was desirable to have a large core of experienced nurses in each nursing unit for the day, evening and night shift. With a high staff turnover rate, such a staffing pattern was impossible to achieve because the experienced nurses were spread thinly amongst nursing units which complicated the task of providing patient care.

According to Booyens, (1998) the higher the turnover rate, fewer nurses were left to tend to patients. When a hospital had a high turnover rate, the quality of care rendered to its patients was compromised, leading to medical and legal risks. An institution that suffered from a high turnover rate was suffered from low staff morale and decreased group cohesiveness. Swansburg, (1996) noted that, nursing staff turnover was an expensive phenomenon that needed to be properly understood and controlled. The constant heavy lost of qualified nurses from the profession constituted one of the biggest challenges for nursing service managers. While recruiting adequate nurses into the profession was laborious and, time consuming, retaining staff was equally difficult, making reduction of staff turnover rate among personnel of a costly management strategies for an institution (Sullivan & Decker, 1985). The statistics of nurses who migrated to overseas countries from some African countries, in 2004 were as follows: Botswana 4753, Malawi 7264, Mozambique 3 948, Namibia 6 154, South Africa 184 459, Swaziland 4590, Uganda 14 805, Zambia 16 990 and Zimbabwe 9 357 (Riley, 2008).

Not all turnovers were negative for an organization; turnover was favourable when it added value to the institution. Some workplace lost were desirable, especially if those workers who left were low performing, unreliable or disruptive to co-workers (Aiken, et al, 2007). Unfortunately for organizations it was dysfunctional turnover which occurred when key individuals left often at crucial work times. Even though some turnover was inevitable,

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controllable turnover also occurred due to factors that were influenced by the employer (Mathis & Jackson, 2003).

Uncontrollable turnover occurred for reasons outside the influence of the employer, for example, employee movement out of the geographical area, or when they were staying home for family reasons or when the spouse was transferred. Practically speaking, employee-initiated staff turnover had a number of benefits for an organization. For example, in one large institution, it was found that the employees performing most poorly were the most likely to quit it should also be borne in mind that an organization also needed the ideas and innovation that newcomers brought with them. Another potential benefit for the organization was increase in promotional opportunities for the remaining workers (Kline, 2003). Sullivan and Decker, (1985) highlighted staff turnover as the possibility of increased performance brought about by recently trained employees; the possibility that long-running conflicts between people would be reduced or eliminated through attrition; and increased chances for promotion and the possibility for increased innovation and adaptation brought about by the introduction of fresh ideas. Booyens (1998) had concluded that some staff turnover renewed a stagnating organization. To decrease employee turnover, the nurse manager should identified the specific factors contributing to personnel turnover and eradicated the individual stresses that caused personnel to left their jobs prematurely.

Staff turnover did not only create costs, but can sometimes brought in new ideas, skills and enthusiasm to the existing labour force. Hence a certain degree of staff turnover was desirable as it created opportunities to exploit wider experiences as new ideas was brought to the organization (Hall, 2004). Staff turnover also provided career development opportunities for workers and can also be a way in which businesses slowly reduced their workers without having to opt for redundancies. Staff turnover was usually linked to job satisfaction, with the inevitable results that organizations were usually concerned with the reasons why employees wanted to leave an organization (Hall, 2004).

South Africa's public health system was characterized by human resources shortfalls. According to WHO, 31 countries in Africa did not meet "the health for all" standard of a minimum of one doctor per 5000 people? In 1990, the doctor population ratio in Malawi, Mozambique and Tanzania was 1:30 000 or more and in Angola, Lesotho, Zambia and Congo this ratio stood at 1:20 000 (Human Resource for Heath, 2004). South Africa

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currently had fewer public health workers, including professional nurses and doctors than it did ten year ago. To aggravate these shortages, South Africa's national health system was structurally characterized by a deep public private sector divide. The inequitable distribution of health personnel between public and private sector was very visible, with a more developed private sector. In 2005, of 99 534 professional nurses registered with the South African Nursing Council, only 43 660 were employed in the public sector. Some went so far suggested that a badly managed introduction of Antiretroviral Therapy (ART) " done more harm than good" and that the shortage of skilled personnel and inequities in human resource provision in the public sector might worsen especially in the Primary Health Care (PHC) system and particularly in poorer and rural district (Dovlo: 2007)

The exodus of nurses and doctors from South Africa and other African states to overseas countries had long been a point of concerned, and the advent of AIDS had sharpened fears about the effects of this magnitude of staff turnover (Minnaar & Selebe, 2009). The World Health Organisation (2006) noted that there was a global shortage of 4, 3 million doctors, midwives, nurses and supported workers, who provided ample alternative opportunities for medical personnel at state hospitals. In South Africa, a national nursing union believed that more than 300 specialist nurses left the country every month (Minnaar, & Selebe 2009). Oosthuizen and Ehlers (2007) viewed this volume of staff turnover as 'brain drain'. Brain drain refers to when a country experiences a shortage of skills when people with certain expertise emigrated; hence the movement of nurses and doctors out of South Africa is part of the phenomenon that had come to be known as "Africa's brain drain". The problem had been noted in healthcare in particular because the loss of healthcare professionals in poorer countries like South Africa left an already struggling healthcare system in a more disparate state.

The world Health Report WHO of (2006) summarized a number of reasons why health workers move to other countries and from one hospital to another under the broad heading of push and pull factors identified are;

- Lack of promotion prospectors
- Poor management
- Heavy workload
- Lack of facilities

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- A declining health service
- Inadequate living conditions, and
- High levels of violence and crime
- Prospectors (pull factors) are:
- Better remuneration
- Upgrading qualifications
- Gaining experience, and
- Family related matter.

The factors arising from concerns were described as 'push factors' (concerns) as they encouraged health workers to left their country or location of work. 'Pull factors' (prospects) are those factors that offered prospects for better circumstances and attracted and facilitated the movement of health workers towards that level of country (Hall, 2004).

This was supported by discussions from seminar hosted by Sigma Theta (2005).
Factors that contributing to staff turnover were elaborated as:

- Higher pay opportunities
- Access to research funding
- Career opportunities
- Provisions for post-basic education
- Disproportionate increased in workload without increase in resources
- Lack of interest in nursing faculty careers
- High educational costs associated with faculty training
- Opportunity to work with expert peers and participated in research collaborations.

According to Sullivan and Decker, (1985) a desire for greener pastures was not the only reason why nurses persuaded employment abroad or move from one hospital to the other, the study stated that many nurses also wanted the adventure of working in a foreign country. In this respect, it evident that the perceived exodus of nurses as a consequence of a more accessible global work environment may be faulty. This view was supported by Salmon and Yan, (2007) who suggested that staff turnover was a symptom of the global world, and noted that it might be useful for South African organizations to overcome environmental challenges by also recruiting medical personnel from overseas.

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The loss of nurses to other countries resulted in a huge cost that few governments cannot afford. The conditions of hospitals were deteriorating and the providers of health care as well as the recipients felt the strain (Cavanagh & Coffin, 1992). Turnover that hurtled the organization was known as 'dysfunctional turnover'. With the shortage of skilled labour in South Africa and the current brain drain, which seen many professional nurses taking jobs overseas, the problem of staff turnover in the health services became critical (Crush, Macdonald & Williams, 2000). Brain drain from South Africa was not the consequences of the political or social situation in the country, but rather a consequence of the increasing international mobility of skilled labour, professional services and even management. According to Stilwell et al, (2004) global skills mobility was a reality that should be managed.

The situation in Limpopo Province was not different, professional nurses were also moving to other hospitals, clinics, rural, urban and overseas countries for better opportunities. The impact of staff turnover among the professional nurses in health services had been found to be shortage of staff, poor nursing care, abusing of sick leave (Minnaar, & Selebe 2009). In July 2007, the South African Government introduced a system of increasing salaries of professional nurses who had areas of specialties and those who were working in specialty wards including in the Primary Health care setting. The system was called Occupation Salary Dispensation (OSD) where a junior member of a professional nurse received the benefit, while the senior professional nurse did not receive the benefits from the OSD system (Minnaar, & Selebe 2009). Although this might be one of the causes of the high movement, limited studies had been conducted into factors contributing to staff turnover among the professional nurses in Vhembe district of Limpopo Province.

1.2. PROBLEM STATEMENT

The researcher had noted with concern that in Vhembe District, professional nurses were moving from one hospital to the other, to clinics and to overseas countries. During the period 2005-2009 ten professional nurses migrated from one of the selected hospitals of this study. Due to high staff turnover the quality of care rendered to patients in health care facilities in the District was compromised, leading to medical and legal risks. The remaining staff suffered from low morale and decreased group cohesiveness. This was supported by

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Minnaar, and Selebe (2009), where it was identified that the impact of staff turnover among professional nurses in the health system was shortage of staff, work overload, high rate of absenteeism, abusing of sick leave and poor nursing care. Staff turnover lowered employee morale because the long gap created between departure of one worker and the arrival of a replacement created a burden for the remaining staff and lead to deterioration of quality patient care with consequent medical and legal risks. This caused a concern for the researcher who was a professional nurse at one of the selected hospitals in Vhembe district and responsible for quality patient care initiated a research study. The study will be conducted to explored and described factors that contributed to staff turnover among professional nurses in selected hospitals of Vhembe district.

1.3. PURPOSE OF THE STUDY

The research purpose is a clear, concise statement of the specific goal or focus of a study (Burns & Grove, 1997). The purpose of this study was to determine the factors that contribute to staff turnover among professional nurses in selected hospitals of Vhembe District.

1.5 RESEARCH QUESTION

The research question that guided this study was "What are the factors that contribute to staff turnover among professional nurses in selected hospitals of Vhembe District"?

1.6. OBJECTIVES OF THE STUDY

The objectives in this study were to:

- Identify and describe the factors contributing to high staff turnover of professional nurses at selected hospitals in Vhembe district.
- Make recommendations to assist in retaining professional nurses in selected hospitals of Vhembe district.

1.7. SIGNIFICANCE OF THE STUDY

The findings of this study were disseminated to the policy makers of the Vhembe district and Department of Health and Social Welfare of Limpopo Province. It was envisaged that

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findings may be used to develop a contextual [illegible] strategy. This study therefore assisted managers in understanding factors that contribute to staff turnover among professional nurses in the selected hospitals of Vhembe district. This may further be used to retained nurses at their workplace in Vhembe district ensuring that quality nursing care was provided to the patients of Vhembe district if there were adequate nursing staff in quantity and quality.

1.8 THEORETICAL FRAMEWORK FOR THE STUDY

Assumptions are the basic principles that are accepted as being true on the basic of logic or reason without proof or verification (Polit & Hungler, 1995). Staff turnover among professional nurses in selected hospitals of Vhembe district was also assumed to be due to work overload from shortage of staff, shortage of equipment, low salary scales and lack of personnel development. Maslow's Motivation Theory will be adopted to formulate the recommendations to facilitate improvement of retention of staff at the selected hospital of Vhembe district.

Staff turnover adversely affects nearly every aspect of management, including cost, service quality, and morale of remaining employees (Borstorff & Marker, 2007). To understand how to retain the staff, one must first examine what motivates individuals within organizations (Borstorff & Marker, 2007). The theory regarding staff motivation that guided this study was Maslow's Motivation Theory (1943) cited in Koltko-Rivera (2006). The psychologist Abraham Maslow introduced "Hierarchy of needs" namely, physiological, security, social/belonging, esteem and elf-actualization needs, for the first time in 1943 and this theory still remains popular in the present time. The hierarchy of needs is one of the most popular in content theories that highlights the factors that drive humans' behaviours and motivate them.

In this study, the **physiological needs** are at the lowest level in the hierarchy. This level of needs consist basic means of living, for example, food to east and shelter to live in. Though these needs are basic, Maslow emphasized that they have the overall influence onto other needs. In a hospital context, physiological needs will be relevant to basic salary, working hours and physical comfort when doing job (Koltko-Rivera, 2006). Once all basic physiological needs are met safety concerns become the next most important set of motivating forces. This means that when basic needs are provided through work then employees will become aware of their work environment.

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Security needs are the need to be protected and secured from dangers. Applying to the hospital setting, these needs consist of the insurance, work safety condition, job security as well as financial benefit that assure certain living standards.

The third level of hierarchy is **social needs**, which refer to the desire to love and beloved, as well as engage to the society. Once the professional nurse feels safe within their work setting other factors such as belonging to the group become a motivational consideration. In this study, these needs can be translated to the relationship with co-workers and supervisors or the interaction with patients. These relationships, if managed effectively, could satisfy professional nurses' social needs by creating sense of being connected.

The **esteem needs** are the needs to be highly evaluated, by one self and others. Self-esteem needs refer to the desire for confidence, independence, competence and ability of to accomplish tasks. Besides, one also needs to be esteemed by other people expressing through the desire to be recognized and appreciated (Dessler, & Lemay 2005). In this study, professional nurses felt they were not recognised as they were not involved in decision making.

The highest level of needs is **self-actualization**, which denotes the desire to develop and improve to become actualized in what one is potential. This is the final level of motivation, self-actualization, which is when an individual reaches his or her full potential and is completely motivated to do his or her best work as all of the psychological and physical needs are met (Maslow, 1943 cited in Koltko-Rivera (2006). In this study, these needs are the desires for development and promotion opportunities, or creative and challenging jobs (Dessler & Lemay, 2005).

Though Maslow's theory and its principles were not verified and considered valid, the idea of this theory can be helpful for managers to understand the staff needs. The highest level of needs defined in the hierarchy also portraits the ideal attitude and status of an employee. According to Greenberg & Baron (2003), self-actualized staff members tend to perform with highest productivity.

1.9 DEFINITION OF KEY CONCEPTS

Professional Nurse

A nurse (general, psychiatric, and community and midwife) shall be registered in terms of section 16 if he/she received education and training at an approved nursing school (SANC regulation R425, 22 April 1988). In this research study, a nurse is a person who is trained to

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render care to the sick physically, socially and mentally and, her duties include observation and technical skills. He/she must be enrolled or registered with South African Nursing Council.

Staff turnover

Staff turnover is the movement of employees in an organisation that results from resignation, transfers out of the organizational units from discharges, retirement or death (Swansburg, 1996). In this research 'turnover' was referred to the movement of professional nurses from one hospital to the other hospital, clinics and overseas countries when their needs are not satisfied.

Contributing factors

Contributing factors refer to circumstance contributing to a result (Oxford Dictionary, 1993). In this research study contributing factors are any working conditions which are contributing to movement of nurses from hospital to hospital, clinics and overseas countries. These factors are related to physiological, security, social/belonging, esteem and self-actualization needs.

1.10 RESEARCH METHODOLOGY

The detailed research methodology will be described in Chapter 2.

1.10.1 Research design and methods

The research design used in this study was qualitative research approach with descriptive, contextual and exploration focus. Qualitative research methodology was appropriate to the research question under study because it attempted to understand the phenomenon in it's entirely, rather than focusing on specific concepts.

1.10.2 Population

In this research study the population was consisted of all professional nurses who migrated from one hospital to another in Limpopo Province from 2005-2009. Non- probability purposive sampling was used to select how many nurses 25 who migrated from one hospital to another as from 2005-2009.

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1.10.3 Collection of data

Data collection included three phases namely; preparatory, information and interview phases. Various communication skills were used during the process; they involved paraphrasing, probing, reflection and listening skills (Brink.1996).

1.10.4 Analysis of data

Data was analysed through open coding method, using steps described by Creswell (1996).

1.11 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is establishing validity and reliability of qualitative research study (Streubert & Carpenter, 1999). In this study trustworthiness was ensured by credibility, conformability, dependability and transferability (Lincoln & Guba, 1994).

1.12 ETHICAL CONSIDERATIONS

Ethical principles were adhered to. The permission to conduct the study was obtained from the University of Venda Ethics Committee, Department of Health and Social Development Research committee, relevant hospital management and participants. This is described in details in Chapter 2.

1.13 SUMMARY

Chapter one provides an orientation to the study. The purpose and the objectives of the study were stated and relevant concepts defined. The research methodology used in the study was introduced and considerations for the study's trustworthiness and ethics were explained. The chapter also gave an outlay of this research report. Chapter two will deal with the detailed research methodology.

1.14 ORGANIZATION OF THE STUDY

Chapter 1: Orientation to the study
Chapter 2: Research methodology
Chapter 3: Presentation, Discussion of results and literature control
Chapter 4: Summary, recommendations, limitations and Conclusion

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CHAPTER TWO

RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter one as the orientation presented the background of the study related factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province. Chapter two will present the research methodology and the following will be discussed; research design, setting, population, data collection, data analysis, trustworthiness and Ethical considerations

2.2 RESEARCH METHODOLOGY

Research methodology refers to the practices and techniques used to collect, process and analyze data. Research methods include sampling, sample size, data collection, and choice of measurement instrument and data analysis (Bowling, 2000).

2.2.1 Research design and methods

A research design is a structural framework on how the study is to be implemented. It guides the researcher in the planning and implementation of the study while optimal control is achieved over factors that could influence the study (Uys & Basson, 1985). Mountain & Marais, (2002), refer to research design as a plan or blue print of how the researcher intends conducting the study. The research design used in this study was qualitative research approach with descriptive, contextual and exploration focus.

Qualitative research

Qualitative research is called a holistic, inductive approach because it is interested in the rich verbal description of people and phenomena based on direct observations (Uys & Basson, 1985) In a qualitative research design the researcher is interested in the meaning of sense people make of their lives, experiences they have and how they see the structures of their world (Creswell, 1996). Qualitative research is a research which explores the meaning or

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describes and promotes understanding of human experiences such as pain, grief, hope and caring (Uys & Basson, 1985). The researcher used a qualitative design in order to understand the factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District. Qualitative research method is an approach which seeks to describe and analyse the culture and behaviour of humans and their groups from the point of views of those being studied; it explores peoples' experiences and reflects those in words and concepts. It aims at collecting data in naturalistic setting; it is aimed at documenting real events, recording what people are saying with words, gestures and tone and observation of, concrete aspects of the world (Brink, 1996). Qualitative research method is an appropriate and effective method to use as the researcher will explore and describe factors contribution to staff turnover among professional nurses in selected hospitals of Vhembe district (Brink, 1996).

Descriptive

Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on "How" and "Why" questions (Brink, 1996). Descriptive research is a research in which a specific situation is studied either to see if it gives any general theories or to see if existing general theories are borne out by the specific situation descriptive research provide (Brink, 1996). Descriptive research provides descriptions of the variables in a situation in order to answer the research question. It is aimed at obtaining complete accurate information about a phenomenon through observation, descriptive and classification (Brink, 1996) and in this study these are factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District. The researcher collected data until saturation was reached. Strauss and Corbin (1990) indicate that a point of theoretical saturation is reached when no new category is emerging. In this research study the factors which contribute to staff turnover among professional nurses in selected hospitals of Vhembe district was investigated, described and classified as to whether they are personal, administrative or human resource problem.

Exploratory

An explorative research design explores the dimension of a phenomenon, the manner in which it is manifested and factors to which it is related (Polit & Hungler, 1995). Explorative design was applied in the present study because not much was known about the factors

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contributing to staff turnover among professional nurses in selected hospitals of Vhembe district. This is a study which is done to explore the dimension of the phenomenon, the manner in which it is manifested and the factors with which it is related. It will provide more insight into the nature of the phenomenon (Brink, 1996). Babbie and Mouton, (2001), hold the view that this method is typical when a research study for example, about the factors which contribute to staff turnover among professional nurses in selected hospitals of Vhembe district. The topic was explored according to how serious it was affecting other countries, for example, Britain and Ireland, movement from developing to developed countries for example from South Africa to America and Australia. Factors such as salary scales, working conditions, benefits and equipments was explored and compared between the exporting and importing countries. The statistics of nurses who migrated from Vhembe district during the period 2005-2009 was explored and compared over those years (Aiken, et al. 2007).

Contextual

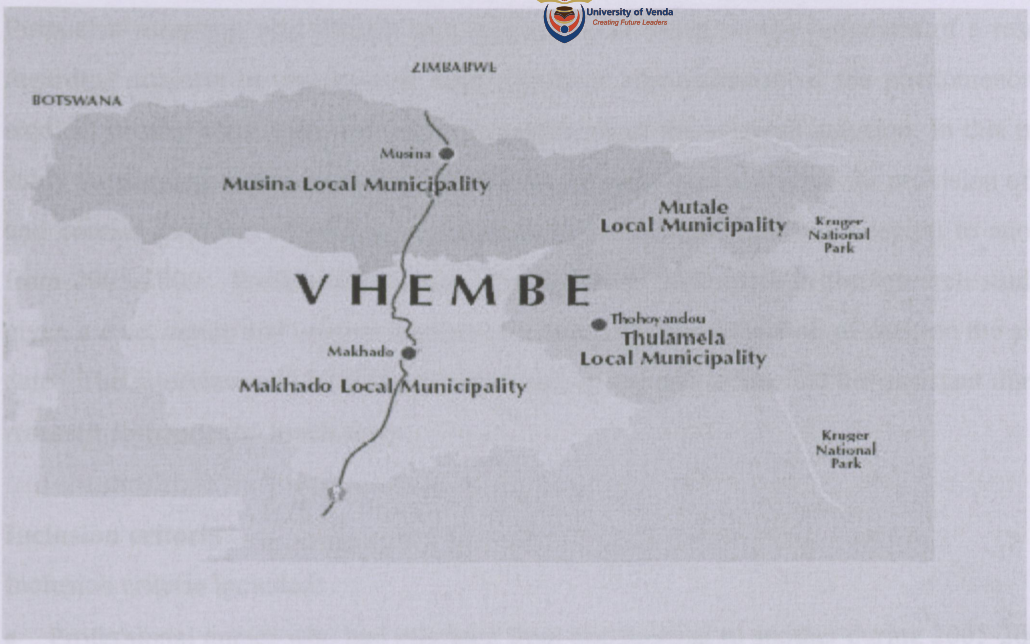
Uys and Basson, 1985), refer to contextual research design as understanding the events within the concrete, natural context in which they occur. A contextual design is concerned with the study of participants in their natural settings in order to understand the dynamics of human beings as fully as possible. The aims were to gain first-hand information on how the participants go about their daily lives (De Vos, 2007). Conceptuality of this study was demonstrated as the participants in this study were directly involved in clinical nursing, have left the hospitals in Vhembe district during the period 2005-2009 the researcher understood the factors contributing to staff turnover among professional nurses within the context of selected hospitals of Vhembe district.

2.2.2. Study area

The study was conducted at Vhembe district of Limpopo Province, South Africa. Vhembe district is in the northern part of South Africa and shares its northern border with Beitbridge district in Matebele and north Southern of Zimbabwe. It shares its Southern border with Capricorn district, Eastern border with Waterberg district and the Western border With Mopani district. Vhembe district code is DC 34; it has four local municipalities, namely, Musina, Mutale, Thulamela and Makhado (Figure 1). The hospitals that are found in Vhembe district and that was included in the study were Donald Fraser, Hayani, Louis Trichardt, Siloam and Tshilidzini Hospitals.

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Map 1: Vhembe District municipalities (DoH, (1) 2011-12).

2.2.3 Population

A population is the term that sets boundaries on the study units. It is the totality of the persons, events and organizational units with which the research problem is concerned (De Vos, et al., 2007). In this research study the population consisted of all professional nurses who migrated from one hospital to another from 2005-2009. Five (5) nurses will be sampled per hospital.

Sampling

Sampling is the selection of part of a population which meets certain criteria for participation in a research study (Brink, 1996).

- *Sampling of the hospitals*

Purposive sampling of the hospitals in Vhembe District included, Tshilidzini, Louis Trichardt, Hayani, Siloam and Donald Fraser hospitals.

- *Sampling of participants*

In this research study non- probability purposive sampling was done when selecting professional nurses who migrated from one hospital to another as from 2005-2009.

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Purposive sampling was chosen; this approach was based on the judgment of a researcher regarding subjects or objects that were typical or representative of the phenomenon being studied, or who were especially knowledgeable about the research question. In this research study the nursing managers of the hospitals under study was contacted for provision of names and contact numbers of professional nurses who migrated from one hospital to another as from 2005-2009. Professional nurses who agreed to participate in the research study were given a date, venue and contact number of a researcher for collection of data, on the arranged date. The interview was held in a hospital hall by the researcher and her assistant during the research respondents' lunch time.

Inclusion criteria

Inclusion criteria included:

- Professional nurses who had migrated from one hospital to another during 2005-2009.
- Professional nurses who were working in Vhembe District hospitals.
- Hospitals selected using systemic random sampling; only hospitals which fall under odd numbers were selected.

Sample size

In a qualitative research, a researcher did not know in advance the number of research participants who were needed. Data was collected until saturation, when no new information was emerging from the participants (Brink, 1996). The researcher sampled five professional nurses from each of the selected hospitals in Vhembe District, Tshilidzini, Louis Trichardt, Hayani, Siloam and Donald Fraser hospitals. In total, twenty five (25) professional nurses were interviewed. The research study excluded professional nurses who were working at the clinics.

2.2.4 Testing of instrument

For testing of instrument five professional nurses of Siloam Hospital who migrated from their former hospitals was interviewed face-face, using unstructured questions. The interviewer interviewed the research respondents during their lunch time in English and Venda languages. The venue of the interview was held in a hospital, church or hall. The professional nurses who participated in the pilot study were not included in the real research

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study. Data collection was done by the researcher and her assistant, using a tape recorder and a notebook on the arranged date with the research participants.

2.2.5 Data collection

Data are the pieces of information obtained in the course of a research study using various methods, for example, interview, observations and questionnaires (Polit & Hungler, 1995). Collection of data is gathering of information needed to address a research problem (Polit & Beck, 2004). Data was collected through individual interviews using a tape recorder and a field notebook. An individual interview is a face to face conversation between people and in this case between the researcher and a participant with the objective of gathering information about a research topic (Rossouw, 2005). The researcher collected data with the help of a research assistant and a co-coder. The interview was organized in three phases, namely, preparatory phase, interview phase and post interview phase. The researcher had a notebook during the collection of data. The use of a notebook was for writing verbal and non-verbal cues expressed by the participant during the interview. The research participant was observed for evidence of self-confidence and anxiety which was interpreted by the researcher on completion of the face-face verbal interview (Polit & Beck 2004).

- **The preparatory phase**

The researcher identified research participants by visiting them on the arranged date in different hospitals. These were professional nurses who moved from one hospital to another during the period 2005-2009. These professional nurses had the necessary information and assisted in answering the research question. During this phase an appointment was made with participants to meet at a venue that was comfortable, private and free from distractions. Before starting with the interview, the researcher ensured that the tape recorder was working and extra batteries were available.

- **Information phase**

The researcher arranged a meeting with the sampled participants in the hospitals under study on the arranged dates. The researcher then introduced herself to the participants. Explanation on the nature, purpose and method of the research was done. She further requested them to participate and assured them that ethical measures like confidentiality, anonymity, feedback of result and their right to withdrew from the study will be adhered to.

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- **Interview phase**

Unstructured individual interviews were conducted in this research study. An unstructured individual interview is an oral-report in which the researcher asks a respondent, without a predetermined plan, regarding the content and flow of information. In addition, unstructured interviews are conducted more like a normal conversation, but with a purpose (Brink, 1996). The researcher created an environment which was conducive for a conversation by greeting the research participants, introducing herself and appreciating the participants for agreeing to participate in the study. The participants were given the opportunity to introduce themselves to the researcher. The research participants were encouraged to be free and relaxed by the creation of a non-threatening environment; the researcher further informed the participant that a tape recorder will be used during the interview to obtain the information accurately. The researcher gave the participants a card that contained the research question: What are the factors that contribute to staff turnover among professional nurses in selected hospitals in Vhembe District? Various communication skills were used during the process; they involved paraphrasing, probing, reflection and listening skills (Brink, 1996).

Probing

Probing is a technique used by the interviewer to obtain more information in a specific area of the interview (Burn & Grove, 1997). The researchers may repeat the question, explain the question further or ask the participant to explain a statement that has been made. During probing, the interviewer avoided creating a situation where the participants felt that they were being cross-examined on the research question. For example an interviewer should avoided statements or questions like can you give more information about factors which contribute to staff turnover among professional nurses in selected hospitals of Vhembe District?"

Paraphrasing

Paraphrasing is a restatement of a text into another or expressing in your own words for clarity (Burns & Grove, 1997). This technique was used to ensure that the interviewer had clearly understood what the participant said. For example if a participant says: "staff turnover of professional nurses is difficult to control. The interviewer can paraphrase by saying that you say it is not easy to control staff turnover of professional nurses?

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Reflecting

Reflecting is to think back and interpret what has been said and attach meaning to it (Burns & Grove, 1997). The researcher reflected back to the participants on what was said and feelings displayed to show concern. For example, the researcher can reflect on a participant answer by saying, "The factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe district seem to be a serious problem, can we talk about their impact on health services?"

- **Post interview phase**

The researcher appreciated the participants for taking part in the research study and an appointment was made for the next visit because the researcher done prolonged engagement with the research respondents to verify if information obtained during the first visit will be repeated.

A tape recorder

This was used during the interview in order to capture all the available data. The researcher will created an environment that was favourable for conversation and explained to the respondents that a tape recorder was utilized so that information can be captured accurately (Rossouw, 2005). The tape recorder was checked before used to ensure that it was in a good condition. The tape recorder was played back after recording a conversation for the participants to verify the information they had provided.

Field notes

During the interview, field notes about observations made were written in a notebook by the researcher. These are notes taken by researcher during the interview and her interpretation of observation made (Polit & Beck, 2004). The notes represented the observer's efforts to record information and also to synthesized and understood the data. In addition, the notes included verbal and non-verbal cues expressed by the research respondents during the interview.

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2.2.6 Data analysis

Analysis of data is the systemic organization and synthesis of research data and the testing of research hypothesis using those data (Polit & Hungler, 1995). The tape recorder for the recorded data from the informants was played back for analyzing the data. The recorded data was transcribed, grouped for similar information and ideas so that they had meaning to the researcher and her assistant. A series of steps for data analysis begun at data collection phase. Typical step were coding for themes and categories and making notes about the context and variations in the phenomenon under study; verified the selected themes through reflection or the data and discussion with other researchers or experts in the field (Brink, 1996). Data was analysed using steps described by Creswell (1996).They were:

Step 1- Get a sense of the whole

The researcher read through all transcriptions carefully to get a sense of the whole and ideas which came into mind was jotted down.

Step 2- Pick one document

The researcher picked one interview tape recorded, the most interesting, and listened through it. The thoughts that came out were underlined with different coloured pens and notes written in the margin.

Step 3- Make a list of all topics

When the researcher had completed the task for several participants (revising the interview documents) a list of topics was then compiled. Similar topics were grouped together and arranged into major topics, unique topic and leftovers.

Step 4- Abbreviate the topics as codes

The researcher tried to found the most descriptive wording for the topics and this was turned into themes and sub-themes categories was grouped together to reduce the list of categories and the researcher drew lines between the categories to show inter-relationship.

Step 5- Making a final decision

A final decision was then be made on the abbreviation code for each category and codes were written in alphabetical order.

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Step 6- Assemble data material belonging to each other

Data belonging to each category was assembled and preliminary analysis was performed.

2.3 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is establishing validity and reliability of qualitative research study. Qualitative research is trustworthy when it accurately represents the aspect of the research study participants. There are different measures which will be taken which are described below to verify trustworthiness of this research study (Streubert & Carpenter, 1996).

Credibility

Credibility refers to the steps taken by the researcher to improve and evaluate data which involves prolonged engagement in data collection activities to have an in-depth understanding of the views of the group under study (Polit & Beck, 2004). Credibility was ensured through prolonged engagement, persistent observation, triangulation and member checking.

Prolonged engagement

The researcher spends sufficient time when collecting data with participants. The reason was to have an in-depth understanding of the culture, language or views of the group under study and to test for misinformation (Polit & Beck, 2006). The researcher also engaged with participants during the setting appointment, data collection and during data verification in order to create trust and rapport.

Triangulation

Triangulation refers to the use of multiple references to draw conclusions about what constitute the truth (Brink, 2006). It helps to capture a more complete and contextualized portrait of the phenomenon under study (Polit & Beck, 2004). The researcher used different data collection methods, namely, face-to-face interview, used of voice recorder and field notes.

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Member checking

Member checking was utilized to established interpretations (Polit & Beck, 2004). The researcher continuously checked the information gathered with the informants to confirm it. Preliminary findings of the research were also discussed with participants.

Dependability

The dependability of a study means that the data is to be trusted; therefore an audit needs to be done on the gathered data (Brink 1996). Thick description of research methodology was done. All the interviews were conducted by the researcher after undergoing training in interviewing. The interviews were transcribed and analysed independently and finally reached consensus with a co-coder. All data was returned to the participants to ensure that was a true reflection of the experiences.

Conformability

This refers to the assurance that will be given to participants that the recommendations and conclusions are supported by the study data and that the interpretation of the research and the actual data correspond (Brink, 1996). The researcher provided an audit trail consisting of raw data, analysis, notes, process and preliminary developmental information to ensured conformability.

Transferability

Transferability refers to the extent to which the findings from the data can be transferred to other settings or groups and is thus similar to the concept of generalizability (Polity & Beck, 2004). The researcher described the research methodology in detailed. Further ensured that the characteristic of the context within which the research was implemented was described thoroughly so that other researchers could evaluate the applicability of the data to other contexts.

2.4 ETHICAL CONSIDERATIONS

The permission to conduct the study was obtained from the University of Venda Ethics Committee, Department of Health and Social Development research committee, relevant hospital management and participants. Ethical considerations are a system of moral values that are concerned with the degree to which research procedures adhered to professional,

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legal and social obligations to the research subjects. According to Brink, (1996) ethical consideration should be ensured as follows:

Freedom of choice

The research participants were regarded as autonomous, thus having being with the right to make choices without coercion. The participants were allowed to exercise their own choices about whether they wanted to participate in the study or not. Participants were also informed about their right to withdrew from the study at any time without any fears of penalty.

Permission

Permission to conduct a research study obtained from the following:

- The Department of Health and Social Development of the Limpopo province and university of Venda Ethics Committee.
- The Regional Director of the Vhembe District in the Limpopo Province
- Hospital management of the selected hospitals
- Verbal and written consent was obtained from the professional nurses who moved from one hospital to another before participating in the study.

Obtaining informed consent

Sufficient information concerning the individual participation in the research study was given by the researcher. Research participants were required to give informed consent before participating in the research study, verbally and in writing; the information included the following:

- The purpose of study
- The method and the procedures to be followed
- The nature of participation expected from the nurses
- How the results were used and published
- The identity and qualifications of the assistant researcher involved
- The manner in which confidentiality and privacy was ensured.

Privacy

Privacy was the freedom an individual had to determine the extent and general circumstances under which private information was shared or withheld from others. Throughout the research process, the researcher ensured that self-respect and dignity of the participants was

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maintained. This was done by ensuring that no more data was collected than was absolutely necessary for achieving the objectives of the study.

Confidentiality and anonymity

The identification of the participants was protected in that the participants was not required to mention their names and it was not possible to relate particular data to a particular person or hospital Confidentiality and anonymity was further ensured by coding the hospitals names and this was how they appeared in the report.

2.5 SUMMARY

A qualitative research design was used in this study. The researcher used a descriptive design in this study. Research design and sampling was addressed. The study samples were selected using a purposive sampling technique. Data was collected using unstructured individual interview. The researcher ensure strict compliance with ethical standards relevant to protecting the rights of the participants, institution were data was collected and that of the scientific integrity of the study. The trustworthiness of the study was addressed through ensuring credibility, transferability, dependability and conformability. The next chapter will present the analysis of data, its interpretation and discussion of the data obtained during the interview.

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CHAPTER 3

PRESENTATION, DISCUSSION OF RESULTS AND LITERATURE CONTROL

3.1. INTRODUCTION

In the previous chapter (2) the research methodology and design of the study was presented. Chapter 3, present the study findings which emerged from 25 professional nurses during qualitative data analysis using Tech's open- coding technique cited in (Creswell, 1996). The data was obtained from semi structured interview conducted face to –face with the participants. The interview lasted for about 30 - 45 minutes per each participant who volunteered to be part of the study. Interviews were conducted until data saturation occurred with repeated questions meaning that no new information emerged except the one shared by other participants. During data analysis the main themes, themes and sub-themes emerged. A theme is an emerging regularity from an analysis of qualitative data (Polit and Beck, 2004).

3.2. Description of a sample

A sample is a subset of a population selected for a particular study (De Vos, 2007). In this study the sample comprised of five (5) professional nurses from each of the selected hospitals in Vhembe District Limpopo Province, namely, Tshilidzini, Louis Trichardt, Hayani, Siloam and Donald Fraser hospitals. Twenty five (25) participants participated in this study; the demographic profile is presented in Table 3.1.

Table 3.1: Demographic profile of participants recruited to the study (n=25)

Gender	
Female	18
Males	07

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Ages	
20 to 29	01
30 to 39	10
40 to 49	10
50 to 59	03
60 to 69	01
Marital status	
Married	09
Single	13
Widow	03
Qualifications	
Diploma in Nursing	07
Diploma Comprehensive	09
BCUR	07
BCUR Praxis	01
Honours Degree	01
Number of children	
00	01
01	02
02	13
03	04
04	03
05	02
Year of movement	

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2007	09
2008	06
2009	10

Twenty five participants participated in this study. There were more female nurses than male nurses. Thatcher et al. (2002) confirmed that female IT workers have a higher level of turnover intention than male IT workers. The ages of participants ranged from 27 to 63. In this study it was found that more movement was amongst nurses of ages 30 to 49. This was supported by the findings of Delobelle, et al, (2011) when indicating that younger nurses had higher level of turnover intention. On the other hand, Moon Fai, Luk, Sok Man, Siu Ming and Lat Kio, (2009) found age to be positively associated with nurses' intent to stay. The findings revealed that more movement is amongst the participants who were single, that, 13 participants out of 25 moved from one institution to the other during the period 2007 – 2009. More professional nurses (09) with Diploma in Comprehensive nursing (general nursing, midwifery, psychiatric and community health nursing) were moving from one institution to the other. More movement was observed amongst participants with two children. Movement was observed to be high (10) in 2009. Adenguga, Adenuga and Ayodele (2013) were in support when stating that demographic variables such as gender, academic attainment, marital status as well as organizational politics, job satisfaction and work ethics were found to have a predictive effect on employees' organizational commitment and turnover intention in private Universities of Nigeria.

3.3 PRESENTATION OF THE RESEARCH FINDINGS

The themes which emerged from data analysis of the study about factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province are presented in Table 3.2. The two main themes that emerged were institutional related factors and personal related factors. The findings of this study are discussed in quotations extracted from the data recordings and placed into context by literature support.

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Table 3.2: Main themes, themes and sub-themes

Main themes	Themes	Sub-themes
1. INSTITUTIONAL RELATED FACTORS	1.1 Push factors related to staff turnover	1.1.1 Lack of development opportunities 1.1.2 Limited opportunities for promotion 1.1.3 Ineffective supportive supervision, 1.1.4 Low levels of employee involvement, 1.1.5 Insufficient human and material resources
	1.2 Pull factors related to staff turnover	1.2.1 Remuneration better salary scale, 1.2.2 Performance appraisal, 1.2.3 Leave opportunities
2. PERSONAL RELATED FACTORS	2.1 Financial aspect related to staff turnover	2.2.1 Limited funds for Transport, Accommodation 2.2.2 Hospital far from community amenities (Lack or far from crèches and school near work)
	2.2 Family factors related to staff turnover	2.1.1 Limited time with family 2.1.2 Workplace far from home

3.4 DISCUSSION OF FINDINGS

From the findings of this study factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District were categorised as institutional and personal related. Turnover rate can be used as an indicator to measure employee relation effectiveness in an organization (Torrington, Hall & Taylor 2005).

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3.4.1 MAIN THEME 1: INSTITUTIONAL RELATED FACTORS

From the findings of the study, it was indicated that staff turnover can be occur due to different reasons, which were indicated as push, pull and function factors.

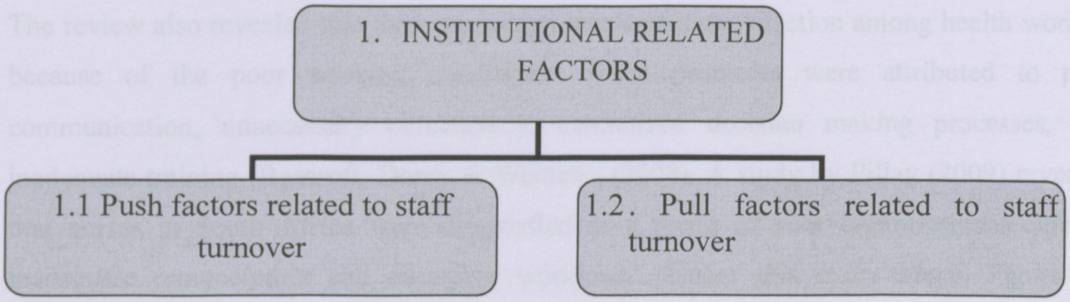


Figure 3.1: Main theme 1 and themes

The push factors refer to *concerns* as they encouraged professional nurses to leave the institution to the next (Hall, 2004). Whereas the pull factors were regarded as *prospects* as offered prospects for better circumstances and attracted and facilitated the movement of professional nurse towards that level of another institution (Hall, 2004). Data indicates that some of the participants felt that there were aspects within the organisation that makes them to leave. These aspects as were related to Maslow Hierarchy of needs. They indicated that there was lack of development opportunities, mismanagement and insufficient resources. On the other hand other participants indicated that they were attracted to their new employment by high salary scales which included issues related to Occupational Skill Dispensation (OSD) and rural allowance.

To emphasise issues related to institutional related factors participant P22 said:

> ***'I left that hospital because there were issues that were problematic. You know mam there is a lot of favouritism in that hospital. When they send people for studies, they send their friends or relatives. I have been applying for four year without succeeding. Yoo!!! I had to go. So when this post was advertised I saw that the salary is higher, and then I thought it was better for me to take it'.***

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A provincial review study that was conducted by South African Human Rights Association (Beecroft, Dorey & Wenten, (2008), among health workers in the nine provinces of South Africa in preparation for a national enquiry into the right to have access to health care, revealed that there was low morale among staff members in public hospitals. The low morale has been attributed to poor management, changes in workloads and lack of managerial support in the public sector.

The review also revealed that there were high levels of dissatisfaction among health workers because of the poor working conditions. These problems were attributed to poor communication, unnecessary bureaucracy, centralized decision making processes, and inadequate training (Beecroft, Dorey & Wenten , (2008). A study by Pillay (2009) revealed that nurses in South Africa were dissatisfied as a result of poor organizational climate, inadequate remuneration and excessive workload. Under this main theme, Figure 3.1 presents theme 1.1 and sub-themes that emerged from the main 1:

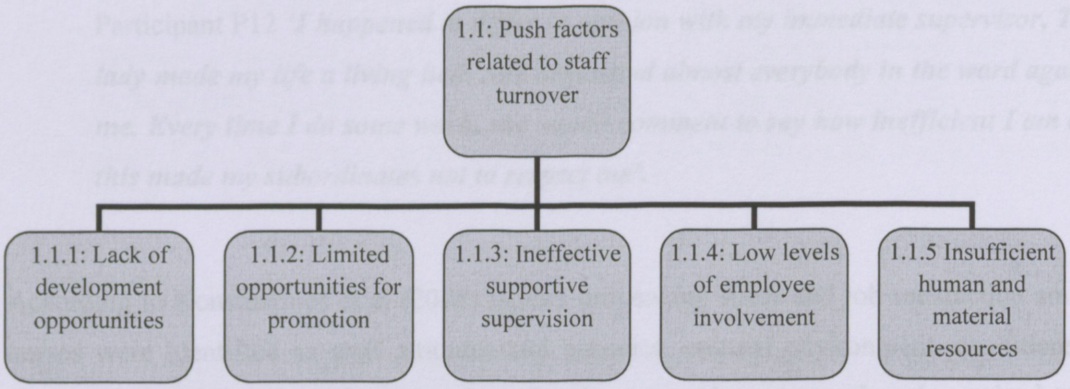


Figure 3.2: Sub-themes for theme 1.1

Each theme will be discussed individually along with its sub-themes.

3.4.1.1 Theme 1.1: Push factors related to staff turnover

The findings of the study indicated that professional nurses who are working in the selected hospital in Vhembe district were dissatisfied with their job or the hospital and this led to undesirable turnover. This was echoed by participant P22 in the previous quotation. Some of the participants indicated that supervision by management was lacking in most of the hospital. Staff members were said to do things as they wish and this was unacceptable

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especially to those participants who considered them to be highly committed to their work. This was said to be causing stress and strain on them as they reported to be left alone in the wards to care for patients while other staff members take sick leave or absent themselves from work. Other participants described how they were pushed out of the hospital because of personal clashes with their immediate supervisors. This is what participant 0051 and 0012 said:

> Participant P01 ***'Mam it is very disturbing if management is not doing their job. There was lack of supervision in the hospital. Nurses would do things as they wish. You would find that there are nurses who would submit a sick note every alternate week. This frustrates the people who work with this person as they need to stretch themselves to make up for shortage of staff. You end up being stressed and instead management will be accusing you of inefficiency instead of dealing with people who are continuously absent.'***
>
> Participant P12 ***'I happened to differ in opinion with my immediate supervisor, That lady made my life a living hell. She organised almost everybody in the ward against me. Every time I do some work, she would comment to say how inefficient I am and this made my subordinates not to respect me'.***

According to Konstantinos et al (2008) factors influencing stress and job satisfaction among nurses were identified as staff attitudes and behavior, cultural environment, conditions of work such as shift work, night duty, missed breaks, excessive paper work and poor leadership skills.

From theme 1.1, the following sub-themes emerged:

- lack of development opportunities,
- Ineffective supportive supervision,
- Low levels of employee involvement,
- insufficient human and
- Material resources.

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Each sub-theme will be discussed individually.

3.4.1.1.1 Sub-theme 1.1.1: Lack of opportunities for professional development

Majority of the participant were not satisfied with the effort that management place on their development both professional and promotions. They indicated that there was no transparency in relation to how people are selected for study leave. Another disturbing issue raised was that people are not placed in their area of interest for example a person who likes orthopaedics and ask to be placed in such a ward with the intention to specialise would be denied that opportunity. It was even more alarming where after qualifying in that speciality management would not place that person in their area of specialisation.

This is supported by what participant P02 said:

> ***'I was interested in theatre technique and I went to management to ask them to place me there so that when I go for training I will have orientated myself. Yoo the opposite occurred I was never placed there. And I was denied the study leave. I went to head office and the training directorate approved my study leave. So when I came back I was not placed in theatre I had to leave and go to the hospital where my services were appreciated.'***

Participant P12 said

> ***''Training is lacking, especially for the newly qualified nurses, who are not experienced. They do not feel safe, especially with conditions they have never dealt with ...'***

Lack of professional development refers to when professional nurses are not provided with opportunities for training for post basic courses, in-service education and orientation and also not given promotion opportunities at their workplace (Booyens, 1994). An organisation can be successful if the management introduce, manage and evaluate programmes with the aim of developing personnel, their knowledge, skills and attitudes, and their own personal growth and fulfilment. The planned development of an organisation can be promoted with staff development. Staff development includes different educational undertakings e.g. induction training, orientation, in-service education, continuing education, management, training and organizational development (Gillies, 1998).

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Career development can be achieved by motivation of individual employees by organisation managers. Employees must be encouraged to develop themselves in courses related to their jobs example basic, post basic, in service training and short courses. Organisation managers have the responsibilities of doing work environment assessment, job analysis, education, training, job search and acquisition and work experience so that organisational goal can be achieved which is quality patient care (Hughes, 2008).

Research has revealed that opportunities for continued education and professional growth are perceived as being motivators for employees to stay in the institution and lack of these opportunities are associated with the intention to leave. Education was said to be inspiring and fosters personal growth; professionals have an interest to grow relating to their career (Stina, Korstin, Goran, 2009). Results from Masibulele, (2010) shows that it is vital for an organisation to provide an environment in which employees are given opportunities for further self-development through training. An organisation must provide development opportunities for employees to improve their stairs and having chances of acting in high positions. Lack of training, development and career opportunities was said to be some of the major reasons for voluntary turnover (Masibulele, 2010).

Every trained nursing person is a considerable asset and presents hospital management with the challenge of keeping him/her satisfied and settled (Haour-Knipe & Davies, 1999). Professional nurses are said to be critically important to the hospital because they are trained professionals whose presence in the hospital is continuous and spend almost all their working time next to the patient, where as other professionals in the hospital, spend very little time with patients. Oosthuisen and Ehlers (2007) support this by pointing out that nurses constitute the largest professional group in the South African health services and form the backbone of nursing care hence the importance of retaining them in the service.

According to McGillis (2000) Theories of human capital suggest devoting resources to education. Career development and orientation of individuals was said to constitute an investment that will produce future returns for an organisation. According to Shields and Wards (2001) study that was conducted in the United Kingdom it was indicated that dissatisfaction with promotion and training opportunities had a greater impact on nurses' turnover rates than nurses' workload or salaries. Staff turnover of skilled professionals, nurses can be viewed as brain drain: Oosthuisen and Ehlers (2007) explain brain drain as

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depletion of skilled people who are vital to the functional core of national economy. Staff turnover also provides career development opportunities for workers and can also be a way in which businesses slowly reduce their workers without having to opt for redundancies (Hall, 2004). However it has been noted that migration of health professionals is encouraged by the government when initiating bilateral agreements to recognize each other's qualification, making it easier for health professionals to move from one place to another and continue working in the same field (Stilwell, 2004).

3.4.1.1.2 Sub-theme 1.1.2 Limited opportunities for promotion

This is one of the factor classified as concern which emerged from the data, most of the professional nurses mention promotion under other factors which can contributes to staff turnover. Individual performance was said not appreciated as performance appraisals were too subjective and personnel were said to be rated as average. This was said to be causing a lot of stress among workers as mangers do not evaluate employees timeously. When promotion is not done according to promotion policy, it means the qualifying staff will not be promoted when due. This was mentioned by participant P24 when stating that;

> ***'Promotions did not come cheap in my previous hospital. When performance appraisals are written for employees, you find that managers do not have record of how you worked the previous month. This makes them to adopt a central tendency where one is rated as average for everything. When you site incidences that you think were extra ordinary they pretend as if they don't know those incidences so I thought going to other places where policies and procedures are followed could be better for me.'***

According to Booyens (1998) promotion must be done primarily from within organisation opportunities because promotion is limited in nursing, so promotion should be reserved for staff who is already employed by the organisation. According to Minnaar and Selebe (2009) motivational factors are important for employees within an organisation because they play a role in motivating employees such as promotion, more responsibilities, being responsible for own practice, having the opportunities to do one's job creatively and innovatively recognition and achievement. Another potential benefit for the organisation is increase in promotional opportunities for the remaining workers (Kline, 2003; Sullivan & Decker, 1985).

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High staff turnover as the possibility for increased performance brought about by recently trained employees, the possibility that long running conflicts between people would be reduced or eliminated through attrition, and increased chances for promotion and the possibility for increased innovation and adaptation brought about by the introduction of fresh ideas. The organisation must formulate a clear well defined policy on promotion which is known by all employees in an organisation. Some of factors that contribute to staff turnover by Masibulele (2010) were identified as job not matching new employees' expectations, lack of attention from the managers, lack of training, lack of autonomy, lack of challenge and variety within the work, disappointment with the promotion and development opportunities and disappointment with standards of management.

The professional nurses were not promoted even when they were performing their duties well. They were never promoted to the high rank and better salaries. Some of the professional nurses remain in one position for a period of six years. At the end result professional nurses experienced demotivation and frustration (Toni, 2007). Health care organisation managers are responsible for providing managers who can encourage nursing staff to be retaining in their jobs, by providing nurses with meaningful development opportunities at their workplace, employment (Hunt, 2007). Promotion of nursing staff to high positions should be given to senior personnel who are experienced at work rather than newly appointed junior nurses (Mokoka, Ehlers & Oosthuizen, 2011). Opportunities for promotion make the employees experience a sense of achievement and satisfaction enabling them to move from one level to another, improving their status and remuneration within the same organisation or institution were considered as potential factors influencing promotion opportunities at the workplace (Lephalala, Ehlers, Oosthuizen, 2008). Nurses' turnover rates might be reduced if promotion policies could be consistent, doctors would value nurses' work and if nurses could be more autonomous (Lephalala, Ehlers, Oosthuizen, 2008).

3.4.1.1.3 Sub-theme 1.1.3 Ineffective supportive supervision

According to majority of participants staff turnover was said can be influenced by leadership and management styles. Leaders in previous hospitals were said to be practising autocratic leadership which was depressing and made them to have low morale. The previous leaders were said to be ignorant of the fact that employees needed to be involved and was said to

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have resulted in poor relationship between manager and employees. It was also indicated that poor organisation was related to ambiguity of in the lines of authority, unclear job description and responsibilities, and managers' negative attitudes towards the delegation of authority. Poor communication process was said to evident when managers were said not to be explaining what is expected from employees and their responsibilities towards their duties at the workplace. Nurses were reported as being competent in their duties but, a concern was raised in relation to supervisors that always fail to acknowledge their performance and give praise when it is necessary. Positive reinforcement was said to be a way of encouraging nurses to render quality patient care.

Favouritism was also said to be the order of the day. Some of the staff members were said to be favoured by managers and not involved in performing nursing duties. It was also reported by some of the participants that there are employees that are given first preference related to day offs, leave and placements. They were said to be placed in less heavy wards and given leave during festive seasons. This was said to have resulted in lack of team spirit among employees and resentment towards each other. The following quotations are emphasis of what some of the participants said (participant P11, P03 and P08):

> ***'Maam do you believe that in this new democracy there are still people who believe they can run a hospital without involving the people they are supervising. Management just made decisions on their own without consulting employees and we were expected to implement those decisions blindly'***

> ***'The policies in that hospital are not followed. Management changes policies to suite them. What is more annoying is the fact that when you draw their attention to certain policies that you have used to make a decision Hey!!! They will tell you where to get off.'***

> ***Managers have their favourite personnel; these are people who get top soup. I mean they are given leave during festive season and days off during long weekend'.***

Research results indicate that public hospitals are characterized by dissatisfaction (van der Hoef, 2012; Klopper, Coetzee, Pretorius & Bester, 2011). Job dissatisfaction is defined as the degree to which individuals feel positive about their job. It is the extent to which individuals

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like or dislikes their jobs (Bhatnagar & Srivastava, 2012). It is composed of work satisfaction and environment satisfaction. Work satisfaction refers to how satisfied an individual is with the actual work he is doing, while environment satisfaction has to do with factors such as supervisor's, co-workers physical space and hours (Muhammad Ali, & Ahmed Wajidi, 2013). The study by Muhammad Ali, and Ahmed Wajidi, (2013). conducted in Istanbul also identified that dissatisfaction and burnout in among physicians was caused by poor financial rewards, lack of leisure activities and mostly poor interpersonal relationships. Job dissatisfaction has always been cited as the primary reason for absenteeism, poor quality patient care which in turn poses a threat to the organization's capacity to provide good care and to meet patient's needs as dissatisfied workers are likely to produce inferior services (Bhatnagar & Srivastava, 2012).

There is also compelling evidence of a positive relationship between job satisfaction and employee health and strong relations between job satisfaction and stress as a result, dissatisfied providers not only give poor quality care and less efficient care but also lead to poor patient satisfaction and outcomes. In the contrary, employees who are satisfied with their work and organization are likely to have higher wellbeing and perceive their quality of work life positively (Beecroft, Dorey & Wenten, 2008). The same study identified factors leading to job dissatisfaction as low pay, management issues, workload, inadequate resources, career development opportunities and safety with their working environment, possible participation in decision making and one's ability to express freely one's opinion. Kisa et al (2013) further state that the deteriorating levels of job satisfaction has negative effects on the organization. These negative effects include increased staff turnover, decreased continuity of care for patients as well as decreased job satisfaction.

3.4.1.1.4 Sub-theme 1.1.4: Low levels of employee involvement,

Most of the participants were not satisfied about the low level of the employees' involvement in the day to day running of the hospital. They cited low level of involvement on issues related to policy making, feedback about performance, in-service education at workplace, recognition of outstanding performance, and application of disciplinary procedures and policies fairly and consistently. Some of the participant said (participant P09 and P15)

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'Hesh!!! (Sigh) my previous hospital management was centralising everything. They were people who wanted to do everything from their offices and this resulted in most of the activities not being implemented. I mean you cannot be everywhere. Look at the issue of in-service education they would draw the educational training needs of all levels of nurses without consulting the affected parties and my belief is that we as employees need to be involved because we also know our educational needs. This is important as management has lost touch of operational activities'.

'Presently because of the new dispensation there are a lot of changes occurring in the workplace. Managers attend meetings everyday about these changes and when they come back they don't even give feedback to us. Management wait for somebody to do a mistake that is when you will be told about the new policy that you have breached'. I was tired of them I had to go or else you will end up with stress related high blood pressure.'

Research shows that management which facilitates rather than directing and recognise staff contribution promote the retention of nurses. The managers' behaviour has a great impact on work climate, satisfaction and intention to leave or stay. A manager must be honest, clear and able to push the unit forward (Mokoka, Ehlers & Oosthuizen, 2011). This has been confirmed by another study where it was suggested that the manager should apply structure and work-related goals while simultaneously supporting and listening to the staff. The manager was said to be very important for the work climate and for developing good group cohesion. It was also suggested that managers should work towards shared responsibility where the subordinates are included in all activities (Sellaren, Kasermo, Ekwall & Tomson, 2008).

On the other hand another study identified a number of areas where nurses believed that supervisors contributed to job dissatisfaction which are; failing to recognize work accomplishments, insufficient communication, being absent when difficult clinical events arose, being indifferent to personal needs, providing excessive criticism and a lack of team conflict resolution skills (Otjese, 2007). This is also confirmed by Zangaro and Soeken (2007), who also identified common factors contributing to nurse job di-satisfaction which were; stress, poor communication with supervisors, lack of autonomy and recognition, poor

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communication with peers, lack of fairness, loss of control, age, years of experience education and professionalism noted by (Hayes, Bonner, Pryor: 2010).

According to Foley & Polanyi (2006) involvements in decision making involves allowing employees to give input into organizational decisions. Kowalik and Yoder (2010) decision making involvement is a complex collaboration between employees of an organization and the organization's leadership and it is a component of participative management and shared governance. Shared governance allows employees to influence the decisions that affect their practice, work environment professional development and personal fulfilment (Kowalik et al, 2010). These reports suggest that management need to offer support and encourage employees to assume an active role within decision making processes. Increasing employee participation in decision making could promote workplace productive and creativity, enhance organizational effectiveness and worker morale. Collaboration in decision making results in higher quality decisions and greater partnership and implementation of decisions which can benefit both managers and employees (Bina, Schomburg, Tippetts, Scherb, Specht & Schwintenberg, 2013).

De Vries and De Vries (2004) found that doctors who were not contacted on issues that affected their jobs, but instead decisions were made at provincial level in a top-down fashion were dissatisfied with their working conditions . in contrast ,(.....) found that nurses and administrators involvement in decision making was perceived to have a positive impact on the working environment and was associated with improved work performance, built their confidence and increased their job satisfaction.

Schalenberg, Kramer, King and Krugman (2005) identify two types of relationships; namely Collaborative and collegial relationships. Collaboration is viewed as a relationship, a process consisting of on-going interactions. It is interdependence which requires all professional who are in involved in the provision of patient care to work together, share responsibilities for problem solving and make decisions and implement plans for patient care. Collaborative relationships go beyond patient care and involve social interactions in order to know each other better. Collaborative relationships should be based on trust, respect for other people's opinions as well as team work and open communication (Schalenberg et al, 2005). Collegial relationships involve recognizing that each member of the team has something unique and essential to offer and that the organization's survival depends on all team members' contributions. Like collaborative relationships, collegial relationships include respect, open

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communication, teamwork, trust and an additional attribute of equality (Schalenberg et al, 2005).

Carmeli, Brueller & Dutton, (2005) emphasize the importance of interpersonal relationships on psychological safety of members in any organization. When good high quality relationships prevail in the workplace, employees are likely to express their emotions freely without fear of embarrassment. High quality relationships also allow exchange of information and ideas which are critical to creating and sharing solutions to problems and in finding new ways to improve work processes and outcomes.

People who are involved in high quality relationships feel valued experience vitality, positive regard and mutuality. They feel connected in ways that allow them to overcome fears and barriers thus contributing to better organizational functioning. Furthermore, good relationships create a sense of being recognized and treasured in the workplace rather than feeling being judged and monitor (contributions are appreciated) (Carmeli, Brueller & Dutton, 2005). Effective, frequent and open communication, coupled with good interpersonal relations is imperative for the delivery of safe and effective quality patient care; on the contrary communication failure among staff members can cause unintended patient harm. Because of these reasons, it is important that managers create communication tools and an environment in which differences of opinions can be voiced and reconciled and concerns expressed freely (Leanard, Graham & Bonacum, 2004). Proper communication can help the organization to achieve optimum growth and improve employees' quality of life as it allows employees to share information about their values, needs and problems and may be helpful in promoting trust, loyalty and innovativeness among employees (Ruppel and Harrington, 2001). Positive leadership and respect from supervisors was identified as being important for nurses at ward level. Nurses wanted respect from administrators, social support, organisational support, (Dunn et al.2005).

3.4.1.1.5 Sub-theme 1.1.5 Human and material resources

Insufficient human and material resources were echoed by most of the participants.
Most of the participants mentioned that sometimes employees work overtime due to shortage of staff and become exhausted. Shortage of equipments and materials at workplace was also

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cited as a problem that can lead hazards. Human and material resources will be discussed separately.

- *Insufficient human resources*

Insufficient human resources were said by almost all participants as the motivation for them to move from their previous employment. Participants described how the introduction of OSD and rural allowance contributed to the movement of professional nurses from the hospitals to the primary health care facilities. Insufficient resources was also said to have caused by movement of professional nurses to the international world. It was also identified from data that abuse of sick leave and absenteeism were other contributory factors to insufficient human resources. Participants explained how this affects them as they are more than often exhausted and stressed. Most of them were worried about the contribution of insufficient human resource to patient care as this is compromised. To emphasise some of the participants said (participant P19, P17 and P21):

> ***'It is so hard to work with minimum staff members as you will not be able to provide service that are expected of you. I have never seen a patient being given individual attention let alone health education. This is one of the reasons patient are being readmitted as they are not educated about their condition and treatment. So tell me how you teach in a sixty bedded ward with limited staff. We just make sure that all of them get basic care. It is imposable to practice apply what you have been taught at school'.***

> ***'Sometimes management is to be blamed for insufficient staff because fail to discipline people who abuse sick leave and those that continue to absent themselves from work without valid reasons'.***

The ability of a hospital to provide safe, high quality, effective patient care depends on the availability of adequate skilled and well-motivated staff (George & Rhodes, 2012; Savic & Robida, 2013). However, a number of studies indicate that there is a chronic shortage of nurses in the public sector. These shortages have linked to several adverse outcomes for both patients and nurses. Kingma (2007) reported that shortages of nurses in Western Australia have result to patients staying in casualty department for up two days before being admitted.

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Yun, Jie and Anli (2010) state that shortage of nurses increases the woarkload for nurses, lowers the quality of nursing care, increases the risk of occupational injuries, increased turnover rates and chances of seeking psychiatric . They further stated that nursing shortages threatens the patients' safety and increases patient mortality rates. These findings are in line with a study by Hall (2004) who suggests that that shortage of staff in public hospitals is attributed to freezing and termination of posts the inadequate salaries, skills and expertise that are not rewarded, inadequate training capacity, skills mix deficits, weak management systems perceived as evidenced by low levels of support, poor morale, fragmented systems and supervisory systems and management's failure to create environment in which staff can grow (Hammett, 2007; Minnaar & Selebi, 2009).

Nurses are said to be experiencing challenges in coping with the workload and working conditions in South Africa because of inadequate staffing. Exposure to risks in the working situation due to staff shortages was also said to be high. Management was said to be insensitive to staff member's needs and poor working conditions and more often fail to offer necessary support to employees (Oosthuizen & Ehlers, 2007). The work environment where nurses employed at the public health care facilities was found to be stressful and unsupportive leading to poor health care delivery. This is mainly due to factors which they cannot control, such as staff shortages and increase in the number of patients and prevalence of HIV/AIDS. These factors may force nurses to consider alternative career options such as practising their profession elsewhere or moving out of nursing (Hall, 2004).

Nurses' turnover is also associated with factors such as long shifts, overtime, working during weekends or holidays and nightshifts. Staff-related factors that would contribute to retention of registered nurses were said to include adequate advancement opportunities in the organisation , making new employees feel at home, creating more nursing posts to ease the workload, filling vacant posts more quickly, providing counselling service after traumatic events, receiving support from colleagues and respecting diversity (Mokaka; Ehlers & Oosthuizen, 2011). Heavy workload and stressful work tempo was said to be the reason for nurses to quit their current work. It has also been identified that as patient load increases, work satisfaction decreases (Aiken et al 2002). Though the relationship between heavy workload and staff turnover has been described in many studies, very little effort has been put in to reduce the imbalance between the numbers of well skilled staff and the number of patients needing care. Smaller and big units organised in a smaller work teams had lower

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staff turnover than the other units. Nursing staff that have a heavy workload may not have sufficient time to perform task safely, apply safe practices or monitor patients, and may reduce their communication with physicians and other providers (Aiken, et al 2002).

It was also noted that nurses who have heavy workload may experience stress and burnout which can have a negative impact on their performance due to reduced physical and cognitive resources available to nurse to perform adequately. It was also identified that nursing staff who have a heavy workload may be dissatisfied with theirs job thus affecting their motivation for high quality performance. High workload creates frustrations and contributes to the development of negative attitude towards one's job (Carayon, Ayse &Gurses, 2005). Many developed countries, for example, America; United Kingdom has nursing shortage characterized by a decline in the number of people entering the nursing profession. The developed countries depend on nurses from developing countries, for example, South Africa, Malawi, Zambia and Zimbabwe. South African nurses are in high demand because of their higher level of training (Lubanga, 2006).

- *Insufficient material resources*

Many participants mentioned that shortage of equipments and material at workplace can contribute to staff turnover. One participant who went for a specialised explained how she was frustrated when she came back from training as she could not implement anything that she has learnt due to shortage of equipment. She cited lack of equipment as the main reason for leaving the previous hospital. It was also indicated that management want them to teach students which was said to be impossible because of lack of equipment. Insufficient equipment was also said to be contributing to long stay of patients in the hospital and subsequently the wards overflows and staff become stressed due to heavy workload. Participants attribute some of the staff turnover at the workplace unavailability of equipment for use. This is what some of the participants said (participant P10, P14, P07 and P13):

> ***'It is painful because every day it is said on radio and paper that health services are free, what is free about these services lives to be seen. How can the service is be free when there are no treatment and equipment to render a service with?'***

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'I used to work in theatre you know cases would be cancelled because there was no equipment or machines were faulty and there was no money to repair. This often leads to long stay in the hospital and costly as well for the government'.

'Hospitals have deteriorated. This is really not good for patients and the nurses themselves.'

'Working conditions are difficult. With so many patients, some of them very, very ill, nurses feel they are not really giving good quality care. They are despondent and therefore some feel they'd rather leave.'

Without basic resources and equipments, nurses are not able to function effectively and this could prompt their decisions to leave their employer (Mokoka, Oosthuizen & Ehlers, 2010). The aspect of resources as mentioned in task level workload are important in defining workload as resources are a key towards the achievement of the organizational goal. It is imperative, that the necessary resources be made available to employees so that they can complete their tasks in time. Access to resources refers to one's ability to acquire the financial means, materials, time given to complete the task, rest breaks, cognitive capacity, support staff and suppliers to do the work on the other side, demands refers to the need to concentrate on the task to be done (Cho et al, 2006). Work overload is the most imported predictor of burnout, lack of involvement and dehumanization of patients by care givers. It is also a major cause of dissatisfaction among health care givers and support staff and has an influence on staff decisions as whether to leave or remain in their jobs (Nirel, Coldwag, Feigeberg, Badi & Halpern, 2008).

Research suggests that those with higher workload tend to report more health problems as compared to those with lesser workloads for example, Tomic and Tomic (2010), reported that nurse run a risk of health symptoms and burnout because of their engagement in physically and mentally demanding tasks which involve working odd and long working hours, shifts and dealing with seriously ill and dying patients.

- HIV / AIDS epidemic its consequences on workload

There is substantial evidence that HIV /AIDS scourge is another factor that impacts negatively on workload and staff shortages as it is also a leading cause of death among health care workers in the developing world (Chikanda, 2006; Connel et al., 2007; Shisana, Hall, Maluleke, Chauveau & Schwabe, 2004; Mbindyo, Gilson, Blaauw & English, 2009;

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Bemelmans et al, 2011). Pillay (2009) revealed that forty six percent of patients in South African hospitals are Aids patients and that the majority of them were brought to hospitals when they were already critically ill. Caring for terminal ill patients, coupled with the limitations of the working environment places additional burden on the workforce that is already overburdened, demotivated and emotional exhausted.

3.4.1.2 Theme 1.2: Pull factors related to staff turnover

Pull factors *(uncontrolled factors)*: are those reasons that attract the employee to a new place of work. In some papers pull factors are named as uncontrolled factors because it is out of the control of organizations. Various pull factors derived from literature are: high salary, career advancement, new challenge and interesting work, job security, good location of company, better culture, life-work balance, more freedom/autonomy, well reputation of organization, vales, more benefits, good boss (Shah, Fakher, Ahmad, & Zaman, 2010).

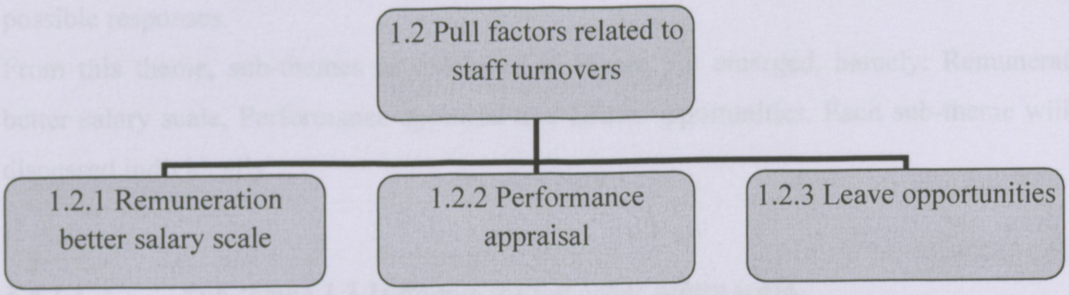


Figure 3.3: Sub-themes of theme 1.2

The study findings indicate that professional nurses described various factors that attracted them to their present working environment. Data showed that different participants were attracted by different things to their present work. The participants described how they were attracted by better salaries in a form of OSD and rural allowance. Performance appraisal was also said to be contributing to their attraction to the new place. Once participant indicated that her new place of work allowed her to take leave during school holidays and this makes it possible for her to be with the children when the schools are closed. This is what participant 0053 and 0042 said:

> Participant P04 ***'you know when OSD was introduced most of the people could not be remunerated as expected because we were not place in our area of specialisation.***

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One had to move to a hospital where I would be properly placed to get OSD and rural allowance. This is what made me to move'.

Participant P09 'I ***always wanted to be home during holidays so I decided to do nursing education so that I can take leave as well when they are at home to be with them. I would get worried when they are home and there was nobody to look after them.'***

What participants said was supported by the findings of Greyling and Stanz (2010) in the study 'Turnover of nursing employees in a Gauteng hospital group', participants was asked why they would leave the hospital. From the 208 respondents, 89 (Group 1) (42.79%) indicated that poor pay and benefits would be the most important factor in their decision to leave, while a further 27 from the 201 respondents (Group 2) (13.43%) indicated that poor pay and benefits would be the second-most important factor, representing 56.22% of all the possible responses.

From this theme, sub-themes as displayed in Figure 3.3 emerged, namely: Remuneration better salary scale, Performance appraisal and Leave opportunities. Each sub-theme will be discussed individually.

3.4.1.2 .1 Sub-theme 1.2.1: Remuneration better salary scale.

Majority of the participant were not satisfied with the effort that management place on their development both professional and promotions. They indicated that during the introduction of OSD and rural allowance. The process that was followed was not transparent and explained to them. Most of them found themselves on the same salary scale with newly appointed professional nurses. It was evident that experience was not considered. On the other hand in a hospital that one of the participants has been employed the year of service was considered and all professionals were said to have been involved and they understood all the processes. Most of the participants indicated that their movement was due to the fact that there were higher posts advertised with better salary scales.

This is what participant P21 and P22 said:

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'I had to move you know I was placed on the same salary scale with newly qualified professional nurses. I have twenty years' experience I can't be on the same salary scale with a person who has two years' experience. I felt that enough is enough'.

'There were posts that were advertised and I applied because the salaries were higher and I was successful, hey I was so happy'.

Lehmann et al (2008: 5) states that poor salary scales and low morale were causing nurses to leave the profession at an alarming rate. To cope, nurses were found to be associated with the tendency to seek look for the better paying job, running private practices and even theft in order to survive. In South Africa, nurses were also found to be generally dissatisfied, with remuneration being a key contributor to dissatisfaction. Poor working conditions and organizational climate were also strong predictors of dissatisfaction (Pillay, 2009). Whereas, Hackman and Oldhams (1980) cited in Sinha (2012) state that personal needs are satisfied when rewards such as compensation, promotion, recognition and personal development meet the employees expectations improve their quality of life. Similarly inconsistencies in pay and benefits were found to be associated with frustrations and pessimism (Whitener, 2001). Salaries, income and opportunities for promotion were found to be the causes of job satisfaction among physicians in Istanbul -Kisa et al (2013:106). In a similar study by Songstad, Rekdal , Massay and Blystadt (2011:6) it was confirmed that inadequate salaries as evidenced by lack of parity between pay and workload and delayed promotions to the next salary level causes dissatisfaction among public hospitals' employees.

3.4.1.2 .2 Sub-theme 1.2.2: Performance appraisal

One of the participants who now work in a regional hospital expressed how her friend explained to her how performance appraisals are done in their hospital. This was said to have attracted her as management in the present hospital orientate staff on the process and people are not disadvantaged. The participant indicated how it was applied in her case. It was evident that some participants were attracted to hospitals where there was transparency and proper management. It was also identified that most of the participant were not happy about how marks were allocated to them during appraisal and felt that moving to areas where there

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was transparency could be helpful as most of the things might have to be discussed and negotiated.

To support description of performance appraisal this is what participant P12 said:

> ***'Management here understand the importance of orientation, workshop and proper application of policies. During orientation I was taught about performance appraisal and the importance of keeping information about those outstanding performances that I have done in my work place. The importance of writing reports was also emphasised as things that occurred long time ago are forgotten. This was helpful and I received my money'.***

In addition participant P12 said: ***'in the previous hospital I think they did not even understand how these marks are allocated as all people were rated as average'.***

Minnar, (2009) identified that there is favouritism when it comes to job evaluators, reward and training opportunities for nurses. Favouritism was said to be related to unfairness and lack of skills to implement performance management system for nurses. Nurses are sometimes exploited by their supervisors when they are over piled by non-nursing duties at their workplace, for example, messenger, clerk, the porter and cleaner (Minnar, 2009).

Performance assessment will continue to pose serious challenges on the professional nurses as long as the nurse managers do not discuss the low rates allocated to professional nurses (Ghana Health Service, 2005). The Ghana Health Service (2005) further states that professional nurses also feel frustrated because the bonus amount they are receiving is not comparable to their performance. Nurse Managers cannot meet with the professional nurses to discuss the job performance and the absence of such a meeting creates a dilemma because nurse managers need to give constructive criticism in order for the professional nurses to improve their performance (Posthuma & Campion, 2008).

3.4.1.2 .3 Sub-theme 1.2.3: Leave opportunities.

Data from interviews indicate that leave opportunities is one of the aspect that pulled participants some of the participants to their present work environment. Some of the participants indicated that in a ward situation where there are a lot of people there is need to rotate in getting leave during school holidays as these are the most sought out leave days.

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They mentioned how it used to frustrate them which they had to wait for a long time to can get their time for such an opportunity. It was identified that one of the participant decided to do nursing education so that she can get leave days that coincide with general school calendar so that she can be with the kids. This is what participant P25 said:

> ***'When you are working in the ward it is so frustrating when you want leave that coincide with school holidays. There are a lot of people in the ward and we were expected to take turns as everybody wanted it. This meant that you could wait for about five years before you could get it. This was soo!!! frustrating. Your family has to be home for those years as we cannot plan to go far away.***

Queensland Government Health (nd), were advocating for flexible work arrangements which are employment options that aim for the best match between the interests of the organisation and individual employees; and can improve productivity and provide employees with more choices to achieve a balance between their work and personal obligations. Flexible workplace arrangements were found to meet the needs of their workers and help the institution to plan ahead in terms of available staff and to keep valuable staff and retain workers that have a lot of knowledge and experience about the institution.

The summary of theme 1 indicated that factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province were push factors as lack of development opportunities; limited opportunities for promotion; ineffective supportive supervision, low levels of employee involvement; insufficient human and material resources. The pull factors were looking for better salary scale; not happy how performance appraisal was conducted and limited leave opportunities to spend with family members. The most worrying factor is the fact that most of the identified situation can be avoided. Issues like managerial ineffectiveness and poor management of material and human resources. It is also evident that staff turnover is not given much consideration by both management and government. It is when staff turnover is seen as affecting the budget and quality patients that management can plan and manage it. From all the data collected there was nothing mentioned about exit interviews which can be a valuable tool for management to improve on issues that can be seen as push factors from within the institution. On the other hand there are factors that pull staff to specific institution. Data also indicate that managerial style and proper implementation of policies makes it possible for the institution to pull employees. This then

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might mean that poor management and poor implementation of policies could be the major contributor of staff turn-over. There is need for staff in-service training with specific focus on issues that may influence staff retention.

.3.4.2 MAJOR THEME 2: PERSONAL RELATED FACTORS

The findings of this study revealed that there are personal factors that contribute to staff turnover. Figure 3.4; display this major theme, its themes and sub-themes.

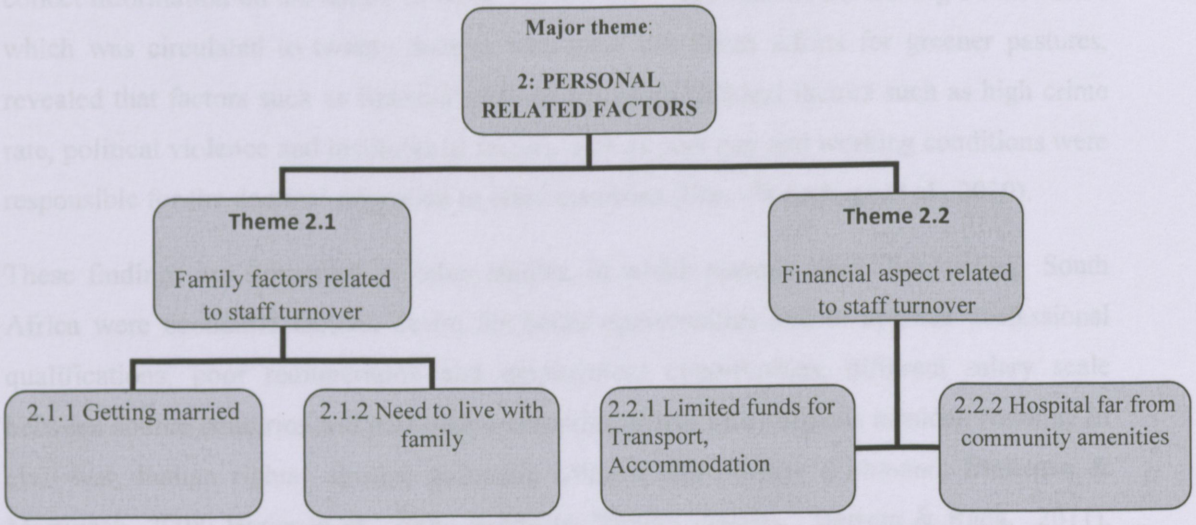


Figure 3.4: Main theme 2, themes and sub-themes

These factors could be family or financially relate. The personal factors were said to be issue related to individuals having to move because they are getting married or having the need to stay with the family. The financial aspect were said to be in relation particular participants relocated due to limited funds or a need to be nearer community amenities.

To emphasise issues related to institutional related factors participant P05 said:

> ***'I left that hospital because I got married and I wanted to stay with my husband, you know when you have just got married you want to stay together and it makes it easy for you to start planning together and save money'.***

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'I worked very far from home, I had to budget for two families and pay rent for two houses and it was too expensive for me to maintain. Sometimes when the kids are sick I would be so worried and hire transport to take me home even in the middle of the night that was too costly as well'.

In South Africa, the causes and patterns of migration are complex, and are predominantly determined by political and economic factors (Don –Wauchope, Karas, Chetty, Davidson, Gottschalk, Rabiner, Sam, Sommerville, Swartz & Viljoen; 2010). A web-based survey to collect information on the nature of work, remuneration and reasons for leaving South Africa which was circulated to twenty doctors who have left South Africa for greener pastures, revealed that factors such as financial reasons including political factors such as high crime rate, political violence and institutional factors such as poor pay and working conditions were responsible for the doctors' migration to other countries (Don –Wauchope et al., 2010).

These findings are supported by other studies, in which reasons cited for leaving South Africa were economic factors, desire for better opportunities and to upgrade professional qualifications, poor remuneration and employment opportunities, different salary scale between source countries and destination countries, ethnic and religious tensions resulting in civil war, human rights abuses, economic collapse and poverty (Lehmann, Dieleman & Martineau, 2008; Breier et al., 2009; Peñaloza, Pantoja, Bastías, Herrera & Rada, 2011). Under this main theme, the following themes emerged: Family factors related to staff turnover and financial aspect related to staff turnover. Each theme will be discussed individually along with its sub-themes.

3.4.2.1 Theme 2.1 Family factors related to staff turnover

Four participants out of twenty five indicated that they had moved to the current hospital because they wanted to stay with their spouses because they had recently got married. Other participants indicated that they moved because they wanted to live with their families. They gave reasons that affected them when they stayed far from their families and spouses which more than often frustrated them and became a worrying circumstance. To emphasise this is what participant P07 said.

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'You know mam it is important to stay with you spouse from the onset after getting married, there are a lot of things that can destroy your marriage if not careful. Laugh!!!

Organization should find ways to help employees successfully manage their commitments at home and at work, and by doing so many retention problems can be avoided (Luecke, 2002). The research has shown that flexible work-schedules lead to greater work-life balance and can offset work stress (Pearce & Mawson, 2009). Therefore, organizations should be in a position to provide their employees with the opportunity to work flexible hours. The Dean of the College of Nursing at King Saud University in Jeddah highlighted that there was an increase of nurses' turnover amongst Saudi female nurses. Her opinion was factors contributing to turnover were related to the nature of work which demands long hours and the requirement for working during festive holidays and night shifts (Okaz Newspaper, 2010).

Under this theme, the following sub-themes emerged: Getting married, need to live with family. Each sub-theme will be discussed individually.

3.4.2.1.1 Sub-theme 2.1.1: Getting married

Staying with spouses after getting married was considered as being important by all participants involved. These participants had different motivations for wanting to stay with their spouses as soon as possible. These reasons ranged from fear of infidelity, risk of sexually transmitted infections (STIs), saving money strategy, way of getting used to each other and facilitation of common planning opportunities. All participants felt that these reasons were important for the survival of their marriage. The following are extracts from what participant P14 and P22 said:

'Hey this world is merciless, if you leave your husband to live alone the vultures are always waiting at the gate they will take him before you even think. And I also felt that issues of infidelity and sexually transmitted infections can be minimised when we are together although one can never be sure about this things'.

'I was pregnant immediately after getting married so both my husband and I felt that we needed to experience everything related to this pregnancy, childbirth and bringing up our child. I had to relocate to this hospital as it was easier for me to

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change my place of work than my husband. My child is now two years old and I would not have asked for more'.

Nursing has been perceived by many women as an interim commitment that is secondary to their primary roles as wives and mothers (Greenhaus & Beutell, 1985). This was supported by Cohen and Kirchmeyer, (2005); Hayes et al., (2006), when indicating that women are having multiple roles, work and non-work roles, leads to opposing demands that draw on personal resources of time and energy. Rhodes and Steers (1990) argued that greater contributory factor for turnover among women is due to their traditional responsibilities for caring for the family.

3.4.2.1.2 Sub-theme 2.1.2 Need to live with family.

Most of the participants felt that living away from families had a lot of problems. They felt that when they are away from their families they fail to attend to their family day to day needs. Problems that were cited by participants included issues such as problems of family members who become sick in their absence, being not available to supervise teenagers, not being available to assist their children with school work and being absent to can offer emotional support to their children.

These are some of the quotations from participant P14, P03 and P19:

'I was so worried about my children staying far away from me. One day one of my kids got sick. I did not know what to do to an extent that I hired a car to take me home that day to can manage the situation. It was discovered that my child had a burst appendix and had to be operated. That was a wakeup call to me as I realised that staying far from my family was a biggest mistake as one day I may lose one of my kids if help is not nearby. Thanks to God as I got the post hear a stone throw from my home'.

'Maam I realised the importance of staying at home when my kids became teenagers. My parents could not cope as they are old. My two boys were gradually becoming uncontrollable so it was fitting that I come home and supervise them on my own'.

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'Education is important and the role of parent in the education of their children cannot be underestimated. I had to look for work next to home so that I can assist my children with their schoolwork. Since I came home their work had improved a lot. I have organised even extra lessons and I manage to go and collect them even when its dark. My son passed matric with flying colours Im happy because I have made a good decision'.

The number of children under 18 years old and marital status is variables that represent kinship responsibilities and are considered a major contributor not only to absence from work but also to turnover intentions for nurses (Hayes, O'Brien-Pallas, Duffied et al, 2006; Borda & Norman, 1997). This might lead to higher levels of absenteeism as well as to increased turnover intentions because of the increased role demands on employees who are married and have more children.

3.4.2.2 Theme 2.2 Financial aspect related to staff turnover

Most of the participants indicated issues that were related to finances motivated them to move to their present jobs. It was revealed by data that participants were financially affected by staying away from home or working far away from home. Participants indicate how they were affected negatively financially by paying for transport and accommodation. On the other hand some of the participants moved jobs because they wanted to be nearer community amenities that they needed like crèches or school for their children. To confirm this this is what participant P09 and P11 said:

'When the family is not under one roof it is very difficult to control your budget as one needs to stretch between the two household. Each household has basic needs so one needs to double each item. This is very difficult as the budget is always stretched'.

'I moved to this hospital because I realised that it is situated next to all necessary amenities like crèches and school. So when I come to work I just drop my kids at school and collect them when I knock off because there is after care as well. It is less costly and they come home having done their homework. It is a relief to me as I

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don't have to pay for transport and have found a teacher who helps them with homework. I think this arrangement is great.

Studies have shown that low salaries in public hospitals are important factors in internal and external migration of health care workers to private health system and to rich countries. The loss of trained health care workers to other countries not only compromises efforts to build health systems in the affected countries but also has dramatic economic consequences (George & Rhodes, 2012; Jian, Hua, Yan, Li, Lehmann, Dieleman, Martineau, 2008). Lehmann et al (2008) states that poor salary scales were found to be associated with the tendency to seek what is referred to as under the table payment, running private practices and even theft in order to survive referred to as 'coping strategies.

In South Africa, nurses were also found to be generally dissatisfied, with remuneration being a key contributor to dissatisfaction. Poor working conditions and organizational climate were also strong predictors of dissatisfaction (Pillay, 2009; Hackman and Oldhams, 1980 cited in Sinha, 2012) state that personal needs are satisfied when rewards such as compensation, promotion, recognition and personal development meet the employees expectations improve their quality of life. Similarly inconsistencies in pay and benefits were found to be associated with frustrations and pessimism (Whitener, 2001). Salaries, income and opportunities for promotion were found to be the causes of job Satisfaction among physicians in Istanbul -Kisa et al (2013). A similar study by Songstad, Rekdal, Massay and Blystadt (2011) confirms that inadequate salaries as evidenced by lack of parity betwe Whitener, E. 2001, 'Do high commitment human resource practices affect employee commitment? A cross-level analysis using hierarchical linear modeling', Journal of Management, 27(5), 515-35

en pay and workload and delayed promotions to the next salary level causes dissatisfaction among public hospitals' employees.

Similar studies found that employees and supervisors who are satisfied with their pay and benefits were motivated to work productively. Mayor and Davis (1999) agree that implementation of a more acceptable performance appraisal system increases trust in management and job satisfaction. Under this theme, the following sub-themes emerged; namely: Limited funds for transport, accommodation; hospital far from community amenities. Each sub-theme will be discussed individually.

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3.4.2.2.1 Sub-theme 2.2.1 Limited funds for transport, accommodation

Most of the participants indicated how they were affected by extra finance that they are using for transport and accommodation. This was said to be caused by the fact that the participants were working in institutions that were far from their residential areas. In most of the participants the institutions that they worked for were more advanced with lots of challenges and learning experiences since they were bigger and referral institution. The participants however were grossly affected financially and they had to resign and join an institution that was closer to their homes.

These are some of the quotations from participant P14 and P21 said

> ***'Although I learned lot of things from my previous institution in terms of cases that are operated daily in theatre than my present institution, I could not stay there I was always penniless and towards month end I could not go home as I did not have money to pour in petrol even for a bus, hey..... it was frustrating'.***

> ***'Staying away from home is very expensive. You have to pay for accommodation and transport meanwhile you are also paying for accommodation for your family. Everything that you buy it must be doubled as it is needed in both places so groceries are also up. This means that I am not progressing as I can't do anything extra from my salary except food, accommodation and transport.***

Migration of health care workers does not only occur between developing and affluent countries, but also from public to private hospitals as well as from rural to urban areas. In 1999, 73% of the practitioners were estimated to be working in the private sector despite the fact that the sector only catered for less than 20% of the population. According to HST (2007), only 60% of the total nurses were in public sector in 2005 and that of the 99 534 registered nurses on the SANC register in 2005, only 43 660 (44%) were in public sector. Push factors for migration to private sector stem from the desire for more professional development opportunities, the need for greater wage compensation, better salaries and better working conditions, better supplies of drugs and better equipment as compared to the public sector.

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There is also evidence of migration from rural to urban areas as a result of challenges such as lack of infrastructure and few opportunities for professional advancement; limited opportunities for private practice; and lack of basic equipment and drugs in health institutions (Chikanda, 2006; Kotzee & Couper , 2006; Largade & Blaaw, 2010; Peñaloza , Pantoja , Bastías , Herrera & Rada, 2011). For example; Coovadia (2010) revealed that the number of doctors in the Western Cape in 2007 was four times higher than the number in the rural provinces.

Kotzee et al (2006: 4-5); Lechmann, Dieleman and Martineau (2008:5) stated several factors that make doctors want to leave hospitals in rural areas as follows: insufficient salaries, heavy work load understaffing, poor housing, poor roads and transport, lack of clean drinking water and schools poor hospital management, lack of basic medical equipment and poor interpersonal relationships. Migration of health professionals from the rural areas has increased the workload on the remaining health professionals who are employed in disadvantaged institutions since they now have to deal with heavy loads of work than their counterparts who are employed in urban areas.

3.4.2.2.2 Sub-theme 2.2.2 Hospital far from community amenities

Participants expressed how lack of community amenities has influenced them into changing their place of work. Most of the participants who migrated to urban and sub-urban areas mentioned the availability of good secondary schools as some of the pull factors to their present employment. Most of the participants were having teenagers who were attending secondary schools and they needed good private schools for their children to ensure good matric results. These schools are mostly found in urban areas where they are also having equipment and laboratories. In addition to good school the availability of libraries and access to internet was also a factor to these parents. On the other hand parents with toddlers were also pulled to their present employment because of the availability of crèche' and after care facilities for young children as they often knock off at seven in the evening. So they found that in urban and sub-urban areas these facilities are readily available and safe for their children. These are some of the quotations:

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Participant P12 '***when i gave birth to my first child I experienced a lot of problems. My domestic workers did not want to stay with me so they had to go off at sixteen hours. During the days that I was expected to go off at seven in the evening it was a problem as I had to ask my neighbour to take care of my child. This was unfair to both my neighbour and my child.at the end I felt that moving to a place with better amenities was a good option'.***

Participant P05 said 'I ***think it is important for a child to get good grades in matric to can choose the best career for oneself. I have decided to provide that for my children. There is a private school around which produces good results. So I decided to come and work here so that they can attend in that school. There is also a good library in town and this makes them to focus on their school work and already two of the have passed their matric and doing well with their tertiary education. What happens in the villages is that teachers don't teach and the teenagers focus on giving birth and alcohol abuse'***

Migration of health care workers does not only occur between developing and affluent countries, but also from public to private hospitals as well as from rural to urban areas. In 1999, 73% of the practitioners were estimated to be working in the private sector despite the fact that the sector only catered for less than 20% of the population. For example; Coovadia (2010) revealed that the number of doctors in the Western Cape in 2007 was four times higher than the number in the rural provinces.

Kotzee et al (2006: 4-5); Lechmann, Dieleman and Martineau (2008:5) stated several factors that make doctors want to leave hospitals in rural areas as follows: insufficient salaries, heavy work load understaffing, poor housing, poor roads and transport, lack of clean drinking water and schools poor hospital management, lack of basic medical equipment and poor interpersonal relationships. Migration of health professionals from the rural areas has increased the workload on the remaining health professionals who are employed in disadvantaged institutions since they now have to deal with heavy loads of work than their counterparts who are employed in urban areas. Hall & Atkinson (2006) further indicated that formal flexible working arrangements and work benefits such as childcare provision (crèche facilities) could facilitate job satisfaction and retention.

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In summary, the personal related factors focused on family aspects. The marital status had the impact on staff turnover. Professional nurses indicated the importance of staying with their family members after getting married to enable them to balance home and work demands. The other aspect that contributed to turnover was the financial aspect. Participants felt it was expensive when they were residing far from the workplace, as they were expected to rent accommodation or to pay the transport to work. They further indicated lack of quality schools and crèches for their children. The reasons for relocating were identified as being valid. Where members of staff relocated because they want their children to be near necessary amenities like crèches and private school one might suggest that the Integrated Development Plan (IDP) from the local municipalities should address these factors as staff turnover indirectly affect them. These aspects contributed to the staff turnover at the selected hospitals of Vhembe district.

3.4 SUMMARY

This chapter focused on analysis of data, discussion of findings as well as literature control. The findings were discussed and grouped according to the identified relationship. The grouped information was categorised and contextualised against the background of the literature and Maslow's Motivation Theory.

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SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

4.1 INTRODUCTION

Chapter 3 discussed the analysis of the data in relation to the relevant literature on factors that contribute to staff turnover in Vhembe District of Limpopo Province. This chapter will focus on the recommendations, limitations and conclusions in alignment with the purpose and objectives set out for the study. Recommendations that might influence policy and service delivery with regard to improvement of staff retentions will be described. Conclusions based on the findings of the study will also be outlined. This chapter includes an appraisal of whether the objectives of the study were met or not.

4.2 SUMMARY OF THE STUDY

The study and its chapters are summarised in Table 4.1.

Table 4.1: Summary of chapters

Chapter	Description
1	Chapter 1, as an orientation to the study, forms the structural point of reference for the whole study. The purpose of this study was to determine the factors that contribute to staff turnover among professional nurses in selected hospitals of Vhembe District with the intention of identifying factors that contribute to staff turnover among professional nurses and make recommendations for improvement. The detailed description of the reviewed literature that is relevant to the study. The chapter also contains an outline of the other chapters in the study.
2	Chapter 2 explains the research methodology used in this study. The design and methods, which include qualitative descriptive, exploratory contextual designs used in this study, are described. Population consisted of all professional nurses who migrated from one hospital to another from 2005-2009 in Vhembe District. Purposive sampling methods used are also

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Chapter	Description
	described. The data collection methods used, with the emphasis on face-to-face in-depth interviews, are discussed and its implementation explained. Data analysis and the execution steps thereof are described. The measures taken to ensure trustworthiness and ethical aspects of the study are discussed.
3	Chapter 3 focuses on the research results. This study sought to answer the following question "What are the factors that contribute to staff turnover among professional nurses in selected hospitals of Vhembe District"? The objectives of the study were to: • Identify and describe the factors contributing to high staff turnover of professional nurses at selected hospitals in Vhembe district. • Make recommendations to assist in retaining professional nurses in selected hospitals of Vhembe district. The objectives of the study were met during data collection which was conducted through the use of individual face-to-face interviews with participants. Data saturation occurred at 25 participants when it became apparent that no new information was forthcoming from the remainder of the participants and (18) were females and (7) were males. Tech's open-coding methodology was used to analyse the data. Data analysis of the verbal descriptions from professional nurses during interviews revealed the following; main theme 1; Institutional related factors, with themes; push factors and pull factors related to staff turnover. Main theme 2; personal related factors and themes; financial aspect and family factors related to staff turnover. Literature control was conducted in relation to the results. In this chapter, conclusions about the results are reached and explained.
4	Chapter 4 focuses on a summary of the study, limitations of the study, recommendations of strategies that can enhance or improve the integration of midwifery theory and practice by student nurses with regard to the plotting of the partogram in the labour units of the Limpopo Province, and a conclusion.

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4.3 RECOMMENDATIONS

Recommendations for retention strategy include a wide range of methods, from using financial incentives to adding psychological value to the jobs. It has been proven that financial benefit is not the only favourable tool (Finders & Keepers, Recruitment & Retention Strategies, 2010). Recognition, work-life quality, communication within the organization, wellness programs are also important approach to complete an effective retention strategy (Finders & Keepers, Recruitment & Retention Strategies, 2010). However, this study focused on recommendations for push factors, since the pull factors are regarded as uncontrolled factors because it is out of the control of organizations. Various pull factors derived from literature are: high salary, career advancement, new challenge and interesting work, job security, good location of company, better culture, life-work balance, more freedom/autonomy, well reputation of organization, vales, more benefits, good boss (Shah, Fakher, Ahmad, & Zaman, 2010).

Maslow Motivation Theory was adapted to formulate recommendations to improve retention of staff at the selected hospital in Vhembe district.

4.3.1 Nursing practice

4.3.1.1 Recommendation for physiological needs

The physiological needs are at the lowest level in the hierarchy. This level of needs consist basic means of living, for example, food to eat and shelter to live in. Though these needs are basic, Maslow motivation Theory emphasized that they have the overall influence onto other needs. In a hospital context, physiological needs will be relevant to physical comfort when doing job, working hours, transport to work, accommodation and basic salary.

To determine the physiological needs of professional nurses, it is recommended that; the environment and the atmosphere at the hospital are important for the professional nurse to want to stay, so the professional nurse should be listened to. This can be done through:

- Evaluate what is happening at the hospital on a continuous basis to ensure that professional nurses are satisfied with the hospital leadership, vision and management styles.

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- Each institution should determine why nurses leave the organisation. Data should be collected and computerised on such aspects as the average length of stay of the nurse, the reasons for her stay and the reasons for leaving, elicited through exit interviews carried out by an outsider. The data should be analysed to see if any patterns emerge. Management must then select the intervention which will have the greatest effect on reducing and/ or preventing turnover rate.
- If nurses' turnover is associated with factors such as long shifts, overtime, working during weekends or holidays and nightshifts. Working hours should be made as flexible as possible by providing a wide range of shift patterns, creating sufficient part time positions, or alternatively, make use of the shared or split job principle using part time nurses to fill one full time post.
- Provision of family units to accommodate staff, to stay with their family members and their children, and to provide opportunities for amenities, like crèches and aftercare for their children within the hospital.

4.3.1.2 Recommendation for esteem needs

The esteem needs are the needs to be highly evaluated, by one self and others. Self-esteem needs refer to the desire for confidence, independence, competence and ability of to accomplish tasks

- Managers plan to create a proactive environment in which all professional nurses had input into the roles, rules, expectations, and hospital's vision so that there is a sense of ownership. This can be achieved through building of healthy communication channels to reduce the breakdown of communication,
- Management should allow nurses to transfer voluntarily between units. This would lessen routinisation of the job and permit efficient utilisation of nurses with specialised skills and knowledge. The best match between worker and job should be the aim.
- Utilisation of effective approach to reduce the number of conflicts arising from staffing and scheduling is to use participative management. Participative management means including staff in decision-making. The nursing managers should allow staff members as a group to plan their own schedules. Staff members have some creative ideas; and when their ideas are implemented, staff members will be far more

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committed to them and co-operative in keeping the unit adequately staffed than they were under imposed routines

- The manager should establish conducive work climate for developing good group cohesion.
- Provide good communication and co-ordination between units/departments by holding regular weekly meetings or consultative sessions not longer than 45 minutes in duration, during working hours with unit staff to discuss changes in hospital policy and unit administration matters and listen to nurses' suggestions and try putting their ideas into practice.
- Yearly performance reviews (at a bare minimum) that are of value and focus on how to help the professional nurse improve and develop. Improving the performance evaluation system in order to reward good performance and assist employees whose performance is not very good

4.3.1.3 Recommendation for self-actualization needs

Strengthening of capacity development opportunities for self-actualization, which is when an individual reaches his or her full potential and is completely motivated to do his or her best work as all of the psychological and physical needs are met. For this study, the needs for the desires for development and promotion opportunities to be achieved as follow:

- Hospital managers to conduct annual environmental assessment, job analysis, education, training, job search and acquisition and work experience so that the capacity development programme could be developed to match the organisational goal.
- Ensure the implementation of the staff development interventions which includes different educational undertakings, namely; induction training, orientation, in-service education, and continuing education.
- Utilisation of induction policy: A properly formulated induction policy drawn up jointly by management and employees should be officially adapted by top management before the programme is designed. The induction programme should be

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designed to include all the information that the newcomer will need to do his or her job effectively. This information can be divided into two categories:-

- Job-related information: This information describes what the job entails, how it is done, policies, procedures, rules and regulations.
- General information: this includes information about fringe benefits, safety and accident prevention, physical facilities and employee and union relations. If the organisation has planned wisely, evaluation will show that induction is effective and that new employees perform well within a reasonable period. Thus the new employees are properly integrated and the performance of the organisation will improve.
- Orientating staff to new hospital and units' directions is a continuous process. Professional nurses need to know exactly what is expected of them and what to expect from the employer. They must be aware of their daily tasks. It cannot just be assumed; tasks need to be shown and defined. This include orientating on financial issues, namely; salary, OSD and performance bonus.

- Employees must be encouraged to develop themselves in courses related to their jobs example basic, post basic, in service training and short courses.
- Facilitate opportunities for promotion of nursing staff to high positions according to promotion policies that are consistent and be communicated to all employees.
- Implementation of clear lines of authority, clear job description and responsibilities

4.3.2 Nursing research

The findings of the study can be used as a basis for further research regarding the phenomenon of accelerated staff turnover among professional nurses at selected hospital in Vhembe district. The researcher therefore recommends that further research studies be conducted:

- To assess the impact of the implementation of recommendations made in this study.

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4.3.3 Nursing education

The results of the study revealed that there was a critical need for appropriate staff development. The nursing managers are responsible for meeting both the employee's need to balance work and family pressures and the institution's need to have a productive, healthy work force. It is therefore recommended that, to address this need, the following steps be implemented.

Empowerment of nurse managers with transformational leadership skills by means of personnel development programmes through the:-

- Establishment of relevant in-service training programmes including content and skills related to supportive management, stress management, conflict resolution, human relations and labour relations.
- In-service education and workshops on optimal and effective utilisation of resources. It is recommended that this need can be satisfied through:-
    - Demonstrations on how to use and store equipment. Including specialist nurses in teaching staff strategies to improve cost effective use of equipment, facilities and stock and to enhance optimal utilisation of allocated resources.

4.4 LIMITATIONS OF THE STUDY

These were the theoretical and methodological restrictions in a research study that may decrease the generalizability of the finding (Burns & Grove, 1997:786). In this research study one limitation was the possibility of withdrawal by the research respondents at any time when they wished to do so; some of the appropriate research respondents were not be found to participate, for example, those who were in other provinces and overseas. The research finding cannot be generalized to other districts which were not similar to the characteristics of hospitals in the Vhembe District of Limpopo Province.

4.5 CONCLUSION

Staff turnover of nurses was a serious problem worldwide and it needed urgent attention because it had a negative impact on nursing care of the patients. Overseas countries such as America, Britain, Ireland and Australia depend on nurses who were from African countries

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such as Botswana, Ghana, Kenya, Malawi, Nigeria, South Africa, Zambia and Zimbabwe. Nurses from these countries were migrating to overseas countries for greener pastures and this might had contributed to negative impact, such as shortage of staff and poor nursing care for patients. Due to work overload many nurses were motivated to migrate to overseas countries from both private and government hospitals.

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ANNEXURE A: APPLICATION LETTER

P.O. Box 977
Thohoyandou
0950
Date

The Manager
Department of Health
Vhembe District
P/Bag x 5009
Thohoyandou
0950

REQUEST OF PERMISSION TO CONDUCT A STUDY IN VHEMBE DISTRICT OF LIMPOPO PROVINCE

Dear Sir/Madam

I am Ramarope Johannah, a Master's Degree student at the University of Venda in Vhembe District of Limpopo Province. I hereby request permission to conduct a research study in Vhembe District and the title of my research study is: ***"Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province".*** The study will be conducted in the following hospitals of Vhembe District:

- Siloam
- Tshilidzini
- Donald Fraser
- Hayani
- Louis Trichardt

The objectives of the study are to:

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- To identify and describe factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province.
- To propose formulation of guidelines in a retention strategy for nurses that will be utilized by the Department of Health policy makers,

The prospective participants for the study are professional nurses who have moved from one hospital to another as from 2005-2009. The researcher will conduct face-face interview with the research respondents for a period of one hour during the respondents' lunch time to prevent disruptions to their work. The data will be collected from the research respondents in the hospital hall or church and open ended questions will be asked the research respondents. The research respondents will give information about the questions asked until data saturation is reached. The interview will be audiotaped and transcribed and the findings will be coded by the researcher and co-coder. The researcher will ensure anonymity of respondents and of the health facility by allocating fictitious names to each, instead of using their real names. Erasing the taped information on completion of the transcription by the researcher, will ensure confidentiality. The immediate and long-term benefits of the study will be to allow professional nurses to mention the factors which have contributed to them moving from their former hospitals to the recent ones.

From the results the researcher will propose formulation of guidelines in a retention strategy for nurses that will be utilized by the Department of Health policy makers. The research findings will also be made available to your office.

Attached find the following:

- A copy of the research proposal
- A sample of a consent form for participants

I trust that my application will be considered.

Yours Sincerely

Ramarope Johannah

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My contact details are as follows. Telephone (Work) 015-973 004, Cell NO. : 082 478 6073

ANNEXURE B: INFORMATION SHEET

Introduction

Good Day

My name is **Ramarope Johannah,** I am a student at the University of Venda, conducting the study ***'Factors contributing to staff turnover among professional nurses in selected hospitals in Vhembe District of Limpopo Province"*** as part of fulfilment for the requirements of my Master's degree in nursing.

The purpose of this study will be to determine factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District, findings of the study will be used to formulate recommendations to facilitate retention at the hospitals of Vhembe district.

. A qualitative research design which is exploratory, descriptive and contextual will be used. The population will include all professional nurses in Vhembe District, who had moved from one hospital to other health care facilities during the period 2005-2009. Non-probability, purposive sampling will be used to sample 25 professional nurses. Data will be collected through face-to-face individual interview, using semi-structured interview guide. The permission to use the voice recorder will be obtained. I am inviting your participation as key participants of the study.

The interview will last for not more than one hour. If you agree to take part, I will ask you questions in relation to all factors that made you to move from your previous employer to this one. The questions are not a test; there are no right or wrong answers. It is your opinions that are essential for the study. My role as a researcher is to listen and understand your point of view, and not to pass judgement. If you feel uncomfortable with answering some of the questions, feel free to express your discomfort; you will not be penalised.

Confidentiality

The information that you give will be kept confidential. All participants will be given codes and these codes will be used when transcribing the interviews. These codes will only be

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known to the researcher. I undertake that all information provided by you will be used only for the purpose of the study. Everything that you will say will be treated as private and confidential and no-one will know how you answered the question apart from the researcher. The answers given by participants will be combined and analysed according to common themes and categories and the combined information will be written in the form of a report.

Consent

Ethical clearance had been obtained from the University of Venda Ethical Committee. Permission to carry out the study was sought from the School of Health Science Higher Degree Committee, University Higher Degree Committee and from the Limpopo Provincial Department of Health and Social Development, as well as the hospitals in Vhembe district. I will request you to sign an informed consent form that indicates your consent to participate in the study and to record the interview. If you are willing to consent, the researcher will appreciate your participation and the information you will give.

Benefits and risks of participation

Please note that participation in this study is voluntary and there will be no direct benefits to anyone who participates. There will be no penalties if you want to withdraw from the study or if you do not want to answer some of the questions if they are violating your rights. However, I would really appreciate it if you share your thoughts and feelings in related to the questions asked.

Recording the interview

I would like to request your permission to audio record the interview because it is not possible to write down all your answers quickly enough to capture all the important information. I might misrepresent your responses to some of the questions that you will be asked if a recording is not done. It is important for you to know that the digital voice data and notes will remain confidential and your identity will not be disclosed. I am only interested in your honest responses to the questions.

Recordings and digital data of the interview will be listened to only by the researcher and will be transcribed and will bear only codes and not the name of the interviewees. The information will be analysed and organised into a report according to themes. The recordings and digital data files will be kept in a locked safe. In accordance with national requirements,

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the voice recordings and digital data will be destroyed two years after the publication of the research findings.

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Contact details

I will be happy to answer any question or to offer clarity about any issues you may have during this study. This study had been approved by the Research Ethics Committee of the University of Venda. If you have any questions about your rights or any aspect of the study or further questions about the research or interview, please contact the researcher.

_____

Ramarope Johannah,

You may call me at (Work) 015 973 0004, Cell: 082 478 6073.

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ANNEXURE C: CONSENT FORM

I, _____ ID Number _____, consent to participate in the research project: **'Factors contributing to staff turnover among professional nurses in selected hospitals in Vhembe District of Limpopo Province"**. A full explanation about the research was given to me, including the benefits of the study. I understand that my confidentiality and privacy will be taken care of by the researcher. I also understand that the information collected from me will only be shared among people concerned with the study. I understand that I can terminate my participation to the study at any time without any intimidation. I understand that there is no personal gain or reward that will be given to me by the researcher for participating in the study. I confirm that I was not forced or coerced into participating in the study, but I am doing it on my own free will.

Signature of participant _____

Date _____

Signature of researcher _____

Date _____

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ANNEXURE D: INTERVIEW GUIDE

Sample questions to be discussed

The following open-ended questions will guide the interview.

a. In your opinion, what are factors that contribute to staff turnover among professional nurses in selected hospitals of Vhembe District?
b. Which strategies can be implemented to reduce staff turnover among professional nurses in selected hospitals of Vhembe District?

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ANNEXURE E: CODING REPORT

FOR: **Ramarope Johannah (11542856)**

DATE: 2014-04-05

STUDY: **Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province**

BY: Dr Tebogo Maria Mothiba

Method: **Tesch's inductive, descriptive coding technique (**in Creswell, 2009: 185-190) quoted in Botman, Greeff, Mulaudzi and Wright (2010:223) was used by following the steps below:

1. The co-coder who is a qualitative research expert obtains a sense of the whole by reading through the transcriptions carefully. Ideas that come to mind were jotted down.
2. The co-coder selected one interview, for example the shortest was selected, top of the pile and the most interesting and goes through it by asking:" What is this all about?" thinking about the underlying meaning in the information. Again any thoughts coming to mind were jotted down in the margin.
3. When the co-coder has completed this task for several respondents, a list was made of all the topics. Similar topics were clustered together and formed into columns that were arranged into major topics, unique topics and leftovers.
4. The co-coder took the list and returned to the data. The topics were abbreviated as codes and the codes written next to the appropriate segments of the text.
5. The co-coder decided on the most descriptive wording for the topics and grouped them into themes thus reduced the total list of themes by grouping together topics that related to each other. Lines are drawn between themes to show interrelationships. The co-coder tried out to see whether new themes and sub-themes codes can emerge.

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6. The co-coder made a final decision on the abbreviations for each theme and sub-themes and placed theme according importance in the table.
7. The data belonging to each theme were assembled in one column and preliminary analysis was performed which will be followed by the meeting between the researcher and co-coder to reach consensus on themes and sub-themes that each one has come up with.

Table 1: Main themes, themes and sub-themes reflecting Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province

Main themes	Themes	Sub-themes
1. **INSTITUTIONAL RELATED FACTORS**	1.1 Push factors related to staff turnover	1.1.1 Lack of development opportunities 1.1.2 Limited opportunities for promotion 1.1.3 Ineffective supportive supervision, 1.1.4 Low levels of employee involvement, 1.1.5 Insufficient human and material resources
	1.3 Pull factors related to staff turnover	1.2.1 Remuneration better salary scale, 1.2.2 Performance appraisal, 1.2.3 Leave opportunities
3. PERSONAL RELATED FACTORS	2.1 Financial aspect related to staff turnover	2.2.1 Limited funds for Transport, Accommodation 2.2.2 Hospital far from community amenities (Lack or far from crèches and school near work)
	2.2 Family factors related to staff turnover	2.1.1 Limited time with family 2.1.2 Workplace far from home

Saturation of data was achieved related to the major themes and the sub-themes.

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CERTIFICATE FROM INDEPENDENT CODER

Qualitative data analysis

Master of Curationis degree (Nursing Science)

Ramarope Johannah

THIS IS TO CERTIFY THAT:

Dr. Tebogo Maria Mothiba has co-coder the following qualitative data: 25 Individual in-depth interviews and field notes.

For the study:

Factors contributing to staff turnover among professional nurses in selected hospitals of Vhembe District of Limpopo Province

I declare that the candidate and I have reached consensus on the major themes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Dr Tebogo Maria Mothiba

2014/04/05

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S178

NAME OF RESEARCHER/INVESTIGATOR:

Ramarope J

Student No: 11542856

PROJECT TITLE: FACTORS CONTRIBUTING TO STAFF TURNOVER AMONG PROFESSIONAL NURSES IN SELECTED HOSPITALS OF VHEMBE DISTRICT OF LIMPOPO PROVINCE

PROJECT NO:

SHS/13/PDC/0301

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof MS Maputle	University of Venda	Supervisor
Dr RT Lebese	University of Venda	Co-supervisor
Ms J Ramarope	University of Venda	Investigator - Student

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: March 2013

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: .....

Name of the Chairperson of the Committee: Prof. X.G Mbhenyane

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950λ LIMPOPO PROVINCEλ SOUTH AFRICA
TELEPHONE (015) 962 8504/8484 /8313 FAX (015) 962 8439

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref:4/2/2

Ramarope J

University of Venda

Thohoyandou

0950

Greetings,

Re: Factors contributing to staff turnover among professionals in selected hospitals of Vhembe District of Limpopo Province

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
    - Further arrangement should be made with the targeted institutions.
    - In the course of your study there should be no action that disrupts the services.
    - After completion of the study, a copy should be submitted to the Department to serve as a resource.
    - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

Head of Department

2018/04/16

Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

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