

**REASONS FOR HIGH TURNOVER OF NURSING
PROFESSIONALS AT PUBLIC HOSPITALS IN ANGOLA**

by

GASPAR MATEUS

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SUPERVISOR: PROF MC BEZUIDENHOUT

**JOINT SUPERVISORS:
MRS JE TJALLINKS AND MRS MFCC DE ALMEIDA**

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Student number: 3378-199-0

DECLARATION

I declare that the study on **REASONS FOR HIGH TURNOVER OF NURSING PROFESSIONALS AT PUBLIC HOSPITALS IN ANGOLA** is my own work and that all the sources consulted, used or quoted are reliable sources and that this work has not been submitted previously in any other institution.

SIGNATURE
(Gaspar Mateus)

DATE

REASONS FOR HIGH TURNOVER OF NURSING PROFESSIONALS AT PUBLIC HOSPITALS IN ANGOLA

STUDENT NUMBER: 3378-199-0
STUDENT: GASPAR MATEUS
DEGREE: MASTER OF ARTS
DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA
SUPERVISOR: PROF MC BEZUIDENHOUT
JOINT SUPERVISOR: MRS JE TJALLINKS AND MRS MFCC DE ALMEIDA

ABSTRACT

The observed high turnover of nursing staff in some public hospitals in Luanda was assumed to give rise to staff shortages, resulting in work overload for the remaining nurses and poor service delivery. The aim of this study was to determine the reasons for the high turnover of nurses in public hospitals in the city of Luanda, and to determine the actual turnover over a two-year period.

The researcher adopted a quantitative approach with an exploratory and descriptive design, using a questionnaire for data collection from a sample of 100 respondents consisting of the Directors of Nursing, Directors of Human Resources and Heads of Departments (ward/units) in seven public hospitals.

The study found that the most common reasons for the resignation of nurses were retirement, ill health, and better remuneration and working conditions elsewhere. Lack of motivation could be ascribed to the perceived low remuneration, insufficient supplies and equipment, being overworked due to staff shortages, unsafe working environment and poor conditions of service. Recommendations were made to tackle these issues. It was however not possible to determine the actual extent of nurses resigning from the public hospitals.

KEY TERMS

Conditions of service; motivation; public hospital; turnover.

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Dedication

To God

*Who is and will always be merciful.
I honour and glorify Him.*

“I came to the world as light, so that all those that believe in me do not remain in darkness” J.12-46.

To my wife Luzia B. Mateus (in memoriam) who while on this earth, and whenever I was absent due to my studies, always took on the added responsibilities, providing guidance to our children and to our home.

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CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

Quality care and service is always a serious concern of medical and nursing professionals. For some time there have been increasing complaints about poor service to patients in public hospitals in the Angolan capital, Luanda. One of the reasons given for poor service delivery is the high turnover of professional nurses in public hospitals. This turnover gives rise to a shortage of nursing professionals and a heavy workload for the remaining staff, which results in less than adequate provision of health care.

1.2 CONTEXT AND BACKGROUND

Angola is part of Southern Africa. Its capital is Luanda, a city situated on the coast of the Atlantic Ocean, with a tropical humid climate with only two seasons: the dry and the rainy (wet) season. The rainy season is longer than the dry season. During the 1960s, until shortly before independence, Luanda had a population of 1 000 000. The current number, however, is approximately 5 500 000. During the prolonged civil war in the country (twenty-five years), people from the rural areas and other cities fled to Luanda, which offered better security in terms of sustaining life and health (Aço 1998:131).

Angola is divided into eighteen provinces, which constitute the wider administrative units. Each provincial capital has a provincial hospital and each of these has a department for provision of maternity care due to the high rate of maternal deaths (Bastos, Paixão, Fernandes & Deluiz 2003:54).

Luanda offers the following health services: seven national hospitals; one national maternity hospital; two provincial maternity hospitals; four provincial hospitals and thirty-six health centres. The national hospitals and the national maternity hospital attend to and render assistance to patients with complex illnesses or more complex cases, from various areas of the country, as these are the health institutions equipped with specialised equipment and adequately qualified staff.

The provincial hospitals, in accordance with their specific locality and respective limits of activity, attend to and render assistance to patients from their respective areas. However, patients with complex illnesses, which these hospitals are unable to attend to, are transferred to the National Hospitals (Juan 1997:68).

The health centres are smaller institutions with less attendance capabilities than the hospitals, and mostly situated in the peripheral areas of the city to attend to the needs of the people in those areas. Complex cases to be admitted are transferred to the provincial hospitals (Juan 1997:27, 29).

To function effectively, the public services require adequate equipment, supplies and human resources. This study focused on human resources in the form of professional nurses because of the impression that there is a high turnover in public hospitals resulting in the loss of trained and skilled professionals. To fill these vacancies with sufficient professional nurses constitutes a problem that can be related to the low salaries paid by the government institutions. Despite the marked salary increase in 1996 (after a strike by the Health Sector), nursing civil servants continue leaving their jobs at government hospitals as soon as better opportunities arise in the private sector (Cruz 2000:25).

1.3 RESEARCH PROBLEM

The high turnover of professional nursing staff and the difficulties in finding replacements for them has a negative bearing on service delivery and effective human resource management. For example, the shortage of staff with a subsequent increase in workload for the remaining nursing staff, negatively impacts on the delivery of patient care and increases the levels of job dissatisfaction, which is a concern for the leaders in health services (Cruz 2000:27).

The researcher therefore wished to investigate the problem of the high turnover of professional nursing staff at public hospitals in Luanda. In order to do so, the researcher formulated the following research questions:

- What are the reasons for the high turnover of nurses at public hospitals?
- What is the extent of the turnover of professional nurses?

1.4 PURPOSE OF THE STUDY

The study wished to determine the reasons for the turnover of nursing professionals at Luanda public hospitals and to make recommendations to resolve the problem.

1.4.1 Objectives

The objectives of this study were to

- determine the reasons for the high turnover of nursing professionals at public hospitals in Luanda
- determine the extent of the turnover during the last two years
- recommend measures to reduce the numbers of nursing professionals who resign from public hospitals of Luanda

1.5 ASSUMPTION

According to LoBiondo-Wood and Haber (1998:321), an assumption is a basic principle, which is assumed to be true without the need for scientific proof.

This study was based on the assumption that if staff members are satisfied and well cared for in their places of work they will be less inclined to resign.

1.6 METHODOLOGY

Methodology is “the art of guiding the spirit in the investigation of the truth, by means of adequate methods, techniques and procedures, which make it possible to attain the objectives” (Leopardi 2002:163).

1.6.1 Research design

The research design is “the researcher’s general plan to answer the research question” (Polit, Beck & Hungler 2004:195). It serves as “a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings”

(Burns & Grove 2005:23). For this study, the researcher used a quantitative approach, with an exploratory and descriptive design.

Quantitative research tends to emphasise “deductive reasoning, the rules of logic and the measurable attributes of human experience” (Polit & Hungler 1995:17). In general, research that makes use of the quantitative approach (Polit & Hungler 1995:18):

- Focuses on a relatively small number of specific concepts.
- Starts with preconceived ideas about the manner through which concepts are interrelated.
- Utilises structured procedures and formal instruments to collect information.
- Collects information within controlled conditions.
- Emphasises objectivity in the collection and analysis of information.
- Analyses numerical information, through statistical procedures.

Quantitative research, then, involves the systematic collection of numerical information, normally within very controlled conditions and analyses that information, using statistical procedures (Polit & Hungler 1995:18).

An **exploratory design** seeks a deeper knowledge of the problem or research object. However, exploratory research is not limited to simply observing and registering the frequency of the phenomenon, but also tries to explore the dimensions of this phenomenon, the manner in which it is manifested and the other factors with which it interrelates. An exploratory design can be applied to any type of research and especially when the chosen topic has not yet been studied in detail on previous occasions, therefore there is still not much data about that specific issue (Polit & Hungler 1995:14).

A **descriptive design** enables the researcher in a descriptive study to observe, describe and classify information. Descriptive research is the more traditional form of research. It describes the characteristics of a specific population or a specific phenomenon and clarifies the factors that contribute, in some way, to the occurrence of a phenomenon (Costa & Costa 2001:62).

1.6.2 Population

According to LoBiondo-Wood and Haber (2001:320), a population is a well-defined set with certain specific characteristics and furthermore “can be constituted by people, animals, objects or events”.

For this study, the population consisted of three categories of managers working in seven public hospitals in the city of Luanda, namely

- (1) Directors of nursing services
- (2) Directors of human resources of the hospitals
- (3) Head nurses of nursing departments

1.6.3 Sample

Sampling is a technique used when the number of elements belonging to a group is large to the point of making research unfeasible. In this case, the solution is to delimit a part that can represent the whole set of elements; that is, the sample. Thus, the total number of elements is the universe or the study population, and the sample is a portion of that group. The population always consists of the total number of elements that represent the characteristics of the sample (LoBiondo-Wood & Haber 2001:141).

1.6.3.1 Type of sample

For this study, a combination of purposeful (or intentional) sampling and random stratified sampling was used. Purposeful sampling is based on the presupposition that the researcher’s knowledge about the population can be used to indicate the cases to be included in the sample. In other words, the researcher can decide to select or choose, on purpose, individuals who are considered typical of the population in question, or are particularly knowledgeable of the issue being studied (Polit & Hungler 2001:229). Random stratified sampling is characterised by a strategy of probabilistic sampling in which the population is divided into strata or subgroups. An appropriate number of elements for each subgroup is selected at random on the basis of its ratio within the population. The population is stratified according to any number of attributes,

such as gender, ethnicity, religion, socio-economic condition and level of completed education (LoBiondo-Wood & Haber 2001:146).

Stratified sampling was applied to all three groups of respondents. The first two groups were purposefully selected due to the limited number of the total population (the directors of nursing services and the directors of human resources within the selected hospitals). The head nurses of nursing departments, however, were selected randomly to establish a total sample size of 100.

1.6.4 Instrument

In the case of research, instrumentation refers to the data-collection instrument that is applied during the research process. For this study, the researcher used a self-developed questionnaire.

According to LoBiondo-Wood and Haber (2001:179), the questionnaire is developed to collect data from individuals with regard to knowledge, attitudes, beliefs and feelings. Furthermore, when developing the instrument, the researcher must take into account the following aspects: questions must be organized in a logical sequence, in an order of psychological significance and in a way to stimulate the respondents' cooperation and honest opinion.

1.6.4.1 Validity

The validity of an instrument refers to "whether the instrument measures what it is intended to measure" (LoBiondo-Wood & Haber 2001:187). When an instrument is valid, it truly reflects the concept that it must measure. However, an instrument cannot measure in a valid manner the attribute in question if it is varying, incoherent and inexact (LoBiondo-Wood & Haber 2001:188). It should be pointed out that there are various types of validity according to the type of information provided and the purpose of the research.

For this study, face and content validity were applied. Face validity "is a rudimentary type of validity which basically ascertains whether the instrument gives the appearance of measuring the concept". It is an intuitive type of validity where researchers ask

colleagues or a research expert to read the instrument and to evaluate the content in terms of whether it seems to reflect the concept that the researchers intend to measure (LoBiondo-Wood & Haber 2001:189). Content validity refers to “the extent that the items of an instrument represent the universe of the content” and it is validated by means of the literature review (Polit & Hungler 1995:373).

1.6.4.2 Reliability

Reliability is “the coherence or consistency of a measuring instrument” (LoBiondo-Wood & Haber 2001:317). Therefore, reliability refers to coherence, precision, stability, equivalence and homogeneity of the instrument’s content.

According to LoBiondo-Wood and Haber (2001:192), a reliable measure is “a measure that can produce the same results if the behaviour is measured repeatedly by means of the same scale”. Furthermore, the reliability of an instrument is the level in which the instrument produces the same results over repeated measurements.

1.6.5 Data collection

The questionnaires were delivered to the seven respective hospitals and distributed to the respondents included in the sample. The respondents were asked to provide the required statistics for the period July 2004 to June 2006.

1.6.6 Data analysis

Data analysis refers to the management of the raw data so that it facilitates interpretation. In this study, descriptive statistics were used for data analysis, which enabled the researcher “to reduce, summarise, organise, evaluate, interpret and communicate the numerical information” (Polit & Hungler 1995:227). The statistical techniques reduced the data to manageable parts by summarising them and also described various characteristics of the data being analysed. The descriptive statistics were presented in the form of tables and graphs to provide a clear and organised picture of the results (LoBiondo-Wood & Haber 2001:148). The researcher obtained the assistance of a professional statistician for data analysis and presentation.

1.7 PRE-TESTING THE INSTRUMENT

A pilot study is a small-scale version of the study and serves as preparation for the larger study. However, in this study, the researcher only conducted a pre-test of the data collection instrument with a group of nursing professionals similar to those in the major study but at a different hospital. The aim was to determine the quality of the instrument as a whole (reliability and validity), the respondents' perception and feedback, and the clarity, appropriateness and coherence of the questionnaire (Polit & Hungler 1995:364).

1.8 PERMISSION TO CONDUCT THE STUDY

The researcher requested permission to conduct the study from the directors of the seven hospitals. The researcher submitted an official letter, requesting permission, together with the research proposal and the questionnaire, to the central administrative offices of each hospital.

1.9 DEFINITION OF TERMS

For the purposes of this study, the following terms are used as defined below:

Civil servant. A person who performs a remunerated public function. Costa and Melo (1999:792) define a civil servant as someone "who has a permanent occupation and is remunerated by the state".

Director of Human Resources. According to Abreu and Valle (2000:404), a director of human resources "guides people towards attaining the organisational objectives through appointing, retaining, dismissing, development and adequate utilisation of human resources within an organisation".

Head of Nursing Department. This is a first-level nurse manager, in charge of the nursing sections, wards or hospital units; usually a professional nurse with a number of years' experience.

Nursing Director. This is a professional nurse who directs and manages the nursing services in a hospital. This person usually has the overall responsibility of ensuring that the nursing section is adequately functional and that good cooperation exists with other disciplines and departments in the hospital.

Public hospital. This is “a government health institution that receives and treats members of the population for health care-related conditions” (Costa & Melo 1999:889). Normally, public hospitals serve the section of the population that does not have health care insurance.

Turnover. This refers to the number of employees who go through the various work posts within an institution during a specific period of time, due to resignation, ill health or retirement (Anselmi & Gomes 1997:44). For the purposes of this study, “turnover” refers to the number of nurses who resigned from their positions to leave the services of the public hospital.

1.10 ETHICAL CONSIDERATIONS

Involvement in a research study must not place the participants at a disadvantage or expose them to situations for which they may not have been explicitly prepared. Participants must be assured that their participation, or the information that they may provide the researcher, will not be used against them (Polit et al 2004:85).

Ethical codes have been scientifically and ethically developed to guide researchers in their planning and research. The three main ethical principles are beneficence, respect for human dignity, and justice (Polit & Hungler 1995:307). This study ensured anonymity, confidentiality and respect for the respondents.

1.11 OUTLINE OF THE STUDY

Chapter 1 discussed the context, purpose and objectives of the study, the research design and methodology, including the population, sample, and data-collection instrument, and defined key terms.

Chapter 2 discusses the literature review conducted for the study.

Chapter 3 describes the research design and methodology.

Chapter 4 covers the data analysis and interpretation.

Chapter 5 presents the conclusions and makes recommendations.

1.12 CONCLUSION

This chapter discussed the problem of the high turnover of nursing professionals at public hospitals in Luanda, the purpose and objectives of the study as well as the research design and methodology, and defined key terms used. Chapter 2 discusses the literature review.

CHAPTER 2

Literature review

2.1 INTRODUCTION

To gain an insight into the high turnover of nursing professionals at some hospitals in Luanda and discover means to resolve the problem, the researcher undertook a literature review. The general aim of a literature review is to gather information on a specific topic with a view to improving the researcher's knowledge of the phenomenon under study. The literature review indicates what is known about a topic, "clarifies the importance of the new study" and thus "enables the integration of knowledge and facilitates building up knowledge" (Polit et al 2004:125).

Geri and Judith (2001:54) explain that the general aim of a literature review in nursing sciences is to create a strong base of knowledge to carry out research and other specialised activities within the scenarios of clinical and educational professional activity. Furthermore, knowledge imparted through a critical literature review contributes to the development and implementation of the results both of quantitative as well as qualitative studies.

According to Bastos et al (2003:5), the objectives of the literature review are to

- substantiate the problem, objectives, questions or hypothesis of the research
- avoid the non-intentional duplication of the studies which have already been carried out
- familiarise the researcher with the current knowledge of the area which is the focus of the study as well as with methodological procedures adopted in other research studies
- build a conceptual framework for the interpretation of the results of the research

Polit and Hungler (1995:56-57) state that the most important information in a literature review is found in research reports that describe empirical investigations. Preferably, the reviewer must concentrate on reports from a primary source, namely the researchers' own descriptions of their studies. Secondary sources are others' descriptions of studies

and do not necessarily provide comprehensive details about the research. Moreover, secondary sources could distort aspects of the research and lack complete objectivity in their evaluation. Thus, secondary sources should not be substituted for primary sources.

In this study, the literature review covered the following:

- Turnover of nursing professionals
- Work satisfaction versus work dissatisfaction
- Herzberg's two-factor theory
- Types of turnover
- Reasons for resigning
- Reduction of turnover

2.2 STAFF TURNOVER

Staff turnover can have a detrimental effect on the services provided by an institution. The loss of experienced staff members not only lowers productivity, but also requires a costly process of recruiting, appointing and placing staff.

2.2.1 Definition of staff turnover

Staff turnover refers to the number of workers who go through work positions within an institution, or who leave the institution within a specific period of time (Anselmi & Gomes 1997:44).

Anselmi and Gomes (1997:46) add that turnover can be measured through mathematical procedures, and the results thus obtained can be defined according to the repercussions at the level of efficiency and productivity of the institution. Furthermore, this evaluation determines the interventions to be carried out in order to control turnover and the retention of staff so as to ensure the functional balance of the institution.

2.2.2 Work satisfaction versus work dissatisfaction

Staff turnover can be associated with how valued members of staff feel at the institution for which they work and also with the level of satisfaction of their needs by that same institution (Daft 1999:316). Consequently, the level of job satisfaction or dissatisfaction employees experience could serve as a driving force for them to stay or leave their place of work.

Daft (1999:318) maintains that motivation is one of the important factors that can generate a high level of performance within organisations; thus, managers should use motivational theories to help satisfy the needs of their staff while, at the same time, stimulating a high level of work performance. In addition, low employee motivation adversely affects productivity and the quality of services rendered. When that happens, the manager must take into account and apply motivating measures that will satisfy employees' needs and thus reduce dissatisfaction.

2.2.2.1 Herzberg's (1973) two-factor theory on motivation

Daft (1999:321) uses Herzberg's (1973) theory on motivation to explain people's behaviour in a work situation in terms of satisfaction and dissatisfaction. According to Herzberg, work-related satisfaction and dissatisfaction are determined by motivational and hygiene factors. Herzberg maintained that if employees were satisfied in their work environment, they would be less inclined to seek work elsewhere. Moreover, satisfaction and dissatisfaction are not on a continuum, but actually two separate dimensions.

Herzberg's hygiene factors, also designated as extrinsic or environmental factors, are found in the environment that surrounds people and encompass the conditions within which they carry out their jobs (Daft 1999:321). The main hygiene factors are salary, social benefits, type of management under which employees work, physical and environmental working conditions, company policies and directives, organisational climate, and internal regulations. The non-existence of these factors creates job dissatisfaction. However, it should be noted, that the positive existence of these aspects and conditions does not result in work satisfaction, but only decreases the level of dissatisfaction.

Motivational factors, also described as intrinsic factors, relate to the content, nature of, and challenges of the job held and are responsible for the level of satisfaction experienced by the employee. Motivational factors involve feelings of individual growth, professional recognition and self-fulfilment. These motivational factors are responsible for an increase in the level of satisfaction experienced by the employees. The absence of motivational factors reduces the level of satisfaction but does not cause dissatisfaction (Daft 1999:321).

In their study on motivating factors and factors that cause work dissatisfaction amongst nurses at health institutions in Aracaju, in the Brazilian Northwest, Batista, Vieira, Cardoso and Carvalho (2004:85) emphasise remuneration and working conditions. Remuneration was not the main reason the nurses left their jobs, although it was a reason for job dissatisfaction and was most commonly preceded only by poor working conditions. Batista et al (2005:85) found that factors that motivate nurses to remain in their job included doing what they enjoy, working within their area of professional expertise, having good relations with hierarchical superiors and team co-workers, stability at work, advertising of positions and applications generally open to all, and recognition for work well done.

Juan (1997:76) claims that the essence of human resources management has nothing to do with the number of nursing professionals with university qualifications, but rather with staff motivation and level of work satisfaction within the work environment during the execution of their professional activities.

In identifying why nursing professionals left the hospitals where they worked, in the city of São Paulo, Brazil and the consequences of the high turnover for the institution and the nurses, Santos and Teixeira (2002:30) found that the turnover in some hospitals of São Paulo was high and highly influenced by the salary policy of those institutions, which resulted in low salary levels. Nevertheless, salaries were not the main motivational factor. Participants only indicated low salary as a negative factor when they were also unhappy with other aspects such as lack of appreciation for work carried out, inadequate communication between superiors and subordinates, and unsatisfactory relations amongst the members of the work team (Santos & Teixeira 2002:30).

Salary is not the major motivation factor, but can represent the starting point for any tactical plan to retain the best employees within an institution to be effective. The salary earned reflects on employees' social position and defines their status within society. As far as hygiene factors are concerned, benefits and subsidies can also encourage employees to remain at institutions. Managers use various types of benefits and subsidies within their institutions to motivate their subordinates, such as medical aid, meals, transport, school and nursery school subsidies, travel, and membership of co-ops (Aço 1998:131-138). Employees' health and safety constitute one of the main bases for maintaining a stable workforce. Generally, health and safety at work are closely interrelated to ensure personal and material working conditions. Occupational hygiene refers to norms and procedures aimed at protecting workers' physical and mental integrity, protecting them against health risks inherent to the type of tasks of the job and to the physical environment where these tasks are executed. Safety at work consist of the technical, educational, medical and psychological measures used to prevent accidents, either by eliminating unsafe conditions within the environment or instructing or convincing workers of the need to introduce preventive practices (Aço 1998:131-138).

Chiavenato (1997:151-152) found that in institutions with a low level of efficiency in terms of leadership, efforts were always only geared towards the organisational objectives without attending to staff needs. The result was a high level of pressure on people to carry out their tasks and, subsequently, dissatisfaction as well as negative attitudes on the part of staff towards work and their superiors. Therefore, the system to retain employees is based on creating and managing a set of stimuli aimed at meeting their motivational needs (Aço 1998:131-138).

2.2.3 Types of turnover

Staff turnover is not always due to negative situations. Often, staff members resign from their position to look for better opportunities or leave their positions to go on pension.

According to Abreu and Valle (2000:404), turnover can occur for the following reasons:

- Dismissal due to
 - improper conduct (infringement of rules and/or regulations of the institution)
 - inadequate work performance
 - inability (ill health)
- Retrenchment due to economic reasons or operational requirements of the enterprise
- Retirement due to retirement age
- Personal resignation (due to various factors)

2.2.4 Reasons for resigning

Usually when employees resign, the institution tries to determine the reasons, whether positive or negative. The situation is positive when they receive better job offers or they decide to stop working due to personal reasons. As far as the negative side is concerned, dissatisfaction is the reason in the majority of cases.

Abreu and Valle (2000:275) refer to Herzberg's (1973) reasons for staff dissatisfaction within organisations that usually result in resignations, namely:

- Inadequate company policy and management
- Dissatisfactory interpersonal relations with supervisors, colleagues and subordinates
- Rigid (inflexible) technical supervision
- Non-competitive salary levels
- Threatened job security
- Imbalance between work and personal life
- Inadequate working conditions
- Unsatisfactory work environment
- No guarantees of future advancement
- Lack of recognition by superiors with regard to activities performed

In a study in São Paulo, Brazil, Anselmi and Angerami (2005:2) found the following reasons for a high turnover of nursing staff:

- Transfers to institutions in other cities
- Family reasons, separation from the family to work in a city or town far from the family and the family not being able to move with them
- Searching for better professional prospects, such as training and on-going development
- Having to work a great deal of overtime
- Non-remuneration for extra hours worked
- Insufficient or inadequate working instruments
- Delayed relief from duty by other teams
- Better opportunities in other institutions
- Personal reasons, including to look after the children, a sick or disabled spouse, or sickly or disabled parents
- Spouse having been transferred.

2.2.5 Reduction of turnover

In order to reduce staff turnover at hospitals, managers need to reconsider their management and leadership styles to take care of employees' needs. Chiavenato (1997:150-151) maintains that democratic leadership creates an environment of satisfaction, group integration, responsibility and compromise on the part of staff within the institution. Democratic leadership is highly communicative; encourages staff participation in the resolution of problems, and is concerned with productivity and staff problems. These aspects stimulate staff to remain in the institution, thereby preventing or reducing the turnover.

Aço (1998:131-138) found that situations that enable employees to remain are based on prior knowledge of their strong and weak points, as well as of their individual needs. This knowledge is only possible after a period of between six months and a year of working together with the employee. Furthermore, for retaining staff, it is imperative to know the workers' profile, so that all motivational decisions can be in line with each person's specific needs (Aço 1998:131-138).

Anselmi and Angerami (2005:1-2) are of the opinion that to reduce turnover, the institution must improve working conditions by introducing flexible work schedules and timetables, improved relations and networking amongst working groups, and use detailed interview cards for a more accurate evaluation of the reasons why professionals leave the institution.

Daft (1999:502-504) emphasises the following measures: favourable working conditions such as good communication between supervisors and subordinates; adequate communication amongst the team members; adequate material resources for staff to carry out their delegated tasks and activities and company policies in line with the needs of the employees. In addition, the following measures are important to retain employees: acknowledgement of work well done and of employees' responsibility, and provision of opportunities for professional growth and development through continuous education.

Abreu and Valle (2000:276) found the following factors to retain staff: allowing them responsibility and autonomy; showing them respect and acknowledging good work; a feeling of well-being at work; giving them the opportunity to see their ideas accepted; fair salaries, and job security.

2.3 CONCLUSION

This chapter discussed the literature reviewed by the researcher on turnover, as well as reasons for and methods to reduce turnover. Chapter 3 describes the research design and methodology.

CHAPTER 3

Research methodology

3.1 INTRODUCTION

This chapter discusses the research design and methodology. Sousa (2003:28) describes research methodology as “the study of the methods of the various sciences, according to the laws of discourse, or the art of guiding the spirit in the investigation of the truth”. The methodology of a research project must be adapted to the problem to be investigated, the hypothesis or questions raised, and the type of informants with whom contact will be made. Therefore, the methodology is not the same for all studies (Leopardi 2002:163).

This study wished to determine the reasons for the turnover of nursing professionals at Luanda public hospitals and to make recommendations to resolve the problem. In order to do so, the objectives of the study were to

- determine the reasons for the high turnover of nursing professionals at public hospitals in Luanda
- determine the extent of the turnover during the last two years
- recommend measures to reduce the numbers of nursing professionals who resign from public hospitals of Luanda

This chapter discusses the following aspects:

- Research design
- Assumption
- Population
- Sample
- Data-collection instrument
- Data analysis
- Pre-testing the instrument
- Permission to conduct the study

- Ethical considerations

3.2 RESEARCH DESIGN

Research design is researchers' plan, structure and strategy developed to obtain answers to their questions and to control variance (Bastos et al 2003:48).

For the purposes of this study, the researcher adopted a quantitative approach, as the objective of this research study was related to the real world. According to Polit et al (2004:29), a quantitative approach refers to the general set of organised and controlled procedures, used to acquire information. Moreover, the information gathered is generally (but not always) quantitative (that is, numerical information which results from formal measuring and which is analysed through statistical procedures).

An **exploratory design** seeks to explore the dimensions of a phenomenon, the manner in which it is manifested, the factors with which it is manifested, and the other factors with which it is related. Therefore, the study is not limited to simply observing and registering the incidence of the phenomenon (Polit et al 2004:34).

In **descriptive research**, the researcher "observes, relates, describes and classifies" and the descriptive format further "involves the predominance influence, incidence, size and the measurable attributes of a phenomenon" (Polit et al 2004:34).

3.3 ASSUMPTION

An assumption is a basic principle presupposed to be true without the need for scientific proof (LoBiondo-Wood & Haber 1998:321). This study was based on the assumption that if staff members were satisfied and well cared for in their places of work they would be less inclined to resign.

3.4 POPULATION

A population is “a well-defined group of people who have certain specific characteristics” (LoBiondo-Wood & Haber 1998:320). In this study, the population consisted of three groups (categories) of managers working in seven public hospitals in the city of Luanda, namely:

- Directors of nursing services, who have a higher position and manage or supervise nursing services at hospitals.
- Directors of human resources of the hospitals, who recruit and appoint staff, manage all personnel related matters and attend to the development of and maintenance of staff.
- Head nurses of nursing departments, who are in charge of the nursing sections and clinical units within a hospital and who manage health care at primary level.

3.5 SAMPLING

Sampling is a process of selection of a portion of the population to represent the whole population (Polit et al 2004:225). For this study, the researcher used two types of sampling: purposeful and stratified random sampling.

In **purposeful (or intentional) sampling**, researchers select or choose individuals on purpose who are considered typical of the population in question, or are particularly knowledgeable of the phenomenon being studied (Polit et al 2004:229). Purposeful sampling was used for the seven directors of nursing and the seven directors of human resources of each of the seven hospitals because there was only one individual in the position at each of the hospitals.

Simple random sampling was used for the heads of nursing departments of each of the seven hospitals. This is a probabilistic sampling strategy through which the population is defined, a sampling structure is numbered and a subset is selected from which a sample was chosen (LoBiondo-Wood & Haber 2001:145).

3.6 DATA-COLLECTION INSTRUMENT

An instrument is the technique that the researcher uses to collect data. It can have the format of a questionnaire, tests, observations, or interviews (Polit et al 2004:436). For this study, the researcher selected the questionnaire as the data-collection instrument.

Polit et al (2004:256) point out that a questionnaire has the following advantages:

- It costs less and requires less time and effort to manage.
- It offers the possibility for complete anonymity, which can be crucial when obtaining information about illegal or deviant behaviours.
- The absence of an interviewer ensures impartiality, leaving participants at ease to respond freely to the questions.

At the same time, a questionnaire has the following disadvantages (Polit et al 2004:256):

- It must not be very long so as not to tire the respondents.
- A long questionnaire does not favour a quick answer from respondents and, often, the answers do not correspond to the answers required in the questionnaire.
- There can be mistakes when filling in the questionnaire due to the lack of attention by the researcher.
- Participants can fill in the questionnaire not with the aim of cooperating with researchers, but rather to get rid of them (not really willing to cooperate in filling in the questionnaire).

The questionnaire (refer to Annexure D) comprised questions related to the topic of the study and the same questionnaire was given to all three groups of the population.

3.6.1 Validity

Validity refers to the extent to which the instrument really measures what it is intended to measure (Bastos et al 2003:52).

Polit et al (2004:291-292) refer to four types of validity: *face*, *content*, *criterion* and *construct* validity. These authors add that although face validity is useful, content, criterion and construct validity are more important in a research instrument.

For this study, content validity was important. The literature review confirmed content relevance and validity.

3.6.2 Reliability

Reliability is the level of consistency or accuracy with which the instrument measures the attribute it is intended to measure (Polit et al 2004:432).

Reliability can be measured taking into account the stability of the instrument when the instrument provides the same results in repeated instances; in other words, when an instrument produces the same results in repeated testing (LoBiondo-Wood & Haber 1998:192).

With regard to the reliability of the questionnaire, after submitting it to testing with different individuals (nursing director, human resources director, heads of nursing departments and nurses of health care units), exactly the same results were obtained. Its reliability was thus verified.

3.7 DATA COLLECTION

Data collection is the method used by the researcher, in the form of self-reporting or observations, to collect information from the research subjects and determines, beforehand, the categories of the answers of interest to the topic of the study (Polit et al 2004:431).

For this study, data was collected by means of a questionnaire that had been duplicated and distributed to the respective groups of respondents in the sample, for them to complete. After the agreed collection date, the returned questionnaires were submitted to a statistician for data analysis and interpretation. Prior to being handed a questionnaire, the purpose of the study was explained to the potential respondents after which they were requested to sign the consent form (refer to Annexure C).

3.8 DATA ANALYSIS

Data analysis refers to the process of organising and summarising the data so that the research questions can be answered and the hypothesis tested (Polit et al 2004:430).

In this study, the statistician performed the data analysis by means of descriptive statistics, for example, frequency and percentages, presented in tables.

3.9 PRE-TESTING THE INSTRUMENT

A pilot study is a small-scale study done in preparation for a wider study (Polit et al 2004:435). However, only pre-testing of the instrument was carried out in this study. Polit et al (2004:254-256), state that the purpose of pre-testing is “to determine if the instrument was formulated with clarity, impartially and if it is useful to generate the desired information”.

The researcher conducted the pre-testing of the data collection instrument at a hospital not included in the main study. Ten respondents similar to those in the main study (i.e., one nursing director, one human resources director, four heads of departments and four unit nurses who manage health care) voluntarily participated in the pre-testing exercise. Four of the researcher’s colleagues, namely two nurses of the Higher Institute for Health (Instituto Médio da Saúde), involved in teaching and two nurses from a health centre involved in health care and other nursing activities, critically reviewed the questionnaire to test the validity and clarity of the instrument.

3.10 PERMISSION TO CONDUCT THE STUDY

The researcher requested permission to do the study from the Head of the National Department of Human Resources of the Ministry of Health (Annexure A) and, subsequently, from the directors of the seven hospitals (see Annexure A1 as an example). Permission was granted from the Angolan authorities (refer to Annexures B and B1). The Research and Ethics Committee at the University of South Africa provided a clearance certificate for this project (Annexure E).

3.11 ETHICAL CONSIDERATIONS

Ethical considerations are basic principles established by a discipline or institution so as to guide the researcher when doing research with human beings (Polit et al 2004:431). Ethical considerations are necessary and important when conducting any research, in order to protect the human rights of the research subjects (LoBiondo-Wood & Haber 1998:171).

For this study, the researcher upheld the following ethical considerations: respect for the person, beneficence, justice, loyalty, truthfulness, and confidentiality.

Respect for the person is related to autonomy and enables the person to choose whether or not to participate in a study. It is also the protection of individuals whose autonomy is altered or diminished thus making them more vulnerable to abuse or harm, such as the elderly, children and patients.

Beneficence aims to safeguard the participants' well being and prevent deliberate or potential damage.

Justice is the ethical obligation of treating each person correctly and fairly; in other words, to accord each one, in an equal (impartial) manner, onus (obligation) and benefit.

Loyalty involves trust between researcher and participant.

Truthfulness is the obligation to tell the whole truth about the possibility of risks, real and potential damage (possible; virtual) and any other occurrence during or after participating in the study.

Confidentiality refers to researchers' obligation to guarantee the participants' right to anonymity (Secaf 2001:48-49).

3.12 CONCLUSION

This chapter described the research design and methodology including the underlying assumption, population, sample, data-collection instrument, data analysis, pilot study, and ethical considerations. Chapter 4 covers the data analysis and findings.

Chapter 4

Data analysis and interpretation

4.1 INTRODUCTION

The overall purpose of this study was to determine the reasons for the high turnover of professional nurses in public hospitals in the city of Luanda. The objectives of the study were to determine the reasons for the high turnover and the extent of the turnover between 2004 and 2006, and to recommend measures to reduce the numbers of nursing professionals who resign from public hospitals of Luanda. Data was collected from the respondents by means of a questionnaire. The questionnaire consisted of five sections, namely biographical information; working conditions; motivation of staff; working environment, and statistics.

One hundred questionnaires were distributed and all were received back, giving a response rate of 100 percent. The completed questionnaires were submitted to a statistician at the University of South Africa (UNISA) for data processing and analysis.

4.2 DATA ANALYSIS

The data was analysed using the SPSS version 13 computer program. The statistician summarised the statistics as frequencies, and illustrated them by means of pie charts or bar charts. Bar charts are particularly useful in questions that offer alternatives and respondents are allowed to mark more than one choice ("Yes/No" options) because the bar charts compare the frequencies of the different choices. Pie charts are used when respondents are allowed to choose only one alternative, because the pie charts illustrate the share of the total respondents opting for each choice.

4.3 DATA PRESENTATION

The information was presented in tables, pie graphs and bar charts. As the frequency of the 100 respondents equalled the percentage of 100 percent, only the frequency was indicated in the tables while only the percentage was used in the graphs.

4.3.1 Biographical information

The respondents were asked to indicate their position, years' experience and bed size of their hospitals.

4.3.1.1 Current position

The respondents were asked to indicate their current position in the hospital (see figure 4.1).

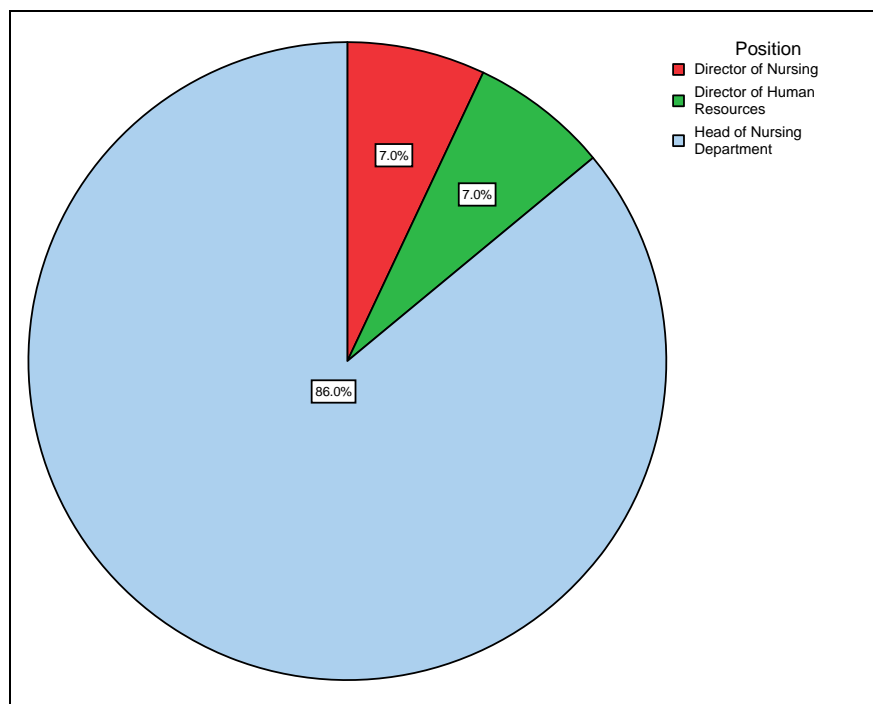


Figure 4.1
Respondents' positions (n=100)

The majority (86%) of the respondents were Heads of Nursing Departments, which is in line with the sample composition. These nursing departments could be wards, units or sections and it was accepted that there would be more first-line managers than the management team.

4.3.1.2 Years in current position

The respondents were asked to indicate how many years they had been employed in their current position (see figure 4.2).

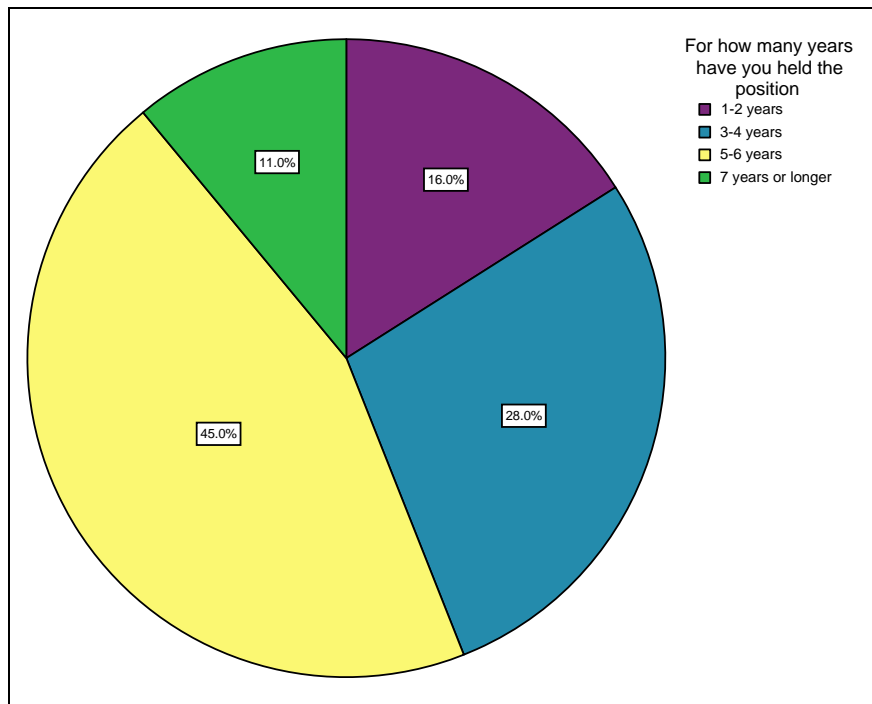


Figure 4.2

Respondents' years in current position (n=100)

Of the respondents, 45% were in the 5-6 years category, 28% in the 3-4 years category, and 11% for more than 7 years.

The majority (73%) of the respondents had been in their current positions for between 3 to 6 years, which does not engender a long-term stable work force.

4.3.1.3 Bed size of hospital

The respondents were asked to indicate the bed size of their hospitals (see figure 4.3).

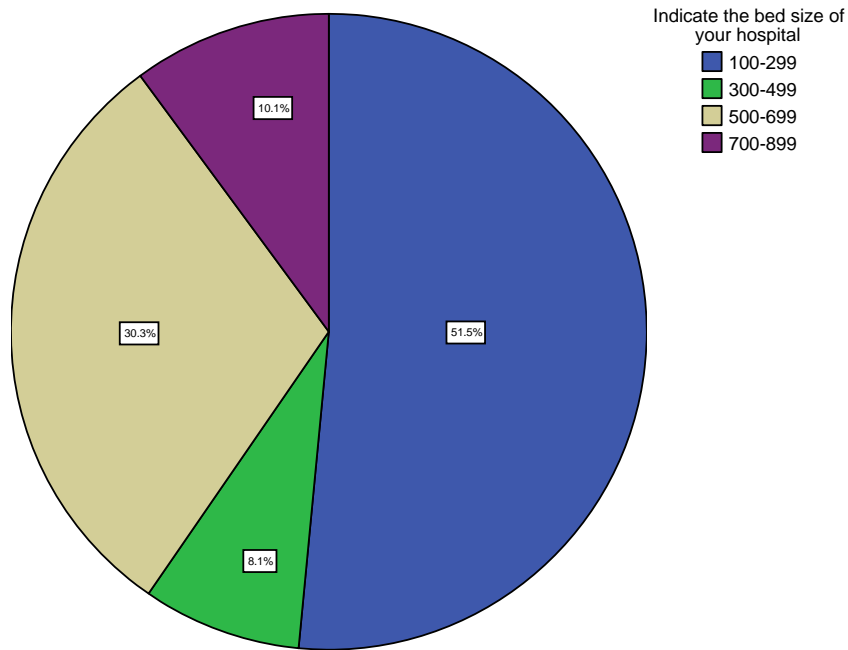


Figure 4.3
Bed size of respondents' hospitals (n=100)

Of the respondents, 52% indicated that their hospitals contained between 100 and 299 beds, and 30% indicated much larger hospitals with a bed allocation of between 500 and 699 beds.

4.3.2 Working conditions

Working conditions are important factors affecting employees' job satisfaction.

4.3.2.1 Contact with nurses

The respondents were given four options as a means to indicate how much contact they personally had with all categories of nurses employed in their hospitals (see figure 4.4).

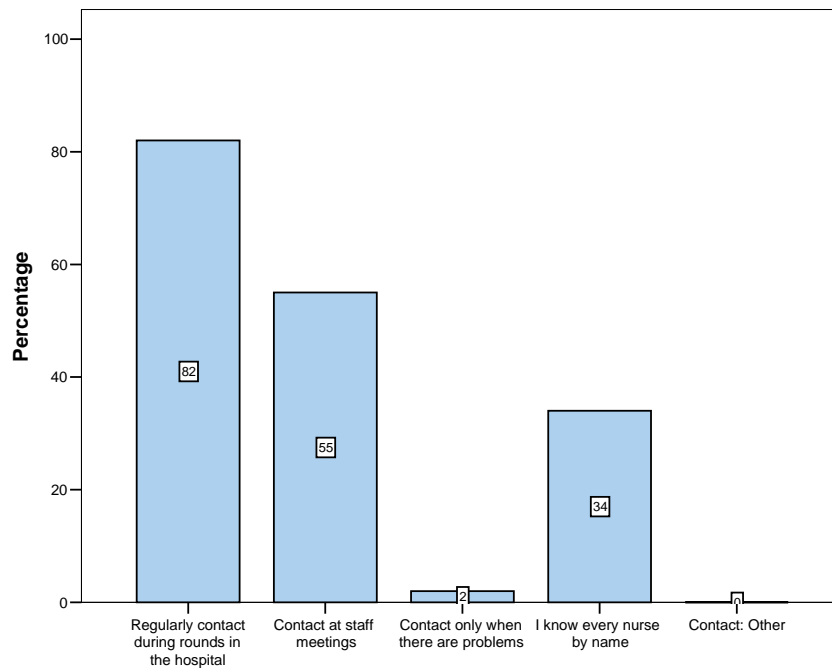


Figure 4.4
Respondents' contact with other nurses (n=100)

Of the respondents, 82% indicated regular contact during hospital rounds; 55% indicated contact at staff meetings. Only 34% knew the names of all the nurses employed in their hospitals. However, the formulation of this question could have been misleading and should have specified that respondents had to relate to the nurses working in their wards or units.

4.3.2.2 Number of nursing staff in hospitals

The respondents were asked to indicate the approximate number of nursing staff in their hospitals (see figure 4.5).

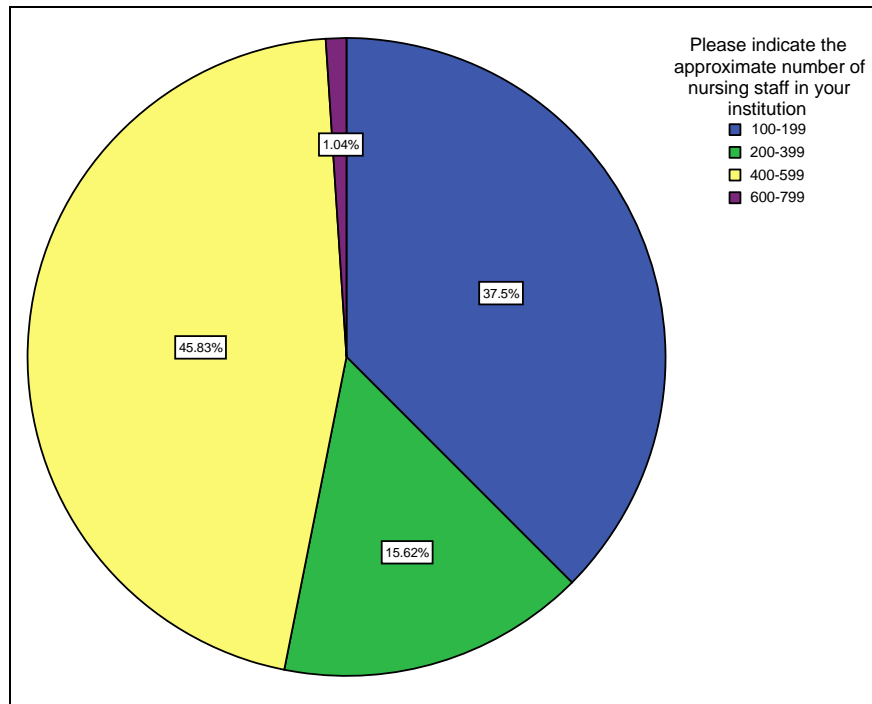


Figure 4.5

Approximate number of nurses in respondents' hospitals (n=100)

Of the respondents, 46% indicated that their hospitals employed between 400 and 599 nurses; 38% estimated between 100 and 199, and 16% specified that their institutions had between 200 and 399 nurses in their service.

From figure 4.5 it is clear that the public hospitals included in the sample are large hospitals, which require a large component of nurses to deliver nursing care.

4.3.2.3 Roster and shifts of nursing staff

The respondents were asked to indicate which timetables (shifts) applied to the nursing staff in their hospitals (see figure 4.6).

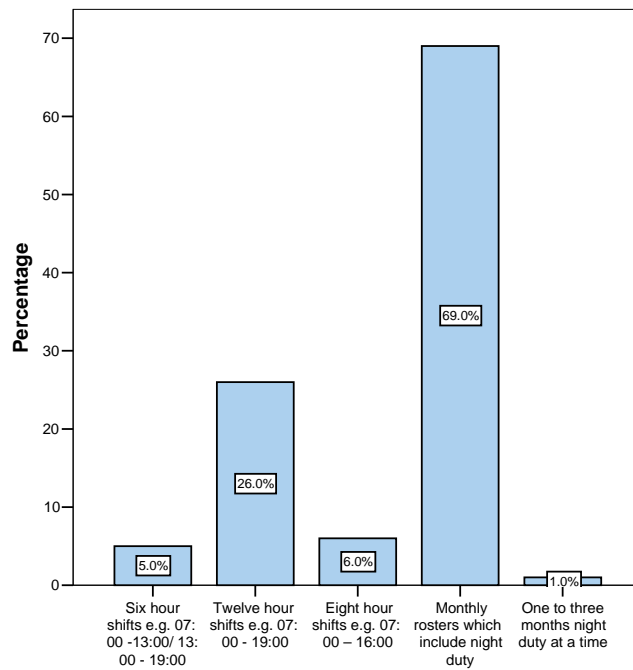


Figure 4.6
Respondents' different roster shifts (n=100)

Of the respondents, 26% indicated the most common shift as the 12-hour shift, while 69% indicated that they worked on monthly rosters, which also had to cover night duty for the ward or unit.

4.3.2.4 Overtime

The respondents were asked to indicate whether their nursing staff were required to work overtime on a regular basis. Of the respondents, 50% confirmed that their staff had to work overtime and 50% indicated that they were not required to do so.

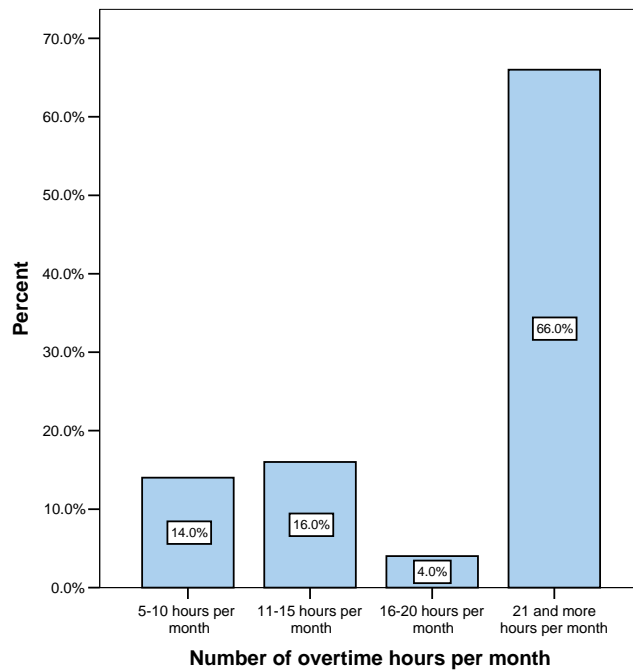


Figure 4.7

Number of hours worked overtime per month (n=50)

Of the respondents who indicated that their nurses were required to work overtime, 66% claimed that they worked 21 additional hours or more per month (see figure 4.7).

4.3.2.5 Compensation for overtime

The respondents had to specify how their nurses were compensated for the overtime hours they had worked, as this is often a reason for dissatisfaction amongst employees (see table 4.1).

Table 4.1 Compensation for overtime worked (n=80)

		FREQUENCY	PERCENT
Valid	The extra hours worked are ignored	60	75,0
	Nurses may take the time off when it suits the unit/ward	1	1,0
	They are paid per hour	18	23,0
	Other	1	1,0
	TOTAL	80	80,0
Missing	System	20	20,0
TOTAL		100	100,0

Of the 80 respondents who answered this question, 75% specified that they received no compensation for overtime and that the authorities ignored the hours worked, and 23% indicated that they were paid per hour.

The fact that 66% of the respondents specified that they worked 21 or more hours overtime per month and that 75% of those who worked overtime received no acknowledgement for the additional hours worked, was of great concern and could be a reason for job dissatisfaction.

4.3.3 Staff motivation

Well-motivated staff are an asset to any organisation, and such employees usually experience a great measure of job satisfaction, implying that they would not readily resign from their jobs.

4.3.3.1 Level of motivation

The respondents were asked to indicate what they perceived as the level of motivation of the nursing staff working in their institutions (see figure 4.8).

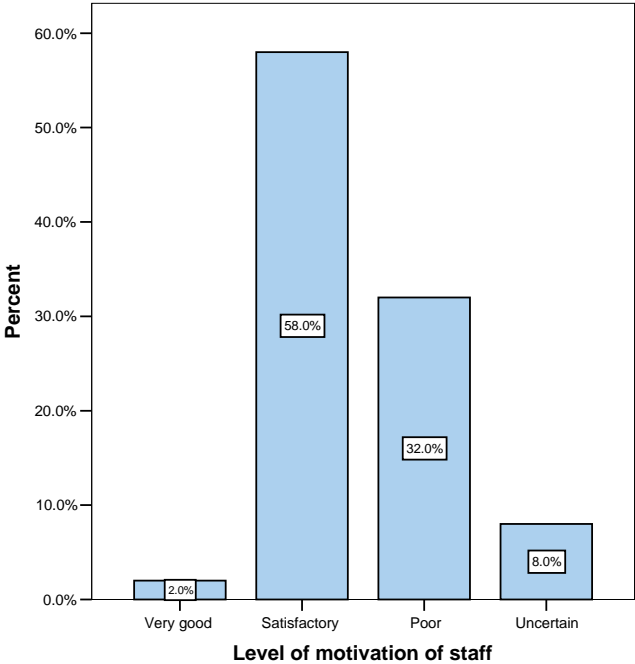


Figure 4.8
Nurses' level of motivation (n=100)

Of the respondents, only 2% indicated that the motivation level was *very good*; 58% indicated it as *satisfactory*, while 32% indicated that it was *poor*. It was thus concluded that a meaningful component of the nursing staff were not motivated, with a subsequent decline in the quality of patient care.

4.3.3.2 Reasons for low motivation

The respondents were asked to give what they felt could be the reasons for the low levels of motivation amongst the nursing staff (see figure 4.9).

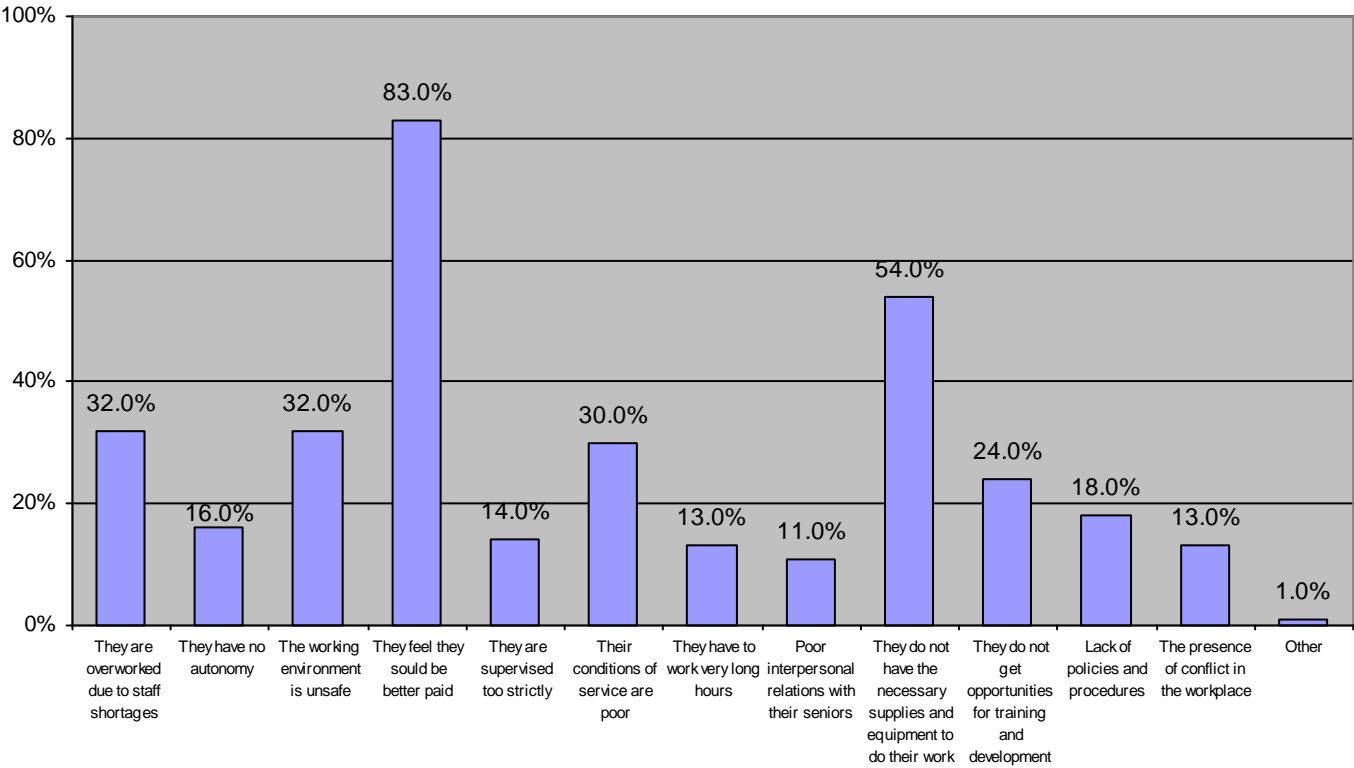


Figure 4.9
Reasons for low level of motivation (n=100)

Among the various factors affecting the motivation of nursing staff, low pay (83%), lack of equipment (54%), overwork due to staff shortages (32%), unsafe environment (32%) and poor conditions of service (30%) were the major causes.

4.3.3.3 Exit interviews

Interviews with staff who resign can be an important source of information for future management of problems. The respondents were asked to indicate whether exit interviews were held with nurses who resigned from their institutions (see table 4.2).

Table 4.2 Exit interviews (n=98)

		FREQUENCY	PERCENT
Valid	Yes	6	6,0
	No	92	94,0
	TOTAL	98	98,0
Missing	System	2	2,0
TOTAL		100	100,0

Of the 98 respondents who answered this question, 94% indicated that exit interviews were not held when nurses resigned. This would indicate, then, that no clear reasons were recorded for why nurses left the service of the public hospitals.

Respondents, who indicated that exit interviews were held, had to indicate statements that applied to their hospitals (see table 4.3).

Table 4.3 Frequency table of the management of exit interviews (n=6)

STATEMENT	FREQUENCY
Exit interviews are held by a middle or top manager	2
Exit interviews are held by immediate supervisor	5
Exit interviews are recorded	6
Negative reasons for resignation are followed up by management	2
Exit interviews are valuable	2
Other	4

The six respondents who confirmed that exit interviews were held, all indicated that the interviews were recorded and five noted that the immediate supervisor was responsible for holding the interview.

4.3.3.4 Reasons for resignation

The respondents were asked to indicate the reasons nurses gave for leaving when they resigned by indicating the frequency of the relevant reasons (see table 4.4).

Table 4.4 Frequency of reasons for resignation of nursing staff (n=100)

Reason	YES	NOT MARKED
Retirement	14	86
Transfer of their spouse	4	96
Ill health	14	86
Better remuneration (salary) elsewhere	8	92
Better working conditions elsewhere	7	93
Too much conflict in their place of work	2	98
Unresolved grievances	1	99
Better opportunities for development	4	96
Overwork due to staff shortages	1	99
Poor interpersonal relationships	0	100
Other	1	99

Retirement (14) and ill health (14) were the most prevalent reasons for resignations, followed by better remuneration (8) and better working conditions (7) elsewhere.

The first two findings were in line with natural attrition, while the third and fourth were indicative of a quest for career advancement and better working conditions. Considering the number of nurses working in these large hospitals, these frequencies were not substantial enough on which to base clear-cut findings.

4.3.4 Working environment

The working environment entails the physical and psychological aspects of the work environment and strongly influences employees' well being.

The respondents were asked to rate the following alternatives pertaining to the work environment in their institutions with a *yes* or *no* (see table 4.4).

Table 4.5 Respondents' work environment (n=100)

DESCRIPTION	YES	NO
Happy	26	74
Friendly camaraderie	41	59
Conducive to learning and studying	19	81
Stressful	61	39
Business-like	9	81
Professional	27	73
Administratively burdensome	13	87
Cooperation (teamwork) between among staff	48	52
Cooperation (teamwork) between nursing staff and other health care workers	53	47
Competitive	16	84
Provides sufficient opportunities for rest and recuperation	14	86
Provides sufficient time to attend to personal and family matters	16	84

Of the respondents, 87 felt negative about the work environment and indicated that their task was administratively burdensome; 86 felt there was not sufficient time for rest and recuperation; 84 noted that they perceived the environment to be competitive and lacked the time to attend to personal and family matters; 81 indicated that the environment was not conducive to learning and studying, was not business-like, and 73 felt it was not professional. Of the respondents, 61 indicated that they worked under stressful circumstances, while 53 indicated that there was cooperation (teamwork) between the nursing staff and other health care workers.

4.3.5 Staffing statistics

The researcher wished to find out whether the respondents knew the numbers of resignations in their services in terms of the three categories of nursing staff over a period of two years, from July 2004 to June 2006. The question formulated in this regard provided very limited and incomplete data.

The analysis thereof was thus omitted, as a meaningful conclusion could not be drawn from the minimal existing data. This was an important deficiency of the study as the second objective of this study was to determine the level of turnover of nurses over a specific period.

4.4 CONCLUSION

This chapter discussed the data analysis, including biographical data, working conditions, staff motivation, working environment and statistics. It was found that there were circumstances in the work environment that could cause a lack of job satisfaction, and might encourage nurses to resign from their positions in the public hospitals. No clear-cut reasons for nurses leaving the public sector were found. None of the open questions contained any useful data, and were thus not incorporated in the discussion. Chapter 5 presents the conclusions and makes recommendations for practice and further research.

CHAPTER 5

Findings, conclusions and recommendations

5.1 INTRODUCTION

This chapter presents the findings, conclusions and limitations of the study and makes recommendations for practice and further research.

The researcher observed that the high turnover of nursing staff at the public hospitals in Luanda gave rise to a shortage of staff at those hospitals and an increased workload for the remaining staff members. The overall purpose of this study was to determine the reasons for nurses leaving the public hospitals and the level of turnover so that recommendations could be made to rectify the problem.

5.2 OBJECTIVES

The objectives of this study were to

- determine the reasons for the high turnover of nursing professionals at the public hospitals in Luanda
- determine the extent of the turnover during the last two years
- suggest measures to reduce the turnover of nursing professionals who resign from public hospitals of Luanda

5.3 FINDINGS

The study found the following in response to the questionnaire.

5.3.1 Section A: Biographical information

Of the one hundred respondents, 14% were Directors of Nursing and Directors of Human Resources, respectively, and 86% consisted of heads of department in charge of wards, units and sections in the seven public hospitals used for the study.

Of the respondents, 73% had been in their current positions for 3 to 6 years, and only 11% had been in their current positions for 7 years or longer; 51% worked in hospitals with a bed allocation of between 100 and 299 beds, and 30% in hospitals with between 500 and 699 beds. These public hospitals were thus generally large institutions.

5.3.2 Section B: Working conditions

As to contact of the respondents who represented management, with other nurses in the institution, 82% indicated that they had regular contact during hospital rounds, and 55% indicated contact at staff meetings.

With regard to the number of nurses employed at their hospitals, 46% of the respondents indicated between 400 and 599 nurses, 38% estimated between 100 and 199, and 16% noted 200 to 399.

Of the respondents, 50% indicated that they were required to work overtime, and of these, 66% noted that they worked 21 and more additional hours per month. Of the 80 respondents who answered the question on compensation for overtime work, 75% specified that they received no compensation for overtime, while 23% indicated that they were paid per hour.

5.3.3 Section C: Nurses' motivation

Of the respondents, only 2% indicated that the level of motivation was *very good*; 58% felt it was *satisfactory*, while 32% noted that it was *poor*.

The main reasons affecting the motivation of nurses adversely were low pay (83%); lack of equipment (54%); overwork due to staff shortages (32%); unsafe environment (32%), and poor conditions of service (30%).

Of the 98 respondents who answered the question on exit interviews, 94% indicated that exit interviews were not held when nurses resigned, while six noted that exit interviews were recorded.

The four main reasons for resignation were retirement (14%); ill health (14%); better remuneration elsewhere (8%), and better working conditions elsewhere (7%).

5.3.4 Section D: Working environment

The respondents were asked to rate a number of aspects pertaining to their work environments. The negative aspects were strongly supported as 87 of the respondents indicated that their task was administratively burdensome; 86 felt there was not sufficient time for rest and recuperation; 84 noted that the environment was competitive and lacked the time to attend to personal and family matters; 81 were of the opinion that the environment was not conducive to learning and studying, and was not business-like, while 73 felt it was not professional and 61 indicated that they worked under stressful circumstances.

5.3.5 Section E: Staffing statistics

The respondents were required to provide statistics on how many of the three categories of nurses had resigned over the last two years. This section of the questionnaire was poorly completed and provided very little and incomplete data, thus prohibiting proper analysis. Of the respondents, 99, 88 and 86, respectively, did not answer the three questions in this section.

It was thus not possible to acquire any statistics in relation to the number of nurses who had resigned over the specific period of time, which had a negative impact on the second objective of this study.

5.4 CONCLUSIONS

The following conclusions are based on the findings:

- The greater majority of the respondents had been in their current positions for 3 to 6 years.
- The public hospitals included in the study were medium to large hospitals with bed capacities ranging from 100 to 699 beds. These hospitals employed between 100 and 599 nurses depending on their number of beds.

- The senior categories of nurses mainly had contact with their subordinates during ward rounds and staff meetings.
- The respondents mostly worked 12-hour shifts and to a monthly roster, which also covered the night duty shifts in their wards or units.
- Half of the respondents worked overtime of 21 or more hours per month; of these respondents, 75% indicated that their hours were ignored, as they received no additional remuneration for overtime worked. This could be a reason for staff dissatisfaction.
- Of the respondents, 58% indicated that the level of motivation amongst nurses was *satisfactory*, but 32% noted that it was *poor*. The reasons given for low motivation were low remuneration, insufficient supplies and equipment, being over worked due to staff shortages, unsafe working environment, and poor conditions of service.
- Exit interviews were not generally held with nurses who had resigned, thus the true reasons for resignation were not determined.
- The most common reasons provided for the resignation of nurses were retirement, ill health, and better remuneration and working conditions elsewhere.
- Insufficient data was received about the number of nurses who had resigned over the last two years, thus no conclusion could be drawn on the actual number who had left the service of public hospitals in Luanda. The observation that there was a high turnover of nurses in these hospitals could therefore not be confirmed, and there was no data to support the second objective of this study.

5.5 LIMITATIONS OF THE STUDY

The researcher identified the following limitations in the study, which affected the outcome and realisation of the objectives:

- The formulation of some questions (e.g., question 4.4) was not appropriate for all three categories of respondents.
- The respondents were not encouraged to complete the open questions, which were aimed at illustrating the structured questions, thus no data in this regard was received.
- Questions 18 and 19 on the number of nurses who had resigned during the last two years should only have been addressed to the Directors of Human

Resources, as they were the only managers likely to have had access to the actual numbers.

- No differentiation was made between the three different groups of respondents in relation to questions or analysis of data.
- Difficulty in communicating with the supervising and co-supervising lecturers due to language difficulties.

5.6 RECOMMENDATIONS

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

5.6.1 Practice

These recommendations should enable the authorities to make the necessary adjustments to improve staff morale and motivation.

- Contact with subordinate nurses should be enhanced to convey a sense of caring for them as individuals, thereby acknowledging the role they play in the organisation. Ward/unit meetings of staff to discuss work procedures and work-related problems can achieve this. Individual good work performance should be acknowledged, and individual progress interviews held with all members of staff.
- Overtime must be acknowledged as work done over and above what employees are paid for. A policy regarding overtime needs to be developed after which an effective record system for overtime worked should be kept and controlled. The policy should state how credit would be given for overtime work, whether in the form of time off for time worked, or financial rewards per hour worked.
- Hospital managers should negotiate with the provincial authorities on improved remuneration packages for nurses to at least improve the salary structures to decrease the discrepancy between the public and private sectors.
- Nurses cannot be expected to provide quality service delivery if they do not have the necessary supplies and equipment, therefore hospital management should assess the availability of sufficient supplies and functional equipment in order to develop means and procedures to provide the necessary items where and when needed.

- Where staff shortages are evident, serious consideration should be given to existing staff numbers, vacant positions and the acquisition of sufficient staff so that nurses are not overburdened for long periods, as this could result in burnout and increased absenteeism.
- Where the working environment is unsafe, management has an obligation to remedy the situation in line with the country's health and safety legislation and regulations.
- Poor working conditions are detrimental to staff morale, motivation and performance. Management should seriously consider the conditions of service for nurses in consultation with nurses and their representatives to work towards improving the conditions of service.
- In-depth exit interviews should be held with all nurses that resign to determine the reasons for resignation.
- Training and development opportunities should be available for all categories of nurses. The training sessions should include:
 - Management functions
 - Time management
 - Dealing with stress and conflict
 - Handling competitiveness
 - Ethics and professional conduct
 - Enhancing team work
- The human resources (HR) department should develop and implement systems to keep updated records of personnel movements, such as absenteeism, transfers, promotions, retirement and resignations.

5.6.2 Further research

Further research should be conducted on the following topics to contribute to improving the situation of nurses in public hospitals:

- Work environment and conditions of service in public hospitals
- Patient and staff ratios to determine workload

5.7 CONCLUSION

The aim of this study was to determine the reasons for the high turnover of nurses in public hospitals in the city of Luanda, and to determine the actual turnover over a two-year period.

The researcher adopted a quantitative approach with an exploratory and descriptive design, using a questionnaire for data collection from a sample of 100 respondents consisting of the Directors of Nursing, Directors of Human Resources and Heads of Departments (ward/units) in seven public hospitals.

The study found that the most common reasons for the resignation of nurses were retirement, ill health, and better remuneration and working conditions elsewhere. Lack of motivation could be ascribed to the perceived low remuneration, insufficient supplies and equipment, being overworked due to staff shortages, unsafe working environment and poor conditions of service. Recommendations were made to tackle these issues.

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[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
National Hospital
David Bernardino

Luanda

Official Letter No. 121 GD/ISE/2005

RE: Request for permission to collect data

Our cordial greetings and wishes of good work.

We herewith would like to request that you kindly grant Mr. Gaspar Mateus, a lecturer at this institution, permission to collect data at that institution, for purposes of a Master's degree dissertation, the topic of which is "Management of Human Resources" (more specifically related to nursing professionals); we anticipate that the interview will take place with the Director of Nursing and/or Directors of Human Resources, and this interview should take approximately 45 or 30 minutes.

We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 11 APRIL 2005

The DEAN
(Signed)
LUZIZILA H. PANDA
/MA/

Confirming receipt
EUNICE FORTUNATO
23.05.05

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Municipal Hospital
dos Cajueiros

Luanda

Official Letter No. 122 GD/ISE/2005

RE: Request for permission to collect data

Our cordial greetings and wishes of good work.

We herewith would like to request that you kindly grant Mr. Gaspar Mateus, a lecturer at this institution, permission to collect data at that institution, for purposes of a Master's degree dissertation, the topic of which is "Management of Human Resources" (more specifically related to nursing professionals); we anticipate that the interview will take place with the Director of Nursing and/or Directors of Human Resources, and this interview should take approximately 45 or 30 minutes.

We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 11 APRIL 2005

The DEAN
(Signed)
LUZIZILA H. PANDA
/MA/

Confirming Signature
Illegible
30.05.05

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Hospital Américo Boavida

Luanda

Official Letter No. 131 GD/ISE/2006

RE: Request

Our cordial greetings.

We herewith would like to request your permission to conduct research at your Hospital for purposes of a dissertation on the topic **“Turnover of nursing professionals at some public hospitals in Luanda”**.

The researcher, Gaspar A. Mateus, is employed by this Institution (I.S.E.) and is presently registered at the University of South Africa where he is completing his Master's degree on Health Sciences. The research project is part of the requirements to complete the referred Master's degree.

The aim of the research project is to acquire knowledge on the turnover of nursing professionals. It is therefore necessary to fill in a questionnaire so as to enable the researcher to collect the necessary data for the research.

We therefore request your permission to distribute the above mentioned questionnaire to potential participants in the research: Nursing director, director of Human Resources and some heads of nursing departments or sections.

The researcher undertakes to rigorously adhere to all ethical considerations and measures in conducting the research so as to prevent any potential damage and in order to protect the confidentiality of participants.

Annexed please find a copy of the questionnaire that will be used.

We would be very grateful if you would grant us permission to conduct the research. We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 20 APRIL 2006

The DEAN
(Signed)
Maria da Conceição Martins
/MA/

Confirming Signature
Illegible
2/05/06

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

Handwritten note:
TC please inform
entities referred to
in the letter.
Signed) Illegible
28.04.2006

The Director
Psychiatric Hospital

Luanda

Official Letter No. 136 GD/ISE/2006

RE: Request

Our cordial greetings.

We herewith would like to request your permission to conduct research at your Hospital for purposes of a dissertation on the topic “**Turnover of nursing professionals at some public hospitals in Luanda**”.

The researcher, Gaspar A. Mateus, is employed by this Institution (I.S.E.) and is presently registered at the University of South Africa where he is completing his Master's degree on Health Sciences. The research project is part of the requirements to complete the referred Master's degree.

The aim of the research project is to acquire knowledge on the turnover of nursing professionals. It is therefore necessary to fill in a questionnaire so as to enable the researcher to collect the necessary data for the research.

We therefore request your permission to distribute the above mentioned questionnaire to potential participants in the research: Nursing director, director of Human Resources and some heads of nursing departments or sections.

The researcher undertakes to rigorously adhere to all ethical considerations and measures in conducting the research so as to prevent any potential damage and in order to protect the confidentiality of participants.

Annexed please find a copy of the questionnaire that will be used.

We would be very grateful if you would grant us permission to conduct the research. We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 20 APRIL 2006

The DEAN
(Signed)
Maria da Conceição Martins
/MA/

*Stamp: HOSPITAL PSIQUIÁTRICO DE LUANDA
Entry no. 03 (Illegible) 31/HPL
On 27 April 2006
Signed) The Supervisor) Illegible*

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Hospital do Golf

Luanda

Official Letter No. 205 GD/ISE/2004

RE: Request for permission to collect data

Our cordial greetings and wishes of good work.

We herewith would like to request that you kindly grant Mr. Gaspar Mateus, a lecturer at this institution, permission to collect data at that institution, for purposes of a Master's degree dissertation, the topic of which is "Management of Human Resources" (more specifically related to nursing professionals); we anticipate that the interview will take place with the Director of Nursing and/or Directors of Human Resources, and this interview should take approximately 45 or 30 minutes.

We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 2 AUGUST 2004

The Acting DEAN
(Signed)
Maria da Conceição Martins

Confirming Signature
Illegible
12/08/04

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Hospital do Prenda

Luanda

Official Letter No. 206 GD/ISE/2004

RE: Request for permission to collect data

Our cordial greetings and wishes of good work.

We herewith would like to request that you kindly grant Mr. Gaspar Mateus, a lecturer at this institution, permission to collect data at that institution, for purposes of a Master's degree dissertation, the topic of which is "Management of Human Resources" (more specifically related to nursing professionals); we anticipate that the interview will take place with the Director of Nursing and/or Directors of Human Resources, and this interview should take approximately 45 or 30 minutes.

We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 2 AUGUST 2004

The Acting DEAN
(Signed)
Maria da Conceição Martins

Confirming Signature
Illegible
12/08/04

[Logo of the University Agostinho Neto]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Hospital Josina Machel

Luanda

Official Letter No. 207 GD/ISE/2004

RE: Request for permission to collect data

Our cordial greetings and wishes of good work.

We herewith would like to request that you kindly grant Mr. Gaspar Mateus, a lecturer at this institution, permission to collect data at that institution, for purposes of a Master's degree dissertation, the topic of which is "Management of Human Resources" (more specifically related to nursing professionals); we anticipate that the interview will take place with the Director of Nursing and/or Directors of Human Resources, and this interview should take approximately 45 or 30 minutes.

We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 2 AUGUST 2004

The Acting DEAN
(Signed)
Maria da Conceição Martins

Confirming Signature
Illegible
12/08/04

[Logo]

**REPUBLIC OF ANGOLA
UNIVERSITY AGOSTINHO NETO
HIGHER INSTITUTE FOR NURSING**

The Director
Hospital dos Cajueiros

LUANDA

Official Letter No. 140/ GD/ISE/2006

RE: Request

Our cordial greetings.

We herewith would like to request your permission to conduct research at your Hospital for purposes of a dissertation on the topic **“Turnover of nursing professionals at some public hospitals in Luanda”**.

The researcher, Gaspar A. Mateus, is employed by this Institution (I.S.E.) and is presently registered at the University of South Africa where he is completing his Master's degree on Health Sciences. The research project is part of the requirements to complete the referred Master's degree.

The aim of the research project is to acquire knowledge on the turnover of nursing professionals. It is therefore necessary to fill in a questionnaire so as to enable the researcher to collect the necessary data for the research.

We therefore request your permission to distribute the above mentioned questionnaire to potential participants in the research: Nursing director, director of Human Resources and some heads of nursing departments or sections.

The researcher undertakes to rigorously adhere to all ethical considerations and measures in conducting the research so as to prevent any potential damage and in order to protect the confidentiality of participants.

Annexed please find a copy of the questionnaire that will be used for the research.

We would be very grateful if you would grant us permission to conduct the research. We thank you for your cooperation in this regard.

Yours truly,

HIGHER INSTITUTE FOR NURSING, LUANDA, 20 APRIL 2006

The DEAN
(Signed)
Maria da Conceição Martins
/MA/

*Confirming receipt
Signed) Illegible
15/05/06*

Illegible
Kindly inform
Dr. Gaspar
17/05/06

**REPUBLIC OF ANGOLA
MINISTRY OF HEALTH
GENERAL HOSPITAL DOS CAJUEIROS OF CAZENGA**

To
THE HIGHER INSTITUTE FOR NURSING
Attention: THE DEAN MARIA DA
CONCEIÇÃO DA SILVA

LUANDA

Our Ref. 34/GAB/DG/HGCC/2006

OUR MOST CORDIAL GREETINGS.

We confirm receipt of your official letter no. 140/gd/ise/2006 dated 20 April 2006,

With regards to the matter as indicated, the Hospital Management does not have any problem with the research "**Turnover of nursing professionals**".

Yours truly,

TOGETHER FOR A BETTER LUANDA
" LET US RETHINK THE ROAD CIRCULATION WITHIN THE CAPITAL"

OFFICE OF THE DIRECTOR GENERAL, IN LUANDA, ON 8 MAY 2006

The DIRECTOR GENERAL
(Signed)
MATEUS NETO
/Medical Doctor/

[Logo]

**REPUBLIC OF ANGOLA
MINISTRY OF HEALTH
PSYCHIATRIC HOSPITAL OF LUANDA**

Attention:
HIGHER INSTITUTE FOR
NURSING

LUANDA

62/2ª/31/HPL/2006

Our most cordial greetings.

With reference to the official letter no. 136/GD/ISE/2006, dated 20/04/06, we herewith would like to submit the Questionnaire on the Turnover of Nursing Professionals as requested by that Institution.

We thank you reiterating our wishes for good work.

PSYCHIATRIC HOSPITAL OF LUANDA, 3 MAY 2006

THE ADMINISTRATIVE DIRECTOR
Signed)
DOMINGOS AGOSTINHO FERNANDES

The Acting DEAN
(Signed)
Maria da Conceição Martins

Confirming Signature
Illegible
12/08/04

Consent to Partake in Research

I, the undersigned,
herewith agree to:

- partake in the research on the (topic)
KNOWLEDGE ON THE TURNOVER OF NURSING PROFESSIONALS AT PUBLIC
HOSPITALS IN LUANDA
- fill in the relevant questionnaire
- authorize the researcher, to use, at his discretion, the data that I have provided in the questionnaire, for purposes of writing the researcher's report on the research that was carried out.

Furthermore I also state that it is my understanding that

- I may, at any time, discontinue my involvement in this research or withdraw my consent to partake in this research;
- the information that I have provided until such time as I withdraw my participation in this research can, however, still be used by the researcher;
- the researcher will, at all times, maintain strict confidentiality and that the identity of the participant will never be linked to the information provided;
- I will not receive any financial reward or payment for the information herewith provided or for my involvement in this project;
- I have the option to refuse to answer any question(s) should I feel that this/these question(s) constitute a violation of my own privacy;
- when signing this consent form to partake in the research I undertake to answer in an honest manner to all reasonable questions and not to provide any false information or in any other way purposely mislead the researcher
- I will be provided with a signed original copy of this consent form

I herewith declare that the researcher

- has explained to me the objective of this research
- has informed and explained to me the content of this consent to partake in the research
- has elucidated me on the implications of signing this consent to partake in the research

By co-signing this consent to partake in the research, the researcher undertakes to

- maintain confidential and private the identity of the participant and the information provided in the research
- organized, beforehand, an appropriate venue and time for me to partake in this project
- to keep in a safe place the duplicate of this consent to partake in the research

Signed in, on 2006.

.....
 PARTICIPANT'S Signature

.....
 RESEARCHER'S Signature

.....
 Signature of Father/Mother/Legal Guardian
 (in the case of a minor participant)

Consentimento de Participação em Pesquisa

Eu, abaixo assinado,,

concordo pelo presente documento a:

- participar no estudo de pesquisa sobre o (tópico)
O CONHECIMENTO DA ROTATIVIDADE DE FUNCIONÁRIOS DE ENFERMAGEM NOS HOSPITAIS PÚBLICOS DE LUANDA;
- preencher o questionário relevante;
- autorizar o pesquisador a utilizar, à sua discricção, os dados por mim proporcionados no referido questionário, para fins de elaboração do relatório do pesquisador sobre a pesquisa realizada.

Afirmo também ser meu entendimento que

- posso, em qualquer altura, terminar o meu envolvimento nesta pesquisa ou rescindir o meu consentimento para participar na mesma;
- a informação por mim providenciada até à altura em que rescindir a minha participação nesta pesquisa pode, no entanto, continuar a ser utilizada pelo pesquisador;
- o pesquisador manterá sempre, rigorosa confidencialidade e que a identidade do participante não será nunca ligada à informação providenciada;
- não receberei qualquer recompensa ou compensação financeira pela informação aqui providenciada ou pelo meu envolvimento neste projecto;
- tenho a opção de me recusar a responder a qualquer (/quaisquer) pergunta(s) caso considere que esta(s) constitua/constituam violação da minha própria privacidade;
- ao assinar o presente consentimento de participação comprometo-me a responder honestamente a todas as perguntas razoáveis e a não providenciar informação errónea ou de qualquer outra forma induzir, propositadamente, em erro o pesquisador
- ser-me-á providenciada uma cópia original deste consentimento de participação após a minha assinatura do mesmo

Declaro pelo presente que o pesquisador

- me explicou em detalhe o objectivo deste projecto de pesquisa
- me informou e explicou-me o conteúdo deste consentimento de participação
- me esclareceu sobre a implicação de assinatura deste consentimento de participação

Ao co-assinar este consentimento de participação, o pesquisador compromete-se a

- manter confidencialidade e privacidade relativamente à identidade do participante e à informação proporcionada pelo participante na pesquisa
- organizar, antecipadamente, um local e hora apropriados para a realização da minha participação neste projecto
- a guardar em lugar seguro o duplicado do presente consentimento de participação

Assinado em, aos de de 2006.

.....
Assinatura do PARTICIPANTE

.....
Assinatura do PESQUISADOR

.....
Assinatura do Pai/Mãe/Encarregado de Educação
(no caso de um participante de menor idade)

Annexure D

1	2	3

**QUESTIONNAIRE FOR ASSESSING TURNOVER OF NURSING STAFF IN
PUBLIC HOSPITALS IN LUANDA**

1. THE OBJECTIVE IS

To determine the reasons for nursing staff turnover in Luandan public hospitals.

2. UNDERTAKING

All information provided will be treated in confidence. You are not required to provide your name on the questionnaire

3. INSTRUCTIONS

3.1 Please answer all the questions.

3.2 Complete questions by providing an x in the appropriate box or by providing the information requested.

3.3 Please complete the questions as honestly, frankly and objectively as possible.

3.4 Please answer the questions as they apply to you personally.

3.5 Please return the questionnaire by

SECTION A: BIOGRAPHICAL INFORMATION

Please answer the questions by placing an x in the appropriate box

1. Please indicate your current position in the hospital

For office use

Position	Answer
1.1 Director of Nursing	1
1.2 Director of Human Resources	2
1.3 Head of Nursing Department	3

	4
--	---

2. For how many years have you held the position indicated in question 1?

For office use

Years in current position	Answer
2.1 1 - 2 years	1
2.2 3 - 4 years	2
2.3 5 - 6 years	3
2.4 7 years or longer	4

	5
--	---

3. Indicate the bed size of your hospital

For office use

Number of beds	Answer
3.1 100 - 299	1
3.2 300 - 499	2
3.3 500 - 699	3
3.4 700 - 899	4
3.5 900 and more	5

	6
--	---

SECTION B: WORKING CONDITIONS

4. How much contact do you personally have with the nurses (all categories) employed in your hospital?

For office use

Contact with nursing staff	Yes	No
4.1 Regularly during rounds in the hospital	1	2
4.2 At staff meetings	1	2
4.3 Only when there are problems	1	2
4.4 I know every nurse by name	1	2
4.5 Other, please specify	1	2

	7
	8
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	10
	11

5. Please explain your choice of response in question 4 by indicating the frequency of your contact with the nurses in your institution:

.....

6. Please indicate the approximate number of nursing staff in your institution

Number of nurses	Answer
6.1 100 - 199	1
6.2 200 - 399	2
6.3 400 - 599	3
6.4 600 - 799	4
6.5 800 - 999	5
6.6 1000 and more	6

For office use

	12
--	----

7. Which time tables (shifts) are applicable for nursing staff?

Time tables or shifts for nursing staff	Yes	No
7.1 Six hour shifts e.g. 07:00 -13:00/ 13:00 - 19:00	1	2
7.2 Twelve hour shifts e.g. 07:00 - 19:00	1	2
7.3 Eight hour shifts e.g. 07:00 – 16:00	1	2
7.4 Monthly rosters which include night duty	1	2
7.5 One to three months night duty at a time	1	2

For office use

	13
	14
	15
	16
	17

8. Please expand on your choice of response(s) in question 7:

.....

9. Are the nursing staff required to work overtime on a regular basis?

For office use

Overtime required	Answer
9.1 Yes	1
9.2 No	2

	18
--	----

10. If your answer to Question 9 was YES, could you please indicate to what extent your nurses are required to work overtime per month on a regular basis.

For office use

Number of overtime hours per month	Answer
10.1 5 - 10 hours per month	1
10.2 11 - 15 hours per month	2
10.3 16 - 20 hours per month	3
10.4 21 and more hours per month	4

	19
--	----

11. How are the nurses compensated for the overtime hours they worked?

For office use

Compensation for overtime worked	Answer
11.1 The extra hours worked are ignored	1
11.2 Nurses may take the time off when it suits the unit/ward	2
11.3 They are paid per hour	3
Other; please specify	4

	20
--	----

SECTION C: MOTIVATION OF STAFF

12. According to your view, what is the level of motivation of the nursing staff working in your institution?

For office use

Level of motivation	Answer
12.1 Very good	1
12.2 Satisfactory	2
12.3 Poor	3
12.4 Uncertain	4

	21
--	----

13. Please explain your response in question 12:

.....

14. If the nursing staff's motivation levels are low, could you please indicate possible reasons according to your view.

Reasons for low motivation		Yes	No
14.1	They are overworked due to staff shortages	1	2
14.2	They have no autonomy	1	2
14.3	The working environment is unsafe	1	2
14.4	They feel they should be better paid	1	2
14.5	They are supervised too strictly	1	2
14.6	Their conditions of service are poor	1	2
14.7	They have to work very long hours	1	2
14.8	Poor interpersonal relations with their seniors	1	2
14.9	They do not have the necessary supplies and equipment to do their work	1	2
14.10	They do not get opportunities for training and development	1	2
14.11	Lack of policies and procedures	1	2
14.12	The presence of conflict in the workplace	1	2
14.13	Other; please specify	1	2

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15. Are exit interviews held with nurses who resign from your institution?

Exit interviews	Answer
15.1 Yes	1
15.2 No	2

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16. If your answer to question 15 was YES, could you please indicate which of the following statements are relevant to your service.

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Management of exit interviews	Yes	No
16.1 Exit interviews are held by a middle or top manager	1	2
16.2 Exit interviews are held by immediate supervisor	1	2
16.3 Exit interviews are recorded	1	2
16.4 Negative reasons for resignation are followed up by management	1	2
16.5 Exit interviews are valuable	1	2
16.6 Other; please specify	1	2

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17. Please expand on your response(s) in question 16:

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SECTION D: WORKING ENVIRONMENT

18. Would you describe the working environment of the nursing staff in your hospital as

Description	Yes	No
18.1 Happy	1	2
18.2 Friendly camaraderie	1	2
18.3 Conducive of learning and studying	1	2
18.4 Stressful	1	2
18.5 Business-like	1	2
18.6 Professional	1	2
18.7 Administratively burdensome	1	2
18.8 Cooperative (teamwork) among nursing staff	1	2
18.9 Cooperative (teamwork) between nursing staff and other health care workers	1	2
18.10 Competitive	1	2
18.11 Providing sufficient opportunities for rest and recuperation	1	2
18.12 Providing sufficient time to attend to personal and family matters	1	2

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SECTION E: STATISTICS

19. Could you please provide statistics of how many nurses resigned from your institution over the last years (from to) Please note this question should only be answered by the Directors of Nursing and Human Resources.

Numbers of nurses resigned	Number		
19.1 Registered nurses:			
19.2 Staff nurses			
19.3 Auxiliary nurses			

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	54-56
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20. Please indicate which of the following reasons were provided by the nurses who resigned from your institution as the cause of their leaving by indicating the frequency of the relevant reasons.

	Frequently	Some-times	Seldom
20.1 Retirement	1	2	3
20.2 Transfer of their spouse	1	2	3
20.3 Ill health	1	2	3
20.4 Better remuneration (salary) elsewhere	1	2	3
20.5 Better working conditions elsewhere	1	2	3
20.6 Too much conflict in their place of work	1	2	3
20.7 Unresolved grievances	1	2	3
20.8 Better opportunities for development	1	2	3
20.9 Overwork due to staff shortages	1	2	3
20.10 Poor interpersonal relationships	1	2	3
20.11 Other; please specify	1	2	3
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21. Is there any other information you could provide on the turnover of nurses in your institution?

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Thank you for your time and inputs