



**An Investigation into the Factors that influence the Retention of Health
Professionals in the Public Sector and its impact on the Health of the
community of Limpopo Province, Vhembe District: A case Study of Donald
Fraser Hospital**

BY

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Degree of the Master of Public Management**

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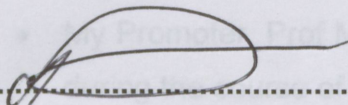
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DECLARATION

I, **Mathule Nnditsheni** hereby declare that the dissertation for the degree of Masters in Public Management at University of Venda hereby submitted by me, has not been submitted previously for a degree at this university or any other university; that it is my own work in design and execution, and that all reference material contained therein has been duly acknowledged.


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Signature

18/09/12
.....

Date

- The Lord Almighty, who strengthened and protected me during my years of hard work and journeys to the University of Venda.
- My Promoter, Prof M.P. Khwashaba for his valuable guidance and support throughout my studies;
- Mr. K.M. Siobo & Mr. Bono Mmbengeni (Former Primary School Learner) for assisting in the conceptualisation of the topic from the Health Professionals perspective.
- Mrs. J.F. Remagoma for typing this dissertation accurately and professionally;
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- All the participants in this study for their honest responses and for appreciating the potential value of a study such as this.

For all these people my thanks are due.

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For all these people my thanks are due.

DEDICATION

Every year, health professionals leave the South African public sector in large numbers. On my personal note, I dedicate this project to my mother, Mrs Alidzuli Mathule and my wife Ndivhoniswani Sidogi-Mathule. You were there for me all the way. There are some health professionals who continue to choose to stay for the duration of their careers, and it is the aim of this study to investigate the factors and challenges that influence these choices. The researcher has tried to achieve this by trying to predict those factors that cause health professionals to stay at their current work places and by finding out if these health professionals share any common characteristics and motivations which contribute to their decisions to stay. The research participants were also asked to rate their current job satisfaction, rank the importance of given motivation factors for retention and what they knew about their own institutions' retention strategies.

The study population was made up of all fully qualified health professionals working for the South African public sector in Limpopo province, Vhembe district between January and December 2011. There were 25 health professionals who met these study criteria, 76 (32.0%) who completed the questionnaire.

The research revealed that characteristics such as gender, age, race, marital status, having children and being the family breadwinner played a significant role as determinants of whether health professionals left or stayed at their current public sector jobs in 2010. For example, the female participants and those who had children were twice as likely to stay as the male participants and those who did not have children, respectively. Similarly, the white participants and those who were family breadwinners were three times more likely to stay than those of other racial groups and non-breadwinners, respectively. Health professionals over the age of thirty-one were almost five times more likely to stay than their younger counterparts. On the other hand, factors such as professional rankings,

ABSTRACT

Every year, health professionals leave the South African public sector in large numbers, citing reasons such as low salaries and unsatisfactory working conditions as the main contributing factors. However, despite this, there are some health professionals who continue to choose to stay for the duration of their careers, and it is the aim of this study to investigate the factors and challenges that influence these choices. The researcher has tried to achieve this by trying to predict those factors that cause health professional to stay at their current work places and by finding out if these health professionals share any common characteristics and motivations which contribute to their decisions to stay. The research participants were also asked to rate their current job satisfaction, rank the importance of given motivation factors for retention and what they knew about their own institutions' retention strategies.

The study population was made up of all fully qualified health professionals working for the South African public sector in Limpopo province, Vhembe district between January and December 2011. There were 25 health professionals who met these study criteria, 76 (82.0%) who completed the questionnaire.

The research revealed that characteristics such as gender, age, race, marital status, having children and being the family breadwinner played a significant role as determinants of whether health professionals left or stayed at their current public sector jobs in 2010. For example, the female participants and those who had children were twice as likely to stay as the male participants and those who did not have children, respectively. Similarly, the white participants and those who were family breadwinners were three times more likely to stay than those of other racial groups and non-breadwinners, respectively. Health professionals over the age of thirty-one were almost five times more likely to stay than their younger counterparts. On the other hand, factors such as professional rankings,

having postgraduate qualifications and the type or level of institution seemed to play relatively insignificant roles.

Declaration

According to the results, the respondents' main source of dissatisfaction was their salaries, followed by what they felt were poor opportunities for promotion. Feeling unappreciated and undervalued in their workplaces, as well as poor recognition for their professional status, were also rated as contributors to dissatisfaction. They felt that more attention needed to be given to improve on these factors and challenges if the retention of health professionals was to be achieved successfully.

The challenges which received the highest importance rating and ranking as retention factors, included, once again, better salaries, promotion opportunities, career development and training opportunities, as well as receiving the scarce skills allowance. In terms of knowledge of the existence of retention strategies for health professionals in their institutions, only 29% responded positively, the most commonly cited one being the scarce skills allowance.

1.4.1. Aim of Study

The main conclusion that was drawn from this study is that in addition to better salaries, improved working conditions and more promotion opportunities, there are more characteristic features that are shared by those health professionals that stay in the public sector of Vhembe district, Donald Fraser Hospital.

1.8. Limitations of the Study

Finally, in terms of some of the key recommendations made, the findings of this study revealed a heightened necessity for the government of South Africa to review the salary structure of public sector health professionals in an effort to motivate them and encourage them to stay. Furthermore, it is recommended that health managers improve their human resource record keeping; particularly worker flow and turnover data, and those they encourage more evidence-based research in the field of health human resources.

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LIST OF ABBREVIATIONS

BEE	Black Economic Empowerment
DoHHS	Department of Health and Human Services
HR	Human Resource
IT	Information Technology
IPF	International Pharmaceutical Federation
MDG	Millennium Development Goals
ROI	Return on Investment
SAHRHP	South African Human Resource Health Plan
SDF	Skills Development Facilitator
SETA	Education Training Authorities
SOF's	State Owned Enterprises
WHO	World Health Organisation

CHAPTER 1: ORIENTATION OF THE STUDY

1.1. Introduction

In this chapter the researcher introduces the motivation behind, as well as the purpose of, the study. It begins with background information on some of the problems and challenges regarding the retention of health professional in the Limpopo province public sector today, which could influence their decisions to either leave or stay. This is then followed by a brief statement of the aim and, lastly, objectives of the study.

1.2. Background Information

Despite some definite measures that have been undertaken by the South African government to retain all health professionals, such as the introduction of the scarce skills allowance, prioritizing the training of more health professionals and improving their salaries (South African Human Resource Health Plan, 2006:64), their turnover continues to be relatively high and steady (Dovlo and Martineau, 2004:65). In the case of health professionals, the Limpopo Department of Health Annual Report of 2002/3, which is the only recent report that specifically presents a breakdown of allied health professional turnover rates by profession, reported a 28% turnover rate in Limpopo between April 2005 and April 2007 (LDOH Annual Report of 2002/3) a figure which was the highest amongst all other allied health professions in the province.

The office of the Limpopo Health Department, which is responsible for handling all matters pertaining to allied health professionals in the province, departments visited, did not have the required statistical records, such as Health professionals attrition rates and worker flow data, which could have been used in the study to demonstrate the staff turnover problem more clearly. Despite this, the information

that is available from various ad hoc staff surveys, as well as information available from informal written and verbal exit interviews, suggests that there is a definite and serious problem regarding the retention of health professionals in the South African public sector. Furthermore, having served as a manager at Donald Fraser Hospital, the author also draws on his own findings from similar staff surveys, as well as challenges he experienced regarding this problem, to further support this claim. Most health professionals departments in Limpopo keep very up to date staff establishment records, and this is the information that the author used in 2008 when he looked at the average number of health professionals who left Donald Fraser Hospital health profession department per annum, focusing on the five-year period between 2005 and 2010.

Similarly, also based on the researcher own experience and discussions with health managers, the following are some of the common reasons that are given by health professionals for leaving: most of them report being unhappy with government salaries; many, particularly the lower ranking health professionals, also report dissatisfaction with what they perceive to be poor opportunities for promotion; many are not satisfied with the working conditions that they felt prevailed in most government health institutions.

This includes the unavailability of, or inadequate, equipment; poor security, as well as ineffective referral systems, which tend to result in high patient volumes and increased work load; some want to travel and work overseas, just to gain further experience and to visit different parts of the world; some of them want to work in the private sector, either for themselves or for other health professions in well-established practices; many report being unhappy with what they feel is poor management in most government institutions and a general lack of support for them and their professional; and many also feel that there is a general lack of communication about processes and decisions taking place but that they are expected to support.

However, what is interesting is that despite the various reasons cited by their colleagues as contributing factors to their decisions to leave, there seem to be some health professionals who make a conscious decision to stay and work for the public sector for the duration of their health careers. There has been no research on what these health professionals have in common and why they choose to stay and this study seeks to do just that.

1.3. Problem Statement

There is a need for employees to be retained in their specific jobs in Vhembe District. These will be the way to preserve skills they have accumulated over the years. The district invests a lot of money in their development i.e. training or funding them to further their studies. In order to achieve this there is a need for a good retention strategy. A number of employees are resigning from public sector in Donald Fraser Hospital on daily basis and some of those who are leaving the public services are skilled employees. This study is an attempt on ways to help the public sector on how employees can be retained in Donald Fraser Hospital.

Donald Fraser Hospital is also faced with human resource problems in terms of healthcare service delivery. There is a shortage of skilled personnel in key areas of the public health sector, and the shortage of health professionals has been acknowledged. There is also an uneven distribution of health professionals between the public and private sector, with the public sector struggling to attract and retain health professionals, despite the introduction of various incentives. The conclusion of this study provides information that many assist health managers with recruitment and retention strategies.

- What are the strategies that can be used for retaining specialised personnel?
- What are the characteristics and motivations of the health professionals in the Limpopo public sector?

1.4. Research Aim and Specific Objectives

The research objectives will be discussed under aim and specific objectives.

1.4.1. Aim of Study

The overall aim of this study was to investigate the factors that influence the retention of health professionals in the public sector and its impact on the health of the community of Limpopo province, Vhembe district.

1.4.2. Specific Objectives

- To identify and examine strategies that can be used for retaining specialised personnel.
- To examine and identify the characteristics and motivations of those health professionals who choose to remain in the Limpopo public sector.
- To evaluate and predict the factors that is most likely to cause health professionals currently working in the public sector to want to stay.
- To describe the health professional levels of awareness and knowledge of the existence of retention strategies that their institutions have in place to ensure their retention.
- To make recommendations to health services management in the Donald Fraser Hospital on ways of attracting and retaining health profession.

1.5. Research Questions

- What are the strategies that can be used for retaining specialised personnel?
- What are the characteristics and motivations of the health professionals in the Limpopo public sector?

- 1.3 • What are the factors that are most likely to cause health professionals currently working in the public sector to want to stay?
- What is the health professional levels of awareness and knowledge of the existence of retention strategies that their institutions have in place to ensure their retention?
- How to make recommendations to health services management in the Donald Fraser Hospital on ways of attracting and retaining health profession?

1.6. Research Hypothesis

- Lack of advice of management on staff retention may results in poor retention strategies.
- Motivational variables can influence employees' retention and turnover in the public sector.
- Intrinsic and extrinsic motivational variables are not significantly used to influence health professional's retention in the public sector organisations.

1.7. Significance of the study

The significance of this research was, therefore, to investigate retention of the health professionals in the Donald Fraser Hospital of the Vhembe district and to ensure that employee commitment and loyalty stays on an even keel. The results of this study could lead to retention strategies that would not only apply to the public sectors of Vhembe District, but also to other companies that employ key personnel and/or knowledgeable workers.

1.8. Limitations of the Study

The main limitation to this study was the size of the sample. This study only considered full time employed pharmacists and physiotherapist working in the public sector health facilities of the Donald Fraser Hospital and therefore the findings cannot be extrapolated to be representative of the total number of Health Professionals in the public sector facilities of Vhembe District. Another potentially limiting factor is the fact that the study focused exclusively on those employees that were still employed by the South African public sector, instead of including input from those that had left and were either working in the private sector, overseas, or other places in order to establish their exact reasons for leaving and what would have made them stay. Indeed, the responses of, and reasons given by, those that have already left can often differ once they make hindsight reflections when they are in different working environments.

1.9. Delimitation of the study

The purpose of demarcating a study is to make it more manageable and to this end, the proposed research was limited to selected public sectors organisations in the Vhembe district of Limpopo Province, South Africa. The study focuses on factors influencing the retention of health professionals in Donald Fraser Hospital, Vhembe district.

1.10. Brief summary of literature review

Retention is a voluntary move by an organisation to create an environment which engages employees for long term. According to Chaminade (2007:1), this attachment relationship should be durable and constant and link the employee to the organisation by common values and by the way in which the organisation responds to the needs of the employees. The main purpose of retention is to prevent the loss of competent employees from the organisation, which could

have an adverse effect on productivity and service delivery. Also, retention allows senior and line managers to attract and effectively retain critical skills and high performing employees. This is achieved by providing these managers with information on retention and retention strategies that will ensure that the goals and objectives of the organisation are realized.

vary from sector to sector with the highest level of turnover (22.5%) was found in the private sector organisations

Creating a retention strategy means placing the employees' needs and expectations at the centre of the organization's long-term agenda in order to ensure the professional satisfaction of the employee and create a trusted relationship. In this stable relationship, the employee remains in the organisation by personal choice based on free will and considered decision. Retention of employees is crucial to the overall success of any organisation. Brown (2006: 2) notes that the lack of proper retention strategies is damaging South African organisations severely, as replacing key employees is disruptive, expensive, time consuming and may even threaten the sustainability of an organisation.

Reasons for staff retention

The role of human resources in Staff Retention

Staff retention is a key challenge in organisations today. Employee retention

Renton and Vicente (2007: 1), point out that business leaders perceive HR to be more focused on transactional activities such as benefits and performance evaluations rather than high-level strategic people issues such as leadership development. When developing skills and development plans, HR must drive strategic initiatives around top priority issues such as leadership, talent management, creating a high-performance culture, training and development.

is supported by Darling-Hammond (2003:8) that good salaries, career

Overall, HR strategies must help attract and retain talent, by creating "people friendly" training initiatives which encourage people to feel that they belong, that they are appreciated and that their opinions are valued. This supports the statements made earlier by McComb (2004:89) that leadership, communication, mutual trust and respect form the four key focus areas that make an employer an employer of choice.

A global overview of employee retention and turnover organisations

In the United Kingdom, the Chartered Institute of Personnel and Development (2007:10) reports that the overall turnover rate for the United Kingdom in the year 2006 was reported as 18.1%. Turnover rates vary from sector to sector with the highest level of turnover (22.6%) was found in the private sector organisations with the public sector having an average turnover rate of 13.3%. In the United States of America, Smith (2007:19) argues that businesses spend over USD 200billion annually recruiting and replacing their employees. In the healthcare sector in USA for example, a report by Sellgren, Ekvall and Tomson (2007: 169) estimates that the turnover rate would reach a level of 29% in year 2020. Gustafson (2002: 106) shows that the hospitality industry in the USA and elsewhere is experiencing a labour shortage with the attendant high rate of turnover.

Reasons for staff retention

Staff retention is a key challenge in organisations today. Employee retention strategies help retains the best staff. Ingersoll (2001:15) states that understanding why teachers leave is the first step in getting them to stay. For teachers to stay they need to encounter environments that provide essential professional support from school leadership, organisational structures and workforce conditions that convey respect and value for them and induction and mentoring programmes for new and experienced teachers. This view is supported by Darling-Hammond (2003:8) that good salaries, career advancement or professional development, administrative support and other school-environment related factors influence teachers to stay in the profession. Wright (1991:60) lists top four reasons for staff retention which are closely related to administrative and economic factors which include support by administration, better salary and benefits, academic freedom and choice of teaching subjects.

Why employee retention is important to South African organisations

Employee retention – Ways of managing and retaining talented employees

The South African government introduced the South African Qualifications Authority Act of 1995, Employment Equity Act 55 of 1998, Skills Development Act 97 of 1998, the Skills Development Levies Act 9 of 1999 and the Black Economic Empowerment (BEE) legislation, to address the shortage of training and development of the majority of citizens. This brings further challenges for employers to manage the training and development of employees in South African organisations.

Factors influencing employee retention

The theories of motivation, job satisfaction and organisational commitment have evolved over time, diverging in perspectives on the organisational environment and the positioning of the individual within that environment. As the world of work has changed, so too has the focus in behavioural scientists' theories applied to management. The general pattern that emerges in the literature reflects a shift in focus from motivation as a method of control, to motivation as a determinant of job satisfaction and more recently to a focus on organisational commitment (Taylor, 1991:7; Heald, 1995:8; Wickens, 1995:23) as quoted by Kinnear and Sutherland (2000:106).

1.11 Definition of the study

Motivation – Defined by Riggio (2003:184) as “a force that serves three functions: It energizes or causes people to act, it directs behaviour toward the attainment of specific goals; and it sustains the effort expended in reaching those goals”.

Employee turnover – The ratio of the number of workers replaced in a given time period to the average number of workers (Schreeper, 2008:67).

• Chapter 2: Literature Review

Employee retention – Ways of managing and retaining talented employees using innovative retention programmes (Phillip & Connell, 2002: 13).

Public sector – Part of the economy that provides basic government services (government departments, provincial and municipality).

Retention strategies- to encourage valuable staff members to remain, the remuneration system must provide sufficient rewards for these employees to feel satisfied when they compare their rewards with those received by individuals performing similar jobs in other organisations (Swanepoel, Erasmus, van Wyk & Schenk, 2000:528). However, according to Holbeche (2002:187), seeking to use reward as the main means of motivating people is a waste of time

1.12 Organisation of the study

This study is organized into five chapters. In accordance with Mnyaka (2006:7) this section serves to indicate what the researcher intended to discuss in each chapter.

• Chapter 1: Introduction and Background of the study

In this chapter, a brief overview of the research problem, aims of the research, definition of concepts, significance of the study, limitation of the study, delimitation of the study, brief summary of literature review and the whole research process is given.

- **Chapter 2 : Literature Review**

This chapter gives a review of literature studies on the role of staff management in effectively helping institutions implement strategies that encourage personnel to remain committed to their institutions and theoretical framework. As noted by De Vos et al. (2005:117) a literature review is a description of primary and secondary sources of research material. This chapter describes the strategies of staff Retention that are employed by the Public Sectors

- **Chapter 3: Research design and Methodology**

This is the critical part of the research study. Research design sets up the framework for the study and is the blueprint of the research. This chapter gives a brief explanation of the theory underpinning the methodology as well as how the researcher undertook the research. De Vos *et al.* (2005:132) define a research design as a plan or a blueprint of how you intend to conduct a research project.

- **Chapter 4: Data analysis and Interpretation**

The research results presented in this chapter which include a clear analysis of data collected realization of sample and discussion of results. Data was analysed and interpreted in this chapter.

- **Chapter 5: Conclusion and Recommendations**

In this chapter, conclusions from the results in chapter 5 as well as recommendations are outlined.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Human resource challenges are an international concern in the field of healthcare. The World Health Organisation has developed a ten-year plan of action (2006-2015) for countries to address the challenges of human resource shortages in the health sector. It is widely accepted that the dire shortage of healthcare workers is among the most significant constraints in achieving the three health's related Millennium Development Goals (MDG): i.e. to reduce child mortality, improve maternal health and combat HIV&AIDS and other related diseases such as tuberculosis and malaria. The reasons for this shortage of healthcare professionals are diverse and cannot be attributed to one factor but a multitude, the most common factor relates to job satisfaction with specific focus on issues of remuneration and working conditions. (World Health Organisation, 2006:19, 99-150).

Several key issues are reviewed in this chapter. The researcher begins by providing essential information on the general role of physiotherapy in the public sector. Next, is the a brief description of the role and the relevance of physiotherapy in South Africa's transforming public health sector. This is followed by a summary of the training and practice adaptations that have had to be made within the profession in order for it to remain relevant and recognised for the value that it adds concerning health care. Most of the literature review continue in the next section that highlights some theories on staff retention and motivation from the human resource literature emphasizing factors that influence the retention of staff members in organisations. Then the retention factors that have been researched and documented and are known to cause health workers to leave the public sector are dealt with. The final sections of this chapter review the retention problems, as well as some existing retention strategies, for South

African public sector physiotherapists as well as those in other countries. In this chapter, job satisfaction will be introduced by firstly considering the challenges faced internationally in terms of human resources for health according to the World Health Organisation. The shortage of healthcare workers in the world and in South Africa are also be discussed. In particular, the shortages of pharmacists in South Africa are highlighted. Finally, job satisfaction and the theories of employee motivation are reviewed, as well as the tools used for measuring job satisfaction.

2.2.2 Empowerment

2.2. Factors influencing employee retention

Empowerment is recognised as one of the necessary conditions for an effective

The theories of motivation, job satisfaction and organisational commitment have evolved over time, diverging in perspectives on the organisational environment and the positioning of the individual within that environment. As the world of work has changed, so too has the focus in behavioural scientists' theories applied to management. The general pattern that emerges in the literature reflects a shift in focus from motivation as a method of control, to motivation as a determinant of job satisfaction and more recently to a focus on organisational commitment (Taylor, 1991:9; Heald, 1995:14; Wickens, 1995:9) as quoted by Kinnear and Sutherland (2000: 106). The following factors influence job satisfaction thereby leading to the reasons that employees will seek to remain in organisations.

2.2.1 Money

Mullins (1999:412) says that for the vast majority of people, money is clearly important and a motivator at work but to what extent and how important depends upon their personal circumstances and the other satisfactions they derive from work. Deeprose (1994:3) says that an important realisation is that pay is not the only thing people work for. They are looking for a number of other returns to justify time, energy, mental and emotional effort that they devote to the organisation.

According to Professor Frank Horwitz (2004:9) a striking finding of a recent survey on retaining knowledge workers taken in South Africa and Singapore, is that South African companies did not view competitive pay packages as the most effective strategy to attract, motivate and retain knowledge workers. From this, it can be seen that remuneration is probably the first attraction point that a potential or existing employee will consider, but that there are a host of other important aspects that they will consider before applying for a job or remaining in that job.

2.2.2 Empowerment

Empowerment is recognised as one of the necessary conditions for an effective organisation. Unfortunately, because organisations do not recognise the core problems impeding empowerment, they do not employ simple, effective techniques to remove obstacles preventing empowerment (Mullins, 1999:669). Empowerment supplies people with power, strength and energy to tackle changes. Krietner et al., (2002:427), defines empowerment as sharing varying degrees of power with lower-level employees to better serve the customer. In modern organisations, people want to have greater say in the workplace. Schultz et al., (2003:141), says that empowerment is the sharing of influence and control with employees. Leaders should allow employees to share in developing goals and strategies and the satisfaction derived from reaching those goals. Factors that retain knowledge workers are; creating an environment where employees are free to act independently, and giving access to leading edge technologies and work challenges (Kinnear & Sutherland, 2001:16).

Employees are encouraged to take control of their destiny in organisations, work hard and work smart. This can only come to fruition if an organisation allows its employees some flexibility and more say in planning profitability thereby reducing turnover rates. Patel (2003:8) says that many black economic empowerment (BEE) initiatives fail because the focus is on the top – making sure that senior management has the right profile – rather than enabling the lower levels to

become empowered. Giving employees opportunities and allowing them to become shareholders results in an empowered workforce, this will contribute to the organisations goals and sustainability.

2.2.3 Job enrichment

Job enrichment methods attempt to change the nature of the job by broadening responsibilities, giving more autonomy for decision making, creating client systems and direct feedback systems and generally enlarging the scope of jobs (Osland et al., 2001:89). According to Krietner et al. (2002:189), job enrichment entails modifying a job such that an employee has the opportunity to experience achievement, recognition, stimulating work, responsibility and advancement.

Job characteristics are objective aspects of the job design that can be changed to improve the critical psychological states (Hellrigel et al., 2001:271):

- Skill variety – is the degree to which the job involves many different work activities or requires several skills and talents.
- Task identity – is present when a job involves completing an identifiable piece of work (doing a job with a visible beginning and outcome).
- Task significance – is present when a job has a substantial impact on the goals or work of others in the company.
- Autonomy – is present when the job provides substantial freedom, independence and discretion to the individual in scheduling work and determining the procedures to be used in carrying out tasks.
- Feedback – is present when work results give the employee direct and clear information about his or her performance.

The five job characteristics above can improve the critical psychological states, namely:

- Experienced meaningfulness – refers to whether employees perceive their work as valuable and worthwhile.
- Experienced responsibility - refers to whether employees feel personally responsible for the quantity and quality of their work.
- Knowledge of results – refers to the extent to which employees receive feedback about how well they are doing.

2.2.4 Performance appraisal

Performance appraisal is the process of systematically evaluating each employee's job related strengths, developmental needs, progress toward achieving goals, and then determining ways to improve the employee's job performance (Hellriegel et al., 2001:252). An important part of the performance appraisal involves an assessment of each employee's progress toward achieving his or her goals. For these goals to be effective, they must be clear and specific so that employees know what is to be achieved. Mullins (1999:695) says that one way in which to review the performance and potential of staff is through a system of performance appraisal. It is important that members of the organisation know exactly what is expected of them and the yardsticks by which their performance and results are measured. Most importantly, an effective performance appraisal scheme can improve the future performance of staff by being linked to financial rewards or planned career progression.

Performance appraisal is seen by many to be a process owned and driven by human resources. The ideal performance appraisal should be a collaborative venture between subordinate and superior in which goals and objectives are agreed upon and development plans are put in place to ensure that the subordinate can achieve those goals and objectives (Schultz et al., 2003:77).

According to De Klerk - De Klerk (2001:100) performance management as an integrated system can effectively be used to improve performance, motivate staff,

identify training and development needs, provide feedback, focus on career development and form a basis for reward or corrective action. Communication is probably one of the most important aspects of performance appraisal. The quality of communication during a performance appraisal meeting can support or defeat employees; it can increase commitment and motivation or make an employee defensive (Gordon, 2002:233). Managers should be very sensitive in the way that they communicate as this, if done positively, will contribute to the retention of skill and talent.

2.2.5 Career development

A career is progress through life and is made up of different jobs. Flood (2002:35) says that a career means security, commitment, loyalty and performance, and is what many employees aspire to. Flood goes on to say that a survey carried out in 2001 on the reasons why employees changed jobs, revealed that the number one reason was that there was no job satisfaction. One of the biggest contributions to job satisfaction is career security.

Poor career planning may cause confusion and stress at any stage across the lifespan of an employee. The platitude career, which is characterised by poor promotional prospects, is a specific workplace stressor. Unfulfilled career expectations may cause motivational problems in employees who lack status and autonomy (Schultz et al., 2003:210).

Corporate handholding up each rung of a well-defined career ladder has become a thing of the past. Employees are now told that they 'own their own employability' (Krietner et al., 2002:276). Having told people that they need to be 'career self reliant' and having provided them with the necessary resources, the companies are then surprised when they face the very turnover that their programs have helped foster (Pfeffer, 1998:162). According to Osland et al. (2001:139), managers who sincerely try to help employees reach their career

goals are usually rewarded with loyalty and commitment. It should therefore be an obligation of the organisation to recognize and support an employee's advancement in training and development and provide a career path or promotion so as to retain their valuable skills.

Leaner management hierarchies and flatter employee structures in modern organisations can focus attention on non-traditional career paths that provide alternatives to promotion such as lateral or rotational moves, dual-career ladders, downward moves, and early retirement (Osland et al., 2001:130). It is all about caring for and nurturing talent in an organisation, keeping employees informed, interested and fulfilled, to prevent high turnover rates.

2.3. Global shortage of healthcare workers

There is ample evidence that healthcare workers do save lives, i.e. worker numbers and quality are positively associated with immunization coverage, outreach of primary care, and infant, child and maternal survival (World Health Organisation, 2006: xv). However, as populations age and the disease burden increases due to HIV&AIDS and chronic diseases, a corresponding growth in the demands on health systems and patient needs will be felt (International Pharmaceutical Federation, 2006:7). A chronic shortage of skilled healthcare workers exists in the world today and this shortage is most acutely felt by the countries with the greatest healthcare needs (World Health Organisation, 2006:12). The international community has acknowledged the human resource crisis facing the developing countries. The World Health Organisation (WHO) estimates that there is a global deficit of more than 4 million trained healthcare workers. The shortages in the healthcare workforce are critical in 57 countries, mostly Sub-Saharan Africa and parts of Asia. (World Health Organisation, 2006:8, 11-12 & 72) the shortage of healthcare workers is aggravated by the mal-distribution of the workforce. In Africa, the ratio of nurse to doctor is estimated at 8:1 whilst in the Western Pacific Region this ratio is 1.5:1 (World

Health Organization, 2006: 4). This discrepancy clearly demonstrates the uneven distribution of healthcare workers in the world. The WHO region of the Americas, with 10% of the global burden of diseases, has 37% of the world's healthcare workers and spends more than 50% of the world's financial resources for health, while the African region has 24% of the global burden but has access to only 3% of healthcare workers and less than 1% of the world's financial resources for health (World Health Organisation, 2006: 8). Thus the countries experiencing the greatest human resource shortage are those that need skilled healthcare workers to fight the burden of diseases affecting the large populations of their countries.

The focus of the Millennium Development Goals (MDGs) is on poverty-linked issues such as maternal and child healthcare and control of HIV&AIDS, tuberculosis and malaria but the workforce challenges faced by Sub-Saharan African countries will make it difficult for these countries to meet their goals (World Health Organisation, 2006: 12).

2.4. The Role of Physiotherapy in the Public Sector

As this is a study that focuses on the retention of physiotherapists in the South African public sector, it is necessary to begin by providing a very brief description of the general role of physiotherapy in the public sector, as it is essential for all healthcare managers and key decision-makers in government structures to fully understand and be informed about the importance and relevance of physiotherapy in South Africa's primary health care-focused public health system in order to assist them further in their decisions and policy development processes. Furthermore, it is very important to point out that physiotherapy offers a wide scope of practice, as very often one has heard members of the public and professionals alike confusing the role of physiotherapy with that of several alternative therapies, particularly massage therapy. Massage, based on very sound scientific principles, including an understanding of the anatomy and physiology of the human body, is indeed a critical element of physiotherapy.

...the number of physiotherapists stating that it intended to reduce the number

However, it is but only one of many other areas of physiotherapy practice. There are many ways of describing the role of physiotherapy. However, one of the most concise descriptions was quoted in a journal editorial as stating that “the aim of physiotherapy is to maintain, restore and optimise a patient’s functional ability in his or her socio-economic and geographical environment in the best interest of the patient” (Eales, 2000:2.). In addition to this, physiotherapy has a strong role to play with regards to disease and disability prevention, facilitating the curative process and healing, palliative care and health promotion.

...at the levels of patient care that

This clearly means that physiotherapists are not only involved in hospital patient care, but that this care also extends to rehabilitating physically disabled patients to lead normal, where possible independent, functional lives once they are back in their communities. Without a doubt, because of their unique clinical skills, knowledge and training, physiotherapists will always have an extremely critical and essential role to play in acute and sub-acute patient care at quaternary, tertiary and secondary levels of care. Here, physiotherapists form part of an important multidisciplinary team, which also includes medical doctors, nurses and other allied health professionals.

...amongst hospital managers about

Their opinions and contributions are trusted and respected by other team members when planning the management of patients. Again, studies with a more clinical focus have proven and over and over again that without the intervention of physiotherapy during the acute stages of patient care, especially when patients are receiving assisted ventilation and cannot clear secretions or mobilise themselves, such patients run the risk of sustaining either secondary complications, or permanent disability, or may even die (Mackenzie, 1981:43; Anthonisen, 1964:54). The importance of having multidisciplinary groups as essential elements of effective and efficient patient care and management was also reported in a recent report on the physiotherapy students of Dalhousie University (Newfoundland & Labrador Physiotherapy Association, 2005:75). This

was in response to the government stating that it intended to reduce the number of physiotherapy students enrolling from one of the country's universities. Furthermore, as first-line practitioners, physiotherapists are able to provide fully independent patient diagnoses. A key implication of this is that physiotherapists are able to assist doctors with the complete management of certain types of patients, thus assisting with the reduction of waiting times (Newfoundland & Labrador Physiotherapy Association, 2005:53), a problem which tends to plague most public sector hospitals worldwide.

However, the role of physiotherapy does not end at the levels of patient care that have been mentioned. Indeed physiotherapists continue to be involved with patient care and rehabilitation even during the chronic and rehabilitation stages. In addition to this, physiotherapists play a crucial role in education and health promotion, both of which are key aspects of primary health care. Lastly, public sector physiotherapists in many countries, including South Africa, are not only responsible for patient care, but are also represented in hospital management structures, where they contribute to key decision-making processes concerning the future of health care in a country's health system. This also gives them the opportunity to educate and create awareness amongst hospital managers about the importance of physiotherapy, particularly in the areas that were outlined above, as well as in the promotion of cost-effective service provision. In the case of South Africa, physiotherapists have demonstrated their willingness to adapt their role where necessary in order to keep up with the requirements of a constantly changing public health system (van Rooyen and van der Spuy, 2000:9).

2.5. Global shortage of Pharmacists

Pharmacists are recognised as the most accessible of all healthcare providers in the community and hence play a key role in the delivery of healthcare services at all levels. In 2006, the International Pharmaceutical Federation (FIP) published a report on the Global Pharmacy Workforce and Migration in which the global shortage of pharmacists was highlighted. The ratio of pharmacist to population was reported to vary from 5 pharmacists per 100 000 population, to as high as 200 pharmacists per 100 000 population. There are no internationally accepted recommendations for the ratio of pharmacist to population but some countries have developed their own individual ratios influenced by their specific settings. This ratio is 25 times greater in the Western Pacific countries compared to the African region, and is directly linked to the economic status of the country, with weak economies having the lowest ratios whilst strong economies are associated with a very high ratio of pharmacist to population. (International Pharmaceutical Federation, 2006:7-10).

2.6.1. Push and Pull Factors and Staff Motivation

The shortage of pharmacists internationally can be attributed to the increase in prescription volumes, the increasing number of the population over the age of 65 years, the changing role of pharmacists and the growing number of women in the profession who are less likely to work full time (Department of Health and Human Services, 2000: 4-13). Shortages of pharmacists affect all the different sectors of pharmacy. The public sector tends to suffer more, particularly when differences in remuneration and working conditions exist (International Pharmaceutical Federation, 2006: 14). Another issue identified in the report was that developing countries have a low availability of pharmacists as a result of a geographical distribution disparity between rural and urban areas (International Pharmaceutical Federation, 2006:110).

The push and pull factors can be classified into headings according to the level at which they impact on people. For example, there could be personal factors, social factors, environmental factors, economic factors and professional factors (Mafubelu 2004:74). Similarly, a

2.6. Factors of the Staff Retention

The subject of staff retention has been well researched and documented over the years. Different authors have defined retention in different ways, depending largely on the context. One definition of retention, which was given from a nursing perspective, but can also be used for all other health professionals, defines retention as “the maintenance of an appropriate supply of nursing personnel to meet the health needs of any given population” (Baumann et al, 2006:6). Simply put, staff retention refers to the ability of an organisation to constantly maintain optimum staffing levels necessary to ensure efficient and effective service delivery at all times. This is best achieved by ensuring that staff members remain satisfied with their jobs and working conditions, as well motivated to remain at that particular organisation. The factors that influence levels of staff motivation and their decisions to either leave or stay at their jobs will be discussed next.

2.6.1. Push and Pull Factors and Staff Motivation

When discussing retention, or the decisions of employees to leave or stay at their jobs, many authors, including Dvblo and Martineau (2004:90), classify the factors that influence these into two categories, namely ‘push factors’ and ‘pull factors’. By definition, the former refer to those undesirable factors that ‘push’ staff members away from an organisation, such as poor financial remuneration, poor working conditions, an unhealthy work environment and poor management. The latter refer to those factors that actually ‘pull’, or attract, workers to a particular organisation, for example, satisfactory remuneration and better fringe benefits, good management, opportunities for promotion and feelings of being valued (Stilwell et al. 2003:51). Generally these push and pull factors can be classified into headings according to the level at which they impact on people. For example, there could be personal factors, social factors, environmental factors, economic factors and professional factors (Mafubelu 2004:74). Similarly, a

simple and concise way of classifying these factors was summarised in a study on the retention of physiotherapists in Northern Ontario (Beggs & Noh, 1991:52) in terms of 'Personal Factors' which included family proximity, life style and partner's employment; "Professional Factors", including academic credentials; "Occupational Factors", such as salary and opportunities for promotion; and "Environmental Factors", such as the availability of schools nearby. These types of classification examples highlight the types of concerns of health workers in different parts of the world. In the latter, due to the country's long established political and economic stability as a first country, issues of safety, security and uncertainties about the future were not the health workers' primary concerns. Push and pull factors can also be described in terms of motivation, where push factors refer to those factors which bring about a lack of motivation concerning work related performance amongst employees, and pull factors refer to those that are inviting and contribute towards making employees motivated at work. The following are the two main types of motivation (Armstrong, 1998:34):

- **Intrinsic Motivation:** This refers to the ability to motivate oneself, often by performing tasks that are fulfilling and rewarding to one, in an effort to achieve certain goals. Factors that are associated with this type of motivation include having responsibilities, freedom to grow and make choices or develop skills, as well as having opportunities for advancement.
- **Extrinsic Motivation:** In this case, the source of motivation is not the individual him/ herself, but someone or something else. Extrinsic motivational factors include rewards, such as increased pay, praise from supervisors, fringe benefits, promotion, as well as more negative factors such as punishment, criticism and withholding pay.

Having a clear understanding of what keeps employees motivated will result in managers developing creative ways of retaining them. Developing effective retention strategies, therefore, requires experienced and proactive leaders.

2.6.2. Push and Pull Factors Affecting Health Professionals

Although poor financial compensation is arguably a strong push factor amongst health workers, especially in South Africa, a number of studies have shown that it is certainly not the only factor (Buchan and Calman, 2004:78). In South Africa, for example, health professionals continue to migrate to other parts of the world in much larger numbers than those working in other African countries, such as Uganda who earn by far less than the former (Lehman and Sanders, 2004:23). The turnover of South African health workers is caused by other unsatisfactory elements of the work environment, such as perceived deteriorating and living conditions (Lehman and Sanders, 2004:90, Vujic et al, 2004:12); weak performance management, poor leadership and supervision (Huddart and Picazo, 2003:12); the lack of adequate equipment and other essential resources (Matthauer and Imhoff, 2003:56); the lack of recognition for good performance (Naidoo, 2000:90); increased stress levels resulting from heavy workloads (Matthauer and Imhoff, 2003:8, Naidoo, 2000:89) and perceived lack of opportunities for career development and promotion (Buchan and Dovlo, 2004:99).

(Padarath et al., 2003:300)

According to Fatu Yumkella (2006:9), in an article published for the Capacity Project in the United States of America, the strongest pull factor by far for health professionals is satisfactory financial compensation. He states that health workers, in developed and developing countries alike, are willing to leave their posts for higher pay elsewhere. Other pull factors include opportunities for promotion and continuing professional development, good and supportive management, manageable workloads, team work and the availability of equipment and resources necessary for optimal patient care and service delivery.

(2003:300) The private health sector consumes 59% of the total health expenditure and employs a higher proportion of all types of personnel (with the exception of nurses) compared to the public sector (Padarath et al., 2003:300; Weiss & Khan, 2007: 36-46). It should be noted that the private health sector

2.7. South Africa's Shortage of healthcare workers (Bletcher & Harrison,

2009:31-64).

The national Department of Health is mandated by the Constitution of RSA 1996, and the National Health Act 61 of 2003, to provide an equitable health service to all citizens of the country. For the health department to deliver on this mandate, it must ensure that adequate human resources are available. In South Africa, the government has identified the challenges faced by the country in relation to skills shortage, especially healthcare professionals. Scarcity and inequitable distribution of healthcare professionals in the country were two of the main challenges identified (Padarath, *et.al.*, 2003:300).

South Africa's healthcare system is characterised by an imbalance in the rural-urban distribution of healthcare professionals, particularly at specialist level. This mal-distribution is less severe amongst nursing personnel although common amongst medical doctors and other allied healthcare workers. The fact that almost all academic institutions for healthcare professionals' training including specialised hospitals, are located in urban areas, could be one of the reasons why the majority of the healthcare workforce is found in the urban areas. (Padarath *et.al.*, 2003:300)

There is also an uneven distribution of healthcare professionals between private and public sector, rural and urban areas, formal and informal peri-urban areas, tertiary and primary levels of care. Peri-urban areas have the most vulnerable health status and greatest healthcare needs but are under-serviced when compared to the formal (wealthy) areas of the country. The shortage is mostly felt in the public sector, an indication that maldistribution of healthcare professionals between the private and public sector of the country also exists. (Padarath *et.al.*, 2003:300) The private health sector consumes 59% of the total health expenditure and employs a higher proportion of all types of personnel (with the exception of nurses) compared to the public sector (Padarath *et al.*, 2003:300; Wadee & Khan, 2007: 36-46). It should be noted that the private health sector

caters for about 15% of the total population of South Africa (Bletcher & Harrison, 2006:31-64).

High levels of staff migration are experienced within South Africa's health sector - contributing to the "brain drain" currently experienced by most of the developing countries especially African countries (Padarath *et. al.*, 2003: 313). People have a freedom to choose where they will work and in general, people will move from poor countries to work in wealthier countries, in search of a better life. Globalization has created conditions that facilitate migration of healthcare workers from South Africa to other countries of the world. In most cases the reason for moving, besides the financial benefit is said to be related to working conditions. (Sanders & Lloyd 2005:81) Data on global migration of pharmacists is not available as most surveys have focused on nurses and medical doctors (International Pharmaceutical Federation, 2006: 21).

The majority of skilled South Africans who immigrate head for the more advanced, industrialized countries such as the United Kingdom, United States of America and Canada. The rise in emigration of South African healthcare professionals has not been met by a corresponding increase in healthcare workers entering the South African workplace. There has been a dramatic decline in the number of skilled immigrants in the health field. (Equinet Discussion Paper Number 4) For pharmacists, this could be due to the rigorous process required for a foreign national to register in South Africa (International Pharmaceutical Federation, 2006:22-24).

2.8. Pharmacists as a scarce skill in South Africa

In 2001, there were over 10 000 pharmacists registered with the South African Pharmacy Council, and 11% practiced in the public sector (Padarath *et.al.*, 2003:308). The Pharmacy Council collects this data and updates it annually when pharmacists renew their annual registration; this then makes the data very

reliable. According to Moselakgomo (2008:80), there were 957 pharmacists recorded by the South African Pharmacy Council as practicing in the Eastern Cape as of 30 April 2008. However, the data received did not indicate the sector of practice, or if in fact they are still in practice. This is a very low number when compared to provinces such as the Western Cape (2 242 pharmacists) and Gauteng (4 543 pharmacists) (Moselakgomo, 2008:33).

In 2007, there were 11 547 pharmacists registered with the South African Pharmacy Council. Of this number, only 928 were recorded as practicing in the Eastern Cape Province with only 198 pharmacists recorded on PERSAL (a human resource information management computer programme used in the public sector) as working in the public sector of the Eastern Cape Province. The majority of pharmacists throughout the country (about 71%) practice in the private sector. (Day & Gray, 2007:306-314)

The Limpopo province has a total population of about 6 436 763 million people and an estimated 1.3 million of these people live in the Vhembe district (Statistics South Africa, 2001). The Eastern Cape is the third largest province in South Africa according to population size but it has the lowest number of pharmacists to population size. The Department of Labour has now listed pharmacy as a scarce skill and estimates a shortfall of 10 000 pharmacists in South Africa (Department of Labour, 2007:4-32). It has been estimated, assuming a 30% loss of pharmacy graduates per annum to other countries and a 2 % annual population growth; that the ratio of pharmacist to population in 2029 would be 1:3 840 (equivalent to 26 pharmacists per 100 000 population) – compared to 1:3 920 in 1999 (equivalent to 25.5 pharmacists per 100 000 population (Padarath *et.al.*, 2003:308).

The public sector facilities in the Vhembe District are currently experiencing an acute shortage of healthcare professionals including pharmacists. The municipal data is supplied by the pharmacy department in the municipality. The rest of the information is sourced from PERSAL reports of the Limpopo Provincial

department of health. It has been observed that the private sector gains in the process as most government employees that leave the public sector do not leave the Vhembe District but move to private sector employment in community pharmacies, private hospitals or the pharmaceutical manufacturing industry. The Department of Health attempted to address the ongoing problem of maldistribution with the introduction of compulsory community service for pharmacists in 2007.

Compulsory community service for several categories of healthcare professionals was aimed at ensuring an improved provision of health services to all citizens of the country, especially in the previously under-served areas. Based on these findings, priority in the placement of community service pharmacists was given to rural under-served areas of the province; while areas such as the Limpopo Province were categorized as urban and did not benefit from the allocation of community service pharmacists. Although community service has contributed to slightly higher numbers of pharmacists in the public sector, the long term impact has been limited (Padarath *et.al.*, 2003:308). Of the 2007 intake of community service pharmacists, 52% indicated that they intended to work in the private sector after completion of their community service, 21% planned to go work overseas, 9% into pharmaceutical industry and a mere 18% intended to remain in the public sector (Padarath *et.al.*, 2003:308).

In 2004, the National Department of Health introduced additional incentives for healthcare professionals in the form of scarce skills and rural allowances. The sole purpose of these allowances was to address the inequity in the distribution of healthcare professionals between the public and private sector, and between rural and urban settings (Padarath *et. al.*, 2003:304). There is currently no data available to determine if these incentives have managed to achieve their intended goal.

2.9. Consequences of Job Dissatisfaction

The consequences of job satisfaction should encourage employers to look for ways to motivate the employees and ensure that they perform. It is widely believed that a satisfied employee is a productive employee. The most anticipated outcomes of job dissatisfaction are deterioration in productivity, employee turnover, absenteeism, and low staff morale (McKenna, 2006:299).

2.9.1. Job Performance

There is a widely used notion in most organisations that says “a happy employee is productive” (Riggio, 2003:223). However, productivity is dependent on many variables which may not be in the control of the employee. The skills one possesses, perceived work constraints, family issues, misunderstanding of what is expected with respect to a particular task, one’s lack of motivation, and many other factors can affect productivity (Levy, 2003:292). A moderate correlation exists between job performance and job satisfaction (Spector, 1997:56).

There is also a belief that job satisfaction results from good performance. Organisations that reward good performance also can lead to job satisfaction whilst it should be considered that employee-job fit is important as well in order for the employee to perform adequately (Spector, 1997:56). The correlation between job satisfaction and job performance varies as a function of job level in that a much stronger correlation exists for managerial and supervisory positions than for non-managerial positions (Levy, 2003:293). It can be expected that individuals in managerial and supervisory positions will be more satisfied with their job than junior employees.

Also, people who like their jobs work harder and therefore perform better. People who perform well are likely to benefit from that performance, and those benefits (pay, recognition) could enhance satisfaction. (Spector, 2006:234)

When discussing job performance and its relationship to job satisfaction, one needs to also consider contextual performance which is also known as Organisational Citizenship Behaviour (OCB). This refers to behaviours by an employee that are not formally part of one's job and are intended to help co-workers or the organisation (Spector, 1997:57). These behaviours are not the individual's assigned duties. Examples of these behaviours are (Spector 1997:57):

- Punctuality
- Helping others
- Making suggestions to improve things
- Not wasting time at work

There is strong correlation between OCB and job satisfaction. People who are happy with their job are willing to go beyond what is expected and required of them.

2.9.2. Withdrawal Behaviours

Absenteeism is the most common withdrawal behaviour that results from poor job satisfaction. However, most employers do not consider absenteeism as having any association with low job satisfaction. Absenteeism costs organisations a lot of money but it doesn't seem to receive much attention from an organisational psychology point of view. It is accepted that employees would miss a day of work due to sickness, family responsibility and the obvious annual leave that is mandatory. The relationship between attendance and job satisfaction is not very simple considering the human behaviour aspects. Employees may be satisfied in their job and hence motivated to attend but family responsibility, health and other human issues can make it impossible to attend (Levy, 2003:295).

Turnover is the second most common withdrawal behaviour as a consequence of job dissatisfaction or low job satisfaction. Employee turnover is never good for

any organisation as most people that leave voluntarily are usually the best performers in their job. Generally, the lower the level of job satisfaction the more likely people are to leave, but the link is not very strong. Many factors can influence the decision to leave the job voluntarily. (Statt, 1994:322) However, turnover is a real concern for many organisations as the costs involved in recruitment; selection and orientation are often exorbitant. A model developed by Griffeth & Hom in 1991 (Levy, 2003:296) showed the modest relationship between job satisfaction and turnover. In this model, job satisfaction is at the beginning of the model and the decision to quit or stay is at the end. In one pathway, job satisfaction affects the extent to which an individual begins thinking about quitting, whilst a second pathway leads from job satisfaction to a job search and comparing alternatives.

Minnesota Satisfaction Questionnaire (MSQ) and the Job Descriptive Index (JDI) (Riggio, 2003: 219).

2.10. Measuring job satisfaction

2.10.1 The Minnesota Satisfaction Questionnaire (MSQ)

Job satisfaction is normally measured using group meetings, surveys and interviews. Surveys and questionnaires are the preferred choice in many organisations due to the element of confidentiality they offer as well as the fact that respondents can be as candid as possible without fear of being victimized. In measuring job satisfaction, it is necessary to first consider the factors that influence satisfaction. The most common factors that are measured are pay, working conditions, relationship with co-workers and supervisors, personality characteristics, and the fit between the organisation or job and the employee. (Riggio, 2003:216)

Measuring job satisfaction using interviews is time consuming and expensive. The information gathered during interviews can be unreliable as the interviewee may not give the accurate level of satisfaction due to fear of being victimized by management. The interviewee then tends to present an overly positive image on the personal level of job satisfaction. (Spector, 1997:5)

• Pay

However, interviews allow the interviewee to elaborate on the responses provided and also to seek clarity on questions that could possibly be misunderstood or misinterpreted in a questionnaire. The use of a questionnaire or commonly referred to as paper-and-pencil job satisfaction measure also has some advantages and disadvantages. This method is quick, time efficient and it can survey a large population effectively. There may be ambiguous items that respondents find and respond to differently, hence affecting the validity of the response and results. (Spector, 1997:5-6).

There are various types of tools that are used to measure job satisfaction. This section will present the most commonly used tools to measure job satisfaction. These are the Minnesota Satisfaction Questionnaire (MSQ) and the Job Descriptive Index (JDI) (Riggio, 2003: 219).

2.10.1 The Minnesota Satisfaction Questionnaire (MSQ)

This is a multiple – item rating scale that asks workers to rate their levels of satisfaction or dissatisfaction with 20 job facets (also available in a 100-facet version). These facets include supervisor's competence, working conditions, compensation, task variety, level of job responsibility and chances for advancement. The facets are very specific compared to those used in other survey instruments (Riggio, 2003:219).

2.10.2. The Job Descriptive Index (JDI)

This survey was developed by Smith, Kendall and Hulin in 1969 (Riggio 2003:219) and it is much shorter than the MSQ. This scale assesses five subscales namely (Spector, 1997:12):

- Work
- Pay

- Promotion
- Supervision
- Co-workers

The JDI was used for this research as it has been used by Le Roux (2006) in a similar study of job satisfaction for pharmacists in South Africa. Le Roux (2006) looked at the personality types, choice of practice setting and job satisfaction of pharmacists who graduated from the University of the Western Cape, South Africa over the period 1990-2005. In this survey, the Job Descriptive Index (JDI) was used to determine the job satisfaction of pharmacists and this was compared with personality types using the Kersey Bates Temperament Sorter. In order for the tool to fit the pharmacy work context, Le Roux (2006) modified the JDI to include a subscale that pertains to pharmacy practice in South Africa, namely patient interaction.

This subscale considered the key aspects of patient care provided by the pharmacist as part of the provision of pharmaceutical care. The key aspects of pharmaceutical care are the provision of information on health related matters and the medication based counselling (Hill & Dowse, 2007:202). This modified version was utilised for the current survey since the population of pharmacists to be surveyed would also be interacting with patients. This tool was also found to be valid for the research population of pharmacists during the research by Le Roux.

There are many other scales that have been developed such as the Job Diagnostic Survey (JDS) and the Job Satisfaction Scale (JSS). The most general job satisfaction scales are the Job in General (JIG) scale and the Michigan Organisational Assessment Questionnaire satisfaction subscale. However, the JDI is the most commonly used and researched scale and has been found to be psychometrically sound compared to other scales. (Spector, 1997:7)

2.11. Retention issues facing health professionals in the Public Sector

from the physiotherapy managers themselves, as well as their staff members. Finding published articles and other sources of information that focus specifically on the subject of the retention of physiotherapists in the South African public sector proved to be a difficult task. To the author's knowledge, there is no published literature on the subject in this country. Generally, most of the available published material deals with health professionals in general rather than specifically with physiotherapists, and as discussed in the previous section, there are indeed many studies and publications that report on the health sector human resource plight of South Africa. Many, such as the Open Democracy report (Hodgson, 2006:56) discuss the problem of the high level of migration of South Africa's skilled health professionals, or "brain drain", to developed countries. As far as South African public sector health profession are concerned, this absence of useful information on their retention has, as mentioned in the previous chapter, resulted in the author relying on the information that comes from ad hoc staff satisfaction 'surveys' and largely verbal and informal, exit 'interviews' that have been conducted over the years by the various health managers in Limpopo. Although it may be inaccurate due to its informal and non-scientific nature, the information that is obtained from these endeavours is sufficient in that it gives an overall idea of the gravity of the problem facing most health managers and can be used as a basis upon which to develop some retention strategies. Whilst conducting this study, the author noted that there is an overlapping of responsibilities amongst the human resource managers of the provincial health department, institutions and health managers, particularly concerning the function of compiling and keeping relevant statistical information. This could explain the reason why most physiotherapy managers did not have their own scientifically interpreted statistics, such as staff attrition rates and worker flow data sets. Although this is important and should be investigated in a separate

study, for the purpose of this study, the author was more interested in finding out from the physiotherapy managers themselves, as well as their staff members, what staff retention problems they were faced with and how, and if, they were trying to solve them.

As highlighted previously, according to these surveys and informal exit interviews, physiotherapists leave the South African public sector for reasons that include their dissatisfaction with their salaries, limited or non-existent opportunities for promotion and poor working conditions, including the unavailability of necessary equipment that would enable them to perform their jobs effectively and poor security at their work environments. Others reported leaving in order to experience working overseas or in the South African private sector, whilst others reported being unhappy with the way in which their institutions were managed and the poor levels of communication concerning matters that affected them in some of these institutions. Most of these reasons for leaving concurred with those that were cited by authors, such as Buchan and Dovlo (2004:98) and Huddart and Picazo (2003:15), who were mentioned earlier.

Compared to South Africa, the subject of physiotherapy retention has been explored in greater depth in international publications, particularly in countries such as Canada, Australia, the United Kingdom and the United States of America. However, as is the case with South Africa, international literature sources also have much more information on the retention of medical doctors and nurses than that of health profession. Furthermore, studies that deal specifically with the retention of physiotherapists are still fewer than those that deal with all allied health professionals. Despite this, there is clear evidence from the studies and reports that were sourced that the issue of physiotherapist retention is a problem that is faced by many countries in the world. Due to its objectives being similar to those of this study, the findings of a physiotherapist retention study, which was conducted in Northern Ontario, Canada, will be discussed first and in some detail. This cross-sectional survey by Beggs and Noh

(1991:90) had two primary objectives: firstly, to establish baseline information about the extent of physiotherapy retention problems in Northern Ontario; and, secondly, to identify the potentially significant factors for their retention. The authors begin by stating that the turnover of health care employees is a dynamic process in which personal, professional, occupational and environmental factors interact to affect staff morale and behaviour.

Through analyzing previous retention studies, they were also able to establish that there are certain demographic factors, such as age, family responsibility and, marital status, that are inversely related to staff turnover. Through their study, they were able to establish five key factors, which were directly related to their outcome measure intention to leave, and these were marital status, the respondents own and their spouse's levels of satisfaction with the lifestyle of Northern Ontario, professional tenure and perceived degrees of career advancement opportunities. Indeed, the latter showed the strongest relationship with the outcome measure.

From these few studies, it is clear that developed countries are also faced with The issue of having opportunities for career development as a definite pull factor for physiotherapists was also cited in an American study, which dealt with the job satisfaction and turnover levels of physiotherapists in Utah (Okerlund, Jackson & Parsons, 1994:77). Having freedom at work, as well as better pay and fringe benefits were also reported to contribute towards greater motivation levels, and hence promoted the retention of health professions. Another point of view that was raised in this, as well as one of the studies mentioned previously, was that due to the many job opportunities and options available to physiotherapists, they often did not hesitate to leave organisations that did not adequately provide them with satisfactory retention opportunities.

Other factors that seem to influence the retention factors of physiotherapists include the availability of leisure and recreation activities, close proximity of families of origin, the perceived need for their services, as well as the influence of

partners or spouses in the decision-making processes. These were cited as important factors by Canadian physiotherapists in another study (Solomon, Salvatori & Berry, and 2001:88). This study also reiterated the issue of professional autonomy, which has been established by some of the previously mentioned authors (Miles-Tapping et al, 1992 and Sim, 1985:26) as an important source of job satisfaction for health professions.

In another study that was conducted in America in order to predict the effects of intrinsic and extrinsic job satisfaction factors on the recruitment and retention of rehabilitation professionals (Randolph, 2005:34), it was revealed that intrinsic factors, such as professional growth, the recognition of accomplishments and importance of including them in departmental decision-making processes, as well as having a work environment that was in line with personal values, were more significant in ensuring job satisfaction and retention than extrinsic factors, such as pay and continuing education (Randolph, 2005:34).

From these few studies, it is clear that developed countries are also faced with the challenges of high physiotherapist turnover and ensuring their retention in public sector institutions, although most of these countries may have slightly different challenges to deal with. A case in particular is that of financial remuneration, which seems to be a very significant push and pull factor amongst physiotherapists and other health professionals in South Africa, but is hardly cited as such in first world countries (Randolph, 2005:89).

Finally, according to Noh and Beggs (1993:42), staff turnover can be beneficial for organisations as well as the individuals concerned as long as it is not too high, particularly if they are seeking opportunities for professional development. It is when the turnover levels are too high that it can be dysfunctional for an organisation because it increases costs and impacts negatively on service delivery.

2.12. Retention Strategies for Public Sector health professionals

As highlighted earlier, in South Africa, there seems to be an overlapping of responsibilities between the human resource department of the provincial health department, institutional human resource departments and physiotherapy managers, as far as the issue of developing strategies for the retention of health professions, is concerned. Although this shared responsibility is necessary because just as there are multiple reasons why employees leave their work, there should be multiple creative interventions to ensure their retention. Its downside, however, is that the government generally has the final say and often due to annual budgetary constraints, hospital and departmental managers may be restricted in terms of their own creativity concerning their efforts to try to reduce staff turnover levels and implement their planned retention strategies.

In other words, although physiotherapy and hospital managers, who are in the best position to understand the problems and potential remedies of their individual departments and institutions respectively, may have sound retention strategies planned, their success will often only depend on whether or not there is the political will and funds available to implement and sustain those strategies. This then becomes a problem that can only be addressed by government's policies and budgetary allocations concerning these issues. Over the years, most physiotherapy managers have made their own attempts to retain their staff. Amongst others, they recognize the importance of continuing education as an achievable motivating factor and opportunities for this are indeed prioritized in most departments. Often, this is in the form of inviting guest presenters, sometimes for a small fee, who are experts in their chosen fields of interest, to give talks on various interesting and relevant topics. Furthermore, in agreement with facility managers, opportunities for further study and specializing in various fields of physiotherapy, accompanied by generous amounts of study leave and, where necessary and agreed upon, flexible working hours are widely available to South African public sector physiotherapists in most institutions.

Many of these physiotherapy managers also recognize the importance of breaking the monotony of work and make an effort to organize regular breakaway sessions with their staff, either to celebrate important occasions, such as birthdays, Easter and Christmas, or as team-building exercises away from work. However, due to financial constraints and the lack of dedicated funding for these types of activities, they do not occur as regularly as perhaps they ought to. According to other physiotherapy managers, having effective mentoring programmes is not only a part of good management practice but also an essential element of ensuring staff motivation and retention. At Johannesburg Hospital, for example, this occurs in the form of senior and experienced physiotherapists being assigned the responsibility of taking younger and more junior physiotherapists under their wings to guide and support them both professionally and emotionally (Donald Fraser Hospital, Physiotherapy Department, 2004:67).

The most obvious benefit of this is that it removes the responsibility of taking care of the needs of all the staff members from the shoulders of the managers, thus preventing them from burn-out and enabling them to function effectively under pressure. Furthermore, mentoring ensures that employees feel valued, appreciated, like they always have someone to talk to, and prevents isolation. Where there is an absence of proper mentoring and support, these are some of the factors that have been reported by some South African public sector physiotherapists as their real reasons for leaving.

Planning for retention and coming up with creative ways of keeping staff members motivated and wanting to stay are clearly measures that must be carried out by managers. However, this depends on how motivated, creative and driven they themselves are, as well as their ability and willingness to lead. Unfortunately, as mentioned previously, although most of those retention strategies that have been highlighted can be, and certainly are being, carried out successfully by most managers, not all aspects of staff retention are within their

control. Very often facility managers and key decision makers in government have to get involved, especially when there are funds required, or if there is a clear staffing crisis which cannot be solved by departmental managers, such as the freezing of posts.

At the facility level, a government initiative which is largely driven by hospital managers, may have partly contributed to the retention of physiotherapists in the institutions, has been the introduction of private wards in certain designated hospitals. These private wards called Folateng are the result of countywide partnerships between the public and private health sectors in the country (Cullinan, 2002:8). Apart from providing public sector patients with services and facilities that they would expect to receive in private hospitals, but at more affordable rates, the health professionals who work in these Folateng units benefit by earning additional financial compensation without having to leave their own work places.

However, in-as-much as this benefit has been received very well by most of the hospital's physiotherapists; it also has not completely stopped the exodus of physiotherapists from this hospital. Once again, the extent to which this intervention has contributed towards the retention of South African public sector physiotherapists is yet to be measured and should be explored in future studies.

Overall, the government of South Africa has developed several very good policies, many of which have been implemented, in an effort to address the serious problem of health professional shortages in the public sector and how to improve their retention. One of these policies, as mentioned earlier, is the Human Resource for Health (HRH) Plan (Department of Health, 2006:99), which clearly outlines several steps that the government seeks to take to address human resource issues.

However, this HRH Plan is very general in its approach and does not single out individual allied health professionals and how the government intends to address their specific problems and plans to retain them in the public sector, although it does do this very clearly for the medical doctors and nurses. Amongst other strategic objectives, the HRH Plan clearly states the importance of providing human resources to render adequate, accessible and appropriate services equitably all over the country. It proposes that this will be done by revisiting existing recruitment criteria for health science students in order to earmark those that come from the rural areas of the country and previously disadvantaged backgrounds and deliberately making bursaries available for their tuition. Another important objective is to develop financial and non-financial incentives for health professionals in order to attract and retain them in rural areas. In addition to these, the balancing of health worker categories and recruiting more experienced ones to supervise and support those that are less experienced is also highlighted as an objective.

As mentioned earlier, one of the factors that cause health professions to leave the public sector is the unavailability of the necessary equipment that would enable them to execute their duties more efficiently. As one of its strategic objectives, the HRH Plan specifically states that this problem will also be addressed. Furthermore, it states that vacant posts will be filled as a matter of urgency, and employees will be acknowledged for service excellence, both of which could address their problems of not seeing opportunities for promotion and not feeling recognised and valued as professionals of note in the South African public sector. Equally importantly, the HRH Plan places a lot of emphasis on the importance of providing continuing education opportunities and training for health professionals as a means of ensuring their retention.

As highlighted earlier, another important retention strategy that has been driven by the government since 2004 is that of providing non-pensionable scarce skills allowances to designated health professionals, including physiotherapists,

working in the public sector (Document by Public Health and Welfare Bargaining Council, 2004:9) This came about as a result of the government officially recognising and acknowledging some of its public health professionals, including physiotherapists, as scarce skill professionals due to their unacceptably high turnover and unavailability, particularly in the previously disadvantaged and rural areas, where they are needed the most. For physiotherapists, this monthly scarce skills allowance is approximately 10% of the gross monthly salary.

Unfortunately, it was not within the scope of this study to measure the impact and effectiveness of this intervention to date, although it would certainly be interesting to establish this in future studies. What does remain clear, however, is that despite this measure, health professionals, including physiotherapists, are continuing to leave South Africa's public sector in large numbers (Dovlo and Martineau, 2004:78). This suggests that although financial remuneration is important, it is not the only factor contributing towards the retention of health professionals. Seemingly, health professionals, physiotherapists included, need more than higher salaries to motivate them to remain in the South African public sector. It is one of the objectives of this study to investigate what these other factors could be.

Finally, although one of the main motivations behind introducing compulsory community service for health professionals was to improve the availability of health care services and personnel to rural and previously disadvantaged parts of the country, it has also served as a type of retention strategy. However, although it has been an effective short term strategy, its effectiveness and success in the long term is yet to be measured, and should certainly be given priority as a topic for future research studies. What is known at present is in the form of feedback from a group of medical doctors who, when questioned in a survey by the Health Systems Trust (Nawaal, 2003:16), about how their year of community service had made them feel about working for the South African public sector, mostly reported that despite its obvious benefits to the community,

it had no effect on their career plans and had merely served to delay them by a year.

They further stated that the reasons why they were leaving included the lack of management, stress, work overload and emotional burnout. Owing to the similarities of the problems that are facing all health professionals in the country, one can only assume that these could be the same sentiments that would be raised by those physiotherapists that are leaving either immediately after completing community service, or shortly thereafter.

2.13. Conclusion

The challenge of Health Professionals shortage is very serious in South Africa and particularly for the Vhembe District public health facilities. The shortage of health professionals has an impact on the quality of health care and overall health professionals care provided to the patients. With the growing demand for health and services, the prevalence of chronic diseases such as HIV throughout the country and in the Vhembe, it is necessary that attention is given to factors that retain health professionals in the public sector. The theories of motivation discussed above have led to the development of the job satisfaction tools currently utilized in the field of industrial and organisational psychology. These theories are not incompatible and the elements of various theories have been integrated as seen in Herzberg's theory and Maslow's Hierarchy of needs (Spector, 2006:214). When measuring job satisfaction, it is important to remember that it is a subjective and elusive concept which does not lend itself readily to quantification but can be interpreted as a function of work related situations (Carvajal *et.al.*, 2000:424). It is also evident from the discussions above that an individual's feelings about their work are firstly a function of the job characteristics of the work itself, and secondly of their own personality (Fisher, Katz, Miller & Thatcher, 2003:142).

Job satisfaction assessments are vital for the employer to be able to identify and develop strategies to attract and retain good employees. The consequences of poor job satisfaction or job dissatisfaction namely absenteeism, turnover and the health and well-being of the employee are not pleasant for any employer. The cost of recruitment is high and most people that leave are the productive employees. The research will now discuss the methodology used in this particular study. The tool chosen will be discussed in detail.

CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN

3.1. Introduction

This chapter deals with the method that was used to conduct the study, as well as the preparation involved. It begins with brief descriptions of the study design, followed by descriptions of the population, study setting, sampling method employed and measuring too. Next, followed by the data collection, data management and analysis. The ethical considerations are described in the last part of the chapter.

3.2. The Study Area

The study was in the form of an exploratory, descriptive cross-sectional survey, which was conducted on health professionals working for the public sector in Limpopo Province, (Vhufuli) Donald Fraser Hospital.

3.3 Research Methods

The quantitative method was used in the present study because it was appropriate for investigating an existing situation or current condition. The study used descriptive survey method to collect data by means of questionnaires. Despite the main disadvantage of being some what artificial and superficial, the survey research method had advantages in terms of the data that could be collected, and the data could be standardised (Babbie, 1990:254-255). The hallmarks of the descriptive survey methods were its strength as a tool for inquiring the survey status quo of the phenomenon.

This research is a quantitative and qualitative survey. This approach was the most appropriate to obtain information on the perception of personnel concerning factors influencing the retention of the health professionals at Donald Fraser Hospital.

Quantitative survey approach is probably the best method available to those in social sciences which are interested in collecting original data for purposes of describing a population. Surveys are also excellent vehicles for the measurement of attitudes and orientations prevalent in a large population (Babbie 1979:316).

The researcher was motivated to use quantitative survey because of its usage of scientific tools such as questionnaires and qualitative which allowed the researcher to have access to information that was not directly observable. The quantitative research survey method was chosen for the following reasons (noted in Simon-Uguru 1991:32; Ghosh 1992:205): It attempts to understand the whole in the totality of the environment being investigated; It provides an opportunity for a researcher to develop insight into the basic aspects of human perception, behaviour and attitude; Because information is often given anonymously, respondents are more likely to be truthful in their responses to the issues raised in the questionnaire; The researcher can use scientific research tools such as a questionnaire to collect data and analyze it by means of computer statistical programmes; and It gives some measure of objectivity, because the statistical and mathematical methods of analysis are free from subjective bias.

The qualitative researcher is therefore concerned with understanding rather than explanation; naturalistic observation rather than controlled measurement; and the subjective exploration of reality from the perspective of an insider. As such, a qualitative study is concerned with non-statistical methods and small samples often purposely selected (De Vos *et al.* 2005:74).

De Vos *et al.* (2005:74) further point out that qualitative approaches are useful when the researcher intends to understand human phenomena and investigate the meaning given to events that people experience. This is a naturalistic inquiry which aims at understanding phenomena as they naturally occur. According to Stecher and Borko (2002:547) both qualitative and quantitative methods can be used in the same study. This is variously called multi-method, mixed methods or multiple methods research although there is a move to standardise terminology and use the label mixed methods research for studies combining qualitative and quantitative methods.

The following were reasons that justified the use of mixed method in this research; Qualitative and quantitative approaches were used on the basis of the type of data used (textual or numeric; structured or unstructured), the logic employed (inductive or deductive), the type of investigation (exploratory or confirmatory), the method of analysis (interpretive or statistical); The focus was on the use of component (parallel or sequential) designs in which the different elements were kept apart or separate, thus allowing each element to be true to its own paradigmatic and design requirements; It was conceived using different methods to achieve the same purpose, with a view to providing corroborating evidence for the conclusions drawn such as a technique of validation; The two methods allowed expression of different facts of knowledge and experience (Mathison, 1988:14).

For example, personnel responding to interview or open ended questions raised quite different issues to those provided for in a structured questionnaire asking essentially the same question; and Mixed methods in this study combined nomothetic and idiographic approaches in an attempt to serve the dual purposes of generalisation and in-depth understanding to gain an overview of social regularities from a larger sample while understanding the other through detailed study of a smaller sample.

3.4 Research Population

Mouton (2002: 134) points out that a population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying. More specifically, it is known as a target population. A portion of the target population to which the researcher has reasonable access is known as the accessible population (Mouton 2002: 134). The target population in this study was all the health professionals of Donald Fraser Hospital.

The research population consisted of all health professionals employed on a full-time basis in the public sector health facilities of the Donald Fraser Hospital. The inclusion criteria disregarded the post level of the participant therefore all health professionals were included.

3.5 Sampling Methods of the Study

Schulze (2002a: 13) defines sample as an element, that is a small group of a target population, that is selected for inclusion in a study. As noted by Booyse *et al* (2002: 53), it stands to reason that it is impracticable to mount surveys that include entire target population; hence a sample is drawn that is representative in that, those included in the sample display the same characteristics as the target population. This process is called sampling and Mouton (2002:110) endorses the substance of Schulz's position.

McMillan and Schumacher (2001:174) indicate that non-probability sampling is the most common type in educational research. It does not include any type of random sampling, rather the researcher uses subjects who happen to be accessible or who may represent certain types of characteristics.

According to Leedy and Ormrod (2001:218), in non-probability sampling, the researcher has no way of forecasting or guaranteeing that each element of the

population will be presented in the sample. Furthermore, some members of the population have little or no chance of being sampled. The selected type for this research was therefore the purposive or purposeful sampling. Purposive sampling was used for selection of the participants. Purposive sampling has been selected for this research. It is appropriate for the research problem for this study.

3.6 Sampling Size of the Study

According to Wimmer and Dominick (1988:68), determining an adequate sample size is one of the most controversial aspects of sampling. How large a sample should be in order to be representative of the population has no simple answer (1983:68)? Best and Kahn (1993:19) stated that there is no fixed number or percentage of subjects that determine the size of an adequate sample. It may depend upon the nature and the population of interest or data gathered and analysed. Best and Kahn (1993:19) indicated that in practice the population is usually large although the size is not the definitive factor.

Wimmer and Dominick (1983:68) state that a primary consideration in determining sample size is the methodology to be used. In some cases (focus group interviews as will be the case in this research) a sample of six or twelve subjects is adequate if they are representative of the population under study. Wimmer and Dominick (1983:60) conclude by stating that generally speaking the larger the sample used the better. However a large un-representative sample is as meaningless as a small un-representative sample.

A total sample size of the study comprised of Twenty five (25) health professional of the Donald Fraser Hospital constituted respondents of the study of which 5 came from Physiotherapist, 5 Pharmacists, 10 Professional nurses and 5 Doctors.

3.7 Data collection methods

As noted by Mouton (2002:156), data collection subsists in the use of a variety of methods and techniques of data collection in a single study. Schulze (2002b: 14) maintains that data should meet the requirements of a qualitative or quantitative research design or a design consisting of a combination of these approaches. The data collection methods in this study combined these two approaches. In an effort to acquire different facets of the same problem (symbolic reality) of the participants (Berg 1995: 4) and obtain more valid results in the research, the following method was used to collect data: questionnaires.

3.7.1. Questionnaires Survey

For many good reasons, the questionnaire is the most widely used technique for obtaining information from subjects (McMillan and Schumacher 2001: 257). Furthermore, McMillan and Schumacher (2001: 257) note that a questionnaire is relatively economical, has the same questions for all subjects and can ensure anonymity.

A self-administered and self-contained structured questionnaire was designed by the researcher and was used to collect relevant standardised data from all subjects in the sample. McNamara (1997:105) describes the structured or close ended item as the mainstay of survey researches. The questionnaire technique was chosen because it had several advantages. Close ended items are amenable to statistical data analysis with minimal manipulation of raw data. MacNamara (1997:105), states that questionnaires can access a large sample which place minimal demands on personnel, and can be totally anonymous. The reasons for using questionnaires in this study was that as a data gathering instrument it was cost effective, easy to complete and timeliness of responses.

The instrument's items, format and procedures was taken from Noveno (2003); however, some modifications were made by the researcher to fit to the current study. The questionnaire consisted 10 items (See Appendix A). The first part of the instrument contained a statement of purpose and directions, and was designed to collect biographical or personal data that include gender, age, and civil status, educational attainment and years of work experience at Donald Fraser Hospital.

The second part of the questionnaire consisted directions and 20 five point Likert-scale items for rating personnel's perceptions of factors that have influenced their stay at the hospital. The items asked participants to rate the extent to which they agreed or disagreed with certain aspects of their stay at the hospital. The rating scale had the following designations: 5=strongly agree; 4=agree; 3=Uncertain; 2=disagree; 1=strongly disagree. The Likert type scale was employed because it provided greater flexibility since the scale descriptions varied to fit into the nature of the question (McMillan and Schumacher, 1993:245).

The development of the items in the questionnaire was formulated from each retention variable which had their base in the literature review in chapter 2 and the items were spread out as follows: Working conditions; Incentives; Job satisfaction; Mentoring and Staff development

3.8 Methods of Data Analysis

The data from the completed questionnaires was coded and captured onto a spreadsheet using Microsoft Excel®. Each response was assigned a number between one and ten. If there were four choices to choose from, each choice was assigned a number from one to four. The coding was necessary for the analysis of the results. Initial data analysis was performed using descriptive statistics, namely frequency distributions. The internal reliability of the JDI was assessed

using the Chronbach's Coefficient alpha. The Pearson Product Moment Coefficient was used to determine the relationships between two subscales of the JDI. The results were tabulated and reported graphically based on the statistical information compiled. The interpretation of the results was done at the same time as the analysis.

3.9 Research Ethics

The methodology of this research incorporated issues related to research ethics and trustworthiness, sampling, data collection and processing, and literature consulted. These are elucidated in the sections below: Ethics refers to discussions around what was considered acceptable or justifiable behaviour in the practice of social research. It was concerned with what was considered to be fair ways for the researchers to proceed (Makhanya 2006:28). Mauther, Birch, Jessop & Miller (2002:20) pointed out that ethics was the application of general rules and principles, and the researcher's internalising of moral values.

De Vos *et al* (1998:24) define ethics as a set of moral principles which offer behavioural expectations about the most correct conduct towards participants. The researcher was aware that at every stage of this research process, he would be confronted with ethical issues to resolve. Some of these ethical issues would be straightforward while others would not. Thus, the researcher would have to be continually ethically aware, and always consider, *inter alia*, the interests of the participants (Angus 1998:111).

The following ethical measures were considered throughout this research: the researcher asked for consent from the president of the college to conduct research at the institution; each participant in the study was informed of the purpose of the study and time required for participation; participants were assured that their views and opinions as given freely in interviews and their answering of the questionnaire would not be identified by anyone else; subjects

were not deceived about the goal of the study; the researcher ensured that respondents were up to date on all information relating to this research; final written report was clear and accurate without plagiarism; participants were assured that their views, responses and opinions would be treated in the strictest confidence, which were not violated. Although these views were coded in terms of general themes and patterns, certain opinions and views were stated verbatim, the name of the participant who gave the view or opinion were not mentioned; and on completion of the project the researcher rectified any misunderstanding that arose in the minds of the respondents.

The researcher made sure that all the above ethical measures were taken into consideration throughout the study. This assurance naturally included a guarantee of the researchers competency (De Vos, Strydom, Fouche & Delport 2005:63), which naturally included a correct and professional relationship with the participants, which in turn meant gaining their informed consent and briefing if necessary (De Vos *et al* 2005:63).

3.10. Conclusion

This chapter has described in detail the process involved in conducting this research. Special focus was given to discussing the research design, population site and size, the research tool used for data collection purposes, and the process of data collation. Limitations of the study have been considered and in the next chapter, the results will be presented, analysed and interpreted.

30-39	9	36
40-49	5	20
50-59	3	12
60-69	4	16
>70	0	0
Total	25	100

CHAPTER 4: DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.1. Introduction

In this chapter, the results are presented in five parts. The first part summarises the basic descriptive information, including the response rate, the participants' socio demographic profile and qualifications. The second part deals with issues surrounding the participants' overall employment history, including current, past and other employment. The next part of the results provides information regarding their current work-related decisions and motivations for the following year (2013). This is followed by the fourth part which deals with issues surrounding the participants' job satisfaction at their current workplaces, as well as how they rated and ranked certain motivation factors according to their levels of importance for health professional's retention. The final part presents the participants' responses concerning their knowledge of retention strategies being in place at their workplaces, as well as their general feelings and attitudes towards working in the South African public sector.

4.2. Biographical information of the respondents

Table 4.1: Age distribution of the health professionals

Age (Years)	Frequency	% of the Respondents
20-29	4	16
30-39	9	36
40-49	5	20
50-59	3	12
60-69	4	16
>70	0	0
Total	25	100

The age of the respondents was recorded using a range from 20 years to more than 70 years. As seen in Table 4.1, the majority of the respondents were between the ages of 30 and 39 years (36%: 9, n=25). There were no respondents in the age group above 70 years.

Table 4.2: Gender of the respondents

Gender	Frequency	% of the respondents
Male	6	24
Female	19	76
Total	25	100

The following figure 4.2, presents the number of women and men in the research population. Of the 25 respondents, 76% (19; n=25) were female and 24% (6; n=25) were male. On consideration of both age and gender, it was evident that the majority of the respondents were female between the ages of 30 to 39 years. There were only three female respondents between the ages 20-29 years and an equal number of male and female respondents between the ages of 60 to 69 years.

The pensionable age for public sector employees is 65 years. Thus four of the respondents (two male and 2 females) were due to retire soon which would contribute to the loss of health professions from these health facilities. The influence of gender on job satisfaction should be considered when researching factors affecting job satisfaction. Health professions have more women than men.

Table 4.3: Education and Qualifications of the respondents

Qualification	Frequency	% of the respondents
Certificate	0	0
National Diploma	21	84
Honours	2	8
Masters	1	4
Post Graduates	1	4
Total	25	100

When participants were asked questions about their education and qualifications, the results revealed that 84.2% of them had BSc degrees and 15.5% diplomas (Table 4.3). Of those who had diplomas, 83.0% were females and all had qualified as health professional before 2000. At 26.3%, it was only a relatively few respondents who already had postgraduate degrees, and 6.6% who said that they were currently pursuing them. Furthermore, 21.0% of the respondents already had other qualifications.

Table 4.4: Marital Status of the respondents

Status	Frequency	% of the respondents
Single	7	28
Married	15	60
Divorced	3	12
Total	25	100

Table 4.4 shows that the majority of the respondents (60%) were married. When the marital status was combined with gender (Figure 4.4) it was found that the predominant group was married women (48%). No items were asked regarding the number of dependants or home and family life situation. This information would have helped in determining the existence of any work-life conflict as discussed in Chapter 2. Research on the work-family life conflict indicates that

the greater the conflict, the lower the job satisfaction level. This conflict is seen mostly in two career families and when a child is sick. However, the effect of work-family conflict amongst the respondents was not investigated in this research.

Table 4.5: Health Administrative Authority (Employer)

Employer	Frequency	% of the respondents
Local	3	12
Provincial	21	84
Don't know	1	4
Total	25	100

All the respondents were employed by public health facilities within the Donald Fraser Hospital. There were no respondents from the medical Depot and the specialized hospitals as the permission to conduct this research at these sites was not granted in time. Table 4.5 presents the respondents' employers. There were 22 (84%, n=25) respondents employed by the provincial health authority whilst only two (12%, n=25) worked for the local authority (i.e. municipal health services).

One respondent indicated do not know the level of health authority of the employer. In order to establish the employer of the respondent who marked "other" according to Figure 4.6, the site of employment was compared to the employer as seen in Figure 4.7. There was one respondent who indicated workplace as a hospital but identified employer as provincial authority. All hospitals in the Vhembe District are under the provincial government administration. Donald Fraser Hospital is classified as a district hospital.

Table 4.6: Hospital Section (work site)

Worksite	Frequency	% of the respondents
General Health	7	31.8
In-patient	5	22.7
Out-patient	6	27.3
Specialised	2	9.1
Medical stores	0	0.0
Health Management	1	4.5
Other	1	4.5
Total	25	100

The worksite referred to the specific pharmacy department within the hospital where the respondents worked and the various worksites are identified in Table 4.6. Health Professions working in institutional or hospital settings are known to be involved in more clinical non-distributive functions and are more satisfied with their work than those practicing in other health profession settings. Of the 22 (84%, n=25) respondents that worked in the hospital, seven (31.8%; n=22) worked in general pharmacy (rotations between the specialised units, management activities, in and out-patient pharmacy departments). A further 13 respondents worked in clinical pharmacy sections such as in-patient, out-patient and specialised unit pharmacies (such as HIV & AIDS clinic).

Table 4.7: Years of employment in the public sector

Years	Frequency	% of the respondents
0-5	11	44
6-10	2	8
11-15	6	24
16-20	1	4
21+	5	20
Total	25	100

The data in Table 4.7 shows the length of service of the respondents in the public sector. Eleven respondents (44%; n=25) have been working in the public sector for less than five years whilst five respondents had worked in the public sector for over 21 years. The significance of this finding is not clear since the questionnaire did not ask about the number of years as a registered pharmacist. When considering table 4.10 below, 20% (5; n=25) of the respondents who have been in the public service for less than five years were in the age group 30-39 years. This group may have been registered as Health professional longer than five years

4.3 Factors influencing the retention of the Health Professions

Table 4.8: The public sector is best for gaining experience and developing skills

	Frequency	Percentage
Strongly agree	2	10
Agree	18	67
Uncertain	2	10
Strongly Disagree	1	6
Disagree	2	7
Total	25	100

Table 4.8 shows that 19 respondents constituting 77% of the total sample that the public sector is the best for gaining experience and developing skills, the notion which could be based on the fact that the public sector is prone for the development mention above. The fact that 2 respondents representing 10% of the total sample were uncertain of the entire functionality and dynamics of the public sector reveals lack of information of the certain sector of the employees. From this table it was clear that 3 respondents constituting 13% of the total sample disagreed that the public sector was the best for gaining experience and

developing skills, something which could be based on the misunderstanding of another section of employees in the public sectors.

Table 4.9: I work close to where I stay therefore it is convenient in terms of travel

	Frequency	Percentage
Strongly agree	5	20
Agree	15	60
Uncertain	1	5
Strongly Disagree	1	5
Disagree	3	10
Total	25	100

Table 4.9 shows that 20 respondents constituting 80% of the total sample agreed that the those employees who worked next to their place of employment found it more convenient in terms of travel from their place of residence to their employment. Basically it is more convenient if employees work near their place of residence as they don't spend much on traveling. The fact that 4 respondents who constituted 15% of the total sample disagreed was a clear indication that a certain section of the community lacked proper information of what was happening in Donald Fraser Hospital. Ignorance is another serious are of concern, and no wonder why 1 (one) respondent who constituted 5% of the total sample were uncertain and this is based on the ignorance surrounding these minority group.

	Frequency	Percentage
Strongly agree	5	20
Agree	15	60
Uncertain	2	10
Strongly Disagree	0	0
Disagree	3	11
Total	25	100

Table 4.10: The public sector has good benefits including more flexible hours than in private sector

	Frequency	Percentage
Strongly agree	3	12
Agree	15	60
Uncertain	2	6
Strongly Disagree	2	10
Disagree	3	12
Total	25	100

According to this table 4.10 it is clear that 19 respondents constituting 72% of the total sample agreed that the public had good benefits and even more flexible hour than the private sector and this is why the employees prefer to work in public sector taking note of benefits and flexibility in public sectors, but the contrary 5 employees who constituted 22% of the total sample disagreed and this could be based on the information of a certain section of the health professionals in Donald Fraser Hospital. On the other hand 2 respondents constituting 10% of the total sample were uncertain and this could be based on the fact that the minority of the respondents in Donald Fraser Hospital knew nothing of what is retained in the hospital so it was not surprising why the respondents were uncertain.

Table 4.11: I enjoy the work environment and have found no reason to leave so far

	Frequency	Percentage
Strongly agree	5	20
Agree	15	59
Uncertain	2	10
Strongly Disagree	0	0
Disagree	3	11
Total	25	100

Table 4.11 shows that 20 respondent constituting 79% of the total sample agreed that employees enjoyed the work environment and had found no reason to leave something which was much more acceptable as it was much more possible to find employees not opting to leave particularly if the environment is much more favourable to employees. 3 respondents constituting 11% of the total sample disagreed that the employees enjoyed the work environment and had no reason to leave the notion which could be based on fact that they knew nothing about the view of employees and 2 respondents constituting 10% of the total sample were uncertain and this based on the ignorance of certain respondents about the welfare of the health professions.

Table 4.12: I receive no support from my supervisor

	Frequency	Percentage
Strongly agree	3	10
Agree	17	67
Uncertain	2	10
Strongly Disagree	1	6
Disagree	2	7
Total	25	100

Table 4.12 reveals that 20 respondents constituting 77% of the total sample disagreed that employees got support from their supervisors so organisations were unlikely to retain employees. The 4 employees constituting 20% of the total sample agreed that employees got support from their supervisors and this was based on the fact that supervisors got support from few employers. The fact that 2 employees constituting 8% of the total sample were uncertain clearly demonstrate lack of information of certain respondents about the action of supervisors in the workplace

Table 4.13: Cultural diversity is appreciated and respected

	Frequency	Percentage
Strongly Agree	5	20
Agree	5	20
Uncertain	4	16
Disagree	5	20
Strongly disagree	6	24
Total	25	100

The majority of the respondents (40%) agreed that cultural diversity was respected. The high number of respondents that were uncertain could be due to the fact that different cultures have only recently been admitted to the ranks of the targeted grade and that these employees were uncertain of the different cultural needs and desires.

Table 4.14: Extrinsic motivators: Money is the only important motivator to me

	Frequency	Percentage
Strongly Agree	5	20
Agree	2	7
Uncertain	2	7
Disagree	7	30
Strongly disagree	9	36
Total	25	100

Just over half of the respondents felt that extrinsic motivators did not motivate them and 66% felt that money was not the only motivator important to them. From the results of the study, with the average age factor being relatively high, a large majority are motivated by other aspects other than only money. If it is not

the factors recorded in statement, then this could be the esteem needs that motivate the majority of 'learned' employees.

Table 4.15: I am given the opportunity for self development

	Frequency	Percentage
Strongly Agree	2	10
Agree	3	13
Uncertain	10	37
Disagree	5	20
Strongly disagree	5	20
Total	25	100

The majority of respondents felt that there was very little opportunity for self-development. If self-development is present in the organisation, did it contribute towards the individual's growth and promotion? These figures could reflect that at different times, more bursaries and training courses were available as opposed to tougher financial times when less training and development were available. If career development is not available to employees, they become less committed, less loyal, perform poorly and feel insecure.

Table 4.16: I am encouraged to stay at public sectors Because of: Annual performance bonus payments

	Frequency	Percentage
Strongly Agree	8	32
Agree	7	28
Uncertain	0	0
Disagree	5	20
Strongly disagree	5	20
Total	25	100

Table 4.15 indicate that 40% of employees who disagreed, were related to monetary fringe benefits, i.e. annual performance bonuses and long service awards respectively. There appeared to be little regard by way of retention to these elements; employees therefore, viewed such fringe benefits in low regard to overall retention, or believed that Public sector Customs was not getting it right. Alternatively, the monetary benefits provided may be accepted in view of the fact that staff merely had a higher regard to non-monetary benefits, i.e. the monetary fringe benefits were minor in comparison with the total of the reasons for retention. It is equally important to take note of what was going right, in this case, branding, brand image (which enhance prestige and meaning at work), and work-life balance.

Table 4.17: I am encouraged to stay at public sectors Because of: Great prestige working for public sector

	Frequency	Percentage
Strongly Agree	6	25
Agree	11	44
Uncertain	0	0
Disagree	5	20
Strongly disagree	3	11
Total	25	100

Table 4.17 indicates that 69% of employees who agreed were related to non-monetary issues, i.e. prestige of organisation, meaning of work and work-life balance respectively. They fell within the categories of organisation branding, brand image and work-life balance issues. Employees regarded these issues highly in relation to retention and believed that public sectors Customs were doing the right thing. The monetary fringe benefits may require attention, whether from an improvement perspective of the benefit, or from the perspective of communication to staff (i.e. explanation of its purpose).

Table 4.18: I am encouraged to stay at public sectors Because of: Annual increases are good

	Frequency	Percentage
Strongly Agree	6	25
Agree	4	15
Uncertain	0	0
Disagree	5	20
Strongly disagree	10	40
Total	25	100

60% of respondents disagreed that annual increases were good. Either respondent had a low regard for annual increases in light of retention, or respondents merely disagreed that annual increases were good. The latter scenario was more likely. With the exception of annual increases the organisation was in a good position. Communication to employees of comparative studies of other organisations in relation to remuneration was good, or remuneration and benefits in relation to the industry norm was good. Moreover, organisation stability, combined with the overall package was the major contributing factor.

Table 4.19: Training, Development and Career Management I feel that: I am sufficiently trained to do my job effectively

	Frequency	Percentage
Strongly Agree	5	20
Agree	9	34
Uncertain	0	0
Disagree	5	20
Strongly disagree	6	26
Total	25	100

Table 4.19 indicate that, 46% of the respondents disagreed were relate to training, opportunities for career advancement and personal development needs respectively. Respondents felt that they required more training and personal development in order for them to perform their activities more effectively. The damaging component of these questions however, was the fact that respondents saw little opportunity for career advancement. Lack of training and lack of personal development efforts might have added fuel to the perception of limited career advancement. Stagnation is the term normally used to describe this phenomenon, and can have a debilitating effect on motivation.

Table 4.20 Training, Development and Career Management I feel that: I would like to be groomed to become a senior / Specialist

	Frequency	Percentage
Strongly Agree	10	40
Agree	9	39
Uncertain	0	0
Disagree	4	15
Strongly disagree	2	6
Total	25	100

79% Respondents who agreed were related to respondents wanting to be groomed to become leaders or specialists respectively. The overall average in this category was viewed negatively, i.e. disagreed were 45%, just above the benchmark (38%), conversely, they agreed (55%) were just below the benchmark (62%). More work might need to be done by the organisation with regards to training, development, and career advancement. There appeared to be a great need for training and development that was not addressed. Perhaps it was merely a perception of employees that one could constantly expect to be groomed by the organisation in these areas of development, even though they may not have the required abilities. The organisation was somehow failing in its

obligation to address the matter. None-the-less, the fact that respondents require such development, was a positive one on their part.

Table 4.21: I like working here because: I have autonomy at work (i.e. little interference from my manager)

	Frequency	Percentage
Strongly Agree	10	40
Agree	4	16
Uncertain	0	0
Disagree	6	24
Strongly disagree	5	20
Total	25	100

Tables 4.21 indicate that 44% of respondents who disagreed represented autonomy at work, like open plan offices, and having the tools and equipment to do their jobs, respectively. Not having sufficient autonomy at work may relate to some degree to the nature of work at Public sector Customs (i.e. highly driven by legal and policy directives the way things should be done) and in part by office and manager house rules (office policy managers who came from an originally autocratic organisation). Areas that are within the control of the organisation (and which appear to be the most cause for concern) are the dislike of large open-plan offices, and the lack in the provision of tools and equipment.

4.4 Conclusion

In conclusion, the health professions had valuable contributions and their responses were analysed according to the results presented above. The trends observed in the results above were consistent with previous research in the area of factors influencing the retention of the health profession. There has been a scarcity of research in this field conducted in South Africa, with most research done in the United States of America.

from the interpretation and discussions above. Recommendations will be made

The Job Descriptive Index was tested in this research to determine its reliability and consistency in measuring the various subscales and items within the health professions population. The respondents were satisfied with their interpersonal relations as measured in the subscales, patient interaction, co-workers and supervision. It was also noted that the employees were relatively satisfied with their work. The responses for this subscale were mostly positive with disagreements with some of the negative items of these subscales. There was a low satisfaction with pay and promotion amongst the health professions.

The group older than 40 years was reported to be having a higher mean score indicating that they were not satisfied with their work compared to the younger group. Also this trend was noticed with the supervision subscale. This group was not satisfied with their salaries and the opportunities for promotion.

When considering the positive factors that could make them stay or resign from their job, very noteworthy trends were observed. Most respondents felt they would leave the public service because of the compensation packages, shortage of staff which in turn leads to excessive workload and lastly the organizational human resource management rules that are perceived to be unfair. These group of respondents also mentioned that they enjoy the working hours in the public service, the relationship that exists with patients and colleagues, and also the opportunity to do clinical work in the form of ward rounds or speciality health professions such as radiology and HIV management clinics.

The work-life conflict was reported by some of the respondents saying they would like to work sessions or flexible hours so that they have enough time with their families. Also with work stress, the respondents indicated that because they get very tired at the end of the day that they cannot give attention to their families when they get home. These variables are important as work stress can have health implications on the employees. Chapter 5 will highlight the major findings

from the interpretation and discussions above. Recommendations will be made on ways to attract and retain health professions in the public sector health facilities of the Donald Fraser Hospital.

5.2 Interpretation

In this chapter, there will be an overall discussion of the study results, which will begin with an overview of some of the more descriptive results given. This will be followed by a discussion of the key findings concerning the reasons why the participants in either stay or leave in 2013. Next, the results of the job satisfaction rating and importance ranking will be discussed, which will be followed by the findings from the knowledge, attitudes and opinions section of the study.

5.3 Sample Description of the Study

There were three health professionals working in the provincial health authority and one employed at the clinics, Donald Fraser Hospital and the hospitals that are part of the Limpopo Department of health. The population was predominantly women (79) with six males. The population had more health professionals in the age group 30-39 years and also most health professionals had worked in the public service for less than 10 years.

The majority of respondents felt that although training and development was higher in the organisation, there was no career progression, promotion or growth or advancement of skills and abilities of the employees. In chapter six, the literature revealed that poor career planning not only causes confusion and stress, but is also the biggest contributor to no job satisfaction. Employee turnover is greatly influenced by job satisfaction. No job satisfaction leads to higher staff turnover, absenteeism, sabotage, stealing and more grievances, let alone less productivity.

CHAPTER 5: FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, there will be an overall discussion of the study results, which will begin with an overview of some of the more descriptive results given. This will be followed by a discussion of the key findings concerning the reasons why the participants to either stay or leave in 2013. Next, the results of the job satisfaction rating and importance ranking will be discussed, which will be followed by the findings from the knowledge, attitudes and opinions section of the study.

5.2 Major Finding of the Study

There were more health professionals working in the provincial health authority which is comprised of the clinics, Donald Fraser Hospital and the hospitals that form part of the Limpopo Department of health. The population was predominantly women (19) with six males. The population had more health professionals in the age group 30-39 years and also most health professionals had worked in the public service for less than 10 years.

The majority of respondents felt that although training and development was existent in the organisation, there was no career progression, promotion available or acknowledgement of skills and abilities of the employees. In chapter two, the literature revealed that poor career planning not only causes confusion and stress, but is also the biggest contributor to no job satisfaction. Employee turnover is directly proportional to job satisfaction. No job satisfaction leads to higher staff turnover, strikes, sabotage, stealing and more grievances, let alone less productivity.

The majority of the employees were satisfied with the job they were doing in the public service. The respondents were positive about their work in the public sector.

There was low satisfaction with the salaries that the respondents were getting from their employers. The respondents felt that they are not earning enough for the job they were doing. The respondents suggested a general lack of satisfaction with income.

In terms of financial compensation, most of the participants earned gross monthly salaries between R10, 000 and R11, 000 which is in line with what senior health professionals in Donald Fraser Hospital, who also made up the highest percentage of participants, earn. Furthermore, the results revealed that 56.6% of all the participants had people who depended on them financially.

Communication – An overwhelming majority of the respondents revealed that they disagreed with the efficiency of the flow of information in the organisation. Poor communication leads to low productivity, dissatisfied employees and mistrust of superiors. As pointed out in chapter three, even when organisations are experiencing a crisis, be it financial, downsizing or cutbacks, accurate communication has a short lived negative reaction on company morale, whereas poor communication has a long-term negative effect on employee morale.

Teamwork – The majority of the respondents felt that teamwork was not encouraged or promoted and that teambuilding exercises were non-existent. The basic foundations of teamwork, like good relationships and respect of colleagues were found to be positive. As revealed in chapter three, team efficiency has a significant impact on performance and competitiveness of any organisation. It also improves customer relations and improves employees' understanding of the business.

The findings from the job satisfaction rating and participants' responses also revealed that the issue of dissatisfaction with salaries for South African public sector health professionals, including physiotherapists, continues to contribute to the country's high turnover levels. Most of them reported being unhappy with their salaries, including those that chose to stay, and they felt that they deserved more market-related salaries and, which are also in line with their BSc degree qualifications.

The respondents (n=24) were satisfied with the patient interaction in their job. They felt that the patients appreciated and were grateful for the service they offer. The mean score for this subscale was 3.3, which was leaning towards agreement with the statements (positive).

The respondents indicated good working relationships with their colleagues in the pharmacy.. The respondents felt that they had good working relationships in the pharmacy department with colleagues (22, n=25).

The results of this are somewhat reflected in this study, where 15.5% of the participants had diplomas. At 84.2%, the percentage of health professionals with Bachelors degrees was consistent with that of countries, such as Australia, where between 80 to 100% of all qualified and had undergraduate degrees or higher.

The respondents (n=25) were satisfied with the relationships they had with their supervisors and managers.

The respondents indicated that competitive financial packages (23, n=25) and fringe benefits (22, n=25) are the most effective strategies in attracting and retaining pharmacists into the public sector facilities of the Vhembe district. The respondents also believed that the favourable working conditions of the public

service are an effective strategy of recruiting health professions into the public sector.

Organizational rules and regulations; HR policies are unfavourable; training of pharmacist' intern, years of service is viewed more favourably than ability to do the job, non-payment of public holidays' work, poor management, slow process of replacing those who resigned, no skills development (10, n=25)

As far as having additional sources of remuneration, one of the key findings of this study was the fact that 60.5% of all participants in this study reported having other paid jobs in outside their full-time employment, most of them citing the supplementation of their monthly incomes as reasons. This is a large percentage of the public sector physiotherapist workforce, and the implication of this is that there are probably many physiotherapists that are not performing their work duties optimally at their permanent workplaces due to the potentially high stress levels and burn-out that arise from working these extra hours. This is also a potential cause of frequent absenteeism, which is often a direct consequence of elevated stress levels and fatigue.

The result of frequent absenteeism can be loss of productivity and disruptions to proper service delivery, which has been reported on in several studies on nursing staff who work for additional remuneration at places other than their permanent jobs.

5.3 Conclusion

Several conclusions can be drawn from the findings of this study. These include the fact that despite the unsatisfactory salaries and certain working conditions that were mentioned by the participants, there are physiotherapists who chose to remain in the South African public sector. The results have revealed that most of them chose to do so because of they feel that there are benefits for working for

the public sector, such as receiving a stable income, service bonus, a scarce skills allowance, medical aid and 'free' opportunities for continuing education as a result of regular interdisciplinary lectures and visiting guest speakers who are often willing to address physiotherapists for very little or no fees. Furthermore, when they compare it to the private sector, these physiotherapists believe that the public sector provides them with more flexibility in terms of working hours, greater autonomy in terms of clinical decision-making, support from colleagues, interdisciplinary team work, appreciative and friendly patients, as well as a wider range of conditions to treat in the hospitals and clinics.

Indeed, in the private sector, health professional very often work long hours on their own in order to treat as many patients as possible in any given day, as each patient treated means more money for the practice, which in turn often translates to more pay for them. Often, private patients can be very demanding and difficult to work with, and private physiotherapists sometimes have to adhere to strict and inflexible treatment protocols, which are not always necessary, but have prescribed tariffs, thus making it simpler for the private practitioner in question to pre-determine the cost of each treatment.

In terms of the characteristics that the author was determined to investigate, the study has revealed that age plays a significant role as a determinant of whether health professionals are likely to remain at their workplaces or leave, where the older health professionals (31 years and older) tend to stay longer in the public sector than those that are younger. Indeed, according to Noh and Beggs (1991), longer tenured employees tend to be among the more stable staff in an organisation. Furthermore, female physiotherapists, those that are married and those that are family breadwinners also seem to be more likely to stay once employed than their male, single and non-breadwinner counterparts.

These are very important observations which must neither be overlooked nor ignored when recruiting health professionals. Very often, managers tend to select

younger, newly qualified health professionals as employees of choice, deliberately avoiding those that are older and have more years of experience, believing that the former are more likely to approach their tasks with greater energy and enthusiasm and still have many years of service ahead of them.

Although this may be true, several studies have shown that there is greater mobility amongst younger physiotherapists than their more experienced and older counterparts (Beggs and Noh, 1993). Indeed, very often when the latter apply for positions it is because they have decided to settle down and work at the same place until they retire. This is equally true for those health professionals who may have stopped working for many years due to family responsibilities. Quite often, these health professionals are keen to show their younger colleagues that they are still productive, eager and committed professionals. In the end, however, the ability to recruit the best health professionals in terms of their knowledge, skills, attributes and 'fit' within the department, regardless of age and experience, will depend largely on how skilled and qualified the manager is at doing so.

According to the results of this study, salaries are undoubtedly the most important motivators and potential retention factors for health professionals in the South African public sector. By drawing from their own experiences, the participants in this study have stated that salaries are by far the most important retention factors for health professionals.

Furthermore, many of them reported that they were prepared to discourage interested health professionals from working for the South African public sector solely on this basis, despite the benefits. South Africa continues to lose health professionals from all disciplines, including professionals, who are seeking better pay elsewhere. According to Yumkella (2006) salary outranked all other factors when health workers in different African countries, such as Ghana, Cameroon and South Africa were asked what would make them remain in their home

country. The financial implications of this to the government are potentially great, and possibly higher than what it would cost to increase their salaries and invest more money into their retention efforts.

Another strong deterrent for health professionals remaining in the South African public sector is the perceived lack of opportunities for promotion. Indeed, many of the participants felt that the only way of advancing professionally and in status was to leave their work places in search for more senior positions elsewhere, usually in other public sector institutions or in the private sector.

Many of the respondents also reported poor management as one of the reasons why they would stop working for the South African public sector. Furthermore, as highlighted in Chapter 1, the absence of accurate and reliable records of exit interviews, turnover records, vacancy rates and the results of regular staff attitude surveys from physiotherapy departments, which could be used to inform effective retention strategies, partly indicates a lack of proper management.

Many of the participants also reported the perceived lack of recognition and appreciation for their profession, as well as not feeling valued as important professionals with a meaningful contribution to make in the South African public sector, as other sources of their dissatisfaction in the workplace. This can mostly be attributed to the continuing lack of awareness for the role of health profession amongst key decision makers, other health professionals and the public that, as was highlighted in it can also be attributed to a lack of relevant evidence-based research by health profession, which could help to create more awareness for the profession and plight of public sector, health profession. As mentioned earlier, most of the human resource studies that have been conducted in the country focus on nurses and doctors, and this partly explains why these two professions are known to the South African government to be 'endangered species' (Health Systems Trust, 2003) and are perceived to be more important than the allied health professions.

departments. Often the information that is derived from these, such as lack of
Finally, the fact that there were such few participants who had any form of
knowledge about their institutions' retention partly confirms that there could
indeed be insufficient levels of communication and inclusion in decision making
processes regarding these matters both between institution, health managers
and their staff.

5.4 Recommendations

This is probably not the first time that a recommendation is being made to the
government for regular engagements in discussions with health managers to be
made by the relevant government officials in order to review and improve the
salaries of public sector health professionals as a direct measure of ensuring
their retention. However, these must be accompanied by the formulation of
definite strategies, follow-up action, dead-lines, monitoring and evaluation. The
findings of this study can be used to contribute to and support existing evidence
that reveals the fact that health professionals are leaving the South African public
sector mainly due to their dissatisfaction with their salaries. Until something is
done about this by the relevant government stakeholders, there will be no
changes in the status quo and this subject will continue to be a key matter of
discussion in most physiotherapy and allied health management meetings.

Secondly, it is recommended that physiotherapy managers at healthcare facilities
become more proactive and creative in terms of developing specific retention
strategies. According to Michael Armstrong (1998), issues of staff recruitment,
retention and turnover are very closely linked and have an impact on each other.
He states that it is the responsibility of managers to properly analyse and
understand why staff members leave in order to adequately and effectively plan
for their retention. He also believes that one of the ways of gaining some
understanding into the reasons why staff members leave in large numbers is to
conduct formal, written exit interviews and regular attitude surveys within work

departments. Often the information that is derived from these, such as lack of commitment and dissatisfaction, is usually crucial and honest information that needs to be addressed by any good retention plan. This same idea is reiterated by Yumkella (2006), who states that in order to understand the causes of turnover “health managers and organisations have to...understand the characteristics of those health workers who are at risk of moving, their patterns of movement and the reasons why they make decisions to leave.” The author further states that due to the absence of complete and accurate worker flow data sets in most developing countries, health managers are unable to measure turnover and vacancy rates in a precise manner. The implication of this are that in order for retention plans to be effective on-going staff surveys, monitoring and evaluation of existing strategies and impeccable staff record keeping are essential, including formal, written exit interviews.

Thirdly, given the fact that solving the financial remuneration problem is not within the control of health managers, they need to focus more on developing retention strategies that address non-financial incentives that they are able to exercise control over. Some suggested non-financial retention strategies that are already being employed in many physiotherapy departments in Limpopo, but could be improved, include promoting and encouraging continuing professional development through the attendance of courses, as well as scientific and professional meetings.

Furthermore, as mentioned before, mentorship programmes are also useful in terms of keeping staff members motivated at work, as they contribute towards making individuals feel more valued, appreciated and cared for. In addition to these, and depending on the organisation’s rules and management support, discussing the possibilities of introducing flexible working hours and job sharing have also been suggested by some authors as factors that promote staff retention.

In the same way that health professionals engage in evidence-based clinical research, another recommendation is that they extend their research efforts into the field of human resources. Scientifically presented findings of such studies in professions such as medicine and nursing, have demonstrated that they have a greater impact in terms of creating awareness about the importance and relevance of their respective roles in South Africa's health sector today, as well as informing decision-making processes that are essential for policy development and human resource planning. Some suggestions for future research are to investigate the exact financial implications of losing and recruiting health professionals, as well as how these impact on the delivery of efficient and effective service and to conduct a study similar to this one on a national scale.

job satisfaction. Turnover remains the chief concern for existing teamwork.

In relation to the previous recommendations, another one would be to ensure that health managers are adequately equipped to function optimally within their management roles. Without proper management skills and training, none of these recommendations can be effectively addressed. Indeed, in many South African public sector institutions, health managers did not undergo formal management training, but were simply promoted from being clinicians to management positions through the ranks of the profession.

The human resource professionals in the public service should be knowledgeable

A recommendation in this regard is to ensure that basic management training is included in the undergraduate health curriculum at universities. In addition to this, once physiotherapists are faced with the task of becoming departmental managers, they need to be sent for specific courses in management. As several studies have shown, including the study by Wolpert and Yoshida (1992) and the study by Turner (2001), which were referred to earlier, professional recognition and authority are some of the factors that lead to the retention of health professionals, and by formally training those who are interested in becoming managers they are given an added level of responsibility and heightened professional status which may indeed serve as an incentive for them to stay.

Furthermore, recruitment and retention are management responsibilities which require specific training. As long as health managers do not have the necessary human resource management skills to conduct professional interviews and to recruit effectively, they will not be able to identify and employ the best candidates for their departments. Similarly, by having these skills, there would be less of an overlapping in terms of the human resource management responsibilities of the different health managers, such as the compiling and maintaining of advanced statistical data sets, as highlighted in Chapter 1.

Encourage teamwork by rewarding teams: Allowing managers to facilitate and promote team-building exercises to enhance communication, productivity and job satisfaction. Team incentives should be addressed by rewarding teamwork.

Ensuring job satisfaction by respecting, rewarding, nurturing and upholding these skilled and trained employees fairly is also recommended. Recognise individual growth and fairly reward good ideas. Respect experience and qualifications above legislative requirements in order to ensure that the most suitably qualified people are placed in specialised positions.

The human resource practitioners in the public service should be knowledgeable and supportive to the health profession, vacancies should be filled quickly and the recruitment process should be speeded up. In service training should be provided to ensure the competencies of the health professions are of high standard at all times.

The promotion policy should be made known to all employees, and it should be fair so as to enhance employee morale and improve job satisfaction. Recognition of performance in the form of performance appraisal should be part of the process of recognition of good performance.

A final recommendation, which is also within the powers of health professionals themselves, is the issue of enhancing and promoting their own professional image by educating doctors, nurses, institution managers, other key health workers, as well as the public on the scope of physiotherapy practice. Physiotherapists need to strengthen their efforts of claiming and clearly stating their rightful place in the current South African health care system. It may also be useful for them to monitor and evaluate their progress and rate of transformation as far as the issue of adapting to the changing health care system is concerned, and make improvements where necessary. Without this, they face the real risk of being perceived as irrelevant in the country today, both by health managers, other health workers and the public, which in turn creates feelings of them feeling unappreciated and having low morale at work, resulting in high levels of turnover.

However, public sector health professionals cannot successfully overcome this challenge on their own, and it is further recommended that they form stronger partnerships with their private sector counterparts. The current reality is that every time health professionals enter and leave the public sector and move into the private or other sectors, they tend to stop being concerned with and addressing the challenges that are being faced by those that choose to remain behind. The result of this is an on-going cycle of many years of unresolved problems, which benefit neither the health professional nor the country in the long term. [on 21 Jun 2008]

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APPENDIX A: QUESTIONNAIRE

Status

Single

Section A: Biographical Information

Divorced

Table 4.1: Age distribution of the health professionals

Age (Years)	
20-29	
30-39	
40-49	
50-59	
60-69	
>70	

Table 4.2: Gender of the respondents

Gender	
Male	
Female	

Table 4.3: Education and Qualifications of the respondents

Qualification	
Certificate	
National Diploma	
Honours	
Masters	
Post Graduates	

13-20

21+

Table 4.4: Marital Status of the respondents

Status	
Single	
Married	
Divorced	

Table 4.5: Health Administrative Authority (Employer)

Local	
Provincial	
Don't know	

Table 4.6: Hospital Section (work site)

Worksite	
General Health	
In-patient	
Out-patient	
Specialised	
Medical stores	
Health Management	
Other	

Table 4.7: Years of employment in the public sector

Years	
0-5	
6-10	
11-15	
16-20	
21+	

Section B: Factors influencing the retention of health professions

Please complete all questions Mark with an "x" Mark from Strongly Agree to Strongly Disagree

	Strongly agree	agree	uncertain	disagree	Strongly disagree
The public sector is best for gaining experience and developing skills					
I work close to where I stay therefore it is convenient in terms of travel					
The public sector has good benefits including more flexible hours than in private sector					
I enjoy the work environment and have found no reason to leave so far					
I receive no support from my supervisor					
Cultural diversity is appreciated and respected					
Extrinsic motivators: Money is the only important motivator to me					
I am encouraged to stay at public sectors Because of: Annual performance bonus payments					
I am encouraged to stay at public sectors Because of: Great prestige working for					

public sector					
I am encouraged to stay at public sectors Because of: Annual increases are good					
Training, Development and Career Management I feel that: I am sufficiently trained to do my job effectively					
Training, Development and Career Management I feel that: I would like to be groomed to become a senior / Specialist					
I like working here because: I have autonomy at work (i.e. little interference from my manager)					

Thank you for your partaking