

Factors causing nursing turnover at four public hospitals within the Limpopo Sekhukhune District

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ABSTRACT

The aim of this study was to determine the factors causing voluntary nursing turnover (hereafter referred to as 'turnover') as manifested among professional nurses in four Sekhukhune District hospitals of the Limpopo Department of Health and Social Development. A qualitative study was done, using Lewin's theory of institutional change, with job dissatisfaction as the primary construct.

A proportional stratified sample of 270 professional nurses was obtained. Data was obtained through a semi-structured interview questionnaire by means of focus groups. The research findings indicate that factors such as poor working conditions, unhealthy relationships between managers and nursing staff, ineffectiveness of management support for training, and unsatisfactory performance appraisal and grievance handling as the main reasons causing turnover. These findings are consistent with predictions in the literature (literature control) that there are a number of driving forces contributing to turnover, and by identifying these forces through this empirical study in the health sector, can be classified as new knowledge in the extant turnover literature. Hence, this article contributes to the existing levels of scholarship by providing a more inclusive and integrated view of turnover in the health sector, enriching the broader Public Administration context. In addition, the findings do provide some insights and better understanding of turnover matters in Limpopo and may be expanded to other hospitals.

INTRODUCTION

Turnover is often highlighted as one of the most significant factors having a negative effect on the country's nursing shortages (Stanz and Greyling 2010:1). This phenomenon appears to occur globally and received interest as early as 1913 with the first comprehensive empirical analysis and measurement of the costs involved in turnover at General Electric (Bruce 2005:494). Many authors are of the opinion that the nursing profession is in a crises, since scores of professional nurses either migrate within the national health care system, or emigrate to other countries, playing a major part in the high turnover rate of South African professional nurses. It is predicted that this exodus of nurses will have ruinous effects on the successful delivery of health care in the future (Mokoka, Oosthuizen and Ehlers 2010:1–2; Stanz and Greyling 2010:1–2; Pillay 2009:40–41; Solidarity Research Institute 2009:6). According to the Health Systems Trust there was an average of 40.3% of professional nurses' posts vacant in South Africa during 2008, of which Limpopo is the province with the third highest percentage (43.7%) of vacancies (Solidarity Research Institute 2009:internet). The vacancies for the four Sekhukhune District hospitals of the Limpopo Department of Health and Social Development, which was the locus of this study, were as follows: Hospital A (32%); Hospital B (38%); Hospital C (42%); Hospital D (35%) [Republic of South Africa 2001].

Given the above vacancy rates, one could conclude that the average vacancy rate amongst the four hospitals during the time of the study was 37%. Without insisting on any ideal vacancy rate, it is obvious that 37% is too high which point to the fact that there is an appalling necessity to retain the currently employed professional nurses. Although turnover was considered to be important in early Public Administration writing (Simon 1976:16-18; Stahl 1976:390–394), more recent scholars (Clingermayer and Feiock 1997:232; Meier and Hicklin 2007:573–590; Selden and Moynihan 2000:63–64) are of the opinion that turnover is a neglected topic in the existing literature of the field. For example, one of the leading international public human resource management texts touches only briefly on turnover in reference to the Volcker Commission Report (Nigro, Nigro and Kellough 2007:43). In addition, a search of the archives since 1980 in the *Public Administration Review*, the *Journal of Public Administration Research and Theory* and the *Review of Public Administration* yielded a total of only five full articles addressing the topic and 34 articles that mentioned the word 'turnover' (Meier and Hicklin 2007:573). In the South African Public Administration journals the focus on turnover is also noticeably low. For example, it appears that there is a continuing absence of articles on 'turnover' in, for example, the *Journal of Association of Southern African Schools and Departments of Public Administration and Management (Administratio Publica)* and the *Journal of the South African Association of Public*

Administration and Management Public Administration (JOPA). From 2006 only one article on turnover appeared in these journals (*Administratio Publica* 2006 to 2010:internet; *Journal of Public Administration* 2006 to 2010:internet). In order to put the above arguments into perspective, a central assumption is that authors do not publish enough in local research journals on turnover to ensure that the field becomes aware of the problem. In light of the above, the main research problem pertains to the high turnover rate amongst professional nurses in the four Sekhukhune District hospitals of the Limpopo Department of Health and Social Development. The main problem was further analysed in terms of the following sub-problem, namely, the apparent fact that the scope of available knowledge relating to nurse turnover is limited in the field.

The locus of this article is Limpopo and reflects on an investigation into the factors causing turnover in four Sekhukhune District hospitals. No previous research has been done on turnover in these four hospitals. Hence, the findings, which highlight the causes for professional nurses leaving the hospitals, can assist in identifying turnover problems and rectifying them whenever possible. The primary aim of the study was to explore and address the factors causing (voluntary) turnover among the professional nurses in these four hospitals. The secondary objectives of this article, resulting from the research aim, were the following, to:

- Provide an overview of the theoretical framework of turnover (Lewin's theory of institutional change).
- Outline the research design and method.
- Present the findings and do the interpretations.
- Identify limitations and make appropriate recommendations in this field of study.

This article is structured as follows: First, a literature review is provided to serve as a framework for the discussions that are offered. The following sections present the research design and methodology, findings, interpretations, limitations and recommendations. The article concludes with a discussion of the practical and theoretical implications of turnover.

LITERATURE REVIEW

This part of the article is divided into three components: definition; theory and nurse turnover factors; literature control.

Definition of turnover

Definitions of turnover vary considerably. Hayes O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Spence Laschinger, North and Stone (2006:238), for example,

defined turnover as any job move, while Baumann (2010:7) conceptualised it as the quantity of the population that leaves an institution in a given year. In addition, Mobley (1981) in Stanz and Greyling (2010:2), who is a well-known author on this topic, described turnover as the ‘... cessation of membership in an organization by an individual who received monetary compensation from the organization.’ Despite these differences, most authors, however, are in agreement that turnover is related to the termination of an employee’s services within an institution, referring to both internal and external movement, that can be categorised as involuntary or voluntary (Gillies 2004:13; Zweni 2005:3; Hayes *et al.* 2006:238; Hayajneh, AbuAlRub, Athamneh and Almahzomy 2009:303; Mrara 2010:18). Internal turnover refers to job changes within an institution, whereas external turnover is generally a numerical value assigned to the number of employees who leave an institution for different reasons. Involuntary turnover (for example, retirement, incapacity, misconduct and poor performance) occurs when employees are forced to leave the institution and the action is normally initiated by the employer. Conversely, voluntary turnover (for example, retirement at employee’s request, poor pay, voluntary severance package, job dissatisfaction) involves a turnover action initiated by the employee. In light of the above definitions, one may infer, that although turnover is about entering and leaving institutions (termination of employment services), it can be argued that there are various cognitive factors influencing an employee’s behavioural decision to stay or to leave an institution. It was, therefore, decided to concentrate more holistically on turnover by focusing on the different studies offered in the literature, to get a broader perspective on the problem, and simultaneously concentrating on the focus of this study (factors causing turnover).

Lewin’s theory of institutional change

The core concept of turnover is confirmed in Lewin’s theory of institutional change. This theory identifies driving forces for turnover that might be required, to bring about a perfect balance within the workplace to reduce turnover rates among employees (Lewin 1952 in Mokoka, Oosthuizen and Ehlers 2010:1–2). The theory further describes that many factors could lead to turnover, and in this regard it has been found that job dissatisfaction is one of the major factors related to turnover. Building on Lewin’s theory, Hayes *et al.* (2006:239–244) established that job dissatisfaction can be regarded as a so-called “push factor”, driving people in a voluntary (see definition above) manner away from institutions. Many studies have identified a variety of push factors that are related to dissatisfaction among nurses. These are, among others: selection mistakes; inadequate job specifications; unhealthy working environments; unclear work assignments; lack of orientation; promotion difficulties; labour market variables

(greener pastures); excessive workloads; inadequate staffing levels (Mateus 2007:16; Baumann 2010:16; Stanz and Greyling 2010:2).

In light of the above, job dissatisfaction was regarded as the primary construct for this study. Within the context of the primary construct of job dissatisfaction, other secondary constructs were included to support predictions about the influence of public human resource management practices on turnover, which gives the model an integrative feature. The secondary constructs include selection problems, inadequate job specifications, failure to document selection mistakes, an unhealthy work environment, unclear responsibilities and work assignments, lack of orientation, promotion difficulties, labour market variables and heavy workloads. These constructs are highlighted comprehensively in the literature (Armstrong 1995:761; Gillies 2004:247; Rousell, Swansburg, and Swansburg 2006:188; Smith and Licari 2006:236; Matlala 2010:23–32; Locke, Leach, Kitsell and Griffith 2011:178), and are indicative of the need to establish common ground when it comes to the development of intervention programmes that are geared towards the reduction of turnover in the four Sekhukhune District hospitals.

Literature control

The function of literature control is to put the findings within the milieu of what is accepted knowledge about the particular theme and verify themes and sub-themes that could support existing literature or claim a new contribution (Streubert and Carpenter 1995:25). In this study, Lewin's theory of institutional change was used as a basis for the analysis of the data to determine whether there is support for established knowledge or if new turnover knowledge has been added to the existing literature. The researchers had already ascertained that no study had been conducted on turnover in the four hospitals of the Sekhukhune District; therefore, new research data generated through this study, compared with existing literature, could be regarded as a new knowledge on turnover.

RESEARCH DESIGN

For this study, the researchers used a qualitative research design with a descriptive, exploratory and contextual approach. Qualitative research is a field of inquiry that cuts across disciplines and has to do with the nature of a phenomenon and deals with data that is mainly verbal (De Vos 2001:15). By following the verbal approach, it was possible to describe, explore and contextualise the factors that are causing turnover among the professional nurses, qualitatively. Descriptive research responds to standard questions to ascertain the existing characteristics of the real world relative to the specific problem (Polit and Hungler 1995:14).

It is for this reason that the researchers recorded the experiences of the professional nurses while the focus group discussions were in progress so that they could concentrate on what was being said by the participants. Exploratory research attempts to expose and explore the relationships and dimensions of a phenomenon, obtaining new insights into the problem under investigation (Talbot 1994 in Toni 2007:20). It was mentioned above that there was no data available on the factors causing turnover in the four hospitals and fairly little information accessible in the Public Administration literature. So it was decided to gain an increased understanding into this area by exploring the nature of the professional nurses' experiences through a semi-structured interview questionnaire by using focus group discussions. Contextual research points to an explicit act of a phenomenon, which focuses on the incidents in the direct location of the participants (Polit and Hungler 1995:15). In this study, professional nurses who were in the employment of the four Sekhukhune District hospitals, explained in a contextual way how they had experienced their jobs.

RESEARCH METHOD

The research method employed in this study will be discussed in the part below.

Population and sampling

In this study the population consisted of 2 015 employees (N=2 015), which was the total number of staff members in the four Sekhukhune District hospitals in Limpopo. Two sampling methods were used, namely the probability method and the non-probability method. A smaller sample with stratified random sampling was used than with simple random sampling in order to ensure that important strata were represented in the sample. The sample group comprised 270 experienced professional nurses (n=270) who had been employed in the four Sekhukhune District hospitals for five years or more. While the purpose of the qualitative design was not to accomplish representation, it was essential to consult a fairly diverse group of professional nurses in terms of the respective ranks. The sample included professional nurses, senior professional nurses and chief professional nurses. The selection of the sample was also based on a single variable, namely gender (male and female).

Data collection

The data collection instrument used in this study was a semi-structured interview questionnaire (hereafter referred to as 'the questionnaire'). The questions asked

in the questionnaire emanated from the literature review conducted in this study. The questionnaire comprised both fixed and follow-up questions. The questions were organised to collect data on the following broad areas: root causes, working conditions, role of nursing managers, responsibilities and work assignments, orientation, praise for excellent performance, complaints and grievances, participation in decision-making processes, workshops and seminars and health conditions.

Pilot testing

As a pre-test control measure, the questionnaire was distributed among four sample members employed in the four Sekhukhune District hospitals, in order to determine if the questionnaire would achieve the objectives of the study. A few amendments were made and the questionnaire was adapted accordingly. This approach seemed to enhance the trustworthiness of the questionnaire for this particular study.

Data analysis

In general, data analysis refers to the administration of the unprocessed data so that it assists in the interpretation thereof (Polit and Hungler 1995:227). As was already mentioned, the qualitative data was analysed descriptively, exploratory and contextually. This approach enabled the researchers to condense the data to controllable quantities (content analysis) by summarising and organising the qualitative information in such a way that it is presentable for interpretation.

Research process

The procedure that was followed was as follows:

- Step one entailed the distribution of the questionnaires to all the participants (sample) and personal interviews were conducted five days later. Each questionnaire was accompanied by a covering letter which explained all the instructions. In addition, the covering letter indicated that the responses would be treated with confidentiality and that they would remain anonymous.
- Step two involved the formulation of appropriate questions for professional nurses so that they could share their experiences of the topic.
- Additional dates for follow-up interviews were identified during step three, where the impressions of the researchers were also noted and the information collected was properly recorded in a logical manner.
- During step four, the transcripts were read and notes were made of general themes in order to enable the researchers to focus more on the data.

- The reading of transcripts was repeated in step five, during which time the central themes were identified and suitable headings were noted.
- In step six, relevant themes were grouped together, explained and discussed under the main themes, and notes from previous interviews were also taken into consideration and included.
- Academic writing began in step seven, and abridged versions of interviews were also presented under specific themes.

FINDINGS AND INTERPRETATIONS

Findings from the qualitative data are discussed in this section. Although the questionnaire was linked to 13 items, it was deemed best to group the general assessments of the participants' views under five themes in the article. Items with similar themes were grouped together.

Items 1 and 13: General factors causing turnover and hygienic conditions

In Items 1 and 13 the intention was to determine how professional nurses viewed their general experiences regarding turnover (general factors causing turnover, including the hygienic conditions in the respective hospitals). Although similar in many respects, the situation was somewhat different regarding the findings of Item 1 and 13. It was found, that in general, participants of all four hospitals recorded an extended list of factors causing turnover. This in itself indicated that participants were overwhelmingly negative about these items. In addition, it was clear that the professional nurses in Hospital B were slightly more negative than nurses in the other hospitals (they listed three more factors). In summary, the following most common observations were noted regarding the factors causing turnover: performance of non-nursing duties, inadequate medical equipment, lack of management support, low morale, poor communication between management and professional nurses, and unpleasant health conditions (unhygienic conditions).

The brief review provided above in terms of Items 1 and 13 underscores the many complexities involved in the associations professional nurses at the four hospitals in the Sekhukhune District may have in terms of the factors causing turnover. What is apparent, however, is that this study demonstrates that there are a number of factors contributing to professional nurses' intentions to quit the services of the hospitals. This is not a revelation, as several other studies have supported this notion (Hayes *et al.* 2006:244; Toni 2007:39–59; Pillay 2009:45–51). In recent research, Stanz and Greyling (2010:5) also identified 24 factors as reasons why professional nurses resign or leave the nursing

profession, ranging from poor pay and benefits to lack of challenges. Thus, the current findings support the extant literature regarding the general factors causing turnover.

Items 2 and 5: Working conditions

Under Item 2 and 5 the primary aim was to ascertain how the participants perceived their working conditions and whether or not the participants knew exactly what their responsibilities and their work assignments were in their working environment in the four Sekhukhune District hospitals. There were striking similarities between the responses of all four hospitals to these two items. All the participants confirmed that they had to work overtime without being paid to do so due to a shortage of nursing. Moreover, the participants overwhelmingly indicated that this state of affairs had resulted in a situation where the workload had become unbearable. A further prominent response from the participants of Hospital D was the way that ineffective team work affected turnover. Although the findings reported here suggest that the vast majority of the participants had similar views on the working conditions, it is evident that participants from Hospital A were slightly more negative than the other participants. This observation can be attributed to the fact that participants from Hospital A mentioned three more factors that negatively affected working conditions in this hospital. An important finding (positive) with regard to Item 5 was that all the participants confirmed that the nursing staff knew their role expectations (responsibilities and work assignments). The above positive account illustrates that participants considered responsibilities and work assignments to be valuable and of benefit in serving as members of their respective hospitals. However, despite these positive views, the interviewees from Hospital A, Hospital B and Hospital C expressed dissatisfaction about their responsibilities and work assignments in terms of the following: work overload, shortage of nursing, lack of nursing management support and criticism by the community (poor service because of work overload).

The above findings substantiate those from the literature that working conditions and workload are key determinants in retaining employees, more particularly from a management point of view. In this regard, Maitland's (2007:16) research concluded that 'employees have continual conversations with supervisors and team members regarding their specific needs ...' He is further of the opinion that these conversations should be encouraged so that employees can choose from a menu of workload options, ranging from a full workload to a reduced workload. In addition, research conducted by Munsamy and Venter (2009:187) indicated that role clarity (clear work assignments) and the relevant responsibilities are two important retainers of staff. The Segal

Sibson study (2006:online) is in agreement with this view, highlighting work content (meaningfulness of work assignments) as a priority factor to keep employees to remain employed with the institution. This study demonstrates that there is definitely growing evidence that unpleasant working conditions, more particularly dissatisfaction with responsibilities and work assignments, are associated with turnover. The findings in this study, therefore, support the existing literature.

Items 3, 4, 6, 8 and 11: Role of nursing managers

The above items focused on the general role that should be played by nursing managers in an attempt to reduce turnover in the four Sekhukhune District hospitals. More particularly, responses were given on the working relationships between nursing managers and their subordinate nursing. Examination of the qualitative data revealed that there was unanimous agreement among the professional nurses that the relationships between nursing managers and nursing were very poor. Other prominent responses cited during the interviews which could be meaningful to the efficient management of turnover (pro-active) are the following:

My experience tells me that turnover can be reduced if the nurses receive less verbal abuse from the nursing managers.

Promoting a healthy environment – this can be achieved through prohibition of discrimination of any kind in the workplace.

I can say they do not invite us for decision making. There is a lot of nepotism. Hospital management does not give praise where it is due. I observe poor interpersonal relationships between nursing management and nursing.

Oh well, I can say that the relationship is poor, because the management's word is always final. There is a lot of nepotism. Management harasses nurses.

Favouritism is the leading cause for nurses leaving the hospital. Management duties are not properly done. Some nurses are treated unfairly. I am of the opinion that management is not up to scratch. There is unequal treatment.

In other words, participative management is not fully practised. In my view, I believe that inclusion of the nursing in the decision-making processes may reduce the rate of turnover. Decisions are taken by management and come to us as an instruction from above.

The above responses highlight how various professional nurses perceived the role of management within the four Sekhukhune District hospitals. The overall analysis reveals that the participants were very negative towards

the role of management. A further analysis of the data disclosed that the participants from Hospital A, in general, were more negative than those from the other hospitals on the role of nursing managers in decreasing turnover. A summary of the responses shows that they mentioned seven points of criticism (five more than the participants from the other three hospitals) regarding poor management relationships between nursing managers and professional nursing. These findings are consistent with the observations of Ingham (2006:20) who is of the opinion that managers play an important role in retaining employees for an institution. In fact, in further exploring the turnover literature it became clear that the role of managers is central to decreasing employees' desire to leave. In this regard, Munsamy and Venter (2009:193) cite the difficulty of retaining talented people as one of the critical challenges facing management, hence the adoption of a pro-active (rather than re-active) management approach to ensure that employees remain employed in the institution. The qualitative data in this study clearly shows that management plays a key role when it comes to the turnover levels of professional nurses. The findings in this study (role of managers), therefore, are consistent with contemporary literature on turnover.

Items 7 and 12: Training

Item 7 was included to determine if newly appointed professional nurses underwent orientation training, and if the manner in which this type of training was done, had any effect on turnover. As was the case with Item 7, in Item 12 the focus was on training. However, in Item 12 the aim was to find out whether the participants had the opportunity to attend workshops and seminars to improve their skills and at the same time be encouraged to stay longer at their respective hospitals. With the exception of Hospital B (which was positive about orientation), participants generally perceived the four hospitals in the Sekhukhune District to be broadly non-supportive of the orientation of nursing. There were specific examples of this lack of support, as is evident from the following accounts:

I feel that I have been discriminated against because I was never subjected to any orientation course. Lack of orientation may as a result cause medico-legal hazards.

I don't think I would be wrong to contend that orientation is done, but not properly. It further implies orientation is not done according to the national policy on development of staff ... orientation and re-orientation must be offered on a regular basis ...

No, it is not effectively done. I think that this ineffectiveness accelerates the rate of turnover in the hospital.

The qualitative data under Item 12 revealed that participants perceived that they were afforded sufficient opportunities to attend workshops, short courses and seminars. However, an additional issue worth noting is that one respondent's comment (although it is little evidence) alluded to the fact that no opportunities are afforded to share and implement what they have learned at the workshops and seminars.

From the above accounts there is clearly strong evidence to indicate that although the four hospitals were involved in training, they were mostly ineffective in doing so. This illuminates the need to focus on the extent of management support in training to positively affect turnover levels. An analysis of the turnover literature affirmed the importance of training (including orientation) as a factor of considerable importance in retaining professional nurses. This view is also in line with Flaherty's (2005:63–64) research that views training as an essential approach to retaining employees and keeping them committed not to leave the institution. Consequently, the findings in this study are in agreement with the extant literature as far as the influence of training on turnover goes.

Items 9 and 10: Performance appraisal and grievances

Items 9 and 10 were added to determine if the performance appraisal system and the grievance procedure, as it is currently applied, could result in turnover. Interestingly, all the participants reported that no praise was given for good work and that grievances were not resolved. This is evident in qualitative responses such as the following:

I did not hear about excellent awards ceremonies. Maybe praise is given in secret but not in public. When it comes to the issue of work well done, there is no one who praises you. The nurses are always harassed, even for minor mistakes.

No, most of the nurses opt to resign or apply for transfers to other hospitals, because their grievances are not resolved promptly. The nurses complain of the same issue day after day, and report it to management, but nothing is done, until they eventually give up. For instance, we always complain of not being afforded study leave ... but our concerns are never addressed.

These negative accounts indicate that the participants considered the application of the performance appraisal system and the handling of grievances to be meaningless and of no value. Overall, the lack of proper performance appraisal and grievance handling is an important concern in terms of how participants perceived the management of these matters. Consistent with the above-mentioned findings, turnover studies generally find that improper performance appraisal and grievance handling could increase the desirability of movement. Research has revealed that these two items play a key role in

retention for the institution (Llorens and Stazyk 2011:113-114; Shahzad, Hussain, Bashir, Chisti and Nasir 2011:46–48). Since the present findings indicate that performance appraisal and grievance handling play a key role in the dissatisfaction levels of professional nurses it can be said that this study confirms the support of the existing literature.

LIMITATIONS OF THE STUDY

The findings need to be read in light of the limitations of this study. However, the limitations do not in any way suggest that the research is incomplete, but rather that they are a forecast of potential problems. Thus, the following were regarded as possible limitations of this study:

- Leading questions: Leading questions may depend upon the level of comprehension of the researched subject by the participant.
- Misinformation: Misinformation is sometimes possible due to the ego of the researcher or any other factors that may make him/her withhold true information for whatever ethical reasons.
- Interview questionnaire: The semi-structured interview questionnaire may not have suited the participants.
- Small sample: Findings from the small number of participants need be interpreted with care and are only applicable to this particular study.

RECOMMENDATIONS

Overall, the findings of this study show that all participants were overwhelmingly negative towards all 13 items included in the questionnaire. In view of these research findings, certain recommendations can be made pertaining to the management of turnover in the four Sekhukhune District hospitals. The purpose of these recommendations is to draw the attention to current turnover challenges, with the intention of finding appropriate solutions.

In light of the above, two general recommendations can be made from this study. The first of these recommendations deals with the reasons for turnover. Findings suggest that participants perceived the following factors as the major drivers behind the exodus of professional nurses: root causes such as performance of non-nursing duties, inadequate medical equipment, lack of management support, low morale, poor communication between management and professional nurses, unpleasant health conditions, poor working conditions, unhealthy relationships between managers and nursing, ineffectiveness of management support for training, and unsatisfactory

performance appraisal and grievance handling. From the aforementioned it is clear that turnover is a complex issue. This indicates that one study, with a limited scope as in this case, cannot respond to all the questions. Hence, a further extensive investigation in the broader Limpopo, including hospitals in other districts, could help to provide more scientific findings on the factors causing turnover among professional nurses. Finally, although it falls outside the borders of this study, the researchers have indicated that management has an important role to play in convincing professional nurses to remain employed in the four Sekhukhune hospitals. Future research needs to be done to investigate the role of management in ensuring the attractiveness of the employer. Research on this theme would be useful in the struggle to retain professional nurses in the Sekhukhune District.

CONCLUSION

Through applying Lewin's theory of institutional change as a framework for this article, professional nurses' views on the factors causing turnover among professional nurses in the four Sekhukhune District hospitals, were considered. In the absence of adequate knowledge and reported empirical data an investigation on voluntary turnover was necessary to determine the factors causing professional nurses for leaving their respective hospitals. In general, the study revealed that the average views of all the participants were predominantly negative. The findings bring to light the most significant factors of voluntary turnover among a host of public human resource practices. In this regard, it maybe hypothesised that the following factors were identified as the root causes for turnover: poor working conditions, unhealthy relationships between managers and nursing, ineffectiveness of management support for training, and unsatisfactory performance appraisal and grievance handling. These findings are applicable to the four Sekhukhune District hospitals and a potential limitation may be found when applied to other public health institutions. The question remains: What are the four hospitals going to do about the findings of this study? It is, therefore, recommended that further research into the factors causing turnover be undertaken in the broader Limpopo, to generalise the findings. From an academic perspective, the findings of the study confirm what the literature notes about the factors causing turnover. These findings are consistent with the basic constructs drawn from the literature, which indicate that there are a number of driving forces that contribute to the final choice by an employee to leave the institution. Researchers into this issue contend that perceived attractiveness of movement in the institution is mostly determined by job dissatisfaction. This article contributes to the literature by providing a

more complete and integrated view of turnover and its determinants in a public service context (health sector), more particularly in Limpopo.

NOTE:

The names of the hospitals have been withheld for scientific reasons.

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