FACTORS INFLUENCING THE RETENTION OF NURSES IN THE RURAL HEALTH FACILITIES OF THE EASTERN CAPE PROVINCE

by

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June 2007
DECLARATION

I declare that FACTORS INFLUENCING THE RETENTION OF NURSES IN THE RURAL HEALTH FACILITIES OF THE EASTERN CAPE PROVINCE is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

SIGNATURE

DATE ................................

(Nondumiso Primrose Klaas)
South Africa has been brain drained of nurses and doctors and the Eastern Cape as a Province within South Africa is not an exception. Its rural nature has caused many nurses and doctors lose interest of serving in its facilities. This study sought to describe factors that can influence retention especially of nurses in the rural health facilities of the Eastern Cape Province and develop recommendations for nurse managers on how to retain nurses in rural areas.

The major inferences drawn from this study is that nurses are dissatisfied with lack of promotional opportunities, lack of professional support, facing drastic responsibilities but with less income, tremendous workloads, emotional demands and unrealistic salary package. The researcher believes that the nurse managers have a crucial role to play in ensuring nurse retention and the recommendations drawn from this study can contribute in improving the work environment.

KEY CONCEPTS

Job satisfaction, rural health facilities, staff retention.
ACKNOWLEDGEMENTS

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• Statistician who helped me with interpretation of statistics

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CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

One of the biggest challenges facing the health care sector is recruitment and retention. There is a widespread shortage of health care professionals, including laboratory technicians, radiological technicians, nursing assistants, pharmacists, medical technicians and registered nurses. At the same time, all businesses and professions are competing for talented people, especially those technically or scientifically adept and qualified.

Effective health services can only be provided if sufficient nurses are available to render the bulk of health care services. Ehlers (1989:67) indicates that, according to statistics, a total of 1 139 nurses asked for their names to be removed from the register. Ehlers was concerned that if such a number can request their removal annually, the number of registered nurses will diminish and the remaining find it more difficult to render services to meet the Republic of South Africa’s (RSA) health care needs. The Daily Dispatch (2005:3) reported that nearly 12 000 health professionals face being removed from the register for failing to pay their annual fees. For some this is an act of carelessness and general lack of interest in the profession, while for others it may be an indication of job dissatisfaction. This emphasises the annual loss of health professionals. This study therefore wished to describe factors that influence the retention of nurses in the rural health facilities of the Eastern Cape Province.

1.2 BACKGROUND

Nurses have an important role in the community, particularly as they are the first line of contact for members of the community who utilise health care services. The main role of nurses is to care for people who are sick as well as those who are still healthy. According to Van der Wal (2002:16), caring is “generally the hallmark of the nursing profession; it is a collective noun representing a whole array of humanistic tenets as well as ethical and moral principles”. Van der Wal adds further that the nurse manager’s management and leadership style essentially determines the caring quality of her office.
1.2.1 Lack of care for nurses

Gcaba (1997:26) states that, besides its caring function, nursing is the only profession in the health sector that keeps the health services operational. Nurses are closest to the community and maintain the link between individuals whether sick or well, their families and the rest of the health care system. However, Gcaba (1997:26) emphasises that although nursing is the “backbone” of the health care system, it is not protected or cared for as a delicate profession.

The lack of care for nurses leads them to emigrate to other countries (Gcaba 1997:26). The emigration of nurses from South Africa has increased since the mid-1990s. Statistics show that more than 23 400 health workers from South Africa currently practise in Australia, Canada, the United States of America (USA), New Zealand, the United Kingdom (UK). This is thus a major problem for health care services in the country. Ehlers (1989:24) found that most nurses leave the country because of poor remuneration.

1.2.2 Management issues

Poor management has been identified to contribute to declining nursing standards. Neuhauser (2002:470-472) emphasises that successfully retaining employees requires an organisational culture that inspires loyalty and commitment with a complex mixture of norms, values, expectations, policies and procedures.

Neuhauser (2002:476) indicates that the relationship the worker has with the supervisor determines 50% of work-life satisfaction and managers are often the reason for people leaving therefore managers should be made accountable for the successful retention of employees.

Ellison (1990:6) describes health services in South Africa as “in crisis with many nurses resigning due to tremendous workloads, emotional demands and unrealistic salary packages”. Kaplan, Boshoff and Kellerman (1990:3) refer to this as “high job involvement but low job satisfaction.

According to Neuhauser (2002:470), most managers believe that employee retention is primarily tied to money, whereas surveys revealed that employees found financial compensation as one of
the many factors contributing to overall job commitment. This does not mean money is not important but there should be no disparities in the organisational culture in order to build a high retention culture and compelling workplace. Neuhauser (2002:470) challenges the leaders to walk the talk.

### 1.2.3 Other countries

South Africa is not the only country experiencing these problems (Mafalo 2003:40). Mafalo (2003:40) briefly outlines some of the interventions of other countries to alleviate, if not solve, the problem. For example, to attract and retain health workers, Thailand improved incentives in pay packages; the Philippines and Cuba developed an intellectual capital through exchange programmes with developed countries, and the Philippines and Ghana introduced flexible working hours and participation in policy formulation, and created career progression to attract young recruits while retaining old nurses.

### 1.3 PROBLEM STATEMENT

In her capacity as a manager of health services in a hospital setting, the researcher observed an exodus of professional nurses during 2001 and 2002. This resulted in problems and dilemmas for nursing managers because capacitating and developing nurses and then not retaining them was labour intensive and costly. If personnel are not developed, the quality of services rendered is compromised and when developed they move to greener pastures. The Daily Dispatch (2003:4) found serious staff shortages in most hospitals of the Eastern Cape, especially in rural areas. Furthermore, the Department of Health is particularly challenged by staff shortages in rural areas because professionals do not want to work there.

This problem motivated the researcher to undertake the study in order to answer the question:

- What are the factors that influence the retention of nurses in the rural Eastern Cape Province?
1.4 PURPOSE OF THE STUDY

The purpose of the study was to determine factors that influence retention of nurses in the rural health facilities of the Eastern Cape.

1.5 OBJECTIVES

The objectives were to

- describe factors influencing the retention of nurses in the rural health facilities of the Eastern Cape Province
- make recommendations for the role of managers in retaining nurses in the rural health facilities of the Eastern Cape Province

1.6 CONCEPTUALISATION AND OPERATIONALISATION

1.6.1 Conceptual framework

In order for the researcher to conceptualise the study, a theoretical model of job retention was used as the basis for conducting the study. The researcher incorporated Ellenbecker's theoretical model (2003:305) findings on retention of home health care nurses as well as components of Neal's (2000:51) theory on measuring nurses' job satisfaction.
According to LoBiondo-Wood and Haber (2002:82), the framework presents “the context for studying the problem and can be viewed as a map for understanding the relationships between and among the variables”, which in this case were job satisfaction and retention. The researcher chose this method to try to provide a solution to the problem of staff retention in the rural health facilities of the Eastern Cape Province.

1.7 STUDY SETTING

The study was conducted at Lukhanji sub-district in the Chris Hani District, with the focus on nurses working in rural health facilities. The area comprises thirty-three (33) clinics, seven mobile clinics, two Provincial-aided hospitals, two regional hospitals and one private-mix hospital. In 2005,
the population was estimated as 209 943. The area is vast and of the thirty-three clinics, seventeen are remote rural clinics.

1.8 RESEARCH DESIGN AND METHODOLOGY

A research design “guides the researcher in the planning and implementation of the study in a way that is most likely to achieve the intended goal” (Burns & Grove 2001:225). In this study the researcher used a quantitative research design to examine factors influencing the retention of nurses in rural health facilities of the Eastern Cape Province (see chapter 3).

1.9 POPULATION AND SAMPLING

The population consisted of professional nurses of Lukhanji Local Service Area working in rural areas and some who had recently resigned (less than one year). The researcher used probability sampling to randomly select the sample for this study (see chapter 3).

1.10 DATA COLLECTION AND ANALYSIS

Data was collected by means of rating scale questionnaires, hand delivered to all the respondents who met the inclusion criteria. Data analysis was done using descriptive nonparametric statistical procedures (see chapter 3).

1.11 VALIDITY AND RELIABILITY

1.11.1 Validity

The validity of a measuring instrument refers to whether it actually measures what it is intended to measure. The instrument is considered valid if it reflects the concept that it is supposed to measure (Lobiondo-Wood & Haber 2002:187). Various types of validity can be used to test an instrument.
Content validity is a judgemental process to check/assess whether the instrument really measures the concept or provides adequate sample of items that represent that concept (De Vos 1998:167).

Construct validity is concerned with the meaning of the instrument involving validation and underlying theory. It is a lengthy and involved procedure that uses data from a variety of sources (De Vos 1998:168).

Face validity refers to what the instrument appears to measure. The instrument should accurately measure the attributes under consideration (De Vos 1998:167).

For this study, content, construct and face validity were used. According to Lobiondo-Wood and Haber (2002:321), content validity is the level to which the instrument represents the universe of the content being studied. Face validity determines whether the instrument apparently measures what it is intended to measure (Lobiondo-Wood & Haber 2002:189).

1.11.2 Reliability

Reliability refers to how consistently the instrument measures the attribute at different times. If an instrument is used on more than one occasion to measure constant behaviours, similar results are expected, if it is reliable. Reliability relates to “coherence, precision, stability and homogeneity” (Lobiondo-Wood & Haber 2002:193).

1.12 DEFINITIONS OF TERMS

For the purposes of this study, the following terms are used as indicated below.

- **Model**
  A model is a representation of something, usually a miniature, used as a basis or design for copy, construction.

- **Nurse**
  In this context nurse refers to a professional nurse, that is someone who has undergone prescribed training in an approved accredited training institution and is, by virtue of qualification registered with the South African Nursing Council (SANC) or other recognised statutory bodies as a general nurse.
• Province
This means the Province of the Eastern Cape referred to in Section 103 of the Constitution of the Republic of South Africa Act, 108 of 1996 (South Africa 1996).

• Staff
Staff is a group of people working together under a manager or other authority in an organisation, business or other workplace.

• Retain
Retaining is to continue to hold or keep people in an organisation or workplace. In this study, it refers to how managers manage to keep the existing staff or make them to stay.

• Rural health facility
Rural health facility is a clinic or hospital situated in a rural health setting

1.13 OUTLINE OF THE STUDY

Chapter 1 introduces the study by outlining the background to, purpose and objectives of the study.

Chapter 2 discusses literature reviewed for the study.

Chapter 3 describes the research design and methodology.

Chapter 4 presents the data analysis and interpretation.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for retaining nurses and for further research.

1.14 CONCLUSION

This chapter discussed the background to the study, stated the problem, defined key terms used and briefly described the research design and methodology. Chapter 2 discusses the literature review conducted for the study.
CHAPTER 2

Literature review

2.1 INTRODUCTION

The researcher conducted a literature review on factors influencing staff retention or intentions to stay in an organisation.

The *Daily Dispatch* (2003:3) reported that provincial hospitals in the Eastern Cape are short staffed and battling to cope with the influx of patients, with some patients having to wait for over five hours to see a doctor. The main reason for this was that nursing professionals were lured overseas as well as to other provinces with offers of better salaries and working conditions.

Gunn (2000:150-155) lists the following conditions that contribute to nurse shortages:

- Multiple points of entry into the profession.
- Predominance of females in the profession.
- Decentralisation of health care.
- Dissatisfaction with working conditions.
- Managed care further decreased nurses’ job satisfaction and the booming economy lured them away to other professions.

Polit and Hungler (1999:123) define nurse retention as the extent to which nurses stay in their present jobs. Intent to stay is the nurse’s perception of the possibility of leaving or staying in the present job. Multiple variables directly or indirectly affect retention and intent to stay. Independent variables affect the dependent variables directly or have an indirect effect through other intervening variables. For example, job satisfaction and individual characteristics are two main independent variables. Job satisfaction has a direct positive effect on intent to stay and on job retention: the more satisfied the nurses are with their jobs, the more likely they will stay in their jobs.
2.2 FACTORS INFLUENCING STAFF RETENTION

2.2.1 Nurse job satisfaction

Mueller and McCloskey (1990:113) define job satisfaction as “a positive affective orientation towards employment. It encompasses both intrinsic and extrinsic characteristics”.

2.2.2 Job satisfaction: intrinsic characteristics

Intrinsic characteristics of job satisfaction include autonomy and independence in patient relationships, autonomy in the profession, group cohesion with peers and with physicians, and organisation characteristics. All these are directly related to intent to stay and retention and indirectly related to retention through intent to stay (Ellenbecker 2003:306).

2.2.2.1 Autonomy

Bucknell and Thomas (1996:571-577) define autonomy as “the sense of independence and freedom of initiative present in a job. It has been conceptualised as locus of control, individual responsibility, power or independence and as task decision autonomy.”


2.2.2.2 Group cohesion: relationship with peers

Aiken, Smith and Lake (1994:771) define relationship with peers as a nurse’s perception of the amount of support received from peers; it is also conceptualised as social or group intimacy, social support, interaction or peer communication, perception of integration into the organisation and presence of collegial environment. Aiken et al (1994:771-787) identify a positive collegial relationship as one of the factors contributing to nurses' satisfaction.

The greater the social cohesion among workers, the less likely they are to leave the job (Alexander et al 1998:415; Boyle et al 1999; Leveck & Jones 1996:331-334; Shader, Broome, Broome, West & Nash 2001:210-216; Tai et al 1998:1906). Lynch (1994:22) reported that social integration is an important contributor to job satisfaction.

2.2.2.3 Group cohesion: relationship with physicians

Neal (2000:415-427) describes the nurse's relationship with the physician as unique and a sense of support in clinical decision-making. The physician and the nurse are an interdependent team sharing the same goal. The nurse serves as the physician's eyes and ears, describes the patient's condition, and negotiates for specific treatments.

2.2.2.4 Organisational characteristics

Organisational characteristics include type of governance; the relationships nurses have with the organisation, supervisors and management, and the organisation’s commitment to professional values. Creating a professional atmosphere and supportive management are important variables in a nurse’s decision to stay in a job (Boyle et al 1999:364; Klemm & Schreiber 1992:54; Leveck & Jones 1996:332; Tai et al 1998:1910; Taunton, Boyle, Woods, Hansen & Bott 1997:207).

Governance is the type of decision-making present in an organisation. Some leadership and management styles are not conducive to keeping nurses in the organisation. Booyens (1998:423) points out that autocratic leaders, for instance, are directive and controlling, give the orders and everyone else has to follow, no matter how they feel. The leader alone makes the decisions and power with coercion is exercised. Those being led lack enthusiasm and the power to think
innovatively; become unproductive in the leader's absence, and there is high absenteeism for the slightest or no reason (Booyens 1998:423).

Bureaucrats, on the other hand, feel insecure and find security in following established policies. Alexander et al (1998:415-427) describe shared governance as a feeling of fairness, recognition, support, and a sense of control nurses receive from institutions. Governance is an important component of job satisfaction and is related to retention. The more participatory the management style, the more satisfied nurses are with their jobs.


Minnaar (2001:19) cites Christensen (1988:46-45), who maintains that nurse managers have a unique responsibility to ensure the well-being of nurses and patients. This principle of beneficence guides the nurse manager's actions and refers also to the nurse's obligation to do well to others and not harm them.

The relationship nurses have with supervisors, in the form of supervisor positive consideration, support and recognition, has a positive influence on their decision to stay in a job (Boyle et al 1999:362; Klemm & Schreiber 1992:52; Tai et al 1998:1923; Taunton et al 1997:207). Communication with supervisors is a strong indicator of nurse retention.

### 2.2.3 Job satisfaction: extrinsic characteristics

Extrinsic characteristics of job satisfaction include stress and workload, autonomy and control of work hours, and autonomy and control of work activities, salary and benefits, and perception of and real opportunities for jobs elsewhere. These are derived from circumstances in the environment. (Ellenbecker 2003:307). Salary and benefits, hours of work and flexibility in scheduling are important characteristics in understanding nurses’ intent to stay in their present jobs. Tovey and Adams (1999:150-158) contend that sources of job satisfaction have changed due to pressures of coping with a rapidly and constantly changing health care environment. Ellenbecker (2001:462-
467) states that recent changes in the health care system are eroding the uniqueness and source of satisfaction.

2.2.3.1 Stress and workload

Job stress directly affects nurses’ intent to stay and job retention. Job stress is also identified as burnout, overload or being overwhelmed (Alexander et al 1998:416; Boyle et al 1999:363; Tai et al 1998:905). It also occurs when the work environment adversely affects nurses' ability to manage or give effective nursing care (Boswell 1992:222). As job stress increases, nurses become less satisfied with their jobs, affected psychologically and are more likely to leave (Boswell 1992:223).

2.2.3.2 Autonomy and control of work hours

Control and scheduling hours of work, convenience and flexibility have a moderately positive relationship with intent to stay and job retention. Generally, the more stable the work schedule, the less likely nurses are to leave their jobs (Cangelosi, Markham & Bounds 1998:25-30).

2.2.3.3 Autonomy and control of work activities

Control over work activities contributes to job satisfaction. Ellenbecker (2003:307) defines control of work activities as deciding what activities and when these will be done.

2.2.3.4 Salary and benefits

Salary and benefits have a mixed effect on job satisfaction, intent to stay and retention (McNeese-Smith 1999:1333). Cangelosi et al (1998:27) found that pay was negatively associated with retention. Cushman, Ellenbecker, Willson, McNally and Kinsha (2001:62-67) found that salaries and benefits were the most frequently mentioned characteristics that positively contribute to retention, although earlier studies suggest that their contribution is minimal. Borda and Norman (1997:385-394) found that salary was not associated with staff leaving or staying. Blegen (1993:37) emphasises that nurses need more than economic rewards for job satisfaction and retention.
Ahlburg and Mahoney (1996:26-29) found that employment decisions on wage rates only have a modest effect on nurse retention. This may be due to the market power of hospitals to set wages, which provides few opportunities for nurses to leave one nursing job for another based on wage.

### 2.2.3.5 Perceived job opportunities


### 2.2.3.6 Real job opportunities

Nurses respond to outside wage opportunities minimally and to a lesser degree than people in other occupations (Ahlburg & Mahoney 1996:26-29). Schumacher (1997:581-592) found that nurses leave their jobs and leave the profession due to working conditions rather than to increase their income. According to the Federation of Nurses and Health Professionals (2001:22), 91% of nurses who leave nursing do so because of dissatisfaction with working conditions, while 75% would consider staying if working conditions changed.

### 2.2.4 Individual nurse characteristics

Individual nurse characteristics include age, tenure, family income, marital status, race, job position, kinship relationship and gender. Age and tenure affect intent to stay and retention; older nurses are most likely to stay in their present jobs than younger ones (Alexander et al 1998:426; Shader et al 2001:211; Tai et al 19981905).

Covin (2002:289) describe difficulties faced by new graduates on their transition from student to registered nurse, including

- senior nurses’ rudeness
- lack of professional support
- feelings of being thrown in and expected to perform as seasoned members of staff
Cowin (2002:289) found that some nurses did not enjoy going to work as much as they had before. In fact, some reported that if they did not know that nursing could be better than it was on their particular wards, they would not have had a high opinion of nursing. Furthermore, in the light of their experience, they stated that they could understand why so many new graduates left nursing.

Tenure refers to the number of years in the present job and is positively related to intent to stay and retention. The more experienced nurses are, the less likely they are to leave (Leveck & Jones 1996:342; Tai et al 1998:1908; Taunton et al 1997:207).

Family income, marital status, gender, race and ethnicity have less effect on intent to stay and retention than age and tenure (Alexander et al 1998:425; Pan, Dunkin, Muus, Harris & Geller 1995:106-113). Kinship relationships refer to having children less than 6 years of age, marital status and having relatives nearby, and are directly related to intent to stay (Borda & Norman 1997:385; Curry, Wakefield, Price, Mueller & McCloskey 1985:398).

2.2.5 Diagrammatic structure of retention factors

The following diagram depicts the retention factors discussed in this chapter.
Figure 1.2

Diagrammatic structure of retention factors
(Ellenbecker 2003:305)

2.3 CONCLUSION

This chapter covered the literature review undertaken for the study on factors influencing staff retention, including job satisfaction.

Chapter 3 describes the research design and methodology.
CHAPTER 3

Research design and methodology

3.1  INTRODUCTION

Chapter 2 covered the literature reviewed for the study. The purpose of the study was to examine and describe the factors that influence the retention of nurses in rural health facilities and to make recommendations for nurse managers to retain nurses.

According to Mouton (2001:75), research methodology focuses on tasks and methods carried out during the research process, including the research design, identifying the population, sampling criteria, and data collection and analysis.

3.2  RESEARCH DESIGN

A research design "guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal" (Burns & Grove 2001:225). According to Polit and Hungler (1999:36), quantitative research designs "tend to be highly structured and to include tight controls to eliminate contaminating influences". This study used a non-experimental, quantitative, descriptive design.

3.2.1  Non-experimental quantitative

The researcher used a quantitative research design to describe factors influencing staff retention in the rural health facilities of the Eastern Cape Province. According to Polit and Hungler (1999:193), a quantitative design is used for several reasons:

- A vast number of human characteristics are inherently not subject to experimental manipulation.
- In nursing research numerous variables could technically be manipulated but should not be manipulated for ethical reasons.
• In many research situations it is simply not practical to conduct true experimental research due to constraints like insufficient time, lack of administrative approval, excessive inconvenience to patients or staff, or lack of adequate funds.
• For some research questions an experimental design is not appropriate. A descriptive quantitative survey therefore seeks to capture the characteristics, prevalence or intensity of phenomena.

The researcher selected a descriptive survey to collect data for the study (Leedy 1983:187).

3.2.2 Descriptive

The main purpose of descriptive research is to give a complete account of what has been observed from research participants in response to the research question (Leedy 1983:190).

De Vos (1998:33) states that before describing what has been observed, one needs “a frame of reference” against which the depiction can be made. The main aim of this study was to describe factors influencing retention of nurses in the rural health facilities of the Eastern Cape Province. A conceptual framework was used as a frame of reference to describe the respondents' views and experiences. In addition, De Vos (1998:25) states that descriptive studies “stimulate a social action”. In this study, the researcher intended to make recommendations for nurse managers on how to retain nurses in rural health facilities in order to prevent unnecessary recruitment expense and to maintain good quality nursing care.

3.2.3 Survey

Polit and Hungler (1999:716) describe a survey as non-experimental research that “focuses on obtaining information regarding the activities, beliefs, preferences and attitudes of people through direct questioning of a sample of respondents. It is a system of collecting data through the use of a self-reporting technique.”

According to Leedy (1983:190), observing in a descriptive survey is not based on the sense of sight but “is about what one has noted based on the responses of the participants to the
questioning. A questionnaire is one of the means used in a survey for observing the area of interest in research.”

A survey is based on the “deductive approach” (Polit & Hungler 1999:718). In deductive research, a conceptual framework is described in the initial stages of the study to direct the study. This study followed a conceptual framework that gave a detailed description of factors influencing the retention of nurses. The framework was used to formulate the data-collection instrument and the respondents' responses were measured against it.

Burns and Grove (2001:568) state that surveys can be used to collect a lot of data from a large number of people in a short space of time to limit the costs. In this study, questionnaires were distributed to 76 respondents over a three-week period. Distributing the questionnaires was cost-effective since the researcher made use of the facility managers’ visits. The area was too vast for the respondents to return the completed questionnaires and there were no visits to the specified areas at the specific time, however, so the researcher had to use her private vehicle to collect them.

Mouton (2001:133) points out that a survey studies a sample that represents a population with the aim of generalising the results to a larger population.

3.2.4 Generalisation

Generalisability is “the degree to which the research procedures justify the inference that the findings represent something beyond the specific observations on which they are based; in particular, the inference that the findings can be generalised from the sample to the entire population” (Polit & Hungler 1999:703).

Generalisation is more feasible if the probability sampling technique is used, since the population has an equal chance of being selected for the study. Random selection of participants was therefore followed.
3.3 RESEARCH METHODOLOGY

Research methodology “involves steps, procedures and strategies for gathering and analysing the data in a research investigation” (Polit & Hungler 1999:707). The methods and procedures for this study included ethical considerations, development of a data-collection instrument, a pilot study, population, sampling, data collection, and reliability and validity.

3.4 ETHICAL CONSIDERATIONS

Nursing is an ethical profession. This implies that research procedures must adhere to professional, legal and social obligations to respondents (Polit & Hungler 1999:701).

3.4.1 Permission to conduct the study

The researcher requested and obtained permission to conduct the study from the Local Service Area (LSA) Manager (Burns & Grove 1999:666) (Annexure 1).

3.4.2 Informed consent

The respondents gave informed consent to participate (Annexure 2) following explanation, purpose and nature of the study as presented by coordinators. The respondents were informed of their right to anonymity, confidentiality and protection from harm.

3.4.2.1 Anonymity and confidentiality

The respondents were assured that their names would not be disclosed or linked to any information. All information received from them would be treated with the utmost confidentiality.
3.4.2.2 Protection from discomfort and harm

The researcher informed the respondents that they were free to withdraw from the study at any time should they wish to do so (Burns & Grove 1999:666).

3.5 DATA-COLLECTION INSTRUMENT

The researcher compiled a questionnaire as data-collection instrument. A questionnaire is “a method of gathering self-report information from respondents through self-administration of questions” (Polit & Hungler 1999:712). Brink and Wood (1998:154) define a questionnaire as “a self-report instrument where respondents write their answers in response to presented questions. The basic characteristic of a questionnaire is that all the respondents involved in the study answer the same set of standardised questions (Burns & Grove 2001:567).

The questionnaire is in English and consisted of three sections. Section A contained biographical information, including gender, age, home language, marital status, rank, qualifications and experience. Sections B and C dealt with job satisfaction in terms of intrinsic and extrinsic factors (Annexure 3).

3.6 VALIDITY

Validity is the degree to which an instrument measures what it is intended to measure and whether it measures the concept accurately (Lobiondo-Wood & Haber 2002:321; Polit & Hungler 1999:717).

3.6.1 Internal validity

In this study face and content validity were appropriate. Face validity refers to the appearance of the questionnaire and whether it appears to measure the intended variables (factors). It serves to assess whether the questions presented seem to be measuring the main concept of the study (Brink & Wood 1998:168).
Content validity is the degree to which the items in an instrument adequately represent the universe of content (Polit & Hungler 1999:698). The instrument should cover all the features of the phenomenon under study (Burns & Grove 2001:352). Furthermore, the instrument should be accurate in measuring what it is expected to measure (Polit & Hungler 1999:699).

### 3.6.2 External validity

External validity is the degree to which the findings of the study are generalised to the target population. The key issue is the degree to which the sample represents the population. (Polit & Hungler 1999:698). The researcher used random sampling to ensure a representative sample of the population. This sampling method gave all the professional nurses within the population an equal chance to participate in the study.

### 3.7 PILOT STUDY

A pilot study is a pre-test with a few respondents to check the feasibility of the questionnaire (De Vos 1998:210). A pilot study must be conducted with similar participants as the main study (Mouton 2001:245). In this study the pilot study was done with five professional nurses working in rural health facilities who would not participate in the main study.

The purpose of the pilot study is to determine the clarity and validity of the questionnaire and the time required to complete it.

### 3.8 POPULATION AND SAMPLING

#### 3.8.1 Population

Polit and Hungler (1999:33) define a population or target population as “the entire set of individuals or elements that meet the sampling criteria”. Burns and Grove (2001:83) define a population as a group of people who share the common traits or attributes of interest to the researcher. It is important to stipulate the boundaries and limitations pertaining to the population that will be selected (Burns & Grove 2001:83).
In this study, one hundred (100) professional nurses working in the rural health facilities of the Lukhanji Local Service Area constituted the population. This study also included professional nurses who had retired or resigned less than a year prior to data collection.

3.8.2 Sampling

Sampling is “a process of selecting a portion of the population to represent the entire population” (Polit & Hungler 1999:714). According to Burns and Grove (2001:83), a sample is a segment that consists of the same characteristics as a population on whom the study is conducted. In this study, seventy-six (76) professional nurses were randomly selected and only sixty-seven (67) questionnaires were returned. Probability random sampling was used to select the respondents (De Vos 1998:203).

3.9 DATA COLLECTION

Data was gathered by means of the questionnaire.

3.9.1 Preparation for data collection

The researcher conducted a pilot study with five respondents, who were not part of the main study to pre-test the questionnaire. The researcher made appointments with the respondents, who agreed to participate. At facility level coordinators were used to distribute hand delivered questionnaires. Coordinators also provided explanations where necessary. Before this could happen coordinators were trained on how to administer the questions. The researcher discussed the questionnaire item by item with coordinators, providing them with responses where clarity was needed. A date for collection was given.

3.9.2 Data collection

The researcher adhered to the ethical considerations discussed earlier (see section 3.3.1). The respondents were allowed to complete the questionnaires at a time convenient to them. A co-
coordinator in each facility assisted with distributing and explaining how to complete the questionnaires. The co-coordinators could therefore answer any questions from the respondents.

3.9.3 Reliability

Reliability is the assurance that if a specific method used is re-applied with the same respondents, the findings would be similar (Mouton 2001:119). This implies that if the researcher used the same method of data collection and analysis should the test be repeated with the same respondent, the results of the study should be the same.

To ensure reliability, the questions should be comprehensible (Mouton 2001:121). For this study pre-testing was done through the pilot study. The respondents were given the questionnaires to complete in their own time at home. The environmental context was therefore favourable (Mouton 2001:119). Data analysis commenced as soon as data collection was completed.

3.10 DATA ANALYSIS

The completed questionnaires were analysed using complex causal modelling techniques (Alexander et al 1998:420; Boyle et al 1999:362; Leveck & Jones 1996:333; Pan, Dunkin, Muus, Harris & Geller 1995:108; Taunton et al 1997:223). A factor method of analysis was employed. The researcher analysed the data systematically step by step as follows:

The researcher received the pre-coded computerised tool from the research expert in preparation for the numerical data analysis. A statistician analysed the data, using the Statistical Package for Social Sciences (SPSS). The data was compared in the form of frequencies and this in turn was expressed in the form of percentages (Brink & Wood 1998:191). The analysis was carried out on descriptive (central tendencies) and inferential (Chi-square) levels (see chapter 4).

3.11 RECOMMENDATIONS

The researcher employed a deductive strategy to formulate recommendations for nurse managers on how to retain staff in rural health facilities (see chapter 5).
3.12 CONCLUSION

This chapter described the research design and methodology, including ethical considerations, validity and reliability, generalisability, pilot study, population and sampling, and data collection and analysis.

Chapter 4 discusses the data analysis and interpretation.
CHAPTER 4

Data analysis and interpretation

4.1 INTRODUCTION

This chapter discusses the data analysis and interpretation, and findings. For anonymity, no names were given. The sample consisted of 76 respondents selected by means of probability random sampling of professional nurses in rural areas. The data was collected during December 2005 and January 2006, using a questionnaire. Of the respondents, 35 were from a rural hospital, 32 were from rural clinics, and 9 did not respond (non-response). Figure 4.1 represents the total response rate.

![Figure 4.1](chart.png)

*Figure 4.1*

*Respondents from rural hospitals and rural clinics (n=67)*

4.2 DEMOGRAPHIC DATA

Section A of the questionnaire dealt with the respondents’ demographic data, including gender, age, race, language and rank.
4.2.1 Gender

Of the respondents, 95.5% were females and 4.5% were males.

4.2.2 Age

Of the respondents, 68.7% were aged 40 years and above, 25.4% were between 31 and 40, and 6% were between 21 and 30 years old.
4.2.3 Language

![Figure 4.4](chart)

**Figure 4.4**  
*Respondents' language (n=67)*

Of the respondents, 97% were Xhosa speaking and 3% were English speaking.

4.2.4 Race

![Figure 4.5](chart)

**Figure 4.5**  
*Respondents' race (n=67)*

Of the respondents, 98.5% were Blacks and 1.5% were Coloureds.
4.2.5 Marital status

Of the respondents, 46.3% were married, 40.3% were single, 4.5% were widows, 3% were separated and 6% were divorced.

4.2.6 Respondents with children

Of the respondents, 95.5% had children, 3% had none and 1.5% did not indicate.
4.2.7 Number of children

Of the respondents, 1.5% had no children, 10.4% had one child, 47.8% had two, 25.4% had four and 14.9% had five children.

4.2.8 Children’s ages

Of the respondents’ children, 71.6% were between 12 and 18 years of age, 13.4% were between 6 and 11, 11.9% were between 1 and 5, and 1.5% were infants.
4.2.9 Rank

Of the respondents, 70.1% were registered nurses, 20.9% were chief professional nurses and 9% were supervisors.

4.2.10 Experience

Of the respondents, 23.9% of the subjects had over 20 years' experience, 23.9% had 16 to 20 years, 29.9% had 11 to 15 years, 11.9% had 5 to 10 years and 10.4% had less than 5 years'
experience. Accordingly, of the respondents 78% had more than 15 years' experience and 22%
had 10 years and less experience.

4.2.11 Tenure

![Figure 4.12]

**Respondents' tenure (n=67)**

Of the respondents, 3% were still on probation, 10.4% were on contract and 86.6% were
permanently employed.

4.2.12 Qualifications

![Figure 4.13]

**Respondents' qualifications (n=67)**
Of the respondents, 6% had general nursing, 29.9% had general nursing and midwifery, 52.2% had general nursing (community, psychiatry) and midwife, 10.4% had Bachelor's degrees and 1.5% had higher than Bachelor's degrees.

4.2.13 Income

![Figure 4.14](image)

Respondents’ income (n=67)

Of the respondents, 6% of subjects earned R5 000, 32.8% earned between R6 000 and R10 000, 14.9% earned between R11 000 and R15 000, 7.5% earned between R16 000 and R20 000, 1.5% earned between R26 000 and R30 000, and 37.2% earned R31 000 and above.

4.2.14 Kinship responsibility

![Figure 4.15](image)

Respondents’ kinship responsibility (n=67)
Of the respondents, 3% were responsible for their spouses only, 28.4% for their spouses and children, 38.8% for other extended family members, and 29.9% were responsible for all of the above.

4.3 RESPONDENTS’ PERSPECTIVE OF FACTORS INFLUENCING RETENTION OF NURSES IN RURAL HEALTH FACILITIES

Sections B and C of the questionnaire covered job satisfaction: intrinsic factors and job satisfaction: extrinsic factors, respectively.

4.3.1 Job satisfaction: intrinsic factors

Intrinsic factors affecting job satisfaction were autonomy in patient relations, autonomy in professional relations, group cohesion with physicians, group cohesion with peers and characteristics of the organisation.

Table 4.1 Autonomy in patient relations (n=67)

<table>
<thead>
<tr>
<th></th>
<th>1=strongly agree</th>
<th>2=agree</th>
<th>3=uncertain</th>
<th>4=disagree</th>
<th>5=strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I have freedom to influence doctors’ decisions regarding patient care in the unit</td>
<td>34.3</td>
<td>40.3</td>
<td>11.9</td>
<td>13.4</td>
<td>0</td>
</tr>
<tr>
<td>2 I pride myself on patient improvements associated with my interventions</td>
<td>67.2</td>
<td>26.9</td>
<td>1.5</td>
<td>0</td>
<td>4.5</td>
</tr>
<tr>
<td>3 My clinical assessment skills have greatly improved my confidence in patient care</td>
<td>68.7</td>
<td>19.4</td>
<td>3.0</td>
<td>3.0</td>
<td>6.0</td>
</tr>
<tr>
<td>4 My practice depends solely on doctors to achieve good results</td>
<td>6.0</td>
<td>7.5</td>
<td>4.5</td>
<td>41.8</td>
<td>40.3</td>
</tr>
</tbody>
</table>

Table 4.1 shows that the respondents had a positive perception of their autonomy with regard to patient care in rural health facilities of the Eastern Cape Province. Of the respondents, 34.3% (n=67) strongly agreed that they had freedom to influence decisions regarding patient care; 40.3% (n=67) agreed, and 13.4% (n=67) disagreed.
Table 4.2  Autonomy in profession (n=67)

<table>
<thead>
<tr>
<th></th>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(%) 1</th>
<th>(%) 2</th>
<th>(%) 3</th>
<th>(%) 4</th>
<th>(%) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am free to implement changes as I wish in the unit</td>
<td>16.4</td>
<td>22.4</td>
<td>20.9</td>
<td>32.8</td>
<td>92.5</td>
</tr>
<tr>
<td>2</td>
<td>I think I have free will to make things happen in my workplace</td>
<td>23.9</td>
<td>32.8</td>
<td>14.9</td>
<td>25.4</td>
<td>1.5</td>
</tr>
<tr>
<td>3</td>
<td>I have the power to exercise discipline in my unit</td>
<td>34.3</td>
<td>43.3</td>
<td>10.4</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td>4</td>
<td>I am proud to be a nurse in South Africa</td>
<td>46.3</td>
<td>16.4</td>
<td>10.4</td>
<td>11.9</td>
<td>14.9</td>
</tr>
</tbody>
</table>

Table 4.2 indicates that of the respondents, 92.5% strongly disagreed that they were free in implementing changes in the unit and 32.8% disagreed. Contrary to this, 23.9% strongly agreed they had free will to make things happen and 32.8% agreed. Nevertheless, the respondents were positive in exercising discipline and proud to be nurses in South Africa. However, the respondents lacked autonomy in their profession.

Table 4.3  Group cohesion with physicians (n=67)

<table>
<thead>
<tr>
<th></th>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(%) 1</th>
<th>(%) 2</th>
<th>(%) 3</th>
<th>(%) 4</th>
<th>(%) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Most doctors respect nurses’ observations regarding patient care</td>
<td>26.9</td>
<td>46.3</td>
<td>6.0</td>
<td>13.4</td>
<td>7.5</td>
</tr>
<tr>
<td>2</td>
<td>Doctors do not take nurses’ opinions seriously</td>
<td>6.0</td>
<td>23.9</td>
<td>13.4</td>
<td>41.8</td>
<td>14.9</td>
</tr>
<tr>
<td>3</td>
<td>Doctors assist in the upward referral of patients</td>
<td>31.3</td>
<td>53.7</td>
<td>6.0</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>4</td>
<td>Doctors are willing to share information in the form of in-service</td>
<td>11.9</td>
<td>50.7</td>
<td>9.0</td>
<td>16.4</td>
<td>11.9</td>
</tr>
<tr>
<td>5</td>
<td>Doctors and nurses respect and recognise each other as colleagues</td>
<td>19.4</td>
<td>52.2</td>
<td>16.4</td>
<td>7.5</td>
<td>4.5</td>
</tr>
</tbody>
</table>

The respondents' perceptions of “strongly agree” and “agree” indicated positive group cohesion with physicians. Of the respondents, 14.9% strongly disagreed and 41.8% disagreed that doctors did not take their opinions seriously. The respondents therefore had a positive perception of their group cohesion with physicians.
Table 4.4  Group cohesion with peers (n=67)

<table>
<thead>
<tr>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>( % ) 1</th>
<th>( % ) 2</th>
<th>( % ) 3</th>
<th>( % ) 4</th>
<th>( % ) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 There is team spirit among us as nurses in the unit</td>
<td>38.8</td>
<td>37.3</td>
<td>9.0</td>
<td>6.0</td>
<td>9.0</td>
</tr>
<tr>
<td>2 I have good working relationships with my colleagues</td>
<td>47.8</td>
<td>40.3</td>
<td>4.5</td>
<td>1.5</td>
<td>6.0</td>
</tr>
<tr>
<td>3 We report back to each other in the unit for continuity of care</td>
<td>46.3</td>
<td>46.3</td>
<td>3.0</td>
<td>3.0</td>
<td>1.5</td>
</tr>
<tr>
<td>4 We support each other as colleagues even outside work-related issues</td>
<td>26.9</td>
<td>37.3</td>
<td>20.9</td>
<td>6.0</td>
<td>9.0</td>
</tr>
<tr>
<td>5 We have time for get-together activities in the unit</td>
<td>20.9</td>
<td>34.3</td>
<td>6.0</td>
<td>20.9</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Table 4.4 indicates high percentages of strongly agreed and agreed, indicating positive group cohesion with peers although there was a noticeable negative input on time for get-together activities where 20.9% disagreed and 17.9% (n=67) strongly disagreed.

Table 4.5  Characteristics of the organisation (n=67)

<table>
<thead>
<tr>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>( % ) 1</th>
<th>( % ) 2</th>
<th>( % ) 3</th>
<th>( % ) 4</th>
<th>( % ) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The vision and mission of the organisation is clearly stated</td>
<td>41.8</td>
<td>49.3</td>
<td>3.0</td>
<td>4.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2 We have a shared value system that keeps us in touch with the organisation</td>
<td>19.4</td>
<td>47.8</td>
<td>14.9</td>
<td>7.5</td>
<td>10.4</td>
</tr>
<tr>
<td>3 I communicate freely with my supervisor</td>
<td>38.8</td>
<td>43.3</td>
<td>4.5</td>
<td>9.0</td>
<td>4.5</td>
</tr>
<tr>
<td>4 There is fairness in managing disputes</td>
<td>10.4</td>
<td>41.8</td>
<td>25.4</td>
<td>11.9</td>
<td>10.4</td>
</tr>
<tr>
<td>5 Recognition awards are held annually</td>
<td>9.0</td>
<td>23.9</td>
<td>29.9</td>
<td>17.9</td>
<td>19.4</td>
</tr>
<tr>
<td>6 I can describe my supervisor as having diverse management styles</td>
<td>16.4</td>
<td>29.9</td>
<td>34.3</td>
<td>13.4</td>
<td>6.0</td>
</tr>
<tr>
<td>7 I feel very much over-controlled in my unit decision making</td>
<td>10.4</td>
<td>17.9</td>
<td>17.9</td>
<td>49.3</td>
<td>4.5</td>
</tr>
</tbody>
</table>

According to table 4.5, of the respondents 29.9% were uncertain of recognition awards being presented; 17.9% disagreed and 19.4% strongly disagreed that recognition awards were given. Of the respondents, 16.4% strongly agreed and 29.9% agreed, while 34.3% were uncertain that their supervisors had diverse management styles. The respondents seemed satisfied with the characteristics of the organisation.

4.3.2 Job satisfaction: extrinsic factors

Section C of the questionnaire dealt with job satisfaction: extrinsic factors that could contribute to staff retention, namely stress and workload, autonomy and control of working hours, salary and benefits and perception of and real work opportunities elsewhere.
Table 4.6  Stress and workload (n=67)

<table>
<thead>
<tr>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(%) 1</th>
<th>(%) 2</th>
<th>(%) 3</th>
<th>(%) 4</th>
<th>(%) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I find my job most satisfying</td>
<td>19.4</td>
<td>22.4</td>
<td>9.0</td>
<td>23.9</td>
<td>25.4</td>
</tr>
<tr>
<td>2 We manage the unit satisfactorily with the minimum staffing we have</td>
<td>11.9</td>
<td>34.3</td>
<td>9.0</td>
<td>35.8</td>
<td>9.0</td>
</tr>
<tr>
<td>3 I gauge myself as very effective in the performance of my duties</td>
<td>50.7</td>
<td>40.3</td>
<td>3.0</td>
<td>4.5</td>
<td>1.5</td>
</tr>
<tr>
<td>4 There is advanced planning for delivery</td>
<td>10.4</td>
<td>35.8</td>
<td>32.8</td>
<td>19.4</td>
<td>1.5</td>
</tr>
<tr>
<td>5 I have enough resources to carry out the delegated tasks</td>
<td>3.0</td>
<td>22.4</td>
<td>6.0</td>
<td>46.3</td>
<td>22.4</td>
</tr>
<tr>
<td>6 There is a minimum of unexpected leave taken in this unit</td>
<td>13.4</td>
<td>37.3</td>
<td>20.9</td>
<td>23.9</td>
<td>4.5</td>
</tr>
<tr>
<td>7 Staff members are free to voice their concerns and are listened to</td>
<td>10.4</td>
<td>32.8</td>
<td>19.4</td>
<td>20.9</td>
<td>16.4</td>
</tr>
</tbody>
</table>

According to table 4.6, of the respondents, 42% found their job most satisfying and 49.3% disagreed; 46.2% managed their units satisfactorily with minimum staff whereas 45% disagreed; 91% gauged themselves as very effective in the performance of their duties; 46.2% agreed that there was advanced planning for delivery, 32.2% were uncertain and 21% disagreed; 69% disagreed that they had enough resources to carry out the delegated tasks; 51% agreed that unexpected leave taken was minimal, 20.9% were uncertain of unexpected leave taken and 28.4% disagreed that minimum leave was taken; 43.2% agreed that staff members were free to voice their concerns and were listened to, 19.4% were uncertain and 37.3% disagreed.

Table 4.7  Autonomy and control over working hours (n=67)

<table>
<thead>
<tr>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(%) 1</th>
<th>(%) 2</th>
<th>(%) 3</th>
<th>(%) 4</th>
<th>(%) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I have direct control in scheduling working hours</td>
<td>14.9</td>
<td>38.8</td>
<td>13.4</td>
<td>25.4</td>
<td>7.5</td>
</tr>
<tr>
<td>2 I am very inconvenienced in the unit I am placed in</td>
<td>9.0</td>
<td>7.5</td>
<td>11.9</td>
<td>58.2</td>
<td>13.4</td>
</tr>
<tr>
<td>3 I have power to exercise which activities should be done and when in my unit</td>
<td>13.4</td>
<td>47.8</td>
<td>17.9</td>
<td>13.4</td>
<td>7.5</td>
</tr>
<tr>
<td>4 Flexi hours are accepted in this unit as need requires</td>
<td>9.0</td>
<td>40.3</td>
<td>11.9</td>
<td>19.4</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Table 4.7 reflects that of the respondents, 53.7% were positive about having direct control in scheduling working hours; 72% were positive about the unit they were placed in; 61.2% were positive on having power to exercise which activities should be done and when; 17.9% were uncertain; 49.3% were positive about flexi hours being accepted when need required; 11.9% were uncertain, and 37.3% disagreed.
Table 4.8    Salary and benefits (n=67)

<table>
<thead>
<tr>
<th></th>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(% ) 1</th>
<th>(% ) 2</th>
<th>(% ) 3</th>
<th>(% ) 4</th>
<th>(% ) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The salary I get is worth the job done</td>
<td>1.5 3.0 17.9 29.9 47.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 I get an allowance for working overtime</td>
<td>6.0 32.8 10.4 10.4 40.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 There are other fringe benefits available</td>
<td>3.0 20.9 25.4 20.9 29.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 We have compelling incentives and pay packages</td>
<td>1.5 13.4 23.9 34.3 26.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bursaries are available for staff development studies</td>
<td>1.5 20.9 29.9 23.9 23.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Study leave is granted for staff</td>
<td>10.4 62.7 11.9 13.4 1.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.8 shows that of the respondents, 78% were not satisfied with their salaries for the job done; 51% were dissatisfied about not getting allowances for overtime work; 51% were not happy about the non-availability of fringe benefits; 61.2% were dissatisfied with the incentives and pay packages; 48% felt that bursaries were not available for staff development studies; 29.9% were uncertain; 22.4% felt that bursaries were available, and 78.1% indicated that study leave was granted for staff.

Table 4.9    Perception of and real job opportunities elsewhere

<table>
<thead>
<tr>
<th></th>
<th>1=strongly agree; 2=agree; 3=uncertain; 4=disagree; 5=strongly disagree</th>
<th>(% ) 1</th>
<th>(% ) 2</th>
<th>(% ) 3</th>
<th>(% ) 4</th>
<th>(% ) 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I can accept any job opportunities elsewhere</td>
<td>47.8 28.4 11.9 4.5 7.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 I am pleased with conditions of service</td>
<td>3.0 4.5 25.4 35.8 31.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 My work life is very satisfying</td>
<td>6.0 10.4 19.4 37.3 26.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Opportunities for promotion are so scarce</td>
<td>55.2 20.9 7.5 7.5 9.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the respondents, 76.2% indicated that they could accept job opportunities elsewhere; 67.1% were not pleased with the conditions of service; 64.2% had an unsatisfying work life, and 76.1% perceived promotional opportunities as scarce.

4.5    CONCLUSION

This chapter discussed the data analysis and interpretation and findings. A statistician used the Statistical Package for Social Sciences (SPSS) for the data analysis.

Chapter 5 concludes the study and makes recommendations for nurse managers on how to retain nurses in rural health facilities.
CHAPTER 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

This chapter concludes the study, discusses its findings and limitations, and makes recommendations.

5.2 FINDINGS

This section discusses findings on the respondents and their perceptions of factors that influence staff retention with reference to the literature review.

5.2.1 Biographic data

A total of 76 respondents was selected as the sample. Only 67 (32 from clinics; 35 from rural hospitals) completed the questionnaire were returned to the researcher.

5.2.1.1 Gender (n=67)

The results showed that 95.5% of the respondents were females. Gunn (2000:153) maintains that one of the conditions contributing to the shortage of nurses is female predominance. The nursing profession is comprised mainly of females.

5.2.1.2 Age (n=67)

Of the respondents, 68.7% were aged 40 years and above. This finding is of concern because these people will soon retire. Of the respondents, 25.4% were aged 31 to 40 years and this is the energetic and scientifically adept age group, which is easily lured to overseas posts. The Daily Dispatch (2003:3) found that the Eastern Cape Province facilities struggled to cope with the influx of patients due to staff shortages. Finally, only 6% of the respondents were aged between 21 and
30 years, and this contributes to what Cowin (2002:289) describes as difficulties faced by new graduates on their transition from student to registered nurse, including

- Rudeness of senior nurses
- Lack of professional support
- Feelings of being thrown in and expected to perform wonders

5.2.1.3 Language (n=67)

The results revealed that 97% of the respondents were Xhosa speaking. This indicated that they were mainly previously disadvantaged individuals, had no alternative career to choose other than nursing due to its monetary student incentive.

5.2.1.4 Race (n=67)

According to figure 4.5, 98.5% of the respondents were Blacks. It was deduced that less or no Whites had an interest in working in rural areas.

5.2.1.5 Marital status (n=67)

Of the respondents, 46.3% were married; 54% were not married and it was assumed that they could go wherever and whenever they wanted. In view of the above results, this means that there are great insecurities in retaining staff, especially in rural areas.

5.2.1.6 Children (n=67)

Of the respondents, 95.5% had children whom they had to take care of and were therefore in need of sufficient resources. Dissatisfaction with salary and benefits can lead people to search for better employment opportunities elsewhere.
5.2.1.7 Number of children (n=67)

Of the respondents, 88.1% had more than one child and therefore had more responsibilities. The same principle as stated above, that is, if subjects are dissatisfied with salary and benefits then they will search for better employment opportunities in order to meet their increasing responsibilities as the cost of living is higher than ever before.

5.2.1.8 Age groups (n=67)

Of the respondents, 71.6% had children aged 12 to 18 years. This implied that they had more to plan regarding their education especially for tertiary levels and more psychosocial guidance was needed. Those with children under 6 years old think twice before they can relocate because this age group is still unable to take care of themselves.

5.2.1.9 Rank (n=67)

According to figure 4.10, 70.1% of the respondents were ordinary registered nurses, which implied lack of promotional opportunities and indicated that more people stayed in one rank for a long time.

5.2.1.10 Experience (n=67)

The results showed that of the respondents, 78% had more than 15 years' experience but the only 9 subjects were on the rank of supervisor. This indicated a lack of promotion opportunities. No matter how dissatisfied the experienced nurses are with their jobs, the less likely they are to leave their jobs (Leveck & Jones 1996:341; Tai et al 1998:1909; Taunton et al 1997:225).

5.2.1.11 Tenure (n=67)

Of the respondents, 86.6% held permanent posts. This shows that more staff was on permanent positions but the question is why promotion is so scarce for people who occupy full-time employment positions.
5.2.1.12 **Qualifications (n=67)**

Of the respondents, 52.2% had nurse (general, community, psychiatry) and midwife; bachelor's degrees and other qualifications, meaning that there were fewer opportunities for self-development.

5.2.1.13 **Income (n=67)**

Of the respondents, 37.3% earned R31 000.00 and above. The indicator variable for high income, mean = 6 and the standard deviation is 2.33937. This is indicative of a lack in salary progression and/or financial benefits. The *Daily Dispatch* (2005:27) found economic injustice was a factor affecting all employees, including nurses.

5.2.1.14 **Kinship responsibilities (n=67)**

Of the respondents, 38.8% had responsibilities for extended family members and 29.9% were responsible for extended families, spouse and children. The more the responsibility, the more resources needed to manage those responsibilities. The highest income, as reflected in figure 4.14, was challenging as far as subjects' responsibilities.

5.2.2 Perception of subjects on factors influencing retention of nurses

This section outlines the respondents' perceptions of factors that could influence their stay in an organisation.

5.2.2.1 **Job satisfaction: intrinsic factors**

Intrinsic factors autonomy and independence in patient relationships, autonomy in profession, group cohesion with peers and with physicians and organisational characteristics. These intrinsic factors are directly related to intent to stay and retention and indirectly related to retention through intent to stay.
• **Autonomy in patient relationships**

Bucknell and Thomas (1996:576) state that autonomy in patient relationships is directly related to the intent to stay. The respondents revealed satisfaction with their autonomy in patient relations.

• **Autonomy in profession**

Neal (2000:312) sees autonomy in the profession as being enhanced when physicians develop trust in nurses' clinical assessment and support nurses' decision. Well this was shown to be positive as perceived by subjects on group cohesion with physician's sub heading. The power of participation is influencing professional autonomy in that, if nurses have limited power to influence their immediate job therefore they are less autonomous. Of the respondents, 92.5% indicated that they were not free to implement changes in their unit. This means there is a degree of power centralisation, which does not give nurses the greatest autonomy; therefore there is lack in professional autonomy.

• **Group cohesion with peers**

Of the respondents, 20.9% said they had no time for get together activities and the get together activities is the time where friendship is developed especially for rural nurses; 17.9% also strongly disagreed that there is time for get together activities. This means that there is less social cohesion among workers, contributing to more likelihood of them leaving their jobs (Alexander et al 1998:418; Boyle et al 1999:369; Leveck & Jones 1996:334; Shader et al 2001:211; Tai et al 1998:1921). Lynch (1994:27) found social integration an important contributor to job satisfaction for nurses.

• **Characteristics of the organisation**

The respondents were positive about organisation's vision, mission, communication and management of disputes but 29.9% perceived recognition awards as lacking and 34.4% were negative about their supervisors' diverse management styles. Lack of supportive management role from supervisors contributes to dissatisfaction and less intent to stay. Management care is the
means by which conditions likely to produce danger are constantly monitored and kept under control. Today's managers detach themselves from that caring responsibility, leaving nurses feeling unsecured under their leadership hence quitting. All these may be due to lack of diverse management styles from managers. Neuhauser (2002:470-472) holds that there should be no disparity in organisational culture in order to build a high retention culture and compelling workplace.

5.2.2.2 Job satisfaction: extrinsic factors

Extrinsic factors include stress and workload, autonomy and control over working hours, autonomy and control of working activities, salary and benefits and perception of and real work opportunities elsewhere. These are derived from circumstances in the environment.

- **Stress and workload**

  The subjects that showed dissatisfaction with their jobs were 49.3%. The *Daily Dispatch* (2005:27) found that problems like staff shortages, long working hours and lack of promotional benefits were part of injustice towards the nursing profession. The other 45% felt that they are unable to manage their units with minimal staff, 33% were uncertain about advanced planning for service delivery whilst 21% disagreed totally that there is any advanced planning. This brings us to what has been said about our services in South Africa in general by Ellison (1990:25) as in crisis with many nurses resigning due to tremendous workloads, emotional demands and unrealistic salary packages.

  Pera (1996:84-85) emphasised the need to support the Primary Health Care (PHC) nurses both by their authorities and their professional organisations. They emphasise that when nurses are affected psychologically; they cannot cope with the work demand and may have feelings of helplessness, grief, anger and depression.

- **Autonomy and control of work hours**

  Control and scheduling of hours of work, convenience and flexibility have been found to have positive relationship with intent to stay and job retention. The response from subjects showed
that 11.9% were uncertain about flexi hours and 37.3% disagree that there are hours. Where there are unstable work schedules, it is more likely that staff may leave that organisation (Cangelosi et al 1988:40; Klemm & Schreiber 1992:55; Lynch 1994:22; Shader et al 2001:211). Subjects also felt that they are not free to voice out their uncertainties, 37.3% and 19.4% were uncertain if that opportunity is really given to them. The subjects therefore lack autonomy on control of working hours and activities.

• **Salary and benefits**

According to Neuhauser (2002:470) an alarming 89% of managers believe that employee retention is primarily tied to money. The findings showed that 78% of the respondents were not satisfied with salaries received for job done (51% revealed that there was no payment for overtime, 51% indicated no fringe benefits and 61.2% revealed that there are no incentives or pay packages). Nurses need more economic rewards for job satisfaction and retention (Blegen 1993:41).

• **Perception of and real job opportunities elsewhere**

Schumacher (1997:582) found that 91% of nurses leave their jobs and their profession due to dissatisfaction with working conditions. In this study, 67.1% of the respondents were not satisfied with the conditions of service and 64.2% had an unsatisfying work life; 76.2% made it clear that they could accept job opportunities elsewhere; 76.1% indicated that scarce promotional opportunities would lead them to leave.

5.3 **CONCLUSIONS**

Job satisfaction is a contributory factor in determining intention to stay.

5.3.1 **Autonomy in patient relations**

The respondents were very satisfied with their patient relations.
5.3.2 Autonomy in profession

There was no freedom for the respondents to implement changes in their units; their power to influence change was limited. Centralisation of power did not give them the greatest professional autonomy.

5.3.3 Group cohesion with peers

There was no social integration or less social cohesion among workers shown by lack of support outside work-related activities and no time for get-together activities. This greatly influenced the rural nurses to leave due to feelings of loneliness.

5.3.4 Characteristics of the organisation

Lack of management support and of recognition awards contributed to the respondents’ dissatisfaction and less intent for them to stay in an organisation.

5.3.5 Stress and workload

The respondents were dissatisfied with their present jobs, overload due to limited staff at their facilities and the fact that there was no advanced planning for service delivery added more stress to them.

5.3.6 Autonomy and control over working hours

The organisation was not in favour of flexi hours leading to staff inconveniences which had negative relations to intents to stay or job retention. In addition there was less freedom for subjects to voice out their uncertainties and be listened to therefore felt less autonomous in controlling working hours and activities.
5.3.7 Salary and benefits

Dissatisfaction with salaries for job done was highly rated, including non-payment for overtime. It was also stated that there were no fringe benefits and incentives or pay packages.

5.3.8 Perception of and real job opportunities elsewhere

Most of the respondents felt like going to work elsewhere due to dissatisfaction with working conditions and their work life. In addition, lack of promotional opportunities was a contributory factor. From the responses it is evident that job satisfaction can influence staff retention.

5.4 LIMITATIONS OF THE STUDY

The study was restricted to one out of twenty-five Local Service Areas of the Eastern Cape Province and therefore could not necessarily be generalised to the whole of the Eastern Cape Province. The researcher recommends that future studies be inclusive of other Local Service Areas within the Eastern Cape Province and that the research population be defined differently.

5.5 RECOMMENDATIONS FOR NURSE MANAGERS

The researcher recommends the following for nurse managers to retain staff:

- Decentralise power to allow for greater professional autonomy. Centralisation of power limits creativity and staff initiatives make them redundant, resulting in lack of interest.
- Staff must be allowed time for get-together activities, such as celebrating a birthday over lunch with a nearby facility or joint thanksgiving for missions accomplished.
- Managers should motivate for additional budget for annual staff recognition awards for good performers. Managers must be empowered with diverse management skills to be broad in management issues, show care and support for facility nurses.
- Management should motivate for 100% posts filling to allow for equitable sharing of workloads.
• Planning for service delivery initiatives should be done in advance and inputs from facility managers need to be respected.
• Facility nurses must have freedom to express their opinions on issues concerning them and their work environment.
• Motivate for payment of overtime, fringe benefits and incentive pay packages.
• Re-assess the conditions of service and motivate for improvement, promote satisfying work life and motivate for creation of posts.

5.6 CONCLUSION

The study was crucial in the sense that the Department of Health is losing nurses to overseas postings. Despite various recruitment strategies, most institutions fail to keep recruits. If cognisance is taken of the findings of this study, there could be great improvements in service delivery and customer satisfaction.


*Daily Dispatch*. 2005. Health professionals faced being removed from register. 16 April:3.


REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am currently an M Cur (Health Management Sciences) student at the University of South Africa, presently engaged in a research project entitled “Factors influencing the retention of nurses in the rural health facilities of the Eastern Cape Province”, under the supervision of Professor TR Mavundla of the Department of Health Studies at the abovementioned university.

The main purpose of this study is to describe factors influencing retention of nurses in the rural health facilities of the Eastern Cape Province, and to develop guidelines for nurse managers on how to retain nurses in the rural health facilities.

To complete this study I need to send questionnaires to all professional nurses of the LSA that are working in rural health facilities. A research expert in quantitative studies will approve the questionnaire.

The direct benefit of this study to the LSA is that a summary of the research findings will be made available to the LSA manager on request. The long-term benefits are that the research findings will be used to formulate guidelines on retaining nurses in the rural health facilities of the Eastern Cape Province.

I trust that this request will receive your favorable consideration.

Thanking you in advance.

Yours sincerely

NP Klaas
RESEARCHER- BA CUR, RN

TR Mavundla
SUPERVISOR - D CUR, RN
Dear Research Participant

FACTORS INFLUENCING RETENTION OF NURSES IN THE RURAL HEALTH FACILITIES OF THE EASTERN CAPE PROVINCE

I am currently enrolled for the MA degree in Health Studies, under the supervision of Prof TR Mavundla and Dr E Yako. I am currently conducting fieldwork on factors influencing the retention of nurses in the rural health facilities of the Eastern Cape Province. I am requesting participation in this study by completing the questionnaire attached.

This questionnaire is aimed at exploring factors influencing the retention of nurses in the rural health facilities. It is completed anonymously and will take approximately 30 minutes of your time. You are requested to answer all the questions and reflect your true reaction as this will benefit you to have your recommendations for staff retention and influencing staffing policies in the rural Eastern Cape facilities.

You are giving your informed consent to these proceedings and reserve the right to cancel it at any stage, you under no obligation to participate in this study. A summary of the research findings will be made available to you on request. Should you wish to contact the researcher, use the following address?

Mrs NP Klaas
1707 Zone 2
Ekuphumleni
Whittlesea
5360
Cell: 084 407 5040

Thank you

..........................................................................................................................  ...............................................................  
SIGNATURE OF PARTICIPANT DATE

NP Klaas
RESEARCHER – BA (Cur), 4-YEAR DIPLOMA, RN

TR Mavundla
SUPERVISOR – PhD, D Cur, RN

E Yako
JOINT SUPERVISOR – D Cur
SECTION A: BIOGRAPHICAL DATA

1.1 GENDER
☐ Male
☐ Female

1.2 AGE
☐ 15-20 years
☐ 21-30 years
☐ 31-40 years
☐ Over 40 years

1.3 LANGUAGE
☐ Xhosa
☐ English

1.4 RACE
☐ Black
☐ Coloured
☐ Indian
☐ White
1.5  MARITAL STATUS

☐ Married
☐ Single
☐ Widow
☐ Separated
☐ Divorced
☐ Co-habitation

1.6  CHILDREN

☐ Yes
☐ No

1.6.1 How many children do you have?

☐ One child
☐ Two children
☐ Four children
☐ Five children and more

1.6.2 Indicate their age groups

☐ Infant
☐ Above 1 year but under five years
☐ Between 6 and 11 years
☐ Between 12 and 18 years

1.7  RANK

☐ Pupil nurse
☐ Registered nurse
☐ Senior pupil nurse
☐ Chief professional nurse
☐ Supervisor
1.8 WORK EXPERIENCE

- Under 5 years
- 5-10 years
- 11-15 years
- 16-20 years
- Above 20 years

1.9 TENURE

- Contract position
- Temporary or probationary employment
- Permanent position

1.10 QUALIFICATIONS

- Diploma in General Nursing
- Diploma in General Nursing and Midwifery
- Diploma Nurse (General, Psychiatric, Community) and Midwife
- Bachelor Degree
- Master's Degree
- Ph D

1.11 FAMILY ANNUAL INCOME

- R5 000
- R6 000 – R10 000
- R11 000 – R15 000
- R16 000 – R20 000
- R21 000 – R25 000
- R26 000 – R30 000
- R31 000 and above
1.12 KINSHIP RESPONSIBILITY

☐ My spouse only
☐ My spouse and children
☐ My mother and father-in-law
☐ Other extended family members
☐ All of the above
2  SECTION B:  JOB SATISFACTION INTRINSIC FACTORS

Please evaluate each statement by using the following keys:

1 = SA  (Strongly agree)
2 = AG  (Agree)
3 = UC  (Uncertain)
4 = DA  (Disagree)
5 = SD  (Strongly disagree)

Place a cross under the relevant answer.

2.1  AUTONOMY IN PATIENT RELATIONSHIPS

2.1.1 I have freedom to influence doctors’ decisions regarding patient care in the unit or clinic

2.1.2 I pride myself with patient improvements that associated with my interventions

2.1.3 My clinical assessment skills have greatly improved my confidence in patient care

2.1.4 My practice is solely dependent on the doctor to achieve good results

2.2  AUTONOMY IN PROFESSION

2.2.1 I am free to implement changes as I wish in the unit or clinic where I work

2.2.2 I think I have a free will to make things happen in my workplace

2.2.3 I have power to exercise discipline in my unit or clinic

2.2.4 I am proud to be a nurse in South Africa

2.3  GROUP COHESION PHYSICIANS

2.3.1 Most doctors respect nurses’ observations regarding patient care

2.3.2 Doctors do not take nurses seriously in their opinions
2.3.3 Doctors assist us in the unit for upward referrals and/or patient reviews

2.3.4 Doctors are willing to share information in the form of in-service training

2.3.5 Doctors and nurses respect and recognise each other as colleagues

### GROUP COHESION PEERS

2.4.1 There is a team spirit among us as nurses in the unit or clinic

2.4.2 I have good working relationships with my colleagues

2.4.3 We report back to each other in the unit for continuity of care

2.4.4 We support each other as colleagues even outside work-related issues

2.4.5 Within the unit or clinic we have time planned for get together activities

### CHARACTERISTICS OF THE ORGANISATION

2.5.1 The vision and mission of our organisation is clearly stated

2.5.2 We have a shared value system in our unit that keeps us in touch with the organisation

2.5.3 I communicate freely with my supervisor

2.5.4 There is fairness in managing disputes

2.5.5 Recognition awards are held annually

2.5.6 I can describe my supervisor as having diverse management styles

2.5.7 I feel very much over controlled in my unit decision-making
3 SECTION C: JOB SATISFACTION EXTRINSIC FACTORS

Please evaluate each statement by using the following keys:

1 = SA (Strongly agree)
2 = AG (Agree)
3 = UC (Uncertain)
4 = DA (Disagree)
5 = SD (Strongly disagree)

Place a cross under the relevant answer.

### 3.1 STRESS AND WORKLOAD

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<tr>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>3.1.1 I am finding my job most satisfying</td>
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<tr>
<td>3.1.2 We manage the unit satisfactorily with the minimum staffing we have</td>
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<tr>
<td>3.1.3 I can gauge myself as very much effective in the performance of my duty</td>
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<td>3.1.4 There is advanced planning for delivery in my organisation</td>
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<td>3.1.5 I am having enough resources to carry out the delegated tasks</td>
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<tr>
<td>3.1.6 There is minimum unexpected leaves taken in this facility</td>
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<tr>
<td>3.1.7 Staff members are free to voice out their concerns and are listen to</td>
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### 3.2 AUTONOMY AND CONTROL OF WORKING HOURS

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<tbody>
<tr>
<td>3.2.1 I have direct control on scheduling working hours</td>
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<td>3.2.2 I am very much inconvenienced by the unit I am place in</td>
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<tr>
<td>3.2.3 I have power to exercise control on which activities to be done and when in my unit</td>
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<tr>
<td>3.2.4 Flexi worker hours are accepted in this unit as need requires</td>
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</table>
3.3  SALARY AND BENEFITS

3.3.1  The salary I am getting is worth the job done

3.3.2  I get an allowance for working overtime

3.3.3  There are other fringe benefits available

3.3.4  We have compelling incentives and pay packages

3.3.5  Bursaries are available for staff development studies

3.3.6  Study leaves are granted for staff

3.4  PERCEPTION OF AND REAL OPPORTUNITIES ELSEWHERE

3.4.1  I can accept any job opportunity elsewhere

3.4.2  I am well pleased with the conditions of service

3.4.3  My work life is very much satisfying

3.4.4  Opportunities for promotion are so scarce

THANK YOU FOR COMPLETING THE QUESTIONNAIRE