FACTORS AFFECTING VOLUNTARY NURSING STAFF TURNOVER IN MENGO HOSPITAL

by

HENRY STANLEY KATAMBA

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SUPERVISOR: PROF MJ OOSTHUIZEN
CO-SUPERVISOR: PROF JH ROOS

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Dedication

To the Lord God Almighty, Creator of heaven and earth,
"For I know the plans I have for you," declares the Lord, *"plans to prosper you and not to harm you, plans to give you hope and a future."* **Jeremiah 29:11**

To my father Paul Saul Katamba Lujjo (in memoriam) who while on this earth instilled in me a thirst for knowledge.

To my mother Ann Lillian Katamba who has stood by me in all my endeavours.

To my beautiful daughter Gabriella Pauline Nabatanzi Katamba who during the difficult times in my studies gave me love and affection.

To my handsome son Eric Jessy King Katamba who has inspired me through his curiosity and thirst for knowledge.

Student number: 3471-027-2

DECLARATION

I declare that the study on **FACTORS AFFECTING VOLUNTARY NURSING STAFF TURNOVER IN MENGO HOSPITAL** is my own work and that all the sources consulted, used or quoted are reliable and that this work has not been submitted previously in any institution.

Katamba.

SIGNATURE   Date: 18th November 2011

Dr. Henry Stanley Katamba

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I would like to thank some of the people whose minds and hands have impacted on this dissertation. My sincere gratitude goes to:

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STUDENT NUMBER: 3471-027-2
STUDENT: Dr. HENRY STANLEY KATAMBA
DEGREE: MASTERS OF PUBLIC HEALTH
DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA
SUPERVISOR: PROFESSOR MJ OOSTHUIZEN
JOINT SUPERVISOR: PROFESSOR JH ROOS

ABSTRACT

The purpose of this study was to examine the relationship between perceived availability of opportunities for promotion, training, career progression, existing management style and voluntary staff turnover intention among the nurses working in Mengo Hospital. A quantitative, descriptive correlational design was used. Data collection was done using structured questionnaires. Full time staff nurses (N= 235) were surveyed. The findings revealed that all the four variables were significantly and negatively correlated to the intention to leave and predicted 16.8 percent of the variance in intention to leave scores. Management style was the strongest predictor of intent to leave (14.5%). Nurses perceiving their managers as participatory had lower intention to leave. To retain qualified personnel, hospital administrators should focus on participative management style and career development programs that address the needs of the staff and the hospital.

Key Terms:

Career; Education; Intention to leave; Management style; Nurses; Opportunity; Promotion; Training; Turnover.

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1   INTRODUCTION

There is a serious human resource crisis in the health sector in developing countries, particularly in Africa. The World Health Report (2006: xviii) estimates that there are 57 countries with critical shortages equivalent to a global deficit of 2.4 million doctors, nurses and midwives. The shortfalls are greatest in sub-Sahara Africa.

The World Health Organization (WHO) estimates that out of a total of 59.2 million full-time paid health workers worldwide, 67% (39,470,000) are health service providers and 33% (19,750,000) are health management and support workers. On average there are 9.3 health workers per 1,000 people worldwide. The total health workforce in Africa is estimated at 1,640,000, with an average of 2.3 health workers per 1,000 people. Of the total health workforce in Africa, 83% (1,360,000) are health service providers and 17% (280,000) are health management and support workers (World Health Report 2006: xvi-xvii).

In Uganda, the total number of health workers is estimated at 59,680, out of a population of 24, 442,084 people. The ratio of the total number of health workers to the population was as follows: Medical Doctors were 2,919 (1:8,373), Allied Health Clinical workers were 3,785 (1:6,458), Nurses and Midwives were 20,165 (1:1,212). This shortage of health workers including nurses is further aggravated by the extreme degree of maldistribution of the already scarce health resources within the country. Some 70% of medical doctors and dentists, 80% of pharmacists and 40% of nurses and midwives are practising in the urban setting, serving only 12% of the population (Ssennono, Petit & Leadbeter 2005:9 &13).

Mengo Hospital has 18 consultants in the different fields of medicine and 24 doctors supported by a team of 250 nurses and midwives. A total of 250,000 clients are treated on average per year in Mengo Hospital. The average health

worker to patient ratio per year is 1:5952 for doctors including consultants and 1:1,000 for nurses including midwives (Mengo Hospital five year strategic plan 2008/9 to 2012/13:53-62).

Recruiting and keeping the right staff are key challenges for health policy-makers. In any health system, health human resources (HHR) is a central component and is essential for the delivery of care to patients. Therefore, recruitment and retention problems should be appropriately addressed, as staff shortages or an unmotivated health workforce are likely to have adverse effects on the delivery of health services and outcome of care (Zurn, Dolea & Stilwell 2005:7).

This study focused on the factors affecting voluntary nursing staff turnover in Mengo Hospital. The study focused on the organisational factors to which management could have some considerable control. Four major variables including perceived availability of promotional opportunities, training opportunities, career development opportunities and management style among the nurses working in Mengo Hospital was considered, and their relationships with voluntary nursing staff turnover intention tested.

1.2   THE RESEARCH PROBLEM

A research problem is an enigmatic, perplexing, or troubling condition in need of a solution, improvement, or alteration. A discrepancy between the way things are and the way they ought to be. It is an area of concern in which there is a gap in the knowledge base needed for nursing practice (Burns & Grove 2001:85; Polit & Beck 2004:65).

1.2.1   Source of the research problem

Mengo Hospital is one of the Uganda Protestant Medical Bureau (UPMB) health facilities experiencing persistent voluntary nursing staff turnover. Located at Namirembe Hill, (2km west of Kampala City centre), in Rubaga division the

Christian missionary founded Private Not for Profit (PNFP) hospital was established in 1897 by the late Sir Albert Cook.

It is a 300 bed hospital providing services in disciplines of medicine including: Internal Medicine, Paediatrics, Surgery, Obstetrics and Gynaecology. In addition, Mengo Hospital offers specialised services in Dentistry, Laboratory investigations, Ophthalmology and Optometry, Paediatric Orthopaedic Surgery, Plastic Surgery, Physiotherapy, Occupational therapy services for children with physical and mental disabilities, X-ray/Ultrasound services, HIV/AIDS counselling-care and support, Urology, Ear, Nose and Throat, and Neuro Surgery.

The hospital is experiencing management challenges such as, inefficient human resource practices and policies like human resource planning policies, training policies, reward policies, recruitment and retention policies and staff appraisal and development policies (Mengo Hospital five year strategic plan 2008/9 to 2012/13:1-3).

At the hospital, voluntary nursing staff turnover among enrolled nurses and enrolled midwives was 26% in the financial year 2009/2010 (Ministry of Health 2010:160). Nursing staff turnover has become persistent and cuts across all levels, from the newly recruited to the long serving staff. This affects the effectiveness and efficiency of the hospital service delivery system since nurses are the core functional staff in the hospital.

Staff turnover can be influenced by personal and or organisational factors/circumstances, as well as pull factors outside the hospital such as alternative paying jobs and government hospital recruiting.

1.2.2   Background to the problem

It is acknowledged that many health care workers including nurses face daunting working environments, low wages, unsupportive management, insufficient social

recognition, and weak career development. Almost all countries suffer from maldistribution of health care professionals characterised by urban concentration and rural deficits, but these imbalances are perhaps most disturbing from a regional perspective. The WHO region of the Americas, with 10% of the global burden of disease, has 37% of the world's health workers and spend more than 50% of the world's health budget, whereas the African Region has 24% of the burden but only 3% of health workers commanding less than 1% of world health expenditure (WHO 2006:xviii-xix).

There is an established connection between adequate health worker staffing levels and positive care outcomes. Rafferty, Clarke, Coles, Ball, James, McKee and Aiken (2007:175) analysed nurse and patient data from 30 English Hospital trusts and found that hospitals with the highest patient to nurse ratios had 26% higher mortality and the nurses in those hospitals were almost twice as likely to be dissatisfied with their jobs, to show high burnout levels, and to report low or deteriorating quality of care on their wards and hospitals.

In Uganda, staff turnover, especially of clinical staff working in private not for profit hospitals, has remained persistently high. Available data from exit interviews indicate that over 46% of leavers in the financial year 2009/2010 joined government services (Ministry of Health 2010:159). Similarly, Onzubo (2007:32) showed that in Uganda, the attrition rates of health professionals are high especially in the private not for profit hospitals (PNFP), and tends to worsen with public service job advertisements. According to Yumkella (2006:1), worker shortages are linked to three factors including decreasing student enrolment in health training institutions, delays or freezes in hiring of qualified professionals and high turnover among those already employed. She further recognises the fact that the problem of low retention of health workers is costly, affects continuity of care and raises the potential for turnover of remaining employees, who suffer stress and burnout from taking on the additional work burden.

Mello (2006:569) notes that employees who leave the organisation at the organisation's request (involuntary turnover) as well as those who leave on their own initiative (voluntary turnover) can cause disruption in operations, work team dynamics and unit performance. According to Casio (2006:55) voluntary turnover is controllable on the part of the employee, while involuntary turnover is uncontrollable (due for example to death, or spouse transfer). Unfortunately the usual data sources do not make the distinction between voluntary and involuntary turnover.

Excessive turnover can impact the morale of employees and the organisation's reputation as being a good place to work, which makes retention and recruitment more challenging and time-consuming (Mello 2006:569). Furthermore, costs of turnover include the direct economic costs of staffing and training new employees as well as indirect costs of the downtime needed for the new employee to gain proficiency in his or her job and to become fully socialised and integrated into the organisation.

In Uganda, little research has been conducted that documents evidence of voluntary staff turnover among nurses in hospitals. However, this does not mean that the problem is nonexistent. In many instances, it goes unattended to, and the costs are rarely documented. Hence, actual reasons for the employee's decision to leave are rarely established.

A study conducted among Uganda Protestant Medical Bureau (UPMB) health facilities during the year 2007 including Mengo Hospital found that 74.7% of the nurses were dissatisfied with their jobs and that 19.5% expressed the intent to leave their current job or position within two years from the time of the interview (Hagopian & Kiwanuka 2009:92-98). Gaining insight in the way these nurses perceive their jobs, and the importance they give to the various factors that influence staff turnover would assist in developing strategies for reducing staff exit from Mengo Hospital.

1.2.3   Statement of the research problem

Mengo Hospital has implemented measures for decreasing voluntary nursing staff turnover by increasing salaries for nurses, institutionalising flexible duty hours, and providing opportunities for career development including training. Despite these efforts, voluntary nursing staff turnover has remained in the excess of 26% per annum since 2002. Several studies have investigated factors that predispose turnover. Models of nurse turnover have characterised turnover as a function of job satisfaction, influenced by variables that include organisational factors like management style, promotional opportunities and work schedules. Most of these studies have been conducted in developed countries, leaving a gap in the knowledge about how various organisational factors affect voluntary nursing staff turnover in the developing world and more so in Ugandan hospitals.

1.3   RESEARCH PURPOSE

The purpose of this study was to fill the gaps in the current staff turnover research by examining the relationship between perceived availability of promotional opportunities, training opportunities, career development opportunities, management style, and voluntary nursing staff turnover intention, among the nurses working in Mengo Hospital. These relationships were tested through quantitative research involving descriptive and inferential statistics.

1.3.1   Research Questions

In order to achieve the above overall purpose, the study sought to answer the following research questions:

- What is the relationship between perceived availability of promotional opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

- What is the relationship between perceived availability of training opportunities and voluntary nursing staff turnover intention among nurses in the hospital?

- What is the relationship between perceived availability of career progression opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

- What is the relationship between perceived management style and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

1.4   SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of the research to some aspect of a profession, its contribution towards improving the knowledge base of a profession and its contribution towards evidence-based practice (Polit & Beck 2004:70).

In any health system, human resource is a central component in the delivery of care to patients and a shortage of nurses will have adverse effects on the delivery of health services and outcome of care (Zurn et al 2005:7). The findings of this research could be used by health professionals to gain an understanding of voluntary nursing turnover and develop strategies for improving management of human resources to reduce voluntary staff turnover in the hospital.

1.5   DEFINITION OF KEY CONCEPTS

Staff turnover: Refers to the proportion of people leaving the organisation over a specified period of time (Armstrong 2006:376). In this study, turnover was defined as the voluntary termination of employment at the hospital. Transfer between units/wards or other departments in the hospital was not considered as turnover (Beecroft, Dorey, & Wenten 2008:45).

Intention to leave: Refers to the possibility of leaving the organisation at some point in the near future (Vandenberg & Nelson 1999:1315) citing Mobley (1982); Mowday et al (1982); Vandenberg and Scarpello (1990). In this study, intention to leave was operationally defined by three single indicators including; thinking of quitting and or intention to search for other employment (Hom & Griffeth 1991:352).

A nurse: The Oxford Dictionary of English (2003:1209) refers to a nurse as a person trained to care for the sick or infirm, especially in a hospital. In this study, a nurse was identified as a person trained in nursing and registered with the Uganda Nursing and Midwives Council as; a Midwife, Registered Nurse, enrolled Midwife and Enrolled Nurse.

Uganda Nursing and Midwives Council (UNWC): The body charged with regulating standards for nursing and midwifery in Uganda. The Council's functions include; setting professional education requirements, providing and tracking nursing and midwifery registrations as well as providing licenses to practice, and handling professional misconduct.

Uganda law states that nurses and midwives must have a license in order to practice nursing or midwifery, which must be renewed every three years following completion of the requisite number of continuing professional education credits. The Ministry of Education and Sports has the authority of governing the nursing and midwifery training curricula, examinations, and training institution accreditation. Following graduation from a particular training program, all nurses and midwives are mandated to register with the Council (Spero, McQuide & Matte 2011:2).

Registered Midwife: Refers to a person who has completed a diploma course in Midwifery, leading to the qualification of a Registered Midwife (United Nations Population Fund 2009:21).

Registered Nurse: Refers to a person who has completed a diploma course in nursing leading to the qualification of a Registered Nurse (United Nations Population Fund 2009:21).

Enrolled Midwife: Refers to a person who has completed a certificate course in Midwifery at a nursing school leading to the qualification of an Enrolled Midwife (United Nations Population Fund 2009:21).

Enrolled nurse: Refers to a person who has completed a certificate course in nursing leading to the qualification of an Enrolled Nurse (United Nations Population Fund 2009:21).

Bachelor of Science Nursing: Refers to a degree course in nursing leading to the qualification of Bachelor of Science in Nursing (United Nations Population Fund 2009:21).

Management style: Refers to the way administrators handle members of their team. (Armstrong 2006:308). In this study, management style was defined as 'the preferred way of dealing with employees individually or collectively' (Lewis, Thornhill & Saunders 2003:105) citing Purcell and Gray (1986).

Career development: Refers to a planned and structured response to employment aspirations of workers (Mankin 2009:38). In this study, career development was defined as an individual's attitude and behaviour in association with work over the span of the person's life (Noe 2010:449).

Career (occupational) commitment: Refers to the 'psychological link between an individual and his/her profession that is based on an affective reaction to that occupation' (Lee, Carswell, & Allen 2000:800). In this study, career commitment took into consideration the four-dimensional view of occupational commitment; affective, normative, accumulated costs and limited alternative occupational commitment (Blau 2003:469).

Training: Refers to a systematic modification of behaviour through learning events, programmes and instruction to enable individuals achieve the knowledge, skill and competence needed to carry out their work effectively (Armstrong 2006:535). In this study, training was referred to as a planned effort by a company to facilitate its employees' learning to improve their competence (Noe 2010:5).

Perceived organisational support: Refers to the 'employee's global beliefs concerning the extent to which the organisation values their contributions and cares about their well-being' (Tan 2008:1).

Promotion: Refers to the advancements into new positions with greater challenges, more responsibility, and more authority than in the previous job (Noe 2010:368; Dessler 2004:533). In this study, promotional opportunity was taken as the amount of potential movement from lower to higher strata within the hospital (Price & Mueller 1981:545).

Job satisfaction: Refers to attitudes, feelings people have towards their work. Positive and favourable attitudes towards the job indicate job satisfaction. Negative and unfavourable attitudes towards the job indicate job dissatisfaction (Armstrong 2006:264).

1.6   FOUNDATION OF THE STUDY

1.6.1   The Theories

Hornby (2006:1533) defines a theory as a formal set of ideas that are intended to explain why some things happen or exist. In research, the ultimate goal is to understand the relationships among concepts, and it is theory that offers the explanatory model of how and why these concepts are related. Theories often provide a basis for predicting the occurrence of phenomena and together with conceptual models help to stimulate research and the extension of knowledge by

providing both direction and impetus (Houser 2008:177; Polit & Beck 2004:120; Stommel & Wills 2004:15).

Organisation support theory maintains that mutual commitment between employees and an employer starts with the organisation providing a supportive and caring atmosphere for employees who in is driven towards achieving organisational goals. The underpinning social exchange theory predicts that the exchange of favourable treatment could be prolonged if the receipt of resources from another party is highly needed and valuable and actions are discretionary (Tan 2008:3) citing Blau (1964); Eisenberger, Cummings, Armeli, and Lynch (1997).

The basic requirements for job satisfaction may include real opportunities for promotion, considerate and participative management, and a high degree of autonomy (control over work pace and work method). The degree of satisfaction obtained by individuals, however, depends largely upon their own needs and expectations, as well as the working environment (Armstrong 2006:263).

1.6.2   The Conceptual Framework

Conceptual framework refers to a collection and model of interrelated concepts/constructs that provide a fruitful language and orientation, in which to frame substantive research problems (Stommel & Wills 2004:436). Conceptual frameworks explain a subject area and may give context to the available evidence (Stommel & Wills 2004:15). Houser (2008:170) defines a conceptual model as a careful description of the concepts and the relationships among them. Models may be simple, representing only a small number of concepts and relationships as in this study (refer to Figure 1.1), or they may be quite complex and multifaceted.

Tan (2008:12), describes a causal model of turnover intention, where four determinants have an indirect impact on turnover through perceived organisational support. Perceived availability of career development

opportunities, supervisory support, and internal promotion among knowledge workers increased perceived organisational support, which was found to be negatively related to turnover intentions. As perceived organisational support increases, individuals' intent to stay with the organisation also increases.

Independent variables   Intervening variables   Dependent Variable
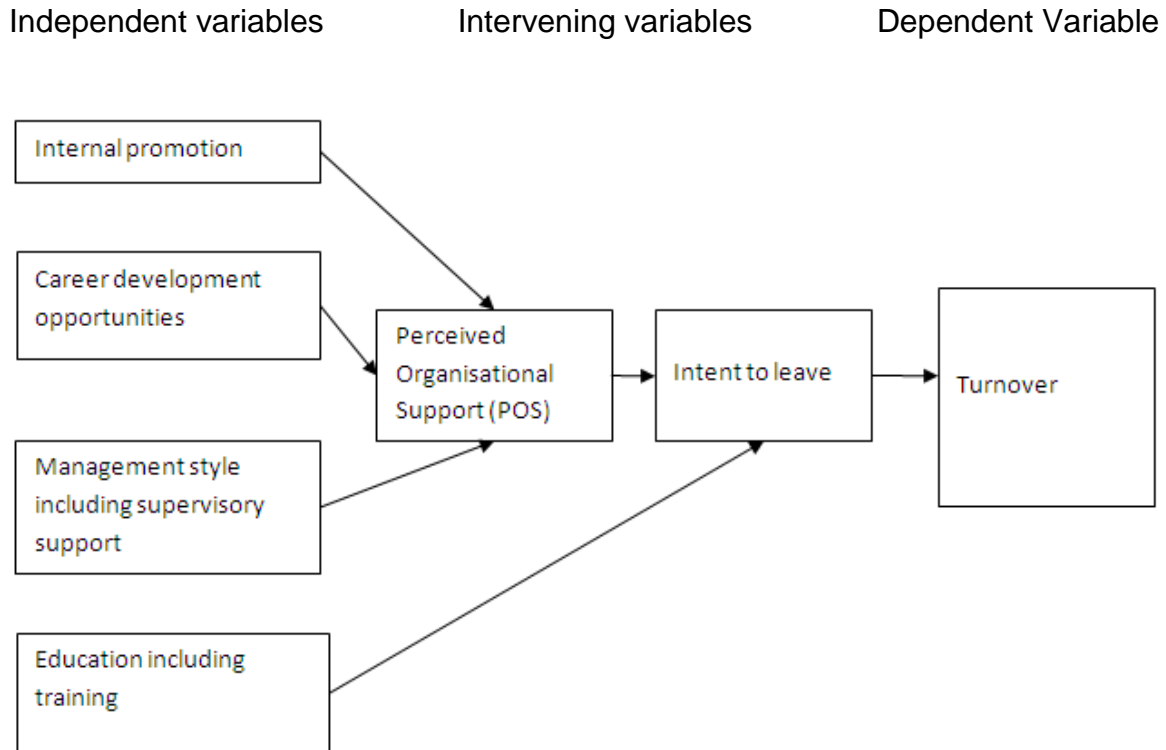
Figure 1.1: Schematic representation of the causal model of turnover (adopted from Tan 2008:12).

The conceptual framework attempted to explain the relationship between dependent variables, the independent and intervening variables (intervening variables include perceived organisational support and intent to leave).

In the framework, four independent variables were used in an attempt to explain voluntary nursing staff turnover. These four variables include perceived availability of opportunities for career development, opportunities for training and promotion and management style including supervisory support.

Two intervening variables including perceived organisational support, an important determinant that has an indirect impact on turnover through affective commitment, and intent to stay, a dimension of commitment, which has been

found to have the largest impact on turnover (Tan 2008:12; Price & Mueller 1981:558-559) were used. They also formed the basis for the questionnaire construction.

1.7   RESEARCH METHODOLOGY

Research methodology refers to the techniques used to structure a study and gather and analyse information in a systematic way (Polit & Beck 2004:731). The methodology describes the research design, the census, data collection procedures and the measuring instrument (De Vos, Strydom, Fouche & Delport 2005:252).

1.7.1   Research Paradigm

A paradigm refers to a world view, a general perspective on the complexities of the real world. It refers to the way of looking at natural phenomena that encompasses a set of philosophical assumptions that guide one's approach to inquiry (Polit & Beck 2004:13, 726).

The research paradigm in this study was quantitative. Quantitative research refers to the investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design (Polit & Beck 2004:729). This paradigm was set out to examine relationships between variables, and statistical tests were applied to determine whether the relationships identified were significant or not.

1.7.2   Research design

A research design refers to the overall plan aimed at addressing a research question, along with specifications to enhance the study's integrity. A plan specifically conceived and implemented to bring realistic evidence to bear on a research problem, question, or hypothesis. It refers to the overall approach to or

outline of the study that details all major components of the research (Houser 2008:183; Polit & Beck 2004:730; Stommel & Wills 2004:26). The study used a descriptive correlational design.

1.7.3   Study population

A population refers to the entire aggregate of cases (individuals or elements) that meet a designated set of criteria (Campbell, Machin & Walters 2007:80; Everitt 2006:179; Polit & Beck 2004:289; LoBiondo-Wood & Haber 2006:261). Further distinction is made between target population and accessible population. The target population refers to a set of cases about which the researcher would make generalisations, while the accessible population refers to one that meets the criteria and would be available for a study (Everitt 2006:230; Polit & Beck 2004:290; LoBiondo-Wood & Haber 2006:263).

In this study, the target population, which was readily accessible, was the entire staff component of nurses and midwives registered with the Uganda Nurses and Midwives Council employed by Mengo Hospital as full time staff. There were approximately 250 nurses employed by the hospital.

In some circumstances the sample may consist of all the members of a specifically defined population especially if the population of interest was not too large (Campbell, et al 2007:81). In this study, the population of interest was small.

1.7.4   Data collection instrument

A self-administered type of questionnaire was used to collect data.
Questionnaires refer to paper-and-pencil instruments designed to gather data from individuals about knowledge, attitudes, beliefs, and feelings (LoBiondo-Wood & Haber 2006:325). Given the number of nurses at the hospital, a self-administered questionnaire was applicable.

1.7.4.1   Validity

Validity refers to the degree to which an instrument measures what it is supposed to. It refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie & Mouton 2001:122; Polit & Beck 2004:422; LoBiondo-Wood & Haber 2006:338).   However, an instrument cannot measure the attribute of interest if it is erratic, inconsistent, and inaccurate (LoBiondo-Wood & Haber 2006:338).

According to LoBiondo-Wood and Haber (2006:338), there are three major kinds of validity including content, criterion-related, and construct validity. For this study, face, content, criterion-related and construct validity were used to assess the validity of the instrument.

1.7.4.2   Reliability

Reliability refers to the capacity of an instrument to produce consistent results. It measures objectivity, precision, consistency, stability, or dependability of data. It refers to the extent to which the instrument yields the same results on repeated measures (Sarantakos 2005:432; LoBiondo-Wood & Haber 2006:345).   Polit and Beck (2004:416) concur that an instrument's reliability is the consistency with which it measures the targeted attribute.   Everitt (2006:200) defines reliability as the extent to which the same measurements of individuals obtained under different conditions yield similar results.

There are three main attributes of a reliable scale including stability, internal consistency or homogeneity, and equivalence (LoBiondo-Wood & Haber 2006:346). In the case of the study, stability of the data collection tool was assessed using the test-retest method, while homogeneity or internal consistency was assessed using the Cronbach Alpha test.

1.7.5 Data collection

Research data, particularly in quantitative studies, are often collected according to a structured plan that indicates what information is to be gathered and how to gather it (Polit & Beck 2004:318).

According to Polit and Beck (2004:729), questionnaires are used to gather self report information from respondents in a written format. The study collected information in a structured way, using structured questionnaires that were self administered.

1.7.6 Data management and analysis

According to De Vos et al (2005:218), analysis means the categorising, ordering, and summarising of data to obtain answers to research questions. The purpose of analysis is to compile data into an intelligible and interpretable form so that the relations of research problems can be studied and conclusions drawn.

According to Stommel and Wills (2004:369), descriptive analysis provides background information on the target population, while substantive analyses are designed to address the research questions. This was the case in this study.

1.8 PRE-TESTING THE INSTRUMENT

The data collection instrument was pre-tested and the findings were used to edit and polish the questionnaire before the final production was made for the survey. Polit and Beck (2004:328) concur that it is wise to conduct a small pre-test even when the data collection plan involves existing instruments. In the case of the study, the pre-test went out to determine the time required to complete the questionnaire, eliminate inefficient questions, and to add any relevant questions that may have been omitted.

1.9   DESIGN VALIDITY

Internal validity refers to the degree to which it can be inferred that the experimental treatment, resulted in the effect observed (LoBiondo-Wood & Haber 2006:565). The study identified extraneous variables like age, length of service, union membership, position (management/non-management), and years of employment in a department. These were addressed in the analysis.

External validity refers to the degree to which findings of a study can be generally applied to other populations or environment (Houser 2008:229; LoBiondo-Wood & Haber 2006:563). This was a study of limited scope and therefore, generalisation of the findings was limited to the population of nurses in Mengo Hospital.

1.10 ETHICAL CONSIDERATIONS

Research ethics refers to a system of moral values concerned with the degree to which research procedures adhere to professional, legal, and social obligations of the respondents (Polit & Beck 2004:717). LoBiondo-Wood and Haber (2006:563) concur that ethics is the theory or discipline dealing with principles of moral values and moral conduct.

The study took into consideration all the rights outlined in the American Nurses Association (ANA) guidelines including the right to self-determination, privacy, dignity, anonymity, confidentiality, fair treatment and protection from discomfort and harm (LoBiondo-Wood & Haber 2006:297).

1.10.1   Protecting the rights of the respondents / subjects/ informants

The respondents were treated as autonomous agents in the study by; informing them about the study, allowing them to choose to participate or not participate, and letting them withdraw from the study at any time. To protect the human

rights, all respondents were informed both verbally and in writing that confidentiality would be maintained at all times (see research consent form Appendix H).

1.10.2   Protecting the rights of the institution

The study protocol was presented to the Mengo Hospital Research Review Committee (MHRRC) as well as the Health Studies Higher degrees Committee, University of South Africa (UNISA) for approval.

1.10.3   Scientific integrity of the research (scientific honesty)

Scientific honesty involves the authentic conduct, reporting, and publication of quality research, achieved by carefully addressing (or avoiding) fabrication, manipulation of design or methods, selective retaining or manipulation of data and plagiarism (Burns & Grove 2001:216). The study took into consideration all the recommendations of scientific honesty.

1.11 SCOPE AND LIMITATIONS OF THE STUDY

A census of the nurses working in Mengo Hospital was conducted in this study, and according to LoBiondo-Wood and Haber (2006:243), conducting a census of the target population eliminates the possibility of generalisations.

Given that the main tool for data collection was through questionnaires, there was a possibility of poor response and submission of incomplete questionnaires. To counter this, the length of the questionnaire was kept short and the formatting of the pages was user friendly.

This was a correlation study, and according to LoBiondo-Wood and Haber (2006:243), the strength and quality of evidence in correlation studies is limited by the associative nature of the relationship between variables.

1.12 OUTLINE OF THE STUDY

Chapter 1 was an orientation to the study and outlined the background, problem statement, purpose and significance of the study, theoretical and conceptual framework, research design and methodology, data collection and definition of key terms.

Chapter 2 discussed the literature review conducted for the study.

Chapter 3 covered the research design and methodology of the study.

Chapter 4 presented the data analysis and interpretation.

Chapter 5 presented the interpretation of results, conclusions of the study and made recommendations for practice and further research.

1.13 CONCLUSION

For many years, managing turnover has been ignored, taken for granted or assumed to be a simple process of automatically terminating poor performers and trying to fill gaps when employees involuntarily left the organisation. It was more of a coping process than any kind of active strategic management (Mello 2006:576). This research was set out to strengthen the strategic management of turnover by analysing the factors affecting staff turnover intention in Mengo Hospital. Mello (2006:576) observed that every employee represents an investment by the organisation in terms of direct and indirect expenditures relative to staffing, training, compensation, and benefits. Hence, the process of managing turnover may be one of the most important investment decisions an organisation can make.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

In many countries shortage of nurses is a public health problem, and retaining health care professionals in active work and in the care organisations constitutes a challenge for all stakeholders in the community (Goodin 2003:335). Nurse turnover is expensive for hospitals and contributes to shortages at the unit level (Aiken, Buchan, Ball & Rafferty 2008:3335).

High nurse turnover can impact negatively on an organisation's capacity to meet patients' needs and provide quality care (Shields & Ward 2001:698). Cavanagh and Coffin (1992:1369) observe that nursing staff turnover has an impact on staff morale and working practice, which could have a detrimental effect on patient care. In trying to understand the factors that affect staff turnover, earlier authors tended to focus more on the psychological path that individuals take when quitting a job (Mobley 1977:237), behavioural antecedents (Steel & Ovalle 1984:673) and processes by which job holders consider employment possibilities (Lee & Mitchell 1994:51).

Researchers such as Mayer and Schoorman (1998:15) put emphasis on organisational commitment in determining the level of turnover whereas others like Sager, Griffeth and Hom (1998:254) focused on cognitive process. Fischer, Hinson and Deets (1994:950) noted that while some of the factors that impact on turnover are outside the control of health service managers, many can be influenced by managers.

In the following literature review, the focus will be on the organisational factors to which management can have control.

Literature was reviewed in line with the schematic representation of the causal model of turnover (Figure 1.1):
- voluntary nursing staff turnover,

- intention to leave,

- perceived organisational support,

- promotional opportunities,

- career development opportunities,

- education and training opportunities and

- management style.

This chapter reviews the concept of voluntary nursing staff turnover and its importance as well as relationship between opportunities for career development, promotion, training, management style and voluntary nursing staff turnover.

2.2   THE CONCEPT OF VOLUNTARY NURSING STAFF TURNOVER

Voluntary turnover is defined as 'voluntary cessation of membership of an organisation by an employee of that organisation' (Morrell, Loan-Clarke & Wilkinson 2001:353). International rates of turnover among registered nurses vary from one year to another (Hayajneh, AbuAlRub, Athamneh & Almakhzoomy 2009:308), and they are costly, often involving direct economic costs of staffing and training new appointees as well as indirect costs of downtime needed for the new employee to gain proficiency in his or her job (Contino 2002:13).

Turnover can be classified as being functional (beneficial) or dysfunctional (problematic) depending on the organisation's evaluation of the individual. It is functional when a non-performer leaves the organisation and dysfunctional where the departing employee is someone the organisation would wish to retain. High performers who are difficult to replace represent dysfunctional turnover while low/or non-performers who are easy to replace represent functional turnover (Casio 2006:55; Mello 2006:570; O'Brien-Pallas, Griffin, Shamian, Buchan, Duffield, Hughes, Laschinger, North & Stone 2006:169; Shen, Cox & McBride 2004:249). The Martin and Bartol model argues that the organisation's goal should not necessarily be to reduce all turnover but to reduce dysfunctional

turnover by developing appropriate human resource programmes and policies (Mello 2006:571).

Turnover can be beneficial if it allows the organisation to hire new employees with more current training. Fresh ideas from outsiders can be critical to organisations that have become stagnant and are in need of innovation. Turnover can also afford opportunities to promote talented, high performers. When poor performers or disruptive employees leave the organisation, it sometimes leads to increase in morale amongst co-workers (Mello 2006:569).

Several studies have investigated factors that predispose nurse turnover. Models of nurse turnover have characterised it as a function of job satisfaction, influenced by variables like organisational factors, demographic and environmental conditions, professional and personal issues (Shields & Ward 2001:677; Hongoro & Normand 2006:1311; Dussault & Franceschini 2006:7), with intention to leave the most immediate determinant of actual turnover (Tan 2008:9) citing Mobley, Horner and Hollingsworth (1978).

Among the reasons given for high staff turnover, pay was not the only issue, lack of attention from managers, poor training, promotion related issues, development opportunities and poor standards of management like unapproachable, uncaring and distant managers (Bratton & Gold 2007:205) citing Bevan (1991).

Scott, Gleason, Sochalski and Aiken (1999:9) analysed 'Magnet Hospitals' in the United States of America and showed that the attributes of nursing administration and leadership, nursing practice and nurse-doctor relationships are important in attracting and maintaining staff.

Employees who leave the organisation at the organisation's request (involuntary turnover) as well as those who leave on their own initiative (voluntary turnover) can cause disruption in operations, work team dynamics, and unit performance. Excessive turnover can also impact the morale of employees and the

organisation's reputation which makes retention and recruitment more challenging and time-consuming (Mello 2006:569).

According to Casio, (2006:55), voluntary turnover is controllable on the part of the employee, while involuntary turnover is uncontrollable (in cases like; retirement, death, or spouse transfer). Unfortunately the usual data sources do not make the distinction between voluntary and involuntary turnover.

Nurse turnover must be understood as a human resource issue within the context of health environments where nursing shortages are growing and the need for healthy workplaces and enhanced recruitment and retention strategies are more important (O'Brien-Pallas et al 2006:169). In smaller countries, inability to retain nurses has become one of the most critical issues affecting viability of the health services (O'Brien-Pallas et al 2006:170 citing Hughes, Finlayson & Firkin 2005).

In Uganda, attrition among enrolled nurses and midwives in private not for profit hospitals rose from 25% in the financial year 2006/2007 to 32% in 2007/2008 before reducing to 30% in 2008/2009 and now to 26% in 2009/2010. While retention has remained a challenge to the private not for profit facilities due largely to financial constraints, the absolute numbers of staff is always maintained due to rapid replacement with fresh graduates. The biggest problem caused by staff turnover is therefore loss of experience, capacity and the added costs of replacement (Ministry of Health 2010:160). Gaining insight in the way these nurses perceive their jobs, and the importance they give to the various factors that influence staff turnover, will assist in developing strategies for reducing staff exit from Mengo Hospital.

2.3   INTENT TO LEAVE AND VOLUNTARY STAFF TURNOVER

Intention to leave refers to the 'individuals' own estimated probability (subjective) that they are permanently leaving the organisation at some point in the near future (Vandenberg & Nelson 1999:1315) citing Mobley (1982); Mowday et al

(1982); Vandenberg and Scarpello (1990). Intention to leave has generally been recognised as the final and most important cognitive variable having an immediate causal effect on actual turnover (Tan 2008:9) citing Mobley, Horner and Hollingsworth (1978). Davidson, Folcarelli, Crawford, Duprat & Clifford (1997:644) concurred with the authors when they found that nurses who expressed the intent to leave at baseline were in fact significantly more likely to leave by the time of follow-up, and intent to leave was related to previous dissatisfaction with instrumental communication, perceived opportunity, and the ability to make decisions on the job. Takase, Yamashita and Oba (2008:295) found that when there was a match between the importance nurses placed on being able to challenge current clinical practices and the number of the actual opportunities to do so, leaving intentions were low. However, when there was a mismatch, intention to leave the job became stronger.

However, not all researchers agree with the role of intention to leave. Vandenberg and Nelson (1999:1331) found that high turnover intention does not automatically result in actual turnover behaviour and that individuals have different motives for stating a high intention of quitting the organisation. They contend that the intention can be lowered if the source of individual disaffection is dealt with. Vardaman, Allen, Renn and Moffit (2008:1544) concur with the authors above that turnover risk propensity and risk perceptions influence the willingness of individuals to act on their desire to leave. The authors contend that quitting is not a choice without risk. Often, the risk associated with quitting may be too great despite dissatisfaction or even alternative opportunities. The authors found that the relationship between intention and turnover behaviour was stronger for those with low perceptions of risk as well as for those with higher risk propensity and hence, illustrated that some are more inclined than others to act on their intentions. Morrell (2005:320) suggests that often the triggers for a decision to quit are unexpected, and that there is limited value in asking people to predict them. The author proposes that employers should conduct exit interviews and construct profiles of leavers to identify the balance between the kinds of turnover.

2.4 PERCEIVED ORGANISATIONAL SUPPORT AND INTENT TO LEAVE

Perceived organisational support is the employee's global beliefs concerning the extent to which the organisation values their contribution and cares about their well-being (Tan 2008:1). This originates from the organisation support theory, which proposes that to meet socio-emotional needs and to determine the organisation's readiness to reward increased work effort, employees develop global beliefs concerning the extent to which the organisation values their contribution and cares about their well-being, and reciprocate such perceived support with increased commitment, loyalty, and performance. On the basis of these assumptions, organisational support theory provides a general approach to the role of the reciprocity norm in employee-employer relationships (Eisenberger, Stinglhamber, Vandenberghe, Sucharski & Rhoades 2002:565) citing Eisenberger, Huntington, Hutchinson, and Sowa (1986).

Several studies support the organisational support theory in their examination of the employee to employer relationship. Eisenberger, Armeli, Rexwinkel, Lynch and Rhoades (2001:49) found that perceived organisational support was positively related to employees' felt obligation to care about the organisation's welfare and to help the organisation reach its objectives. Eisenberger et al (2002:572) found that employees who believed that the supervisor valued their contributions and cared about their well being showed increased perceived organisational support, which in turn was related to decreased turnover.

Researchers have established that imbalances between the high level of effort expended and perceived low organisational support among nurses are significantly associated with intent to leave (El-Jardali, Alameddine, Dumit, Dimassi, Jamal & Maalouf 2011:211; Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges & Marchionni 2008:731; Allen, Shore & Griffeth 2003:114).

2.5   PROMOTIONAL OPPORTUNITY AND VOLUNTARY STAFF TURNOVER

Promotions are advancements into positions with greater challenges, more responsibility, and more authority than in the previous job (Noe 2010:368; Mondy 2010:467; Dessler 2004:533). Promotional opportunity is the amount of potential movement from lower to higher strata within an organisation (Price & Mueller 1981:546).

Promotional opportunities within the firm bind workers to employers and vice versa. It facilitates decentralisation, participation, and delegation because it helps promote trust across hierarchical levels. Promotion within an organisation offers an incentive for hard work, and although tied to monetary rewards, promotion has a status based, non-monetary component. Perhaps more importantly, it provides a sense of fairness and justice in the workplace. Conversely, if people do an outstanding job but outsiders are being brought in over them, there will be a sense of alienation from the organisation (Mello 2006:39).

The perception of the availability of promotion within the organisation could also be seen as discretionary decision to reward performing employees. As employees feel appreciated, they reciprocate with loyalty and extra effort at the place of work. Employees who seize their career prospects in the organisation are more willing to stay and exert the organisation's goals (Tan 2008:6) citing Eisenberger, Huntington, Hutchinson and Sowa (1986). The overall perceptions of employees, on the company's human resource practices predict organisational commitment (Chang 2005:523). The existing level of organisational commitment has an impact on mobility oriented behaviour (Sturges, Guest, Conway & Davey 2002:742). Studies have found a positive relationship between promotion and perceived organisational support (Tan 2008 citing Wayne, Shore, & Liden 1997), while perceived organisational support had significant effects on turnover mediated through normative commitment, as well as affective organisational commitment (Maertz, Griffeth, Campbell & Allen 2007:1059). Conversely the perception of little promotional opportunity predicted intent to leave (Davidson et

al 1997:634; Price & Mueller 1981:556; Cavanagh & Coffin 1992:1373; Shields & Ward 2001:677).

2.6 CAREER DEVELOPMENT OPPORTUNITY AND VOLUNTARY STAFF TURNOVER

A career refers to an individual's sequence of attitudes and behaviour associated with work-related experiences and activities over the span of the person's life (Noe 2010:449). Mankin (2009:38) defines career development as a planned and structured response to the career aspirations of key employees. Career development refers to the long term personal and professional growth of individuals (Tan 2008:2 citing London 1993). It is a process by which employees progress through a series of stages, each characterised by a different set of development tasks, activities, and relationships (Noe 2010:455).

Career can be viewed from a number of different perspectives. From one perspective a career is a sequence of positions occupied by a person during the course of a lifetime. This is the objective career. From another perspective, though, a career consists of a sense of where a person is going in his or her profession. This is the subjective career, and it is held together by a 'self' concept that consists of perceived talents and abilities, basic values, and career motives and needs (Casio 2006:375).

Traditionally, career development and success have been defined in terms of occupational advancement, which is clear and easy to measure. Today, however, it seems appropriate to consider a new model as more careers tend to be cyclical in nature. That is, they involve periodic cycles of skill apprenticeship, mastery and re-skilling (Casio 2006:376).

Today's organisations have flatter structures, and need flexible, fluid and cost-effective management in the face of an uncertain and unpredictable future. Thus they can no longer offer long-term career progression in return for loyalty, commitment and adequate performance, which was an unwritten deal and part of

the traditional psychological contract (Torrington, Hall & Taylor 2005:408). This line of argument is supported by many authors.

Zaleska and de Menezes (2007:988) citing Arthur and Rousseau (1996), concur that upward advancement and a long-term psychological contract with the employing organisation are being replaced by a new 'boundary less' career characterised by more opportunities for employees to move within and between organisations and by the quality and variety of development offered to them. The concept of the 'boundary less' career means that increasing mobility of employees results from skills, knowledge and abilities, that make employees marketable (Zaleska & de Menezes 2007:989 citing Bird 1994; Hall & Mirvis 1995).

Contrary to the above views, Bernardin (2007:230) suggests that companies are designing career programs in efforts to decrease employee turnover, prevent job burnout and obsolescence, and improve the quality of employee's work lives. Many scholars still argue that employees dislike inter-organisational mobility and prefer security and stability, displaying organisational commitment and believing in a model of employment for life. A traditional career as a progression in one organisation and assessed in terms of personal income, hierarchical level and promotions remains a dominant paradigm (Zaleska & de Menezes 2007:990).

It is in the organisation's interest to maintain the illusion of such career structures so as to retain high-performance employees (Torrington et al 2005:409 citing Adamson et al 1998). The authors argue that such structures are useful for the organisation in recruiting highly skilled employees, for whom career structures are likely to continue. The authors cite Purcell et al (2003) who showed that positive perception of career advancement opportunities is one of the most powerful determinants of employee commitment.

Chang, Chou and Cheng (2007:801) concur that nurses have different career needs at different career stages, and the gap between career needs and career development programs influenced turnover intentions caused by the decline in

nurses' commitment towards the hospital. The authors conclude that if hospital administrators can provide career development programs to satisfy the needs of nurses at different stages, then nurses' commitment to the hospital may increase and nurses' turnover intention may decrease, which may lead to reciprocity between the hospital and the nurses.

Mrayyan and Al-Faouri (2008:254) found a significant and positive relationship between nurses' career commitment and nurses' job performance. In line with these findings, Bernardin (2007:228) contends that with all the recent changes in organisations (for example, downsizings and divestitures), it has become even more important to try to integrate the needs of employers with those of employees. By doing this the organisation may experience increased productivity, higher organisational commitment, and long-range effectiveness, and the employees may have greater satisfaction, security, and personal development.

Lack of career prospects is significantly related to decreased job satisfaction and subsequently intention to leave. Career development activities, pursued by individuals, educators, employers and professional organisations, will enable nurses to achieve their best (Collins, Jones, McDonnell, Read, Jones & Cameron l 2000:10; Donner & Wheeler 2001:84; Snow, Asabir, Mutumba, Koomson, Gyan, Dzodzomenyo, Kruk & Kwansah 2011:4).

Most prior research has defined occupational commitment as the 'psychological link between an individual and his/her occupation that is based on an affective reaction to that occupation' (Lee et al 2000:800). Meyer, Allen and Smith (1993:540) presented empirical evidence for a three-dimensional view of occupational commitment based on their three-dimensional structure for organisational commitment namely affective, normative and continuance dimensions of organisational commitment.

Affective commitment is a person's sense of emotional attachment to their occupation (I want to stay).

Normative commitment is a person's sense of obligation to remain in their occupation (I should stay).

Continuance commitment involves the individual's assessment of the costs associated with leaving one's occupation (I have to stay) (Meyer et al 1993:540). Blau (2003:469) expanded the Meyer et al (1993) three-dimension structure to a four-dimension structure by splitting continuance occupational commitment into two separate dimensions, accumulated costs and limited alternative occupational commitment, based on Carson, Carson, and Bedian's (1995) career (occupational) entrenchment measure.

Blau (2009:116) found three of the four occupational (career) commitment dimensions, affective, accumulated costs, and limited alternatives, to be significant negative correlates of intent to leave.

Occupational (career) commitment has been found to correlate significantly with turnover intentions and actual turnover. It appears that for professional employees, identification with and attachment to their profession is a particularly important factor in making the decisions to leave (Lee et al 2000:808). Individuals who are highly committed to their careers have been shown to spend more time in developing skills, and show less intention to withdraw from their careers and jobs (Blau 1989:88; Chang 1999:1273). Conversely, other studies have found that individuals with high career commitment and low affective commitment also tend to leave the company because they do not believe that the current company is satisfying their career needs and or goals (Chang 1999:1273; Bedeian, Kemery & Pizzolatto 1991:339).

Strategies for reducing staff turnover should be based on an understanding of factors that affect them. For early career employees (30 years and under) career advancement is significant. For mid-career employees (age 31-50) the ability to manage their careers and satisfaction from their work are important. Late career employees (over 50) will be interested in security. It is also the case that a

younger workforce will change jobs and employers more often than not prefer an older workforce (Armstrong 2006:397).

2.7 EDUCATION AND TRAINING OPPORTUNITIES AND VOLUNTARY STAFF TURNOVER

Training refers to a planned effort by a company to facilitate employees' learning of job related competences. These competencies include knowledge, skills, or behaviours that are critical for successful job performance (Noe 2010:5; Bernardin 2007:193; Mankin 2009:474; Mello 2006:402; Mondy 2010:198; Stewart 1999:16). The goal of training is for employees to master the knowledge, skills, and behaviours emphasised in training programs and to apply them to their day-to-day activities (Noe 2010:5; Beardwell, Holden & Claydon 2004:313). Education is defined as activities which aim to develop the knowledge, skills, moral values and understanding required in all aspects of life rather than knowledge and skills relating to only a limited field of activity (Stewart 1999:16).

Human capital development theory suggests that the knowledge, skills and abilities possessed by individuals are components of an organisation's 'human capital'. It presents a view of employees as organisational investments or assets that, when properly deployed, contribute to an organisation's productivity (Rondeau, Williams & Wagar 2009:740 citing Pfeffer 1998). Human capital development theory focuses on education investment in human resources and associated return on such investment (Rondeau et al 2009:740 citing Becker 1993). Mello (2006:402) concurs with this theory when he suggests that if an organisation considers its employees to be human assets, training and development represents an ongoing investment in these assets and one of the most significant investments an organisation can make. Rondeau et al (2009:471) say that by investing in their human resources, organisations are not necessarily motivated by the humanitarian objective of maximising employee welfare or happiness, but rather they do so as a means to increase their productivity, to become more adaptable to emerging opportunities in the market

place or to enhance their reputation with key stakeholders. However, while investments may increase the organisation's stock of human capital, they may also enhance the attractiveness of their employees to other employers. Furthermore, trained employees may also realise their enhanced value and look to pursue other, more lucrative, options if their enhanced value is insufficiently recognised with better compensation or more interesting work assignments. A number of studies have suggested a relationship between educational attainment and turnover. Suggestions are based on the belief that as nurses become better educated academically they will look elsewhere for employment (Price & Mueller 1981:559; Cavanagh & Coffin 1992:1374; Shields & Ward 2001:695).

Counter to the human capital development approach, employee commitment theory draws on the idea that training provided by the organisation can generate feelings of goodwill and commitment to the organisation, and that committed employees are less likely to quit (Rondeau et al 2009:741 citing Blau & Boal 1987, Cohen 1993). The authors contend that from this perspective, providing greater training opportunities serves as a signal to employees that the organisation values them and is willing to invest in their development.

Several career-related factors including internal training have been recognised as influencing the level of organisational commitment of employees. When employees perceive that an organisation adheres to career-oriented employment practices, their psychological attachment to the organisation increases, which results in decreased turnover intentions (Chang 1999:1261 citing Gaertner & Nollen 1989). Rhoades and Eisenberger (2002:712) suggested training and exposure may imply a high level of concern for organisations to extend employees' potential in the organisation. Employees who receive such developmental opportunities would boost their motivation and confidence in their work. Subsequently, employees who receive such opportunities might repay their organisation by prolonging their stay, leading to reduced turnover intentions. Several studies showed that perceived organisational support through training reduces turnover intentions (Nogueras 2006:92; Sellgren, Kajermo, Ekvall &

Tomson 2009:3185; Ma, Lee, Yang & Chang 2009:180; Collins et al 2000:10; Coomber & Barriball 2007:297; Wilson 2005:137).

Employee training and development is increasingly becoming a major strategic issue for organisations for several reasons. Firstly, rapid changes in technology continue to cause increasing rates of skill obsolescence. In order to remain competitive, organisations need to continue training their employees in the best and latest technologies available. Secondly, employees are moving from one employer to another with far more frequency than they did in the past. More time must be spent on integrating new appointees into the workplace. Conversely, while additional training can improve bottom-line operating results, that same training can make employees much more attractive targets of competitors' recruiting efforts. This is particularly true for technical employees, a majority of which view training primarily as an opportunity to obtain another job (Mello 2006:402).

Everyone (employees, employers and customers) stands to benefit from effective training and development programs. The key strategic issue then becomes how to make training effective (Mello 2006:404). Bernardin (2007:193) suggests that for training to be effective, it should be a planned activity, involve a learning experience, and be designed in response to identified needs. Ideally, training also should be designed to meet the goals of the organisation while simultaneously meeting the goals of individual employees.

Perceived injustices in the allocation of training opportunities often lead to shocks, which are associated with turnover. Awareness of the sources of shocks as well as sources of creeping dissatisfaction may help managers intervene, (Morrell et al 2008:148). Hospitals need to invest in educating and appointing skilled nurse managers, which would translate into decreased staff turnover (Duffield, Roche, O'Brien-Pallas & Catling-Paull 2009:109).

2.8   MANAGEMENT STYLE AND VOLUNTARY STAFF TURNOVER

Management style is 'the preferred way of dealing with employees individually or collectively' (Lewis et al 2003:105) citing Purcell and Gray (1986), it involves values and attitudes of the manager or supervisor, and though employee perceptions of management style is critical to high levels of performance, it is often neglected by so many firms (Mankin 2009:370).

Several theories about management style have been put forward. These have tended to be expressed in terms of authoritarian versus democratic styles, or people oriented versus task orientation (Cole 1996:52). Stoner, Freeman and Gilbert (2000:474) describe two styles of management which include the task oriented style that closely supervise employees to be sure the task is performed satisfactorily (getting the job done is given more emphasis than employee's growth or personal satisfaction), and the employee oriented style that puts more emphasis on motivating rather than controlling subordinates (employees are allowed to participate in decisions that affect them).

Rensis Likert distinguished four categories of management styles, which he called System 1 up to System 4. System 1 is the exploitative, authoritarian, style where management is by fear and coercion, and communication is top-down (productivity is mediocre). System 2 is benevolent authoritarian, where management is by carrot rather than stick, but subordinates are still basically subservient (productivity is fair, but at the cost of considerable absenteeism and labour turnover). System 3 is consultative, where management uses both carrot and stick and does talk to employees (productivity is good). System 4 is participative, where management provides economic rewards and is concerned to get employees involved in groups capable of making decisions (Cole 1997:54).

Previous research has found that nurses experiencing participative management style are less likely to anticipate leaving their positions and hence, lower turnover (Volk & Lucas 1991:39; Hwang & Chang 2009:77; Laschinger, Leiter, Day & Gilin 2009:307). More recent research has found a positive correlation between

participative management and organisational commitment (Reihaneh, Sufean, Saedah, Zahra, Fereshteh & Farzaneh 2010:250). The basic structures that are needed to build a participative management system include sharing control, collaborating in decision making, and providing good communication between the manager and the staff (Volk & Lucas 1991:39). This is supported by Reihaneh and Sufean (2009:1939) who described fifteen components of participative management including trust, decision making, teamwork, shared power, motivation, communication, involvement, collaboration, democracy, transparency, innovation, respect, problem solving, identification of common goals and equalitarian. The authors suggested application of the fifteen components of participatory management for logical use of human resources.

Correlations have been found among participative management, nurse job satisfaction and retention of nurses (Tomey 2009:22). Moss and Rowles (1997:32) found that staff nurses' job satisfaction clearly improve as the management style nears the participative management style. Rondeau and Wagar (2006:244) contend that merely adopting more high involvement nursing work practices may be insufficient. There is need for a concomitant investment in an enhanced commitment to establishing a more democratic and participatory decision-making style involving all nursing staff. Kim (2002:231) concurs in her conclusion that participative management that incorporates effective supervisory communications can enhance employees' job satisfaction. Conversely, lack of appreciation, trust and support from management have been identified as causing dissatisfaction (Khowaja, Merchant & Hirani 2005:38; Skytt, Ljunggren & Carlsson 2007:300; Cohen, Stuenkel & Nguyen 2009:312), which influence turnover of nurses (Shen et al 2004:256). High rates of voluntary turnover require more attention from administrators and policy makers because of its potential consequences in terms of quality of nursing care delivered (Alotaibi 2008:237; Aiken, Smith & Lake 1994:783).

2.9   CONCLUSION

In view of the literature above, it's been found that majority of studies on voluntary turnover have been conducted in developed countries and very few in developing countries.

Most studies on voluntary nurse turnover have concentrated more on individual attributes and external influence such as the labour market and very little emphasis on organisational factors to which management can have more control. This study went out to investigate those organisational factors that bear more relevance to voluntary turnover of the nursing staff in Mengo Hospital.

Availability of opportunities for advancement has been studied vis-a-vis other variables and very little consideration has been given on determining its influence on staff turnover in a hospital setting.

The subject of management style has been explored. Many scholars have studied the management style in relation to other variables such as job satisfaction and commitment. Yet still, there is need to examine the influence of management style on voluntary nursing staff turnover in a developing world context and in particular Uganda. Hence the need for this study to fill the existing gaps.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1   INTRODUCTION

Polit and Beck (2004:731) refer to research methodology as the techniques used to structure a study and gather and analyse information in a systematic way. According to De Vos et al (2005:252), the methodology describes the respondents, the research design, the census, data collection procedures and the measuring instrument.

This chapter discusses the different aspects of the research design and methodology including location of the study, design, population, census, data collection instrument, reliability and validity of the instrument, data management and analysis, and ethical considerations.

3.2   RESEARCH DESIGN

A research design refers to the overall plan for addressing a research question, including specifications for enhancing the study's integrity. A plan specifically conceived and implemented to bring empirical evidence to bear on a research problem, question, or hypothesis (Polit & Beck 2004:730; Stommel & Wills 2004:26; Houser 2008:183). For this study, a descriptive correlational design was used.

3.2.1 Descriptive

Descriptive research refers to studies that have as their main objective the accurate portrayal of the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur (Polit & Beck 2004:716).

This study was aimed at describing perceived availability of promotional opportunities, training opportunities, career progression opportunities and

management style in relation to intent to leave in a single group (nurses practicing at Mengo Hospital).

3.2.2 Correlational

Correlational research is that which explores the interrelationships among variables of interest without any active intervention by the researcher. The primary intent of correlational studies is to explain the nature of relationships in the real world, not to determine cause and effect (Polit & Beck 2004:715; Babbie & Mouton 2001:194; Houser 2008:193).

Correlational research is often an efficient and effective means of collecting a large amount of data about a problem area. It is often strong in realism and therefore has an intrinsic appeal for the solution of many practical problems. It enables scrutiny of a large number of variables in a single study, provides an evaluation of the strength of relationship between two variables, and a basis for subsequent experimental testing (Houser 2008:196; Polit & Beck 2004:194-195).

However, correlational studies are weak in their ability to reveal causal relationships, and are susceptible to the possibility of faulty interpretation. This situation stems from the fact that the researcher works with pre-existing groups that were not formed by a random process but rather by what might be termed as self selecting process.

3.2.3 Research Paradigm

A paradigm is a world view, a general perspective on the complexities of the real world. It is a way of looking at natural phenomena that encompasses a set of philosophical assumptions that guide one's approach to inquiry (Polit & Beck 2004:13, 726).

The study had a quantitative paradigm because it puts emphasis on the quantification of constructs (in this case, an existing model of turnover),

developed by Tan (2008:12), the central role of variables in describing and analysing human behaviour, and the central role afforded to control for sources of error through statistical controls (in multivariate analyses) (Babbie & Mouton 2001:49).

The quantitative paradigm was appropriate for this study because it was set out to examine relationships between variables. Statistical tests had to be applied to determine whether the relationships identified were significant.

3.3 STUDY POPULATION

A population is the entire aggregate of cases (individuals or elements) that meet a designated set of criteria (Campbell et al 2007:80; Everitt 2006:179; Polit & Beck 2004:289; LoBiondo-Wood & Haber 2006:261). Further distinction is made between target population and accessible population.

A target population is defined as the entire set of cases about which the researcher would like to make generalisation, while the accessible population is one that meets the population criteria and that is available for a study (Everitt 2006:230; Polit & Beck 2004:290; LoBiondo-Wood & Haber 2006:263).

In the case of this study, the target population was the nurses and midwives registered with the Uganda Nurses and Midwives Council employed by Mengo Hospital as full time employees. There are approximately 250. Among all employees, nurses present the greatest turnover challenge to the hospital management. Furthermore, their critical role in the core hospital health care provision cannot be over emphasised.

3.3.1 Census

According to Campbell et al (2007:270-271), the size of the study population is estimated using the following formula:

$$m = \frac{\prod plan(1-\prod plan)}{SE^2_{plan}}$$

m is the estimated number of responders to the survey.

$\prod plan$ is the estimated voluntary staff turnover among the nurses at 30% according to studies done in private not for profit hospitals including Mengo Hospital (Ministry of Health 2010:160).

SE_{Plan} is the standard error in a 95% confidence interval.

$\prod plan$ = 0.3 and the anticipated width of the confidence interval is 0.35 – 0.25 = 0.10, suggesting,

SE_{Plan} = 0.1/ (2x1.96) $\approx$ 0.03.

Thus $m = \frac{0.3(1-0.3)}{0.03^2}$ = 233

According to the calculations above, for this sample to be adequate, the survey requires a total of 233 nurses to respond to the questionnaire. The study surveyed the entire population of approximately 250 nurses at Mengo Hospital, to allow for non-response.

Everitt (2006:40) defines a census as a study that involves making observations of every member of the population of interest. It is further noted that censuses are now used to provide facts essential for planning and administration. In some circumstances the sample may consist of all the members of a specifically defined population. For practical reasons, this is only likely to be the case if the population of interest is not too large (Campbell et al 2007:81). In the case of the study, the population of interest was small.

3.4   DATA COLLECTION INSTRUMENT

This study was set out to gather data about the perception of nurses regarding availability of promotional opportunities, training opportunities, career progression opportunities and management style in Mengo Hospital and also gather projections about their intention to leave Mengo Hospital, so as to determine the relationship among these variables.

3.4.1   The questionnaire as a data-collection instrument

A questionnaire refers to a formal, written document used to collect and record information (Polit & Beck 2004:318). In this study a self administered structured questionnaire was used to collect the data (see Appendix I). Respondent's approval was obtained prior to data collection (see research consent form Appendix H).

3.4.1.1 Advantages of a questionnaire

Questionnaires are less expensive than other methods of data collection. They produce quick results, can be completed at respondent's convenience and offer greater assurance of anonymity. Other advantages are that they offer less opportunity for bias or errors caused by the presence or attitudes of the interviewer and are a stable, consistent and uniform measure, free of variation. Questionnaires have a wider coverage, since researchers approach respondents more easily than other methods. They are not affected by problems of 'non contact' (i.e. of respondents who are not available at the time of the study, which is a problem common in interviewing) (Sarantakos 2005:263).

3.4.1.2 Disadvantages of a questionnaire

Questionnaires do not allow probing, prompting and clarification of questions. There are no opportunities for motivating the respondents to participate in the

survey or to answer the questions. The identity of the respondent and the conditions under which the questionnaire is answered are not known. Researchers are not sure whether the respondent has answered the questions or was it answered by a proxy.

Questionnaires do not provide an opportunity to collect additional information (e.g. through observation) while they are being completed (Sarantakos 2005:263).

Measures were put in place to address the weaknesses during data collection. These included the provision of adequate information on the purpose of the study and the advantages of participation including the steps that had been put in place to ensure confidentiality and anonymity of the respondents.

3.4.2 Development of the data-collection instrument

After an extensive literature review, the researcher obtained consent from developers of existing instruments (refer to Appendix J), and adopted existing scales into a questionnaire (refer to Appendix I), which consists of the following sections:

A covering page with instructions to the respondent

Section 1: Background information (questions 1.1 - 1.9)

Section 2: Perceived organisational support (questions 2.1 - 2.6)

Section 3: Training opportunity (questions 3.1 - 3.5)

Section 4: Promotional opportunity (questions 4.1 - 4.10)

Section 5: Career development at Mengo Hospital (questions 5.1 - 5.23)

Section 6: Management style at Mengo Hospital (questions 6.1 - 6.23)

Section 7: Intention to leave Mengo Hospital (questions 7.1 - 7.4)

The items were coded to ensure that the responses could be captured by a computer. Structured questions were developed with a varying number of response alternatives from which the respondents had to choose the most appropriate ones according to their personal views or experiences.

3.4.2.1   Characteristics of the data collection instrument

A questionnaire with eighty items was developed for nurses to assess the perceived organisational support, availability of training opportunities, promotional opportunities, career development opportunities, existing management style and intent to leave Mengo Hospital. The measures that were used were described as follows:

Background information: The background information was captured using 9-items that gathered data on the respondents' characteristics such as age, sex, marital status and highest qualification.

Perceived organisational support: To assess the nurses' perceptions about their contributions and well-being, 6-items from the survey of reciprocation of perceived organisational support (Eisenberger et al 2001:45) were selected. Prior studies have provided evidence for the reliability and validity of this scale at Cronbach's Alpha α 0.97 (Eisenberger, Fasolo & LaMastro 1990:52).

Training opportunity: To assess the nurses' perception about availability of training opportunities, 5-items used by Rogg, Schmidt, Shull, and Schmitt (2001:446) were adopted.

Promotional opportunities: To assess the nurses' perception about availability of promotional opportunities, 10-items used by Greenhaus, Parasuraman, and Wormley (1990:85) were adopted.

Career development opportunities: To assess the nurses' perception about availability of career development opportunities, 2-items used by Bedeian et al (1991:335) were adopted, and their commitment to the nursing occupational (career) was assessed by 21-items adopted from the four dimensional model of occupational (career) commitment Blau (2009:123).

Management style: To assess the nurses' perception about the existing management style, 23-items were adopted from the Likert's profile of organisational characteristics (French & Bell 1999:318).

Intent to leave: To assess the nurses' turnover intentions, 3-items used by Hom and Griffeth (1991:352) were adopted.

Seventy items were measured on a five-point Likert-type scale, with 1 representing "strongly disagree" and 5 'strongly agree'. Each item was scored according to whether it was positive or negatively worded. For example, on a 5-point scale, for a positively worded item, 'strongly agree' (SA) was scored 5 and strongly disagree (SD) was scored 1.

For a negatively worded item on the same 5-point scale, an item response of SA was scored 1 and SD was scored 5. The total score was the simple sum of all the items in the scale. A higher score meant that there was a greater perception the variable being measured occurred or exists. Four control variables were included in the questionnaire. These included age, union membership, position (management/non-management), and years of employment in a department.

In this study, turnover was taken as the voluntary termination of employment at the hospital. Transfer between units/wards or other departments in the hospital will not be considered as turnover (Beecroft et al 2008:45). Initially, the researcher had intended to calculate turnover as the number of leavers in the period of 1st January to 31st December 2009 divided by the average number of employees during the same period multiplied by 100. However, this turnover could not be attributed to the target population since they were not going to be followed up in time.

3.4.3 Validity of the data-collection instrument

Validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie & Mouton 2001:122; Polit & Beck 2004:422; LoBiondo-Wood & Haber 2006:338).

The definition of validity has two aspects. The instrument measures the concept in question and that the concept is measured accurately (De Vos et al 2005:160).

Polit and Beck (2004:423) refer to four types of validity including face, content, criterion-related, and construct validity.

For this study, face, content, criterion-related and construct validity were used to assess the validity of the instrument.

3.4.3.1   *Face validity*

Face validity, refers to a rudimentary method that basically verifies that the instrument gives the appearance of measuring the concept (LoBiondo-Wood & Haber 2006:339).

For this study, the questionnaire was given to a small sample of nurses from Mengo Hospital, involved in teaching, to critically review and evaluate the content in terms of whether it appears to reflect the concept of voluntary nursing staff turnover.

3.4.3.2   *Content validity*

Content validity examines the extent to which the method of measurement includes all the major elements relevant to the construct being measured (Burns & Grove 2001:400). According to De Vos et al (2005:161), to determine content validity two questions are asked: Is the instrument really measuring the concept we assume it is? Does the instrument provide an adequate sample of items that represent that concept? (For example, are the items contained by a scale

claiming to measure availability of opportunities for career progress an adequate sample of indicators measuring availability of opportunities for career progress?)

For this study, the researcher adopted the questionnaire from existing scales that have been used in several studies on voluntary nursing staff turnover. These scales were selected from studies that were referred to in the literature review and permission to use the scales was obtained from the authors. The researcher's supervisor and joint supervisor, who are experienced researchers in the field of human resource management, reviewed the content of the questionnaire and approved that it reflected the known content on staff turnover.

3.4.3.3 Criterion-related validity

Criterion-related validity refers to the degree of a subject's performance on the measurement tool and to the subject's actual behaviour (LoBiondo-Wood & Haber 2006:339). It is established by comparing scores on an instrument with an external criterion known to, or believed to, measure the concept being studied (De Vos et al 2005:161).

For this study, the questionnaire was derived from an existing model of turnover, developed by Tan (2008:12), and the different sections of the questionnaire were adopted from existing questionnaires that have been used and tested in several studies.

3.4.3.4 Construct validity

Construct validity is based on the extent to which a test measures a theoretical construct or trait. It is the extent to which a set of manifest variables adequately measure constructs of interest. It attempts to validate a body of theory underlying the measurement and testing of the relationships (LoBiondo-Wood & Haber 2006:340; Everitt 2006:58).

The construct validity of the questionnaire was assessed using factor analysis. Factor analysis assesses the degree to which the individual items on a scale truly cluster together around one or more dimensions. Items designed to measure the same dimension should load on the same factor. Those designed to measure different dimensions should load on different factors (LoBiondo-Wood & Haber 2006:340).

The main purpose for running the factor analysis was to help categorise the suitable items for each dimension of independent variables, namely perceived availability of training opportunity, promotional opportunity, career development and occupational commitment, and management style and suitable items for each dimension of intermediate variable, namely perceived organisational support and the dependent variable namely intent to leave. In order to know whether the sample was adequate to conduct factor analysis, the Kaiser-Meyer-Olkin (KMO) test was used in the study. Rotation methods based on Maximum Varian (Varimax) were used to identify valid items for each dimension of independent variables. Through Varimax, the same items were distributed under one factor. The factor analysis results of voluntary turnover factors are shown in table 3.1. The rotated component matrix of 70 items with sixteen factors was loaded at 0.30 in order to get the adequate valid items for further analysis. The rotation of 70 items of voluntary turnover factors produced sixteen factors namely communication in management style (Factor 1), career development opportunities (Factor 2), affective and normative commitment to the nursing profession (Factor 3), training opportunity (Factor 4), perceived organisational support (Factor 5), commitment to the nursing profession due to limited alternatives (Factor 6), leadership in management style (Factor 7), promotional opportunity (Factor 8), intent to leave (Factor 9), motivation in management style (Factor 10), continuance commitment to the nursing profession (Factor 11), commitment to the nursing profession due to accumulated cost (Factor 12), goal setting in management style (Factor 13), normative commitment to the nursing profession (Factor 14), control in management style (Factor 15) and perceived organisational support and promotional opportunity (Factor 16). Confirmatory

factor analysis (CFA) was used on the 70 items. Since all items had a loading factor value above 0.30, no item was eliminated from further analysis. The total variance was 66.59% and KMO value was 0.87 indicating that the sample was adequate for factor analysis to be done. The percentage of variance for each factor is shown in Table 3.1.

Table 3.1: The percentage variance of factors 1 - 16

Factors	Number of Items	Percentage (%)
Factor 1: Communication in management style	11	23.46
Factor 2: Career Development opportunities	9	7.89
Factor 3: Affective and Normative Commitment to the nursing profession	8	5.18
Factor 4: Training opportunity	5	3.49
Factor 5: Perceived organisational support	4	3.46
Factor 6: Commitment to the nursing profession due to limited alternatives	4	2.86
Factor 7: Leadership in management style	5	2.79
Factor 8: Promotional opportunity	4	2.45
Factor 9: Intent to leave	3	2.25
Factor 10: Motivation in management style	3	2.12
Factor 11: Continuance Commitment to the nursing profession	3	2
Factor 12: Commitment to the nursing profession due to accumulated cost	3	1.91
Factor 13: Goal setting in management style	2	1.83
Factor 14: Normative Commitment to the nursing profession	1	1.74
Factor 15: Control in management style	3	1.61
Factor 16: Perceived organisational support & promotional opportunity	2	1.55
Total	70	66.59

3.4.4 Reliability of the data-collection instrument

Reliability refers to the capacity of an instrument to produce consistent results. It measures objectivity, precision, consistency, stability, or dependability of data. It

is the extent to which the instrument yields the same results on repeated measures (Sarantakos 2005:432; LoBiondo-Wood & Haber 2006:345). In other words, it is the extent to which independent administration of the same instrument (or highly similar instruments) consistently yields the same (or similar) results under comparable conditions (De Vos et al 2005:163).

There are three main attributes of a reliable scale including stability, internal consistency or homogeneity, and equivalence (LoBiondo-Wood & Haber 2006:346). For purposes of this study, stability and internal consistency of the data collection instrument were assessed.

3.4.4.1 Stability of the data-collection instrument

The stability of an instrument refers to the instrument's ability to produce the same results with repeated testing (LoBiondo-Wood & Haber 2006:346).

In the case of the study, stability of the data collection tool was assessed using the test-retest method. The questionnaire was administered to a sample of 20 respondents selected from the nurses working in Mengo Hospital as teaching staff and was not part of the study population. The questionnaire was administered twice at an interval of 14 days between the first time and the second time of testing. This was done during pre-testing of the questionnaire. The totals of the scores from each of the seven sub-scales at time 1 were compared with the totals of scores from the same sub-scale at time 2 and the correlation between were calculated. A correlation coefficient of 0.751 was found, which was above the acceptable reliability coefficient value of 0.70 (Polit & Beck 2004:418) indicating stability (refer to Table 3.2).

Table 3.2: The Correlation coefficient of the responses at time 1 and time 2

		Time1	Time2
Time1	Pearson Correlation	1	.751**
	N	20	20
Time2	Pearson Correlation	.751**	1
	N	20	20

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

3.4.4.2   Internal consistency of the data-collection instrument

The internal consistency or homogeneity of an instrument means that all items in a tool measure the same concept or characteristic (LoBiondo-Wood & Haber 2006:346).

Internal consistency of the data collection tool was assessed using the coefficient alpha or Cronbach's Alpha test. According to LoBiondo-Wood and Haber (2006:350), Cronbach's Alpha simultaneously compares each item in the scale with others. The 70 items in the data-collection instrument had a Cronbach's Alpha of 0.914, which was above the acceptable Cronbach Alpha value of 0.70 and above, indicating that the instrument was internally consistent or homogeneous (Polit & Beck 2004:418). For the 70 items, the Cronbach's Alpha ranged from 0.910 to 0.920. No item was eliminated from further analysis because they were all above the acceptable value of 0.70. The Cronbach Alpha's results for each item are indicated in Appendix K.

For the six sub-scales, the Cronbach's Alpha ranged from 0.798 to 0.856 as indicated in table 3.3.

Table 3.3 Results of Reliability Analysis for each scale

Variables	Number of Items	Cronbach Alpha
INDEPENDENT VARIABLES		
Training Opportunity	5	0.836
Promotional Opportunity	10	0.823
Career Development and Occupational Commitment	23	0.798
Management Style	23	0.856
INTERMEDIATE VARIABLE		
Perceived Organisational Support	6	0.824
DEPENDANT VARIABLE		
Intent to Leave	3	0.84

3.4.4.3 Equivalence of the data-collection instrument

An instrument is said to exhibit equivalence if the tool produces the same results when equivalent or parallel instruments or procedures are used (LoBiondo-Wood & Haber 2006:346). In the case of self administered questionnaires, equivalence is measured using the parallel or alternate form. Parallel or alternate form reliability is applicable and can be tested only if two comparable forms of the same instrument exist (LoBiondo-Wood & Haber 2006:346).

In the case of the study, a comparable form of the instrument was not available so equivalence was not measured. Nevertheless, the measure of internal consistency and stability were adequate for assessing reliability of the questionnaire.

3.4.5 Pre-testing of the data-collection instrument

The data collection instrument was pre-tested and findings of the pre-test were utilised to edit and refine the questionnaire before the final draft was produced for the survey. Polit and Beck (2004:328) note that even when the data collection plan involves existing instruments, it is usually wise to conduct a small pre-test.

The questionnaires accompanied by a consent form (Appendix H) explaining the purpose of the study, were personally delivered to 20 nurses working in Mengo Hospital in the training school. The respondents were asked to give feedback with regard to comprehension, clarity of questions and time necessary to complete the questionnaire.

All the 20 respondents returned completed questionnaires and none expressed difficulty in completing the questionnaire. However, they cautioned that response to section 7 on intent to leave Mengo Hospital (see Appendix I) would not be truthful if confidentiality was not emphasised to respondents. It was mentioned that completion of the questionnaire took between 20 to 30 minutes.

3.5 DATA COLLECTION

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objectives or questions of a study (Burns & Grove 2001:794).

Questionnaires were used to collect data and copies were distributed to each respondent. Each questionnaire was accompanied by the following:

- A copy of the consent form explaining the purpose of the research and its benefits to the respondent and to the management of Mengo Hospital (see Appendix H).
- A copy of the letter of approval from the institutional review board of Mengo Hospital to conduct the research (see Appendix D).

Twenty (20) nurses from the training school of Mengo Hospital, separate from the pool of 250 nurses involved in clinical services at the hospital, took part in the pre-test.

Two hundred and fifty questionnaires were distributed and of those two hundred and forty were returned. Of the returned questionnaires, two hundred and thirty five were fully and properly completed giving a response rate of 94% (n=235).

3.6   PERMISSION TO CONDUCT THE STUDY

Permission from the institutional review board (IRB) of Mengo Hospital was sought and granted before commencing the study (see Appendix C). In addition, a letter was submitted to the Medical Superintendant of Mengo Hospital, requesting to have the research conducted there (see Appendix E). The proposed study was then presented at a management meeting that included all managers from the different departments. The researcher agreed with the nursing managers on practical methods of data collection that would not create bias or interrupt service delivery.

3.7   DATA ANALYSIS

Data is defined as facts or information, especially when examined and used to find out things or to make decisions, while analysis is the detailed study or examination of something in order to understand more about it (Hornby 2006:47, 371). Data analysis is conducted to reduce, organise, and give meaning to data (Burns & Grove 2001:794). According to De Vos et al (2005:172), a questionnaire should incorporate item numbers that can be used in a data set that can then be analysed using a computer.

The questionnaire was divided into seven sections to facilitate order in the processing of data whose analysis was done using Statistical Package for Social Sciences (SPSS) computer program (version 18). Data entry screens were designed in the Epi-info 6.

Descriptive statistics are statistics that allow the researcher to organise data in ways that give meaning and facilitate insight, such as frequency distribution and measures of central tendency and dispersion (Burns & Grove 2001:795; Polit & Beck 2004:451; LoBiondo-Wood & Haber 2006:358). The descriptive statistics that were used include frequencies, means, standard deviations, percentages, and correlations.

Correlational statistics examine relationships between or among variables (Burns & Grove 2001:256). To examine the relationship between the independent variables and the dependent variable, Pearson correlations and regression analysis were conducted. In addition to the independent variables addressed in the research questions, demographic, level of education and work experience information were evaluated to determine if they might be relevant to include or control in the regression analysis.

Inferential statistics are statistics designed to allow inference or draw conclusions from a sample statistic to a population parameter. They are commonly used to test differences in subsets of the sample under study (Burns & Grove 2001:800).

Inferential statistics that were used to determine significant differences between the means of the two groups with regard to the relationships between the specified variables include t-tests, Univariate F-ratio, Multiple regression analysis, and Bivariate correlations.

The inferential test, multiple regression analysis, examined the relationship between the independent variables of perceived availability of promotional opportunities, training opportunities, career development opportunities, existing management style and the dependent variable of voluntary nursing staff turnover intention. Level of significance for the study was set at 0.05.

Each of the major variables was treated as an interval level of measure. These statistics were appropriate based on the assumption of interval level data. Three types of tables were used to summarise information. These included:

- A table showing the means and standard deviations of study variables,
- Tables showing correlations among independent and dependent variables, and
- A table showing results of multiple regression analysis for voluntary nursing staff turnover among nurses in Mengo Hospital.

The completed questionnaires were entered into an electronic database using screens designed in Epi-info 6 and analysis was done using the Statistical Package for Social Sciences (SPSS) computer program version 18. This enabled entry and cleaning of data from the completed questionnaires.

Data was analysed using frequency and inferential analysis (Pearson Correlation and Multiple-regression analysis). Frequency analysis were used to study the respondents demographic characteristics such as age, gender, length of service and professional qualification, while inferential analysis were used to study the relationship between independent variables, including perceived availability of training opportunities, promotional opportunities, career development, management style, and the dependent variable, voluntary nursing staff turnover.

3.8   DESIGN VALIDITY

Internal validity is the extent to which the effects detected in the study are a true reflection of reality rather than the results of extraneous variables (Burns & Grove 2001:228; Polit & Beck 2004:213). The researcher identified extraneous variables like age, marital status, length of service and union membership from the literature review. These were addressed in the analysis.

External validity is concerned with the extent to which study findings can be generalised beyond the sample used in the study (Burns & Grove 2001:232; Polit & Beck 2004:217

3.9   ETHICAL CONSIDERATION

Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects, respondents and researchers (De Vos et al 2005:57). Ethical principles refer to

rationales of respect for persons, beneficence, and justice relevant to the conduct of research (Burns & Grove 2001:797).

In this study, the principles of protecting the rights of the institution, the rights of the respondents and scientific integrity were applied.

3.9.1 Protecting the rights of the respondents

According to LoBiondo-Wood and Haber (2006:297), human rights are the claims and demands that have been justified in the eyes of an individual or by a group of individuals.

The study took into consideration all the rights outlined in the American Nurses Association (ANA) guidelines including the right to self-determination, privacy, dignity, anonymity, confidentiality, fair treatment and protection from discomfort and harm (LoBiondo-Wood & Haber 2006:297).

3.9.1.1   *Right to self-determination or autonomy*

The right to self determination is based on the ethical principle of respect for persons. People should be treated as autonomous agents who have the freedom to choose without external controls. An autonomous agent is informed about a proposed study and is allowed to choose to participate or not (LoBiondo-Wood & Haber 2006:298 citing Brink 1992). All the nurses were informed about the proposed study and were given room to choose to participate or not (See Appendix I).

3.9.1.2   *Right to privacy and dignity*

Privacy is the freedom of a person to determine the time, extent, and circumstances under which an individual's information is shared or withheld from others (LoBiondo-Wood & Haber 2006:298-299).

The study ensured privacy of the respondents by using self administered questionnaires. Each respondent who received a questionnaire also signed a consent form. Respondents were allowed to append a signature without initials or names on the consent form, which was retained by the researcher at the time of distribution to maintain privacy without overriding the hospital requirements. Each respondent was provided with an envelope to seal the completed questionnaire before submission on a designated date five to seven days later. Respondents were given three options for returning the completed questionnaire including placing the sealed envelopes in locked drop boxes that were located at the reception and could only be opened by the researcher, direct mailing to the researcher or direct submission to designated research assistants who had been introduced at the time of distribution of the questionnaire. The sealed envelopes were opened by the researcher away from the hospital premises. It was agreed that results and findings of the study would be shared with the management and all respondents in form of a report and a presentation (names and individual views of respondents would not be included in the report).

3.9.1.3   *Right to anonymity and confidentiality*

Anonymity exists when the respondents identity cannot be in any way linked (even by the researcher), to his or her individual response (LoBiondo-Wood & Haber 2006:298 citing ANA 1985). Confidentiality means that individual identities of respondents would not be linked to the information they provide and therefore would not be divulged (LoBiondo-Wood & Haber 2006:298). To ensure anonymity, respondents were given code numbers instead of names for identification purposes. Respondent's names were not used when reporting findings. The study analysed data as group data so that individuals could not be identified by their responses.

3.9.1.4   Right to fair treatment

The right to fair treatment is based on the principal that people should be treated without prejudice or bias. This includes selection of respondents for reasons directly related to the problem studied vs. convenience, compromised position, or vulnerability. It also includes fair treatment of respondents during the study, including distribution of risks and benefits regardless of age, race, or socioeconomic status (LoBiondo-Wood & Haber 2006:300).

The researcher ensured the right to fair treatment by:
- Targeting to reach all the registered and enrolled nurses employed by Mengo Hospital. This gave every nurse a fair chance to express their opinion in regard to voluntary nursing staff turnover intention.
- Designating a day when questionnaires would be distributed to each and every respondent and designating a day when completed questionnaires in sealed envelopes would be collected.
- The researcher was the only one allowed to open the sealed envelopes in private and it was agreed that the findings of the study would be shared with all the respondents and management of the hospital.

3.9.1.5   Right to protection from discomfort and harm

The right to protection from discomfort and harm is based on the ethical principal of beneficence. The discomfort or harm can be physical, psychological, social, or economic in nature. There are five categories of studies based on levels of harm and discomfort. These include studies that have no anticipated effects, temporary discomfort, risk of permanent damage and those with certainty of permanent damage (LoBiondo-Wood & Haber 2006:300).

The study had no anticipated effects on harm and discomfort since it was focusing on the organisational factors affecting voluntary nursing staff turnover, to which management could have some considerable control. The issue under study did not require opening up current and/or past traumatic experiences

hence no anticipated effects. This was assessed by the Higher Degrees Committee of the Department of Health Studies in the University of South Africa prior to granting approval (see Appendix G).

3.9.2 Protecting scientific integrity

Scientific honesty involves truthful conduct, reporting, and publication of quality research by carefully addressing (or avoiding) fabrication, manipulation of design or methods, selective retaining or manipulation of data and plagiarism (Burns & Grove 2001:216).

3.9.2.1   *Fabrication, falsification, or forging*

The researcher avoided fabrication, falsification, or forging in the study through careful referencing in the text and ensuring that a clear bibliography was written.

3.9.2.2   *Manipulation of design or method*

The researcher avoided manipulation of the design or methods by ensuring that the methodology and data collection were carefully selected on the basis of the research purpose and paradigm. It did not leave room for bias.

3.9.2.3   *Selective retaining or manipulation of data*

The researcher avoided selective retaining or manipulation of data by developing a research plan, which made adequate provision for monitoring data collection. The hard copies of the data sheets were kept as back up for the electronic data set that was used for analysis.

3.9.2.4   *Plagiarism*

The researcher avoided plagiarism by ensuring that all information presented in the study was carefully referenced and a clear bibliography was written.

3.9.3 Protecting the rights of the institution

The researcher obtained permission from the Higher Degrees Committee of the Department of Health Studies, University of South Africa (UNISA) (see appendix G) and the Mengo Hospital Research Review Committee (see Appendix D). The study protocol and the data collection instrument were presented to the respective committees for approval.

3.10 CONCLUSION

This chapter described the methodology and design of the study, the location of the study, population of the study, census and selection procedure, data collection methods, characteristics of the instruments, data analysis, pre-testing of the data collection tool and ethical considerations. Chapter 4 covers the data analysis, presentation and description of the research findings.

CHAPTER 4: ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the views of the respondents regarding development opportunities and the management style in Mengo Hospital and how they relate to voluntary nursing staff turnover.

The analysis was guided by the following research questions:

- What is the relationship between, perceived availability of promotional opportunities and voluntary nursing staff turnover among nurses in the hospital?

- What is the relationship between, perceived availability of training opportunities and voluntary nursing staff turnover among nurses in the hospital?

- What is the relationship between, perceived availability of career development opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

- What is the relationship between, perceived management style and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

4.2 DATA MANAGEMENT AND ANALYSIS

The characteristics of the data collection tool were described in section 3.4.2.1, the details of data collection were described in section 3.5, entry and analysis of data was described in detail in the data analysis section 3.7.

4.3   RESEARCH RESULTS

The information is presented in tables, pie charts and bar graphs where applicable.

4.3.1   Background information

A brief personal profile of the respondents, including gender, age, marital status and highest qualifications is provided in this section. This information was obtained from section 1 of the questionnaire.

4.3.1.1   Gender of respondents

Although the nursing profession in Uganda is dominated by women, it was important to see male respondents participate in the study to determine if they would provide views different from the female respondents. Figure 4.1 presents the results regarding the gender of respondents.
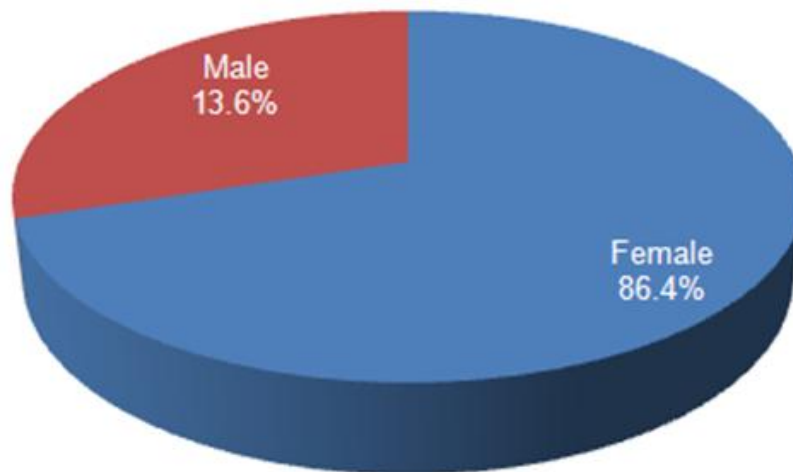
Figure 4.1: Gender of the respondents

These results are similar to those Spero et al (2011:7) found, that out of the 17,405 nurses and midwives registered with the Uganda Nursing and Midwives Council, 88% (15,334) were female, while 11.5% (n=2007) were male and the

remaining 64 had not indicated their gender in the database. The WHO statistics on human resource for health indicate that Uganda has a total of 18,969 nurses and midwives and of these, 89.4% (n=16,961) are female, while 10.6% (n=2008) are male. Shields and Ward (2001:689) identified a significant gender effect, with males reporting lower levels of job satisfaction than females.

4.3.1.2   Age of respondents

The age of respondents is an important aspect during interpretation of results. Figure 4.2 presents the results regarding the age distribution of respondents. The data showed that 83.4% (n= 196) of respondents were aged between 21-35 years. El-Jardali et al (2011:209) found that nurses below 30 years of age had consistently lower scores than those aged between 30 and 45 years for all sub scales on the nurse work index except one on nurse/physician relationships. Lavoie-Tremblay et al (2008:731) concur with the authors when they conclude that young nurses will be willing to move from one nursing position to another in or outside the organisation to find meaningful work and a supportive environment. Without the promise of improved working conditions, it appears that a sizable percentage of young nurses will leave the nursing profession. Similarly, Shields and Ward (2001:688) found that age increases linearly with job satisfaction with older nurses being significantly more satisfied with their job overall than the age group of under 25 years.
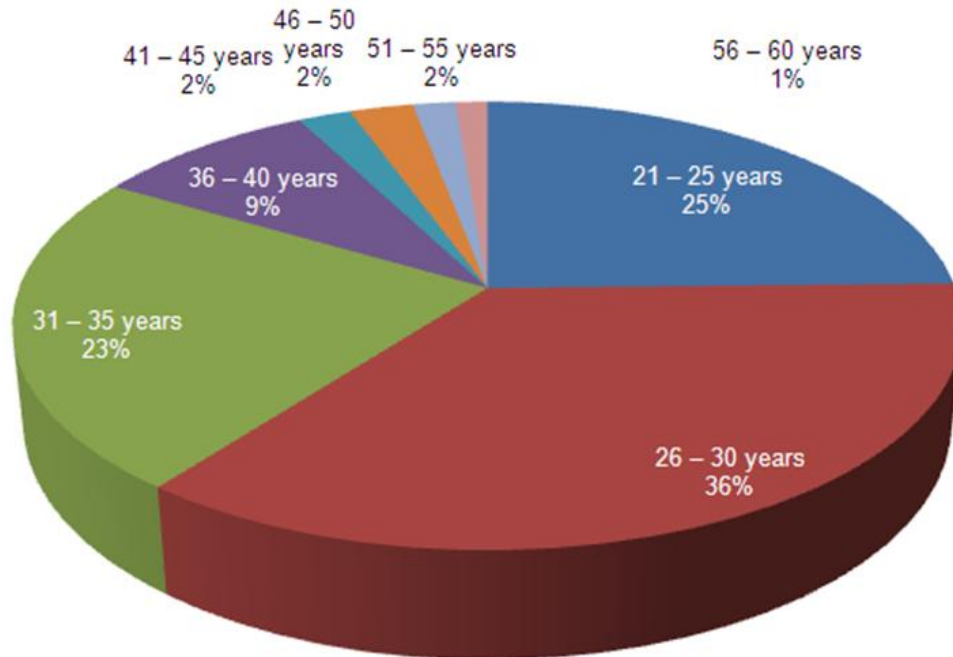
Figure 4.2: Age distribution of respondents

4.3.1.3   Marital status of respondents

The respondents were asked to indicate their marital status. More than half, 55.7% (n= 131) were married, while 40.0% (n= 94) were single and 4.3% (n=10) were either separated or widowed (see Figure 4.3).

El-Jardali et al (2011:208) in their examination of the quality of nurses' work environment and its association to nurses' intention to leave their jobs found statistically significant differences for the variable on marital status. Shields and Ward (2001:689) found that being married and the number of children had positive effects on the overall job satisfaction, which ultimately influenced intent to leave.
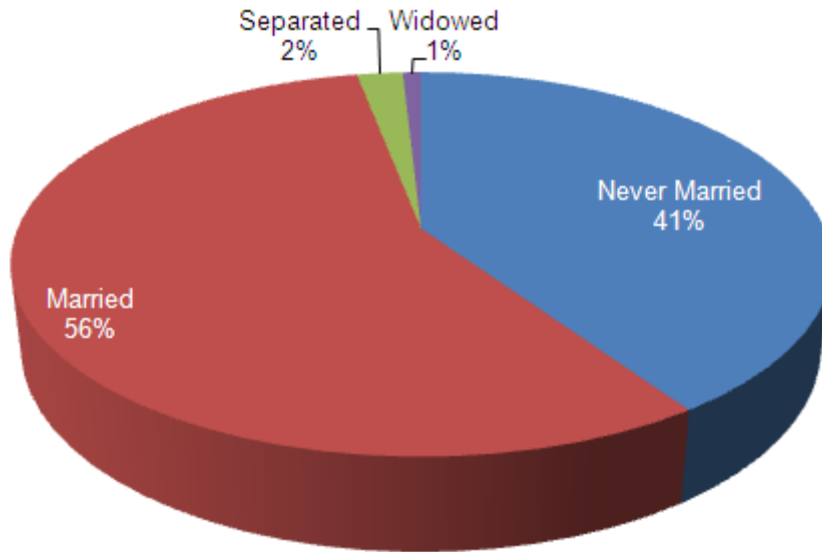
Figure 4.3: Marital status of nurses in Mengo Hospital

4.3.1.4   Highest professional qualification in nursing

In an attempt to ascertain respondents' academic qualifications and skills, respondents were requested to provide their qualifications. Figure 4.4 presents the results regarding the highest qualification of respondents. The majority 59.6% (n= 140) were qualified as enrolled nurses or midwives, 29.8% (n= 70) were qualified as registered nurses or midwives or double trained and 10.6% (n= 25) were qualified with a Bachelor of Science Nursing (BScN). More than half of the nurses are qualified with certificates and are supervised by diploma holding superiors. Adams and Bond (2003:298) found that few staff and a poor clinical grade within a ward was associated with high staff turnover rates.
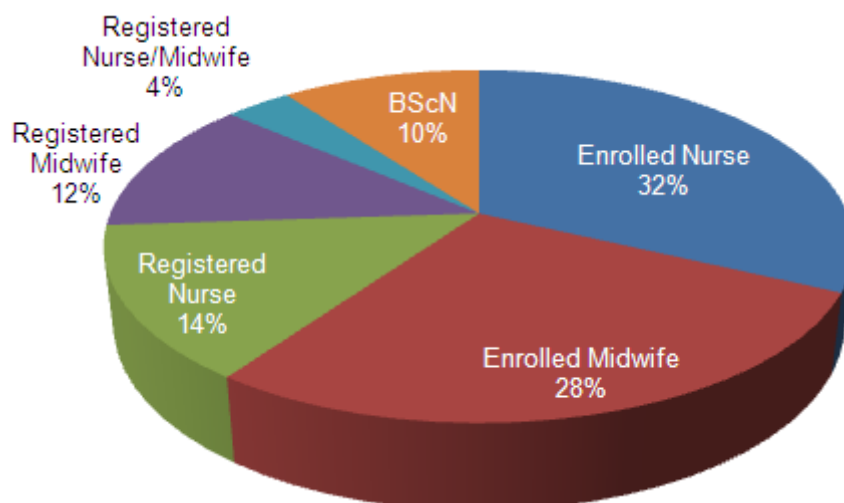
Figure 4.4:The highest professional qualification of nurses in Mengo Hospital

4.3.1.5 First Job of respondents since attaining nursing professional training

Figure 4.5 presents data concerning the responses of nurses on whether the current position is their first job. The majority of the respondents 62.6% (n= 147) indicated that it was their first job since attaining their nursing professional qualification, while 37.4% (n= 88) were employed else where prior to Mengo Hospital.

Khowaja et al (2005:37) explored the registered nurses' perceptions regarding the high staff turnover rates among nurses at a tertiary care university hospital and found that workload was their main reason for job dissatisfaction and a major stress factor at work, which could have resulted from inexperience in managing workload since 70% of the nurses had less than 2 years working experience. In this study, a large proportion of the respondents were in their first job and a feeling of heavy workload could influence their intention to leave.
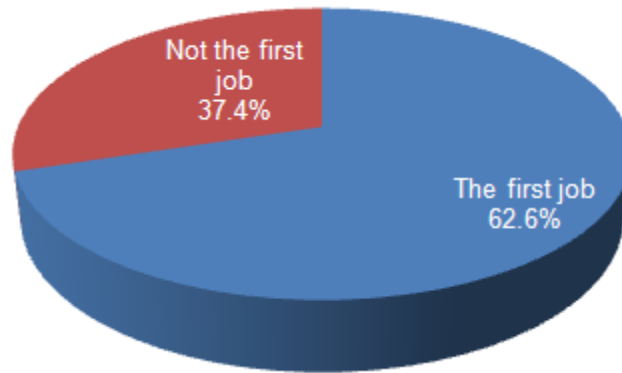
Figure 4.5: The job status of nurses working in Mengo Hospital

4.3.1.6   Current nursing position of respondents

The respondents were asked to indicate their current position in the hospital (see figure 4.6). The majority 74.0% (n= 174) were nursing staff, 16.6% (n= 39) were supervisors and unit in-charges and 9.4% (n= 22) were in middle, senior management and administrative positions.   According to Chang, Chou and Cheng (2007:801) nurses have different career needs at different career stages, and the gap between career needs and career development programs influenced turnover intentions caused by the decline in nurses' commitment towards the hospital. Morrell, Loan-Clarke, Arnold and Wilkinson (2008:148) found that perceived inequality in allocation of training opportunities and promotions were associated with turnover.

Given the large proportion of respondents that hold clinical nursing staff positions, with minimal career development and promotional opportunities, they may feel unfairly treated in the current system and become less committed.
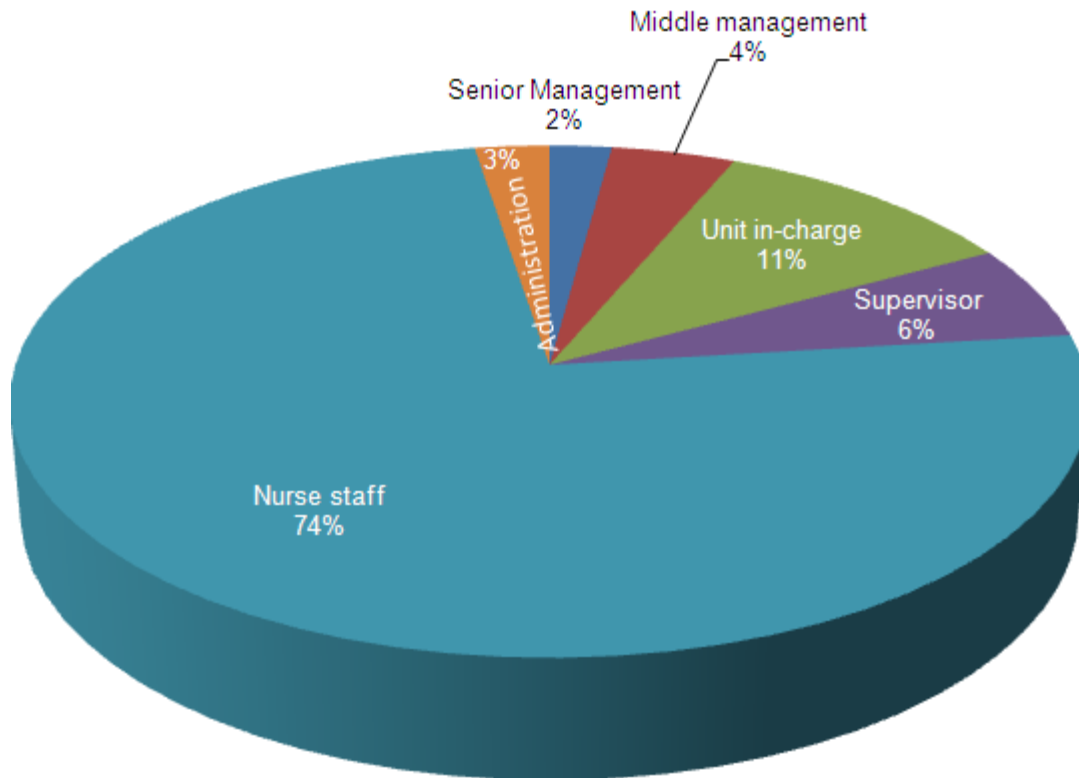
Figure 4.6: Current nursing position

4.3.1.7   Years in Mengo Hospital

The respondents were asked to indicate how long they had been employed in the hospital and 58.3% (n= 137) had worked there for less than 3 years, 19.1% (n= 45) for 4-7 years and 22.6% (n= 53) for 8 years and above (see figure 4.7). Short tenure has been identified as one of the factors that increase the intention to quit (Lavoie-Tremblay et al 2008:725) citing Wai Chi Tai et al (1998). As employees stay in the current hospital longer, and are promoted to higher positions, in a system, they become more committed to the hospital. A large fraction of staff having a short tenure of less than three years may portray a difference in the intention to leave as a result of less commitment.
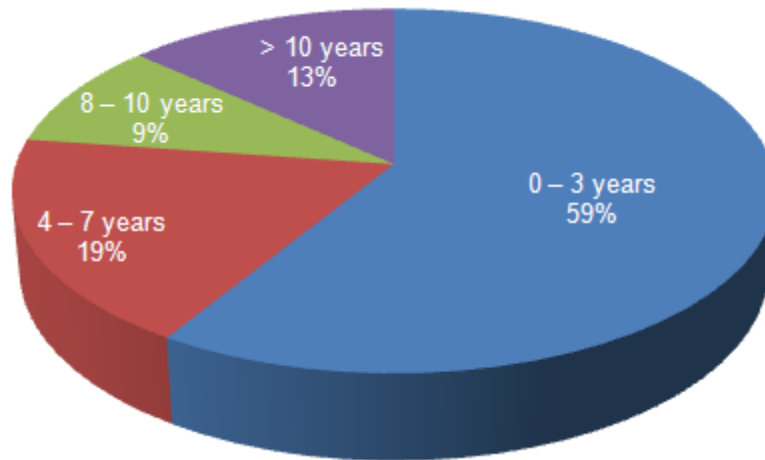
Figure 4.7: Duration of working in Mengo Hospital

4.3.1.8   Years in current position

The respondents were asked to indicate how many years they had been employed in current position. The majority 61.7% (n= 145) had worked in their positions for less than 3 years, 22.6% (n= 53) for 4-7 years and 15.7% (n= 37) for 8 years and above (see figure 4.8). These findings are consistent with the rapid recruitment and replacement with fresh graduates to maintain absolute numbers of staff, a factor that is very common among private not for profit hospitals including Mengo Hospital (MOH 2010:159).
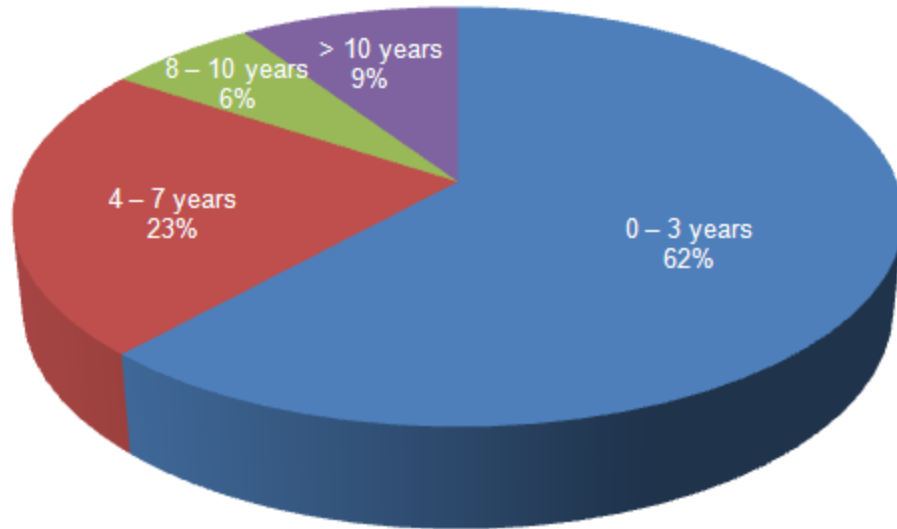
Figure 4.8: Duration of working in the current nursing position

4.3.1.9   *Membership of respondents in a health workers' union*

The respondents were asked to indicate whether they are members of a health workers' union. Only 34.9% (n= 82) of the respondents were members of a health workers union while 65.1% (n= 153) were not. (See Figure 4.9). Shields and Ward (2001:689) found no significant effect of union membership on the overall job satisfaction of nurses. However, union membership has been identified as an important control variable (Kim 2002:235).
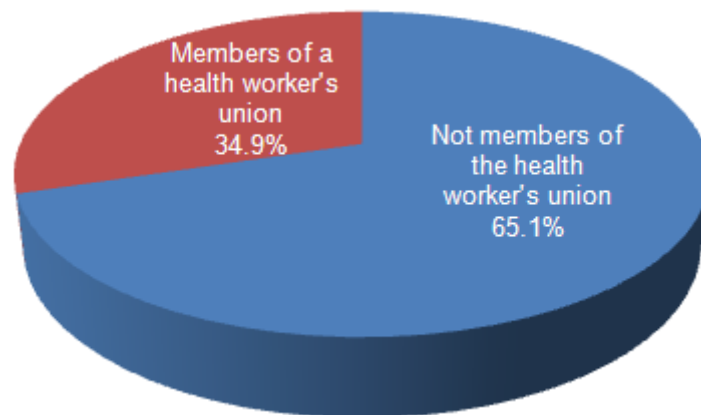
Figure 4.9: Nurses' membership in the Health Workers' Union

4.3.2 Pearson correlation analysis

This section reports the Pearson correlation analysis results of the relationship between voluntary turnover factors including perceived availability of promotional opportunities, training opportunities, career development opportunities, management style and the dependent variable of intent to leave. The results are shown in Tables 4.1, 4.2, 4.3, 4.4 and 4.5 respectively.

4.3.2.1   Perceived organisational support and intent to leave

The results showed a significant negative correlation between perceived organisational support and intent to leave. (Pearson's product-moment correlation coefficient (Pearson r) = -.332, p <.01). See Table 4.1.

Table 4.1: The correlation between perceived organisational support and intent to leave

		Intent to Leave	Perceived organisational Support
Perceived Organisational Support	Pearson Correlation	-.332**	1
	N	235	235
Intent to Leave	Pearson Correlation	1	-.332**
	N	235	235

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

4.3.2.2   Perceived availability of training opportunities and intent to leave

The results showed a significant negative correlation between perceived availability of training opportunities and intent to leave Mengo Hospital (Pearson r = -.262, p <.01). See Table 4.2.

Table 4.2: The correlation between perceived availability of training opportunities and intent to leave

		Intent to Leave	Perceived availability of training opportunities
Intent to Leave	Pearson Correlation	1	-.262**
	N	235	235
Perceived availability of training opportunities	Pearson Correlation	-.262**	1
	N	235	235

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

4.3.2.3   *Perceived availability of promotional opportunities and intent to leave*

The results showed a significant negative correlation between perceived availability of promotional opportunities and intent to leave Mengo Hospital (Pearson r = -.313, p <.01). See Table 4.3.

Table 4.3: The correlation between perceived availability of promotional opportunities and intent to leave

		Intent to Leave	Perceived availability of promotional opportunities
Intent to Leave	Pearson Correlation	1	-.313**
	N	235	235
Perceived availability of promotional opportunities	Pearson Correlation	-.313**	1
	N	235	235

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

4.3.2.4   Perceived availability of career development opportunities and intent to leave

The results showed a significant negative correlation between perceived availability of career development opportunities and intent to leave Mengo Hospital (Pearson r = -.279, p <.01). See Table 4.4.

Table 4.4: The correlation between perceived availability of career development opportunities and intent to leave

		Intent to Leave	Career Development & Occupational Commitment
Intent to Leave	Pearson Correlation	1	-.279**
	N	235	235
Career Development & Occupational Commitment	Pearson Correlation	-.279**	1
	N	235	235

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

4.3.2.5   Management style and intent to leave

The results showed a significant negative correlation between perceived management style and intent to leave. (Pearson's product-moment correlation coefficient (Pearson r) = -.381, p <.01). See Table 4.5.

Table 4.5: The correlation between perceived management style and intent to leave

		Intent to Leave	Management Style
Intent to Leave	Pearson Correlation	1	-.381**
	N	235	235
Management Style	Pearson Correlation	-.381**	1
	N	235	235

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

4.3.2.6   Reasons for intending to leave

The respondents who expressed an intention to leave were asked to indicate the reason for intending to leave Mengo Hospital. The majority of respondents who expressed the intention to leave Mengo Hospital were not satisfied with the management style (see Figure 4.10).

Figure 4.10: Reasons for intending to leave Mengo Hospital

Descriptive analysis of the staff nurses' perception of the current management style had a mean score of 2.93 on a possible scale of 1 to 5 (see appendix B). This category was reflective of a benevolent-authoritative style of management as compared to a participative management style that is associated with higher mean scores of 4 to 5 on the same scale. Many studies have found that nurses experiencing participative management style were less likely to leave their positions (Volk & Lucas 1991:39, Tomey 2009:22, Moss & Rowles 1997:32, Kim 2002:231).

4.3.3 Multiple regression analysis of the variables

This section reports the multiple regression results between voluntary turnover factors including availability of promotional opportunities, training opportunities, career development opportunities, management style and the dependent variable of intent to leave. The results are shown in Table 4.6.

4.3.3.1 Promotion, training, career development, management style and intent to leave

Table 4.6 illustrates the multiple regression analysis results with perceived availability of promotional opportunities, training opportunities, career development opportunities and management style as independent variables. The dependent variable was a score on intent to leave. The control variable was a score on perceived organisational support. The multiple regression results showed that management style had a large effect (Beta = -0.249), perceived availability of career development opportunities had moderate effects (Beta= -0.132), and perceived availability of promotional opportunities (Beta= -0.064) and training opportunities (Beta =-0.061) had no effects. All the independent variables together had 16.8% accuracy in predicting a nurses' intent to leave.

Table 4.6: Results of the Multiple Regression Analysis for Voluntary turnover factors with intent to leave (N=235)

Variables	Un-standardised Coefficients		Standardised Coefficients					
	B	Std. Error	Beta	t	Sig.	Total R squared	F	Significance
(Constant)	6.220	.528		11.771	.000			
Perceived availability of training opportunities	-.079	.094	-.061	-.833	.405			
Perceived availability of promotional opportunities	-.092	.119	-.064	-.772	.441	.168	11.59	.000
Perceived availability of career development opportunities	-.308	.157	-.132	-1.959	.051			
Management style	-.525	.185	-.249	-2.844	.005			

4.3.4   ANOVA analysis

This section presents the results of ANOVA analysis done to establish the differences in group means for intent to leave among respondents disaggregated by age of respondents, number of years respondents have worked, education level, and current position held. The results are shown in tables 4.7, 4.8, 4.9 and 4.10 respectively.

4.3.4.1   Age of respondents and intent to leave

An ANOVA test was carried out to compare mean scores of intent to leave among the different age groups of respondents. According to table 4.7, the F value of 2.023 was not significant at 0.053, which was greater than the minimum 0.05 that was required for statistical significance. Therefore, the null hypothesis is accepted of no difference among the mean scores of intent to leave and the conclusion that the nurses' intent to leave could not be attributed to the difference in the age of respondents. These results are presented in Table 4.7.

Table 4.7: Comparison of means for turnover intention among the different age groups

Age groups of respondents	N	Mean	Std. Deviation	Std. Error	F	Significance
21 – 25 years	58	3.282	1.0954	.1438	2.023	.053
26 – 30 years	84	3.187	1.1388	.1242		
31 – 35 years	54	3.068	1.0745	.1462		
36 – 40 years	21	3.397	.9105	.1987		
41 – 45 years	5	3.800	.9309	.4163		
46 – 50 years	6	3.056	1.0628	.4339		
51 – 55 years	4	1.917	.8333	.4167		
56 – 60 years	3	1.778	.3849	.2222		
Total	235	3.172	1.0975	.0716		

4.3.4.2   Number of years in which respondents have worked in Mengo Hospital and intent to leave

An ANOVA test was carried out to compare mean scores of intent to leave among respondents in relation to number of years having worked in Mengo Hospital. According to Table 4.8, the F value of 0.336 was not significant at 0.799, which was greater than the minimum 0.05 that was required for statistical significance. The null hypothesis is therefore accepted and it is concluded that the nurses' intent to leave could not simply be attributed to the number of years participants had worked in Mengo Hospital. These results are presented in Table 4.8.

Table 4.8: Comparison of means for turnover intention among respondents disaggregated by the number of years worked in Mengo Hospital

Groups of respondents according to years worked in Mengo Hospital	N	Mean	Std. Deviation	Std. Error	F	Significance
0 – 3 years	137	3.185	1.0816	.0924	.336	.799
4 – 7 years	43	3.295	1.1529	.1758		
8 – 10 years	22	3.121	1.0417	.2221		
> 10 years	31	3.043	1.1666	.2095		
Total	233	3.180	1.0981	.0719		

4.3.4.3   Education level of respondents and intent to leave

An ANOVA test was carried out to compare mean scores of intent to leave among respondents in relation to respondents' highest level of education. According to table 4.9, the F value of 1.746 was not significant at 0.125, which was greater than the minimum 0.05 required for statistical significance. Therefore, the null hypothesis of no difference among the mean scores of intent to leave was accepted and it was concluded that the nurses' intent to leave could not be attributed to respondents' level of education. These results are presented in Table 4.9.

Table 4.9: Comparison of means for turnover intention among the respondents disaggregated by highest level of education

Groups of respondents according to level of education	N	Mean	Std. Deviation	Std. Error	F	Significance
Enrolled Nurse	75	3.151	1.1208	.1294	1.746	.125
Enrolled Midwife	65	3.123	1.0334	.1282		
Registered Nurse	33	3.616	1.0578	.1841		
Registered Midwife	29	3.057	1.1855	.2201		
Registered Nurse/Midwife	8	2.542	1.0681	.3776		
Other	24	3.097	1.0834	.2211		
Total	234	3.171	1.0998	.0719		

4.3.4.4   Current position of respondents and intent to leave

An ANOVA test was carried out to compare mean scores of intent to leave among the respondents disaggregated by their current position held in the hospital. According to table 4.10, the F value of 1.747 was not significant at 0.125, which was greater than the minimum 0.05 we require for statistical significance. Therefore, we accepted the null hypothesis of no difference among the mean scores of intent to leave and concluded that the nurses' intent to leave could not simply be attributed to the current position held at the hospital. These results are presented in Table 4.10.

Table 4.10: Comparison of means for turnover intention among respondents disaggregated by the current position held in Mengo Hospital

Groups of respondents according to the current position held in Mengo Hospital	N	Mean	Std. Deviation	Std. Error	F	Significance
Senior Management	5	1.800	.6055	.2708	1.747	.125
Middle management	10	3.100	1.1445	.3619		
Unit in-charge	25	3.307	1.2054	.2411		
Supervisor	14	3.333	1.0043	.2684		
Nurse staff	174	3.182	1.0880	.0825		
Other	6	3.056	.9756	.3983		
Total	234	3.168	1.0985	.0718		

4.3.5 t-Test analysis

This section presents the results of t-test analysis done to test the differences of group means for intent to leave among respondents in relation to gender (male and female) and membership in a health workers' union. The results are shown in Table 4.11 and 4.12 respectively.

4.3.5.1   Membership in health workers' union and intent to leave

The t-test was carried out to compare means of scores for intent to leave among the respondents who were members of health workers' union and those who were not. According to Table 4.11, the *t* value of 1.058 was not significant at 0.291, which was greater than the minimum 0.05 required for statistical significance. Therefore the null hypothesis is accepted and the conclusion was that the nurses' intent to leave could not simply be attributed to membership in health workers' union. These results are presented in Table 4.11.

Table 4.11: Comparison of means for turnover intention among respondents who are membership in a health workers' union with those who are not members

Groups of respondents according to membership in a health workers' union	N	Mean	t-test	Significance
Not members of a health workers' union	153	3.224	1.058	.291
Members of a health workers' union	82	3.073		

4.3.5.2   *Gender of respondents and intent to leave*

The t-test was carried out to compare means of scores for intent to leave among the respondents who were male and those who were female. According to table 4.12, the *t* value of 0.549 was not significant at 0.583, which was greater than the minimum 0.05 required for statistical significance. Therefore the null hypothesis of intent to leave is accepted and it was concluded that the nurses' intent to leave could not simply be attributed to the gender of the respondents. These results are presented in Table 4.12.

Table 4.12: Comparison of means for turnover intention among respondents disaggregated by gender

Gender of Respondent	N	Mean	Std. Deviation	t-test	Significance
Male	32	3.271	1.1745	.549	.583
Female	203	3.156	1.0871		

4.4 CONCLUSION

This chapter presented the analysis of results including biographical data. The analysis was carried out using frequency, Pearson correlation, descriptive statistics, multiple regression, ANOVA analysis and t-test analysis. The results revealed that there were significant negative correlation between the independent variables of perceived availability of promotional opportunities,

training opportunities, career development opportunities, and management style, and the dependent variable of intent to leave. The results also showed that there was no influence of respondents' age, gender, number of years spent working in Mengo Hospital, education level, current position held, and membership of health workers' union on their intent to leave. Chapter 5 presents the interpretation of results, conclusions and makes recommendations for practice and further research.

CHAPTER 5: INTERPRITATION OF RESULTS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses findings from the analysis performed, highlight limitations of the study, and make conclusions and recommendations for practice and further research. The discussion was based on the research questions as presented in chapter 1, which are:

- What is the relationship between, perceived availability of promotional opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

- What is the relationship between, perceived availability of training opportunities and voluntary nursing staff turnover intention among nurses in the hospital?

- What is the relationship between, perceived availability of career development opportunities and voluntary nursing staff turnover intention among nurses in the hospital?

- What is the relationship between, perceived management style and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

5.2 RESEARCH DESIGN AND METHODOLOGY

This study was a cross-sectional survey that was descriptive and correlational in design, with a quantitative paradigm or methodology. The primary goal of the study was not to determine causation but to examine the relationship between variables in the nursing population of Mengo Hospital.

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

There were significant negative correlation between voluntary turnover factors namely availability of promotional opportunities; training opportunities; career development opportunities; management style and the dependent variable of intention to leave (refer to Tables 4.1- 4.5).

5.3.1 Biographical information

Of the two hundred and fifty nursing staff who received questionnaires, 235 (94.0%) returned completed questionnaires. The majority of the respondents 83.4% were aged between 21-35 years of whom 86.4% were female. 55.7% of the respondents were married, 40.0% not married and 4.3% were either separated or widowed. Overall, 62.6% of the respondents were in their first job since qualification, 74.0% were employed as nursing staff while 77.4% had worked in Mengo Hospital for not more than 7 years. The majority 59.6% were qualified as enrolled nurses or midwives, 29.8% were qualified as registered nurses or midwives or qualified in both and 10.6% were qualified with a Bachelor of Science in Nursing (BSN). Most of the respondents, 84.3% had been in their current positions for not more than 7 years, and 34.9% were members of a health workers' union (refer to Figures 4.1 - 4.9).

5.3.2 Perceived organisational support and intent to leave Mengo Hospital

Perceived organisational support was found to have a significant negative correlation with intent to leave (see Table 4.1). Perceived organisational support (POS) was taken as the employee's global beliefs concerning the extent to which the organisation valued their contribution and cared about their well-being (Tan 2008:1).

The results (Pearson r = -.332, p <.01) (see Table 4.1) indicated that the coefficient of determination (r squared) was 0.11, which meant that knowing about the nurses' perceived organisational support improved the accuracy of predicting the nurses' intent to leave Mengo Hospital by 11%. These findings are supported by other studies, which have shown that perceived organisational support had significant effects on turnover mediated through normative commitment, as well as affective organisational commitment (Maertz et al 2007:1059). The overall perceptions of employees, on the company's human resource practices predict organisational commitment (Chang 2005:523). The existing levels of organisational commitment have an impact on reducing mobility oriented behaviour (Sturges et al 2002:742).

5.3.3 The relationship between perceived availability of training opportunities and intent to leave

The relationship between perceived availability of training opportunities and intent to leave the hospital was found to be negative and significant (see Table 4.2).

The results (Pearson r = -.262, p <.01) indicated that the coefficient of determination (r squared) was 0.069, which meant that knowing about the nurses' perceived availability of training opportunities improved the accuracy of predicting the nurses' intent to leave by 6.9% (see Table 4.2). However, further analysis with the multiple regressions showed that the effect of perceived availability of training opportunities on intent to leave was minimal, with a Beta value of -0.061 (see Table 4.6).

These findings suggested that although perceived availability of training opportunity was negatively associated with intent to leave, the effect was minimal, which does not concur with several other studies, which found that perceived organisational support through training reduces turnover intentions (Nogueras 2006:92; Sellgren et al 2009:3185; Ma et al 2009:180; Collins et al 2000:10; Coomber & Barriball 2007:297; Wilson 2005:137).

5.3.4 Relationship between perceived availability of promotional opportunities and intent to leave

According to the results, (refer Table 4.3), perceived availability of promotional opportunities had a significant negative correlation with intent to leave the hospital.

The results (Pearson r = -.313, p <.01) indicated that the coefficient of determination (r squared) was 0.098, which meant that knowing about the nurses' perceived availability of promotional opportunity improved the accuracy of predicting the nurses' intent to leave the hospital by 9.8% (see Table 4.3). However, further analysis with the multiple regressions showed that the effect of perceived availability of promotional opportunities on intent to leave was minimal, with a Beta value -0.064 (see Table 4.6). These findings suggested that although perceived availability of promotional opportunity was negatively associated with intent to leave, the effect was minimal, which does not concur with several other literature, which found that the perception of little promotional opportunity predicted intent to leave (Davidson et al 1997:634; Price & Mueller 1981:556; Cavanagh & Coffin 1992:1373; Shields & Ward (2001:677).

5.3.5 The relationship between perceived availability of career development opportunities and intent to leave

The relationship between perceived availability of career development opportunities and intent to leave was found to be negative and significant (see Table 4.4). Career development was taken as the individual sequences of attitudes and behaviour associated with work-related experiences and activities over the span of the person's life (Noe 2010:449).

The results (Pearson r = -.279, p <.01) indicated that the coefficient of determination (r squared) was 0.078, which meant that knowing about the nurses' perceived availability of promotional opportunity improved the accuracy of predicting the nurses' intent to leave by 7.8% (see Table 4.4). Multiple

regression analysis involving all the four independent variables showed that the effect of perceived availability of career development opportunities on intent to leave was moderated, with a Beta value -0.132 (see Table 4.6). These findings suggested that a perception of availability of career development opportunities was associated with a decreased intent to leave. This finding is supported by literature, which asserted that lack of career prospects was significantly related to decreased job satisfaction and subsequently intention to leave and that career development activities, pursued by individuals, educators, employers and professional organisations, would enable nurses to achieve their best and decrease the intent to leave (Collins et al 2000:10; Donner & Wheeler 2001:84).

5.3.6 The relationship between perceived management style and intent to leave

According to the results (refer table 4.5) the perceived management style had a significant negative correlation with intent to leave Mengo Hospital. Management style was taken as 'the preferred way of dealing with employees individually or collectively' (Lewis et al 2003:105) citing Purcell and Gray (1986).

The results (Pearson r = -.381, p <.01) indicated that the coefficient of determination (r squared) was 0.145, which meant that knowing about the nurses' perceived management style improved the accuracy of predicting the nurses' intent to leave by 14.5% (see Table 4.5). Multiple regression analysis involving all the four independent variables showed that the effect of perceived management style on intent to leave was large, with a Beta value of -0.249, almost twice the effect of the next variable perceived availability of career development opportunities (see Table 4.6). Dissatisfaction with the management style was also given as the most common reason for intending to leave Mengo Hospital (see Figure 4.10).

These findings suggested that a perception of participative management style was associated with a decreased intent to leave, which concurs with previous research, which found that nurses experiencing participative management style

were less likely to anticipate leaving their positions and hence, lower turnover (Volk & Lucas 1991:39, Tomey 2009:22, Moss & Rowles 1997:32, Kim 2002:231).

5.4   CONCLUSIONS

The purpose of this study was to fill the gaps in the current staff turnover research by examining the relationship between the independent variables of perceived availability of promotion opportunities, training opportunities, career development opportunities, management style, and the dependent variable of voluntary nursing staff turnover intentions, among the nurses working in Mengo Hospital. This study answered all the four research questions outlined in section 5.1.

All the four independent variables of perceived availability of promotion opportunities, training opportunities, career development opportunities and management style were significantly and negatively correlated with the dependent variable of intent to leave (see Tables 4.2, 4.3, 4.4 & 4.5).

All the independent variables together had 16.8% accuracy in predicting a nurses' intent to leave Mengo Hospital (see Table 4.6).

When all four independent variables were subjected to multiple regression analysis, the findings revealed that perceived management style was the single most important voluntary nursing staff turnover variable accounting for most of the variance in the dependent variable of intent to leave (Beta value = -0.249) (see Table 4.6).

The majority of respondents with the intent to leave were not satisfied with the management style (see Figure 4.10). Mengo Hospital needs to work towards establishing a participative management style.

The results also showed that there was no influence of respondents' age, sex, number of years spent working in Mengo Hospital, education level, current

position held, and membership in health workers' union on their intent to leave Mengo Hospital.

The research study successfully answered all the research questions. However, these findings are only applicable to nurses working in Mengo Hospital and cannot be generalised to nurses working in other hospitals.

5.5 RECOMMENDATIONS

Based on the findings and conclusions of the study, the researcher makes the following recommendations for practice and further research.

5.5.1 Practice

These recommendations should enable the authorities to make the necessary adjustments to reduce the staff's intent to leave.

Mengo Hospital management needs to implement and maintain participatory management strategies and some of the measures should include:
- Placing more confidence and trust in the nursing staff.
- Nurses should be more involved as team members.
- Communication should be downwards, upward and sideways, meaning that there should be effective meetings to facilitate this.
- Decision making should be well integrated at all levels and it should involve the team.
- Goals should be set by the group through a strategic planning process.

Mengo Hospital management needs to develop a strategic human resource plan using a fully participatory process to institutionalise human resource practices that have been found to improve management of human resource for health. These include:
- A needs assessment of the existing challenges in the opportunities for training, promotion, career development and management style.

- Institutionalisation of periodic individual performance appraisals (evaluation of competencies and performance) of medical and nursing staff that would be referred to when considering promotion opportunities.

- Institutionalisation of continuing medical education through training workshops and short courses to improve the knowledge and practices on certain aspects of the nurses' job. The credits collected from attending these courses could be used when considering promotion opportunities.

- Institutionalisation of exit interviews to systematically get feedback on the human resource issues that would need improvement.

- Develop and implement a career development plan that takes into consideration the process of regular performance appraisal, continued medical education and promotion from within the hospital.

5.5.2 Further research

A longitudinal study investigating the factors contributing to voluntary nursing staff turnover and actual turnover could be done to better inform the process of improving the nursing situation in public and private hospitals.

Most of the results of this study do not concur with the findings of other studies. It will be good to conduct a study to find out why there is a difference.

5.6 CONTRIBUTIONS OF THE STUDY

This study has shown that the perceived management style, predicted a moderate 14.5% amount of variance in the intent to leave among the nurses working in Mengo Hospital (see Table 4.5). This finding is congruent with the findings of a study on management style and its relationship with job satisfaction (Lucas 1991:123).

5.7 LIMITATIONS OF THE STUDY

The researcher identified the following limitations in the study, which affected the outcome.

- Data was collected from employees working in a single organisation and job type. While this approach minimises the potential of unmeasured effects attributable to differences in organisations and professions impacting these findings, it may also limit the generalisability of these results. Thus, future studies should attempt to replicate these findings in other types of organisations and professions.

- Although the researcher obtained a very high response rate capturing 94% of the population of nurses employed by Mengo Hospital, the sample size was not large. Consequently, to enhance generalisability, future studies should attempt to replicate these findings using a larger sample comprised of employees working in different organisations and occupations.

- The data of this study were collected through questionnaire only. Therefore, accuracy of the feedback is dependent on the voluntary cooperation of the respondents. The accuracy of the study might have been affected by dishonesty of the respondents in trying to project a good image of the hospital. This methodology of collecting data at a single point in time also raises the question of common method variance. Future research examining the relationship between voluntary staff turnover factors and actual turnover should use a longitudinal approach to address these issues.

- This being a correlation study, the strength and quality of evidence is limited by the associative nature of the relationship between variables (LoBiondo-Wood & Haber 2006:243).

- The study was limited to four independent variables, which had 16.8% accuracy in predicting a nurses' intent to leave Mengo Hospital. There are

other variables that are also contributing to voluntary nursing staff turnover.

5.8 CONCLUDING REMARKS

The purpose of this study was to fill the gaps in the current staff turnover research by examining the relationship between the voluntary nursing staff turnover factors, and the dependent variable of voluntary nursing staff turnover intentions, among the nurses working in Mengo Hospital. This study answered all the four research questions outlined in section 5.1. The perceived management style (benevolent-authoritative) was the single most important voluntary nursing staff turnover variable accounting for most of the variance in the dependent variable of intent to leave Mengo Hospital. Clear recommendations were made to address the situation.

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APPENDICES

Appendix A: Results of the Multiple Regression Analysis for Voluntary turnover factors including Perceived organisational support with intent to leave (N=235)

Variables	Un-standardised Coefficients		Standardised Coefficients			95.0% Confidence Interval for B		Total R squared	F
	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound		
(Constant)	6.174	.529		11.672	.000	5.132	7.216		
Perceived organisational support	-.146	.115	-.107	-1.270	.205	-.374	.081		
Perceived availability of training opportunities	-.056	.096	-.044	-.586	.559	-.245	.133		
Perceived availability of promotional opportunities	-.044	.125	-.031	-.355	.723	-.290	.202	.174	9.619
Perceived availability of career development opportunities	-.265	.161	-.114	-1.648	.101	-.581	.052		
Management style	-.473	.189	-.224	-2.506	.013	-.845	-.101		

Appendix B: The mean scores on the management style variables

Variables of management style	Minimum	Maximum	Mean	Std. Deviation
A great deal of confidence and trust is shown in nurses.	1	5	3.23	1.208
Nurses feel very free to talk to supervisors about the job.	1	5	2.73	1.152
Nurses' ideas are very frequently sought as a matter of course.	1	5	2.46	1.102
Nurses' ideas are very frequently used constructively.	1	5	2.45	1.173
There is predominant use of fear as motivating force.	1	5	3.25	1.257
There is predominant use of threats as motivating force.	1	5	3.49	1.163
There is predominant use of punishment as motivating force.	1	5	3.59	.963
There is predominant use of rewards as motivating force.	1	5	2.45	1.148
There is predominant use of involvement as motivating force.	1	5	2.80	1.084
Responsibility for achieving the goals of Mengo Hospital is felt at all levels.	1	5	3.24	1.051
A great deal of cooperative teamwork exists in Mengo Hospital.	1	5	3.31	1.023

Variables of management style	Minimum	Maximum	Mean	Std. Deviation
Information flow is down, up and lateral.	1	5	2.96	1.010
Downward communication is accepted with a receptive mind.	1	5	3.05	.921
Upward communication is almost always accurate.	1	5	3.08	.984
Supervisors know the problems faced by subordinates very well.	1	5	2.73	1.216
Decisions are made at all levels but well integrated.	1	5	2.62	1.049
Subordinates are fully involved in decisions related to their work.	1	5	2.41	1.006
The decision making process substantially contributes to motivation of nurses.	1	5	2.66	1.095
Organisational goals are established by group action.	1	5	2.92	1.108
There is no covert resistance to goals.	1	5	2.92	.836
Review and control functions are widely shared.	1	5	2.95	.856
There is no informal organisation resisting the formal one.	1	5	3.07	.745

Variables of management style	Minimum	Maximum	Mean	Std. Deviation
Data on cost, sales and number of clients managed is used for self-guidance and problem solving.	1	5	3.02	1.098
Overall management style	1.8	4.3	2.930	.5202

Appendix C: Application to the Mengo Research Review Committee for approval

Head Office
Musajja –Alumbwa Road
P.O. Box 10446, Mengo-Kisenyi, Kampala – Uganda
Tel: (+256 414) 231528, 347603, +256 0312 264453/4.
Email : informationdesk@aicug.org
Website: www.aicug.org

AIC Regional Branches

Kampala Office
P.O. Box 10446, Mengo-Kisenyi,
Kampala – Uganda
Tel: (+256)414 347 603.
E-mail:
aickampalabranch@aicug.org

Mbale Office
Plot 2 Mugisu Walker Hill, Pallisa
Road
P.O Box 1838 Mbale
Tel: + 256 4544 33333
E-mail:
aicmbalebranch@aicug.org

Arua Office
Plot 34 Iddi Amin Road—Oli
P. O Box 550 Arua
Tel: +256 4764 20508, 4764 20057
E-mail:
aicaruabranch@aicug.org

Kabale Office
Plot M24 Rwakiseta Road Kirigime
P.O Box 373 Kabale
Tel: +256 4864 22254
E-mail:
aickabalebranch@aicug.org

Mbarara Office
Plot 11 Ruhara Road
P.O Box 1055 Mbarara
Tel: +256 4854 21384 4854 20876
E-mail:
aicmbararabranch@aicug.org

Jinja Office
Plot 17 Bell Avenue West
P.O Box 2159 Jinja
Tel: +256 4314 20890
Email:
aicjinjabranch@aicug.org

Soroti Office
Plot 2 Oculoi Road
P.O. Box 62
Soroti
Tel: +256—4544 61058
E-mail:
aicsorotibranch@ aicug.org

Lira Office
Plot 5. Dokolo Road
P.O. Box 156,
Lira.
Tel: +256 –0473-20861
E-mail:
aiclirabranch@aicug.org

27th October 2010
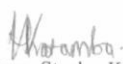
To Dr. Lumu William,
Vice Chairperson,
Mengo Hospital Research Review Committee,
P.O.Box 7161,
Kampala, Uganda

Application for second review of the research proposal number 028/08-10

This is to submit my research proposal on factors affecting voluntary nursing staff turnover in Mengo Hospital for the second review. All the issues highlighted in the feedback letter dated 21st September 2010 have been addressed as described in the attached write up.

Your consideration in this matter will be highly appreciated.

Yours,

Dr. Henry Stanley Katamba
Monitoring & Evaluation Manager AIC Uganda

20 Years of Quality HIV Counseling and Testing
Vision: Universal knowledge of HIV status in Uganda
Mission: To provide quality HIV & AIDS information, counseling and testing services

Appendix D: Approval from the Mengo Research Review Committee

MENGO HOSPITAL

MENGO HOSPITAL

FOUNDED 1897

P.O.Box 7161, Kampala, Uganda
Tel: 270222/3
Direct: 270083
Fax: 256-41-340466
Email: hospital@mengohospital.com

Our Ref: Your Ref:

November 19, 2010

Dr. Katamba Henry
Monitoring & Evaluation Manager
Aids Information Centre-Uganda
Kampala, Uganda.

Dear Sir,

RE: **APPROVAL OF YOUR RESEARCH PROPOSAL NO: 028/08-10.**

TITLE: **FACTORS AFFECTING VOLUNTARY NURSING STAFF
              TURNOVER IN MENGO HOSPITAL.**

I am glad to inform you that the above named protocol of version 028/08-10
was reviewed by the Vice Chairperson of Mengo Hospital Research Review
Committee who found it to be satisfactory. Approval is hereby granted to you to
conduct this study for a period of one year. If it is necessary to continue with
the research beyond the expiry date, a request for continuation should be made
in writing to the MHRRC Office.

Any problems of a serious nature related to the execution of your research
project should be brought to the attention of the MHRRC, and any changes to
the research protocol should not be implemented without MHRRC's approval
except when necessary to eliminate apparent immediate hazards to the
research participant(s).

You are reminded to provide this committee with timely progress reports and
final report on completion of the research project.

Yours Sincerely,

Dr. Lumu William
Vice Chairperson (MHRRC)

Appendix E: Request to conduct research among nurses in Mengo Hospital

22nd November 2010

To The Medical Director
Mengo Hospital
P.O.BOX 7161,
Kampala – Uganda,

Request to conduct research on nursing staff turnover in Mengo Hospital
This is to request for permission to conduct research on factors affecting voluntary nursing staff turnover in Mengo Hospital as part of my dissertation for a Masters in Public Health with the University of South Africa. All information collected as part of the research is for purely academic purposes.

The research will focus on factors to which the management of Mengo Hospital has direct control and will go further to establish systems of conducting regular exit interviews for those staff that are leaving the facility. This will help the management in generating solutions that are backed by evidence.

Please find attached a letter of approval from Mengo Hospital Research Review Committee.

Your consideration in this matter will be highly appreciated.

Yours,

....
Dr. Henry Stanley Katamba
Monitoring & Evaluation Manager AIC Uganda

Appendix F: Approval from the Medical Director Mengo hospital

MENGO HOSPITAL

FOUNDED 1897

P.O.Box 7161, Kampala, Uganda
Tel: 270222/3
Direct: 270083
Fax: 256-41-340466
Email: hospital@mengohospital.com

Our Ref: Your Ref:

29th November, 2010

Dr. Henry Katamba
Monitoring and Evaluation Manager
Aids Information Centre

Dear Sir,

RE: YOUR REQUEST FOR RESEARCH AT MENGO HOSPITAL

I acknowledge receipt of your letter of 22nd November 2010 concerning the above mentioned subject.

Now that you have obtained from Mengo hospital Research Review Committee (MHRRC) the necessary clearance to do the research, we have no objection to your doing it at this hospital.

As soon as you are ready, please let us now the details of your protocol and plan of implementation. We will also expect you to give us a copy of your final report on the findings and the recommendations among others.

Yours sincerely,

....
Dr. Joseph S. Nyanzi
MEDICAL DIRECTOR

"Christian Medical Witness"

Appendix G: Ethical clearance certificate

UNISA | university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
(HSHDC)
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

Date of meeting: 10 March 2011   Project No: 3471-027-2

Project Title: Factors affecting voluntary nursing staff turnover in Mengo Hospital.

Researcher: Henry Stanley Katamba

Degree: Masters of Public Health   Code: MPHPR09

Supervisor: Prof MJ Oosthuizen
Qualification: D Litt et Phil
Joint Supervisor: Prof JH Roos

DECISION OF COMMITTEE

Approved   √   **Conditionally Approved**   ☐

Prof E Potgieter
RESEARCH COORDINATOR

Prof MC Bezuidenhout
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

Appendix H: RESEARCH CONSENT FORM

DATE:28th March 2011

Title of the study: Factors Affecting Voluntary Nursing Staff Turnover in Mengo Hospital

Introduction:

Dr. Henry Stanley Katamba who is the principal investigator from the University of South Africa is conducting an academic research on the factors affecting voluntary nursing staff turnover in Mengo Hospital.

Purpose of the study:

This is a study and not a method of provision of clinical care. The purpose of the study is to analyse the relationship between perceived opportunities for training, opportunities for career advancement, promotional opportunities, management style (as independent variables) and voluntary nursing staff turnover (as the dependent variable) among nurses working in Mengo Hospital.

The results of this study will be used to provide a baseline for evidence based management of nurses working in Mengo Hospital and establishment of a system of regular reviews to inform management on the much needed changes that will have an impact on staff retention. Furthermore the results of the study will be used in writing the final report of the master's dissertation being a requirement for the award of a master's degree in Public Health for the researcher. The data collection component of the study will last for 14 days.

Why the particular participant is chosen:

You have been selected for this study because you are a nurse or midwife registered with the Uganda nurses and midwives council and employed by Mengo hospital as a full time employee.

Questions of the study:

In order to achieve the above overall purpose, the study will seek to answer the following research questions:

What is the relationship between, perceived availability of promotional opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

What is the relationship between, perceived availability of training opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

What is the relationship between, perceived availability of career progression opportunities and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

What is the relationship between, perceived management style and voluntary nursing staff turnover intention among nurses in Mengo Hospital?

Study procedure:

The researcher will first ask for the participant's consent. If he/she agrees, he/she will be given a questionnaire to answer the study questions. After collecting the information from the respondents, the researcher will process, analyse and make conclusions.

Risk:

There are no physical risks of this study.

Benefits:

While you will receive no monetary benefit for your participation, a pen will be provided as part of the pack and it is hoped that your reward will come by way of improved and more fulfilling working terms at Mengo Hospital during your tenure and/or those to come after you, dependent on the degree of change agreeable to Mengo Hospital. This is your opportunity to speak out your mind.

Problems or questions:

If you have questions about the study, please feel free to contact Dr. Henry Stanley Katamba on mobile number +256-772-450478 and E-mail: katambahenry@yahoo.com.

If you have any questions about your right as a result of participation, freely contact Prof. M. Kawooya the chairperson of Mengo Hospital Research Review Committee on mobile number +256-772-505189.

Subject consent:

Dr. Henry Stanley Katamba, who is the principal investigator, has described what is going to be done, the risks, hazards and benefits associated with this study. He will be available for any questions at +256-772-450478 and E-mail: katambahenry@yahoo.com.

I understand that my decision to participate in this study will not alter my usual health care or working relationship with the management of Mengo hospital. In the use of the information generated from this study such as publications, my identity will remain anonymous. Records of this study will be available at the Mengo Hospital Research Review Committee (MHRRC).

I understand that by signing this consent form, I do not waive any legal rights nor does it mean accepting liability, by agreeing to allow myself to participate.

A copy of this form will be provided to me.

Participant's signature ....
Date…………………..

Investigator's signature...........................
Date…………………..

Appendix I: QUESTIONNAIRE ON FACTORS AFFECTING VOLUNTARY NURSING STAFF TURNOVER IN MENGO HOSPITAL

Thank you for your willingness to complete this questionnaire. The questionnaire consists of 7 sections, and it would be appreciated if you complete the entire questionnaire.

FOR OFFICE USE:

SECTION 1

Answer each question by putting a circle around the code representing your appropriate answer.

BACKGROUND INFORMATION

1.1 Please indicate your sex:

Male	1
Female	2

1.2 Please indicate your age in years (Select the most appropriate group):

21 – 25	1
26 – 30	2
31 – 35	3
36 – 40	4
41 – 45	5
46 – 50	6
51 – 55	7
56 – 60	8

1.3 Please indicate your marital status:

Never Married	1
Married	2
Separated	3
Divorced	4
Widowed	5

1.4 What is your highest professional qualification in Nursing?

Enrolled Nurse (EN)	1
Enrolled Midwife (EW)	2
Registered Nurse (RN)	3
Registered Midwife (RW)	4
Registered Nurse/Midwife	5
Other (Specify) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	6

1.5 Is this your first Job since attaining nursing professional training?

Yes	1
No	2

1.6 Which one of the following best describes your current nursing position?

Senior Management	1
Middle management	2
Unit in-charge	3
Supervisor	4
Nurse staff	5
Other (Specify) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	6

1.7 For how long have you worked with Mengo Hospital? (Select the most appropriate group)

0 – 3 years	1
4 – 7 years	2
8 – 10 years	3
> 10 years	4

1.8 For how long have you worked in this position? (Select the most appropriate group)

0 – 3 years	1
4 – 7 years	2
8 – 10 years	3
> 10 years	4

1.9 Are you a member of a health workers' union?

Yes	1
No	2

SECTION 2:

The following statements relate to your perception on the support you get from Mengo Hospital. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
2.1. The hospital takes pride in my accomplishments.					
2.2. The hospital really cares about my well-being.					
2.3. The hospital values my contributions to its well-being.					
2.4. The hospital strongly considers my goals and values.					
2.5. The hospital shows little concern for me.					
2.6. The hospital is willing to help me if I need a special favour.					

SECTION 3:

The following statements relate to training opportunity at Mengo Hospital. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
3.1. Sufficient time is allocated for training.					
3.2. Sufficient money is allocated for training.					
3.3. Training currently provided is leading to satisfactory results.					
3.4. Training plans are developed and monitored for all employees.					
3.5. Training programs are consistently evaluated.					

SECTION 4:

The following statements relate to promotional opportunity at Mengo Hospital. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
4.1. There is a very good opportunity for advancement.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
4.2. I have a good chance for promotion.					
4.3. I have fairly good chance for promotion.					
4.4. Promotions are always given based on ability.					
4.5. Opportunities for promotion are limited.					
4.6. When I think of my career six months from now, I envision myself in a position with more responsibility.					
4.7. If my boss or supervisor told me I was being promoted, it would mean that they had so much confidence in my abilities.					
4.8. I have reached the point where I feel I have learned as much as I possibly can in my present position.					
4.9. An employee's promotion is important to this organisation.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
4.10. Promotion exercise is held regularly.					

SECTION 5:

The following statements relate to career development and occupational (career) commitment at Mengo Hospital. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
5.1. I feel that my present job will lead to future attainment of my career goals.					
5.2. My present job is relevant to the growth and development in my career.					
5.3. Nursing is important to my self-image.					
5.4. I am happy to have entered the nursing occupation.					
5.5. I am proud to be in the field of nursing.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
5.6. I like being a nursing practitioner.					
5.7. I am enthusiastic about the nursing occupation.					
5.8. I believe that people who have been trained as nurses have a responsibility to stay in that occupation.					
5.9. I feel an obligation to remain in nursing.					
5.10. I feel a responsibility to continue in the nursing occupation.					
5.11. Even if it were to my advantage, I do not feel it would be right to leave nursing right now.					
5.12. I would feel guilty if I left the nursing occupation.					
5.13. I am in nursing partly because of a sense of loyalty to it.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
5.14. I have too much time invested in nursing to change occupations.					
5.15. It would be very costly for me income-wise to switch my occupation.					
5.16. I have too much invested in nursing, for example, education and personal effort, to change occupations.					
5.17. For me to enter another occupation would require giving up a substantial investment in training.					
5.18. There would be a great emotional price involved, such as disrupted interpersonal relationships, in changing occupations.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
5.19. It would be emotionally hard for me to change from nursing because of the difficulties it would impose on my family and/or friends.					
5.20. Given my background and experience, there are other attractive alternatives available for me in other occupations.					
5.21. I would have many options if I decided to change occupations.					
5.22. I am pleased that I have many alternatives available for changing occupations.					
5.23. If I left nursing, I feel that I would have desirable options to pursue.					

SECTION 6:

The following statements relate to management style within Mengo Hospital. Please indicate your level of disagreement / agreement by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
6.1. A great deal of confidence and trust is shown in nurses.					
6.2. Nurses feel very free to talk to supervisors about the job.					
6.3. Nurses' ideas are very frequently sought as a matter of course.					
6.4. Nurses' ideas are very frequently used constructively.					
6.5. There is predominant use of fear as motivating force.					
6.6. There is predominant use of threats as motivating force.					
6.7. There is predominant use of punishment as motivating force.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
6.8 There is predominant use of rewards as motivating force.					
6.9 There is predominant use of involvement as motivating force.					
6.10 Responsibility for achieving the goals of Mengo Hospital is felt at all levels.					
6.11 A great deal of cooperative teamwork exists in Mengo Hospital.					
6.12 Information flow is down, up and lateral.					
6.13 Downward communication is accepted with a receptive mind.					
6.14 Upward communication is almost always accurate.					
6.15 Supervisors know the problems faced by subordinates very well.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
6.16 Decisions are made at all levels but well integrated.					
6.17 Subordinates are fully involved in decisions related to their work.					
6.18 The decision making process substantially contributes to motivation of nurses.					
6.19 Organisational goals are established by group action.					
6.20 There is no covert resistance to goals.					
6.21 Review and control functions are widely shared.					
6.22 There is no informal organisation resisting the formal one.					
6.23 Data on cost, sales and number of clients managed is used for self-guidance and problem solving.					

SECTION 7:

Lastly in this section I will ask few questions that relate to your intent to stay/leave Mengo Hospital. Please rate your intention by ticking [√] the MOST appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
7.1. I will probably look for a new employer within the next year.					
7.2. I intend to stay in Mengo hospital for the foreseeable future.					
7.3. I do not intend to pursue alternate employment in the foreseeable future.					

7.4   If your response in 7.1 is agree or strongly agree, please select a reason/or reasons that best describe your reason for actively searching and intending to quit.

I am not satisfied with the promotional opportunities.	1
I am not satisfied with the management style.	2
I am not satisfied with the career management opportunities available.	3
I am not satisfied with the supervisory support.	4
Other (Specify) _	5

Thank you for your important contribution to this vital research.

Appendix J: CONSENT FROM DEVELOPERS OF INSTRUMENTS

Attached please find the article you requested with the scale items in the appendix. You certainly have permission to use all of the scales.

 Best wishes,

 Jeff Greenhaus

Jeffrey H. Greenhaus

Professor and William A. Mackie Chair

Department of Management

LeBow College of Business

Drexel University

Philadelphia, PA 19104

 (215) 895-2139 (Phone)

(215) 895-2891 (Fax)

greenhaus@drexel.edu (email)

 From: henry katamba [mailto:katambahenry@yahoo.com]

Sent: Tuesday, October 05, 2010 7:10 PM

To: jhg23@drexel.edu

Cc: 'henry katamba'

Subject: Request for a copy and formal permission to use the tool measuring perceived supervisory support in my master's dissertation

 To Professor Jeffrey H. Greenhaus,

Department of Management

Drexel University

Philadelphia, PA 19104

TEL 215-895-2139

 This is to request for a copy of the tool with the five items used to measure perceived supervisory support. I would also like to get permission to use this scale in my research.

 I am a student pursuing a Masters in Public Health with the University of South Africa.

I am writing a dissertation on factors affecting voluntary nursing staff turnover in Mengo Hospital located in Uganda.

 In my literature review, I came across a lot of literature that has made use of the items covered in your publication:

 Greenhaus, JH, Parasuraman, S & Wormley, WM. 1990. Effects of Race on Organisational Experiences, Job Performance Evaluations, and Career Outcomes. The Academy of Management Journal 33(1):64-86.

If possible, I would also like to get access to the articles highlighted above, so that I can get first hand interpretation of the content rather than refer to other sources.

I am convinced that the items are applicable to my research. Most of this research has been conducted in the developed world and it will be interesting to get the perspective of Uganda, which is located in sub Sahara Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

 Yours,

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa

E-mail: katambahenry@yahoo.com

……

From: GARY J. BLAU <gblau@temple.edu>

Subject: Fwd: Request for a copy of the Career Commitment Scale and permission to use the scale in my master's dissertation

To: "henry katamba" <katambahenry@yahoo.com>

Cc: "Gary Blau" <gblau@temple.edu>

Date: Tuesday, October 5, 2010, 5:56 AM

Hi Henry - I accidentally sent an earlier email back. You can use my career commitment scale in whatever form you wish (I do not use it anymore), but it is an outdated easure. Occupational commitment (Occ) is more current, and my career commitment scale measures the affective dimension of Occ. There are at least two other dimensions, normative and continuance, and I split the continuance into accumulated costs and limited alternatives...see the attached reprints, hope this helps

please feel free to call me "gary", :)

gary

---------- Forwarded message ----------

From: henry katamba <katambahenry@yahoo.com>

Date: Mon, Oct 4, 2010 at 5:46 PM

Subject: Request for a copy of the Career Commitment Scale and permission to use the scale in my master's dissertation

To: gblau@temple.edu

Cc: M J Oosthuizen <oosthmj@unisa.ac.za>, J H <roosjh@unisa.ac.za>

To Dr. Gary J, Blau,

TEL 251-204-6906

Alter Hall 349

This is to request for a copy of the scale that measure career commitment and permission to use this scale in my research. I am a student pursuing a Masters in Public Health with the University of South Africa. I am writing a dissertation on factors affecting voluntary nursing staff turnover in Mengo Hospital located in Uganda. In my literature review, I came across a lot of literature that has made reference to the scale on career commitment from your publications:

Blau, G. J. (1985). The measurement and prediction of career commitment. Journal of Occupational Psychology, 58, 277-288.

Blau, G. J. (1989). Testing the generalisability of career commitment measures and its impact on employee turnover. Journal of Vocational Behavior, 35, 88-103.

If possible, I would also like to get access to the articles highlighted above, so that I can get first hand interpretation of the content rather than refer to other sources.

I am convinced that the career commitment scale is applicable to my research. Most of this research has been conducted in the developed world and it will be interesting to get the perspective of Uganda, which is located in Sub Saharan Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

Yours,

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa

E-mail: katambahenry@yahoo.com

………………………………………………………………………………………………….

I am happy to give permission.

Cordially,

Robert Eisenberger

Professor of Psychology

College of Liberal Arts & Soc. Sciences

Professor of Management

C. T. Bauer College of Business

University of Houston

reisenberger2@uh.edu

(302)353-8151

---- Original message ----

>Date: Wed, 20 Oct 2010 01:29:13 -0700 (PDT)

>From: henry katamba <katambahenry@yahoo.com>

>Subject: Request for permission to use the scale on perceived organizational support in my Mastr's Dissertation

>To: eisenber@UDel.Edu

>

> Dear Robert, Eisenberger,

This is to request for permission to use the scale that assesses perceived organisational support (POS), in my research.

I am a student pursuing a Masters in Public Health with the University of South Africa.

I am writing a dissertation on factors affecting voluntary nursing staff turnover in Mengo hospital, which is located in Uganda.

In my literature review, I came across a lot of literature that has made reference to the scale that assesses POS from your publication:

Eisenberger, R, Armeli, S, Rexwinkel, B, Lynch, PD & Rhoades, L. 2001. Reciprocation of perceived organisational support. Journal of Applied Psychology 86(1):42-51.

The six item scale assessing POS is applicable to my research. Most of this research has been conducted in the developed world.

It will be interesting to get the perspective of employees in Uganda, which is located in Sub Sahara Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa

E-mail: katambahenry@yahoo.com

……………………………………………………………………………………………

Henry

Feel free to use our scale.

Best of luck to you.

Peter hom

From: henry katamba [mailto:katambahenry@yahoo.com]

Sent: Wednesday, October 20, 2010 1:53 AM

To: Peter Hom

Subject: Request for permission to use the scale on turnover intentions in my master's dissertation

To Professor Peter W, Hom,

Main Campus

PO BOX 874006

Tempe, AZ 85287-4006

Phone: 480-965-6466

Fax: 480-965-8314

Email: peter.hom@asu.edu

Request for permission to use the scale on turnover intentions in my master's dissertation

This is to request for permission to use the scale that measure turnover intentions in my research.

I am a student pursuing a Masters in Public Health with the University of South Africa.

I am writing a dissertation on factors affecting voluntary nursing staff turnover in Mengo hospital, which is located in Uganda.

In my literature review, I came across a lot of literature that has made reference to the scale on turnover intentions from your publication:

Hom, PW & Griffeth, RW. 1991. Structural equations modeling test of a turnover theory: cross-sectional and longitudinal analysis. Journal of Applied Psychology 76(3):350-366.

The three items scale measuring turnover intentions is applicable to my research. Most of this research has been conducted in the developed world.

It will be interesting to get the perspective of employees in Uganda, which is located in sub Sahara Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa

E-mail: katambahenry@yahoo.com

From:

"schmitt@msu.edu" <schmitt@msu.edu>

[Add sender to Contacts]

To:

"henry katamba" <katambahenry@yahoo.com>

Henry:

Certainly go ahead and use it.

Neal

 From: henry katamba

 [mailto:katambahenry@yahoo.com]

 Sent: Wednesday, October 20, 2010 4:40 AM

 To: schmitt@msu.edu

 Subject: Request for permission to use the scale assessing training in

organisations for my Master's dissertation

Dear Dr. Neal Schmitt,

This is to request for permission to use the scale that assesses training in

organisations, in my research.

I am a student pursuing a Masters in Public Health with the University of South

Africa.

I am writing a dissertation on factors affecting voluntary nursing staff turnover in

Mengo Hospital, which is located in Uganda. In my literature review, I came

across a lot of literature that has made reference to the scale that assesses training from your publication:

Rogg, KL, Schmidt, DB, Shull, C & Schmitt, N. 2001. Human resource practices, organizational climate, and customer satisfaction. Journal of Management 27(4):431-449.

The five item scale assessing training is applicable to my research. Most of this research has been conducted in the developed world. It will be interesting to get the perspective of employees in Uganda, which is located in Sub Sahara Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa

E-mail: katambahenry@yahoo.com

……………………………………………………………………………………………………..

Henry -

Permission granted.

The paper in which the items appear may be accessed at either link below:

Go to http://www.bus.lsu.edu/management/faculty/abedeian/index.html and click

on Downloads or go directly to:

http://www.bus.lsu.edu/management/faculty/abedeian/articles/CareerCommitmentAndExpectedUtility-1991.pdf

Best wishes for every success in your studies.

Art

At 01:14 AM 10/22/2010, you wrote:

To Arthur G. Bedeian,

Professor

Rucks Department of Management

3149 B Patrick F. Taylor Hall

Baton Rouge, LA 70803

Phone: 225-578-6141
Fax: 225-578-6140
Email: abede@lsu.edu

 This is to request for permission to use the scale that measure turnover intentions in my research. I am a student pursuing a Masters in Public Health with the University of South Africa.

I am writing a dissertation on factors affecting voluntary nursing staff turnover in Mengo hospital, which is located in Uganda.

In my literature review, I came across a lot of literature that has made reference to the scale on expected utility of present job from your publication:

Bedeian, AG, Kemery, ER & Pizzolatto, AB. 1991. Career commitment and

expected utility of present job as predictors of turnover intentions and turnover behavior. Journal of Vocational Behavior 39(3):331-343.

The two items scale measuring expected utility of present job is applicable to my research.

Most of this research has been conducted in the developed world.

It will be interesting to get the perspective of employees Uganda, which is located in sub Sahara Africa, where I will be conducting my research.

Please feel free to consult my supervisor Dr. MJ, Oosthuizen at oosthmj@unisa.ac.za or my co-supervisor Dr. JH, Roos at roosjh@unisa.ac.za in regard to any issue related to my study.

Your consideration in this matter will be highly appreciated.

Dr. Henry Stanley Katamba

MPH student number 34710272

University of South Africa
E-mail: katambahenry@yahoo.com

Appendix K: Results of reliability analysis for each item in the data collection tool

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
2.1. The hospital takes pride in my accomplishments.	210.75	853.369	.912
2.2. The hospital really cares about my well-being.	210.77	841.608	.911
2.3. The hospital values my contributions to its well-being.	210.69	841.294	.911
2.4. The hospital strongly considers my goals and values.	211.00	846.590	.911
2.5. The hospital shows little concern for me.	211.13	848.828	.912
2.6. The hospital is willing to help me if I need a special favor.	211.27	844.213	.911
3.1. Sufficient time is allocated for training.	211.24	846.649	.912
3.2. Sufficient money is allocated for training.	211.66	859.132	.913
3.3. Training currently provided is leading to satisfactory results.	211.23	841.687	.911
3.4. Training plans are developed and monitored for all employees.	211.55	852.094	.912
3.5. Training programs are consistently evaluated.	211.35	848.952	.912
4.1. There is a very good opportunity for advancement.	211.49	836.708	.910
4.2. I have a good chance for promotion.	211.55	838.964	.911

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
4.3. I have fairly good chance for promotion.	211.39	847.721	.912
4.4. Promotions are always given based on ability.	211.13	845.173	.912
4.5. Opportunities for promotion are limited.	211.62	863.012	.914
4.6. When I think of my career six months from now, I envision myself in a position with more responsibility.	210.96	842.839	.912
4.7. If my boss or supervisor told me I was being promoted, it would mean that they had so much confidence in my abilities.	210.37	844.363	.912
4.8. I have reached the point where I feel I have learned as much as I possibly can in my present position.	211.06	841.742	.912
4.9. An employee's promotion is important to this organisation.	210.67	843.040	.912
4.10. Promotion exercise is held regularly.	211.96	848.300	.912
5.1. I feel that my present job will lead to future attainment of my career goals.	210.82	831.217	.910
5.2. My present job is relevant to the growth and development in my career.	210.66	835.476	.911
5.3. Nursing is important to my self-image.	210.08	845.937	.912
5.4. I am happy to have entered the nursing occupation.	209.72	855.488	.912

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
5.5. I am proud to be in the field of nursing.	209.61	862.300	.913
5.6. I like being a nursing practitioner.	209.57	867.712	.913
5.7. I am enthusiastic about the nursing occupation.	209.97	870.102	.914
5.8. I believe that people who have been trained as nurses have a responsibility to stay in that occupation.	210.09	868.065	.914
5.9. I feel an obligation to remain in nursing.	210.08	859.808	.913
5.10. I feel a responsibility to continue in the nursing occupation.	210.20	846.711	.911
5.11. Even if it were to my advantage, I do not feel it would be right to leave nursing right now.	210.60	839.715	.911
5.12. I would feel guilty if I left the nursing occupation.	210.55	848.370	.912
5.13. I am in nursing partly because of a sense of loyalty to it.	211.41	872.424	.915
5.14. I have too much time invested in nursing to change occupations.	210.58	876.684	.915
5.15. It would be very costly for me income-wise to switch my occupation.	210.63	877.950	.915
5.16. I have too much invested in nursing, for example, education and personal effort, to change occupations.	210.29	875.783	.915

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
5.17. For me to enter another occupation would require giving up a substantial investment in training.	210.19	876.912	.915
5.18. There would be a great emotional price involved, such as disrupted interpersonal relationships, in changing occupations.	210.83	859.011	.913
5.19. It would be emotionally hard for me to change from nursing because of the difficulties it would impose on my family and/or friends.	210.94	861.949	.913
5.20. Given my background and experience, there are other attractive alternatives available for me in other occupations.	211.30	866.942	.914
5.21. I would have many options if I decided to change occupations.	211.46	855.120	.913
5.22. I am pleased that I have many alternatives available for changing occupations.	211.46	849.215	.912
5.23. If I left nursing, I feel that I would have desirable options to pursue.	210.27	918.569	.920
6.1. A great deal of confidence and trust is shown in nurses.	210.70	837.290	.911
6.2. Nurses feel very free to talk to supervisors about the job.	211.21	842.604	.911

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
6.3. Nurses' ideas are very frequently sought as a matter of course.	211.49	843.139	.911
6.4. Nurses' ideas are very frequently used constructively.	211.49	838.010	.911
6.5. There is predominant use of fear as motivating force.	210.69	900.947	.918
6.6. There is predominant use of threats as motivating force.	210.44	891.636	.917
6.7. There is predominant use of punishment as motivating force.	210.35	884.607	.916
6.8. There is predominant use of rewards as motivating force.	211.50	847.260	.912
6.9. There is predominant use of involvement as motivating force.	211.14	852.757	.912
6.10 Responsibility for achieving the goals of Mengo hospital is felt at all levels.	210.71	847.208	.912
6.11. A great deal of cooperative teamwork exists in Mengo Hospital.	210.63	847.347	.912
6.12. Information flow is down, up and lateral.	210.97	855.741	.912
6.13. Downward communication is accepted with a receptive mind.	210.89	857.694	.913
6.14. Upward communication is almost always accurate.	210.85	860.461	.913
6.15. Supervisors know the problems faced by subordinates very well.	211.20	843.556	.912

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
6.16. Decisions are made at all levels but well integrated.	211.32	844.426	.911
6.17. Subordinates are fully involved in decisions related to their work.	211.53	848.353	.912
6.18. The decision making process substantially contributes to motivation of nurses.	211.27	840.441	.911
6.19. Organisational goals are established by group action.	211.02	845.922	.912
6.20. There is no covert resistance to goals.	211.01	861.418	.913
6.21. Review and control functions are widely shared.	210.99	852.970	.912
6.22. There is no informal organisation resisting the formal one.	210.86	869.990	.914
6.23. Data on cost, sales and number of clients managed is used for self-guidance and problem solving.	210.91	852.622	.912
7.1. I will probably look for a new employer within the next year.	210.97	900.784	.918
7.2. I intend to stay in Mengo Hospital for the foreseeable future.	210.77	904.461	.919
7.3. I do not intend to pursue alternate employment in the foreseeable future.	210.52	902.397	.918